
 APPLICATION PROCESSING REPORTS

EIS 2400 - APPLICATION PROCESSING REPORTS
 REVISED 11/01/06 - CHANGE NO. 03-07

VII. APPLICATION PROCESSING REPORTS

Reports are generated to capture EIS statistics for pending and disposed applications. Some are detailed and show you exactly what applications were included in and excluded from the calculation of your county's compliance thresholds for Report Card. Others report the number of applications processed and the number of applications that have been reopened due to appeal reversals, etc.

Applications for NC Health Choice are not used in the calculation of the county's compliance thresholds. However, due to tracking and other statistical reporting requirements, NC Health Choice applications appear on a report similar to the "Adjusted Application Report Card" and "Actual Time Report Card" each month.

Reports are also generated for the Disability Determination Section (DDS) to calculate their compliance threshold.

All of the reports are located in XPTR. The State does not print copies of any of these reports for the county dss. Each report is kept in XPTR for 1098 days. For instructions on accessing, viewing, and printing the reports, refer to [EIS 1061](#).

The reports are:

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A. ADJUSTED APPLICATION MANAGEMENT REPORT

1. Every pending application (including MQB-E) with a date of application on or after October 1, 2002, will display on the "Adjusted Application Management Report" **daily** in XPTR.

Two-part applications appear as two separate applications.

2. This report is sorted by county number, district number, due date, and worker number.
3. If the calculated 45th, 60th, or 90th due date is a weekend or state/county holiday, the due date is adjusted to the following workday. (SAD applications are the only applications due in 60 days.)

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VII.A. (CONT'D)

NOTE: IF THE CALCULATED DUE DATE IS A STATE HOLIDAY BUT NOT A COUNTY HOLIDAY, THE DUE DATE IS NOT ADJUSTED.

4. The following information will always display:
 - a. APPL NAME - Applicant's Name
 - b. PGM/CAT - Aid Program/Category
 - c. FAM PLAN - Y or N
 - d. HLTH CH - Y or N
 - e. APPL DATE - Application Date
 - f. DUE DATE - (For all Aid Programs/Categories) Adjusted when necessary.
 - g. DAYS PENDING - This will be the actual time that the application has pended.

If a notice, "Your Application For Medicaid Is Pending"(DMA-5098), "Your Application For Medicaid Is Pending For A Deductible"(DMA-5099), "Notice of Enrollment Fee", or "Request for Information" (DMA-5097) has been mailed and the Exclusion Reason and Begin Date have been entered on the Date Screen, the number of days displayed are calculated through the date the DMA-5098, DMA-5099, Notice of Enrollment Fee or DMA-5097 was mailed.

When "End Date" is entered on the Date Screen, the days displayed are calculated through the date the DMA-5098, DMA-5099, Notice of Enrollment Fee or DMA-5097 was mailed **PLUS** the days starting with the day the last information was received through the day the report is produced.

- h. APPL NO - Application Number
- i. CASE ID
- j. WORKER NUMBER
- k. STATUS - HD indicates the application is on hold
- l. APPL TYPE - Application Type

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VII.A.4. (CONT'D)

- m. R/O - Retro/Ongoing indicator
 - R = Retro
 - O = Ongoing
- n. CTY CASE NO. - County Case Number
- o. X-REF - Cross-Reference Indicator
 - (1) PA - Individual(s) on this application is/are also on another pending application.
 - (2) AC - Individual(s) on this application is/are active in an ongoing case.
 - (3) AC/PA - Individual(s) on this application is/are active in an ongoing case and is/are also on another pending application.
 - (4) Blank - Individual(s) is/are **NOT** on another pending application **NOR** active in an ongoing case.
- p. BY DISTRICT
 - (1) Total Number of Applications Pending for DED - (Deductible)
 - (2) Total Number of Applications Pending for DDS - (Disability Determination Decision)
 - (3) Total Number of Applications Pending for EMR (Medical Records for Emergency Dates)
 - (4) Total Number of Applications Pending for FL2 - (Receipt of FL2/MR2)
 - (5) Total Number of Applications Pending for CAP - (Receipt of CAP plan of care)
 - (6) Total Number of Applications Pending for Citizenship and/or Identity Documentation
 - (7) Total Number of Applications Pending for FEE - (NC Health Choice Enrollment Fee)
 - (8) Total Number of Applications Pending for TIM - (Request for Additional Time to provide information)

