Professional Services Claims (Header, Detail) , Accounts Payable, and Remittance Advice File Extracts and Combination

[Version 2.1 – October 09, 1999]

I. Latest Changes

October 14, 1999. The variable list in pages 9-11 had some omissions. The tilde-list was complete but the cross-listing had inadvertently omitted some items.

October 9, 1999. As a function of discussion at the October 8th MACSIS Operations Team meeting, several variables were added: EPANEL (PANEL from Eligibility Span), HSREIM (Reimbursement value returned from ODHS), FFP (from ODHS return), and HSFLAGS (CHIPS and other Indicator Information from ODHS return as well).

October 08, 1999. Per user requests we have added information that enables the tracking of when Medicaid Claims are extracted for submission to the Ohio Department of Human Services (Loop 1) and returned (Loop 2). Rider (from Eligibility) has been added as well.

The order of variables has been considerably changed – and the extract process amended so that this current order will be maintained in the future, subsequent changes/additions will from now on be placed at the end of the current items. Also 1-2 items have had a decimal pointed added to bring money variables into a constant style. The length of each variable was added to the documentation as well.

II. Schedule and Amanuensis (Babu)

Current plans are to extract Claims, Act/Pay, and Double-Loop Feedback information from Diamond on a weekly basis and combine those records (along support file information sufficient to produce the MACSIS "standard RA". The individual Diamond 725 data files will be read with an FCONX process and the results combined via PC-SAS. The combined data set will then be broken into tilde delimited constructs for Board/Consortium Groups, archived or compressed into .gz files, and placed in the respective SuperGroup or Board/Consortium /county/boardname/extracts area. Current plans have this operation being performed every weekend by the MACSIS Technical Support Team Staff under Jp. Martin.

III. Contributing Diamond 725 Files

There are several Diamond 725 files involved and included in this process:

JUTILHM0.DAT	Claims Header or CH
JUTILDM0.DAT	Claims Detail or CD
JACPAYM0.DAT	Accounts Payable or AC

JOHEXTM0.DAT	Ohio Selected Claim Audit File or EX
JODMHDM0.DAT	ODMH Pay Reversal File or MH
JODADAM0.DAT	ODADAS Pay Reversal File or AD
JMELIGM0.DAT	Member Eligibility or EL
JMEMBRM0.DAT	Member or ME
JPROVFM0.DAT	Provider or PR
JVENDRM0.DAT	Vendor or VR

A. Claims Header or CH (JUTILHM0.DAT)

Again information is to be extracted from this file via Diamond 725's FCONX process, a fixed-format file will be constructed of the following general layout: Note: Only the **BOLD ITEMS** appear in the new (Aug., 99) smaller extract:

Field Description	Variable Name	Position From	Thru	Length
Primary Date	CAPRIMDATE$	1	8	8
Claim Number	CACLAIM$	9	24	16
Claim Thru Date	CATHRUDATE$	25	32	8
Authorization No.	CAAUTH$	33	40	8
Secondary Auth	CASECOND$	41	41	1
Subscriber Number	CASUBNO$	42	53	12
Person Number	CAPERSNO$	54	55	2
Member Age	CAAGE$	56	59	4
Sex	CASEX$	60	60	1
PCP	CAPCP$	61	72	12
PCP Type	CAPCPTYPE$	73	78	6
PCP Spec	CAPCPSPEC$	79	84	6
PCP's IPA/Med Grp	CAPCPIPA$	85	87	3
Employer Group	CAGROUP$	88	97	10
Plan	CAPLANCODE$	98	107	10
Line of Business	CALOB$	108	110	3
Panel	CAPANEL$	111	113	3
Eligible Thru Date	CAELIGTHRU$	114	128	15
Ref Provider	CAREFPROV$	129	140	12
Ref Prov Type	CAREFTYPE$	141	146	6
Ref Prov Spec	CAREFSPEC$	147	152	6
Ref Prov Par Stat	CAREFPAR$	153	153	1
Ref Prov IPA	CAREFIPA$	154	156	3
Provider Number	CAPROVIDER$	157	168	12
Prov Address Flag	CAPROVFLAG$	169	171	3
Provider Type	CAPROVTYPE$	172	177	6
Provider Spec	CAPROVSPEC$	178	183	6
Provider Par Stat	CAPROVPAR$	184	184	1
Provider IPA	CAPROVIPA$	185	187	3
Vendor	CAVENDOR$	188	202	15
Vendor Address Flag	CAVENDFLAG$	203	203	1
Not used	CAAUTHVIS	204	204	1
Not used	CAAUTHCOST	205	205	1
Total Billed	CABILLED	206	215	10
Place of Service	CAPLACE$	216	220	5
Service Reason	CAREASCODE$	221	225	5
Diagnosis 1	CADX1$	226	231	6
Diagnosis 2	CADX2$	232	237	6
Diagnosis 3	CADX3$	238	243	6
Date Received	CARECDATE$	244	251	8
User Defined 1	CAUD1$	252	266	15

