

Documentation

This documentation reflects a collaboration of ODMH and Board MIS staff in the development of a new/short MACSIS claims extract form.

That original effort, led by Tom Chambers and Jp. Martin has recently (spring, 2007) been amended to add two new variables: PROV_NPI and VEND_NPI

Follow-up questions should be directed to the MACSIS Help Desk.

New Structure

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 NOT be used to determine claim payment status.

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
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	
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	

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
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	ADJSTR	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	

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
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)
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	

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
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	
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 <i>CPLAN</i> , #8 (this field contains any <i>OOCTY</i> plans versus <i>CPLAN</i> , 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 <i>PANEL</i> , #10 (contains any <i>OOCTY</i> panels versus <i>CPANEL</i> which may not)

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
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 <i>NOTCOVR</i> #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 <i>NETAMT</i> , #36
115	Select from Payment from ACPAY	Text	SELECT	ACPAY	01	
116	Original Provider File Name	Text	IN_FILE	JP	12	

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length	Remarks
117	Allowed Group	Text	ALL_GRP		02	
118	Allowed Reason	Text	ALL_RSN		03	
119	Allowed Remarks	Text	ALL_RMK		04	
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: *Board comments:*

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)

Additional Board comments:

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

Old Claims Structure

MACSIS CLAIMS EXTRACT STRUCTURE

35 fields are marked for removal. (Out of 151 fields = 23%)

Completed By: _____

Titled/Position: _____

Board/Consortium: _____ **Phone:** _____

Option Election (circle one): * NEW * * CURRENT (OLD) *

REMOVE: In this column boards and consortiums, (as well as Dr. Martin and Johnna Fraser providing field input), completed a review of Claims Extract fields. An "X" in the Remove column indicates agreement the field could safely be removed, or would have no affect on the use of the Claims Extract. If a single individual found it useful, it was not marked for removal.

Remarks: All Board comments, usage, field cross-references, or any other information deemed helpful was added to this field.

Please email your board's choice to: MrBaine@rcmhb.org;
MartinJP@mh.state.oh.us

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
Name of the Provider	Text	1	N_PROV	Created 15		X	
Name of the Vendor	Text	2	N_VEND	Created 15		X	
Used to Break file into Board Subsets	Text	3	SLICER	Created 02	X		This is a given once the extract is created
Julian Date this Extract Created (YYDDD)	Text	4	FILENAME	Created 05		X	
Claim Primary Date	Date/Time	5	CPDATE	Header 08		X	Same as <i>SERVDATE</i>, #30 (Board comment: More convenient than <i>SERVDATE</i> because it is at the beginning of the file.)
Claim Number	Text	6	CLAIMNO	H & D 16		X	

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
Subscriber Number (UCI)	Text	7	SUBNO	Header 12		X	
Group on the Claim Header	Text	8	CGROUP	Header 10		X	4 character Board reference, e.g. "RICH"
Plan on the Claim Header	Text	9	CPLAN	Header 10		X	Board comment: Cross tabulation of EPLAN #111 by CPLAN makes sense of mismatched claims.
Line of Business	Text	10	LOB	Header 03		X	Board comment: We use this on some reports. NOTE: The LOB field should NOT be used to determine claim status.
Panel	Text	11	PANEL	Header 03		X	Board comment: PANEL is necessary for split Boards to determine enrollment source (AoD or MH provider)
Referring Provider	Text	12	REFPROV	Header 12	X		
Provider Number, UPID	Number	13	PROVNO	Header 12		X	
Vendor Number	Number	14	VENDOR	Header 15		X	
Total Billed Amount	Currency	15	TOTBILL	Header 10	X		Same as the <i>BILLAMT</i>, #34, even if a claim is reversed or split
Place of Service	Text	16	PLACE	Header 05	X		Same as <i>POS</i>, #65, or <i>CBPLACE</i>, #131.
Diagnosis 1	Text	17	DIAG1	Header 06		X	
Diagnosis 2	Text	18	DIAG2	Header 06		X	
Diagnosis 3	Text	19	DIAG3	Header 06		X	
User Defined 1	Text	20	UDEF1	Header 15	X		Blank on all claims

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
User Defined 2	Text	21	UDEF2	Header 15		X	Patient Control Number
Batch Number	Text	22	BATCH	Header 09		X	
Security Code(derived from PLANC value)	Text	23	CASCODE	Header 01		X	Board comment: Shows mismatch/problems
Creation Time Stamp	Date/Time	24	CACDT	Header 12		X	Board comment: Useful for tracking down errors in manually reversed or split claims
Created By Initials	Text	25	CACBY	Header 03		X	See #24
Update Time Stamp	Date/Time	26	CAUDT	Header 12		X	See #24
Updated by Initials	Text	27	CAUBY	Header 03		X	See #24
Line Number	Text	28	LINENO	Detail 03		X	
Subline Number	Text	29	SUBLINE	Detail 01		X	Reversed Claims contain an "R"
Service Date	Date/Time	30	SERVDATE	Detail 08		X	Same as CPDATE #5 and CPTDATE #132
Procedure Code	Text	31	PROCCODE	Detail 08		X	
Procedure Modifier	Text	32	PROCMOD	Detail 02		X	
Quantity (6.1 field size)	Number	33	QUANTITY	Detail 06		X	
Billed Amount (11.2)	Currency	34	BILLAMT	Detail 11		X	Same as TOTBILL, #15
Allowed Amount (11.2)	Currency	35	ALLOWED	Detail 11		X	
Not Covered Amount (11.2)	Currency	36	NOTCOV	Detail 11		X	
Co-Pay Amount (11.2)	Currency	37	COPAY	Detail 11		X	
Deductible Amount (11.2)	Currency	38	DEDUCT	Detail 11		X	
Other Carrier Amount (11.2)	Currency	39	OTHCAMT	Detail 11		X	

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
Withhold Amount (11.2)	Currency	40	WITHHOLD	Detail 11		X	Board comment: Used to determine value of units that are grant-funded but tracked in MACSIS.
Net Amount (11.2)	Currency	41	NETAMT	Detail 11		X	Same as NET, #142
Not Covered Reason Code	Text	42	NOTCOVR	Detail 05		X	Same as C_NOTCO, #120, except these are the abbreviated codes in this field. (Board comment: Being used on reports to save space.)
Co-Pay Reason Code	Text	43	COPAYR	Detail 05		X	
Deductible Code	Text	44	DEDUCTR	Detail 05		X	
Adjustment Reason Code	Text	45	ADJSTR	Detail 05		X	
Allowed Reason Code	Text	46	ALLOWR	Detail 05		X	
Other Carrier Code	Text	47	OTHCR	Detail 05		X	
Hold Reason 1	Text	48	HREASON1	Detail 05		X	
Hold Reason 2	Text	49	HREASON2	Detail 05		X	Board comment: Used by our adjudicators for identifying problems with manually working claims
Hold Reason 3	Text	50	HREASON3	Detail 05		X	See #49
Claim Status	Text	51	CLMSTAT	Detail 01		X	
Processing Status	Text	52	PROCSTAT	Detail 01		X	
Medical Definition	Text	53	MEDDEF	Detail 04		X	
Post Date	Date/Time	54	POSTDATE	Detail 08		X	
Check Date	Date/Time	55	CHCKDATE	Detail 08		X	See CHKDATE #89 ("F" claims status if not =)

