
NC HEALTH CHOICE - REPORTS - PART SEVEN

EIS 4300 - NC HEALTH CHOICE - REPORTS
PART SEVEN
REISSUED 03/01/04 - CHANGE NO. 05-04

I. NC HEALTH CHOICE CASEWORKER/SUPERVISOR REPORT

A. GENERAL INFORMATION

The NC Health Choice Caseworker Supervisor Report is a system produced report used to monitor performance and productivity and to help improve the management of your caseload. The report is produced after the last workday of the month, and two copies are mailed to the county; one for the caseworker and one for the supervisor.

The report is produced based on the action completed and the worker number entered on the DSS-8124 or the DSS-8125. If a worker number is not entered on the DSS-8125, EIS uses the one previously assigned to that case. If you complete more than one action on a form, the system credits you with only one action. The action you are given credit for is based on the order of [III](#). Below.

B. THE REPORT IS SORTED BY:

1. County
2. Supervisor
3. Worker

C. THE REPORT LISTS ACTIONS YOU COMPLETED DURING THE PREVIOUS MONTH. THE ACTIONS WHICH ARE REPORTED ARE:

1. APPLICATIONS REGISTERED.
2. APPLICATIONS APPROVED.
3. APPLICATIONS DENIED.
4. APPLICATIONS WITHDRAWN.
5. REDETERMINATIONS COMPLETED.
6. COUNTY TRANSFERS.
7. AID PROGRAM/CATEGORY TRANSFERS not completed in conjunction with a county transfer or a redetermination.
8. MAIN/TERM - changes made to terminated cases.

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 03/01/04 - CHANGE NO. 05-04

C. NC HEALTH CHOICE CASEWORKER/SUPERVISOR REPORT (CONT'D)

9. CASE TERMINATIONS.
10. BENEFIT CHANGES not completed in conjunction with a redetermination, a county transfer, or aid program/category transfer. (A benefit change is a change in the Medicaid effective date or the payment amount.)
11. Any OTHER CHANGES not listed above and not completed in conjunction with any of the actions listed above.
12. A total is captured at the end of each action.

NOTE: IF YOU DO NOT PERFORM ONE OF THE SPECIFIED ACTIONS, IT IS NOT LISTED ON YOUR REPORT.

D. IF YOU COMPLETE ONE OF THE ABOVE ACTIONS, THE FOLLOWING INFORMATION IS REPORTED ON THE NC HEALTH CHOICE CASEWORKER SUPERVISOR REPORT:

1. Case ID
2. Casehead/payee
3. Aid Program/Category
4. Application Number
5. County Case Number

E. CHANGES KEYED IN STATE OFFICE

1. Forms keyed by Claims Analysis will appear under worker number DMA.
2. EIS reports worker number DMA under Supervisor Number at the end of the report.
3. These actions appear on the Worker Supervisor Summary Report.

F. USE THE COMMENTS SECTION OF THE CASEWORKER SUPERVISOR REPORT TO ENTER ANY NECESSARY DOCUMENTATION.

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

G. CASEWORKER SUPERVISOR SUMMARY

The NC Health Choice Caseworker Supervisor Summary Report summarizes all actions reported on the NC Health Choice Caseworker Supervisor Report. The total of each action is shown by worker number, the total actions of all workers for each Supervisor Number, and, on the last cover page are the accumulated totals for the county.

The information described in [E.](#) above will also show on this summary report.

H. REPORT NAMES

The XPTR Report Names are: "DHREJ NCHC CWKR/SUPERVISOR RPT" and "DHREJ NCHC CWKR/SUPERVSR SUMM RPT". **Effective April 2009 the report names are DHREHC NCHC CWKR/SUPERVISOR RPT and DHREHC NCHC CWKR/SUPERVISOR SUMM RPT.** Each report is kept in XPTR for 1098 days. The reports are available in XPTR on the 1st workday of the month.

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA036		NORTH CAROLINA ELIGIBILITY INFORMATION				PAGE 1
01/09/2004		HEALTH CHOICE - CASEWORKER SUPERVISOR REPORT				
COUNTY	00 - YANCEY					
SUPERVISOR NUMBER						
CASEWORKER NUMBER	ALC					
CASE ID	CASEHEAD NAME	APC	APPL NUMBER	COUNTY CASE NO	LTC COMMENTS	
APPLICATIONS TAKEN						
22222222	XXXXXXXX	X	XXXXXXXX	MIC 9999999	018532	
22222222	XXXXX	X	XXXXXX	MIC 9999999	015119	
TOTAL APPLICATIONS TAKEN		2				
APPLICATIONS APPROVED						
22222222	XXXXXXXX	X	XXXXXXXX	MIC 9999999	018532	
22222222	XXXXX	X	XXXXXX	MIC 9999999	015119 YES	
TOTAL APPLICATIONS APPROVED		2				
APPLICATIONS DENIED						
22222222	XXXXXXXX	X	XXXXXXXX	MIC 9999999	018532	
22222222	XXXXX	X	XXXXXX	MIC 9999999	015119	
TOTAL APPLICATIONS DENIED		2				
APPLICATIONS WITHDRAWN						
22222222	XXXXXXXX	X	XXXXXXXX	MIC 9999999	018532	
22222222	XXXXX	X	XXXXXX	MIC 9999999	015119	
TOTAL APPLICATIONS WITHDRAWN		2				
REDETERMINATIONS						
22222222	XXXXXXXX	X	XXXXXXXX	MIC 9999999	018532	
22222222	XXXXX	X	XXXXXX	MIC 9999999	015119	
TOTAL REVIEWS AND REDETERMINATIONS		2				

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 09/01/06 - CHANGE NO. 02-07

