DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

May 24, 1993

ALL-COUNTY LETTER NO. 93-32

TO: ALL-COUNTY WELFARE DIRECTORS

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| REASON FOR THIS TRANSMITTAL           |
|                                       |
| [ ]  State Law Change                 |
| [ ]  Federal Law or Regulation        |
|         Change                        |
| [X]  Court Order or Settlement        |
|         Agreement                     |
| [ ]  Clarification Requested by       |
|         One or More Counties          |
| [ ]  Initiated by SDSS                |
|                                       |
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SUBJECT: ADDITIONAL MILLER v. WOODS I - REOPENED, MILLER v. WOODS II AND WRO v. MCMAHON CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (CMIPS) INSTRUCTIONS

REFERENCE: ACLs 93-04 and 93-05

The purpose of this letter is to transmit to Counties additional CMIPS instructions for the Miller v. Woods and WRO v. McMahon court cases.

Attached instructions are detailed On-Line Error messages, Print Job Names, Transaction Reason Codes and additional CMIPS processing instructions. Also attached is a new field-by-field description of the Judgment Cross Reference Screen.

Any questions regarding CMIPS processing of Miller v. Woods I - Reopened, Miller v. Woods II or WRO v. McMahon claims should be directed to Mr. Wayman Hindsman at (916) 657-2134.

FRED MILLER
Deputy Director
Adult Services Division

Attachments

cc: CWDA

ERROR CODE MESSAGE	CORRECTION	MIIx	WROx
A CLAIM OF TYPE "B" WAS ENTERED ORIGINAL CLAIM DATE REQUIRED	ENTER THE DATE THAT THE ORIGINAL CLAIM WAS RECEIVED	R P	R P
A CLAIM OF TYPE "P" WAS ENTERED ORIGINAL CLAIM DATE REQUIRED	ENTER THE DATE THAT THE ORIGINAL CLAIM WAS RECEIVED	P	P
AUTH NO INVALID / GRAND TOTAL = 0	SUM TOTAL OF DOLLARS PAID OUT MUST BE > THAN ZERO OR NO AUTHORIZATION NEEDED	W U	W U
AUTH NO INVALID/RECORD CHANGED TODAY	CANNOT KEY AN AUTHORIZATION NUMBER IF A CHANGE IS MADE, VERIFY INFORMATION	W U	W U
BIRTHDATE > CURRENT DATE	DOB IS GREATER THAN CURRENT ENTRY CORRECT BIRTHDATE	R	R
CASE HAS ACTVTY : ORG CLAIM DATE REQ	CASE HAS ACTIVITY WHICH REQUIRES THE ORIGINAL CLAIM DATE BE ENTERED	R P	R P
CLAIM MUST BE R, P OR B	MUST BE RECIPIENT, PROVIDER OR BOTH	R	R
COUNTY CODE DOES NOT MATCH PASSWD	FIRST TWO POSITIONS OF PASSWORD DOES NOT MATCH COUNTY CODE	ALL	ALL
CNTY TRANS# INV WITH NOA Mxxx ENTRD	VERIFY COUNTY CODE NEEDED AND THEN CORRECT NOA CODE	R P	
CNTY TRANS# INV WITH NOA Mxxx ENTRD	VERIFY COUNTY CODE NEEDED AND THEN CORRECT NOA CODE		R P
COUNTY TRANSFER CODE ENTERED ENTER NOA FROM RANGE M005 - M007	MUST DESIGNATE IF TRANSFER IS FULL (F), PARTIAL (P) OR MULTIPLE (M)	P	
COUNTY TRANSFER CODE ENTERED ENTER NOA FROM RANGE M105 - M107	MUST DESIGNATE IF TRANSFER IS FULL (F), PARTIAL (P) OR MULTIPLE (M)	R	
COUNTY TRANSFER NOA Mxxx ENTERED ENTER A COUNTY TRANSFER DATE	MUST ENTER DATE COUNTY TRANSFER WAS INITIATED	R P	
COUNTY TRANSFER NOA Wxxx ENTERED ENTER A COUNTY TRANSFER DATE	MUST ENTER DATE COUNTY TRANSFER WAS INITIATED		R P

