

**REPORTS** [Note: Reports with \_FLAT\_ in their name are identical to regular reports but are formatted to be uploaded into billing software].

**BILLED\_CLAIM** [BILL\_FLAT]

Individual claims without errors that will be submitted to ODM for adjudication.

**ERROR\_DETAIL** [ERROR\_FLAT]

Detailed listing of claims with billing errors (including error description).

**ERROR\_SUMMED**

Summary listing of:

Claims older than 365 days (error 4),

Duplicate batch claims (error 28),

Claims identical to prior claims (error 32).

**ERROR\_SUMMED\_DETAIL**

Detail listing by claim of the information contained on the ERROR\_SUMMED report.

**EVV\_INFO**

The first and last date of service submitted and the number of claims subject to EVV, and the number of units billed -vs- the number of units logged in EVV.

**PENDING\_PRIOR\_CLAIM**

Listing of claims that are being held because they are duplicate input claims that are matched with a non-adjudicated [pending] prior claim. These will be re-input on the subsequent billing cycle.

**REIMB\_APPROVED** [REIMB\_FLATAPPV]

Individual claims approved for payment by ODM.

**REIMB\_DENIED** [REIMB\_FLATDENY]

Individual claims denied payment by ODM.

**REIMB\_APPROVED\_SUM**

Summary of waiver claims approved for payment by ODM.

**INVOICE** [INVCFLAT]

Individual claims vouchered for payment.

**INVCSUMM**

Summary of claims vouchered for payment grouped by waiver program.

**INVOICE\_CYSUMMARY\_CY\*\*\*\***

Summary of payments made for a specific calendar year. Published once per year in January.

**THIRD\_PARTY**

Individuals billed in the past year with insurance indicated in the Ohio Department of Medicaid's records.