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VII.A.4.P. (CONT'D)

- (9) Total Number of Applications Pending for Hardship Waiver
- (10) Total Number of Applications Pending
- (11) Total Number of Applications Due Within 5 Days
- (12) Total Number of Applications Due Within 6-10 Days
- (13) Total Number of Applications Due Within 11-15 Days
- (14) Total Number of Applications Not Due For At Least 16 Days
- (15) Total Number of Applications Pending Beyond the Time Standard - This will be a true reflection of the actual time pended beyond the time standard.

q. County Total

Total applications pending as listed in VII.A.4.p.(1-10), above, for each county.

5. Other Information That Will Display

- a. TWO-PART - Indicates the application is a two-part application.
- b. ADMINISTRATIVE -Indicates the application is Administrative.
- c. TRANSITIONAL - Indicates the application is Transitional.
- d. DAYS USED - Are displayed for Improper Discouragement, Improper Denial/Withdrawal, and Incorrect Denials. This assists in determining how many days are left to dispose of the application within the time standard.
 - (1) Improper Discouragement
 - (a) When discovered by the Monitors, the Days Used is calculated from the day after the Original Date of Discouragement through the date the report is produced.

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VII.A.5.D. (CONT'D)

- (b) When discovered by the county, the Days Used is calculated from the day after the Date of Application through the date the report is produced. This number will be the same as the DAYS PENDING number.
- (2) Improper Denial/Withdrawal
 - (a) When discovered by the Monitors, the Days Used is calculated from the day after the Original Date of Application through the date the report is produced.
 - (b) When discovered by the county, the Days Used is calculated from the day after the Original Date of Application through the Original Date of Disposition **AND** add the day after the Date of Application on the DSS-8124 through the date the report is produced.
- (3) Incorrect Denial

The Days Used is calculated from the day after the Original Date of Application through the Original Date of Disposition **AND** adds the day after the Date of Application on the DSS-8124 through the day the report is produced.
- e. IMPRO DISC - Improper Discouragement

Displays ORIG DATE DISC (Original Date of Discouragement) and Y or N by MONITORS. Y = discovered by the Monitors; N = discovered by the county.
- f. IMPRO D/W - Improper Denial/Withdrawal

Displays ORIG DATE APP (Original Date of Application), ORIG DATE DISP (Original Date of Disposition), and Y or N by MONITORS. Y = discovered by the Monitors; N = discovered by the county.
- g. S/C APPEAL - State/County Appeal Reversal

Displays ORIG DATE APP (Original Date of Application). ORIG DATE DISP (Original Date of Disposition) displays IF entered on the Date Screen.

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VII.A.5. (CONT'D)

Displays DATE INFO REQ (Date Information Requested) and DATE LAST INFO RECD (Date Last Information Received) IF entered on the Date Screen.

- h. SOC APPEAL - Social Security Appeal

Displays ORIG DATE APP (Original Date of Application) and DDS REQ N (DDS Determination Required = N). ORIG DATE DISP (Original Date of Disposition) displays IF entered on the Date Screen.

- i. EXCL REASON - Displays if entered on the Date Screen when form DMA-5098, DMA-5099, Notice of Enrollment Fee or DMA-5097 is mailed.

- j. BEGIN DATE - Displays if entered on the Date Screen when form DMA-5098, DMA-5099, Notice of Enrollment Fee or DMA-5097 is mailed.

- k. END DATE - Displays the date the last information was received if entered on the Date Screen.

- l. INCORRECT DENIAL - Displays ORIG DATE APP (Original Date of Application) and ORIG DATE DISP (Original Date of Disposition).