DATE CANNOT BE > CURRENT DATE	DATE CANNOT BE GREATER THAN DATE OF ENTRY	R P	R P
DEL INVALID WHEN PAYMENT EXISTS	CANNOT DELETE MIIP/MIIR RECORD SINCE THERE HAS BEEN A PAYMENT AUTHORIZED	R P	R P
DUPLICATE AUTHORIZATION NUMBER	CHECK AUTHORIZATION NUMBER, KEY A DIFFERENT NUMBER IF NEEDED	W U	W U
DUPLICATE MM/YY IN THIS WORKSHEET	NO DUPLICATE MONTHS/YEARS ALLOWED ON THIS SEQUENCE WORKSHEET	W U	W U
DUP MM/YY : ENTER X TO OVERRIDE	DUP MM/YY ALREADY EXISTS ON ANOTHER WORKSHEET FOR THIS CASE. OVERRIDE IF NEEDED.	W U	W U
FIELD MUST BE EITHER V OR R	CAN ONLY BE A VOID OR A REPLACE CHECK (EDS ONLY)	W U	W U
FIELD MUST BE Y OR N	ONLY YES OR NO ENTRY ACCEPTABLE	W U	W U
HOURS CLAIMED MUST BE > ZERO	CHECK HOURS AND CORRECT	W U	W U
INVALID AID CODE	VALUE MUST BE 10,18,20,28,60 OR 68	R	R
INVALID AUTH NUMBER	CHECK AUTHORIZATION NUMBER MUST BE GREATER THAN ZERO	W U	W U
INVALID CHECK DIGIT ENTERED	CHECK CASE NUMBER FOR ERROR	ALL	ALL
INVALID CENTURY - MUST BE 18 / 19	DATE OF BIRTH MUST BE CORRECTED	R	R
INVALID CLAIM TYPE	CANNOT PROCESS ORIGINAL WORKSHEET NO ORIGINAL CLAIM DATE ON RECORD	W U	W U
INVALID DATE	CORRECT DATE, YEAR OR MONTH	ALL	ALL
INVALID DELETE : CALL EDS	CALL EDS	ALL	ALL
INVALID DELETE OF WORKSHEET #1	CANNOT DELETE WORKSHEET #1 WHEN OTHER WORKSHEETS FOLLOW	W U	W U
INVALID DELETE OF WORKSHEET X	CANNOT DELETE WORKSHEET DUE TO OTHER CLAIMANT WORKSHEETS	W U	W U

INVALID ELIG TYPE - MUST BE N OR S	ENTER A "N" (NON-SEVERELY IMPAIRED) OR A "S" (SEVERELY IMPAIRED)	W U	W U
INVALID KEY - MUST BE NUMERIC	CASE NUMBER KEYED IS INCORRECT CHECK NUMBER AND REKEY	ALL	ALL
INVALID MIIx WORKSHEET NOA CODE	NOA CODE DOES NOT MATCH AS MILLER	W U	
INVALID MONTH	MONTH NOT JAN THRU DEC, CORRECT ENTRY	ALL	ALL
INVALID NOTICE OF ACTION	NOA CODE DOES NOT MATCH FOR MILLER OR WRO CASE, OR RECIP/PROVIDER	ALL	ALL
INVALID PROV RTROPYMNT RSN CODE	INVALID PROVIDER RETRO CLAIM REASON CODE IS KEYED. CHECK MANUAL	W U P	W U P
INVALID P/S M/A CODE	CORRECT PROTECTIVE SERVICE/MEDICAL ACCOMPANIMENT CODE - "P" OR "M"		W U
INVALID RECIP RTROPYMNT RSN CODE	INVALID RECIPIENT RETRO CLAIM REASON CODE IS KEYED. CHECK MANUAL	R U P	R U P
INVALID REKEY OF AUTH NUMBER	CANNOT REKEY AN AUTHORIZATION NUMBER THAT HAS BEEN USED, CHECK NUMBER	W U	W U
INVALID RECIP UNDRPYMT RSN CODE	INVALID RECIPIENT UNDER CLAIM REASON CODE IS KEYED. CHECK MANUAL.	R W U	R W U
INVALID REL OF PROV - 01 THRU 14	CORRECT RELATIONSHIP CODE	P	P
INVALID SEX CODE, MUST BE M OR F	DESIGNATE AS M OR F	R P	R P
INVALID WARRANT NUMBER	EDS ONLY	W U	W U
INVALID WROx WORKSHEET NOA CODE	INVALID WRO CLAIM REASON CODE KEYED CHECK MANUAL		W U
INVALID YEAR	DATE ENTERED IS PRIOR TO CLAIM DATE PERIOD. CORRECT DATE.	ALL	ALL
INV STATUS : ON RELA CHG TO T	CHANGE RELA STATUS TO T	R	R
INV STATUS : ON PELG CHG TO T	CHANGE RELA STATUS TO T	P	P
LANGUAGE MUST BE E OR S	ENTER E (ENGLISH) OR S (SPANISH)	R P	R P

