

Billing report file layout

@1 PROVIDER NUMBER	CHAR 7
@9 PROVIDER NAME	CHAR 30
@41 WAIVER PROGRAM	CHAR 3
@45 RECIPIENT LAST NAME	CHAR 14
@61 RECIPIENT FIRST NAME	CHAR 12
@74 RECIPIENT MEDICAID NUMBER	CHAR 12
@87 PROCESSING DATE (MM/DD/YYYY)	CHAR 10
@98 SERVICE DATE (MM/DD/YYYY)	CHAR 10
@110 SERVICE CODE	CHAR 3
@114 GROUP	NUM 2
@117 STAFF	NUM 2
@120 COUNTY OF SERVICE	CHAR 2
@123 SERVICE RATE	NUM 8.2
@132 UNITS DELIVERED	NUM 4
@137 AMOUNT OF CLAIM	NUM 9.2
@147 OTHER AMOUNT	NUM 9.2
@157 CLAIM TYPE (C=CLAIM A=ADJ R=REV)	CHAR 1
@159 CONTRACTOR REFERENCE FIELD	CHAR 9
@169 FILE REFERENCE NUMBER	CHAR 10

Error report file layout

@1 PROVIDER NUMBER	CHAR 7
@9 PROVIDER NAME	CHAR 30
@41 WAIVER PROGRAM	CHAR 3
@45 RECIPIENT LAST NAME	CHAR 14
@61 RECIPIENT FIRST NAME	CHAR 12
@74 RECIPIENT MEDICAID NUMBER	CHAR 12
@87 PROCESSING DATE (MM/DD/YYYY)	CHAR 10
@98 SERVICE DATE (MM/DD/YYYY)	CHAR 10
@110 SERVICE CODE	CHAR 3
@114 GROUP	NUM 2
@117 STAFF	NUM 2
@120 COUNTY OF SERVICE	CHAR 2
@123 SERVICE RATE	NUM 8.2
@132 UNITS DELIVERED	NUM 4
@137 INPUT RATE	NUM 9.2
@147 OTHER AMOUNT	NUM 9.2
@157 CLAIM TYPE (C=CLAIM A=ADJ R=REV)	CHAR 1
@159 CONTRACTOR REFERENCE FIELD	CHAR 9
@169 FILE REFERENCE NUMBER	CHAR 10
@182 ERR01 DATE OF SERVICE IS MISSING OR INVALID	CHAR 2
@185 ERR02 DATE OF SERVICE EXCEEDS PROCESSING DATE	CHAR 2
@188 ERR03 DATE OF SERVICE PRECEDES START-UP DATE	CHAR 2
@191 ERR04 CLAIM SUBMITTED PAST THE ALLOWED SUBMISSION DATE	CHAR 2
@194 ERR05 SERVICE AVAILABILITY HAS EXPIRED	CHAR 2
@197 ERR06 INVOICE DATE IS MISSING OR INVALID	CHAR 2
@200 ERR07 INVOICE DATE EXCEEDS PROCESSING DATE	CHAR 2
@203 ERR08 SVC DATE NOT FOUND IN CERTIFICATION SPAN	CHAR 2
@206 ERR09 CLAIM DOES NOT MATCH USEABLE PAWS RECORD	CHAR 2
@209 ERR10 RECIPIENT NUMBER IS MISSING OR INVALID	CHAR 2
@212 ERR11 MEDICAID RECIPIENT NUMBER ENTERED IS INVALID	CHAR 2
@215 ERR12 PAWS DAILY UNIT LIMIT IS EXCEEDED	CHAR 2
@218 ERR13 CAFS CNTRTYPE DATA NOT AVAILABLE	CHAR 2
@221 ERR14 TCM SERVICE IS INAPPROPRIATE	CHAR 2
@224 ERR15 INDIVIDUAL LAST NAME IS MISSING	CHAR 2
@227 ERR16 INDIVIDUAL LAST NAME IS INVALID	CHAR 2
@230 ERR17 INDIVIDUAL INITIAL IS MISSING OR INVALID	CHAR 2
@233 ERR18 HOME/PER CARE EXCEEDS 24 HOURS IN A DAY	CHAR 2
@236 ERR19 CONTRACT NUMBER IS MISSING OR INVALID	CHAR 2
@239 ERR20 DIFF HOME/PER CARE SERVICES ON SAME DAY	CHAR 2
@242 ERR21 CONTRACT NUMBER CHECK DIGIT IS INVALID	CHAR 2
@245 ERR22 PAWS TOTAL UNIT LIMIT IS EXCEEDED	CHAR 2
@248 ERR23 SERVICE CODE IS MISSING OR INVALID	CHAR 2
@251 ERR24 UNITS DELIVERED ARE MISSING OR INVALID	CHAR 2
@254 ERR25 PAWS TOTAL COST LIMIT IS EXCEEDED	CHAR 2
@257 ERR26 UNITS DELIVERED ARE EXCESSIVE	CHAR 2
@260 ERR27 OTHER SOURCE OF PAYMENT IS INVALID	CHAR 2
@263 ERR28 SERVICE DUPLICATED FOR RECIP AND DATE	CHAR 2
@266 ERR29 OTHER SRC CODE AND PAYMENT AMT DISAGREE	CHAR 2