EJA036		NORTH CAROLINA ELIGIBILITY INFORMATION				PAGE 2
01/09/2004		HEALTH CHOICE - CASEWORKER SUPERVISOR REPORT				
COUNTY	00 - YANCEY					
SUPERVISOR NUMBER						
CASEWORKER NUMBER	ALC					
CASE ID	CASEHEAD NAME	APC	APPL NUMBER	COUNTY CASE NO	LTC	COMMENTS
COUNTY TRANSFERS						
22222222	XXXXXXXXX	X	XXXXXXXXX	MIC	9999999	018532
TOTAL COUNTY TRANSFERS		1				
AID PROGRAM/CATEGORY TRANSFERS						
22222222	XXXXXXXXX	X	XXXXXXXXX	MIC	9999999	018532
22222222	XXXXXX	X	XXXXXX	MIC	9999999	015119
TOTAL AID PROGRAM/CATEGORY TRANSFERS		2				
CASE TERMINATIONS						
22222222				MIC	9999999	
TOTAL CASE TERMINATIONS		1				
BENEFIT CHANGES						
22222222	XXXXXXXXX	X	XXXXXXXXX	MIC	9999999	018532
22222222	XXXXXX	X	XXXXXX	MIC	9999999	015119
TOTAL BENEFIT CHANGES		2				
OTHER CHANGES						
22222222	XXXXXXXXX	X	XXXXXXXXX	MIC	9999999	018532
TOTAL OTHER CHANGES		1				

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 09/01/06 - CHANGE NO. 02-07

II. SUMMARY COUNTY WORKER TRANSACTIONS BY TITLE XIX VERSUS NC HEALTH CHOICE TRANSACTIONS DURING THE MONTH

A. GENERAL INFORMATION

The Eligibility Information System produces a monthly report that shows the total actions for Medicaid (MAF, MIC, MPW, IAS, and HSF) versus NC Health Choice for the county. Use this report in preparation of the monthly DSS-1571 for administrative reimbursement of eligibility determination.

The report is produced from the Caseworker/Supervisor report and lists the total number of applications taken, approved, denied, withdrawn, case maintenance actions, and case terminations for both Medicaid (MAF, MIC, MPW, IAS, HSF) and NC Health Choice. The report also lists the percentage of both Medicaid and NC Health Choice. Each report is kept in XPTR for 1098 days. The XPTR report name is: "DHRWDB SUMMARY NCHC VS MEDICAID". The report is available in XPTR on the 1st workday of the month.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS ACTIONS THAT WERE COMPLETED DURING THE PREVIOUS MONTH. THE ACTIONS WHICH ARE REPORTED ARE:

1. TOTAL APPLICATIONS TAKEN
2. TOTAL APPLICATIONS APPROVED
3. TOTAL APPLICATIONS DENIED
4. TOTAL APPLICATIONS WITHDRAWN
5. CASE MAINTENANCE ACTIONS
6. CASE/INDIVIDUAL TERMINATIONS
7. PERCENTAGE OF TOTAL ACTIONS THAT WERE MEDICAID
8. PERCENTAGE OF TOTAL ACTIONS THAT WERE NC HEALTH CHOICE

D. STATEWIDE SUMMARY

The second page of the report is the statewide summary page. This page lists the applications taken, approved, denied, withdrawn, case maintenance, and case terminations for Medicaid cases and NC Health Choice cases in the State. Also listed are the percentages of total actions for Medicaid and NC Health Choice cases for the State.

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA331 NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES PAGE 1
CREATED DIVISION OF MEDICAL ASSISTANCE/SOCIAL SERVICES
01/07/1999 SUMMARY COUNTY WORKER TRANSACTIONS
22:40:40 BY TITLE XIX VERSUS NC HEALTH CHOICE
FOR THE MONTH OF XXXXXXXXXX 9999

COUNTY 00 YANCEY

TRANSACTION TYPE	TITLE XIX TRANSACTIONS	NC HEALTH CHOICE TRANSACTIONS	TOTAL TRANSACTIONS
1. APPS TAKEN	99,999	99,999	999,999
2. APPS APPROVED	99,999	99,999	999,999
3. APPS DENIED	99,999	99,999	999,999
4. APPS WITHDRAWN	99,999	99,999	999,999
5. CASE MAINTENANCE	99,999	99,999	999,999
6. CASE TERMINATION	9,999	99,999	999,999
TOTAL	999,999	999,999	9,999,999

TITLE XIX AS PERCENT OF TOTAL: .9999
NC HEALTH CHOICE PERCENT OF TOTAL: .9999

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

III. NC HEALTH CHOICE PREMIUM RECONCILIATION REPORT FOR APPROVALS

A. GENERAL INFORMATION

The Eligibility Information System produces a monthly report listing the number of NC Health Choice cases approved in class "A", "J", "K", and "S". For approvals keyed in the previous calendar month, the report lists the total number of children covered, number of cases with one child, premium collected for one child cases, number of cases with multiple children, premium collected for multiple children cases, and totals for each.

Use this report in preparation of the monthly DSS-1571 for administrative reimbursement of eligibility determination. Each report is kept in XPTR for 1098 days. The report name is: DHRWDB NCHC PREMIUM RECON. **Effective April 2009 the report name is DHREHC NCHC PREMIUM RECON.** The report is available in XPTR on the 1st workday of the month.

B. THE REPORT IS SORTED BY:

1. County
2. Medicaid Classification

C. THE REPORT LISTS APPROVALS THAT WERE COMPLETED DURING THE PREVIOUS MONTH. THE ACTIONS WHICH ARE REPORTED ARE:

1. NC HEALTH CHOICE MEDCLASS COVERAGE
2. TOTAL CASES APPROVED
3. TOTAL CHILDREN APPROVED
4. NUMBER OF CASES APPROVED WITH ONE CHILD
5. TOTAL PREMIUM TO BE COLLECTED ONE CHILD CASE
6. NUMBER OF CASES APPROVED MULTIPLE CHILDREN
7. TOTAL PREMIUM TO BE COLLECTED MULTIPLE CHILD CASE
8. NC HEALTH CHOICE TOTALS

D. STATEWIDE SUMMARY

The second page of the report is the statewide summary page. This page lists the number of NC Health Choice cases approved in class "A", "J", "K", and "S". It lists the total number of children covered, number of cases with one child, premium collected for one child cases, number of cases with multiple children, premium collected for multiple children cases, and totals for each.

