LOUISIANA DEPT. OF HEALTH & HOSPITALS

Medicaid Eligibility Data System

Internal Design: Reports

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MEDS Reporting Codes

Reporting Categories (MERCATL)

The following Reporting Category Literals are used to identify the corresponding MEDS Category Codes.

Reporting Category Literal	MEDS Category Code
Reporting Categories Groups	
BHSF(*)	01, 02, 03, 04, 13, 16, 17, 20
OCS(*)	06, 08, 15, 22
Reporting Categories	
OAA, Aged	01
ANB	02
AFDC	03
DA, Disabled	04
Foster Care	06
IV-E	08
LIFC	13
State Funded Appeal	14
OCS State Funded	15
PE	16
QMB	17
TB	20
Title XIX	22

Reporting Type Cases (MERTYPL)

The following Reporting Type Case Literals are used to identify the corresponding MEDS Type Cases.

Reporting Type Cases Literal	MEDS Type Case Code
Reporting Type Case Groups	
AFDC(*)	01, 02, 08, 09, 13, 14, 20
Foster Care(*)	29, 30, 31, 32, 33,34,35, 36, 37, 38
Extended Medicaid(*)	50, 56, 57, 58, 59, 60, 61
MAO(*)	02, 08
SSI(*)	01, 03, 78, 81
LTC(*)	04, 05, 10, 11, 16, 18, 19, 23, 24, 25, 26, 27, 41, 42, 43, 44, 45, 46, 62, 63, 64, 65, 82, 90, 91, 92, 93, 97, 98, 99
LTC Only(*) – subset of LTC(*)	04, 05, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65, 90, 91, 92, 97, 98, 99
HCBS Only(*) – subset of LTC(*)	18, 19, 26, 27, 45, 46, 82, 93
SSI-LTC(*) – Subset of LTC(*)	5, 19, 23, 26, 45, 62, 64, 82
PMR(*)	62, 99
Transfer(*)	23, 24
ADHC Waiver	18, 19
SSI EDA Waiver	26, 27
MRDD(*)	82, 93
PCA(*)	45, 46
Reporting Type Cases	
SSI Conve	01
Deemed Eligible	02
DEFRA	03
CHIP	07
DEFRA	08
OFS LIFC	09
PE	12
Champ Pregnant Woman	13
Champ Child	14
MNP Regular	20
MNP Spenddown	21

LTC-MNP	25
TB	28
State	39
SLMB	40
EMS Illegal Alien	47
QI1	48
QI2	49
Roll Down	69
TM	71
Psuedo Income	72
TEFRA	75
SSI-Main	78
SSI Denied	79
SSI Protected	81
Grant Review	85
Forced Benefits	86
QDWI	94
QMB	95

MEDS Reports

Re-determination Scroll and Label (MERSCRR)

Description

This program lists all the cases that need to be re-determined for continued eligibility. It displays cases with re-determination that are expired, due next month, and due 2 months from the run date. The program will be run monthly and will generate three reports.

The first report (MEM0026R1) is the BHFS Redet Scroll. For each of the cases that are ready for re-determination, client information as well as information on AU members approaching ages 1, 3, 6, 16, 18, 19, 62 and 65 are listed. The report is sorted by parish, caseload number, redet date and case number.

The MEM0516 report is the OCS Redet Scroll. It is sorted by OCS region, caseload number, redet date, and case number.

The third report provides the mailing labels. Four labels will be created for each client that needs to be re-determined 2 months from the current date. Two of these will be used to mail the re-determination form to the client. Each label will have the case number, caseload number, client name, and address. Only the first label will have the Social Security number. The list will follow the client sequence on the BHSF redet scroll.

Report Layout for BHSF Re-determination Scroll (MEM0026R1):

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERSCRR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS          MM/DD/YYYY
Job Name            BUREAU OF HEALTH SERVICES FINANCING                 HH:MM AM
Job Number      MEM0026R1 - WORKER ACTIVITIES DUE MONTH, YYYY          Page: 0001

Parish 1 - Acadia

Caseload 123 :


                                            Type  Redet     App
  Case Number    SSN          Name          Cat Case  Date   Cd Age Birth Date
 ------------- --------- -------------------- --- ---- ------- -- --- ----------
*1234567890125 123456789 Smith, John F.       999  999 08-1998  9

 1234567890123 123456789 Doe, Jane A.         999  999 10-1998  9
               123456789 Doe, Sarah M.                             6 09-01-1998

 1234567890125 123456789 Smith, Megan B.      999  999 11-1998  9   1 11-25-1998

 1234567890128 123456789 Jones, Sam S.        999  999 11-1998  9

                    *** End of Report ***

* - Expired Redets
```

Report Layout for OCS Re-determination Scroll (MEM0516)

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERSCRR         LOUISIANA DEPARTMENT OF SOCIAL SERVICES              MM/DD/YYYY
Job Name                 OFFICE OF COMMUNITY SERVICES                HH:MM AM
Job Number         MEM0516 - OCS REDETERMINATION SCROLL             Page: 0001

Region 70 - Baton Rouge

Caseload 123 :

                                                      Type  Redet  Redet
  Case Number  Par    SSN        Name         TIPS #   Cat Case   Date   Code
 ------------- --- --------- ------------------ --------- --- ---- ------- -----
*1234567890125 123 123456789 Smith, John F.    123456789 999  999 08-1998   99
 1234567890123 123 123456789 Doe, Jane A.      123456789 999  999 10-1998   99
 1234567890128 123 123456789 Jones, Sam S.     123456789 999  999 11-1998   99
            :            :
            :

                         *** End of Report ***

* - Expired Redets
```

Report Layout for Re-determination Scroll Labels

```
        1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
case #                     case #                     case #                     case #
caseload #                 caseload #                 caseload #                 caseload #
SSN                        John F. Smith              John F. Smith              John F. Smith
John F.Smith               555 Main Ave.              555 Main Ave.              555 Main Ave.
555 Main Ave.              Baton Rouge, LA 70817      Baton Rouge, LA 70817      Baton Rouge, LA 70817
Baton Rouge, LA 70817

case #                     case #                     case #                     case #
caseload #                 caseload #                 caseload #                 caseload #
SSN                        Jane S. Doe                Jane S. Doe                Jane S. Doe
Jane S. Doe                123 Florida Blvd.          123 Florida Blvd.          123 Florida Blvd.
123 Florida Blvd.          Baton Rouge, LA 70839      Baton Rouge, LA 70839      Baton Rouge, LA 70839
Baton Rouge, LA 70839

case #                     case #                     case #                     case #
caseload #                 caseload #                 caseload #                 caseload #
SSN                        Nicole P. Schwimmer        Nicole P. Schwimmer        Nicole P. Schwimmer
Nicole P. Schwimmer        7659 Sheridan St.          7659 Sheridan St.          7659 Sheridan St.
7659 Sheridan St.          La Place, LA 70845         La Place, LA 70845         La Place, LA 70845
La Place, LA 70845
        :
        :
        :

                         *** End of Report ***
```

Processing :

BHSF Workfile Record:
Case.residence location ID
Case.residence location type
Case.caseload number
Cert Period Type Case.case number
Cert Period Type Case.cert period number
Cert Period Type Case.category code,
Cert Period Type Case.type case,
Cert Period Type Case.redet date,
Cert Period Type Case.redet code
Person.first name
Person.last name
Person.middle init
Person.SSN
Person.address
Person.city
Person.state code
Person.zip
Person.birth date

OCS Workfile Record:
Case.Caseload location ID
Case.Caseload location type
Case.Caseload Number
Case.residence location ID
Cert Period Type Case.case number
Cert Period Type Case.category code,
Cert Period Type Case.type case,
Cert Period Type Case.redet date,
Cert Period Type Case.redet code
Person.name (formatted from first name, last name, middle init)
Person.SSN
Person.TIPS num

Retrieve input process date from the NATURAL user parmlib

Calculate cutoff dates as follows:

Process Date = 3rd to last work day of input process month (or current month by default)
Next Month Cutoff = last work day of (process month + 1)
2nd Month Cutoff = last work day of (process month + 2)

Note: Redet dates beyond the cutoff date should still be considered part of the redet date month

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processing month.

Extract data into work files:
Retrieve all active certifications that have an expired redet date or are due in the next two months:

> *Read Cert Period Type Case File using Redet Date / Case Num / Cert Period Num*
> *with redet-date < 2nd Month Cutoff*

> > *Reject if (cptc close date <= Process Date and*
> > *cptc close date NE 0) or Redet Date = 0*

> > *Call the object subprogram to determine the client's person number from the Certification Period File*

> > *Call the object subprogram to get the caseload number, the location id where the case is assigned to and the parish of residence from the Case File*

> > *Call the object subprogram to get the client's name, SSN, address, birth date, and TIPS num from the Person File*

> > *If the category code = #MERCATL.#OCS*
> > *Move Case.location id to #location id*
> > *Move Case.caseload to #caseload*
> > *Move Case.Parish of Residence to #parish*
> > *Format other fields in the OCS Work Record*
> > *Else*
> > *Move Case.residence location id to #location id*
> > *Format other fields in the BHSF Work Record*
> > *End-if*

> > *Write record to the workfile*

> *End-read (CPTC)*

Sort the BHSF Work File by location ID, caseload number, redet date, and case number.
Sort the OCS Work File by region ID, caseload number, redet date, and case number..

Process BHSF Work File:

Read BHSF Work File
Call the object subprogram to retrieve the residence location description from the Location File

Calculate the person's approaching age (age within the next 2 months)

Write the detail line for MEM0026R1 – BHSF Redet Scroll:
> *-   If the redetermination date <= Process Month, prefix Case Number with an asterisk '*'*

- *If the calculated approaching age is 1, 3, 6, 16, 18, 19, 62, or 65, write the approaching age and birth date. Otherwise, leave these two fields blank.*
- *Format other fields according to the report layout*

Create a workflow message addressed to the worker's supervisor if any of the following holds tru :

- *If the type case = '13' (CHAMP pregnant woman) or '02' (Deemed Eligible Baby) and the redetermination date is < Process Date (expired)*
- *If the type case = '07' (CHIP), and category code = '03' (AFDC) or '06' (Foster Care) and the approaching age is 19 (person's CHIP eligibility is expiring)*

Call the object subprogram to get the worker number from the Caseload File
Call the object subprogram to determine the supervisor ID from the Worker File
Format the parameters and call the common routine to create the workflow
     - If the supervisor ID is blank, use the worker's user ID

Check the approaching age of other active AU members:

Read AU Member File
Using Case Num / Cert Period Num / AU Member Num
With case number = Cert Period Type Case.case number
And cert period number = Cert Period Type Case.cert period number

Reject if close date <= Process Date   OR
        claims suspend date <= Process Date OR
        start date > Process Date

Calculate the AU Member's approaching age (age within the next 2 months)

If the calculated approaching age is 1, 3, 6, 16, 18, 19, 62, or 65
    - Call the object subprogram to retrieve the AU Member's full name and SSN from the Person File
    - Format and write the detail line according to the report layout
End-if
End-read (AU Member File)

If redetermination date < 2nd Month Cutoff AND
  redetermination date >= Next Month Cutoff
    Create the labels on report 3 (see report layout):
    Write the case number 4 times on the detail line
    Write the caseload number 4 times on the detail line
    Write SSN, client name, client name, client name on the detail line
    Write client name, client address (1), client address (1), client address (1)
    Write client address (1), client address (2), client address (2), client address (2)
    Write client address (2), client address (3), client address (3), client address (3)
    Write client address (3), city/state/zip, city/state/zip, city/state/zip
    Write city/state/zip

 End-if
End-Read (BHSF Work File)
Process OCS Work File:

Read OCS Work File
   Call the object subprogram to retrieve the region ID description from the Location File
   Write the detail line for MEM0516 – OCS Redet Scroll according to the report layout
   -   If the redetermination date <= Process Month, prefix Case Number with an asterisk ''*
End-Read (OCS Work File)

Birthday Listing (MERBDYR)

Description

The first report (MEM0945) lists AU members in active OCS cases that are approaching ages 6, 16, 17, 18, 21, or 65 in the next 2 months. The records are sorted by the OCS region, caseload number, and person number.

The second report (MEM0026R2) lists AU members in active BHSF cases that are approaching ages 1,3, 6, 16, 18, 19, 62, or 65 in the next 2 months. The records are sorted by parish of residence, caseload number, and case number.

Report Layout for OCS Birthday Listing (MEM0945)

```
          1         2         3         4         5         6         7         8
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
 MERBDYR             LOUISIANA DEPARTMENT OF SOCIAL SERVICES           MM/DD/YYYY
 Job Name                  OFFICE OF COMMUNITY SERVICES                 HH:MM AM
 Job Number            MEM0945 - OCS BIRTHDAY LISTING                  Page: 0001

 Region 70 - Baton Rouge

 Case                                                       Type
 Load Person Number    SSN            Name          TIPS #   Cat Case Age Birth Date
 ---- ------------- --------- ---------------- --------- --- ---- --- ----------
  999 1234567890123 123456789 Smith, John F.   123456789 999  999   6 08—15-1992
  999 1234567890123 123456789 Doe, Jane A.     123456789 999  999  18 01—31-1980
            :
                            *** End of Report ***
```

Report Layout for BHSF Birthday Listing (MEM0026R2) :

```
          1         2         3         4         5         6         7         8
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
 MERBDYR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS          MM/DD/YYYY
 Job Name              BUREAU OF HEALTH SERVICES FINANCING               HH:MM AM
 Job Number            MEM0026R2 - BIRTHDAY LISTING                     Page: 0001

 Parish 1 - Acadia

 Caseload 123 :
                                             Type
  Case Number     SSN           Name        Cat Case   Redet     Age Birth Date
 ------------- --------- -------------------- --- ---- ---------- --- ----------
 1234567890123 123456789 Smith, John F.       999  999 08-15-1998   9 11-02-1989
 1234567890123 123456789 Doe, Sarah M.        999  999 03-31-1999  65 10-21-1933
 1234567890123 123456789 Jones, Sam S.        999  999 11-20-1998  18 10-13-1980

                            *** End of Report ***
```

Processing :

Workfile Record 1 :
> Loc-id,
> Csld-num,
> Person-num,
> SSN,
> #name (A20),
> Tips-num,
> Category-code,
> Type-case,
> #age (N2),
> Birth-date

Workfile Record 2 :
> Res-loc-id,
> Case-num,
> SSN,
> #name (A20),
> Category-code,
> Type-case,
> Redet-date,
> #age (N2),
> Birth-date

Define constant #ages (N2/10) initialized as <1, 3, 6, 16, 17, 18, 19, 21, 62, 65>

Include MERGPDC copycode

Calculate #start-process-date as cutoff-date of process date + 1 day
Calculate #end-process-date as cutoff-date of process date + 2 month

Read the AU Member File and consider only active members whose approaching age in the next two months will be 1, 3, 6, 16, 17, 18, 19, 21, 62, or 65:

For #index= 1 thru 10

> *Calculate #start-birth-date as #start-process-date - #ages (#index) years*
> *Calculate #end-birth-date as #end-process-date - #ages (#index) years*

> *Read AU Member File*
> *Using Birth Date / Person Num / Start Date 9C*
> *Starting from birth-date = #starting–birth-date*
> *Thru birth-date = # end-birth-date*

Accept if
       close date = 0 or > #end-process-date
       AND claims suspend date = 0 or > #end-process-date
       AND start date <= #end-process-date

Call the object subprogram to retrieve the person information from the Person File

Call the common routine to get the latest category code and type case from the Cert Period Type Case File

Call the object subprogram to determine the redet date from the Cert Period Type Case File

Call the object subprogram to determine the caseload number, parish of residence, and region id from the Case File

Move #ages (#index) to #age

       If category-code = #MERCATL.#OCS
       Write workfile record 1 to workfile 1
Else
       Write workfile record 2 to workfile 2
End-if

Sort workfile 1 by Loc-id, Csld-num, and Person-num.
Sort workfile 2 by Res-loc-id, Case-num, and SSN.

Read the sorted workfiles and write the report details.

Put programming in place for the CHIP program for categories 3 and 6 with type case 7 to appear on scrolls

Caseload Report (MERCSLR)

Description

This program gives the distribution of caseload in the specified categories. The first report (MEM0030) displays how many cases in the Old Age Assistance (OAA), Aid to Needy Blind (ANB), Aid to Families with Dependent Children (AFDC), Disability Assistance (DA), Supplemental Security Income (SSI), Long Term Care (LTC), Home and Community Based Services (HCBS), Presumptive Eligibility (PE), Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) and Tuberculosis (TB) are in each caseload. The report is sorted by region , parish, and caseload number.

The second report (MEM0032) displays how many OCS cases are in each caseload. The report is sorted by OCS region and caseload number.

Report Layout for BHSF Caseload Report (MEM0030)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
 MERCSLR - MEM0030                          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
 Job Name                                     BUREAU OF HEALTH SERVICES FINANCING                                     HH:MM AM
 Job Number                                            CASELOAD REPORT                                                Page: 0001

 Region 1 - Orleans

 Case  OAA- Blind- DA-                                     OAA   Blind  DA
 load  SSI  SSI    SSI  Total   OAA  Blind  DA    Total   Total Total  Total   Total  AFDC   LTC   HCBS   PE   QMB  SLMB  TB   Total
 ----  ----- ------ ----- ------ ----- ----- ----- ------- ----- ------ ------ ------- ----- ----- ----- ---- ----- ----- --- -------
  999   999    999   999  9,999  999   999   999   9,999  9,999  9,999  9,999  99,999  999   999   999  999   999   999 999  99,999
  999   999    999   999  9,999  999   999   999   9,999  9,999  9,999  9,999  99,999  999   999   999  999   999   999 999  99,999
  999   999    999   999  9,999  999   999   999   9,999  9,999  9,999  9,999  99,999  999   999   999  999   999   999 999  99,999

  Parish 26 - W. Jefferson Totals :
      9,999  9,999 9,999 99,999 9,999 9,999 9,999  99,999 99,999 99,999 99,999  99,999 9,999 9,999 9,999 999 9,999 9,999 999  99,999

  Region 1 - Orleans Totals :
      9,999  9,999 9,999 99,999 9,999 9,999 9,999  99,999 99,999 99,999 99,999  99,999 9,999 9,999 9,999 999 9,999 9,999 999 999,999

  State Totals :
      9,999  9,999 9,999 99,999 9,999 9,999 9,999 999,999 99,999 99,999 99,999 999,999 9,999 9,999 9,999 999 9,999 9,999 999 999,999

                                          *** End of Report ***
```

Report Layout for OCS Caseload Report (MEM0032)

```
           1         2         3         4         5         6         7         8
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
MERCSLR           LOUISIANA DEPARTMENT OF SOCIAL SERVICES           MM/DD/YYYY
Job Name               OFFICE OF COMMUNITY SERVICES                 HH:MM AM
Job Number             MEM0032 - OCS CASELOAD REPORT                Page: 0001

Region 70 - Baton Rouge

        Caseload  Foster  IV-E      OCS Child         OCS Child
        Number    Care(F) (I)   State Funded (O)   Title XIX (V)    Total
        --------  ------  ----  ----------------   -------------    -----
          9999     999    999         999               999         9,999
          9999     999    999         999               999         9,999
          9999     999    999         999               999         9,999


Region 70 - Baton Rouge Totals :
                   999    999         999               999         9,999

State Totals :     999    999         999               999         9,999


                        *** End of Report ***
```

Processing :

Record Layout :
#record-type (A1),
#region,
Case.residence location id,
Case.caseload number,
#category (A4)

Retrieve parameter date (can be current date or override date)

Retrieve all the active Old Age Assistance (OAA), Aid to Needy Blind (ANB), Aid to Family with Dependent Children (AFDC), Disability Assistance (DA), Presumptive Eligibility (PE), Qualified Medicare beneficiary (QMB), Tuberculosis (TB), Long Term Care (LTC), Home and Community Based Services (HCBS), Specified Low Income Medicare Beneficiary (SLMB), Foster Care (06), Foster Care IV-E (08), OCS Child State Funded (15), and OCS Child Title XIX (22) certifications from the Cert Period Type Case File :
    Read Cert Period Type Case File
    using Case Num / Cert Period Num / Category Code / Type Case / CPTC Start Date

       Accept the record if (cptc close date = 0   OR
                         cptc close date > parameter date)   AND

category code = 1, 2, 3, 4, 13, 16, 17, 20, 6, 8, 15, or 22

Call the object subprogram to determine the parish of residence and caseload number from the Case File

If Case.location-type = blank
　　Assign #rec-layout.region = 0
Else
　　If Case.location-type = parish
　　　　Call the object subprogram to determine the linked region id from the
Location File
　　　　Move Location.linked region id　　to #region
　　Else
　　　　Assign #rec-layout.region = Case.location-id
　　End-if
End-if

If category code = #MERCATL.#OCS
　　Move 'O'　　　　　　　　　　to #record-type
Else
　　Move 'B'　　　　　　　　　to #record-type
End-if

Evaluate category code
case category 1
　　Evaluate type case
　　　　case type case = 1, 3, 78 or 81
　　　　　　Move #OAA-SSIto #category

　　　　case type case = 4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
　　　　　　　　　　90, 91, 92, 97, 98, or 99
　　　　　　Move #LTC　　to #category

case type case = 18, 19, 45, 46, 82, or 93
　　　　　　Move #HCBS　　to #category

　　　　case type case = 40
　　　　　　Move #SLMB　　to #category

　　　　others
　　　　　　Move #OAA　　to #category
　　End-evaluate

　　case category 2

Evaluate type case
    case type case = 1, 3, 78 or 81
      Move #ANB-SSI to #category

    case type case = 4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
               90, 91, 92, 97, 98, or 99
      Move #LTC   to #category

    case type case = 18, 19, 45, 46, 82, or 93
      Move #HCBS   to #category

    case type case = 40
      Move #SLMB   to #category

    others
    Move #ANB to #category
  End-evaluate

case category 4
  Evaluate
    case type case = 1, 3, 78 or 81
      Move #DA-SSI to #category

    case type case = 4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
               90, 91, 92, 97, 98, or 99
      Move #LTC   to #category

    case type case = 18, 19, 45, 46, 82, or 93
      Move #HCBS   to #category

    case type case = 40
      Move #SLMB   to #category

    others
      Move #DA   to #category
End-evaluate

  case category 3 or 13 AND
  type cases 1, 2, 8, 9, 13, 14, and 20
    Move #AFDC   to #category

  case category 16
    Move #PE   to #category

case category 17
  Move #QMB   to #category

case category 20
  Move #TB   to #category

case 6
  Move #foster-care   to #category

case 8
   Move #IV-E   to #category

case 15
   Move #state-funded   to #category

case 22
   Move #Title-XIX   to #category

End-evaluate

Fill in Record Layout fields

Sort by #record-type, #region, residence location id, caseload number, and #category.

If #record-type = 'B'   {MEM0030 – BHFS Caseload Report}
   Accumulate the counters :
      $#OAA\text{-}SSI \ count + #ANB\text{-}SSI \ count + #DA\text{-}SSI \ count = 1^{st} \ or \ SSI \ Total \ column$
      $#OAA \ count + #ANB \ count + #DA \ count = 2^{nd} \ Total \ column$
      #OAA-SSI count + #OAA count = OAA Total
      #ANB-SSI count + #ANB count = ANB Total
      #DA-SSI count + #DA count = DA Total
      $OAA \ Total + ANB \ Total + DA \ Total = 3^{rd} \ Total \ column$
      $3^{rd} \ Total \ column + #AFDC\text{-}total + #LTC\text{-}total + #HCBS\text{-}total + #PE\text{-}total + #QMB\text{-}$
      $total + #SLMB\text{-}total + #TB\text{-}total = 4^{th} \ Total \ column$

   Write report detail line 1

Else   {#record-type = 'O' MEM0032 - OCS Caseload Report}
   Write report detail line 2
End-if

OCS Statistical Summary of Approval Codes (MERAPRR)

Description

This report displays how many OCS cases were approved for the month. The report (MEM0034) is sorted by region, category, type case, and approval code.

Report Layout

```
          1         2         3         4         5         6         7         8
1234567890123456789012345678901234567890123456789012345678901234567890123456789 0
MERAPRR            LOUISIANA DEPARTMENT OF SOCIAL SERVICES         MM/DD/YYYY
Job Name                   OFFICE OF COMMUNITY SERVICES                HH:MM AM
Job Number    MEM0034 - STATISTICAL SUMMARY OF OCS APPROVAL CODES    Page: 0001

   Region 70 - Baton Rouge


                        Type
         Category       Case         Approval Code              Total
         ----------------  ----  ------------------------------  -----
         06 - Foster Care  13    XXX - Approval Code Description    999
                                 XXX - Approval Code Description    999
                                                                  -----
                                                    Total :      9,999


                         14    XXX - Approval Code Description    999
                                                                  -----
                                                    Total :      9,999


                                          Foster Care Total :    9,999

         08 - IV- E       29    XXX - Approval Code Description    999
                                 XXX - Approval Code Description    999
                                                                  -----
                                                    Total :      9,999


           :
           :
           :


                                              IV-E Total :      9,999

                          Region 70 - Baton Rouge Total :       9,999


                          *** End of Report ***
```

Last Edited 2011-12-21
ID-Reports-READ-ONLY.doc Rev#: 12

Processing:
Record Layout :
Case.location id,
Case.location type,
Cert Period Type Case.category code,
Cert Period Type Case.type case,
Cert Period Type Case.approval code

Retrieve parameter date (can be current date or override date)

Determine process month (the month prior to month of the parameter date)

Find all the active cases that were certified during process month with a category of Foster Care(06), Foster Care IV-E (08), OCS Child State Funded(15), or OCS Child Title XIX(22).
*   Read   Cert Period Type Case File using   Close-9C-Case-Cert-Cptc (report is cumulative)*

*   Accept if category-code = 6, 8, 15, or 22 {OCS}*

*   If cptc-close-date = 0 or cptc-close-date > last day of process month (future close dates)*
*   Call the object subprogram to determine where the case is located from the Case File*
*   Fill in record layout fields*
*   End-if*

Sort by location id, category code, type case, and approval code.

*   Call the object subprogram to retrieve the region description from the Location File*

*   Call the object subprogram to retrieve the category description from the Category File.*

*   Call the object subprogram to retrieve the approval code description from the Approval Code File.*

*   Accumulate the counters and write the detail lines.*

LTC/HCBS Cases Rejected Due to Income (MERLHRR)

Description

This program lists Long Term Care (LTC) and Home and Community Based Services (HCBS) cases that were rejected due to income. The report (MEM0305) is sorted by rejection date, rejection code, case number, category and type case.

Report Layout

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERLHRR            LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name              BUREAU OF HEALTH SERVICES FINANCING                HH:MM AM
Job Number     MEM0305 - LTC/HCBS CASES REJECTED DUE TO INCOME        Page: 0001


                Type                                         Total    Rejection
 Case Number  Cat Case         Name              Parish      Income      Date
------------- --- ---- -------------------- ---------------- --------- ---------
-
5234567890123  1   5  Smith, John A.       Washington       99,999.99 12-03-
1999
1234567890124  3  14  Clark, Cindy M.      Acadia           99,999.99 12-18-
1999
7234567890123  13  1  Doe, Jane M.         East Jefferson   99,999.99 12-18-
1999
    :
    :
    :

                           *** End of Report ***
```

Processing :

Write the report headings.

> Retrieve all Long Term Care (LTC) and Home & Community Based Services (HCBS) applications with rejection code = 10 :

Read Application Type Case File
using Reject Date / Reject Code / Case Num / Category / Type Case
Starting from rejection-date = current-date -1 month

Accept if rejection code = 10

If   rejection-date > current date
   Escape Bottom
End-if

If   category code = 1, 2, 3, or 4
And   type case = 4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65, 90, 91,
92, 98, 99 18, 19, 45, 46, 82, or 93 {i.e. LTC or HCBS}

Call the object subprogram to retrieve the parish of residence and the name of the first probable client from the Person File.

Determine the Net Countable Income :
Get the determination number from the Eligibility Determination File :
Read the Eligibility Determination File using Case Num / Appl Num / Deter Num 9C

With case number = Application Type Case.case number
And application number = Application Type Case.application number

Get the budget worksheet number from the Budget Worksheet File :
Read Budget Worksheet File using Case Num / Deter Num / Cat Code / Type Case

With case number = Eligibility Determination.case number
And determination number = Eligibility Determination.determination number
And category code/type-case = Application Type Case.category code/type-case

Get the budget's final eligibility amount from the Budget Worksheet Line File :
Read Budget Worksheet Line File
using Case Num / Deter Num / Budget Num / Line Value Type / Budget Line Amount

With case number = Eligibility Determination.case number
And determination number = Eligibility Determination.determination number
And budget worksheet number = Budget Worksheet.budget worksheet number
And line value type = #final-elig-amount {'F'}

Move Budget Worksheet Line.budget line amount to #detail-line.net-income

Populate the other detail line fields and write the detail line

Statistical Summary of Reject Codes (MERREJR)

Description

This program displays how many CHAMP, Old Age Assistance (OAA), Aid to Needy Blind (ANB), and Disability Assistance (DA) cases were rejected for the month and the reason for rejection. The first report gives the CHAMP statistics while the second report gives the category A, B, and D statistics. The reports are broken down by region, parish and rejection code.

Report Layout for CHAMP Reject Codes (MEM0751R1)

```
              1         2         3         4         5         6         7         8
     12345678901234567890123456789012345678901234567890123456789012345678901234567890
     ┌──────────────────────────────────────────────────────────────────────────────┐
     │MERREJR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS       MM/DD/YYYY  │
     │Job Name            BUREAU OF HEALTH SERVICES FINANCING             HH:MM AM    │
     │Job Number   MEM0751R1 - STATISTICAL SUMMARY OF CHAMP REJECT CODES  Page: 0001  │
     │                                                                                │
     │                                                                                │
     │Region 1 - Orleans                                                              │
     │                                                                                │
     │Parish 26 - W. Jefferson                                                        │
     │                                                                                │
     │                                         Pregnant  CHAMP                        │
     │               Reject Code          PE Cases  Woman   Children  CHIP            │
     │         ------------------------------ -------- -------- -------- -------       │
     │         XXX - Reject Code Description   9,999    9,999    9,999    9,999        │
     │         XXX - Reject Code Description   9,999    9,999    9,999    9,999        │
     │                      :                                                         │
     │                      :                                                         │
     │                      :                                                         │
     │         Parish 26 - W. Jefferson Totals:                                       │
     │                                       99,999   99,999   99,999   99,999        │
     │                                                                                │
     │         Region 1 - Orleans Totals:                                             │
     │                                      999,999  999,999  999,999 999,999         │
     │                                                                                │
     │                     State Totals:    999,999  999,999  999,999 999,999         │
     │                                                                                │
     │                                                                                │
     │                     *** End of Report ***                                      │
     │                                                                                │
     └──────────────────────────────────────────────────────────────────────────────┘
```

Report Layout for Category A, B & D Reject Codes (MEM0751R2)

```
          1         2         3         4         5         6         7         8
 12345678901234567890123456789012345678901234567890123456789012345678901234567890
 MERREJR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS       MM/DD/YYYY
 Job Name             BUREAU OF HEALTH SERVICES FINANCING              HH:MM AM
 Job Number MEM0751R2 - STATISTICAL SUMMARY OF A, B, & D REJECT CODES  Page: 0001

 Region 1 - Orleans

 Parish 26 - W. Jefferson

                                                Disability
                 Reject Code              Aged    Blind Assistance
         ------------------------------  -----   ----- ----------
         XXX - Reject Code Description     999     999        999
         XXX - Reject Code Description     999     999        999
                     :
                     :
                     :


         Parish 26 - W. Jefferson Totals:
                                       99,999  99,999     99,999

         Region 1 - Orleans Totals:
                                      999,999 999,999     99,999

                       State Totals:  999,999 999,999    999,999


                         *** End of Report ***
```

Processing :

Workfile record :
 #Record-Type (A1)
 Application Type Case,rejection code,
 Application Type Case.category code,
 Case.residence location id,
 Location.linked region id

Retrieve input process date from the USER parmlib

Calculate cutoff dates as follows :

Process Date Cutoff = 3rd to last work day of input process month (or current month by default)
Last Month Cutoff = 3rd to last work day of previous month

Retrieve all the rejected applications :
      Read Application Type Case File
using Reject Date / Reject Code / Case Num / Category / Type Case
         Starting from rejection-date = current-date -1 month
         Thru rejection-date = current date

            Call the object subprogram to determine the parish of residence from the Case File

            Call the object subprogram to determine which region the parish belongs to from the Location File
            If category code = #PE{16} or #CHAMP{03} or #FOSTER-CARE{06}
               Assign #Record-Type = 'A'
            Else
               If category code = #OAA{01} or #ANB{02} or #DA{04}
                  Assign #Record-Type = 'B'
            End-if

Write the record to the workfile.

