2.12.77 Provider Type 55-56 Ex by Proc - 1597

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1597	Change Order		Data Warehouse			

2.12.77.1 Desired Solution

This report lists summary totals by procedure code by provider type 55 and 56 providers with a specialty of (16) and report totals. The Report is split into claim types N and B. The frequency of this report is monthly. (KYMC9911-R001)

2.12.77.2 Business Impact

To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.77.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Select claim information provider types 55, and 56 with a specialty of 16.

Report Column Order:

- Procedure Code
- Total Claims Submitted
- Total Claims Denied
- Total Amount Paid
- Average Per Procedure

Report Column Grouping Order:

- Procedure Code

Report Column Sort Order:

- Procedure Code

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.77.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the Provider Type 55-56 (Spec 016) Transportation Expenditure by Procedure report.

NOTE TO TESTER: There was insufficient development data to refresh this report with the conditions applied.

User Prompts:

- Payment Date Range

Table Row Selection Criteria:

- Billing Provider Type Code = 55
- Billing Provider Type Code = 56 and Specialty Type Code 016
- Professional Claims Only (Claim Type Equal M & B)
- Latest Claims Only

Report Row Order:

- Claim Type & Description

Report Column Order:

- Primary Procedure Code & Desc
- Total Claim Count
- Denied Claim Count
- Paid Amount
- Average Per Procedure (Paid Amount/Paid Claim Count)

Report Column Grouping Order:

- Primary Procedure Code & Desc

Report Column Sort Order:

- Primary Procedure Code & Desc

2.12.77.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.77.6 Associated System Objects

Technical Name	Object Type	Title
DSS - Provider Type 55-56 (16) Ex by Proc	Report	Provider Type 55-56 (16) Transportation Expenditures by Procedure

2.12.77.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/18/2006
Construction in Progress	08/18/2006
Ready for Model Office	08/21/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.78 Provider Type 55-56 Ex by County - 1598

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1598	Change Order		Data Warehouse			

2.12.78.1 Desired Solution

To provide financial participation data to assist in planning and controlling program cost. The claims payment amounts are presented by county for select Transportation Providers. The frequency of this report is monthly. (KYMC9911-R002)

2.12.78.2 Business Impact

To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.78.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Select claim information provider types 55, and 56 with a specialty of 16.

Report Column Order:

- County Name
- Type 55 Amount Paid
- Type 55(16) Amount Paid
- Total Paid Amount

Report Column Grouping Order:

- County Name

Report Column Sort Order:

- County Name

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.78.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the Provider Type 55-56 (Spec 016) Transportation Expenditure by County report.

User Prompts:

- Payment Date Range

Table Row Selection Criteria:

- Billing Provider Type Code = 55
- Billing Provider Type Code = 56 and Specialty Type Code 016
- Latest Claims Only

Report Column Order:

- Billing Provider County Code & Description
- Billing Provider Type Code 55 Paid Amount
- Billing Provider Type Code 56 (Spec. 016) Paid Amount
- Total Paid Amount

Report Column Grouping Order:

- Billing Provider County Code & Description

Report Column Sort Order:

- Billing Provider County Code & Description

2.12.78.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.78.6 Associated System Objects

Technical Name	Object Type	Title
DSS - Provider Type 55-56 (16) Transportation Expenditures by County	Report	Provider Type 55-56 (16) Transportation Expenditures by County

2.12.78.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/15/2006
Construction in Progress	08/16/2006
Ready for Model Office	08/21/2006

Status	Date
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.79 Ranking of Providers - 1599

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1599	Change Order		Data Warehouse			

2.12.79.1 Desired Solution
This report ranks provider types 55, and 56 with a specialty of 16, by amount paid. The frequency of this report is monthly. (KYMC9911-R003)

2.12.79.2 Business Impact
To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.79.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Select claim information provider types 55, and 56 with a specialty of 16.

Report Column Order:

- Provider Description
- Procedure Modifier
- Total Paid Amount

Report Column Grouping Order:

- Provider Description
- Procedure Modifier

Report Column Sort Order:

- Total Paid Amount

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.79.4 Clarifications
Per my walkthrough and analysis, these are the updated report specs for the DDI version of the Ranking of Provider Type 55 and 56 (Spec 016) report.

User Prompts:

- None

Table Row Selection Criteria:

- Billing Provider Type Code = 55
- Billing Provider Type Code = 56 and Billing Provider Specialty Code 016
- Latest Claims Only

Report Column Order:

- Rank (Billing Provider Number based on Paid Amount)
- Billing Provider Numbers
- Total Claim Count
- Paid Claim Count
- Denied Claim Count
- Paid Amount

Report Column Grouping Order:

- Billing Provider Type Code & Desc

Report Column Sort Order:

- Paid Amount

2.12.79.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.79.6 Associated System Objects

Technical Name	Object Type	Title
DSS - Ranking of Provider Type 55 and 56 (16)	Report	Ranking of Provider Type 55 and 56 (16)

2.12.79.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/16/2006
Construction in Progress	08/17/2006
Ready for Model Office	08/18/2006

Status	Date
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.80 School Based Procedure Code Summ - 1600

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1600	Change Order		Data Warehouse			

2.12.80.1 Desired Solution
This report list procedure codes, Modifier and Total Claim Paid Amounts for the reporting quarter for School Based claims (provider type 21). The frequency of this report is quarterly. (KYMC9912-R001)

2.12.80.2 Business Impact
To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.80.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Select procedure codes, Modifier and Total Claim Paid Amounts for the reporting quarter for School Based claims(provider type 21)

Report Column Order:

- Provider Description
- Procedure Modifier
- Total Paid Amount

Report Column Grouping Order:

- Provider Description
- Procedure Modifier

Report Column Sort Order:

- Provider Description
- Procedure Modifier

Frequency:

- Quarterly

Priority:

- N/A

Owner:

- N/A

2.12.80.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the School Based Procedure Code Summary report.

User Prompts:

- Payment Date Range

Table Row Selection Criteria:

- Billing Provider Type Code = 21 (School Based claims)
- FFS Only
- Latest Claims Only
- Paid Claims Only (Claim Status=P)
- Claim Type = M

Report Column Order:

- Primary Procedure Code & Desc
- First Modifier Code & Description
- Second Modifier Code & Description
- Third Modifier Code & Description
- Forth Modifier Code & Description
- Paid Amount

Report Column Grouping Order:

- Primary Procedure Code & Desc
- First Modifier Code & Description
- Second Modifier Code & Description
- Third Modifier Code & Description
- Forth Modifier Code & Description

Report Column Sort Order:

- Primary Procedure Code & Desc
- First Modifier Code & Description
- Second Modifier Code & Description
- Third Modifier Code & Description
- Forth Modifier Code & Description

2.12.80.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.80.6 Associated System Objects

Technical Name	Object Type	Title
DSS - School Based Procedure Code Summary	Report	School Based Procedure Code Summary

2.12.80.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/18/2006
Construction in Progress	08/18/2006
Ready for Model Office	08/25/2006
Model Office Implemented	09/05/2006
Defect Corrected	09/15/2006
Ready for Model Office	09/18/2006
Model Office Implemented	09/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.81 CMHC Monthly Summary Report - 1601

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1601	Change Order		Data Warehouse			

2.12.81.1 Desired Solution

Reports totals of Community Mental Health claims paid during the reporting period that have procedure codes beginning with `WB' and a modifier of 'UD', effective with DOS 10/16/2003 and after. Note: Procedure codes beginning with `WB' and modifier `UD' denote substance abuse program services. The frequency of this report is monthly. (KYMC9916-R001)

2.12.81.2 Business Impact

To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.81.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Select community mental health claims paid during the reporting period that have procedure codes beginning with `WB' and a modifier of 'UD', effective with DOS 10/16/2003

Report Column Order:

- Provider Number
- Subcontractor
- Provider Name
- Procedure Code
- Mod 1
- Mod 2
- Mod 3
- Mod 4
- Unduplicated Number of Members
- Units
- Total Paid Amount

Report Column Grouping Order:

- Provider Number
- Subcontractor

- Provider Name
- Procedure Code
- Mod 1
- Mod 2
- Mod 3
- Mod 4

Report Column Sort Order:

- Provider Number
- Subcontractor
- Provider Name
- Procedure Code

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.81.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the CMHC Monthly Summary report.

NOTE TO TESTER: Primary Proc codes are hard coded within the query, new codes were obtained from the 'KY Local Proc Code XREF Draft', if codes are updated, then the query needs to be updated. And there was no documentation to verify Modifier code 'UD' remains as 'UD' for substance abuse program services in DDI.

User Prompts:

- From Date of Service Range

Table Row Selection Criteria:

- Billing Provider Type Code = 30 (Community Mental Health)
- Primary Procedure Codes in list (H0001,H0006,H0015,H0024,H0025,H0031,H0036,H0047,H2012,90801,90804,90847,90853,90887,96150,90862)
- First Modifier Code = 'UD'

- Second Modifier Code = 'UD'
- Third Modifier Code = 'UD'
- Forth Modifier Code = 'UD'
- Latest Claims Only
- Paid Claims Only
- Claim Type = M

Report Column Order:

- Billing Provider Numbers
- Subcontractor - Object not in DDI.
- Billing Provider Name
- Primary Procedure Code & Desc
- First Modifier Code & Desc
- Second Modifier Code & Desc
- Third Modifier Code & Desc
- Forth Modifier Code & Desc
- Member Undup Count
- Billed Quantity
- Paid Amount

Report Column Grouping Order:

- Billing Provider Numbers
- Billing Provider Name
- Primary Procedure Code & Desc
- First Modifier Code & Desc
- Second Modifier Code & Desc
- Third Modifier Code & Desc
- Forth Modifier Code & Desc

Report Column Sort Order:

- Billing Provider Numbers
- Billing Provider Name

- Primary Procedure Code & Desc

Per Kurt Godshall, report should also include FFS claims only. Added this condition to the report. -SLam

2.12.81.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.81.6 Associated System Objects

Technical Name	Object Type	Title
DSS - CMHC Monthly Summary	Report	CMHC Monthly Summary

2.12.81.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/18/2006
Construction in Progress	08/21/2006
Ready for Model Office	08/25/2006
Model Office Implemented	09/05/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.82 CMHC Quarterly Summary Report - 1602

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1602	Change Order		Data Warehouse			

2.12.82.1 Desired Solution
Reports Community Mental Health claims paid during the reporting period that have procedure codes beginning with `WB'. The frequency of this report is monthly. (KYMC9917-R001)

2.12.82.2 Business Impact
To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.82.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Select community mental health claims paid during the reporting period

Report Column Order:

- Provider Number
- Subcontractor
- Provider Name
- Member ID
- Procedure Code
- Diagnosis Code
- First Date of Service
- Last Date of Service
- Units
- Total Paid Amount

Report Column Grouping Order:

- Provider Number
- Subcontractor
- Provider Name
- Member ID
- Procedure Code

- Diagnosis Code
- First Date of Service
- Last Date of Service

Report Column Sort Order:

- Provider Number
- Subcontractor
- Provider Name
- Member ID
- Procedure Code
- Diagnosis Code
- First Date of Service
- Last Date of Service

Frequency:

- Quarterly

Priority:

- N/A

Owner:

- N/A

2.12.82.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the CMHC Quarterly Summary report.

User Prompts:

- From Date of Service Range
- To Date of Service Range

Table Row Selection Criteria:

- Billing Provider Type Code = 30
- Paid Claims Only
- Latest Claims Only
- Claim Type = M

- Primary Procedure Codes in list (H0001,H0006,H0015,H0024,H0025,H0031,H0036,H0047,H2012,90801,90804,90847,90853,90887,96150,90862)

Report Column Order:

- Billing Provider Numbers
- Subcontractor - Not an object in DDI.
- Billing Provider Name
- Member ID
- Primary Procedure Code & Desc
- Primary Diagnosis Code & Desc
- From Date of Service
- To Date of Service
- Billed Quantity
- Paid Amount

Report Column Grouping Order:

- Billing Provider Numbers
- Billing Provider Name
- Member ID
- Primary Procedure Code & Desc
- Primary Diagnosis Code & Desc
- From Date of Service
- To Date of Service

Report Column Sort Order:

- Billing Provider Numbers
- Billing Provider Name
- Member ID
- Primary Procedure Code & Desc
- Primary Diagnosis Code & Desc
- From Date of Service
- To Date of Service

Per Kurt Godshall, report should also include FFS claims only. Added this condition to the report. -SLam

2.12.82.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.82.6 Associated System Objects

Technical Name	Object Type	Title
DSS - CMHC Quarterly Summary	Report	CMHC Quarterly Summary

2.12.82.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/18/2006
Construction in Progress	08/21/2006
Ready for Model Office	08/25/2006
Model Office Implemented	09/05/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.83 SCL Hi Intensity Summary - 1603

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1603	Change Order		Data Warehouse			

2.12.83.1 Desired Solution
Reports paid claim data for SCL members with a `hi intensity' indicator of 'Y' on the SNAP Data File. The frequency of this report is monthly. (KYMC9919-R001)

2.12.83.2 Business Impact
To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.83.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Select paid claim data for SCL members with a `hi intensity? indicator of 'Y' for claims paid in the reporting period.

Report Column Order:

- Original Member ID
- Member Name
- Waiv Days
- Hi Days
- Provider Number
- Provider Name
- New Ind
- Procedure Description
- Amount Paid
- Units
- Projected Yearly Cost

Report Column Grouping Order:

- Original Member ID
- Member Name
- Provider Number

- Provider Name
- New Ind
- Procedure Description

Report Column Sort Order:

- Original Member ID
- Provider Number
- Procedure Description
- ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- Angela Kirkland or Kristina Hayden

2.12.83.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the SCL Hi Intensity Summary report.

User Prompts:

- None

Table Row Selection Criteria:

- Billing Provider Type Code = 33 (SCL)
- IND_INTENSITY = Y (table T_RE_SNAP_STATE.IND_INTENSITY)

Report Column Order:

- Member ID
- Member Full Name (L, FM)
- Waiv Days
- Hi Days
- Billing Provider Numbers
- Billing Provider Name
- New Ind

- Primary Procedure Code & Desc
- Paid Amount
- Quantity Billed
- Projected Yearly Cost ((paid amount/Hi Days) *365)

Report Column Grouping Order:

- Member ID
- Member Full Name (L,FM)
- Billing Provider Numbers
- Billing Provider Name
- New Ind
- Primary Procedure Code & Desc

Report Column Sort Order:

- Member ID
- Billing Provider Numbers
- Primary Procedure Code & Desc
- ICN ?????

Hi Days = if (SNAP Effective Date < Claim Paid Date) or (SNAP End Date > Claim Paid) then (Claim Paid Date - SNAP Effective Date)-1 Else (SNAP End Date - SNAP Effective Date)-1 Waive Days = if (Waiver End Date > Claim Paid Date) then (Claim Paid Date - Waiver Effective Date)-1 Else (Waiver End Date - Waiver Effective Date)-1 Where Assignment Code =A

2.12.83.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.83.6 Associated System Objects

Technical Name	Object Type	Title
DSS - SCL Hi Intensity Summary	Report	SCL Hi Intensity Summary

2.12.83.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/28/2006
Construction in Progress	08/29/2006

Status	Date
Ready for Construction Walkthrough	10/02/2006
Ready for Model Office	11/01/2006
Model Office Implemented	12/12/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.84 Paid Claims DME Prov Proc E1399 - 1604

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1604	Change Order		Data Warehouse			

2.12.84.1 Desired Solution

This report provides a listing of all providers having paid claims with procedure code E1399 and a paid amount of $300.00 or less. The frequency of this report is monthly. (KYMC9927-R001)

2.12.84.2 Business Impact

To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.84.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Select providers having paid claims with procedure code E1399 and a paid amount <= 300.00

Report Column Order:

- Billing Provider Number
- ICN
- Amount Billed
- Amount Paid
- First Date of Service

Report Column Grouping Order:

- Billing Provider Number
- ICN

Report Column Sort Order:

- Billing Provider Number
- ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.84.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the Paid Claims DME Providers for Procedure E1399 report.

User Prompts:

- Payment Month

Table Row Selection Criteria:

- Billing Provider Type = 90
- Primary Procedure Code = E1399
- Claim Type = M
- Paid Amount <= 300.00
- Paid Claims Only
- Latest Claims Only
- Payment Month

Report Column Order:

- Billing Provider Numbers
- ICN
- Billed Amount
- Paid Amount
- From Date of Service

Report Column Grouping Order:

- Billing Provider Numbers
- ICN

Report Column Sort Order:

- Billing Provider Numbers
- ICN

2.12.84.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.84.6 Associated System Objects

Technical Name	Object Type	Title
DSS - Paid Claims DME Providers For Procedure E1399	Report	Paid Claims DME Providers For Procedure E1399

2.12.84.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/28/2006
Construction in Progress	08/29/2006
Ready for Model Office	09/01/2006
Model Office Implemented	09/11/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.85 DRG Retro Review-Clms Rebill Dtl - 1606

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1606	Change Order		Data Warehouse			

2.12.85.1 Desired Solution

Reports DRG Claims that were rebilled as a result of financial adjustments. Using the DRG financial adjustments, find the rebilled claims by member /dos with same provider and report. Totals are by provider with a grand total at the end. The frequency of this report is monthly. (KYMC9930-R001)

2.12.85.2 Business Impact

To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.85.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Select DRG Claims that were rebilled as a result of financial adjustments.

Report Column Order:

- Provider Number
- Original ICN
- Original Paid Amt
- New ICN
- New Paid Amount
- Difference

Report Column Grouping Order:

- Provider Number
- Original ICN

Report Column Sort Order:

- Provider Number
- Original ICN

Frequency:

- Monthly

Priority:

- N/A

Owner:

- David Dennis

2.12.85.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the DRG Retro Review Rebilled Claims Detail report. Per David Dennis, DRG is identified as Bill Provider Type 01, excluding some hospitals. Also, all DRG claims are paid at header level, therefore the condition Detail Number=0 and a 'Not in list' for 85 BASE billing provider numbers was added as conditions.

User Prompts:

- From Date of Service Range

Table Row Selection Criteria:

- Billing Provider Type Code = 01 (General Hospital)
- Inpatient Claims Only (Claim Type I & A)
- From Date of Service Range
- Detail Number = 0
- Billing Provider Base Number - Not in list (see list of numbers in Notes Tab of report)
- Adjust/Void code = N (Original Claim data provider)
- Subquery on Adjusted ICN (Original Claim data provider)
- Adjust/Void code = Y (New Claim data provider)

Report Column Order:

- Billing Provider Numbers
- ICN (Original Claim data provider)
- Paid Amount (Original Claim data provider)
- ICN (New Claim data provider)
- Paid Amount (New Claim data provider)
- Difference (Original Paid Amt. - New Paid Amt.)

Report Column Grouping Order:

- Billing Provider Numbers

Report Column Sort Order:

- Billing Provider Numbers

- Payment Date (New Claim data provider) (hidden column)

2.12.85.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.85.6 Associated System Objects

Technical Name	Object Type	Title
DSS - DRG Retro Review - Claims Rebilled Detail	Report	DRG Retro Review - Claims Rebilled Detail

2.12.85.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/28/2006
Construction in Progress	08/30/2006
Ready for Model Office	09/18/2006
Model Office Implemented	09/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.86 DRG Retro Review-Clms Summary - 1607

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1607	Change Order		Data Warehouse			

2.12.86.1 Desired Solution

DRG Claims that were rebilled as a result of financial adjustments. Using the DRG financial adjustments, find the rebilled claims by member /dos with same provider and report. Report is totaled by provider and A/R setup date, with a grand total at the end. The frequency of this report is monthly. (KYMC9930-R002)

2.12.86.2 Business Impact

To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.86.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Select DRG Claims that were rebilled as a result of financial adjustments.

Report Column Order:

- Provider Number
- Setup Date
- Original Paid Amt
- New Paid Amt
- Difference

Report Column Grouping Order:

- Provider Number
- Setup Date

Report Column Sort Order:

- Provider Number
- Setup Date

Frequency:

- Monthly

Priority:

- N/A

Owner:

- David Dennis

2.12.86.4 Clarifications

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the DRG Retro Review Rebilled Claims Summary by Procedure report. Because Claims universe doesn't contain 'A/R setup date', assumption was made to use Payment Date on the adjusted claims. Per David Dennis, DRG is identified as Bill Provider Type 01, excluding some hospitals. Also DRG claims are paid at header level. Add selection criteria where Detail Number=0 and Base Billing Provider Number Not in List.

User Prompts:

- From Date of Service Range

Table Row Selection Criteria:

- Billing Provider Type Code = 01 (General Hospital)
- Inpatient Claims Only (Claim Type I & A)
- From Date of Service Range
- Detail Number = 0
- Billing Provider Base Number - Not in List (see list of excluded numbers in Notes Tab of report)
- Adjust/Void code = N (Original Claim data provider)
- Subquery on Adjusted ICN (Original Claim data provider)
- Adjust/Void code = Y (New Claim data provider)

Report Column Order:

- Billing Provider Numbers
- Payment Date (New Claim data provider)
- Paid Amount (Original Claim data provider)
- Paid Amount (New Claim data provider)
- Difference (Original Paid Amt. - New Paid Amt.)

Report Column Grouping Order:

- Billing Provider Numbers

Report Column Sort Order:

- Billing Provider Numbers
- Payment Date (New Claim data provider)

2.12.86.5 Associated Requirements

Requirement ID	Type
30.090.014.003.2	Case Management Reporting

2.12.86.6 Associated System Objects

Technical Name	Object Type	Title
DSS - DRG Retro Review - Claims Rebilled Summary By Provider	Report	DRG Retro Review - Claims Rebilled Summary By Provider

2.12.86.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	08/28/2006
Construction in Progress	08/30/2006
Ready for Model Office	09/18/2006
Model Office Implemented	09/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.87 DSS - KenPAC Utilization Data - 1609

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1609	Change Order		Data Warehouse			

2.12.87.1 Desired Solution
The DSS - KenPAC Utilization Data report lists KenPAC utilization data for the reporting period. The frequency of this report is monthly. DSS - KenPAC Utilization Data

2.12.87.2 Business Impact
To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.87.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Select utilization rate per 100 enrollees for all KenPAC provider specialties by specific types of service.

Report Column Order:

- Specialty or Provider or Specialty Group or County
- E.R. A Visits
- Physician Referrals
- Hospital Admissions
- Lab Services
- Radiology Services
- Anesth Services
- Pharmacy Services
- Office Visits

Report Column Grouping Order:

- Specialty or Provider or Specialty Group or County

Report Column Sort Order:

- Specialty or Provider or Specialty Group or County

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.87.4 Clarifications
No associated clarifications found.

2.12.87.5 Associated Requirements

Requirement ID	Type
30.090.012.003.3A	RFP Split Requirement

2.12.87.6 Associated System Objects

Technical Name	Object Type	Title
PDSMKNP	Batch Cycle	Monthly box for Kenpac Loads
DSSJM465	Batch Job	KenPAC Claims Extract
DSS - KenPAC Utilization Data	Report	KenPAC Utilization Data

2.12.87.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	07/03/2006
Construction in Progress	09/20/2006
Ready for DM Review	09/29/2006
Ready for Construction Walkthrough	09/29/2006
Ready for Model Office	10/10/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Ready for Model Office	05/03/2007
Model Office Implemented	05/10/2007
UAT Implemented	05/10/2007
Prod Implemented	05/10/2007

2.12.88 DSS - KenPAC Utilizatn Data All - 1610

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1610	Change Order		Data Warehouse			

2.12.88.1 Desired Solution
The DSS - KenPAC Utilization Data All Providers report lists cumulative KenPAC utilization data for all KenPAC providers for the reporting period. The frequency of this report is monthly.

2.12.88.2 Business Impact
To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.88.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Select utilization rate per 100 enrollees for all KenPAC provider specialties by specific types of service.

Report Column Order:

- Specialty Group
- E.R. A Visits
- Physician Referrals
- Hospital Admissions
- Lab Services
- Radiology Services
- Anesth Services
- Pharmacy Services
- Office Visits

Report Column Grouping Order:

- Specialty Group

Report Column Sort Order:

- Specialty Group

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.88.4 Clarifications
No associated clarifications found.

2.12.88.5 Associated Requirements

Requirement ID	Type
30.090.012.003.3A	RFP Split Requirement

2.12.88.6 Associated System Objects

Technical Name	Object Type	Title
DSS - KenPAC Utilization Data All Providers	Report	KenPAC Utilization Data All Providers

2.12.88.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	07/03/2006
Construction in Progress	08/15/2006
Ready for Construction Walkthrough	09/29/2006
Ready for Model Office	10/10/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.89 DSS - KenPAC Utilization Detail - 1611

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1611	Change Order		Data Warehouse			

2.12.89.1 Desired Solution
This report lists KenPAC utilization review detail data for the reporting period. The frequency of this report is monthly.

2.12.89.2 Business Impact
To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.89.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- Select utilization rate per 100 enrollees for all KenPAC providers for specific types of service.

Report Column Order:

- County code and Description
- Provider Number
- Provider Name
- Total Enrollees
- E.R. A Visits
- Physician Referrals
- Hospital Admissions
- Lab Services
- Radiology Services
- Anesth Services
- Pharmacy Services
- Office Visits

Report Column Grouping Order:

- County code and Description
- Provider Number

- Provider Name

Report Column Sort Order:

- County code and Description
- Provider Number
- Provider Name

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.89.4 Clarifications

No associated clarifications found.

2.12.89.5 Associated Requirements

Requirement ID	Type
30.090.012.003.3A	RFP Split Requirement

2.12.89.6 Associated System Objects

Technical Name	Object Type	Title
DSS - KenPAC Utilization Review Detail	Report	KenPAC Utilization Review Detail

2.12.89.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	07/03/2006
Construction in Progress	07/28/2006
Ready for Construction Walkthrough	09/29/2006
Ready for Model Office	10/10/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.90 DSS - KenPAC Utilization Exceptn - 1612

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1612	Change Order		Data Warehouse			

2.12.90.1 Desired Solution

The DSS - KenPAC Utilization Review Exception report lists any provider that has any type of service with a ratio over or under two standard deviations from the statewide average. The frequency of this report is monthly.

2.12.90.2 Business Impact

To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.90.3 Technical Specifications

User Prompts:

- None

Table Row Selection Criteria:

- Select KenPAC providers whose utilization rate is greater than or less than +2 standard deviations from the statewide rate for a particular type of service.

Report Column Order:

- County code and Description
- Provider Number
- Provider Name
- E.R. A Visits
- Physician Referrals
- Hospital Admissions
- Lab Services
- Radiology Services
- Anesth Services
- Pharmacy Services
- Office Visits

Report Column Grouping Order:

- County code and Description
- Provider Number
- Provider Name

Report Column Sort Order:

- County code and Description
- Provider Number
- Provider Name

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.90.4 Clarifications

No associated clarifications found.

2.12.90.5 Associated Requirements

Requirement ID	Type
30.090.012.003.3A	RFP Split Requirement

2.12.90.6 Associated System Objects

Technical Name	Object Type	Title
DSS - KenPAC Utilization Review Exception	Report	KenPAC Utilization Review Exception

2.12.90.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	07/03/2006
Construction in Progress	08/15/2006
Ready for Construction Walkthrough	09/29/2006
Ready for Model Office	10/10/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.91 DSS - KenPAC Utilizers-Prov Spc - 1613

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1613	Change Order		Data Warehouse			

2.12.91.1 Desired Solution
The DSS -KenPAC Utilizers By Provider Specialty report lists KenPAC utilizer data by provider specialty for the reporting period. The frequency of this report is monthly. (KYMN1500-R001)

2.12.91.2 Business Impact
To transfer production of existing Commonwealth report to the DDI Business Office DSS reporting. To provide continuity of information between the Legacy and DDI systems.

2.12.91.3 Technical Specifications
User Prompts:

- None

Table Row Selection Criteria:

- KenPAC utilizer data by provider type of service for the reporting period. Select KenPAC providers whose utilization rate is greater than +2 standard deviations from the statewide rate.

Report Column Order: (

- Member Name
- Member Number
- Provider
- Provider name
- Type of Service
- Date
- Units

Report Column Grouping Order:

- Member Name
- Member Number
- Provider
- Provider name
- Type of Service
- Date

Report Column Sort Order:

- Member Name
- Member Number
- Provider
- Provider name
- Type of Service
- Date

Frequency:

- Monthly

Priority:

- N/A

Owner:

- N/A

2.12.91.4 Clarifications

No associated clarifications found.

2.12.91.5 Associated Requirements

Requirement ID	Type
30.090.012.003.3A	RFP Split Requirement

2.12.91.6 Associated System Objects

Technical Name	Object Type	Title
DSS - KenPAC Utilizers By Provider Type of Service	Report	KenPAC Utilizers By Provider Type of Service

2.12.91.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	07/03/2006
Construction in Progress	08/21/2006
Ready for Construction Walkthrough	09/29/2006
Ready for Model Office	10/10/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.92 DSS - Performance Report Card - 1619

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1619	Change Order		Data Warehouse			

2.12.92.1 Desired Solution
Produce the Performance Report card according to specifications.

2.12.92.2 Business Impact
The Performance Report Card provides metrics and measures to the performance requirements requested by the Commonwealth.

2.12.92.3 Technical Specifications
Every month, the EDS system liaison enters statuses (Met, Not Met, or N/A) for performance requirements requested by the Commonwealth. There are at total of 47 requirements that are measured. As determined by the Commonwealth, 25 of the requirements may be changed every quarter. Prompts on the report allow users to select by requirement or by date (that is, a specific month/quarter or a date span).

2.12.92.4 Clarifications
Per email and conversation with Ashish Virmani, deferring this CO until further notice. Performance report card will continue as current process with Word document. Emily Horning concurs with this decision. If time permits, we can create table to hold this information. It will include creation of table, creation of requirements code table, and development of process to input date, requirement, and result. --SLam

2.12.92.5 Associated Requirements

Requirement ID	Type
30.050.015.002.6	RFP Requirement

2.12.92.6 Associated System Objects

Technical Name	Object Type	Title
DSS - Performance Report Card	Report	Performance Report Card

2.12.92.7 Change Order Status

Status	Date
Change Order Written	11/13/2005
Construction in Progress	07/07/2006
Deferred	10/11/2006

2.12.93 DSSMeasureBase - All Measure - 1620

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1620	Change Order		Data Warehouse			

2.12.93.1 Desired Solution
Install the DSSMeasureBase - All Measures Summary Report.

2.12.93.2 Business Impact
Provides health care analysis and reporting of detailed health care utilization data. Allows the view and analyzing of user entered health care measures to verify the continued efficient and effective operation of the Medicaid program.

2.12.93.3 Technical Specifications
Install the DSSMeasureBase - All Measure Report as it is described in the Detailed report description.

2.12.93.4 Clarifications
No associated clarifications found.

2.12.93.5 Associated Requirements

Requirement ID	Type
30.090.015.002.20	RFP Requirement

2.12.93.6 Associated System Objects

Technical Name	Object Type	Title
DSSMeasureBase - All Measure Summary	Report	DSSMeasureBase - All Measure Summary

2.12.93.7 Change Order Status

Status	Date
Change Order Written	11/13/2005
SE Assigned	05/02/2006
Define/Analyze In Progress	05/12/2006
SE Assigned	07/03/2006
Construction in Progress	08/25/2006
Ready for Construction Walkthrough	08/31/2006
Ready for Model Office	09/08/2006
Model Office Implemented	09/20/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.94 DSSMeasureBase - Measure Detail - 1621

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1621	Change Order		Data Warehouse			

2.12.94.1 Desired Solution
Install the DSSMeasureBase - Measure Detail report.

2.12.94.2 Business Impact
Provides health care analysis and reporting of detailed health care utilization data. Allows the view and analyzing of user entered health care measures to verify the continued efficient and effective operation of the Medicaid program.

2.12.94.3 Technical Specifications
Install the DSSMeasureBase - Measure Detail Report as it is described in the Detailed report description.

2.12.94.4 Clarifications
These Tabs have not been added as Measure Base Process does not Report at this Level.

- H. Beneficiary Category -- Displays measure information by member category;
- I. GSA Analysis -- Displays measure information by Geographic Service Area (GSA)
- J. Provider -- Displays measure information by Provider.

This Tab has been added.

- H. Program Status -- Displays measure information by Program status.

2.12.94.5 Associated Requirements

Requirement ID	Type
30.090.015.002.20	RFP Requirement

2.12.94.6 Associated System Objects

Technical Name	Object Type	Title
DSSMeasureBase - Measure Detail	Report	DSSMeasureBase - Measure Detail

2.12.94.7 Change Order Status

Status	Date
Change Order Written	11/13/2005
SE Assigned	05/02/2006
Define/Analyze In Progress	05/12/2006
SE Assigned	07/03/2006
Construction in Progress	08/30/2006

Status	Date
Ready for Construction Walkthrough	09/05/2006
Ready for Model Office	09/11/2006
Model Office Implemented	09/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.95 DSSMeasureBase - Members not Mtg - 1622

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1622	Change Order		Data Warehouse			

2.12.95.1 Desired Solution
Install the DSSMeasurebase - Members Not Meeting Report.

2.12.95.2 Business Impact
Provides health care analysis and reporting of detailed health care utilization data. Allows the view and analyzing of user entered health care measures to verify the continued efficient and effective operation of the Medicaid program.

2.12.95.3 Technical Specifications
Install the DSSMeasureBase - Members not Meeting Report as it is described in the Detailed report description.

2.12.95.4 Clarifications
These Tabs have not been added due to MeasureBase Process does not Report at this level.

- C. Drill by Funding Source - Displays members for a selected funding source code within the selected measure.
- E. Drill by Member Category - Displays members for a selected member (Beneficiary) category code within the selected measure.

2.12.95.5 Associated Requirements

Requirement ID	Type
30.090.015.002.20	RFP Requirement

2.12.95.6 Associated System Objects

Technical Name	Object Type	Title
DSSMeasureBase - Members Not Meeting	Report	DSSMeasureBase - Members Not Meeting

2.12.95.7 Change Order Status

Status	Date
Change Order Written	11/13/2005
SE Assigned	05/02/2006
Define/Analyze In Progress	05/12/2006
SE Assigned	07/03/2006
Construction in Progress	08/30/2006
Ready for Construction Walkthrough	09/05/2006

Status	Date
Ready for Model Office	09/08/2006
Model Office Implemented	09/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.96 DSSMeasureBase - Multi Measure - 1623

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1623	Change Order		Data Warehouse			

2.12.96.1 Desired Solution
Install the DSSMeasurebase - Multiple Measure Details Report

2.12.96.2 Business Impact
Provides health care analysis and reporting of detailed health care utilization data. Allows the view and analyzing of user entered health care measures to verify the continued efficient and effective operation of the Medicaid program.

2.12.96.3 Technical Specifications
Install the DSSMeasureBase - Multiple Measure Detail Report as it is described in the Detailed report description.

2.12.96.4 Clarifications
These Tabs have not been added as Measure Base Process does not Report at this Level.

- H. Beneficiary Category -- Displays measure information by member category;
- I. GSA Analysis -- Displays measure information by Geographic Service Area (GSA)
- J. Provider -- Displays measure information by Provider.

2.12.96.5 Associated Requirements

Requirement ID	Type
30.090.015.002.20	RFP Requirement

2.12.96.6 Associated System Objects

Technical Name	Object Type	Title
DSSMeasureBase - Multiple Measure Details	Report	DSSMeasureBase - Multiple Measure Details

2.12.96.7 Change Order Status

Status	Date
Change Order Written	11/13/2005
SE Assigned	05/02/2006
Define/Analyze In Progress	05/12/2006
SE Assigned	07/03/2006
Construction in Progress	09/05/2006
Ready for Construction Walkthrough	09/11/2006

Status	Date
Ready for Model Office	09/11/2006
Model Office Implemented	09/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.97 DSSMeasureBase - Numerator Dtl - 1624

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1624	Change Order		Data Warehouse			

2.12.97.1 Desired Solution
Install the DSSMeasurebase - Numerator Details Report.

2.12.97.2 Business Impact
Provides health care analysis and reporting of detailed health care utilization data. Allows the view and analyzing of user entered health care measures to verify the continued efficient and effective operation of the Medicaid program.

2.12.97.3 Technical Specifications
Install the DSSMeasureBase - Numerator Details Report as it is described in the Detailed report description.

2.12.97.4 Clarifications
None.

2.12.97.5 Associated Requirements

Requirement ID	Type
30.090.015.002.20	RFP Requirement

2.12.97.6 Associated System Objects

Technical Name	Object Type	Title
DSSMeasureBase - Numerator Details	Report	DSSMeasureBase - Numerator Details

2.12.97.7 Change Order Status

Status	Date
Change Order Written	11/13/2005
SE Assigned	05/02/2006
Define/Analyze In Progress	05/12/2006
SE Assigned	07/03/2006
Construction in Progress	09/05/2006
Ready for Construction Walkthrough	10/13/2006
Ready for Model Office	10/23/2006
Model Office Implemented	10/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.98 DSSMeasureBase - Numerator Memb - 1625

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1625	Change Order		Data Warehouse			

2.12.98.1 Desired Solution
Install the DSSMeasurebase - Numerator Members Report.

2.12.98.2 Business Impact
Provides health care analysis and reporting of detailed health care utilization data. Allows the view and analyzing of user entered health care measures to verify the continued efficient and effective operation of the Medicaid program.

2.12.98.3 Technical Specifications
Install the DSSMeasureBase - Numerators Members Report as it is described in the Detailed report description.

2.12.98.4 Clarifications
These tabs have not been added as MeasureBase Process does not Report at this Level.

- C. Drill by Funding Source - Displays members for a selected funding source code within the selected measure.
- E. Drill by Member Category - Displays members for a selected member (Beneficiary) category code within the selected measure.

2.12.98.5 Associated Requirements

Requirement ID	Type
30.090.015.002.20	RFP Requirement

2.12.98.6 Associated System Objects

Technical Name	Object Type	Title
DSSMeasureBase - Numerator Members	Report	DSSMeasureBase - Numerator Members

2.12.98.7 Change Order Status

Status	Date
Change Order Written	11/13/2005
SE Assigned	05/02/2006
Define/Analyze In Progress	05/12/2006
SE Assigned	07/03/2006
Construction in Progress	08/30/2006
Ready for Construction Walkthrough	09/05/2006

Status	Date
Ready for Model Office	09/08/2006
Model Office Implemented	09/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.99 DSSDM - Medicaid EIS Dashboard - 1639

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1639	Change Order		Data Warehouse			

2.12.99.1 Desired Solution
Produce the new KyHealth Choices Dashboard.

2.12.99.2 Business Impact
The Dashboard provides specified high level information to assist in oversight and management of the MMIS.

2.12.99.3 Technical Specifications
The criteria for the items to be included on the dashboard may be found in the supplemental documentation.

2.12.99.4 Clarifications
No associated clarifications found.

2.12.99.5 Associated Requirements

Requirement ID	Type
30.090.015.002.16	RFP Requirement

2.12.99.6 Associated System Objects

Technical Name	Object Type	Title
BusinessObjects: Application Foundation - Dashboard Manager (v.XI)	Program	BusinessObjects: Application Foundation - Dashboard Manager (v.XI)
DSSDM - EIS - Dashboard Measures	Report	DSSDM - EIS - Dashboard Measures

2.12.99.7 Change Order Status

Status	Date
Change Order Written	11/14/2005
Construction in Progress	07/07/2006
Model Office Implemented	11/15/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.100 CMS Passport Waiver 1115 Extract - 1641

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1641	Change Order		Data Warehouse			

2.12.100.1 Desired Solution

The CMS Passport Waiver 1115 extract includes results used for CMS Passport Waiver 1115 submission.

2.12.100.2 Business Impact

The final spreadsheet includes a version of the manipulated data and is provided to the Commonwealth of Kentucky. The Commonwealth creates an additional pivot table from the data and uses the data on the spreadsheet to submit the CMS Passport Waiver 1115.

2.12.100.3 Technical Specifications

The CMS Passport Waiver 1115 extract includes paid claims and member buyin data within a specified quarter from the DSS. The extract is summarized by the expenditures for the member eligibility categories, fiscal year and waiver year in addition to applying appropriate inclusions/exclusions. The results are then placed in a comma delimited file and imported into Excel. A pivot table is used to generate the data that is eventually used in the CMS Passport Waiver 1115 submission. See the DDI Waiver 1115 Design document under Supplemental Documentation for further design specifications. The process runs quarterly after the end of every quarter.

The CMS1115_Format spreadsheet includes the following data elements:

- Report Quarter
- Region
- Waiver Status
- COS
- Waiver Year
- Fiscal Year
- Current/Previous Quarter
- TPL Status - Original
- TPL Status
- Service Month
- Elig Category
- Sum Line Item Paid
- CMS Line

See the CMS1115_Format spreadsheet under Supplemental Documentation for data format and description of the data elements.

2.12.100.4 Clarifications

CMS Waiver 1115 extract process produces two output extracts. One is expenditure extract described in Technical Specification section, another is eligible extract reporting number of members in each eligibility category for each month from November 1997 to current month.

The CMS1115 Eligible extract includes the following data elements:

- Month
- Region
- Waiver Status
- Elig Category
- Number of members

Several modifications were made to extract based on information provided by Don Moccia and Bala Sivamohan.

For both extract, eligibility is modified as follows;

- Break the TANF and SOBRA groups into TANF-Adult, TANF-Child, SOBRA-Adult, and SOBRA-Child groups with Child being 17 years of age or younger. (TANF and SOBRA are the only ones with Adult/Child break-down).
- Break Program Code PE out from SOBRA and make it a separate COA called Presumptive Eligibility. (No break down for Adult and Child).

For eligibility extract, if eligibility changes during the month, the number of members is calculated based on days during the whole month.

Detail description on each extract is found in Supplemental Documentation.

- Partnership_CMS1115_waiver_Questions_eligible_vx.doc
- Partnership_CMS1115_waiver_Questions_waiver_vx.doc

(x for version number)

The claim data before January 1, 2000 will not be copied over to DDI database. The following logic will be used for Fiscal Year value population.

E-mail from Don Moccia:
If tracking backward reaches an orphan claim then look at the original date-of-service. If the original date-of-service is prior to November 01, 1997 then the Fiscal Year should be FYXX. If the original date-of-service is greater than or equal to November 01, 1997 then the Fiscal Year should be FYWX. This will allow us to distinguish between included and excluded adjustments for reporting purposes. We can then handle them in the Pivot Table as necessary.

2.12.100.5 Associated Requirements

Requirement ID	Type
30.050.012.002.14A	RFP Split Requirement

2.12.100.6 Associated System Objects

Technical Name	Object Type	Title
rm	Program	Unix File Remove Command
DSSJQWCL	Batch Job	CMS Passport Waiver 1115 Quarterly Clean up process
cat	Program	Concatenate
dsspwvr.c	Program	CMS Passport Waiver 1115 Program for Expenditure
PDSQPSWV	Batch Cycle	Partnership Waiver Extract
sed	Program	Unix command stream editor
dsspwel.c	Program	CMS Passport Waiver 1115 Program for Eligibility
DSSJQWLD	Batch Job	CMS Passport Waiver 1115 Quarterly Load process
dsspcap.c	Program	CMS Passport Waiver 1115 Pre-process program for capitation adjustment
DSSJQWEL4	Batch Job	Passport waiver eligible parallel process
cp	Program	Unix Copy
oraload.sh	Program	Oracle Table Load-Unload Utility
DSSJQWEL3	Batch Job	Passport waiver eligible parallel process
DSSJQWVR	Batch Job	CMS Passport Waiver 1115 Quarterly Job for expenditure
DSSJQWEL	Batch Job	CMS Passport Waiver 1115 Quarterly Job for eligibility
dsspcty.c	Program	CMS Passport Waiver 1115 Pre-process program for county
DSSJQWEL5	Batch Job	Passport waiver eligible merge process
clmphash	Program	Build Hash Index
DSSJQWEL2	Batch Job	Passport waiver eligible parallel process

2.12.100.7 Change Order Status

Status	Date
Change Order Written	11/14/2005
SE Assigned	03/23/2006
Technical Design In Progress (obsolete)	03/23/2006
Ready for Construction Walkthrough	05/05/2006

Status	Date
Ready for Model Office	08/02/2006
Model Office Implemented	08/18/2006
Ready for Model Office	09/19/2006
Model Office Implemented	09/21/2006
Ready for Model Office	10/18/2006
Model Office Implemented	10/27/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/29/2006
Model Office Implemented	12/08/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.101 IPRO Extract - 1642

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1642	Change Order		Data Warehouse			

2.12.101.1 Desired Solution

The Island Peer Review Organization (IPRO) extract includes five extracts from the DSS: Passport Encounter, Provider, Member, Diagnosis code, Drug code and other reference data information. These extracts are sent to Island Peer Review Organization, Inc.

2.12.101.2 Business Impact

The extract is used by the EQRO contractor Island Peer Review Organization, Inc. in analysis of Commonwealth Passport Encounter data.

2.12.101.3 Technical Specifications

Five data extracts are created from the DSS:

- Member and enrollment information for all eligible Passport Members (only include Managed Care eligibility segments);
- Provider information for all valid Providers during time span specified;
- Paid and denied Encounters processed by Passport for specified time period based on first date of service;
- Information for all effective CPT, HCPCS, ICD-9 Procedure, Revenue, and Dental codes and the corresponding descriptions ;
- Information for all effective Drug codes and the corresponding descriptions;
- Other reference codes and the corresponding descriptions.

The IPRO extracts are fixed length files sent monthly via FTP. PGP is used to encrypt the extracts that are sent to the following URL: https://sectrans.ipro.org. See the IPRO Member Encounter Layouts spreadsheet under Supplemental Documentation for the data elements to include in the Member and Encounter extracts.

2.12.101.4 Clarifications

Still finalizing data element list with Lorraine Dumas (CHFS) and Chuck Merlino.

2.12.101.5 Associated Requirements

Requirement ID	Type
30.050.015.001.5	RFP Requirement
30.050.015.002.4	RFP Requirement
30.090.015.002.20	RFP Requirement

2.12.101.6 Associated System Objects

Technical Name	Object Type	Title
PDSMIPRO	Batch Cycle	DSS IPRO Extracts Workflow

Technical Name	Object Type	Title
sqlplus	Program	SQLPLUS - SQLDBA
dssjoip3.sql	Program	IPRO Monthly Encounter Pharmacy Claims
dssjoip4.sql	Program	IPRO Monthly Encounter Claims
DSSJOIP6	Batch Job	DSS IPRO Reference Extract Job
mv	Program	Unix Move File Command
DSSJOIP2	Batch Job	DSS IPRO Member Extract Job
dssjoip_cnt1.sql	Program	IPRO Monthly Encounter Dental Claim Count
dssjoip_cnt4.sql	Program	IPRO Monthly Encounter Claim Count
DSSJOIP5	Batch Job	DSS IPRO Provider Extract Job
dssjoip1.sql	Program	IPRO Monthly Dental Encounter Claims
dssjoip_cnt5.sql	Program	IPRO Provider Count
DSSJOIP1	Batch Job	DSS IPRO Dental Extract
DSSJOIP3	Batch Job	DSS IPRO Pharmacy Encounter Extract Job
zip	Program	ZIP
rm	Program	Unix File Remove Command
DSSJOIP4	Batch Job	IPRO Other Encounters Extract Job
dssjoip5.sql	Program	IPRO Monthly Provider Extract
dssjoip_cnt3.sql	Program	IPRO Monthly Encounter Pharmacy Claim Count

2.12.101.7 Change Order Status

Status	Date
Change Order Written	11/15/2005
SE Assigned	03/30/2006
Construction in Progress	04/13/2006
Design Complete	04/28/2006
Ready for Construction Walkthrough	05/08/2006
Ready for Model Office	05/11/2006
Ready for Model Office	06/21/2006

Status	Date
Model Office Implemented	07/03/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/27/2006
Model Office Implemented	11/28/2006
UAT Implemented	12/12/2006
Ready for Model Office	04/12/2007
Model Office Implemented	04/19/2007
UAT Implemented	04/19/2007
Prod Implemented	04/19/2007
Ready for Model Office	06/21/2007
Model Office Implemented	07/02/2007
UAT Implemented	07/02/2007
Prod Implemented	07/05/2007

2.12.102 Vital Statistics Interface - 1643

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1643	Change Order		Data Warehouse			

2.12.102.1 Desired Solution

The Vital Statistics interface is an interface between Vital Statistics and DSS for birth and death information. It is a monthly process.

2.12.102.2 Business Impact

The Vital Statistics birth and death information is used by the Commonwealth for analysis and research.

2.12.102.3 Technical Specifications

The Vital Statistics birth and death interfaces are sent in a fixed length file format every month for birth and death. Only records associated to Medicaid members should be pulled into the DSS. The member record is matched on the first name, last name and date of birth of member record on T_RE_BASE_DN table. Every month, the update Birth/Death records will be updated in the Vital Statistics Birth and Death tables. The new Birth/Death records will be added to the Vital Statistics Birth/Death tables.

See RBRCA1Q Birth File.TXT and RDTCA1 Death File.TXT documents under Supplemental Documentation for the data elements and layout of the birth and death file.

Method of extracting Medicaid only records to be determined.

For the initial history load, the history of birth records from 2000 and history of death records from 1989 or whenever clean information is available will be provided by Vital Statistics and loaded into DSS.

2.12.102.4 Clarifications

This Change Order is canceled since Date of Death will be coming in with the ETL for Member (CO 537). -SChao

This CO has been re-opened for birth and death information from Vital Statistics. -SChao

The data layout files under the Supplemental Documentation includes all data elements in the birth and death files. Waiting to meet with Commonwealth to determine method of extracting Medicaid only records. –SChao

Only birth records which can be found on T_RE_BASE_DN table will be pulled into DSS. The match criteria is child first name, last name and date of birth.

Only Death records which can be found on T_RE_BASE_DN table will be pulled into DSS. The match criteria is member first name, last name and date of birth.

For the initial history load, the history of birth records from 2000 and history of death records from 2001 will be provided by Vital Statistics and loaded into DSS.

2.12.102.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

Requirement ID	Type
30.090.015.004.1	RFP Requirement

2.12.102.6 Associated System Objects

Technical Name	Object Type	Title
BusinessObjects: ETL- Data Integrator Enterprise (v.XI)	Program	BusinessObjects: ETL- Data Integrator Enterprise (v.XI)
cp	Program	Unix Copy
rm	Program	Unix File Remove Command
DSSJMVSB	Batch Job	Vital Statistics Birth Load Job
unzip	Program	UNZIP
BOLoadVsDeath.sh	Program	BO DI Load Vital Statistics Deaths Job Script
DSSJMVSD	Batch Job	Vital Statistics Death Load Job

2.12.102.7 Change Order Status

Status	Date
Change Order Written	11/15/2005
Construction in Progress	07/06/2006
Design Complete	08/21/2006
Ready for Model Office	08/28/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/27/2006
Model Office Implemented	11/28/2006
UAT Implemented	12/04/2006
Ready for Model Office	12/22/2006
Model Office Implemented	01/02/2007
UAT Implemented	01/02/2007

Status	Date
Prod Implemented	06/14/2007

2.12.103 ETL (DI) - Presumptive Elig - 1644

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1644	Change Order		Data Warehouse			

2.12.103.1 Desired Solution
Receive information concerning Presumptive Eligibility and perform ETL to place the information on the Data Warehouse.

2.12.103.2 Business Impact
The Presumptive Eligibility information is used by the Commonwealth for research and analysis.

2.12.103.3 Technical Specifications
The Presumptive Eligibility information on the Data Warehouse needs to be refreshed monthly. The seven tables are Applicants, Income, Providers, Members, TPL, Transaction Codes, and Transactions.

2.12.103.4 Clarifications
No associated clarifications found.

2.12.103.5 Associated Requirements

Requirement ID	Type
30.090.015.004.2	RFP Requirement

2.12.103.6 Associated System Objects

Technical Name	Object Type	Title
BusinessObjects: ETL- Data Integrator Enterprise (v.XI)	Program	BusinessObjects: ETL- Data Integrator Enterprise (v.XI)

2.12.103.7 Change Order Status

Status	Date
Change Order Written	11/15/2005
SE Assigned	01/04/2006
Define/Analyze In Progress	08/28/2006
Define/Analyze In Progress	10/10/2006
Construction in Progress	11/27/2006
UAT Implemented	04/11/2007
Prod Implemented	06/14/2007

2.12.104 eKASPER Interface - 2070

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2070	Change Order		Data Warehouse			

2.12.104.1 Desired Solution

The eKASPER interface is a three ways interface between Commonwealth Division of Fraud, Waste and Abuse/Identification and Prevention (DFWAIP), eKASPER and the DSS. The member interface from DFWAIP to DSS includes the list of members which have potential Medicaid abuses and DFWAIP like to investigate. The provider/dispenser interface includes the list of providers/dispensers which have potential Medicaid abuses and DFWAIP like to investigate. The member extract files from the DSS to eKASPER includes DFWAIP requested Medicaid members with applicable identifier information. The provider extract files from DSS to eKASPER includes DFWAIP requested Dispenser/Providers with NDC and dates information. The interface files from eKASPER to the DSS include prescription information for controlled substance dispensed to the Medicaid members requested and dispensers/providers requested.

