NEBRASKA MEDICAID MANAGED CARE

CLIENT ELIGIBILITY DATA

SUPPLEMENTAL ENROLLMENT FILE REPORT

July 2015

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DOCUMENT SUMMARY

This document describes the Nebraska Medicaid Managed Care Program record layout used by the State of Nebraska to send information regarding Medicaid Managed Care clients enrolled with the health connection vendor(s).

This file will be sent on a monthly basis. It will include all clients who are newly enrolled, clients who were enrolled last month and continue to be enrolled, clients who will transferred into the health plan, and clients who are no longer enrolled with the health plan.

The file characteristics are:

a. EBCDIC format

b. LRECL **=** 1500, RECFM = FB

c. The first record in the file must be a header record

d. The last record in the file must be a trailer record.

e. All date fields must be in YYYYMMDD format.

NEBRASKA MANAGED CARE CLIENT ELIGIBILITY DATA RECORD LAYOUT

H RECORD - Client Eligibility Header Record

(NMCMENRL)

--------- FIELD LEVEL/NAME ----------	-PICTURE-	FIELD -NUMBER	START	END	LENGTH
:E-:NMC-MEDICAID-ENROLL-DATA			1	1500	1500
2 :E-:NMC-MEDICAID-ENROLL-HDR	GROUP	1	1	1500	1500
3 :E-:NMC-HDR-ACTION-TYPE	X	2	1	1	1
3 :E-:NMC-HDR-DATE-STAMP	GROUP	3	2	15	14
5 :E-:NMC-HDR-SYSTEM-DATE	GROUP	4	2	9	8
7 :E-:NMC-HDR-SYSTEM-YEAR	9(4)	5	2	5	4
7 :E-:NMC-HDR-SYSTEM-MONTH	99	6	6	7	2
7 :E-:NMC-HDR-SYSTEM-DAY	99	7	8	9	2
5 :E-:NMC-HDR-SYSTEM-TIME	GROUP	8	10	15	6
7 :E-:NMC-HDR-SYSTEM-HOUR	99	9	10	11	2
7 :E-:NMC-HDR-SYSTEM-MINUTE	99	10	12	13	2
7 :E-:NMC-HDR-SYSTEM-SECOND	99	11	14	15	2
3 FILLER	X(1481)	12	16	1496	1481
3 :E-:NMC-HDR-TRANSMIT-PLAN-NBR	9(4)	13	1497	1500	4

N, C, X, D RECORD - Client Eligibility Detail Record

--------- FIELD LEVEL/NAME ----------	-PICTURE-	FIELD -NUMBER	START	END	LENGTH
2 :E-:NMC-MEDICAID-ENROLL-DET REDEFINES :E-:NMC-MEDICAID-ENROLL-HDR					
2 :E-:NMC-MEDICAID-ENROLL-DET	GROUP	14	1	1500	1500
3 :E-:NMC-ACTION-TYPE	X	15	1	1	1
3 :E-:NMC-ENROLLMENT-DETAIL	GROUP	16	2	1496	1495
5 :E-:NMC-CLIENT-MEDICAID-NBR	GROUP	17	2	12	11
7 :E-:NMC-MEDICAID-CASE-NBR	9(9)	18	2	10	9
7 :E-:NMC-CLIENT-CASE-ID	99	19	11	12	2
5 :E-:NMC-CLIENT-SSN	9(9)	20	13	21	9
5 :E-:NMC-CLIENT-NAME	GROUP	21	22	67	46
7 :E-:NMC-CLIENT-FNAME	X(20)	22	22	41	20
7 :E-:NMC-CLIENT-MIDINIT	X	23	42	42	1
7 :E-:NMC-CLIENT-LNAME	X(25)	24	43	67	25
5 :E-:NMC-MD-PLAN-NUMBER	9(4)	25	68	71	4
5 :E-:NMC-PROVIDER-NUMBER	GROUP	26	72	82	11
7 :E-:NMC-MD-MEDICAID-PROV-NBR	X(9)	27	72	80	9
7 :E-:NMC-MD-MEDICAID-PROV-SFX	99	28	81	82	2
5 :E-:NMC-MD-MEDICAID-PROV-TERM	X	29	83	83	1
5 :E-:NMC-VENDOR-PROV-NBR	X(15)	30	84	98	15
5 :E-:NMC-BH-PLAN-NUMBER	9(4)	31	99	102	4
5 :E-:NMC-CAP-RATES	GROUP	32	103	144	42
7 :E-:NMC-CAP-AMT1	9(5)V99	33	103	109	7
7 :E-:NMC-CAP-AMT2	9(5)V99	34	110	116	7
7 :E-:NMC-CAP-AMT3	9(5)V99	35	117	123	7
7 :E-:NMC-CAP-AMT4	9(5)V99	36	124	130	7
7 :E-:NMC-CAP-AMT5	9(5)V99	37	131	137	7