- m. ORIG EXCL REASON - Displays reason the original form 5098 or 5099 was mailed if entered on the Date Screen.

- n. ORIG BEGIN DATE - Displays Date Original form 5098 or 5099 was mailed if entered on the Date Screen.

- o. ORIG END DATE - Displays the date last information received for Original Application if entered on the Date Screen.

- 6. To view application information that is "split" between two screens:

- a. The cursor will be by COMMAND when you access the report. Press the tab key to move the cursor from the COMMAND position to SCROLL in the upper right-hand corner. By SCROLL, where FULL is displayed, key CSR.

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VII.A.6. (CONT'D)

- b. Move the cursor to the dotted line that is above the application that does not display all the application information and press the PF8 key. This will move that application to the top of the next screen. This procedure can be repeated on each application that "splits" between screens. Remember, dotted lines separate each application.
- c. Press the PF7 key when the cursor is on the dotted line to move the information back one screen.

B. ADJUSTED SUMMARY APPLICATION MANAGEMENT REPORT

The "Adjusted Summary Application Management Report" is NOT a duplicate of the Adjusted Application Management Report. It is truly a summary. The report is available daily in XPTR.

1. The following information will display on the report:
 - a. APPLICANT NAME
 - b. APP # - Application Number
 - c. CTY CASE # - County Case Number
 - d. WKR # - Worker Number
 - e. APP DATE - Application Date
 - f. AP TY - Application Type
 - g. AID PGM - Aid Program/Category
 - h. DDS BEG END - DDS Begin and End Dates
 - i. ST - Status - will show HD if the application is on hold
 - j. DD - DDS decision -
D = Disabled
N = Not Disabled
I = Insufficient Evidence or Failure To Attend A Consultative Exam
 - k. DAYS PND - Days Pending. This will be a true reflection of the number of days subtracting any excluded time and counting through the date of the report.

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VII.B.1. (CONT'D)

1. CD - Code for Mail Date. If a DMA-5098, DMA-5099, Notice of Enrollment Fee or DMA-5097 has been mailed:
 - (1) "M" = Medical Bills to meet deductible
 - (2) "D" = Receipt of the DDS disability determination decision
 - (3) "E" = Request for medical records for emergency dates for non-qualified aliens
 - (4) "F" = Receipt of FL2/MR2
 - (5) "C" = Receipt of CAP plan of care
 - (6) "I" = Request for Citizenship and/or Identity documentation
 - (7) "W" = Request for Hardship Waiver
 - (8) "N" = Request for Enrollment Fee
 - (9) "T" = Request for Additional Time
- m. DUE - The due date. Adjusted when necessary.
- n. BEG - The date the DMA-5098, DMA-5099, Notice of Enrollment Fee or DMA-5097 was mailed.
- o. Totals by aid program/category for each District Number and County:
 - (1) Total Number of Applications Pending for DED - (Deductible)
 - (2) Total Number of Applications Pending for DDS - (Disability Determination Decision)
 - (3) Total Number of Applications Pending for EMR - (Medical Records for Emergency Dates)
 - (4) Total Number of Applications Pending for FL2 - (Receipt of FL2/MR2)
 - (5) Total Number of Applications Pending for CAP - (Receipt of CAP plan of care)
 - (6) Total Number of Applications Pending for Citizenship and/or Identity documentation

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VII.B.1. (CONT'D)

- (7) Total Number of Applications Pending for Hardship Waiver Determination
 - (8) Total Number of Applications Pending for NC Health Choice Enrollment Fee
 - (9) Total Number of Applications Pending for Additional Time to Provide Information
 - (10) Total Number of Applications Pending
 - (11) Total Number of Applications Due Within 5 Days
 - (12) Total Number of Applications Due Within 6-10 Days
 - (13) Total Number of Applications Due Within 11-15 Days
 - (14) Total Number of Applications Not Due For At Least 16 Days
 - (15) Total Number of Applications Pending Beyond the Time Standard - This will reflect the actual time, subtracting out DMA-5098 or DMA-5099 days, and counting through the date of the report.
2. This report is sorted by county, district number, due date, and worker number.
 3. As the report is 80 spaces wide, the following columns are stacked:
 - a. CTY CASE # and WKR #
 - b. DDS BEG END
 - c. ST and DD
 - d. DUE/BEG