2.12.104.2 Business Impact

The eKASPER interface is used by Office of Inspector's General (OIG) to review for fraudulent or abnormal activity.

2.12.104.3 Technical Specifications

The interface is initiated by DFWAIP submitting the list of the potential abusers (members) and providers/dispensers of investigation interest every week. Then the DSS send member extract and provider extract to eKASPER. The member extract includes the Medicaid members which DFWAIP submitted to the DSS as well as applicable identifier information. The provider/dispense extract includes the Provider/Dispenser which DFWAIP submitted to the DSS as well as NDC and date ranges. Once eKASPER receives the member extract from DSS, it performs its complex algorithm to match the Medicaid members to the members on eKASPER system. A member interface file including prescription information for dispensed controlled substances is then created out of the matches. Once eKASPER receives the provider/dispenser extract, it performs its complex algorithm to match the Dispenser/Providers to the providers on eKASPER system. A Provider/Dispenser interface file including member's information and dispenser/providers is created out of the matches. These two interface files are sent to the DSS via FTP. Then DSS load member and provider/dispenser files into DSS. For provider/dispenser file, only records associated with Medicaid are loaded into DSS.

No initial history loads are requested for eKASPER interfaces.

See MeKI Technical Specification.doc document for data elements on all above interfaces.

2.12.104.4 Clarifications

The member match in this process is by Medicaid ID.

2.12.104.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement
30.090.015.004.2	RFP Requirement

2.12.104.6 Associated System Objects

Technical Name	Object Type	Title
oraload.sh	Program	Oracle Table Load-Unload Utility
unzip	Program	UNZIP
DSSJWIKP	Batch Job	eKASPER Weekly Provider Load Job
BusinessObjects: ETL- Data Integrator Enterprise (v.XI)	Program	BusinessObjects: ETL-Data Integrator Enterprise (v.XI)
DSSJWOKM	Batch Job	eKASPER Weekly Member Extract Job
zip	Program	ZIP
cp	Program	Unix Copy
DSSJWOKP	Batch Job	eKASPER Weekly Provider Load Job
EK_Load_PROVIDER_Job.sh	Program	BO DI Load eKASPER Provider Script
sqlplus	Program	SQLPLUS - SQLDBA
rm	Program	Unix File Remove Command
PDSWEKOU	Batch Cycle	ekASPER member provider extract
DSSJWIKM	Batch Job	eKASPER Weekly Member Load Job

2.12.104.7 Change Order Status

Status	Date
Change Order Written	02/14/2006
SE Assigned	08/02/2006
Construction in Progress	08/31/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006

Status	Date
Ready for Model Office	11/27/2006
Model Office Implemented	11/28/2006
UAT Implemented	12/12/2006
Ready for Model Office	12/22/2006
Model Office Implemented	01/02/2007
UAT Implemented	01/02/2007
Ready for Model Office	04/25/2007
Model Office Implemented	04/26/2007
UAT Implemented	04/26/2007
Prod Implemented	04/26/2007
Ready for Model Office	05/29/2007
Model Office Implemented	05/31/2007
UAT Implemented	05/31/2007
Prod Implemented	05/31/2007

2.12.105 KCHIP Premium Interface - 2072

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2072	Change Order		Data Warehouse			

2.12.105.1 Desired Solution
The KCHIP Premium interface is an interface between Tier Technologies and DSS for premium payment history.

2.12.105.2 Business Impact
The KCHIP Premium information is used by the Commonwealth for research and analysis.

2.12.105.3 Technical Specifications
The KCHIP Premium interface is sent by Tier Technologies in a fixed length file format weekly. The interface includes the following data elements:

- Case Number
- Member ID
- Date of Payment
- Amount of Payment
- Date of Disqualification
- Date of Refund

Final data element list, record layout, and initial history retention to be determined.

2.12.105.4 Clarifications
Waiting on Lisa Lee (CHFS DMS) to determine final data element list and initial history retention and Rich Stevenson (Tier Technologies) to provide record layout. -SChao

Placed CO in Deferred status until we receive specifications. --SLam

2.12.105.5 Associated Requirements

Requirement ID	Type
30.090.015.004.2	RFP Requirement

2.12.105.6 Associated System Objects

Technical Name	Object Type	Title
BusinessObjects: ETL- Data Integrator Enterprise (v.XI)	Program	BusinessObjects: ETL- Data Integrator Enterprise (v.XI)

2.12.105.7 Change Order Status

Status	Date
Change Order Written	02/14/2006
Deferred	09/14/2006

2.12.106 LPSM Extract - 2074

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2074	Change Order		Data Warehouse			

2.12.106.1 Desired Solution

The Lead Poisoning Surveillance Module (LPSM) extract includes lead screening data from the DSS. This extract is sent to Cabinet of Health and Family Services (CHFS), Department of Public Health (DPH).

2.12.106.2 Business Impact

The LPSM extract provides lead screening results to DPH for Medicaid eligible members for research and analysis.

2.12.106.3 Technical Specifications

The LPSM extract is sent to CHFS every month. The extract includes the following data elements:

- Member ID
- Claim Status (Paid or Denied)
- Member First Name
- Member Last Name
- Member Date of Birth
- Member Sex
- Member Race
- Member SSN
- Performing and/or Referring Provider ID and Name
- Member Address
- Twin Status
- Procedure Code
- First and Last Date of Service

The Extract includes both Fee For Service (FFS) and Encounter claims, Paid and Denied claims, only the Latest claims, and the Lead Screening Procedure Code 83655. Data is extracted by the paid date range. First extract should include one year of history. Media and method of delivery to be determined.

2.12.106.4 Clarifications

Currently waiting on Justin Carey (CHFS Public Health) and Marcella Wright (CHFS OIT) to provide final data element list, file format, media, frequency, and criteria. - SChao

Per email from Ashish Virmani dated 9/15/06, placed CO in Deferred status until further notice from Commonwealth. --SLam

2.12.106.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.106.6 Associated System Objects

Technical Name	Object Type	Title
sqlplus	Program	SQLPLUS - SQLDBA
rptrangeex.src	Program	External Extract Date conversion script
DSSJMLP1	Batch Job	LPSM External Extract
sed	Program	Unix command stream editor

2.12.106.7 Change Order Status

Status	Date
Change Order Written	02/14/2006
SE Assigned	05/02/2006
Construction in Progress	05/15/2006
Ready for Construction Walkthrough	06/21/2006
Ready for Model Office	06/25/2006
Model Office Implemented	06/30/2006
Deferred	09/18/2006

2.12.107 KAMES Interface - 2119

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2119	Change Order		Data Warehouse			

2.12.107.1 Desired Solution
The KAMES interface is an interface between KAMES and the DSS for Member and Case information.

2.12.107.2 Business Impact
The KAMES information is used by the Commonwealth for research and analysis.

2.12.107.3 Technical Specifications
The KAMES interface includes KAMES, SDX and PAS files. It is sent by KAMES via FTP in a fixed length file format daily . At the end of each week, the DSS load process merges the five files (assume that one file per weekday) into one weekly file and upload it into the DSS. DSS KAMES process will read through each record in the sorted weekly file. If the KAMES record is already in DSS history, that record in the table will be replaced by the new record. If the KAMES record is not in DSS history, then that record will be appended into DSS.

See LKIMF3C.TXT for the input file data elements and layout.

The following elements will be pulled into DSS:

- Member SSN
- Member SSN check digit
- Member Case
- Number of people in Case's household
- Case's gross earned income amount
- Case's gross unearned income amount
- Case's total count income amount
- Member's gross unearned income amount
- Member's gross earned income amount
- Member's veteran amount
- Premium Start Date
- Code of highest grade completed by member
- Indicator of having to pay premiums
- K-Chip Indicator

2.12.107.4 Clarifications
Waiting to meet with Commonwealth to determine method of extracting Medicaid only records. -SChao

2.12.107.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement
30.090.015.004.2	RFP Requirement

2.12.107.6 Associated System Objects

Technical Name	Object Type	Title
cp	Program	Unix Copy
rm	Program	Unix File Remove Command
cat	Program	Concatenate
unzip	Program	UNZIP
DSSJWKAM	Batch Job	KAMES Weekly Load Job
otsortd	Program	Sort - UNIX

2.12.107.7 Change Order Status

Status	Date
Change Order Written	02/24/2006
SE Assigned	05/02/2006
Define/Analyze In Progress	08/02/2006
Construction in Progress	08/31/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/27/2006
Model Office Implemented	11/28/2006
UAT Implemented	12/12/2006
Ready for Model Office	12/22/2006
Model Office Implemented	01/02/2007
UAT Implemented	01/02/2007
Prod Implemented	06/14/2007

2.12.108 KASES Interface - 2120

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2120	Change Order		Data Warehouse			

2.12.108.1 Desired Solution
The KASES interface is an interface between KASES and the DSS for child support information.

2.12.108.2 Business Impact
The KASES information is used by the Commonwealth for research and analysis.

2.12.108.3 Technical Specifications
The KASES interface includes child support information. They are sent by KASES via FTP in a fixed length file format monthly for a full file refresh (truncate and reload). See Data Elements KASES EDS Insurance Revised.doc for data elements and layout. Only records associated to Medicaid members should be pulled into the DSS. Three codes tables are created and will be loaded one time unless modified by vendor that codes/descriptions have been changed.

Method of extracting Medicaid only records to be determined.

The KASES file includes the data elements:

- IVD#
- Case Type
- Case Location Code
- Child SSN
- Child Last Name
- Child First Name
- Child DOB
- Child Family Violence Ind
- NCP SSN
- NCP Last name
- NCP First name
- NCP DOB
- NCP address1
- NCP address2
- NCP City
- NCP State
- NCP Zip

- NCP Family Violence Ind
- CP SSN
- CP Last name
- CP First Name
- CP DOB
- CP Address1
- CP Address2
- CP City
- CP State
- CP Zip
- CP Family Violence Ind
- Wage Indicator
- Employer EIN
- Employer Name
- Employer Address1
- Employer Address2
- Employer City
- Employer State
- Employer Zip
- Employee Start Date
- Employee End Date
- Employee Last Update Date
- Employee Salary
- Employee Salary Frequency
- Child support order indicator
- Last child support payment amount
- Last child support payment type
- Last child support payment date
- Medical support order Indicator

- Insurance Carrier Name
- Policy ID
- Group #
- Coverage Type
- Effective Date
- Cancellation Date
- Covered Child Indicator
- Court order file number
- Start date of court order
- End date of court order
- Court Fips code
- Court Order Covered Children Ind

2.12.108.4 Clarifications

Waiting to meet with Commonwealth to determine method of extracting Medicaid only records. -SChao

2.12.108.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement
30.090.015.004.2	RFP Requirement

2.12.108.6 Associated System Objects

Technical Name	Object Type	Title
oraload.sh	Program	Oracle Table Load-Unload Utility
KS_Load_KASES_Job_$env.sh	Program	BO DI Load KASES Job Script
unzip	Program	UNZIP
DSSJMKAS	Batch Job	KASES Monthly Load Job
rm	Program	Unix File Remove Command
clmphash	Program	Build Hash Index
cp	Program	Unix Copy

2.12.108.7 Change Order Status

Status	Date
Change Order Written	02/24/2006
SE Assigned	05/02/2006
Construction in Progress	08/02/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/27/2006
Model Office Implemented	11/28/2006
UAT Implemented	12/12/2006
Ready for Model Office	12/22/2006
Model Office Implemented	01/02/2007
UAT Implemented	01/02/2007
Prod Implemented	06/14/2007

2.12.109 Nursing Facilities Claim Extract - 2141

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2141	Change Order		Data Warehouse			

2.12.109.1 Desired Solution

Create a process to send two extracts of claims data for the prior month. The first extract should be ICF/MR paid claim amounts for the prior month. The second extract should be nursing facilities paid claim amounts for the prior month. These extracts are files that are currently FTP to a local Frankfort FTP server and then put on CD and hand delivered to the Commonwealth. They are text files that eventually get uploaded into a spreadsheet. For DDI we will put these on OnBase. The frequency should be monthly.

2.12.109.2 Business Impact

None.

2.12.109.3 Technical Specifications

See current transition information(job, program, and so on) for the extract in the supplemental documentation.

2.12.109.4 Clarifications

Kentucky/iC Claim Type Cross Reference ---- Jennifer Brown

We will need to add an additional line to the beginning of the extract files to support our document management solution. The Kentucky transition system currently creates two files which are Nursing Facilities Claims data for the prior month. The first file is ICF/MR paid claim amounts for the month. The second file is nursing facilities paid claim amounts for the month. Frances Wise is listed as the point of contact for these files. These files are currently formatted as delimited field import files, copied to a CD and delivered by courier to Frances. This change order will be creating these extracts in interChange. The files will be loaded into OnBase for customer viewing. The customer should also have the option to upload this information into a spreadsheet.

OnBase(Document Management solution) must have a way to recognize the files by a unique identifier internal to the document. All of the interChange reports have the Report Name: in the first line of the header. Most reports have 3 keywords. Report Number = Technical Name, Report Title = description of Report and Run Date = Date in Line one of header. Since these are not true reports these three pieces of information are not available at this point from the extract to be loaded. We are proposing that we will add a new line to the top of the files. That line will contain the 3 keywords mentioned above for the file extract. Via email Frances Wise gave her approval of the additional line being added to the extract files. EDS will need to work with Mike Burnett(EDS OnBase TFAL) as to how this additional line will be added and interpreted by OnBase. --- Jennifer Brown

From Jennifer Brown
To Bullock, Judy S
Hi Judy -
We do need to add another field for the patient liability for this interface. Member Paid Amt will continue to be mapped to the Copay field. We will add a new field to the interface called Patient Liability which will be mapped to table t_clm_patliab_x and field amt_pd_pat_ub92. We will updated the interface and resend the information.

Thanks
Jennifer

From: Bullock, Judy S (CHFS OIT Medicaid) [mailto:JudyS.Bullock@ky.gov]
Sent: Friday, June 23, 2006 2:48 PM
To: Brown, Jennifer M; Virmani, Ashish (CHFS OIT ASB); Wise, Frances (CHFS DMS)
Cc: Huerta, Carlos; Jones, Bobby; Ponder, Bill; Wajda, Mike
Subject: RE: KY DDI - High - Act - Nursing Facilities and ICF MR Claims Interface Approval

Hi Jennifer,
On the mappings, the Member Paid Amt is only mapped to Copay. Shouldn't patient liability also be included (see our previous email below)?
FYI - Frances Wise has retired from state government. I have forwarded your emails to her Branch Manager and will follow up with any responses they have.
Thanks

Judy S. Bullock

Received approval of the selection criteria from Judy S. Bullock via email on 06/29. See email attached in Supplemental Documentation - RE KY DDI - High - Act - Nursing Facilities and ICF MR Claims Interface Approval - Co 2141

2.12.109.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.109.6 Associated System Objects

Technical Name	Object Type	Title
cat	Program	Concatenate
sqlplus	Program	SQLPLUS - SQLDBA
copy2routedir	Program	Copy Reports to Router
DSSJMDM4	Batch Job	DMS ICF/MR Claim Extract
PDSMDMSX	Batch Cycle	DMS Monthly Extract Cycle
DSSJMDM1	Batch Job	DMS Monthly Parm Update
sed	Program	Unix command stream editor
rptrangeex.src	Program	External Extract Date conversion script
DSSJMDM3	Batch Job	DMS Nursing Facilities Claim Extract

2.12.109.7 Change Order Status

Status	Date
Issue Identified	03/08/2006
SE Assigned	04/21/2006

Status	Date
Define/Analyze In Progress	04/27/2006
Construction in Progress	04/28/2006
Define/Analyze In Progress	08/08/2006
Construction in Progress	09/15/2006
Construction in Progress	10/06/2006
Construction in Progress	11/02/2006
Ready for Model Office	11/12/2006
UAT Implemented	11/17/2006
Ready for Model Office	01/11/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007

2.12.110 Ineligible Part A X-Over Claims - 2142

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2142	Change Order		Data Warehouse			

2.12.110.1 Desired Solution

Need a process to create an extract of ineligible part A crossover claims(prelim) and an extract of ineligible part A crossover claims(follow-up). These extracts are files that are currently FTP to a local Frankfort FTP server and then put on CD and hand delivered to the Commonwealth. They are text files that eventually get uploaded into a spreadsheet. For DDI we will put these on OnBase. The frequency should be quarterly.

2.12.110.2 Business Impact

None.

2.12.110.3 Technical Specifications

See current transition information(job, program, and so on) for the extract in the supplemental documentation.

2.12.110.4 Clarifications

We will need to add an additional line to the beginning of the extract files to support our document management solution. The Kentucky transition system currently creates two files which are part of a quarterly DMS crossover audit process. The two files are "Ineligible Part A Crossover Claims (prelim)" and "Ineligible Part A Crossover Claims (follow-up)". Evette Patton is listed as the point of contact for these files. These files are currently formatted as delimited field import files, copied to a CD and delivered by courier to Evette. This change order will be creating these extracts in interChange. The files will be loaded into OnBase for customer viewing. The customer should also have the option to upload this information into a spreadsheet.

OnBase(Document Management solution) must have a way to recognize the files by a unique identifier internal to the document. All of the interChange reports have the Report Name: in the first line of the header. Most reports have 3 keywords. Report Number = Technical Name, Report Title = description of Report and Run Date = Date in Line one of header. Since these are not true reports these three pieces of information are not available at this point from the extract to be loaded. We are proposing that we will add a new line to the top of the files. That line will contain the 3 keywords mentioned above for the file extract. Via email Evette Patton gave her approval of the additional line being added to the extract files. EDS will need to work with Mike Burnett(EDS OnBase TFAL) as to how this additional line will be added and interpreted by OnBase. --- Jennifer Brown

From: Schmidt, Kevin C
That makes sense assuming the pharmacy Xovers are being submitted on the HCFA 1500. Then yes, the data will be on the t_xx_phys tables.

From: Brown, Jennifer M
Sent: Thursday, May 11, 2006 10:09 AM
To: Huerta, Carlos
Cc: Schmidt, Kevin C
The crossover part B are on the t_xx_phys tables. I've cc Kevin to make sure I'm understanding things correctly.

Kevin -
Does this make sense to you. Kentucky was previously receiving a report with a description of Medicare Part A Pharmacy Crossover Claims for members who have Nursing Facility claims in the same dates of service span (two files are created for spreadsheet import: a preliminary file and a follow-up file). These files are used to create letters. According to the cross reference spreadsheet in interChange the Kentucky pharmacy Xover was changed to professional Crossover in interChange and in interchange it will be a claim type of B. The notes in the spreadsheet say these are professional crossover claims. So to get the same information in interChange we should get this information from the t_xx_phys tables?

Thanks
Jennifer

Received approval from John Hoffmann and Evette Patton via email on 07/10(see email in supplemental documentation - RE: KY DDI - Med - Info - CO 2142("Ineligible Part A Crossover Claims (prelim)" and "Ineligible Part A Crossover Claims (follow-up)") Transferred to DSS). CO was transferred to Data Warehouse subsystem --- Jennifer Brown

Both the INELIGIBLE PART A CROSSOVER CLAIMS (PRELIM) and INELIGIBLE PART A CROSSOVER CLAIMS (FOLLOW-UP) reports were populating the same report name. The process has been changed to send :

INELIGIBLE PART A CROSSOVER CLAIMS (FOLLOW-UP) to dss9937q.rpt (DSS-9937_Q)
INELIGIBLE PART A CROSSOVER CLAIMS (PRELIM) has been sent to dss9939.rpt (DSS-9939-Q)
--Paula Keiser

There were very few Billing Provider Numbers on the Extract. The source code was changed so that the Billing Provider Numbers are now being displayed. -- Paula Keiser

2.12.110.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.110.6 Associated System Objects

Technical Name	Object Type	Title
oraload.sh	Program	Oracle Table Load-Unload Utility
DSSJMDQ3	Batch Job	Ineligible Part A X-Over Claims
clmphash	Program	Build Hash Index
copy2routedir	Program	Copy Reports to Router
dsspmdq3	Program	Ineligible Part A X-Over Claims
sed	Program	Unix command stream editor
PDSQDMSX	Batch Cycle	DMS Quarterly Extracts

2.12.110.7 Change Order Status

Status	Date
Issue Identified	03/08/2006
SE Assigned	04/26/2006
Define/Analyze In Progress	05/08/2006
Construction in Progress	05/10/2006
Define/Analyze In Progress	08/08/2006
Construction in Progress	09/15/2006
Ready for Model Office	10/06/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/02/2006
UAT Implemented	11/16/2006
Ready for Model Office	03/13/2007
Model Office Implemented	03/15/2007
UAT Implemented	03/15/2007
Prod Implemented	03/15/2007
Ready for Model Office	05/10/2007
Model Office Implemented	05/17/2007
UAT Implemented	05/17/2007
Prod Implemented	05/17/2007

2.12.111 Preventive Services Extract - 2143

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2143	Change Order		Data Warehouse			

2.12.111.1 Desired Solution

Create a process to create a monthly claim extract of all claims for providers who perform preventive services. This extract is a file that is currently FTP to a local Frankfort FTP server and then put on CD and hand delivered to the Commonwealth. They are text files that get uploaded into a spreadsheet. For DDI we will put these on OnBase.

2.12.111.2 Business Impact

None.

2.12.111.3 Technical Specifications

See current transition information(job, program, and so on) for the extract in the supplemental documentation.

2.12.111.4 Clarifications

We will need to add an additional line to the beginning of the extract files to support our document management solution. The Kentucky transition system currently creates a monthly claim extract of all claims for providers who perform preventive services. Patty Sewell is listed as the point of contact for these files. These files are currently formatted as delimited field import files, copied to a CD and delivered by courier to Patty. This change order will be creating these extracts in interChange. The files will be loaded into OnBase for customer viewing. The customer should also have the option to upload this information into a spreadsheet.

OnBase(Document Management solution) must have a way to recognize the files by a unique identifier internal to the document. All of the interChange reports have the Report Name: in the first line of the header. Most reports have 3 keywords. Report Number = Technical Name, Report Title = description of Report and Run Date = Date in Line one of header. Since these are not true reports these three pieces of information are not available at this point from the extract to be loaded. We are proposing that we will add a new line to the top of the files. That line will contain the 3 keywords mentioned above for the file extract. Via email Patty Sewell gave her approval of the additional line being added to the extract files. EDS will need to work with Mike Burnett(EDS OnBase TFAL) as to how this additional line will be added and interpreted by OnBase. --- Jennifer Brown

Received approval from Patty Sewell via email on 07/06(see email in supplemental documentation - RE: KY DDI - Med - Info - CO 2143 Approval Email - RE: KY DDI - High - Act - Preventive Service Claims Interface Approval - CO 2143. CO was transferred to Data Warehouse subsystem --- Jennifer Brown

2.12.111.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.111.6 Associated System Objects

Technical Name	Object Type	Title
oraload.sh	Program	Oracle Table Load-Unload Utility
dsspmdm5	Program	Preventive Service Claim Extract
cat	Program	Concatenate
copy2routedir	Program	Copy Reports to Router
sed	Program	Unix command stream editor
DSSJMDM5	Batch Job	DMS Preventive Services Extract
PDSMDMSX	Batch Cycle	DMS Monthly Extract Cycle
otsortd	Program	Sort - UNIX

2.12.111.7 Change Order Status

Status	Date
Issue Identified	03/08/2006
SE Assigned	04/26/2006
Define/Analyze In Progress	06/01/2006
Construction in Progress	06/02/2006
Define/Analyze In Progress	08/08/2006
Construction in Progress	08/31/2006
Ready for Model Office	09/22/2006
Model Office Implemented	09/28/2006
UAT Implemented	11/01/2006
Ready for Model Office	11/14/2006
UAT Implemented	11/16/2006
Prod Implemented	06/14/2007

2.12.112 ETL (DI) - Held Claims - 2175

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2175	Change Order		Data Warehouse			

2.12.112.1 Desired Solution
Include paid claims that have been held from the Financial cycle in the Data Warehouse.

2.12.112.2 Business Impact
The paid claims that have been held from the Financial cycle is used by the Commonwealth for analysis and research.

2.12.112.3 Technical Specifications
An ETL job is used to move paid claims from the week to date history tables to the Data Warehouse. These claims have been marked paid, but have not gone through the financial cycle. A separate fact table in the Data Warehouse is created to hold these claims. It is truncated and reloaded every week.

2.12.112.4 Clarifications
No associated clarifications found.

2.12.112.5 Associated Requirements

Requirement ID	Type
30.090.007.003.25	Claims Reporting

2.12.112.6 Associated System Objects

Technical Name	Object Type	Title
BusinessObjects: ETL- Data Integrator Enterprise (v.XI)	Program	BusinessObjects: ETL- Data Integrator Enterprise (v.XI)
Held Paid Claims.unv	DSS Universe	Held Paid Claims Universe

2.12.112.7 Change Order Status

Status	Date
Change Order Written	03/21/2006
SE Assigned	04/19/2006
SE Assigned	12/12/2006
Define/Analyze In Progress	12/13/2006
Construction in Progress	12/18/2006
Ready for Model Office	02/01/2007
Model Office Implemented	02/24/2007
UAT Implemented	06/14/2007

Status	Date
Prod Implemented	06/14/2007

2.12.113 Measures of Success - Nursing - 2197

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2197	Change Order		Data Warehouse			

2.12.113.1 Desired Solution
Create the Measures of Success - Nursing Facility Initiative according to specifications.

2.12.113.2 Business Impact
This change order will meet the Requirement 30.050.015.002.6.

2.12.113.3 Technical Specifications
User Prompts:

- First Date of Service Range
- Bill Provider Number

Table Row Selection Criteria:

- First Date of Service Range
- Bill Provider Type = 12 (Nursing Homes)
- Type of bill in 891,892,893,894
- Latest Claims Only
- Paid Claims Only
- Fee For Service only
- At Detail Level

Report Column Order:

- Month of Service
- Total Expenditures
- Total XIX Covered Days
- Laboratory Rev Codes 300 thru 314 (units of service)
- X-Ray Rev Code 320 (units of service)
- Oxygen Rev Code 410 (units of service)
- Resp. Therapy Rev Code 412 (units of service)
- Resp. Therapy Supplies Rev Code 419 (units of service)
- Physical Therapy Rev Codes 420 thru 424 (units of service)
- Occup. Therapy Rev Codes 430 thru 433 (units of service)

- Speech Therapy Rev Codes 440 thru 444 (units of service)
- Total Number of Utilizers
- Total Medicare Cost Sharing Expenditures

Report Column Grouping Order:

- Month of Service
- Rev Code

Report Column Sort Order:

- Month of Service Ascending

Frequency:

- This report is run on demand. This report is due on the 20th of each month.

Priority:

- 2

Owner:

- Lynette Gurney

2.12.113.4 Clarifications

The following columns will need to be verified/defined:

- Total Number of Utilizers - Undup Member Count
- Total Medicare Cost Sharing Expenditures - Medicaid Paid Amount for claim type A, Inpatient Crossover only, amount is limited to what Medicaid pays.

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the Measures of Success - Nursing report.

User Prompts:

- From Date of Service Range
- Billing Provider Numbers

Table Row Selection Criteria:

- From Date of Service Range
- Billing Provider Type Code = 12 (Nursing Homes)
- Type of Bill Code in 891,892,893,894
- Claim Type in Query 1- equal A (Inpatient Crossover) or (equal L (LTC) and Header or Detail Paid Indicator equal H (Header))
- Claim Type in Query 2 - equal L and Header or Detail Paid Indicator equal D (Detail)

- Union the 2 queries because LTC can be either header or detail paid claims
- Latest Claims Only
- Paid Claims Only
- Fee For Service only
- **** separate data providers for each Revenue Code conditions below, in addition to the above Selection Criteria's

Report Column Order:

- From Date of Service Month (YYYYMM)
- Total Expenditures (Paid Amount, regardless of Revenue Code)
- Total XIX Covered Days (Covered Days, regardless of Revenue Code)
- Laboratory Rev Codes 0300 thru 0314 Billed Quantity
- X-Ray Rev Code 0320 Billed Quantity
- Oxygen Rev Code 0410 Billed Quantity
- Respitory Therapy Rev Code 0412 Billed Quantity
- Other Respitory Therapy Supplies Rev Code 0419 Billed Quantity
- Physical Therapy Rev Codes 0420 thru 0424 Billed Quantity
- Occupational Therapy Rev Codes 0430 thru 0433 Billed Quantity
- Speech Therapy Rev Codes 0440 thru 0444 Billed Quantity
- Total Number of Utilizers (Undup Member Count)
- Total Medicare Cost Sharing Expenditures (Paid Amount for claim type A only)
- Claim Type - hidden but needed for Total Medicare Cost Sharing column

Report Column Grouping Order:

- From Date of Service Month
- Revenue Codes

Report Column Sort Order:

- From Date of Service Month Ascending

2.12.113.5 Associated Requirements

Requirement ID	Type
30.050.015.002.6	RFP Requirement

2.12.113.6 Associated System Objects

Technical Name	Object Type	Title
DSS - Measures of Success - Nursing	Report	Measures of Success - Nursing

2.12.113.7 Change Order Status

Status	Date
Change Order Written	03/24/2006
SE Assigned	09/07/2006
Construction in Progress	09/07/2006
Ready for Model Office	09/21/2006
Model Office Implemented	09/25/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.114 DM - Update T_PA_PAUTH_DN Table - 2210

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2210	Change Order		Data Warehouse			

2.12.114.1 Desired Solution

Modify Data Warehouse table T_PA_PAUTH_DN to apply change made to table T_PA_PAUTH_STATE. Table T_PA_PAUTH_STATE was created to hold state specific prior auth header fields. Prior Auth CO 2203 adds a type of service code (cde_tos) to the T_PA_PAUTH_DN table. .

2.12.114.2 Business Impact

To update the Data Warehouse Prior Authorization area for Ad-Hoc Reporting.

2.12.114.3 Technical Specifications

Modify T_PA_PAUTH_DN as specified in the Supplemental Documentation.

Results of grep for T_PA_PAUTH.

1023 dsscsun0 /cust/acc/base/dss/universes$ grep -i 'T_PA_PAUTH' * | more
Prior Auth DSS.T_PA_PAUTH
Reference DSS.T_PA_PAUTH

2.12.114.4 Clarifications

No associated clarifications found.

2.12.114.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.114.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.114.7 Change Order Status

Status	Date
Change Order Written	03/28/2006
Define/Analyze In Progress	08/14/2006
Ready for Model Office	08/21/2006
Model Office Implemented	09/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.115 Preventive Hlth Pymnts - Dt Paid - 2229

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2229	Change Order		Data Warehouse			

2.12.115.1 Desired Solution
Develop the Preventive Health Payments - Date Paid Report according to specifications.

2.12.115.2 Business Impact
This change order will meet the Requirement 30.050.015.002.6.

2.12.115.3 Technical Specifications
User Prompts:

- Paid Date Range

Table Row Selection Criteria:

- Paid date range per user input
- Bill Provider Type equal to 20 (Preventive Care)
- Fee for Service Claims only
- Paid Claims only
- Latest Claims only

Report Column Order: (Some of these report columns may be moved out of the main report section and placed above the main report section as section headers)

- Paid Date
- Procedure Description
- Paid Amount
- Billed Quantity
- ICN Count

Report Column Grouping Order:

- Paid Date
- Procedure Description

Report Column Sort Order:

- Paid Date

Frequency:

- Monthly

Priority:

- 2

Owner:

- Cassie Keffer

2.12.115.4 Clarifications

No associated clarifications found.

2.12.115.5 Associated Requirements

Requirement ID	Type
30.050.015.002.6	RFP Requirement

2.12.115.6 Associated System Objects

Technical Name	Object Type	Title
DSS - Preventive Health Payments - Date Paid	Report	Preventive Health Payments - Date Paid

2.12.115.7 Change Order Status

Status	Date
Change Order Written	03/31/2006
Ready for Model Office	08/09/2006
Model Office Implemented	10/12/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.116 Member Claim Detail - eKasper - 2233

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2233	Change Order		Data Warehouse			

2.12.116.1 Desired Solution
Develop the Member Claim Detail - eKasper report according to specifications

2.12.116.2 Business Impact
None.

2.12.116.3 Technical Specifications
User Prompts:

- Member ID
- FDOS Range
- Date Filled

Table Row Selection Criteria:

- Paid claims only
- FFS claims only

Report Column Order: (Some of these report columns may be moved out of the main report section and placed above the main report section as section headers)

- Member Case Number
- Member ID
- Original Member ID
- Member Full Name
- Member Birth Date
- Sex Code
- Member Full Address
- Member County Description
- ICN
- First Date of Service
- Paid Date
- Paid Amount
- Billed Amount

- Billed Quantity
- Provider ID
- Provider Name
- Diagnosis Code 1 Description
- Diagnosis Code 2 Description
- NDC Code and Description
- Days Supplied
- Date Filled
- DEA Number

Report Column Grouping Order:

- N/A

Report Column Sort Order:

- Provider ID
- First Date of Service

Frequency:

- Monthly

Priority:

- 2

Owner:

- Ariane Shouse

2.12.116.4 Clarifications

Reference in CO which refer to MEMBER should be understood to Mean MEMBER/SSN.

Per my walkthrough and analysis, these are the updated report specs for the DDI version of the Member Claim Detail - eKasper report. There was insufficient development data to test properly.

User Prompts:

- Member ID
- From Date of Service Range
- Dispensed Date

Table Row Selection Criteria:

- Paid Claims only
- FFS Claims only

Report Column Order:

- Member County/Case Record Number
- Member ID
- Member Full Name (L,FM)
- Member Date of Birth
- Member Gender Code & Description
- Member Full Address
- Member County Code & Description
- ICN
- From Date of Service
- Payment Date
- Paid Amount
- Billed Amount
- Billed Quantity
- Prescriber Provider Numbers (tab 1)
- Prescriber Provider Name (tab 1)
- Dispenser Provider Numbers (tab 2)
- Dispenser Provider Name (tab 2)
- Primary Diagnosis Code & Desc
- Secondary Diagnosis Code & Desc
- Claim Type & Description
- NDC Code and Description
- Days Supply
- Dispensed Date
- Prescriber DEA Number (tab 1)
- Dispenser DEA Number (tab 2)

Report Column Grouping Order:

- N/A

Report Column Sort Order:

- Prescriber Provider Numbers (tab 1)
- Dispenser Provider Numbers (tab 2)
- From Date of Service

2.12.116.5 Associated Requirements

Requirement ID	Type
30.050.015.002.6	RFP Requirement

2.12.116.6 Associated System Objects

Technical Name	Object Type	Title
DSS - Member Claim Detail - eKasper	Report	Member Claim Detail - eKasper

2.12.116.7 Change Order Status

Status	Date
Change Order Written	04/05/2006
SE Assigned	09/07/2006
Construction in Progress	09/07/2006
Ready for Model Office	09/25/2006
Model Office Implemented	10/03/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.117 KYAmend - Create maxMC Tables - 2410

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2410	Change Order		Data Warehouse			

2.12.117.1 Desired Solution
Create tables in DSS schema to hold maxMC data related to claims processing.

2.12.117.2 Business Impact
The maxMC data related to claims processing information is used by the Commonwealth for research and analysis.

2.12.117.3 Technical Specifications
Create interface with SHPS to bring in maxMC data related to claims processing into the DSS. Table schema needs to be defined.

2.12.117.4 Clarifications
No associated clarifications found.

2.12.117.5 Associated Requirements

Requirement ID	Type
2866	KY Amend

2.12.117.6 Associated System Objects

Technical Name	Object Type	Title
T_PA_MEMBER_MAXMC	Database Table	
T_PA_CASE_LVL_MAXMC	Database Table	
T_PA_SVC_LVL_MAXMC	Database Table	
T_PA_DAYS_DTL_MAXMC	Database Table	

2.12.117.7 Change Order Status

Status	Date
Change Order Written	05/05/2006
Ready for DM Review	09/29/2006
Ready for Model Office	10/25/2006
Model Office Implemented	11/01/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.118 KYAmend - maxMC Interface - 2411

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2411	Change Order		Data Warehouse			

2.12.118.1 Desired Solution
The maxMC interface is an interface between SHPS and the DSS for service authorization information related to claims processing.

2.12.118.2 Business Impact
The maxMC data is used by the Commonwealth for research and analysis.

2.12.118.3 Technical Specifications
Create interface with SHPS to bring in data related to claims processing into the DSS. Further specification needs to be defined.

2.12.118.4 Clarifications
None.

2.12.118.5 Associated Requirements

Requirement ID	Type
2866	KY Amend

2.12.118.6 Associated System Objects

Technical Name	Object Type	Title
BusinessObjects: ETL- Data Integrator Enterprise (v.XI)	Program	BusinessObjects: ETL-Data Integrator Enterprise (v.XI)
DSSJWMXC	Batch Job	Extract and Load MaxMC Tables

2.12.118.7 Change Order Status

Status	Date
Change Order Written	05/05/2006
Define/Analyze In Progress	10/17/2006
Construction in Progress	10/21/2006
Unit Test in Progress (obsolete)	11/01/2006
Ready for Model Office	11/30/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.119 KYAmend - First Health - KAPER - 2412

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2412	Change Order		Data Warehouse			

2.12.119.1 Desired Solution
The First Health interface is an interface between First Health and DSS for KAPER data.

2.12.119.2 Business Impact
The KAPER information is used by the Commonwealth for research and analysis.

2.12.119.3 Technical Specifications
Create interface with First Health to bring in KAPER data into the DSS. Further specification needs to be defined.

2.12.119.4 Clarifications
No associated clarifications found.

2.12.119.5 Associated Requirements

Requirement ID	Type
2866	KY Amend

2.12.119.6 Associated System Objects

Technical Name	Object Type	Title
BusinessObjects: ETL- Data Integrator Enterprise (v.XI)	Program	BusinessObjects: ETL- Data Integrator Enterprise (v.XI)

2.12.119.7 Change Order Status

Status	Date
Change Order Written	05/05/2006
Construction in Progress	03/09/2007
UAT Implemented	05/23/2007
Prod Implemented	06/14/2007

2.12.120 KYAmend - Add maxMC in PA Univ - 2414

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2414	Change Order		Data Warehouse			

2.12.120.1 Desired Solution
Add data related to claims processing from maxMC interface into the Prior Authorization universe.

2.12.120.2 Business Impact
Users will have the ability to develop and execute queries against the maxMC data carried in the DSS.

2.12.120.3 Technical Specifications
The Prior Authorization universe is created using BusinessObjects Designer. The classes, subclasses, and objects should be alphabetized.

2.12.120.4 Clarifications
No associated clarifications found.

2.12.120.5 Associated Requirements

Requirement ID	Type
2866	KY Amend

2.12.120.6 Associated System Objects

Technical Name	Object Type	Title
PA.unv	DSS Universe	Prior Authorization Universe

2.12.120.7 Change Order Status

Status	Date
Change Order Written	05/05/2006
SE Assigned	11/02/2006
Construction in Progress	11/02/2006
Ready for Construction Walkthrough	11/02/2006
Ready for Model Office	11/27/2006
Model Office Implemented	12/12/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.121 KYAmend -ETL (DI) - DM/CM Data - 2415

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2415	Change Order		Data Warehouse			

2.12.121.1 Desired Solution
ETL Disease and Case Management data from First Health through the MMIS - Using BusinessObjects Data Integrator.

2.12.121.2 Business Impact
This change order extracts, transforms, and loads Disease and Case Management data from First Health through the MMIS to support access of this data using the BusinessObjects reporting tool.

2.12.121.3 Technical Specifications
Create Data Integrator job to load Disease and Case Management data from the MMIS into the DSS database. Further specification needs to be defined.

2.12.121.4 Clarifications
No associated clarifications found.

2.12.121.5 Associated Requirements

Requirement ID	Type
2866	KY Amend

2.12.121.6 Associated System Objects

Technical Name	Object Type	Title
DSSJWDCM	Batch Job	Extract and Load Management DSS Tables
PDSWDMCM	Batch Cycle	Disease Management Weekly Load
BusinessObjects: ETL- Data Integrator Enterprise (v.XI)	Program	BusinessObjects: ETL- Data Integrator Enterprise (v.XI)

2.12.121.7 Change Order Status

Status	Date
Change Order Written	05/05/2006
Define/Analyze In Progress	09/15/2006
Ready for DM Review	09/15/2006
DM Review Board Approved	09/17/2006
Ready for Model Office	09/24/2006

Status	Date
Construction in Progress	10/26/2006
Ready for Model Office	11/03/2006
Model Office Implemented	11/13/2006
Ready for Model Office	11/26/2006
Model Office Implemented	11/28/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.122 DW Updates for DM/Extracts - 2624

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2624	Change Order		Data Warehouse			

2.12.122.1 Desired Solution

Update the Data Warehouse tables with the necessary columns to support the batch process used to build the DSS data marts and extracts

2.12.122.2 Business Impact

The creation of the Data Warehouse data marts and extracts.

2.12.122.3 Technical Specifications

Add Columns (as indicated in the Supplemental Documentation) to the following Data warehouse tables.

- T_CA_MR_ERROR
- T_CA_PROV_KEY
- T_CA_PROV_PERFORM
- T_CA_RECIP_KEY
- T_CDE_PROV_PGM
- T_PR_CDE_PROV_PGM
- T_RE_BASE_DN
- T_RE_CDE_MULTI_RACE
- T_RE_PGM_STATUS_CODE

2.12.122.4 Clarifications

No associated clarifications found.

2.12.122.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.122.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.122.7 Change Order Status

Status	Date
Change Order Written	05/30/2006
SE Assigned	06/13/2006

Status	Date
Define/Analyze In Progress	06/13/2006
Construction in Progress	06/13/2006
Ready for Model Office	06/21/2006
Model Office Implemented	06/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.123 DSSMeasureBase - Win. Validation - 2699

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2699	Change Order		Data Warehouse			

2.12.123.1 Desired Solution
Add validations to MeasureBase Windows.

2.12.123.2 Business Impact
None.

2.12.123.3 Technical Specifications
The following is a list of validations that are needed for the Measure Base screens for Kentucky. Currently little to no validations exist. The explanations are listed with a description, the effort/hours it'll take and the current status of the fix.

2.12.123.4 MeasureBase Maintenance Screen
- Make sure Measure Base name is present. If name is blank prompt user to enter name before submitting a measure.
- Make sure Measure Base name doesn't already exist. If name exist, prompt user to enter a new name before submitting a measure.
- Default the following fields to zero(0): Measure Target and Min Perf Target.
- Verify that at least one (1) Qualifier exist before submitting the measure.

2.12.123.5 Qualifier Maintenance Screen
- Default all of the following parameters:
    - Qualifier Type
    - Sequence
    - Part
    - Date Range
    - PartInd
    - Group
    - PartSeq
    - SeqAO
    - Data Source
    - Threshold1
    - Count Criteria
    - Threshold2
    - Join Type

Defaulting these fields would eliminate the validation of having each field required.

- Make Description a required field
- Continue to keep the Submit button grayed-out until a Qualifier Criteria has been successfully added. Once the criteria has been added, the submit button will become active.

2.12.123.6 Clarifications

No associated clarifications found.

2.12.123.7 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.123.8 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.123.9 Change Order Status

Status	Date
Construction in Progress	06/05/2006
Ready for Model Office	06/27/2006
Model Office Implemented	09/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.124 Develop Held Claims Universe - 2707

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2707	Change Order		Data Warehouse			

2.12.124.1 Desired Solution
Develop the Held Claims Universe for access to the held claims data.

2.12.124.2 Business Impact
Users will have the ability to develop and execute queries against held claims data carried in the Data Warehouse.

2.12.124.3 Technical Specifications
The Held Claims universe is created using BusinessObjects Designer. The classes, subclasses, and objects should be alphabetized.

2.12.124.4 Clarifications
The Held Claims Table ETL process should be scheduled to run as soon as Financial process selects the claims to process through Financial.

The MIS location which contains the held claims will also contain claims which still have a detail in error. To identify these error claims on the Held claim Table add a new indicator whose value will be "H" - held or "E" error.

2.12.124.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.124.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.124.7 Change Order Status

Status	Date
Change Order Written	06/05/2006
SE Assigned	08/08/2006
UAT Implemented	02/12/2007
Prod Implemented	06/14/2007

2.12.125 ETL (DI) - Claim Analysis Update - 2743

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2743	Change Order		Data Warehouse			

2.12.125.1 Desired Solution

Update the Claims Analysis Extract, Transform, and Load process in Kentucky to reflect various changes in the Base systems and Kentucky specific changes in the MIS.

2.12.125.2 Business Impact

The Data Warehouse Claims Analysis contains changes coming from modifications to MIS claims processing.

2.12.125.3 Technical Specifications

- After baseline achieved, several changes planned will change ETL. 1st work on Financial changes scheduled to go into CORE on 6/16/2006. A list of changes made for 2nd round will be determined.
- Next, review items identified in Mapping spreadsheet review meetings. Some scenarios that came out of meeting w/the expected outcomes are:
  - Defects identified in CORE batch code, Research and make sure that it applies to KY. If so, apply changes to ETL job(s)
  - Defects in KY ETL job(s) Need to change ETL job(s) to match CORE's batch code
  - Additional research items (action items from meeting. Need to research and apply changes to ETL job(s) where appropriate
  - Documentation (mapping spreadsheet) incorrect. Validate that ETL job is coded correctly and update documentation
- DM changes that have been and are still coming down pipeline. Identify and apply all changes that have gone in after Backlog changes. Ongoing, data model changes will be reviewed and ETL for appropriate DSS area will be noted:
  - Change involves a field (that is, change byte size, and so on), make appropriate changes.
  - New table or field, research source and determine how it needs to be moved to DSS
  - For deleted table or field, confirm and delete job(s) that move it

2.12.125.4 Clarifications

No associated clarifications found.

2.12.125.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.125.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.125.7 Change Order Status

Status	Date
Change Order Written	06/12/2006
SE Assigned	06/12/2006
Construction in Progress	09/07/2006
Ready for Model Office	10/18/2006
UAT Implemented	01/02/2007
Ready for DM Review	01/03/2007

2.12.126 Transportation Cabinet-Activity - 2744

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2744	Change Order		Data Warehouse			

2.12.126.1 Desired Solution

This change order should create the weekly claims activity file of encounter claims for the Transportation Cabinet. The activity file should remain in the same layout as they are today concerning the transportation encounters.

2.12.126.2 Business Impact

None.

2.12.126.3 Technical Specifications

To clarify the statement in the Narrative regarding the layout remaining the same, this does not imply that the use of data within the layout will be unchanged. For example, TCN is currently defined as a 17 position field in the layout. We will most likely map the ICN to this field. The interChange ICN is 13 positions. Also, interChange has different error codes than are currently used in transition so the layout of the error file can stay unchanged but the meaning of the data will be changing.

Please see Supplemental Documentation - KY Transition Source for JCL, program and copybooks for the weekly encounter activity file.

2.12.126.4 Clarifications

Region codes and descriptions will change over time. The current list can be found at KY iC Claim Regions
[Dwight Spitzer]

Received approval from Bobby Jones to treat this interface just like the other claim interfaces on 06/20/06. Claims would do the analysis and interChange data mapping. Claims would get DSS and Commonwealth approval and then transfer the CO over to DSS. See email below in supplemental documentation -- RE: KYDDI - HIGH - ACT - New Transportation Activity File Interface - Can it be produced Out of DSS? Also received okay from Sydney via phone conversation. --- Jennifer Brown

CO 2744 has been transferred to the Data Warehouse subsystem, change order grouping Data Warehouse - Interfaces. --- Jennifer Brown

2.12.126.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.126.6 Associated System Objects

Technical Name	Object Type	Title
cp	Program	Unix Copy
oraload.sh	Program	Oracle Table Load-Unload Utility
DSSJWTCA	Batch Job	Transportation Cabinet Activity Extract

Technical Name	Object Type	Title
zip	Program	ZIP
cat	Program	Concatenate
PDSWTCAE	Batch Cycle	Transportation Cabinet Activity Claims
dswtca010.01.sql	Program	MeasureBase Parm Update
sed	Program	Unix command stream editor

2.12.126.7 Change Order Status

Status	Date
Issue Identified	06/12/2006
SE Assigned	06/13/2006
Define/Analyze In Progress	06/13/2006
Ready for Tech Walkthrough	09/07/2006
Define/Analyze In Progress	10/16/2006
Ready for Model Office	11/07/2006
Ready for Model Office	11/27/2006
Model Office Implemented	11/28/2006
UAT Implemented	12/04/2006
Ready for Model Office	12/13/2006
UAT Implemented	12/22/2006
Ready for Model Office	06/14/2007
Model Office Implemented	06/25/2007
UAT Implemented	06/26/2007

2.12.127 DM Updates for BO Universes - 2746

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2746	Change Order		Data Warehouse			

2.12.127.1 Desired Solution
Update and add the Data Warehouse tables necessary to support the Business Objects Standard and Ad-Hoc Reporting

2.12.127.2 Business Impact
The creation of the Data Warehouse universes for Reporting

2.12.127.3 Technical Specifications
Add Tables and Columns (as indicated in the Supplemental Documentation) to the Data Warehouse.

2.12.127.4 Clarifications
No associated clarifications found.

2.12.127.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.127.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.127.7 Change Order Status

Status	Date
Change Order Written	06/13/2006
SE Assigned	06/13/2006
Define/Analyze In Progress	06/13/2006
Ready for Model Office	06/28/2006
Model Office Implemented	06/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.128 DM Updates for BO Universes II - 2860

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2860	Change Order		Data Warehouse			

2.12.128.1 Desired Solution
Update and add the Data Warehouse tables necessary to support the Business Objects Standard and Ad-Hoc Reporting

2.12.128.2 Business Impact
The creation of the Data Warehouse universes for Reporting

2.12.128.3 Technical Specifications
Add Tables and Columns (as indicated in the Supplemental Documentation) to the Data Warehouse

2.12.128.4 Clarifications
No associated clarifications found.

2.12.128.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.128.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.128.7 Change Order Status

Status	Date
Change Order Written	06/19/2006
SE Assigned	06/21/2006
Construction in Progress	06/23/2006
Ready for Model Office	07/06/2006
Model Office Implemented	07/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.129 Assignment Plan Codes - 2868

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2868	Change Order		Data Warehouse			1

2.12.129.1 Desired Solution

There is a need to evaluate DSS processing to determine is there is a need to report the Assignment Plan codes. This requires the addition of the tables - T_RE_CDE_ASGN_TYPE and T_RE_ASSIGN_PLN_CDES.

2.12.129.2 Business Impact

None.

2.12.129.3 Technical Specifications

The following programs were identified:

- dsw10001.ctl
- dsw10001.ctl
- dsw10001.ctl
- dsw10002.ctl
- dsw10002.ctl
- dsw10003.ctl
- dsw10003.ctl
- dsw10003.ctl
- dsw10003.ctl
- dsw10003.ctl
- dsw10003.ctl
- dsw10004.ctl
- dsw10004.ctl
- dsw10004.ctl
- dsw10004.ctl
- dsw10015.sql
- dsw10016.sql

See CO 2796 for table specifications. Add the tables specified in the Supplemental Documentation.

2.12.129.4 Clarifications

No associated clarifications found.

2.12.129.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.129.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.129.7 Change Order Status

Status	Date
Issue Identified	06/20/2006
Define/Analyze In Progress	08/08/2006
Ready for DM Review	08/29/2006
DM Review Board Approved	08/30/2006
Ready for Model Office	09/12/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.130 ETL (DI) - CA Financial - 2959

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2959	Change Order		Data Warehouse			

2.12.130.1 Desired Solution
Include Financial Transactions in the Claims Analysis area of the Data Warehouse.

2.12.130.2 Business Impact
The Financial transactions which include Capitation payments are used by the Commonwealth for analysis and research

2.12.130.3 Technical Specifications
An ETL job is used to move Financial transactions from the week to date history tables to the Data Warehouse

2.12.130.4 Clarifications
No associated clarifications found.

2.12.130.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.130.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.130.7 Change Order Status

Status	Date
Change Order Written	06/26/2006
SE Assigned	06/26/2006
Define/Analyze In Progress	06/27/2006
Construction in Progress	07/10/2006
Ready for Construction Walkthrough	07/27/2006
Ready for Model Office	08/07/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Ready for DM Review	11/20/2006

2.12.131 ETL (DI) - CA MAR - 2960

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2960	Change Order		Data Warehouse			

2.12.131.1 Desired Solution
Include information required for MAR processing in the Claims Analysis area of the Data Warehouse.