7 :E-:NMC-CAP-AMT6	9(5)V99	38	138	144	7
5 :E-:NMC-DSS-AGENCY-CODE	GROUP	39	145	149	5
7 :E-:NMC-DSS-DISTRICT	99	40	145	146	2
7 :E-:NMC-DSS-ADM-OFFICE	9	41	147	147	1
7 :E-:NMC-DSS-WORKER	99	42	148	149	2
5 :E-:NMC-CLIENT-LIVING-ARRANGE	99	43	150	151	2
5 :E-:NMC-CLIENT-NATIONALITY	X	44	152	152	1
5 :E-:NMC-IND	GROUP	45	153	156	4
7 :E-:NMC-PREG-RELATED-SERV-IND	X	46	153	153	1
7 :E-:NMC-AUTO-ASSIGN-IND	X	47	154	154	1
7 :E-:NMC-CAP-GENDER	X	48	155	155	1
7 :E-:NMC-SPECIAL-NEEDS-IND	X	49	156	156	1
5 :E-:NMC-REASON-CLOSE-CODE	XXX	50	157	159	3
5 :E-:NMC-LOCK-IN-CODE	X	51	160	160	1
5 :E-:NMC-LOCK-IN-PHARMACY	X(11)	52	161	171	11
5 :E-:NMC-LOCK-IN-PRIM-PRACT	X(11)	53	172	182	11
5 :E-:NMC-LOCK-IN-LICENSE	X(13)	54	183	195	13
5 :E-:NMC-LOCK-IN-OP-HOSP	X(11)	55	196	206	11
5 :E-:NMC-FETAL-NBR	9(4)	56	207	210	4
5 :E-:NMC-MOM-NAME	GROUP	57	211	256	46
7 :E-:NMC-MOM-FNAME	X(20)	58	211	230	20
7 :E-:NMC-MOM-MNAME	X	59	231	231	1
7 :E-:NMC-MOM-LNAME	X(25)	60	232	256	25
5 :E-:NMC-TPL-INFO(1) OCCURS 4 TIMES	GROUP	61	257	410	154
7 :E-:NMC-CARRIER-NBR(1)	GROUP	62	257	264	8
10 :E-:NMC-CARRIER-CODE(1)	X(5)	63	257	261	5
10 :E-:NMC-CARRIER-SEQ-NBR(1)	XXX	64	262	264	3
7 :E-:NMC-CARRIER-NAME(1)	X(30)	65	265	294	30
7 :E-:NMC-POLICY-KEY(1)	GROUP	66	295	334	40
10 :E-:NMC-POLICY-NBR(1)	X(20)	67	295	314	20
10 :E-:NMC-GROUP-NUMBER(1)	X(20)	68	315	334	20
7 :E-:NMC-SUBSCRIBER-SSN(1)	X(9)	69	335	343	9
7 :E-:NMC-SUBSCRIBER-NAME(1)	GROUP	70	344	389	46
10 :E-:NMC-SUBSCR-FIRST(1)	X(20)	71	344	363	20
10 :E-:NMC-SUBSCR-MIDINT(1)	X	72	364	364	1
10 :E-:NMC-SUBSCR-LAST(1)	X(25)	73	365	389	25
7 :E-:NMC-RELATN-POLHLDR(1)	XX	74	390	391	2
7 :E-:NMC-COVERAGE-CODE(1)	XXX	75	392	394	3
7 :E-:NMC-TPL-EFFECTIVE-DATES(1)	GROUP	76	395	410	16
10 :E-:NMC-TPL-START-DATE(1)	GROUP	77	395	402	8
15 :E-:NMC-TPL-YEAR-START(1)	X(4)	78	395	398	4
15 :E-:NMC-TPL-MONTH-START(1)	XX	79	399	400	2
15 :E-:NMC-TPL-DAY-START(1)	XX	80	401	402	2
10 :E-:NMC-TPL-END-DATE(1)	GROUP	81	403	410	8
15 :E-:NMC-TPL-YEAR-END(1)	X(4)	82	403	406	4
15 :E-:NMC-TPL-MONTH-END(1)	XX	83	407	408	2
15 :E-:NMC-TPL-DAY-END(1)	XX	84	409	410	2
5 :E-:NMC-TPL-INFO(2)	GROUP	61	411	564	154

7 :E-:NMC-CARRIER-NBR(2)	GROUP	62	411	418	8
10 :E-:NMC-CARRIER-CODE(2)	X(5)	63	411	415	5
10 :E-:NMC-CARRIER-SEQ-NBR(2)	XXX	64	416	418	3
7 :E-:NMC-CARRIER-NAME(2)	X(30)	65	419	448	30
7 :E-:NMC-POLICY-KEY(2)	GROUP	66	449	488	40
10 :E-:NMC-POLICY-NBR(2)	X(20)	67	449	468	20
10 :E-:NMC-GROUP-NUMBER(2)	X(20)	68	469	488	20
7 :E-:NMC-SUBSCRIBER-SSN(2)	X(9)	69	489	497	9
7 :E-:NMC-SUBSCRIBER-NAME(2)	GROUP	70	498	543	46
10 :E-:NMC-SUBSCR-FIRST(2)	X(20)	71	498	517	20
10 :E-:NMC-SUBSCR-MIDINT(2)	X	72	518	518	1
10 :E-:NMC-SUBSCR-LAST(2)	X(25)	73	519	543	25
7 :E-:NMC-RELATN-POLHLDR(2)	XX	74	544	545	2
7 :E-:NMC-COVERAGE-CODE(2)	XXX	75	546	548	3
7 :E-:NMC-TPL-EFFECTIVE-DATES(2)	GROUP	76	549	564	16
10 :E-:NMC-TPL-START-DATE(2)	GROUP	77	549	556	8
15 :E-:NMC-TPL-YEAR-START(2)	X(4)	78	549	552	4
15 :E-:NMC-TPL-MONTH-START(2)	XX	79	553	554	2
15 :E-:NMC-TPL-DAY-START(2)	XX	80	555	556	2
10 :E-:NMC-TPL-END-DATE(2)	GROUP	81	557	564	8
15 :E-:NMC-TPL-YEAR-END(2)	X(4)	82	557	560	4
15 :E-:NMC-TPL-MONTH-END(2)	XX	83	561	562	2
15 :E-:NMC-TPL-DAY-END(2)	XX	84	563	564	2
5 :E-:NMC-TPL-INFO(3)	GROUP	61	565	718	154
7 :E-:NMC-CARRIER-NBR(3)	GROUP	62	565	572	8
10 :E-:NMC-CARRIER-CODE(3)	X(5)	63	565	569	5
10 :E-:NMC-CARRIER-SEQ-NBR(3)	XXX	64	570	572	3
7 :E-:NMC-CARRIER-NAME(3)	X(30)	65	573	602	30
7 :E-:NMC-POLICY-KEY(3)	GROUP	66	603	642	40
10 :E-:NMC-POLICY-NBR(3)	X(20)	67	603	622	20
10 :E-:NMC-GROUP-NUMBER(3)	X(20)	68	623	642	20
7 :E-:NMC-SUBSCRIBER-SSN(3)	X(9)	69	643	651	9
7 :E-:NMC-SUBSCRIBER-NAME(3)	GROUP	70	652	697	46
10 :E-:NMC-SUBSCR-FIRST(3)	X(20)	71	652	671	20
10 :E-:NMC-SUBSCR-MIDINT(3)	X	72	672	672	1
10 :E-:NMC-SUBSCR-LAST(3)	X(25)	73	673	697	25
7 :E-:NMC-RELATN-POLHLDR(3)	XX	74	698	699	2
7 :E-:NMC-COVERAGE-CODE(3)	XXX	75	700	702	3
7 :E-:NMC-TPL-EFFECTIVE-DATES(3)	GROUP	76	703	718	16
10 :E-:NMC-TPL-START-DATE(3)	GROUP	77	703	710	8
15 :E-:NMC-TPL-YEAR-START(3)	X(4)	78	703	706	4
15 :E-:NMC-TPL-MONTH-START(3)					