User Defined 2	CAUD2$	267	281	15
Batch Number	CABATCH$	282	290	9
Security Field	CASECUR$	291	291	1
PCP=Provider Flag	CAPCPPROV$	292	292	1
Creation Date	CREAT$	293	307	15
Update Date	UPDAT$	308	322	15
Notes Flag	NOTEFLAG$	323	323	1

The fixed-length, fixed format file thus created will be moved to a PC for additional processes. Note all available Diamond information in this data file is being retrieved.

B. **Claims Detail or CD (JUTILDM0.DAT**)

The corresponding Claims Detail file is to be extracted (using FCONX) and again that fixed format, fixed record length file will be transported to a PC for additional processing. All data elements of the Claims Detail File are being read and incorporated. Again, **BOLD ITEMS** are in the new smaller extract.

		Position		
Field Description	Variable Name	From	Thru	Length
Primary Date	CBDATE$	1	8	8
Claim Number	CBCLAIM$	9	24	16
Line Number	CBLINE$	25	27	3
Sub Line	CBSUBLINE$	28	28	1
Service Date	CBSERVDATE$	29	36	8
Billed Proc	CBBILPROC$	37	44	8
Billed Modifier	CBBILMODIF$	45	46	2
Billed Allowed	CBBILALLWD	47	57	11
Procedure Code	CBPROCCODE$	58	65	8
Procedure Modifier	CBMODIFIER$	66	67	2
Quantity	CBQUANT	68	73	6
Billed Amount	CBBILLED	74	84	11
Allowed Factor	CBALLFACTOR	85	92	8
Allowed	CBALLOWED	93	103	11
Not Covered	CBNOTCOV	104	114	11
Copayment Amount	CBCOPAY	115	125	11
Deductible	CBDEDUCT	126	136	11
Other Carrier Amt	CBOCAMT	137	147	11
Withhold Amount	CBWITHHOLD	148	158	11
Net Amount	CBNET	159	169	11
Not Covered Reason	CBNOTCOVRSN$	170	174	5
Copay Reason	CBCOPAYRSN$	175	179	5
Deductible Reason	CBDEDUCTRSN$	180	184	5
Adjustment Reason	CBADJUSTRSN$	185	189	5
Allowed Reason	CBALLOWRSN$	190	194	5
Other Carrier Reas	CBOCRSN$	195	199	5
Hold Reason 1	CBHOLDRSN1$	200	204	5
Hold Reason 2	CBHOLDRSN2$	205	209	5
Hold Reason 3	CBHOLDRSN3$	210	214	5
Claim Status	CBCLAIMSTAT$	215	215	1
Processing Status	CBAPSTAT$	216	216	1
Medical Definition	CBMEDDEF$	217	220	4
Post Date	CBPOSTDT$	221	228	8
Check Date	CBCHECKDT$	229	236	8
Company Code	CBCOMPANY$	237	241	5