2.12.131.2 Business Impact
Include MAR information used by the Commonwealth for analysis and research

2.12.131.3 Technical Specifications
An ETL job is used to move MAR Related information to the Data Warehouse

2.12.131.4 Clarifications
The Data Warehouse tables covered by this Change Order are:

- T_CA_MR_ERROR;
- T_CA_OP_PERFORM:
- T_CA_PROV_PERFORM

2.12.131.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.131.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.131.7 Change Order Status

Status	Date
Change Order Written	06/26/2006
SE Assigned	06/26/2006
Define/Analyze In Progress	06/27/2006
Construction in Progress	07/27/2006
Ready for Construction Walkthrough	08/14/2006
Ready for Model Office	08/23/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.12.132 Update Provider Universe - DM - 2994

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2994	Change Order		Data Warehouse			

2.12.132.1 Desired Solution

Add new objects to Provider Universe based on the Data Model changes that went into effect on 6/28/06.

2.12.132.2 Business Impact

Users will have the ability to query against these new objects from the provider Universe.

2.12.132.3 Technical Specifications

Based on the new data Model changes, all these new objects need to be added to the Provider Universe.

TABLE: Replace T_PR_RST_SVC with T_PR_RST_SVC_DN and add the following new objects

- CDE_COUNTY
- CDE_GENDER
- NUM_AGE_FROM
- NUM_AGE_TO

TABLE: Replace T_PMP_SVC_LOC with T_PMP_SVC_LOC_DN and add the following new objects

- NUM_SITE
- CDE_SITE_STATUS
- IND_ALLOW_EXCEED
- NUM_PHYS
- NUM_ARNP
- NUM_PHYS_ASST
- NUM_MIDWIFE
- NAM_SITE
- ADR_SITE_STRT1
- ADR_SITE_STRT2
- ADR_SITE_CITY
- ADR_SITE_ST
- ADR_SITE_ZIP

- ADR_SITE_ZIP_4

TABLE: T_PR_SVC_LOC_DN - Add the following new objects

- NUM_FYE_MONTH
- IND_OOS
- CDE_CONTACT_PREF
- IND_PAPER_ALLOW
- IND_ELEC_BILLER
- IND_EXEMPT_DEACTIV

2.12.132.4 Clarifications

No associated clarifications found.

2.12.132.5 Associated Requirements

Requirement ID	Type
30.050.015.002.1	RFP Requirement

2.12.132.6 Associated System Objects

Technical Name	Object Type	Title
Prov.unv	DSS Universe	Provider Universe

2.12.132.7 Change Order Status

Status	Date
Change Order Written	06/28/2006
SE Assigned	07/03/2006
Construction in Progress	07/06/2006
Ready for Construction Walkthrough	07/10/2006
Ready for Model Office	07/11/2006
Model Office Implemented	07/25/2006
Ready for Model Office	09/19/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.133 Update PA Universe - DM - 2995

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2995	Change Order		Data Warehouse			

2.12.133.1 Desired Solution
Add new objects to PA Universe based on the Data Model changes that went into effect on 6/28/06.

2.12.133.2 Business Impact
Users will have the ability to query against these new objects from the PA Universe.

2.12.133.3 Technical Specifications
Based on the new data Model changes, all these new objects need to be added to the PA Universe.

TABLE: T_PA_PAUTH_DN - Add new objects

- DTE_ADMISSION
- DTE_DISCHARGE
- ID_REQUEST
- CDE_TOS

Replace Table T_MODIFIER with T_CDE_MODIFIER (Refer Core CO 12640)

2.12.133.4 Clarifications
No associated clarifications found.

2.12.133.5 Associated Requirements

Requirement ID	Type
30.050.015.002.1	RFP Requirement

2.12.133.6 Associated System Objects

Technical Name	Object Type	Title
PA.unv	DSS Universe	Prior Authorization Universe

2.12.133.7 Change Order Status

Status	Date
Change Order Written	06/28/2006
SE Assigned	07/03/2006
Construction in Progress	07/10/2006
Ready for Construction Walkthrough	07/11/2006

Status	Date
Ready for Model Office	07/11/2006
Model Office Implemented	07/25/2006
Ready for Model Office	09/19/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.134 Update PWC Extract - 3020

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3020	Change Order		Data Warehouse			

2.12.134.1 Desired Solution

The PricewaterhouseCoopers (PwC) extracts include claims and eligibility information from the DSS. These extracts are sent to PricewaterhouseCoopers, LLP.

2.12.134.2 Business Impact

The PWC extracts provide claims and eligibility information to PricewaterhouseCoopers, LLP for budget forecasting, and Passport rate setting.

2.12.134.3 Technical Specifications

The PWC SQL Script should be updated to include, remove, or derive the following Table Elements:

Budget Forecasting Extract

- Tables have been added and deleted. Table elements have been eliminated or moved to another table. Review the current code for the need to revise it.
- Bring in FFS claims only on the Claim extract.
- Include CDE_PGM_STATUS from T_RE_AID_ELIG_DN on the Eligibility Extract.
- Include DUAL_STATUS from T_CA_RECIP_KEY on the Eligibility Extract. The problem with this is that the recip key table is claim based and not eligibility based.
- Add the LTC Indicator which is on T_CA_IND_KEY which is claim based and not Eligibility based.
- Add the HMO Indicator which is on T_CA_IND_KEY which is claim based and not Eligibility based.

Passport Rate Setting

- Enc_Captitation_Inc may be derived to equal FFS = 1 and Capitation = 2.
- Include CDE_PGM_STATUS from T_CA_RECIP_KEY on the Claim Extracts.
- Transportation and Rural Health Clinic claims will be pulled by provider type and specialty from the T_CA_ICN table. Make sure the correct type and specialty are tested. Currently the code is commented out.
- The Home Health, Dental, Rural Clinic, and Professional extracts need CDE_DIAG_TREAT_IND from T_CA_ICN to bee added to the code.

Many of the Indicators are being moved from T_CA_ICN to T_CA_IND_KEY. The code in the Budget Forecasting and Passport Rate Setting extracts must reflect this change.

The FTP process needs to be established. PWC needs to give us an user id and password for a secure FTP server or if they do not have a secure server they need to have an approved encrypting program.

The jil process has not been finalized. The machine name will have to be inserted into the jil modules before they can be loaded into autosys.

All code changes/additions will have to be retested with the appropriate data.

2.12.134.4 Clarifications

cde_dual_status is not on T_RE_BASE_DN. Dssjopwc.04.shl will have to be updated when this field becomes available.

Changes made to the PwC process per PwC request.

2.12.134.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.134.6 Associated System Objects

Technical Name	Object Type	Title
DSSJOPW2	Batch Job	PWC Passport Rating
sqlplus	Program	SQLPLUS - SQLDBA
rptrangeex.src	Program	External Extract Date conversion script
DSSJOPW1	Batch Job	PWC Budget Forecasting Extracts
zip	Program	ZIP
sed	Program	Unix command stream editor
cp	Program	Unix Copy
PDSOPWC1	Batch Cycle	PWC Budget Forecasting
copy2routedir	Program	Copy Reports to Router
PDSOPWC2	Batch Cycle	PWC Passport On Request Autosys Box

2.12.134.7 Change Order Status

Status	Date
Change Order Written	06/30/2006
Construction in Progress	10/27/2006
Ready for Construction Walkthrough	10/30/2006
Ready for Model Office	10/31/2006
Ready for UAT	11/12/2006
UAT Implemented	11/17/2006

Status	Date
Ready for Model Office	01/10/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007
Ready for Model Office	04/12/2007
Model Office Implemented	04/19/2007
UAT Implemented	04/19/2007
Prod Implemented	04/19/2007
Ready for Model Office	04/30/2007
Model Office Implemented	05/03/2007
UAT Implemented	05/03/2007
Prod Implemented	05/03/2007

2.12.135 Update Navigant Extract - 3021

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3021	Change Order		Data Warehouse			

2.12.135.1 Desired Solution

The Navigant extracts include Inpatient and Outpatient Header and Detail claim information from the DSS. These extracts are sent to Navigant Consulting, Inc.

2.12.135.2 Business Impact

The Navigant extracts provide claims information to Navigant Consulting, Inc for DRG and base rate setting. As a result of new requirements and subsequence design changes, the Navigant Inpatient and Outpatient Header and Detail claim extracts will have to include the new requirements and design changes in the extract's code. Required Table Elements were not included in the DSS environment until recently and need to be added to the sql scripts and tested. Some Table Elements will have to be derived or eliminated.

2.12.135.3 Technical Specifications

The code will have to be updated when these table elements become available.

The Navigant SQL Script should be updated to include, remove, or derive the following Table Elements:

Inpatient Header Extract

- Include only header paid claims
- Only Billing Provider (NPI and Medicaid) - remove referring and performing
- Medical record - to be added
- Admit type - to be added
- Tpl ind - has been added
- Cde loc has been renamed cde level of care - **This field has been removed from the extract file per Navigant request.**
- Total num dtls will have to be derived
- Trailer should sum amt_paid and amt_billed and count the total number of records

Inpatient Detail Extract

- Move elements to Inpatient Detail Extract
  - Cde emergency
  - Cde_patient_status
- Include denied and paid details
- Only Billing Provider (NPI and Medicaid)
- Trailer - sum amt billed and total num of records.

Outpatient Header Extract - These claims are paid at the detail level. The outpatient data in kydsst1 is paid at the header. Review the code to make sure the data is extracted as claims paid at the detail.

- Include detail paid claims
- Billing Provider only
- Move cde eob1 - 2 to Outpatient Detail extract
- Add num dtl
- In the criteria include cde prov type bill = '01' (Hospital outpatient)
- Trailer - number of records

Outpatient Detail Extract

- Move type of bill to Outpatient Header Extract
- Include paid and denied details
- Add cde_prov_type_bill = '01' to criteria
- Trail - Total Num of Records, Sum amt billed, Sum amt paid

Many of the Indicators are being moved from T_CA_ICN to T_CA_IND_KEY. The code in the Navigant extracts must reflect this change.

The aim.t_system_parms table will no longer be accessed by dso70005.sql. The dss.t_dss_parms table will hold the date parameter ranges. Dso70005.sql and DSSJONAV will have to reflect this change and be retested. An update sql script will need to be written to insert extract specific data into T_DSS_PARMS.

All of the code changes will have to be tested with the appropriate data.

The jil process has not been finalized. The machine name will have to be inserted into the jil modules before they can be loaded into autosys.

The FTP process needs to be set up. Navigant's user id and name must be ascertained and they must have a secured FTP server or encrypting program.

2.12.135.4 Clarifications

The way in which inpatient claims are paid have changed. Inpatient claims priced by DRG or AUTMAN are paid at the header, all inpatient claims not meeting this requirement are paid at the detail.

Currently the sequels are executed via sqlplus. If this presents a RTI issue, the sequels should be converted to precessed by Oraload.

- CDE_OCCUR_SPAN was removed from the query.
- IND_MEMB_FFS_MC was added to the query.

Test Cases 8783, 8785,8788,8791 were cancelled because all except for two of the fields listed as 'to be deleted' were not deleted from the Navigant extracts.

Two fields were removed from the extracts.

- IND_LATEST_CLM was removed from the select statement to the where clause in the Inpatient Header extract.
- IND_MNY_GRANT was removed from the Outpatient Header extract since that field was removed from the t_re_base_dn table.

2.12.135.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.135.6 Associated System Objects

Technical Name	Object Type	Title
rptrangeex.src	Program	External Extract Date conversion script
mv	Program	Unix Move File Command
DSSJONAV	Batch Job	Navigant External Extract
sqlplus	Program	SQLPLUS - SQLDBA
PDSONAVG	Batch Cycle	Navigant Autosys Box
sed	Program	Unix command stream editor
cp	Program	Unix Copy
zip	Program	ZIP

2.12.135.7 Change Order Status

Status	Date
Change Order Written	06/30/2006
Construction in Progress	10/20/2006
Ready for Construction Walkthrough	10/27/2006
Ready for Model Office	10/30/2006
Ready for Model Office	11/03/2006
Ready for Model Office	11/14/2006
UAT Implemented	11/17/2006
Ready for Model Office	01/11/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007

2.12.136 Update LPSM Extract - 3022

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3022	Change Order		Data Warehouse			

2.12.136.1 Desired Solution

The Lead Poisoning Surveillance Module (LPSM) extract includes lead screening data from the DSS. This extract is sent to Cabinet of Health and Family Services (CHFS), Department of Public Health (DPH).

2.12.136.2 Business Impact

The LPSM extract provides lead screening results to DPH for Medicaid eligible members for research and analysis.

As a result of new requirements and subsequence design changes, the LPSM extracts will have to include the new requirements and design changes in the extract's code. Required Table Elements were not included in the DSS environment until recently and need to be added to the sql scripts and tested. Some Table Elements will have to be derived or eliminated.

2.12.136.3 Technical Specifications

The IND_TWIN table element field on DSS.T_RE_BASE_DN contains no data. The extract cannot be considered effectively tested until all fields have data values in them.

The Lead Poisoning Procedure Code must be determine. In the sql script 5 Lead Poison Screening procedure codes are part of the criteria. These procedure codes were found in the DSS.T_PROC table and may not be accurate. The procedure codes are:

- 83645
- 83650
- 83655
- 83660
- W4827

The jil process has not been finalized. The machine name will have to be inserted into the jil modules before they can be loaded into autosys.

The FTP process needs to be established.

2.12.136.4 Clarifications

Per email from Ashish Virmani dated 9/15/06, placed CO in Deferred status until further notice from Commonwealth. --SLam

2.12.136.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.136.6 Associated System Objects

Technical Name	Object Type	Title
rptrangeex.src	Program	External Extract Date conversion script
DSSJONAV	Batch Job	Navigant External Extract
sed	Program	Unix command stream editor
sqlplus	Program	SQLPLUS - SQLDBA
mv	Program	Unix Move File Command

2.12.136.7 Change Order Status

Status	Date
Change Order Written	06/30/2006
Deferred	09/18/2006

2.12.137 Update Financial Universe - DM - 3093

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3093	Change Order		Data Warehouse			

2.12.137.1 Desired Solution

Changes to the Financial universe to carry T_FIN_COS_DTL_XREF and associated code tables for financial transactions. Refer to Core CO 10396.

2.12.137.2 Business Impact

Users will have the ability to develop and execute queries against these new objects for Financial Transactions .

2.12.137.3 Technical Specifications

Based on the new data Model changes, all these new objects need to be added to the Financial Universe. Refer to CO 10396 in Core.

ADD TABLE: T_FIN_COS_DTL_XREF - Add the following new objects under Classes 'Expenditure' and 'Account Receivable'

- CDE_TXN_TYPE
- CDE_COS_ST
- CDE_COS_SUB
- CDE_COS_MSIS
- CDE_COS_CMS64_9
- CDE_COS_CMS64_21
- CDE_COS_CMS21
- CDE_FUND_SRC

ADD CODE TABLES: T_CDE_TXN_TYPE, T_CDE_COS_VALUES, T_CDE_FUND_SRC

2.12.137.4 Clarifications

No associated clarifications found.

2.12.137.5 Associated Requirements

Requirement ID	Type
30.050.015.002.1	RFP Requirement

2.12.137.6 Associated System Objects

Technical Name	Object Type	Title
Financial.unv	DSS Universe	Financial Universe

2.12.137.7 Change Order Status

Status	Date
Change Order Written	07/06/2006
SE Assigned	07/12/2006
Construction in Progress	07/12/2006
Ready for Construction Walkthrough	07/17/2006
Ready for Model Office	07/18/2006
Model Office Implemented	07/25/2006
Ready for Model Office	09/19/2006
Model Office Implemented	09/22/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.138 KY Amend - New Prior Auth Fields - 3138

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3138	Change Order		Data Warehouse			

2.12.138.1 Desired Solution
Add new fields to Prior Authorization tables T_PA_PAUTH_STATE and T_PA_LINE_ITEM.

2.12.138.2 Business Impact
Users have the ability to develop and execute queries against these additional fields.

2.12.138.3 Technical Specifications
Add the following fields to its respective tables:

T_PA_PAUTH_STATE

- ID_CASE
- CDE_ORTHO_STATUS

T_PA_LINE_ITEM

- ID_IMPACT_TAX
- ID_IMPACT_SUB

2.12.138.4 Clarifications
No associated clarifications found.

2.12.138.5 Associated Requirements

Requirement ID	Type
2866	KY Amend

2.12.138.6 Associated System Objects

Technical Name	Object Type	Title
T_PA_LINE_ITEM	Database Table	
T_PA_PAUTH_DN	Database Table	

2.12.138.7 Change Order Status

Status	Date
Change Order Written	07/18/2006
Define/Analyze In Progress	08/14/2006
DM Review Board Approved	08/21/2006
Ready for Model Office	09/24/2006
Model Office Implemented	09/29/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.139 DM- Addition of Claim Indicators - 3147

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3147	Change Order		Data Warehouse			

2.12.139.1 Desired Solution
Update and add the Data Warehouse tables necessary to support the Business Offices Standard and Ad-Hoc Reporting using Claim Indicators

2.12.139.2 Business Impact
The creation of the Indicators on Data Warehouse universes for Reporting and Extraction

2.12.139.3 Technical Specifications
Add Tables and Columns (as indicated in the Supplemental Documentation) to the Data Warehouse

2.12.139.4 Clarifications
No associated clarifications found.

2.12.139.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.139.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.139.7 Change Order Status

Status	Date
Change Order Written	07/20/2006
Define/Analyze In Progress	07/21/2006
Ready for Model Office	09/24/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.140 DM - Add Report / Extract Items - 3148

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3148	Change Order		Data Warehouse			

2.12.140.1 Desired Solution
Update and add the Data Warehouse tables necessary to support the Business Offices Standard and Ad-Hoc Reporting

2.12.140.2 Business Impact
The creation of the Data Warehouse universes for Reporting

2.12.140.3 Technical Specifications
Add Tables and Columns (as indicated in the Supplemental Documentation) to the Data Warehouse.

2.12.140.4 Clarifications
No associated clarifications found.

2.12.140.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.140.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.140.7 Change Order Status

Status	Date
Change Order Written	07/20/2006
Define/Analyze In Progress	07/21/2006
Ready for Model Office	08/14/2006
Model Office Implemented	08/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.141 Java Infoview Customization - 3156

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3156	Change Order		Data Warehouse			

2.12.141.1 Desired Solution

Custom Infoview graphics and colors need to be applied to the Java Version of Infoview. It is needed for consistency in the look and feel of the Java Infoview or there will be spots where a user will see the delivered Business Objects content when they use Performance Manager.

2.12.141.2 Business Impact

None.

2.12.141.3 Technical Specifications

None.

2.12.141.4 Clarifications

No associated clarifications found.

2.12.141.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.141.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.141.7 Change Order Status

Status	Date
Issue Identified	07/24/2006
Construction in Progress	08/08/2006
Ready for Construction Walkthrough	08/25/2006
Ready for Model Office	08/28/2006
Model Office Implemented	09/01/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.142 Modify Provider Earnings Tables - 3182

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3182	Change Order		Data Warehouse			

2.12.142.1 Desired Solution
The T_PR_PROV_YTD_AMT and T_PR_YTD_HIST_AMT tables need to be modified to increase the size of the dollar fields and to add totals for mass adjust and capitation counts.

2.12.142.2 Business Impact
The database amount fields need to be expanded to carry larger dollar amounts. New columns need to be added to the database tables. Provider universe need to be changed to add new fields to the universe.

2.12.142.3 Technical Specifications
Add the following fields to both the T_PR_PROV_YTD_AMT and T_PR_YTD_HIST_AMT

- AMT_PAID_TOT_MASS number 13 not null
- CNT_CL_PD_MASS number 9 not null
- CNT_CAP_PAID number 9 not null

Change the following in T_PR_PROV_YTD_AMT and T_PR_YTD_HIST_AMT

- all amount field to Number 13

2.12.142.4 Clarifications
No associated clarifications found.

2.12.142.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.142.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.142.7 Change Order Status

Status	Date
Change Order Written	07/27/2006
Define/Analyze In Progress	08/07/2006
Ready for DM Review	08/28/2006
DM Review Board Approved	08/30/2006
Ready for Model Office	09/12/2006

Status	Date
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.143 ETL - Update Claim balancing - 3216

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3216	Change Order		Data Warehouse			

2.12.143.1 Desired Solution
Claim Extract. Transform, and Load (ETL) balancing necessary to confirm successful update of the claims data on the Data Warehouse..

2.12.143.2 Business Impact
Claim ETL Balancing processes and procedures are important to ensure that all claims data is correctly loaded to the Data Warehouse.

2.12.143.3 Technical Specifications
Claim ETL Balancing Process needs to be enhanced to finalize some outstanding questions and comments which are brought up during the peer construction walkthrough:

- The batch Claim ETL balancing process will populate the paid dates range into the table T_CA_CURRENT_DATES.
- The table layout of T_CA_CURRENT_DATES need be adjusted to store a range of paid dates. Since Financial could run more than one Financial Cycle per week.
- BO Balance Report need be adjusted. Two additional Tabs will be added. One is By Claim Type, one is By Provider Type.
- BO Balance Report need be adjusted to meet the BO reporting standards.

2.12.143.4 Clarifications
No associated clarifications found.

2.12.143.5 Associated Requirements

Requirement ID	Type
30.090.015.003.3	RFP Requirement

2.12.143.6 Associated System Objects

Technical Name	Object Type	Title
dsspbal.c	Program	MMIS claim history and Claim Analysis Balance
dsspbal	Program	Claim ETL Balance Program

2.12.143.7 Change Order Status

Status	Date
Change Order Written	07/31/2006
Construction in Progress	10/10/2006
Ready for Model Office	10/17/2006
Construction in Progress	10/18/2006

Status	Date
Ready for Model Office	10/20/2006
Model Office Implemented	11/13/2006
UAT Implemented	12/12/2006
Ready for Model Office	12/22/2006
Model Office Implemented	01/02/2007
UAT Implemented	01/02/2007
Ready for Model Office	05/22/2007
Model Office Implemented	05/25/2007
UAT Implemented	05/25/2007
Prod Implemented	05/25/2007
Ready for Model Office	06/05/2007
Model Office Implemented	06/07/2007
UAT Implemented	06/07/2007
Model Office Implemented	06/09/2007
UAT Implemented	06/09/2007
Prod Implemented	06/09/2007
Model Office Implemented	06/09/2007
UAT Implemented	06/09/2007
Prod Implemented	06/09/2007
Ready for Model Office	06/13/2007
Ready for Model Office	06/21/2007
Model Office Implemented	06/25/2007
UAT Implemented	06/26/2007
Model Office Implemented	07/02/2007
UAT Implemented	07/02/2007
Prod Implemented	07/05/2007

2.12.144 Update PCG Claim History Extract - 3218

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3218	Change Order		Data Warehouse			

2.12.144.1 Desired Solution

The Commonwealth currently creates Physician, UB92, Dental and Pharmacy extracts of end of month claim data for PCG. The frequency of the extract is monthly. An extract process was completed and moved to Model Office under CO215. Some of the table elements were unavailable and will not be added to DSS until later. This change order will address the table elements that need to be added.

2.12.144.2 Business Impact

Meet the Commonwealth's business needs.

2.12.144.3 Technical Specifications

The dte_final is moved into the dte_paid field. The paid date will be removed from the requirements. It would be redundant.

Change code to include

- NUM_PAT_ACCT
- DTE_MCARE_PAID
- CDE_TOOTH_QUAD
- DTE_OCCUR_TO_1
- DTE_OCCUR_TO_2
- DTE_OCCUR_TO_3
- ID_PROV_OTHER

The Pharmacy Extract paid amount sums need to be tested. The current testing environment has the pharmacy claims paid at the header where in fact the pharmacy claims are paid at the detail level. The code for the 'sum(amt_paid)' could not be tested under that scenario.

Many of the Indicators are being moved from T_CA_ICN to T_CA_IND_KEY. The code in the PCG extracts must reflect this change.

During unit testing make sure the correct provider ids are being returned with the appropriate provider id type (MCD or NPI). There was no provider data on t_ca_prov_key at the time of the previous unit testing. On the pharmacy extract the prescribing provider information is the referring provider and the rendering provider is the performing provider. The EOB code needs further testing.

Code for the tooth quadrant on the Dental extract has not been tested due to the t_proc table being empty at the time of the test. The code to include cde_tooth_quad will probably return incorrect data, unless the cde_tooth_quad is added to T_CA_DENTAL

The job script (DSSJMPCG) will have to change in that the files sent to the FTP server will not be compressed. The files will be compressed on the UNIX box in the directory on which the files are stored ($DATDIR/data/extract/pcg).

The jils must be created and moved into the autosys process.

2.12.144.4 Clarifications

The way in which a claim is paid for some claim types have been changed, thus creating a need for the code to change and retesting to occur.

Changes to the payment method

- Nursing Home Claims (Claim Type L) - Paid at the Detail
- Pharmacy Claims (Claim Types P and Q) - Paid at the Header
- Inpatient Claims (Claim Type I) - Paid at the Header or Detail

Approved changes to the extract layouts

- The binary extract file has been converted to a character file. The first byte of the number field is reserved for a sign (plus or minus).
- The header claim status field was removed. The detail claim status remains
- The paid date was removed and the final date (final paid date) was retained.
- The provider numbers are 15 bytes instead of 16 bytes.
- If a date field contains NULLs, a date of 01010101 is put into the field.
- A carriage control is at the end of each record.

2.12.144.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.144.6 Associated System Objects

Technical Name	Object Type	Title
PDSMPCGX	Batch Cycle	HMS Monthly Claim Data
mailx	Program	Send Email
DSSJMPCG	Batch Job	PCG Claim History Extract
sqlplus	Program	SQLPLUS - SQLDBA
rptrangeex.src	Program	External Extract Date conversion script
zip	Program	ZIP
sed	Program	Unix command stream editor

2.12.144.7 Change Order Status

Status	Date
Change Order Written	08/01/2006
Construction in Progress	10/03/2006
Ready for Construction Walkthrough	10/06/2006
Ready for Model Office	10/06/2006
Ready for Model Office	10/13/2006
Ready for Model Office	10/20/2006
Model Office Implemented	11/01/2006
Ready for Model Office	11/02/2006
Ready for Model Office	11/13/2006
UAT Implemented	11/17/2006
Ready for Model Office	01/11/2007
UAT Implemented	01/18/2007
Prod Implemented	01/23/2007
Ready for Model Office	03/30/2007
Model Office Implemented	04/05/2007
UAT Implemented	04/05/2007
Prod Implemented	04/05/2007

2.12.145 DSSMeasureBase DM Changes - 3222

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3222	Change Order		Data Warehouse			

2.12.145.1 Desired Solution

DSSMeasureBase is a data mart that was built for an EDS data warehouse solution in Arizona for Healthcare Metric reporting and analysis. It will perform the functions for HEDIS reporting in Kentucky. The data model and code being leveraged was heavily centered on the AZ Medicaid which is mostly Managed Care. Column removals and additions will be done to make the model fit for KY including some column standardizations.

2.12.145.2 Business Impact

Provides the ability for the KY customer to benchmark their healthcare program against national standards HEDIS on reports using data elements specific to the state.

2.12.145.3 Technical Specifications

See Supplemental Documentation for the table modifications.

2.12.145.4 Clarifications

No associated clarifications found.

2.12.145.5 Associated Requirements

Requirement ID	Type
30.050.015.002.1	RFP Requirement

2.12.145.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.145.7 Change Order Status

Status	Date
Change Order Written	08/01/2006
SE Assigned	08/01/2006
Ready for DM Review	08/03/2006
Ready for Model Office	08/08/2006
Model Office Implemented	08/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.146 DM/BO Modify T_HIPP_RECIP Table - 3223

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3223	Change Order		Data Warehouse			

2.12.146.1 Desired Solution
The T_HIPP_RECIP table is being modified to include a diagnosis code field. Add this field to the Data Warehouse Data Model, TPL ETL process, and Business Objects TPL Universe.

2.12.146.2 Business Impact
Meet the Commonwealth's business needs for TPL.

2.12.146.3 Technical Specifications
Add the field (SAK_DIAG Number 9 not null) to T_HIPP_RECIP table

Modify the TPL ETL Process to include this new field.

Modify the TPL Universe to include this new field and the table to which it links.

2.12.146.4 Clarifications
No associated clarifications found.

2.12.146.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.146.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.146.7 Change Order Status

Status	Date
Change Order Written	08/02/2006
Define/Analyze In Progress	08/14/2006
Ready for DM Review	08/28/2006
DM Review Board Approved	08/30/2006
Ready for Model Office	09/12/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.147 ETL (DI) - Add-on Tables - 3258

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3258	Change Order		Data Warehouse			

2.12.147.1 Desired Solution
ETL Add-on Tables - Using Business Objects Data Integrator

2.12.147.2 Business Impact
This change order adds additional tables extract, transform, and load (ETL) process to those existing initially proposed subsystems ETL process. This change order tied up with the following subject areas existing change orders.

- CO 1483 - ETL Code Tables (Extracts 23 additional Code Tables)
- CO 540 - ETL MMIS Provider File (Extracts 7 additional Provider Tables)
- CO 537 - ETL MMIS Eligibility (Extracts 15 additional Member Tables)
- CO 541 - ETL Reference (Diagnosis/Other) (Extracts 8 additional Reference Tables)

2.12.147.3 Technical Specifications
The job truncates and reloads the tables in the DSS database. The ETL validates the dates, codes and text fields and inserts the default values when there is NULL data in the target. See the mapping document in the Supplemental documentation for more information.

2.12.147.4 Clarifications
No associated clarifications found.

2.12.147.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.147.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.147.7 Change Order Status

Status	Date
Change Order Written	08/03/2006
SE Assigned	08/07/2006
Construction in Progress	08/28/2006
Ready for Construction Walkthrough	09/11/2006
Model Office Implemented	09/22/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.148 DM/BO Modify T_CA_MISC Table - 3361

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3361	Change Order		Data Warehouse			

2.12.148.1 Desired Solution

Update T_CA_MISC to reflect required changes for EPDST/Primary Care Referral Codes. Three columns are being added to existing table T_CLM_MISC to store EPSDT/primary Care Referral Codes from Physician Claims. (CO3272) Correct column SEQ_IMMUN_2 - Should be Number 2 Create a new code table (T_CDE_REFERRAL) and bring it in from Reference to support the new columns on the T_CA_MISC table. (CO3306)

2.12.148.2 Business Impact

These columns and Code table are being added to meet existing Kentucky auditing requirements for Physician Claims. Being added to Data Warehouse to Support Claim Analysis Reporting.

2.12.148.3 Technical Specifications

Add the following three columns to the T_CA_MISC table.

CDE_REFERRAL_1 NOT NULL CHAR(2)
CDE_REFERRAL_2 NOT NULL CHAR(2)
CDE_REFERRAL_3 NOT NULL CHAR(2)
Correct column SEQ_IMMUN_2 change to NUMBER 2

Create code table to EPSDT/Primary Care Referral Code

Table Name: T_CDE_REFERRAL
Attributes: CDE_REFERRAL CHAR(2) and DSC_REFERRAL VARCHA2(100)
Index: I_CDE_REFERRAL CDE_REFERRAL ASC

See supplemental documentation for DB Change documents and valid code set.

2.12.148.4 Clarifications

No associated clarifications found.

2.12.148.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.148.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.148.7 Change Order Status

Status	Date
Change Order Written	08/11/2006
Define/Analyze In Progress	08/14/2006

Status	Date
Ready for Model Office	08/28/2006
DM Review Board Approved	08/30/2006
Ready for Model Office	09/12/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.149 KY Amend -Ortho PA Case Tracking - 3471

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3471	Change Order		Data Warehouse			

2.12.149.1 Desired Solution
To create a report that lists Prior Authorizations for a specific provider .

2.12.149.2 Business Impact
Users have the ability to display a report for Prior Authorizations done for a specific Provider.

2.12.149.3 Technical Specifications
To create a report that lists PAs for a specific provider, provider being an input parameter . The fields below would be on the report. The data fields would be:

- Provider number
- Member number
- Prior auth number
- Claim paid amount
- First Date of Service

2.12.149.4 Clarifications
After having a Design walkthrough & speaking with customer, below are the fields used in the report.

User Prompts:

- Prior Auth Provider Base, Medicaid or NPI Numbers

Table Row Selection Criteria:

- Latest Claims Only
- Detail Status Code = P
- Prior Auth Assignment Code = 73 (Orthodontic)
- Prior Auth Provider Base, Medicaid or NPI Numbers

Report Order Columns:

- Prior Authorization Provider Numbers
- Member ID
- Prior Authorization Number
- From Date of Service
- Paid Amount

2.12.149.5 Associated Requirements

Requirement ID	Type
30.050.005.002.14	KY Amend

2.12.149.6 Associated System Objects

Technical Name	Object Type	Title
Orthodontic Prior Authorization Case Tracking	Report	Orthodontic Prior Authorization Case Tracking

2.12.149.7 Change Order Status

Status	Date
Change Order Written	08/24/2006
SE Assigned	10/03/2006
Construction in Progress	10/03/2006
Ready for Model Office	10/26/2006
Model Office Implemented	11/01/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.150 DM - Update T_ATTORNEY Table - 3474

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3474	Change Order		Data Warehouse			

2.12.150.1 Desired Solution
Update T_ATTORNEY Table

2.12.150.2 Business Impact
Maintain the TPL Universe for Commonwealth Reporting

2.12.150.3 Technical Specifications
Modify T_ATTORNEY table as shown in Supplemental Documentation

2.12.150.4 Clarifications
No associated clarifications found.

2.12.150.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.150.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.150.7 Change Order Status

Status	Date
Change Order Written	08/24/2006
Define/Analyze In Progress	08/28/2006
Ready for DM Review	08/29/2006
DM Review Board Approved	08/31/2006
Ready for Model Office	09/12/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.151 DM - Modify T_CA_OP_PERFORM Tabl - 3508

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3508	Change Order		Data Warehouse			

2.12.151.1 Desired Solution
Add Category of Service information to the T_CA_OP_PERFORM table. .

2.12.151.2 Business Impact
Provide Category of Service information for Claims Analysis reporting and MAR data mart build.

2.12.151.3 Technical Specifications
Modify table T_CA_OP_PERFORM as shown in the Supplemental Documentation.

2.12.151.4 Clarifications
No associated clarifications found.

2.12.151.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.151.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.151.7 Change Order Status

Status	Date
Ready for DM Review	08/29/2006
Change Order Written	08/29/2006
Define/Analyze In Progress	08/29/2006
DM Review Board Approved	08/31/2006
Ready for Model Office	09/12/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.152 DM - Modify T_CA_DENTAL Table - 3509

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3509	Change Order		Data Warehouse			

2.12.152.1 Desired Solution
Add Data fields to the T_CA_DENTAL table in Claims Analysis

2.12.152.2 Business Impact
Provide information for Claims Analysis Reporting and Extraction

2.12.152.3 Technical Specifications
Make changes to Table T_CA_DENTAL as shown in Supplemental Documentation.

2.12.152.4 Clarifications
No associated clarifications found.

2.12.152.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.152.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.152.7 Change Order Status

Status	Date
Ready for DM Review	08/29/2006
Change Order Written	08/29/2006
Define/Analyze In Progress	08/29/2006
DM Review Board Approved	08/31/2006
Ready for Model Office	09/12/2006
Model Office Implemented	09/15/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.153 DM - Create and Update TPL Table - 3537

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3537	Change Order		Data Warehouse			

2.12.153.1 Desired Solution
Create the Following TPL area tables in the Data Warehouse :
T_TPL_JRNL_DTL T_TPL_JRNL_VOUCHER

2.12.153.2 Business Impact
Create new TPL Tables in Data warehouse to Support Commonwealth ad-hoc reporting

2.12.153.3 Technical Specifications
Create the tables as shown in the Supplemental Documentation

2.12.153.4 Clarifications
No associated clarifications found.

2.12.153.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.153.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.153.7 Change Order Status

Status	Date
Change Order Written	08/30/2006
Define/Analyze In Progress	08/30/2006
DM Review Board Approved	09/18/2006
Ready for Model Office	09/24/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.154 DM - Update T_TPL_CASE_INFO - 3538

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3538	Change Order		Data Warehouse			

2.12.154.1 Desired Solution
Update the T_TPL_CASE_INFO table.

2.12.154.2 Business Impact
Update the T_TPL_CASE_INFO table for reporting

2.12.154.3 Technical Specifications
Update the T_TPL_CASE_INFO table as shown in the supplemental documentation

2.12.154.4 Clarifications
No associated clarifications found.

2.12.154.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.154.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.154.7 Change Order Status

Status	Date
Change Order Written	08/30/2006
Define/Analyze In Progress	08/30/2006
DM Review Board Approved	09/18/2006
Ready for Model Office	09/24/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.155 Develop eKASPER Universe - 3687

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3687	Change Order		Data Warehouse			

2.12.155.1 Desired Solution
Develop the eKASPER universe for access to the eKASPER data.

2.12.155.2 Business Impact
Users will have the ability to develop and execute queries against the eKASPER data carried in the data warehouse.

2.12.155.3 Technical Specifications
The eKASPER universe is created using BusinessObjects Designer. The classes, subclasses, and objects should be alphabetized.

2.12.155.4 Clarifications
KASPER information that is linked to claim's informatin in this universe is being done on Member ID and not by the Member's SAK.

2.12.155.5 Associated Requirements

Requirement ID	Type
30.050.015.002.1	RFP Requirement
30.090.015.002.11	RFP Requirement

2.12.155.6 Associated System Objects

Technical Name	Object Type	Title
eKASPER.unv	DSS Universe	eKASPER Universe

2.12.155.7 Change Order Status

Status	Date
Change Order Written	09/11/2006
SE Assigned	09/11/2006
Construction in Progress	09/15/2006
Ready for Model Office	09/25/2006
Model Office Implemented	10/03/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.156 Add Pgm status code to t_eligcnt - 3693

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3693	Change Order		Data Warehouse			

2.12.156.1 Desired Solution
Add a new column to t_eligcnt for pgm status code.

2.12.156.2 Business Impact
Customer request.

2.12.156.3 Technical Specifications
Data model change to add pgm status code to t_eligcnt. Update batch process to populate pgm status code in t_eligcnt.

2.12.156.4 Clarifications
No associated clarifications found.

2.12.156.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.156.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.156.7 Change Order Status

Status	Date
Change Order Written	09/11/2006
SE Assigned	09/28/2006
Construction in Progress	09/28/2006
Ready for Model Office	10/13/2006
Model Office Implemented	10/30/2006
UAT Implemented	11/06/2006
Prod Implemented	06/14/2007

2.12.157 DM - Update T_PA_LINE_ITEM - 3715

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3715	Change Order		Data Warehouse			

2.12.157.1 Desired Solution
Add fields to T_PA_LINE_ITEM.

2.12.157.2 Business Impact
Frequency of unit usage is required for display on Prior Auth Waiver letters. Currently, sak_procedure_thru doubles as the thru field for the revenue code. Within the .Net framework, the PA Search panel can't handle using the database field for 2 different purposes.

2.12.157.3 Technical Specifications
Add the following fields to T_PA_LINE_ITEM:

- cde_freq_req char 1
- qty_freq_req num 9
- cde_freq_auth char 1
- qty_freq_auth num 9
- sak_revenue_thru num 9

2.12.157.4 Clarifications
No associated clarifications found.

2.12.157.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.157.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.157.7 Change Order Status

Status	Date
Change Order Written	09/13/2006
Define/Analyze In Progress	09/15/2006
Ready for DM Review	09/15/2006
DM Review Board Approved	09/15/2006
Ready for Model Office	09/24/2006
Model Office Implemented	09/29/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.158 DM - Update T_CA_ICN - 3725

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3725	Change Order		Data Warehouse			

2.12.158.1 Desired Solution
Add a header/detail paid indicator to the T_CA_ICN table.

2.12.158.2 Business Impact
Provide clear method for selection of Header/Detail paid claims

2.12.158.3 Technical Specifications
Add Header/Detail Paid indicator to the T_CA_ICN table as shown in the Supplemental Documentation .

2.12.158.4 Clarifications
No associated clarifications found.

2.12.158.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.158.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.158.7 Change Order Status

Status	Date
Change Order Written	09/14/2006
Define/Analyze In Progress	09/14/2006
Ready for DM Review	09/15/2006
DM Review Board Approved	09/15/2006
Ready for Model Office	09/24/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.159 DM - Add T_RE_SNAP_STATE table - 3739

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3739	Change Order		Data Warehouse			

2.12.159.1 Desired Solution
Add the T_RE_SNAP_STATE table to the Data Model for the Data Warehouse (DSS)

2.12.159.2 Business Impact
Provide the ability to use this table in the Standard and Ad-hoc Business Objects reporting.

2.12.159.3 Technical Specifications
Add the table as described in the Supplemental Documentation

2.12.159.4 Clarifications
No associated clarifications found.

2.12.159.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.159.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.159.7 Change Order Status

Status	Date
Change Order Written	09/15/2006
Define/Analyze In Progress	09/15/2006
Ready for DM Review	09/15/2006
DM Review Board Approved	09/15/2006
Ready for Model Office	09/24/2006
Model Office Implemented	09/29/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.160 KAMES Data to Member Universe - 4044

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4044	Change Order		Data Warehouse			

2.12.160.1 Desired Solution
Add KAMES interface data to Member Universe.

2.12.160.2 Business Impact
Users will have the ability to develop and execute queries against these new objects from Member KAMES data.

2.12.160.3 Technical Specifications
Add KAMES interface data to Member Universe. All these new objects need to be added to the Member Universe.

ADD TABLE: T_KM_KAMES - Add a new class 'Member KAMES information' and add the following objects under this class.

- NUM_SSN
- CHECK_DIGIT_SSN
- NUM_CASE
- ID_MEDICAID
- AMT_GROSS_EARNED_INC
- AMT_GROSS_UNEARNED_INC
- AMT_COUNTABLE_INC
- AMT_MBR_GROSS_UNEARNED_INC
- AMT_MBR_GROSS_EARNED_INC
- AMT_MBR_VETERAN
- DTE_PREMIUM_START
- CDE_MBR_HST_GRD_COMP
- IDN_PAY_PREMIUM
- IND_KCHIP
- NIM_HOUSEHOLD_SIZE (Name will be changed to NUM_HOUSEHOLD_SIZE)

2.12.160.4 Clarifications
The T_KM_CDE_MBR_GRADE table which contains the CDE_MBR_GRADE and DSC_MBR_GRADE fields will also be added to the Data Warehouse

2.12.160.5 Associated Requirements

Requirement ID	Type
30.050.015.002.1	RFP Requirement
30.090.015.002.11	RFP Requirement

2.12.160.6 Associated System Objects

Technical Name	Object Type	Title
Member.unv	DSS Universe	Member Universe

2.12.160.7 Change Order Status

Status	Date
Change Order Written	10/05/2006
SE Assigned	10/05/2006
Construction in Progress	10/05/2006
Ready for Construction Walkthrough	10/09/2006
Ready for Model Office	10/10/2006
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.161 KASES Data to Member Universe - 4075

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4075	Change Order		Data Warehouse			

2.12.161.1 Desired Solution
Add KASES interface data to Member Universe.

2.12.161.2 Business Impact
Users have the ability to develop and execute queries against these new objects from Member KASES data.

2.12.161.3 Technical Specifications
Add KASES interface data to Member Universe. All these new objects need to be added to the Member Universe.

ADD THE FOLLOWING TABLES:

- T_KS_KASES - Add a new class 'Member KASES information' and add 56 objects under this class.
- T_KS_CDE_CASE_TYPE - Add code table and 2 objects
- T_KS_CDE_SUP_PAY_TYPE - Add code table and 2 objects
- T_KS_CDE_COVER_TYPE - Add code table and 2 objects

2.12.161.4 Clarifications
No associated clarifications found.

2.12.161.5 Associated Requirements

Requirement ID	Type
30.050.015.002.1	RFP Requirement
30.090.015.002.11	RFP Requirement

2.12.161.6 Associated System Objects

Technical Name	Object Type	Title
Member.unv	DSS Universe	Member Universe

2.12.161.7 Change Order Status

Status	Date
Change Order Written	10/06/2006
SE Assigned	10/06/2006
Construction in Progress	10/09/2006
Ready for Construction Walkthrough	10/12/2006

Status	Date
Ready for Model Office	10/25/2006
Model Office Implemented	10/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.162 ETL (DI) Add/Modify TPL Tables - 4116

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4116	Change Order		Data Warehouse			

2.12.162.1 Desired Solution

Update the TPL Extract, Transform, and Load process in Kentucky to reflect various changes in the Kentucky DDI TPL area in the MIS

2.12.162.2 Business Impact

To insure that the Data Warehouse TPL area contains changes coming from modifications to MIS TPL processing.

2.12.162.3 Technical Specifications

DM changes have been made dealing with the following tables:

- CO3474 T_ATTORNEY
- CO3223 T_HIPP_RECIP
- CO3536 T_TPL_CASE_INFO
- CO3537 T_TPL_JRNL_DTL
- CO3537 T_TPL_JRNL_VOUCHER

For each of these tables identify and apply all additions/changes that have been made. Review the data model changes as shown in the DM CO listed with each table and:

- Make Change involving a field (that is, change byte size, and so on),
- Add new table or field, research source and determine how it needs to be moved to DSS
- For deleted table or field, confirm and delete job(s) that move it

2.12.162.4 Clarifications

No associated clarifications found.

2.12.162.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.162.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.162.7 Change Order Status

Status	Date
Change Order Written	10/09/2006

Status	Date
Ready for DM Review	12/04/2006
Define/Analyze In Progress	12/13/2006
Model Office Implemented	01/29/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.163 Universe Update/Additions - TPL - 4117

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4117	Change Order		Data Warehouse			

2.12.163.1 Desired Solution
Add new objects to TPL Universe based on the Data Model changes that went into effect between July and October 2006.

2.12.163.2 Business Impact
Users will have the ability to query against these new/modified objects from for the TPL Universe

2.12.163.3 Technical Specifications
Based on the new data Model changes, all the appropriate new objects need to be added and any existing objects need to be modified for the TPL Universe. The DM Change orders and tables involved are:

- CO3474 T_ATTORNEY
- CO3223 T_HIPP_RECIP
- CO3538 T_TPL_CASE_INFO
- CO3537 T_TPL_JRNL_DTL
- CO3537 T_TPL_JRNL_VOUCHER

See the Supplemental Documentation under the appropriate Change Order for the changes made for each table.

2.12.163.4 Clarifications
No associated clarifications found.

2.12.163.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.163.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.163.7 Change Order Status

Status	Date
Change Order Written	10/09/2006
SE Assigned	11/18/2006
UAT Implemented	11/21/2006

Status	Date
Prod Implemented	06/14/2007

2.12.164 DSSMeasureBase - Denominator Rep - 4139

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4139	Change Order		Data Warehouse			

2.12.164.1 Desired Solution
Install the DSSMeasurebase - Denominator Details Report.

2.12.164.2 Business Impact
Provides health care analysis and reporting of detailed health care utilization data. Allows the view and analyzing of user entered health care measures to verify the continued efficient and effective operation of the Medicaid program.

2.12.164.3 Technical Specifications
Install the DSSMeasureBase - Denominator Details Report as it is described in the Detailed report description.

2.12.164.4 Clarifications
No associated clarifications found.

2.12.164.5 Associated Requirements

Requirement ID	Type
30.090.015.002.20	RFP Requirement

2.12.164.6 Associated System Objects

Technical Name	Object Type	Title
DSSMeasureBase - Denominator Details	Report	DSSMeasureBase - Denominator Details

2.12.164.7 Change Order Status

Status	Date
Change Order Written	10/10/2006
Construction in Progress	10/10/2006
Ready for Construction Walkthrough	10/13/2006
Ready for Model Office	10/18/2006
Model Office Implemented	10/20/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.12.165 ETL (DI) Add/Modify Prov Tables - 4211

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4211	Change Order		Data Warehouse			

2.12.165.1 Desired Solution

Update the Provider Extract, Transform, and Load process in Kentucky to reflect various changes in the Kentucky DDI Provider area in the MIS

2.12.165.2 Business Impact

To insure that the Data Warehouse Provider area contains changes coming from modifications to MIS provider processing.

2.12.165.3 Technical Specifications

DM changes have been made dealing with the following tables:

- CO3182 T_PR_PROV_YTD_AMT
- CO3182 T_PR_YTD_HIST_AMT
- Add Table T_PR_DRG_RATE
- Add Table T_PR_RATE

For each of these tables identify and apply all additions/changes that have been made. Review the data model changes as shown in the DM CO listed with each table and:

- Make Change involving a field (that is, change byte size, and so on),
- Add new table or field, research source and determine how it needs to be moved to DSS
- For deleted table or field, confirm and delete job(s) that move it

2.12.165.4 Clarifications

No associated clarifications found.

2.12.165.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.165.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.165.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
Ready for DM Review	12/04/2006

Status	Date
Construction in Progress	12/22/2006
Ready for Model Office	01/29/2007
Model Office Implemented	02/23/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.166 ETL (DI) Add/Modify PE Tables - 4214

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4214	Change Order		Data Warehouse			

2.12.166.1 Desired Solution

Update the PE Extract, Transform, and Load process in Kentucky to reflect various changes in the Kentucky DDI PE area in the MIS

2.12.166.2 Business Impact

To insure that the Data Warehouse PE area contains changes coming from modifications to MIS claims processing.

2.12.166.3 Technical Specifications

DM changes have been made dealing with the following tables:

- CO1983 T_PE_CDE_RACE
- CO1983 T_PE_CDE_RECIP_STATUS

For each of these tables identify and apply all additions/changes that have been made. Review the data model changes as shown in the DM CO listed with each table and:

- Make Change involving a field (that is, change byte size, and so on),
- Add new table or field, research source and determine how it needs to be moved to DSS
- For deleted table or field, confirm and delete job(s) that move it

2.12.166.4 Clarifications

None.

2.12.166.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.166.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.166.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
Construction in Progress	12/22/2006
Ready for Model Office	04/16/2007
Model Office Implemented	04/19/2007

Status	Date
UAT Implemented	04/19/2007
Prod Implemented	04/19/2007

2.12.167 ETL (DI) Add/Modify PA Tables - 4215

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4215	Change Order		Data Warehouse			

2.12.167.1 Desired Solution
Update the PA Extract, Transform, and Load process in Kentucky to reflect various changes in the Kentucky DDI PA area in the MIS

2.12.167.2 Business Impact
To insure that the Data Warehouse PA area contains changes coming from modifications to MIS PA processing.

2.12.167.3 Technical Specifications
DM changes have been made dealing with the following tables:

- CO3715 & 3138 T_PA_LINE_ITEM
- CO3138 T_PA_PAUTH_DN
- Add T_PA_ITEM_DTL_XREF to Prior Authorization ETL

For each of these tables identify and apply all additions/changes that have been made. Review the data model changes as shown in the DM CO listed with each table and:

- Make Change involving a field (that is, change byte size, and so on),
- Add new table or field, research source and determine how it needs to be moved to DSS
- For deleted table or field, confirm and delete job(s) that move it

2.12.167.4 Clarifications
No associated clarifications found.

2.12.167.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.167.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.167.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
Construction in Progress	12/22/2006
Model Office Implemented	01/29/2007

Status	Date
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.168 ETL (DI) Add/Modify Member Tbls - 4216

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4216	Change Order		Data Warehouse			

2.12.168.1 Desired Solution

Update the Member Extract, Transform, and Load process in Kentucky to reflect various changes in the Kentucky DDI Member area in the MIS

2.12.168.2 Business Impact

To insure that the Data Warehouse Member area contains changes coming from modifications to MIS Member processing.

2.12.168.3 Technical Specifications

DM changes have been made dealing with the following tables:

- CO2868 T_RE_ASSIGN_PLN_CDES
- CO2868 T_RE_CDE_ASGN_TYPE
- CO2415 T_RE_CDE_CS_DIS_STATEr
- CO2415 T_RE_CSE_DIS_STATEr
- CO3739 T_RE_SNAP_STATE
- CO1983 T_CDE_IMID (PE)

For each of these tables identify and apply all additions/changes that have been made. Review the data model changes as shown in the DM CO listed with each table and:

- Make Change involving a field (that is, change byte size, and so on),
- Add new table or field, research source and determine how it needs to be moved to DSS
- For deleted table or field, confirm and delete job(s) that move it

2.12.168.4 Clarifications

No associated clarifications found.

2.12.168.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.168.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.168.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
Construction in Progress	12/22/2006
Model Office Implemented	01/29/2007
UAT Implemented	06/14/2007
Prod Implemented	06/14/2007

2.12.169 ETL (DI) Add/Modify eKasper Tbls - 4217

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4217	Change Order		Data Warehouse			

2.12.169.1 Desired Solution
Update/Add the eKASPER Extract, Transform, and Load process in Kentucky to reflect various changes in the Kentucky eKASPER area

2.12.169.2 Business Impact
To insure that the Data Warehouse eKASPER area contains changes coming from modifications adding to the eKASPER area.