15 :E-:NMC-TPL-DAY-START(3)	XX	79	707	708	2
10 :E-:NMC-TPL-END-DATE(3)	XX	80	709	710	2
15 :E-:NMC-TPL-YEAR-END(3)	GROUP	81	711	718	8
15 :E-:NMC-TPL-MONTH-END(3)	X(4)	82	711	714	4
15 :E-:NMC-TPL-DAY-END(3)	XX	83	715	716	2
5 :E-:NMC-TPL-INFO(4)	XX	84	717	718	2
7 :E-:NMC-CARRIER-NBR(4)	GROUP	61	719	872	154
10 :E-:NMC-CARRIER-CODE(4)	GROUP	62	719	726	8
10 :E-:NMC-CARRIER-SEQ-NBR(4)	X(5)	63	719	723	5
7 :E-:NMC-CARRIER-NAME(4)	XXX	64	724	726	3
7 :E-:NMC-POLICY-KEY(4)	X(30)	65	727	756	30
10 :E-:NMC-POLICY-NBR(4)	GROUP	66	757	796	40
10 :E-:NMC-GROUP-NUMBER(4)	X(20)	67	757	776	20
7 :E-:NMC-SUBSCRIBER-SSN(4)	X(20)	68	777	796	20
7 :E-:NMC-SUBSCRIBER-NAME(4)	X(9)	69	797	805	9
10 :E-:NMC-SUBSCR-FIRST(4)	GROUP	70	806	851	46
10 :E-:NMC-SUBSCR-MIDINT(4)	X(20)	71	806	825	20
10 :E-:NMC-SUBSCR-LAST(4)	X	72	826	826	1
7 :E-:NMC-RELATN-POLHLDR(4)	X(25)	73	827	851	25
7 :E-:NMC-COVERAGE-CODE(4)	XX	74	852	853	2
7 :E-:NMC-TPL-EFFECTIVE-DATES(4)	XXX	75	854	856	3
10 :E-:NMC-TPL-START-DATE(4)	GROUP	76	857	872	16
15 :E-:NMC-TPL-YEAR-START(4)	GROUP	77	857	864	8
15 :E-:NMC-TPL-MONTH-START(4)	X(4)	78	857	860	4
15 :E-:NMC-TPL-DAY-START(4)	XX	79	861	862	2
10 :E-:NMC-TPL-END-DATE(4)	XX	80	863	864	2
15 :E-:NMC-TPL-YEAR-END(4)	GROUP	81	865	872	8
15 :E-:NMC-TPL-MONTH-END(4)	X(4)	82	865	868	4
15 :E-:NMC-TPL-DAY-END(4)	XX	83	869	870	2
5 :E-:NMC-TPL-TOTAL-TIMES	XX	84	871	872	2
5 :E-:NMC-PREGNANCY-IND	99	85	873	874	2
5 :E-:NMC-EXPECTED-DATE-OF-BIRTH	X	86	875	875	1
7 :E-:NMC-EXPECTED-DOB-YEAR	GROUP	87	876	883	8
7 :E-:NMC-EXPECTED-DOB-MONTH	X(4)	88	876	879	4
7 :E-:NMC-EXPECTED-DOB-DAY	XX	89	880	881	2
5 :E-:NMC-TRANSFER-REASON-CODE	XX	90	882	883	2
5 :E-:NMC-PAE-PROGRAM-CODE	XXX	91	884	886	3
5 :E-:NMC-RATE-GROUP	9(4)	92	887	890	4
5 :E-:NMC-CLIENT-COUNTY	X(4)	93	891	894	4
5 :E-:NMC-SPI-CODE	99	94	895	896	2
5 :E-:NMC-COPAY-IND	X(01)	95	897	897	1
5 FILLER	X(01)	96	898	898	1
3 :E-:NMC-TRANSMIT-PLAN-NBR	X(598)	97	899	1496	598
	9(4)	98	1497	1500	4

T RECORD - Client Eligibility Trailer Record

--------- FIELD LEVEL/NAME ----------	-PICTURE-	-NUMBER	START	END	LENGTH
2 :E-:NMC-MEDICAID-ENROLL-TRL REDEFINES :E-:NMC-MEDICAID-ENROLL-HDR					
2 :E-:NMC-MEDICAID-ENROLL-TRL	GROUP	97	1	1500	1500
3 :E-:NMC-TRL-ACTION-TYPE	X	98	1	1	1
3 :E-:NMC-TRL-DATE-STAMP	GROUP	99	2	15	14
5 :E-:NMC-TRL-SYSTEM-DATE	GROUP	100	2	9	8
7 :E-:NMC-TRL-SYSTEM-YEAR	9(4)	101	2	5	4
7 :E-:NMC-TRL-SYSTEM-MONTH	99	102	6	7	2
7 :E-:NMC-TRL-SYSTEM-DAY	99	103	8	9	2
5 :E-:NMC-TRL-SYSTEM-TIME	GROUP	104	10	15	6
7 :E-:NMC-TRL-SYSTEM-HOUR	99	105	10	11	2
7 :E-:NMC-TRL-SYSTEM-MINUTE	99	106	12	13	2
7 :E-:NMC-TRL-SYSTEM-SECOND	99	107	14	15	2
3 :E-:NMC-TOTAL-DETAIL-RECORDS	9(7)	108	16	22	7
3 :E-:NMC-TOTAL-ENROLLED-CLIENT	9(7)	109	23	29	7
3 :E-:NMC-TOTAL-DIS-ENROLL-CLIENT	9(7)	110	30	36	7
3 :E-:NMC-TOTAL-TRANSFER-CLIENT	9(7)	111	37	43	7
3 :E-:NMC-TOTAL-CAP-AMTS-1	9(9)V99	112	44	54	11
3 :E-:NMC-TOTAL-CAP-AMTS-2	9(9)V99	113	55	65	11
3 :E-:NMC-TOTAL-CAP-AMTS-3	9(9)V99	114	66	76	11
3 :E-:NMC-TOTAL-CAP-AMTS-4	9(9)V99	115	77	87	11
3 :E-:NMC-TOTAL-CAP-AMTS-5	9(9)V99	116	88	98	11
3 :E-:NMC-TOTAL-CAP-AMTS-6	9(9)V99	117	99	109	11
3 :E-:FILLER	X(1387)	118	110	1496	1387
3 :E-:NMC-TRL-TRANSMIT-PLAN-NBR	9(4)	119	1497	1500	4

NEBRASKA MEDICAID MANAGED CARE

CLIENT ELIGIBILITY DATA

Document B: Health Plan Client Eligibility File Data Descriptive Notes

NOTES FOR HEALTH PLAN CLIENT ELIGIBILITY HEADER DATA RECORD - "H" RECORD

Field HHH Nebraska Managed Care Client Eligibility Header Record

Field Name: NMC-MEDICAID-ENROLL-HDR
Purpose: This is the Client Eligibility Header Data Record.
Valid Values: Follow.

Field H01 Header Action Type

Field Name: NMC-HDR-ACTION-TYPE PIC X
Purpose: This field contains the record type identifier.
REQUIRED: YES
Valid Values: The only valid value for this field is a 'H'.