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
Company Code	Text	56	COMPANY	Detail 05		X	Same as <i>COMPCODE</i> , #93. Always the Board 5 character identifier, e.g. "RICHB"
General Ledger Distribution Code	Text	57	GLREF	Detail 03		X	
AP Transaction ID	Text	58	APTRANS	D & A 09	X		
Adjudication Method	Text	59	ADJMETH	Detail 02		X	Board comment: Useful for tracking down errors in manually reversed or split claims
Hidden User Defined Field	Text	60	HUDEF	Detail 09		X	
Created Date and Time	Date/Time	61	CBCDT	Detail 12		X	Board comment (Fields 61 - 64): Useful in evaluating staff productivity.
Created By Initials	Text	62	CBCBY	Detail 03		X	
Update Date and Time	Date/Time	63	CBUDT	Detail 12		X	Board comment: Used when examining Reversed Claims data
Updated By Initial	Text	64	CBUBY	Detail 03		X	Board comment: Easier to look up Reversed claim lines from ODJFS (Medicaid)
Place of Service on Detail	Text	65	POS	Detail 05		X	Used in claims adjudication (part of the claim detail record). Same as <i>PLACE</i> , #16 and <i>CBPLACE</i> #131.
Combo Claims No, date, line, subline	Text	66	DKEY	Created 28		X	Board comment: Used to self-join the claims table
ODHS Adjudication Status	Text	67	HSADJSTA	ODHS 01		X	

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
ODHS Date Billed - date pulled by State	Date/Time	68	HSDTBILL	ODHS 08		X	
ODHS Date Paid	Date/Time	69	HSDTPAID	ODHS 08		X	
ODHS Total Charge (9.2)	Currency	70	HSTOTCHG	ODHS 09		X	
ODHS Reimbursed Amount (9.2)	Currency	71	HSREIMB	ODHS 09		X	
ODMH FFP	Text	72	FFP	ODHS 05		X	
ODHS Error Code 1	Text	73	ERROR1	ODHS 03		X	
ODHS Error Code 2	Text	74	ERROR2	ODHS 03		X	Board comment: Instances where ERROR1 or 3 is missing or blank, but ERROR2 is populated or is a different code than ERROR1 or 3. (Summit)
ODHS Error Code 3	Text	75	ERROR3	ODHS 03		X	Board comment: Instances where ERROR1 or 2 is missing or blank, by ERROR3 is populated or is a different code than ERROR1 or 2. (Summit)
ODHS Carrier ID 1	Text	76	CARRID1	ODHS 05		X	See Note (3) for notes on the next 4 fields
ODHS Policy 1	Text	77	POLICY1	ODHS 15		X	Board comment (Fields 76 - 79): Information given to Providers when JFS reverses by "218".
ODHS Group 1	Text	78	GROUP1	ODHS 12		X	
ODHS Insured 1	Text	79	INSURED1	ODHS 15		X	
ODHS Carrier 2	Text	80	CARRID2	ODHS 05	X		

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
ODHS Policy 2	Text	81	POLICY2	ODHS 15	X		
ODHS Group 2	Text	82	GROUP2	ODHS 12	X		
ODHS Insured 2	Text	83	INSURED2	ODHS 15	X		
CHIPS & Other ODHS Indicator	Text	84	HSFLAGS	ODHS 02		X	
A=ODADAS Return, M=ODMH Return	Text	85	TYPEODHS	Created 01		X	"A" = AoD / "M" = MH
Date of Record Loop 1 Extract	Date/Time	86	ODHSEXDT	Extract 08		X	
AP Status	Text	87	APSTAT	Acpay 01		X	
Check Number	Text	88	CHECKNO	Acpay 08		X	
Check Date	Date/Time	89	CHKDATE	Acpay 08		X	See <i>CHKDATE</i> , #55 ("F" Claim status when not equal)
Calculated from Info in Vendor file	Date/Time	90	DUEDATE	Acpay 08	X		Same as <i>RECDATE</i> , 91
Date Entered in Acpay	Date/Time	91	RECDATE	Acpay 08		X	Same as <i>DUEDATE</i> , 90
Date Claim Entered	Date/Time	92	ENTDATE	Acpay 08		X	See #24
Company on AP record	Text	93	COMPCODE	Acpay 05	X		Same as <i>COMPANY</i> , #56. Always the Board 5 character identifier, e.g. "RICHB"
Bank Code	Text	94	BANKCODE	Acpay 05	X		Blank, <i>OOCTY</i> , or home Board 5 character identifier.
Debit Account 1	Text	95	DEBIT1	Acpay 16	X		
Debit Account 2	Text	96	DEBIT2	Acpay 16	X		
Credit Account 1	Text	97	CREDIT1	Acpay 16	X		
Credit Account 2	Text	98	CREDIT2	Acpay 16	X		
Created time and Date (in AP)	Text	99	FJCDT	Acpay 12	X		
Updated time and Date (in AP)	Text	100	FJUDT	Acpay 12	X		

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
Group on AP Record	Text	101	FJGROUP	Acpay 10		X	Note (2) Board ref, e.g. "RICH"
Subscriber Last Name	Text	102	LNAME	Member 20		X	
Subscriber First Name	Text	103	FNAME	Member 12		X	
Middle Initial	Text	104	MI	Member 01		X	
Date of Birth	Date/Time	105	CDOB	Member 08		X	
User Defined 1 on Member: Race	Text	106	RACE	Member 15		X	
User Defined 2 on Member: Ethnicity	Text	107	ETHNIC	Member 15		X	
Effective Date of Eligibility Span of Claim	Date/Time	108	CEFFDATE	Elig. 08		X	
Termination Date of Span of Claims	Date/Time	109	CTDATE	Elig. 08		X	
Group on Eligibility Record	Text	110	EGROUP	Elig. 10		X	Board comment: Used to sort claims by County within a Board/Consortium area.
Plan on Eligibility Record	Text	111	EPLAN	Elig. 10		X	* See <i>PLAN</i> , #9 (contains any OOCTY plans versus CPLAN, which may not)
Rider Code	Text	112	RIDER	Elig. 06		X	
Medicare Status Flag	Text	113	MSTAT	Elig. 11		X	
Panel from matching Eligibility Span	Text	114	EPANEL	Elig. 03		X	* See <i>PANEL</i> , #14 (contains any OOCTY panels versus CPANEL which may not)
User Def 2 on Eligibility: Medicaid ID	Text	115	MEDICAID	Elig. 15		X	

