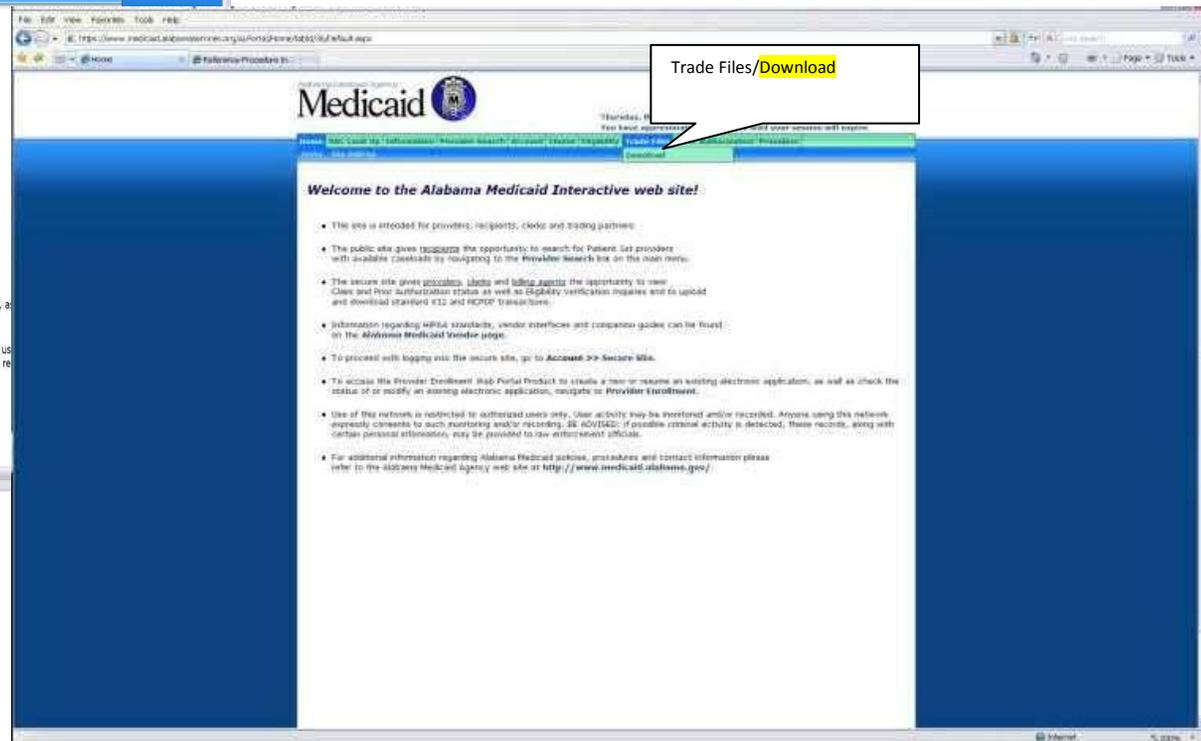
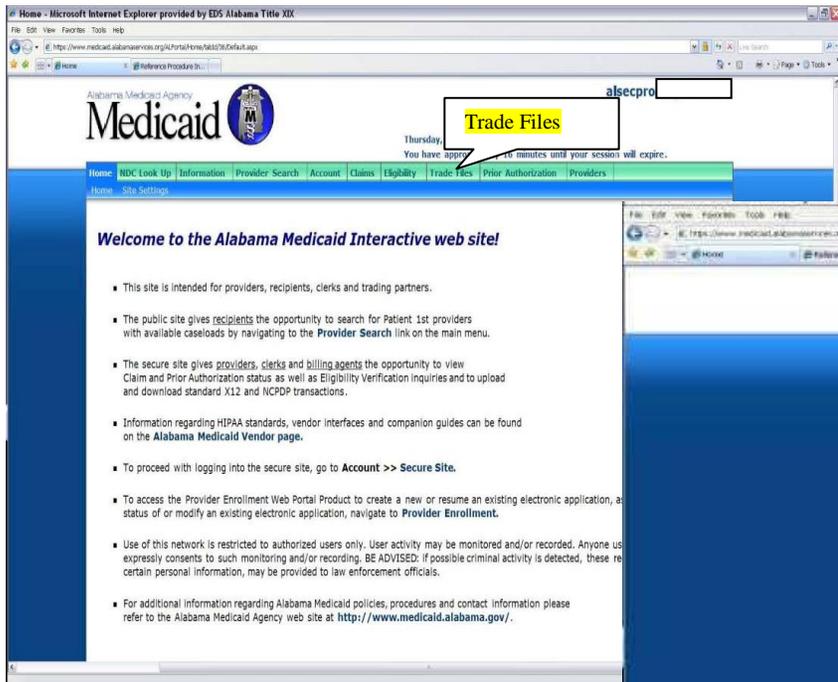