Sort the workfile by linked region id, residence location id, and rejection code.

Read the sorted workfile and increment the counters :
      Evaluate category-code
         case #PE {category 16}
                 Increment #PE-counter
         case #CHAMP {category 03}
                 If type case = 13
                    Increment #PW-counter
                 Else if type case = 14
                    Increment #Child-counter
                 Else if type case = 7
                    Increment #Chip-counter
            Case #FOSTER-CARE {category 06}
                 If type case = 7
                     Increment #Chip-counter
         case #OAA {category 01}
                 Increment #OAA-counter
         case #ANB {category 02}
                 Increment #ANB-counter
         case #DA {category 04}
                 Increment #DA-counter
      End-Evaluate

      If there is a break in rejection-code

Call the object subprogram to get the short description of the reject code from the Rejection Code File

Write the detail lines for MEM0751R1 and MEM0751R2 reports

End-if

If there is a break in res-parish

Write the parish totals

End-if

If there is a break in region

Write the region totals

End-if

If there is a break in #Record-Type

Write the state totals

End-If

Locked-In Cases for Month, YYYY (MERLCKR)

Description

This report lists all the cases that are locked-in for the specified month including cases which have been disconnected or suspended from lock-in during the last 4 months. This is sorted by person number and provider number.

Report Layout

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERLCKR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS       MM/DD/YYYY
Job Name            BUREAU OF HEALTH SERVICES FINANCING             HH:MM AM
Job Number       MEM0508 - LOCKED-IN CASES FOR MONTH, YYYY         Page: 0001


                                                       Lock Lock Suspend
Person Number        Name           SSN    Parish  Provider   Type Code Disc Dt
-------------- -------------------- --------- ------ ---------- ---- ---- -------
1234567890123 Smith, John A.       123456789  16    1234567890 CC    X   12-1999
                                                     6789035434 CC    X
                                                     9788534566 LI    X

1234567890129 Kay, Sue P.          123456789   4    6757897890 CC    X

1234567890133 Webber, Monica P.    123456789  38    9999999999 LI    X   10-1999
       :
       :
                         *** End of Report ***
```

<u>*Processing:*</u>

Pass the Year and Month of the Date Input file to call an object subprogram to get the cutoff date

Deduct 4 months from the Cutoffdate derived from the file Monthly-Cutoff (by Year/Month).
If Cutoffdate <= 0
   Deduct 12 from the month of the cutoffdate and deduct 1 from the year of the cutoff date.
Else
   Pass the Year and Month of the cutoff date to the object subprogram to retrieve the second cutoff date

Start process date = second cutoffdate less one (1) day.

Retrieve all the persons that are currently locked-in or were previously locked-in but were

disconnected or suspended within the last four months :
        Read   Person Provider Lock-in File using Person Num / Prov Num / Start Date 9C

        If close date = 0
        Or (close date <= end process date and close date >= start process date)

                Call the object subprogram to retrieve the Person information from the Person
File.
                Format and write the detail line.
        End-if.

Pending Applications (MERPAPR)

Description

This program generates one report on pending applications. Report (MEM0620R1) lists applications, excluding LIFC Transitional Medicaid (cat 03 and type case 71), that have been pending for over 45 days. The report will be sorted by location type and location Id from the application, worker number, application date, category, and type case.

The other report (MEM0622) lists OCS applications that have been pending for over 45 days. The report is sorted by location type and location Id from the application, worker number, and application date.

Report Layout for Applications Pending Over 45 Days (MEM620R1)

```
         1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERPAPR           LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name             BUREAU OF HEALTH SERVICES FINANCING              HH:MM AM
Job Number        MEM0620R1 - APPLICATIONS PENDING OVER 45 DAYS       Page: 0001
LOCATION: P0001 - ACADIA PARISH
                                                  Type                    Days
     Worker              Client          SSN    Cat Case MEDT Appl Date Pending
-----------------  ------------------  ---------  --- ---- ---- ---------- -------
9999-Worker Name   Doe, Jane S.        123456780   2  40        12-31-1999   99
                                                    3  13
                                                   13   1   Y

9999-Worker Name   Smith, John A.      123456789   4  94   Y    12-31-1999   99
                                                   20  28
        :
        :

                    P0001 - ACADIA PARISH    :    9,999

                      State Totals     :   99,999


                    *** End of Report ***
```

Report Layout for OCS Applications Pending Over 45 Days (MEM0622)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890012
MERPAPR - MEM0622                      LOUISIANA DEPARTMENT OF SOCIAL SERVICES                              MM/DD/YYYY
Job Name                                   OFFICE OF COMMUNITY SERVICES                                     HH:MM AM
Job Number                              OCS APPLICATIONS PENDING OVER 45 DAYS                               Page: 0001


LOCATION: P0001 - ACADIA PARISH

                                                                               Type       Days
               Worker              Client          SSN        Parish      TIPS #  Cat Case Appl Date Pending
        --------------------------  -----------------  --------  ----------------  --------  --- ---- ---------- -------
        9999 - Worker Name         Doe, Jane S.    123456780 Acadia           123456789   6  13  12-31-1999   999
                                                                                           6  30
                                                                                          15  38

                                   Johnson, Bob P.  123456789 Orleans-Midtown  123456789   8  31  12-31-1999   999
                                                                                          22  14

        9999 - Worker Name         Smith, John A.  123456789 Acadia           123456789   8  31  12-31-1999   999
                      :                                                                    22  14
                      :
                                         P0001 - ACADIA PARISH        :    9,999

                                         State Totals                 :   99,999

                                         *** End of Report ***
```

Processing :

Workfile Record :
   #location type,
   #location id,
   Application.worker number,
   #name (A18),
   Person.SSN,
   Application Type Case.category code,
   Application Type Case.type case,
   Application.application date,
   Application Type Case.MEDT indicator,
   #OCS-parish (N4)

Get parameter date

Determine cutoff date of paramater month

Compute #date-over-45-days = cutoff date - 45 days

Read the Application File
With   appl-status = #Pending
And   appl-date < #date-over-45-days

   Call the object subprogram to get the Person information from the Person File

Since we need the parish of residence on the OCS report, we need to store it somewhere other than the location id that would be used in the sort :
   If category = #OCS-category {6, 8, 15, 22}
      Move Case.residence location id   to   #OCS-parish
   Else
      Move 0   to   #OCS-parish
   End-if

   Determine the probable type cases from the Application Type Case File :
   Read Application Type Case File using Appl Status / Loc type / Loc id / Wrkr Num / Appl Date
   with application number = Application.application number
   and case number = Application.case number
   and application type case status = #Pending

      If category-code = #LIFC {03} and type-case = #TCC {71}
         Skip to the next record

Else
*   Write to the workfile*
End-if

Sort the workfile by location type, location id, worker number, application date, category code, and type case.

Calculate #days-pending as the number of days between the current date and the application date.

Call the object subprogram to get the worker's name from the Worker File.

If category = #OCS-category {6, 8, 15, 22}
*   Format and write detail line for the third (MEM0622) report*
*   Increment #report3-parish-total*
Else
*   Format and write detail line for the first (MEM0620R1) report*
*   Increment #report1-parish-total*
End-if

If there is a break in location
*   Write the location totals for the two reports*
*   Add #report1-location-total to #report1-state-total*
*   Add #report3-location-total to #report3-state-total*
*   Initialize #report1-location-total, and #report3-location-total*
End-if

At end of data
*   Write the parish totals for all the reports*

*   Add #report1-location-total to #report1-state-total*
*   Add #report3-location-total to #report3-state-total*

*   Write the state totals for the two reports*
*   Write the end of report line*

Review for Deemed Eligibility through First Birthday (MERRDER)

Description

This report (MED0310) lists closed cases that have AU members less than a year old. BHSF will review these cases to see if these should be opened as Deemed Eligibles i.e. type case 02. The report will be run daily and will be sorted by parish, caseload number, close date and case number.

Report Layout

```
         1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERRDER          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS      MM/DD/YYYY
Job Name              BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM
Job Number  MED0310 - REVIEW FOR DEEMED ELIG THROUGH 1ST BIRTHDAY    Page: 0001


                   Case                                         Type
      Parish       Load  Case Number          Name          Cat Case Close Date
------------------- ---- ------------- -------------------- --- ---- ----------
1 - Acadia          123 1234567890123 Doe, Katie S.         999  999 10-05-1999
1234567890065 Smith, Christopher A 999   999 10-12-1999

                    205 1234567890129 Weber, Yvonne F.      999  999 10-18-1999

4- Assumption       481 1234567890001 Guidry, Pamela D.     999  999 10-22-1999
       :
       :
       :
                        *** End of Report ***
```

Processing :

Record Layout :
    Person.res-parish,
    Case.caseload number,
    AU Member.case number,
    #name (A20),
    Cert period Type Case.category code,
    Cert Period Type Case.type case,
    AU Member.close date

Retrieve closed AU members whose age is less than a year :
    Read AU Member File using Birth Date / Person Num / Start Date 9C
    starting from birth date = current date - 1 year
    thru birth date = current date

If close-date = 0   OR
close date > current date   OR
start date > current date   OR
claims suspend date > current date
    Skip to the next person number
Else
    Call the object subprogram to get the name and residence parish of the AU
    member from the Person File
    Call the object subprogram to determine the caseload number from the Case File
    Call the object subprogram to determine the current category code and type
    case from the Cert Period Type Case File
    Fill record layout fields
    Skip to the next person number
End-if

Sort by residence location id, caseload number, close date, and case number.

At break in caseload number, skip a line before writing the next record.

At break in residence location id, skip a line before writing the next record.

Swipe Card Request Date Report (MERSWPR)

Description

This report lists swipe card requests within the last seven days. A worker cannot issue a request for swipe cards until at least 7 days after the last request. The report will be sorted by parish and request date.

Report Layout

```
            1         2         3         4         5         6         7         8
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
MERSWPR           LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS         MM/DD/YYYY
Job Name            BUREAU OF HEALTH SERVICES FINANCING                 HH:MM AM
Job Number          MED0976 - SWIPE CARD REQUEST DATE                   Page: 0001


Parish 1 - Acadia :
                                          Swipe Card
          Person Number          Name     Indicator   Request Dt
          -------------   --------------------   ----------   ----------
          1234567890123  Doe, Katie S.             999      10-15-1999
          1234567890065  Smith, Christopher A      999      10-17-1999
          1234567890129  Weber, Yvonne F.          999      10-18-1999
                  :
                  :
                          Total for Acadia Parish :  99

                          *** End of Report ***
```

Processing :
Workfile Record :
   Person.residence location id,
   Swipe Card Request.Person number,
   #name,
   Swipe Card Request.request reason code,
   Swipe Card Request.request date

Read Swipe Card Request File using Request Date / Person Num
starting from request-date = current date - 7 days
thru request-date = current date
   Call the object subprogram to determine the person's name and parish of residence from the
   Person File
   Write to the workfile
End-read.

Sort the workfile by residence location id and request date. Read the sorted workfile and write the report detail lines.

Transitional Medicaid Reports (MERTMRR)

Description

This program generates the Transitional Medicaid reports. The reports display the Transitional Medicaid clients that are required to report to DHH during the fourth month (MEM0300R1), during the seventh month (MEM0300R2), and during the tenth month (MEM0300R3). These will be sorted by location, worker number, caseload number and case number.

Report Layout for Transitional Medicaid Clients Required to Report During the 4th Month (MEM0300R1)

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERTMRR         LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name            BUREAU OF HEALTH SERVICES FINANCING             HH:MM AM
Job Number MEM0300R1 - TM CLIENTS REQUIRED TO REPORT ON THE 4TH MONTH Page: 0001


Location: P0001 – Acadia Parish


                       Case                                                Type
          Worker       Load  Case Number        Client           SSN   Cat Case
---------------------- ---- ------------ ------------------ --------- --- ----
1111-Worker Name       1234 1234567890123 Doe, Jane S.       123456789 999  999
                            1234567890124 Smith, John A.     123456789 999  999
                       4567 1234567890125 Pitre, Patricia A. 123456789 999  999

1234-Worker Name       5678 1234567890126 Chevis, Cynthia A. 123456789 999  999

9999-Worker Name       9999 1234567890127 Goodwin, Mary A.   123456789 999  999
      :
      :
      :
                Location: P0001 - Acadia Parish Total:    999


                        *** End of Report ***
```

Report Layout for Transitional Medicaid Clients Required to Report During the 7th Month (MEM0300R2)

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERTMRR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name             BUREAU OF HEALTH SERVICES FINANCING               HH:MM AM
Job Number MEM0300R2 - TM CLIENTS REQUIRED TO REPORT ON THE 7TH MONTH Page: 0001

Location: P0001 – Acadia Parish

                       Case                                              Type
        Worker         Load  Case Number        Client          SSN    Cat Case
---------------------- ---- ------------ ------------------ --------- --- ----
1111-Worker Name       1234 1234567890123 Doe, Jane S.       123456789 999  999
                            1234567890123 Smith, John A.     123456789 999  999
                       4567 1234567890123 Pitre, Patricia A. 123456789 999  999

1234-Worker Name       5678 1234567890123 Chevis, Cynthia A. 123456789 999  999

9999-Worker Name       9999 1234567890123 Goodwin, Mary A.   123456789 999  999


             Location: P0001 - Acadia Parish Total:   999

                       *** End of Report ***
```

Report Layout for Transitional Medicaid Clients Required to Report During the 10th Month (MEM0300R3)

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERTMRR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name             BUREAU OF HEALTH SERVICES FINANCING               HH:MM AM
Job Number MEM0300R1 -TM CLIENTS REQUIRED TO REPORT ON THE 10TH MONTH Page: 0001

Location: P0001 – Acadia Parish

                       Case                                              Type
        Worker         Load  Case Number        Client          SSN    Cat Case
---------------------- ---- ------------ ------------------ --------- --- ----
1111-Worker Name       1234 1234567890123 Doe, Jane S.       123456789 999  999
                            1234567890123 Smith, John A.     123456789 999  999
                       4567 1234567890123 Pitre, Patricia A. 123456789 999  999

1234-Worker Name       5678 1234567890123 Chevis, Cynthia A. 123456789 999  999

              Location P0001 - Acadia Parish Total:   999

                       *** End of Report ***
```

Processing :

Sort Record:
    Cert Period Type Case.category code,
    Cert Period Type Case.type case,
    Cert Period Type Case.cptc-start-date,
    Cert Period Type Case.case number,
    Case.location id,
    Case.location type,
    Location.location description,
    Case.caseload number,
    Case Load.worker number,
    Cert Period.client number
    Cert Period Type Case.redet date

Calculate dates as follows :

Process date = input process month (or current month, by default)

4th month cutoff = Process date less 2 months (the first of the month)
4th month start date = Process date less 2 months (the end of the month)

7th month cutoff = Process date less 5 months (the first of the month)
7th month start date = Process date less 5 months (the end of the month)

10th month cutoff = Process date less 8 months (the first of the month)
10th month start date = Process date less 8 months (the end of the month)

Retrieve the Transitional Medicaid cases (start date of eligibility should be at least 4 months prior to the process date) :

    Read Cert Period Type Case File using Type Case / Category Code / Appv Code
    Where type-case = #Transitional-Medicaid {71}
    And category-code = #LIFC {13} or = #AFDC {3}

    Accept if cptc-start-date <= 4th month cutoff date and

        cptct-close-date = 0

        Call the object subprogram to retrieve the caseload number and parish of residence from the Case File.

        Call the object subrogram to retrieve the location description from the Location

file.
Call the object subprogram to retrieve the worker number from the Case Load File.

Call the object subprogram to retrieve the worker name from the Worker File.

Call the object subprogram to retrieve the client number from the Certification Period File.

Call the object subprogram to retrieve the Client name and SSN from the Person File.

Format the sort record

End Read

Sort the Sort Records by location type and id, worker number, caseload number and case number

Determine which report the record should be written on and print the TM notice :

Evaluate cptc-start-date
*   case cptc-start-date more than 10 months prior to process date*
*   do nothing*

case cptc-start-date >= 10th month start date and <= 10th month cutoff date
*   Write the detail line for MEM0300R3 report*
*   Increment #10th-month-counter*
*   Call subprogram MERTMNN to generate the notice (MEM0300R5)*

case cptc-start-date >= 7th month start date and <= 7th month cutoff date
*   Write the detail line for MEM0300R2 report*
*   Increment #7th-month-counter*
*   Call subrpogram MERTMNN to generate the notice (MEM0300R5)*

case cptc-start-date >= 4th month start date and <= 4th month cutoff date
*   Write the detail line for MEM0300R1 report*
*   Increment #4th-month-counter*
*   Call subprogram MERTMNN to generate the Initial Report Notice (MEM0300R4)*
*   End-evaluate*

At break of location type and ID, print report totals

Transitional Medicaid Notices (MERTMNN)

Description

This subprogram generates the initial notices (MEM0300R4) and the seventh and tenth month notices (MEM0300R5) sent to clients notifying them that they need to report to their case worker for their Transitional Medicaid eligibility to continue. A final notice (MEM0300R6) is created notifying the client that they are on their last month of eligibility.

Note : The fields that are underlined will be populated by the program.

Report Layout for Transitional Medicaid Notice of Initial Reporting Requirement (MEM0300R4)

```
          1         2         3         4         5         6         7         8
 12345678901234567890123456789012345678901234567890123456789012345678901234567890
 Jefferson B.H.S.F                                        January 28,2000
 2150 Westbank Express                                    Loc:P0001
 Harvey, LA 70058                                         SSN:123-45-6789
                                                          Id :1234567890123
                                                          MEM0300R4


 Ms. Katie S. Doe
 5555 Main St.
 Kenner, LA 70062


 TRANSITIONAL MEDICAL
 INITIAL REPORTING FORM


 Dear Ms. Katie S. Doe:

 Your Transitional Medicaid period of coverage will end at the end of May,
 2000. You have the option to receive an additional 6-month extension of Medicaid
 benefits. In order to receive the additional extension, you must report your
 family's household composition, gross earnings and costs of child care for
 November 1999, December 1999, and January 2000.
 You must attach proof of what you paid for child care and proof of your earnings
 for each of the three months. If you have received reimbursement for your child
 care for any of the required months, you do not have to attach verification for
 those months. However, you must still submit this form. You must report this by
 February 21, 2000.

 If you are no longer employed you may re-apply for Low Income Families with
 Children (LIFC) Medical Assistance.


 Complete the following and return it to the address shown above.

 1) Complete the following for each person who lives in your home including
 yourself. If anyone is pregnant, write 'Unborn' in the name column for the
 unborn child and the expected date of delivery in the birth date column.
```

```
    Last Name              First Name       MI Relationship Birth Date    SSN
                                                To you

    _____   _____  __  _____  _____  _____
    _____   _____  __  _____  _____  _____
    _____   _____  __  _____  _____  _____
    _____   _____  __  _____  _____  _____
    _____   _____  __  _____  _____  _____
```

2) Is everyone listed in Item #1 a Louisiana resident ?   __Yes __No

3) List the earnings of everyone in the household before deductions for the
following months :

```
        Name          Month     Earnings        Name          Month     Earnings
_____ _____ _____ _____ _____ _____
                    _____ _____                     _____ _____
                    _____ _____                     _____ _____
```

Attach proof of your earnings (check stubs, employer's statement, etc.)

4) Complete the following for each child for whom you paid Child Care. Use only
one line for each child each month. Attach proof of what you paid (receipts,
statement from person caring for your child, etc.)

```
   Child's Name       Month   Care Paid    Child's Name       Month   Care Paid
_____ _____ _____ _____ _____ _____
                    _____ _____                     _____ _____
                    _____ _____                     _____ _____


   Child's Name       Month   Care Paid    Child's Name       Month   Care Paid
_____ _____ _____ _____ _____ _____
                    _____ _____                     _____ _____
                    _____ _____                     _____ _____
```

5) Has Medical Insurance Coverage for anyone in your household changed (new
policy, etc.)? __Yes __No If yes, complete the following :

```
   Insurance Company _____   Policy No. _____
   and Address       _____   Effective Date _____
                     _____
   Type of Coverage _____              Who is Covered _____
```

I declare that the statements given on this form are true and correct to the
best of my knowledge. I understand that withholding information or giving false
information is subject to penalty under the law and that if it causes
overpayment(s) to me, the overpayment will be recovered by the Bureau of Health
Services Financing.

```
    _____        _____
          Date                              Signature
```

Report Layout for Transitional Medicaid Notice of Reporting Requirement (MEM0300R5)

```
         1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
```

```
Jefferson B.H.S.F                               January 28,2000
2150 Westbank Express                           Loc:P0001
Harvey, LA 70058                                SSN:123-45-6789
                                                Id :1234567890123
                                                MEM0300R5


Ms. Katie S. Doe
5555 Main St.
Kenner, LA 70062



TRANSITIONAL MEDICAL
NOTICE OF REQUIREMENT (7TH MONTH)



Dear Ms. Katie S. Doe:

In order for your Transitional Medicaid period of coverage to continue, you must
report your family's household composition, gross earnings and costs of child
care for November 1999, December 1999, and January 2000. If you have received
reimbursement for your child care for any of the required months, you do not
have to attach verification for those months. However, you must still submit
this form. You must report this by February 21, 1999.

You must attach verification of your earnings and child care costs. You will not
be eligible for the additional extension of Medicaid benefits if :
        * You do not report and verify the above information by the required date;
        * You quit your job without good cause; or
        * Your family's average gross earnings (less the cost of child care)
          during the immediately preceding months 3-month period exceed 185 % of
the Federal Poverty level for your household size; or
        * You no longer have an eligible child in your home.

If you are no longer employed you may re-apply for Low Income Families with
Children (LIFC) Medical Assistance.

Complete the following and return it to the address shown above.

1) Complete the following for each person who lives in your home including
yourself. If anyone is pregnant, write 'Unborn' in the name column for the
unborn child and the expected date of delivery in the birth date column.

     Last Name            First Name       MI Relationship Birth Date    SSN
                                              To you

   _____  _____  __ _____ _____ _____
   _____  _____  __ _____ _____ _____
   _____  _____  __ _____ _____ _____
   _____  _____  __ _____ _____ _____
   _____  _____  __ _____ _____ _____
```

2) Is everyone listed in Item #1 a Louisiana resident ? __Yes __No

3) List the earnings of everyone in the household before deductions for the
following months :

```
        Name          Month     Earnings        Name          Month     Earnings
_____ _____ _____ _____ _____ _____
                       _____ _____                        _____ _____
                       _____ _____                        _____ _____
```

Attach proof of your earnings (check stubs, employer's statement, etc.)

4) Complete the following for each child for whom you paid Child Care. Use only
one line for each child each month. Attach proof of what you paid (receipts,
statement from person caring for your child, etc.)

```
   Child's Name       Month     Care Paid    Child's Name       Month     Care Paid
_____ _____ _____ _____ _____ _____
                       _____ _____                        _____ _____
                       _____ _____                        _____ _____

   Child's Name       Month     Care Paid    Child's Name       Month     Care Paid
_____ _____ _____ _____ _____ _____
                       _____ _____                        _____ _____
                       _____ _____                        _____ _____
```

5) Has Medical Insurance Coverage for anyone in your household changed (new
policy, etc.)? __Yes __No If yes, complete the following :

```
   Insurance Company _____    Policy No. _____
   and Address       _____    Effective Date _____
                     _____
   Type of Coverage  _____           Who is Covered _____
```

I declare that the statements given on this form are true and correct to the
best of my knowledge. I understand that withholding information or giving false
information is subject to penalty under the law and that if it causes
overpayment(s) to me, the overpayment will be recovered by the Bureau of Health
Services Financing.

```
   _____         _____
          Date                                    Signature
```

Report Layout for Transitional Medicaid Final Notice (MEM0300R6)

Note : Generation of this notice is obsolete practice.