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Remove	New Extract Fields	Remarks
County of Residence on Eligibility	Text	116	SREP	Elig. 08		X	This is the only field that contains out of state info
Sex	Text	117	ESEX	Member 01		X	
If NOSPAN then no match Elig Span found	Text	118	JPSTAT	Created 05	X		
Label or expansion for Procedure Code	Text	119	C_PROC	Created 44		X	
Label or expansion / Not Covered Reason	Text	120	C_NOTCO	Created 44		X	Same as NOTCOVR #42, not abbreviated
Date received (on Header)	Text	121	CARECDATE	Header	X		
Accident/Symptom Date	Text	122	CASYMPTDATE	Header	X		
Diagnosis 4	Text	123	DIAG4			X	
Diagnosis 5	Text	124	DIAG5			X	
Diagnosis 6	Text	125	DIAG6			X	
Diagnosis 7	Text	126	DIAG7			X	
Diagnosis 8	Text	127	DIAG8			X	
Patient Control Number	Text	128	PCNTLNO			X	From CLM-01 or REF*6R-02 of the 837
Hidden User Defined Field #2 (Dollars)	Text	129	CBHID2		X		
Unit Value in Claim Detail	Text	130	CBUVALUE	Detail	X		Blank until 20030701, "0" after that date
Place of Service in Detail	Text	131	CBPLACE	Detail	X		Same as PLACE, #16 and POS, #65, field is populated on claims starting 20030701.
Thru Date in Detail	Date/Time	132	CBTDATE	Detail	X		Same as SERVDATE, # 30 (see above note)

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
Procedure Modifier 2	Text	133	PROCMOD2			X	
Procedure Modifier 3	Text	134	PROCMOD3			X	
Diagnosis Pointer	Text	135	DIAGP			X	Board comment: Shows how many Diagnostic Code Fields are populated
Net Amount Offset	Text	136	NAMTOFF			X	Board comment: Helpful when examining a Provider's possible billing errors
Offset Reason Code	Text	137	OFFREAS			X	Same as field 136 above
Procedure Modifier 4	Text	138	PROCMOD4			X	
Flag added indicating claim is a Reversal	Text	139	REVERSE			X	Board comment: This field can be used to roll up reversed claims; or eliminate claims for reports.
Date Entered DJFS Process	Text	140	ENTERSDT		X		
Discount/Withhold from ACPAY	Text	141	DISCOUNT	ACPAY	X		All zeros starting with claims 20030701
Net Amount from ACPAY	Currency	142	NET	ACPAY		X	Same as NETAMT, #41
Select from Payment from ACPAY	Text	143	SELECT	ACPAY		X	
1099 Flag from ACPAY	Text	144	TAXFLAG	ACPAY	X		
Security Code on ACPAY record	Text	145	FJSCODE	ACPAY	X		
A/P Type	Text	146	APTYPE		X		"M" (confirmed by the State. M = Medical)
General Ledger Month	Text	147	GLMON		X		Same as FJCDT, 99. Contains a day as well
Vendor Address Flag	Text	148	VADFLAG		X		"0" (confirmed by the State. "0" Address Used)

Expanded Field Name / Description	Field Type	Fld #	Diamond Field Name	Diamond Source File and Field Length	Re-move	New Extract Fields	Remarks
RA/EOB Flag	Text	149	RAEOB		X		"0" (from the State: 3 values plus blanks. Majority are "0" = neither RA or EOB. Reflects whether the claim will be on the RA or EOB. 2=RA and B=RA for negative check.)
Pre-Price Only Flag	Text	150	PRICEO		X		"A" (from the State: "A" = fully adjudicated. 2 records have "P" fee priced only.)
Original Provider File Name	Text	151	IN_FILE			X	

NOTES FROM THE REMARKS COLUMN:

- (1) CPLAN 9: Board comment: Cross tabulation of EPLAN by CPLAN makes sense of mismatched claims. Need an example of this from the Board please.
- (1) CPLAN 9: Board comment: Staff use this while working reports, but could be changed to EPLAN if it is more useful.
- (2) FJGROUP: (Of 581,000 claims) 4 claims from 2002 contained an Out of County board ID. 290 contained null values.
- (3) Fields ODHS 76 thru 79: *Board comments:* 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).

Additional Board comments:

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). GLREF of course reflects what fund source paid the claim.

WITHHOLD can be used to determine value of units that are grant-funded but tracked in MACSIS.

Create/Update Stamps are useful in evaluating staff productivity.

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

Claim Header

Diamond File: JUTILHM0.DAT
Professional Claims Header (CH = Claims Header)

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
CH	BATCH	CABATCH\$		9	With EDI has form of "A - BOARD ID - JULIAN DATE(YYDDD)", i.e., A09B03156. When manual, freeform
CH	CACBY	CREATE\$		3	Three byte code of MACSIS Account which created this Header Record
CH	CACDT	CREATE\$	YYYYMMDD	8	Date this Header Record was created.
CH	CAUBY	UPDAT\$		3	Three byte code of MACSIS Account which (last) updated this Header Record
CH	CAUDT	UPDAT\$	YYYYMMDD	8	Date this Header Record was (last) updated.
CH	CARECDATE	CARECDATES\$	YYYYMMDD	8	Date claim file was ran through edit process in Diamond, not necessarily same as Create Date if not posted on same date
CH	CASCODE	CASECUR\$		1	Derives in EDI from Security Code on Member Plan (PLANC) appropriate to DOS of this Claim
CH	CASYMPDATE	CASYMPTDATES\$	YYYYMMDD	8	Accident/Symptom Date -- Not used in MACSIS at this time
CH	CGROUP	CAGROUP\$		10	Employer Group
CH	CPDATE	CAPRIMDAYE\$	YYYYMMDD	8	Primary Date of the Claim -- Date of Service [837P > 2400:DTP*472-04]
CH	CPLAN	CAPLANCODE\$		10	Plan Code of Member Span encompassing DOS when this Claim processes
CH	CLAIMNO	CACLAIM\$		16	16 Byte Number Assigned by Diamond 725 Number Wheel at time of Claim Edit EDI Step
CH	DIAG1	CADX1\$		7	First Diagnosis coded on 837P or that associated with the Diagnosis Pointer
CH	DIAG2	CADX2\$		7	Diagnosis 2

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
CH	DIAG3	CADX3\$		7	Diagnosis 3
CH	DIAG4	CADX4\$		7	Diagnosis 4
CH	DIAG5	CADX5\$		7	Diagnosis 5
CH	DIAG6	CADX6\$		7	Diagnosis 6
CH	DIAG7	CADX7\$		7	Diagnosis 7
CH	DIAG8	CADX8\$		7	Diagnosis 8
CH	DKEY	SAS Created		28	Concatenation of Claimno, Claim Primary Date, Line No, and Sub Line values
CH	LOB	CALOB\$		3	Line of Business: MCD (Medicaid) or NON (Non-Medicaid)
CH	PANEL	CAPANEL\$		3	Panel Code
CH	PCNTLNO	CAPCNTLNO		38	Claim Identifying Information [837P > Either 2300:CLM-02 or if coded 2400:REF*6R-02]
CH	POS	CAPLACE\$		5	Place of Service [837P > 2300: CLM-05-1]
CH	PROVNO	CAPROVIDER\$		12	Lead Zeroes on 4 or 5 digit MACSIS Provider Number [837P > 2010AA:REF*1G-02]
CH	REFPROV	CAREFPROV\$		12	Referring Provider
CH	SUBNO	CASUBNO\$		12	MACSIS UCI -- Person is usually 7 numeric bytes, Pseudo-UCI can be longer and include Alpha
CH	TOTBILL	CABILLED\$		25	Total Billed [837P > 2300:CLM-03]
CH	UDEF1	CAUD1\$		15	All missing except 1
CH	UDEF2	CAUD2\$		15	Same as PCNTLNO except only 15 bytes; will be cut off if PCNTLNO is longer than 15 bytes
CH	VENDOR	CAVENDOR\$		15	MACSIS Vendor ID

