

## NEW MACSIS CLAIMS EXTRACT STRUCTURE, as of December 31, 2005 Claims Extract New

NOTE: PLACE (was field 13) and FJCDT (was field 83) have been moved to the end of extract (when they were re-added)

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
1	Name of the Provider	Text	N_PROV	Created	15	
2	Name of the Vendor	Text	N_VEND	Created	15	
3	Julian Date this Extract Created (YYDDD)	Text	FILENAME	Created	05	
4	Claim Primary Date	Date/Time	CPDATE	Header	08	Same as <i>SERVDATE</i> , #25
5	Claim Number	Text	CLAIMNO	Header & Detail	16	
6	Subscriber Number (UCI)	Text	SUBNO	Header	12	
7	Group on the Claim Header	Text	CGROUP	Header	10	4 character Board reference, e.g. "RICH"
8	Plan on the Claim Header	Text	CPLAN	Header	10	Board comment: Cross tabulation of EPLAN #92 by CPLAN makes sense of mismatched claims.
9	Line of Business	Text	LOB	Header	03	NOTE: The LOB field should <b>NOT</b> be used to determine claim payment status.
10	Panel	Text	PANEL	Header	03	PANEL is necessary for split Boards to determine enrollment source (AoD or MH provider)
11	Provider Number, UPID	Number	PROVNO	Header	12	
12	Vendor Number	Number	VENDOR	Header	15	
13	Diagnosis 1	Text	DIAG1	Header	06	
14	Diagnosis 2	Text	DIAG2	Header	06	
15	Diagnosis 3	Text	DIAG3	Header	06	
16	User Defined 2	Text	UDEF2	Header	15	Provider Patient Control Number
17	Batch Number	Text	BATCH	Header	09	
18	Security Code (derived from PLANC value)	Text	CASCODE	Header	01	Shows mismatch/problems
19	Creation Time Stamp	Date/Time	CACDT	Header	12	Useful for tracking down errors in manually reversed or split claims
20	Created By Initials	Text	CACBY	Header	03	See #19
21	Update Time Stamp	Date/Time	CAUDT	Header	12	See #19
22	Updated by Initials	Text	CAUBY	Header	03	See #19
23	Line Number	Text	LINENO	Detail	03	
24	Subline Number	Text	SUBLINE	Detail	01	Reversed Claims contain an "R"
25	Service Date	Date/Time	SERVDATE	Detail	08	Same as <i>CPDATE</i> #4
26	Procedure Code	Text	PROCCODE	Detail	08	
27	Procedure Modifier	Text	PROCMOD	Detail	02	

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
28	Quantity (6.1 field size)	Number	QUANTITY	Detail	06	
29	Billed Amount (11.2)	Currency	BILLAMT	Detail	11	
30	Allowed Amount (11.2)	Currency	ALLOWED	Detail	11	
31	Not Covered Amount (11.2)	Currency	NOTCOV	Detail	11	
32	Co-Pay Amount (11.2)	Currency	COPAY	Detail	11	
33	Deductible Amount (11.2)	Currency	DEDUCT	Detail	11	
34	Other Carrier Amount (11.2)	Currency	OTHCAMT	Detail	11	
35	Withhold Amount (11.2)	Currency	WITHHOLD	Detail	11	Can be used to determine value of units that are grant-funded but tracked in MACSIS.
36	Net Amount (11.2)	Currency	NETAMT	Detail	11	Same as <i>NET</i> , #117
37	Not Covered Reason Code	Text	NOTCOVR	Detail	05	Same as <i>C_NOTCO</i> , #100, except the codes are abbreviated in this field.
38	Co-Pay Reason Code	Text	COPAYR	Detail	05	
39	Deductible Code	Text	DEDUCTR	Detail	05	
40	Adjustment Reason Code	Text	ADJUSTR	Detail	05	
41	Allowed Reason Code	Text	ALLOWR	Detail	05	
42	Other Carrier Code	Text	OTHCR	Detail	05	
43	Hold Reason 1	Text	HREASON1	Detail	05	
44	Hold Reason 2	Text	HREASON2	Detail	05	Can be used by adjudicators for identifying problems with manually working claims
45	Hold Reason 3	Text	HREASON3	Detail	05	See #44
46	Claim Status	Text	CLMSTAT	Detail	01	
47	Processing Status	Text	PROCSTAT	Detail	01	
48	Medical Definition	Text	MEDDEF	Detail	04	
49	Post Date	Date/Time	POSTDATE	Detail	08	
50	Check Date	Date/Time	CHCKDATE	Detail	08	See <i>CHKDATE</i> #79 ("F" claims status if not =)
51	Company Code	Text	COMPANY	Detail	05	Always the Board 5 character identifier, e.g. "RICHB"
52	General Ledger Distribution Code	Text	GLREF	Detail	03	
53	Adjudication Method	Text	ADJMETH	Detail	02	Is useful for tracking down errors in manually reversed or split claims
54	Hidden User Defined Field	Text	HUDEF	Detail	09	
55	Created Date and Time	Date/Time	CBCDT	Detail	12	(Fields 55 - 59): Useful in evaluating staff productivity.
56	Created By Initials	Text	CBCBY	Detail	03	
57	Update Date and Time	Date/Time	CBUDT	Detail	12	Used when examining Reversed Claims data
58	Updated By Initial	Text	CBUBY	Detail	03	Easier to look up Reversed claim lines from ODJFS (Medicaid)