Field H02 Header Date/Time Stamp

Field Name: NMC-HDR-DATE-STAMP
- NMC-HDR-SYSTEM-DATE
  - NMC-HDR-SYSTEM-YEAR PIC 9(04)
  - NMC-HDR-SYSTEM-MONTH PIC 9(02)
  - NMC-HDR-SYSTEM-DAY PIC 9(02)
- NMC-HDR-SYSTEM-TIME
  - NMC-HDR-SYSTEM-HOUR PIC 9(02)
  - NMC-HDR-SYSTEM-MINUTE PIC 9(02)
  - NMC-HDR-SYSTEM-SECOND PIC 9(02)

Purpose: Each header record will contain the system date and time documenting when the file was created.
REQUIRED: YES
Valid Values: Valid date in YYYYMMDD format.
Valid time in 24 hour HHMMSS format

NOTES FOR HEALTH PLAN CLIENT ELIGIBILITY DETAIL DATA RECORD - "D" RECORD

Field DDD Nebraska Managed Care Client Eligibility Detail Record

Field Name: NMC-MEDICAID-ENROLL-DET
Purpose: This is the Client Eligibility Detail Data Record.
Valid Values: Follow.

Field D01 Detail Action Type

Field Name: NMC- ACTION-TYPE PIC X.
Purpose: This field contains the record type identifier.
REQUIRED: YES
Valid Values: X = Client Transfer occurred (same plan)
N = Client is newly eligible/enrolled for managed care
C = Client continues to be enrolled in managed care
D = Disenrolled Client

Field D02 Client Medicaid Identification Number

Field Name: NMC-CLIENT-MEDICAID-NBR.
NMC-MEDICAID-CASE-NBR PIC 9(09) VALUE 0.
NMC-CLIENT-CASE-ID PIC 9(02) VALUE 0.

Purpose: 11 digit Medicaid number assigned by the Health and Human Services to a person who has applied and is eligible for public assistance benefits. This number consists of a Medicaid case number and a client identification number within that case.
REQUIRED: YES
Valid Values: 11 digit Medicaid number.

Field D03 Client Social Security Number

Field Name: NMC-CLIENT-SSN PIC 9(09)
Purpose: This field contains the client's social security number.
REQUIRED: YES
Valid Values: Social security number of client, if a SSN is unknown or does not exist at the time of application, a temporary number which is the Arp number from NFOCUS, with the first digit replace by a '9'. The temporary number will be changed when a valid SSN is received from the SSA.

Field D04 Client Name

Field Name: NMC-CLIENT-NAME.
NMC-CLIENT-FNAME PIC X(20).
NMC-CLIENT-MIDINIT PIC X.
NMC-CLIENT-LNAME PIC X(25).

Purpose: This field contains the client's first name, middle initial, and last name.
REQUIRED: YES

Field D05 Medical Plan Number

Field Name: NMC-MD-PLAN-NUMBER PIC 9(04)
Purpose: This field identifies the Med/Surg plan sending the provider file.
REQUIRED: YES
Valid Values: 2000 = UnitedHealthCare Community Plan
3000 = Aetna Better Health of Nebraska
4000 = Arbor Health Plan

Field D06 Provider Identification Number

Field Name: NMC-PROVIDER-NUMBER
NMC-MD-MEDICAID-PROV-NBR PIC X(09).
NMC-MD-MEDICAID-PROV SFX PIC 9(02)
Purpose: This field contains the 11 digit State of Nebraska Medicaid Number that identifies the provider at the location indicated in the record.
REQUIRED: YES
Valid Values: 11 digit Nebraska Medicaid Provider number assigned by Health and Human Services.
NMC-MD-MEDICAID-PROV-NBR must be numeric and greater than 0.
NMC-MD-MEDICAID-PROV-SFX must be 00, or a value greater than 0.

Field D07 Medical Medicaid Provider Terminated

Field Name: NMC-MD-MEDICAID-PROV-TERM PIC X
Purpose: This field contains an indicator of whether or not the provider is terminated with the medical health plan.
REQUIRED: NO
Valid Values: 'Y' or 'N'

Field D08 Vendor Provider Number

Field Name: NMC-VENDOR-PROV-NBR PIC X(15)
Purpose: This field contains the provider vendor identification number, as assigned by the medical health plan.
REQUIRED: NO
Valid Values: Any value other than spaces.

Field D09 Behavioral Health Plan Number

Field Name: NMC-BH-PLAN-NUMBER PIC 9(04)
Purpose: This field contains the BH plan number of the behavioral health plan that the client is enrolled with.
REQUIRED: NO
6000 = Magellan Behavioral Health

Field D10 Cap Rates

Field Name: NMC-CAP-RATES.

NMC-CAP-AMT1	PIC 9(05)V99	Prospective Cap Payment
NMC-CAP-AMT2	PIC 9(05)V99	Current Month Cap Payment
NMC-CAP-AMT3	PIC 9(05)V99	Not Used
NMC-CAP-AMT4	PIC 9(05)V99	Not Used
NMC-CAP-AMT5	PIC 9(05)V99	Not Used
NMC-CAP-AMT6	PIC 9(05)V99	Reinsurance Amount

Purpose: This field contains the amounts used for Capitation payments and calculations.
NMC-CAP-AMT1 contains the Medical / Surgical or behavioral health prospective cap payment.
NMC-CAP-AMT2 contains the cap payment for the clients who were immediately enrolled in current month.

NMC-CAP-AMT3, AMT4, AMT5 are not used.
NMC-CAP-AMT6 *contains the Reinsurance Amount, for reference only*.

REQUIRED: NO

Field D11 DSS Agency Code

Field Name: NMC-DSS-AGENCY-CODE.

NMC-DSS-DISTRICT	PIC 9(02).
NMC-DSS-ADM-OFFICE	PIC 9.
NMC-DSS-WORKER	PIC 9(02).

Purpose: This field contains the HHS office/worker that manages the client's case. Currently the district and administrative office values are used to distinguish medical vs. nonmedical Managed Care coverage areas.

REQUIRED: NO

Valid Values: First three digits a valid DSS agency code, last two a valid DSS worker code.

Field D12 Client Living Arrangement

Field Name: NMC-CLIENT-LIVING-ARRANGE PIC 9(02)

Purpose: This field contains a numeric code describing the client's living arrangements.

REQUIRED: NO

Valid Values:

- 01 - Apartment or House, Single Family House, House Arrest Community Service, Halfway House, House Arrest Work Release, Adoptive Home, Adult Day Home
- 03 - Homeless Shelter for Profit or Non Profit, Room Only, (Dorms, Sororities, Fraternities - Meals Not Provided, Hospital - Acute Hospital Care, Room Only - No Meals Provided, Job Corps, Military, Hospital
- 05 - Public Housing (not responsible for paying heating bills), (Dorms, Sororities, Fraternities - Meals Provided), Battered Women and Children Shelter - Non Profit, Temporary Lodging
- 06 - Public Housing, Pub Hsing - Multi-Fam Hse Not Responsible for Heating & Cooling Bills, Pub Hsing - Multi-Fam Hse Not Responsible for Heating Bills, Pub Hsing - Multi-Fam Hse Not Responsible for Cooling Bills, Multi-Family Dwelling, Adult Day Center, Adult Day Health Center
- 07 - Pub Hsing - Single Fam Hse Responsible for Heating Bills & Cooling Bills, Pub Hsing - Single Fam Hse Responsible for Heating Bills, Pub Hsing - Single Fam Hse Responsible for Cooling Bills, Child Care Center
- 09 - Board and Room, Chemical Dependency Treatment and Rehabilitation Center
- 10 - Licensed Mental Health Center, Licensed Domiciliary Facility, Assisted Living - Waiver
- 12 - Veterans Hospital/Veterans Nursing, Nursing Home/Long Term Care, Nursing Home
- 13 - Institution - Psychiatric Care – IMD, Psych Residential Treatment Facility