```
            1         2         3         4         5         6         7         8
   12345678901234567890123456789012345678901234567890123456789012345678901234567890
   ┌─────────────────────────────────────────────────────────────────────────────┐
   │Jefferson B.H.S.F                                              Month DD,YYYY   │
   │2150 Westbank Express                                                          │
   │Harvey, LA 70058                                                               │
   │                                                                               │
   │Ms. Katie S. Doe                              Parish    1 - Acadia             │
   │5555 Main St.                                 SSN       123-45-6789            │
   │Kenner, LA 70062                              Person No 1234567890123          │
   │                                                                               │
   │Dear Ms. Katie S. Doe:                                                         │
   │                                                                               │
   │This month begins your last month of eligibility for Transitional Medicaid. You│
   │will be contacted by your worker regarding possible continuation of Medicaid   │
   │benefits.                                                                      │
   │                                                                               │
   │                        FAIR HEARING EXPLANATION                               │
   │                                                                               │
   │If you disagree with the above decision, you may discuss it with your worker in│
   │the local Office of the Bureau of Health Services Financing, and you may request│
   │a fair hearing but you must do so on or before Month DD, YYYY.                 │
   │                                                                               │
   │A fair hearing may be requested by completing the bottom of this form and      │
   │mailing it or delivering it to the address shown at the top of this form. You  │
   │may be represented at the hearing by an authorized representative, such as legal│
   │counsel, relative, friend, or other spokesperson or you may represent yourself.│
   │In the space provided give the reason you are requesting a fair hearing.       │
   │                                                                               │
   │                                                                               │
   │===============================================================================│
   │Complete and sign only if you want to request a fair hearing.                  │
   │The reason I am requesting a fair hearing is the following:                    │
   │_____│
   │_____│
   │_____│
   │                                                                               │
   │                                                                               │
   │     _____       _____     │
   │            Date                               Signature                       │
   │                                  _____     │
   │                                   Signature of Authorized Representative      │
   │                                  _____     │
   │                                   Address of Authorized Representative        │
   └─────────────────────────────────────────────────────────────────────────────┘
```

Processing :

Input Parameters :
Notice Type
Process date
Location type
Location ID

Person number
CPTC Start Date

Validate input parameters

Call the object subprogram to retrieve the location office address from the Location file.

Call the object subprogram to retrieve the client's title, last name, first name, middle initial, SSN and address from the Person File.

Determine the required months as current month, input process month, one month prior to input process month, 2 months prior to input process month, and 1 month after input process month. The deadline for submission is the 21st of the next month. Derive the month for end of coverage from the cptc start date plus 6 months.

Format the letter headers, addresses and dates

Depending on the notice type (4th month or 7th / 10th month), print the TM Notice

Medical Eligibility Summary Extract (MERMESR)

Description

This program extracts data that will be used to generate the 16 statistical summary reports on applications and re-determinations in the different categories.

The reports that will be produced from the extract files are :

    MEM0814R1 - Long Term Care (LTC)
    MEM0814R2 - Home and Community Based Services (HCBS)
    MEM0814R3 - CHAMP Presumptive Eligibility
    MEM0814R4 - CHAMP Pregnant Woman
    MEM0814R5 - CHAMP Qualified Child
    MEM0814R6 - MAO-DEFRA
    MEM0814R7 - Extended Medicaid
    MEM0814R8 - SSI, State FC, MSS & QDWI
    MEM0814R9 - Medically Needy
    MEM0814R10 - Qualified Medicare Beneficiary
    MEM0814R11 - Transitional Medicaid
    MEM0814R12 - Low Income Family with Dependent Children
    MEM0814R13 - CHIP
    MEM0814R14 - Specified Low Income Medicare Beneficiary
    MEM0814R15 - TB Related
    MEM0814R16 - TEFRA

Workfile Layouts

Workfile 1 Record :
    Location.linked region id (N4),
    Person.residence location id (N4),
    #category (A4),
    #status (A1),
    #case-number (N13),
    #ignored-days (A1),
    #processing-days (N5),
    #dual-indic (A1),
    Type-Case (N3),
    #AUM-count (N4)

Workfile 2 Record :
    Location.linked region id (N4),
    Person.residence location id (N4),
    #category (A4),
    type case (N3),
    #status (A1),
    #case-number (N13),
    #ignored-days (A1),
    #processing-days (N5)

Workfile 3 Record :
    #record-type (N1),
    Location.linked region id (N4),
    Person.residence location id (N4),
    #category (A4),
    #status (A1),
    #case-number (N13),
    #ignored-days (A1),
    #processing-days (N5),
    #AUM-count (N4)

Workfile 4 Record :
    Location.linked region id (N4),
    Person.residence location id (N4),
    #category (A4),
    #AUM-count (N4)

Workfile 5 Record :
    Location.linked region id (N4),
    Person.residence location id (N4),
    #category (A4),
    #case-number (N13),
    #AUM-count (N4)

Processing :

Program Constants :

- *#Completed (A1) initialized as <'C'>*
- *Status -'O' - #over-45-days,*
          'A' - #approved,
          'R' - #rejected,
          'P' - #pending,
          'T' - #taken,
          'C' - #completed-redet,
          'E' - #expired,
          'S' - #state-closed
          'V'- #active

Mainline Processing :

Perform subroutine DETERMINE-CUTOFF-DATES
Perform subroutine GET-PENDING-APPLICATIONS
Perform subroutine GET-TAKEN-APPLICATIONS
Perform subroutine GET-REJECTED-APPLICATIONS
Perform subroutine GET-APPROVED-APPLICATIONS
Perform subroutine GET-COMPLETED-REDETS
Perform subroutine GET-ACTIVE-CERTS
Perform subroutine GET-CLOSED-PE-CASES

Sort the work files :

> *Sort workfile 1 by #category, linked region id, residence location id, #status, and case-number.*
> *Sort workfile 2 by #category, linked region id, residence location id, #status, and case-number.*
> *Sort workfile 3 by #record-type, linked region id, residence location id, #status, #category, and case-number.*
> *Sort workfile 4 by linked region id, residence location id, and #category.*
> *Sort workfile 5 by linked region id, residence location id, #category and case-number.*

Create Reports :

> *Execute MERMESR1 for :*
> > *MEM0814R4 – CHAMP Pregnant Woman*
> > *MEM0814R7 – Extended Medicaid*

> MEM0814R10 – Qualified Medicaid Beneficiary
> MEM0814R12 – Low Income Family with Dependent Children
> MEM0814R14 – Specified Low Income Medicare Benificiary
> MEM0814R15 – TB Related
>
> Execute MERMESR2 for :
> > MEM0814R1 – Long Term Care
> > MEM0814R2 – Home and Community Based Services
> > MEM0814R3 – CHAMP Presumptive Eligibility
>
> Execute MERMESR3 for :
> > MEM0814R5 – CHAMP Qualified Child
> > MEM0814R6 – MAO-DEFRA
> > MEM0814R9 – Medically Needy
> > MEM0814R13 - CHIP
> > MEM0814R16 - TEFRA
>
> Execute MERMESR4 for :
> > MEM0814R8 - SSI, State, FC, MSS, and QDWI
>
> Execute MERMESR5 for :
> > MEM0814R11 – Transitional Medicaid

End

Subroutine DETERMINE-CUTOFF-DATES
Determine parameter date (default is system date)
Calculate end-process-date (cutoff date of parameter month)
Calculate start-process-date (one day after cutoff date of month prior to parameter month)
Calculate 45-days-cutoff (45 days prior to end-process-date)

Subroutine GET-PENDING-APPLICATIONS
Retrieve all the current pending applications :
> *Read the Application File using Application Status / Application Date*
> *With application status = #Pending*
> *And application date <= end-process-date*
>
> *Determine the type cases :*
> > *Read Application Type Case File using Appl Type Case Stat / Case Num / Appl num*
> > *with application number = Application.application number*
> > *and case number = Application.case number*
> > *and application type case status = #Pending*
> >
> > *Call the object subprogram to determine the parish of residence from the Case File*
> > *Call the object subprogram to determine the linked region id from the Location File*

If application date < 45-days-cutoff
    Move #over-45-days to #status
Else
    Move #pending to #status
End-if

    Call the subroutine PROCESS-CATEGORY

End-read (Application Type Case File)

End-read (Application File)

Subroutine GET-TAKEN-APPLICATIONS
Retrieve all applications :
    Read the Application File using Case Number / Application Number
    With pended date >= start-process-date and <= end-process-date

    Determine the type cases :
        Read Application Type Case File using Appl Type Case Stat / Case Num / Appl num
        with application number = Application.application number
        and case number = Application.case number

        Call the object subprogram to determine the parish of residence from the Case File
        Call the object subprogram to determine the linked region id from the Location File

        Move #taken to #status

        Call the subroutine PROCESS-CATEGORY

    End-read (Application Type Case File)

End-read (Application File)

Retrieve all certs created in non-application determinations :
    Read the Cert Period Type Case (CPTC) using Certify Date / Category / Type Case /
Appv Code
    With Certify Date >= start-process-date and <= end-process-date

        Determine if Cert was created by an Application type determination :

            Read the first Eligibility / Cert Period (ELGCP) using Case / Cert Period / Deter
            With Case = CPTC.Case and Cert Period = CPTC.Cert Period

Read Eligibility Determination using Case / Determination
With Case = CPTC.Case and Deter = ELGCP.Deter
End-Read (Eligibility Determination)

End-Read (Eligibility / Cert Period)

If Determination Reason not = "(A)pplication"

Call the object subprogram to determine the parish of residence from the Case File
Call the object subprogram to determine the linked region id from the Location File

Move #taken to #status
Call the subroutine PROCESS-CATEGORY

End-read (CPTC)

Subroutine GET-REJECTED-APPLICATIONS
Retrieve the applications that were rejected the previous month :
Read the Application Type Case File
using Reject Date / Reject Code / Case Num / Category / Type Case
starting from rejection date = start-process-date
thru rejection date = end-process-date

Exclude applications that were rejected in error :
If rejection code = 99
Skip to the next record
End-if

Call the object subprogram to determine the parish of residence from the Case File
Call the object subprogram to determine the linked region id from the Location File

Move #rejected to #status

Determine how long it took to disposition the application :
Call the object subprogram to determine the application date from the Application File
Call the common routine to calculate the number of days between the rejection date and the application date

Call the subroutine PROCESS-CATEGORY

End-read (Application Type Case File)

<u>*Subroutine GET-APPROVED-APPLICATIONS*</u>
Retrieve the applications that were approved the previous month :
  Read Cert Period Type Case File
  using Certify Date / Category Code / Type Case / Appv Code
  starting from Certify date = start-process-date
  thru Certify date = end-process-date

Determine if certifications were created (added) as part of a change or redetermination type determination (i.e., they were not created using a new application):
  Read (1) Elig Cert Period using Case / Cert / Deter
  With case number = Cert Period Type Case.case number
  and cert period number = Cert Period Type Case.cert period number

Find(1) Determination with Case Num / Deter Num
  If not an application type determination
    Set the IGNORE_DAYS flag to "Y"
    Set Processing Days = 0
  Else
    Determine how long it took to disposition the application :
      Call the object subprogram to determine the application date from the Application File
      Call the common routine to calculate the number of days between the approval date and the application date
End-if
End-Find
End-Read

  Call the object subprogram to determine the parish of residence from the Case File
  Call the object subprogram to determine the linked region id from the Location File

  Move #approved to #status

  Call the subroutine PROCESS-CATEGORY

End-Read (Cert Period Type Case File)

<u>*Subroutine GET-COMPLETED-REDETS*</u>
Retrieve the completed re-determinations that were processed the previous month :
  Read Eligibility Determination File using Elig Deter Stat / Deter Date / Deter Reason

starting from determination date = start-process-date
thru determination date = end-process-date
and eligibility determination status = #Completed
and determination reason = #Redet

Determine the category code and type case of the certifications from the Budget Worksheet CPTC File :
   Read Budget Worksheet CPTC File
   using Case num / deter num / bud num / cert period num / cat type case
   with case number = Eligibility Determination.case number
   and eligibility deter number = Eligibility Determination.eligibility deter number

   Call the object subprogram to determine the parish of residence from the Case File
   Call the object subprogram to determine the linked region id from the Location File

   Move #completed-redet   to #status

   Call the subroutine PROCESS-CATEGORY

   End-Read (Budget Worksheet CPTC File)

   End-Read (Eligibility Determination File)

Subroutine GET-ACTIVE-CERTS
Retrieve all the active certifications to get the count of cases and AU Members :
   Read Cert Period Type Case File
   using Close Date 9c / Case Num / Cert Period Num / Category Code / Type Case
   starting from close date 9c = end-process-date-9c
   thru close date = 99999999

      Exclude dual certifications:
         If Cert Period Type Case.Type Case =   #MERTYPL.#QMB or
                                        #MERTYPL.#SLMB
            Read (1) Cert Period Type Case(V2)
            using Case / Close Date 9c / Start Date 9c / Cert Period
            with case number = Cert Period Type Case.case number

               Ignore the original Cert Period Type Case and any closed
               Cert Period Type Cases
               Use 'MEXDDON' to determine if there is an overlap between
               Cert Period Type Case and Cert Period Type Case (V2)
                  If not an overlap does exist
                     Skip to the next Cert Period Type Case record
                  End-if

End-Read
End-If

Call the object subprogram to determine the parish of residence from the Case File
Call the object subprogram to determine the linked region id from the Location File

If redet date > 0 and redet date <=end-process-date and close-date = 0
    Move #expired   to #status
Else
    Move #active   to #status
End-if

Move case number to #case-number

Count the active AU Members in the Certification from the AU Member File :
Read AU Member File
Using Case Num / Cert Period Num / AU Member Num
With case number = Cert Period Type case.case number
And cert period number = Cert Period Type Case. Cert period number

    Reject if close date <= end-process-date   OR
       claims suspend date <= end-process-date OR
       start date > end-process-date

    Add 1 to #AUM-count

End-read (AU Member File)

If #AUM-count = 0 (all AU Members were suspended)
    Skip to the next Cert Period Type Case record
End-if

    Call the subroutine PROCESS-CATEGORY

End-read (Cert Period Type Case File)

Subroutine GET-CLOSED-PE-CASES
Retrieve the closed PE cases that were closed by the State in the month of 46th day from the time the case started eligibility :

Calculate Close Month Start Date = Cutoff Date with 00 as the day
Calculate Close Month End Date = Cutoff Date with 99 as the day

Read Cert Period Type Case File using Close Date 9c / Case / Cert / CPTC
Starting from Calculate Close Month End Date Thru Calculate Close Month Start Date
with category code = #MERCATL.#PE and type case = #MERTYPL.#PE

   Reject cptc close date = 0
   Call 'MECDDTN' to calculate 46 days from the CPTC Start Date
   If the calculated Month & Year are the same as the CPTC Close Date Month & Year
       Move #state-closed to #status
       Call the subroutine PROCESS-CATEGORY
   End-if

End-read (Cert Period Type Case)

Subroutine PROCESS-CATEGORY
Evaluate type-case
   case #MERTYPL.#Champ-Pregnant-Woman
       Move 'PW' to #category
       Write to workfile 1

   case #MERTYPL.#Extended-Medicaid(*)
       Move 'EM' to #category
       Write to workfile 1

   case #MERTYPL.#QMB
       Move 'QMB' to #category
       Write to workfile 1

   case   #MERTYPL.#SLMB,
               #MERTYPL.#QI1,
               #MERTYPL.#QI2
       Move 'SLMB' to #category
       Write to workfile 1

   case #MERTYPL.#TB
       Move 'TB' to #category
       Write to workfile 1

   case #MERTYPL.#LTC-Only(*)
       Move 'LTC' to #category
       Write to workfile 2

   case #MERTYPL.#HCBS-Only(*)
       Move 'HCBS' to #category
       Write to workfile 2

case #MERTYPL.#PE
    Move 'PE' to #category
    Write to workfile 2

case #MERTYPL.#CHAMP-Child
    Move 'CHLD' to #category
    Move 1   to #record-type
    Write to workfile 3

case #MERTYPL.#CHIP
    Move 'CHIP' to #category
    Move 4 to #record-type
    Write to workfile 3

case #MERTYPL.#TEFRA
    If category-code = #MERCATL.#DA
            Move 'TFRA' to #category
            Move 5 to #record-type
            Write to workfile 3
    End-if

case #MERTYPL.#Deemed Eligible /* MAO
    Move 'MAO'   to #category
    Move 2   to #record-type
    Write to workfile 3

case #MERTYPL.#DEFRA
    Move 'DEFR' to #category
    Move 2   to #record-type
    Write to workfile 3

case #MERTYPL.#MNP-regular
        Move 'MNP' to #category
        Move 3   to #record-type
        Write to workfile 3

case #MERTYPL.#MNP-spenddown
    Move 'MNPS' to #category
    Move 3   to #record-type
    Write to workfile 3

case #MERTYPL.#SSI(*)
    If category-code = #MERCATL.#LIFC and type-case = #MERTYPL.SSI-CONV (13-
1)

          Move 'LIFC' to #category

          Write to workfile 1

     Else

       If category-code = #MERCATL.#AFDC and type-case = #MERTYPL.SSI-CONV (3-1)

          If Redet Code = 0

             Move 'OFS LIFC' to #category

             Write to workfile 4

          Else

             Move 'LIFC' to #category

             Write to workfile 1

          End-if

       Else

          If type-case = 1,3,78 and MSS amount > 0

             Move 'MSS' to #category

          Else

             Move 'SSI' to #category

          End-if

          Write to workfile 4

       End-if

case #MERTYPL.#State

   Move 'ST' to #category

   Write to workfile 4

case #MERTYPL.#Foster-care (*)

   Move 'FC' to #category

   Write to workfile 4

case #MERTYPL.#QDWI

   Move 'QDWI' to #category

   Write to workfile 4

case #MERTYPL.#Psuedo-Income

   Move 'LIFC' to #category

   Write to workfile 1

case #MERTYPL.#Roll-Down or Grant-Review

   Move 'LIFC' to #category

   Write to workfile 1

case #MERTYPL.#OFS-LIFC

   If category code = #MERCATL.#AFDC (3-9)

      If redet-code = 0

Move 'OFS LIFC' to #category
Write to workfile 4
Else
Move 'LIFC' to #category
Write to workfile 1
End-if
Else
If category code = #MERCATL.#LIFC (13-9)
Move 'LIFC' to #category
Write to workfile 1
End-if
End-if

case #MERTYPL.#TM
If category code = #MERCATL.#LIFC
Move 'TM' to #category
Else {i.e. cat 3}
Move 'OTM' to #category
End-if
Write to workfile 5

End-evaluate

Medical Eligibility Summary Workfile 1 Reports (MERMESR1)

Description

This program processes workfile 1 which was created by the Medical Eligibility Summary Extract program (MERMESR). This subprogram will generate 6 reports. The reports show how many applications were received, approved and rejected that month, the total number of applications processed (rejected + approved) that month, the average number of days it took to process the applications, the total pending applications and applications that have been pending for over 45 days. They also show how many redets were completed that month and how many are already overdue. The reports also show the total number of caseloads currently active under each category.

Processing :

Include copycode MERMESC.

Read the sorted workfile 1 which was created by the extract program MERMESR.

Accumulate the counters by performing the subroutine EVALUATE-STATUS.

At break in residence location id
 Call the object subprogram to get the parish description from the Location File

 Perform CALCULATE-COUNT

 Evaluate #category
  Case #PW   {'PW'}
   Write the detail line for MEM0814R4

  case #Extended-Medicaid {'EM'}
   Write the detail line for MEM0814R7

  case #QMB   {'QMB'}
   Write the detail line for MEM0814R10

  case #LIFC   {'LIFC'}
   Write the detail line for MEM0814R12

  case #SLMB   {'SLMB'}
   Write the detail line for MEM0814R14

  case #TB   {'TB'}
   Write the detail line for MEM0814R15

End-evaluate

Accumulate region totals from the counters
Initialize all the counters

End-at-break

At break in linked region
    Perform At break in residence location id logic
    Accumulate the state totals from the region totals
    Write the region totals
    Initialize all the counters and the region totals
End-at-break

At break in #category
    Perform At break in residence location id logic
    Perform At break in linked region id logic
    Write the state totals
End-at-break

At end of data, perform at break in #category logic and write the end of report line.

Report Layout for CHAMP Pregnant Woman (MEM0814R4)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890012
MERMESR1-MEM0814R4                          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                             MM/DD/YYYY
Job Name                                       BUREAU OF HEALTH SERVICES FINANCING                                  HH:MM:AM
Job Number                                 CHAMP PREGNANT WOMAN MEDICAL ELIGIBILITY SUMMARY                         Page:001

Region 0001 - Orleans
                                               A p p l i c a t i o n
                   -----------------------------------------------------------------------  R e d e t            OCS
                                 Pct              Pct                       Over            -------------  Case   Case
        Parish    Received Approved Appvd  Rejected Rej  Processed  Pend 45 Days  Avg   Comp    Exp    Load   Load
-------------------- -------- -------- ----- -------- ---- --------- ----- ------- ---- ------ ------ ------- -------
W. Jefferson        99,999   99,999   999%    9,999  999%   999,999   999    9,999 9999  9,999  9,999 999,999 999,999
Orleans             99,999   99,999   999%    9,999  999%   999,999   999    9,999 9999  9,999  9,999 999,999 999,999
Plaquemine          99,999   99,999   999%    9,999  999%   999,999   999    9,999 9999  9,999  9,999 999,999 999,999
St Bernard          99,999   99,999   999%    9,999  999%   999,999   999    9,999 9999  9,999  9,999 999,999 999,999
E. Jefferson        99,999   99,999   999%    9,999  999%   999,999   999    9,999 9999  9,999  9,999 999,999 999,999

Region 0001 - Orleans Total:
                    99,999   99,999   999%   99,999  999%   999,999 9,999   99,999 9999 99,999 99,999 999,999 999,999

       State Total: 99,999   99,999   999%   99,999  999%   999,999 9,999   99,999 9999 99,999 99,999 999,999 999,999

                                                *** End of Report ***
```

Report Layout for Extended Medicaid (MEM0814R7)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890012
MERMESR1-MEM0814R7                          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                             MM/DD/YYYY
Job Name                                       BUREAU OF HEALTH SERVICES FINANCING                                  HH:MM:AM
Job Number                                 EXTENDED MEDICAID MEDICAL ELIGIBILITY SUMMARY                            Page:001

Region 0001 - Orleans
                                               A p p l i c a t i o n                                   C a s e l o a d
                   ----------------------------------------------------  R e d e t      --------------------------------
                          Pct          Pct                 Over          -----------                      Affctd
        Parish     Recvd Appvd Appvd  Rej   Rej  Procssd  Pend 45 Days  Avg   Comp   Exp    Total    BPL   Child   Other
-------------------- ----- ------ ----- ----- ---- ------- ---- ------- ---- ----- ----- ------- ------ ------ ------
W. Jefferson        9,999 99,999 999%  9,999 999%   9,999  999   9,999 9999 9,999 9,999 999,999 99,999 99,999 99,999
Orleans             9,999 99,999 999%  9,999 999%   9,999  999   9,999 9999 9,999 9,999 999,999 99,999 99,999 99,999
Plaquemine          9,999 99,999 999%  9,999 999%   9,999  999   9,999 9999 9,999 9,999 999,999 99,999 99,999 99,999
St Bernard          9,999 99,999 999%  9,999 999%   9,999  999   9,999 9999 9,999 9,999 999,999 99,999 99,999 99,999
E. Jefferson        9,999 99,999 999%  9,999 999%   9,999  999   9,999 9999 9,999 9,999 999,999 99,999 99,999 99,999

Region 0001 - Orleans Total :
                    9,999 99,999 999%  9,999 999%   9,999  999   9,999 9999 9,999 9,999 999,999 99,999 99,999 99,999

    State Total :   9,999 99,999 999%  9,999 999%   9,999  999   9,999 9999 9,999 9,999 999,999 99,999 99,999 99,999

                                                *** End of Report ***
```

Report Layout for Qualified Medicare Beneficiary (MEM0814R10)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
MERMESR1-MEM0814R10                   LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                                BUREAU OF HEALTH SERVICES FINANCING                                    HH:MM:AM
Job Number                     QUALIFIED MEDICARE BENEFICIARY MEDICAL ELIGIBILITY SUMMARY                      Page:001

Region 0001 - Orleans
                              A p p l i c a t i o n                                                  C a s e l o a d
                  ----------------------------------------------------------------   R e d e t   ----------------------
                                 Pct         Pct                  Over               -----------              Pure   Dual
       Parish     Recvd  Appvd  Appvd   Rej  Rej  Procssd  Pend  45 Days  Avg   Comp   Exp    Total    QMB    QMB
   ------------------    -----  ------  -----  ----- ----  -------  ----  -------  ----  -----  -----  -------  ------  ------
   W. Jefferson   9,999  99,999  999%  9,999  999%  99,999   999   9,999  9999  9,999  9,999  999,999  99,999  99,999
   Orleans        9,999  99,999  999%  9,999  999%  99,999   999   9,999  9999  9,999  9,999  999,999  99,999  99,999
   Plaquemine     9,999  99,999  999%  9,999  999%  99,999   999   9,999  9999  9,999  9,999  999,999  99,999  99,999
   St Bernard     9,999  99,999  999%  9,999  999%  99,999   999   9,999  9999  9,999  9,999  999,999  99,999  99,999
   E. Jefferson   9,999  99,999  999%  9,999  999%  99,999   999   9,999  9999  9,999  9,999  999,999  99,999  99,999

   Region 0001 - Orleans Total :
                  9,999  99,999  999%  9,999  999%  99,999   999   9,999  9999  9,999  9,999  999,999  99,999  99,999

      State Total :  9,999  99,999  999%  9,999  999%  99,999   999   9,999  9999  9,999  9,999  999,999  99,999  99,999


                                         *** End of Report ***
```

Report Layout for Low Income Family with Dependent Children (MEM0814R12)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
MERMESR1- MEM0814R12                  LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                                BUREAU OF HEALTH SERVICES FINANCING                                    HH:MM:AM
Job Number                     LOW INCOME FAMILY WITH CHILDREN MEDICAL ELIGIBILITY SUMMARY                     Page:001

Region 0001 - Orleans
                              A p p l i c a t i o n
                  ----------------------------------------------------------------   R e d e t
                                 Pct         Pct                  Over               ------------------  Case     AU
       Parish     Recvd  Appvd  Appvd   Rej  Rej  Procssd  Pend  45 Days  Avg   Completed  Expired   Load    Member
   ------------------    -----  ------  -----  ----- ----  -------  ----  -------  ----  ---------  -------  -------  ------
   W. Jefferson   9,999  99,999  999%  9,999  999%   9,999   999   9,999  9999    9,999     9,999   999,999  99,999
   Orleans        9,999  99,999  999%  9,999  999%   9,999   999   9,999  9999    9,999     9,999   999,999  99,999
   Plaquemine     9,999  99,999  999%  9,999  999%   9,999   999   9,999  9999    9,999     9,999   999,999  99,999
   St Bernard     9,999  99,999  999%  9,999  999%   9,999   999   9,999  9999    9,999     9,999   999,999  99,999
   E. Jefferson   9,999  99,999  999%  9,999  999%   9,999   999   9,999  9999    9,999     9,999   999,999  99,999

   Region 0001 - Orleans Total :
                  9,999  99,999  999%  9,999  999%   9,999   999   9,999  9999    9,999     9,999   999,999  99,999

      State Total :  9,999  99,999  999%  9,999  999%   9,999   999   9,999  9999    9,999     9,999   999,999  99,999

                                         *** End of Report ***
```

Last Edited 2011-12-21
ID-Reports-READ-ONLY.doc Rev#: 12

Report Layout for Specified Low Income Medicare Beneficiary (MEM0814R14)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
 ------------------------------------------------------------------------------------------------------------------------------------
 MERMESR1- MEM0814R14                    LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
 Job Name                                  BUREAU OF HEALTH SERVICES FINANCING                                     HH:MM:AM
 Job Number                       SPECIFIED LOW INCOME MEDICARE BENEFICIARY MEDICAL ELIGIBILITY SUMMARY           Page:001

 Region 0001 - Orleans
                                      A p p l i c a t i o n                        R e d e t            C a s e l o a d
                        ---------------------------------------------------------  -----------  -------------------------------
                                 Pct         Pct                        Over                          Pure  Dual
            Parish      Recvd Appvd Appvd  Rej  Rej  Procssd  Pend   45 Days  Avg  Comp   Exp   Total  SLMB  SLMB   QI1   QI2
 -------------------   ----- ------ -----  ---- ---- -------  ----   -------  ---- ----- -----  ------ ----- ----- ----- -----
 W. Jefferson          9,999 99,999 999%  9,999 999%   9,999   999     9,999  9999 9,999 9,999 999,999 9,999 9,999 9,999 9,999
 Orleans               9,999 99,999 999%  9,999 999%   9,999   999     9,999  9999 9,999 9,999 999,999 9,999 9,999 9,999 9,999
 Plaquemine            9,999 99,999 999%  9,999 999%   9,999   999     9,999  9999 9,999 9,999 999,999 9,999 9,999 9,999 9,999
 St Bernard            9,999 99,999 999%  9,999 999%   9,999   999     9,999  9999 9,999 9,999 999,999 9,999 9,999 9,999 9,999
 E. Jefferson          9,999 99,999 999%  9,999 999%   9,999   999     9,999  9999 9,999 9,999 999,999 9,999 9,999 9,999 9,999

 Region 0001 - Orleans Total:
                       9,999 99,999 999%  9,999 999%   9,999   999       999  9999 9,999 9,999 999,999 9,999 9,999 9,999 9,999

      State Total:     9,999 99,999 999%  9,999 999%   9,999   999       999  9999 9,999 9,999 999,999 9,999 9,999 9,999 9,999

                                                  *** End of Report ***
```

Report Layout for TB Related (MEM0814R15)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
 ------------------------------------------------------------------------------------------------------------------------------------
 MERMESR1- MEM0814R15                    LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
 Job Name                                  BUREAU OF HEALTH SERVICES FINANCING                                     HH:MM:AM
 Job Number                              TB-RELATED MEDICAL ELIGIBILITY SUMMARY                                   Page:001

 Region 0001 - Orleans
                                      A p p l i c a t i o n                               R e d e t
                        ---------------------------------------------------------------  ------------------  Case
                                 Percent            Percent                   Over                           Load
            Parish      Received Approved Approved Rejected Rejected Processed Pend  45 Days Avg  Completed Expired
 -------------------   -------- -------- -------- -------- -------- --------- ----- ------- ---- --------- ------- -------
 W. Jefferson            9,999   99,999    999%    9,999    999%     9,999     999    9,999  9999   9,999   9,999  999,999
 Orleans                 9,999   99,999    999%    9,999    999%     9,999     999    9,999  9999   9,999   9,999  999,999
 Plaquemine              9,999   99,999    999%    9,999    999%     9,999     999    9,999  9999   9,999   9,999  999,999
 St Bernard              9,999   99,999    999%    9,999    999%     9,999     999    9,999  9999   9,999   9,999  999,999
 E. Jefferson            9,999   99,999    999%    9,999    999%     9,999     999    9,999  9999   9,999   9,999  999,999

 Region 0001 - Orleans Total :
                         9,999   99,999    999%    9,999    999%     9,999   9,999    9,999  9999   9,999   9,999  999,999

      State Total :      9,999   99,999    999%    9,999    999%     9,999   9,999    9,999  9999   9,999   9,999  999,999

                                                  *** End of Report ***
```

Medical Eligibility Summary Workfile 2 Reports (MERMESR2)

Description

This program processes workfile 2 which was created by the Medical Eligibility Summary Extract program (MERMESR). This subprogram will generate 3 reports. The reports show how many applications were received, approved and rejected that month, the total number of applications processed (rejected + approved) that month, the average number of days it took to process the applications, the total pending applications and applications that have been pending for over 45 days. They also show how many redets were completed that month and how many are already overdue. The reports also show the total number of caseloads currently active under each category.

Processing :

Include copycode MERMESC.

Read the sorted workfile 2 which was created by the extract program MERMESR.

Accumulate the parish counters by performing the subroutine ACCUMULATE-PARISH-CTRS

If #status = #active
If #category = #LTC
Evaluate #type-case
Case #MERTYPL.#PMR
Increment #PMR-counter
Case #MERTYPL.#Transfer
Increment #Transfer-counter
Case #MERTYPL.#LTC-MNP
Increment #MNP-counter
End-evaluate
Else
If #category = #HCBS
Evaluate #type-case
Case #MERTYPL.#MRDD
Increment #MRDD-counter
Case #MERTYPL.#PCA
Increment #PCA-counter
End-evaluate

At break in residence location id
Call the object subprogram to get the parish description from the Location File

Perform CALCULATE-PARISH-CTRS

Evaluate #category
     Case #LTC   {'LTC'}
          Write the detail line for MEM0814R1 report

          case #HCBS   {' HCBS'}
          Write the detail line for MEM0814R2 report

          case #PE   {'PE'}
          Write the detail line for MEM0814R3
     End-evaluate

     Accumulate the region counters by performing the subroutine ACCUMULATE-REGION-
     CTRS
     Accumulate other region counters from the parish counters
     Initialize all the parish counters
End-at-break (of residence location id)

At break in linked region
     Perform At break in residence location id logic
     Call the object subprogram to get the parish description from the Location File

     Perform CALCULATE-REGION-CTRS

     Evaluate #category
     Case #LTC   {'LTC'}
          Write the region total for MEM0814R1 report

          case #HCBS   {' HCBS'}
          Write the region total for MEM0814R2 report

          case #PE   {'PE'}
          Write the region total for MEM0814R3
     End-evaluate

     Accumulate the state counters by performing the subroutine ACCUMULATE-STATE-
     CTRS
     Accumulate other state counters from the region counters
     Initialize all the region counters
End-at-break (linked region id)

At break in #category
     Perform At break in residence location id logic
     Perform At break in linked region id logic

Perform CALCULATE-STATE-CTRS

Evaluate #category
    Case #LTC   {'LTC'}
        Write the state total for MEM0814R1 report

    case #HCBS   {' HCBS'}
        Write the state total for MEM0814R2 report

    case #PE   {'PE'}
        Write the state total for MEM0814R3
End-evaluate

    Initialize all the state counters

End-at-break (#category)

At end of data, perform at break in #category logic and write the end of report line.

Report Layout for Long Term Care (LTC) Medical Eligibility Summary (MEM0814R1)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERMESR2 - MEM0814R1                 LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                                BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM AM
Job Number                          LONG TERM CARE MEDICAL ELIGIBILITY SUMMARY                                Page: 0001

Region 0001 - Orleans
                              A p p l i c a t i o n
           ------------------------------------------------------------------    R e d e t
                          Percent           Percent                      Over    ---------------  Case              Trans
   Parish     Received Approved Approved Rejected Rejected Processed Pend 45   Ave Completd Expired  Load    PMR   of Rsc  MNP
-----------   -------- -------- -------- -------- -------- --------- ---- ---- ----- ------- ------- -------  ----- ------ -----
W. Jefferson    9,999   99,999    999%    9,999    999%     9,999   999   99 9,999   9,999   9,999 999,999  9,999    999   999
Orleans         9,999   99,999    999%    9,999    999%     9,999   999   99 9,999   9,999   9,999 999,999  9,999    999   999
Plaquemine      9,999   99,999    999%    9,999    999%     9,999   999   99 9,999   9,999   9,999 999,999  9,999    999   999
St Bernard      9,999   99,999    999%    9,999    999%     9,999   999   99 9,999   9,999   9,999 999,999  9,999    999   999
E. Jefferson    9,999   99,999    999%    9,999    999%     9,999   999   99 9,999   9,999   9,999 999,999  9,999    999   999

Region 0001 - Orleans Total :
               99,999   99,999    999%   99,999    999%    99,999 9999  999 9,999  99,999  99,999 999,999 99,999  9,999 9,999

  State Total : 99,999  99,999    999%   99,999    999%    99,999 9999  999 9,999  99,999  99,999 999,999 99,999  9,999 9,999

                                          *** End of Report ***
```

Report Layout for HCBS Medical Eligibility Summary (MEM0814R2)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERMESR2 - MEM0814R2                 LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                                BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM AM
Job Number                    HOME AND COMMUNITY BASED SERVICES MEDICAL ELIGIBILITY SUMMARY                   Page: 0001

Region 0001 - Orleans
                       A p p l i c a t i o n                      R e d e t e r m i n a t i o n
           ----------------------------------------------------  -----------------------------------------------
                       Pct       Pct            Over
   Parish     Recvd  Appvd Appvd  Rej  Rej  Procssd Pend 45   Ave  Cmpltd Expired Caseload MRDD  PCA   EDA  ADHC
------------  -----  ------ ----- ----- ---- -------- ---- ---- ----- ------- ------- -------- ----- ----- ---- -----
W. Jefferson  9,999  99,999  999% 9,999 999%   9,999  999   99 9999  9,999   9,999 999,999  999   999   999   999
Orleans       9,999  99,999  999% 9,999 999%   9,999  999   99 9999  9,999   9,999 999,999  999   999   999   999
Plaquemine    9,999  99,999  999% 9,999 999%   9,999  999   99 9999  9,999   9,999 999,999  999   999   999   999
St Bernard    9,999  99,999  999% 9,999 999%   9,999  999   99 9999  9,999   9,999 999,999  999   999   999   999
E. Jefferson  9,999  99,999  999% 9,999 999%   9,999  999   99 9999  9,999   9,999 999,999  999   999   999   999

Region 0001 - Orleans Total :
              99,999 99,999  999% 99,999 999% 99,999 9,999 999 9999 99,999  99,999 999,999  999   999   999   999

  State Total : 99,999 99,999 999% 99,999 999% 99,999 9,999 999 9999 99,999 99,999 999,999  999   999   999   999

                                          *** End of Report ***
```

Report Layout for CHAMP Presumptive Eligibility (MEM0814R3)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
MERMESR2  - MEM0814R2                 LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                                 BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM AM
Job Number                          PRESUMPTIVE ELIGIBILITY MEDICAL ELIGIBILITY SUMMARY                        Page: 0001

Region 0001 - Orleans
                                            A p p l i c a t i o n
                      ---------------------------------------------------------
                                   Percent              Percent                 Case     Closed by State
         Parish       Received  Approved  Approved  Rejected  Rejected  Processed  Load   Office 46 days
     --------------------  --------  --------  --------  --------  --------  ---------  -------  ---------------
         W. Jefferson        9,999    99,999      999%     9,999      999%      9,999  999,999           9,999
         Orleans             9,999    99,999      999%     9,999      999%      9,999  999,999           9,999
         Plaquemine          9,999    99,999      999%     9,999      999%      9,999  999,999           9,999
         St Bernard          9,999    99,999      999%     9,999      999%      9,999  999,999           9,999
         E. Jefferson        9,999    99,999      999%     9,999      999%      9,999  999,999           9,999

         Orleans Total :    99,999    99,999      999%    99,999      999%     99,999  999,999          99,999

           State Total :    99,999    99,999      999%    99,999      999%     99,999  999,999          99,999

                                     *** End of Report ***
```

Medical Eligibility Summary Workfile 3 Reports (MERMESR3)

Description

This program processes workfile 3 which was created by the Medical Eligibility Summary Extract program (MERMESR). This subprogram will generate 4 reports. The reports show how many applications were received, approved and rejected that month, the total number of applications processed (rejected + approved) that month, the average number of days it took to process the applications, the total pending applications and applications that have been pending for over 45 days. They also show how many redets were completed that month and how many are already overdue. The reports also show the total number of caseloads and AU Members currently active under each category.