2.12.169.3 Technical Specifications
DM changes have been made dealing with the following tables:

- CO2070 T_EK_MEMBER_LIST
- CO2070 T_EK_PROVIDER_LISTr
- CO2070 T_EK_RECIP_PROV

For each of these tables identify and apply all additions/changes that have been made. Review the data model changes as shown in the DM CO listed with each table and:

- Make Change involving a field (that is, change byte size, and so on),
- Add new table or field, research source and determine how it needs to be moved to DSS
- For deleted table or field, confirm and delete job(s) that move it

2.12.169.4 Clarifications
No associated clarifications found.

2.12.169.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.169.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.169.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
UAT Implemented	12/22/2006
Prod Implemented	06/14/2007

2.12.170 ETL (DI) Add/Modify CA Tables - 4218

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4218	Change Order		Data Warehouse			

2.12.170.1 Desired Solution

Update the Claims Analysis Extract, Transform, and Load process in Kentucky to reflect various changes in the Kentucky DDI Claims History area in the MIS

2.12.170.2 Business Impact

To insure that the Data Warehouse Claims Analysis area contains changes coming from modifications to MIS claims processing.

2.12.170.3 Technical Specifications

DM changes that have been made dealing with the following tables:

- CO3147 T_CA_ANALYSIS
- CO3147 T_CA_CLAIM_KEY
- CO3509 T_CA_DENTAL
- CO3725 & 3147 T_CA_ICN
- CO3147 T_CA_IND_KEY
- CO3361 T_CA_MISC
- CO3508 T_CA_OP_PERFORM
- CO3361 T_CDE_REFERRAL
- CO5015 T_CA_TCN

For each of these tables identify and apply all additions/changes that have been made. Review the data model changes as shown in the DM CO listed with each table and:

- Make Change involving a field (that is, change byte size, and so on),
- Add new table or field, research source and determine how it needs to be moved to DSS
- For deleted table or field, confirm and delete job(s) that move it

2.12.170.4 Clarifications

Add CO5015 (Load T_CA_TCN) to this CO.

2.12.170.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.170.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.170.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
Ready for DM Review	11/10/2006
DM Review Board Approved	11/14/2006
Ready for DM Review	11/20/2006
UAT Implemented	04/11/2007
Ready for Model Office	06/08/2007
Model Office Implemented	06/14/2007
UAT Implemented	06/14/2007

2.12.171 Universe Update/Additions Prov - 4219

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4219	Change Order		Data Warehouse			

2.12.171.1 Desired Solution

Add new objects to Provider Universe based on the Data Model changes that went into effect between July and October 2006.

2.12.171.2 Business Impact

Users will have the ability to query against these new/modified objects from for the Provider Universe.

2.12.171.3 Technical Specifications

Based on the new data Model changes, all the appropriate new objects need to be added and any existing objects need to be modified for the Provider Universe. The DM Change orders and tables involved are:

DM changes have been made dealing with the following tables:

- CO3182 T_PR_PROV_YTD_AMT
- CO3182 T_PR_YTD_HIST_AMT

See the Supplemental Documentation under the appropriate Change Order for the changes made for each table.

2.12.171.4 Clarifications

No associated clarifications found.

2.12.171.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.171.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.171.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
SE Assigned	11/18/2006
UAT Implemented	11/20/2006
Prod Implemented	06/14/2007

2.12.172 Universe Update/Additions PE - 4220

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4220	Change Order		Data Warehouse			

2.12.172.1 Desired Solution

Add new objects to PE Universe based on the Data Model changes that went into effect between July and October 2006.

2.12.172.2 Business Impact

Users will have the ability to query against these new/modified objects from for the PE Universe.

2.12.172.3 Technical Specifications

Based on the new data Model changes, all the appropriate new objects need to be added and any existing objects need to be modified for the PE Universe. The DM Change orders and tables involved are:

- CO1983 T_PE_CDE_RACE
- CO1983 T_PE_CDE_RECIP_STATUS

See the Supplemental Documentation under the appropriate Change Order for the changes made for each table

2.12.172.4 Clarifications

The work related to this CO has already been completed.

2.12.172.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.172.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.172.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
SE Assigned	11/18/2006
UAT Implemented	11/20/2006
Prod Implemented	06/14/2007

2.12.173 Universe Update/Additions PA - 4221

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4221	Change Order		Data Warehouse			

2.12.173.1 Desired Solution
Add new objects to PA Universe based on the Data Model changes that went into effect between July and October 2006.

2.12.173.2 Business Impact
Users will have the ability to query against these new/modified objects from for the PA Universe.

2.12.173.3 Technical Specifications
Based on the new data Model changes, all the appropriate new objects need to be added and any existing objects need to be modified for the PA Universe. The DM Change orders and tables involved are:

- CO3715 & 3138 T_PA_LINE_ITEM
- CO 3138 T_PA_PAUTH_DN

See the Supplemental Documentation under the appropriate Change Order for the changes made for each table.

2.12.173.4 Clarifications
The work related to this CO has already been completed.

2.12.173.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.173.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.173.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
SE Assigned	11/18/2006
UAT Implemented	11/20/2006
Prod Implemented	06/14/2007

2.12.174 Universe Update/Adds Member - 4222

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4222	Change Order		Data Warehouse			

2.12.174.1 Desired Solution
Add new objects to Member Universe based on the Data Model changes that went into effect between July and October 2006.

2.12.174.2 Business Impact
Users will have the ability to query against these new/modified objects from for the Member Universe.

2.12.174.3 Technical Specifications
Based on the new data Model changes, all the appropriate new objects need to be added and any existing objects need to be modified for the Member Universe. The DM Change orders and tables involved are:

- CO2868 T_RE_ASSIGN_PLN_CDES
- CO2868 T_RE_CDE_ASGN_TYPE
- CO2415 T_RE_CDE_CS_DIS_STATEr
- CO2415 T_RE_CSE_DIS_STATEr
- CO3739 T_RE_SNAP_STATE
- CO1983 T_CDE_IMID (PE)

See the Supplemental Documentation under the appropriate Change Order for the changes made for each table.

2.12.174.4 Clarifications
No associated clarifications found.

2.12.174.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.174.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.174.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
SE Assigned	11/18/2006

Status	Date
UAT Implemented	11/20/2006
Prod Implemented	06/14/2007

2.12.175 Universe Update/Adds eKasper - 4223

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4223	Change Order		Data Warehouse			

2.12.175.1 Desired Solution

Add new objects to eKASPER Universe based on the Data Model changes that went into effect between July and October 2006.

2.12.175.2 Business Impact

Users will have the ability to query against these new/modified objects from for the eKASPER Universe.

2.12.175.3 Technical Specifications

Based on the new data Model changes, all the appropriate new objects need to be added and any existing objects need to be modified for the eKASPER Universe. The DM Change orders and tables involved are:

- CO2070 T_EK_MEMBER_LIST
- CO2070 T_EK_PROVIDER_LISTr
- CO2070 T_EK_RECIP_PROV

See the Supplemental Documentation under the appropriate Change Order for the changes made for each table.

2.12.175.4 Clarifications

No associated clarifications found.

2.12.175.5 Associated Requirements

Requirement ID	Type
30.050.015.002.1	RFP Requirement

2.12.175.6 Associated System Objects

Technical Name	Object Type	Title
eKASPER.unv	DSS Universe	eKASPER Universe

2.12.175.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
SE Assigned	11/18/2006
UAT Implemented	11/20/2006
Prod Implemented	06/14/2007

2.12.176 Universe Update/Additions CA - 4224

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4224	Change Order		Data Warehouse			

2.12.176.1 Desired Solution

Add new objects to Claims Analysis Universe based on the Data Model changes that went into effect between July and October 2006.

2.12.176.2 Business Impact

Users will have the ability to query against these new/modified objects from for the Claims Analysis Universe.

2.12.176.3 Technical Specifications

Based on the new data Model changes, all the appropriate new objects need to be added and any existing objects need to be modified for the Claims Analysis Universe. The DM Change orders and tables involved are:

- CO3147 T_CA_ANALYSIS
- CO3147 T_CA_CLAIM_KEY
- CO3509 T_CA_DENTAL
- CO3725 & 3147 T_CA_ICN
- CO3147 T_CA_IND_KEY
- CO3361 T_CA_MISC
- CO3508 T_CA_OP_PERFORM
- CO3361 T_CDE_REFERRAL

See the Supplemental Documentation under the appropriate Change Order for the changes made for each table.

2.12.176.4 Clarifications

No associated clarifications found.

2.12.176.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.176.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.176.7 Change Order Status

Status	Date
Change Order Written	10/11/2006
SE Assigned	11/18/2006
UAT Implemented	11/20/2006
Prod Implemented	06/14/2007

2.12.177 KYAmend - T_PA_LINE_ITEM - 4479

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4479	Change Order		Data Warehouse			

2.12.177.1 Desired Solution
Add field CDE_SYNCH to DSS table T_PA_LINE_ITEM.

2.12.177.2 Business Impact
The field points to a maxMC corresponding line item and will be used to keep Prior Auth line items in synch between interChange and maxMC.

2.12.177.3 Technical Specifications
Add the following field to T_PA_LINE_ITEM
CDE_SYNCH Char 25

2.12.177.4 Clarifications
No associated clarifications found.

2.12.177.5 Associated Requirements

Requirement ID	Type
2866	KY Amend

2.12.177.6 Associated System Objects

Technical Name	Object Type	Title
T_PA_LINE_ITEM	Database Table	

2.12.177.7 Change Order Status

Status	Date
Change Order Written	10/25/2006
Ready for Model Office	12/27/2006
UAT Implemented	02/01/2007
Prod Implemented	06/14/2007

2.12.178 DM - Add T_PR_RATE table - 4606

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4606	Change Order		Data Warehouse			

2.12.178.1 Desired Solution

MAR runs several Cost Settlement batch reports, which extract data from the Data Warehouse. Some Provider rate tables are joined to Claims Analysis tables when running these reports and need to be present in the Data Warehouse database.

2.12.178.2 Business Impact

None.

2.12.178.3 Technical Specifications

Add T_PR_RATE table to the Data Warehouse data model, and load with data from kymis database.

2.12.178.4 Clarifications

No associated clarifications found.

2.12.178.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.178.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.178.7 Change Order Status

Status	Date
Change Order Written	11/02/2006
DM Review Board Approved	11/06/2006
UAT Implemented	11/08/2006
Prod Implemented	06/14/2007

2.12.179 PBA-Monthly Claim Data - 4923

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4923	Change Order		Data Warehouse			

2.12.179.1 Desired Solution

The Commonwealth currently produces a monthly extract of claim data (Physician, Dental, and UB92) excluding pharmacy claims for First Health PBA. This CO should re-create this extract in interChange, however the layout of the extracts will not be identical.

2.12.179.2 Business Impact

Meet the Commonwealth's business needs.

2.12.179.3 Technical Specifications

The Physician, UB92, and Dental extract files will not be an exact copy of the Legacy extract file. There will be an agreed upon layout. The following fields have been added to the current DDI DSS extract layouts.

UB92 Extract

- Julian Date
- LTC Indicator
- Prior Authorization Number
- DRG Code
- DRG Amount
- Admission Hour
- Admission Type
- Admission Source
- Discharge Hour
- Non Covered Days
- LTC Effective Date

Physician and Dental Extracts

- Julian Date
- LTC Indicator
- Prior Authorization Number
- LTC Effective Date

2.12.179.4 Clarifications

No associated clarifications found.

2.12.179.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.179.6 Associated System Objects

Technical Name	Object Type	Title
cp	Program	Unix Copy
DSSJMFH3	Batch Job	First Health claim extract
zip	Program	ZIP
cat	Program	Concatenate
sed	Program	Unix command stream editor
PDSMFHEX	Batch Cycle	First Health Month End Claim Extracts
oraload.sh	Program	Oracle Table Load-Unload Utility

2.12.179.7 Change Order Status

Status	Date
Change Order Written	11/17/2006
Construction in Progress	11/28/2006
Ready for Construction Walkthrough	11/30/2006
Ready for Model Office	12/01/2006
Model Office Implemented	12/08/2006
Ready for UAT	12/08/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.180 Create eKASPER Request Pages - 4935

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4935	Change Order		Data Warehouse			

2.12.180.1 Desired Solution
Create window to allow users to enter member and provider requests for eKASPER interface.

2.12.180.2 Business Impact
The eKASPER data for the members and/or providers requested is used by the Commonwealth for research and analysis.

2.12.180.3 Technical Specifications
Member Request: User can request for members by Medicaid ID or Social Security Number (SSN). Editing should be in place to make sure that Medicaid ID or SSN is valid. See documentation under Supplemental Documentation for additional information.

Provider Request: User can request for providers by Drug Enforcement Agency (DEA) Number and date span. If specific drug is needed, user can also enter National Drug Code (NDC). Editing should be in place to make sure that data entered is valid. See documentation under Supplemental Documentation for additional information.

2.12.180.4 Clarifications
No associated clarifications found.

2.12.180.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.180.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.180.7 Change Order Status

Status	Date
Construction in Progress	11/20/2006
Ready for Model Office	11/27/2006
Model Office Implemented	12/12/2006
UAT Implemented	12/12/2006
Prod Implemented	06/14/2007

2.12.181 KYAmend - ETL/DM - Add PASRR - 4937

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4937	Change Order		Data Warehouse			

2.12.181.1 Desired Solution

Pre Admission Screening and Registration Review

Create tables to support data entry of PASRR Level I and II forms into the Internet. Data will be available for transfer to the DSS

Add the PASRR tables to the Data Model for the Data Warehouse (DSS). Extract, Transform, and Load (ETL) PASRR tables from the MIS tables. .

2.12.181.2 Business Impact

This change order is to extract, transform and load (ETL) the PASRR data to the data warehouse to give access to the PASRR data for query and reporting.

2.12.181.3 Technical Specifications

Create the PASRR tables in the DSS Data Base Model as described in the supplemental documentation for the tables and their relationships

Load the PASRR tables in the DSS database. The ETL validates the dates, codes and text fields. See the supplemental Documentation for the table specifications.

2.12.181.4 Clarifications

No associated clarifications found.

2.12.181.5 Associated Requirements

Requirement ID	Type
2866	KY Amend

2.12.181.6 Associated System Objects

Technical Name	Object Type	Title
t_ps_drug_hist	Database Table	
t_ps_body_system	Database Table	
t_ps_tracking	Database Table	
t_ps_mr_findings	Database Table	
t_ps_level1	Database Table	
t_ps_referral	Database Table	
t_ps_medical_hist	Database Table	
t_ps_findings	Database Table	
t_ps_applicant	Database Table	

Technical Name	Object Type	Title
t_ps_mr_part_b	Database Table	
t_ps_interpret	Database Table	
t_ps_mr_part_c	Database Table	
t_ps_drug	Database Table	
t_ps_mr_part_a	Database Table	
t_ps_mr_part_d	Database Table	
t_ps_treatment_rev	Database Table	
t_ps_psych_soc	Database Table	
t_ps_treat_plan	Database Table	
t_ps_mental_assmt	Database Table	

2.12.181.7 Change Order Status

Status	Date
Change Order Written	11/20/2006
Ready for DM Review	11/26/2006
DM Review Board Approved	12/18/2006
Ready for Model Office	12/18/2006
Ready for DM Review	02/23/2007
DM Review Board Approved	02/23/2007

2.12.182 DM - Update T_CA_ICN Index - 4995

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4995	Change Order		Data Warehouse			

2.12.182.1 Desired Solution
Modify the T_CA_ICN unique index to support partitioning of the Table.

2.12.182.2 Business Impact
This modification allow the T_CA_ICN Table to be partitioned on DTE_PTN.

2.12.182.3 Technical Specifications
Modify I_CA_ICN to be

- SAK_CLAIM
- NUM_DTL
- DTE_PTN

2.12.182.4 Clarifications
No associated clarifications found.

2.12.182.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.182.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.182.7 Change Order Status

Status	Date
Change Order Written	11/29/2006
Ready for DM Review	11/29/2006
DM Review Board Approved	11/30/2006
Model Office Implemented	11/30/2006
UAT Implemented	11/30/2006
Prod Implemented	06/14/2007

2.12.183 DM - Add T_CM_PAID_LEVEL table - 5032

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5032	Change Order		Data Warehouse			

2.12.183.1 Desired Solution
Add the T_CM_PAID_LEVEL Table to the DSM database. This code table will be used in the Case Maintenance window.

2.12.183.2 Business Impact
The type of payment (header or detail) was added to the T_CA_ICN table. This field may be used in the DSSProfiler so it needs to have a list of values available to the Case Maintenance windows.

2.12.183.3 Technical Specifications
Add the T_CM_PAID_LEVEL Table to the DSM Database in the Data Warehouse.
As follows:
Name: T_CM_PAID_LEVEL
Schema: DSM
Column Information:

Column Name Type Length Nulls Default
--- --- --- --- ---
CDE_PAID_LEVEL CHAR 1 N N/A
NUM_SORT NUMBER 2, 0 N N/A
DSC_PAID_LEVEL VARCHAR2 11 N N/A

I_CM_PAID_LEVEL CDE_PAID_LEVEL NORMAL UNIQUE

Also add the following to surobj18.sql

Given the above the following entries need to be added to surobj18.sql

```
delete from t_cm_paid_level;

insert into t_cm_paid_level values ( 'H', 10, 'Header Paid' );
insert into t_cm_paid_level values ( 'D', 20, 'Detail Paid' );
```

Then the new filter value would be:
```
insert into t_cm_ct_filter values ( 41, 41, 'C', 'Hdr Detail Code' , 'X'
, 'd' , 'HDR_DETAIL_CODE' , 'DSM' , 'T_CM_PAID_LEVEL'
, 'CDE_PAID_LEVEL' , 'DSC_PAID_LEVEL' );
```

Also see supplemental Documentation for the data base changed request form.

2.12.183.4 Clarifications
No associated clarifications found.

2.12.183.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.183.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.183.7 Change Order Status

Status	Date
Change Order Written	12/01/2006
Ready for DM Review	12/01/2006
DM Review Board Approved	12/04/2006
Ready for Model Office	12/18/2006
Model Office Implemented	02/24/2007
UAT Implemented	02/24/2007
Prod Implemented	06/14/2007

2.12.184 DM - Add/Delete Co-Pay tables - 5040

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5040	Change Order		Data Warehouse			

2.12.184.1 Desired Solution

Add the New CO-PAY Tables to the DSS database. This supports the changes in the MMIS for copay.

2.12.184.2 Business Impact

Support Modification to the co-pay tables for MMIS in the Data warehouse.

2.12.184.3 Technical Specifications

DM changes have been made dealing with the following tables:

- CO3835 T_CDE_COPAY_METHOD
- CO3836 T_CDE_COPAY_TIME_PERIOD
- CO3837 T_CDE_COPAY_DEDUCT_ACCUM
- CO3838 T_CLM_COPAY_X
- CO3839 T_CLM_COINS_X
- CO3737 T_RE_OLD_COPAY
- Delete T_COPAY
- Delete T_COPAY_TYPE

For each of these tables apply all additions/changes that have been made. Review the data model changes as shown in the DM CO listed with each table and:

- Make Change involving a field (that is, change byte size, and so on),
- Add new table or field, research source
- For deleted table or field, confirm and delete from Model.

2.12.184.4 Clarifications

No associated clarifications found.

2.12.184.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.184.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.184.7 Change Order Status

Status	Date
Change Order Written	12/03/2006
Ready for DM Review	12/04/2006
DM Review Board Approved	12/12/2006
Ready for Model Office	12/18/2006
Model Office Implemented	02/24/2007
UAT Implemented	02/24/2007
Prod Implemented	06/14/2007

2.12.185 DM - Update T_MM_MEASURE_BASE - 5043

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5043	Change Order		Data Warehouse			

2.12.185.1 Desired Solution
Increase the size of the Name and Description fields

2.12.185.2 Business Impact
Provide more space to name and describe the measure.

2.12.185.3 Technical Specifications
Increase the MEASURE_BASE_NAME field from 100 to 250 characters
Increase the DSC_MEASURE_BASE field from 250 to 600 characters.

2.12.185.4 Clarifications
No associated clarifications found.

2.12.185.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.185.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.185.7 Change Order Status

Status	Date
Change Order Written	12/03/2006
Ready for DM Review	12/04/2006
DM Review Board Approved	12/12/2006
Ready for Model Office	12/18/2006
Model Office Implemented	02/24/2007
UAT Implemented	02/24/2007
Prod Implemented	06/14/2007

2.12.186 Updates to T_ELIGCNT Process - 5048

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5048	Change Order		Data Warehouse			3

2.12.186.1 Desired Solution

Update process to populate T_ELIGCNT to account for leap year, correct month calculations, and scale the amount of data to match claims.

2.12.186.2 Business Impact

Users have the ability to view accurate member count information.

2.12.186.3 Technical Specifications

The following updates are included in the load process to the T_ELIGCNT table:

- The days_elig routine need to account for leap years when determining how many days there are in February.
- The age_calc routine determines the member's age. For the first month of an eligibility segment, the age need to be calculated as of the first day of eligibility. For a middle (not first or last) month of an eligibility segment, the age need to be calculated as of the last day of the month unless that month is February. When February is a middle month, the age need to be calculated as of the 28th of the month regardless of whether it's a leap year. For the last month of an eligibility segment, the age need to be calculated as of the last day of eligibility.
  The middle months and last month are actually being calculated the same if you consider that they are calculating the age as of the last day of eligibility for that month which is the last day of the month for middle months. The first month must also be calculating the age based on the last day of the month.
- Include member months in T_ELIGCNT for the past 5 years (4 years in MeasureBase plus 1 year previous).

2.12.186.4 Clarifications

No associated clarifications found.

2.12.186.5 Associated Requirements

Requirement ID	Type
30.090.015.002.20	RFP Requirement

2.12.186.6 Associated System Objects

Technical Name	Object Type	Title
DSSJM699	Batch Job	Load table T_ELIGCNT
oraload.sh	Program	Oracle Table Load-Unload Utility
eligmnths.c	Program	Determines continuous member eligibility months
PDSMMM01	Batch Cycle	MeasureBase Member Load to T_ELIGCNT

Technical Name	Object Type	Title
mv	Program	Unix Move File Command
T_ELIGCNT	Database Table	
t_recip_eligcnt.sql	Program	Pull all active eligibility segments.

2.12.186.7 Change Order Status

Status	Date
Define/Analyze In Progress	12/04/2006
Ready for Model Office	12/12/2006
UAT Implemented	12/18/2006
Prod Implemented	06/14/2007

2.12.187 DM - Modify T_CA_FIN unique Idx - 5065

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5065	Change Order		Data Warehouse			

2.12.187.1 Desired Solution
Modify the T_CA_FIN unique to include DTE_PTN

2.12.187.2 Business Impact
Modify the Index on T_CA_FIN to support partitioning by DTE_PTN

2.12.187.3 Technical Specifications
Remove the DTE_PAID from the unique index I_CA_FIN. Then Add DTE_PTN to the index.

2.12.187.4 Clarifications
No associated clarifications found.

2.12.187.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.187.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.187.7 Change Order Status

Status	Date
Change Order Written	12/05/2006
Ready for DM Review	12/05/2006
DM Review Board Approved	12/07/2006
Model Office Implemented	12/08/2006
UAT Implemented	12/08/2006
Prod Implemented	06/14/2007

2.12.188 DCR1254-Member Cost Sharing Rpt - 5339

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
5339	Change Order		Data Warehouse			

2.12.188.1 Desired Solution
Create Member Cost Sharing report according to specifications outlined in DCR 1254.

2.12.188.2 Business Impact
None.

2.12.188.3 Technical Specifications
None.

2.12.188.4 Clarifications
No associated clarifications found.

2.12.188.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.188.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.188.7 Change Order Status

Status	Date
Change Order Written	12/22/2006

2.12.189 Install ZIP in In/Outbound Jobs - 6003

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6003	Change Order		Data Warehouse			

2.12.189.1 Desired Solution

The outbound files (external extract files) must be compressed before they are FTP'd to the vender. The Kentucky standard compression utility is ZIP. Currently most External Extracts use GZIP. GZIP was installed into the job scripts before ZIP was made the standard. The GZIP utility should be replaced with ZIP.

The inbound files must be uncompressed before the inbound jobs can process them. The inbound jobs use unzip to uncompress the files.

2.12.189.2 Business Impact

A standardized compression utility allows for the automation of the outbound FTP process and less confusion.

2.12.189.3 Technical Specifications

Use the following command in the job scripts that send files to outbound users.
zip -l filename.zip filename

Use the following command to unzip the inbound files.
unzip filename.zip -d directory name

The inbound job scripts are:

- DSSJMKAS
- DSSJMVSB
- DSSJMVSD
- DSSJWIKM
- DSSJWIKP
- DSSJWKAM
- DSSJWMXC

The outbound job scripts are:

- DSSJWOKM
- DSSJWOKP
- DSSJWTCA
- DSSJOPW1
- DSSJOPW2
- DSSJMFH3

- DSSJMPCG
- DSSJONAV
- DSSJOIP1
- DSSJOIP2
- DSSJOIP3
- DSSJOIP4
- DSSJOIP5
- DSSJOIP6
- DSSJQ160

2.12.189.4 Clarifications

No associated clarifications found.

2.12.189.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.189.6 Associated System Objects

Technical Name	Object Type	Title
DSSJWKAM	Batch Job	KAMES Weekly Load Job
DSSJWIKM	Batch Job	eKASPER Weekly Member Load Job
DSSJMVSB	Batch Job	Vital Statistics Birth Load Job
DSSJWMXC	Batch Job	Extract and Load MaxMC Tables
DSSJWIKP	Batch Job	eKASPER Weekly Provider Load Job
DSSJMVSD	Batch Job	Vital Statistics Death Load Job
DSSJMKAS	Batch Job	KASES Monthly Load Job

2.12.189.7 Change Order Status

Status	Date
Change Order Written	01/23/2007
Ready for Model Office	01/23/2007
Model Office Implemented	01/29/2007
Ready for Model Office	01/30/2007
UAT Implemented	02/01/2007

Status	Date
Prod Implemented	02/01/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
Ready for Model Office	02/05/2007
Model Office Implemented	02/09/2007
UAT Implemented	02/09/2007
Prod Implemented	02/09/2007
Ready for Model Office	03/06/2007
Model Office Implemented	03/08/2007
UAT Implemented	03/08/2007
Prod Implemented	03/08/2007
Ready for Model Office	06/22/2007
Model Office Implemented	06/25/2007
UAT Implemented	06/26/2007

2.12.190 DM - Update Indexes with DTE_PTN - 6270

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6270	Change Order		Data Warehouse			

2.12.190.1 Desired Solution

Modify the unique indexes of T_CA_COS_DTL_XREF, T_CA_EPSDT_ABNORMAL, and T_CA_MISC to support partitioning of these Tables

2.12.190.2 Business Impact

This modification allows the T_CA_COS_DTL_XREF, T_CA_EPSDT_ABNORMAL, and T_CA_MISC Tables to be partitioned on DTE_PTN

2.12.190.3 Technical Specifications

Modify I_CA_COS_DTL_XREF to be

- SAK_CLAIM
- NUM_DTL
- CDE_TXN_TYPE
- DTE_PTN

Modify I_CA_EPSDT_ABNORML to be

- SAK_CLAIM
- NUM_DTL
- DTE_PTN

Modify I_CA_MISC to be

- SAK_CLAIM
- NUM_DTL
- DTE_PTN

2.12.190.4 Clarifications

No associated clarifications found.

2.12.190.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.190.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.190.7 Change Order Status

Status	Date
Change Order Written	02/07/2007

2.12.191 DM - Update T_ETG_* Tables - 6607

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
6607	Change Order		Data Warehouse			

2.12.191.1 Desired Solution

Modify the dollar amount fields of the following ETG tables.

- t_etg_summary_tots
- t_etg_comparison_tots
- t_etg_prov_tots
- t_etg_recip_tots

2.12.191.2 Business Impact

This modification allows dollar amounts to sum correctly.

2.12.191.3 Technical Specifications

All four tables contain the following fields. Change them from NUMBER(9) to NUMBER(9,2)

- AMOUNT_ALLOWED
- AMOUNT_BILLED
- ANCILLARY_INPATIENT_CHARGE
- ANCILLARY_INPATIENT_PAID
- ANCILLARY_OUTPATIENT_CHARGE
- ANCILLARY_OUTPATIENT_PAID
- FACILITY_CHARGE
- FACILITY_PAID
- MEDICAL_SVCS_CHARGE
- MEDICAL_SVCS_PAID
- MEDICARE_CHARGE
- MEDICARE_PAID
- RX_CHARGE
- RX_PAID
- SURGERY_CHARGE
- SURGERY_PAID

2.12.191.4 Clarifications

No associated clarifications found.

2.12.191.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.191.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.191.7 Change Order Status

Status	Date
Change Order Written	03/11/2007

2.12.192 ER claim tier level indicator - 7264

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
7264	Change Order		Data Warehouse			2

2.12.192.1 Desired Solution

The commonwealth needs an indicator to identify the tier levels of our ER claims. We pay at different rates depending on the severity of the ER visit. I'll just use this same claim as the example. Look at line 10, the procedure code 99284 indicates a level III reimbursement on this claim. So this entire claim should be set to Tier III. This is very important. The commonwealth is considering any level I type ER claim to be non emergent. It's imperative we have the level indicators for future analysis.

2.12.192.2 Business Impact

None.

2.12.192.3 Technical Specifications

Specifications on how to assign this indicator is attached under Supplemental Documentation.

2.12.192.4 Clarifications

This defect is a spin-off from 7178. (Duncan)

This defect is a CO. Changed task type from Defect to Change Order. Added specifications provided by Kurt under Supplemental Documentation. -SLam

2.12.192.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.192.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.192.7 Change Order Status

Status	Date
Defect Identified	04/10/2007
Defect Reviewed	04/10/2007
Awaiting Further Definition	04/10/2007
Change Order Written	04/20/2007

2.12.193 PBA - Additional Info (CO1586 T) - 8358

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8358	Change Order		Data Warehouse			

2.12.193.1 Desired Solution
Process additional information from the PBA pharmacy claims sent by First Health and add selected fields to the Data Warehouse.

2.12.193.2 Business Impact
The addition of these fields allows needed financial reporting to be produced.

2.12.193.3 Technical Specifications
Set up a new external interface to bring additional fields from the PBA Pharmacy Claims into the Data Warehouse.

- Paid Date
- RA Number
- Check Number
- Member Status.

In the ETL process a Match up on the Date of Service, NDC, Provider, and member will be done to match to the correct ICN (sak_claim).

With the sak_claim as the unique key the selected fields will be added a new table which would be linked to the main claim fact table by the sak_claim

2.12.193.4 Clarifications
No associated clarifications found.

2.12.193.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.193.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.193.7 Change Order Status

Status	Date
Change Order Written	06/14/2007

2.12.194 QA&A Acute Hospital Services - 8704

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8704	Change Order		Data Warehouse			

2.12.194.1 Desired Solution

The QA&A Contract Monitoring Acute Hospital Services report provides a sample universe of acute hospital claims based on the claims captured in the Random Sample process. A max of one hundred acute hospital claims are pulled from the DSS tables where the claim strata is 100 and billing provider specialty is 010. Currently the report process pulls data by the claim detail and displays each detail on a separate line. The report should display one line per claim which contain header dates of service and header paid amounts. Also, the QC Number should be in a different format.

2.12.194.2 Business Impact

The changes to the QA&A Acute Hospital Services were requested by the user of the reports.

2.12.194.3 Technical Specifications

Updates to the Acute Hospital Report

- Display one claim per report.
- The Paid Amount will be the header amount paid, if the claim is paid at the header
- The Paid Amount will be a sum of the detail amount paid, if the claim is paid at the detail.
- The QC Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: HOSPA 07 0001 where HOSPA equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.194.4 Clarifications

No associated clarifications found.

2.12.194.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.194.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.194.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.195 QA&A Acute Hospital Detail - 8706

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8706	Change Order		Data Warehouse			

2.12.195.1 Desired Solution

The QA&A Contract Monitoring Acute Hospital Claim Detail (QAA-8101-M) report provides a sample universe of acute hospital claims based on the claims captured in the Random Sample process. A max of one hundred acute hospital claims are pulled from the DSS tables where the claim strata is 100 and billing provider specialty is 010. The report displays detail information for each claim and detail. The Sample Number needs to be added to this report. The Sample Number allows the user track a claim through many QA&A reports.

2.12.195.2 Business Impact

The changes to the QA&A Acute Hospital Detail report were requested by the user of the reports.

2.12.195.3 Technical Specifications

Updates to the Acute Hospital Detail report

- Add the Sample Number to the report for each claim displayed.

  For example: HOSPA 07 0001 where HOSPA equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.195.4 Clarifications

No associated clarifications found.

2.12.195.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.195.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.195.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.196 QA&A UR Medical Criteria Report - 8707

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8707	Change Order		Data Warehouse			

2.12.196.1 Desired Solution

The QA&A Contract Monitoring UR Medical Criteria report displays procedure codes and corresponding limits for LTC (200) and OTHER (300) Claim Strata. The report should perform a page break for each sample and the Sample number needs to conform to the established standard.

2.12.196.2 Business Impact

To provide supporting documentation on the Utilization Review Medical Criteria related to the QAA Claim Sample.

2.12.196.3 Technical Specifications

Updates to the UR Medical Criteria report

- Page break after each claim sample
- The Sample Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: OTHER 07 0001 where OTHER equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.196.4 Clarifications

No associated clarifications found.

2.12.196.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.196.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.196.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.197 QA&A PRO Review Report - 8708

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8708	Change Order		Data Warehouse			

2.12.197.1 Desired Solution

The QA&A Contract Monitoring PRO Review Report displays data from strata 100 (HOSP). The report should perform a page break for each sample and the Sample number needs to conform to the established standard.

2.12.197.2 Business Impact

The changes to the QA&A PRO Review Report were requested by the user of the reports.

2.12.197.3 Technical Specifications

Updates to the PRO Review report

- Page break after each claim sample
- The Sample Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: OTHER 07 0001 where OTHER equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.197.4 Clarifications

No associated clarifications found.

2.12.197.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.197.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.197.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.198 QA&A Diagnosis Display Report - 8709

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8709	Change Order		Data Warehouse			

2.12.198.1 Desired Solution

The QA&A Contract Monitoring Diagnosis Display report displays data fro each diagnosis code billed on the claims from the five strata (100 - Hospital, 200 - LTC, 300 - Other, 400 - Drug, 500 - Crossovers). The report should perform a page break for each sample and the Sample Number needs to conform to the established standard.

2.12.198.2 Business Impact

The changes to the QA&A Diagnosis Display Report were requested by the user of the reports.

2.12.198.3 Technical Specifications

Updates to the Diagnosis Display report

- Page break after each claim sample
- The Sample Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: OTHER 07 0001 where OTHER equals acute hospital claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.198.4 Clarifications

No associated clarifications found.

2.12.198.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.198.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.198.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.199 QA&A Sample Summary Report - 8711

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8711	Change Order		Data Warehouse			

2.12.199.1 Desired Solution

The QA&A Sample Summary Report displays claims information for all five of the strata. (100 - Hospital, 200 - LTC, 300 - Other, 400 - Drug, 500 - Crossovers). Currently the report process pulls data by the claim detail and displays each detail on a separate line. The report should display one line per claim which contain header dates of service and header paid amounts and be sorted by ICN.

2.12.199.2 Business Impact

The changes to the QA&A Sample Summary Report were requested by the user of the reports.

2.12.199.3 Technical Specifications

Updates to the Sample Summary report

- Display one claim per report.
- The Paid Amount will be the header amount paid, if the claim is paid at the header
- The Paid Amount will be a sum of the detail amount paid, if the claim is paid at the detail.
- The report should display in ICN order

2.12.199.4 Clarifications

No associated clarifications found.

2.12.199.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.199.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.199.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.200 QA&A Prescribed Drugs Report - 8713

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8713	Change Order		Data Warehouse			

2.12.200.1 Desired Solution

Currently the report process pulls data by the claim detail and displays each detail on a separate line. The reports should display one line per claim which contain header dates of service and header paid amounts. The QC Number for the following QA&A reports will also change to a different format:

- QAA-5001-M
- QAA-5002-M
- QAA-5003-M
- QAA-5004-M
- QAA-5005-M

2.12.200.2 Business Impact

The changes to the reports were requested by the user of the reports.

2.12.200.3 Technical Specifications

Updates to the Series 500 QA&A reports

- Display one claim per report.
- The Paid Amount will be the header amount paid, if the claim is paid at the header
- The Paid Amount will be a sum of the detail amount paid, if the claim is paid at the detail.
- The Sample Number field format will be changed to Claim Strata Description, Month, Sequence Number.

  For example: DRUG 07 0001 where Drug equals Pharmacy claims, 07 equals the month the claims were paid, and 0001 equals the Random Sample Sequence number.

2.12.200.4 Clarifications

No associated clarifications found.

2.12.200.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.200.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.200.7 Change Order Status

Status	Date
Change Order Written	07/12/2007

2.12.201 QA&A Mental Health Services - 8720

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8720	Change Order		Data Warehouse			

2.12.201.1 Desired Solution

The QA&A Mental Health Services report is an addition to the QA&A reporting process. The report will display a random sample of claims for Provider Types 02 or 04. The maximum number of claims displayed will be 100. QAAJM001 which creates the claim strata, will have to be updated and tested.

2.12.201.2 Business Impact

The new QA&A Mental Health Services report was requested by the user.

2.12.201.3 Technical Specifications

Table Row Selection Criteria:

- Stratum 100 (HOSP)
- Provider Types 02 and 04
- Summarize the claim information displaying one ICN per report.
- QC Number - HOSP, Paid Date Month, Sequence Number (HOSP070001)

Report Column Order:

- • QC Number
- • ICN
- • Member Name
- • Claim Type
- • Acct Code
- • Member ID
- • Billing Provider Number
- • First Date of Service
- • Paid Date
- • Paid Amount

Report Column Sort Order:

- QC Number

Frequency

- Monthly

QAAJM001 (creates the strata and filters)

- Create new request tabs which will dependent on the appropriate strata
- Create new request by ids for the newly created request tabs.

2.12.201.4 Clarifications

Currently there are no specifications for the QA&A Mental Health Services report. The information in the Tech Specs section are fashioned after the QA&A Claims Monitoring-Hospital Services Report

2.12.201.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.201.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.201.7 Change Order Status

Status	Date
Change Order Written	07/13/2007

2.12.202 QA&A Transportation Svcs PT55 - 8724

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8724	Change Order		Data Warehouse			

2.12.202.1 Desired Solution

QA&A Transportation Services report is an addition to the QA&A reporting process. The report will display a random sample of claims for Provider Type 55 (Emergency Transportation - Ambulance). The maximum number of claims displayed will be 100.

2.12.202.2 Business Impact

The new QA&A Transportation Services report was requested by the user.

2.12.202.3 Technical Specifications

Table Row Selection Criteria:

- Stratum 300 (OTHER)
- Provider Type 55
- Summarize the claim information displaying one ICN per report.
- QC Number - OTHER, Paid Date Month, Sequence Number (OTHER070001)

Report Column Order:

- QC Number
- ICN
- Member Name
- Member ID
- Billing Provider Number
- First Date of Service
- Paid Date
- Paid Amount

Report Column Sort Order:

- QC Number

Frequency

- Monthly

2.12.202.4 Clarifications

Currently there are no specifications for the QA&A Transportation Services report. The information in the Tech Specs section are fashioned after the QA&A Claims Monitoring-Hospital Services Report

2.12.202.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.202.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.202.7 Change Order Status

Status	Date
Change Order Written	07/13/2007

2.12.203 QA&A Transportation Svcs PT56 - 8726

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8726	Change Order		Data Warehouse			

2.12.203.1 Desired Solution

QA&A Transportation Services report is an addition to the QA&A reporting process. The report will display a random sample of claims for Provider Type 56 (Non - Emergency Transportation - Ambulance) . The maximum number of claims displayed will be 100.

2.12.203.2 Business Impact

The new QA&A Transportation Svcs PT56 report was requested by the user.

2.12.203.3 Technical Specifications

Table Row Selection Criteria:

- Stratum 300 (OTHER)
- Provider Type 56
- Summarize the claim information displaying one ICN per report.
- QC Number - OTHER, Paid Date Month, Sequence Number (OTHER070001)

Report Column Order:

- QC Number
- ICN
- Member Name
- Member ID
- Billing Provider Number
- First Date of Service
- Paid Date
- Paid Amount

Report Column Sort Order:

- QC Number

Frequency

- Monthly

2.12.203.4 Clarifications

Currently there are no specifications for the QA&A Hospital Services Rehab/Vent report. The information in the Tech Specs section are fashioned after the QA&A Claims Monitoring-Hospital Services Report. The Provider type 56 and Provider Specialty 16 needs to be researched.

Per Terry Tewell this report will be transportation claims with a provider type of 56.

2.12.203.5 Associated Requirements

Requirement ID	Type
30.090.010.003.4	RFP Requirement

2.12.203.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.203.7 Change Order Status

Status	Date
Change Order Written	07/13/2007

2.12.204 RTI Improvement - DSS Reporting - 8779

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8779	Change Order		Data Warehouse			

2.12.204.1 Desired Solution
Improve the runtime of queries (Business Objects and SQL) by use of appropriate Indexes.

2.12.204.2 Business Impact
Improved run time of Queries against the Data Warehouse.

2.12.204.3 Technical Specifications
Add additional Indexes for the following Table:

The specification for each index will be found in the supplemental documentation.

2.12.204.4 Clarifications
Change Order replaced by CO 8788.

2.12.204.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.204.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.204.7 Change Order Status

Status	Date
Change Order Written	07/18/2007
Cancelled	10/23/2007

2.12.205 Add indexes to Data Warehouse - 8788

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8788	Change Order		Data Warehouse			

2.12.205.1 Desired Solution
New indexes need to be added to data warehouse to improve performance of reports and adhoc queries.

2.12.205.2 Business Impact
None.

2.12.205.3 Technical Specifications
None.

2.12.205.4 Clarifications
Add the following indexes to the data warehouse: Detailed information on eash index may be found in the supplemental documentation

- CREATE BITMAP INDEX B_CA_RECIP_KEY_12 ON T_CA_RECIP_KEY
- CREATE BITMAP INDEX B_CA_RECIP_KEY_13 ON T_CA_RECIP_KEY
- CREATE BITMAP INDEX B_CA_RECIP_KEY_14 ON T_CA_RECIP_KEY
- CREATE BITMAP INDEX B_CA_ICN_67 ON T_CA_ICN
- CREATE BITMAP INDEX B_CA_ICN_68 ON T_CA_ICN
- CREATE BITMAP INDEX B_CA_ICN_69 ON T_CA_ICN
- CREATE BITMAP INDEX B_CA_ICN_70 ON T_CA_ICN
- CREATE BITMAP INDEX B_CA_ICN_71 ON T_CA_ICN
- CREATE BITMAP INDEX B_CA_HELD_CLAIMS_67 ON T_CA_HELD_CLAIMS
- CREATE BITMAP INDEX B_CA_HELD_CLAIMS_68 ON T_CA_HELD_CLAIMS
- CREATE BITMAP INDEX B_CA_HELD_CLAIMS_69 ON T_CA_HELD_CLAIMS
- CREATE BITMAP INDEX B_CA_HELD_CLAIMS_70 ON T_CA_HELD_CLAIMS
- CREATE BITMAP INDEX B_CA_HELD_CLAIMS_71 ON T_CA_HELD_CLAIMS
- CREATE BITMAP INDEX B_CA_UB92_1 ON T_CA_UB92
- CREATE INDEX X_CA_UB92_2 ON T_CA_UB92
- CREATE UNIQUE INDEX I_CA_PROV_KEY_2 ON T_CA_PROV_KEY
- CREATE INDEX X_CA_PROV_KEY_1 ON T_CA_PROV_KEY
- CREATE BITMAP INDEX B_CA_PROV_KEY_2 ON T_CA_PROV_KEY

- CREATE BITMAP INDEX B_CA_PROV_KEY_3 ON T_CA_PROV_KEY
- CREATE BITMAP INDEX B_CA_PROV_KEY_4 ON T_CA_PROV_KEY
- CREATE BITMAP INDEX B_CA_PROV_KEY_5 ON T_CA_PROV_KEY
- CREATE BITMAP INDEX B_CA_PROV_KEY_6 ON T_CA_PROV_KEY
- CREATE INDEX X_CA_PROV_KEY_7 ON T_CA_PROV_KEY
- CREATE UNIQUE INDEX I_CA_IND_KEY_1 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_1 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_2 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_3 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_4 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_5 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_6 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_7 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_8 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_IND_KEY_9 ON T_CA_IND_KEY
- CREATE BITMAP INDEX B_CA_PROV_PERFORM_3 ON T_CA_PROV_PERFORM
- CREATE BITMAP INDEX B_CA_OP_PERFORM_3 ON T_CA_OP_PERFORM
- CREATE BITMAP INDEX B_CA_MR_ERROR_2 ON T_CA_MR_ERROR
- CREATE BITMAP INDEX B_CA_CLM_ANLSIS_15 ON T_CA_ANALYSIS
- CREATE BITMAP INDEX B_CA_DRUG_3 ON T_CA_DRUG
- CREATE INDEX X_CA_DRUG_4 ON T_CA_DRUG
- CREATE INDEX X_CA_DENTAL_1 ON T_CA_DENTAL
- CREATE BITMAP INDEX B_CA_LTC_1 ON T_CA_LTC
- CREATE INDEX X_CA_LTC_2 ON T_CA_LTC
- CREATE INDEX X_CA_XOVER_1 ON T_CA_XOVER
- CREATE INDEX X_CA_XOVER_2 ON T_CA_XOVER
- CREATE BITMAP INDEX B_CA_ERROR_2 ON T_CA_ERROR
- CREATE BITMAP INDEX B_CA_ERROR_3 ON T_CA_ERROR
- CREATE BITMAP INDEX B_CA_HDR_DTL_4 ON T_CA_HDR_DTL

- CREATE BITMAP INDEX B_CA_HDR_DTL_5 ON T_CA_HDR_DTL
- CREATE BITMAP INDEX B_CA_HDR_DTL_6 ON T_CA_HDR_DTL
- CREATE BITMAP INDEX B_CA_HDR_DTL_7 ON T_CA_HDR_DTL
- CREATE INDEX X_CA_HDR_DTL_8 ON T_CA_HDR_DTL
- CREATE UNIQUE INDEX I_CA_PROV_TAX_1 ON T_CA_PROV_TAX
- CREATE INDEX X_CA_ADJ_XREF_1 ON T_CA_ADJ_XREF
- Delete INDEX B_CA_MCO_XREF_2 ON T_CA_MCO_XREF;
- CREATE BITMAP INDEX BJ_CA_CLM_TYPE
- CREATE BITMAP INDEX BJ_CA_DTL_STATUS
- CREATE BITMAP INDEX BJ_CA_IND_CLAIM
- CREATE BITMAP INDEX BJ_CA_DTE_MO

2.12.205.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.205.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.205.7 Change Order Status

Status	Date
Change Order Written	07/19/2007
Prod Implemented	08/02/2007

2.12.206 Add indexes to MaxMC tables - 8808

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8808	Change Order		Data Warehouse			

2.12.206.1 Desired Solution
Add new indexes to MaxMC tables to improve performance of data loads.

2.12.206.2 Business Impact
None.

2.12.206.3 Technical Specifications
None.

2.12.206.4 Clarifications
No associated clarifications found.

2.12.206.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.206.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.206.7 Change Order Status

Status	Date
Change Order Written	07/23/2007
Prod Implemented	08/02/2007

2.12.207 HMS External Extracts - 8838

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8838	Change Order		Data Warehouse			1

2.12.207.1 Desired Solution
HMS needs additional fields added to the Month End Extract Files

2.12.207.2 Business Impact
None.

2.12.207.3 Technical Specifications
None.

2.12.207.4 Clarifications
For Hospital Claims Please add: 1. Admit Type 2. Admit Source

For Pharmacy Claims please add: 1. TPL Related amount or indicator field 2. Brand necessary indicator

HMS needs these fields in order to continue to do the first-line billing, recoupment and credit balance audits.

Originally added as a CO for TPL, transferred to the DSS. The DSS creates the paid claims extracts for HMS.

Layout sent to HMS on 8/3/07. Test file sent to HMS on 8/8/07. Ready for DMS review.

William Bennett received an email 08/16/07 from Della Mazzoni: "Teresa Shields and I have reviewed and approve the testing for the above CO."

Sign-off submitted to the Commonwealth 08/29/07.

2.12.207.5 Associated Requirements

Requirement ID	Type
30.050.015.002.4	RFP Requirement

2.12.207.6 Associated System Objects

Technical Name	Object Type	Title
dssjmpcg.05a.shl	Program	HMS Pharmacy Sequel Shell
DSSJMPCG	Batch Job	PCG Claim History Extract
dssjmpcg.03b.shl	Program	HMS UB Claims Paid at the detail Sequel Shell
PDSMPCGX	Batch Cycle	HMS Monthly Claim Data
dssjmpcg.03a.shl	Program	HMS UB Paid at the Header Sequel Shell

2.12.207.7 Change Order Status

Status	Date
Change Order Written	07/26/2007
Assigned BA	07/26/2007
Assigned SE	07/30/2007
Ready for Model Office	08/09/2007
Model Office Implemented	08/13/2007
UAT Implemented	08/13/2007
Ready for DM Review	08/16/2007
Testing Approved - DMS	08/16/2007
Prod Implemented	08/16/2007
Sign-Off Requested	08/29/2007

2.12.208 Retention of Cl Conv SAK Table - 9040

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
9040	Change Order		Data Warehouse			3

2.12.208.1 Desired Solution
This is a transferred Conversion Change Log (number 00217).

2.12.208.2 Business Impact
None.

2.12.208.3 Technical Specifications
None.

2.12.208.4 Clarifications
This is a transferred Conversion Change Log (number 00217). The Commonwealth requested that the SAK KEYS table that was used during conversions to control SAK information be retained long term. The table is currently in the KYMISP1 database in the KYCONV schema. The table name is T_CNV_CNC_ICN_CLAIMS_SAK_TCN

The table contains stub information related to the legacy claims history.

More detailed information on the table and its uses can be found on the main Claims conversion page or by selecting Original TCN Notes or at https://ddipwb.kymmis.com/KYXIXDDI/Conversion/Construction/PostUpdateNotes/

by selecting PL_000217 Storing the Original TCN.doc both links point to the same document.

A copy of the table is going to be stored in the Data Warehouse. The schema is still TBD. However, the current table MUST remain in the KYCONV schema until such time as no further conversion activity is needed.

The recommendation is to make the DSS copy ASAP and leave the original version of the table until such time as the KYCONV zone is dropped. This should be after the reconversion of encounters and any other claims updates are complete.

2.12.208.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.12.208.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.12.208.7 Change Order Status

Status	Date
Change Order Written	08/23/2007

2.13 Data Element Dictionary

Because of the length of some column names and the use of underscore characters, some names in the tables below may wrap to the next line.