Claim Detail

Diamond File: JUTILDM0.DAT
Professional Claims Detail (CD = Claims Detail)

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
CD	ADJMETH	CBADJMETH\$		2	Adjudication Method
CD	ADJUSTR	CBADJUSTRSN\$		5	Adjustment Reason Code
CD	ALLOWED	CBALLOWED		25	Allowed Amount
CD	ALLOWR	CBALLOWRSN\$		5	Allowed Reason Code
CD	APTRANS	CBAPTRANS\$		11	A/P Transaction ID from Detail File
CD	BILLAMT	CBBILLED		25	Billed Amount
CD	CBCBY	CREAT\$		3	User Initials of who created this detail record
CD	CBCDT	CREAT\$	YYYYMMDD	8	Date this Detail Record was created
CD	CBHID2	CBHIDUD2		25	Hidden User Defined 2
CD	CBPLACE	CBPLACE\$		5	Detail file Place Information
CD	CBTDATE	CBTHRUDATES\$		8	Thru Date
CD	CBUBY	UPDAT\$		3	User Initials of who (last) updated this detail record
CD	CBUDT	UPDAT\$	YYYYMMDD	8	Date this Detail Record was (last) updated
CD	CBUVALUE	CBUNITVALUE		14	Total Unit Value
CD	CHCKDATE	CHCHECKDT\$	YYYYMMDD	8	Check Date on Detail Record
CD	CLAIMNO	CBCLAIMNO\$		16	Claim Number on Detail Record
CD	CLMSTAT	CBCLAIMSTAT\$		1	Claim Status
CD	COMPANY	CBCOMPANY\$		5	Company
CD	COPAY	CBCOPAY		25	COPAY Amount
CD	COPAYR	CBCOPAYRSN\$		5	COPAY Reason Code
CD	CPDATE	CBDATE\$	YYYYMMDD	8	Claim Primary Date on Detail (typically equals DOS)
CD	DEDUCT	CBDEDUCT		25	Deductible Amount
CD	DEDUCTR	CBDEDUCTRSN\$		5	Deductible Reason Code

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
CD	DKEY	SAS Created			Concatenation of Claimno, Claim Primary Date, Lineno, and Subline values
CD	DIAGP	CBDIAGPOINT\$		1	Diagnosis Pointer
CD	GLREF	CBLREF\$		3	General Ledger (DL) Distribution Code
CD	HREASON1	CBHOLDRSN1\$		5	Hold Reason 1
CD	HREASON2	CBHOLDRSN2\$		5	Hold Reason 2
CD	HREASON3	CBHOLDRSN3\$		5	Hold Reason 3
CD	HUDEF	CBHIDUD1\$		9	Hidden User Defined 1 (primary & alt psched plus price region
CD	LINENO	CBLINES\$		3	Line Number
CD	MEDDEF	CBMEDDEF\$		4	Medical Definition
CD	NAMTOFF	CBOFFSETAMT\$		25	Negative Offset Amount
CD	NETAMT	CBNET		25	Net Amount
CD	NOTCOV	CBNOTCOV		25	Not Covered Amount
CD	NOTCOVR	CBNOTCOVRSN\$		5	Not Covered Amount Reason
CD	OFFREAS	CBOFFSETRS\$		5	Negative Offset Reason
CD	OTHCAMT	CBOCAMT		25	Other Carrier Amount
CD	OTHCRC	CBOCRSN\$		5	Other Carrier Reason Code
CD	POSTDATE	CBPOSTDT\$	YYYYMMDD	8	Post Date
CD	PROCCODE	CBPROCCODE\$		8	Procedure Code
CD	PROCMOD	CBMODIFIER\$		2	Procedure Modifier 1
CD	PROCMOD2	CBMODIFIER2\$		2	Procedure Modifier 2
CD	PROCMOD3	CBMODIFIER3\$		2	Procedure Modifier 3
CD	PROCMOD4	CBMODIFIER4\$		2	Procedure Modifier 4
CD	PROCSTAT	CBAPSTAT\$		1	Processing Status
CD	QUANTITY	CBQUANT		6	Quantity [837P > 2400, SV1-04]
CD	SERVDATE	CBSERVDATE\$	YYYYMMDD	8	Date of Service (DOS) - [837P > 2400, DTP*472-04]
CD	SUBLINE	CBSUBLINE\$		3	Sub Line
CD	WITHHOLD	CBWITHHOLD		25	Withhold Amount

Acpay

Diamond File: JACPAYM0.DAT Professional Claims Detail (AC = AcPay)

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
AC	ACPDATE	FJPOSTDATE\$	YYYYMMDD	8	Posted Date
AC	APSTAT	FJAPSTAT\$		1	A/P Status
AC	APTRANS	FJTRANSID\$		11	ACPAY Transaction ID
AC	APTYPE	FJAPTYPE\$		1	A/P Type
AC	BANKCODE	FJBANKCODE\$		5	Bank Code
AC	CHECKNO	FJCHECKNO\$		8	Check Number
AC	CHKDATE	FJCHECKDATE\$	YYYYMMDD	6	Check Date
AC	COMPCODE	FJCOMPCODE\$		5	Company Code
AC	CREDIT1	FJCREDIT1\$		16	Credit Account 1
AC	CREDIT2	FJCREDIT2\$		16	Credit Account 2
AC	CSTAT	FJCLAIMSTAT\$		1	Claim Status
AC	DEBIT1	FJDEBIT1\$		16	Debit Account 1
AC	DEBIT2	FJDEBIT2\$		16	Debit Account 2
AC	DISCOUNT	FJDISCOUNT		25	Discount/Withhold
AC	DUEDATE	FJDUEDATE\$	YYYYMMDD	8	Date claim edits ran into Diamond
AC	ENTDATE	FJENTDATE\$	YYYYMMDD	8	Date claim posted into Diamond
AC	FILETYPE	FJFILETYPE\$		1	File Type
AC	FJCBY	CREAT\$		3	User Initials of Account used to Create this ACPAY record
AC	FJCDT	CREAT\$	YYYYMMDD	8	Date this ACPAY record created
AC	FJGROUP	FJGROUP\$		10	Group/Payor
AC	FJSCODE	FJSECUR\$		1	Security Flag