Processing :

Include copycode MERMESC.

Read the sorted workfile 3 which was created by the extract program MERMESR.

Evaluate #record-type
case 1   {CHAMP Child}
  Accumulate the counters by performing the subroutine ACCUMULATE-PARISH CTRS
  Add #AUM to #AUM-counter

case 2   {MAO-DEFRA}
  Accumulate the counters by performing the subroutine ACCUMULATE-PARISH CTRS.
  If #category = #MAO
    Add #AUM to #MAO-AUM
  Else
    Add #AUM to #DEFRA-AUM
  End-if

case 3   {MNP and MNP Spenddown}
  If #category = #MNP {MNP Regular}
    Evaluate #status
    Case #taken {T}
      Increment #MNP-taken-counter
      Add #processing-days to #MNP-total-processing-days
    Case #approved   {A}
      Increment #MNP-approved-counter
      Add #processing-days to #MNP-total-processing-days
    Case #rejected   {R}
      Increment #MNP-rejected-counter
      Add #processing-days to #MNP-total-processing-days
    Case #pending   {P}
      Increment #MNP-pending-counter

Case #over-45-days   {O}
  Increment #MNP-pending-counter
  Increment #MNP-over-45-counter
Case #completed-redet   {C}
  Increment #MNP-completed-counter
Case #expired   {E}
  Increment #MNP-expired-counter
  Increment #MNP-caseload-counter
  Add #AUM to #MNP-AUM

Case #active   {V}
  Increment #MNP-caseload-counter
  Add #AUM to #MNP-AUM
End-evaluate

Else   {#category = #MNP-Spenddown}
  Evaluate #status
  Case #taken   {T}
    Increment #SPEND-taken-counter
  Case #approved   {A}
    Increment #SPEND-approved-counter
  Case #rejected   {R}
    Increment #SPEND-rejected-counter
  Case #pending   {P}
    Increment #SPEND-pending-counter
  Case #active   {V}
    Add #AUM to #SPEND-AUM
  End-evaluate
End-if

Case 4 –{CHIP}
  Accumulate the counters by performing the subroutine ACCUMULATE-PARISH CTRS
  Add #AUM to #AUM-counter

Case 5 –{TFRA}
  Accumulate the counters by performing the subroutine ACCUMULATE-PARISH CTRS
  Add #AUM to #AUM-counter

At break in residence location id
  Call the object subprogram to get the parish description from the Location File

  Evaluate #report-type
    case 1   {CHAMP Child}
      Perform CALCULATE-PARISH CTRS

Write the detail line for MEM0814R5 report

case 2   {MAO-DEFRA}
Perform CALCULATE-PARISH-CTRS
Write the detail line for MEM0814R6 report

case 3   {MNP and MNP Spenddown}
#MNP-nbr-processed = #MNP-approved-counter + #MNP-rejected-counter
#MNP-percent-approved = 100 * #MNP-approved-counter / #MNP-nbr-processed
#MNP-percent-rejected = 100 * #MNP-rejected-counter / #MNP-nbr-processed
#MNP-average = #MNP-total-processing-days / #MNP-nbr-processed

#SPEND-processed = #SPEND-approved-counter + #SPEND-rejected-counter
#SPEND-percent-approved = 100 * #SPEND-approved-counter / #SPEND-processed
#SPEND-percent-rejected = 100 * #SPEND-rejected-counter / #SPEND-processed

Write the detail line for MEM0814R9

Case 4   {CHIP}
Perform CALCULATE-PARISH CTRS
Write the detail line for MEM0814R13 report

Case 5   {TFRA}
Perform CALCULATE-PARISH CTRS
Write the detail line for MEM0814R16 report

End-evaluate

Accumulate region totals from the counters

Initialize all the counters

End-at-break (of residence location id)

At break in linked region
Perform 'At break in residence location id' logic
Accumulate the state totals from the region totals
Initialize all the counters and the region totals
End-at-break (linked region id)

At break in record type
Perform 'At break in linked region logic

Write state totals
Initialize state totals
End-at-break (record type)

Report Layout for CHAMP Qualified Child (MEM0814R5)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERMESR3 - MEM0814R5                    LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                                   BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM AM
Job Number                            CHAMP QUALIFIED CHILD MEDICAL ELIGIBILITY SUMMARY                          Page: 0001

Region 0001 - Orleans
                                    A p p l i c a t i o n
                   --------------------------------------------------------------    R e d e t                  OCS   OCS
                               Pct         Pct                 Over                  ------------   Case    AU   Case   AU
     Parish       Recvd  Appvd Appvd  Rej  Rej  Procssd  Pend  45 Days  Avg   Comp   Exp    Load  Member  Load  Member
---------------- ------ ------ ----- ----- ---- ------- ----- ------- ---- ------ ------ ------- ------- ------ ------
W. Jefferson     99,999 99,999  999% 9,999 999% 999,999   999      99 9999  9,999  9,999 999,999 999,999  9,999  9,999
Orleans          99,999 99,999  999% 9,999 999% 999,999   999      99 9999  9,999  9,999 999,999 999,999  9,999  9,999
Plaquemine       99,999 99,999  999% 9,999 999% 999,999   999      99 9999  9,999  9,999 999,999 999,999  9,999  9,999
St Bernard       99,999 99,999  999% 9,999 999% 999,999   999      99 9999  9,999  9,999 999,999 999,999  9,999  9,999
E. Jefferson     99,999 99,999  999% 9,999 999% 999,999   999      99 9999  9,999  9,999 999,999 999,999  9,999  9,999

 Orleans Total : 99,999 99,999  999% 99,999 999% 999,999 9,999     999 9999 99,999 99,999 999,999 999,999 99,999 99,999

   State Total : 99,999 99,999  999% 99,999 999% 999,999 9,999     999 9999 99,999 99,999 999,999 999,999 99,999 99,999


                                           *** End of Report ***
```

Report Layout for MAO-DEFRA (MEM0814R6)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890012
MERMESR - MEM0814R6                     LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                             MM/DD/YYYY
Job Name                                   BUREAU OF HEALTH SERVICES FINANCING                                  HH:MM AM
Job Number                            DEEMED ELIGIBLES-DEFRA MEDICAL ELIGIBILITY SUMMARY                        Page: 0001

  Region 0001 - Orleans
                                    A p p l i c a t i o n                                     C a s e l o a d
                   --------------------------------------------------------------  R e d e t  ------------------------------------
                               Pct         Pct                 Over                ---------           Cert Period    AU Member
     Parish       Recvd  Appvd Appvd  Rej  Rej  Procssd  Pend  45 Days  Avg  Comp  Exp   Total  Deemed DEFRA  Deemed DEFRA
---------------- ------ ------ ----- ----- ---- ------- ----- ------- ---- ---- ---- ------- ------ ----- ------ -----
W. Jefferson     99,999 99,999  999% 9,999 999%   9,999   999      99  999 9999 9999 999,999 999999 99999 999999 99999
Orleans          99,999 99,999  999% 9,999 999%   9,999   999      99  999 9999 9999 999,999 999999 99999 999999 99999
Plaquemine       99,999 99,999  999% 9,999 999%   9,999   999      99  999 9999 9999 999,999 999999 99999 999999 99999
St Bernard       99,999 99,999  999% 9,999 999%   9,999   999      99  999 9999 9999 999,999 999999 99999 999999 99999
E. Jefferson     99,999 99,999  999% 9,999 999%   9,999   999      99  999 9999 9999 999,999 999999 99999 999999 99999

  Orleans Total: 99,999 99,999  999% 9,999 999%   9,999   999     999 9999 9999 9999 999,999 999999 99999 999999 99999

    State Total: 99,999 99,999  999% 9,999 999%   9,999   999     999 9999 9999 9999 999,999 999999 99999 999999 99999


                                           *** End of Report ***
```

Report Layout for Medically Needy (MEM0814R9)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
2345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MEM0814R9                        LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                             BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM:AM
Job Number                         MEDICALLY NEEDY MEDICAL ELIGIBILITY SUMMARY                             Page:001


 Region 0001 - Orleans
                                R e g u l a r   M N P                                    S p e n d - D o w n
                      --------------------------------------------------------    ------------------------------------------
                           %    %           Over    R e d e t  Case  AU              %    %          Over          AU
     Parish           Rec Appr Appr Rej Rej  Proc Pend 45  Avg Comp  Exp  Load Mem  Rec  Appr Appr Rej Rej  Proc Pend Member
-------------------   --- ---- ---- --- ---- ----- ---- --- ---- ---- ---- ----- ----- --- ---- ---- --- ---- ---- ---- ------
W. Jefferson          999 999  999% 999 999% 9,999 999  99  999  999  999  99999 99999 999 9999 999% 9999 999%  999 9999 999999
Orleans               999 999  999% 999 999% 9,999 999  99  999  999  999  99999 99999 999 9999 999% 9999 999%  999 9999 999999
Plaquemine            999 999  999% 999 999% 9,999 999  99  999  999  999  99999 99999 999 9999 999% 9999 999%  999 9999 999999
St Bernard            999 999  999% 999 999% 9,999 999  99  999  999  999  99999 99999 999 9999 999% 9999 999%  999 9999 999999
E. Jefferson          999 999  999% 999 999% 9,999 999  99  999  999  999  99999 99999 999 9999 999% 9999 999%  999 9999 999999

   Orleans Total :
                      999  999 999% 999 999% 9,999  999 999  999 9,999 9,999 99999 99999 999 9999 999% 9999 999%  999 9999 999999

    State Total :     999  999 999% 999 999% 9,999  999 999  9999 9,999 9,999 99999 99999 999 9999 999% 9999 999%  999 9999 999999


                                               *** End of Report ***
```

Report Layout for CHIP Eligibility (MEM0814R13)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901
MERMESR3 - MEM0814R13             LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                             MM/DD/YYYY
Job Name                             BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM AM
Job Number                                CHIP ELIGIBILITY SUMMARY                                         Page: 0001

 Region 0001 - Orleans
                            A p p l i c a t i o n
                  ----------------------------------------------------------    R e d e t            OCS    OCS
                          Pct         Pct                Over            ------------ Case   AU       Case   AU
     Parish       Recvd  Appvd Appvd  Rej  Rej  Procssd  Pend 45 Days Avg Comp   Exp   Load  Member  Load  Member
---------------   ------ ------ ----- ------ ---- ------- ----- ------- ---- ------ ------ ------- ------- ------ ------
W. Jefferson      99,999 99,999 999%  9,999 999%  9,999  999     99  999 9,999  9,999 999,999 999,999 9,999  9,999
Orleans           99,999 99,999 999%  9,999 999%  9,999  999     99  999 9,999  9,999 999,999 999,999 9,999  9,999
Plaquemine        99,999 99,999 999%  9,999 999%  9,999  999     99  999 9,999  9,999 999,999 999,999 9,999  9,999
St Bernard        99,999 99,999 999%  9,999 999%  9,999  999     99  999 9,999  9,999 999,999 999,999 9,999  9,999
E. Jefferson      99,999 99,999 999%  9,999 999%  9,999  999     99  999 9,999  9,999 999,999 999,999 9,999  9,999

  Orleans Total : 99,999 99,999 999%  99,999 999%  99,999 9,999     999 9999 99,999 99,999 999,999 999,999 99,999 99,999

    State Total : 99,999 99,999 999%  99,999 999%  99,999 9,999     999 9999 99,999 99,999 999,999 999,999 99,999 99,999

                                               *** End of Report ***
```

Report Layout for TEFRA Eligibility (MEM0814R16)

```
1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
```

```
MERMESR3 - MEM0814R13                    LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                    MM/DD/YYYY
Job Name                                    BUREAU OF HEALTH SERVICES FINANCING                          HH:MM AM
Job Number                                        TEFRA ELIGIBILITY SUMMARY                             Page: 0001

Region 0001 - Orleans
                                          A p p l i c a t i o n
                    ---------------------------------------------------------------------     R e d e t
                         Percent             Percent                          Over     -----------------   Case    AU
       Parish      Received Approved Approved Rejected Rejected Processed Pend  45  Avg  Completed Expired Load   Member
  ----------------  --------  --------  --------  --------  --------  ---------  ----  ----  ---  ---------  -------  -------  -------
  W. Jefferson      99,999    99,999    999%     9,999     999%      9,999      999   99   999    9,999      9,999  999,999 999,999
  Orleans           99,999    99,999    999%     9,999     999%      9,999      999   99   999    9,999      9,999  999,999 999,999
  Plaquemine        99,999    99,999    999%     9,999     999%      9,999      999   99   999    9,999      9,999  999,999 999,999
  St Bernard        99,999    99,999    999%     9,999     999%      9,999      999   99   999    9,999      9,999  999,999 999,999
  E. Jefferson      99,999    99,999    999%     9,999     999%      9,999      999   99   999    9,999      9,999  999,999 999,999

     Orleans Total :   9,999     9,999    99%     9,999     999%     99,999 9,999  999  999      999        999 999,999 999,999

      State Total :    9,999     9,999    99%     9,999      99%     99,999 9,999  999  999    9,999     99,999 999,999 999,999


                                           *** End of Report ***
```

Medical Eligibility Summary Workfile 4 Reports (MERMESR4)

Description

This program reads workfile 4 which was created by the Medical Eligiblity Summary Extract (MERMESR) to produce MEM0814R8 report. The report shows how many SSI, State, Foster Care, MSS, and QDWI cases are currently certified.

Processing :

Read the sorted workfile 4 which was created by the extract program MERMESR.

Accumulate the counters :
Evaluate #category
    Case #SSI   {'SSI'}
        Increment #SSI-counter
    Case #State   {'State'}
        Increment #State-counter
    Case #FC   {'FC'}
        Increment #FC-counter
    Case #MSS   {'MSS'}
    Increment #MSS-counter
    Case #QDWI   {'QDWI'}
        Increment #QDWI-counter
End-evaluate

At break in residence location id
    Call the object subprogram to get the parish description from the Location File
    Write the parish detail line for MEM0814R8
    Accumulate region totals from the counters
    Initialize all the counters

End-at-break (of residence location id)

At break in linked region
    Call the object subprogram to get the region description from the Location File
    Write the region detail line for MEM0814R8
    Accumulate the state totals from the region totals
    Initialize all the counters and the region totals
End-at-break (linked region id)

At end of data, write the state detail line for MEM0814R8 and write the end of report line.

Report Layout for SSI, State FC, MSS & QDWI (MEM0814R8)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERMESR4 - MEM0814R8                    LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                                   BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM:AM
Job Number                     SSI, STATE, FC, MSS, QDWI & OFS LIFC MEDICAL ELIGIBILITY SUMMARY                  Page:001

Region 0001 - Orleans
                                         State    Foster                           OFS   OFS LIFC
                      Parish       SSI   Retiree   Care    MSS   QDWI              LIFC   AU Mems
                  -------------------- ------- ------- ------ ----- ------        ------ --------
                  W. Jefferson        99,999   9,999 99,999 9,999  9,999          9,999    9,999
                  Orleans             99,999   9,999 99,999 9,999  9,999          9,999    9,999
                  Plaquemine          99,999   9,999 99,999 9,999  9,999          9,999    9,999
                  St. Bernard         99,999   9,999 99,999 9,999  9,999          9,999    9,999
                  E. Jefferson        99,999   9,999 99,999 9,999  9,999          9,999    9,999

                     Orleans Total :  999,999   9,999 99,999 9,999  9,999          9,999    9,999

                       State Total :  999,999   9,999 99,999 9,999  9,999          9,999    9,999


                                   *** End of Report ***
```

Medical Eligibility Summary Workfile 5 Reports (MERMESR5)

Description

This program reads workfile 5 which was created by the Medical Eligibility Summary Extract (MERMESR) to produce MEM0814R11 report. The report shows how many active caseloads and AU Members are in a BHSF Transitional Medicaid case, OCS LIFC case, and OFS Transitional Medicaid case.

Processing :

Read the sorted workfile 5 which was created by the extract program MERMESR.

Accumulate the counters :
Evaluate #category
   Case #TM   {'TM'}
     Increment #TM-case-num-counter
     Add #AUM to #TM-AUM-counter

   Case #OLIFC   {'OFS LIFC'}
     Increment #OLIFC-case-num-counter
     Add #AUM to #OLIFC-AUM-counter

   Case #OTM   {' OTM'}
     Increment #OTM-case-num-counter
     Add #AUM to #OTM-AUM-counter

End-evaluate

At break in residence location id
   Call the object subprogram to get the parish description from the Location File
   Write the detail line for MEM0814R11
   Accumulate region totals from the counters
   Initialize all the counters
End-at-break (of residence location id)

At break in linked region
   Perform 'At break in residence location id' logic
   Accumulate the state totals from the region totals
   Initialize all the counters and the region totals
End-at-break (linked region id)

At end of data, perform 'At break in #linked region' logic and write the end of report line.

Report Layout for Transitional Medicaid (MEM0814R11)

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
 MERMESR5 - MEM0814R11              LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                            MM/DD/YYYY
 Job Name                            BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM AM
 Job Number                       TRANSITIONAL MEDICAID MEDICAL ELIGIBILITY SUMMARY                        Page: 0001

 Region 0001 - Orleans
                                                    BHSF TM          OFS TM
                                                ----------------  ----------------
                                                Case      AU      Case      AU
                                Parish          Load    Member    Load    Member
                            ------------------- -------  -------  -------  -------
                            W. Jefferson        999,999  999,999  999,999  999,999
                            Orleans             999,999  999,999  999,999  999,999
                            Plaquemine          999,999  999,999  999,999  999,999
                            St. Bernard         999,999  999,999  999,999  999,999
                            E. Jefferson        999,999  999,999  999,999  999,999

                            Orleans Total  :    999,999  999,999  999,999  999,999
                                 :
                                 :
                                 :
                              State Total  :    999,999  999,999  999,999  999,999


                                       *** End of Report ***
```

Medical Eligibility Summary Accumulate Copycode (MERMESC)

Description

This copycode is used by the Medical Eligibility Summary Reports (MERMESR*) to accumulate the counters. The different counters are incremented depending on the status of the workfile record.

Processing :

Subroutine ACCUMULATE-PARISH-CTRS
Evaluate #status
    Case #taken
        Increment #received-parish-ctr
    Case #approved
        Increment #approved-parish-ctr
        Increment #nbr-processed-parish-ctr
        If Ignore-Days = 'Y'
            Increment #ignored-processed-parish-ctr
        Else
            Add #processing-days to #tot-days-processed-parish-ctr
        End-if
    Case #rejected
        Increment #rejected-parish-ctr
        Increment #nbr-processed-parish-ctr
        Add #processing-days to #tot-days-processed-parish-ctr
    Case #pending
        Increment #pending-parish-ctr
    Case #over-45-days
        Increment #over-45-days-parish-ctr
        Increment #pending-parish-ctr
    Case #completed-redet
        Increment #completed-parish-ctr
    Case #expired
        Increment #expired-parish-ctr
        Increment #case-number-parish-ctr
    Case #active
        Increment #case-number-parish-ctr
    Case #state-closed
        Increment #closed-parish-ctr
End-evaluate

Subroutine ACCUMULATE-REGION-CTRS
Add #received-parish-ctr to #received-region-ctr

Add #ignored-processed-parish-ctr to #ignored-processes-region-ctr
Add #approved-parish-ctr to #approved-region-ctr
Add #rejected-parish-ctr to #rejected-region-ctr
Add #processed-parish-ctr to #processed-region-ctr
Add #pending-parish-ctr to #pending-region-ctr
Add #over-45-days-parish-ctr to #over-45-days-region-ctr
Add #completed-parish-ctr to #completed-region-ctr
Add #expired-parish-ctr to #expired-region-ctr
Add #caseload-parish-ctr to #caseload-region-ctr
Add #closed-parish-ctr to #closed-region-ctr

Subroutine ACCUMULATE-STATE-CTRS
Add #received-region-ctr to #received-state-ctr
Add #ignored-processed-region-ctr to #ignored-processes-state-ctr
Add #approved-region-ctr to #approved-state-ctr
Add #rejected-region-ctr to #rejected-state-ctr
Add #processed-region-ctr to #processed-state-ctr
Add #pending-region-ctr to #pending-state-ctr
Add #over-45-days-region-ctr to #over-45-days-state-ctr
Add #completed-region-ctr to #completed-state-ctr
Add #expired-region-ctr to #expired-state-ctr
Add #caseload-region-ctr to #caseload-state-ctr
Add #closed-region-ctr to #closed-state-ctr

Subroutine CALCULATE-PARISH-CTRS :

#processed-parish-ctr = #approved-parish-ctr + #rejected-parish-ctr
*#percent-approved-parish-ctr = #approved-parish-ctr / #processed-parish-ctr * 100*
*#percent-rejected-parish-ctr = #rejected-parish-ctr / #processed-parish-ctr * 100*
#average-parish-ctr = #tot-days-processed-parish-ctr / (#nbr-processed-parish-ctr -
#ignored-processed-parish-ctr)

Subroutine CALCULATE-REGION-CTRS :

#processed-region-ctr = #approved-region-ctr + #rejected-region-ctr
*#percent-approved-region-ctr = #approved-region-ctr / #processed-region-ctr * 100*
*#percent-rejected-region-ctr = #rejected-region-ctr / #processed-region-ctr * 100*
#average-region-ctr = #tot-days-processed-region-ctr / (#nbr-processed-region-ctr -
#ignored-processed-region-ctr)

Subroutine CALCULATE-STATE-CTRS :

#processed-state-ctr = #approved-state-ctr + #rejected-state-ctr
*#percent-approved-state-ctr = #approved-state-ctr / #processed-state-ctr * 100*
*#percent-rejected-state-ctr = #rejected-state-ctr / #processed-state-ctr * 100*
#average-state-ctr = #tot-days-processed-state-ctr / (#nbr-processed-state-ctr -

#ignored-processed-state-ctr)

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Medicare/Medicaid Eligibles (MERMEDR)

Description

This report (MEM0818) provides a count of active AU Members with Medicare A & B, Medicare A only, Medicare B only, and a Dual certification. It also shows how many AU Members are in a Pure QMB case, Pure SLMB case, Qualified Individual (QI) 1 or 2 case in each parish.

Report Layout

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERMEDR  - MEM0818              LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                           MM/DD/YYYY
Job Name                         BUREAU OF HEALTH SERVICES FINANCING                                   HH:MM AM
Job Number                          MEDICARE/MEDICAID ELIGIBLES                                        Page: 0001

Region 1 - Orleans

                     Medicare  Medicare  Medicare    Dual      Dual     Pure    Pure
         Parish       A & B     A only    B only     QMB       SLMB      QMB     SLMB      QI1      QI2
    --------------------  --------  --------  --------  ---------  -------  ------  ------  ------  ------
         W. Jefferson      9,999       999       999     9,999     9,999   9,999   9,999     999     999
         Orleans           9,999       999       999     9,999     9,999   9,999   9,999     999     999
         Plaquemine        9,999       999       999     9,999     9,999   9,999   9,999     999     999
         St. Bernard       9,999       999       999     9,999     9,999   9,999   9,999     999     999
         E. Jefferson      9,999       999       999     9,999     9,999   9,999   9,999     999     999

          Orleans Total :  99,999     9,999     9,999   99,999     9,999   9,999   9,999   9,999   9,999

           State Total :   99,999     9,999     9,999   99,999     9,999   9,999   9,999   9,999   9,999

                                    *** End of Report ***
```

Processing :

Workfile Record :
Location.linked region id,
Case.residence location id,
#class-type

Include MERGPDC copycode

Retrieve all the SLMB and QMB, QI1, and QI2 certifications that are active at the time :
Read   Cert Period Type Case File
using   Approval Date / Category Code / Type Case / Approval Code
starting from approval date > cutoff-date of process-date – 1 month + 1 day
thru approval date <= cutoff-date of process-date

Accept if
(type case = #SLMB {40} OR type case = #QI1 {48} OR type case = #QI1 {49}
OR category code = #QMB {category 17})   AND
(cptc-close-date = 0 OR cptc-close-date > process-date)

Call the object subprogram to determine the Client's location from the Case File

Call the object subprogram to determine the linked region from the Location File

Evaluate Type Case :
Case #SLMB {40}
Move 'S' to #class-type
Case #QI1 {48}
Move '1' to #class-type
Case #QI2 {49}
Move '2' to #class-type
Case Any {40, 48, or 49}
Write to workfile
End-evaluate

If category code = #QMB {17}
Check for Dual Certification :

Determine the person number :

Read) AU Member File
using Case Number / Cert Period Number / AU Member Number
with case number = CPTC.CASE-NUM
AND cert period num = CPTC.CERT-PERIOD-NUM

Escape from the read loop, if key changes.

Check if the person is certified in something else other than the QMB by reading
the AU Member File again :
Read AU Member File using Person Num / Start Date 9C
with person number

Escape from the read loop, if key changes.

Reject if (close date <= current date AND close date not equal 0) OR
(Claims sus date <= current date AND Claims sus date not equal 0)
OR Start date > current date

If Count(cert period number) > 1
Move 'D' to #class-type
Else
Move 'Q' to #class-type
End-if

Write to the workfile
End-if

Read the AU Member File to retrieve all the active AU members with Medicare :

Read AU Member File
using Close Date 9C / Claims Suspend Date 9c / Person Num / Case Num / Cert Period Num
starting from close date 9c = 0
thru close date 9c = current date 9c

    Accept if
      claims suspend date = 0 OR
      claims suspend date > current date
    Reject if start date > current date

    Call the object subprogram   to determine the AU Member's location from the Case File
    Call the object subprogram   to determine the linked region from the Location File
    Move medicare code   to #class-type
    Write to the workfile

Read AU Member File
using Close Date 9C / Claims Suspend Date 9c / Person Num / Case Num / Cert Period Num
with close date 9c = 99999999

    Accept if
      claims suspend date = 0 OR
      claims suspend date > current date
    Reject if start date > current date

    Call the object subprogram   to determine the AU Member's location from the Case File
    Call the object subprogram   to determine the linked region from the Location File
    Move medicare code   to #class-type
    Write to the workfile

Sort the workfile by linked region id, residence location id, and #class-type.

Read the sorted workfile and accumulate the counters :
    Evaluate #class-type
      case '2' {QI2}
        Add 1 to #QI2-counter
      case '1' {QI1}
        Add 1 to #QI1-counter
      case 'S' {SLMB}
        Add 1 to #SLMB-counter
      case 'S' {SLMB}
        Add 1 to #PURE-SLMB-counter
      case 'Q' {QMB}
        Add 1 to #QMB-counter
      case 'D' {Dual}

Add 1 to #Dual-counter
case #A&B {X}
Add 1 to #A&B-counter
case #A-only {A}
Add 1 to #A-only-counter
case #B-only {B}
Add 1 to #B-only-counter
End-evaluate

If there is a break in parish
Accumulate the region totals from the counters

Initialize #QI1-counter, #QI2-counter, #PURE-SLMB-Counter, #SLMB-counter, #QMB-counter, Dual-counter, A&B-counter, #A-only-counter, and #B-only-counter.

Write the report detail line.
End-if

If there is a break in region
Perform at break of parish logic to write the report detail line for the last parish of the previous region.

Accumulate the state totals from the region totals

Initialize #QI1-region-total, #QI2-region-total, SLMB-region-total, #QMB-region-total, Dual-region-total, A&B-region-total, #A-only-region-total, and #B-only-region-total.

Write the report region total line.
End-if

At end of data
Perform at break of parish logic to write the report detail line for the last parish.
Perform at break of region logic to write the report detail line for the last region.

Format and write the state totals.

AU Member Analysis Extract (MERAUMR)

Description

This program extracts the data that will be used to generate the AU Member Analysis reports. Then the programs MERAUMR1 and MERAUMR2 are executed for the creation of the reports.

Processing :

Workfile1 Record :
   Location.linked region id,
   Person.residence location id,
   #age-group (N2),
   Person.race code,
   Person.sex code,
   #category (A4)
   Person.case num

Workfile2 Record :
   Person.residence location id,
   #over-under-indicator (A1),
   #category (A4)

Processing:

Retrieve input process date from the USER parmlib

Calculate cutoff dates as follow :

Process End-Date Cutoff = 3rd to last work day of input process month (or current month by default)
Process Start-Date Cutoff = 3rd to last work day of (input process month – 3 months)

Determine the 9s complement of the process end-date.

Retrieve the active AU Members by reading the AU Member File
using Close Date 9C / Claims Suspend Date 9c / Person Num / Case Num / Cert Period Num
with close date 9c < process end-date 9c or close date 9c = 99999999

   Escape routine when close date is no longer 0   OR
        Close date <= process end-date cutoff

   Accept if (claims suspend date 9c < process end-date 9c   OR
        claims suspend date 9c = 99999999) AND

(start date >= process start- date cutoff and start-date <= process end-date cutoff)

Call the object subprogram to retrieve the person information and residence location id from the Person File

Call the object subprogram to determine the current category code and type case from the Cert Period Type case File

Determine if person is currently eligible for dual certifications if category code = QMB or type case code is SLMB. Ignore dual certifications.

Evaluate category code
*   Case #OAA {1}*
*   Move 'OAA' to #workfile1.#category*
*   If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65, 66, 90, 91, 92, 96, 98, 99}*
*   Move 'LOAA' to #workfile2.#category*
*   Else*
*   Move 'OAA' to #workfile2.#category*

*   Case #ANB {2}*
*   Move 'ANB' to #workfile1.#category*
*   If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65, 66, 90, 91, 92, 96, 98, 99}*
*   Move 'LANB' to #workfile2.#category*
*   Else*
*   Move 'ANB' to #workfile2.#category*

*   Case #AFDC {3}*
*   Move 'AFDC' to #workfile1.#category*
*   If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65, 66, 90, 91, 92, 96, 98, 99}*
*   Move 'LAFD' to #workfile2.#category*
*   Else*
*   Move 'AFDC' to #workfile2.#category*

*   Case #DA {4}*
*   Move 'DA' to #workfile1.#category*
*   If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65, 66, 90, 91, 92, 96, 98, 99}*
*   Move 'LDA' to #workfile2.#category*
*   Else*
*   Move 'DA' to #workfile2.#category*

*   Case #Foster-Care {cat 6}*

Move 'FC' to #workfile1.#category
If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
 66, 90, 91, 92, 96, 98, 99}
  Move 'LFC' to #workfile2.#category
Else
  Move 'FC' to #workfile2.#category

Case #IV-E {cat 8}
 Move 'IV-E' to #workfile1.#category
 If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
  66, 90, 91, 92, 96, 98, 99}
   Move 'LIVE' to #workfile2.#category
 Else
   Move 'IVE' to #workfile2.#category

Case #LIFC {cat 13}
 Move 'LIFC' to #workfile1.#category
 If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
  66, 90, 91, 92, 96, 98, 99}
   Move 'LLIF' to #workfile2.#category
 Else
   Move 'LIFC' to #workfile2.#category

Case #State {cat 15}
 Move 'SF' to #workfile1.#category
 If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
  66, 90, 91, 92, 96, 98, 99}
   Move 'LSTA' to #workfile2.#category
 Else
   Move 'SF' to #workfile2.#category

Case #QMB {cat 17}
 Move 'QMB' to #workfile1.#category
 If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
  66, 90, 91, 92, 96, 98, 99}
   Move 'LQMB' to #workfile2.#category
 Else
   Move 'QMB' to #workfile2.#category

Case #Title-XIX {cat 22}
 Move 'XIX' to #workfile1.#category
 If type case code = #LTC {4, 5, 10, 11, 16, 23, 24, 25, 41, 42, 43, 44, 62, 63, 64, 65,
  66, 90, 91, 92, 96, 98, 99}
   Move 'LXIX' to #workfile2.#category
 Else
   Move 'XIX' to #workfile2.#category

Case others
       Move 'O' to #workfile1.#category
End-evaluate

Call the object subprogram to determine the linked region id from the Location File
Call the subroutine to calculate person's age.

Evaluate the person's age :
    case < 1
        Move 1 to #age-group
        Move 'U' to #over-under-indicator

    case age >=1 and age <=5
        Move 2 to #age-group
        Move 'U' to #over-under-indicator

    Case age >= 6 and age <= 13
        Move 3 to #age-group
        Move 'U' to #over-under-indicator

    Case age >=14 and age <=15
        Move 4 to #age-group
        Move 'U' to #over-under-indicator

    Case age >= 16 and age <= 19
        Move 5 to #age-group
        Move 'U' to #over-under-indicator

    Case age >= 20 and age <=21
        Move 6 to #age-group
        If Age = 20,
        Move 'U' to #over-under-indicator
        If Age = 21,
        Move 'O' to #over-under-indicator

    Case age >= 22 and age <= 32
        Move 7 to #age-group
        Move 'O' to #over-under-indicator

    Case age >= 33 and age <= 42
        Move 8 to #age-group
        Move 'O' to #over-under-indicator

    Case age >= 43 and age <= 52
        Move 9 to #age-group

Move 'O' to #over-under-indicator

Case age >= 53 and age <= 62
    Move 10 to #age-group
    Move 'O' to #over-under-indicator

Case age >= 63 and age <= 72
    Move 11 to #age-group
    Move 'O' to #over-under-indicator

case >= 73
    Move 12 to #age-group
    Move 'O' to #over-under-indicator

Write to workfile 1 and workfile 2.

Sort workfile 1 by linked region id, residence location id, #age-group, race code, sex code, and #category.

Execute the program MERAUMR1 to produce the AU Member Analysis by Race and Sex report (MEQ0100).

Sort workfile 2 by #over-under-indicator, residence location id, and #category.

Execute the program MERAUMR2 to produce the reports on the count of AU Members over 21 (MEQ0110*) and AU Members 21 years old and under (MEQ0111*).

AU Member Analysis by Age, Race and Sex Report (MERAUMR1)

Description

This program produces the report MEQ0100 which provides statistical information on AU member's age, race and gender in Old Age Assistance (OAA), Aid to Needy Blind (ANB), Aid to Families with Dependent Children (AFDC), Disability Assistance (DA) and other categories. It is broken down by region, parish and age groups less than 1 year old, 1-5, 6-13, 14-15, 16-19, 20-21, 22-32, 33-42, 43-52, 53-62, 63-72 and over 73 years old.

Report Layout for AU Member Analysis by Age, Race and Sex (MEQ0100)