MILLER II WORKSHEET DOES NOT EXIST	CHECK CASE NUMBER, IF CORRECT MUST ADD AS A NEW WORKSHEET RECORD	W U	W U
MM/YY CLAIMED BEFORE CLAIM PERIOD	CHECK DATES, MUST BE WITHIN CLAIM PERIOD TO QUALIFY	W U	W U
MM/YY CLAIMED AFTER CLAIM PERIOD	CHECK DATES, MUST BE WITHIN CLAIM PERIOD TO QUALIFY	W U	W U
NOA CODE ENTERED ON MIIW OR MIIU PLEASE REMOVE MIIx NOA CODE(S)	CANNOT DUPLICATE NOA CODES	ALL	
NOA CODE ENTERED ON WROW OR WROU PLEASE REMOVE WROx NOA CODE(S)	CANNOT DUPLICATE NOA CODES		ALL
NOA CODE ENTERED ON MIIR OR M IIP PLEASE REMOVE MIIx NOA CODE(S)	CANNOT DUPLICATE NOA CODES	W U	
NOA CODE ENTERED ON WROR OR WROP PLEASE REMOVE WROx NOA CODE(S)	CANNOT DUPLICATE NOA CODES		W U
NOA Mx75 HAS BEEN ENTERED ORIGINAL CLAIM DATE < 09-30-93	CANNOT DENY AS FILING WAS TIMELY, CHECK DATES AND NOA CODE FOR ERROR	R P	
NOA Wx75 HAS BEEN ENTERED ORIGINAL CLAIM DATE < 09-30-93	CANNOT DENY AS FILING WAS TIMELY, CHECK DATES AND NOA CODES FOR ERROR		R P
NOA Mxxx HAS BEEN ENTERED	APPEARS IN TANDEM WITH THE FOLLOWING		
ENTER A COUNTY TRANSFER CODE	ENTER COUNTY NUMBER FOR TRANSFER	R P	
ENTER NOA FROM RANGE M035 - M059	ENTER NOA CODE FOR DENIAL-SPOUSE	W U	
ENTER NOA FROM RANGE M135 - M159	ENTER NOA CODE FOR DENIAL - SPOUSE	W U	
NOA M008 MUST ALSO BE ENTERED	MUST USE M008 AS OPENING NOA WHEN USING ANY ADVERSE NOA CODE	P	
NOA M028 MUST ALSO BE ENTERED	MUST USE M028 AS OPENING NOA WHEN USING ANY DENIAL NOA CODE	P	
NOA M057 MUST ALSO BE ENTERED	MUST ENTER WHEN ORIGINAL FILING DATE IS GREATER THAN 9/30/93	P	
NOA M108 MUST ALSO BE ENTERED	MUST USE M108 AS OPENING NOA WHEN USING ANY ADVERSE ACTION NOA CODE	R	