GL Distrib Code	CBGLREF$	242	244	3
Print Flag	CBPRINTFLAG$	245	245	1
EOB ID	CBEOBID$	246	246	1
RA ID	CBRAID$	247	247	1
A/P Transaction ID	CBAPTRANS$	248	256	9
Adjudication Method	CBADJMETH$	257	258	2
Hidden User Def	CBHIDUD1$	259	267	9
Creation Date	CREAT$	268	282	15
Update Date	UPDAT$	283	297	15
Copay Type	CBCOPAYTYP$	298	298	1
Deductible Type	CBDEDUCTYP$	299	299	1
Not Cov Type	CBNOTCOVTYP$	300	300	1
Component 1	CBCOMP1	301	309	9
Comp 1 Type	CBCOMPTYP1$	310	310	1
Comp 1 Reason	CBCOMPRSN1$	311	315	5
Component 2	CBCOMP2	316	324	9
Comp 2 Type	CBCOMPTYP2$	325	325	1
Comp 2 Reason	CBCOMPRSN2$	326	330	5
Component 3	CBCOMP3	331	339	9
Comp 3 Type	CBCOMPTYP3$	340	340	1
Comp 3 Reason	CBCOMPRSN3$	341	345	5
Component 4	CBCOMP4	346	354	9
Comp 4 Type	CBCOMPTYP4$	355	355	1
Comp 4 Reason	CBCOMPRSN4$	356	360	5
Component 5	CBCOMP5	361	369	9
Comp 5 Type	CBCOMPTYP5$	370	370	1
Comp 5 Reason	CBCOMPRSN5$	371	375	5
Component 6	CBCOMP6	376	384	9
Comp 6 Type	CBCOMPTYP6$	385	385	1
Comp 6 Reason	CBCOMPRSN6$	386	390	5
Component 7	CBCOMP7	391	399	9
Comp 7 Type	CBCOMPTYP7$	400	400	1
Comp 7 Reason	CBCOMPRSN7$	401	405	5
Component 8	CBCOMP8	406	414	9
Comp 8 Type	CBCOMPTYP8$	415	415	1
Comp 8 Reason	CBCOMPRSN8$	416	420	5
Component 9	CBCOMP9	421	429	9
Comp 9 Type	CBCOMPTYP9$	430	430	1
Comp 9 Reason	CBCOMPRSN9$	431	435	5
Component 10	CBCOMP10	436	444	9
Comp 10 Type	CBCOMPTYP10$	445	445	1
Comp 10 Reason	CBCOMPRSN10$	446	450	5
Authorization Key	CBAUTHKEY$	451	462	12
Hidden User Def 2	CBHIDUD2	463	472	10
Override Status	CBOVERRIDE$	473	473	1
HPR Flag	CBHPRUP$	474	474	1
Total Unit Value	CBUNITVALUE	475	486	12
Fund Model	CBFUNDMODEL$	487	491	5
Fund Process Status	CBFUNDSTAT$	492	492	1
Fund Withhold Amt	CBFUNDWHOLD	493	503	11
Medicare Ded Amount	CBMCAREDED	504	516	13
Place of Service	CBPOS	517	523	5

C. Accounts Payable Information or AC (JACPAYM0.DAT)

This third file is again being extracted via FCONX and the data moved to a PC. Once more, all data elements of the file are being moved. Once more, **BOLD ITEMS** are in the new smaller extract.

Field Description	Variable Name	From	Thru	Length
Transaction ID	FJTRANSID$	1	9	9
File Type	FJFILETYPE$	10	10	1
Discount/Withhold	FJDISCOUNT	11	22	12
Net Amount	FJNET	23	34	12
A/P Status	FJAPSTAT$	35	35	1
Claim Status	FJCLAIMSTAT$	36	36	1
Select for Payment	FJSELECT$	37	37	1
Vendor	FJVENDOR$	38	52	15
Check Number	FJCHECKNO$	53	60	8
Check Date	FJCHECKDATE$	61	68	8
Due Date	FJDUEDATE$	69	76	8
Posted Date	FJPOSTDATE$	77	84	8
Received Date	FJRECDATE$	85	92	8
Source entered date	FJENTDATE$	93	100	8
1099	FJTAXFLAG$	101	101	1
Company Code	FJCOMPCODE$	102	106	5
Bank account code	FJBANKCODE$	107	111	5
Debit Account 1	FJDEBIT1$	112	127	16
Debit Account 2	FJDEBIT2$	128	143	16
Credit Account 1	FJCREDIT1$	144	159	16
Credit Account 2	FJCREDIT2$	160	175	16
Security Field	FJSECUR$	176	176	1
Creation Date	CREAT$	177	191	15
Update Date	UPDAT$	192	206	15
A/P type	FJAPTYPE$	207	207	1
Source file key	FJSOURCE$	208	242	35
G/L month	FJGLMON$	243	248	6
Vendor addr flag	FJVENDFLAG$	249	249	1
RA/EOB Print Flag	FJRAEOB$	250	250	1
Pre Price Only flag	FJPRICEONLY$	251	251	1
Group/Payor	FJGROUP$	252	261	10

D. Double-Loop Information

ODMH and ODADAS Medicaid processing staffs regularly submit MACSIS/Diamond claims data to the Department of Human Services. They each receive a (separate) Pay Reject return file which is processed into Diamond 725 -- the information resides in JODADAM0.DAT and JODMHDM0.DAT respectively. A number of Diamond related events happen when this return data is applied -- the most significant of which for our purposes is that some claims are rejected or reversed by ODHS and this will be reflected by the creation (in Diamond) of a new Claim Detail record with "R" in the SUBLINE field and matching (to the original record) negative amount of money in the to-be-billed-or-paid fields. Thus the original claim is not deleted or removed but "counter-balanced" by an equivalent negative claim detail.