14 - Child Caring Agency, Child Caring Agency, Child Placing Agency, Emergency Shelter Center, Family Child Care Home I, Family Child Care Home II
17 - Licensed/Approved Foster Home, Emergency Shelter Foster Home, Foster Home, Foster Home - Agency Based, Foster Home - Child Specific, Foster Home - Relative
18 - Licensed Residential Care Facility, Assisted Living
19 - Licensed Center for Developmentally Disabled
20 - Certified Adult Family Home, Adult Family Home
30 - Group Home For Profit, Group Home - Institution Non-Profit Meals Provided, Boarder - Board And Rooms - Meals Provided, Incarceration, Residential Care, Preschool
32 - Boardinghouse - Commercial - Non-Profit, Boardinghouse - Commercial - For Profit, licensed Drug Treatment Center, Boarding Home
35 - Licensed/Approved Group Home For Children, Disabled Group Home - Non Profit - Meals Provided, Group Home, Group Home for Adults
36 - Institution for Mental Diseases (IMD)
37 - Correctional Facility

Field D13 Client Nationality

Field Name: NMC-CLIENT-NATIONALITY PIC X
Purpose: NOT USED
REQUIRED: NO

Field D14 Pregnancy related services Fee Indicator

Field Name: NMC-PREG-RELATED-SERV-IND PIC X.

Purpose: This field contains an indicator, stating that pregnancy-related services Capitation fee payment was made on behalf of an unborn or newborn child.
REQUIRED: NO

Valid Values: For NMC-PREG-RELATED-SERV-IND
Y - Capitation payment made for pregnancy-related services.
N - No Capitation payment made for pregnancy-related services.

Field D15 NMC Autoassignment Indicator

Field Name: NMC-AUTO-ASSIGN-IND PIC X.
Purpose: This field contains a code indicating if the client was autoassigned to the plan and provider.
REQUIRED: NO

Valid Values: Y - Yes, client was autoassigned.
N - No, client was not autoassigned.

Field D16 Client Cap Gender

Field Name: NMC-CAP-GENDER PIC X
Purpose: This field contains the gender used to determine the cap payment.
REQUIRED: NO
Valid Values: F - Female
M - Male
U - Unborn

Field D17 Special Needs Client Indicator

Field Name: NMC-SPECIAL-NEEDS-IND PIC X
Purpose: This field contains a code to define the special needs of a Client.
REQUIRED: NO
Valid Values: A – Children eighteen years of age and younger receiving SSI benefits
B – Children eighteen years of age and younger in Foster Care
C – Children eighteen years of age and younger receiving Title V services
D – Combined codes of A and B
E – Combined codes of A and C
F – Combined codes of B and C
G – Combined codes of A, B and C

Field D18 Reason for Clients Case Closing

Field Name: NMC-REASON-CLOSE-CODE PIC X(03).
Purpose: This field contains the code indicating why the client's case was closed.

REQUIRED: NO
Valid Values:
200 - Waiver of Enrollment
201 - Not Eligible for Medicaid Benefits
202 - Medicaid Status - Suspended or Closed
203 - Medicare
204 - Share of Cost
205 - Admitted to Long Term Care Facility
206 - Excluded group
207 - Excluded group
210 - Unknown County
211 - Admit to IMD or Correctional Facility
212 - Admit to PACE

Field D19 Lock In Code

Field Name: NMC-LOCK-IN-CODE PIC X
Purpose: This field contains the lock in code for what a client is locked in to.
REQUIRED: NO
Valid Values:
0 = No Lock-in
1 = One Pharmacy
2 = One Primary Practitioner and One Pharmacy
3 = One Primary Practitioner, One Pharmacy and One Hospital
4 = One Prescribing Physician and One Pharmacy
9 = Emergency Medical Services (Provider Number is given a value of 90000049999, and Licensed Doctor number is given a value of 2801 LOCK)

Field D20 Lock In Pharmacy Number

Field Name: NMC-LOCK-IN-PHARMACY PIC X(11)
Purpose: This field contains the 11 digit State of Nebraska Medicaid provider number assigned to a pharmacy.
REQUIRED: NO

Field D21 Lock In Primary Practitioner Number

Field Name: NMC-LOCK-IN-PRIM-PRACT PIC X(11)
Purpose: This field contains the 11 digit State of Nebraska Medicaid provider number assigned to a primary practitioner.
REQUIRED: NO

Field D22 Lock In License (Prescribing Physician Number)

Field Name: NMC-LOCK-IN-LICENSE PIC X(13)
Purpose: This field contains the 13 digit State of Nebraska Medicaid license number assigned to a prescribing physician.
REQUIRED: NO

Field D23 Lock In Hospital

Field Name: NMC-LOCK-IN-OP-HOSP PIC X(11)
Purpose: This field contains the 11 digit State of Nebraska Medicaid provider number assigned to a hospital.
REQUIRED: NO

Field D24 Fetal Number

Field Name: NMC-FETAL-NBR PIC 9(4)
Purpose: This field contains the number of fetuses of the pregnant mother.
REQUIRED: NO

Field D25 Mothers Name

Field Name: NMC-MOM-NAME.
NMC-MOM-FNAME PIC X(20).
NMC-MOM-MNAME PIC X.
NMC-MOM-LNAME PIC X(25).
Purpose: This field contains the name of the pregnant mother if client is an unborn or newborn.
REQUIRED: NO

TPL Information - the first four Current TPL's are sent

Field D26 Carrier Number

Field Name: NMC-CARRIER-NBR
NMC-CARRIER-CODE PIC X(05).
NMC-CARRIER-SEQ-NBR PIC X(03).
Purpose: These fields contain the code and the sequence number assigned to a commercial insurance company or third party administrative office that handles the processing and payment of health and casualty insurance claims.
REQUIRED: NO

Field D27 Carrier Name

Field Name: NMC-CARRIER-NAME PIC X(30).
Purpose: This field contains the name of the commercial insurance company or third party administrative office that handles the processing and payment of health and casualty insurance claims.
REQUIRED: NO

Field D28 Policy Key

Field Name: NMC-POLICY-KEY.
NMC-POLICY-NBR PIC X(20).
NMC-GROUP-NUMBER PIC X(20).
Purpose: These fields contain the policy key, which is the policy, number (the number assigned to clients policy) and the group number (the number given to the group plan that specifies the medical benefits provided through the health insurance plan).
REQUIRED: NO

Field D29 Subscriber Social Security Number

Field Name: NMC-SUBSCRIBER-SSN PIC X(09).
Purpose: This field contains the social security number of the owner of a commercial health insurance policy.
REQUIRED: NO

Field D30 Subscriber Name

Field Name: NMC-SUBSCRIBER-NAME.