NOA M128 MUST ALSO BE ENTERED	MUST USE M128 AS OPENING NOA WHEN USING ANY DENIAL NOA CODE	R	
NOA M157 MUST ALSO BE ENTERED	MUST ENTER WHEN ORIGINAL FILING DATE IS GREATER THAN 9/30/93	R	
SSN REQUIRED	ENTER SSN ON MIIR, MIIP, WROR OR WROP	R P	R P
NOA Mx02 HAS BEEN ENTERED ENTER A ORIG SUP CLAIM DATE	ENTER DATE ORIGINAL SUPPLEMENTAL CLAIM WAS RECEIVED	R P	
NOA Mx29 HAS BEEN ENTERED ENTER A RESUB STD CLAIM DATE	ENTER DATE RESUBMITTED STANDARD CLAIM WAS RECEIVED	R P	
NOA Mx31 HAS BEEN ENTERED ENTER A RESUB SUP CLAIM DATE	ENTER DATE RESUBMITTED SUPPLEMENT CLAIM WAS RECEIVED	R P	
NOA Wx02 HAS BEEN ENTERED ENTER ORIG SUP CLAIM DATE	ENTER DATE ORIGINAL SUPPLEMENTAL CLAIM WAS RECEIVED		R P
NOA Wx38 HAS BEEN ENTERED ENTER A RESUB STD CLAIM DATE	ENTER DATE RESUBMITTED STANDARD CLAIM WAS RECEIVED		R P
NOA Wx40 HAS BEEN ENTERED ENTER A RESUB SUP CLAIM DATE	ENTER DATE RESUBMITTED SUPPLEMENT CLAIM WAS RECEIVED.		R P
NOA Wxxx HAS BEEN ENTERED	APPEARS IN TANDEM WITH THE FOLLOWING		
ENTER A COUNTY TRANSFER CODE	ENTER THE NUMBER OF THE COUNTY THE CLAIM IS BEING TRANSFERRED TO		R P
ENTER NOA FROM RANGE W005 - W007	WHEN A COUNTY TRANSFER NUMBER IS ENTERED, A NOA CODE IS REQUIRED		P
ENTER NOA FROM RANGE W105 - W107	WHEN A COUNTY TRANSFER NUMBER IS ENTERED, A NOA CODE IS REQUIRED		R
NOA W008 MUST BE ENTERED	ENTER W008 WHEN USING ADVERSE ACTION NOA CODES		P
NOA W108 MUST BE ENTERED	ENTER W108 WHEN USING ADVERSE ACTION NOA CODES		R
NOA W037 MUST BE ENTERED	FINAL DENIAL CODES REQUIRE W037 NOA		P

CODE TO BE ENTERED

NOA W137 MUST BE ENTERED	FINAL DENIAL CODES REQUIRE W137 NOA CODE TO BE ENTERED		R
NOA W075 MUST BE ENTERED	ORIGINAL CLAIM DATE > 9/30/93 AND REQUIRES NOA W075		P
NOA W175 MUST BE ENTERED	ORIGINAL CLAIM DATE > 9/30/93 AND REQUIRES NOA W175		R
NO PAY SEGMENT ON FILE FOR AUTH	NO WORKSHEET ENTRIES HAVE BEEN MADE BY COUNTY. NO AUTH NUMBER ALLOWED.	W U	W U
NO RE-USEABLE SEGMENT FOUND	CHECK RSUM OR PSUM SCREENS. PRIOR PAYS ARE ALL IN P AND/OR R STATUS. CALL EDS.	W U	W U
NO UPDATES WITH RETRO/UNDER CHANGE	CANNOT CHANGE SCREEN INFO AT THE SAME TIME A CHANGE IS REQUESTED OF "R" OR "U" RECORD TYPE.	R P	R P
NOT CLASS ELIGIBLE FOR THIS DATE	DOES NOT MEET RELATIONSHIP CRITERIA	W U	W U
ORIGINAL CLAIM DATE > 09-30-93 NOA xx57 MUST BE ENTERED	LATE FILING DENIAL MUST HAVE THIS NOA CODE ENTERED	R P	R P
ORIGINAL CLAIM DATE < 3/10/89	CLAM DATES CAN ONLY BE FROM 3/11/89 TO PRESENT CALENDAR DATE.	R P	R P
PAY SEG NOT IN "P" STATUS	EDS ONLY	W U	W U
PROVIDER CLAIMANT ON FILE CLAIM TYPE MUST BE A "B" OR "P"	ENTER B (BOTH) OR P (PROVIDER)	R P	R P
PROVIDER NUMBER DOESN'T MATCH SSN	NEED TO CORRECT THE PROVIDER SSN OR THE PROVIDER NUMBER	P	P
RECORD NOT FOUND	CHECK RECIPIENT/PROVIDER NUMBER IF CORRECT, RECORD MUST BE ADDED	ALL	ALL
RECIPIENT CLAIM DATES ON SCREEN CLAIM TYPE CAN NOT BE A "P"	CLAIM MUST EITHER BE R WHEN RECIP CLAIMED, OR P WHEN PROVIDER CLAIMED	R	R
RECIPIENT NUMBER NOT ON FILE	CHECK RECIPIENT NUMBER IF CORRECT, RECORD NEEDS TO BE ADDED	P	P