Loop 1: Extraction

On a regular basis, ODMH and ODADAS each extract Medicaid records from the Diamond database for submission to the Ohio Department of Human Services. An audit file of records so extracts is maintained in Diamond namely JOHEXTM1.DAT – the contents of this file are extracted for inclusion here:

Variable	Description	Length
CLAIMDT	Claim Date	08 (YYYYMMDD)

CLAIMNO	Claim Number	16
CLMLNUMB	Claum Line Number	03
SUBLINE	Sub Line Number	01
TIMESSEL	Times Selected	02
ODHSEXDT	Date (Last) Selected	08 (YYYYMMDD)

Two keys are constructed (DKEY a concatenation of CLAIMNO, CLAIMDT, CLMLNUMB, and SUBLINE and CKEY a combination of CLAIMNO and CLMSDT) – these. CLAIMNO, and ODHSEXDT are included in the final extract.

ODHS processed the submitted claims and provides a return file to each Department (ODMH and ODADAS). – JODMHDM0.DAT and JODADAM0.DAT respectivly. The contents of each of these return files are also processed into the weekly extract. A complete file layout (it's the same for both files) is provided, only the items in **BOLD** are included in the weekly extract.

Variable	Description	Length	
CLAIMNO	Diamond Claim Number	16	
FSDATE	First Service Date	08	(YYYYMMDD)
LSDATE	Last Service Date	08	(YYYYMMDD)
MEDNO	Medicaid Recipient Number	16	
TRANSNO	Transaction Control Number	17	
ACCTCODE	Account Code	01	
HSADHSTA	Adjudication Status	01	
REMADV	Remittance Advice	06	
VOUCHNO	Voucher Number	06	
PROVID	Provider Number	12	
HSADJSTA	Date Billed	08	(YYYYMMDD**)**
DENTER	Date Entered	08	(YYYYMMDD)
DSUSPEND	Suspense Date	08	
DADUPD	Date Adjudicated	08	(YYYYMMDD)
HSDTPAID	Date Paid	08	(YYYYMMDD**)**
LIVARR	Living Arrangemment	01	
CASE	Case Type	01	
AIDCAT	Aid Category	01	
COUNTY	County Code	02	
ZIPCODE	Zip Code	10	
RRLNAME	Last Name	14	
RRFNAME	First Name	11	
RRMI	Middle Initial	01	
EXCEPT	Exception Indicator	01	
RRDOB	Date of Birth	08	(YYYYMMDD)
AGE	Age	03	
RRGENDER	Gender	01	
RRRACE	Race	01	
RREMI	Extended Medicaid Indicator	01	
SPENDIND	Spenddown Indicator	01	
MEDIND	Medicare Indicator	01	
NHIND	Nursing Home Indicator	01	
M50IND	Model 50 Indicator	01	
OTHINS	Other Insurance Indicator	01	
HSTOTCHG	Total Charge	09	(9.2)
HS3rdP	#3rd Party Payment Amount	09	(9.2)
NETCHG	Net Charge	09	(9.2)
HSREIMB	Reimbursed Amount	09	(9.2)
RRDIAG1	Diagnosis Code 1	06	
RRDIAG2	Diagnosis Code 2	06	
REFPROV	Referring Provider	12	
RRDOS	Date of Service	08	(YYYYMMDD)
RRPROCCD	Procedure Code	08	
RRUNITS	Units of Service	05	
RRAUTHNO	Prior Authoization Number	06	
FFP	FFP	05	
ERROR1	Error Code 1	03	
ERROR2	Error Code 2	03	
ERROR3	Error Code 3	03	
ERROR4	Error Code 4	03	
ERROR5	Error Code 5	03	

CARRID1	Carrier ID 1	05
POLICY1	Policy 1	15
GROUP1	Group 1	12
INSURED1	Insured 1	15
CARRID2	Carrier ID 2	05
POLICY2	Policy 2	15
GROUP2	Group 2	12
INSURED2	Insured 2	15
DOCNO	Document Number	07
BATCHNO	Batch Number	03
HSFLAGS	CHIPS & Other Indicator	02
RRCSTMP	Create Stamp	15

A comparable CKEY variable (RRFSDATE || CLAIMNO) is created and there is a marker variable TYPEODHS is created to indicate whether is a "M" (Mental Health) or "A" (ODADAS) record.