C. ADJUSTED APPLICATION REPORT CARD

1. The "Adjusted Application Report Card" is produced on the 5th work night of the month to capture EIS statistics for each county concerning compliance with the thresholds in the previous month. It is available in XPTR the 6th workday of the month.
2. The average processing time and percentage processed timely are calculated using approved, denied, and withdrawn applications.

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VII.C. (CONT'D)

3. Adjusted due dates and excluded time will be considered in the calculations.
4. This report is sorted by county and by two major categories: MAD and Other Medicaid. "Other Medicaid" will also be divided by the individual aid program/categories and includes AAF and MQB-E. The total for "MAD" and "Other Medicaid" is displayed.
5. The following information will display on the report card:
 - a. County Number
 - b. Program/Category
 - c. Applications Processed
 - d. Applications Approved
 - e. Applications Denied
 - f. Applications Withdrawn
 - g. Applications Overdue
 - h. Percent Processed Timely (by major category and for each aid program/category)
 - i. Average Processing Time (by major category and for each aid program/category)
 - j. Total Number of Included Applications
 - k. State Totals by County, Major category (MAD and OTHER), and Aid Program/Category.

D. ADJUSTED APPLICATION REPORT CARD SUMMARY

1. The "Adjusted Report Card Summary" is used to indicate if the county has passed or failed their report card in the previous 12 months using the adjusted processing time.
2. This report is run monthly and accumulates information for 12 months. At the end of 12 months, the oldest month is dropped off. The report is available in XPTR the 6th workday of the month.
3. The following information is included on the report:
 - a. Category

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VII.C. (CONT'D)

(1) MAD

(2) OTHER (Includes AAF and MQB-E within MQB)

b. Passed or Failed the Report Card

**NOTE: COUNTY MUST PASS BOTH THE PPT AND THE APT
TO BE CONSIDERED PASSED ON THE REPORT
CARD.**

E. ACTUAL TIME REPORT CARD

1. The "Actual Time Report Card" is produced on the 5th work night of the month to capture EIS statistics for each county concerning compliance with the thresholds in the previous month. It is available in XPTR the 6th workday of the month.
2. The average processing time and percentage processed timely are calculated using approved, denied, and withdrawn applications.
3. Calculations are based on the actual time taken to process an application. Due dates are not adjusted and time is not excluded when forms DMA-5098 or DMA-5099 are mailed.
4. This report is sorted by county and by two major categories: MAD and Other Medicaid. "Other Medicaid" will also be divided by the individual aid program/categories and includes AAF and MQB-E. The total for "MAD" and "Other Medicaid" is displayed.
5. The following information will display on the Report Card:
 - a. County Number
 - b. Program/Category
 - c. Applications Processed
 - d. Applications Approved
 - e. Applications Denied
 - f. Applications Withdrawn
 - g. Applications Overdue
 - h. Percent Processed Timely (by major category and for each aid program/category)

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VII.E.1. (CONT'D)

- i. Average Processing Time (by major category and for each aid program/category)
- j. Total Number of Included Applications
- k. State Totals by County, Major category (MAD and OTHER), and Aid Program/Category.

F. ACTUAL TIME REPORT CARD SUMMARY

1. The "Actual Time Report Card Summary" is used to indicate if the county has passed or failed their report card in the previous 12 months using the actual time taken to process applications.
2. This report is run monthly and accumulates information for 12 months. At the end of 12 months, the oldest month is dropped off. It is available in XPTR the 6th workday of the month.
3. The following information is included on the report:
 - a. Category
 - (1) MAD
 - (2) OTHER (Includes AAF and MQB-E within MQB)
 - b. Passed or Failed the Report Card

NOTE: COUNTY MUST PASS BOTH THE PPT AND THE APT TO BE CONSIDERED PASSED ON THE REPORT CARD.

