

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
MEDICAID MANAGEMENT INFORMATION SYSTEM

206 - C I N T E R F A C E C O R R E C T I O N R E P O R T

SECTION:                      Skilled                              Chronic                              Intermediate

RECIPIENT ID:    NAME:

-----LONG TERM CARE SPANS-----

BEGIN / EFFECTIVE DATE	CANCEL/DISCHARGE DATE	TRANSACTION TYPE	MMIS PROV-ID	TERM CD	OASDI	RESOURCE
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

CASE MANAGER  
NAME : \_\_\_\_\_  
DIST. OFF : \_\_\_\_\_  
PHONE : \_\_\_\_\_

NOTE TYPE - N IS BEGIN FULL MA, A IS MEDICARE CO-PAY  
OTHERWISE, LEAVE TYPE BLANK

PROVIDER # - 9 DIGIT MMIS FACILITY #  
TERM CODE - EITHER 8 (DEATH) OR 4 (OTHER)  
OASDI - Gross Social Security Amount  
Resources - Available Income

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date