E. Other Support Files

The (MACSIS) standard Remittance Advice (RA) being discussed in the Fall of 1998 incorporates some 35 variables from three Diamond data files (JUTILHM0.DAT, JUTILDM0.DAT, and JACPAYM0.DAT). In addition,

1. The RA design calls for 8 of the variables from these files to have their coded values expanded into text or labels, specifically

Diamond Name	Extract Name	General Description	Length
CBPROCCODE	PROCCODE	Procedure Code	40
CBALLOWRSN	ALLOWR	Allowed Reason	44
CBCOPAYRSN	COPAYR	CoPay Reason	44
CBDEDUCTRSN	DEDUCTR	Deductible Reason	44
CBOCRSN	OTHCR	Other Carrier Reason	44
CBNOTCOVRSN	NOTCOVR	Not Covered Reason	44
CAPROVIDER	N_PROV	Provider Name	15
CAVENDOR	N_VEND	Vendor Name	15

These new variables will be created by the application of SAS Formats. These are stored in a PC-SAS FORMAT.LIB (definition file) available from Jp. Martin and stored on a permanent basis in h:\ois\macsis\library. A copy of the .SC2 PC-SAS (6.12) Format Catalog is available upon request.

2. In addition to Format provided labels, The RA definition calls for the inclusion and use of information from two other Diamond Files not previously (directly) presented by the Claims and Accounts Payable files: the variables in question are their respective sources are:

   Member Information (JMEMBRM0.DAT)

Diamond Name	Extract Name	General Description	Length
AALASTNM$	**LNAME**	Member Last Name	20
AAFNAME$	**FNAME**	Member First Name	12
AAMI$	**MI**	Member Middle Initial	01
AADOB$	**DOB**	Date of Birth	08 (YYYYMMDD)

   Eligibility Information (JMELIGM0.DAT)

Diamond Name	SAS Name	General Description

ABREP	**CORES**	County of Residence	05
ABMSTAT	**MSTAT**	Medicare Status Field	11
ABUDEF1	**MEDICAID**	Medicaid Number	15
ABRIDER	**RIDER**	Package Rider	06
ANPANEL	**EPANEL**	Panel	03

Note: Some Claims records will not match the member-eligibility combination by span, that is, these off claims records will have a service date that does no match any existing eligibility span for that member. A special variable, **JPSTAT**, will mark such records -- its value in these cases will be "NOSPAN." Such a claim will still be merged with the Member file to provide the Last Name, etc. but nothing can be provided from Eligibility.

3. Lastly a final variable**, FILENAME**, is created and added to the file that is a 'Extract/Construction/File' Date specified as a Julian date. This file name variable will be added to every record -- while certainly less efficient that a head-detail file arrangement, this does simply read and use of the delimited file for possibly less rich tools or less experienced programmers.

IV. Combining the Claims Related Information

The SAS program which combines or creates the information being described can be obtained upon request from the MACSIS Technical Support Group. The basic log is as follows:

The contents of all relevant Diamond 725 files are extracted via separate FCONX processes on Friday evening. These files are then read by a SAS program. XX variables from Claims Header (JUTILHM0.DAT) are combined with XX variables from Claims Detail, the merge governed by CKEY (claim date and claim number).

XX variables from the Extract Archive File (JOHEXM1.DAT) are combined with the two ODHS return files (JODADAM0.DATand JODMHDM0.DAT) again using CKEY as a merge variable. This Feedback information is then combined with the Header-Claims.

Accounts Payable data (JACPAYM0.DAT) is then merged in using APTRANS variable. Finally Member-Eligibility data are included in a two step process: eligiblity information added if a matching (to service date) span is found, otherwise just member (no eligibility) data are added.