G. ADJUSTED APPLICATIONS INCLUDED REPORT

1. The "Adjusted Applications Included Report" lists all applications, including MQB-E, which were included in the calculation of the compliance thresholds. This report calculates processing time using the adjusted due dates and the excluded time when forms DMA-5098 or DMA-5099 are mailed. The report is produced the 5th work night of the month for the previous month's statistics. It is available in XPTR the 6th workday of the month.
2. This report is sorted by county and worker number within the program/category.
3. The following information will display on the report:
 - a. County Number
 - b. Program/Category (Report Card)

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VII.G.3 (CONT'D)

- c. Worker Number
- d. Application Number
- e. Application Date
- f. Applicant Name
- g. Case ID
- h. County Case Number
- i. Disposition (Approved, Denied, Withdrawn)
- j. Disposition Date
- k. Processing Time
- l. Date Registered
- m. Disposition Keyed
- n. Other Identifying Data:
 - (1) DDS
 - (2) Pend
 - (3) DDS Beg MM/DD/YY - if the application is approved, denied, or withdrawn before DDS enters a Begin Date, this field will be blank. The DDS end date will show the date the approval, denial, or withdrawal was keyed.
 - (4) DDS End MM/DD/YY
 - (5) Disability Determination
 - (6) Onset Date MM/DD/YY
 - (7) Soc Sec Adopted
 - (8) Reason
 - (9) Begin Date MM/DD/YY
 - (10) End Date MM/DD/YY
 - (11) Orig Reason
 - (12) Orig Begin and End Dates

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VII.G.3. (CONT'D)

- (13) Orig App Date MM/DD/YY
- (14) Orig Disp Date MM/DD/YY
- (15) Date Info Requested MM/DD/YY
- (16) Date Last Info Received MM/DD/YY
- (17) Social Security Appeal Reversal
- (18) Original Application Date MM/DD/YY
- (19) Improper Discouragement/Denial/Withdrawal
- (20) Orig Discouragement Date MM/DD/YY
- (21) Found By Monitors
- (22) Incorrect Denial
- o. Worker Total Applications
- p. Worker Total Overdue Applications
- q. Worker Average Processing Time (Days)

H. ACTUAL APPLICATIONS INCLUDED REPORT

1. The "Actual Applications Included Report" lists all applications, including MQB-E, which were included in the calculation of the compliance thresholds. This report calculates processing time by using the actual number of days used to process the applications. The report is produced the 5th work night of the month for the previous month's statistics. It is available in XPTR the 6th workday of the month.
2. This report is sorted by county and worker number within the program/category.
3. The following information will display on the report:
 - a. County Number
 - b. Program/Category
 - c. Worker Number
 - d. Application Number
 - e. Application Date
 - f. Applicant Name

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VII.H. (CONT'D)

- g. Case ID
- h. County Case Number
- i. Disposition (Approved, Denied, Withdrawn)
- j. Disposition Date
- k. Processing Time
- l. Date Registered
- m. Disposition Keyed
- n. Other Identifying Data:
 - (1) DDS
 - (2) Pend
 - (3) DDS Beg MM/DD/YY - if the application is approved, denied, or withdrawn before DDS enters a Begin Date, this field will be blank. The DDS end date will show the date the approval denial, or withdrawal was keyed.
 - (4) DDS End MM/DD/YY
 - (5) Disability Determination
 - (6) Onset Date MM/DD/YY
 - (7) Soc Sec Adopted
 - (8) Reason
 - (9) Begin Date MM/DD/YY
 - (10) End Date MM/DD/YY
 - (11) Orig Reason
 - (12) Orig Begin and End Dates
 - (13) Orig App Date MM/DD/YY
 - (14) Orig Disp Date MM/DD/YY
 - (15) Date Info Requested MM/DD/YY
 - (16) Date Last Info Received MM/DD/YY
 - (17) Social Security Appeal Reversal
 - (18) Original Application Date MM/DD/YY