NMC-SUBSCR-FIRST PIC X(20).
NMC-SUBSCR-MIDINT PIC X.
NMC-SUBSCR-LAST PIC X(25).

Purpose: These fields contain the name of the owner of a commercial health insurance policy.
REQUIRED: NO

Field D31 Relation Policy Holder

Field Name: NMC-RELATN-POLHLDR PIC X(02)
Purpose: This field contains a code that indicates the relation of the TPL.
REQUIRED: NO

10 - Self
11 - Spouse - policyholder living in the home eligible under another case number
12 - Spouse - policyholder living in home NOT eligible for Medicaid
13 - Spouse - policyholder NOT living in home - not legally separated or divorced
14 - Ex-spouse - policyholder NOT living in home - legally separated or divorced
15 - Friend - policy holder living in the home; may be common law arrangement or other like relationship
20 - Child - (natural or adoptive or step) - policyholder in home but not eligible for Medicaid
21 - Child - (natural or adoptive or step) - policyholder in home and eligible for Medicaid
22 - Child - (step) - policyholder NOT in the home
23 - Child - (natural or adoptive) - policyholder NOT in home (IVD referral)
30 - Foster Child - no legal obligation
31 - Grandchild - natural parent living in the home
32 - Grandchild - natural parent NOT living in the home
50 - Potential adoptive child - adoptive parents financially responsible
51 - Other - legally liable

Field D32 Coverage Code

Field Name: NMC-COVERAGE-CODE PIC X(03)
Purpose: This field contains the code that describes the coverage the client has.
REQUIRED: NO
Valid Values:

101 - MAJOR MEDICAL PLAN WITHOUT DENTAL; INCLUDES RX
120 - HMO PLAN WITHOUT DENTAL; INCLUDES RX
130 - MEDICARE SUPPLEMENT PLAN; EXCLUDES RX
140 - INPATIENT HOSPITAL AND RELATED SERVICES
149 - INPATIENT AND OUTPATIENT HOSPITAL AND RELATED SERVICES
150 - NURSING FACILITY CONFINEMENT PLAN
160 - PPO PLAN WITHOUT DENTAL; INCLUDES RX

Note: coverage is pending as policy has newly been identified and verification has not been received yet from the insurer to completely determine benefits.

201 - STANDARD MAJOR MEDICAL PLAN WITHOUT DENTAL; INCLUDES RX
202 - STANDARD MAJOR MEDICAL PLAN WITH DENTAL; EXCLUDES RX
203 - STANDARD MAJOR MEDICAL PLAN WITH DENTAL; INCLUDES RX
204 -STANDARD MAJOR MEDICAL PLAN WITHOUT DENTAL; EXCLUDES RX
208 -HEALTH INSURANCE FOR PAY & CHASE
301 -PPO OR HMO PLAN WITHOUT DENTAL; INCLUDES RX
302 -PPO OR HMO PLAN WITHOUT DENTAL; EXCLUDES RX
303 -PPO OR HMO PLAN WITH DENTAL; INCLUDES RX
304 -PPO OR HMO PLAN WITH DENTAL; EXCLUDES RX
375 -MEDICARE MANAGE CARE; EXCLUDES RX
401 -MEDICARE SUPPLEMENT TO PART A ONLY; EXCLUDES RX
402 -MEDICARE SUPPLEMENT TO PART B ONLY; EXCLUDES RX
403 - MEDICARE SUPPLEMENT TO PART A & B; EXCLUDES RX

404 -MEDICARE SUPPLEMENT WITH MAJOR MEDICAL; INCLUDES RX
405 -MEDICARE SUPPLEMENT TO PART A & B; EXCLUDES RX & PART B DEDUCTIBL
406 -MEDICARE SUPPLEMENT WITH MAJOR MEDICAL; INCLUDES NURSING HOME & R
407 -MEDICARE CARVE OUT PLAN; INCLUDES RX
500 -CHAMPUS/TRICARE OR CHAMPVA; INCLUDES RX
501 -IN AND OUTPATIENT HOSPITAL, INCLUDING ANCILLARY SERVICES
502 -IN AND OUTPATIENT HOSPITAL, PLUS ANCILLARY CHARGES; DUE TO ACCIDENT
531 -INPATIENT HOSPITAL, INCLUDING ANCILLARY CHARGES
532 -INPATIENT HOSPITAL AND ANCILLARY SERVICES RELATED TO AN ACCIDENT
533 -HOSPITAL INDEMNITY PLAN
534 -HOSPITAL INDEMNITY PLAN RELATED TO AN ACCIDENT
550 -DENTAL BENEFITS COVERAGE
551 - VISION BENEFITS COVERAGE
552 -PRESCRIPTION DRUG COVERAGE
553 -CHAMPUS/TRICARE OR CHAMPVA SUPPLEMENT POLICY
554 -VISION AND DENTAL BENEFITS COVERAGE
558 -PRESCRIPTION DRUG COVERAGE FOR PAY & CHASE
560 -CANCER BENEFITS POLICY
561 -SPECIFIED SERVICE POLICY
562 -DRUG CANCER BENEFITS POLICY
578 -NURSING HOME CONFINEMENT POLICY
600 -LIMITED BENEFITS POLICY

Note: Pay & Chase cases would include uncooperative non-custodial parent problem cases and/or insurance carriers not recognizing Medicaid regulations (requiring Legal Division assistance)that have been identified by TPL staff (all of these claims will edit in MCP165 to set Bypass Code - 'Z').

Field D33 Effective TPL Starting Date

Field Name: NMC-TPL-START-DATE.
NMC-TPL-YEAR-START PIC X(04).
NMC-TPL-MONTH-START PIC X(02).
NMC-TPL-DAY-START PIC X(02).
Purpose: These fields contain the starting date of clients TPL.
REQUIRED: NO

Field D34 Effective TPL Ending Date

Field Name: NMC-TPL-END-DATE.
NMC-TPL-YEAR-END PIC X(04).
NMC-TPL-MONTH-END PIC X(02).
NMC-TPL-DAY-END PIC X(02).
Purpose: These fields contain the ending date of clients TPL.
REQUIRED: NO

Field D35 TPL Total Times

Field Name: NMC-TPL-TOTAL-TIMES PIC 9(02)
Purpose: Indicates how many TPL policies the client has.
REQUIRED: NO

Field D36 Pregnancy Indicator

Field Name: NMC-PREGNANCY-IND PIC X.
Purpose: This field contains a code indicating if the client is known to be pregnant.
REQUIRED: NO

Valid Values: Y - Yes, client is pregnant.
N - No, we have no record of client being pregnant.