This new combined (Claims Detail, Claims Header, AcPay, Other Info) data set will then be sorted by SuperGroup or Board/Consortium and sub-divided into SuperGroup datasets. This assignment to a Board/Consortium group is a multi-step process. Claim records are first examined (Step 1) for a Security Letter assignment within the Claims Header information: Diamond assigned a value to CASCODE if the claim was understood at EDI time. So the vast majority of claims are assigned to an extract group on the basis of the Header security Code. This Header variable's value is derived from the Security Letter assigned to the Plan (PLANC) record of the appropriate Eligibility Span in EDI processing.

About 5% of the current records are given no CASCODE value – typically because the EDI process found no matching (to service date) eligibility span. So the program logic here, finding no CASCODE value, then (Step 2) the data in BATCH (from the Claims Header is examined). The second-third-and-fourth letters identify the submitting Board. If CASCODE is blank, this tri-gram is examined and the record is assigned to a Board/Consortium on that basis. On rare occasions, less than one-half percent to date (so far, on manually entered claims), BATCH is blank on a record that has no CASCODE value. Step 3 of the assignment process here then examines Group on the Accounts Payable record and uses that information to distribute/post to an extract. This has been rarely necessary to date.

Once all claims have been assigned to a Board/Consortium group, tilde delimited extract files are created. These are converted to PC ASCII files, archived or compressed into .gz files, and placed in the respective Board/Consortium "extracts" directory (i.e., /county/countyname/extracts sub-directory).

The file naming convention will be:

cmondd.group_xx.gz

Where

c	=	Claims and Account Payable Information
mon	=	Month the Diamond Files were extracted
nn	=	Day of the month the Diamond Files were extracted
xx	=	Board/Group Security Letter or County Number

IV. The Tilde Delimited File

The top/first line of the tilde delimited file will (as of October 09, 1999) look like the following (bold items are new in this version):

N_PROV~N_VEND~SLICER~FILENAME~CPDATE~CLAIMNO~SUBNO~CGROUP~CPLAN~LOB~
PANEL~REFPROV~PROVNO~VENDOR~TOTBILL~PLACE~DIAG1~DIAG2~DIAG3~UDEF1~
UDEF2~BATCH~CASCODE~CACDT~CACBY~CAUDT~CAUBY~LINENO~SUBLINE~SERVDATE
~PROCCODE~PROCMOD~QUANTITY~BILLAMT~ALLOWED~NOTCOV~COPAY~DEDUCT~
OTHCAMT~WITHHOLD~NETAMT~NOTCOVR~COPAYR~DEDUCTR~ADJUSTR~ALLOWR~
OTHCR~HREASON1~HREASON2~HREASON3~CLMSTAT~PROCSTAT~MEDDEF~POSTDATE~
CHCKDATE~COMPANY~GLREF~APTRANS~ADJMETH~HUDEF~CBCDT~CBCBY~CBUDT~
CBUBY~POS~DKEY~HSADJSTA~HSDTBILL~HSDTPAID~HSTOTCHG~**HSREIMB**~**FFP**~ERROR
1~ERROR2~ERROR3~CARRID1~POLICY1~GROUP1~INSURED1~CARRID2~POLICY2~GROUP2~
INSURED2~**HSFLAGS**~**TYPEODHS**~**ODHSEXDT**~APSTAT~CHECKNO~CHKDATE~DUEDATE~
RECDATE~ENTDATE~COMPCODE~BANKCODE~DEBIT1~DEBIT2~CREDIT1~CREDIT2~FJCDT
~FJUDT~FJGROUP~LNAME~FNAME~MI~CDOB~RACE~ETHNIC~CEFFDATE~CTDATE~
EGROUP~EPLAN~**RIDER**~MSTAT~**EPANEL**~MEDICAID~SREP~ESEX~JPSTAT~C_PROC~
C_NOTCO

Or laid out differently:

Variable	File	L	Description
N_PROV	Created	15	Name of the Provider
N_VEND	Created	15	Name of the Vendor
SLICER	Created	02	Used to Break file into Board Subsets
FILENAME	Created	05	Julian Date this Extract Created (YYDDD)
CPDATE	Header	08	Claim Primary Date
CLAIMNO	H & D	16	Claim Number
SUBNO	Header	12	Subscriber Number (UCI)
CGROUP	Header	10	Group on the Claim Header
CPLAN	Header	10	Plan on the Claim Header
LOB	Header	03	Line of Business
PANEL	Header	03	Panel
REFPROV	Header	12	Referring Provider
PROVNO	Header	12	Provider Number, UPI
VENDOR	Header	15	Vendor Number
TOTBILL	Header	10	Total Billed Amount
PLACE	Header	05	Place of Service