```
         1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERAUMR1        LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name             BUREAU OF HEALTH SERVICES FINANCING              HH:MM AM
Job Number              MEQ0100 – AU MEMBER ANALYSIS                 Page: 0001

Region 1 - Orleans

Parish 26 - W. Jefferson

                          Old Age                 Disability   Other
    Age     Race    Gender Assistance  Blind  AFDC Assistance  Categories
  -------  ------   ------  ----------  -----  ----- ---------- ----------
   < 1     Black    Female      9,999  9,999  9,999      9,999      9,999
                    Male        9,999  9,999  9,999      9,999      9,999
            White   Female      9,999  9,999  9,999      9,999      9,999
                    Male        9,999  9,999  9,999      9,999      9,999
            Others  Female      9,999  9,999  9,999      9,999      9,999
                    Male        9,999  9,999  9,999      9,999      9,999
     :
     :
     :

  over 73  Black    Female      9,999  9,999  9,999      9,999      9,999
                    Male        9,999  9,999  9,999      9,999      9,999
            White   Female      9,999  9,999  9,999      9,999      9,999
                    Male        9,999  9,999  9,999      9,999      9,999
            Others  Female      9,999  9,999  9,999      9,999      9,999
                    Male        9,999  9,999  9,999      9,999      9,999
                Sub totals:     9,999  9,999  9,999      9,999      9,999

                      *** End of Report ***
```

Processing :

Read the sorted workfile 1.

Accumulate the counters :

Evaluate #category
    Case #OAA   {'A'}
        Add 1   to #OAA-counter
    Case #ANB   {'B'}
        Add 1   to #ANB-counter
    Case #AFDC {'C'}
        Add 1   to #AFDC-counter
    Case #DA   {'D'}
        Add 1   to #DA-counter
    Others
        Add 1   to #others-counter
End-evaluate

At break in sex code
    Write the detail line for the MEQ0100 report
    Initialize #OAA-counter, #ANB-counter, #AFDC-counter,#DA-counter, and #others-counter.

At break in #age-group, perform the break in sex code logic and skip a line.

At break in linked region id or residence location id, skip to new page.

AU Members Over 20 Years Old & AU Members 20Years Old and Under (MERAUMR2)

Description

This program generates four reports giving the count of active AU Members. The first two reports show how many individuals over 20 are receiving benefits in each parish. MEQ0110R1 gives the number of Adult Medicaid AU members excluding LTC; MEQ0110R2 gives the number of Adult Long Term Care AU members.

The two other reports show how many individuals 20 years old and under are receiving benefits in each parish. MEQ0111R1 gives the number of AU members excluding LTC; MEQ0111R2 gives the number of Long Term Care AU members.

Report Layout for Adult Medicaid Eligibles (MEQ0110R1)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERAUMR2 - MEQ0110R2                  LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                                        MM/DD/YYYY
Job Name                                 BUREAU OF HEALTH SERVICES FINANCING                                             HH:MM AM
Job Number                                   ADULT MEDICAID ELIGIBLES                                                   Page: 0001

                       Old Age                     Disability Foster                    OCS Child           OCS Child
          Parish       Total Assistance Blind  AFDC Assistance  Care    LIFC   IV-E  State-funded   QMB  Title-XIX   TB
     -------------------- ------ ---------- ------ ------ ---------- ------ ------ ------ ------------ ------- --------- ------
     01 - Acadia         99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     02 - Allen          99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     03 - Ascension      99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     04 - Assumption     99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     05 - Avoyelles      99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     06 - Beauregard     99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
                  :
                  :
                  :
     State Total :      999,999     99,999 99,999 99,999    999,999 999,999 99,999 99,999       99,999  99,999    99,999  9,999

                                            *** End of Report ***
```

Report Layout for Total Adult Long Term Care (MEQ110R2)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERAUMR2 - MEQ0110R2                  LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                                        MM/DD/YYYY
Job Name                                 BUREAU OF HEALTH SERVICES FINANCING                                             HH:MM AM
Job Number                                   TOTAL ADULT LONG TERM CARE                                                 Page: 0001

                       Old Age                     Disability Foster                    OCS Child           OCS Child
          Parish       Total Assistance Blind  AFDC Assistance  Care    LIFC   IV-E  State-funded   QMB  Title-XIX   TB
     -------------------- ------ ---------- ------ ------ ---------- ------ ------ ------ ------------ ------- --------- ------
     01 - Acadia         99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     02 - Allen          99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     03 - Ascension      99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     04 - Assumption     99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     05 - Avoyelles      99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
     06 - Beauregard     99,999      9,999  9,999  9,999     99,999 99,999  9,999  9,999        9,999   9,999     9,999    999
                  :
                  :
                  :
     State Total :      999,999     99,999 99,999 99,999    999,999 999,999 99,999 99,999       99,999  99,999    99,999  9,999

                                            *** End of Report ***
```

Report Layout for Total State Medicaid AU Members 20 and Under (MEQ0111R1)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890 12
MERAUMR2 - MEQ0111R2                  LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                              BUREAU OF HEALTH SERVICES FINANCING                                      HH:MM AM
Job Number                            TOTAL STATE MEDICAID AU MEMBERS 21 AND UNDER                             Page: 0001

                                   Disability Foster                     OCS Child          OCS Child
            Parish        Total   Blind   AFDC  Assistance  Care    LIFC   IV-E  State-funded   QMB   Title-XIX   TB
     -------------------- ------- ------- ----- ---------- -------- ------ ------ ------------ ------- --------- ------
        01 - Acadia       99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        02 - Allen        99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        03 - Ascension    99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        04 - Assumption   99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        05 - Avoyelles    99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        06 - Beauregard   99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
                 :
                 :
                 :
        State Total :    999,999  99,999 99,999   999,999  999,999 99,999 99,999       99,999  99,999    99,999 9,999

                                         *** End of Report ***
```

Report Layout for Total Long Term Care AU Members 20 and Under (MEQ0111R2)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890 12
MERAUMR2 - MEQ0111R2                  LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
Job Name                              BUREAU OF HEALTH SERVICES FINANCING                                      HH:MM AM
Job Number                            TOTAL LONG TERM CARE AU MEMBERS 21 AND UNDER                             Page: 0001

                                   Disability Foster                     OCS Child          OCS Child
            Parish        Total   Blind   AFDC  Assistance  Care    LIFC   IV-E  State-funded   QMB   Title-XIX   TB
     -------------------- ------- ------- ----- ---------- -------- ------ ------ ------------ ------- --------- ------
        01 - Acadia       99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        02 - Allen        99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        03 - Ascension    99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        04 - Assumption   99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        05 - Avoyelles    99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
        06 - Beauregard   99,999   9,999  9,999    99,999   99,999  9,999  9,999        9,999   9,999     9,999   999
                 :
                 :
                 :
        State Total :    999,999  99,999 99,999   999,999  999,999 99,999 99,999       99,999  99,999    99,999 9,999

                                         *** End of Report ***
```

Processing :

Read the sorted workfile 2.

Accumulate the counters :
Evaluate #category
Case #OAA
Increment #OAA-counter
Case #LOAA
Increment #LOAA-counter
Case #ANB
Increment #ANB-counter
Case #LANB
Increment #LANB-counter
Case #AFDC
Increment #AFDC-counter

Case #LAFD
Increment #LAFD-counter
Case #DA
Increment #DA-counter
Case #LDA
Increment #LDA-counter
Case #FC
Increment #FC-counter
Case #LFC
Increment #LFC-counter
Case #IVE
Increment #IVE-counter
Case #LIVE
Increment #LIVE-counter
Case #LIFC
Increment #LIFC-counter
Case #LLIF
Increment #LLIF-counter
Case #STAT
Increment #STAT-counter
Case #LSTA
Increment #LSTA-counter
Case #QMB
Increment #QMB-counter
Case #LQMB
Increment #LQMB-counter
Case #XIX
Increment #XIX-counter
Case #LXIX
Increment #LXIX-counter
End-evaluate

At break in residence location id
If #over-under-indicator = #over {create the MEQ0110 reports}*
Perform FORMAT-DETAIL-LINE1
Write the detail line for MEQ0110R1 report.
Perform ACCUMULATE-STATE-TOTAL1

Perform FORMAT-DETAIL-LINE1
Write the detail line for MEQ0110R2 report
Perform ACCUMULATE-STATE-TOTAL2

Else (#over-under-indicator = #under)   {create the MEQ0111 reports}*
Perform FORMAT-DETAIL-LINE1
Write the detail line for MEQ0111R1 report.
Perform ACCUMULATE-STATE-TOTAL1

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ID-Reports-READ-ONLY.doc Rev#: 12

Perform FORMAT-DETAIL-LINE1
Write the detail line for MEQ0111R2 report
Perform ACCUMULATE-STATE-TOTAL2

FORMAT-DETAIL-LINE1 Subroutine :
Add #OAA-counter, #ANB-counter, #AFDC-counter, #DA-counter, #FC-counter, #LIFC-counter, #IVE-counter, #STAT-counter, #QMB-counter, and #XIX-counter to #parish1-total.

Format and write detail line 1 using #parish1-total, #OAA-counter, #ANB-counter, #AFDC-counter, #DA-counter, #FC-counter, #LIFC-counter, #IVE-counter STAT-counter, QMB-counter, #XIX-counter.

FORMAT-DETAIL-LINE2 Subroutine :
Add #LOAA-counter, #LANB-counter, #LAFD-counter, #LDA-counter, #LFC-counter, #LLIF-counter, #LIVE-counter, #LSTA-counter, #LQMB-counter, and #LXIX-counter to #parish2-total

Format and write detail line 2 using #parish-total, #LOAA-counter, #LANB-counter, #LAFD-counter, #LDA-counter, #LFC-counter, #LLIF-counter, #LIVE-counter #LSTA-counter, #LQMB-counter, #LXIX-counter

ACCUMULATE-STATE-TOTAL1 Subroutine :
Add #parish1-total   to   #state1-total
Add #OAA-counter   to   #OAA-total
Add #ANB-counter   to   #ANB-total
Add #AFDC-counter   to   #AFDC-total
Add #DA-counter   to   #DA-total
Add #FC-counter   to   #FC-total
Add #LIFC-counter   to   #LIFC-total
Add #IVE-counter   to   #IVE-total
Add #STAT-counter   to   #STAT-total
Add #QMB-counter   to   #QMB-total
Add #XIX-counter   to   #XIX-total

Initialize #parish1-total, #OAA-counter, #ANB-counter, #AFDC-counter, #DA-counter, #FC-counter, #LIFC-counter, #IVE-counter STAT-counter, QMB-counter, and #XIX-counter.

ACCUMULATE-STATE-TOTAL2 Subroutine :
Add #parish2-total   to   #state2-total
Add #LOAA-counter   to   #LOAA-total
Add #LANB-counter   to   #LANB-total
Add #LAFD-counter   to   #LAFD-total
Add #LDA-counter   to   #LDA-total
Add #LFC-counter   to   #LFC-total
Add #LLIF-counter   to   #LLIF-total
Add #LIVE-counter   to   #LIVE-total
Add #LSTAT-counter to   #LSTAT-total
Add #LQMB-counter   to   #LQMB-total
Add #LXIX-counter   to   #LXIX-total

Initialize #parish2-total, #LOAA-counter, #LANB-counter, #LAFD-counter, #LDA-counter, #LFC-counter, #LLIF-counter, #LIVE-counter, #LSTA-counter, #LQMB-counter, and #LXIX-counter.

Active Certifications and AU Members by Region (MERCARR)

Description

This program generates the reports which give the number of active certifications (MEM0980R1) and AU Members (MEM0980R2) under each category in each region/parish.

Report Layout for Active Certifications By Region (MEM0980R1)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890 12
MERCARR - MEM0980R1                 LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                                    MM/DD/YYYY
Job Name                                BUREAU OF HEALTH SERVICES FINANCING                                         HH:MM AM
Job Number                                ACTIVE CERTIFICATIONS BY REGION                                          Page: 0001

Region 1 - Orleans

                                        Disability Foster                          State         OCS Child        State
     Parish              OAA   Blind   AFDC  Assistance Care    PE    IV-E    QMB   funded  LIFC  Title-XIX  TB  Retiree Total
------------------------ ----- ----- ------- ---------- ------ ----- ------ ------ ------ ------ --------- ---- ------- ------
  1 - Acadia             9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
  2 - Allen              9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
  3 - Ascension          9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
  4 - Assumption         9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
  5 - Avoyelles          9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
    :
    :
Region 1 - Orleans Total :
                        99,999 99,999 999,999   999,999 99,999 9,999 99,999 99,999 99,999 99,999   99,999 9,999 99,999 999,999

State Total :
                        99,999 99,999 999,999   999,999 99,999 9,999 99,999 99,999 99,999 99,999   99,999 9,999 99,999 999,999

                                        *** End of Report ***
```

Report Layout for Active AU Members by Region (MEM0980R2)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890 12
MERCARR - MEM0980R2                 LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                                    MM/DD/YYYY
Job Name                                BUREAU OF HEALTH SERVICES FINANCING                                         HH:MM AM
Job Number                                 ACTIVE AU MEMBERS BY REGION                                             Page: 0001

Region 1 - Orleans

                                        Disability Foster                          State         OCS Child        State
     Parish              OAA   Blind   AFDC  Assistance Care    PE    IV-E    QMB   funded  LIFC  Title-XIX  TB  Retiree Total
------------------------ ----- ----- ------- ---------- ------ ----- ------ ------ ------ ------ --------- ---- -------- ------
 26 - W. Jefferson       9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
 36 - Orleans            9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
 38 - Plaquemine         9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
 44 - St Bernard         9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
 65 - E. Jefferson       9,999 9,999 99,999     99,999  9,999   999  9,999 99,999  9,999  9,999     9,999   999  9,999  99,999
    :
    :
Region 1 - Orleans Total :
                        99,999 99,999 999,999   999,999 99,999 9,999 99,999 99,999 99,999 99,999   99,999 9,999 99,999 999,999

State Total :
                        99,999 99,999 999,999   999,999 99,999 9,999 99,999 99,999 99,999 99,999   99,999 9,999 99,999 999,999

                                        *** End of Report ***
```

Workfile record :
  Me-Loc.linked-region-id
  Me-Case.Res-loc-id
  Parish Totals of Active certifications for OAA, ANB, AFDC, DA, Foster-Care, PE, IV-E, QMB,

State-Funded, LIFC, Title-XIX, TB and State Retiree
Parish Totals of Active AU Members for OAA, ANB, AFDC, DA, Foster-Care, PE, IV-E, QMB,
State-Funded, LIFC, Title-XIX, TB and State Retiree

Processing :

Read the sorted work file generated by MERACTR

    Write the report detail line
    Accumulate the region totals

   At break in linked region id
    Write the region total
    Accumulate the state totals

   At end of data, write the state totals.

End-read

Active Certifications and AU Members (MERACTR)

Description

This program generates the reports which give the number of active certifications (MEM0981R1) and AU Members (MEM0981R2) under each category in each parish. It also generates a work file to be used by MERCARR which contains the region, the parish, and the totals for each category for both active certifications and active AU Members.

Report Layout for Active Certifications (MEM0981R1)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERACTR - MEM0981R1                 LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                          MM/DD/YYYY
Job Name                              BUREAU OF HEALTH SERVICES FINANCING                                 HH:MM AM
Job Number                                   ACTIVE CERTIFICATIONS                                       Page: 0001


                                    Disability Foster                          State      OCS Child
          Parish          OAA   Blind  AFDC  Assistance Care    PE   IV-E   QMB  funded  LIFC  Title-XIX    TB   Total
 ------------------------ ------ ----- ------ ---------- ------ ----- ----- ------ ------ ----- ---------  ---- -------
 01   - Acadia           9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
 02   - Allen            9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
 03   - Ascension        9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
 04   - Assumption       9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
 05   - Avoyelles        9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
   :
   :
   :
 State Total :          99,999 99,999 999,999  999,999 99,999 9,999 99,999 99,999 99,999 99,999  99,999 9,999 999,999

                                        *** End of Report ***
```

Report Layout for AU Members in Active Cases (MEM0981R2)

```
         1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
MERACTR - MEM0981R2                 LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                          MM/DD/YYYY
Job Name                              BUREAU OF HEALTH SERVICES FINANCING                                 HH:MM AM
Job Number                                   ACTIVE AU MEMBERS                                           Page: 0001


                                    Disability Foster                          State      OCS Child
          Parish          OAA   Blind  AFDC  Assistance Care    PE   IV-E   QMB  funded  LIFC  Title-XIX    TB   Total
 ------------------------ ------ ----- ------ ---------- ------ ----- ----- ------ ------ ----- ---------  ---- -------
 01   - Acadia           9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
 02   - Allen            9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
 03   - Ascension        9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
 04   - Assumption       9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
 05   - Avoyelles        9,999 9,999 99,999    99,999 9,999   999 9,999 99,999 9,999 9,999     9,999  999 99,999
   :
   :
   :
 State Total :          99,999 99,999 999,999  999,999 99,999 9,999 99,999 99,999 99,999 99,999  99,999 9,999 999,999

                                        *** End of Report ***
```

Workfile record :
*   Me-Loc.linked-region-id*
*   Me-Case.Res-loc-id*
*   Parish Totals of Active certifications for OAA, ANB, AFDC, DA, Foster-Care, PE, IV-E, QMB, State-Funded, LIFC, Title-XIX, and TB*

Parish Totals of Active AU Members for OAA, ANB, AFDC, DA, Foster-Care, PE, IV-E, QMB, State-Funded, LIFC, Title-XIX, and TB

Processing :

Retrieve input process date from the USER parmlib

Calculate cutoff dates as follow :

Process Date Cutoff = 3rd to last work day of input process month (or current month by default)

Read the Case File to retrieve all the cases for each of the residence locations :
Read Case File
using Res Loc Type / Res Loc Id / Case Number
with residence location type = MEDS parish

> *Retrieve active certifications for the case :*
> *Read Certification Period Type Case File*
> *Using Case Num / Cert Period Num / Start Date 9C*
> *With case number = Case.case number*
> *and cptc close date = 0 or cptc close date > process date*

> *Determine if AU Member for current CPTC is currently eligible for dual certifications if category code = QMB or type case code is SLMB. Ignore dual certifications.*

> *Retrieve the number of active AU members in the certification :*
> *Read AU Member File using Case Num / Cert Period Num / AU Member Num*
> *With case number = Cert Period Type Case.case number*
> *And cert period number = Cert Period Type Case.Cert period number*

>> *Accept if close date = 0*
>>> *Or close date > Process Date*
>>> *Or start date <= Process Date*
>>> *Or claims suspend date = 0*
>>> *Or claims suspend date > Process date*

> *End-Read*

> *If no active AU Members exist on Cert (all suspended), ignore Cert.*

>> *Evaluate the category code :*
> *case #OAA {1}*
>> *Add 1 to #OAA-counter*
>> *Add COUNT(AU Member) to #OAA-recipient-counter*

case #ANB {2}
  Add 1 to #ANB-counter
  Add COUNT(AU Member) to #ANB-recipient-counter

case #AFDC {3}
  Add 1 to #AFDC-counter
  Add COUNT(AU Member) to #AFDC-recipient-counter

case #DA {4}
  Add 1 to #DA-counter
  Add COUNT(AU Member) to #DA-recipient-counter

case #Foster-Care {cat 6}
  Add 1 to #Foster-Care-counter
  Add COUNT(AU Member) to #foster-care-recipient-counter

case #IV-E {cat 8}
  Add 1 to #IV-E-counter
  Add COUNT(AU Member) to #IV-E-recipient-counter

case #PE {cat 16}
  Add 1 to #PE-counter
  Add COUNT(AU Member) to #PE-recipient-counter

case #State {cat 15}
  Add 1 to #State-counter
  Add COUNT(AU Member) to #State-recipient-counter

case #QMB {cat 17}
  Add 1 to #QMB-counter
  Add COUNT(AU Member) to #QMB-recipient-counter

case #Title-XIX {cat 22}
  Add 1 to #Title-XIX-counter
  Add COUNT (AU Member) to #Title-XIX-recipient-counter

case #TB {cat 20}
  Add 1 to #TB-counter
  Add COUNT (AU Member) to #TB-recipient-counter

Case #ST-FUNDED-APPEAL
  Add 1 to #ST-FUNDED-APPEAL-counter
  Add COUNT (AU Member) to #ST-FUNDED-APPEAL-recipient-counter

case #LIFC {cat 13}
            Add 1 to # LIFC-counter
            Add COUNT (AU Member) to #LIFC-recipient-counter
        End-evaluate

At break in residence location id

   Accumulate the parish totals
     Call the object subprogram to determine which region the parish belongs to from the Location File (to be written in workfile for use of MERCARR)
        Write the report detail line to the reports and to workfile
        Accumulate the state totals

At end of data, write the state total.

Applications Rejected by Parish, Category and Race of Client (MERRACR)

Description

This report (MEM0630) gives the number of applications rejected in each parish broken down by category and the client's race.

Report Layout

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERRACR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name             BUREAU OF HEALTH SERVICES FINANCING             HH:MM AM
Job Number MEM0630 - APPLICATIONS REJECTED BY PARISH, CATEGORY & RACE Page: 0001


                                          Disability
   Parish          Race    Aged  Blind  AFDC  Assistance  LIFC   TB   QMB   Total
---------------- -------- ------ ----- ------ ---------- ------ ---- ----- -----
Acadia           Black     999   999    999      999      999   999   999 9,999
                 White     999   999    999      999      999   999   999 9,999
                 Others    999   999    999      999      999   999   999 9,999
                 Unknown   999   999    999      999      999   999   999 9,999
Allen            Black     999   999    999      999      999   999   999 9,999
                 White     999   999    999      999      999   999   999 9,999
                 Others    999   999    999      999      999   999   999 9,999
                 Unknown   999   999    999      999      999   999   999 9,999
Ascension        Black     999   999    999      999      999   999   999 9,999
                 White     999   999    999      999      999   999   999 9,999
                 Others    999   999    999      999      999   999   999 9,999
                 Unknown   999   999    999      999      999   999   999 9,999
Assumption       Black     999   999    999      999      999   999   999 9,999
                 White     999   999    999      999      999   999   999 9,999
                 Others    999   999    999      999      999   999   999 9,999
                 Unknown   999   999    999      999      999   999   999 9,999
Avoyelles        Black     999   999    999      999      999   999   999 9,999
                 White     999   999    999      999      999   999   999 9,999
                 Others    999   999    999      999      999   999   999 9,999
                 Unknown   999   999    999      999      999   999   999 9,999
Beauregard       Black     999   999    999      999      999   999   999 9,999
                 White     999   999    999      999      999   999   999 9,999
                 Others    999   999    999      999      999   999   999 9,999
                 Unknown   999   999    999      999      999   999   999 9,999
       :
       :
       :
State Totals :   Black     999   999    999      999      999   999   999 9,999
                 White     999   999    999      999      999   999   999 9,999
                 Others    999   999    999      999      999   999   999 9,999
                 Unknown   999   999    999      999      999   999   999 9,999

                   *** End of Report ***
```

Processing :

Sort Record :
   Person.residence location id,
   Person.race code,
   Application Type Case.category code

Include copycode MERGPDC

Retrieve all the applications that were rejected the previous month :

   Read Application Type Case File
   using Reject Date / Reject Code / Case Num / Category / Type Case
   starting from rejection date = cutoff-date of process date - 1 month + 1 day
   thru rejection date = cutoff-date of process date

   Check the category code. Consider only rejected Old Age Assistance (category 1), Aid to Needy Blind (category 2), AFDC (category 3), Disability Assistance (category 4), Low Income Family with Dependent Children (category 13), Qualified Medicare Beneficiary (category 17), and TB Related (category 20) :

      If category code = (1, 2, 3, 4, 13, 17 or 20)
         Call the object subprogram to get the client's person number from the Application File
         Call the object subprogram to determine the parish of residence and race code from the Person File
      End-if

Sort the records by residence location id, race code, and category code.
   Evaluate category code
   Case #OAA {1}
      Add 1   to   #OAA-counter
   Case #ANB {2}
      Add 1   to   #ANB-counter
   Case #AFDC {3}
      Add 1   to   #AFDC-counter
   Case #DA {4}
      Add 1   to   #DA-counter
   Case #LIFC {13}
      Add 1   to   #LIFC-counter
   Case #QMB {17}
      Add 1   to   #QMB-counter
   Case #TB {20}
      Add 1   to   #TB-counter
   End-evaluate

At break in race code

> *Add #OAA-counter, #ANB-counter, #AFDC-counter, #DA-counter, #LIFC-counter, #QMB-counter, and #TB-counter to #race-total.*
> *Write the report detail line.*
> *Accumulate the state totals.*
> *Initialize #OAA-counter, #ANB-counter, #AFDC-counter, #DA-counter, #LIFC-counter, #QMB-counter, and #TB-counter.*

At end of data, perform at break in race code logic one last time then write the state totals.

Persons with Duplicate Social Security Numbers (MERDUPR)

Description

This report (MEM0733) lists individuals with duplicate social security numbers. The report will be sorted by social security number.

Report Layout

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERDUPR            LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name              BUREAU OF HEALTH SERVICES FINANCING                HH:MM AM
Job Number  MEM0733 - PERSONS WITH DUPLICATE SOCIAL SECURITY NUMBER    Page: 0001


                                                            Type
    SSN     Person Number          Name          Case Number  Cat Case Birth Date
--------- ------------- -------------------- ------------- --- ---- ----------
 123456789 1234567890123 Doe, Katie S.          1234567890123 999   999 10-05-1983
 123456789 1234567890065 Smith, Christopher A 1244565686786 999   999 05-12-1992

 999999999 4567578588653 Walter, Sarah K.      1234567890129 999   999 11-18-1990
 999999999 1234567890001 Guidry, Pamela D.     7856746456465 999   999 10-22-1979
         :
         :
         :

                          *** End of Report ***
```

Processing :

Read all the records in the Person File :
Read Person File by SSN

If SSN <> #saved-SSN
Move SSN to #saved-SSN
Move person number to #saved-person-number
Move last name, first name, middle initial to #saved-name
Move birth date to #saved-birth-date
Else
Retrieve case number and certification number from AU-Member file for current person :
Read AU Member File by Person Num / Start Date 9C
With person number = Person.person number

If AU-Member record found, retrieve category and type case code from the Cert Period Type Case File :
Call common subroutine with case number/ certification number as input
Write the detail line for the current person.

Retrieve case number and certification number from AU-Member file for saved person :
Read AU Member File by Person Num / Start Date 9C
With person number = #saved-person-number

If AU-Member record found, retrieve category and type case code from the Cert Period Type Case File :
Call common subroutine with case number/ certification number as input

Write the detail line for the saved person.
End-if

If no duplicate SSN found, write message on report
Write End of Report message

OCS Active Certification (MEROACR)

Description

This program lists Office of Community Services (OCS) cases that have an active certification. The report (MEM0171) is sorted by region, worker number, caseload number and case number.