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VII.H.3. (CONT'D)

- (19) Improper Discouragement/Denial/Withdrawal
- (20) Orig Discouragement Date MM/DD/YY
- (21) Found By Monitors
- (22) Incorrect Denial
- o. Worker Total Applications
- p. Worker Total Overdue Applications
- q. Worker Average Processing Time (Days)

I. ACTUAL APPLICATIONS EXCLUDED REPORT

1. The "Actual Applications Excluded Report" captures all application approvals, denials, and withdrawals, which were not included in the calculation of the compliance thresholds. The report calculates the actual days used to process the applications and is produced on the 5th work night of the month for the previous month's statistics. It is available in XPTR the 6th workday of the month.

Listed below are the types of applications excluded.

- a. Administrative Actions
 - b. Transitional Medicaid Applications (AAF Payment Type "4" and "5")
 - c. Special Assistance Applications (SAA, SAD, and SCD)
 - d. MPW Presumptive Eligibility Applications
 - e. Automatic Newborn Coverage and Inclusions (Application Types "3" and "7")
 - f. Refugee Assistance Applications (RRF and MRF)
 - g. Foster Care Applications (HSF and IAS)
 - h. St/Co Appeal Reversal
 - i. MSB - Medicaid-State Aid to Blind
2. This report is sorted by county number and worker number within county.
 3. The following information will display on the report:
 - a. County Number

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VII.I.1. (CONT'D)

- b. Worker Number
 - c. Application Number
 - d. Case ID
 - e. County Case Number
 - f. Disposition
 - g. Aid Program/Category
 - h. Reason For Exclusion
- 4. This report displays the total number of applications excluded by aid program/category and a grand total of all applications excluded for each county.
 - 5. This report displays a statewide total number of applications excluded by aid program/category and a grand total at the end of the report.

J. APPLICATIONS PROCESSED SUMMARY REPORT

- 1. The "Applications Processed Summary Report" displays the total number of applications taken and disposed each calendar month and year-to-date for all aid program/categories. NCHC has a separate total within MIC. MQB-E is included with MQB.
- 2. This report is run monthly on the last work night of the month to capture information from application activity in that calendar month. It is available in XPTR the 1st workday of the month.
- 3. This report displays a monthly total and a year-to-date total by aid program/category for each county and the state.
- 4. The year-to-date total is by calendar year (January to December). The year-to-date totals revert back to zero each January 1st.
- 5. The report is sorted by county.
- 6. Information included on the report is:
 - a. Total Applications Taken Monthly and Year-To-Date by Aid Program/Category
 - b. Total Applications Disposed Monthly and Year-To-Date by Aid Program/Category

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VII.J. (CONT'D)

- (1) Total Approved
- (2) Total Denied
- (3) Total Withdrawn

- c. County Totals
- d. State Totals

K. APPLICATIONS REOPENED REPORT

1. The "Applications Reopened Report" indicates the number of applications reopened due to:
 - a. Incorrect Denials
 - b. Improper Denials/Withdrawals found by the County
 - c. Improper Denials/Withdrawals found by the Monitors
 - d. Discouragement found by the County
 - e. Discouragement found by the Monitors
 - f. State/County Appeal Reversals
2. This report is run once per month, to indicate all reopens dispositioned in the previous calendar month. It is available in XPTR the 6th workday of the month.
3. The report includes the following information:
 - a. Application Number
 - b. Case ID
 - c. Casehead Name
 - d. Type of Reopen (as listed in 1. above)
 - e. County Total by Type
 - f. Total Number of Reopens by County
 - g. State Totals by Type and Grand Total Reopened

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VII. (CONT'D)

L. ADJUSTED DDS REPORT CARD

1. The "Adjusted DDS Report Card" is produced on the 5th work night of the month to capture EIS statistics for the Disability Determination Section concerning compliance with the thresholds in the previous month.
2. The average processing time and percentage processed timely are calculated using approved, denied, and withdrawn applications.
3. Adjusted due dates and excluded time will be considered in the calculations.
4. The report is available in XPTR the 6th workday of the month.