2.13.1 T_ACCT_REC_DN

The accounts receivables are setup here when the system needs to recoup funds from a provider's claim payments and expenditures.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ACCT_REC	System assigned key to the accounts receivable.	NUMBER	9	0	Y
NUM_CONTROL_AR	Unique number assigned to track accounts receivables. This number will be used to file any documentation related to the accounts receivable. This is often the same as sak_acct_rec.	CHAR	13	0	N
DTE_EFFECTIVE	Date the accounts receivable will take effect. This date will usually be the same as the date added, but it allows the accounts receivable recoupment process to be delayed until a future date.	DATE	0	0	N
DTE_ADDED	Date the accounts receivable was created. This date will be used in determining the age of the accounts receivable.	DATE	0	0	N
AMT_SETUP	The original amount of the accounts receivable to be collected from a provider.	NUMBER	13	2	N
AMT_MAX_RECOUP_AR	The maximum amount of the account receivable that can be recouped in a payment cycle.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
PCT_RECOUP	The maximum percentage of the account receivable that can be recouped in a payment cycle.	NUMBER	4	2	N
IND_STATUS	The status indicates whether the A/R is "Active" (A) or "Closed" (C). An A/R is closed when it has been fully recovered. Only a Void can reopen a closed A/R.	CHAR	1	0	N
CDE_RECOUP_TYPE	Indicates the type of recoupment that will be processed on the AR. ("A" = Automatic\system recoupment, "M" = Manual recoupment, "R" = Repayment).	CHAR	1	0	N
SAK_SHORT_COS	A system assigned key (SAK) classifying a rule that qualifies a COS.	NUMBER	4	0	N
SAK_PAYEE	System assigned key that uniquely identifies a payee in the MMIS.	NUMBER	9	0	N
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
CDE_REASON_FOUR	A four digit code assigned to describe the reason for setting up the accounts receivable.	CHAR	4	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
CDE_TRACKING_STATUS	Unique code that identifies the current tracking status of the AR.	CHAR	4	0	N
SAK_BUDGET	The system assigned key that identifies a unique budget with interChange.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RECOUP_FREQ	This field indicates the frequency by which the AR recoupment occurs. ("M" = Monthly, "W" = Weekly, "Q" = Quarterly)	CHAR	1	0	N
NUM_HIERARCHY	This field determines the order in which an AR is recouped.	NUMBER	4	0	N
CDE_REPAY_TYPE	This field indicates the type of repayment options. ("F" = Fixed, "X" = Flexible)	CHAR	1	0	N
CDE_UNIT_DEPT	Identifies the unit\department that created the financial transaction.	CHAR	2	0	N
DTE_AR_LIABILITY	This is the date of liability of the AR when it was first established.	DATE	0	0	N
DTE_DEFICIENCY	This is the date the AR is deficient based on a repayment plan.	DATE	0	0	N
DTE_REVIEW_PER_BEGIN	This is the review period begin date for which this transaction applies.	DATE	0	0	N
DTE_REVIEW_PER_END	This is the review period end date for which this transaction applies.	DATE	0	0	N
DTE_DUE	This is the date which the AR must be paid in full.	DATE	0	0	N
SAK_PUB_HLTH	System assigned internal key for Member plan.	NUMBER	9	0	N
CDE_PROV_SPEC	A value used to indicate the scope of practice for the provider type.	CHAR	3	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	N
SAK_RECIP	System assigned key that uniquely identifies the member that may be associated with the expenditure transaction.	NUMBER	9	0	N
DTE_COST_STLMNT	Contains the cost settlement date of the AR.	DATE	0	0	N
DTE_FED_RPT	Contains teh Federal reporting date of the AR	DATE	0	0	N

2.13.2 T_ADMIT_SOURCE

Code table used to edit the source of admission found in block 20 of the claim form.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADMIT_SOURCE	Code identifying the source of admission in block 20 on the UB claim record for inpatient and LTC claims.	CHAR	1	0	Y
DSC_ADMIT_SOURCE	Description of the source of admission code found in block 20 on the UB claim record for inpatient and LTC claims.	VARCHAR2	50	0	N

2.13.3 T_ADMIT_TYPE

Contains the valid codes and corresponding descriptions which indicate the priority of the admission of a member for inpatient services.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADMIT_TYPE	Code which indicates the priority of the admission of a member for inpatient services.	CHAR	1	0	Y
DSC_ADMIT_TYPE	Description for the priority of the admission of a member for inpatient services.	CHAR	10	0	N

2.13.4 T_AGE_RESTRICT

The age restrictions a Primary Medical Provider (PMP) can select for a given PMP service location. The numeric values will be used for performing the age restriction edit during the PMP selection and auto-assignment processes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGE_RESTR	Identifies the age restrictions that this PMP has selected for this service location.	CHAR	2	0	Y
DSC_AGE_RESTRICT	The description of a PMP provider's age restrictions.	CHAR	20	0	N
NUM_MIN_AGE	The minimum age in a PMP provider's age restriction.	NUMBER	4	0	N
NUM_MAX_AGE	The maximum age in a PMP provider's age restriction.	NUMBER	4	0	N

2.13.5 T_AR_CLAIM_XREF

This maintains the accounts receivable cross reference for the original and adjustment claims. When a claim adjustment is performed and the new paid amount is less than the original, an accounts receivable is setup and the cross reference is created. The accounts receivable will remain open until it is dispositioned to a zero balance.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ACCT_REC	System assigned key to the accounts receivable.	NUMBER	9	0	Y
SAK_CLAIM_ADJ	System assigned key of the daughter claim.	NUMBER	9	0	N
NUM_ICN_MOM	This is the field that is used to identify the claim that is having funds recouped from. This is also what the providers see on the RA to identify the AR if the AR is claim related.	CHAR	13	0	N

2.13.6 T_AR_DISP

As recoupment are applied to provider's claim payments, the dispositions are created. Dispositions can also be created manually when payments are received from providers. Dispositions will be applied to each accounts receivable until it has a zero balance.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key of the accounts receivable disposition.	NUMBER	9	0	Y
SAK_ACCT_REC	System assigned key to the accounts receivable.	NUMBER	9	0	N
DTE_GENERIC	Date the disposition was applied to the accounts receivable.	DATE	0	0	N
AMT	The amount of the disposition that was applied to the accounts receivable.	NUMBER	13	2	N
DTE_PAYMENT_ISSUE	This is the financial payment issue date if the disposition was created during a financial cycle. It is the date of the disposition if the disposition was created by the online (manual disposition).	DATE	0	0	N
SAK_FIN_SCHED	This field contains the sak of the schedule (cycle) under which this disposition was processed. Default value is -1. This may be always the default value since not all cash dispositions are processed in batch	NUMBER	9	0	N
SAK_PAYEE	System assigned key that uniquely identifies the payee.	NUMBER	9	0	N
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
CDE_REASON_FOUR	The unique four digit code to define the AR disposition reasons.	CHAR	4	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_UNIT_DEPT	Identifies the unit\department that created the financial transaction.	CHAR	2	0	N

2.13.7 T_AR_DISP_COMM

A free-form text area that allows documentation to be added to an accounts receivable disposition.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key of the accounts receivable disposition.	NUMBER	9	0	Y
NUM_SEQ	Represents the line number of the free-form text. The maximum number is 8 which represents a total of 2000 characters of free form text for comments.	NUMBER	4	0	Y
DSC_LONG	Text used for additional documentation to be added to the accounts receivable disposition.	CHAR	250	0	N

2.13.8 T_AR_DISP_REAS

The reason the accounts receivable disposition was created.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Unique code assigned to the reason.	CHAR	4	0	Y
DSC_50	Text that describes the reason code.	CHAR	50	0	N
CDE_REASON_TYPE	Code used to identify what the reason code can be used for. A = Manual Adjustment, I = Interest, C = Cash Receipts, D = Claim Activity.	CHAR	1	0	N
IND_CALC_INTEREST	Indicates whether dispositions with this reason code will have interest calculated or not.	CHAR	1	0	N

2.13.9 T_AR_REASONS

The reason for the accounts receivable.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Unique code assigned for the reason. This code is used as the accounts receivable EOB on the RA.	CHAR	4	0	Y
DSC_50	Free form text describing the meaning of the reason code.	CHAR	50	0	N
CDE_REASON_TYPE	Code used to identify what the reason code can be used for. An example of this is that some reason codes will only be allowed for manual accounts receivables.	CHAR	1	0	N

2.13.10 T_AR_STATUS

This contains all the valid reasons for tracking an accounts receivable status.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISP_REASON	Contains the reason code for the status of an A/R	CHAR	4	0	Y
DSC_50	Text giving description of status reason code.	CHAR	50	0	N

2.13.11 T_ASC_GROUP

Ambulatory Surgical Center group.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASC	This number indicates the ambulatory surgical center group.	CHAR	2	0	Y
DSC_50	Text describing the Ambulatory Surgical Center group.	CHAR	50	0	N

2.13.12 T_ASC_PRICING

Rate to be paid for an Ambulatory Surgical Center procedure that is performed by a provider.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASC	This number indicates the ambulatory surgical center group.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date an Ambulatory Surgical Center rate becomes effective for claims processing.	DATE	0	0	Y
DTE_END	The date an Ambulatory Surgical Center rate is no longer in effect for claims processing.	DATE	0	0	N
AMT	Rate to be paid for an Ambulatory Surgical Center procedure. The rate is based on the ASC group.	NUMBER	9	2	N

2.13.13 T_ATTORNEY

This represents the attorneys who are associated to a TPL casualty case.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATTORNEY	System assigned key that identifies an attorney.	NUMBER	9	0	Y
ADR_ZIP_CODE_4	The last four characters of the zip code of the attorney used for correspondence.	CHAR	4	0	N
NUM_PHONE	The phone number of the attorney.	CHAR	15	0	N
ADR_CITY	This is the attorney's city that the correspondence and liens are sent to.	CHAR	30	0	N
ADR_STATE	The state of the attorney correspondence and liens are sent to.	CHAR	2	0	N
NAM_FIRST	First name of the Attorney used for correspondence and liens.	CHAR	13	0	N
NAM_MID_INIT	The middle initial of the attorney used for correspondence and liens.	CHAR	1	0	N
NAM_LAST	The last name of the attorney used for correspondence and liens.	CHAR	15	0	N
ADR_ZIP_CODE	The zip code of the attorney used for correspondence and letters.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_STREET_1	The first address line of the attorney used for correspondence and liens.	CHAR	55	0	N
ADR_STREET_2	The second address line of the attorney used for correspondence and liens.	CHAR	55	0	N
NUM_CAS_ENT_ID	Unique identifier assigned to each attorney.	CHAR	8	0	N
NUM_FAX	This is a fax number in the format area code + prefix + suffix.	CHAR	15	0	N
NUM_PHO_EXT	This is the phone number extension for the attorney.	CHAR	6	0	N
CDE_COUNTRY	This is the country code for the attorney.	CHAR	2	0	N
ADR_EMAIL	This is the email address for the attorney.	CHAR	50	0	N
CDE_ATTY_TYPE	Code to allow differentiating of attorney types.	CHAR	1	0	N

2.13.14 T_ATTORNEY_FIRM

Holds attorney firm address information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIRM	System assigned key that identifies the attorney firm.	NUMBER	9	0	Y
NAM_FIRM	The attorney firm name.	VARCHAR2	50	0	N
ADR_STREET_1	The first line of the address for the attorney firm.	VARCHAR2	55	0	N
ADR_STREET_2	The second line of the address for the attorney firm.	VARCHAR2	55	0	N
ADR_CITY	The city of the attorney firm.	VARCHAR2	30	0	N
ADR_STATE	The state abbreviation of the attorney firm.	CHAR	2	0	N
ADR_ZIP_CODE	The zip code of the attorney firm.	VARCHAR2	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CODE_4	The zip code extension of the attorney firm.	CHAR	4	0	N
NUM_PHONE	The phone number of the attorney firm.	VARCHAR2	15	0	N
NUM_FAX	The fax number of the attorney firm.	VARCHAR2	15	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.15 T_ATTORNEY_FIRM_XREF

This table is used to cross reference attorneys with attorney firms

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ATTORNEY	System assigned key that identifies an attorney.	NUMBER	9	0	Y
SAK_FIRM	System assigned key that identifies the attorney firm.	NUMBER	9	0	Y

2.13.16 T_ATTORNEY_XREF

Holds information about which attorneys are representing the case. Also holds information about who the attorneys are representing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
SAK_REPRESENTS	The system assigned key for the entity that the attorney represents in a casualty case.	NUMBER	9	0	Y
SAK_ATTORNEY	System assigned key that identifies an attorney.	NUMBER	9	0	N
NAM_CONTACT	The name of the person that is used when contacting the attorney's office.	CHAR	40	0	N
CDE_REPRESENTS	A code that is used to identify who the attorney represents in the casualty case.	CHAR	1	0	N

2.13.17 T_BENEFIT_PLAN_GROUP

Groups benefit plans by benefit plan type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BENEFIT_PLAN_TYPE	System assigned key for a unique Benefit Plan group that represents a single or collection of Benefit Plan codes.	NUMBER	9	0	Y
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date of service on which the Benefit Plan becomes valid for the Benefit Plan group.	DATE	0	0	Y
DTE_END	The date of service on which the Benefit Plan code is no longer valid for the Benefit Plan group.	DATE	0	0	N

2.13.18 T_BENEFIT_PLAN_TYPE

A benefit plan type is associated with a group of benefit plan codes. Used to identify benefit plans for use in certain processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BENEFIT_PLAN_TYPE	System assigned key for a unique Benefit Plan group that represents a single or collection of Benefit Plan codes.	NUMBER	9	0	Y
DSC_50	Describes the benefit plan type.	CHAR	50	0	N
DSC_DEFINITION	Definition of where and/ or how this benefit plan group is used.	VARCHAR2	4000	0	N

2.13.19 T_BENEFIT_TYPE

The service type is used is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD-9-CM procedures, ICD-9-CM diagnosis, Revenue Code and Drug codes (NDCs).

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BENEFIT_TYPE	The benefit type code is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD-9-CM procedures, ICD-9-CM diagnosis, Revenue Code and Drug codes (NDCs).	CHAR	3	0	Y
DSC_BENEFIT_TYPE	Describes the type of benefit.	VARCHAR2	18	0	N

2.13.20 T_BILLING_MEDIA

This table contains the possible values for the TPL billing media code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BILL_MEDIA	This code is used to identify on which billing media an employer or carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	Y
DSC_BILL_MEDIA	This field provides a detailed description of it's associated billing media code.	CHAR	15	0	N

2.13.21 T_BOARD_POSITION

This is a list of all the valid board of directors positions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POSITION	This is the board position code.	CHAR	2	0	Y
DSC_POSITION	This is the board position description.	CHAR	50	0	N

2.13.22 T_BUYA_BILL

Contains the buy-in Part A transactions from the billing tape which correspond to valid Medicaid beneficiaries in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part A transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
DTE_BUY_PROC	Date the buy-in Part A billing tape processed that contained this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary.	CHAR	12	0	N
IND_REDUCED	The presence of a "1" in this field means that the reduced Part A premium rate applies, otherwise it is blank.	CHAR	1	0	N
IND_SURCHARGE	The presence of a "1" in this field means that the Part A premium includes a 10% surcharge for late enrollment, otherwise it is blank.	CHAR	1	0	N
MISC_CDE_DTE	In most situations, this field will be blank. However, if the CDE_BUY_TXN field is "21" (and CDE_BUY_SUB is "B"), "22", "25", or "29", a date will be present (MMYY). If the CDE_BUY_TXN field is "28", an agency code will be present and the fourth position will be blank.	CHAR	8	0	N
DTE_BILLING	A four position numeric field which designates the billing file on which the transaction appears. The billing date is 2 months after the current update month.	DATE	0	0	N
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	N
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	N
DTE_EFFECTIVE	The effective date of the transaction.	DATE	0	0	N
AMT_PREMIUM	Premium amount on the transaction. On an accretion acknowledgment record, this field reflects a debit for the amount the State owes. On a deletion acknowledgment record, this field reflects a credit for the amount due to the State.	NUMBER	8	2	N
IND_MORE_BUYIN	Indicates whether there is more buy-in billing information kept on file because of a mismatch between CMS and the State MMIS.	CHAR	1	0	N
IND_ERROR	Indicates whether the transaction applied to the wrong beneficiary.	CHAR	1	0	N
DTE_STOP	Stop date from CMS	DATE	0	0	N
CDE_AGENCY	Agency code received from CMS	CHAR	3	0	N
AMT_PREM_RATE	Premium rate per period	NUMBER	8	2	N
IND_CREDIT	Credit/debit indicator	CHAR	1	0	N
ID_MEDICARE_NEW	New Medicare claim number sent from CMS	CHAR	12	0	N
DTE_REPLY	Reply date to CMS	DATE	0	0	N
CDE_RIC	Record ID code received from CMS	CHAR	1	0	N

2.13.23 T_BUYA_BILL_INFO

Contains more information on the buy-in Part A transactions from the billing tape which correspond to valid Medicaid beneficiaries in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part A transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
CDE_COUNTY	County code received from CMS	VARCHAR2	10	0	N
NUM_SSN	SSN received from CMS	CHAR	9	0	N
DTE_TO_CMS	Date response was sent to CMS	DATE	0	0	N
DTE_BUY_PROC	Date processed by batch system	DATE	0	0	N

2.13.24 T_BUYA_ERROR

This table stores records from CMS that have failed basic validation and cannot be linked to a member

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYA_ERROR	System assigned key	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_BUY_PROC	Date processed by Buy-In receiving system	DATE	0	0	N
DSC_COMPLETE_TXN	Original transaction received from CMS.	VARCHAR2	500	0	N

2.13.25 T_BUYA_EXCEPT

Contains the buy-in Part A transactions for the premium tape, whose corresponding transactions from the billing tape do not match any beneficiary in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYA_EXCEPT	The system assigned key to identify the exception buy-in Part A transactions.	NUMBER	9	0	Y
DTE_BUY_PROC	Date of creation for this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary, according to CMS.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
DTE_TO_CMS	Date already or to be sent to CMS.	DATE	0	0	N
CDE_AGENCY	Agency code as provided by CMS.	CHAR	3	0	N
NUM_SSN	SSN as provided by CMS.	CHAR	9	0	N
CDE_RIC	Record ID code from CMS.	CHAR	1	0	N
DTE_STOP	Eligibility termination date as provided by CMS.	DATE	0	0	N
SAK_BUYA_MISMATCH	The system assigned key to identify the mismatched buy-in Part A transactions.	NUMBER	9	0	N

2.13.26 T_BUYA_MISMATCH

Contains the buy-in Part A transactions from the billing tape which either have a different BID No, or have both a different current Medicare ID and Date of Birth, in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYA_MISMATCH	The system assigned key to identify the mismatched buy-in Part A transactions.	NUMBER	9	0	Y
DTE_BUY_PROC	Date the buy-in Part A billing tape processed that contained this transaction.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICARE	Current Medicare ID for the beneficiary, according to CMS.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
ID_MEDICARE_NEW	New Medicare ID for the beneficiary, according to CMS. Could be spaces.	CHAR	12	0	N
IND_REDUCED	The presence of a "1" in this field means that the reduced Part A premium rate applies, otherwise it is blank.	CHAR	1	0	N
CDE_BUY_AGENCY	A three position alphanumeric code assigned to the last entity (State) which had jurisdiction over the (beneficiary's) account.	CHAR	3	0	N
IND_SURCHARGE	The presence of a "1" in this field means that the Part A premium includes a 10% surcharge for late enrollment, otherwise it is blank.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MISC_CDE_DTE	In most situations, this field will be blank. However, if the CDE_BUY_TXN field is "21" (and CDE_BUY_SUB is "B"), "22", "25", or "29", a date will be present (MMYY). If the CDE_BUY_TXN field is "28", an agency code will be present and the fourth position will be blank.	CHAR	8	0	N
DTE_BILLING	A four position numeric field which designates the billing file on which the transaction appears. The billing date is 2 months after the current update month.	DATE	0	0	N
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	N
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	N
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
NUM_SSN	SSN as received from CMS	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RIC	Record ID received from CMS	CHAR	1	0	N
DTE_STOP	End date received from CMS	DATE	0	0	N
ADR_ZIP_CODE	Zip code received from CMS	CHAR	9	0	N
CDE_COUNTY	County code received from CMS	VARCHAR2	10	0	N
AMT_PREM_RATE	Monthly premium from CMS	NUMBER	8	2	N
IND_CREDIT	Credit/debit indicator from CMS	CHAR	1	0	N
AMT_REDUCED_PREM_RATE	Reduced premium rate from CMS	NUMBER	8	2	N
DTE_REPLY	Date reply transmitted to CMS	DATE	0	0	N
DTE_ADDITIONAL	Effective date from CMS	DATE	0	0	N
SAK_BUYA_EXCEPT	The system assigned key to identify the exception buy-in Part A transactions.	NUMBER	9	0	N
IND_LINKED	Was this row manually linked?	CHAR	1	0	N
AMT_DUE_OR_REFUND	Amount due or refunded	NUMBER	8	2	N

2.13.27 T_BUYA_PREM

Contains both pending and historical buy-in Part A transactions from the sending tape.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part A transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
DTE_BUY_PROC	Date of creation for this transaction.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICARE	Current Medicare ID for the beneficiary.	CHAR	12	0	N
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
IND_SOURCE	This is the source of the transaction ('A' = automatic batch process, 'M' = manual creation or modification).	CHAR	1	0	N
DTE_TO_CMS	Date already or to be sent to CMS.	DATE	0	0	N
DTE_75_STOP	Stop date transmitted to CMS.	DATE	0	0	N
CDE_AGENCY	Agency code transmitted to CMS.	CHAR	3	0	N
ID_MEDICAID	Medicaid ID transmitted to CMS.	CHAR	12	0	N
CDE_RIC	Record ID code that generated this premium entry.	CHAR	1	0	N
IND_SHIPPED	Sent to CMS	CHAR	1	0	N

2.13.28 T_BUYB_BILL

Contains the buy-in Part B transactions from the billing tape which correspond to valid Medicaid beneficiaries in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part B transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
DTE_BUY_PROC	Date the buy-in Part B billing tape processed that contained this transaction.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICARE	Current Medicare ID for the beneficiary.	CHAR	12	0	N
CDE_BUY_LIV_ARNG	A one position alphabetic code of "D" which indicates that the beneficiary is a resident of a Title XIX institution. Could be spaces.	CHAR	1	0	N
CDE_BUY_SSI	One-position alphabetic code that describes the beneficiary's Social Security Income (SSI) status.	CHAR	1	0	N
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	N
MISC_CDE_DTE	In most situations, this field will be blank. However, if the CDE_BUY_TXN field is "21" (and CDE_BUY_SUB is "B"), "22", "25", or "29", a date will be present (MMYY). If the CDE_BUY_TXN field is "28", an agency code will be present and the fourth position will be blank.	CHAR	8	0	N
DTE_BILLING	A four position numeric field which designates the billing file on which the transaction appears. The billing date is 2 months after the current update month.	DATE	0	0	N
DTE_MEDICARE	A date which designates the month in which the beneficiary attained age 65 or became entitled to Hospital Insurance benefits (Part A).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	N
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	N
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	N
DTE_EFFECTIVE	The effective date of the transaction.	DATE	0	0	N
AMT_PREMIUM	Premium amount on the transaction. On an accretion acknowledgment record, this field reflects a debit for the amount the State owes. On a deletion acknowledgment record, this field reflects a credit for the amount due to the State.	NUMBER	8	2	N
IND_MORE_BUYIN	Indicates whether there is more buy-in billing information kept on file because of a mismatch between CMS and the State MMIS.	CHAR	1	0	N
IND_ERROR	Indicates whether the transaction applied to the wrong beneficiary.	CHAR	1	0	N
DTE_STOP	Stop date from CMS	DATE	0	0	N
CDE_AGENCY	Agency code received from CMS	CHAR	3	0	N
AMT_PREM_RATE	Premium rate per period	NUMBER	8	2	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CREDIT	Credit/debit indicator	CHAR	1	0	N
ID_MEDICARE_NEW	New Medicare claim number sent from CMS	CHAR	12	0	N
DTE_REPLY	Reply date to CMS	DATE	0	0	N
CDE_RIC	Record ID code received from CMS	CHAR	1	0	N
AMT_RED_PREM_RATE	Reduced premium rate.	NUMBER	8	2	N

2.13.29 T_BUYB_BILL_INFO

Contains more information on the buy-in Part B transactions from the billing tape which correspond to valid Medicaid beneficiaries in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part B transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of a beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
ADR_ZIP_CODE	The five character zip code for the beneficiary, according to CMS.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	County code received from CMS	VARCHAR2	10	0	N
NUM_SSN	SSN received from CMS	CHAR	9	0	N
DTE_TO_CMS	Date response sent to CMS	DATE	0	0	N
DTE_BUY_PROC	Date processed by batch system	DATE	0	0	N

2.13.30 T_BUYB_ERROR

This table stores records from CMS that have failed basic validation and cannot be linked to a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYB_ERROR	System assigned key	NUMBER	9	0	Y
DTE_BUY_PROC	Date processed by Buy-In receiving system	DATE	0	0	N
DSC_COMPLETE_TXN	Original transaction received from CMS.	VARCHAR2	500	0	N

2.13.31 T_BUYB_EXCEPT

Contains the buy-in Part B transactions for the premium tape, whose corresponding transactions from the billing tape do not match any beneficiary in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYB_EXCEPT	The system assigned key to identify the exception buy-in Part B transactions.	NUMBER	9	0	Y
DTE_BUY_PROC	Date of creation for this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary, according to CMS.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	N
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
DTE_TO_CMS	Date already or to be sent to CMS.	DATE	0	0	N
CDE_AGENCY	Agency code as provided by CMS.	CHAR	3	0	N
NUM_SSN	SSN as provided by CMS.	CHAR	9	0	N
CDE_RIC	Record ID code from CMS.	CHAR	1	0	N
DTE_STOP	Eligibility termination date as provided by CMS.	DATE	0	0	N
SAK_BUYB_MISMATCH	The system assigned key to identify the mismatched buy-in Part B transactions.	NUMBER	9	0	N

2.13.32 T_BUYB_MISMATCH

Contains the buy-in Part B transactions from the billing tape which either have a different BID No, or have both a different current Medicare ID and Date of Birth, in the beneficiary database.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUYB_MISMATCH	The system assigned key to identify the mismatched buy-in Part B transactions.	NUMBER	9	0	Y
DTE_BUY_PROC	Date the buy-in Part B billing tape processed that contained this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary, according to CMS.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary, according to CMS.	CHAR	24	0	N
NAM_FIRST	The first name of a beneficiary, according to CMS.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary, according to CMS.	CHAR	1	0	N
CDE_SEX	A numeric code indicating the sex of the beneficiary, according to CMS (male "1", female "2", or unknown "3").	CHAR	1	0	N
DTE_BIRTH	The date of birth for the beneficiary, according to CMS.	DATE	0	0	N
ID_MEDICARE_NEW	New Medicare ID for the beneficiary, according to CMS. Could be spaces.	CHAR	12	0	N
CDE_BUY_LIV_ARNG	A one position alphabetic code of "D" which indicates that the beneficiary is a resident of a Title XIX institution. Could be spaces.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_SSI	One-position alphabetic code that describes the beneficiary's Social Security Income (SSI) status.	CHAR	1	0	N
CDE_BUY_AGENCY	A three position alphanumeric code assigned to the last entity (State) which had jurisdiction over the (beneficiary's) account.	CHAR	3	0	N
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	N
MISC_CDE_DTE	In most situations, this field will be blank. However, if the CDE_BUY_TXN field is "21" (and CDE_BUY_SUB is "B"), "22", "25", or "29", a date will be present (MMYY). If the CDE_BUY_TXN field is "28", an agency code will be present and the fourth position will be blank.	CHAR	8	0	N
DTE_BILLING	A four position numeric field which designates the billing file on which the transaction appears. The billing date is 2 months after the current update month.	DATE	0	0	N
DTE_MEDICARE	A date which designates the month in which the beneficiary attained age 65 or became entitled to Hospital Insurance benefits (Part A).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	N
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	N
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
ID_MEDICAID	Unique identifier for the beneficiary, according to CMS.	CHAR	12	0	N
ADR_ZIP_CODE	The nine character zip code for the beneficiary, according to CMS.	CHAR	9	0	N
NUM_SSN	SSN as received from CMS	CHAR	9	0	N
CDE_RIC	Record ID received from CMS	CHAR	1	0	N
DTE_STOP	End date received from CMS	DATE	0	0	N
CDE_COUNTY	County code received from CMS	VARCHAR2	10	0	N
AMT_DUE_OR_REFUND	Amount due or refunded from CMS	NUMBER	8	2	N
AMT_PREM_RATE	Monthly premium from CMS	NUMBER	8	2	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CREDIT	Credit/debit indicator from CMS	CHAR	1	0	N
AMT_REDUCED_PREM_RATE	Reduced premium rate from CMS	NUMBER	8	2	N
DTE_REPLY	Date reply transmitted to CMS	DATE	0	0	N
DTE_ADDITIONAL	Effective date from CMS	DATE	0	0	N
SAK_BUYB_EXCEPT	The system assigned key to identify the exception buy-in Part B transactions.	NUMBER	9	0	N
IND_LINKED	Was this row manually linked?	CHAR	1	0	N

2.13.33 T_BUYB_PREM

Contains both pending and historical buy-in Part B transactions from the sending tape.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_BUYIN	The system assigned key to uniquely identify all of the member's buy-in Part A transactions. This column functions as a sak_short for the sak_recip.	NUMBER	4	0	Y
DTE_BUY_PROC	Date of creation for this transaction.	DATE	0	0	N
ID_MEDICARE	Current Medicare ID for the beneficiary.	CHAR	12	0	N
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	N
DTE_EFFECTIVE	Effective date for the transaction.	DATE	0	0	N
IND_SOURCE	This is the source of the transaction ('A' = automatic batch process, 'M' = manual creation or modification).	CHAR	1	0	N
DTE_TO_CMS	Date already or to be sent to CMS.	DATE	0	0	N
DTE_75_STOP	Stop date transmitted to CMS.	DATE	0	0	N
CDE_AGENCY	Agency code transmitted to CMS.	CHAR	3	0	N
ID_MEDICAID	Medicaid ID transmitted to CMS.	CHAR	12	0	N
CDE_RIC	Record ID code that generated this premium entry.	CHAR	1	0	N
IND_SHIPPED	Sent to CMS	CHAR	1	0	N

2.13.34 T_CAPITATION_HIST_DN

This table contains the history of capitation payments made to a PMP for specific beneficiaries and the amount paid for that month.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAPITATION	System assigned key to uniquely identify a capitation payment within the system.	NUMBER	9	0	Y
SAK_RE_PMP_ASSIGN	This is a unique identifier for the PMP assignment.	NUMBER	9	0	N
SAK_RECIP	The system assigned internal key for a unique beneficiary.	NUMBER	9	0	N
SAK_PUB_HLTH	This is the member plan that the member was under when the capitation payment was made.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	N
DTE_CAPITATION	This is the month that the capitation payment covers.	NUMBER	6	0	N
DTE_CAP_TXN	This is the date that the capitation payment was made. If the payment is being made for a retro month the date is still the current month, that is, payment in April for February capitation payment, this date would have the April payment date.	DATE	0	0	N
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	N
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	N
CDE_CAP_REASON	This is the code of the reason the capitation is being done.	CHAR	2	0	N
AMT_CAP_PAID	The amount of money (check or EFT) we will pay to an external entity for capitation.	NUMBER	10	2	N
DTE_PAYMENT_BEGIN	First date during the payment month that this payment covers	DATE	0	0	N
DTE_PAYMENT_END	Last date during the payment month that this payment covers.	DATE	0	0	N
NUM_CAP_DAYS	This is the number of days out of the month that the capitation payment covers.	NUMBER	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AID_CATEGORY	Population Code.	CHAR	2	0	N
IND_MEDICARE	Indicates if Medicare coverage should be utilized as part of the demographics when determining a recipient's capitation category.	CHAR	1	0	N
DTE_PAYMENT_ISSUE	This is the date that Financial issued/processed the payment.	DATE	0	0	N
CDE_FUND_CODE	PCA Code.	CHAR	3	0	N

2.13.35 T_CAP_HIST_XREF

This entity will cross reference the capitation summary records to the detail records that are kept on the capitation history table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAP_SUMMARY	This is the unique system key that identifies the capitation summary transaction.	NUMBER	9	0	Y
SAK_CAPITATION	System assigned key to uniquely identify a capitation payment within the system.	NUMBER	9	0	Y

2.13.36 T_CAP_MASS_ADJ_RST

This table contains the mass adjustment requests for an MCO, state region, capitation payment month, rate cell, payment adjustment amount, and whether it is a payout or recoupment.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	Y
DTE_CAPITATION	This is the month that the capitation adjustment is being made.	NUMBER	6	0	Y
SAK_SHORT_CAP_ADJ	This is the column to give uniqueness to the key of the table.	NUMBER	4	0	Y
CDE_CAP_REASON	This is the code of the reason the capitation is being done.	CHAR	2	0	N
AMT_CAP_PAID	The amount to increase or decrease the payment.	NUMBER	10	2	N
NUM_CAP_COUNT	The Number of Txn's created when the rate increase was processed.	NUMBER	9	0	N
AMT_TOT_CAP_ADJ	This is the total amount paid or recouped on a rate change or correction adjustment once it has been processed.	NUMBER	11	2	N
CDE_STATUS	This is to indicate the status of the request. (A) Active, (H) Hold, (P) Processed.	CHAR	1	0	N
DTE_STATUS	This is the date that the current status was done.	DATE	0	0	N

2.13.37 T_CAP_REASON

This is the code table that has the reason codes that capitation can be adjusted for.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CAP_REASON	This is the code of the reason the capitation is being done.	CHAR	2	0	Y
DSC_50	This is the description on the adjustment reason code.	CHAR	50	0	N
IND_CAP_ADJ	This value indicates whether this reason code can be used for an adjustment or not. Values are Y/N.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAY_RECOUP	This specifies if the reason is for payments or recoupment.	CHAR	1	0	N

2.13.38 T_CAP_SUMMARY

This entity contains the summary payment record for each capitation payment made to an MCO. The details as to how the amount was reached is kept in the capitation history summary xref table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAP_SUMMARY	This is the unique system key that identifies the capitation summary transaction.	NUMBER	9	0	Y
SAK_FIN_SCHED	Financial Schedule.	NUMBER	9	0	N
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	N
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
DTE_CAP_TXN	This is the date that the capitation payment was made. For a normal cycle the payment date is the first day of the month.	DATE	0	0	N
CDE_STATUS	This field identifies the status of the payment. A = Active and V = Void	CHAR	1	0	N
TOTAL_AMT_PAID	This is the total capitation payment made to an MCO for a given month	NUMBER	11	2	N
DTE_FIN_PAID	This is the date that Financial processed the summary record.	DATE	0	0	N

2.13.39 T_CASH_BATCH_NUM

The cash receipt batch number indicates the type of check that is returned to the state. Each check type (Provider Refunds, Attorney, SURS, and so on.) has their own batch numbers. These numbers become part of the control number that is stamped on a copy of the check during the microfilming process. We store and report cash receipts based on the control number.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_BATCH	Indicates the department the check was returned to and the type of check that was received.	NUMBER	4	0	Y
DESC_BATCH	A short explanation of which department the batch range is for and the type of return.	CHAR	30	0	N
IND_DEPOSIT	Indicates whether the check that was returned should be deposited.	CHAR	1	0	N
IND	Indicates whether the check that was returned was issued from the MMIS financial system.	CHAR	1	0	N
IND_RTS	Indicates whether or not a check requires the return to sender information.	CHAR	1	0	N
IND_USER_ASSIGN	This indicates whether the user can manually assign the batch/unit number to a CCN from the online cash receipt window. Valid values (Y/N).	CHAR	1	0	N

2.13.40 T_CASH_DISP_REASON

The reason for applying the money received from an external source.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Code used to track the reason a transaction is done.	CHAR	4	0	Y
DSC_50	Describes the reason of the cash receipt disposition	CHAR	50	0	N
IND	Indicates if we will require a provider number to be entered on the cash receipt before allowing a disposition with this reason code.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_OL	This field if set to 'Y' means that the reason code is associated with a disposition that will be posted online. A 'N' value will indicate posting in Batch	CHAR	1	0	N
IND_GL	This field if set to 'Y' means that the reason code is associated with a disposition that will be reported on the general ledger (provider earnings).	CHAR	1	0	N
IND_CLAIM	This field if set to 'Y' means that the reason code is associated with a disposition that is claim related.	CHAR	1	0	N
IND_TYPE	This field if set to 'Y' means that the reason code is associated with a disposition associated with a particular type of transaction. This will be used primarily in online windows so that the CR is associated with the correct transaction. A = A/R, E = Expenditure, S = System, C = Cash	CHAR	1	0	N

2.13.41 T_CASH_PYMT_TYPE

This code table entity contains all the possible payment types that can be sent as a cash receipt into the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAYMENT_TYPE	This field stores the code of the cash receipt payment type.	CHAR	1	0	Y
DSC_PAYMENT_TYPE	This field stores the description of the cash receipt payment type code.	VARCHAR2	20	0	N

2.13.42 T_CASH_RCPT_DISP

A cash receipt disposition accounts for the money received from an entity. When a provider returns money because of claims that were overpaid, each claim adjustment would represent a cash receipt disposition. Other disposition types include TPL payments, accounts receivable payments and money returned in error.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	Y
NUM_SEQ_BATCH	Number that uniquely identifies each individual disposition which was applied to a cash receipt.	NUMBER	9	0	Y
AMT_DISPOSITION	The amount being applied from a check for a single transaction (adjustment, overpayment return, accounts receivable payment, and so on.).	NUMBER	13	2	N
IND	Indicates when a transaction is written to general ledger. After it has been written, no updates will be allowed to the disposition.	CHAR	1	0	N
DTE_POSTED	The date the cash receipt disposition was posted. This date will determine which week the disposition will be reported in.	DATE	0	0	N
DTE_ASSIGNED	The date this portion of the cash receipt was originally paid out.	DATE	0	0	N
SAK_PAYEE	System assigned key that uniquely identifies name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and nonprovider entities to which we make Expenditure Payments.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAYEE_TYPE	This is the code that identifies what type of person or organization is being used. The following are the valid values : C - TPL Carrier, O - Other, R - Recipient, Y - County	CHAR	1	0	N
DTE_PROCESSED	Date the Receipt was processed.	DATE	0	0	N
SAK_FIN_SCHED	Financial Schedule.	NUMBER	9	0	N
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
CDE_REASON_FOUR	Code used to track the reason a transaction is done.	CHAR	4	0	N
SAK_BUDGET	Associated Budget.	NUMBER	9	0	N

2.13.43 T_CASH_RCPT_TOTALS

The daily total number of cash receipts received by each department. These totals are used to balance against the cash receipts entered.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_GENERIC	Date the submitted checks were received by the account.	DATE	0	0	Y
NUM_COUNT_MAIL	The number of checks received by the mailroom on a given date.	NUMBER	9	0	N
NUM_COUNT_MISC	The number of miscellaneous checks received on a given date.	NUMBER	9	0	N
NUM_COUNT_PROV	The number of checks received by the provider relations department on a given date.	NUMBER	9	0	N
NUM_COUNT_SURS	The number of checks received by the SURS department on a given date.	NUMBER	9	0	N
NUM_COUNT_TPL	The number of checks received by the TPL department on a given date.	NUMBER	9	0	N

2.13.44 T_CASH_RCPT_XREF

This associates a portion of a cash receipt (cash receipt disposition) to either a claim adjustment, account receivable, or system payout.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	Y
NUM_SEQ_BATCH	Number that uniquely identifies each individual disposition which was applied to a cash receipt.	NUMBER	9	0	Y
SAK	System assigned key that can identify a claim adjustment, account receivable, or system payout record.	NUMBER	9	0	N
CDE	Defines the system assigned key as claim adjustment ('claim type'), Account receivable ('R'), or system payout ('S').	CHAR	1	0	N

2.13.45 T_CASH_RECEIPT

This accounts for any check (returned or provider issued) submitted by a provider, third party vendor or other source that will be deposited by the account.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	Y
CASH_CTL_NO	This number is entered into the system for matching the internal record with its paper copy.	CHAR	11	0	N
NAME	The name of the source that has submitted a check (system issued or personal) to the account.	CHAR	50	0	N
AMT_PAID	The amount of the check received.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	System assigned key that uniquely identifies a check issued from the MMIS system.	NUMBER	9	0	N
NUM_CHECK	The MICR number preprinted on the check that was submitted to the state by an external source.	CHAR	9	0	N
DTE_CHECK	The date a returned check was issued. This is date actually printed on the check.	DATE	0	0	N
NUM_BATCH	Indicates the department the check was returned to and the type of check that was received.	NUMBER	4	0	N
NAM_REMITTER	This is the remitter's name that will be used as a secondary name on the cash receipt.	CHAR	50	0	N
DTE_RECEIPT	This is the date that the cash receipt was put into the system.	DATE	0	0	N
CDE_PAYMENT_TYPE	This field stores the code of the cash receipt payment type.	CHAR	1	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
SAK_PAYEE	The unique indentifier for a payee defined n the system.	NUMBER	9	0	N
CDE_CASH_STATUS	This is the unique code value of the cash status.	CHAR	1	0	N

2.13.46 T_CASUALTY_CASE

This table represents a TPL casualty case.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_LIEN_RELEASED	The date the lien was released.	DATE	0	0	N
NUM_CAS_CASE	The unique identifier for a casualty case. Used by account to identify the casualty cases on reports.	NUMBER	9	0	N
CDE_STATUS_CASE	This field is used to identify the current status of the case.	CHAR	1	0	N
DTE_ADDED	The date the case was added to the casualty case table.	DATE	0	0	N
AMT_CASE_TOT_PREV	Total dollar amount expended by Medicaid pertaining to this casualty case.	NUMBER	9	2	N
CDE_CASE_TYPE	This indicates the type of the casualty case.	CHAR	1	0	N
DTE_OF_ACC_INJ	This field identifies the date that the accident or injury occurred. Used to identify claims that could be used in this case.	DATE	0	0	N
DTE_LIEN_ORG	This field identifies the date the lien was originally filed with the county.	DATE	0	0	N
CDE_CAS_ORIG	This field identifies the party who sent the intake notification originally.	CHAR	1	0	N
DSC_NATURE_OF_INJ	Free form description of the injury in a casualty case.	CHAR	32	0	N
DTE_REV_CLOSED	The last action/update date of a casualty case.	DATE	0	0	N
IND_REL_CASE	This indicates if there are any other cases related to this case.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_CLERK	The clerk ID of the examiner assigned to the case.	CHAR	8	0	N
SAK_RECIP	This is the internal id of the member involved in this case.	NUMBER	9	0	N
DTE_REVIEW_PREV	This is the most recent date that this case was reviewed.	DATE	0	0	N
AMT_ADJUSTED	This is the amount removed from the case since it is not actually part of the case.	NUMBER	9	2	N
AMT_SETTLEMENT	This is the amount the case was settled for.	NUMBER	9	2	N
CDE_COUNTY	The 2 digit county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
DTE_OFFLINE_CLM_ST	Claim Date when service started.	DATE	0	0	N
DTE_OFFLINE_CLM_END	Claim Date when service ended.	DATE	0	0	N

2.13.47 T_CASUALTY_REC

Each payment, by a tortfeasor, is recorded for accounting purposes and for reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
SAK_CAS_SET	This is an internal identifier that uniquely identifies a casualty case recovery record.	NUMBER	9	0	Y
SAK_TORTFEASOR	The unique internal identifier used to identify the tortfeasor.	NUMBER	9	0	N
AMT_CASE_SETTLMNT	The total dollar amount of the case settlement.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SETTLEMENT	The date that the casualty case was settled.	DATE	0	0	N
AMT_EXPENSE	The total dollar amount expended while settling the case.	NUMBER	9	2	N

2.13.48 T_CAS_CASE_ACT

Holds a history of when the status of a case has changed. This is used to produce the casualty composite summary.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
DTE_LAST_CHANGE	The date the status was last changed, used to report and track case status changes.	DATE	0	0	Y
CDE_ST_CASE_OLD	This field contains the previous status of the case. It is used to track and report status changes.	CHAR	1	0	Y
CDE_ST_CASE_NEW	This field contains the current status of the casualty case to track and report casualty case actions.	CHAR	1	0	Y

2.13.49 T_CAS_CASE_STATUS

This represents the valid status codes of a TPL casualty case and it's attendant description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS_CASE	This represents the current status of the casualty case.	CHAR	1	0	Y
DSC_STATUS_CASE	This is the description of the status code.	CHAR	40	0	N

2.13.50 T_CAS_CASE_TYPE

Represents a TPL casualty case type and its' description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASE_TYPE	This indicates the type of the casualty case.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_CASE_TYPE	This is the description of the case type.	CHAR	20	0	N

2.13.51 T_CAS_CLAIM_SUMM

Each record holds information about one claim on the case. Used to get more information and to determine the case total.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	This is an internal identifier to uniquely identify the claim that could be associated to a casualty case.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
AMT_PAID	The amount of money (check or EFT) paid to the provider for services rendered.	NUMBER	9	2	N

2.13.52 T_CA_ADJ_XREF

This table is used to cross-reference a claim (mother) to its adjustment (daughter) claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim (mother claim).	NUMBER	9	0	N
SAK_CLAIM_ADJ	System assigned key given to a claim adjustment (daughter claim).	NUMBER	9	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.53 T_CA_ANALYSIS

Holds aggregate information for the Claims Analysis STAR process.

Column Name	Description	Type	Length	Precision	Primary Key
CLAIM_KEY	System assigned key for the claim dimension table.	NUMBER	9	0	N
PERF_PROV_KEY	System assigned key for the provider dimension table based on performing provider.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
BILL_PROV_KEY	System assigned key for the provider dimension table based on billing provider.	NUMBER	9	0	N
REFER_PROV_KEY	System assigned key for the provider dimension table based on referring provider.	NUMBER	9	0	N
RECIP_KEY	System assigned key for the member dimension table.	NUMBER	9	0	N
IND_KEY	System assigned key for the claim indicator dimension table.	NUMBER	9	0	N
DOS_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N
PAID_TIME_KEY	System assigned key for the paid time dimension table.	NUMBER	9	0	N
TOT_AMT_BILLED	Total billed amount.	NUMBER	11	2	N
TOT_AMT_ALWD	Total allowed amount.	NUMBER	11	2	N
TOT_AMT_REIMB	Total paid amount reflected on a check to a provider.	NUMBER	11	2	N
TOT_AMT_PAID	Total amount paid.	NUMBER	11	2	N
TOT_AMT_ST_SHARE	Total amount of state share.	NUMBER	11	2	N
TOT_AMT_FED_SHARE	Total amount of the federal share.	NUMBER	11	2	N
TOT_AMT_ENCOUNTER	Total encounter amount.	NUMBER	11	2	N
TOT_AMT_TPL	Total amount of other insurance paid.	NUMBER	11	2	N
TOT_AMT_CO_PAY	Total member copay amount.	NUMBER	11	2	N
TOT_AMT_PAT_PAID	Total amount of patient paid amounts.	NUMBER	11	2	N

Column Name	Description	Type	Length	Precision	Primary Key
TOT_AMT_MCARE_PAID	Total Medicare paid amount.	NUMBER	11	2	N
TOT_AMT_PD_MCO	Total amount paid by the MCO.	NUMBER	11	2	N
CNT_CLAIMS_PAID	Total number of paid claims.	NUMBER	9	0	N
CNT_CLAIMS_DENIED	Total number of denied claims.	NUMBER	9	0	N
TOT_CLAIMS_CORR	The total number of detail lines that required some form of correction.	NUMBER	9	0	N
TOT_CLAIMS_OVRD	The total number of detail lines that were paid after overriding a claim edit.	NUMBER	9	0	N
TOT_CLAIMS_TPL	The total number of details with TPL indicated.	NUMBER	9	0	N
TOT_CLAIMS_ERRORS	The total number of details with edits applied.	NUMBER	9	0	N
TOT_QTY_BILLED	Total units billed	NUMBER	11	2	N
TOT_QTY_ALWD	Total quantity allowed.	NUMBER	11	2	N
TOT_DAYS_COVRD	Total number of covered days.	NUMBER	9	0	N
TOT_DAYS_NCOVRD	Total number of non-covered days.	NUMBER	9	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.54 T_CA_ATTACH

This table is used to hold all attachment code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
CDE_ATTACH	A code to indicate the type of form the provider included with the invoice.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.55 T_CA_ATTACH_DN

This table is used to hold all attachment code informaton for a claim in a demoralized form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	Y
CDE_ATTACH_1	Report Type Code that identifies the title or contents of a document, report or supporting item (1 of 4).	CHAR	2	0	N
CDE_ATTACH_2	Report Type Code that identifies the title or contents of a document, report or supporting item (2 of 4).	CHAR	2	0	N
CDE_ATTACH_3	Report Type Code that identifies the title or contents of a document, report or supporting item (3 of 4).	CHAR	2	0	N
CDE_ATTACH_4	Report Type Code that identifies the title or contents of a document, report or supporting item (4 of 4).	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.56 T_CA_CLAIM_KEY

The claim dimension for the Claims Analysis STAR process. This table contains claim related information that would frequently be used in a query. All claims on T_CA_ICN matching on all the attributes on this table are stamped with the same CLAIM_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
CLAIM_KEY	System assigned key for the claim dimension table.	NUMBER	9	0	Y
CDE_CLM_TYPE	Code indicating the type of claim record.	CHAR	1	0	N
CDE_DTL_STATUS	Code that indicates if the claim is approved or rejected.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADJ_VOID	A code to indicate whether the record is a new day claim (N), adjustment (A=daughter claim) or a void (V).	CHAR	1	0	N
CDE_CLM_REGION	The claim source indicator is a code used to identify how the claim entered the system.	CHAR	2	0	N
CDE_POS	A code to indicate where the service was provided.	CHAR	2	0	N
CDE_PGM_HEALTH	Code indicating who is eligible and what types of services are provided.	CHAR	5	0	N
CDE_SOURCE	A code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_FUND_CODE	This is the fund code that is used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_COS_ST	The state COS code that defines the grouping of services desired on State MAR reports (that is Inpatient, Outpatient, Psychiatric, and so on.).	CHAR	2	0	N
CDE_COS_SUB	A sub COS used to provide a more detailed service classification in MAR state reporting.	CHAR	2	0	N
IND_CLAIM	E=Encounter or F=Fee for service claim.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_CLM_TYPE	Description of the code indicating the type of claim record.	VARCHAR2	50	0	N
DSC_CLM_STATUS	Description of the code that indicates if the claim is approved or rejected.	VARCHAR2	50	0	N
DSC_REGION	Description of the value assigned to a specific claim source.	VARCHAR2	50	0	N
DSC_POS	Description of place where medical assistance service is performed.	VARCHAR2	50	0	N
DSC_PGM_HEALTH	Description of the code indicating who is eligible and what types of services are provided.	VARCHAR2	50	0	N
DSC_SOURCE	A description of the CDE_SOURCE value.	CHAR	50	0	N
DSC_FUND_CODE	This is the description of the financial fund code that is used for reporting.	CHAR	50	0	N
DSC_COS	A description that describes a claim classification for the purpose of MAR reporting.	CHAR	50	0	N

2.13.57 T_CA_COND

This table is used to hold all inpatient condition codes for a claim. The CDE_COND_SEQ data element is initialized to 1 and incremented for each condition code occurrence on the inpatient claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
CDE_COND_SEQ	Sequence number where the condition code was entered on the claim.	CHAR	2	0	N
CDE_COND	Code used to identify conditions relating to an institutional claim that may affect payer processing.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.58 T_CA_COND_DN

This table is used to hold a denormalized form of all inpatient condition codes for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
CDE_COND_1	Code used to identify conditions relating to an institutional claim that may affect payer processing (1 of 8).	CHAR	2	0	N
CDE_COND_2	Code used to identify conditions relating to an institutional claim that may affect payer processing (2 of 8).	CHAR	2	0	N
CDE_COND_3	Code used to identify conditions relating to an institutional claim that may affect payer processing (3 of 8).	CHAR	2	0	N
CDE_COND_4	Code used to identify conditions relating to an institutional claim that may affect payer processing (4 of 8).	CHAR	2	0	N
CDE_COND_5	Code used to identify conditions relating to an institutional claim that may affect payer processing (5 of 8).	CHAR	2	0	N
CDE_COND_6	Code used to identify conditions relating to an institutional claim that may affect payer processing (6 of 8).	CHAR	2	0	N
CDE_COND_7	Code used to identify conditions relating to an institutional claim that may affect payer processing (7 of 8).	CHAR	2	0	N
CDE_COND_8	Code used to identify conditions relating to an institutional claim that may affect payer processing (8 of 8).	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.59 T_CA_COS_DTL_XREF

This table stores State and Federal category of service assignments for each claim record. Based on the CDE_TXN_TYPE the record can be queried for each claim type. This table includes claims (paid and denied).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key that uniquely identifies the claim record.	NUMBER	9	0	Y
NUM_DTL	Detail number for the claim record. Value of zero is used for non-claim records and header processed claims.	NUMBER	4	0	Y
CDE_TXN_TYPE	Identifies the type of record for the SAK_RECORD column. Values include the following but new State values may be added: C - Claim R - Acct Receivables S - Expenditures V - Capitation	CHAR	1	0	Y
DTE_PTN	Date used for database partitioning.	DATE	0	0	Y
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
CDE_COS_MSIS	Code for the MSIS type of service assigned to this record.	CHAR	2	0	N
CDE_COS_CMS64_9	Code for the CMS 64.9 line item assigned to this record.	CHAR	4	0	N
CDE_COS_CMS64_21	Code for the CMS 64.21 line item assigned to this record.	CHAR	4	0	N
CDE_COS_CMS21	Code for the CMS 21 line item assigned to this record.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FUND_SRC	Code for the fund source used in federal reporting. Values include the following but States may add new values as needed: M - Medicaid B - BCCTS F - Family Planning I - Indian Health Services E - EPSDT	CHAR	1	0	N

2.13.60 T_CA_CURRENT_DATES

This table holds the current date associated with the last payment cycle. It holds the date in many different formats.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID_BEG	The Beginning Paid Date for the DSS Claims Load weekly process. This field is for recurring reports.	DATE	0	0	Y
DTE_PAID_NUM_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in numeric format. This field is for recurring reports.	NUMBER	9	0	N
DTE_PAID_WEEK_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Week format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_MONTH_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Month format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_QTR_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Quarter format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_SFY_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in State Fiscal Year format. This field is for recurring reports.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID_CY_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Calendar Year format. This field is for recurring reports.	NUMBER	4	0	N
DTE_PAID_FFY_BEG	The Beginning Paid Date for the DSS Claims Load weekly process in Federal Fiscal Year format. This field is for recurring reports.	NUMBER	4	0	N
DTE_PAID_END	The Ending Paid Date for the DSS Claims Load weekly process. This field is for recurring reports.	DATE	0	0	N
DTE_PAID_NUM_END	The Ending Paid Date for the DSS Claims Load weekly process in numeric format. This field is for recurring reports.	NUMBER	9	0	N
DTE_PAID_WEEK_END	The Ending Paid Date for the DSS Claims Load weekly process in Week format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_MONTH_END	The Ending Paid Date for the DSS Claims Load weekly process in Month format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_QTR_END	The Ending Paid Date for the DSS Claims Load weekly process in Quarter format. This field is for recurring reports.	NUMBER	6	0	N
DTE_PAID_SFY_END	The Ending Paid Date for the DSS Claims Load weekly process in State Fiscal Year format. This field is for recurring reports.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID_CY_END	The Ending Paid Date for the DSS Claims Load weekly process in Calendar Year format. This field is for recurring reports.	NUMBER	4	0	N
DTE_PAID_FFY_END	The Ending Paid Date for the DSS Claims Load weekly process in Federal Fiscal Year format. This field is for recurring reports.	NUMBER	4	0	N
FIRST_DAY_MONTH	First day of the month using the beginning paid date.	DATE	0	0	N
LAST_DAY_MONTH	Last day of the month using the beginning paid date.	DATE	0	0	N
FIRST_DAY_QTR	First day of the quarter using the beginning paid date.	DATE	0	0	N
LAST_DAY_QTR	Last day of the quarter using the beginning paid date.	DATE	0	0	N

2.13.61 T_CA_DENTAL

This table is specific to the Dental claim type. Low hit dental data elements are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
CDE_TOOTH_NBR	A code to indicate the tooth on which the service was performed.	CHAR	2	0	N
CDE_TOOTH_SURFACE_1	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_SURFACE_2	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_SURFACE_3	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_SURFACE_4	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_SURFACE_5	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_SURFACE_6	A code for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	CHAR	1	0	N
CDE_TOOTH_QUAD	Code identifying the tooth quadrant.	CHAR	3	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.62 T_CA_DENT_VOID

This table is used to hold original and void SAKs resulting from the adjustment of an original Dental claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.63 T_CA_DIAG

This table is used to hold diagnosis code information for a claim. The first 4 diagnosis codes are carried directly on the claim base table, T_FA_CA_ICN. If a claim has more that 4 diagnosis codes the remaining codes are stored on this table. The SAK_DIAG is initialed to 1 and incremented for each diagnosis for the claim stored on this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
CDE_DIAG_SEQ	Indicates whether diagnosis is primary, second, third, or fourth in the header. Values are 1,2,3 or 4.	CHAR	2	0	N
CDE_DIAG	The diagnosis code that was keyed on the claim.	CHAR	7	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.64 T_CA_DIAG_DN

This table contains diagnosis codes 5 through 9. Diagnosis codes 1 through 4 are found on T_CA_ICN.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	Y
CDE_DIAG_5	A code representing a condition requiring medical attention (5 of 9).	CHAR	7	0	N
CDE_DIAG_6	A code representing a condition requiring medical attention (6 of 9).	CHAR	7	0	N
CDE_DIAG_7	A code representing a condition requiring medical attention (7 of 9).	CHAR	7	0	N
CDE_DIAG_8	A code representing a condition requiring medical attention (8 of 9).	CHAR	7	0	N
CDE_DIAG_9	A code representing a condition requiring medical attention (9 of 9).	CHAR	7	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.65 T_CA_DRUG

This table is specific to the Drug claim type. It contains those drug data elements which are less frequently used.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
NUM_DAY_SUPPLY	The number of days the prescription should last.	NUMBER	9	0	N
QTY_DISPENSE	The quantity dispensed for the drug claim.	NUMBER	10	3	N
AMT_BILLED	Amount billed by provider for services rendered.	NUMBER	9	2	N
AMT_ALWD	Amount approved for payment for services rendered.	NUMBER	9	2	N
AMT_PAID	Amount sent to provider for payment for services rendered to a member.	NUMBER	9	2	N
AMT_AWP	Average wholesale price for drug.	NUMBER	12	5	N
AMT_MAC	The unit price for a drug under Federal MAC regulation.	NUMBER	12	5	N
AMT_EAC	Estimated acquisition cost for drug.	NUMBER	12	5	N
AMT_NDC_PROFEE	Amount that the provider receives for dispensing a prescription drug. This amount varies by provider type.	NUMBER	9	2	N
CDE_THERA_CLS_STD	The standard therapeutic class has 100 groupings for drug class. This is assigned by First Data Bank.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_GEN	The generic therapeutic class has 40 groupings for drug class. This is assigned by First Data Bank.	CHAR	3	0	N
CDE_THERA_CLS_SPEC	Therapeutic Class Code, Specific (GC3, Alias, HIC3). The most specific therapeutic class code offered by First DataBank, intended for users who need a very definitive therapeutic classification system.	CHAR	3	0	N
CDE_THERA_CLS_AHFS		CHAR	10	0	N
PATIENT_LOCATION	Code identifying the location of the patient when receiving pharmacy services. Valid values are: 0=Not Specified, 1=Home, 2=Inter-Care3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 10=Outpatient and 11=Hospice.	NUMBER	2	0	N
LEVEL_OF_SERVICE	Coding indicating the type of service the provider rendered. Valid values are: 0=Not Specified, 1=Patient consultation, 2=Home delivery, 3=Emergency, 4=24 hour service, 5=Patient consultation regarding generic product selection and 6=In-Home Service.	NUMBER	2	0	N
CDE_NDC	The national drug code for the drug dispensed.	CHAR	11	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_REFILL	The refill number of the drug that was dispensed on the claim.	CHAR	2	0	N
NUM_PRSCRIP	The number assigned to the prescription by the provider.	CHAR	7	0	N
IND_DRUG_GENERIC	Generic Product Indicator (GPI) distinguishes a product either as a generic drug product or a more expensive branded drug product.	CHAR	1	0	N
CDE_CLM_STATUS	Indicates the status of a claim. The list of valid values in F&A is "P" - paid, "D" - denied, "V" - voided.	CHAR	1	0	N
CDE_ORGANIZ	A code to indicate the type of pharmacy.	CHAR	1	0	N
IND_BRAND_MED_NEC	Field indicates the reason, if any, that a brand name drug was dispensed.	CHAR	1	0	N
IND_PRICING	Indicates the method used to price the service or product.	CHAR	6	0	N
CDE_DEA	Drug Enforcement Administration Code denotes the degree of potential abuse and Federal control of a drug. It is subject to change by Federal regulation. The current code list is: 0, 1, 2, 3, 4, 5.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_GCN	The generic drug code is a 5 digit code (left justified in the 12 characters available in the field) assigned by First Data Bank (Medical Assistance contractor for drug pricing data) to group together all identical drugs. For example Acetaminophen tablets/50mg drug codes will have a common Acetaminophen tablets/50mg drug codes will have a common generic drug code.	NUMBER	5	0	N
NUM_DRUG_GCN_SEQ	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	9	0	N
CDE_DUR_INTRVNTN	Record of whether a drug utilization and review intervention code was given in response to a DUR alert. The intervention code indicates whom the pharmacist consulted with (nobody, physician, recipient) to decide whether to fill the prescription.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DUR_OUTCOME	The response of the pharmacist to the DUR conflict code. This code indicates whether the prescription was filled as is, not filled, or changed.	CHAR	2	0	N
CDE_NCPDP_CONFLICT	Reason for Service Code	CHAR	2	0	N
RATE_PRICE	Pricing Rate used for drug claims.	CHAR	4	0	N
DTE_DISPENSE	The date the service was incurred.	DATE	0	0	N
DTE_PRESCRIBE	Date the prescription was written by the physician.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.66 T_CA_DRUG_GENERIC

This table contains information about Generic Product Indicator (GPI) which will distinguish a product as either a generic drug product or as the more expensive branded drug products.