RELATIONSHIP NON "01" OR INVALID ACCESS DENIED	ONLY A SPOUSE PROVIDER CAN APPLY FOR WRO UNDER OR RETRO PAYMENT		W U
REPLACEMENT NOT ALLOWED (EDS ONLY) VOID IF ALREADY KEYED TODAY	EDS ONLY	W U	W U
REQUIRED FIELD IS MISSING ON PELG	RELATIONSHIP CODE IS REQUIRED ON PELG FOR A MILLER/WRO CLAIM	P	P
RELATIONSHIP "01" INVALID FOR MIIU ACCESS DENIED	CANNOT BE A SPOUSE TO CLAIM AN UNDERPAYMENT, CHECK RELATIONSHIP	U	
RQD FIELD IS MISSING	ENTER DATA INTO REQUIRED FIELD	ALL	ALL
RSN CODE INVALID/RECORD CHG TODAY	CANNOT ENTER REASON CODE AS CASE ALREADY HAD A CASE KEYED	W U	W U
SSN INVALID - SYSTEM REJECT	DENIAL REASON CODES REQUIRE A VALID SOCIAL SECURITY NUMBER	R P	R P
UPDATE INVALID : NO CLAIM DATE	MUST HAVE CORRECT R/U CODE AND CLAIM DATE IN ORDER TO ADD WORKSHEET	W U	W U
VALUE MUST BE "R" OR "U"	MUST BE EITHER RETRO PAY OR UNDER PAY	R P	R P
VOID INVALID : NO CHECK ISSUED	EDS ONLY	W U	W U
VOID NOT ALLOWED REPLACEMENT ALREADY KEYED TODAY	EDS ONLY	W U	W U
WARRANT NUMBER REQUIRED FOR REPLACE	EDS ONLY	W U	W U
WARRANT NUMBER REQUIRED FOR VOID	EDS ONLY		
YEAR MUST BE 93, 94 OR 95	ALL CLAIM DATES EXCEPT ORIGINAL CLAIM DATE MUST BE GREATER THAN 1/1/93	R P	R P

PRINTING OF CMIPS DOCUMENTS:

All forms and printouts will be printed at County printer sites. Each of the documents will have a print job name assigned. Counties without printers will have all documents printed at EDS and mailed to the County. The print job names are as follows:

MILLER v. WOODS

o	HIHJMIIR	Recipient (SOC 293)
o	HIHJMIIP	Provider (SOC 311)
o	HIHJMIIW	Worksheet (Retroactive/Interest payments and/or Underpayments)
o	HIHJMIIN	English Notice of Action messages
o	HIHJMIIS	Spanish Notice of Action messages

WRO v. MCMAHON

o	HIHJWROR	Recipient (SOC 293)
o	HIHJWROP	Provider (SOC 311)
o	HIHJWROW	Worksheet (Retroactive/Interest payments and/or Underpayments)
o	HIHJWRON	English Notice of Action messages
o	HIHJWROS	Spanish Notice of Action messages

There are no special forms for the worksheet printout. You may use plain inquiry stock.