M. ADJUSTED DDS REPORT CARD SUMMARY

1. The "Adjusted DDS Report Card Summary" is used to indicate if DDS has passed or failed their report card in the previous 12 months using the adjusted processing time. If the county processed no apps in a given month, the report will indicate a "blank" rather than pass/fail in the summary field of the report.
2. The report is run monthly and accumulates information for 12 months. At the end of 12 months, the oldest month is dropped off.
3. The report is available in XPTR the 6th workday of the month.

N. ACTUAL DDS REPORT CARD

1. The "Actual DDS Report Card" is produced on the 5th work-night of the month to capture EIS statistics for the Disability Determination Section concerning compliance with the thresholds in the previous month.
2. The average processing time and percentage processed timely are calculated using approved, denied, and withdrawn applications.
3. Calculations are based on the actual time taken to process an application.
4. Adjusted due dates and excluded time are not considered in the calculations.
5. The report is available in XPTR the 6th workday of the month.

APPLICATION PROCESSING REPORTS

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VII. (CONT'D)

O. ACTUAL DDS REPORT CARD SUMMARY

1. The "Actual DDS Report Card Summary" is used to indicate if DDS passed or failed their report card in the previous 12 months using the actual time taken to process applications.
2. The report is run monthly and accumulates information for 12 months. At the end of 12 months, the oldest month is dropped off.
3. The report is available in XPTR the 6th workday of the month.

P. NC HEALTH CHOICE ADJUSTED REPORT CARD

1. The "NC Health Choice Adjusted Report Card" contains the same information as the "ADJUSTED APPLICATION REPORT CARD".
2. The only applications displayed on this report are NC Health Choice applications.
3. The report is for statistical reporting purposes only since the NC Health Choice applications are not included in determining compliance with the thresholds.
4. The NC Health Choice Adjusted Report Card is produced on the 5th work night of the month from data from the previous month. It is available in XPTR on the 6th workday of the month.

Q. NC HEALTH CHOICE ACTUAL TIME REPORT CARD

1. The "NC Health Choice Actual Time Report Card" contains the same information as the "ACTUAL TIME REPORT CARD".
2. The only applications displayed on this report are NC Health Choice applications.
3. The report is for statistical reporting purposes only since the NC Health Choice applications are not included in determining compliance with the thresholds.
4. The NC Health Choice Actual Time Report Card is produced on the 5th work night of the month from data from the previous month. It is available in XPTR on the 6th workday of the month.

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VII. (CONT'D)

R. NC HEALTH CHOICE ADJUSTED APPLICATIONS INCLUDED

1. The "NC Health Choice Adjusted Applications Included" report lists all NC Health Choice application approvals, denials, and withdrawals, which were included in the calculation of the data for the "NC HEALTH CHOICE ADJUSTED REPORT CARD".
2. The report contains the same information as "ADJUSTED APPLICATIONS INCLUDED" report except this report includes only NC Health Choice applications.
3. The report is produced the 5th work night of the month from data from the previous month. It is available in XPTR on the 6th workday of the month.

S. NC HEALTH CHOICE ACTUAL APPLICATIONS INCLUDED

1. The "NC Health Choice Actual Applications Included" report lists all NC Health Choice application approvals, denials, and withdrawals, which were included in the calculation of the data for the "NC HEALTH CHOICE ACTUAL TIME REPORT CARD".
2. The report contains the same information as "ACTUAL APPLICATIONS INCLUDED REPORT" except this report includes only NC Health Choice applications.
3. The report is produced the 5th work night of the month from data from the previous month. It is available in XPTR on the 6th workday of the month.

