



## Incident Reporting and Management System (IRAMS) Referral and Authorization Portal Member Extract Definitions

November 14, 2025

The following chart defines each of columns contained within the Member Extract. The Member Extract can be generated by IRAMS users from the Referral and Authorization Portal.

<b><u>Column Name</u></b>	<b><u>Definition</u></b>
<b>Child ID</b>	IRAMS generated participant referral Identification Number (Not the Member CIN).
<b>Member CIN</b>	Participant's Medicaid Client Identification Number (CIN)
<b>First Name</b>	Participant's First Name
<b>Last Name</b>	Participant's Last Name
<b>DOB</b>	Participant's Date Of Birth
<b>County</b>	Participant's HCBS Designated County (the county where the child resides).
<b>Health Home ID</b>	Health Home Medicaid Management Information System (MMIS) ID
<b>Health Home Name</b>	Health Home Provider Name
<b>CMA ID</b>	Participant's Care Management Agency (CMA) Medicaid Management Information System (MMIS) ID
<b>CMA Name</b>	Participant's Care Management Agency Name
<b>Plan ID</b>	Participant Medicaid Managed Care Plan (MMCP) Medicaid Management Information System (MMIS) ID
<b>Plan Name</b>	Participant's Medicaid Managed Care Plan (MMCP) Name. If the participant does not have an MMCP, this will display as "No Managed Care"
<b>Referral Date</b>	Date the Referral/Short Form Connection was generated
<b>Referral Eligible</b>	An indication of whether the participant is currently referral eligible or not.
<b>K1 Status</b>	Displays the participant's current K1 status as either "Active K1" or "No K1"
<b>K1 Expiration Date</b>	The participant's K1 Expiration Date. If there is no K1, this column will be blank.
<b>LOC Outcome</b>	The outcome of the participant's most recent HCBS Eligibility determination. Outcome will be displayed as "HCBS Eligible" if the assessment found the participant eligible or "Not HCBS Eligible" if the assessment found the participant not eligible.
<b>LOC Expiration Date</b>	Expiration Date of the participant's most recent HCBS eligibility determination.
<b>Medicaid Eligible</b>	Displays the participant's current Medicaid enrollment status as either "Medicaid Enrolled" or "Not Medicaid Enrolled"

<b>Medicaid Expiration Date</b>	The participant's Medicaid Expiration Date
<b>Active Services</b>	<p>List of HCBS that are currently active for the participant.</p> <p><i>Note: when viewing this report as an HCBS provider, only services associated with your HCBS agency will be displayed. If the participant is in receipt of other HCBS from other HCBS providers, this information will not be displayed.</i></p>
<b>Waitlisted Services</b>	<p>HCBS that the participant is currently on either an Agency Waitlist or a Statewide Waitlist to receive. If participant is not on an Agency or Statewide Waitlist, this column will be blank.</p> <p><i>Note: when viewing this report as an HCBS provider, only services associated with your Agency Waitlist will be displayed. If the participant is on another Agency's Waitlist or the Statewide Waitlist, this information will not be displayed.</i></p>
<b>Discharged Services</b>	<p>HCBS the participant has been discharged from.</p> <p><i>Note: when viewing this report as an HCBS provider, only services discharged from your agency will be displayed. If the participant has been discharged from another HCBS provider, this information will not be displayed.</i></p>