Column Name	Description	Type	Length	Precision	Primary Key
IND_DRUG_GENERIC	The Generic Product Indicator (GPI) will distinguish a product as either a generic drug product or as the more expensive branded drug products.	CHAR	1	0	Y
DSC_DRUG_GENERIC	Generic Drug Description	VARCHAR2	20	0	N

2.13.67 T_CA_DRUG_SOURCE

This table contains Drug Source Code differentiates single source from multiple source drugs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_SOURCE	The Drug Source Code differentiates single source from multiple source drugs. The current codes are: 1 - Multiple sources & 2 - Single source. Note that this field does not distinguish between the "innovator" products and its substitutes.	CHAR	1	0	Y
DSC_DRUG_SOURCE	Drug Source Description	VARCHAR2	20	0	N

2.13.68 T_CA_DRUG_VOID

This table is used to hold original and void SAKs resulting from the adjustment of an original Drug claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.69 T_CA_EPSDT_ABNORMAL

This table contains information about EPSDT abnormalities identified through screenings.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key to uniquely identify a claim within the system.	NUMBER	9	0	Y
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	Y
CDE_STATUS1	A one byte code indicating whether an abnormality has an open or closed status.	CHAR	1	0	N
DSC_6	The short description of the type of abnormality. Used for reporting purposes.	CHAR	40	0	N
DTE_GENERIC	The date the Abnormality was closed.	DATE	0	0	N
DTE_PTN	This is the partition column for this table. It can be either First Date of Service or Paid Date.	DATE	0	0	N

2.13.70 T_CA_ERROR

This table is used to hold all error code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
SAK_PUB_HLTH	Identifies the benefit plan for which a member is eligible.	NUMBER	9	0	N
SAK_ESC	System assigned key for an edit code that was set by the claims processing system. ESC = Error Status Code.	NUMBER	9	0	N
CDE_ESC	A code that corresponds to a particular edit/audit.	NUMBER	4	0	N
CDE_DISP_STATUS	Code that represents the action that is taken on a claim at the time of disposition. Pay = P, deny = D, suspend = S, force override = F, reject = J, or batch suspend = B.	CHAR	1	0	N
CDE_STAT_ERROR	Code used to indicate whether the error on the claim is a current error ('C'), one that failed in the current cycle, or an historical error ('H'), one that previously failed.	CHAR	1	0	N
CDE_EOB	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
DTE_ERROR	Date that the error occurred.	DATE	0	0	N
DSC_ESC	Description of an edit/audit that is performed in the MMIS system.	CHAR	50	0	N
DSC_EOB	This field is the first line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.71 T_CA_ERROR_DN

This table contains all error code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	Y
SAK_ESC_1	System assigned key that uniquely identifies an error number (1 of 6).	NUMBER	9	0	N
SAK_ESC_2	System assigned key that uniquely identifies an error number (2 of 6).	NUMBER	9	0	N
SAK_ESC_3	System assigned key that uniquely identifies an error number (3 of 6).	NUMBER	9	0	N
SAK_ESC_4	System assigned key that uniquely identifies an error number (4 of 6).	NUMBER	9	0	N
SAK_ESC_5	System assigned key that uniquely identifies an error number (5 of 6).	NUMBER	9	0	N
SAK_ESC_6	System assigned key that uniquely identifies an error number (6 of 6).	NUMBER	9	0	N
DTE_ERROR_1	Date the error occurred (1 of 6).	DATE	0	0	N
DTE_ERROR_2	Date the error occurred (2 of 6).	DATE	0	0	N
DTE_ERROR_3	Date the error occurred (3 of 6).	DATE	0	0	N
DTE_ERROR_4	Date the error occurred (4 of 6).	DATE	0	0	N
DTE_ERROR_5	Date the error occurred (5 of 6).	DATE	0	0	N
DTE_ERROR_6	Date the error occurred (6 of 6).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISP_STATUS_1	Code that represents the action that is taken on a claim at the time of disposition (1 of 6). Pay = P, deny = D, suspend = S, force override = F, reject = J, or batch suspend = B.	CHAR	1	0	N
CDE_DISP_STATUS_2	Code that represents the action that is taken on a claim at the time of disposition (2 of 6).	CHAR	1	0	N
CDE_DISP_STATUS_3	Code that represents the action that is taken on a claim at the time of disposition (3 of 6).	CHAR	1	0	N
CDE_DISP_STATUS_4	Code that represents the action that is taken on a claim at the time of disposition (4 of 6).	CHAR	1	0	N
CDE_DISP_STATUS_5	Code that represents the action that is taken on a claim at the time of disposition (5 of 6).	CHAR	1	0	N
CDE_DISP_STATUS_6	Code that represents the action that is taken on a claim at the time of disposition (6 of 6).	CHAR	1	0	N
CDE_EOB_1	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
CDE_EOB_2	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
CDE_EOB_3	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
CDE_EOB_4	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EOB_5	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
CDE_EOB_6	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.72 T_CA_FIN

The fact table used in the Claims Analysis STAR process. This table is the main claims analysis table. Data elements common to all claim type and high hit data element are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECORD	System assigned key given to a claim.	NUMBER	9	0	N
CLAIM_KEY	System assigned key for the claim dimension table.	NUMBER	9	0	N
BILL_PROV_KEY	System assigned key for the provider dimension table based on billing provider.	NUMBER	9	0	N
RECIP_KEY	System assigned key for the member dimension table.	NUMBER	9	0	N
DOS_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N
PAID_TIME_KEY	System assigned key for the paid time dimension table.	NUMBER	9	0	N
AMT_REIMBURSED	Payment amount received by the Billing Provider.	NUMBER	13	2	N
AMT_PAID	Amount that will be applied toward the check amount.	NUMBER	13	2	N
CNT_CLAIMS_PAID	Counts the claim as a paid claim.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PAID	The date the claim was adjudicated. Except for special processing cycles. This is not the actual date of payment; since the payment is issued by the state treasurer after a post-audit and when funds are available.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N
DTE_FIRST_SVC	Date on which services were first performed for a member.	DATE	0	0	N
DTE_LAST_SVC	Date on which services were last performed for a member.	DATE	0	0	N
ID_MEDICAID	The unique number assigned to the member.	CHAR	12	0	N
CDE_CLM_TYPE	A code to indicate the type of medical assistance invoice used by the provider to bill map for the rendered service.	CHAR	1	0	N
NUM_CHECK	The voucher transmittal number used in the state	CHAR	9	0	N
NUM_RA	The Remmitance Advice Number.	NUMBER	9	0	N

2.13.73 T_CA_HDR_DTL

This table is used to hold all inpatient ancillary code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
CDE_REVENUE	Identifies a specific accommodation or ancillary service.	CHAR	4	0	N
AMT_BILLED	Amount provider billed for the service.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_ALWD	Amount MA approved for the service.	NUMBER	9	2	N
AMT_DTL_TPL	Amount paid by a third party.	NUMBER	9	2	N
AMT_PAID	Amount of money (check or EFT) we will pay to an external entity.	NUMBER	9	2	N
AMT_CO_PAY	Co-payment Amount	NUMBER	9	2	N
AMT_PD_MCO	Amount paid to the managed care organization.	NUMBER	9	2	N
AMT_PAT_LIAB	Patient Liability Amount	NUMBER	10	2	N
QTY_UNITS_BILLED	Quantity billed by the provider for payment for services rendered to a member.	NUMBER	9	2	N
QTY_UNITS_ALWD	Quantity allowed for payment for services rendered to a member.	NUMBER	9	2	N
CDE_DTL_STATUS	Code to indicate payment status of the detail.	CHAR	1	0	N
IND_PRICING	Indicator to show what pricing formula was used.	CHAR	6	0	N
IND_EPSDT	Indicates whether the procedure/drug is compensable for children (under 21) with medically needy only categories of assistance if dispensed through the EPSDT program. Service is determined to be EPSDT using a procedure group maintained in the Reference system. Valid values are Y (Yes) and N (No).	CHAR	1	0	N
IND_REF_FAM_PLAN	Indicates if this was Family Planning.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_STERILIZATION	Indicates if this was a sterilization.	CHAR	1	0	N
IND_HYST		CHAR	1	0	N
IND_ABORTION	Indicates if this was an abortion.	CHAR	1	0	N
CDE_PROC	A code from the MA fee schedule to indicate the service performed.	CHAR	6	0	N
CDE_MODIFIER_1	Procedure Code Modifier 1	CHAR	2	0	N
CDE_MODIFIER_2	Procedure Code Modifier 2	CHAR	2	0	N
CDE_MODIFIER_3	Procedure Code Modifier 3	CHAR	2	0	N
CDE_MODIFIER_4	Procedure Code Modifier 4	CHAR	2	0	N
ID_PROV_ATTEND	Attending Provider ID.	CHAR	15	0	N
SAK_PROV_LOC_ATTEND	System Assigned Key for Attending Provider Service Location.	NUMBER	9	0	N
DTE_LAST_SVC	Date on which services were last performed for a recipient	DATE	0	0	N
DTE_FIRST_SVC	The date the service was incurred.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.74 T_CA_HDR_DTL_DN

This table is used to hold the first 23 details of inpatient ancillary code information for a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_1	A code indicating the ancillary services provided to the member during the billing period (1 of 23).	CHAR	4	0	N
CDE_PROC_1	A code indicating the service performed (1 of 23).	CHAR	6	0	N
AMT_ALWD_1	The usual and customary charge for the respective code (1 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_1	The number of units of service included for the respective code (1 of 23).	NUMBER	9	2	N
CDE_REVENUE_2	A code indicating the ancillary services provided to the member during the billing period (2 of 23).	CHAR	4	0	N
CDE_PROC_2	A code indicating the service performed (2 of 23).	CHAR	6	0	N
AMT_ALWD_2	The usual and customary charge for the respective code (2 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_2	The number of units of service included for the respective code (2 of 23).	NUMBER	9	2	N
CDE_REVENUE_3	A code indicating the ancillary services provided to the member during the billing period (3 of 23).	CHAR	4	0	N
CDE_PROC_3	A code indicating the service performed (3 of 23).	CHAR	6	0	N
AMT_ALWD_3	The usual and customary charge for the respective code (3 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_3	The number of units of service included for the respective code (3 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_4	A code indicating the ancillary services provided to the member during the billing period (4 of 23).	CHAR	4	0	N
CDE_PROC_4	A code indicating the service performed (4 of 23).	CHAR	6	0	N
AMT_ALWD_4	The usual and customary charge for the respective code (4 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_4	The number of units of service included for the respective code (4 of 23).	NUMBER	9	2	N
CDE_REVENUE_5	A code indicating the ancillary services provided to the member during the billing period (5 of 23).	CHAR	4	0	N
CDE_PROC_5	A code indicating the service performed (5 of 23).	CHAR	6	0	N
AMT_ALWD_5	The usual and customary charge for the respective code (5 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_5	The number of units of service included for the respective code (5 of 23).	NUMBER	9	2	N
CDE_REVENUE_6	A code indicating the ancillary services provided to the member during the billing period (6 of 23).	CHAR	4	0	N
CDE_PROC_6	A code indicating the service performed (6 of 23).	CHAR	6	0	N
AMT_ALWD_6	The usual and customary charge for the respective code (6 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_6	The number of units of service included for the respective code (6 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_7	A code indicating the ancillary services provided to the member during the billing period (7 of 23).	CHAR	4	0	N
CDE_PROC_7	A code indicating the service performed (7 of 23).	CHAR	6	0	N
AMT_ALWD_7	The usual and customary charge for the respective code (7 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_7	The number of units of service included for the respective code (7 of 23).	NUMBER	9	2	N
CDE_REVENUE_8	A code indicating the ancillary services provided to the member during the billing period (8 of 23).	CHAR	4	0	N
CDE_PROC_8	A code indicating the service performed (8 of 23).	CHAR	6	0	N
AMT_ALWD_8	The usual and customary charge for the respective code (8 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_8	The number of units of service included for the respective code (8 of 23).	NUMBER	9	2	N
CDE_REVENUE_9	A code indicating the ancillary services provided to the member during the billing period (9 of 23).	CHAR	4	0	N
CDE_PROC_9	A code indicating the service performed (9 of 23).	CHAR	6	0	N
AMT_ALWD_9	The usual and customary charge for the respective code (9 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_9	The number of units of service included for the respective code (9 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_10	A code indicating the ancillary services provided to the member during the billing period (10 of 23).	CHAR	4	0	N
CDE_PROC_10	A code indicating the service performed (10 of 23).	CHAR	6	0	N
AMT_ALWD_10	The usual and customary charge for the respective code (10 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_10	The number of units of service included for the respective code (10 of 23).	NUMBER	9	2	N
CDE_REVENUE_11	A code indicating the ancillary services provided to the member during the billing period (11 of 23).	CHAR	4	0	N
CDE_PROC_11	A code indicating the service performed (11 of 23).	CHAR	6	0	N
AMT_ALWD_11	The usual and customary charge for the respective code (11 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_11	The number of units of service included for the respective code (11 of 23).	NUMBER	9	2	N
CDE_REVENUE_12	A code indicating the ancillary services provided to the member during the billing period (12 of 23).	CHAR	4	0	N
CDE_PROC_12	A code indicating the service performed (12 of 23).	CHAR	6	0	N
AMT_ALWD_12	The usual and customary charge for the respective code (12 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_12	The number of units of service included for the respective code (12 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_13	A code indicating the ancillary services provided to the member during the billing period (13 of 23).	CHAR	4	0	N
CDE_PROC_13	A code indicating the service performed (13 of 23).	CHAR	6	0	N
AMT_ALWD_13	The usual and customary charge for the respective code (13 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_13	The number of units of service included for the respective code (13 of 23).	NUMBER	9	2	N
CDE_REVENUE_14	A code indicating the ancillary services provided to the member during the billing period (14 of 23).	CHAR	4	0	N
CDE_PROC_14	A code indicating the service performed (14 of 23).	CHAR	6	0	N
AMT_ALWD_14	The usual and customary charge for the respective code (14 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_14	The number of units of service included for the respective code (14 of 23).	NUMBER	9	2	N
CDE_REVENUE_15	A code indicating the ancillary services provided to the member during the billing period (15 of 23).	CHAR	4	0	N
CDE_PROC_15	A code indicating the service performed (15 of 23).	CHAR	6	0	N
AMT_ALWD_15	The usual and customary charge for the respective code (15 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_15	The number of units of service included for the respective code (15 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_16	A code indicating the ancillary services provided to the member during the billing period (16 of 23).	CHAR	4	0	N
CDE_PROC_16	A code indicating the service performed (16 of 23).	CHAR	6	0	N
AMT_ALWD_16	The usual and customary charge for the respective code (16 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_16	The number of units of service included for the respective code (16 of 23).	NUMBER	9	2	N
CDE_REVENUE_17	A code indicating the ancillary services provided to the member during the billing period (17 of 23).	CHAR	4	0	N
CDE_PROC_17	A code indicating the service performed (17 of 23).	CHAR	6	0	N
AMT_ALWD_17	The usual and customary charge for the respective code (17 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_17	The number of units of service included for the respective code (17 of 23).	NUMBER	9	2	N
CDE_REVENUE_18	A code indicating the ancillary services provided to the member during the billing period (18 of 23).	CHAR	4	0	N
CDE_PROC_18	A code indicating the service performed (18 of 23).	CHAR	6	0	N
AMT_ALWD_18	The usual and customary charge for the respective code (18 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_18	The number of units of service included for the respective code (18 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_19	A code indicating the ancillary services provided to the member during the billing period (19 of 23).	CHAR	4	0	N
CDE_PROC_19	A code indicating the service performed (19 of 23).	CHAR	6	0	N
AMT_ALWD_19	The usual and customary charge for the respective code (19 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_19	The number of units of service included for the respective code (19 of 23).	NUMBER	9	2	N
CDE_REVENUE_20	A code indicating the ancillary services provided to the member during the billing period (20 of 23).	CHAR	4	0	N
CDE_PROC_20	A code indicating the service performed (20 of 23).	CHAR	6	0	N
AMT_ALWD_20	The usual and customary charge for the respective code (20 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_20	The number of units of service included for the respective code (20 of 23).	NUMBER	9	2	N
CDE_REVENUE_21	A code indicating the ancillary services provided to the member during the billing period (21 of 23).	CHAR	4	0	N
CDE_PROC_21	A code indicating the service performed (21 of 23).	CHAR	6	0	N
AMT_ALWD_21	The usual and customary charge for the respective code (21 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_21	The number of units of service included for the respective code (21 of 23).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE_22	A code indicating the ancillary services provided to the member during the billing period (22 of 23).	CHAR	4	0	N
CDE_PROC_22	A code indicating the service performed (22 of 23).	CHAR	6	0	N
AMT_ALWD_22	The usual and customary charge for the respective code (22 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_22	The number of units of service included for the respective code (22 of 23).	NUMBER	9	2	N
CDE_REVENUE_23	A code indicating the ancillary services provided to the member during the billing period (23 of 23).	CHAR	4	0	N
CDE_PROC_23	A code indicating the service performed (23 of 23).	CHAR	6	0	N
AMT_ALWD_23	The usual and customary charge for the respective code (23 of 23).	NUMBER	9	2	N
QTY_UNITS_ALWD_23	The number of units of service included for the respective code (23 of 23).	NUMBER	9	2	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.75 T_CA_HELD_CLAIMS

The fact table used in the Claims Analysis STAR process. This table is the main claims analysis table. Data elements common to all claim type and high hit data element are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PERF_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
REFER_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
BILL_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
DOS_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N
PAID_TIME_KEY	System assigned key for the paid time dimension table.	NUMBER	9	0	N
SAK_RECIP	System assigned key assigned to a member.	NUMBER	9	0	N
AMT_BILLED	Amount of money requested for payment by a provider for services rendered to a member.	NUMBER	10	2	N
AMT_ALWD	Amount approved to pay for services provided to a member.	NUMBER	10	2	N
AMT_REIMBURSED	Amount sent to a provider for payment for services rendered to a member.	NUMBER	10	2	N
AMT_PAID	Amount that will be applied toward the check amount.	NUMBER	10	2	N
AMT_STATE_SHARE	Amount of state share for this payment.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_FEDERAL_SHARE	Amount of federal share for this payment.	NUMBER	10	2	N
AMT_TPL	The amount received by the provider from private insurers.	NUMBER	10	2	N
AMT_CO_PAY	The amount members age 18 and older are responsible to pay the provider for the service.	NUMBER	10	2	N
AMT_PAT_LIAB	The amount received by the provider from the member. This excludes copay. This is the amount that has been determined to be available from the member as partial payment of the cost of care.	NUMBER	10	2	N
AMT_MCARE_PAID	The amount received by the provider for the claim from Medicare.	NUMBER	10	2	N
CNT_CLAIMS	Counts the claim as a paid claim.	NUMBER	9	0	N
QTY_UNITS_BILLED	The units of service billed by the provider.	NUMBER	9	2	N
QTY_UNITS_ALWD	The units of service approved for payment.	NUMBER	9	2	N
DTE_BILLED	The date the provider completed the invoice.	DATE	0	0	N
DTE_PAID	The date the claim was adjudicated except for special processing cycles. This is not the actual date of payment since the payment is issued by the state treasurer after a post-audit and when funds are available.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PTN	Date used for database partitioning.	DATE	0	0	N
DTE_FIRST_SVC	Date on which services were first performed for a member.	DATE	0	0	N
DTE_LAST_SVC	Date on which services were last performed for a member.	DATE	0	0	N
DTE_ADMISSION	The date the member was admitted to the hospital.	DATE	0	0	N
DTE_DISCHARGE	The date the member was discharged from the hospital.	DATE	0	0	N
DTE_BIRTH	The birthdate of the member.	DATE	0	0	N
NUM_ICN	Unique control number assigned to the invoice to indicate its date of receipt. The format is RRYYJJJBBBSSS where RR is the claim region; YY is the last two digits of the calendar year the claim was received; JJJ is the julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	CHAR	13	0	N
NUM_ADJ_ICN	Internal control number of the mother claim.	CHAR	13	0	N
ID_MEDICAID	The unique number assigned to the member.	CHAR	12	0	N
NUM_CASE	Contains the member case code assigned.	CHAR	12	0	N
ID_PROV_PRESCRB	The ID for the prescribing provider.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_ATTEND	The ID for the attending provider.	CHAR	15	0	N
CDE_PROV_TYPE_BILL	Billing Provider Type Code.	CHAR	2	0	N
CDE_PROV_SPEC_BILL	Billing Provider Specialty Code.	CHAR	3	0	N
CDE_PROV_TYPE_PERF	Performing Provider Type Code.	CHAR	2	0	N
CDE_PROV_SPEC_PERF	Performing Provider Specialty Code.	CHAR	3	0	N
CDE_RECIP_COUNTY	The county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
CDE_RACE	Code describing the race of an individual. Each position of this field can contain a different race code.	CHAR	2	0	N
CDE_ETHNIC	Member's ethnicity code.	CHAR	2	0	N
CDE_SEX	Code describing the gender of an individual.	CHAR	1	0	N
CDE_AID_CATEGORY	Identifies the type of aid for which a member is eligible.	CHAR	2	0	N
CDE_PGM_STATUS	Code for Member Program Status. This is used as additional criteria to determine eligibility.	CHAR	2	0	N
CDE_IMID	The relationship indicator.	CHAR	2	0	N
NUM_RECIP_AGE	The age of the member on the From Date of Service rounded down to a full year.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_PRIM	A code from the MA fee schedule to indicate the service performed.	CHAR	6	0	N
CDE_MODIFIER_1	The first of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_2	The second of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_3	The third of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_4	The fourth of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_DIAG_PRIM	The primary ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_2	The secondary ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_3	The third ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_4	The fourth ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_NDC	The national drug code for the drug dispensed.	CHAR	11	0	N
CDE_DRG	The diagnosis related group number assigned to the claim.	CHAR	4	0	N
CDE_CLM_TYPE	A code to indicate the type of medical assistance invoice used by the provider to bill omap for the rendered service.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE	The voucher transmittal number used in the state accounting system.	CHAR	4	0	N
CDE_CLM_REGION	Indicates whether the procedure/drug is exempt from the member co-payment requirement.	CHAR	2	0	N
CDE_PGM_HEALTH	The remittance advice number printed in the financial system.	CHAR	5	0	N
CDE_FUND_CODE	A code to indicate whether the service was a sterilization or a hysterectomy.	CHAR	3	0	N
CDE_TYPE_OF_BILL	Code which indicates a specific type of facility.	CHAR	3	0	N
NUM_PRIOR_AUTH	This is the number assigned that authorizes the procedure being performed.	CHAR	10	0	N
CDE_DTL_STATUS	Code that indicates if the claim is approved or rejected.	CHAR	1	0	N
CDE_HDR_DTL	A code to indicate whether the record is a new day claim (N), adjustment (A=daughter claim) or a void (V).	CHAR	1	0	N

2.13.76 T_CA_ICD9_PROC

This table is used to hold all inpatient procedure code information for a claim. The NUM_SEQ data element is initialized to 1 and incremented for each IDC9 procedure occurrence on the inpatient claim. DTE_ICD_9_CM_PROC is only available for the first 3 occurrences of ICD9 procedures on the claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SEQ	Sequence numbers as they appeared on the claim.	NUMBER	4	0	N
CDE_PROC_ICD9	Code which represents the surgical procedure code.	VARCHAR2	4	0	N
DTE_ICD_9_CM_PROC	The date the surgical procedure was performed.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.77 T_CA_ICD9_PROC_DN

This table contains up to six ICD9 procedure codes billed on an inpatient UB claim form. Only three procedure dates are displayed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
DTE_ICD_9_CM_PROC_1	Date first (primary) surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_2	Date second surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_3	Date third surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_4	Date fourth surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_5	Date fifth surgery occurred.	DATE	0	0	N
DTE_ICD_9_CM_PROC_6	Date sixth surgery occurred.	DATE	0	0	N
CDE_PROC_ICD9_1	First (primary) surgical procedure code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_2	Second surgery code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_3	Third surgery code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_4	Fourth surgery code.	VARCHAR2	4	0	N
CDE_PROC_ICD9_5	Fifth surgery code.	VARCHAR2	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_ICD9_6	Sixth surgery code.	VARCHAR2	4	0	N
DTE_PTN	The date of the financial cycle the claim was paid.	DATE	0	0	N

2.13.78 T_CA_ICN

The fact table used in the Claims Analysis STAR process. This table is the main claims analysis table. Data elements common to all claim type and high hit data element are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
PERF_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
REFER_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
BILL_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
SUBM_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
FAC_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SURG_PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	N
CLAIM_KEY	System assigned key for the claim dimension table.	NUMBER	9	0	N
RECIP_KEY	System assigned key for the member dimension table.	NUMBER	9	0	N
DOS_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N
PAID_TIME_KEY	System assigned key for the paid time dimension table.	NUMBER	9	0	N
AMT_BILLED	Amount of money requested for payment by a provider for services rendered to a member.	NUMBER	10	2	N
AMT_ALWD	Amount approved to pay for services provided to a member.	NUMBER	10	2	N
AMT_REIMBURSED	Amount sent to a provider for payment for services rendered to a member.	NUMBER	10	2	N
AMT_PAID	Amount that will be applied toward the check amount.	NUMBER	10	2	N
AMT_STATE_SHARE	Amount of state share for this payment.	NUMBER	10	2	N
AMT_FEDERAL_SHARE	Amount of federal share for this payment.	NUMBER	10	2	N
AMT_ENCOUNTER	Amount for encounter services on the claim detail indicated by the detail number on the table.	NUMBER	10	2	N
AMT_TPL	The amount received by the provider from private insurers.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CO_PAY	The amount members age 18 and older are responsible to pay the provider for the service.	NUMBER	10	2	N
AMT_PAT_LIAB	The amount received by the provider from the member. This excludes copay. This is the amount that has been determined to be available from the member as partial payment of the cost of care.	NUMBER	10	2	N
AMT_MCARE_PAID	The amount received by the provider for the claim from Medicare.	NUMBER	10	2	N
AMT_PD_MCO	Amount paid by the managed care organization.	NUMBER	10	2	N
CNT_CLAIMS_PAID	Counts the claim as a paid claim.	NUMBER	9	0	N
CNT_CLAIMS_DENIED	Counts the claim as a denied claim.	NUMBER	9	0	N
QTY_UNITS_BILLED	The units of service billed by the provider.	NUMBER	9	2	N
QTY_UNITS_ALWD	The units of service approved for payment.	NUMBER	9	2	N
NUM_DAYS_COVD	Indicates the number of days covered for the statement period of the claim.	NUMBER	9	0	N
NUM_DAYS_NCOVD	The number of days between the service begin-date and service end date which were not covered in any part by medical assistance or Medicare.	NUMBER	9	0	N
SAK_RECIP	System assigned key assigned to a member.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_RECIP_AGE	The age of the member on the From Date of Service rounded down to a full year.	NUMBER	4	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
BUDGET_YR	The fiscal year of the budget from which the funds were drawn.	NUMBER	4	0	N
DTE_BILLED	The date the provider completed the invoice.	DATE	0	0	N
DTE_PAID	The date the claim was adjudicated except for special processing cycles. This is not the actual date of payment since the payment is issued by the state treasurer after a post-audit and when funds are available.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N
DTE_FIRST_SVC	Date on which services were first performed for a member.	DATE	0	0	N
DTE_LAST_SVC	Date on which services were last performed for a member.	DATE	0	0	N
DTE_ADMISSION	The date the member was admitted to the hospital.	DATE	0	0	N
DTE_DISCHARGE	The date the member was discharged from the hospital.	DATE	0	0	N
DTE_BIRTH	The birthdate of the member.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_ICN	Unique control number assigned to the invoice to indicate its date of receipt. The format is RRYYJJJBBBSSS where RR is the claim region; YY is the last two digits of the calendar year the claim was received; JJJ is the julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	CHAR	13	0	N
ID_MEDICAID	The unique number assigned to the member.	CHAR	12	0	N
CDE_RELATION	A code to indicate the relationship of the member to the head of the household.	CHAR	1	0	N
NUM_ADJ_ICN	Internal control number of the mother claim.	CHAR	13	0	N
CDE_PROC_PRIM	A code from the MA fee schedule to indicate the service performed.	CHAR	6	0	N
CDE_MODIFIER_1	The first of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_2	The second of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_3	The third of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N
CDE_MODIFIER_4	The fourth of up to 4 codes that may be used to supplement the procedure code.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_NDC	The national drug code for the drug dispensed.	CHAR	11	0	N
CDE_DIAG_PRIM	The primary ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_2	The secondary ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_3	The third ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DIAG_4	The fourth ICD-9-CM diagnosis code.	CHAR	7	0	N
CDE_DRG	The diagnosis related group number assigned to the claim.	CHAR	4	0	N
CDE_TYPE_OF_BILL	Code which indicates a specific type of facility.	CHAR	3	0	N
NUM_PRIOR_AUTH	This is the number assigned that authorizes the procedure being performed.	CHAR	10	0	N
CDE_DTL_STATUS	Code that indicates if the claim is approved or rejected.	CHAR	1	0	N
ID_CLERK	Identification number of the clerk who did data entry on the claim.	CHAR	8	0	N
IND_ACCIDENT	Indicates whether the service performed was as a result of an accident.	CHAR	1	0	N
IND_PRICING	Indicates whether the procedure/drug is exempt from the member co-payment requirement.	CHAR	6	0	N
NUM_CASE	Contains the member case code assigned.	CHAR	12	0	N
NUM_CHECK	The voucher transmittal number used in the state accounting system.	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_RA	The remittance advice number printed in the financial system.	NUMBER	9	0	N
IND_EPSDT_SCREEN	Indicator ('Y' or 'N') for claims that were for EPSDT Screenings. This means the claim record exists on the T_RE_EPS_HIST_EXT Table in the MMIS.	CHAR	1	0	N
IND_REF_EPSDT	Indicates whether the procedure/drug is compensable for children with medically needy only categories of assistance if dispensed through the EPSDT program.	CHAR	1	0	N
IND_REF_FAM_PLAN	Indicates whether the procedure/drug is for family planning purposes.	CHAR	1	0	N
IND_STERILIZATION	A code to indicate whether the service was a sterilization or a hysterectomy.	CHAR	1	0	N
IND_HYST	Indicates if the procedure performed was a hysterectomy.	CHAR	1	0	N
CDE_EMERGENCY	A code to indicate whether the claim was for a service provided in an emergency situation.	CHAR	1	0	N
IND_ABORTION	Indicates if the procedure performed was an abortion.	CHAR	1	0	N
CDE_ABORTION	Code indicating the reason for an abortion.	CHAR	1	0	N
CDE_STERILIZATION	Code indicating the reason for a sterilization.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	A code to indicate the type of medical assistance invoice used by the provider to bill omap for the rendered service.	CHAR	1	0	N
CDE_PROV_TYPE_BILL	Billing Provider Type Code.	CHAR	2	0	N
CDE_PROV_SPEC_BILL	Billing Provider Specialty Code.	CHAR	3	0	N
CDE_PROV_TYPE_PERF	Performing Provider Type Code.	CHAR	2	0	N
CDE_PROV_SPEC_PERF	Performing Provider Specialty Code.	CHAR	3	0	N
ID_PROV_PRESCRB	The ID for the prescribing provider.	CHAR	15	0	N
ID_PROV_ATTEND	The ID for the attending provider.	CHAR	15	0	N
ID_PROV_SURG	The ID for the surgical provider.	CHAR	15	0	N
CDE_ADJ_VOID	A code to indicate whether the record is a new day claim (N), adjustment (A=daughter claim) or a void (V).	CHAR	1	0	N
IND_MNGD_HLTH	Indicates if the member was enrolled in an hmo/hio when the claim was adjudicated.	CHAR	1	0	N
IND_RESTRICT_LI	A code to indicate whether the member is/was "locked-in" to a specific provider to prevent utilization abuse by the member.	CHAR	1	0	N
IND_CLAIM	E=Encounter or F=Fee for service claim.	CHAR	1	0	N
IND_LATEST_CLM	Code to indicate the latest claim in an adjustment chain.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CLAIMS_CORR	The number of detail lines on this claim that required some form of correction.	NUMBER	9	0	N
CNT_CLAIMS_OVRD	The number of detail lines on this claim that were paid after overriding a claim edit.	NUMBER	9	0	N
CNT_CLAIMS_TPL	The number of details on this claim with TPL indicated.	NUMBER	9	0	N
CNT_CLAIMS_ERRORS	The number of details on this claim with edits applied.	NUMBER	9	0	N
SAK_COPAY_TYPE	This a Copay Type Group MAR will use to assign based on Category of Service values.	NUMBER	9	0	N
SAK_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	N

2.13.79 T_CA_IND_KEY

The indicator dimension for the Claims Analysis STAR process. This table contains claim related information that would frequently be used in a query. All claims on T_CA_ICN matching on all the attributes on this table are stamped with the same IND_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
IND_KEY	System assigned key for the claim indicator dimension table.	NUMBER	9	0	Y
IND_ACCIDENT	Indicates whether the service performed was as a result of an accident.	CHAR	1	0	N
IND_EPSDT_SCREEN	Indicator ('Y' or 'N') for claims that were for EPSDT Screenings. This means the claim record exists on the T_RE_EPS_HIST_EXT Table in the MMIS.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_EPSDT	Indicates whether the procedure/drug is compensable for children (under 21) with medically needy only categories of assistance if dispensed through the EPSDT program. Service is determined to be EPSDT using a procedure group maintained in the Reference system. Valid values are Y (Yes) and N (No).	CHAR	1	0	N
IND_REF_FAM_PLAN	Indicates whether the procedure/drug is for family planning purposes.	CHAR	1	0	N
IND_STERILIZATION	A code to indicate whether the service was a sterilization or a hysterectomy.	CHAR	1	0	N
IND_HYST	Indicates if the procedure performed was a hysterectomy.	CHAR	1	0	N
IND_ABORTION	Indicates if the procedure performed was an abortion.	CHAR	1	0	N
IND_MNGD_HLTH	Indicates if the member was enrolled in an hmo/hio when the claim was adjudicated.	CHAR	1	0	N
IND_RESTRICT_LI	A code to indicate whether the member is/was "locked-in" to a specific provider to prevent utilization abuse by the member.	CHAR	1	0	N
IND_CARRIER_DENIED	Indicates if other insurance carrier denied the claim.	CHAR	1	0	N
IND_TPL	Indicates if Member has TPL.	CHAR	1	0	N
IND_DISEASE_MGT	Indicates if the member is part of disease management program.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PROV_GRP	Indicates if the provider is a member of a group.	CHAR	1	0	N
IND_LTC	Indicates if the member is in a Long Term Care facility.	CHAR	1	0	N
IND_KENPAC	Indicates if the member is in the KENPAC program.	CHAR	1	0	N
IND_HOSPICE	Indicates if the member is in a hospice.	CHAR	1	0	N
IND_LOCKIN_RX	Indicates if the member is locked in to a pharmacy.	CHAR	1	0	N
IND_LOCKIN_DR	Indicates if the member is locked in to a doctor.	CHAR	1	0	N
IND_MEMB_FFS_MC	Indicates if the member is in a managed care or Fee for service program.	CHAR	1	0	N
IND_KCHIP	Indicates if the member is in the KCHIP program.	CHAR	1	0	N
IND_HMO	Indicates if the member is part of a HMO.	CHAR	1	0	N
IND_DUAL_ELIG	Shows that the member is eligible for Medicaid and Medicare.	CHAR	1	0	N
CNT_ACCIDENT	Count for the service performed as a result of an accident.	NUMBER	9	0	N
CNT_EPSDT_SCREEN	Count for the EPSDT Screenings indicator.	NUMBER	9	0	N
CNT_EPSDT	Counts the number of EPSDT Claims determined by Procedure Group.	NUMBER	9	0	N
CNT_REF_FAM_PLAN	Count for when the procedure/drug is for family planning purposes.	NUMBER	9	0	N
CNT_STERILIZATION	Count for when the service was a sterilization or a hysterectomy.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_HYST	Count for when the procedure performed was a hysterectomy.	NUMBER	9	0	N
CNT_ABORTION	Count for when the procedure performed was an abortion.	NUMBER	9	0	N
CNT_MNGD_HLTH	Count for when the member was enrolled in an hmo/hio when the claim was adjudicated.	NUMBER	9	0	N
CNT_RESTRICT_LI	Count for when the member is/was "locked-in" to a specific provider to prevent utilization abuse by the member.	NUMBER	9	0	N
CNT_CARRIER_DENIED	Count of other insurance carriers that denied the claim.	NUMBER	9	0	N
CNT_TPL	Count for when Member has TPL.	NUMBER	9	0	N
CNT_DISEASE_MGT	Count for when the member is part of disease management program.	NUMBER	9	0	N
CNT_PROV_GRP	Count for when the provider is a member of a group.	NUMBER	9	0	N
CNT_LTC	Count of the member in a Long Term Care facility.	NUMBER	9	0	N
CNT_KENPAC	Count of the member in the KENPAC program.	NUMBER	9	0	N
CNT_HOSPICE	Count of the member in a hospice.	NUMBER	9	0	N
CNT_LOCKIN_RX	Count of the member locked in to a pharmacy.	NUMBER	9	0	N
CNT_LOCKIN_DR	Count of the member locked in to a doctor.	NUMBER	9	0	N
CNT_MEMB_FFS_MC	Count off the member in a managed care or Fee for service program.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_KCHIP	Count of the member in the KCHIP program.	NUMBER	9	0	N
CNT_HMO	Count of the member is part of a HMO.	NUMBER	9	0	N
CNT_DUAL_ELIG	Count of member dual eligible.	NUMBER	9	0	N

2.13.80 T_CA_LOCAT_98

The location of a claim while processing in the MMIS. This identifies the type of edit or audit failed, department or group of examiners responsible for adjudicating the claim, and the type of claim that failed. For finalized paid claims the location will be 99. For finalized denied claims the location will be 66.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
DTE_LOCAT_98	Date on which the claim entered location 98 - approved to pay.	DATE	0	0	N
DTE_PTN	Date used for database partitioning	DATE	0	0	N

2.13.81 T_CA_LTC

This table is specific to the LTC claim type. Low hit LTC data elements are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
AMT_PROV_PER_DIEM	The maximum amount to be paid to the provider for each day of care.	NUMBER	9	2	N
AMT_FAC_LV_ALW	The number of facility days plus leave days multiplied by the per diem. This allowance applicable to facility and leave days.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_HOSP_ALW	The number of hospital days multiplied by 1/3rd the per diem. This allowance applicable to hospital reserve bed days.	NUMBER	9	2	N
AMT_COINSURANCE	The amount due from MA for the resident's Medicare coinsurance days.	NUMBER	9	2	N
NUM_HOSPITAL_DAYS	The number of days in the billing period the provider reserved a bed while the member was in a hospital.	NUMBER	4	0	N
NUM_LEAVE_DAYS	The number of days in the billing period the provider reserved a bed while the member was away on therapeutic leave.	NUMBER	4	0	N
NUM_FACILITY_DAYS	The number of days in the billing period the member was in the long term care facility (excludes ltc leave days and ltc hospital days).	NUMBER	4	0	N
CDE_PATIENT_STATUS	The patient status code indicates the reason for discharge or that there was no discharge from a hospital or long term care facility at the end of the billing period.	CHAR	2	0	N
CDE_ADMIT_SOURCE	A code to indicate the type of residence of the member required before payment can be authorized.	CHAR	1	0	N
DTE_PTN	The date of the financial cycle the claim was paid.	DATE	0	0	N

2.13.82 T_CA_MCO_XREF

This table contains the Managed Care information relating to the claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TCN_MCO	Claim Transaction ID for the Managed Care Organizations (MCO)	CHAR	20	0	N
DTE_MCO_ADJUD	Date the Managed Care Organizations (MCO) adjudicated the claim.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.83 T_CA_MISC

This table contains claim information that is less frequent which does not pertain to a specific claim type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
QLF_MISC_TYPE	This qualifier identifies the type of information in the CDE_MISC column. Values are: EI - Employee Identification SI - School Identification PT - Pick-up Time (transportation claims)	VARCHAR2	5	0	N
CDE_MISC	A code used in claims processing, such as Employee Identification, School Identification or Pickup time (HHMM). The information on this attribute is determined on the qualifier QLF_MISC_TYPE.	VARCHAR2	11	0	N
NUM_INDV_GROUP	Number of individuals in a group that is used for group therapy services.	NUMBER	2	0	N
SEQ_NUM_IMMUN	Immunization sequence on a series of vaccinations.	NUMBER	2	0	N
SEQ_NUM_IMMUN_2	Immunization sequence on a series of vaccinations.	NUMBER	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SEQ_NUM_IMMUN_3	Immunization sequence on a series of vaccinations.	NUMBER	2	0	N
CDE_REFERRAL_1	First EPSDT/Primary Care Referral Code. EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	N
CDE_REFERRAL_2	Second EPSDT/Primary Care Referral Code. EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REFERRAL_3	Third EPSDT/Primary Care Referral Code. EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	N
DTE_PTN	Date that is used to partition tables. This will either be First Date of Service or Paid Date depending on the state preference.	DATE	0	0	N

2.13.84 T_CA_MR_CST_STLMT_PROC_CDE

This table is used to identify claims in the Claims Analysis universe that include specific procedure codes to be reported on KY Cost Settlement reports, and report them in the correct section of those reports. It's expected to have fewer than 100 rows.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports. Each Cost Settlement report selects claims to report by Category of Service..	CHAR	2	0	Y
CDE_PROV_TYPE_BILL	The billing provider type code. The provider type is used to distinguish between cost settlement reports that report the same category of service.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_BEG	Code used to identify a medical, dental, or DME procedure.	CHAR	6	0	N
CDE_PROC_END		CHAR	6	0	N
RPT_SECTION	Identifies the section on the cost settlement report in which this proc code is reported	NUMBER	8	0	N
DTE_EFFECTIVE	The first date when this procedure code is included on the report. This date is compared to the current run date or the claim date of first service, depending on the query.	NUMBER	8	0	N
DTE_END	The last date when this procedure code is included on the report. This date is compared to the current run date or the claim date of first service, depending on the query	NUMBER	8	0	N

2.13.85 T_CA_MR_CST_STLMT_PROV

This table is used to identify claims in the Claims Analysis universe that include specific procedure codes to be reported on KY Cost Settlement reports, and report them in the correct section of those reports. It's expected to have fewer than 100 rows.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Uniquely Identifies provider.	CHAR	15	0	Y
CDE_RPT_TYPE	Identify the type of report. valid values will be 'M' for monthly (scheduled) or 'D' (daily, also known as 'ad-hoc' or 'on-request')	CHAR	1	0	Y
RPT_NUMBER	Sequence number assigned to the report.	NUMBER	4	0	Y

2.13.86 T_CA_MR_ERROR

This table contains summarized data about the frequency of claim errors by provider and provider peer group.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	A date, in the Oracle DATE format, used to indicate the time period of the summarized data.	DATE	0	0	N
IND_FFS	A indicator on whether or not the expenditure is a Fee For Service(FFS) or Encounter. Y- Yes/FSS; N - No/Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	A value used to indicate the scope of practice for the provider type.	CHAR	3	0	N
CDE_SOURCE	A code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
SAK_PROV_LOC	System assigned key identifying the Provider's Billing Service Location.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	This is the county of the provider's service location.	VARCHAR2	10	0	N
CDE_STATE_REGION	This is the state region calculated from the provider's service location county.	CHAR	1	0	N
CDE_ESC	A SAK that uniquely identifies an error number in the MMIS.	NUMBER	4	0	N
CDE_DISP_STATUS	A code that represents the action (pay, deny, suspend) which should be taken on a claim at disposition time.	CHAR	1	0	N
CNT_CLAIMS	The number of claims for a provider that have failed a given edit or audit during the reporting period.	NUMBER	9	0	N

2.13.87 T_CA_OCCUR

This table is used to hold all inpatient occurrence codes for a claim. The NUM_SEQ data element is initialized to 1 and incremented for each occurrence code occurrence on the inpatient claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_SEQ	System assigned key given to uniquely identify an occurrence code.	NUMBER	4	0	N
CDE_OCCURRENCE	The code defining a significant event relating to the bill that may affect the claims processing.	CHAR	2	0	N
DTE_OCCURRENCE	The date the service was incurred.	DATE	0	0	N
DTE_OCCURENCE_TO	The ending date of the reported service occurrence.	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.88 T_CA_OCCUR_DN