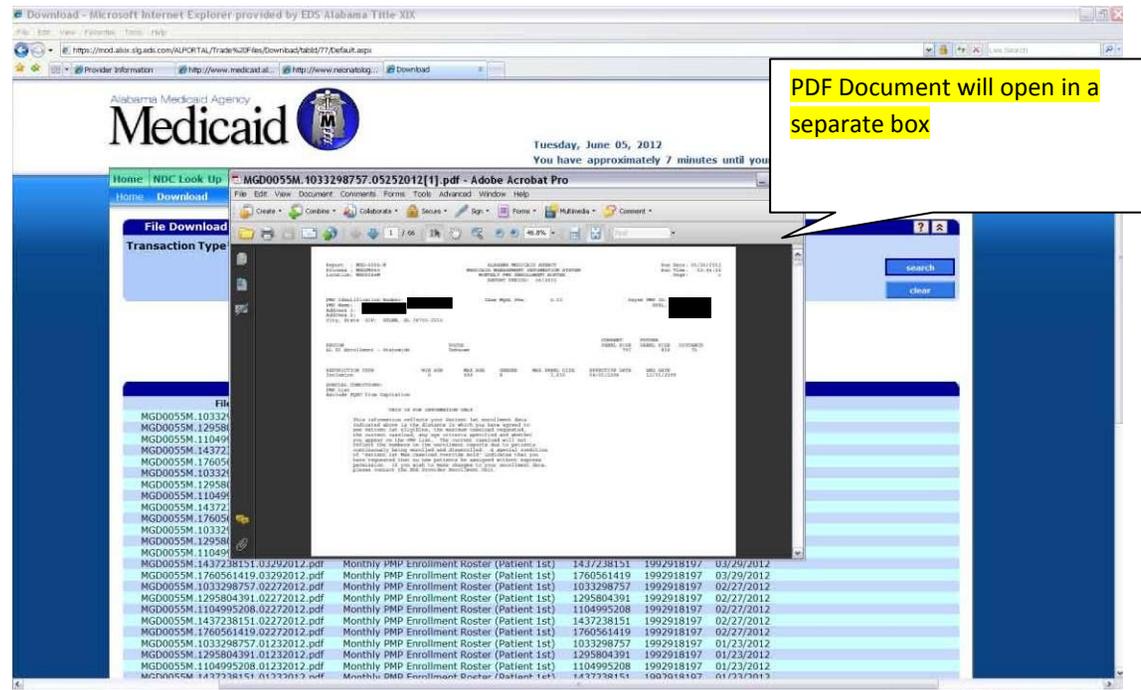
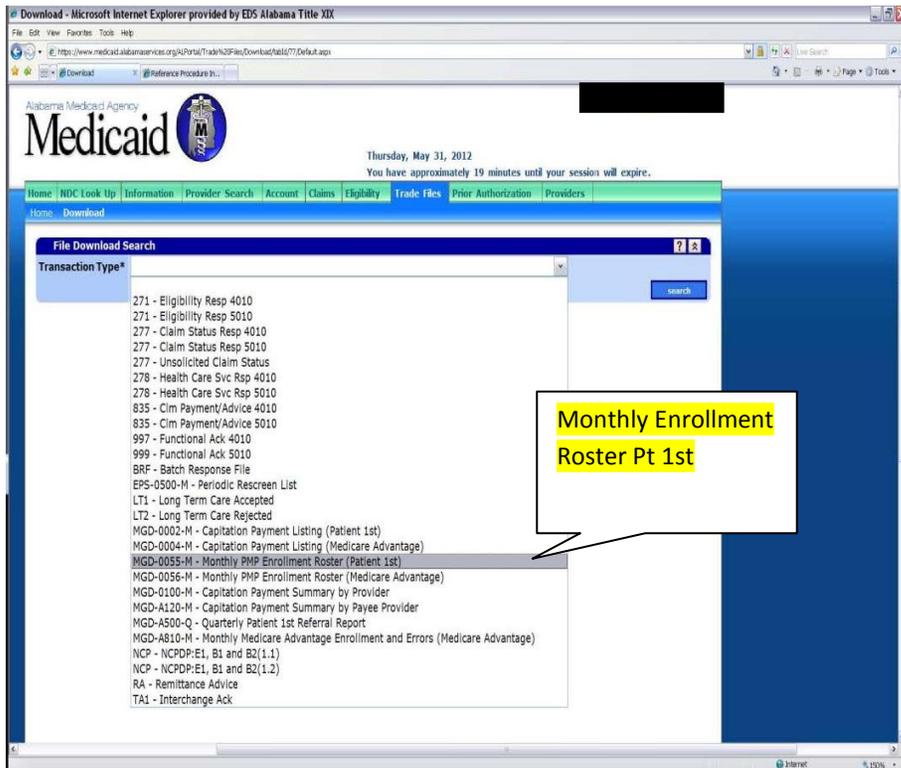


