

SCREENING RELATED SERVICES RENDERED TO MEDICAID EPSDT ENROLLEES

CASE NAME	CASE NUMBER	ADDRESS LINE ONE	ADDRESS LINE TWO	CITY	ST	ZIP	TELEPHONE NUMBER
SICKLY MOMMA	I 323456	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX		12345	(515) 555-1234
RECIPIENT NAME	M'CAID MI.	BIRTHDATE	AGE	M'CAID ELIG DT	AID TYPE	SCREENING DATES	
LAST FIRST	ID NUMB	MM DD YY	MTHS			LAST NEXT	
SICKLY SUZIE	S 3234567	01/01/94	37	01/01/94	XX	XX/XX/XX	XX/XX/XX
XX/XX/XX DENTAL	XXXXXXXXXXXXXXXXXXXX			XX/XX/XX	HEARING	XXXXXXXXXXXXXXXXXXXX	
XX/XX/XX DENTAL	XXXXXXXXXXXXXXXXXXXX			XX/XX/XX	MEDICAL	XXXXXXXXXXXXXXXXXXXX	
XX/XX/XX DENTAL	XXXXXXXXXXXXXXXXXXXX			XX/XX/XX	RQHC	XXXXXXXXXXXXXXXXXXXX	
XX/XX/XX DENTAL	XXXXXXXXXXXXXXXXXXXX			XX/XX/XX	VISION	XXXXXXXXXXXXXXXXXXXX	
XX/XX/XX DENTAL	XXXXXXXXXXXXXXXXXXXX			XX/XX/XX	MEDICAL	XXXXXXXXXXXXXXXXXXXX	

THIS REPORT IS FOR THE MEDIPASS PROVIDERS THAT HAVE AGREED TO PROVIDE CARE COORDINATION.
 THE SOURCE OF THE DATA IS THE TWO YEAR CLAIMS HISTORY FILE. CLAIMS ARE ANY CLAIMS THAT HAVE OCCURED WITHIN THE LAST SIX MONTHS
 THE SEQUENCE OF THIS REPORT IS CASE NAME.
 THIS REPORT WILL BE PRODUCED QUARTERLY
 CHILDREN WILL BE REPORTED EVEN IF THEY DID NOT HAVE ANY CLAIMS ACTIVITY.
 IF THERE ARE MULTIPLE RECIPIENTS THAT HAVE THE SAME CASE NUMBER, THE CASE INFORMATION IS NOT REPEATED FOR EACH RECIPIENT.
 THE "LAST" SCREENING DATE IS DERIVED FROM THE CLAIMS TWO YEAR HISTORY FILE.
 THE "NEXT" SCREENING DATE IS BASED ON THE PERIODICITY SCHEDULE AND THE CHILDS AGE.
 TOTALS WILL BE MAINTAINED AS TO THE NUMBER OF RECIPIENTS AND CASES APPEARING ON THIS REPORT.
 THOSE TOTALS WILL BE PRINTED ON THIS REPORT AS WELL AS A SUMMARY BY ALL PROVIDERS AT END OF JOB.