DIAG1	Header	06	Diagnosis 1
DIAG2	Header	06	Diagnosis 2
DIAG3	Header	06	Diagnosis 3
UDEF1	Header	15	User Defined 1 – Patient Control Number
UDEF2	Header	15	User Defined 2
BATCH	Header	09	Batch Number
CASCODE	Header	01	Security Code (derived from PLANC value)
CACDT	Header	12	Creation Time Stamp
CACBY	Header	03	Created By Initials
CAUDT	Header	12	Update Time Stamp
CAUBY	Header	03	Updated by Initials
LINENO	Detail	03	Line Number
SUBLINE	Detail	01	Subline Number
SERVDATE	Detail	08	Service Date
PROCCODE	Detail	08	Procedure Code
PROCMOD	Detail	02	Procedure Modifier
QUANTITY	Detail	06	Quantity (6.1)
BILLAMT	Detail	11	Billed Amount (11.2)
ALLOWED	Detail	11	Allowed Amount (11.2)
NOTCOV	Detail	11	Not Covered Amount (11.2)
COPAY	Detail	11	Co-Pay Amount (11.2)
DEDUCT	Detail	11	Deductible Amount (11.2)
OTHCAMT	Detail	11	Other Carrier Amount (11.2)
WITHHOLD	Detail	11	Withhold Amount (11.2)
NETAMT	Detail	11	Net Amount (11.2)
NOTCOVR	Detail	05	Not Covered Reason Code
COPAYR	Detail	05	Co-Pay Reason Code
DEDUCTR	Detail	05	Deductible Code
ADJUSTR	Detail	05	Adjustment Reason Code
ALLOWR	Detail	05	Allowed Reason Code
OTHCR	Detail	05	Other Carrier Code
HREASON1	Detail	05	Hold Reason 1
HREASON2	Detail	05	Hold Reason 2
HREASON3	Detail	05	Hold Reason 3
CLMSTAT	Detail	01	Claim Status
PROCSTAT	Detail	01	Processing Status
MEDDEF	Detail	04	Medical Definition
POSTDATE	Detail	08	Post Date
CHCKDATE	Detail	08	Check Date
COMPANY	Detail	05	Company Code
GLREF	Detail	03	General Ledger Distribution Code
APTRANS	D & A	09	AP Transaction ID
ADJMETH	Detail	02	Adjudication Method
HUDEF	Detail	09	Hidden User Defined Field
CBCDT	Detail	12	Created Date and Time
CBCBY	Detail	03	Created By Initials
CBUDT	Detail	12	Update Date and Time
CBUBY	Detail	03	Updated By Initial
POS	Detail	05	Place of Service on Detail
DKEY	Created	28	Combo Claims No, date, line, subline
HSADJSTA	ODHS	01	ODHS Adjudication Status
HSDTBILL	ODHS	08	ODHS Date Billed
HSDTPAID	ODHS	08	ODHS Date Paid
HSTOTCHG	ODHS	09	ODHS Total Charge (9.2)
HSREIMB	ODHS	09	ODHS Reimbursed Amount (9.2)
FFP	ODHS	05	ODMH FFP
ERROR1	ODHS	03	ODHS Error Code 1
ERROR2	ODHS	03	ODHS Error Code 2
ERROR3	ODHS	03	ODHS Error Code 3
CARRID1	ODHS	05	ODHS Carrier ID 1
POLICY1	ODHS	15	ODHS Policy 1