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA332R2
 01/07/1999
 22:40:40

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF MEDICAL ASSISTANCE
 TOTAL HEALTH CHOICE PREMIUM RECONCILIATION
 APPROVALS KEYED IN XXXXXXXXXX, 9999

PAGE 1

COUNTY 00 YANCEY

MED CLS	TOT CASES APPRVED	TOT CHLDREN APPRVED	TOT ONE-CHILD APPRVED	TOT ONE-CHILD PREMIUM	TOT MULT-CHILD APPRVED	TOT MULT-CHILD PREMIUM
A	999,999	999,999	999,999	\$99,999.99	999,999	\$9,999.99
J	999,999	999,999	999,999	\$99,999.99	999,999	\$9,999.99
K	999,999	999,999	999,999	\$99,999.99	999,999	\$9,999.99
S	999,999	999,999	999,999	\$99,999.99	999,999	\$9,999.99
TOTAL:	9,999,999	9,999,999	9,999,999	\$999,999.99	9,999,999	\$99,999.99

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

IV. NC HEALTH CHOICE DETAILED PREMIUM RECONCILIATION REPORT FOR APPROVALS

A. GENERAL INFORMATION

The Eligibility Information System generates a detailed report from the NC Health Choice Premium Reconciliation Report. The detailed report lists the casehead name, case Id, county case number, total children, Medicaid class, and premium for the cases listed on the Premium Reconciliation Report (Refer to [III.](#) above for the Premium Reconciliation Report).

B. THE REPORT IS SORTED BY:

1. County
2. Case ID

C. THE XPTR REPORT NAME

The XPTR report name is: DHRWDB NCHC DETAIL PREMIUM RECON. Effective April 2009 the report name is DHREHC NCHC DETAIL PREMIUM RECON. Each report is kept in XPTR for 1098 days. The report is available on the 1st workday of the month.

 NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA332R1 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE 1
 01/07/1999 DIVISION OF MEDICAL ASSISTANCE
 22:40:40 DETAIL HEALTH CHOICE PREMIUM RECONCILIATION
 APPROVALS KEYED IN XXXXXXXXXX, 9999

COUNTY 00 YANCEY

CASEHEAD NAME	CASE ID	CNTY CASE NO	TOTAL CHLRN	MED CLS	PREMIUM
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99
XXXXXXXXXX X XXXXXXXXXXXXXXXX	99999999	XXXXXX	99	X	\$999.99

TOTAL PREMIUM \$99,999.99

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

V. NC HEALTH CHOICE AND MEDICAID APPLICATIONS TAKEN/APPROVED SINCE
OCTOBER 1, 1998

A. GENERAL INFORMATION

The Eligibility Information System produces a quarterly report indicating the total number of children on applications taken, approved, denied/withdrawn, and pending applications since October 1, 1998 for NC Health Choice, MIC/N, and Other Medicaid (MAF, IAS, HSF, MRF, MAD).

The XPTR report name is: DHREJ NCHC/MED APPS APPR 10/1/98. Effective April 2009 the report name is DHREHC NCHC APPS APPR 10/1/98. The report is available in XPTR the 1st workday of the month following the end of the quarter. Each report is kept in XPTR for 1830 days.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS NUMBERS OF CHILDREN APPLIED, APPROVED, DENIED/WITHDRAWN, AND PENDING. THE INFORMATION REPORTED IS:

1. TOTAL NUMBER OF CHILDREN ON APPLICATIONS TAKEN
2. TOTAL NUMBER OF CHILDREN APPROVED
3. TOTAL NUMBER OF CHILDREN DENIED/WITHDRAWN
4. TOTAL NUMBER OF CHILDREN ON PENDING APPLICATIONS

D. STATEWIDE TOTALS

The second page of the report is a list of statewide totals for the number of children on applications taken, approved, denied/withdrawn, and pending for NC Health Choice, MIC/N, and other Medicaid (MAF, IAS, HSF, MRF, MAD).

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA333 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE 1
01/07/1999 DIVISION OF MEDICAL ASSISTANCE
22:40:40 TOTAL TITLE XIX AND HEALTH CHOICE
 APPLICATIONS TAKEN/APPROVED SINCE OCTOBER 1, 1998

COUNTY 00 YANCEY

TOTAL NUMBER OF CHILDREN ON APPS TAKEN:	HEALTH CHOICE	99,999
	MIC	99,999
	OTHER TITLE XIX	99,999
	TOTAL	999,999

TOTAL NUMBER OF CHILDREN APPROVED APPS:	HEALTH CHOICE	99,999
	MIC	99,999
	OTHER TITLE XIX	99,999
	TOTAL	999,999

TOTAL NUMBER OF CHILDEN DENIED/WITHDRWN APPS:	HEALTH CHOICE	99,999
	MIC	99,999
	OTHER TITLE XIX	99,999
	TOTAL	999,999

TOTAL NUMBER OF CHILDEN ON PENDING APPS:	HEALTH CHOICE	99,999
	MIC	99,999
	OTHER TITLE XIX	99,999
	TOTAL	999,999

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

VI. ELIGIBLES BY FAMILY SIZE, AGE, SEX, RACE, AND INCOME LEVEL

A. GENERAL INFORMATION

The Eligibility Information System produces a report for NC Health Choice approvals in the previous calendar month for Family Size, Age, Sex, Race, and Income Level. This report tracks statistical information about families approved for NC Health Choice.

Age Group
Less than age 1
Ages 1 - 5
Ages 6 - 12
Ages 13 - 18

The report includes:

1. Family income less than or equal to 150% of poverty (class "A" and "J").
2. Family income greater than 150% of poverty and less than 200% of poverty (class "K" and "S").

The report is available in XPTR the 1st workday of the month for the prior month. Each report is kept in XPTR for 1098 days. The report name is: DHRWDB NCHC BY FAM AGE SEX RACE. Effective April 2009 the report name is DHREHC NCHC BY FAM AGE SEX RACE.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS NC HEALTH CHOICE APPROVALS FOR THE PREVIOUS MONTH BY THE FOLLOWING INFORMATION:

1. FAMILY SIZE - Needs Unit
2. AGE GROUPS
3. SEX
4. RACE
5. INCOME BASED ON NC HEALTH CHOICE CLASS "A", "J", "K", or "S"

D. STATEWIDE SUMMARY

The second page is a statewide summary page. This page lists totals for the family size, sex, race, income, and age groups for all NC Health Choice approvals in the state.