TRANSACTION REASON CODES:

Miller v. Woods Payment Transaction Reason Codes on the Recipient (RSUM) and Provider (PSUM) Payment Summary Screens are as follows:

Reason:	Code:
Retroactive Wage payment	82
Retroactive Interest payment	83
Underpayment	84

WRO v. McMahon Payment Transaction Reason Codes on the Recipient (RSUM) and Provider (PSUM) Payment Summary Screens are as follows:

Reason:	Code:
Retroactive Wage payment	85
Retroactive Interest payment	86
Underpayment	87

Whenever a Void/Stop Payment is placed on a Miller or WRO warrant the RSUM/PSUM screen will display the Void Transaction Reason Code - 19.

CORRECTION:

Please change the Recipient's Miller I - Reopened Denial Reason Code (page 87 of ACL 93-04 or page 125 of the Training Manual) from M091 to M191.

MULTIPLE CLAIMS:

If a claimant submits more than one Standard Claim Form, County staff must process each claim separately. To enter a new claim in CMIPS a new recipient number (10 digits) and Original Claim Form Filing Date must be entered. County staff are required to process the additional claim(s) like any other claim.

To prevent overpayments County staff shall use all available payment information (Judgment Cross Reference Screen, County payment vouchers, case files, payment worksheets and notice of actions).

MULTIPLE RECIPIENTS/APPLICANTS:

If a claimant submits a Standard Claim Form which identifies more than one recipient/applicant the County shall process the claim form for only one of the recipients/applicants identified. The County shall then process the claim form for the other recipient/applicant identified. A new Standard Claim Form, a photocopy of the original Standard Claim Form and a Notice of Action (Reason Code M001, M101, W001 or W101) shall be sent to the claimant requesting that he/she complete the new claim form for the second recipient/applicant.

MILLER I - REOPENED CLAIMS:

If your County entered a Miller I provider claim as a Miller I recipient claim and under Miller II was reopened as a recipient claim, then the County shall:

o   Deny the Recipient's claim that was reopened,

o   Use NOA Reason Code M128 with additional language explaining the
         reason for the denial. The notice should make it clear to the
         recipient that the original notice had been sent in error and that
         no actual claim had been processed.

If you have not already disposed of the provider claim please do the following:

o   Process the claim for the provider claimant,

o   CMIPS will then allow the entry of an Original Standard Claim Form
         filing date prior to 02-01-93,

o   Counties will have to manually generate a Notice of Action, Reason
         Code M090, and mail it to the claimant.

MISSING RECIPIENT/APPLICANT NAME:

On the Standard Claim Form a claimant is required to identify the person who
received protective supervision services and/or medical accompaniment. If the
claimant failed to identify the recipient/applicant, the County shall return the
claim form to the claimant for completion. If the recipient's/applicant's name is
unknown County staff must identify the recipient/applicant as "UNKNOWN" on the SOC
293 and on the MIIR or WROR judgment screens. Once the recipient/applicant is
identified County staff will change "UNKNOWN" to the recipient's/applicant's name.

STATE HEARING APPROVALS:

Four new Notice of Action Reason Codes and messages regarding a State Hearing
approval have been added. For Miller v. Woods the codes are M082 (Providers) and
M182 (Recipients). For WRO v. McMahon the codes are W092 (Providers) and W192
(Recipients).

M082   MPP 22-027
       This Notice of Action is in compliance with a recent State Hearing order.

M182   MPP 22-027
       This Notice of Action is in compliance with a recent State Hearing order.

W092   MPP 22-027
       This Notice of Action is in compliance with a recent State Hearing order.

W192   MPP 22-027
       This Notice of Action is in compliance with a recent State Hearing order.