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
59	Place of Service on Detail	Text	POS	Detail	05	Used in claims adjudication (part of the claim detail record). See <i>PLACE</i> , #135.
60	Combo Claims No, date, line, subline	Text	DKEY	Created	28	Used to self-join the claims table
61	ODHS Adjudication Status	Text	HSADJSTA	ODHS	01	
62	ODHS Date Billed - date pulled by State	Date/Time	HSDTBILL	ODHS	08	
63	ODHS Date Paid	Date/Time	HSDTPAID	ODHS	08	
64	ODHS Total Charge (9.2)	Currency	HSTOTCHG	ODHS	09	
65	ODHS Reimbursed Amount (9.2)	Currency	HSREIMB	ODHS	09	
66	ODMH FFP	Text	FFP	ODHS	05	
67	ODHS Error Code 1	Text	ERROR1	ODHS	03	
68	ODHS Error Code 2	Text	ERROR2	ODHS	03	Board comment: Instances where ERROR1 or 3 is missing or blank, but ERROR2 is populated or is a different code than ERROR1 or 3.
69	ODHS Error Code 3	Text	ERROR3	ODHS	03	Board comment: Instances where ERROR1 or 2 is missing or blank, by ERROR3 is populated or is a different code than ERROR1 or 2.
70	ODHS Carrier ID 1	Text	CARRID1	ODHS	05	See Note (3) for notes on the next 4 fields
71	ODHS Policy 1	Text	POLICY1	ODHS	15	(Fields 71 - 74): Information given to Providers when JFS reverses by "218".
72	ODHS Group 1	Text	GROUP1	ODHS	12	
73	ODHS Insured 1	Text	INSURED1	ODHS	15	
74	CHIPS & Other ODHS Indicator	Text	HSFLAGS	ODHS	02	
75	A=ODADAS Return, M=ODMH Return	Text	TYPEODHS	Created	01	"A" = AoD / "M" = MH
76	Date of Record Loop 1 Extract	Date/Time	ODHSEXDT	Extract	08	
77	AP Status	Text	APSTAT	Acpay	01	
78	Check Number	Text	CHECKNO	Acpay	08	
79	Check Date	Date/Time	CHKDATE	Acpay	08	See <i>CHCKDATE</i> , #50 ("F" Claim status when not equal)
80	Date Entered in Acpay	Date/Time	RECDATE	Acpay	08	
81	Date Claim Entered	Date/Time	ENTDATE	Acpay	08	See #19
82	Group on AP Record	Text	FJGROUP	Acpay	10	Note (3) Board ref, e.g. "RICH"
83	Subscriber Last Name	Text	LNAME	Member	20	
84	Subscriber First Name	Text	FNAME	Member	12	
85	Middle Initial	Text	MI	Member	01	
86	Date of Birth	Date/Time	CDOB	Member	08	
87	User Defined 1 on Member: Race	Text	RACE	Member	15	
88	User Defined 2 on Member: Ethnicity	Text	ETHNIC	Member	15	
89	Effective Date of Eligibility Span of Claim	Date/Time	CEFFDATE	Eligibility	08	