How to Download and review your Patient 1st Roster via the AL Medicaid Agency Web-Portal

Go to <https://www.medicaid.alabamaservices.org/ALPortal>

Log into the web-portal and follow the screens below.





MGD0055M.1033298757.05252012[1].pdf - Adobe Acrobat Pro

Report : MGD-0055-M
 Process : MGDJM055
 Location : MGD0055M

ALABAMA MEDICAID AGENCY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 MONTHLY PMP ENROLLMENT ROSTER
 REPORT PERIOD: 06/2012

Run Date: 05/25/2012
 Run Time: 12:45:24
 Page: 1

PMP Identification Number: [REDACTED]
 PMP Name: [REDACTED]
 Address 1: [REDACTED]
 Address 2: [REDACTED]
 City, State ZIP: SELMA, AL 36702-2213

Payee PMP ID: [REDACTED]
 PPSL: [REDACTED]

REGION: AL P1 Enrollment - Statewide
 FOCUS: Unknown

CURRENT PANEL SIZE: 797
 FUTURE PANEL SIZE: 818
 DISTANCE: 75

RESTRICTION TYPE: Inclusion
 MIN AGE: 0
 MAX AGE: 999
 GENDER: B
 MAX PANEL SIZE: 1,610
 EFFECTIVE DATE: 08/01/2004
 END DATE: 12/31/2299

SPECIAL CONDITIONS:
 PMP List
 Exclude FQHC from Capitation

THIS IS FOR INFORMATION ONLY

This information reflects your Patient list enrollment data. Indicated above is the distance in which you have agreed to see Patient list eligibles, the maximum caseload requested, the current caseload, any age criteria specified and whether you appear on the PMP List. The current caseload will not reflect the numbers on the enrollment reports due to patients continuously being enrolled and disenrolled. A special condition of "Patient list Max Caseload Override Hold" indicates that you have requested that no new patients be assigned without express permission. If you wish to make changes to your enrollment data, please contact the EDS Provider Enrollment Unit.

Age restrictions/Gender restrictions/Max Panel Size/Effective & End Dates

Current and Future Panel Size and Distance Restriction

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ALABAMA MEDICAID AGENCY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 MONTHLY PMP ENROLLMENT ROSTER
 REPORT PERIOD: 06/2012

Run Date: 05/25/2012
 Run Time: 12:45:24
 Page: 2

PMP Identification Number: [REDACTED]
 PMP Name: [REDACTED]
 Address 1: [REDACTED]
 Address 2: [REDACTED]
 City, State ZIP: SELMA, AL 36702-2213

PENDING ENROLLEES

NOTE: THIS IS NOT FINAL. PATIENTS HAVE UNTIL THE 15TH OF NEXT MONTH TO CHANGE THEIR PMP.