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 09/01/06 - CHANGE NO. 02-07

EJA334E2 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE 1
01/07/1999 DIVISION OF MEDICAL ASSISTANCE
22:40:40 TOTAL HEALTH CHOICE APPROVALS KEYED IN XXXX, 19XX
BY FAMILY SIZE, AGE, SEX, RACE, AND INCOME

COUNTY 00 YANCEY

FAMILY SIZE 1 TOTAL: 999

TOTAL AGE < 1 999
TOTAL MALE: 999 TOTAL FEMALE: 999
TOTAL INDIVIDUALS "A": 999 TOTAL INDIVIDUALS "B": 999
TOTAL INDIVIDUALS "H": 999 TOTAL INDIVIDUALS "I": 999
TOTAL INDIVIDUALS "O": 999 TOTAL INDIVIDUALS "W": 999
TOTAL NUMBER OF INDIVIDUALS 100% TO 150% 999
TOTAL NUMBER OF INDIVIDUALS >150% TO 200% 999

TOTAL AGE 1 - 5 999
TOTAL MALE: 999 TOTAL FEMALE: 999
TOTAL INDIVIDUALS "A": 999 TOTAL INDIVIDUALS "B": 999
TOTAL INDIVIDUALS "H": 999 TOTAL INDIVIDUALS "I": 999
TOTAL INDIVIDUALS "O": 999 TOTAL INDIVIDUALS "W": 999
TOTAL NUMBER OF INDIVIDUALS 100% TO 150% 999
TOTAL NUMBER OF INDIVIDUALS >150% TO 200% 999

TOTAL AGE 6 - 12 999
TOTAL MALE: 999 TOTAL FEMALE: 999
TOTAL INDIVIDUALS "A": 999 TOTAL INDIVIDUALS "B": 999
TOTAL INDIVIDUALS "H": 999 TOTAL INDIVIDUALS "I": 999
TOTAL INDIVIDUALS "O": 999 TOTAL INDIVIDUALS "W": 999
TOTAL NUMBER OF INDIVIDUALS 100% TO 150% 999
TOTAL NUMBER OF INDIVIDUALS >150% TO 200% 999

TOTAL AGE 13 - 18 999
TOTAL MALE: 999 TOTAL FEMALE: 999
TOTAL INDIVIDUALS "A": 999 TOTAL INDIVIDUALS "B": 999
TOTAL INDIVIDUALS "H": 999 TOTAL INDIVIDUALS "I": 999
TOTAL INDIVIDUALS "O": 999 TOTAL INDIVIDUALS "W": 999
TOTAL NUMBER OF INDIVIDUALS 100% TO 150% 999
TOTAL NUMBER OF INDIVIDUALS >150% TO 200% 999

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 09/01/06 - CHANGE NO. 02-07

VII. NUMBER OF CHILDREN ENROLLED IN NC HEALTH CHOICE AND MEDICAID BY
MONTH, FISCAL YEAR, AND YEAR-TO-DATE

A. GENERAL INFORMATION

The Eligibility Information System produces a report to provide the number of individuals enrolled in NC Health Choice and Medicaid (MIC, MAF, IAS, HSF, and MRF) for the previous month, the total number enrolled for the fiscal year, and the number enrolled year-to-date.

EIS produces the report monthly. Each report is kept in XPTR for 1098 days. The report name is: DHRWDB CHILDREN ENROL NCHC VS MED. The report is available in XPTR on the 1st workday of the month.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS THE FOLLOWING INFORMATION:

1. NUMBER ENROLLED IN NC HEALTH CHOICE FOR THE PREVIOUS MONTH
2. NUMBER ENROLLED IN NC HEALTH CHOICE PRIOR FISCAL YEAR
3. NUMBER ENROLLED IN NC HEALTH CHOICE YEAR-TO-DATE
4. NUMBER ENROLLED IN MEDICAID FOR THE PREVIOUS MONTH
5. NUMBER ENROLLED IN MEDICAID PRIOR FISCAL YEAR
6. NUMBER ENROLLED IN MEDICAID YEAR-TO-DATE

D. STATEWIDE SUMMARY

The second page is a statewide total of the end-of-month, year-to-date, and prior fiscal year totals for the number of individuals enrolled in NC Health Choice and Medicaid.

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA335 NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES PAGE 1
 CREATED DIVISION OF MEDICAL ASSISTANCE/SOCIAL SERVICES
 01/07/1999 NUMBER OF CHILDREN ENROLLED
 22:40:40 BY TITLE XIX VERSUS NC HEALTH CHOICE
 FOR THE MONTH OF XXXXXXXXXX 9999

COUNTY 00 YANCEY

	NUMBER CHILDREN FOR MONTH OF XXX	NUMBER CHILDREN FISCAL YR MM CCYY	NUMBER CHILDREN 10-01-1998 TO DATE
1. HEALTH CHOICE	99,999	99,999	999,999
2. TITLE XIX	99,999	99,999	999,999

EJA335 NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES PAGE 1
 CREATED DIVISION OF MEDICAL ASSISTANCE/SOCIAL SERVICES
 01/07/1999 NUMBER OF CHILDREN ENROLLED
 22:40:40 BY TITLE XIX VERSUS NC HEALTH CHOICE
 FOR THE MONTH OF XXXXXXXXXX 9999

STATEWIDE TOTALS

	NUMBER CHILDREN FOR MONTH OF XXX	NUMBER CHILDREN FISCAL YR MM CCYY	NUMBER CHILDREN 10-01-1998 TO DATE
3. HEALTH CHOICE	999,999	999,999	9,999,999
4. TITLE XIX	999,999	999,999	9,999,999

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

VIII. NCHC AND FAMILY AND CHILDREN'S MEDICAID APPROVED APPLICATIONS BY SOURCE

A. GENERAL INFORMATION

The Eligibility Information System produces a monthly report indicating the number of applications approved in the previous calendar month and year-to-date at Departments of Social Services, Health Departments, and mail in applications for NC Health Choice and Medicaid (MAF, MIC, MPW, IAS, HSF, and MRF).