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
AC	FJUBY	UPDAT\$		3	User Initials of Account used to (last) Update this ACPAY record
AC	FJUDT	UPDAT\$	YYYYMMDD	8	Date this ACPAY record (last) updated
AC	GLMON	FJGLMON\$		6	G/L Month
AC	NET	FJNET		25	Net Amount
AC	PRICEO	FYPRICEONLY\$		1	Pre Price Only Flag
AC	REAOB	FJRAEOB\$		1	RA/EOB Print Flag
AC	RECDATE	FJRECATES\$	YYYYMMDD	8	Date claim edits ran into Diamond
AC	SELECT	FJSELECT\$		1	Select for Payment
AC	TAXFLAG	FJTAXFLAG\$		1	Flag for 1199 Creation
AC	VADFLAG	FJVENDFLAG\$		1	Vendor Address Flag
AC	VENDOR	FJVENDOR\$		15	Vendor

Loop 1 Extr

Diamond File: Professional Claims Detail (L1 = Loop 1 Extr)

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
L1	CLAIMNO			16	Diamond Claim Number
L1	CKEY			24	Concatenation of CLAIM PRIMARY DATE and CLAIMNO
L1	ODHSEXDT		YYYYMMDD	8	Date Claim extracted in the process for transmission to DJFS
L1	DKEY			28	Concatenation of CLAIMNO, CLAIM PRIMARY DATE, LINENO, SUBLINE

Loop 2 from ODJFS

Diamond File: Professional Claims Detail (L2 = Loop2 From DJFS)

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
L2	CARRID1	RRCARRID1\$		5	DJFS Information
L2	CARRID2	RRCARRID2\$		5	DJFS Information
L2	CARRID3	RRCARRID3\$		5	DJFS Information
L2	CLAIMNO	RRCLMNO\$		16	MACSIS Claim Number
L2	CKEY	SAS CONSTRUCT		24	Concatenation of Claim Primary Date and MACSIS Claim Number
L2	ENTERSDT	RRENTRDT\$	YYYYMMDD	8	Date Entered
L2	ERROR1	RRERROR1\$		3	DJFS Error Code 1
L2	ERROR2	RRERROR2\$		3	DJFS Error Code 2
L2	ERROR3	RRERROR3\$		3	DJFS Error Code 3
L2	GROUP 1	RRGROUP1\$		12	DJFS Info
L2	GROUP 2	RRGROUP2\$		12	DJFS Info
L2	GROUP 3	RRGROUP3\$		12	DJFS Info
L2	FFP	RRFRP\$		5	FFP Percentage reported by DJFS
L2	HSADJSTA	RRADJUSTAT\$		1	Adjudication Status (N=PAID,P=Not Paid)
L2	HSDTBILL	RRBILLDT\$	YYYYMMDD	8	Date Billed (to DJFS)
L2	HSDTPAID	RRPAIDDT\$	YYYYMMDD	8	Date Paid (by DJFS)
L2	HSREIMB	RRREMIB\$		25	Reimbursed Amount
L2	HSFLAGS	RRFLAGSS\$		2	Special Status Flag(s)
L2	HSMCDNO	RRMEDNO\$		16	Medicaid Recipient Number
L2	HSTOTCHG	RRTOTCHG\$		25	Total Charges
L2	INSURED1	RRINSURE1\$		15	DJFS Account Information
L2	INSURED2	RRINSURE2\$		15	DJFS Account Information
L2	INSURED3	RRINSURE3\$		15	DJFS Account Information

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
L2	TYPEODHS	SAS CONSTRUCT		1	M=ODMH, A=ODADAS
L2	RRCSDT	RRCSDT\$	YYYYMMDD	8	Date record created in this Diamond File
L2	RRPCODE	RRPCODE\$		8	Procedure Code

Member Elig

Diamond File: The Information described here comes from a number of previously combined Diamond Files related to Members.					
Diamond Files Involved: JMEMBRM0.DAT and JMELIGM0.DAT (ME = Member Elig)					
Claim Information is merged to this Member data on the basis of SUBSCRIBER NUMBER (UCI) -- Date of Service is matched to Eligibility Span.					
Note: This DOS to Span merge is done at the time of this extracting -- if the member and/or eligibility information has changed since the claim was originally adjudicated you may well see EPLAN and EGROUPE for example not match with CPLAN and CGROUPE values.					
	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
ME	CDOB	AADOBS\$	YYYYMMDD	8	Date of Birth of Subscriber
ME	CEFFDATE	ABELIGDT\$	YYYYMMDD	8	Effective (Start) Date of this Eligibility Span for this Subscriber
ME	CTDATE	ABTEMDS\$	YYYYMMDD	8	Termination (End) Date of this Eligibility Span (if Known)
ME	EGROUP	ABGRUP\$		10	Group as defined in this Eligibility Span (on day of extracts)
ME	EPLAN	ABPLAN\$		10	Plan as defined in this Eligibility Span (on day of Extracts)
ME	ESEX	AASEX\$		1	Gender
ME	ETHNIC	AAOMEMB2\$		15	Ethnicity as coded in unmonitored field on Member Record
ME	FNAME	AAFNAME\$		12	First Name
ME	LNAME	AALNAME\$		35	Last Name

	SAS & Extract Variable Name	Diamond 725 Name	Coding	Max Length	Definition/Description
ME	MEDICAID	ABUDEF1\$		15	Medicaid Number
ME	MI	AAMI\$		1	Middle Initial
ME	MSTAT	ABMSTAT\$		11	Medicare Status Flag
ME	EPANEL	ABPANEL\$		3	Panel
ME	RACE	AAOEMBR1\$		15	Race as coded in unmonitored field on Member Record
ME	RIDER	ABRIDR\$		6	Rider coverage code
ME	SREP	ABREP\$		8	Should be (but often is not) County of Residence
ME	SUBNO	AASUBNO\$		12	UCI or MACSIS Subscriber/Member Number

Other

OTHER

There are a few other variables which are derived from handling/processing or are created within the extract construction process (by JP):

		Maximum Length	Description
JP	N_PROV	12	Provider Short-Name as specified in JPROVFM0.DAT Diamond file as applied via SAS Format Library
JP	N_VEND	15	Vendor Short-Name as specified in JPROVFM0.DAT Diamond file as applied via SAS Format Library
JP	FILENAME	5	Name of this Extract Batch -- derives from Saturday Construction Date
JP	SLICER	2	Security Code for Claim Distribution to Board -- derives from CASCODE with additional
JP	IN_FILE	12	Name of the 837P File as submitted to the MACSIS Project
JP	REVERSE	1	Reversal Flag
JP	PROV_NPI	10	"NONE" is default value. UPI is formatted in SAS job to PROV NPI value
JP	VENDR_NPI	10	"NONE" is default value. UPI is formatted in SAS job to VENDR file NPI value