RECIP ID / SSN LAST NAME, FIRST NAME MI	STREET ADDRESS 1 STREET ADDRESS 2 CITY, STATE ZIP	SEX	DATE OF BIRTH / DEATH	ASSIGNMENT BPPDATE/ ENDDATE	AID CAT	COUNTY/ OFFICE IND	START/ STOP RSM	REVIEW DATE
[REDACTED]	[REDACTED]	M	[REDACTED]	07/01/2012 12/31/2299	41	53 C	PR	
[REDACTED]	[REDACTED]	F	[REDACTED]	07/01/2012 12/31/2299	52	53 C	PR	03/2013
[REDACTED]	[REDACTED]	M	[REDACTED]	07/01/2012 12/31/2299	16	53 C	PR	
[REDACTED]	[REDACTED]	M	[REDACTED]	07/01/2012 12/31/2299	52	46 C	PR	04/2013
[REDACTED]	[REDACTED]	F	[REDACTED]	07/01/2012 12/31/2299	41	66 C	PR	
[REDACTED]	[REDACTED]	M	[REDACTED]	07/01/2012 12/31/2299	91	53 C	SI	
[REDACTED]	[REDACTED]	M	[REDACTED]	07/01/2012 12/31/2299	41	46 C	PR	
[REDACTED]	[REDACTED]	M	[REDACTED]	07/01/2012 12/31/2299	51	53 C	PP	03/2013
[REDACTED]	[REDACTED]	F	[REDACTED]	07/01/2012 12/31/2299	41	46 C	PR	10/2010
[REDACTED]	[REDACTED]	F	[REDACTED]	07/01/2012 12/31/2299	54	53 C	PR	04/2013
[REDACTED]	[REDACTED]	F	[REDACTED]	07/01/2012 12/31/2299	52	66 C	PP	04/2013

Date assignment becomes effective

Recertification /Review Month & Year

Pending Enrollees
 Future Assignments

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Report : MGD-0055-M
Process : MGDJ0055
Location : MGD0055M

ALABAMA MEDICAID AGENCY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MONTHLY PMP ENROLLMENT ROSTER
REPORT PERIOD: 06/2012

Run Date: 05/25/2012
Run Time: 12:45:24
Page: 4

PMP Identification Number: [REDACTED]

CONTINUING ENROLLEES

RECIP ID /SSN LAST NAME, FIRST NAME MI	STREET ADDRESS 1 STREET ADDRESS 2 CITY, STATE ZIP	SEX	DATE OF BIRTH / DEATH	ASSIGNMT EFFDATE/ ENDDATE	AID CAT	COUNTY/ OFFICE IND	START/ STOP RSN	REVIEW DATE
[REDACTED]	[REDACTED]	M	[REDACTED]	02/01/2009 12/31/2299	41 66	C	PR	
[REDACTED]	[REDACTED]	M	[REDACTED]	09/01/2006 12/31/2299	41 24	C	PP	
[REDACTED]	[REDACTED]	M	[REDACTED]	11/01/2008 12/31/2299	41 53	C	PR	
[REDACTED]	[REDACTED]	M	[REDACTED]	01/01/2010 12/31/2299	41 46	C	PR	
[REDACTED]	[REDACTED]	F	[REDACTED]	02/01/2005 12/31/2299	41 53	C	PP	12/2007
[REDACTED]	[REDACTED]	F	[REDACTED]	02/01/2011 12/31/2299	52 46	C	PP	11/2012
[REDACTED]	[REDACTED]	F	[REDACTED]	05/01/2012 12/31/2299	54 53	C	PR	08/2012
[REDACTED]	[REDACTED]	F	[REDACTED]	03/01/2011 12/31/2299	41 53	C	PP	09/2001