EIS produces the report on the 5th work night of the following month. Each report is kept in XPTR for 1830 days. The XPTR report name is: DHREJ NCHC/MED APPR APPS BY SOUR. Effective April 2009 the report name is DHREHC NCHC APPR APPS BY SOUR.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS APPLICATIONS PENDING AS OF THE LAST DAY OF THE MONTH AND THE NUMBER OF APPROVALS. THE INFORMATION REPORTED ARE:

1. TOTAL NC HEALTH CHOICE APPLICATIONS APPROVED FOR THE PREVIOUS MONTH AT HEALTH DEPT, DSS, MAIL-IN
2. TOTAL MEDICAID APPLICATIONS APPROVED FOR THE PREVIOUS MONTH AT HEALTH DEPT, DSS, MAIL-IN
 - a. MAF (Except class "D")
 - b. MAF-D
 - c. MIC
 - d. MPW
3. TOTAL NC HEALTH CHOICE APPROVED YEAR-TO-DATE AT THE HEALTH DEPT, DSS, MAIL-IN
4. TOTAL MEDICAID APPLICATIONS APPROVED YEAR-TO-DATE AT THE HEALTH DEPT, DSS, MAIL-IN

D. STATEWIDE TOTALS

The second page is a list of statewide totals for the number of application approvals in the previous month and approvals year-to-date at the Health Department, DSS Office, and Mail-In applications for NC Health Choice and Medicaid (MAF, MIC, MPW, IAS, HSF, and MRF).

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA336
02/07/2006
22:40:40

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
NCHC AND FAMILY AND CHILDREN'S MEDICAID
APPROVED APPLICATIONS BY SOURCE FOR XXXXXXXXXXXX 19XX
BASED ON DISPOSITION DATE

PAGE 1

COUNTY 00 - YANCEY

AID-CATEGORY

	DEPT	DSS	MAIL	TOTAL
HLTH CH - JAN 2006	3	80	20	103
MIC - JAN. 2006	1	64	19	84
FAM PLN - JAN 2006	7	278	87	372
MAF - JAN 2006	3	13	4	20
MPW - JAN 2006	6	99	28	133
HLTH CH - JULY 2005 TO DTE:	6	568	158	732
MIC - JULY 2005 TO DTE:	42	1,821	500	2,363
FAM PLN - JULY 2005 TO DTE	4	40	13	57
MAF - JULY 2005 TO DTE:	3	255	69	327
MPW - JULY 2005 TO DTE:	16	289	56	361

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

IX. NUMBER OF NC HEALTH CHOICE APPLICATIONS DENIED/WITHDRAWN

A. GENERAL INFORMATION

The Eligibility Information System produces a monthly report that indicates the number of NC Health Choice denial and withdrawal dispositions keyed in the previous month including a year-to-date total.

The report lists the denial/withdrawal codes used and the number of cases using that code. The report is available in XPTR on the 5th workday of the month. The XPTR report name is: DHREJ NCHC APPS DENIED/WITHDRAWN. **Effective April 2009 the report name is DHREHC NCHC APPS DENIED/WITHDRAWN.** Each report is kept in XPTR for 1098 days.

B. THE REPORT IS SORTED BY:

1. County
2. Denials
3. Withdrawals

C. THE REPORT LISTS ACTIONS THAT WERE COMPLETED DURING THE PREVIOUS MONTH. THE ACTIONS REPORTED ARE:

1. NUMBER OF DENIED APPLICATIONS
2. TOTAL DENIED APPLICATIONS
3. NUMBER OF WITHDRAWN APPLICATIONS
4. TOTAL WITHDRAWN APPLICATIONS

D. STATEWIDE SUMMARY

The second part is a statewide listing the total number of denials/withdrawals keyed in the previous month and total year-to-date. The totals are listed by denial/withdrawal code and by location type of application (DSS, Health Dept., or Mail-in).

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA325R1 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE: 1
 RUN DATE: 03/05/1999 ELIGIBILITY INFORMATION SYSTEM
 RUN TIME: 00:24:49 HEALTH CHOICE DENIED/WITHDRAWN APP TOTALS
 COUNTY 01 ALAMANCE CURRENT MTH YEAR TO DATE

NUMBER OF DENIED APPS - COUNTY OFFICE		
A2 HAS HEALTH INSURANCE OR MEDICARE	0	1
A3 ENROLLMENT FEE	4	15
B3 INCOME EXCEEDS POVERTY LEVEL	1	10
D8 VOLUNTARILY TERMINATED HEALTH INSURANCE	1	2
F5 APPROVED FOR OTHER AID PROGRAM	0	2
G1 NEEDED INFORMATION NOT PROVIDED	0	10
G8 ADMINISTRATIVE DENIAL	5	19
TOTAL DENIED APPS - COUNTY OFFICE	11	59
NUMBER OF DENIED APPS - HEALTH DEPT		
TOTAL DENIED APPS - HEALTH DEPT	0	0
NUMBER OF DENIED APPS - MAILED		
A2 HAS HEALTH INSURANCE OR MEDICARE	0	5
A3 ENROLLMENT FEE	1	4
B3 INCOME EXCEEDS POVERTY LEVEL	0	6
C2 NON-CITIZEN/REFUGEE/QUALIFIED ALIEN	0	1
D8 VOLUNTARILY TERMINATED HEALTH INSURANCE	0	2
F2 RECEIVING ASSISTANCE IN ANOTHER CASE	2	5
F5 APPROVED FOR OTHER AID PROGRAM	0	1
G1 NEEDED INFORMATION NOT PROVIDED	0	6
G8 ADMINISTRATIVE DENIAL	1	3
TOTAL DENIED APPS - MAILED	4	33
TOTAL DENIED APPS	15	92

***** BOTTOM OF PAGE ***** BOTTOM OF PAGE *****

EJA325R1 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE: 2
 RUN DATE: 03/05/1999 ELIGIBILITY INFORMATION SYSTEM
 RUN TIME: 00:24:49 HEALTH CHOICE DENIED/WITHDRAWN APP TOTALS
 COUNTY 01 ALAMANCE CURRENT MTH YEAR TO DATE

NUMBER OF WITHDRAWN APPS - COUNTY OFFICE		
W1 ASKED TO WITHDRAW APPLICATION	2	3
TOTAL WITHDRAWN APPS - COUNTY OFFICE	2	3
NUMBER OF WITHDRAWN APPS - HEALTH DEPT		
TOTAL WITHDRAWN APPS - HEALTH DEPT	0	0
NUMBER OF WITHDRAWN APPS - MAILED		
TOTAL WITHDRAWN APPS - MAILED	0	0
TOTAL WITHDRAWN APPS	2	3

***** BOTTOM OF PAGE ***** BOTTOM OF PAGE *****

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

X. NC HEALTH CHOICE EXTENDED COVERAGE PARTICIPANTS (CLASS 'L')

A. GENERAL INFORMATION

The Eligibility Information System produces a report listing the Case ID and Casehead name and the total number of NC Health Choice individuals that became ineligible for NC Health Choice classification "A", "J", "K", or "S". This will show the number of individuals enrolled in Medicaid class 'L'.