This table is used to hold all inpatient occurrence codes for a claim in denormalized form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
DTE_OCCUR_1	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (1 of 8).	DATE	0	0	N
DTE_OCCUR_TO_1	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (1 of 8).	DATE	0	0	N
DTE_OCCUR_2	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (2 of 8).	DATE	0	0	N
DTE_OCCUR_TO_2	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (2 of 8).	DATE	0	0	N
DTE_OCCUR_3	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (3 of 8).	DATE	0	0	N
DTE_OCCUR_TO_3	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (3 of 8).	DATE	0	0	N
DTE_OCCUR_4	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (4 of 8).	DATE	0	0	N
DTE_OCCUR_TO_4	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (4 of 8).	DATE	0	0	N
DTE_OCCUR_5	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (5 of 8).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_OCCUR_TO_5	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (5 of 8).	DATE	0	0	N
DTE_OCCUR_6	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (6 of 8).	DATE	0	0	N
DTE_OCCUR_TO_6	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (6 of 8).	DATE	0	0	N
DTE_OCCUR_7	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (7 of 8).	DATE	0	0	N
DTE_OCCUR_TO_7	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (7 of 8).	DATE	0	0	N
DTE_OCCUR_8	The occurrence date of a significant event relating to an institutional claim that may affect payer processing (8 of 8).	DATE	0	0	N
DTE_OCCUR_TO_8	The end occurrence date of a significant event relating to an institutional claim that may affect payer processing (8 of 8).	DATE	0	0	N
CDE_OCCUR_1	Code which defines a significant event relating to an institutional claim that may affect payer processing (1 of 8).	CHAR	2	0	N
CDE_OCCUR_2	Code which defines a significant event relating to an institutional claim that may affect payer processing (2 of 8).	CHAR	2	0	N
CDE_OCCUR_3	Code which defines a significant event relating to an institutional claim that may affect payer processing (3 of 8).	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OCCUR_4	Code which defines a significant event relating to an institutional claim that may affect payer processing (4 of 8).	CHAR	2	0	N
CDE_OCCUR_5	Code which defines a significant event relating to an institutional claim that may affect payer processing (5 of 8).	CHAR	2	0	N
CDE_OCCUR_6	Code which defines a significant event relating to an institutional claim that may affect payer processing (6 of 8).	CHAR	2	0	N
CDE_OCCUR_7	Code which defines a significant event relating to an institutional claim that may affect payer processing (7 of 8).	CHAR	2	0	N
CDE_OCCUR_8	Code which defines a significant event relating to an institutional claim that may affect payer processing (8 of 8).	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.89 T_CA_OP_PERFORM

This table contains summarized data about provider claim time to filing and time to finalization (including and excluding days spent in State and CCF locations)

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	A date, in the Oracle DATE format, used to indicate the time period of the summarized data.	DATE	0	0	N
IND_FFS	A indicator on whether or not the expenditure is a Fee For Service(FFS) or Encounter. Y- Yes/FSS; N - No/Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Identifies the Health Program	CHAR	5	0	N
CDE_FUND_CODE	Identifies the Funding Source code.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	A value used to indicate the scope of practice for the provider type.	CHAR	3	0	N
CDE_SOURCE	A code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_CLM_TYPE	A code to represent the type of claim we are processing. (i.e. Physician, Inpatient, Outpatient, Pharmacy, etc.). This determines which message to display.	CHAR	1	0	N
CDE_CLM_REGION	A number indicating the media on which a claim entered the MMIS.	CHAR	2	0	N
CDE_THRUPUT_TYPE	Indicates throughput type.	CHAR	2	0	N
SAK_THRUPUT_GRP	A value determining the time to filing and the time to finalization for claim.	NUMBER	4	0	N
CNT_PC_DAYS	Number of Patient care Days	NUMBER	4	0	N
CNT_CL_DOS_DOR	The number of claims a provider filed in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CL_DOS_DOA	The number of claims adjudicated for a provider in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N
CNT_CL_DOS_DOP	The number of claims paid for a provider in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N
CNT_CL_DOR_DOA	The number of claims adjudicated for a provider in a given number of days (CNT_PC_DAYS) from the date of receipt.	NUMBER	9	0	N
CNT_CL_DOR_DOP	The number of claims paid for a provider in a given number of days (CNT_PC_DAYS) from the date of receipt.	NUMBER	9	0	N
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N

2.13.90 T_CA_PDUR_FINAL_WARN

Tracks warnings for POS pharmacy claims that disposition to paid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key for the claim	NUMBER	9	0	N
SAK_CLAIM_RESPONSE	System assigned key for the claim response	NUMBER	9	0	N
SAK_RELATED_HX	System assigned key related to history	NUMBER	9	0	N
CDE_NCPDP_CONFLICT	NCPDP conflict code	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEVERITY_LEVEL	Severity level where 1=Most Severe, 2=Less Severe, 3=Least Severe.	CHAR	1	0	N
SAK_DRUG_THERA_CLS	Drug therapeutic class system assigned key	NUMBER	9	0	N
NUM_INGRED_LIST	Drug HICL sequence number	NUMBER	6	0	N
SAK_DRUG_GEN	The system assigned key for a GCN Sequence Number.	NUMBER	9	0	N
SAK_DRUG	System assigned key for drug	NUMBER	9	0	N
SAK_DRUG_TC_ORIG	This is the system assigned key for drug TC (therapeutic class) original.	NUMBER	9	0	N
NUM_INGRED_LIST_O	Drug HICL number	NUMBER	6	0	N
SAK_DRUG_GEN_ORIG	Drug gen original system assigned key	NUMBER	9	0	N

2.13.91 T_PDUR_FINAL_WARN

Tracks warnings for POS pharmacy claims that disposition to paid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key for the claim	NUMBER	9	0	N
SAK_CLAIM_RESPONSE	System assigned key for the claim response	NUMBER	9	0	N
SAK_RELATED_HX	System assigned key related to history	NUMBER	9	0	N
CDE_NCPDP_CONFLICT	NCPDP conflict code	CHAR	2	0	N
CDE_SEVERITY_LEVEL	Severity level where 1=Most Severe, 2=Less Severe, 3=Least Severe.	CHAR	1	0	N
SAK_DRUG_THERA_CLS	Drug therapeutic class system assigned key	NUMBER	9	0	N
NUM_INGRED_LIST	Drug HICL sequence number	NUMBER	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_GEN	The system assigned key for a GCN Sequence Number.	NUMBER	9	0	N
SAK_DRUG	System assigned key for drug	NUMBER	9	0	N
SAK_DRUG_TC_ORIG	This is the system assigned key for drug TC (therapeutic class) original.	NUMBER	9	0	N
NUM_INGRED_LIST_O	Drug HICL number	NUMBER	6	0	N
SAK_DRUG_GEN_ORIG	Drug gen original system assigned key	NUMBER	9	0	N

2.13.92 T_CA_PHYS_VOID

This table is used to hold original and void SAKs resulting from the adjustment of an original MSI claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.93 T_CA_PROV_KEY

This the Provider dimension table. The combined attributes of this table are assigned a unique value (PROV_KEY). All claims on T_CA_ICN matching on all the attributes on this table are stamped with the same PROV_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	Y
SAK_PROV	System Assigned Key for the Provider Identifier.	NUMBER	9	0	N
SAK_PROV_LOC	System assigned key assigned to the provider service location.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER_BASE	This is the high level ID assigned by interChange to the unique instance of a provider without regard to service location	CHAR	15	0	N
ID_PROVIDER_NPI	The NPI ID of the provider at the service location. Only healthcare providers are assigned NPI IDs	CHAR	15	0	N
ID_PROVIDER_MCAID	The Medicaid ID of the provider at the service location.	CHAR	15	0	N
NAM_PROVIDER	Name of the provider. This can be a personal or business name. The contents of this attribute (business or personal) can be determined by checking the provider name type	CHAR	50	0	N
NAM_TITLE	Provider Title if it is a non-corporation. Ex. Mr., Mrs., Ms.	CHAR	15	0	N
IND_NAME_TYPE	Indicates it the contents of the provider name is a personal or business name (B - Business; P - Personal)	CHAR	1	0	N
CDE_PROV_TYPE_PRIM	The primary provider type for which a provider is licensed.	CHAR	2	0	N
CDE_PROV_SPEC_PRIM	The primary area of specialization for the provider.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TAX_ID	Tax identification number assigned to the provider by the Internal Revenue Service	CHAR	9	0	N
IND_TAX_ID_TYPE	Indicates the type of number, SSN or FEIN, stored in the tax identifier	CHAR	1	0	N
NUM_PROV_LIC	The license number issue to the provider by the state	CHAR	10	0	N
CDE_TAXONOMY	Taxonomy Code.	CHAR	10	0	N
ADR_SVC_STRT1	Address line 1 of the provider's service location address	CHAR	30	0	N
ADR_SVC_STRT2	Address line 2 of the provider's service location address	CHAR	30	0	N
ADR_SVC_CITY	City name of the provider's service location address	CHAR	30	0	N
ADR_SVC_STATE	State code of the provider's service location address	CHAR	2	0	N
ADR_SVC_ZIP	First 5 characters of the zip code of the provider's service location address	CHAR	5	0	N
ADR_SVC_ZIP4	Last 4 characters of the zip code of the provider's service location address	CHAR	4	0	N
ADR_SVC_PHONE	Provider Service Location Phone Number.	CHAR	10	0	N
ADR_SVC_PHO_EXT	Provider Service Location Phone Extension.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_SVC_LATITUDE	Provider Service Location Latitude.	NUMBER	11	6	N
ADR_SVC_LONGITUDE	Provider Service Location Longitude.	NUMBER	11	6	N
ADR_BILL_STRT1	Address line 1 of the provider's billing address	CHAR	30	0	N
ADR_BILL_STRT2	Address line 2 of the provider's billing address	CHAR	30	0	N
ADR_BILL_CITY	City name of the provider's billing address	CHAR	30	0	N
ADR_BILL_STATE	State code of the provider's billing address	CHAR	2	0	N
ADR_BILL_ZIP	First 5 characters of the zip code of the provider's billing address	CHAR	5	0	N
ADR_BILL_ZIP4	Last 4 characters of the zip code of the provider's billing address	CHAR	4	0	N
ADR_BILL_PHONE	Provider Billing Location Phone Number.	CHAR	10	0	N
ADR_BILL_PHO_EXT	Provider Billing Location Phone Extension.	CHAR	4	0	N
ADR_BILL_LATITUDE	Provider Billing Location Latitude.	NUMBER	11	6	N
ADR_BILL_LONGITUDE	Provider Billing Location Longitude.	NUMBER	11	6	N
CDE_ORGANIZATION	Organization Code	CHAR	1	0	N
PRI_PROV_ID_TYPE_PRT	Provider ID Type Code of the Priority ID for printing.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PRI_PROV_ID_TYPE_DSP	Provider ID Type Code of the Priority ID for printing.	CHAR	3	0	N
IND_PROV_HLTH_CARE	Indicates that the provider is part of health care plan	CHAR	1	0	N
IND_NPI_VERIFY	Indicates that the provider has a NPI number.	CHAR	1	0	N
IND_ON_REVIEW	Indicates that the provider is on review.	CHAR	1	0	N
CDE_SVC_STATE_REGION	MCO Service region code.	CHAR	1	0	N
CDE_SVC_COUNTY	MCO Service county code.	VARCHAR2	10	0	N
DSC_PROV_TYPE	Description associated with a provider type	VARCHAR2	50	0	N
DSC_PROV_SPEC	Description associated with a provider specialty code.	VARCHAR2	50	0	N
DSC_SVC_COUNTY	Description for the county where Managed Care Organization (MCO) does business.	VARCHAR2	50	0	N
DSC_SVC_STATE_REGION	Description for suffix added to the Managed Care Organization (MCO) number to identify the various regions that a MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions. Not currently used in KY MMIS.	VARCHAR2	50	0	N
DSC_TAXONOMY	Description of the provider's taxonomy	VARCHAR2	100	0	N

2.13.94 T_CA_PROV_PERFORM

This table contains summarized data about provider claim time to filing and time to finalization (including and excluding days spent in State and CCF locations)

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RPT_PRD	A date, in the Oracle DATE format, used to indicate the time period of the summarized data.	DATE	0	0	N
IND_FFS	A indicator on whether or not the expenditure is a Fee For Service(FFS) or Encounter. Y- Yes/FSS; N - No/Encounter.	CHAR	1	0	N
CDE_PGM_HEALTH	Code identifying the medical assistance program.	CHAR	5	0	N
CDE_FUND_CODE	Code used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
CDE_PROV_TYPE	Code describing the services a provider is licensed to perform.	CHAR	2	0	N
CDE_PROV_SPEC	Code describing the scope of practice for the provider type.	CHAR	3	0	N
CDE_SOURCE	A code indicating the source for the data on this row. Valid values are: CO - Claim original; CV - Claim void (the negative reversal); CA - Claim adjustment (the daughter); EO - Encounter original claim; EV - Encounter void claim (the negative reversal); EA - Encounter adjustment claim (the daughter); CP - Capitation transaction; EX - Expenditure transaction; AR - A/R transaction.	CHAR	2	0	N
CDE_COUNTY	This is the county of the provider's service location.	VARCHAR2	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE_REGION	This is the state region calculated from the provider's service location county.	CHAR	1	0	N
SAK_PROV_LOC	This is a system assigned key that identifies the billing provider's service location.	NUMBER	9	0	N
CDE_THRUPUT_TYPE	Code identifying the type of throughput days grouping represented in the Paid Claims Days Count (CNT_PC_DAYS) field.	CHAR	2	0	N
SAK_THRUPUT_GRP	A value determining the time to filing and the time to finalization for claim.	NUMBER	4	0	N
CNT_PC_DAYS	Represents the number of days for the Throughput Type Code (CDE_THRUPUT_TYPE). This field is used with the applicable claim count fields in this table to display the number of claims for the desired day range.	NUMBER	4	0	N
CNT_CL_DOS_DOR	The number of claims a provider filed in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N
CNT_CL_DOS_DOP	The number of claims paid for a provider in a given number of days (CNT_PC_DAYS) from the date of service.	NUMBER	9	0	N
CNT_CL_DOR_DOP	The number of claims paid for a provider in a given number of days (CNT_PC_DAYS) from the date of receipt.	NUMBER	9	0	N

2.13.95 T_CA_PROV_TAX

This table contain the Provider taxonomy information relating to the Claim.

Column Name	Description	Type	Length	Precision	Primary Key
PROV_KEY	System assigned key for the provider dimension. This is a unique number assigned to the provider service location SAK.	NUMBER	9	0	Y
CDE_TAXONOMY2	Provider Taxonomy Code 2.	CHAR	10	0	N
CDE_TAXONOMY3	Provider Taxonomy Code 3.	CHAR	10	0	N
CDE_TAXONOMY4	Provider Taxonomy Code 4.	CHAR	10	0	N
CDE_TAXONOMY5	Provider Taxonomy Code 5.	CHAR	10	0	N
DSC_TAXONOMY2	Provider Taxonomy Code Description 2.	VARCHAR2	100	0	N
DSC_TAXONOMY3	Provider Taxonomy Code Description 3.	VARCHAR2	100	0	N
DSC_TAXONOMY4	Provider Taxonomy Code Description 4.	VARCHAR2	100	0	N
DSC_TAXONOMY5	Provider Taxonomy Code Description 5.	VARCHAR2	100	0	N

2.13.96 T_CA_RECIP_KEY

This the member dimension table. The combined attributes of this table (member county, category of assistance, and so on.) are assigned a unique value (RECIP_KEY). All claims on T_FA_CA_ICN matching on all the attributes on this table are stamped with the same RECIP_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
RECIP_KEY	System assigned key for the member dimension table.	NUMBER	9	0	Y
CDE_RECIP_COUNTY	The county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE	Code describing the race of an individual. Each position of this field can contain a different race code.	CHAR	2	0	N
CDE_ETHNIC	Member's ethnicity code.	CHAR	2	0	N
CDE_SEX	Code describing the gender of an individual.	CHAR	1	0	N
CDE_LIV_ARNG	Code indicating the member's living arrangement, that is state hospital, independent living, and so on.	CHAR	2	0	N
CDE_STATE_REGION	Suffix added to the Managed Care Organization (MCO) number to identify the various regions that a MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions.	CHAR	1	0	N
CDE_AID_CATEGORY	Identifies the type of aid for which a member is eligible.	CHAR	2	0	N
CDE_LEVEL_OF_CARE	Identifies the level of care for a member.	CHAR	5	0	N
SAK_AGE_GROUP	A system assigned key (SAK) used to describe a beneficiary age grouping.	NUMBER	9	0	N
DSC_RECIP_COUNTY	Contains the county code description.	VARCHAR2	25	0	N
DSC_RACE	Description of member's race derived from the first position of cde_race.	VARCHAR2	100	0	N
DSC_ETHNIC	Member ethnicity code description.	VARCHAR2	50	0	N
DSC_SEX	Description of member's gender.	VARCHAR2	20	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_LIV_ARNG	Description for code indicating the member's living arrangement, that is state hospital, independent living, and so on.	VARCHAR2	50	0	N
DSC_STATE_REGION	Description for suffix added to the Managed Care Organization (MCO) number to identify the various regions that a MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions.	CHAR	15	0	N
DSC_AID_CATEGORY	Describes the type of aid for which a member is eligible.	CHAR	50	0	N
DSC_LEVEL_OF_CARE	Description for the level of care for a member.	VARCHAR2	50	0	N
DSC_AGE_GROUP	A text description of the age grouping.	CHAR	15	0	N

2.13.97 T_CA_TCN

This the date of service dimension table. All end date of service values are assigned a unique value (DOS_TIME_KEY). All claims on T_FA_CA_ICN with the same end date of service are stamped with the same DOS_TIME_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_TCN	Claim Reference Number of the converted claim on the current MMIS.	NUMBER	17	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.98 T_CA_TIME_KEY

This the date of payment dimension table. All payment values are assigned a unique value (PAID_TIME_KEY). All claims on T_FA_CA_ICN with the same payment date are stamped with the same PAID_TIME_KEY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TIME_KEY	System assigned key for the incurred time dimension table.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_CLAIM	The date the claim was adjudicated or rejected.	DATE	0	0	N
DTE_WEEK	Calendar week the claim was adjudicated or rejected in (CCYYWW).	NUMBER	6	0	N
DTE_MO	Calendar month the claim was adjudicated or rejected in (CCYYMM).	NUMBER	6	0	N
DTE_QTR	Calendar quarter claim was adjudicated or rejected in (CCYYQQ).	NUMBER	6	0	N
DTE_CY	Calendar year claim was adjudicated or rejected in (CCYY).	NUMBER	4	0	N
DTE_SFY	State Fiscal year claim was adjudicated or rejected in (CCYY).	NUMBER	4	0	N
DTE_FFY	Federal fiscal year claim was adjudicated or rejected in (CCYY).	NUMBER	4	0	N
DAY_OF_WEEK	Day of week claim was adjudicated or rejected in (DD).	NUMBER	4	0	N

2.13.99 T_CA_UB92

This table is specific to the Inpatient claim type. Low hit Inpatient data elements are contained within this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
AMT_BASE_DRG	The normal amount due the provider for the DRG number. It excludes any compensation for outlier days or outlier amount(s).	NUMBER	9	2	N
AMT_DAY_OUTLIER	Amount reimbursed in addition to the DRG rate for certain inpatient stays that exceed cost thresholds established by the State.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_COST_OUTLIER	Costs associated with the capital costs of the facility. Capital costs include, but are not limited to, depreciation, interest, property taxes, and property insurance.	NUMBER	9	2	N
AMT_PROV_PER_DIEM	The maximum amount to be paid to the provider for each day of care.	NUMBER	9	2	N
AMT_DISP_SHR	This is the disproportionate share amount that is calculated during the claims pricing process and paid on the claim.	NUMBER	9	2	N
GRP_PAY_RATE	The payment rate for the provider's hospital group.	NUMBER	9	2	N
SAK_MDC	All possible principal diagnoses are divided into mutually exclusive areas referred to as Major Diagnostic Categories (MDC). These MDCs were formed by physician panels to insure that the DRGs would be clinically coherent.	NUMBER	9	0	N
CDE_ADMIT_HOUR	The hour the member was admitted to the hospital. Hour 01 is 1:00 am; hour 24 is midnight.	NUMBER	4	0	N
TIME_DISCHARGE	The hour the member was discharged from the hospital. Hour 01 is 1:00 am; hour 24 is midnight.	NUMBER	4	0	N
CDE_PATIENT_STATUS	The patient status code indicates the reason for discharge or that there was no discharge from a hospital or long term care facility at the end of the billing period.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADMIT_SOURCE	The admission source code is used to indicate if the member is coming from a LTC facility. A code of 5 indicates admission from a LTC facility.	CHAR	1	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.100 T_CA_UB92_VOID

This table is used to hold original and void SAKs resulting from the adjustment of an original UB claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.101 T_CA_VALUE

This table is used to hold all inpatient value code information for a claim. The NUM_SEQ data element is initialized to 1 and incremented for each value code occurrence on the inpatient claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_SEQ	Sequence number which indicates the position in which the value code and amount occurred on the claim.	NUMBER	4	0	N
AMT_VALUE	Dollar amount of the corresponding value code.	NUMBER	9	2	N
CDE_VALUE	Code used to relate values to identified data elements necessary to process an institutional claim. This identifier will be 'BE'.	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.102 T_CA_VALUE_DN

This table is used to hold all inpatient value codes for a claim in denormalized form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
AMT_VALUE_1	Dollar amount of the corresponding value code (1 of 12).	NUMBER	9	2	N
AMT_VALUE_2	Dollar amount of the corresponding value code (2 of 12).	NUMBER	9	2	N
AMT_VALUE_3	Dollar amount of the corresponding value code (3 of 12).	NUMBER	9	2	N
AMT_VALUE_4	Dollar amount of the corresponding value code (4 of 12).	NUMBER	9	2	N
AMT_VALUE_5	Dollar amount of the corresponding value code (5 of 12).	NUMBER	9	2	N
AMT_VALUE_6	Dollar amount of the corresponding value code (6 of 12).	NUMBER	9	2	N
AMT_VALUE_7	Dollar amount of the corresponding value code (7 of 12).	NUMBER	9	2	N
AMT_VALUE_8	Dollar amount of the corresponding value code (8 of 12).	NUMBER	9	2	N
AMT_VALUE_9	Dollar amount of the corresponding value code (9 of 12).	NUMBER	9	2	N
AMT_VALUE_10	Dollar amount of the corresponding value code (10 of 12).	NUMBER	9	2	N
AMT_VALUE_11	Dollar amount of the corresponding value code (11 of 12).	NUMBER	9	2	N
AMT_VALUE_12	Dollar amount of the corresponding value code (12 of 12).	NUMBER	9	2	N
CDE_VALUE_1	Code used to relate values to identified data elements necessary to process an institutional claim (1 of 12).	CHAR	2	0	N
CDE_VALUE_2	Code used to relate values to identified data elements necessary to process an institutional claim (2 of 12).	CHAR	2	0	N
CDE_VALUE_3	Code used to relate values to identified data elements necessary to process an institutional claim (3 of 12).	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_VALUE_4	Code used to relate values to identified data elements necessary to process an institutional claim (4 of 12).	CHAR	2	0	N
CDE_VALUE_5	Code used to relate values to identified data elements necessary to process an institutional claim (5 of 12).	CHAR	2	0	N
CDE_VALUE_6	Code used to relate values to identified data elements necessary to process an institutional claim (6 of 12).	CHAR	2	0	N
CDE_VALUE_7	Code used to relate values to identified data elements necessary to process an institutional claim (7 of 12).	CHAR	2	0	N
CDE_VALUE_8	Code used to relate values to identified data elements necessary to process an institutional claim (8 of 12).	CHAR	2	0	N
CDE_VALUE_9	Code used to relate values to identified data elements necessary to process an institutional claim (9 of 12).	CHAR	2	0	N
CDE_VALUE_10	Code used to relate values to identified data elements necessary to process an institutional claim (10 of 12).	CHAR	2	0	N
CDE_VALUE_11	Code used to relate values to identified data elements necessary to process an institutional claim (11 of 12).	CHAR	2	0	N
CDE_VALUE_12	Code used to relate values to identified data elements necessary to process an institutional claim (12 of 12).	CHAR	2	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.103 T_CA_VOID_ALL

This table is used to hold all original and void SAKs resulting from the adjustment of an original claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N

2.13.104 T_CA_XOVER

This table is used to reference low-hit Medicare crossover data elements.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	N
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	N
AMT_ALWD_MCARE	The dollar amount allowed by Medicare for the services provided.	NUMBER	10	2	N
AMT_PAID_MCARE	The amount approved by Medicare for the service. The amount approved by Medicare is the basis for deductible paid and/or coinsurance paid for which the member (Medical Assistance) is responsible.	NUMBER	10	2	N
AMT_DEDUCT	Amount of Medicare deductible the member must meet before Medicare will pay.	NUMBER	8	2	N
AMT_DEDUCT_BLOOD	The amount Medicare has determined that a member must pay for blood procedures performed.	NUMBER	8	2	N
AMT_COINSURANCE	The amount of Medicare Co-Insurance paid by the member for this claim.	NUMBER	8	2	N
AMT_PSYCH	Amount Medicare has determined the member must pay for psychiatric services received.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_MCARE_PAID	Date on which the original Medicare Claim was paid	DATE	0	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.105 T_CDE_AID

Contains the valid aid categories and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	Y
CDE_AID_CATEGORY	Identifies the type of aid for which a member is eligible.	CHAR	2	0	N
DSC_AID_CATEGORY	Describes the type of aid for which a member is eligible.	CHAR	50	0	N
IND_DIAG_IN_EXCLUD	Not used.	CHAR	1	0	N
IND_SPEC_IN_EXCLUD	Not used.	CHAR	1	0	N
IND_EMERGENCY	Not used.	CHAR	1	0	N

2.13.106 T_CDE_ATTACHMENT

Code table used to identify and describe claims attachments.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ATTACHMENT	Code used to identify the type of claims attachment.	CHAR	1	0	Y
DSC_ATTACHMENT	Text description of claims attachment.	VARCHAR2	50	0	N

2.13.107 T_CDE_BUY_BILL

Contains the buy-in transaction codes associated with the billing tape.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_MODI	Last two positions of a four position numeric code, the buy-in transaction code modifier provides the rationale for the action. Could be spaces.	CHAR	2	0	Y
CDE_BUY_SUB	One position alphabetic sub-code, the buy-in sub-code further enhances the rationale for the action. Could be spaces.	CHAR	1	0	Y
DSC_BUY_TXN	Description of the buy-in transaction code.	CHAR	256	0	N
CDE_TXN	Unknown.	CHAR	1	0	N
CDE_TXN_MOD	Unknown.	CHAR	1	0	N

2.13.108 T_CDE_BUY_ELIG

Contains the valid Part B buy-in eligibility codes with an active indicator displaying if each code is currently used by the State. Because the States are responsible for maintaining the accuracy of the codes, this table could change with a new implementation either with different active indicator flags or the addition of new codes (perhaps both).

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_ELIG	Buy-in eligibility code designed to provide State agencies with a method of identifying the specific category of assistance for each individual enrolled.	CHAR	2	0	Y
DSC_BUY_ELIG	Description of the buy-in eligibility code.	CHAR	256	0	N
IND_ACTIVE	A (Y/N) flag indicating if the buy-in eligibility code is used by this State's buy-in system.	CHAR	1	0	N

2.13.109 T_CDE_BUY_PREM

Contains the buy-in transaction codes associated with the premium tape.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUY_TXN	First two positions of a four position numeric code, the buy-in transaction code identifies the type of record conveyed by the transaction. When a response appears on the billing tape, this code becomes the buy-in transaction code modifier.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_BUY_TXN	Description of the buy-in transaction code.	CHAR	256	0	N

2.13.110 T_CDE_CASH_STATUS

This code table contains all the status codes applicable to a cash receipt record.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASH_STATUS	This is the unique code value of the cash status.	CHAR	1	0	Y
DSC_CASH_STATUS	This is the description of the status code.	VARCHAR2	30	0	N

2.13.111 T_CDE_CHRONO

This table contains the type of chrono note codes along with a description of the code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CHRONO	This code identifies the type of chrono note.	CHAR	1	0	Y
DESC_CHRONO	This is the description of the chrono code.	CHAR	15	0	N

2.13.112 T_CDE_CMS_TOS

This table contains the carrier assigned CMS type of service code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CMS_TOS	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code	CHAR	1	0	Y
DSC_CMS_TOS	Description which describes the TOS code value.	VARCHAR2	100	0	N

2.13.113 T_CDE_COPAY_DEDUCT_ACCUM

List of valid copay deduction or accumulation codes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_DEDUCT_ACCUM	Determines if the row has actual copay deducted from the claim or if the copay was just additive and not deducted from the claim	CHAR	2	0	Y
DSC_COPAY_DEDUCT_ACCUM	Description of the copay deduct / accumulate code	CHAR	200	0	N

2.13.114 T_CDE_COPAY_METHOD

List of valid copay methods to be used in processing a claim.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_METHOD	Code used to identify the copay method	CHAR	5	0	Y
DSC_COPAY_METHOD	The description of the copay method	CHAR	200	0	N

2.13.115 T_CDE_COPAY_TIME_PERIOD

List of valid copay time periods.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COPAY_TIME_PERIOD	Copay time frames	CHAR	2	0	Y
DSC_COPAY_TIME_PERIOD	Copay time frame descriptions	CHAR	200	0	N

2.13.116 T_CDE_DISP_STATUS

This table contains all the valid disposition status codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DISP_STATUS	Code that represents the action (pay, deny, suspend, super suspend, Pay and List) that should be taken on a claim at dispositioning time.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_DISP_STATUS	Description that represents the action (pay, deny, suspend, super suspend, Pay and List) that should be taken on a claim at dispositioning time.	VARCHAR2	25	0	N

2.13.117 T_CDE_DOSAGE_FORM

The Dosage Form describes the dosage form by which a drug is formulated.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DOSAGE_FORM	An abbreviated two-byte code (GCDF on NDDF update) is available for applications. Users may request the code in addition to or instead of the description.	CHAR	2	0	Y
DSC_DOSAGE_FORM	The Dosage Form Description (D) field describes the dosage form by which a drug is formulated. Descriptive terms include tablet, capsule, and cream. Abbreviations may be used to conform to space requirements.	VARCHAR2	10	0	N
DSC_DOSAGE_LONG	Dosage Form Code Interpretation (GCDF_DESC on NDDF)	VARCHAR2	40	0	N
NUM_SKEY_DOSE	Smart Key Dosage Form Code	NUMBER	3	0	N

2.13.118 T_CDE_DRUG_ACT

The drug activation describes the status and program coverage for a specific drug.

Column Name	Description	Type	Length	Precision	Primary Key
IND_ACTIVATE	The activation indicator is used to indicate what status and program coverage the drug will have. It is also used in claims editing. This attribute is determined by FDB and is part of the FDB Drug update process.	CHAR	1	0	Y
DSC_INDICATOR	Text description of activation indicator.	VARCHAR2	40	0	N

2.13.119 T_CDE_DRUG_ROUTE

The Route indicates the normal site or method by which a drug is administered. This table is loaded from the NDDF update file ROUTETBL-RROUTED2.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ROUTE_ADMIN	The Route indicates the normal site or method by which a drug is administered. On the NDDF alternate forms of the route description are available in two codes: A one-byte route code (GCRT) is available for applications where the description is transparent to the user. A two-byte route code (GCRT2) is available as an abbreviation. This is the one-byte code (GCRT).	CHAR	1	0	Y
DSC_ROUTE	The Route Description (RT) indicates the normal site or method by which a drug is administered. The current range of descriptors includes oral, topical, injection, and so on.	VARCHAR2	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ROUTE_2	On the NDDF alternate forms of the route description are available in two codes: A one-byte route code (GCRT) is available for applications where the description is transparent to the user. A two-byte route code (GCRT2) is available as an abbreviation. This is the two-byte code (GCRT2).	CHAR	2	0	N
DSC_ROUTE_LONG	The Route Description indicates the normal site or method by which a drug is administered. The current range of descriptors includes oral, topical, injection, and so on. This is the Route Code Interpretation data element (GCRT_DESC) on the NDDF update file.	VARCHAR2	40	0	N
CDE_SYSTEMIC	Route of Admin. Systemic Indicator.	CHAR	1	0	N
CDE_SKEY_RT	The sixth component of the Smart Key is the Smart Key - Route Code (SKEY-RT), a two-digit number. An SKEY-RT code value is interpreted the same across all like NDCs.	NUMBER	2	0	N

2.13.120 T_CDE_DTE_DAY

This represents the valid status codes of a TPL casualty case and it's attendant description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DTE_DAY	The day code.	NUMBER	4	0	Y
DSC_DTE_DAY	This the day description.	CHAR	20	0	N

2.13.121 T_CDE_EMERGENCY

Code table used to identify and describe claims attachments.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EMERGENCY	Emergency Code.	CHAR	1	0	Y
DSC_EMERGENCY	Emergency Code Description.	CHAR	10	0	N

2.13.122 T_CDE_HIB_SOURCE

Identifies the external entities that can add or update a member Medicare ID (HIB).

Column Name	Description	Type	Length	Precision	Primary Key
IND_SOURCE	The 1 byte source indicator that specifies the external entity that triggered a HIB addition or update.	CHAR	1	0	Y
DSC_CDE	The description of the source indicator.	CHAR	15	0	N

2.13.123 T_CDE_HIPAA_ADJRSN

HIPAA mandates the use of standard X12N defined Claim Adjustment Reason Codes to appear on the 835 Transaction Set. The HIPAA Claim Adjustment Reason Codes provide similar functionality to the current MMIS EOB codes but lack detail. Their main purpose is to itemize the differences between the claim submitted amount and the claim paid amount.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ADJ_RSN	System assigned key used internally by the system to uniquely identify an HIPAA Adjustment Reason code.	NUMBER	9	0	Y
CDE_ADJ_RSN	HIPAA requires that every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim should be accounted for. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	CHAR	4	0	N
DTE_EFFECTIVE	The date the HIPAA Adjustment Reason code becomes valid for use in the system.	DATE	0	0	N
DTE_END	The last date the HIPAA Adjustment Reason code is valid for use in the system.	DATE	0	0	N
DSC_ADJ_RSN	Text description of HIPAA adjustment reason code.	VARCHAR2	300	0	N
CDE_GROUP	Code identifying the general category of the payment adjustment.	CHAR	2	0	N

2.13.124 T_CDE_HIPAA_REMRKS

Standard X12 remark codes that must be sent on the 835 transaction (Remittance Advice set).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REMARK	System assigned key used internally in the system to uniquely identify the HIPAA remark code.	NUMBER	9	0	Y
CDE_REMARK	HIPAA remarks code	CHAR	5	0	N
DTE_EFFECTIVE	The date the remark code becomes valid for use in the system.	DATE	0	0	N
DTE_END	The last date the remark code is valid for use in the system.	DATE	0	0	N
DSC_REMARK	Text Description of HIPAA remarks code.	VARCHAR2	300	0	N

2.13.125 T_CDE_LIEN_RSN

This contains all of the valid lien disposition types for the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_LIEN	The disposition reason code identifies the reason for the disposition against a lien.	CHAR	4	0	Y
DSC_LIEN_REASON	Description of the value assigned to the lien disposition code.	CHAR	30	0	N
CDE_REASON_TYPE	Indicator used to determine whether the user has the ability to select a disposition code for a record.	CHAR	1	0	N

2.13.126 T_CDE_MARITAL

Valid marital status.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MARITAL	The marital status code.	CHAR	1	0	Y
DSC_MARITAL	The marital status description.	CHAR	10	0	N

2.13.127 T_CDE_MCARE_COVRG

This table contains code and description denoting Medicare coverage status.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MCAR_COVRG	A code denoting Medicare coverage status	CHAR	1	0	Y
DSC_MCARE_COVRG	Description which describes the Medicare coverage code value	VARCHAR2	100	0	N

2.13.128 T_CDE_MODIFIER

Special Procedure Code table that includes HCPCS and ICDP codes on a single table. Only contains code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_MOD	Procedure Code	CHAR	2	0	Y
DSC_MODIFIER	Procedure Code Description	VARCHAR2	40	0	N

2.13.129 T_CDE_OBC

Relates the Orange Book Code (OBC) to its text description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OBC	Identifies the equivalency ratings assigned to an approved prescription product according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).	CHAR	2	0	Y
DSC_OBC	Provides the text description for the Orange Book Code.	VARCHAR2	500	0	N

2.13.130 T_CDE_PGM_HEALTH_LI

Lockin Health Program code table.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PGM_HEALTH_LI	Identifies the medical assistance program that is supported in the system.	CHAR	5	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_PGM_HEALTH_LI	Description of the code indicating who is eligible and what types of services are provided.	VARCHAR2	50	0	N

2.13.131 T_CDE_PHONE

The valid values and descriptions to indicate who the phone belongs to or what type of phone it is.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CDE_PHONE	System assigned key to uniquely identify a phone code.	NUMBER	9	0	Y
CDE_PHONE	Code indicating who the phone belongs to or what type of phone it is.	CHAR	1	0	N
DSC_PHONE	Describes the phone code.	CHAR	15	0	N

2.13.132 T_CDE_PROC

Special Procedure Code table that includes HCPCS and ICDP codes on a single table. Only contains code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC	Procedure Code	CHAR	6	0	Y
DSC_PROC	Procedure Code Description	VARCHAR2	40	0	N
DSC_LAY	Procedure Code Laymans Description	VARCHAR2	100	0	N
CDE_CMS_TOS	CMS Type of Service Code	CHAR	1	0	N
CDE_MCAR_COVRG	Medicare Coverage Code	CHAR	1	0	N

2.13.133 T_CDE_RACE

This table contains all the valid race codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE	Code that will map to a specific race.	CHAR	2	0	Y
DSC_RACE	Race name	VARCHAR2	100	0	N

2.13.134 T_CDE_REFERRAL

EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code table contains the list of valid codes used to identify the type of referral..

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REFERRAL	EPSDT and primary care providers are responsible for providing or arranging for the member's primary care and for referral of other medical services. A service provided to a member by a medical provider other than the assigned EPSDT/primary care provider is not covered unless an appropriate referral has been made. The referral code identifies the type/reason for a referral.	CHAR	2	0	Y
DSC_REFERRAL	Text description of the EPSDT/primary care referral code.	VARCHAR2	100	0	N

2.13.135 T_CDE_REVENUE

Special Revenue Code table that includes code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVENUE	This identifies a specific accommodation or ancillary service. Revenue codes are determined by CMS.	CHAR	4	0	Y
DSC_REVENUE	This describes a specific accommodation or ancillary service.	CHAR	70	0	N

2.13.136 T_CDE_SEX

This table contains all of the valid gender codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	Code describing the gender of an individual.	CHAR	1	0	Y
DSC_SEX	Text describing the gender of an individual.	VARCHAR2	100	0	N

2.13.137 T_CDE_STRENGTH

The Drug Strength is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.

Column Name	Description	Type	Length	Precision	Primary Key
DSC_STRENGTH	The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.	CHAR	10	0	Y
QTY_DRUG_STRGTH	The Drug Strength Number (STRNUM) must be used in conjunction with the Drug Strength Unit (STRUN), the Drug Strength Volume Number (VOLNUM), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression for the drug product. The strength of a drug product is usually expressed in the metric system.	NUMBER	11	3	N
DSC_DRUG_STRGTH_U	The Drug Strength Units (STRUN) must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Volume Number (VOLNUM), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_DRUG_STRGTH_V	The Drug Strength Volume Number (VOLNUM) indicates the volume or weight of the drug product which contains the indicated amounts of active ingredients. This field must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Units (STRUN), and the Drug Strength Volume Units (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system.	NUMBER	7	3	N
DSC_DRUG_STR_VOL_U	The Drug Strength Volume Units (VOLUN) must be used in conjunction with the Drug Strength Number (STRNUM), the Drug Strength Units (STRUN), and the Drug Volume Number (VOLUN) to obtain a conventional strength expression of the drug product. The strength of a drug product is usually expressed in the metric system.	CHAR	5	0	N

2.13.138 T_CDE_THERA_AHFS

Relates the AHFS Therapeutic Class code to its text description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_AHFS	Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.	CHAR	10	0	Y
DSC_THERA_CLS_AHFS	Provides the text description for the AHFS Therapeutic Class code.	VARCHAR2	55	0	N

2.13.139 T_CDE_THERA_GEN

The is the Generic Therapeutic Class Description table, which relates the Generic Therapeutic Class code to its description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_GEN	The Generic Therapeutic Class code classifies drugs according to the most general therapeutic groupings.	CHAR	3	0	Y
DSC_THERA_CLS_GEN	Provides the text description for a Generic Therapeutic Class code.	VARCHAR2	100	0	N

2.13.140 T_CDE_THERA_SPEC

This table holds therapeutic class code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_SPEC	This therapeutic class coding scheme is the most specific offered by FDB and is intended for users who need a very definitive therapeutic classification system.	CHAR	3	0	Y
DSC_THERA_CLS_SPEC	Therapeutic Class description.	VARCHAR2	100	0	N

2.13.141 T_CDE_THERA_STD

The is the Standard Therapeutic Class Description table, which relates the Standard Therapeutic Class code to its description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_STD	The Standard Therapeutic Class code classifies drugs according to the most common intended use. This therapeutic classification is intended to service those users who need a definitive but not comprehensive therapeutic classification system.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_THERA_CLS_STD	Provides the text description for a Standard Therapeutic Class code.	VARCHAR2	100	0	N

2.13.142 T_CDE_TPL_JRNL_ERR

This table contains journal codes and their error descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_JRNL_ERROR	Error code used in journal voucher batch processing.	CHAR	2	0	Y
DSC_JRNL_ERROR	The description of the error code.	CHAR	100	0	N

2.13.143 T_CHECK

This contains information about each payment that was issued by the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a check in the system.	NUMBER	9	0	Y
NUM_CHECK	MICR number that is preprinted on the check by the financial institution. This number is used to identify the check to all parties external to the system.	CHAR	9	0	N
CDE_PAY_TYPE	Code field to store an 'E' for EFT, 'T' for State Transfer, or 'C' for check. Used to designate the payment type.	CHAR	1	0	N
TOTAL_AMT_PAID	The amount for which the check was written.	NUMBER	11	2	N
CDE_PAYEE_TYPE	This is the code that identifies what type of person or organization is being used. The following are the valid values : C - TPL Carrier, O - Other, R - Member, Y - County	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PAYEE	System assigned key that uniquely identifies the name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	N
DTE_ISSUE	The date the check was written. This will be the date of the financial cycle.	DATE	0	0	N
CDE_STATUS1	This is the status code used on the T_CHECK and T_PAYMENT_TMP tables. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank, an 'S' indicates Stopped and an 'X' for Cancelled by Statute. Please see the table for the full list of values.	CHAR	1	0	N
SAK_FIN_SCHED	System Identifier for the Financial run	NUMBER	9	0	N
DTE_CYCLE	The cycle date associated with the last update of the year-to-date record. This is the same as the issue date of the payment on t_check.	DATE	0	0	N

2.13.144 T_CHECK_STATUS_CDE

This is the table that is used to store the valid payment statuses of the checks/EFT's/State Transfers in the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS1	This is the status code used on the T_CHECK and T_PAYMENT_TMP tables. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank, an 'S' indicates Stopped and an 'X' for Cancelled by Statute. Please see the table for the full list of values.	CHAR	1	0	Y
DSC_STATUS	This is the description of the check statuses that is used for display and reporting purposes.	CHAR	30	0	N

2.13.145 T_CHECK_STATUS_HIST

This contains information about each payment that was issued by the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a check in the system.	NUMBER	9	0	Y
CDE_STATUS1	This is the status code used on the T_CHECK and T_PAYMENT_TMP tables. Examples are: An 'I' would indicate the check has been issued, a 'V' indicates a VOID, an 'R' indicates the check was reissued, a 'C' indicates a check has CLEARED the bank, an 'S' indicates Stopped and an 'X' for Cancelled by Statute. Please see the table for the full list of values.	CHAR	1	0	Y
DTE_STATUS	The date the status was updated in the system.	DATE	0	0	N
DTE_STATUS_CHG_EXT	This is the actual date the status was changed externally.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_REPORTED	This is the date that the status was reported either to the state or to CMS.	DATE	0	0	N

2.13.146 T_CHECK_VOID

This contains information about a check when it is voided.

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a check in the system.	NUMBER	9	0	Y
DTE_VOID	The date the check was stamped void and destroyed.	DATE	0	0	N
CDE_REASON_REISSUE	The reason code that associates the reason table entry with the check reissue check xref entry.	CHAR	1	0	N
DTE_PROCESSED	System Date for the Financial run.	DATE	0	0	N
SAK_FIN_SCHED	System Identifier for the Financial run	NUMBER	9	0	N

2.13.147 T_CHK_REISSUE_RSN

This contains the reasons for the check reissues.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_REISSUE	The reason code that associates the reason table entry with the check reissue check xref entry.	CHAR	1	0	Y
DSC_25	The description associated with the reason code for the check reissues.	CHAR	25	0	N

2.13.148 T_CHK_REISSUE_XREF

This contains information about each check that was reissued by the MMIS system. Gives the cross-reference between the original check and the reissued check.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
CHECK_SAK	The unique system assigned key that identifies a check in the system.	NUMBER	9	0	Y
SAK_CHK_REISSUE	The unique system assigned key that identifies a reissued check.	NUMBER	9	0	N
DTE_REQUEST	The date that the check reissue entry is made.	DATE	0	0	N
IND_REISSUE	Indicates whether or not a request will be made to reissue the check or not. 'Y' to reissue the check or 'N' to not reissue the check.	CHAR	1	0	N
CDE_APPROVAL	The code used to identify the status of the approval of the check reissue. 'Y' is used to indicate that the approval has processed, 'N' is used to indicate that the approval has been rejected, and 'O' is used to indicate the approval is open.	CHAR	1	0	N
DTE_ACTIVATION	The date that the check reissue entry is approved for payout.	DATE	0	0	N
CDE_REASON_REISSUE	The reason code that associates the reason table entry with the check reissue check xref entry.	CHAR	1	0	N

2.13.149 T_CLAIM_FRM_TYP

This table contains the possible values for the TPL claim form type code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLAIM_FORM	This code identifies the claim form type on which a carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	Y
DSC_CLAIM_FORM	This field is the claim form description associated with a claim form type code.	CHAR	10	0	N

2.13.150 T_CLAIM_TYPE

List of the valid types of claims that can be submitted and processed in the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	Y
DSC_CLM_TYP	Description of the value assigned to a specific claim type.	CHAR	50	0	N

2.13.151 T_CLIA_CERT

This is the clinical lab information from OSCAR. The information on this record is what OSCAR calls the Type 3 record.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CLIA	This is the clinical lab number from OSCAR.	CHAR	10	0	Y
SAK_SHORT	This is the system value that makes each record unique.	NUMBER	4	0	Y
CDE_CERT_TYPE	This is the CLIA type 3 certification code . 1 = Regular 2 = Waiver 3 = Accreditation 4 = Provider-performed Microscopy Procedure (PPMP 5 = Partial Accredited 9 = Registration	CHAR	1	0	N
CDE_LAB_TYPE	This is the CLIA type of laboratory. 1 = Independent 2 = Physician-owned	CHAR	1	0	N
CDE_CERT_NUM	CLIA Certificate number. The latest certificate issued is always = 1.	CHAR	2	0	N
DTE_EFFECTIVE	This is the effective date of the CLIA type 3 (certification) information.	DATE	0	0	N
DTE_END	This is the end date of the CLIA type 3 (certification) information.	DATE	0	0	N

2.13.152 T_CLIA_LAB

This table will contain CLIA type 5 lab data.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CLIA	This is the clinical lab number from OSCAR.	CHAR	10	0	Y
SAK_SHORT	This is the system value that makes each record unique.	NUMBER	4	0	Y
CDE_LAB_CODE	This is the CLIA type 5 lab code.	CHAR	3	0	N
DTE_EFFECTIVE	This is the effective date of the CLIA lab code record.	DATE	0	0	N
DTE_END	This is the end date of the CLIA lab code record.	DATE	0	0	N

2.13.153 T_CLM_STATUS

Claim Status as defined in the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_STATUS	MMIS Claim Status Code.	CHAR	1	0	Y
DSC_CLM_STATUS	Description of Claim Status.	VARCHAR2	20	0	N
IND_CORRECTIONS	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Data Corrections process.	CHAR	1	0	N
IND_EDIT_DISP	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Dispositioning process.	CHAR	1	0	N
IND_CLM_INQUIRY	Yes/No value used to identify Claim Status codes that are valid for use in the Claims Inquiry process.	CHAR	1	0	N

2.13.154 T_CMS_PASS_WVR_ELIG

This table contains the eligibility records written out to CMS 1115 extract file. This table is used for research and troubleshooting of CMS 1115 extract.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	A System Assigned Key (SAK) used to represent a member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The effective date for eligibility. (AK)	DATE	0	0	Y
DTE_END	The end date for eligibility. (AK)	DATE	0	0	N
CDE_REGION	Code for Managed Care region. Valid values are space, 0 though 9 and OS.	CHAR	2	0	N
CDE_ELIG_GRP	Description of eligibility group. Valid values are TANFC, TANFA, OTHER, SOBRAC, SOBRAA, FOSTER, KCHIP, SSI_MC, SSI, PE, XXXX.	CHAR	6	0	N
CDE_WVR_STATUS	Code of waiver status. Valid values are Y, N, E.	CHAR	1	0	N
CDE_RECIP_COUNTY	Code of member's county of residence.	VARCHAR2	10	0	N
CDE_AID_CATEGORY	Code for aid category.	CHAR	2	0	N
CDE_PGM_STATUS	Code for Member Program Status. This is used as additional criteria to determine eligibility.	CHAR	2	0	N
IND_PARTNER_ENROLL	Indicator for Partnership enrollment. Valid value: Y or N.	CHAR	1	0	N
IND_LOC_WVR_ENROLL	Indicator for waiver or LOC enrollment. Valid value: Y or N.	CHAR	1	0	N
IND_MEDICARE_ENROLL	Indicator for Medicare enrollment. Valid value: Y or N.	CHAR	1	0	N
DTE_RPT_END	Report end date.	DATE	0	0	N

2.13.155 T_CMS_PASS_WVR_EXPD

This table contains the expenditure records written out to CMS 1115 extract file. This table is used for research and troubleshooting CMS 1115 extract.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	A System Assigned Key (SAK) used to represent a claim.	NUMBER	9	0	Y
CDE_REGION	Code for Managed Care region. Valid values are space, 3-OS, 0 though 9 and OS.	CHAR	4	0	N
DSC_ELIG_GRP	Description of eligibility group. Valid values are TANFC, TANFA, OTHER, SOBRAC, SOBRAA, FOSTER, KCHIP, SSI_MC, SSI, PE, XXXX.	CHAR	6	0	N
CDE_WVR_STATUS	Code of waiver status. Valid values are Y-E, Y-N, Y, N, E.	CHAR	3	0	N
CDE_COS_ST	Code for State Category of Service.	CHAR	2	0	N
WAIVER_YEAR	The year service was provided from waiver start year. The format is WY01.	CHAR	4	0	N
FISCAL_YEAR	The year of original Federal Match. Format is FY031.	CHAR	5	0	N
CDE_CUR_PREV	Code value to represent if payment was for current reporting period or previous reporting period. Valid values: C or P.	CHAR	1	0	N
CDE_TPL_STATUS	Code to indicate TPL status. Valid values: X - TPL adjustment, Y - TPL recovery or N - No TPL.	CHAR	1	0	N
SERVICE_MONTH	The service date in format of YYYYMM.	CHAR	6	0	N
CDE_CMS_LINE	Code value of COS grouping included in CMS 1115 extract.	CHAR	3	0	N
AMT_PAID	Paid amount for the claim. If adjusted, the amount here is the difference between original claim and adjustment claim.	NUMBER	10	2	N
SAK_RECIP	System Assigned Key (SAK) representing a member.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RPT_QTR	Reporting Quarter in format of YYYYQX (X = 1,2 ,3 or 4)	CHAR	6	0	N

2.13.156 T_CMS_PASS_WVR_LINE

This table contains the cross reference in between Category of Service code and "CMS Line" code used to generate CMS 1115 extract.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COS_ST	A code for State Category of Service.	CHAR	2	0	Y
CDE_CMS_LINE	Code value of COS grouping included in CMS 1115 extract.	CHAR	3	0	N

2.13.157 T_CMS_PASS_WVR_PROV_TYPE

This table contains the service type and provider type that is included to CMS 1115 extract report.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SVC_TYPE	A code for service type. Valid values: C for Claim, K for KenPAC, P for Passport waiver service.	CHAR	1	0	Y
CDE_PROV_TYPE	Code value representing provider type.	CHAR	2	0	Y

2.13.158 T_CONDITION

Contains the valid codes used to identify conditions relating to a UB claim that may affect payer processing.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COND	Code used to identify conditions relating to a UB claim that may affect payer processing.	CHAR	2	0	Y
DSC_COND	Description of a conditions relating to a UB claim that may affect payer processing.	CHAR	40	0	N

2.13.159 T_CONV_FACTOR

Total Base RVU for a procedure is multiplied by conversion factor to obtain the base fee schedule payment amount during RBRVS pricing calculation.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
DTE_EFFECTIVE	The date a conversion factor becomes valid (effective) for claims processing.	DATE	0	0	Y
DTE_END	The date a conversion factor is no longer valid for claims processing.	DATE	0	0	N
AMT_CONV_FACTOR	Multiplier which transforms relative values into payment amounts during RBRVS pricing calculations.	NUMBER	9	4	N