Date assignment began to current

Recertification/Review Month & Year

Continuing Enrollees
Currently Assigned Recipients

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Report : MGD-0055-M
Process : MGDJ0055
Location : MGD0055M

ALABAMA MEDICAID AGENCY
MEDICAID MANAGEMENT INFORMATION SYSTEM
MONTHLY PMP ENROLLMENT ROSTER
REPORT PERIOD: 06/2012

Run Date: 05/25/2012
Run Time: 12:45:24
Page: 4

PMP Identification Number: [REDACTED]

TERMINATED ENROLLEES

RECIP ID /SSN LAST NAME, FIRST NAME MI	STREET ADDRESS 1 STREET ADDRESS 2 CITY, STATE ZIP	SEX	DATE OF BIRTH / DEATH	ASSIGNMT EFFDATE/ ENDDATE	AID CAT	COUNTY/ OFFICE IND	START/ STOP RSN	REVIEW DATE
[REDACTED]	[REDACTED]	M	[REDACTED]	02/01/2005 05/31/2012	41 24	C	FE	
[REDACTED]	[REDACTED]	M	[REDACTED]	07/01/2010 05/31/2012	32 53	C	FE	04/2012
[REDACTED]	[REDACTED]	M	[REDACTED]	02/01/2005 05/31/2012	41 53	C	FE	
[REDACTED]	[REDACTED]	M	[REDACTED]	08/01/2011 05/31/2012	52 53	C	FE	04/2012
[REDACTED]	[REDACTED]	M	[REDACTED]	08/01/2011 05/31/2012	54 46	C	FE	04/2012

Termination Code

Terminated Enrollees
See last page for reason

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Report : MGD-0055-M ALABAMA MEDICAID AGENCY Run Date: 05/25/2012
 Process : MGDUM055 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: 12:45:24
 Location : MGD0055M MONTHLY PMP ENROLLMENT ROSTER Page: 66
 REPORT PERIOD: 06/2012

PMP Identification Number: [REDACTED] Payee PMP ID: [REDACTED]

TOTAL PENDING ENROLLEES : 20
 TOTAL NEW ENROLLEES : 0
 TOTAL CONTINUING ENROLLEES : 774
 TOTAL TERMINATED ENROLLEES : 23

Code Legend:

Aid Category

16 Aged-D.O.-No Money-full Medicaid coverage
 21 Blind-SSI-full Medicaid coverage
 30 MLIF-Child-full Medicaid coverage
 32 MLIF-Child with No Money-full Medicaid coverage
 34 MLIF-Adult-full Medicaid coverage
 36 MLIF-Adult-No Money-full Medicaid coverage
 38 MLIF-Adult-No Money-full Medicaid coverage
 39 MLIF-Child-No Money-full Medicaid coverage
 39 Transitional Medicaid-Adult- Full Medicaid
 41 Disabled-SSI-full Medicaid coverage
 49 Disabled-Cont SSI Eligible Only-No Money-full Caid
 51 SOBRA Child(FM)-No\$ (<100% PPL)-full Caid coverage
 52 SOBRA Child(EB)-No\$ (<133% PPL)-full Caid coverage
 54 SOBRA Child(Newborn)-No Money-full Caid coverage
 55 SOBRA Child-Pregnant-No Money-full Caid coverage
 91 D.O. Newborns of SSI Women-No\$-full Caid coverage
 E1 Retro-Pull Eligible-full Medicaid coverage

Start/Stop Reason

01 Not happy about the PMP Assignment
 06 PMP location not convenient
 07 Change form submitted / no reason given
 FE Recipient is not Medicaid eligible
 FS PMP left practice, recip re-assigned - Legacy H550
 HI Historical
 PP Past PMP
 PR Proximity
 RA Random
 SI Sibling (Case)

*** END OF REPORT ***

TOTAL PENDING ENROLLEES
 TOTAL NEW ENROLLEES (may be zero)
 TOTAL CONTINUING ENROLLEES
 TOTAL TERMINATED ENROLLEES

Aid Category

Start/Stop Reason

Start and Stop reasons. *why the assignment ended*