

## Family Care Health History Report Layout

File Name: Member PA Report

Scheduled Run: Monthly

Field	Data type	Description
Member Name	Char	Member's full name in the order of last name, first name, middle initial.
Member ID	Char	The Medicaid identification number assigned to each Member.
Dental	Number	Amount paid for dental services for the given member.
DME/DMS	Number	Amount paid for DME/DMS services for the given member.
Emer	Number	Amount paid for Emergency services for the given member.
Home Care	Number	Amount paid for Home Care for the given member.
Inpt. Hosp	Number	Amount paid for Inpatient Hospital services for the given member.
Lab & X-ray	Number	Amount paid for Lab & X-ray services for the given member.
Mntl Health	Number	Amount paid for Mental Health services for the given member.
Nursing Home	Number	Amount paid for Nursing Home care for the given member.
Other	Number	Amount paid for other services for the given member.
Out. Hosp	Number	Amount paid for Outpatient Hospital services for the given member.
Phys/Clinic	Number	Amount paid for Physician/Clinical services for the given member.
Therapy	Number	Amount paid for Therapy services for the given member.
Trans	Number	Amount paid for Transportation services for the given member.
Total	Number	The total of all types of services for the given member.