@269 ERR30 PAWS MONTH UNIT LIMIT IS EXCEEDED	CHAR 2
@272 ERR31 SERVICE IS LIMITED TO ONE PROVIDER PER DAY	CHAR 2
@275 ERR32 SERVICE IS IDENTICAL TO PRIOR BILLING	CHAR 2
@278 ERR33 OVERTIME CAN NOT BE BILLED ON SUNDAY	CHAR 2
@281 ERR34 PAWS WEEK UNIT LIMIT IS EXCEEDED	CHAR 2
@284 ERR35 LAST NAME DIFFERS FROM RECIPIENT FILE	CHAR 2
@287 ERR36 INITIAL DIFFERS FROM RECIPIENT FILE	CHAR 2
@290 ERR37 MEDICAID NUMBER INVALID OR IND IS NOT ELIGIBLE ON DOS	CHAR 2
@293 ERR38 WAVR INDIV INELIGIBLE FOR CAFS SVC CODE	CHAR 2
@296 ERR39 LEVEL 1 SVC EXCEEDS PLAN SPAN LIMIT	CHAR 2
@299 ERR40 LEVEL 1 SVC EXCEEDS WAIVER SPAN LIMIT	CHAR 2
@302 ERR41 GROUP SIZE IS MISSING OR INVALID	CHAR 2
@305 ERR42 ICD-9 CODE IS MISSING	CHAR 2
@308 ERR43 SVC DATE NOT FOUND IN ELIGIBILITY SPAN	CHAR 2
@311 ERR44 SERVICE COUNTY IS MISSING OR INVALID	CHAR 2
@314 ERR45 STAFF SIZE IS MISSING OR INVALID	CHAR 2
@317 ERR46 STAFF SIZE AND SERVICE CODE DISAGREE	CHAR 2
@320 ERR47 STAFF SIZE EXCEEDS MAXIMUM ALLOWED	CHAR 2
@323 ERR48 INPUT RATE IS MISSING OR INVALID	CHAR 2
@326 ERR49 SVC DATE EXCEEDS ALLOWED ADJUSTMENT SPAN	CHAR 2
@329 ERR50 INDIV AGE-INAPPROPRIATE FOR FOSTER CARE	CHAR 2
@332 ERR51 SERVICE CODE AND PROVIDER TYPE DISAGREE	CHAR 2
@335 ERR52 HOME/PER CARE AND FOSTER CARE CONFLICT	CHAR 2
@338 ERR53 HIPAA BILLING CODE RECEIVED IS INVALID	CHAR 2
@341 ERR54 NET CLAIM AMOUNT IS LESS THAN ZERO	CHAR 2
@344 ERR55 DBU CLAIM OVER CEILING REJECTED BY MBS	CHAR 2
@347 ERR56 CLAIM NOT MATCHED WITH ACUITY TABLE	CHAR 2
@350 ERR57 INDIV SUSPENDED FROM PAWS ON THIS DATE	CHAR 2
@353 ERR58 INVALID NBR OF UNITS FOR RESPITE SERVICE	CHAR 2
@356 ERR59 MAXIMUM NUMBER OF RESPITE SERVICES DAYS EXCEEDED	CHAR 2
@359 ERR60 CLAIM NOT ELIGIBLE FOR ADJUSTMENT AT THIS TIME	CHAR 2
@362 ERR61 UNIT RATE EXCEEDS MEDICAID MAXIMUM RATE	CHAR 2
@365 ERR62 ON-SITE/ON-CALL LIMITED TO 8 HOURS PER DAY	CHAR 2
@368 ERR63 ADULT DAY SERVICES 15MIN/DAY UNIT CONFLICT	CHAR 2
@371 ERR64 ADULT DAY SERVICES DAILY UNIT CONFLICT	CHAR 2
@374 ERR65 INACTIVE OR INVALID MEDICAID PROVIDER NUMBER	CHAR 2
@377 ERR66 UNASSIGNED	CHAR 2
@380 ERR67 UNASSIGNED	CHAR 2
@383 ERR68 UNASSIGNED	CHAR 2
@386 ERR69 UNASSIGNED	CHAR 2
@389 ERR70 UNASSIGNED	CHAR 2
@392 ERR71 UNASSIGNED	CHAR 2
@395 ERR72 UNASSIGNED	CHAR 2
@398 ERR73 UNASSIGNED	CHAR 2
@401 ERR74 UNASSIGNED	CHAR 2
@404 ERR75 UNASSIGNED	CHAR 2