Report Layout

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890

MEROACR - MEM0171                      LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                                     MM/DD/YYYY
Job Name                                 BUREAU OF HEALTH SERVICES FINANCING                                            HH:MM AM
Job Number                                    OCS ACTIVE CERTIFICATION                                                 Page: 0001

Region 70 - Baton Rouge

         Case                                                                                           Type  Redet   Approval
 Worker  Load   Case Number          Name            Person Number  Birth Date  TIPS No.      SSN    Cat Case  Date      Code
 ------  ----   -------------   --------------------  -------------  ----------  ---------  --------- --- ---- -------  --------
  1111   123    1234567890120   Smith, John F.        1234567890123  01-01-1965  123456789  123456789 999  999 08-1998     99
         456    1234567890123   Doe, Jane A.          1234567890124  12-05-1994  123456789  123456789 999  999 10-1998     99

  2222   567    8679867464556   Frank, Sarah M.       1234567890125  09-01-1997  123456789  123456789 999  999 02-1999     99
                9679867464556   Thompson, Eric J.     1234567890126  09-01-1997  123456789  123456789 999  999 02-1999     99
         890    1234567890199   Doe, Jane A.          1234567890124  12-05-1994  123456789  123456789 999  999 10-1998     99

  3333   333    1234567890124   Smith, Megan B.       1234567890127  11-25-1988  123456789  123456789 999  999 06-1998     99

  9999   234    1234567890128   Jones, Sam S.         1234567890128  05-21-1972  123456789  123456789 999  999 11-1999     99
                      :
                      :
                      :
                                             *** End of Report ***
```

Processing :

State & Region Totals will be printed on report as well

Retrieve all the workers and caseloads in the OCS regions from the Caseload File :
Read Caseload File using Loc Type / Loc Id / Wrkr Num / Csld Num
With location type = #OCS-region   {O}

Retrieve all the cases under the caseload from the Case File :
Read Case File using Csld Key / Case Num

Retrieve all the active Foster Care (6), Foster Care IV-E (8), OCS Child State Funded (15), and OCS Child Title XIX (22) certifications from the Cert Period Type Case File :
Read Cert Period Type Case File using Case Num / Cert Period Num / Start Date 9C
With case number = Case.case number
And cptc close date = 0 or cptc close date > current date or start date <= current date

Accept if category code = #OCS {6, 8, 15, or 22}

Read the AU Member file using Case/Cert/AU Member to get the person

number

> *Call the object subprogram to retrieve the person data from the Person File*
>
> *Call the object subprogram to format name display*
>
> *Write the report detail line*

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ID-Reports-READ-ONLY.doc Rev#: 12

Qualified Individual (QI) Count (MERQICR)

Description

This daily report (MED0979) provides the number of active and closed Qualified Individual (QI) cases.

Report Layout

```
           1         2         3         4         5         6         7         8
  12345678901234567890123456789012345678901234567890123456789012345678901234567890
  MERQICR           LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
  Job Name              BUREAU OF HEALTH SERVICES FINANCING              HH:MM AM
  Job Number         MED0979 - QUALIFIED INDIVIDUAL(QI)COUNT            Page: 0001

                              Active  Closed
                              ------  ------
                         QI 1   99      99
                         QI 2   99      99
                              ------  ------
                         Total :  999     999

                         *** End of Report ***
```

Processing :

Retrieve all the QI certifications :
    Read   Cert Period Type Case File using Type Case / Category Code / Appv Code
    With   type case starting from 48 (QI1)

      *If cptc-close-date > 0 and cptc-close-date < = *DATN*
        If type case = #QI1{48}
          Increment #QI1-close-counter
      Else
       If type case = #QI2{49}
        Increment #QI2-close-counter
    Else
      If type case = #QI1{48}
        Increment #QI1-active-counter
      Else
       If type case = #QI2{49}
        Increment #QI2-active-counter
     End-if

   End-read (read CPTC)

Write the detail lines

Report Listing of Changes in Swipe Requests (MERSWRR)

Description

This quarterly report (MEQ0977) provides the reason and the number of occurrences that the local office is requesting replacement of swipe cards. The report will be sorted by parish, person number and transaction date.

Report Layout

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890 12
 MERSWRR - MEQ0977                     LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                              MM/DD/YYYY
 Job Name                                 BUREAU OF HEALTH SERVICES FINANCING                                    HH:MM AM
 Job Number                       REPORT LISTING OF CHANGES IN SWIPE INDICATORS 2 THROUGH 5                      PAGE : 0001
   Parish 1 - Acadia

                   Person Number              Name            SSN      User ID   Trans Date  Swipe Ind
                   -------------   -------------------------  ---------  --------  ----------  ---------
                   1234567890123  Jones, John                111111111  MAUABC    01/15/2000      4
                                                                        XXXXXX    04/07/2000      2

                   1234567890999  Wyett, Pamela              111789096  XXXXXX    03/28/2000      3
                        :
                        :
                        :
                   9999999999999  Smith, Sarah L             999999999  MAUSEY    03/21/2000      5


                                     Parish 1 - Acadia Total :  Z,ZZ9
                                                 :
                                                 :
                                                 :
                                 Parish 65 - E. Jefferson Total :  Z,ZZ9

                                            State Total : ZZ,ZZ9

                                       *** End of Report ***
```

Processing :

Workfile Layout :
   Person.Parish of residence,
   Swipe Card Request.person number,
   #date,
   #name (A25),
   Person.SSN,
   Swipe Card Request.update user id,
   Swipe Card Request.request reason code

Include MERGPDC copycode

   Retrieve all the Swipe Card Requests that were processed during the last quarter :

   Read Swipe Card Request File
   Using Request Date / Person Num
   Starting from request date = cutoff-date of process-date – 4 months + 1 day

Thru request date = cutoff-date of process-date

Reject if the request reason code = #issue ('1')

Call the object subprogram to get the parish of residence, person name and SSN from the Person File

Call the common routine to display the name in the correct format

Get the date portion of the Update time and move it to #date

Write the record to the workfile

End-read (Swipe Card Request File)

Sort the workfile by parish of residence, person number and #date.

Read the sorted workfile
    Write the record to the report
    Add 1 to the #parish-counter
End-read

At break in person number, skip one line.

At break in parish of residence, write the parish total line, add the #parish-counter to the #state-total, and initialize the #parish-counter.

At end of data, write the state total line and end of report line.

Re-Enrollment Outcomes Extract (MERAURR)

Description

This program extracts data that will be used to generate the four Re-Enrollment Outcomes reports on AU Members whose redetermination was due in the report month. These reports are to be run at cut-off.

The reports that will be produced from the extract file are :

        MEM0160R1 - LaCHIP Re-Enrollments (All Type Case 007)
        MEM0160R2 - CHAMP Re-Enrollments (All Type Case 014)
        MEM0160R3 - Child Related Re-Enrollments (Category 013 & 003
                        excluding Type Cases 007, 014, 039, 047, 079, 080)
        MEM0160R4 - SSI Related Re-Enrollments (Includes SSI, LTC, HCBS and MB cases)

Workfile Layout

Workfile 1 Record :
    #Report-type (A1),
    Loc.Linked Region id(N4),
    Case.Res-loc-id (N4),
    #Category-code (A3)   *{Contains the Category code (N3) or 'SSI', 'LTC', 'HCB', 'MB'}*
    #Type-case (N3),
    #Re-enroll-indic (A1),
    #Closure-code (N2),
    #Child-indic (A1)
    #Case-num(N13)

Processing :

Program Constants :

- *#Report-type (A1)- this indicateds which of the 4 reports the record will be extracted for*
  - *1 – LaCHIP (Type Case 007)*
  - *2 – CHAMP (Type Case 014)*
  - *3 – Child-Related (Category 003 and 013 excluding certain Type Cases)*
  - *4 – SSI-Related ('SSI', 'LTC', 'HCB' and 'MB' Type Cases)*

- *#Re-enroll-indic (A1) – this indicates what category the Redetermination falls into*
  - *1 – Re-enrolled for 12 months*
  - *2 – Re-enrolled for less than 12 months*
  - *3 – Expired*
  - *4 – Closed*

- *#Child-indic (A1) – this indicates whether or not the record belongs to a child*
  1 – Less than 19 on the 1ST Day of the processing month

- *#Re-enroll-rpt-types – this lists all the Type Cases specified as extract criteria*
  All type cases specified for these reports;
    - i) *CHIP*
      Type case 007
    - ii) *CHAMP*
      Type case 014
    - iii) *SSI cases*
      Type cases 001, 003, 021 where Category is not 003;
      Type cases 050, 056, 057, 058, 060, 061, 078, 081
    - iv) *LTC cases   {Long Term Care}*
      Type cases 005, 023, 024, 025, 062, 063, 064, 065, 090, 099
    - v) *HCBS cases   {Home and Community Based Services}*
      Type cases 018, 019, 026, 027, 045, 046, 082, 093
    - vi) *MB cases {Medicare Beneficiaries}*
      Type cases 040, 048, 049, 094, 095

- *#Re-enroll-rpt-excl – this lists all Type Cases excluded from extract criteria*
  Type cases to exclude from this report; 039, 047, 079, 080

Mainline Processing :

Retrieve input process date from the USER parmlib (Copycode MERGPDC)

Using the Object subprogram (MECDDTN) calculate #twelve-mth-dt to be a date 12 months from the input process date

Retrieve all Redeterminations for the current process year and month by reading the Redet History file using Report Yr Month / Case Num / Cert Period Num where Report Yr Month = process Yr Month

For all Redet History records retrieved;
>*Retrieve the Parish of Residence (res loc id) from the Case file using the Object subprogram*
>*Retrieve linked Region id from the Location file using the Object subprogram*

>*Retrieve the Cert Period and the CPTC records using the Object subprogram*
>>*Retrieve Redet Date, Redet Code*

>*Retrieve all AU Members for the Case Num and Cert Period Num by reading the AU Members file using Case Num / Cert Period Num / AU Member Num*

>>*Retrieve Birth Date, Closure Code*
>>*Reject if Closure code = #Cancel-future-elig {Closure code = '27'}*

For all AU Members retrieved;

>*Clear all Workfile fields*

>*Evaluate **first** matching case*
>>*Case Redet History.Type is #CHIP {7}*
>>>*Set Workfile.#Report-type to '1'   {LaCHIP}*

>>*Case Redet History.Type is #CHAMP-CHILD {14}*
>>>*Set Workfile.#Report-type to '2'   {CHAMP}*

>>*Case Redet History.Category is #AFDC {3} or #LIFC {13}*
>>*But **not** Redet History.Type = #Re-enroll-rpt-excl {039,047,079,080}*
>>>*Set Workfile.#Report-type to '3'   {C-Related}*

>>*Case Redet History.Type is #Re-enroll-rpt-types(*)*
>>>*Set Workfile.#Report-type to '4'   {SSI-Related}*
>>*None*
>>>*Write record to Error Report and read next*
>*End-Evaluate*

Set Workfile.Case.location type to Case. loc type,
Set Workfile.Case.residence location id to Case.res loc id
Set Workfile.#Case-num to Redet History.Case number

If Workfile.#Report-type = 1, 2 or 3
    Set Workfile.#Category-code to Redet History.Category code
    Set Workfile.#Type-case to Redet History.Type Case
Else
    Evaluate Redet History.Type
        Case #Medicare {040, 048, 049, 094, 095}
            Set Workfile.#Category-code to 'MB'
        Case #HCBS-Only {018, 019, 026, 027, 045, 046, 082, 093}
            Set Workfile.#Category-code to 'HCB'
        Case #LTC-AND-ICF {005,023 024 025 062,063,064,065,090,099}
            Set Workfile.#Category-code to 'LTC'
        Case None
            Set Workfile.#Category-code to 'SSI'
    End-Evaluate
    Reset Workfile.#Type-case
End-if

*Evaluate **first** matching case*

       Case AU Member. Closure code > 0
           Set Workfile.#Re-enroll-indic = 4 {Closed}
           Set Workfile.#Close-code = AU Member.Close code

       Case Redet History. Report yr month > or = CPTC. Redet Date (YYYYMM)
           Set Workfile #Re-enroll-indic = 3 {Expired}

       Case Redet History. Report yr month < CPTC. Redet Date (YYYYMM)
    AND CPTC.redet-code = 1
           If CPTC.Redet Date (YYYYMM) is > or = #twelve-mth-dt (YYYYMM)
               Set Workfile #Re-enroll-indic = 1 {Re-enrolled for 12 months}
           Else
               Set Workfile #Re-enroll-indic = 2 {Re-enrolled < 12 months}
    Case none
           Write record to Error Report and read next
End-Evaluate

Perform the subroutine Calculate-Age to calculate the Person's age as at 1ˢᵗ day of processing month, using AU Member.birth date

If Age < 19
       Set Workfile.#Child-indic = 1 {Child is under 19 years}

Write Workfile 1   *{Location totals by Category/Type}*

Move '9999' to Workfile.location id   *{Region totals by Category/Type}*
Write Workfile 1

Move '9999' to Workfile.linked region id   *{State totals by Category/Type}*
Write Workfile 1

Sort workfile 1 #Report-type, Case.linked region id, Case.location id, #Category-code, #Type-case

Execute the program MERAURR1 to produce the AU Member Re-Enrollment Outcomes reports (MEM0160).

Subroutine Calculate-Age
Determine age of person on 1ˢᵗ day of Process Month;

> *Move Process Date to Check-Date (YYYYMMDD)*
> *Move 01 to Check-Date-DD (DD)*
> *Calculate Age = Check-date-YYYY – BirthDate-YYYY*
> *If Check-date-MMDD < BirthDate-MMDD*
> > *Subtract 1 from Age.*

Re-Enrollment Outcomes Reports (MERAURR1)

Description

This program processes the workfile which was created by the Re-Enrollment Outcomes Extract program (MERAURR).

Four reports are generated; for LaCHIP (Type Case 007), CHAMP (Type Case 014), Child Related cases (Category 003 and 013 excluding LaCHIP, CHAMP and other specified Type Cases) and SSI Related cases (including LTC, HCBS and MB cases).

The reports show, for redeterminations due in the current report month, how many AU Members were Re-Enrolled (for 12 months or for less than 12 months), how many AU Members Expired and how many AU Members were Closed. Closed AU Members are further categorized into Children (under 19 years on the 1st day of the report processing month) and Closed codes.

For the LaCHIP, CHAMP and Child Related reports, this summary information is provided by Type Case within Parish of Residence, by Type Case within Region and by Type Case within State.

For the SSI Related report, the relevant Type Cases are rolled up into four groups; HCBS (Home and Community Based Services), LTC (Long Term Care), MB (Medicare Beneficiaries) and SSI (Supplemental Security Income). Hence the summary information on the SSI Related report is provided by Type Case Group within Parish of Residence, by Type Case Group within Region and by Type Case Group within State.

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Report Layout for LaCHIP Re-Enrollment Outcomes (MEM0160R1)

```
         1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
+----------------------------------------------------------------------------+
| MERAURR         LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS      MM/DD/YYYY|
| Job Name              BUREAU OF HEALTH SERVICES FINANCING          HH:MM AM |
| Job Number      MEM0160R1 – LaCHIP RE-ENROLLMENT OUTCOMES         Page: 0001|
|                         MONTH OF MM/YYYY                                    |
|                                                                            |
| REGION: R0004 – LAFAYETTE REGION                                           |
|                                                                            |
| PARISH: P0001 - ACADIA PARISH                                              |
|                                                                            |
|   TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       -----Children----|
| -                                                                          |
| ------------------------------------------------- Total      Total         |
| Percent                                                                    |
|                                                   ---------  ---------  ------|
| -                                                                          |
|  AU Members Re-Enrolled for 12 months             9,999,999  9,999,999  999% |
|  AU Members Re-Enrolled for less than 12 months   9,999,999  9,999,999  999% |
|  AU Members Expired                               9,999,999  9,999,999  999% |
|                                                                            |
|  AU Members Closed:                               9,999,999  9,999,999  999% |
|       04 – EMP/INC EARNING                        9,999,999  9,999,999  999% |
|       09 – INSUR/AVAILABLE                        9,999,999  9,999,999  999% |
|       74 – FAILED TO SUBMT                        9,999,999  9,999,999  999% |
|       75 – FLD TO RETN VER                        9,999,999  9,999,999  999% |
|       94 – CANNOT LOCATED                         9,999,999  9,999,999  999% |
|       95 – INC IN OTH CERT                        9,999,999  9,999,999  999% |
|       96 – OTHER                                  9,999,999  9,999,999  999% |
|       None of the above                           9,999,999  9,999,999  999% |
|                                                                            |
|                                                                            |
|   TOTALS FOR PARISH: P0001 - ACADIA PARISH                   -----Children----|
| -                                                                          |
| -------------------------------------- Total      Total                    |
| Percent                                                                    |
|                                                   ---------  ---------  ------|
| -                                                                          |
|  AU Members Re-Enrolled for 12 months             9,999,999  9,999,999  999% |
|  AU Members Re-Enrolled for less than 12 months   9,999,999  9,999,999  999% |
|  AU Members Expired                               9,999,999  9,999,999  999% |
|                                                                            |
|  AU Members Closed:                               9,999,999  9,999,999  999% |
|       04 – EMP/INC EARNING                        9,999,999  9,999,999  999% |
|       09 – INSUR/AVAILABLE                        9,999,999  9,999,999  999% |
|       74 – FAILED TO SUBMT                        9,999,999  9,999,999  999% |
|       75 – FLD TO RETN VER                        9,999,999  9,999,999  999% |
|       94 – CANNOT LOCATED                         9,999,999  9,999,999  999% |
|       95 – INC IN OTH CERT                        9,999,999  9,999,999  999% |
|       96 – OTHER                                  9,999,999  9,999,999  999% |
|       None of the above                           9,999,999  9,999,999  999% |
+----------------------------------------------------------------------------+
```

```
           1         2         3         4         5         6         7         8
  12345678901234567890123456789012345678901234567890123456789012345678901234567890
 ┌─────────────────────────────────────────────────────────────────────────────┐
 │ MERAURR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY│
 │ Job Name              BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM  │
 │ Job Number        MEM0160R1 – LaCHIP RE-ENROLLMENT OUTCOMES         Page: 0002 │
 │                         MONTH OF MM/YYYY                                       │
 │                                                                               │
 │ REGION: R0004 – LAFAYETTE REGION                                              │
 │                                                                               │
 │                                                                               │
 │   TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      -----Children-----  │
 │   ---------------------------------------------------- Total      Total  Percent│
 │                                                        ---------  --------- ------- │
 │   AU Members Re-Enrolled for 12 months                9,999,999  9,999,999   999%│
 │   AU Members Re-Enrolled for less than 12 months      9,999,999  9,999,999   999%│
 │   AU Members Expired                                  9,999,999  9,999,999   999%│
 │                                                                               │
 │   AU Members Closed:                                  9,999,999  9,999,999   999%│
 │       04 – EMP/INC EARNING                            9,999,999  9,999,999   999%│
 │       09 – INSUR/AVAILABLE                            9,999,999  9,999,999   999%│
 │       74 – FAILED TO SUBMT                            9,999,999  9,999,999   999%│
 │       75 – FLD TO RETN VER                            9,999,999  9,999,999   999%│
 │       94 – CANNOT LOCATED                             9,999,999  9,999,999   999%│
 │       95 – INC IN OTH CERT                            9,999,999  9,999,999   999%│
 │       96 – OTHER                                      9,999,999  9,999,999   999%│
 │       None of the above                               9,999,999  9,999,999   999%│
 │                                                                               │
 │                                                                               │
 │   TOTALS FOR REGION                                       -----Children-----   │
 │   -----------------                                    Total      Total  Percent│
 │                                                        ---------  --------- ------- │
 │   AU Members Re-Enrolled for 12 months                9,999,999  9,999,999   999%│
 │   AU Members Re-Enrolled for less than 12 months      9,999,999  9,999,999   999%│
 │   AU Members Expired                                  9,999,999  9,999,999   999%│
 │                                                                               │
 │   AU Members Closed:                                  9,999,999  9,999,999   999%│
 │       04 – EMP/INC EARNING                            9,999,999  9,999,999   999%│
 │       09 – INSUR/AVAILABLE                            9,999,999  9,999,999   999%│
 │       74 – FAILED TO SUBMT                            9,999,999  9,999,999   999%│
 │       75 – FLD TO RETN VER                            9,999,999  9,999,999   999%│
 │       94 – CANNOT LOCATED                             9,999,999  9,999,999   999%│
 │       95 – INC IN OTH CERT                            9,999,999  9,999,999   999%│
 │       96 – OTHER                                      9,999,999  9,999,999   999%│
 │       None of the above                               9,999,999  9,999,999   999%│
 │                                                                               │
 │                                                                               │
 └─────────────────────────────────────────────────────────────────────────────┘
```

```
             1         2         3         4         5         6         7         8
    12345678901234567890123456789012345678901234567890123456789012345678901234567890
    ┌──────────────────────────────────────────────────────────────────────────────┐
    │MERAURR         LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS         MM/DD/YYYY  │
    │Job Name              BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM    │
    │Job Number        MEM0160R1 – LaCHIP RE-ENROLLMENT OUTCOMES          Page: 0003  │
    │                           MONTH OF MM/YYYY                                      │
    │                                                                                │
    │                                                                                │
    │STATE                                                                           │
    │                                                                                │
    │                                                                                │
    │  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       -----Children-----   │
    │  -------------------------------------------------- Total      Total  Percent  │
    │                                                     ---------  --------- ------- │
    │  AU Members Re-Enrolled for 12 months               9,999,999  9,999,999  999%  │
    │  AU Members Re-Enrolled for less than 12 months     9,999,999  9,999,999  999%  │
    │  AU Members Expired                                 9,999,999  9,999,999  999%  │
    │                                                                                │
    │  AU Members Closed:                                 9,999,999  9,999,999  999%  │
    │      04 – EMP/INC EARNING                           9,999,999  9,999,999  999%  │
    │      09 – INSUR/AVAILABLE                           9,999,999  9,999,999  999%  │
    │      74 – FAILED TO SUBMT                           9,999,999  9,999,999  999%  │
    │      75 – FLD TO RETN VER                           9,999,999  9,999,999  999%  │
    │      94 – CANNOT LOCATED                            9,999,999  9,999,999  999%  │
    │      95 – INC IN OTH CERT                           9,999,999  9,999,999  999%  │
    │      96 – OTHER                                     9,999,999  9,999,999  999%  │
    │      None of the above                             9,999,999  9,999,999  999%  │
    │                                                                                │
    │                                                                                │
    │  TOTALS FOR STATE                                         -----Children-----   │
    │  ----------------                                   Total      Total  Percent  │
    │                                                     ---------  --------- ------- │
    │  AU Members Re-Enrolled for 12 months               9,999,999  9,999,999  999%  │
    │  AU Members Re-Enrolled for less than 12 months     9,999,999  9,999,999  999%  │
    │  AU Members Expired                                 9,999,999  9,999,999  999%  │
    │                                                                                │
    │  AU Members Closed:                                 9,999,999  9,999,999  999%  │
    │      04 – EMP/INC EARNING                           9,999,999  9,999,999  999%  │
    │      09 – INSUR/AVAILABLE                           9,999,999  9,999,999  999%  │
    │      74 – FAILED TO SUBMT                           9,999,999  9,999,999  999%  │
    │      75 – FLD TO RETN VER                           9,999,999  9,999,999  999%  │
    │      94 – CANNOT LOCATED                            9,999,999  9,999,999  999%  │
    │      95 – INC IN OTH CERT                           9,999,999  9,999,999  999%  │
    │      96 – OTHER                                     9,999,999  9,999,999  999%  │
    │      None of the above                             9,999,999  9,999,999  999%  │
    │                                                                                │
    │                                                                                │
    │                        *** End of Report ***                                   │
    │                                                                                │
    └──────────────────────────────────────────────────────────────────────────────┘
```

Report Layout for CHAMP Re-Enrollment Outcomes (MEM0160R2)

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERAURR         LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS       MM/DD/YYYY
Job Name              BUREAU OF HEALTH SERVICES FINANCING          HH:MM AM
Job Number        MEM0160R2 – CHAMP RE-ENROLLMENT OUTCOMES         Page: 0001
                           MONTH OF MM/YYYY


REGION: R0004 – LAFAYETTE REGION


PARISH: P0001 - ACADIA PARISH

  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        -----Children-----
  ------------------------------------------------- Total       Total  Percent
                                                    ---------  --------- -------
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%
  AU Members Expired                                9,999,999  9,999,999   999%

  AU Members Closed:                                9,999,999  9,999,999   999%
       04 – EMP/INC EARNING                         9,999,999  9,999,999   999%
       09 – INSUR/AVAILABLE                         9,999,999  9,999,999   999%
       74 – FAILED TO SUBMT                         9,999,999  9,999,999   999%
       75 – FLD TO RETN VER                         9,999,999  9,999,999   999%
       94 – CANNOT LOCATED                          9,999,999  9,999,999   999%
       95 – INC IN OTH CERT                         9,999,999  9,999,999   999%
       96 – OTHER                                   9,999,999  9,999,999   999%
       None of the above                            9,999,999  9,999,999   999%


  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        -----Children-----
  ------------------------------------------------- Total       Total  Percent
                                                    ---------  --------- -------
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%
  AU Members Expired                                9,999,999  9,999,999   999%

  AU Members Closed:                                9,999,999  9,999,999   999%
       04 – EMP/INC EARNING                         9,999,999  9,999,999   999%
       09 – INSUR/AVAILABLE                         9,999,999  9,999,999   999%
       74 – FAILED TO SUBMT                         9,999,999  9,999,999   999%
       75 – FLD TO RETN VER                         9,999,999  9,999,999   999%
       94 – CANNOT LOCATED                          9,999,999  9,999,999   999%
       95 – INC IN OTH CERT                         9,999,999  9,999,999   999%
       96 – OTHER                                   9,999,999  9,999,999   999%
       None of the above                            9,999,999  9,999,999   999%


  TOTALS FOR PARISH: P0001 - ACADIA PARISH                  -----Children-----
  --------------------------------------                Total    Total  Percent
                                                    ---------  --------- -------
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%
  AU Members Expired                                9,999,999  9,999,999   999%

  AU Members Closed:                                9,999,999  9,999,999   999%
       04 – EMP/INC EARNING                         9,999,999  9,999,999   999%
       09 – INSUR/AVAILABLE                         9,999,999  9,999,999   999%
```

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```
74 - FAILED TO SUBMT              9,999,999  9,999,999   999%
75 - FLD TO RETN VER              9,999,999  9,999,999   999%
94 - CANNOT LOCATED               9,999,999  9,999,999   999%
95 - INC IN OTH CERT              9,999,999  9,999,999   999%
96 - OTHER                        9,999,999  9,999,999   999%
None of the above                 9,999,999  9,999,999   999%
```

```
          1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
MERAURR        LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name             BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM
Job Number      MEM0160R2 - CHAMP RE-ENROLLMENT OUTCOMES           Page: 0002
                          MONTH OF MM/YYYY


REGION: R0004 - LAFAYETTE REGION



  TYPE CASE: 999-999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXX       -----Children----
-
  -------------------------------------------------- Total      Total
Percent
                                                   ---------  ---------  ------
-
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%
  AU Members Expired                                9,999,999  9,999,999   999%

  AU Members Closed:                                9,999,999  9,999,999   999%
       04 - EMP/INC EARNING                         9,999,999  9,999,999   999%
       09 - INSUR/AVAILABLE                         9,999,999  9,999,999   999%
       74 - FAILED TO SUBMT                         9,999,999  9,999,999   999%
       75 - FLD TO RETN VER                         9,999,999  9,999,999   999%
       94 - CANNOT LOCATED                          9,999,999  9,999,999   999%
       95 - INC IN OTH CERT                         9,999,999  9,999,999   999%
       96 - OTHER                                   9,999,999  9,999,999   999%
       None of the above                            9,999,999  9,999,999   999%



  TYPE CASE: 999-999 - XXXXXXXXXXXXXXXXXXXXXXXXXXXXX       -----Children----
-
  -------------------------------------------------- Total      Total
Percent
                                                   ---------  ---------  ------
-
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%
  AU Members Expired                                9,999,999  9,999,999   999%

  AU Members Closed:                                9,999,999  9,999,999   999%
       04 - EMP/INC EARNING                         9,999,999  9,999,999   999%
       09 - INSUR/AVAILABLE                         9,999,999  9,999,999   999%
       74 - FAILED TO SUBMT                         9,999,999  9,999,999   999%
       75 - FLD TO RETN VER                         9,999,999  9,999,999   999%
       94 - CANNOT LOCATED                          9,999,999  9,999,999   999%
       95 - INC IN OTH CERT                         9,999,999  9,999,999   999%
       96 - OTHER                                   9,999,999  9,999,999   999%
       None of the above                            9,999,999  9,999,999   999%


  TOTALS FOR REGION                                       -----Children----
-
  -----------------                                  Total      Total
Percent
                                                   ---------  ---------  ------
-
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%
  AU Members Expired                                9,999,999  9,999,999   999%

  AU Members Closed:                                9,999,999  9,999,999   999%
```

```
    04 - EMP/INC EARNING              9,999,999  9,999,999  999%
    09 - INSUR/AVAILABLE              9,999,999  9,999,999  999%
    74 - FAILED TO SUBMT              9,999,999  9,999,999  999%
    75 - FLD TO RETN VER              9,999,999  9,999,999  999%
    94 - CANNOT LOCATED               9,999,999  9,999,999  999%
    95 - INC IN OTH CERT              9,999,999  9,999,999  999%
    96 - OTHER                        9,999,999  9,999,999  999%
    None of the above                 9,999,999  9,999,999  999%
```

```
1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
```

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MERAURR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS          MM/DD/YYYY
Job Name              BUREAU OF HEALTH SERVICES FINANCING              HH:MM AM
Job Number        MEM0160R2 – CHAMP RE-ENROLLMENT OUTCOMES            Page: 0003
                          MONTH OF MM/YYYY


STATE


  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        -----Children----
-
  -------------------------------------------------- Total      Total
Percent
                                                   ---------  ---------  ------
-
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999    999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999    999%
  AU Members Expired                                9,999,999  9,999,999    999%

  AU Members Closed:                                9,999,999  9,999,999    999%
       04 – EMP/INC EARNING                         9,999,999  9,999,999    999%
       09 – INSUR/AVAILABLE                         9,999,999  9,999,999    999%
       74 – FAILED TO SUBMT                         9,999,999  9,999,999    999%
       75 – FLD TO RETN VER                         9,999,999  9,999,999    999%
       94 – CANNOT LOCATED                          9,999,999  9,999,999    999%
       95 – INC IN OTH CERT                         9,999,999  9,999,999    999%
       96 – OTHER                                   9,999,999  9,999,999    999%
       None of the above                            9,999,999  9,999,999    999%



  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        -----Children----
-
  -------------------------------------------------- Total      Total
Percent
                                                   ---------  ---------  ------
-
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999    999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999    999%
  AU Members Expired                                9,999,999  9,999,999    999%

  AU Members Closed:                                9,999,999  9,999,999    999%
       04 – EMP/INC EARNING                         9,999,999  9,999,999    999%
       09 – INSUR/AVAILABLE                         9,999,999  9,999,999    999%
       74 – FAILED TO SUBMT                         9,999,999  9,999,999    999%
       75 – FLD TO RETN VER                         9,999,999  9,999,999    999%
       94 – CANNOT LOCATED                          9,999,999  9,999,999    999%
       95 – INC IN OTH CERT                         9,999,999  9,999,999    999%
       96 – OTHER                                   9,999,999  9,999,999    999%
       None of the above                            9,999,999  9,999,999    999%


  TOTALS FOR STATE                                           -----Children----
-
  ----------------                                   Total      Total
Percent
                                                   ---------  ---------  ------
-
  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999    999%
  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999    999%
  AU Members Expired                                9,999,999  9,999,999    999%

  AU Members Closed:                                9,999,999  9,999,999    999%
```

```
    04 – EMP/INC EARNING              9,999,999   9,999,999    999%
    09 – INSUR/AVAILABLE              9,999,999   9,999,999    999%
    74 – FAILED TO SUBMT             9,999,999   9,999,999    999%
    75 – FLD TO RETN VER             9,999,999   9,999,999    999%
    94 – CANNOT LOCATED              9,999,999   9,999,999    999%
    95 – INC IN OTH CERT             9,999,999   9,999,999    999%
    96 – OTHER                       9,999,999   9,999,999    999%
    None of the above                9,999,999   9,999,999    999%



                    *** End of Report ***
```

Report Layout for Child Related Re-Enrollment Outcomes (MEM0160R3)

```
          1         2         3         4         5         6         7         8
1234567890123456789012345678901234567890123456789012345678901234567890123456789 0

MERAURR         LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name              BUREAU OF HEALTH SERVICES FINANCING             HH:MM AM
Job Number     MEM0160R3 – CHILD RELATED RE-ENROLLMENT OUTCOMES     Page: 0001
                          MONTH OF MM/YYYY