The report is available in XPTR on the 1st workday of the month indicating totals by county and state for the prior month, as well as program to date totals. Each report is kept in XPTR for 1098 days. The XPTR report name is: DHRWDB NCHC EXTENDED COVERAGE. **Effective April 2009 the report name is DHREHC NCHC EXTENDED COVERAGE.**

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS ACTIONS THAT WERE COMPLETED DURING THE PREVIOUS MONTH. THE INFORMATION REPORTED IS:

1. CASE ID
2. CASEHEAD PAYEE
3. NUMBER OF INDIVIDUALS WITH NC HEALTH CHOICE CLASSIFICATION "L" BY COUNTY
4. TOTAL INDIVIDUALS FOR THE STATE

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

HEALTH CHOICE EXTENDED COVERAGE
CASE REPORT TOTALS

EJA485R1A NC DEPARTMENT OF HEALTH AND HUMAN SERVICES PAGE: 99
RUN DATE: 05/03/1999 ELIGIBILITY INFORMATION SYSTEM
RUN TIME: 11:15:30 HEALTH CHOICE EXTENDED COVERAGE PARTICIPANTS
FOR THE MONTH OF XXXXXXXXXX, 9999

COUNTY 00 YANCEY

CASE ID	CASEHEAD PAYEE NAME	NUM OF INDIV
99999999	XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXX	99
99999999	XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXX	99
99999999	XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXX	99
99999999	XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXX	99
99999999	XXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX XXX	99

TOTAL INDIVIDUALS FOR COUNTY 00 9999

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

XI. NC HEALTH CHOICE INDIVIDUALS WITH MEDICARE COVERAGE

A. GENERAL INFORMATION

The Eligibility Information System produces a report that indicates the individuals receiving NC Health Choice with a Medicare A/B indicator of "Y".

EIS produces the report monthly and it is available in XPTR on the 1st workday of the month. The XPTR report name is: DHRWDB NCHC INDIV WITH MEDICARE. Effective April 2009 the report name is DHREHC NCHC INDIV WITH MEDICARE. Each report is kept in XPTR for 1098 days.

If a child is found to be receiving Medicare and NCHC, immediately take action to notify the recipient of ineligibility and terminate the NC Health Choice assistance for that child.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS THE FOLLOWING INFORMATION:

1. CASE ID
2. COUNTY CASE NUMBER
3. DIST NUMBER
4. INDIVIDUAL NAME
5. INDIVIDUAL ID NUMBER
6. SOCIAL SECURITY NUMBER
7. MEDICARE PART A AND EFFECTIVE DATE
8. MEDICARE PART B AND EFFECTIVE DATE

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA338
01/07/1999
22:40:40

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
HEALTH CHOICE INDIVIDUALS
WITH MEDICARE A/B COVERAGE

PAGE

COUNTY 00 YANCEY

CASE ID CNTY CASE ID DIST NO
99999999 XXXXXX XXX

INDIVIDUAL NAME	IND ID	IND SSN	MEDICARE A/DATE	MEDICARE B/DATE
XXXX X XXXXXX XXX	XXXXXXXXXXXX	999999999	X 99-9999	X 99-9999
XXXX X XXXXXX XXX	XXXXXXXXXXXX	999999999	X 99-9999	X 99-9999

CASE ID CNTY CASE ID DIST NO
99999999 XXXXXX XXX

INDIVIDUAL NAME	IND ID	IND SSN	MEDICARE A/DATE	MEDICARE B/DATE
XXXX X XXXXXX XXX	XXXXXXXXXXXX	999999999	X 99-9999	X 99-9999

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

XII. NC HEATH CHOICE RE-ENROLLMENT REPORT

A. GENERAL INFORMATION

As an optional documentation tool for tracking NCHC re-enrollment, EIS creates a report titled "NCHC/MIC Re-Enrollment". The report runs the last workday of the month in the 10th month of the enrollment period (certification period). Each county receives two paper copies of the report. The report is also available in XPTR. The XPTR report name is "DHREJ NCHC/MIC RE-ENROLLMENT". **Effective April 2009 the report name is DHREHC NCHC RE-ENROLLMENT.** Each report is kept in XPTR for 1098 days.

NOTE: County transfers that process the last workday of October that are effective December 1, process prior to the report run. Therefore, the case appears on the new county's re-enrollment report and the re-enrollment application contains the new county's return address.

B. THE REPORT IS SORTED BY

1. County
2. District
3. Medicaid Class
4. Alphabetically by casehead name

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

X 1 B02:DHREHC NCHC RE-ENROLLMEN 04/30/2009 Index is DISTIX01
 Command ==> Scroll ==> CSR
 4/30/2009 NC DEPARTMENT OF HEALTH AND HUMAN
 RUN DATE: 04/30/2009 ELIGIBILITY INFORMATION SYS
 RUN TIME: 23.44.20 NCHC RE-ENROLLMENT DUE 99/99/9999

COUNTY 01 YANCEY
 DISTRICT XXX

CASE ID	COUNTY	MED	CLS	RECIPIENT	NAME	DATE					APP
						DMA-5063R	RECEIVED	8110	ENROLLMENT	ENROLLMENT	
						COMPLETE	MAILED	FEE REQSTD	FEE PAID	COMPLETED	
99999999	XXXXXX	J		XXXXX	X	XXXXX	_____	_____	_____	_____	_____
99999999	XXXXXX	J		XXXXX	X	XXXXX	_____	_____	_____	_____	_____
99999999	XXXXXX	J		XXXXXX	X	XXXXX	_____	_____	_____	_____	_____
99999999	XXXXXX	J		XXXXXX	X	XXXXX	_____	_____	_____	_____	_____

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

XIII. RE-ENROLLMENT NCHC REPORT SUMMARY 1

A. GENERAL INFORMATION

The Eligibility Information System produces a report that indicates the number and percentage of NC Health Choice re-enrollments completed, transferred to extended coverage "L" class, automatic terminations, other terminations, and those transferred to Medicaid. After the initial report, the following summaries are displayed:

1. MEDICAID AUTHORIZED/CERTIFIED - REPORT 1: This uses the "MED AUTH COUNT" and displays the aid program/category, class, SSI status, and number of cases authorized for Medicaid.
2. TERMINATED REPORT - REPORT 1: This uses the total of "TERMED CODE 80 COUNT" and "TERMED OTHER COUNT" then displays the termination code, message, and number terminated with that code.