Reimb_Flatdeny

@1 ADJUDDT \$CHAR6.	ODM adjudication date
@8 CNTRNUM \$CHAR7.	MBS provider contract number
@16 CNTRNAME \$CHAR30.	Contractor name
@47 PROGRAM \$CHAR3.	Billing program
@51 BILLPERD \$CHAR7.	Service delivery year/month
@59 NAME \$CHAR28.	Individual name
@88 CLIENTID \$CHAR12.	Recipient billing number
@101 SERVCODE \$CHAR3.	Service code
@105 UNITDEL COMMA7.	Units of service delivered
@113 GROUP 2.	Group size
@116 STAFF 2.	Staff size
@119 CNTYSERV \$CHAR10.	County of service delivery
@130 SERVDATE MMDDYY10.	Date of service delivery
@141 NETBILL DOLLAR13.2	Amount claimed
@155 REIMBAMT DOLLAR7.2	Amount reimbursed
@163 ERRCOD1 \$CHAR3.	Error code 1
@167 ERRCOD2 \$CHAR3.	Error code 2
@171 CNTRREFD \$CHAR9.	Provider reference number

Reimb_Flatappv

@1 ADJUDDT \$CHAR6.	ODM adjudication date
@8 CNTRNUM \$CHAR7.	MBS provider contract number
@16 CNTRNAME \$CHAR30.	Contractor name
@47 PROGRAM \$CHAR3.	Billing program
@51 BILLPERD \$CHAR7.	Service delivery year/month
@59 NAME \$CHAR28.	Individual name
@88 CLIENTID \$CHAR12.	Recipient billing number
@101 SERVCODE \$CHAR3.	Service code
@105 UNITDEL COMMA7.	Units of service delivered
@113 GROUP 2.	Group size
@116 STAFF 2.	Staff size
@119 CNTYSERV \$CHAR10.	County of service delivery
@130 SERVDATE MMDDYY10.	Date of service delivery
@141 NETBILL DOLLAR13.2	Amount claimed
@155 REIMBAMT DOLLAR7.2	Amount reimbursed
@163 CNTRREFD \$CHAR9.	Provider reference number