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
90	Termination Date of Span of Claims	Date/Time	CTDATE	Eligibility	08	
91	Group on Eligibility Record	Text	EGROUP	Eligibility	10	Can be used to sort claims by County within a Board/Consortium area.
92	Plan on Eligibility Record	Text	EPLAN	Eligibility	10	See CPLAN, #8 (this field contains any OOCTY plans versus CPLAN, which may not)
93	Rider Code	Text	RIDER	Eligibility	06	
94	Medicare Status Flag	Text	MSTAT	Eligibility	11	
95	Panel from matching Eligibility Span	Text	EPANEL	Eligibility	03	See PANEL, #10 (contains any OOCTY panels versus CPANEL which may not)
96	User Def 2 on Eligibility: Medicaid ID	Text	MEDICAID	Eligibility	15	
97	County of Residence on Eligibility	Text	SREP	Eligibility	08	This is the only field that contains out of state info
98	Sex	Text	ESEX	Member	01	
99	Label or expansion for Procedure Code	Text	C_PROC	Created	44	
100	Label or expansion / Not Covered Reason	Text	C_NOTCO	Created	44	Same as NOTCOVR #37, but not abbreviated
101	Diagnosis 4	Text	DIAG4	Header	06	
102	Diagnosis 5	Text	DIAG5	Header	06	
103	Diagnosis 6	Text	DIAG6	Header	06	
104	Diagnosis 7	Text	DIAG7	Header	06	
105	Diagnosis 8	Text	DIAG8	Header	06	
106	Patient Control Number	Text	PCNTLNO	Header	38	From CLM-01 or REF*6R-02 of the 837
107	Procedure Modifier 2	Text	PROCMOD2	Detail	02	
108	Procedure Modifier 3	Text	PROCMOD3	Detail	02	
109	Diagnosis Pointer	Text	DIAGP	Detail	01	Shows how many Diagnostic Code Fields are populated
110	Net Amount Offset	Text	NAMTOFF	Detail	25	Helpful when examining a Provider's possible billing errors
111	Offset Reason Code	Text	OFFREAS	Detail	05	Helpful when examining a Provider's possible billing errors
112	Procedure Modifier 4	Text	PROCMOD4	Detail	02	
113	Flag added indicating claim is a Reversal	Text	REVERSE	Other	01	This field can be used to roll up reversed claims; or eliminate claims for reports.
114	Net Amount from ACPAY	Currency	NET	ACPAY	25	Same as NETAMT, #36
115	Select from Payment from ACPAY	Text	SELECT	ACPAY	01	
116	Original Provider File Name	Text	IN_FILE	JP	12	
117	Allowed Group	Text	ALL_GRP		02	
118	Allowed Reason	Text	ALL_RSN		03	
119	Allowed Remarks	Text	ALL_RMK		04	

Flid #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
120	CoPay Group	Text	COP_GRP		02	
121	CoPay Reason	Text	COP_RSN		03	
122	Copay Remarks	Text	COP_RMK		04	
123	Not Covered Group	Text	NTCO_GRP		02	
124	Not Covered Reason	Text	NTCO_RSN		03	
125	Not Covered Remarks	Text	NTCO_RMK		04	
126	Adjustment Group	Text	ADJ_GRP		02	
127	Adjustment Reason	Text	ADJ_RSN		03	
128	Adjustment Remarks	Text	ADJ_RMK		04	
129	Other Carrier Group	Text	OTH_GRP		02	
130	Other Carrier Reason	Text	OTH_RSN		03	
131	Other Carrier Remarks	Text	OTH_RMK		04	
132	Deductible Group	Text	DED_GRP		02	
133	Deductible Reason	Text	DED_RSN		03	
134	Deductible Remarks	Text	DED_RMK		04	
135	Place of Service	Text	PLACE	Header	05	Original Billed POS. Helps to identify the change(s) after a claims correction. See #59.
136	Created time and Date (in AP)	Text	FJCDT	Acpay	12	
137	Provider NPI value from PROVF file	Text	PROV_NPI	Jp	10	Added via format on UPI -- "None" is default
138	Vendor NPI value from VENDR file	Text	VEND_NPI	Jp	10	Added via format on UPI -- "None" is default

**NOTES FROM THE REMARKS COLUMN:**

(1) CPLAN 9: Board comment: Cross tabulation of EPLAN by CPLAN makes sense of mismatched claims.
(2) CPLAN 9: Board comment: Staff use this while working reports, but could be changed to EPLAN if it is more useful.
(3) Fields ODHS 71 thru 74: <i>Board comments:</i>
Providers want to know the carrier when Medicaid claims are rejected for other insurance and their Medicaid client denies having insurance.
Some of these codes are listed at (copy and paste entire field below to your web browser), (Other codes can be obtained by calling 1-800-686-1516)
<b>Additional Board comments:</b>
CPLAN (CGROUP) reflects how a claim was actually paid.
EGROUP vs. CGROUP reports are how boards can find boards owing them match reimbursement.
EPLAN - EGROUP is not accurate for financial reporting (reflects current span, not how claim was adjudicated and finalized.)
LOB can be used to determine demographics (eligibility); however GLREF reflects what fund source paid the claim.
WITHHOLD can be used to determine value of units that are grant-funded but tracked in MACSIS.
NULL values in CPLAN-CGROUP are because member not enrolled DOS (OHIO claims), and now become critical errors
PATIENT CONTROL NUMBER the only way for some agencies to cross-reference to MACSIS UCI and/or claim