EIS produces the report monthly and it is available in XPTR on the first workday of the month. The XPTR report name is: "DHREJ RE-ENROLL NCHC RPT SUM - 1". Effective April 2009 the report name is DHREHC RE-ENROLL NCHC RPT SUM -1. Each report is kept in XPTR for 1098 days.

The last line/page of each report is a statewide summary.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS THE FOLLOWING INFORMATION:

1. COUNTY NUMBER
2. TOTAL ON FILE
3. NCHC RE-ENROLLMENT COUNT
4. NCHC RE-ENROLLMENT PERCENTAGE
5. MEDICAID AUTHORIZED COUNT
6. MEDICAID AUTHORIZED PERCENTAGE
7. TOTAL RE-ENROLLMENT COUNT
8. TOTAL RE-ENROLLMENT COUNT PERCENTAGE

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

- 9. EXTENDED COVERAGE COUNT
- 10. EXTENDED COVERAGE PERCENTAGE
- 11. TERMINATED CODE 80 COUNT
- 12. TERMINATED CODE 80 PERCENTAGE
- 13. TERMINATED OTHER COUNT
- 14. TERMINATED OTHER PERCENTAGE

J 1 B02: DHREJ RE-ENROLL NCHC RPT 02/01/2004 Pg 1 of 195 Line 1
 Command ==> Scroll ==> CSR
 EJA3561C NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 RUN DATE: 2/01/04 ELIGIBILITY INFORMATION SYSTEM
 RUN TIME: 15.30.56 NCHC RE-ENROLLMENT REPORT SUMMARY - REPORT 1
 WITH CERT TO ENDING 12/31/2003

CO NO	TOTAL ON FILE	NCHC RE-ENROLL COUNT	NCHC RE-ENROLL PCT	MED AUTH COUNT	MED AUTH PCT	TOTAL RE ENROLL COUNT	TOTAL RE ENROLL PCT	EXTND COVER COUNT	EXTND COVER PCT	TERMED CODE 80 COUNT	TERMED CODE 80 PCT	TERMED OTHER COUNT	TERMED OTHER PCT
00	12	4	33.33	1	8.33	5	41.66	0	0.00	0	0.00	7	58.33
01	59	13	22.03	6	10.16	19	32.20	0	0.00	36	61.01	4	6.77
02	44	25	56.81	1	2.27	26	59.09	0	0.00	15	34.09	3	6.81
03	12	6	50.00	0	0.00	6	50.00	1	8.33	3	25.00	2	16.66
04	9	5	55.55	1	11.11	6	66.66	0	0.00	0	0.00	3	33.33
05	33	14	42.42	2	6.06	16	48.48	1	3.03	11	33.33	5	15.15
06	23	7	30.43	3	13.04	10	43.48	1	4.34	12	52.17	0	0.00
07	41	15	36.58	9	21.95	24	58.54	0	0.00	14	34.14	3	7.31
08	4	2	50.00	0	0.00	2	50.00	0	0.00	2	50.00	0	0.00
09	38	5	13.15	12	31.57	17	44.74	1	2.63	8	21.05	12	31.57
10	60	29	48.33	5	8.33	34	56.67	6	10.00	18	30.00	2	3.33
.													
.													
.													
4056	1,304	32.14	530	13.06	1834	45.22	90	2.21	1,746	43.04	386	9.51	

***** End of page*****

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

XIV. RE-ENROLLMENT REPORT SUMMARY 2

A. GENERAL INFORMATION

The Eligibility Information System produces a report that indicates the count and percentage of NC Health Choice re-enrollments completed, transferred to extended coverage "L" class, automatic terminations, other terminations, transferred to Medicaid, and pending applications.

This report differs from the Report Summary 1 in that it recalculates the above totals one month after the certification period ends. Thus, making allowances for reopened cases and cases with pending applications. After the initial report, the following summaries are displayed:

1. MEDICAID AUTHORIZED/CERTIFIED - REPORT 2: This uses the "MED AUTH COUNT" and displays the aid program/category, class, SSI status, and number of cases authorized for Medicaid.
2. TERMINATED REPORT - REPORT 2: This uses the total of "TERMED CODE 80 COUNT" and "TERMED OTHER COUNT" then displays the termination code, message, and number terminated with that code.
3. INDIVIDUALS TERMINATED WITH CODE 80 - REPORT 2: This is a detail listing of cases terminated with code 80.

EIS produces the report monthly and is available in XPTR on the first workday of the month. The XPTR report name is: "DHREJ RE-ENROLL NCHC RPT SUM - 2". **Effective April 2009 the report name is DHREHC RE-ENROLL NCHC RPT SUM -2.** Each report is kept in XPTR for 1098 days.