Invoice Flatfile

@1	INVOICE NUMBER	CHAR 8
@10	CONTRACT NUMBER	CHAR 7
@18	CONTRACTOR NAME	CHAR 30
@49	VOUCHER FISCAL YEAR - YYYY	NUM 4
@54	BILLING PROGRAM	CHAR 3
@58	YR/MON OF SERVICE DELIVERY - YYYY/MM	CHAR 7
@66	RECIPIENT LAST NAME	CHAR 14
@81	RECIPIENT FIRST NAME	CHAR 12
@94	ODM RECIPIENT BILLING NUMBER	CHAR 12
@107	CLAIM PROCESSING DATE - MMDDYY	CHAR 6
@114	SERVICE DELIVERY DATE - MMDDYY	CHAR 6
@121	SERVICE CODE	CHAR 3
@125	GROUP SIZE	NUM 2
@128	STAFF SIZE	NUM 2
@131	COUNTY OF SERVICE DELIVERY	CHAR 2
@134	SERVICE RATE	NUM 8.2
@143	UNITS OF SERVICE DELIVERED	NUM 4
@148	VOUCHER AMOUNT	NUM 9.2
@158	OPERATING FEE	NUM 5.2
@164	CLAIM TYPE	CHAR 1
@166	CLAIM REFERENCE NUMBER	CHAR 9
@176	RFW/CAFS MATCH FLAG	CHAR 1
@178	FFP INDICATOR: 0=REGULAR 1=CHIPS	CHAR 1

TOTAL RECORD LENGTH 178

eFMAP Invoice Flatfile [County use only]

@1	INVOICE NUMBER	CHAR 8
@10	CONTRACT NUMBER	CHAR 7
@18	CONTRACTOR NAME	CHAR 30
@49	VOUCHER FISCAL YEAR - YYYY	NUM 4
@54	BILLING PROGRAM	CHAR 3
@58	YR/MON OF SERVICE DELIVERY - YYYY/MM	CHAR 7
@66	RECIPIENT LAST NAME	CHAR 14
@81	RECIPIENT FIRST NAME	CHAR 12
@93	ODM RECIPIENT BILLING NUMBER	CHAR 12
@107	CLAIM PROCESSING DATE - MMDDYY	CHAR 6
@114	SERVICE DELIVERY DATE - MMDDYY	CHAR 6
@121	SERVICE CODE	CHAR 3
@125	GROUP SIZE	NUM 2
@128	STAFF SIZE	NUM 2
@131	COUNTY OF SERVICE DELIVERY	CHAR 2
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@148	VOUCHER AMOUNT	NUM 9.2
@158	OPERATING FEE	NUM 5.2
@164	CLAIM TYPE	CHAR 1
@166	CLAIM REFERENCE NUMBER	CHAR 9
@176	RFW/CAFS MATCH FLAG	CHAR 1
@178	FFP INDICATOR: 0=REGULAR 1=CHIPS	CHAR 1
@180	REGULAR FFP AMOUNT	NUM 9.2
@190	ENHANCED FFP AMOUNT	NUM 9.2
@200	REIMBURSEMENT AMOUNT	NUM 9.2
@210	STATE MATCH AMOUNT	NUM 9.2
@220	MATCH	CHAR 4
@227	HOME CHOICE (MFP) INDICATOR	CHAR 1

TOTAL RECORD LENGTH 227

Recipient Verification Layout [County use only]

@1	CONTRACT NUMBER	CHAR 7
@9	RECIPIENT NAME (AS SUBMITTED)	CHAR 30
@9	LAST NAME	CHAR 14
@24	FIRST NAME	CHAR 12
@37	MIDDLE INITIAL	CHAR 1
@40	SOCIAL SECURITY NUMBER	CHAR 9
@50	DATE OF BIRTH - MMDDYY	CHAR 6
@57	RECORD ID INFORMATION	CHAR 13
@71	ODM RECIPIENT BILLING NUMBER (IF MATCHED)	CHAR 12
@84	RECIPIENT NAME FROM ODJFS FILE (IF MATCHED)	CHAR 28