T. NC HEALTH CHOICE ACTUAL APPLICATIONS EXCLUDED

1. The "NC Health Choice Actual Applications Excluded" report lists all NC Health Choice application approvals, denials, and withdrawals, which were NOT included in the calculation of the data for the NCHC REPORT CARD.
2. The report contains the same information as the "ACTUAL APPLICATIONS EXCLUDED REPORT" except the report includes only NC Health Choice applications.
3. The report is produced the 5th work night of the month for data from the previous month. It is available in XPTR on the 6th workday of the month.

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VII. (CONT'D)

U. WEEKLY REPORT CARD REPORTS

All reports related to Report Cards are run weekly. The weekly reports are run on Monday nights and include applications processed in the current calendar month through the Monday that they run. This enables the county to see, weekly, what their average processing time (APT) and percentage processed timely (PPT) is for the current calendar month.

EXCEPTION: If the 5th work night is on Monday, the reports that are run are the monthly report cards for the previous calendar month and the weekly reports for the current calendar month are not run that week.

Reports that are run weekly include the reports listed in VII.C. through VII.I. and VII.L. through VII.T., above, and VII.V., below.

The weekly versions of these reports are available in XPTR each Tuesday. They are located in XPTR with the following names:

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VII.U. (CONT'D)

ENGLISH REPORT NAME	XPTR ACCESS CODE
ADJUSTED APPLICATION REPORT CARD	DHREJ WEEKLY ADJ APP REP CARD
ADJUSTED APPLICATION REPORT CARD SUMMARY	DHREJ WEEKLY ADJ APP REP SUM
ACTUAL TIME REPORT CARD	DHREJ WEEKLY ACTUAL REP CARD
ACTUAL TIME REPORT CARD SUMMARY	DHREJ WEEKLY ACT REP CARD SUM
ADJUSTED APPLICATIONS INCLUDED REPORT	DHREJ WEEKLY ADJ APPS INCLUDED
ACTUAL APPLICATIONS INCLUDED REPORT	DHREJ WEEKLY ACT APPS INCLUDED
ACTUAL APPLICATIONS EXCLUDED REPORT	DHREJ WEEKLY ACT APPS EXCLUDED
ADJUSTED DDS REPORT CARD	DHREJ WEEKLY ADJ DDS REP CARD
ADJUSTED DDS REPORT CARD SUMMARY	DHREJ WEEKLY ADJ DDS REP SUM
ACTUAL DDS REPORT CARD	DHREJ WEEKLY ACT DDS REP CARD
ACTUAL DDS REPORT CARD SUMMARY	DHREJ WEEKLY ACT DDS REP SUM
NC HEALTH CHOICE ADJUSTED REPORT CARD	DHREJ WEEKLY NCHC ADJ REP CARD
NC HEALTH CHOICE ADJUSTED REPORT CARD	DHREJ WEEKLY NCHC ACT REP CARD
NC HEALTH CHOICE ADJUSTED APPLICATIONS INCLUDED	DHREJ WEEKLY NCHC ADJ APPS INC
NC HEALTH CHOICE ACTUAL APPLICATIONS INCLUDED	DHREJ WEEKLY NCHC ACT APPS INC
NC HEALTH CHOICE ACTUAL APPLICATIONS EXCLUDED	DHREJ WEEKLY NCHC ACT APPS EXC
NC HEALTH CHOICE ADJUSTED REPORT CARD SUMMARY	DHREJ WEEKLY NCHC ADJ REP SUM

County report card performance will continue to be based on the monthly report card that is run the 5th work night of each month.

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VII. (CONT'D)

V. NC HEALTH CHOICE ADJUSTED REPORT CARD SUMMARY

1. The "NC Health Choice Adjusted Report Card Summary" is used to indicate if the county has passed or failed their NC Health Choice adjusted report card in the previous 12 months using the adjusted processing time. If the county processed no apps in a given month, the report will indicate a "blank" rather than pass/fail in the summary field of the report.
2. The report is run monthly and accumulates information for 12 months. At the end of 12 months, the oldest month is dropped off.
3. The report is available in XPTR the 6th workday of the month.