REGION: R0004 – LAFAYETTE REGION


PARISH: P0001 - ACADIA PARISH

  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       -----Children-----
  ------------------------------------------------- Total       Total Percent
                                                    ---------   --------- -------
  AU Members Re-Enrolled for 12 months              9,999,999   9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999   9,999,999   999%
  AU Members Expired                                9,999,999   9,999,999   999%

  AU Members Closed:                                9,999,999   9,999,999   999%
       04 – EMP/INC EARNING                         9,999,999   9,999,999   999%
       09 – INSUR/AVAILABLE                         9,999,999   9,999,999   999%
       74 – FAILED TO SUBMT                         9,999,999   9,999,999   999%
       75 – FLD TO RETN VER                         9,999,999   9,999,999   999%
       94 – CANNOT LOCATED                          9,999,999   9,999,999   999%
       95 – INC IN OTH CERT                         9,999,999   9,999,999   999%
       96 – OTHER                                   9,999,999   9,999,999   999%
       None of the above                            9,999,999   9,999,999   999%



  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       -----Children-----
  ------------------------------------------------- Total       Total Percent
                                                    ---------   --------- -------
  AU Members Re-Enrolled for 12 months              9,999,999   9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999   9,999,999   999%
  AU Members Expired                                9,999,999   9,999,999   999%

  AU Members Closed:                                9,999,999   9,999,999   999%
       04 – EMP/INC EARNING                         9,999,999   9,999,999   999%
       09 – INSUR/AVAILABLE                         9,999,999   9,999,999   999%
       74 – FAILED TO SUBMT                         9,999,999   9,999,999   999%
       75 – FLD TO RETN VER                         9,999,999   9,999,999   999%
       94 – CANNOT LOCATED                          9,999,999   9,999,999   999%
       95 – INC IN OTH CERT                         9,999,999   9,999,999   999%
       96 – OTHER                                   9,999,999   9,999,999   999%
       None of the above                            9,999,999   9,999,999   999%


  TOTALS FOR PARISH: P0001 - ACADIA PARISH                  -----Children-----
  -------------------------------------                Total       Total Percent
                                                    ---------   --------- -------
  AU Members Re-Enrolled for 12 months              9,999,999   9,999,999   999%
  AU Members Re-Enrolled for less than 12 months    9,999,999   9,999,999   999%
  AU Members Expired                                9,999,999   9,999,999   999%

  AU Members Closed:                                9,999,999   9,999,999   999%
       04 – EMP/INC EARNING                         9,999,999   9,999,999   999%
       09 – INSUR/AVAILABLE                         9,999,999   9,999,999   999%
```

```
       74 - FAILED TO SUBMT            9,999,999   9,999,999   999%
       75 - FLD TO RETN VER            9,999,999   9,999,999   999%
       94 - CANNOT LOCATED             9,999,999   9,999,999   999%
       95 - INC IN OTH CERT            9,999,999   9,999,999   999%
       96 - OTHER                      9,999,999   9,999,999   999%
       None of the above              9,999,999   9,999,999   999%
```

```
            1         2         3         4         5         6         7         8
   12345678901234567890123456789012345678901234567890123456789012345678901234567890
   ┌─────────────────────────────────────────────────────────────────────────────┐
   │ MERAURR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY│
   │ Job Name              BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM  │
   │ Job Number     MEM0160R3 – CHILD RELATED RE-ENROLLMENT OUTCOMES     Page: 0002│
   │                            MONTH OF MM/YYYY                                    │
   │                                                                               │
   │                                                                               │
   │ REGION: R0004 – LAFAYETTE REGION                                              │
   │                                                                               │
   │                                                                               │
   │   TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXX     -----Children-----    │
   │   -------------------------------------------------- Total     Total  Percent │
   │                                                      ---------  --------- ------│
   │   AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%│
   │   AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%│
   │   AU Members Expired                                9,999,999  9,999,999   999%│
   │                                                                               │
   │   AU Members Closed:                                9,999,999  9,999,999   999%│
   │       04 – EMP/INC EARNING                          9,999,999  9,999,999   999%│
   │       09 – INSUR/AVAILABLE                          9,999,999  9,999,999   999%│
   │       74 – FAILED TO SUBMT                          9,999,999  9,999,999   999%│
   │       75 – FLD TO RETN VER                          9,999,999  9,999,999   999%│
   │       94 – CANNOT LOCATED                           9,999,999  9,999,999   999%│
   │       95 – INC IN OTH CERT                          9,999,999  9,999,999   999%│
   │       96 – OTHER                                    9,999,999  9,999,999   999%│
   │       None of the above                             9,999,999  9,999,999   999%│
   │                                                                               │
   │                                                                               │
   │                                                                               │
   │   TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXX     -----Children-----    │
   │   -------------------------------------------------- Total     Total  Percent │
   │                                                      ---------  --------- ------│
   │   AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%│
   │   AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%│
   │   AU Members Expired                                9,999,999  9,999,999   999%│
   │                                                                               │
   │   AU Members Closed:                                9,999,999  9,999,999   999%│
   │       04 – EMP/INC EARNING                          9,999,999  9,999,999   999%│
   │       09 – INSUR/AVAILABLE                          9,999,999  9,999,999   999%│
   │       74 – FAILED TO SUBMT                          9,999,999  9,999,999   999%│
   │       75 – FLD TO RETN VER                          9,999,999  9,999,999   999%│
   │       94 – CANNOT LOCATED                           9,999,999  9,999,999   999%│
   │       95 – INC IN OTH CERT                          9,999,999  9,999,999   999%│
   │       96 – OTHER                                    9,999,999  9,999,999   999%│
   │       None of the above                             9,999,999  9,999,999   999%│
   │                                                                               │
   │                                                                               │
   │   TOTALS FOR REGION                                     -----Children-----    │
   │   -----------------                                  Total     Total  Percent │
   │                                                      ---------  --------- ------│
   │   AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%│
   │   AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%│
   │   AU Members Expired                                9,999,999  9,999,999   999%│
   │                                                                               │
   │   AU Members Closed:                                9,999,999  9,999,999   999%│
   │       04 – EMP/INC EARNING                          9,999,999  9,999,999   999%│
   │       09 – INSUR/AVAILABLE                          9,999,999  9,999,999   999%│
   │       74 – FAILED TO SUBMT                          9,999,999  9,999,999   999%│
   │       75 – FLD TO RETN VER                          9,999,999  9,999,999   999%│
   │       94 – CANNOT LOCATED                           9,999,999  9,999,999   999%│
   │       95 – INC IN OTH CERT                          9,999,999  9,999,999   999%│
   │       96 – OTHER                                    9,999,999  9,999,999   999%│
   │       None of the above                             9,999,999  9,999,999   999%│
   └─────────────────────────────────────────────────────────────────────────────┘
```

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            1         2         3         4         5         6         7         8
   12345678901234567890123456789012345678901234567890123456789012345678901234567890
  ┌─────────────────────────────────────────────────────────────────────────────────┐
  │ MERAURR        LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY      │
  │ Job Name             BUREAU OF HEALTH SERVICES FINANCING           HH:MM AM        │
  │ Job Number     MEM0160R3 – CHILD RELATED RE-ENROLLMENT OUTCOMES    Page: 0003      │
  │                           MONTH OF MM/YYYY                                         │
  │                                                                                   │
  │                                                                                   │
  │ STATE                                                                             │
  │                                                                                   │
  │                                                                                   │
  │  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     -----Children-----         │
  │  -------------------------------------------------- Total      Total  Percent      │
  │                                                     ---------  ---------  ------    │
  │  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%     │
  │  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%     │
  │  AU Members Expired                                9,999,999  9,999,999   999%     │
  │                                                                                   │
  │  AU Members Closed:                                9,999,999  9,999,999   999%     │
  │      04 – EMP/INC EARNING                          9,999,999  9,999,999   999%     │
  │      09 – INSUR/AVAILABLE                          9,999,999  9,999,999   999%     │
  │      74 – FAILED TO SUBMT                          9,999,999  9,999,999   999%     │
  │      75 – FLD TO RETN VER                          9,999,999  9,999,999   999%     │
  │      94 – CANNOT LOCATED                           9,999,999  9,999,999   999%     │
  │      95 – INC IN OTH CERT                          9,999,999  9,999,999   999%     │
  │      96 – OTHER                                    9,999,999  9,999,999   999%     │
  │      None of the above                             9,999,999  9,999,999   999%     │
  │                                                                                   │
  │                                                                                   │
  │  TYPE CASE: 999-999 – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     -----Children-----         │
  │  -------------------------------------------------- Total      Total  Percent      │
  │                                                     ---------  ---------  ------    │
  │  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%     │
  │  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%     │
  │  AU Members Expired                                9,999,999  9,999,999   999%     │
  │                                                                                   │
  │  AU Members Closed:                                9,999,999  9,999,999   999%     │
  │      04 – EMP/INC EARNING                          9,999,999  9,999,999   999%     │
  │      09 – INSUR/AVAILABLE                          9,999,999  9,999,999   999%     │
  │      74 – FAILED TO SUBMT                          9,999,999  9,999,999   999%     │
  │      75 – FLD TO RETN VER                          9,999,999  9,999,999   999%     │
  │      94 – CANNOT LOCATED                           9,999,999  9,999,999   999%     │
  │      95 – INC IN OTH CERT                          9,999,999  9,999,999   999%     │
  │      96 – OTHER                                    9,999,999  9,999,999   999%     │
  │      None of the above                             9,999,999  9,999,999   999%     │
  │                                                                                   │
  │                                                                                   │
  │  TOTALS FOR STATE                                       -----Children-----         │
  │  ----------------                                   Total      Total  Percent      │
  │                                                     ---------  ---------  ------    │
  │  AU Members Re-Enrolled for 12 months              9,999,999  9,999,999   999%     │
  │  AU Members Re-Enrolled for less than 12 months    9,999,999  9,999,999   999%     │
  │  AU Members Expired                                9,999,999  9,999,999   999%     │
  │                                                                                   │
  │  AU Members Closed:                                9,999,999  9,999,999   999%     │
  │      04 – EMP/INC EARNING                          9,999,999  9,999,999   999%     │
  │      09 – INSUR/AVAILABLE                          9,999,999  9,999,999   999%     │
  │      74 – FAILED TO SUBMT                          9,999,999  9,999,999   999%     │
  │      75 – FLD TO RETN VER                          9,999,999  9,999,999   999%     │
  │      94 – CANNOT LOCATED                           9,999,999  9,999,999   999%     │
  │      95 – INC IN OTH CERT                          9,999,999  9,999,999   999%     │
  │      96 – OTHER                                    9,999,999  9,999,999   999%     │
  │      None of the above                             9,999,999  9,999,999   999%     │
  └─────────────────────────────────────────────────────────────────────────────────┘
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Last Edited 2011-12-21
ID-Reports-READ-ONLY.doc Rev#: 12

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┌─────────────────────────────────────────────────────────────────────────────┐
│                                                                               │
│                         *** End of Report ***                                 │
│                                                                               │
└─────────────────────────────────────────────────────────────────────────────┘
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Report Layout for SSI Related Re-Enrollment Outcomes (MEM0160R4)

```
         1         2         3         4         5         6         7         8
12345678901234567890123456789012345678901234567890123456789012345678901234567890
┌─────────────────────────────────────────────────────────────────────────────┐
│MERAURR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS      MM/DD/YYYY   │
│Job Name            BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM     │
│Job Number     MEM0160R4 – SSI RELATED RE-ENROLLMENT OUTCOMES      Page: 0001   │
│                         MONTH OF MM/YYYY                                       │
│                                                                               │
│REGION: R0004 – LAFAYETTE REGION                                               │
│                                                                               │
│PARISH: P0001 - ACADIA PARISH                                                  │
│                                                                               │
│  HCBS Related Type Cases                             -----Children-----       │
│  ---------------------                       Total      Total   Percent        │
│                                            ---------  --------- -------         │
│  AU Members Re-Enrolled for 12 months      9,999,999  9,999,999   999%         │
│  AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999 999%       │
│  AU Members Expired                        9,999,999  9,999,999   999%         │
│                                                                               │
│  AU Members Closed:                        9,999,999  9,999,999   999%         │
│       04 – EMP/INC EARNING                 9,999,999  9,999,999   999%         │
│       09 – INSUR/AVAILABLE                 9,999,999  9,999,999   999%         │
│       74 – FAILED TO SUBMT                 9,999,999  9,999,999   999%         │
│       75 – FLD TO RETN VER                 9,999,999  9,999,999   999%         │
│       94 – CANNOT LOCATED                  9,999,999  9,999,999   999%         │
│       95 – INC IN OTH CERT                 9,999,999  9,999,999   999%         │
│       96 – OTHER                           9,999,999  9,999,999   999%         │
│       None of the above                    9,999,999  9,999,999   999%         │
│                                                                               │
│                                                                               │
│  LTC Related Type Cases                              -----Children-----       │
│  ---------------------                       Total      Total   Percent        │
│                                            ---------  --------- -------         │
│  AU Members Re-Enrolled for 12 months      9,999,999  9,999,999   999%         │
│  AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999 999%       │
│  AU Members Expired                        9,999,999  9,999,999   999%         │
│                                                                               │
│  AU Members Closed:                        9,999,999  9,999,999   999%         │
│       04 – EMP/INC EARNING                 9,999,999  9,999,999   999%         │
│       09 – INSUR/AVAILABLE                 9,999,999  9,999,999   999%         │
│       74 – FAILED TO SUBMT                 9,999,999  9,999,999   999%         │
│       75 – FLD TO RETN VER                 9,999,999  9,999,999   999%         │
│       94 – CANNOT LOCATED                  9,999,999  9,999,999   999%         │
│       95 – INC IN OTH CERT                 9,999,999  9,999,999   999%         │
│       96 – OTHER                           9,999,999  9,999,999   999%         │
│       None of the above                    9,999,999  9,999,999   999%         │
│                                                                               │
│                                                                               │
│  MB Related Type Cases                               -----Children-----       │
│  ---------------------                       Total      Total   Percent        │
│                                            ---------  --------- -------         │
│  AU Members Re-Enrolled for 12 months      9,999,999  9,999,999   999%         │
│  AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999 999%       │
│  AU Members Expired                        9,999,999  9,999,999   999%         │
└─────────────────────────────────────────────────────────────────────────────┘
```

```
AU Members Closed:                          9,999,999   9,999,999   999%
      04 - EMP/INC EARNING                  9,999,999   9,999,999   999%
      09 - INSUR/AVAILABLE                  9,999,999   9,999,999   999%
      74 - FAILED TO SUBMT                  9,999,999   9,999,999   999%
      75 - FLD TO RETN VER                  9,999,999   9,999,999   999%
      94 - CANNOT LOCATED                   9,999,999   9,999,999   999%
      95 - INC IN OTH CERT                  9,999,999   9,999,999   999%
      96 - OTHER                            9,999,999   9,999,999   999%
      None of the above                    9,999,999   9,999,999   999%
```

Last Edited 2011-12-21
ID-Reports-READ-ONLY.doc Rev#: 12

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    ┌─────────────────────────────────────────────────────────────────────────────┐
    │ MERAURR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS       MM/DD/YYYY │
    │ Job Name              BUREAU OF HEALTH SERVICES FINANCING           HH:MM AM   │
    │ Job Number      MEM0160R4 – SSI RELATED RE-ENROLLMENT OUTCOMES      Page: 0002 │
    │                          MONTH OF MM/YYYY                                      │
    │                                                                               │
    │ REGION: R0004 – LAFAYETTE REGION                                              │
    │                                                                               │
    │ PARISH: P0001 - ACADIA PARISH                                                 │
    │                                                                               │
    │   SSI Related Type Cases                              -----Children-----      │
    │   ---------------------                          Total      Total  Percent     │
    │                                                 ---------  --------- -------    │
    │   AU Members Re-Enrolled for 12 months          9,999,999  9,999,999   999%    │
    │   AU Members Re-Enrolled for less than 12 months 9,999,999  9,999,999  999%    │
    │   AU Members Expired                            9,999,999  9,999,999   999%     │
    │                                                                               │
    │   AU Members Closed:                            9,999,999  9,999,999   999%     │
    │       04 – EMP/INC EARNING                      9,999,999  9,999,999   999%     │
    │       09 – INSUR/AVAILABLE                      9,999,999  9,999,999   999%     │
    │       74 – FAILED TO SUBMT                      9,999,999  9,999,999   999%     │
    │       75 – FLD TO RETN VER                      9,999,999  9,999,999   999%     │
    │       94 – CANNOT LOCATED                       9,999,999  9,999,999   999%     │
    │       95 – INC IN OTH CERT                      9,999,999  9,999,999   999%     │
    │       96 – OTHER                                9,999,999  9,999,999   999%     │
    │       None of the above                         9,999,999  9,999,999   999%     │
    │                                                                               │
    │                                                                               │
    │   TOTALS FOR PARISH: P0001 – ACADIA PARISH            -----Children-----      │
    │   --------------------------------------          Total      Total  Percent    │
    │                                                 ---------  --------- -------    │
    │   AU Members Re-Enrolled for 12 months          9,999,999  9,999,999   999%    │
    │   AU Members Re-Enrolled for less than 12 months 9,999,999  9,999,999  999%    │
    │   AU Members Expired                            9,999,999  9,999,999   999%     │
    │                                                                               │
    │   AU Members Closed:                            9,999,999  9,999,999   999%     │
    │       04 – EMP/INC EARNING                      9,999,999  9,999,999   999%     │
    │       09 – INSUR/AVAILABLE                      9,999,999  9,999,999   999%     │
    │       74 – FAILED TO SUBMT                      9,999,999  9,999,999   999%     │
    │       75 – FLD TO RETN VER                      9,999,999  9,999,999   999%     │
    │       94 – CANNOT LOCATED                       9,999,999  9,999,999   999%     │
    │       95 – INC IN OTH CERT                      9,999,999  9,999,999   999%     │
    │       96 – OTHER                                9,999,999  9,999,999   999%     │
    │       None of the above                         9,999,999  9,999,999   999%     │
    │                                                                               │
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 ┌──────────────────────────────────────────────────────────────────────────────┐
 │ MERAURR         LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY │
 │ Job Name             BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM   │
 │ Job Number      MEM0160R4 – SSI RELATED RE-ENROLLMENT OUTCOMES      Page: 0003 │
 │                           MONTH OF MM/YYYY                                     │
 │                                                                               │
 │ REGION: R0004 – LAFAYETTE REGION                                              │
 │                                                                               │
 │                                                                               │
 │   HCBS Related Type Cases                               -----Children-----    │
 │   ----------------------                         Total      Total  Percent    │
 │                                                ---------  --------- -------    │
 │   AU Members Re-Enrolled for 12 months         9,999,999  9,999,999   999%    │
 │   AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999  999%    │
 │   AU Members Expired                           9,999,999  9,999,999   999%    │
 │                                                                               │
 │   AU Members Closed:                           9,999,999  9,999,999   999%    │
 │        04 – EMP/INC EARNING                    9,999,999  9,999,999   999%    │
 │        09 – INSUR/AVAILABLE                    9,999,999  9,999,999   999%    │
 │        74 – FAILED TO SUBMT                    9,999,999  9,999,999   999%    │
 │        75 – FLD TO RETN VER                    9,999,999  9,999,999   999%    │
 │        94 – CANNOT LOCATED                     9,999,999  9,999,999   999%    │
 │        95 – INC IN OTH CERT                    9,999,999  9,999,999   999%    │
 │        96 – OTHER                              9,999,999  9,999,999   999%    │
 │        None of the above                       9,999,999  9,999,999   999%    │
 │                                                                               │
 │                                                                               │
 │   LTC Related Type Cases                               -----Children-----     │
 │   --------------------                           Total      Total  Percent    │
 │                                                ---------  --------- -------    │
 │   AU Members Re-Enrolled for 12 months         9,999,999  9,999,999   999%    │
 │   AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999  999%    │
 │   AU Members Expired                           9,999,999  9,999,999   999%    │
 │                                                                               │
 │   AU Members Closed:                           9,999,999  9,999,999   999%    │
 │        04 – EMP/INC EARNING                    9,999,999  9,999,999   999%    │
 │        09 – INSUR/AVAILABLE                    9,999,999  9,999,999   999%    │
 │        74 – FAILED TO SUBMT                    9,999,999  9,999,999   999%    │
 │        75 – FLD TO RETN VER                    9,999,999  9,999,999   999%    │
 │        94 – CANNOT LOCATED                     9,999,999  9,999,999   999%    │
 │        95 – INC IN OTH CERT                    9,999,999  9,999,999   999%    │
 │        96 – OTHER                              9,999,999  9,999,999   999%    │
 │        None of the above                       9,999,999  9,999,999   999%    │
 │                                                                               │
 │                                                                               │
 │   MB Related Type Cases                                -----Children-----     │
 │   --------------------                           Total      Total  Percent    │
 │                                                ---------  --------- -------    │
 │   AU Members Re-Enrolled for 12 months         9,999,999  9,999,999   999%    │
 │   AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999  999%    │
 │   AU Members Expired                           9,999,999  9,999,999   999%    │
 │                                                                               │
 │   AU Members Closed:                           9,999,999  9,999,999   999%    │
 │        04 – EMP/INC EARNING                    9,999,999  9,999,999   999%    │
 │        09 – INSUR/AVAILABLE                    9,999,999  9,999,999   999%    │
 │        74 – FAILED TO SUBMT                    9,999,999  9,999,999   999%    │
 │        75 – FLD TO RETN VER                    9,999,999  9,999,999   999%    │
 │        94 – CANNOT LOCATED                     9,999,999  9,999,999   999%    │
 │        95 – INC IN OTH CERT                    9,999,999  9,999,999   999%    │
 │        96 – OTHER                              9,999,999  9,999,999   999%    │
 │        None of the above                       9,999,999  9,999,999   999%    │
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                              For DHH   ID-Reports-READ-ONLY.doc Rev#: 12

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 ┌────────────────────────────────────────────────────────────────────────────────┐
 │ MERAURR        LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS       MM/DD/YYYY     │
 │ Job Name          BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM        │
 │ Job Number     MEM0160R4 – SSI RELATED RE-ENROLLMENT OUTCOMES     Page: 0004     │
 │                         MONTH OF MM/YYYY                                         │
 │                                                                                  │
 │ REGION: R0004 – LAFAYETTE REGION                                                 │
 │                                                                                  │
 │                                                                                  │
 │   SSI Related Type Cases                             -----Children-----          │
 │   ---------------------                       Total      Total  Percent          │
 │                                            ---------  ---------  -------          │
 │   AU Members Re-Enrolled for 12 months     9,999,999  9,999,999    999%          │
 │   AU Members Re-Enrolled for less than 12 months 9,999,999  9,999,999  999%      │
 │   AU Members Expired                       9,999,999  9,999,999    999%          │
 │                                                                                  │
 │   AU Members Closed:                       9,999,999  9,999,999    999%          │
 │       04 – EMP/INC EARNING                 9,999,999  9,999,999    999%          │
 │       09 – INSUR/AVAILABLE                 9,999,999  9,999,999    999%          │
 │       74 – FAILED TO SUBMT                 9,999,999  9,999,999    999%          │
 │       75 – FLD TO RETN VER                 9,999,999  9,999,999    999%          │
 │       94 – CANNOT LOCATED                  9,999,999  9,999,999    999%          │
 │       95 – INC IN OTH CERT                 9,999,999  9,999,999    999%          │
 │       96 – OTHER                           9,999,999  9,999,999    999%          │
 │       None of the above                    9,999,999  9,999,999    999%          │
 │                                                                                  │
 │                                                                                  │
 │   TOTALS FOR REGION                                  -----Children-----          │
 │   -----------------                           Total      Total  Percent          │
 │                                            ---------  ---------  -------          │
 │   AU Members Re-Enrolled for 12 months     9,999,999  9,999,999    999%          │
 │   AU Members Re-Enrolled for less than 12 months 9,999,999  9,999,999  999%      │
 │   AU Members Expired                       9,999,999  9,999,999    999%          │
 │                                                                                  │
 │   AU Members Closed:                       9,999,999  9,999,999    999%          │
 │       04 – EMP/INC EARNING                 9,999,999  9,999,999    999%          │
 │       09 – INSUR/AVAILABLE                 9,999,999  9,999,999    999%          │
 │       74 – FAILED TO SUBMT                 9,999,999  9,999,999    999%          │
 │       75 – FLD TO RETN VER                 9,999,999  9,999,999    999%          │
 │       94 – CANNOT LOCATED                  9,999,999  9,999,999    999%          │
 │       95 – INC IN OTH CERT                 9,999,999  9,999,999    999%          │
 │       96 – OTHER                           9,999,999  9,999,999    999%          │
 │       None of the above                    9,999,999  9,999,999    999%          │
 │                                                                                  │
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MERAURR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name             BUREAU OF HEALTH SERVICES FINANCING             HH:MM AM
Job Number     MEM0160R4 – SSI RELATED RE-ENROLLMENT OUTCOMES        Page: 0005
                        MONTH OF MM/YYYY


STATE


  HCBS Related Type Cases                                -----Children-----
  ----------------------                      Total         Total  Percent
                                            ---------     --------- -------
  AU Members Re-Enrolled for 12 months      9,999,999     9,999,999   999%
  AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999  999%
  AU Members Expired                        9,999,999     9,999,999   999%

  AU Members Closed:                        9,999,999     9,999,999   999%
       04 – EMP/INC EARNING                 9,999,999     9,999,999   999%
       09 – INSUR/AVAILABLE                 9,999,999     9,999,999   999%
       74 – FAILED TO SUBMT                 9,999,999     9,999,999   999%
       75 – FLD TO RETN VER                 9,999,999     9,999,999   999%
       94 – CANNOT LOCATED                  9,999,999     9,999,999   999%
       95 – INC IN OTH CERT                 9,999,999     9,999,999   999%
       96 – OTHER                           9,999,999     9,999,999   999%
       None of the above                    9,999,999     9,999,999   999%


  LTC Related Type Cases                                 -----Children-----
  ---------------------                       Total         Total  Percent
                                            ---------     --------- -------
  AU Members Re-Enrolled for 12 months      9,999,999     9,999,999   999%
  AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999  999%
  AU Members Expired                        9,999,999     9,999,999   999%

  AU Members Closed:                        9,999,999     9,999,999   999%
       04 – EMP/INC EARNING                 9,999,999     9,999,999   999%
       09 – INSUR/AVAILABLE                 9,999,999     9,999,999   999%
       74 – FAILED TO SUBMT                 9,999,999     9,999,999   999%
       75 – FLD TO RETN VER                 9,999,999     9,999,999   999%
       94 – CANNOT LOCATED                  9,999,999     9,999,999   999%
       95 – INC IN OTH CERT                 9,999,999     9,999,999   999%
       96 – OTHER                           9,999,999     9,999,999   999%
       None of the above                    9,999,999     9,999,999   999%


  MB Related Type Cases                                  -----Children-----
  --------------------                        Total         Total  Percent
                                            ---------     --------- -------
  AU Members Re-Enrolled for 12 months      9,999,999     9,999,999   999%
  AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999  999%
  AU Members Expired                        9,999,999     9,999,999   999%

  AU Members Closed:                        9,999,999     9,999,999   999%
       04 – EMP/INC EARNING                 9,999,999     9,999,999   999%
       09 – INSUR/AVAILABLE                 9,999,999     9,999,999   999%
       74 – FAILED TO SUBMT                 9,999,999     9,999,999   999%
       75 – FLD TO RETN VER                 9,999,999     9,999,999   999%
       94 – CANNOT LOCATED                  9,999,999     9,999,999   999%
       95 – INC IN OTH CERT                 9,999,999     9,999,999   999%
       96 – OTHER                           9,999,999     9,999,999   999%
       None of the above                    9,999,999     9,999,999   999%
```