GROUP1	ODHS	12	ODHS Group 1
INSURED1	ODHS	15	ODHS Insured 1
CARRID2	ODHS	05	ODHS Carrier 2
POLICY2	ODHS	15	ODHS Policy 2
GROUP2	ODHS	12	ODHS Group 2
INSURED2	ODHS	15	ODHS Insured 2
HSFLAGS	ODHS	02	CHIPS & Other ODHS Indicator
TYPEODHS	Created	01	A=ODADAS Return,M=ODMH Return
ODHSEXDT	Extract	08	Date of Record Loop 1 Extract
APSTAT	Acpay	01	AP Status
CHECKNO	Acpay	08	Check Number
CHKDATE	Acpay	08	Check Date
DUEDATE	Acpay	08	Calculated from Info in Vendor file
RECDATE	Acpay	08	Date Entered in Acpay
ENTDATE	Acpay	08	Date Claim Entered
COMPCODE	Acpay	05	Company on AP record
BANKCODE	Acpay	05	Bank Code
DEBIT1	Acpay	16	Debit Account 1
DEBIT2	Acpay	16	Debit Account 2
CREDIT1	Acpay	16	Credit Account 1
CREDIT2	Acpay	16	Credit Account 2
FJCDT	Acpay	12	Created time and Date (in AP)
FJUDT	Acpay	12	Updated time and Date (in AP)
FJGROUP	Acpay	10	Group on AP Record
LNAME	Member	20	Subscriber Last Name
FNAME	Member	12	Subscriber First Name
MI	Member	01	Middle Initial
CDOB	Member	08	Date of Birth
RACE	Member	15	User Defined 1 on Member: Race
ETHNIC	Member	15	User Defined 2 on Member: Ethnicity
CEFFDATE	Elig.	08	Eff.Date of Eligibility Span of Claim
CTDATE	Elig.	08	Termination Date of Span of Claims
EGROUP	Elig.	10	Group on Eligibility Record
EPLAN	Elig.	10	Plan on Eligibility Record
RIDER	Elig.	06	Rider Code
MSTAT	Elig.	11	Medicare Status Flag
EPANEL	Elig.	03	Panel from matching Eligibility Span
MEDICAID	Elig.	15	User Def 2 on Eligibility: Medicaid ID
SREP	Elig.	08	County of Residence on Eligibility
ESEX	Member	01	Sex
JPSTAT	Created	05	If NOSPAN then no match Elig. Span found
C_PROC	Created	44	Label or expansion for Procedure Code
C_NOTCO	Created	44	Label or expansion or Not Covered Reason.

V. SAS Program

The complete SAS program is available upon request. Contact Jp. Martin or any member of the MACSIS Technical support team to obtain a copy.

VII. Previous Editions - Change Announcements

Version 1.5 - August 09, 1999. Actually this change has been in place for about three weeks but I have been slow to "catch the documentation up" to practices. In July of 1999 we reduced the number of variables to be included in the extract. Basically we reduced from everything to about 100, based on a survey of Board extract users. There was simply too much empty and garbage, excess baggage, in the

everything approach and as the number of claims in the system climbed towards 1,000,000 there was a deep felt need to become more efficient.

There are more changes likely -- probably in the Fall. The topics of interest will be (1) what else can be cut out; (2) Is there anything not now included that would be useful and needed; and (3) most importantly, how can we add to the overall efficiency by only extracting records of interest, i.e., when, where, and how does some claim become final, old, and finished -- something that you no longer want in the weekly extract? Look for these as Operations Team discussion points sometimes in the Fall of 1999.

Version 1.4 - March 27, 1999. As a function of some development work on the Electronic Remittance Advice (ERA), eight (8) more variables were identified which could and should be added to the Claims Related Extract -- these are data items returned from ODHS (Ohio Department of Human Services) and are available only in this extract (and later in the Operational Data Store process). In addition, a variable called MEDICAID was added, this is the client Medicaid Number from the Eligibility Span appropriate to the Claim Line. This information comes from the Member-Eligibility extract.

Version 1.3 - March 14, 1999. There is quite a bit of programming changes in SAS but the delimited extract is not dramatically different. The SAS program has been adapted to reason new sources of information: namely Diamond files relating to the Department of Human Services double-loop return file. The SAS program now reads the Diamond extracts for the ODMH and ODADAS return files and includes information in the claims information extract:

1. When a claim has been denied by DHS, a back-out Claims detail record is created. This new detail item has negative values for the amount billed, etc. and is clearly marked by a "R" value in the SUBLINE variable.

2. SAS has been used to change the SUBLINE variable to "X" (instead of blank) in the original claim that was denied by DHS. In this way, you can subset to denied claims by examining SUBLINE for an "R", you can eliminiate all denied and reversal records by excluding "R" and "X" SUBLINE values.

3. Four new variables have been added to the extract: Three are operational now, one will be made operational in the near future. ERROR1, ERROR2, and ERROR3 exist and are used now -- these contain DHS codes explaining why the claim was denied. Only "X" records will have values in the ERROR1-3 fields.

   Note: The 4th variable: HS_INS will be developed to contain the DHS information for "other insurance carrier." The existence of this DHS other insurance has been the reason for many early denied claims in the double-loop testing.