All Vars

Alphabetic List of All Extract Variables

SAS & Extract Variable Name	File	Max Length	Definition/Description
ACPDATE	AC	8	Posted Date in ACPAY File
ADJMETH	CD	2	Adjudication Method
ADJSTR	CD	5	Adjustment Reason Code
ALLOWED	CD	25	Allowed Amount
ALLOWR	CD	5	Allowed Reason Code
APSTAT	AC	1	A/P Status
APTRANS	CD	11	A/P Transaction ID from Detail File
APTYPE	AC	1	A/P Type
BANKCODE	AC	5	Bank Code
BATCH	CH	9	With EDI has form of "A - BOARD ID - JULIAN DATE(YYDDD)", i.e., A09B03156. When manual, freeform
BILLAMT	CD	25	Billed Amount
CACBY	CH	3	Three byte code of MACSIS Account which created this Header Record
CACDT	CH	8	Date this Header Record was created.
CARECDATE	CH	8	Date claim file was ran through edit process in Diamond, not necessarily same as Create Date if not posted on same date
CARRID1	L2	5	DJFS Information
CARRID2	L2	5	DJFS Information
CARRID3	L2	5	DJFS Information
CASCODE	CH	1	Derives in EDI from Security Code on Member Plan (PLANC) appropriate to DOS of this Claim
CASYMPDATE	CH	8	Accident/Symptom Date -- Not used in MACSIS at this time
CAUBY	CH	3	Three byte code of MACSIS Account which (last) updated this Header Record
CAUDT	CH	8	Date this Header Record was (last) updated.
CBCBY	CD	3	User Initials of who created this detail record
CBCDT	CD	8	Date this Detail Record was created
CBHID2	CD	25	Hidden User Defined 2

SAS & Extract Variable Name	File	Max Length	Definition/Description
CBPLACE	CD	5	Detail file Place Information
CBTDATE	CD	8	Thru Date
CBUBY	CD	3	User Initials of who (last) updated this detail record
CBUDT	CD	8	Date this Detail Record was (last) updated
CBUVALUE	CD	14	Total Unit Value
CDOB	ME	8	Date of Birth of Subscriber
CEFFDATE	ME	8	Effective (Start) Date of this Eligibility Span for this Subscriber
CGROUP	CH	10	Employer Group
CHCKDATE	CD	8	Check Date on Detail Record
CHECKNO	AC	8	Check Number
CHKDATE	AC	6	Check Date
CKEY	L2	24	Concatenation of Claim Primary Date and MACSIS Claim Number
CLAIMNO	CH	16	16 Byte Number Assigned by Diamond 725 Number Wheel at time of Claim Edit EDI Step
CLMSTAT	CD	1	Claim Status
COMPANY	CD	5	Company
COMPCODE	AC	5	Company Code
COPAY	CD	25	COPAY Amount
COPAYR	CD	5	COPAY Reason Code
CPDATE	CD	8	Claim Primary Date on Detail (typically equals DOS)
CPDATE	CH	8	Primary Date of the Claim -- Date of Service [837P > 2400:DTP*472-04]
CPLAN	CH	10	Plan Code of Member Span encompassing DOS when this Claim processes
CREDIT1	AC	16	Credit Account 1
CREDIT2	AC	16	Credit Account 2
CSTAT	AC	1	Claim Status
CTDATE	ME	8	Termination (End) Date of this Eligibility Span (if Known)
DEBIT1	AC	16	Debit Account 1
DEBIT2	AC	16	Debit Account 2
DEDUCT	CD	25	Deductible Amount
DEDUCTR	CD	5	Deductible Reason Code
DIAG1	CH	7	First Diagnosis coded on 837P or that associated with the Diagnosis Pointer

SAS & Extract Variable Name	File	Max Length	Definition/Description
DIAG2	CH	7	Diagnosis 2
DIAG3	CH	7	Diagnosis 3
DIAG4	CH	7	Diagnosis 4
DIAG5	CH	7	Diagnosis 5
DIAG6	CH	7	Diagnosis 6
DIAG7	CH	7	Diagnosis 7
DIAG8	CH	7	Diagnosis 8
DIAGP	CD	1	Diagnosis Pointer
DISCOUNT	AC	25	Discount/Withhold
DKEY	CH	28	Concatenation of Claimno, Claim Primary Date, Line No, and Sub Line values
DUEDATE	AC	8	Due Date
EGROUP	ME	10	Group as defined in this Eligibility Span (on day of extracts)
ENTDATE	AC	8	Source Entered Date
ENTERSDT	L2	8	Date Entered
EPLAN	ME	10	Plan as defined in this Eligibility Span (on day of Extracts)
ERROR1	L2	3	DJFS Error Code 1
ERROR2	L2	3	DJFS Error Code 2
ERROR3	L2	3	DJFS Error Code 3
ESEX	ME	1	Gender
ETHNIC	ME	15	Ethnicity as coded in unmonitored field on Member Record
FFP	L2	5	FFP Percentage reported by DJFS
FILENAME	JP	5	Name of this Extract Batch -- derives from Saturday Construction Date
FILETYPE	AC	1	File Type
FJCBY	AC	3	User Intitials of Account used to Create this ACPAY record
FJCDT	AC	8	Date this ACPAY record created
FJGROUP	AC	10	Group/Payor
FJSCODE	AC	1	Security Flag
FJUBY	AC	3	User Intitials of Account used to (last) Update this ACPAY record
FJUPT	AC	8	Date this ACPAY record (last) updated
FNAME	ME	12	First Name

SAS & Extract Variable Name	File	Max Length	Definition/Description
GLMON	AC	6	G/L Month
GLREF	CD	3	General Ledger (DL) Distribution Code
GROUP 1	L2	12	DJFS Info
GROUP 2	L2	12	DJFS Info
GROUP 3	L2	12	DJFS Info
HREASON1	CD	5	Hold Reason 1
HREASON2	CD	5	Hold Reason 2
HREASON3	CD	5	Hold Reason 3
HSADJSTA	L2	1	Adjudication Status (N=PAID,P=Not Paid)
HSDTBILL	L2	8	Date Billed (to DJFS)
HSDTPAID	L2	8	Date Paid (by DJFS)
HSFLAGS	L2	2	Special Status Flag(s)
HSMCDNO	L2	16	Medicaid Recipient Number
HSREIMB	L2	25	Reimbursed Amount
HSTOTCHG	L2	25	Total Charges
HUDEF	CD	9	Hidden User Defined 1 (primary and alt psched plus price region)
INSURED1	L2	15	DJFS Account Information
INSURED2	L2	15	DJFS Account Information
INSURED3	L2	15	DJFS Account Information
IN_FILE	JP	12	Name of the 837P File as submitted to the MACSIS Project
LINENO	CD	3	Line Number
LNAME	ME	35	Last Name
LOB	CH	3	Line of Business: MCD (Medicaid) or NON (Non-Medicaid)
MEDDEF	CD	4	Medical Definition
MEDICAID	ME	15	Medicaid Number
MI	ME	1	Middle Initial
MSTAT	ME	11	Medicare Status Flag
NAMTOFF	CD	25	Negative Offset Amount
NET	AC	25	Net Amount
NETAMT	CD	25	Net Amount