The last line/page of each report is a statewide summary.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS THE FOLLOWING INFORMATION:

1. COUNTY NUMBER
2. TOTAL ON FILE
3. NCHC RE-ENROLLMENT COUNT
4. NCHC RE-ENROLLMENT PERCENTAGE
5. MEDICAID AUTHORIZED COUNT

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

- 6. MEDICAID AUTHORIZED PERCENTAGE
- 7. TOTAL RE-ENROLLMENT COUNT
- 8. TOTAL RE-ENROLLMENT PERCENTAGE
- 9. EXTENDED COVERAGE COUNT
- 10. EXTENDED COVERAGE PERCENTAGE
- 11. TERMINATED CODE 80 COUNT
- 12. TERMINATED CODE 80 PERCENTAGE
- 13. TERMINATED OTHER COUNT
- 14. TERMINATED OTHER PERCENTAGE
- 15. PENDING APPLICATION COUNT
- 16. PENDING APPLICATION PERCENTAGE

J 1 B02: DHREJ RE-ENROLL NCHC RPT 03/01/2004 Pg 1 of 195 Line 1
 Command ==> Scroll ==> 6
 EJA3561C NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 RUN DATE: 3/01/04 ELIGIBILITY INFORMATION SYSTEM
 RUN TIME: 15.30.56 NCHC RE-ENROLLMENT REPORT SUMMARY - REPORT 2
 WITH CERT TO ENDING 11/30/2003

CO NO	TOTAL ON FILE	NCHC RNRL CNT	NCHC RNRL PCT	MED AUTH CNT	MED AUTH PCT	TOTL RNRL CNT	TOTL RNRL PCT	XTND AUTH CNT	XTND AUTH PCT	TRMD CD80 CNT	TRMD CD80 PCT	TRMD OTHR CNT	TRMD OTHR PCT	PEND APP CNT	PEND APP PCT
00	12	4	33.3	1	8.3	5	41.7	0	0.0	0	0.0	7	58.3	0	0.0
01	59	13	22.0	6	10.1	19	11.2	0	0.0	36	61.0	4	6.7	0	0.0
02	44	25	56.8	1	2.2	26	11.4	0	0.0	15	34.0	3	6.8	1	2.2
03	12	6	50.0	0	0.0	6	50.0	1	8.3	3	25.0	2	16.6	0	0.0
04	9	5	55.5	1	11.1	6	66.7	0	0.0	0	0.0	3	33.3	0	0.0
05	33	14	42.4	2	6.0	16	48.5	1	3.0	11	33.3	5	15.1	1	3.0
06	23	7	30.4	3	13.0	10	43.5	1	4.3	12	52.1	0	0.0	6	26.0
07	41	15	36.5	9	21.9	24	58.5	0	0.0	14	34.1	3	7.3	0	0.0
08	4	2	50.0	0	0.0	2	50.0	0	0.0	2	50.0	0	0.0	0	0.0
09	38	5	13.1	12	31.5	17	44.7	1	2.6	8	21.0	12	31.5	1	2.6
10	60	29	48.3	5	8.3	34	56.7	6	10.0	18	30.0	2	3.3	0	0.0

4056 1,304 32.1 530 13.1 1834 45.2 90 2.2 1,746 43.0 386 9.5 79 1.9
 ***** End of page *****

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

XV. NC HEALTH CHOICE ACTIVE RECIPIENTS

A. GENERAL INFORMATION

The Eligibility Information System produces a report listing the total number of individuals active in a NC Health Choice case with a Medicaid class of "A", "K", "J", or "S".

EIS produces the report nightly and it is available in XPTR the following workday. The XPTR report name is: DHRWDB NCHC ACTIVE RECIPIENTS. **Effective April 2009 the report name is DHREHC NCHC ACTIVE RECIPIENTS.** Each report is kept in XPTR for 1098 days.

B. THE REPORT IS SORTED BY:

County

C. THE REPORT LISTS THE FOLLOWING INFORMATION

The number of active NC Health Choice recipients per county and Statewide.

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09- CHANGE NO. 03-09

6/13/2001

EJA696EZ

PAGE

1

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
ELIGIBILITY INFORMATION SYSTEM
ACTIVE HEALTH CHOICE INDIVIDUALS ON EIS
MIC A, J, K AND S

CO NO	NUMBER OF INDIVIDUALS
00	287
01	875
02	249
03	117
04	199
05	357
06	321
07	431
08	234
09	490

NC HEALTH CHOICE - REPORTS - PART SEVEN

REVISED 05/01/09 - CHANGE NO. 03-09

XVI. NC HEALTH CHOICE LIMITED FUNDING

A. GENERAL INFORMATION

The Eligibility Information System produces a monthly report listing the individuals that have been denied using a C4 denial code due to the freeze of the NC Health Choice program.

The report runs once a month on the 5th work night of the month and is available in XPTR the following workday. Each report is kept in XPTR for 1830 days. Two paper copies of the report are sent to the counties. The report is cumulative. The report name in XPTR is DHREJ NCHC LIMITED FUNDING. **Effective April 2009 the report name is DHREHC NCHC LIMITED FUNDING.**

B. THE REPORT IS SORTED BY:

1. County
2. Alphabetically by Casehead Name

C. THE REPORT LISTS THE FOLLOWING INFORMATION:

1. CASEHEAD NAME
2. CASEHEAD ADDRESS
3. APPLICATION #
4. APPLICATION DATE
5. NUMBER OF INDIVIDUALS ON APPLICATION (If the individual on line one of the application has an included indicator of 'N', the individual on line one is not included in the count.)
6. TOTAL NUMBER OF DENIED APPLICATIONS
7. TOTAL NUMBER OF DENIED INDIVIDUALS

NC HEALTH CHOICE - REPORTS - PART SEVEN

REISSUED 05/01/09 - CHANGE NO. 03-09

EJA373R1 NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
PAGE 1
DIVISION OF MEDICAL ASSISTANCE/SOCIAL SERVICES
RUN DATE: 06/07/2001 NCHC LIMITED FUNDING DENIALS
COUNTY 00 YANCEY

# OF APPLICANT DATE	INDV	NAME	APPLICANT ADDRESS	APP NUM	APP
---------------------------	------	------	-------------------	---------	-----

XXXXXX	X	XXXXX	XXXX XXXXXX XXXXX	XXXXXXX	
XXXX/XX/XX		X	XXXXXXXXXXXX XX XXXXX-XXXX		

XXXXXX		XXXXXXXXXX	XXXX XXXXXXXX XX X	XXXXXXX	
XXXX/XX/XX		X	XXXXXXXXXXXX XX XXXXX-XXXX		

TOTAL NUMBER OF DENIED APPLICATIONS FOR COUNTY	00	-	XX
TOTAL NUMBER OF DENIED INDIVIDUALS FOR COUNTY	00	-	XX