Field D37 Expected Date of Birth

Field Name: EXPECTED-DATE-OF-BIRTH.
EXPECTED-DOB-YEAR PIC X(04).
EXPECTED-DOB-MONTH PIC X(02).
EXPECTED-DOB-DAY PIC X(02).

Purpose: This field contains the date the expected date of birth for an unborn child.
REQUIRED: NO

Field D38 Transfer Reason Code

Field Name: NMC-TRANSFER-REASON-CODE PIC X
Purpose: This field contains the code indicating why the client transferred.
REQUIRED: NO
Valid Values: 400 - AUTO ASSIGN-DIFFERENT PCP
401 - AUTO ASSIGN-DIFFERENT PLAN
402 - AUTO ASSIGN-EXISTING RELATIONSHIP W/ANOTHER PCP
404 - ACCESS-PCP WITH HISTORY NOT IN PLAN NETWORK
405 - ACCESS-SPECIALIST(S) WITH HX NOT IN PLAN NETWORK
406 - AUTO REENROLLMENT DURING OPEN ENROLL MONTH
407 - MOVE OUT OF MCO'S SERVICE AREA
410 - ACCESS-DISTANCE
412 - ACCESS-POOR PHYSICAL ACCESSIBLILTY FOR HANDICAPPED
413 - ACCESS-LANGUAGE BARRIER
414 - ACCESS-TOO LONG WAIT FOR APPOINTMENT
415 - ACCESS-DIFFICULT CONTACTING PCP
416 - ACCESS-LACK OF ACCESS TO COVERED SERVICES
420 - QUALITY-PROBLEM WITH EMERGENCY CARE
421 - DON'T LIKE PCP
422 - DON'T LIKE REFERRAL
424 - QUALITY - RECEIVED POOR CARE
425 - QUALITY - LONG WAITING ROOM LINE
426 - ACCESS - PCP REFUSED REFERRAL
427 - QUALITY - BETTER TREATED BY ANOTHER PCP
440 - ACCESS-INADEQUATE NETWORK
441 - QUALITY-SERVICE UNSATISFACTORY
450 - PCP REQUEST-CLIENT NON COMPLIANT
451 - PCP NO LONGER IN MC
452 - PCP REQUEST-ABUSE OF MC SERVICES
453 - REQUESTS DIFFERENT PCP LOCATION
454 - PCP NO LONGER IN PLAN
455 - PCP NO LONGER AT ADDRESS
456 - REQUESTED PCP NOW AVAILABLE
457 - PROVIDER ID CHANGE
458 - REQUESTED PCP NOT AVAILABLE/DIFFERENT PCP SELECTED
459 - PCP NOW HAS AVAILABLE SLOTS
460 - PCP HAS A SUSPENSION DATE/DIFFERENT PCP SELECTED
461 - ACCESS - PCP REFUSED TO SEE CLIENT

462 - INCORRECT LOCK-IN PCP
470 - CHOICE BASED ON PCP SPECIALITY
471 - PCP UNKNOWN TO CLIENT
472 - ACCESS-NEED BETTER ACCESS TO SPECIALIST
473 - WANT SAME PLAN FOR ENTIRE FAMILY
474 - ACCESS - WANT SAME PCP FOR ENTIRE FAMILY
480 - INTERIM PCP
485 - PLAN NO LONGER IN MC, NEW PLAN
488 - ACCESS-MORAL OR RELIGIOUS OBJECTION TO SERVICES
489 - RELATED SERVICES UNAVAILABLE
494 - PLAN REQUEST FOR TRANSFER APPROVED
498 - OTHER-PCP
499 - OTHER-PLAN

Field D39 PAE Program Code

Field Name: NMC-PAE-PROGRAM-CODE PIC X(04)
Purpose: This field contains the code for the public assistance in which the client is currently eligible to receive medical benefits
REQUIRED: YES
Valid Values:

PROGRAM CODE	*DESCRIPTION*
2001	ABD - ELDERY
2002	ABD - BLIND
2003	ABD - DISABLED
4004	AFDC-04
4005	AFDC-05
4090	Pregnant Women or 599 CHIP
6010	FC-HHS WARD
6020	FC-SUB GUARDIAN
6030	FC-HHS WARD
6031	FC-CRRCTNS WARD
6032	FC-HHS WARD
6033	FC-CRRCTNS WARD
6034	NON-HHS WARD
6040	NON-HHS WARD
6041	CORRECTIONS WARD
6042	NON-HHS WARD
6045	Presumptive Eligibility
6050	Ribicoff Medical Assistance
6051	FORMER HHS WARD
6055	MAC
6056	School Age Medical Assistance
6057	SCHOOL AGE MAC
6060	Subsidized Adoption Medicaid
6065	SCHOOL AGE MAC
6086	Subsidized Guardianship Title IV-E
6087	Subsidized Guardianship Non-IV-E
7800	PRESUMPT-HOSP
7810	NON-MAGI FFC
7820	MAGI INFANT
7830	MAGI PW
7840	MAGI CHILD 1-5
7850	MAGI CHILD 6-18
7860	MAGI CHIP

7870	MAGI PC-ABSENCE
7880	MAGI PC-DEATH
7890	MAGI PC-INCAP
7910	MAGI PC-UNEMP
7920	MAGI SCHIP
7930	MAGI FW
7940	MAGI IMD

Field D40 Rate Group

Field Name: NMC-RATE-GROUP PIC X(04)
Purpose: This field contains the code for the rate group for the client.
REQUIRED: YES
Valid Values: PHYSICAL HEALTH

AABD - Assistance to the Aged, Blind, Disabled, program grouping
FAM - Family program grouping
WARD - State foster care program grouping
CHIP - Kids Connection program grouping (same as KIDS)
KB - Katie Beckett

BEHAVIORAL HEALTH

BHAG - Behavioral health Aged program grouping
BHBD - Behavioral health Blind and Disabled program grouping
FAM - Family program grouping
WARD - State foster care program grouping
CHIP - Kids Connection program grouping (same as KIDS)
KB - Katie Beckett

Field D41 Client County

Field Name: NMC-CLIENT-COUNTY PIC 9(02)
Purpose: This field contains the numeric code identifying the Nebraska county in which the client resides.
REQUIRED: NO
Valid Values: COUNTY OF RESIDENCE

