Department of Community Health
Georgia Health Families
INPATIENT CLAIMS DETAIL FILE

Graduate Medical Education (GME) Inpatient Services

General Report Description
CMO paid inpatient claims to certified Graduate Medical Education (GME) facilities.

Purpose	The identification and supplemental payment of qualified inpatient claims paid by the CMOs to certified GME facilities. The Georgia Department of Community Health provides supplemental payments to certified GME facilities for each inpatient stay by a Medicaid member.
Required Submission Type	ASCII Fixed Width Text File
Comments/ Recommendations	This financial report must be submitted by the CMO to DCH (Quarterly) no later than 15 calendar days after the end of each quarter. The CMO should submit the data files for all GME facilities as follows: • Information on all inpatient claims for services paid during the time period specified on the report for all GME providers. Paid claims are to include reversals, voids and or adjustments. *Note: The sum of Paid Amount (Data Element 20) must equal the Financial Summary Spreadsheet "Inpatient Payment Total" Column.* DCH reserves the right to audit the information provided.

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Data Elements	
1.) Item No.	
Qualifications/ Definitions	Consecutively number each member item for the report.
Format	Enter a consecutive number beginning with number 1 (6 Character Length)
2.) Facility Provider Number of the GME Facility	
Qualifications/ Definitions	Insert the Medicaid Provider identification number for the GME Facility identified in Item 1, "Facility Name". (See Attachment A – List of GME Facilities)
Format	12 Character Length
3.) Facility Provider Name	
Qualifications/ Definitions	Indicate the name of the GME Facility on which the CMO is reporting. (See Attachment A – List of GME Facilities)
Format	35 Character Length
4.) Begin Period	
Qualifications/ Definitions	Indicate the beginning date of the reporting period for which the CMO is submitting the report
Format	Enter in MM/DD/YYYY format (10 Character Length)
5.) End Period	
Qualifications/ Definitions	Indicate the ending date of the reporting period for which the CMO is submitting the report
Format	Enter in MM/DD/YYYY format (10 Character Length)
6.) Report Date	
Qualifications/ Definitions	Indicate the date the report is being submitted
Format	Enter in MM/DD/YYYY format (10 Character Length)
7.) Member First Name	
Qualifications/ Definitions	Indicate the member's first name as listed on the referenced claim item.
Format	25 Character Length
8.) Member Last Name	
Qualifications/ Definitions	Indicate the member's last name as listed on the referenced claim item.
Format	35 Character Length

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9.) Member ID Number	
Qualifications/ Definitions	Insert the member's Medicaid identification number that is associated with the reported claim.
Format	11 Character Length
9.) Member Date of Birth	
Qualifications/ Definitions	Insert the member's Date of Birth
Format	Enter in MM/DD/YYYY format (10 Character Length)
11.) Member Type	
Qualifications/ Definitions	Insert the member's Medicaid Program as Breast and Cervical Cancer (BC), Low Income Medicaid (LIM) or PeachCare (PC).
Format	Enter "BCC", "LIM" or "PCK" (3 Character Length)
12.) Patient Account Number	
Qualifications/ Definitions	Identify the GME facility patient account number being submitted for the report.
Format	Enter number exactly as listed on the CMO's claims system (38 Character Length)
13.) Claim Number	
Qualifications/ Definitions	Identify the claim number being submitted for the report.
Format	Enter number exactly as listed on the CMO's claims system (30 Character Length)
14.) Admission Date	
Qualifications/ Definitions	Identify the admission date.
Format	Enter in MM/DD/YYYY format (10 Character Length)
15.) Discharge Date	
Qualifications/ Definitions	Identify the discharge date.
Format	Enter in MM/DD/YYYY format (10 Character Length)
16.) Days	
Qualifications/ Definitions	Enter the length of stay.
Format	Enter in 999 format (3 Character Length)

17.) Billed Amount	
Qualifications/ Definitions	Indicate the billed amount of the claim.
Format	Enter in 999,999,999.99- format (15 Character Length)
18.) Co-Payment	
Qualifications/ Definitions	For the claim being reported, enter the portion of a medical expense that the member was responsible for. Certain services may be subject to a member co-payment under the Medicaid program.
Format	Enter in 999,999,999.99- format (15Character Length)
19.) Other Payments	
Qualifications/ Definitions	Enter payments received from a third party for the claim being reported.
Format	Enter in 999,999,999.99- format (15 Character Length)
20.) Paid Amount	
Qualifications/ Definitions	Indicate the paid amount of the detail line number of the claim.
Format	Enter in 999,999,999.99- format (15 Character Length)
21.) Diagnosis Code	
Qualifications/ Definitions	Insert the diagnosis code:
Format	Enter appropriate code (7 Character Length) Left Justified
22.) Family Planning Flag	
Qualifications/ Definitions	Insert "**Y**" if inpatient stay is related to a family planning service or benefit Insert "**N**" if inpatient stay **NOT** related to a family planning service or benefit
Format	Enter Y or N (7 Character Length)