SAS & Extract Variable Name	File	Max Length	Definition/Description
NOTCOV	CD	25	Not Covered Amount
NOTCOVR	CD	5	Not Covered Amount Reason
N_PROV	JP	12	Provider Short-Name as specified in JPROVFM0.DAT Diamond file as applied via SAS Format Library
N_VEND	JP	15	Vendor Short-Name as specified in JPROVFM0.DAT Diamond file as applied via SAS Format Library
ODHSEXDT	L1	8	Date Claim extracted in the process for transmission to DJFS
OFFREAS	CD	5	Negative Offset Reason
OTHCAMT	CD	25	Other Carrier Amount
OTHCRC	CD	5	Other Carrier Reason Code
PANEL	CH	3	Panel Code
PANEL	ME	3	Panel Code (member elig)
PLACE	CH	5	Place of Service [837P > 2300:CLM-05-1]
PCNTLNO	CH	38	Claim Identifying Information [837P > Either 2300:CLM-02 or if coded 2400:REF*6R-02]
POS	CD	5	Detail file Place Information [837P > 2400:SV1-05]
POSTDATE	CD	8	Post Date
PRICEO	AC	1	Pre Price Only Flag
PROCCODE	CD	8	Procedure Code
PROCMOD	CD	2	Procedure Modifier 1
PROCMOD2	CD	2	Procedure Modifier 2
PROCMOD3	CD	2	Procedure Modifier 3
PROCMOD4	CD	2	Procedure Modifier 4
PROCSTAT	CD	1	Processing Status
PROVNO	CH	12	Lead Zeroes on 4 or 5 digit MACSIS Provider Number [837P > 2010AA:REF*1G-02]
PROV_NPI	JP	10	Provider NPI as found in PROVF file in Diamond
QUANTITY	CD	6	Quantity [837P > 2400, SV1-04]
RACE	ME	15	Race as coded in unmonitored field on Member Record
REAOB	AC	1	RA/EOB Print Flag
RECDATE	AC	8	Received Date
REFPROV	CH	12	Referring Provider
REVERSE	JP	1	Reversal Flag
RIDER	ME	6	Rider Coverage code

SAS & Extract Variable Name	File	Max Length	Definition/Description
RRCSDT	L2	8	Date the ODJFS record was created from submission by State Departments in Loop 1 step
RRPCODE	L2	8	ODJFS Procedure Coding -- derived by State Depts after MACSIS extraction of submission to ODJFS
SELECT	AC	1	Select for Payment
SERVDATE	CD	8	Date of Service (DOS) - in EDI submitted as 02 element in DTP*472 segment in 2400 Loop
SLICER	JP	2	Security Code for Claim Distribution to Board -- derives from CASCODE on Header
SREP	ME	8	Should be (but often is not) County of Residence
SUBLINE	CD	3	Sub Line
SUBNO	CH	12	MACSIS UCI -- Person is usually 7 numeric bytes, Pseudo-UCI can be longer and include Alpha
TAXFLAG	AC	1	Flag to create an 1199 -- not used in MACSIS process
TOTBILL	CH	25	Total Billed amount -- in EDI submitted on 83P 4010 as CLM-03 element in 2300 Loop
TYPEODHS	L2	1	Loop 2 Information returned from ODJFS comes in via MH (coded M) or ODADAS (coded A) process
UDEF1	CH	15	All missing except 1
UDEF2	CH	15	Same as PCNTLNO except only 15 bytes; will be cut off if PCNTLNO is longer than 15 bytes
VADFLAG	AC	1	Vendor Address Flag
VENDOR	CH	15	MACSIS Vendor ID
VEND_NPI	JP	10	Vendor NPI value as found in VENDR file in Diamond. "NONE" is default value.
WITHHOLD	CD	25	Withhold Amount

Dates

EDI edit = 3/15/05 EDI post = 3/16/05	<u>DATES</u>				
	Variable Name	Original EDI Claim	Reversed Claim	Split Claim	Manual Claim
Claim Header create date	cacdt	03/16/05	03/16/05	03/29/05	03/16/05
created by user ID	cacby	C02	C02	S1G	RAB
Claim Header update date	caudt	03/16/05	03/16/05	03/29/05	03/16/05
updated by user ID	cauby	C02	C02	S1G	RAB
Claim Header Rec'd	carecdate	03/15/05	03/15/05	03/15/05	03/16/05
Claim Header primary date	cpdate	02/15/05	02/15/05	02/18/05	03/01/05
Claim Header Place of Svc	place	56	56	56	49
Detail create date	cbcdt	03/16/05	3/16/05	03/29/05	03/16/05
created by user ID	cbcby	C02	C02	S1G	RAB
Detail update date	cbudt	03/16/05	03/29/05	03/29/05	03/16/05
updated by user ID	cbuby	C02	S1G	S1G	RAB
Detail date of service	servdate	02/18/05	02/18/05	02/18/05	03/01/05
Detail check date	chckdate	03/28/05	04/05/05	04/05/05	03/28/05
Detail post date	postdate	03/28/05	04/04/05	04/04/05	03/28/05
Detail company code	company	TRUMB	TRUMB	TRUMB	STARA
Detail Place of Svc	cbplace	56	56	56	49
ACPAY create date	fjcdt	03/16/05	03/29/05	03/29/05	03/16/05
created by user ID	fjcbby	78B	S1G	S1G	RAB
ACPAY update date	fjudt	03/16/05	03/29/05	03/29/05	03/16/05
updated by user ID	fjuby	78B	S1G	S1G	RAB
ACPAY received date	recdate	03/15/05	03/15/05	03/15/05	03/16/05
ACPAY entered date	entdate	03/16/05	03/16/05	03/29/05	03/16/05
ACPAY due date	duedate	03/15/05	03/15/05	03/15/05	03/16/05
ACPAY posted date	acpdate	03/28/05	04/04/05	04/04/05	03/28/05

	Variable Name	Original EDI Claim	Reversed Claim	Split Claim	Manual Claim
ACPAY check date	chkdate	03/28/05	04/05/05	04/05/05	03/28/05
ACPAY company code	compcode	TRUMB	TRUMB	TRUMB	STARA
		apupd - 3/28/05 ckprt - 3/28/05 ckpst - 3/28/05	apupd - 4/4/05 ckprt - 4/4/05 ckpst - 4/5/05	apupd - 4/4/05 ckprt - 4/4/05 ckpst - 4/5/05	

Notes

MHHIPAA Claims Dates Scenarios ~ and ~ Other requested field notes Created by Dr. Martin and Johnna Fraser

For EDI Claims: Date Posted is create date on header and detail, this date does not change

For EDI Claims: Create User field for header and detail is equal to the claims account user ID for the original claim (the account the State used to run the claims into Diamond). This is also true if the claim needs to be reversed.

For EDI Claims: Rec'd Date is date file was ran through edit process in Diamond, can be different from create date

For Manually Entered Claims: Create date, Update date and Rec'd Date on header as well as Create and Update date on detail is date claim was entered

For Reversed Claims: Carries the create date the original claim line had but the update field is changed to reflect the current date, time and user making change

For Split Claims: The header and detail get the create date of when the claim is split in Diamond. The update date is usually the same as the create date at the time the split claim is entered.