IN-HOME SUPPORTIVE SERVICES
JUDGMENT CROSS REFERENCE SCREEN
FIELD-BY-FIELD DESCRIPTION

The IHSS Cross Reference Screen (JXRF) identifies claimants from the Miller I, Miller II and WRO court cases. Every County will have access to the JXRF information statewide. The JXRF screen is accessible by using the County password (see EDS' Memorandum dated January 26, 1993). The JXRF information is accessible through either a name or social security number and will identify: the claimant's name or social security number, address, recipient and/or provider name(s), social security number(s), case number, whether the claimant submitted a claim in Miller I, Miller II or WRO and whether the claimant received a Miller I underpayment (SOC 312 Emergency Transaction - Reason Code 09).

DESCRIPTION:

Selection Criteria: use the first three fields to identify the claimant. Enter either the claimant's social security number or name. If more than one claimant has the same SSN or Name on file pressing the "ENTER" key will display the next claimant on file.

Field: SSN - Optional

Length: 9

Description: Social Security Number - Enter the 9 digit social security number of the recipient/applicant or provider.

Field: NAME LAST - Optional

Length: 17

Description: Last Name - Enter the alpha/special characters (.,/-) used to identify a specific recipient/applicant or provider.

Field: FIRST - Optional

Length: 12

Description: First Name - Enter the alpha/special characters (.,/-) preceding the last name to identify a specific recipient/applicant or provider.

IF CLAIMANT IS A RECIPIENT, THEN ONLY RECIPIENT INFORMATION WILL BE DISPLAYED ON THE SCREEN. IF CLAIMANT IS A PROVIDER, THEN BOTH RECIPIENT AND PROVIDER INFORMATION WILL BE DISPLAYED ON THE SCREEN WITH THE EXCEPTION OF ANY RECIPIENT JUDGMENT INFORMATION.

Field: CASE NO. - System Generated

Length: 10

Description: Recipient Case Number - The 2 digit County number, 7 digit recipient
              number and 1 digit check digit.

Field: SSN - System Generated

Length: 9

Description: Social Security Number - A 9 digit number assigned to the recipient by
              the Federal government.

Field: NAME - System Generated

Length: 30

Description: Recipient Name - Alpha/special characters (.,/-) used to identify a
              specific recipient; the last name first, first name next and then the
              middle initial.

Field: STREET - System Generated

Length: 28

Description: Street - The Recipient's place of residence within a designated city -
              used as a mailing address for the Miller/WRO Explanatory Flyer and
              Standard Claim Form.

Field: CTY/ST/ZIP - System Generated

Length: 28

Description: City/State/Zip Code - The Recipient's city and state of residence as well
              as the five digit numeric code that identifies areas within the United
              States for the purposes of simplifying the distribution of mail.

Field: JUDGMENT - Display Only

Description: Judgment - Identifies the name of three different judgment claims (Miller
              v. Woods I, Miller v. Woods II and WRO v. McMahon) and one type of
              payment (Miller I Underpayment). This information will not be displayed
              if the claimant is a provider.

Field: FILED - System Generated

Description: Claims Filed/Underpayment. Auth. - Identifies whether the claimant
              submitted a claim for Miller I, Miller II or WRO. Also identifies if an
              underpayment was issued under the Miller I judgment. CMIPS will display
              either a "YES" or a "NO".

PROVIDER

Field: CASE NO. - System Generated

Length: 6

Description: Provider Number - The 6 digit provider number which is the last 6 digits
              of the provider's social security number.

Field: SSN - System Generated

Length: 9

Description: Social Security Number - A 9 digit number assigned to the provider by the
              Federal government.

Field: NAME - System Generated

Length: 30

Description: Provider Name - Alpha/special characters (.,/-) used to identify a
              specific provider; the last name first, first name next and then the
              middle initial.

Field: STREET - System Generated

Length: 28

Description: Street - The provider's place of residence within a designated city -
              used as a mailing address for the Miller/WRO Explanatory Flyer and
              Standard Claim Form.

Field: CTY/ST/ZIP - System Generated

Length: 28

Description: City/State/Zip Code - The provider's city and state of residence as well
              as the five digit numeric code that identifies areas within the United
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