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             1         2         3         4         5         6         7         8
    12345678901234567890123456789012345678901234567890123456789012345678901234567890
    ┌──────────────────────────────────────────────────────────────────────────────┐
    │ MERAURR          LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY │
    │ Job Name              BUREAU OF HEALTH SERVICES FINANCING            HH:MM AM   │
    │ Job Number     MEM0160R4 – SSI RELATED RE-ENROLLMENT OUTCOMES       Page: 0006 │
    │                          MONTH OF MM/YYYY                                      │
    │                                                                                │
    │                                                                                │
    │ STATE                                                                          │
    │                                                                                │
    │                                                                                │
    │  SSI Related Type Cases                           -----Children-----           │
    │  ---------------------                     Total      Total  Percent           │
    │                                          ---------  --------- -------           │
    │  AU Members Re-Enrolled for 12 months    9,999,999  9,999,999   999%           │
    │  AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999 999%        │
    │  AU Members Expired                      9,999,999  9,999,999   999%           │
    │                                                                                │
    │  AU Members Closed:                      9,999,999  9,999,999   999%           │
    │      04 – EMP/INC EARNING                9,999,999  9,999,999   999%           │
    │      09 – INSUR/AVAILABLE                9,999,999  9,999,999   999%           │
    │      74 – FAILED TO SUBMT                9,999,999  9,999,999   999%           │
    │      75 – FLD TO RETN VER                9,999,999  9,999,999   999%           │
    │      94 – CANNOT LOCATED                 9,999,999  9,999,999   999%           │
    │      95 – INC IN OTH CERT                9,999,999  9,999,999   999%           │
    │      96 – OTHER                          9,999,999  9,999,999   999%           │
    │      None of the above                   9,999,999  9,999,999   999%           │
    │                                                                                │
    │                                                                                │
    │  TOTALS FOR STATE                                 -----Children-----           │
    │  ----------------                          Total      Total  Percent           │
    │                                          ---------  --------- -------           │
    │  AU Members Re-Enrolled for 12 months    9,999,999  9,999,999   999%           │
    │  AU Members Re-Enrolled for less than 12 months 9,999,999 9,999,999 999%        │
    │  AU Members Expired                      9,999,999  9,999,999   999%           │
    │                                                                                │
    │  AU Members Closed:                      9,999,999  9,999,999   999%           │
    │      04 – EMP/INC EARNING                9,999,999  9,999,999   999%           │
    │      09 – INSUR/AVAILABLE                9,999,999  9,999,999   999%           │
    │      74 – FAILED TO SUBMT                9,999,999  9,999,999   999%           │
    │      75 – FLD TO RETN VER                9,999,999  9,999,999   999%           │
    │      94 – CANNOT LOCATED                 9,999,999  9,999,999   999%           │
    │      95 – INC IN OTH CERT                9,999,999  9,999,999   999%           │
    │      96 – OTHER                          9,999,999  9,999,999   999%           │
    │      None of the above                   9,999,999  9,999,999   999%           │
    │                                                                                │
    │                                                                                │
    │                    *** End of Report ***                                       │
    │                                                                                │
    └──────────────────────────────────────────────────────────────────────────────┘
```

Processing :

Read the sorted workfile which was created by the extract program MERAURR.

At start of read of workfile
 Perform Set-up-form
 Perform subroutine New-Report
  Perform subroutine Get-Region-Description
 Perform subroutine Get-Parish-Description
 Perform subroutine Get-Type-Case-Description

For each Workfile record
 Accumulate Category/Case Type summary totals:

 Evaluate #Re-enroll-indic
 Case '1'   {'Re-enrolled for 12 months'}
    Add 1   to #Re-enroll-12-mths-counter
    If #Child-indic = '1'   {Child}
       Add 1 to #Re-enrolled-12-mths-child-cnt

 Case '2'   {'Re-enrolled for less than 12 months'}
    Add 1   to #Re-enroll-less-12-mths-counter
    If #Child-indic = '1'   {Child}
       Add 1 to #Re-enrolled-less-12-mths-child-cnt

 Case '3'   {'Expired'}
    Add 1   to #Expired-counter
    If #Child-indic = '1'   {Child}
       Add 1 to #Expired-child-cnt

 Case '4'   {'Closed'}
    Add 1   to #Closed-counter
    If #Child-indic = '1'   {Child}
       Add 1 to #Closed-child-cnt

Evaluate #Closed-code
    Case #Increase-incm   {04 - Increased income}
        Add 1 to #Closed-04-cnt
        If #Child-indic = '1'
            Add 1 to #Closed-04-child-cnt
    Case #obtn-hlth-insur   {09 -Obtained health insurance}
        Add 1 to #Closed-09-cnt
        If #Child-indic = '1' {Child}
            Add 1 to #Closed-09-child-cnt
    Case #fail-to-submt-fm   {74 -Failed to submit re-enrollment forms}
        Add 1 to #Closed-74-cnt
        If #Child-indic = '1' {Child}
            Add 1 to #Closed-74-child-cnt
    Case #fail-to-retn-ver   {75 – Failed to return verifications}
        Add 1 to #Closed-75-cnt
        If #Child-indic = '1' {Child}
            Add 1 to #Closed-75-child-cnt
    Case #unable-to-locate   {94 -Unable to locate}
        Add 1 to #Closed-94-cnt
        If #Child-indic = '1' {Child}
            Add 1 to #Closed-94-child-cnt
    Case #inc-in-other-cert   {95 - Included in another case}
        Add 1 to #Closed-95-cnt
        If #Child-indic = '1' {Child}
            Add 1 to #Closed-95-child-cnt
    Case #other-closure   {96 - Other}
        Add 1 to #Closed-96-cnt
        If #Child-indic = '1' {Child}
            Add 1 to #Closed-96-child-cnt
    Other   {None of the above}
        Add 1 to #others-counter
        If #Child-indic = '1' {Child}
            Add 1 to #Closed-others-child-cnt
    End-evaluate
End-evaluate

At break in Category/Type Case   {Type Case}

> *Calculate Child percentages*
> *Write the report summary totals for Category/Type Case or Type Case Group;*
> > *Write form MERAURF1*
>
> *Accumulate Location summary totals*
> *Refresh Type Case totals*
> *For the next Type Case, Perform subroutine Get-Type-Case-Description*

At break in Parish id   {Parish Location}

> *Calculate Child percentages*
> *Write the report summary totals for Location Type/Id {Write form MERAURF1}*
> *Refresh Location totals*
> *For the next Locaton, Perform subroutine Get-Parish-Description*

At break in Region id   {Region Location}

> *For the next Region, Perform subroutine Get-Region-Description*

At break of #Report-type   {State}

> *If records were written to the report*
> > *Write '*** End of Report ***'*
>
> *Else*
> > *Write '*** No records found ***'*
>
> *For the next report, Perform subroutine New-Report*

Subroutine Set-up-form
Call the object subprogram to get the Closure Code descriptions (Short descriptions}
Move the descriptions to the Form {MERAURF1}

Subroutine New-Report

> *Evaluate #Report-type*
> > *Case '1'   {'LaCHIP'}*
> > > *Write the heading line for MEM0160R1*
> >
> > *Case '2'   {'CHAMP'}*
> > > *Write the heading line for MEM0160R2*
> >
> > *Case '3'   {'Child Related'}*
> > > *Write the heading line for MEM0160R3*
> >
> > *Case '4'   {'SSI Related'}*
> > > *Write the heading line for MEM0160R4*
>
> *End-evaluate*

Subroutine Get-Region-Description
If Workfile.Linked-Region is '9999'   *{State totals by Category and Type Case}*
        Move 'State' to Region Description
Else
        Call the object subprogram to get the Region description from the Location File

Subroutine Get-Parish-Description
If Workfile.Location is '9999'   *{Region totals by Category and Type Case}*
        Reset Location Description
Else
        Call the object subprogram to get the Parish description from the Location File

Subroutine Get-Type-Case-Description
If Workfile category = 'HCB', 'LTC', 'MB' or 'SSI'
        Set up type case descriptionon the report to be the Type Case Group description
Else
        Call the object subprogram to get the type case description from the type case File

LaCHIP Customer Satisfaction Survey and Label Extract (MERCSSR)

Description

This program extracts data that will be used to generate the two LaCHIP Customer Satisfaction Survey reports and corresponding labels.

All the LaCHIP (Type Case 007) Certifications and Rejections that were captured for the processing month are extracted. The program will be run monthly.

The reports and labels produced from the extract file are:

MEM0180R1 – LaCHIP Certifications Customer Satisfaction Survey
MEM0180R2 – LaCHIP Rejections Customer Satisfaction Survey
MEM0180R3 – LaCHIP Certifications Name and Address Labels
MEM0180R4 – LaCHIP Rejections Name and Address Labels

Workfile layout :
#Report-type(A1)
Case.location type (A4)
Case.location ID (N4)
Case-num (N13)
Person.last-name (A25)
Person.first-name (A20)
Person.middle-init (A1)
Person.suffix (A3)
Person.Addr(A35/3)
Person.City(A20)
Person.State-code(A2)
Person.Zip-code(N5)
Person.Ex-zip-code(N4)
Person.Phone-num(N10)
Person.SSN(N9)
CPTC.Start-date(N8)
AppTypeCase.Reject-code(N3)
AppTypeCase.Reject-date(N8)

Constants:
#Report-type (A1);
1 – LaCHIP Certifications
2 – LaCHIP Rejections

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Processing :

Retrieve input process date from the NATURAL user parmlib

Calculate process date and extract dates as follows:
        Calculate process month/year =
                        previous process month/year (i.e. YYYYMM – 1)
        Set #Start-date = 1st day of the new process month and year
        Set #End-date = 31st day of the new process month and year

{Note; this report should run in the month subsequent to the processing month.}

Extract data into work file:

For Certifications

   Retrieve all active certifications that have their Start date in the processing date range (#Start-date and #End-date).

      Read Cert Period Type Case File using Category/Type Case/Approval Code where
              Type Case = 007   {#CHIP}

          Accept if (cptc start date >= #Start-date and <= #End-date)

          Set up Workfile.#Report-type = 1   {Certifications}
          Set up Workfile.Case-num
          Set up Workfile. CPTC.Start-date

          Perform Subroutine Set-Up-Workfile-Record
      End-read (CPTC)

   For Rejections

Retrieve all Rejections with Reject date in the processing date range (#Start-date and #End-date).

Read Application Type Case File
using Reject Date / Reject Code / Case Num / Category / Type Case
   Starting from rejection-date = #Start-date through #End-date

   Accept if Type Case = 007   {#CHIP}

   Set up Workfile.#Report-type = 2   {Rejections}
   Set up Workfile.AppTypeCase.Reject-code
   Set up Workfile.AppTypeCase.Reject-date
   Set up Workfile.Case-num

   Perform Subroutine Set-Up-Workfile-Record
End-read (Application Type Case File)

Sort *the Work File by #Report-type, location type, location ID, Case number, Last Name, First Name.*

Execute the program MERCSSR1 to produce the Customer Satisfaction Survey reports and labels

Subroutines:

Subroutine Set-Up-Workfile-Record

Call the Case File object subprogram using Case Number, to get the worker location id and location type where the case is assigned to.

>Set up Workfile.Case.location type
>Set up Workfile.Case.location ID

If Workfile.#Report-type = 1 {Certifications}

>Call the object subprogram, using CPTC.Case Number and CPTC.Cert-Period Number, to determine the client's person number from the Certification Period File (Cert-Period.Client-num = Person.Person-num)

If Workfile.#Report-type = 2 {Rejections}

>Call the object subprogram, using ApplTypeCase.Case Number and ApplTypeCase.Appl number, to determine the probable client's person number from the Application File (Application.Prob-client-1 = Person.Person-num)

Call the object subprogram to get the client's name, SSN, address, ZIP, phone number from the Person File
If Person.Addr is empty

>Log an error and processes next Rejection or Certification (escape routine)

Else

>Set up Workfile.Person.last-name
>Set up Workfile.Person.first-name
>Set up Workfile.Person.middle-init
>Set up Workfile.Person.suffix
>Set up Workfile.Person.Addr
>Set up Workfile.Person.City
>Set up Workfile.Person.State-code
>Set up Workfile.Person.Zip-code
>Set up Workfile.Person.Ex-zip-code
>Set up Workfile.Person.Phone-num
>Set up Workfile.Person.SSN

Write record to the workfile

LaCHIP Customer Satisfaction Survey and Labels (MERCSSR1)

Description

This program processes the workfile created by the Customer Satisfaction Survey and Label Extract program (MERCSSR). It will be run monthly and will generate two reports and the mailing labels for each report entry. The reports and labels are sorted by Worker Location and Case Number with page breaks on Worker Location.

The two survey reports list all the LaCHIP (Type Case 007) Certifications and Rejections that were captured for the processing month. The first report (MEM0180R1) is the LaCHIP Certifications Customer Satisfaction Survey. For each of the cases with a Certification that opened in the processing month, case and address information is listed. A State Total is provided at the end of the report.

The second report (MEM0180R2) is the LaCHIP Rejections Customer Satisfaction Survey. For each of the cases rejected in the processing month, case and address information is listed. A State Total is provided at the end of the report.

The third and forth reports provide the mailing labels for all entries on the LaCHIP Certifications Customer Satisfaction Survey and the LaCHIP Rejections Customer Satisfaction Survey respectively. One label is created for each entry. Each label will have the case name and address. The labels will be printed in the sequence of the corresponding Customer Satisfaction Survey reports.

Report Layout for LaCHIP Certifications Customer Satisfaction Survey (MEM0180R1) :

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123
 MERCSSR1 – MEM0180R1               LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                        MM/DD/YYYY
 Job Name                               BUREAU OF HEALTH SERVICES FINANCING                            HH:MM AM
 Job Num                            LaCHIP CERTIFICATIONS CUST SATISFACTION SURVEY                     Page: 0001
                                               MONTH OF MM/YYYY

 LOCATION: P0001 – ARCADIA PARISH

 Case Name                      Case Number   Address                             Phone No.      SSN          Start Date
 ------------------------------ ------------- ----------------------------------- -------------  -----------  ----------
 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx 9999999999999 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (999)999-9999  999-99-9999  MM/DD/YYYY
                                              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
                                              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
                                              xxxxxxxxxxxxxxxxxxxx
                                              xx 99999-9999

 Doe, Jack F SR                 9999999999999 307 Millicent Drive                 (225)123-4567  999-99-9999  08/23/2000
                                              Apt 21345, ARCADIA
                                              LA 70245-1002

 Doe, Jane S.                   9999999999999 5302 Jefferson Rd                   (225)765-4321  999-99-9999  08/29/2000
                                              ARCADIA, LA 70224-4321


                                              STATE TOTAL: Z,ZZZ,ZZ9


                                              *** End of Report ***
```

Report Layout for LaCHIP Rejections Customer Satisfaction Survey (MEM0180R2):

```
          1         2         3         4         5         6         7         8         9         0         1         2         3
 12345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012
 MERCSSR1 – MEM0180R2                   LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS                          MM/DD/YYYY
 Job Name                                 BUREAU OF HEALTH SERVICES FINANCING                                HH:MM AM
 Job Num                               LaCHIP REJECTIONS CUSTOMER SATISFACTION SURVEY                        Page: 0001
                                                MONTH OF MM/YYYY

 LOCATION: P0001 – ARCADIA PARISH

 Case Name                     Case Number   Address                              Phone No.     SSN           Reject Info
 ----------------------------  ------------  -----------------------------------  -------------  -----------   ---------------
 xxxxxxxxxxxxxxxxxxxxxxxxxxxxx 9999999999999 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx (999)999-9999 999-99-9999   999  MM/DD/YYYY
                                             xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx                             xxxxxxxxxxxxxxx
                                             xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
                                             xxxxxxxxxxxxxxxxxxxxx
                                             xx 99999-9999

 Smith, John T SR              9999999999999 307 Minder Rd, ARCADIA               (225)111-2222 999-99-9999   002 08/26/2000
                                             LA 70246-1005                                                    No proof of age

 Smith, Tony S III             9999999999999 5302 Jefferson Rd, ARCADIA           (225)222-1111 999-99-9999   001 08/29/2000
                                             LA 70254-1009                                                    Incap/diabled


                                                STATE TOTAL: Z,ZZZ,ZZ9


                                                *** End of Report ***
```

Layout for LaCHIP Certifications Customer Satisfaction Survey Labels (MEM0180R3):

```
          1         2         3         4         5         6         7         8         9         0         1         2         3         4
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234
 MERCSSR1 - MEM0180R3
 Job Name
 Job Number


 CASE NAME                      CASE NAME                      CASE NAME                      CASE NAME
 ADDR1                          ADDR1                          ADDR1                          ADDR1
 ADDR2                          ADDR2                          ADDR2                          ADDR2
 ADDR3                          ADDR3                          ADDR3                          ADDR3
 CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP


 Jack F. Doe                    Jane S. Doe                    Mary Smith                     Peter Smith
 307 Millicent Drive            5302 Jefferson Rd              62 Arlington Heights           Bryn Mawr
 Apt 21345                      Arcadia, LA 70224-3211         APT 309                        123 Florida Blvd.
 Arcadia, LA 70845-4354                                        Arcadia, LA 70844-4467         Cnr Marty landing
                                                                                              Arcadia, LA 73844-3211

 CASE NAME                      CASE NAME                      CASE NAME                      CASE NAME
 ADDR1                          ADDR1                          ADDR1                          ADDR1
 ADDR2                          ADDR2                          ADDR2                          ADDR2
 ADDR3                          ADDR3                          ADDR3                          ADDR3
 CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP


 CASE NAME                      CASE NAME                      CASE NAME                      CASE NAME
 ADDR1                          ADDR1                          ADDR1                          ADDR1
 ADDR2                          ADDR2                          ADDR2                          ADDR2
 ADDR3                          ADDR3                          ADDR3                          ADDR3
 CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP
         :
         :
         :
```

Layout for LaCHIP Rejections Customer Satisfaction Survey Labels (MEM0180R4):

```
          1         2         3         4         5         6         7         8         9         0         1         2         3         4
 123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234
 MERCSSR1 - MEM0180R4
 Job Name
 Job Number


 CASE NAME                      CASE NAME                      CASE NAME                      CASE NAME
 ADDR1                          ADDR1                          ADDR1                          ADDR1
 ADDR2                          ADDR2                          ADDR2                          ADDR2
 ADDR3                          ADDR3                          ADDR3                          ADDR3
 CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP


 Jack F. Doe                    Jane S. Doe                    Mary Smith                     Peter Smith
 307 Millicent Drive            5302 Jefferson Rd              62 Arlington Heights           Bryn Mawr
 Apt 21345                      Arcadia, LA 70224-3211         APT 309                        123 Florida Blvd.
 Arcadia, LA 70845-4354                                        Arcadia, LA 70844-4467         Cnr Marty landing
                                                                                              Arcadia, LA 73844-3211

 CASE NAME                      CASE NAME                      CASE NAME                      CASE NAME
 ADDR1                          ADDR1                          ADDR1                          ADDR1
 ADDR2                          ADDR2                          ADDR2                          ADDR2
 ADDR3                          ADDR3                          ADDR3                          ADDR3
 CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP


 CASE NAME                      CASE NAME                      CASE NAME                      CASE NAME
 ADDR1                          ADDR1                          ADDR1                          ADDR1
 ADDR2                          ADDR2                          ADDR2                          ADDR2
 ADDR3                          ADDR3                          ADDR3                          ADDR3
 CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP                CITY, STATE ZIP
         :
         :
         :
```

Workfile layout :

> *#Report-type(A1)*
> *Case.location type (A4)*
> *Case.location ID (N4)*
> *Case-num (N13)*
> *Person.last-name (A25)*
> *Person.first-name (A20)*
> *Person.middle-init (A1)*
> *Person.suffix (A3)*
> *Person.Addr(A35/3)*
> *Person.City(A20)*
> *Person.State-code(A2)*
> *Person.Zip-code(N5)*
> *Person.Ex-zip-code(N4)*
> *Person.Phone-num(N10)*
> *Person.SSN(N9)*
> *CPTC.Start-date(N8)*
> *AppTypeCase.Reject-code(N3)*
> *AppTypeCase.Reject-date(N8)*

Constants:
#Report-type (A1);
> *1 – LaCHIP Certifications*
> *2 – LaCHIP Rejections*

Processing :

Retrieve input process date from the NATURAL user parmlib and subtract 1 month.

Process the Work File:

Read Work File
At start of read of workfile
            Perform subroutine New-Report
            Perform subroutine Get-Location-Description

For each Workfile record
            Evaluate
                        Case #Report-type = 1   {Certifications Report}
                                    Write detail lines for Certifications Report
                                    Accumulate #Total
                        Case #Report-type = 2   {Rejections Report}
                                    Perform Obtain-Reject-Description
                                    Write detail lines for Rejections Report
                                    Accumulate #Total
            End-Evaluate

            Perform Set-up-Label

At break in Workfile.case.Location id/type   {Location}
            Advance to New Page on Report only (not Label Print)
            For the next Location, Perform subroutine Get-Location-Description

At break of #Report-type
            Perform Write-Labels
            Write State Total (#Total)
            Reset #Total
            For the next report, Perform subroutine New-Report

At the end of the Read of the Workfile:
            Perform Write-Labels
            For both reports check
                        If records were written to the report
                                    Write '*** End of Report ***'
                        Else
                                    Write '*** No records found ***'

Subroutines:

Subroutine New-Report
Evaluate #Report-type
        Case '1'   {'LaCHIP Certifications'}
                Set indicator to flag that LaCHIP Certifications exist for this month
        Case '2'   {'LaCHIP Rejections')
                Set indicator to flag that LaCHIP Rejections exist for this month
        Case None

Log Error and read next Workfile record
End-evaluate

Subroutine Get-Location-Description
Call the object subprogram to get the description from the Location File

Subroutine Set-up-Label
Add 1 to #Label-cnt
Format Name and address fields (City, State, Zip in one line)
Move Workfile and formatted fields to #Label-Table(#Label-cnt)
If #Label-cnt = 4
        Perform Write-Labels

Subroutine Write-Labels
If old.#Report-type = 1 and #Label-cnt > 0
        Write labels (#Label-Table 1:4) for LaCHIP Certifications {MEM0180R3}
If old.#Report-type = 2 and #Label-cnt > 0
        Write labels (#Label-Table 1:4) for LaCHIP Rejections {MEM0180R4}
Clear all fields in #Label-Table(1:4)
Reset #Label-cnt

Subroutine Obtain-Reject-Description
Retrieve from internal table or Call the object subprogram to get the Reject code description from
the Reject code file.
Write Reject Codes (retrieved from the object subprogram) to the internal table.

Form 18-LTC for PDC Recipients; extract (MERPDCR)

Description

This program extracts data that will be used to generate Form 18-LTC Supplement for Pinecrest Developmental Center recipients. Form 18-LTC Supplement is to send notice of the change in patient liability due to interest income.

Pinecrest Developmental Center recipients have a Provider Number of 71200 with a Parish of 40. Type case will be 062 or 099.

The program will be run yearly in the month of June.

The reports produced from the extract file are:

> MEA0060R1 – FORM 18-LTC Supplement
>
> MEA0060R2 – FORM 18-LTC Summary information

Workfile layout (A63)
> _Case.location type(A4)_
> _Case.location ID(N4)_
> _Case.Csld-num(N3)_
> _Person.person-num(N13)_
> _Person.SSN(N9)_
> _#Name(A30)_   _{'Last Name, First Name' from Person file}_

Processing :

Retrieve input process date from the NATURAL user parmlib

Extract data into work file:

For Segments
*   Retrieve all Segments for Provider Number 71200*
*   Read Segment File using Provider Num/ Segment Close Date where*
*   Provider Number = #PDC-Provider   {71200}*

*   Reject if Segment Close Date < Process Date*

*   Perform Subroutine Read-Case-for-Parish-40*
*   Read Next Segment if Subroutine returns an error*

*   Perform Subroutine Read-CPTC-for-PDC-Types*
*   Read Next Segment if Subroutine returns an error*

*   Retrieve all AU Members for the specific Segment*
*   Read AU Member file using Case Number/Cert Period Number/ AU Member*
*   Where Case Number = Segment.Case Number*
*   And Cert Period Number = Segment.Cert Period Number*

*   Reject if AU Member Close Date < Process Date*

*   Perform Subroutine Read-Person*

Set up Workfile.location type from Case.location type
Set up Workfile.location id from Case.location ID
Set up Workfile.Csld-num from Case.Csld-num
Set up Workfile.#name from Person.last-name and Person.first-name
Set up Workfile.SSN from Person.SSN

*   Write Workfile Record*

*   End-read (AU-Member)*
*   End-read (Segment)*

Sort *the Work File by location type, location ID, Case load number*

Execute the program MERPDCR1 to produce the 18-LTC Supplement Forms and Summary report.

Subroutines:

Subroutine Read-Case-for-Parish-40
Call the Case File object subprogram to get the worker location id and location type where the case is assigned to

If location id not = #PDC-Parish   {40}
  Return an Error

Subroutine Read-CPTC-for-PDC-Types
Call the CPTC File object subprogram to determine Type Case

If type case not = #PMR   {062 or 099}
  Return an Error

Subroutine Read-Person
Call the Person file object subprogram to get the client's first name, last name and SSN

Form 18-LTC Supplement for PDC Recipients (MERPDCR1)

Description

This program processes the workfile created by the Form 18-LTC Supplement extract program (MERPDCR).

It will be run annually (job MEA0060) and will generate 18-LTC Supplement forms for all Pinecrest Developmental Center recipients.

The forms are printed one per page and are sorted by Case Load Number.

A summary page is printed to provide a total of all the 18-LTC Supplement forms extracted.

Report Layout for Form 18-LTC Supplement (MEA0060R1) :

```
          1         2         3         4         5         6         7         8
 12345678901234567890123456789012345678901234567890123456789012345678901234567890

 MEA0060R1   PINECREST DEVELOPMENTAL CENTER    MM/DD/YYYY

    CHANGE IN PATIENT LIABILITY DUE TO INTEREST INCOME

 FORM 18-LTC SUPPLEMENT                CASELOAD: X 9999 999

   PERSON ID          NAME                     SSN

 9999999999999 SMITH, JOHN                999-99-9999



 JULY, 9999 _____        _____
                                            NAME


 AUGUST, 9999 _____       _____
                                            DATE
```

Report Layout for Form 18-LTC for Pinecrest Developmental Center (MEA0060R2) :

```
          1         2         3         4         5         6         7         8
1234567890123456789012345678901234567890123456789012345678901234567890123456789 0
MERPDCR1       LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS        MM/DD/YYYY
Job Name          BUREAU OF HEALTH SERVICES FINANCING              HH:MM AM
Job Num  MEA0060R2 – FORM 18-LTC FOR PINECREST DEVELOPMENTAL CENTER   Page: 0001


Caseload      Person Num      SSN            Person Name
----------    -------------   -----------    ------------------------------
P 0001 999    9999999999999   999-99-9999    SMITH, JOHN
P 0001 999    9999999999999   999-99-9999    SMITH, JACK
P 0001 999    9999999999999   999-99-9999    SMITH, JO
P 0001 999    9999999999999   999-99-9999    SMITH, JULIA
P 0001 999    9999999999999   999-99-9999    SMITH, JOSEPHINE

               NUMBER OF 18-LTC FORMS EXTRACTED: 9,999,999


                      *** End of Report ***
```

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 Workfile layout (A63)
> *Case.location type(A4)*
> *Case.location ID(N4)*
> *Case.Csld-num(N3)*
> *Person.person-num(N13)*
> *#Name(A30)   {'Last Name, First Name' from Person file}*
> *Person.SSN(N9)*

Processing :

Retrieve input process date from the NATURAL user parmlib
Set up year field on 18-LTC form from Process year

Process the Work File:

Read Work File
> *For each Workfile record*
>> *Write report MEA0060R1 – Form 18-LTC*
>>> *Skip 9 lines on report MEA0060R1*
>>> *Write Form {form MERPDCF1} which is report MEA0060R1*
>>> *and Skip to new page*

>> *Write report MEA0060R2 – List of Pinecrest Developmental Center Recipients*
>>> *Write line on report MEA0060R2*

>> *Accumulate total number of forms written*

End-Read

If records were written
> *Write total number of forms written (report MEA0060R2)*
> *Write '*** End of Report ***'*
If no records were written
> *Write '*** No records found ***' (report MEA0060R2)*

LaChip Eligibilty By Phase (MEM0210)

Requirements

MMIS requires a monthly file to capture LaCHIP eligibility according to Phase. The file is to be created and transmitted to UNISYS (mainframe to mainframe) after each month's cutoff.

The Phase is determined by comparing the family income to the federal poverty level (FPL) for the income unit size for each certification. This information is obtained from the LaCHIP budget. If the income is < or = 133% of the FPL for the income unit size, then the AU Members in that certification fall into Phase 1. If the income is > 133% but < or = 150% of the FPL for the income unit size, then the AU Members in that certification fall into Phase 2.

The file should include all occurrences of LaCHIP eligibility. If an AU Member was certified for LaCHIP, closed or suspended, and subsequently re-certified for LaCHIP, then each separate period of LaCHIP eligibility should be included on the file. The most recent occurrence of eligibility should be first on the file, followed by all other occurrences in descending date order – up to 12 occurrences per individual.

Approach

In order to supply an ordered and cummulative file, a three step approach has been taken.

- Step 1: Extract all LaCHIP eligibility (MERLACZ8)

- Step 2: Sort by Person Number and Eligibility Start Date

- Step 3: Bundle by Person Number (MERLACZ9)

The following sections describe the above MEDS processes.

LaChip Eligibilty By Phase Extract (MERLACZ8)

Description

This program extracts all LaChip eligibility (by Person Number). Each period of eligibility is evaluated to determine its LaCHIP Phase.

Workfile Layout

Record (A30)
   Person Number (N13)
   Eligibility Start Date (N8)
   Eligibility Close Date (N8)
   LaCHIP Phase (A1)

Mainline Processing

Retrieve all LaCHIP (Type Case 007) Certifications:

   Read ME-CPTC by TypeCase/CatCode/ApprovalCode
      where Type Case = 7

      For each ME-CPTC found:
         Perform "Load Budget Table Processing"
         Perform "Sort Budget Table Processing"
         Perform "AU Member Processing"

   End-Histogram

Load Budget Table Processing

Retreive all LaCHIP Budgets for the current ME-CPTC and determine LaCHIP Phase.

   Read ME-BUDGET-WRKSHT-CPTC by Case/Deter/Cert/CPTC
      where Case = ME-CPTC.Case and CertPeriod = ME-CPTC.CertPeriod

   Retrieve Budget (using Budget Object Subprogram)
      using key values from ME-BUDGET-WRKSHT-CPTC

   Reject if Budget is "InEligible" or of a different Category/TypeCase

   Determine "Eligibility" Section of budget

   Determine "Family Size" amount from Line 1 of "Eligibility" Section

Determine "Family Income" amount from Line 3 of "Eligibility" Section

Lookup "133%FPIG" amount using Budget Date and Family Size

Lookup "150%FPIG" amount using Budget Date and Family Size

Determine LaChip Phase:

    If Family Income = 0
        Phase = '1'
    Else
        If Family Income <= "133%FPIG
            Phase = '1'
        Else
            If Phase 2 possible (Start Date >= 10/99)
                If Family Income <= "150%FPIG
                    Phase = '2'
                End-If
            End-If
        End-If
    End-If

    If unable to determine Phase, STOP execution (logic error)

Save Budget Date and Phase in the Budget Table

  End-Read

Sort Budget Processing

Sort the Budget Table (accumulated budgets for the current Cert Period) by Budget Date.

AU Member Processing

Retreive all AU Members for the current Cert Period.

  Read ME-AU-MEMBER by Case/Cert/AUMemberNum
    where Case = ME-CPTC.Case and CertPeriod = ME-CPTC.CertPeriod

  Reject if Closure Code = "Cancel Future Eligibility"

  If Close Date = 0 and Claim Suspend Date > 0
    Set Close Date = Claim Suspend Date
  End-If

  Perform "Build Extract Records"

End-Read

Build Extract Records

Extract Record.PersonNum = AU Member.Person Number
Extract Record.EligibilityStartDate = AU Member.Start Date

Using the Budget Table, identify the budget (n) that started prior to or on the date of the AU
Member Start Date.

If Budget Found
   Extract Record. LaCHIP Phase = Budget Table (n) Phase
Else
   If AU Member Start Date < Start of Phase 2 (10/99)
      Extract Record. LaCHIP Phase = '1'
   Else
      If at least one budget found
         /* Use the 1st budget found (even if it is in the future) – this is because the
         /* AU Member Start Date can be prior to the Budget Date used for
         /* creation of the Eligibility
         Extract Record. LaCHIP Phase = Budget Table (1) Phase
      Else
         Extract Record. LaCHIP Phase = 'X' /* ERROR
      End-If
   End-If
End-If

Using the Budget Table, look forward in time (from the starting budget or 1) creating a new period
of eligibility (Extract record) everytime the Phase changes in the Budget Table – do this until the
AU Member Close Date is < the next Budget Table Budget Date.

Example:

AU Member Start Date: 01/01/1999
AU Member Close Date: 00/00/0000

Budget Table
   Budget Date(1) 01/1999; Phase(1) "1"
   Budget Date(2) 10/1999; Phase(2) "2"
   Budget Date(3) 01/2000; Phase(3) "1"

This would result in 3 different periods of LaCHIP eligibility:

Start Date (1) 01/01/1999; Close Date (1) 09/30/1999; Phase(1) "1"
Start Date (2) 10/01/1999; Close Date (2) 12/31/1999; Phase(2) "2"
Start Date (3) 01/01/2000; Close Date (3) 00/00/2000; Phase(3) "1"

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LaChip Eligibilty By Phase Bundle by Person (MERLACZ9)

Description

This program uses the sorted extract file from the LaChip Eligibility Extract program (MERLACZ8) to create another workfile where each Person Number has a single record and a grouping of eligibility periods in descending Start Date order (most recent first).

The input file is assumed to be sorted in: 1) ascending Person Number 2) descending Eligibility Start Date order.

Input Workfile Layout

Input Record (A30)
    Person Number (N13)
    Eligibility Start Date (N8)
    Eligibility Close Date (N8)
    LaCHIP Phase (A1)

Output Workfile Layout

Output Record (A217)

    Header
        01 Header Identifier (N13) "0000000000000"
        01 Filler (A1)
        01 Header Title (A25) "LACHIP ELIGIBLES BY PHASE"
        01 Filler (A1)
        01 Creation Title (A11) "CREATED ON:"
        01 Filler (A1)
        01 Formatted Creation Date (A10) "MM/DD/YYYY"
        01 Filler (A155)

    Detail
        01 Person Number (N13)
        01 Eligibility Array (occurs 12 times)
            02 Eligibility Start Date (N8)
            02 Eligibility Close Date (N8)
            02 LaCHIP Phase (A1)

    Trailer
        01 Trailer Identifier (N13) "0000000000000"
        01 Filler (A1)
        01 Trailer Title (A21) "TOTAL PERSON RECORDS:"
        01 Filler (A1)
        01 Record Count (N7)
        01 Filler (A174)

Mainline Processing

Read Input Workfile

    At Start of Data
        Write Output Workfile record (Header)
    End-StartData

    At End of Data
        Write Output Workfile record (Trailer)
    End-EndData

    At Break of Person Number
        Write Output Workfile record (Detail)
        Reset Output Workfile record
    End-AtBreak

    Add 1 to Eligibility Array counter (n)
    Output Workfile.Person Number = Input Workfile.Person Number
    Output Workfile.StartDate(n) = Input Workfile. StartDate
    Output Workfile.CloseDate(n) = Input Workfile.Close Date
    If Output Workfile.CloseDate(n) = 0
        Output Workfile.CloseDate(n) = 20201231
    End-If
    Output Workfile.Phase(n) = Input Workfile.Phase

End-Read