Post Date: Claims detail contains a post date (postdate) and this date is generated based on when APUPD was run. The date APUPD is run will be the date that is put into the post date field.

Check Date: Claims detail contains a check date (chckdate) and this date is populated after the CKPST process is run in Diamond.

Note: In version 8.2 the detail update date and user are when APUPD was run. This is no longer true in version 8.3.1f that is running currently in the HIPAA environment.

Update Date/User Header: If you refresh header eligibility – save – update; the update date is changed to current date, time and user making change

Update Date/User Detail: If you price and adjudicate – update; the update date is changed to current date, time and user making changes

Note: You can save and/or update either header or detail but if no changes were made the update date/time/user stamp does not change Reason for differences between update date on header and update date on detail:

1. Detail record could be updated with a simple change, therefore the detail update date would be changed but header record would not.
2. If header record eligibility is not refreshed, when detail record is changed the update dates would be different.

Member Dates Scenarios:

Create date – date record originally entered into system, this date never changes

Update date – if anything changes on member record and you select save. If member eligibility changes occur it is reflected as well.

Member Eligibility Dates Scenarios:

Create date – reflects when the eligibility record was first entered

Update date – reflects when the eligibility record was changed and saved

ACPAY Dates Scenarios:

Duedate is the date the claims edits are ran into Diamond. This date does not change for a split or a reversed claim. This is true because of a parameter (CLAIMDUE DATE) that is set within Diamond.

Recdate is the date the claims edits are ran into Diamond which is equal to the Rec'd date in the claim header. This is the date used to run APUPD. This date does not change for a split or a reversed claim.

Entdate appears to be the date the claims are posted into Diamond. This date will change for a split claim to the date the split claim was entered into Diamond. This date does not change for a reversed claim; it keeps the date the original claim was entered.

For EDI Claims: The *acpay* Create User field is equal to the Board ID (78B) that was in the batch name of the original XML file processed through Diamond. For reversed and split claims this field will be equal to the user that reversed and split the claim.

Cpdate vs. Servdate: Cpdate (Claim Primary Date) is not always equal to Servdate (Service Date) in Diamond, but only found three cases where they were not equal. The cpdate field is used to determine eligibility, thus adjudicate the claim so it is very important that cpdate and servdate are equal. The instances where these two fields do not match are cases where a Board has changed the detail date of service, thus the inconsistency between cpdate on header and servdate on detail.

Udef2 vs. Pcntlno: Prior to the Patient Control Number (PCNTLNO) field becoming available in Diamond off the header using F6-6, this field was the only location for the Patient Control Number. Now the patient control number is contained in both the UDEF2 and PCNTLNO fields, however, it can be a bit misleading since the UDEF2 (User Defined 2) field is only 15 bytes and it will truncate it if the patient control number is longer than 15 bytes.

Chkdate vs. Chckdate: *Chkdate* is the date on the acpay record and *Chckdate* is the date on the claim detail record. Only found 4 instances in Diamond where these two fields did not match, and the 4 instances were claims that were denied because of DUPLY, probably because the net amount was zero. Strange things can if two claims are sharing the same *acpay* record.

Company vs. Compcode: *Company* is on the claim detail record and *Compcode* is on the acpay record. These fields should always be the same unless there happens to be two claims sharing the same *acpay* record.

Cplan: Only found 5 instances where the *CPLAN* field was not populated. They were either MBRIN or MBDEC and no matching provider contract found for these records.

Eplan: Found quite a few of these missing and these are generally missing because there is no matching eligibility span in the member eligibility table to match up with the service date on the claim. Usually these claims have processed through and then someone changes something on the member eligibility record and this causes no matching eligibility span for the claim.

Cbplace – POS – Place:

Cbplace is the place of service from claim detail record

POS is the place of service from claim detail record

Place is the place of service from claim header record

Therefore, *Cbplace* and *POS* are always the same because they are the same field. Either Cbplace or POS should be utilized, instead of the Place of service from header because **the detail place of service is utilized during adjudication of the claim.**

There are a few instances where the detail place of service is missing, but of all records received in MHHIPAA only 49 records are missing detail place of service. Laura is contemplating adding this check into MEDDEF so that a blank detail place of service will cause the claim to deny.

PROV_NPI and VEND_NPI are created by SAS format. The NPI values in PROVF and VENDR files in Diamond database are added to extracts via application of those respective formats to UPI and VENDOR values. If No NPI entry is available, "NONE" is substituted. These two variables are being added in the spring of 2007, hopefully by May 5 extracts

Opt in or Out

Ohio MIS User Group - Follow up to the September 28th meeting

MACSIS CLAIMS EXTRACT STRUCTURE

35 fields currently marked for removal (Out of 151 fields = 22%)

FORMAT OPTIONS (circle one)

Opt-In (yes)

Opt-Out (no)

New

Current/Old

Completed By/Contact Person: _____

Titled/Position: _____

Board/Consortium: _____

Email: _____

Phone: _____

Please email your board/consortium choice to the addresses below:

MrBaine@rcmhb.org, MartinJP@mh.state.oh.us, FraserJ@mh.state.oh.us Or Fax your choice to: (419) 774-5816

Boards Opt in or Out

Claims Extract					
County/Consortium Name	Opt In New Structure	Opt Out Old Structure	Responded with input	Willing to be a contact	Remarks
Allen-Auglaize-Hardin (also Huron and Putnam)		X	X	X	Barb Heffner
Ashland County (Heartland West)	X		X	X	Jodi
Athens (317 Board)					
Belmont-Harrison-Monroe					
BHG					
Butler County					
Clark-Greene-Madison	X		X	X	Russell Yeley
Cuyahoga County					
Eastern Miami Valley					
Erie-Ottawa			X		Beth B. Williams
Fayette County					
Franklin County					
Gallia-Jackson-Meigs					
Geauga County			X		Jim Mausser
Hamilton County					
Harrison County					
Heartland East	X		X	X	Andy Gray, Pat Coates
Highland County					
Jefferson County					
Lake County			X		Keith Knudson
Lawrence-Scioto-Adams					
Licking-Knox					
Lorain County (ADAS)					
Lorain County (MH)	X		X		Charlie Neff

	Opt In	Opt Out			
County/Consortium Name	New Structure	Old Structure	Responded with input	Willing to be a contact	Remarks
Lucas County (ADAS)					
Lucas County (MH)			X		Michelle Glanville
Mahoning County (ADAS)					
Mahoning County (MH)					
Medina County (Heartland West)					
Mercer-Van Wert-Paulding					
Miami-Darke-Shelby					
Montgomery County		X	X	X	Barbara Miller
Muskingum Area					
Pick County					
PPS					
Preble County					
Richland County	X		X	X	Tom Chambers
Ross County (Paint Valley)	X			X	Penny Dehner
Stark County (ADAS)					
Stark County (MH)	X		X	X	Andy
Summit County	X		X	X	Nick Veauthier
Trumbull County					
Tuscarawas-Carroll (Heartland East)					
Washington County					
Wood County					