01 Adams	33 Furnas	65 Nuckolls
02 Antelope	34 Gage	66 Otoe
03 Arthur	35 Garden	67 Pawnee
04 Banner	36 Garfield	68 Perkins
05 Blaine	37 Gosper	69 Phelps
06 Boone	38 Grant	70 Pierce
07 Box Butte	39 Greely	71 Platte
08 Boyd	40 Hall	72 Polk
09 Brown	41 Hamilton	73 Red Willow
10 Buffalo	42 Harlan	74 Richardson
11 Burt	43 Hayes	75 Rock
12 Butler	44 Hitchcock	76 Saline
13 Cass	45 Holt	77 Sarpy
14 Cedar	46 Hooker	78 Saunders
15 Chase	47 Howard	79 Scotts Bluff
16 Cherry	48 Jefferson	80 Seward
17 Cheyenne	49 Johnson	81 Sheridan
18 Clay	50 Kearney	82 Sherman
19 Colfax	51 Keith	83 Sioux
20 Cuming	52 Keya Paha	84 Stanton
21 Custer	53 Kimball	85 Thayer
22 Dakota	54 Knox	86 Thomas

23 Dawes	55 Lancaster	87 Thurston
24 Dawson	56 Lincoln	88 Valley
25 Deuel	57 Logan	89 Washington
26 Dixon	58 Loup	90 Wayne
27 Dodge	59 Madison	91 Webster
28 Douglas	60 McPherson	92 Wheeler
29 Dundy	61 Merrick	93 York
30 Fillmore	62 Morrill	99 Out-of-State
31 Franklin	63 Nance	
32 Frontier	64 Nemaha	

Field D42 Special Program Indicator (SPI) codes

Field Name: NMC-SPI-CODE PIC X(01)
Purpose: This field contains the Special Program Indicator (SPI) codes.
REQUIRED: YES
Valid Values:

SPI Code	Description
A	Waiver Child DD (Prior to Jan 2003, included adult waiver)
B	MR Case Management Recipients
C	AABD Aged and Disabled Waiver Recipients
D	Waiver Children with Autism
E	AABD MA Only Recipients Using The 100% OMB Poverty Level
F	AABD Disabled Child Waiver Of Deeming Parental Income and Resources ('Katie Beckett' Cases)
G	Refugee Resettlement Clients
H	Aliens w/ Limited Medical Coverage
I	Early Intervention
K	CHIP
L	Breast / Cervical Cancer
M	Inmate of Public Institution
N	Not Currently Defined in N-FOCUS (EF Non-Employable)
O	Waiver Adult DD Comprehensive
P	Waiver Adult DD Residential
Q	Waiver Adult DD Day
R	Waiver Adult DD CSP
S	State (Permanent Legal Residents/UNDOC Immigrant Pregnant Women)
T	ADC/MA 12 Months Of Transitional Medical Assistance
U	Not Currently Defined in N-FOCUS (Previous Description: Indiv Exempt From Copayments. This code is only used for a Pregnant Woman Who Is Not Listed Under The Same Case Number As The Unborn)
V	Waiver TBI and Money Follows The Person
W	Waiver Traumatic Brain Injury (Effective Date: Oct. 2000)
X	Waiver A&D and Money Follows The Person
Y	Waiver Child DD and Money Follows The Person

Z	Waiver Adult DD Comprehensive and Money Follows The Person
1	MSP/QMB Medicare Crossover Only
BLANK	Recipient Is Not In A Medicaid Waiver Category

Field D43 Co-Pay Indicator

Field Name: NMC-COPAY-IND PIC X(01)
Purpose: This field contains the Copay Indicator
REQUIRED: YES
Valid Values: 0-INDIVIDUAL NOT SUBJECT TO COPAY

1-INDIVIDUAL SUBJECT TO COPAY

NOTES FOR HEALTH PLAN CLIENT ELIGIBILITY TRAILER DATA RECORD - "T" RECORD

Field TTT Nebraska Managed Care Client Eligibility Trailer Record

Field Name: NMC-MEDICAID-ENROLL-TRL
Purpose: This is the Client Eligibility Trailer Data Record.
Valid Values: Follow.

Field T01 Trailer Action Type

Field Name: NMC-TRL-ACTION-TYPE PIC X
Purpose: This field contains the record type identifier.
REQUIRED: YES
Valid Values: The only valid value for this field is a 'T'.

Field T02 Trailer Date/Time Stamp

Field Name: NMC-TRL-DATE-STAMP
NMC-TRL-SYSTEM-DATE
NMC-TRL-SYSTEM-YEAR PIC 9(04)
NMC-TRL-SYSTEM-MONTH PIC 9(02)

NMC-TRL-SYSTEM-DAY PIC 9(02)
NMC-TRL-SYSTEM-TIME
NMC-TRL-SYSTEM-HOUR PIC 9(02)
NMC-TRL-SYSTEM-MINUTE PIC 9(02)
NMC-TRL-SYSTEM-SECOND PIC 9(02)

Purpose: This field identifies the date and time that the plan sent the provider file.
REQUIRED: YES
Valid Values: Valid date in YYYYMMDD format.
Valid time in 24 hour HHMMSS format.

Field T03 Total Detail Records

Field Name: NMC-TRL-TOTAL-DETAIL-RECS PIC 9(07)
Purpose: This field contains an accumulated total count of the records in this batch. A batch is the group of records between the header and the trailer record.
REQUIRED: YES

Field T04 Total Enrolled Clients

Field Name: NMC-TOTAL-ENROLLED-CLIENT PIC 9(07)
Purpose: This field contains an accumulated total count of the clients that were enrolled.
REQUIRED: YES

Field T05 Total Dis-Enrolled Clients

Field Name: NMC-TOTAL-DIS-ENROLL-CLIENT PIC 9(07)
Purpose: This field contains an accumulated total count of the clients that were dis-enrolled.
REQUIRED: YES

Field T06 Total Transferred Clients

Field Name: NMC-TOTAL-TRANSFER-CLIENT PIC 9(07)
Purpose: This field contains an accumulated total count of the clients that were transferred.
REQUIRED: YES

Field T07 Total Capitation Amount 1

Field Name: NMC-TOTAL-CAPS-AMTS-1 PIC 9(07)
Purpose: This field contains an accumulated total count of fees or medical surgical or behavioral health prospective Capitation payments.
REQUIRED: YES

Field T08 Total Capitation Amount 2

Field Name: NMC-TOTAL-CAPS-AMTS-2 PIC 9(07)
Purpose: The field contains the total count of capitation payments for the clients who were immediately enrolled in current month.
REQUIRED: YES

Field T09 Total Capitation Amount 3

Field Name: NMC-TOTAL-CAPS-AMTS-3 PIC 9(07)
Purpose: NOT USED
REQUIRED: YES

Field T10 Total Capitation Amount 4

Field Name: NMC-TOTAL-CAPS-AMTS-4 PIC 9(07)
Purpose: NOT USED
REQUIRED: YES

Field T11 Total Capitation Amount 5

Field Name: NMC-TOTAL-CAPS-AMTS-5 PIC 9(07)
Purpose: NOT USED
REQUIRED: YES

Field T12 Total Capitation Amount 6

Field Name: NMC-TOTAL-CAPS-AMTS-6 PIC 9(07)
Purpose: This field contains an accumulated total count of reinsurance amounts.
REQUIRED: YES