2.13.160 T_COUNTRY

This table contains a list of the ISO standard country codes, descriptions, and indicators determining the format of the address and phone number.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTRY	Two character ISO country abbreviation	CHAR	2	0	Y
DSC_COUNTRY	Country name	VARCHAR2	50	0	N
DIALING_CODE	Five character out of country dialing prefix for the country.	CHAR	5	0	N
AREA_CODE	Three character area code for those countries that can be dialed without using the country dialing prefix	CHAR	3	0	N
IND_INT_ADDRESS	Yes / No indicator designating whether the country requires extra fields to enter the address.	CHAR	1	0	N
IND_INT_PHONE	Yes / No indicator designating whether the country requires extra characters to store the phone number	CHAR	1	0	N
CDE_COUNTRY_CURRENCY	Three character ISO country currency abbreviation.	CHAR	3	0	N

2.13.161 T_COUNTY

This table represents the geographical/political counties in a given state. Only one address per county code is used.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	The county number used to identify a geographical/ political area in the state.	VARCHAR2	10	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCALITY	This attribute indicates the locality code for a county. Valid values include 01 - Metropolitan, 02 - Urban, 03 - Rural.	CHAR	2	0	N
DSC_COUNTY	Twelve character field containing the name of a specific county.	CHAR	12	0	N
ADR_STREET_1	The first line of the address to use in correspondence with county.	CHAR	30	0	N
ADR_STREET_2	The second line of the address to use in correspondence with county.	CHAR	30	0	N
ADR_CITY	The name of the city to use in correspondence with county.	CHAR	15	0	N
ADR_STATE	This is the state code for the county office address.	CHAR	2	0	N
ADR_ZIP_CODE	The five byte zip code to use in correspondence with county.	CHAR	5	0	N
ADR_ZIP_CODE_4	The 4 digit zip code that follows the 5 digit zip code.	CHAR	4	0	N
CDE_URBAN_RURAL	Indicates whether or not a county is Rural (R) or Urban (U). This is used for payment of capitation under the Managed Care RBMC program.	CHAR	1	0	N
CDE_IDCARD_CNTL	This control number is assigned by West Lake, Ohio for each county office to determine which return address to print on the envelope for the member id card. Not used by OK MMIS.	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REGION_GEO	A user defined code that identifies a geographical region.	CHAR	4	0	N
FIPS_COUNTY_CODE	The FIPS code assigned to the county.	CHAR	3	0	N

2.13.162 T_COUNTY_FIPS_XREF

The Cross-reference between County code and the FIPS county code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	The county number used to identify a geographical/political area in the state.	CHAR	10	0	N
CDE_FIPS	The FIPS code assigned to the county.	CHAR	3	0	N

2.13.163 T_COUNTY_OFFICE

The mailing address of each county office in each county.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CNTY_OFF	System assigned key to uniquely identify a specific county office.	NUMBER	9	0	Y
CDE_COUNTY	The 2 digit county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
CDE_OFFICE	Identifies the county office within county.	CHAR	1	0	N
ADR_STREET_1	This is the county office mailing Address 1.	CHAR	30	0	N
ADR_STREET_2	This is the county office mailing Address 2.	CHAR	30	0	N
ADR_CITY	This is the county office Mailing Address City.	CHAR	18	0	N
ADR_STATE	This is the county office Mailing Address State.	CHAR	2	0	N
ADR_ZIP_CODE	This the county office Mailing Address Zip.	CHAR	5	0	N
ADR_ZIP_CODE_4	This is the county office Mailing Address Zip-4.	CHAR	4	0	N

2.13.164 T_COURT_ORD_CDE

This table contains the possible values for the court-ordered code which identifies the type of coverage that must be provided by an absent parent.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COURT_ORDER	This code identifies the court ordered coverage that must be provided by an absent parent.	CHAR	1	0	Y
DSC_COURT_ORDER	This field contains the description associated with a specific court ordered code.	CHAR	40	0	N

2.13.165 T_COVERAGE_TYPE

This table contains the possible values for the TPL coverage type code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Y
DSC_COVER_TYPE	This describes the type of coverage (services) a TPL resource provides.	CHAR	120	0	N

2.13.166 T_COVERAGE_XREF

This cross-reference table identifies the relationships between a coverage type, the coinsurance/deductible/premium information about the coverage type, and the TPL resource that the coverage type is associated with.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_RESOURCE	This system assigned key is used to uniquely identify a TPL resource record internally to the system.	NUMBER	9	0	Y
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Y
NUM_SEQ_BATCH	This field makes this row unique per coverage code.	NUMBER	9	0	Y
SAK_COIN_DE_PRM	This is the system assigned key for the coinsurance table. It is used to uniquely identify each record internally to the system.	NUMBER	9	0	N
DTE_EFFECTIVE	The effective begin date of this coverage code.	DATE	0	0	N
DTE_END	The effective ending date of this coverage code.	DATE	0	0	N
IND_EXHAUST	This indicates if a member TPL has been exhausted.	CHAR	1	0	N

2.13.167 T_COVERED_BENEFIT

This entity defines the rules needed to determine coverage for a service within a program

Column Name	Description	Type	Length	Precision	Primary Key
SAK_COVERED_BNFT	System Assigned Key used to identify a unique row for a benefit covered by a program.	NUMBER	9	0	Y
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	N
CDE_BENEFIT_TYPE	The benefit type code is used to identify the coding scheme for a service. Valid schemes include procedure (HCPCS & CPT-4), ICD-9-CM procedures, ICD-9-CM diagnosis, Revenue Code and Drug codes (NDCs).	CHAR	3	0	N
DTE_EFFECTIVE	The date a service becomes covered within a program.	DATE	0	0	N
DTE_END	The last date of coverage for a service within a program.	DATE	0	0	N
NUM_AGE_FROM	The minimum age of the member on the date of service that the service will be covered within the program.	NUMBER	3	0	N
NUM_AGE_TO	The maximum age of the member on the date of service that the service will be covered within the program.	NUMBER	3	0	N
IND_PA	Indicates if Prior Authorization (PA) is required for the procedure/program combination. A 'Y' indicates PA is required. A 'N' indicates PA is not required. If the indicator is 'Y', other PA restrictions such as age or place of service (POS) limits may apply.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PA_AGE_FROM	Minimum member age for PA requirement. This attribute is used with the PA indicator to determine if a service requires PA. (Example: If the PA indicator is 'Y' and the member age is between 0 and 21, the service requires PA.)	NUMBER	3	0	N
NUM_PA_AGE_TO	Maximum member age for PA requirement. This attribute is used with the PA indicator to determine if a service requires PA. (Example: If the PA indicator is 'Y' and the member age is between 0 and 21, the service requires PA.)	NUMBER	3	0	N
IND_MED_REVIEW	Indicates if the service requires Medical Review.	CHAR	1	0	N
NUM_MR_AGE_FROM	Minimum member age for Medical Review requirement. This attribute is used with the Medical Review indicator to determine if a service requires review. (Example: If the Medical Review indicator is 'Y' and the member age is between 0 and 21, the service requires Medical Review.)	NUMBER	3	0	N
NUM_MR_AGE_TO	Maximum member age for Medical Review requirement. This attribute is used with the Medical Review indicator to determine if a service requires review. (Example: If the Medical Review indicator is 'Y' and the member age is between 0 and 21, the service requires Medical Review.)	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_POS_EDITING	Indicates if place of service (POS) editing is required for the procedure/program combination. A 'N' indicates no POS editing should be performed. A 'E' indicates POS editing is required and all corresponding POS codes are excluded for a given procedure/BP. A 'I' indicates POS editing is required and only corresponding POS codes are valid for a given procedure/program.	CHAR	1	0	N
IND_MOD_EDITING	Indicates if modifier editing is required for the procedure/program combination. A 'N' indicates no modifier editing should be performed. An 'E' indicates modifier editing is required and all corresponding modifier codes are excluded for a given procedure/BP. A 'I' indicates modifier editing is required and only corresponding modifier codes are valid for a given procedure/BP.	CHAR	1	0	N
IND_CT_EDITING	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	CHAR	1	0	N
DTE_INACTIVE	Code used to identify the rate type to use in determining provider reimbursement.	DATE	0	0	N

2.13.168 T_COV_BNFT_MOD

Modifier codes used to determine coverage for a service within a program. The list of Modifier codes is either inclusive or exclusive based on the Modifier indicator (IND_MOD_EDITING) on the Covered Benefits (T_COVERED_BENEFIT) entity.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_COV_MOD_AXIS_RANGE	System Assigned Key used to identify a unique row for a benefit covered by a program.	NUMBER	9	0	Y
CDE_PROC_MOD	The modifier code used to further describe a procedure.	CHAR	2	0	Y

2.13.169 T_DEA_CODE

The Drug Enforcement Administration Code denotes the degree of potential abuse and Federal control of a drug.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DEA	The Drug Enforcement Administration (DEA) code denotes the degree of potential abuse and Federal control of a drug. This code is subject to change by Federal regulation.	CHAR	1	0	Y
DSC	Text describing the Drug Enforcement Administration (DEA) code.	CHAR	100	0	N

2.13.170 T_DESI

The table holds data for the three "types" of DESI values carried on the NDDF, DESI, DESI2, and HCFA DESI. The DESI Drug Indicator (DESI) marks a particular drug as declared less than effective by the Food and Drug Administration. In 1990, HCFA appended the DESI listing of drugs to include a "similar and related" category. Drugs included in this category have a DESI2 of "1" and were not previously flagged as DESI. The HCFA DESI Code (HCFA_DESI) indicates the DESI code as supplied on the Health Care Financing Administration's quarterly tape.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DESI_TYPE	Code used to indicate the DESI type. 1 = DESI Drug Indicator DESI on the NDDF. 2 = DESI 2 Drug Indicator on the NDDF. H = HCFA DESI code on the NDDF.	CHAR	1	0	Y
DTE_EFFECTIVE	The date the HCFA DESI status took effect.	DATE	0	0	N
IND_STATUS	Indicates whether the DESI segment is in an active (0) or inactive (1) status. Only active segments will be used for claims processing. Inactive segments will be maintained for historical purposes.	CHAR	1	0	N
DTE_END	The date the HCFA DESI status is no longer in effect.	DATE	0	0	N
CDE_DESI	Values 0 - 1 are used with the DESI and DESI2 indicators and indicate this drugs is DESI (1) or DESI at one point in time, but no longer (0). Values 0, 2-6 are used with the HCFA DESI and indicate this drug's status as less than effective.	CHAR	1	0	N
CDE_SOURCE	Source Code.	CHAR	2	0	N

2.13.171 T_DESI_CODE

The code identifies the DESI status of the NDC drug with current valid values of 0-6. The DESI Drug Indicator (DESI) marks a particular drug as declared less than effective by the Food and Drug Administration. The HCFA DESI Code (HCFA_DESI) indicates the DESI code as supplied on the Health Care Financing Administration's quarterly tape.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DESI	Values 0 - 1 are used with the DESI and DESI2 indicators and indicate this drugs is DESI (1) or DESI at one point in time, but no longer (0). Values 0, 2-6 are used with the HCFA DESI and indicate this drug's status as less than effective.	CHAR	1	0	Y
DSC	The description of the DESI code value, 2-6.	CHAR	100	0	N

2.13.172 T_DIAGNOSIS

A condition that requires medical attention.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	Y
CDE_DIAG	A code for the condition requiring medical attention.	CHAR	7	0	N
DSC_25	The short nomenclature for a medical condition.	CHAR	40	0	N
DSC_LONG	The long nomenclature for a medical condition.	CHAR	250	0	N
DSC_LAY	Description of the code in layman terms.	VARCHAR2	100	0	N

2.13.173 T_DIAG_GROUP

Groups diagnosis by diagnosis type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG_TYPE	System assigned key for a unique diagnosis type, that represents a single or collection of diagnosis codes.	NUMBER	4	0	Y
SAK_DIAG_FROM	System assigned key for the diagnosis.	NUMBER	9	0	Y
SAK_DIAG_TO	System assigned key for the diagnosis.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the diagnosis code is to become effective for the diagnosis type in claims processing.	DATE	0	0	Y
DTE_END	The last date that the diagnosis code is in effect for the diagnosis type in claims processing.	DATE	0	0	N

2.13.174 T_DIAG_LIMIT

This table contains the general restrictions for a certain diagnosis and the dates that the restrictions are in effect.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the limitations for the diagnosis code became effective.	DATE	0	0	Y
DTE_END	The date that the limitations for the diagnosis code stopped being effective.	DATE	0	0	N
CDE_SEX	Code that identifies the sex for which the diagnosis is limited. If a diagnosis is valid for both sexes, the value in this field will be 'B'.	CHAR	1	0	N
QTY_AGE_MAX	The maximum age that is valid for the diagnosis.	NUMBER	4	0	N
QTY_AGE_MIN	The minimum age that is valid for the diagnosis.	NUMBER	4	0	N
IND_FAM_PLAN	The indicator for determining whether or not this diagnosis is a Family Planning diagnosis.	CHAR	1	0	N
IND_PREGNANCY	Indicates if the diagnosis is for a pregnancy.	CHAR	1	0	N
IND_EMERGENCY	Indicates whether the diagnosis is for an emergency ASC condition. Valid values are 'Y' - yes and 'N' - no.	CHAR	1	0	N
IND_ATTACHMENT	Indicates whether documentation is required for the diagnosis.	CHAR	1	0	N
IND_PRIMARY	Indicates primary diagnosis codes cannot be billed. The valid values are Y/N.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_SUB_CLASS	Indicates whether the diagnosis requires further specification.	CHAR	1	0	N

2.13.175 T_DIAG_TYPE

A diagnosis type is associated with a group of diagnosis codes. Used to identify diagnosis codes for use in certain processing methodologies. For example, "Abortion" is a diagnosis type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG_TYPE	System assigned key for a unique diagnosis type, that represents a collection of diagnosis codes.	NUMBER	4	0	Y
DSC_50	Describes the diagnosis type.	CHAR	50	0	N
DSC_DEFINITION	Definition of where and/or how this diagnosis group is used.	VARCHAR2	4000	0	N

2.13.176 T_DISP_FEE

This is the fee that the provider receives for dispensing a prescription legend drug.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	N
DTE_EFFECTIVE	The date that the dispensing fee for the provider specialty is in effect.	DATE	0	0	N
DTE_END	The date that the dispensing fee for the provider specialty is no longer in effect.	DATE	0	0	N
AMT_NDC_PROFEE	The amount that the provider receives for dispensing a prescription drug. This amount may vary by provider specialty.	NUMBER	7	2	N
IND_DRUG_TYPE	Indicates Generic/Branded/Either for a provider.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_INGRED_FROM	Number of ingredients from range(1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N
NUM_INGRED_TO	Number of ingredients to range(1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N

2.13.177 T_DRG

Diagnosis Related Groups are used as the standard classification system for dealing with inpatient hospital data. Developed for evaluating resource use and utilization patterns. DRGs are used nationwide as the basis for the analysis and prospective payment of hospital care. NOT CURRENTLY USED IN KENTUCKY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRG	System assigned key for a unique DRG.	NUMBER	9	0	Y
CDE_DRG	This is a three byte code field used to identify a DRG grouping. The DRG code and description are obtained from HCIA.	CHAR	4	0	N
DSC_DRG	This is a forty byte character field used to describe a DRG grouping. The DRG code and description are obtained from HCIA.	VARCHAR2	132	0	N

2.13.178 T_DRG_RATE

The DRG Rate contains information used to calculate the total DRG reimbursement rate paid to a provider. The date sensitive information includes the DRG base rate, weight, and average length of stay data for the DRG calculation. NOT CURRENTLY USED IN KENTUCKY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRG	System assigned key for a unique DRG.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date the DRG Rate took effect.	DATE	0	0	Y
SAK_DRG_RATE	The system assigned key that uniquely identifies a row in this table.	NUMBER	9	0	Y
DTE_END	The date the DRG Rate is no longer in effect.	DATE	0	0	N
NUM_DAILY_RATE	This is a date sensitive pricing factor expressed in dollars terms, and is one of the primary components for the DRG calculation. This base rate is used for the statewide calculation.	NUMBER	10	2	N
NUM_WEIGHT	This is a date sensitive pricing factor expressed in the 9.9999 form, and is one of the primary components for the DRG calculation. Some DRGs will not be assigned weights, so for these the Level of Care pricing method will be used.	NUMBER	7	4	N
NUM_MEAN_LOS	This is the average length of stay associated to a particular DRG classification group.	NUMBER	5	1	N
PCT_OUTLIER_ADJ	The percentage to adjust outlier days.	NUMBER	5	4	N
NUM_BASE_RATE	This is a date sensitive pricing factor expressed in dollars terms, and is one of the primary components for the DRG calculation. This base rate is used for the statewide calculation.	NUMBER	10	2	N
NUM_DAY_OUTLIER_LOW	Low number of days used in outlier payment determination - This attribute will not be used at this time in the code, but it is necessary to prepare for future usage when the state is ready to develop some policy that uses the day outliers logic.	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DAY_OUTLIER_HIGH	High number of days used in outlier payment determination - This attribute will not be used at this time in the code, but it is necessary to prepare for future usage when the state is ready to develop some policy that uses the day outliers logic.	NUMBER	3	0	N
PCT_SUPPLEMENTAL	This is the outlier supplemental percentage that will be utilized during the DRG pricing calculation.	NUMBER	5	2	N
DTE_INACTIVE	Rate segment inactive date. This is the date/time that the rate can no longer be used, regardless of the dates of service on the claim.	DATE	0	0	N

2.13.179 T_DRUG_AWP

This table contains the drug's Blue Book Average Wholesale unit Price. The AWP represents the most common wholesaler price to the retailer or hospital and is based on actual surveys of drug wholesalers.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
SAK_SEQUENCE	Sequence number of rows. Used to make a unique key without using the effective date of the row as part of the primary key.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the Average Wholesale Price and the Estimated Acquisition Cost took effect.	DATE	0	0	N
IND_STATUS	Indicates whether the AWP pricing segment is in an active (0) or inactive (1) status. Only active segments will be used for pricing. Inactive segments will be maintained for historical purposes.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	This is the date that the Average Wholesale Price and the Estimated Acquisition Cost is no longer in effect.	DATE	0	0	N
AMT_AWP	This is the drug's Blue Book average wholesale unit price and represents the most common wholesaler price to the retailer or hospital. This price is based on actual surveys of drug wholesalers.	NUMBER	12	5	N
IND_CONV	This column is used to identify AWP prices that were converted from the mainframe system. Converted AWP rates will always be multiplied by an EAC of 100% to get the EAC price for a drug.	CHAR	1	0	N
DTE_SEG_ADDED	The date the pricing segment was created.	DATE	0	0	N

2.13.180 T_DRUG_CAT_CODE

The Drug Category Code indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_CATGRY	The Drug Category Code indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans.	CHAR	1	0	Y
DSC	Text description of Drug Category Code.	VARCHAR2	100	0	N

2.13.181 T_DRUG_CLASS

Code used to classify a drug, for drug rebate and coverage purposes, along with the classification's description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE	Identifies the classification of the drug. Classifications are Vaccine (V), Insulin (I), Supply (S), Nutritional (N), Class 1A (1), Anorexic (A), Family Planning (F), Smoking Cessation (C), Fertility Enhancements (E) and Minoxidil (M).	CHAR	1	0	Y
DSC_25	Description of the drug's classification code (THAT IS Vaccine, Insulin, Supply, Nutritional, Class 1A, Anorexic, Family Planning, Smoking Cessation, Fertility Enhancement and Minoxidil).	CHAR	25	0	N
IND	This indicator is used to determine if the classification is exempt from the drug rebate program. The valid values are 'N'=non-exempt, 'E'=exempt.	CHAR	1	0	N

2.13.182 T_DRUG_DN

The necessary data that defines a drug. This includes the drug's NDC code, manufacturer, strength, dosage form, package size, and so on. The majority of this data is supplied by our drug vendor, First Data Bank. Some drugs and their data are supplied by the State for State-unique drugs. Also, some data updates are received from First Data Bank through the National ProDUR system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
CDE_NDC	National Drug Code is comprised of a 5 byte numeric labeler code, 4 byte numeric product code and a 2 byte numeric package code. Used to uniquely identify a drug, it's labeler & package size of a product for pricing and prior authorization.	CHAR	11	0	N
SAK_DRUG_MANUF	This is the system assigned key used to uniquely identify the drug manufacturer.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_GEN	The system assigned key for a GCN Sequence number	NUMBER	9	0	N
SAK_DRUG_RBT_LBLR	This is a unique key for the drug labeler table	NUMBER	9	0	N
CDE_UPDATE_TYPE	This will indicate if the drug data has been overridden by the State (S) or is the data is First DataBank (F) supplied. If the indicator is set to "S", the update process will not overlay the data entered by State personnel.	CHAR	1	0	N
CDE_DRUG_CATGRY	The Drug Category Code indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans. Sample values are: 0 Unspecified, A Anti-Anxiety Agents, B Fertility Agents, C Contraceptives, D Diagnostics, E Fluoride Preparations, F Anti-obesity Drugs/Amphetamines, G Antacids, H Hematinics.	CHAR	1	0	N
CDE_DEA	The Drug Enforcement Administration Code denotes the degree of potential abuse and Federal control of a drug. It is subject to change by Federal regulation. The current code list is: 0, 1, 2, 3, 4, 5 with 0 being the highest risk for abuse.	CHAR	1	0	N
CDE_DRUG_CLASS	Classifies a drug by its availability to the consumer according to federal specifications. Values may change even after the NDC has become obsolete. Valid Values are: O = Over-the-Counter. A prescription is not required per the product labeling. F = Prescription required per the product labeling.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_FORM	The Drug Form Code indicates the basic drug measurement unit for performing price calculations. The current codes are: EA - (tables,kits,and so on.) ML - (liquids) GM - (solids).	CHAR	2	0	N
CDE_DRUG_SOURCE	The Drug Source Code differentiates single source from multiple source drugs. The current codes are: 1 - Multiple sources & 2 - Single source. Note that this field does not distinguish between the "innovator" products and its substitutes.	CHAR	1	0	N
CDE_THERA_CLS_FDA	Provided from CMS's quarterly tape and is a 2 character code, as indicated by the U.S. Food and Drug's Administration's (FDA) rating of the therapeutic equivalence of a product within other pharmaceutically equivalent drug products, as published.	CHAR	2	0	N
CDE_THERA_CLS_AHFS	Identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system .	CHAR	10	0	N
CDE_NDC_FORMAT	The NDC Format Indicator (NDCFI) is used to identify the original 10-character format of the NDC and the type of code, such as NDC, UPC, and HRI. See the "National Drug Code Configuration Editorial Policies" and "National Drug Code Format Indicator Editorial Policies" in the NDDF documentation for further discussion.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TOP_VOL_RANK	Indicates if a drug is included in the list of the most frequently dispensed 200 drug products. Different package sizes and dose forms of the same drug will have the same number. The order is changed annually, based on pharmaceutical market surveys.	NUMBER	4	0	N
DSC_NDC	This field is a combination of the drug name appearing on the package label, the strength description and the dosage form description. The field size is 30 characters but is edited to fit within a maximum length of 27.	VARCHAR2	35	0	N
DSC_DRUG_PACK	Describes the drug product container and includes the following: AEROSOL, AMPUL, APPLICATOR, BAG, BOTTLE, BOX, CAN, DISPENSER, DROP BTL, JAR, KIT, PACKET, SQUEEZ BTL, SYRINGE, TINE, TUBE, VIAL and WRAP. Abbreviations are used to keep within 10 characters.	CHAR	10	0	N
DTE_NDDF_ADD	The date on which the drug record was added to the National Drug Data File (NDDF) master file.	DATE	0	0	N
DTE_NDDF_UPDT	Date of update (DUPDC) of NDC Record (NDCTBL) on the weekly NDDF update file.	DATE	0	0	N
DTE_LST_CHG_AWP	The date on which the drug's current blue book average wholesale unit or package price was changed on the NDDF master file .	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_TERM_HCFA	This date is supplied on the CMS quarterly tape. The date is actually supplied to CMS from the drug manufacture/distributor. The date represents the shelf life expiration date of the last batch produced.	DATE	0	0	N
DTE_DRUG_OBSOLETE	The date on which the drug product was no longer available in the market place as per the manufacturer's notification, or the best estimate of that date.	DATE	0	0	N
IND_DRUG_GENERIC	The Generic Product Indicator (GPI) will distinguish a product as either a generic drug product or as the more expensive branded drug products.	CHAR	1	0	N
IND_DRUG_INNOV	This field identifies the original innovator product for a particular generic code number. Values are: (0)=Default - non innovator drug; (1)=Innovator - held original patent. It is possible to have more than one product to appear to be the innovator.	CHAR	1	0	N
IND_DRUG_STD_PACK	Identifies the package size and associated price vectors to be used when pricing the "standard package size" which is defined as 100's for non-unit dose, non-prepack tablets and capsules and 473 or 480 ml for liquids. Current codes are: 0 - All & 1-Std.	CHAR	1	0	N
IND_SYSTEMIC	This indicates if the drug is systemic, which means that it can "seep" into the body, be absorbed, and affect the entire body. Values are: "S" - Systemic, "N" - Non-systemic, "O" - Other.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_UNIT_DOSE	Marks a drug as packaged in unit doses. Unit dose is defined by FDB as all products labeled as Unit Dose by the mfr. This indicator does not apply to injectable products, suppositories, or powder packets. Current codes are: 1=Unit Dose & 0=All other.	CHAR	1	0	N
IND_UNIT_OF_USE	The Unit of Use (UU) field denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit. Valid values are: 1 = Unit of Use, 0 = All Other Products	CHAR	1	0	N
QTY_DRUG_PACK_SZ	This field contains the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, and so on.	NUMBER	11	3	N
QTY_SHELF_PACK	The number of saleable units packed together and sold as a unit	NUMBER	9	0	N
QTY_SHIPPER	The number of saleable units (packages) in the case available from the manufacturer.	NUMBER	9	0	N
QTY_DRUG_CASE_SZ	This field is used as a divisor. The labeler's catalog case price is divided by the Case Size to calculate the single package price.	NUMBER	9	0	N
CDE_STATUS1	This field is used to identify whether the drug has been replaced or reused. The valid values are 'R' for replace and 'U' for reuse.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_STATUS	This field is used to identify the status of a drug. A drug will be marked as either Active (A) or Inactive (I). This information is used to allow the user to review additions and updates to a drug before they are activated for use by the MMIS.	CHAR	1	0	N
DSC_LN	The Label Name contains a combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.	VARCHAR2	40	0	N
IND_HCFA_UNIT	Indicates a product's unit of measure, as supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. These units represent the standard measurements used by CMS for determining rebate quantities.	CHAR	3	0	N
NUM_HCFA_PS	CMS Units Per Package Size indicates the number of units per package as supplied on the Centers for Medicare and Medicaid Services' (CMS) quarterly update. This column must be used in conjunction with the CMS Unit Type Indicator to determine the appropriate number of units. Information in this column is provided by CMS and may vary from the First DataBank Package Size and Drug Form Code.	NUMBER	11	3	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_HCFA_APPC	CMS Approval date contains the date the FDA approves a product for sale in the marketplace, for products introduced after 9/30/90 (the date the Rebate program started). Products introduced prior to this date will contain 19900930 in this column in lieu of the actual market entry date. This data is supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. The date is supplied to CMS by the drug labeler.	DATE	0	0	N
DTE_HCFA_MRKC	CMS Market Entry Date contains the date a manufacturer releases the drug product to the marketplace, for products introduced after 9/30/90 (the date the Rebate program started). Products introduced prior to this date will contain 19900930 in this column in lieu of the actual market entry date. This data is supplied on the Centers for Medicare and Medicaid Services' (CMS, formerly HCFA) quarterly update. The date is provided to CMS by the drug labeler.	DATE	0	0	N
CDE_OBC3	Orange Book Code (3-Byte version) identifies the equivalency ratings assigned to approved prescription products according to the FDA's Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).	CHAR	3	0	N
CDE_UPDATE_SOURCE	Indicates source of drug update data. F = FDB or M = Micromedex.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_GNI	A one-character alphanumeric column that specifies whether a product is a brand named product, a generically named product, or an alternative product, using the product name as the criteria.	CHAR	1	0	N
IND_MAINT	A one-character alphanumeric column that identifies a drug as a maintenance drug. Blank = Not a maintenance drug 1 = Maintenance drug	CHAR	1	0	N

2.13.183 T_DRUG_DRUG_CRIT_DN

The Drug interaction criteria. This table holds all of the Drugs whose interaction would cause adverse effects.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DRUG_GCN_SEQ	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	9	0	N
NUM_GCN	The Generic Code Number (GCN) is a unique number representing the generic formulation. The GCN is specific to generic ingredient combination, route of administration, and drug strength, across all dosage forms. The GCN is the same across manufacturers and/or package sizes. The number by itself has no significance, but is useful for online computer applications, such as generic substitution.	NUMBER	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DRUG_GCN_SEQ2	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	9	0	N
NUM_GCN2	The Generic Code Number (GCN) is a unique number representing the generic formulation. The GCN is specific to generic ingredient combination, route of administration, and drug strength, across all dosage forms. The GCN is the same across manufacturers and/or package sizes. The number by itself has no significance, but is useful for online computer applications, such as generic substitution.	NUMBER	5	0	N
CDE_ADI	The Drug inverse code.	CHAR	5	0	N

2.13.184 T_DRUG_HCPCS

This table is used to maintain the NDC - HCPCS Crosswalk.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date the NDC to HCPCS code association takes effect.	DATE	0	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The date the NDC to HCPCS code association is no longer in effect.	DATE	0	0	N

2.13.185 T_DRUG_LBLR

The contacts and addresses of a drug manufacturer that is participating in the drug rebate program. The manufacturer manufacturers drugs under a labeler code(s). The labeler code is assigned by the FDA and the drug rebate program is administered using this labeler code.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_RBT_LBLR	System assigned key that is 4 bytes long	NUMBER	9	0	Y
CDE_LABELER	This code is used to uniquely identify the labeler of a drug. This code is assigned by HCFA and is used as the first 5 characters of the labeler's NDCs.	CHAR	5	0	N
NAME	The name of the drug labeler	CHAR	39	0	N
CDE_MAILING	Indicates which address should be used for correspondence. Valid values are 'L' (legal), 'T' (technical), and 'I' (invoice). The technical address ('T') is the default mailing address.	CHAR	2	0	N
CDE_MEDIA_TYPE	Media used to send Drug Labeler Invoice Information. Valid values are blank for paper and "D" for 3 1/4" diskettes. Note: All invoices are always produced on paper as well as the alternate format if requested.	CHAR	1	0	N
CDE_COLLECT_MEDIA	Media used to collect rebate payments	CHAR	1	0	N
PARENT_LBLR	The labeler code of the parent manufacturer	CHAR	5	0	N

2.13.186 T_DRUG_LIMITS

This table contains the limitations/restrictions for a certain drug and the dates that these are in effect.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the drug limitations take effect.	DATE	0	0	Y
DTE_END	This is the date that the drug limitations no longer are in effect.	DATE	0	0	N
QTY_AGE_MIN	This is a number used to indicate the lower value in an age range. It is the minimum member age that is valid and is entered in number of years.	NUMBER	4	0	N
QTY_AGE_MAX	This is a number used to indicate the upper value in an age range. It is the maximum member age that is valid and is entered in number of years.	NUMBER	4	0	N
IND_OVERRIDE	Yes/No indicator used to identify drugs that will not be edited for a 34 day supply. An indicator of Y (yes) will bypass editing.	CHAR	1	0	N
QTY_DAYS_SPLY_MIN	The minimum number of days a prescribed drug should last a Medicaid member from the date it is dispensed.	NUMBER	4	0	N
QTY_DAYS_SPLY_MAX	The maximum number of days a prescribed drug should last a Medicaid member from the date it is dispensed.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_SUPPLY_MIN	The minimum quantity of the drug which can be dispensed. The default value is 1.	NUMBER	10	3	N
QTY_SUPPLY_MAX	The maximum quantity of the drug which can be dispensed. The default value is 100.	NUMBER	10	3	N
QTY_REFILL	The number of refills available for a specific prescribed drug.	CHAR	2	0	N
CDE_SEX	Identifies the sex of a person that this drug is limited to.	CHAR	1	0	N
IND_DRUG_CNS	This will indicate whether or not a drug affects the central nervous system.	CHAR	1	0	N
IND_DRUG_MAINT	This will indicate that the drug is required for "maintaining" health and as such provisions have been made to provide the drug in quantities greater than the standard 30-day or monthly supply.	CHAR	1	0	N
CDE	Identifies the classification of the drug. Classifications are Vaccine (V), Insulin (I), Supply (S), Nutritional (N), Class 1A (1), Anorexic (A), Family Planning (F), Smoking Cessation (C), Fertility Enhancements (E) and Minoxidil (M).	CHAR	1	0	N
IND_MCARE_COVERED	Yes/No indicator used to identify drugs covered by Medicare. A "N" (no) indicates the drugs is not covered by Medicare. This attribute is manually entered.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_LTC	Indicates whether the drug is covered if the member lives a long term care facility. I = Reimbursable Only in LTC Facility. N = Reimbursable Only if NOT in LTC facility. O = Reimbursable in Either case (default).	CHAR	1	0	N
IND_DISP_FEE	Yes/No indicator used to identify drugs that should pay a percentage of the normally calculated dispensing fee. This indicator is used with the attribute NUM_DISP_FEE_PCT to determine the dispensing fee to pay. If the indicator is a Y (yes), the dispensing fee will be multiplied by the dispensing fee percentage to get the final dispensing fee to pay to the provider.	CHAR	1	0	N
NUM_DISP_FEE_PCT	If the dispensing fee indicator is a Y (yes), the dispensing fee will be multiplied by the dispensing fee percentage to get the final dispensing fee to pay to the provider.	NUMBER	5	4	N

2.13.187 T_DRUG_MAC

This table contains the BIG MAC and/or MAC unit price for a drug and the dates that they are in effect. The MAC is the unit price under Federal MAC regulation and the BIG MAC unit price is published by HCFA in the State Medicaid Manual. It is valid to have an effective date for the MAC/BIG MAC with a zero price. This would indicate a period when the MAC/BIG MAC did not apply.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SEQUENCE	Sequence number of rows. Used to make a unique key without using the effective date of the row as part of the primary key.	NUMBER	9	0	Y
IND_STATUS	Indicates whether the MAC pricing segment is in an active (0) or inactive (1) status. Only active segments will be used for pricing. Inactive segments will be maintained for historical purposes.	CHAR	1	0	N
DTE_EFFECTIVE	This is the date that the drug's Maximum Allowable Cost takes effect.	DATE	0	0	N
DTE_END	This is the date that the drug's Maximum Allowable Cost is no longer in effect.	DATE	0	0	N
AMT_MAC	This is the BIG MAC and/or MAC unit price. The MAC is the unit price for a drug under Federal MAC regulation. The BIG MAC unit price is the Federal Participation Plan Upper Limits for a drug and is published by HCFA in the State Medicaid Manual.	NUMBER	12	5	N
DTE_SEG_ADDED	The date the pricing segment was created.	DATE	0	0	N

2.13.188 T_DRUG_MAC_PCT

MAC prices for drugs with a class of "O" (Over the Counter) are multiplied by the MAC Percent to adjust payment amounts for providers. Over the Counter Drug MAC prices are normally adjusted upwards in order to persuade providers to use generic OTC drugs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_CLASS	Identifies a classification of drugs; for example, barbiturate or amphetamine.	CHAR	1	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_TYPE	This will indicate if the drug is State-unique (S), First Data Bank (F) supplied (is added and updated by them), MediSpan unique (M) from the old system or was added by the National Pro-DUR system (N).	CHAR	1	0	Y
DTE_EFFECTIVE	The date the MAC percentage becomes valid for drug pricing.	DATE	0	0	Y
DTE_END	The date the MAC percentage is no longer valid for drug pricing.	DATE	0	0	N
PCT	Percent used to adjust the MAC price sent to us by First Data Bank for Over the Counter drugs.	NUMBER	3	2	N

2.13.189 T_DRUG_MANUF

The necessary data that defines a drug manufacturer. This includes the FDB code used to uniquely identify the distributor and the name of the distributor as listed on the drug label or as indicated by the NDC code.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_MANUF	This is the system assigned key used to uniquely identify the drug manufacturer.	NUMBER	9	0	Y
CDE_LABELER_ID	This field is a FDB code used to uniquely identify the distributor. This field is independent of the NDC and facilitates the grouping of the NDC's by unique distributor.	CHAR	6	0	N
NAM_DRUG_MANUF	This is the name of the distributor as listed on the drug label or as indicated by the NDC code. It does not necessarily identify the actual drug fabricator.	CHAR	15	0	N
NUM_CORP_ID	The CORPID represents a parent or holding company that relates to the labeler ID or a division of a company. There can be several labeler IDs to one CORPID.	NUMBER	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_LBLRIND	The Labeler Indicator (LBLRIND) data element is blank for an active labeler (at least 1 active NDC) or 'I' for an inactive labeler (no NDCs or all obsolete).	CHAR	1	0	N

2.13.190 T_DRUG_S_MAC

This table contains the State determined Maximum Allowable Cost (MAC) for a drug, along with its effective dates and status. Usually drugs that have a State MAC do not have a Federal MAC, but the State MAC can be used to override a Federal MAC if one exists for the drug.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
SAK_SEQUENCE	Sequence number of rows. Used to make a unique key without using the effective date of the row as part of the primary key.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the State MAC will take effect.	DATE	0	0	N
IND_STATUS	Indicates whether the State MAC pricing segment is in an active (0) or inactive (1) status. Only active segments will be used for pricing. Inactive segments will be maintained for historical purposes.	CHAR	1	0	N
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
DTE_END	This is the date that the State MAC will no longer be in effect.	DATE	0	0	N
AMT_MAC	This is the Maximum Allowable Cost for a drug as determined by the State.	NUMBER	12	5	N

2.13.191 T_DSS_PARMS

Entity used by the ETL process to store batch processing parameters

Column Name	Description	Type	Length	Precision	Primary Key
NAM_PROCESS	Name of the process parameter. Process parameters are typically assigned to a script (that is EBTJD100) or a cycle grouping of scripts (that is EBTMONTH)	VARCHAR2	20	0	Y
NAM_ENV_VAR	Name of the environment variable that will be created as a result of this batch parameter	VARCHAR2	20	0	Y
DTE_EFFECTIVE	Effective start date of the process parameter	DATE	0	0	Y
DTE_END	End date of the process parameter	DATE	0	0	N
IND_ACTIVE	Indicator used to specify if the process parameter is active. The valid values are: A: Active; I: Inactive	CHAR	1	0	N
CDE_PARM_TYPE	Type of batch parameter. Valid values are: T - Free Format Text; R - Date Range; B - Begin Date	CHAR	1	0	N
DTE_PARM_1	Date parameter to be passed to the script. If the parameter consists of only one date dte_parm_1 is used	CHAR	8	0	N
DTE_PARM_2	Date parameter to be passed to the script. If the parameter consists of a date range dte_parm_2 is the second date in the range	CHAR	8	0	N
TXT_PARM	Text parameter to be passed to the script. If the parameter has a text component text_parm is used	VARCHAR2	250	0	N
DSC_PARM	Description of the process parameter	VARCHAR2	50	0	N

2.13.192 T_EAC

Estimated acquisition cost is a pricing factor used to price pharmacy claims. This table contains by drug class, the EAC percentage that should be applied to result in an allowable reimbursement amount.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_CLASS	Identifies a classification of drugs; for example, barbiturate or amphetamine.	CHAR	1	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
DTE_EFFECTIVE	The first date of service that the associated percentage is effective.	DATE	0	0	N
DTE_END	The last date of service, or dispense date, that this percentage is applicable.	DATE	0	0	N
PCT	The actual percentage value to be applied to the estimated acquisition cost to determine reimbursement amount.	NUMBER	4	3	N
IND_CONV	Conversion Indicator	CHAR	1	0	N

2.13.193 T_ELIGCNT

This table contains the beneficiary eligibility segment data

Column Name	Description	Type	Length	Precision	Primary Key
ELIG_MONTH	Month of Eligibility Record	NUMBER	8	0	Y
ID_MEDICAID	Unique identifier for the member.	CHAR	12	0	N
CDE_COUNTY	The county code used to identify a county in the state.	VARCHAR2	10	0	N
CDE_AID_CATEGORY	This is the member aid category or population code.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code.	CHAR	2	0	N
CDE_RACE	The ethnicity of the member.	CHAR	2	0	N
CDE_SEX	Indicates the sex of the member.	CHAR	1	0	N
NUM_CONT_MTH_ELIG	The number of consecutive months of eligibility for this segment.	NUMBER	8	0	N
NUM_CONT_DAYS_ELIG	The number of consecutive days of eligibility for this segment.	NUMBER	8	0	N
NUM_CONT_CATG_MNTH	The number of consecutive months of eligibility for this aid category.	NUMBER	8	0	N
DTE_BIRTH	The date of birth for the member.	DATE	0	0	N
RECIP_AGE	The member's age.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_BIRTH_MONTH	An Indicator of ('Y' or 'N') for if the Eligibility Month is the same Month and Year as the Members Date of Birth.	CHAR	1	0	N

2.13.194 T_EMP_CARR_XREF

This cross-reference table is used to identify the carrier(s) associated with an employer. It can also be used to identify the employer(s) associated with a carrier.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CARRIER	This is the system assigned key for the TPL other insurance carrier. It uniquely identifies the carrier internally to the system. Each carrier also has a user-defined carrier ID which is used on all screens and reports.	NUMBER	9	0	Y
SAK_EMP	This is the system assigned key for the policyholder employer. It is used to uniquely identify the employer internally to the system. Each employer also has a user-defined employer ID which is used on all screens and reports.	NUMBER	9	0	Y
NUM_GROUP	Policy group number. If present, gives the group number of the policy.	CHAR	30	0	N
DTE_START_PLAN	Plan start date.	DATE	0	0	N
DTE_END_PLAN	Plan end date.	DATE	0	0	N
AMT_EMPLOYEE_COST	Employee cost amount.	NUMBER	9	2	N
AMT_EMPLOYER_COST	Employer cost amount.	NUMBER	9	2	N
AMT_DEDUCTIBLE	Amount deductible.	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CVRG_LVL	This is the coverage level codes. Valid values include: I - Individual E - Employee Only F - Employee + Family C - Employee + Children (default) S - Employee + Spouse O - Other 1 - Employee + 1	CHAR	1	0	N
CDE_HMO_PPO	This code identifies whether a TPL carrier is an HMO or PPO.	CHAR	1	0	N

2.13.195 T_EOB

An Explanation of Benefit (EOB) which is assigned in claims processing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EOB	The system assigned key for the EOB table. This key will make it possible to renumber the EOB file in the future without affecting the other tables that carry EOB (such as claim or ESC).	NUMBER	9	0	Y
CDE_EOB	A code which represents a policy for Medicaid claim adjudication.	CHAR	4	0	N
DSC_EOB	This field is the first line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DSC_EOB2	This field is the second line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DSC_EOB3	This field is the third line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_EOB4	This field is the fourth line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DSC_EOB5	This field is the fifth line of the nomenclature for an Explanation of Benefits that will be printed on the remittance advice.	CHAR	79	0	N
DTE_EFFECTIVE	This is the date of service that the Explanation of Benefits code became effective.	DATE	0	0	N
CDE	One character code used to identify the type of processing that should occur when an EOB is assigned. For example, A-full refund, U-underpayment, E-enter mass adjustment	CHAR	1	0	N
CDE_HC_CLM_STATUS	The HIPAA Health Care Claim Status Codes. Claim status codes communicate information about the status of a claim, that is, whether it's been received, pended, or paid.	CHAR	3	0	N
CDE_HC_ENTITY_ID	The HIPAA Health Care Claim Status Entity Identifier Code.	CHAR	2	0	N

2.13.196 T_EOB_TYPES

Valid values and descriptions that will indicate what type of adjustment processing should be performed. The type is assigned to the Explanation of Benefit code. For example, 'A', full refund will cause claim status to be set to deny (no editing/auditing) and claim will pay zero dollars.

Column Name	Description	Type	Length	Precision	Primary Key
CDE	One character code used to identify the type of processing that should occur when an EOB is assigned. For example, A-full refund, U-underpayment, E-enter mass adjustment	CHAR	1	0	Y
DSC_50	Description of one character code.	CHAR	50	0	N

2.13.197 T_ERROR_DISP

List of the possible edits or audits that can be applied during processing in the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ESC	System assigned key that uniquely identifies an error number.	NUMBER	9	0	Y
CDE_ESC	Code used to indicate an error was discovered on a claim during processing in the MMIS system. This can be either an edit or an audit.	NUMBER	4	0	N
DSC_ERROR_STAT	Description of an edit or an audit.	CHAR	50	0	N
IND_ALW_CCF	Indicates (Y/N) whether a claim correction form can be generated for the specific error code. Not used in Kentucky.	CHAR	1	0	N
IND_ALW_DENY	Indicates (Y/N) whether the claim should be allowed to deny upon review of the claim.	CHAR	1	0	N
IND_ALW_OVERIDE	Indicates (Y/N) whether a clerk should be allowed to override an edit/audit upon review of the claim.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_COST_CONT	Indicates whether the error status code is a cost containment error.	CHAR	1	0	N
CDE_HDR_DTL_LVL	Indicates whether edit or audit should be set on the header - 'H', or detail - 'D' of a claim.	CHAR	1	0	N
IND_SD_PRE_EMPTIVE	Used to determine if the edit prevents short term spend down from applying	CHAR	1	0	N
IND_CC_PRE_EMPTIVE	Used to determine if the edit is bypassed in Claim Check processing.	CHAR	1	0	N
IND_CC_PHTAR	Indicates if the error should be reported on the Potential History To Adjust Report.	CHAR	1	0	N
IND_CC_SAVINGS	Indicates if the error should be reported on the ClaimCheck / ClaimReview Savings Report.	CHAR	1	0	N
IND_CRITICAL	Indicator identifying if the ESC is critical and can not be inactivated or marked as pay (forced).	CHAR	1	0	N
IND_FORCE_MANUAL_PRICE	This is used to override IND_CRITICAL = "Y". A 'Y' in this column means this ESC may be forced if the service is priced manually.	CHAR	1	0	N

2.13.198 T_ESC_NCPDP_XREF

Contains the SAKs of ESCs that map to NCPDP Error Codes. When a pharmacy POS claim fails an AIM edit, the system checks for a corresponding NCPDP error code. If one is found, the NCPDP code is returned on the response to the provider. Otherwise, the EOB which corresponds to the ESC is returned.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ESC	System assigned key that uniquely identifies an error number	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR_NCPDP	Unique code number/value assigned to a specific reject message per National council for prescription drug pricing	CHAR	2	0	N

2.13.199 T_ETL_STATISTICS

DSS Claim and non-Claim ETL process need be balance back to the MMIS data.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROCESS	The process name for claim or non-claim ETL process.	CHAR	10	0	N
NAM_TABLE	The name of table which is loaded from MMIS to DSS.	CHAR	30	0	N
CDE_CLM_TYPE	The claim type for claim ETL. It will be space for non-claim ETL.	CHAR	1	0	N
CDE_PROV_TYPE	The provider type for claim ETL. It will be space for non-claim ETL.	CHAR	2	0	N
IND_CLAIM	It is FFS or ENC for claim ETL. It will be space for non-claim ETL.	CHAR	1	0	N
CDE_HDR_DTL	Code for Header or Detail Paid. Valid values are H for Header Paid and D for Detail Paid.	CHAR	1	0	N
CDE_STATUS	Paid, Denied, VOID status for claim ETL. It will be space for non-claim ETL.	CHAR	1	0	N
COUNT_MMIS	The number of claims records from MMIS source tables.	NUMBER	9	0	N
COUNT_DSS	The number of claim records from DSS target tables.	NUMBER	9	0	N
COUNT_DTL_MMIS	The number of claim details records from MMIS source tables.	NUMBER	9	0	N
COUNT_DTL_DSS	The number of claim details from DSS target tables.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID_MMIS	The total paid amounts for claims/encounters from MMIS history tables. It will be zero for non-claim ETL.	NUMBER	13	2	N
AMT_PAID_DSS	The total paid amounts for claims/encounters from T_CA_ICN on DSS. It will be zero for non-claim ETL.	NUMBER	13	2	N
AMT_BILLED_MMIS	The total billed amounts for claims/encounters from MMIS history tables. It will be zero for non-claim ETL.	NUMBER	13	2	N
AMT_BILLED_DSS	The total billed amounts for claims/encounters from T_CA_ICN on DSS. It will be zero for non-claim ETL.	NUMBER	13	2	N
DTE_BEG_PROCESS	The begin date of DSS claim ETL pull claims date range. For non-claim ETL, it will be the current date (system date) when non-claim ETL balance process run.	DATE	0	0	N
DTE_END_PROCESS	The end date of DSS claim ETL pull claims date range. For non-claim ETL, it will be the current date (system date) when non-claim ETL balance process run.	DATE	0	0	N
DTE_LOAD	The date when this balance record is loaded into the balance table.	DATE	0	0	N

2.13.200 T_EVS_ELIG

Contains the eligibility dates passed back on an eligibility verification transaction where the member was eligible.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EVS_ELIG	System assigned key for EVS eligibility segment.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_EVS_VER	The unique key that identifies each inquiry made to the EVS system. The key is made up of 10 digits: a 5-digit Julian Date and a 5-digit sequence number. The format is YYJJJSSSSS.	VARCHAR2	10	0	N
DTE_EFFECTIVE	Eligibility effective date	DATE	0	0	N
DTE_END	Eligibility end date	DATE	0	0	N
CDE_STATUS1	Status code for program eligibility segment. Blank means the segment is active, G means the segment is guaranteed eligibility, and H means it is historied and can no longer be used to process claims.	CHAR	1	0	N

2.13.201 T_EVS_INQUIRY

Contains the unique EVS inquiry verification number, the provider number, the member number, the eligible member program, the date, and time stamp. This EVS inquiry verification number helps the provider prove that a successful eligibility status was obtained on a member for the given member program.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_EVS_VER	The unique key that identifies each inquiry made to the EVS system. The key is made up of 10 digits: a 5-digit Julian Date and a 5-digit sequence number. The format is YYJJJSSSSS.	VARCHAR2	10	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC	The is the primary key to get to the provider information.	NUMBER	9	0	N
SAK_RECIP	The system assigned key for a member number.	NUMBER	9	0	N
DTE_DOS_FROM	The FROM date entered into the EVS system.	DATE	0	0	N
DTE_DOS_THRU	The TO date entered into the EVS system.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_ACTIVE	Indicates whether the member was eligible or not (Y/N) from the EVS inquiry.	CHAR	1	0	N
CDE_REJECT	Indicates the reason the EVS transaction was rejected.	CHAR	2	0	N
DATE_STAMP	The date that the inquiry was performed	DATE	0	0	N
TME_STAMP	The time that the inquiry was performed.	NUMBER	8	0	N
DEVICE_TYPE	Identifies the method used to submit the transaction such as PC, Internet, VS, or a switch vendor terminal id.	CHAR	8	0	N
TXN_TYPE	Identifies the type of transaction that was submitted.	CHAR	4	0	N

2.13.202 T_EXPENDITURE_DN

This contains the expenditure\payout payment transactions that includes overpayment refunds and provider expedient transactions for the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EXPENDITURE	System assigned key that uniquely identifies an expenditure transaction.	NUMBER	9	0	Y
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
SAK_PAYEE	System assigned key that uniquely identifies the name and address of a provider or a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	A unique code that identifies the county to which a payment is made.	CHAR	10	0	N
CDE_REASON_FOUR	Indicates the reason an expenditure is added to the system.	CHAR	4	0	N
AMT_REIMBURSEMENT	This is the amount that is keyed in by the online clerk. It there are any deductions to take (ie. State Share or FICA) they will be computed off of this amount.	NUMBER	13	2	N
AMT_PAID	The amount that the payee is paid.	NUMBER	13	2	N
AMT_STATE_SHARE	This is that amount of State Share that will be removed from the reimbursement amount to calculate the paid amount.	NUMBER	13	2	N
AMT_FICA	This is that amount of FICA that will be removed from the reimbursement amount to calculate the paid amount.	NUMBER	9	2	N
DTE_ADDED	Date on which the expenditure request was initiated.	DATE	0	0	N
DTE_ACTIVATION	Date on which the expenditure transaction was activated for payment	DATE	0	0	N
DTE_PAYMENT_ISSUE	This is the financial payment issue date as it appears on the check or EFT.	DATE	0	0	N
DTE_ACTIVITY	Date of activity associated with expenditure txn.	DATE	0	0	N
NUM_COR	Number used to reference a correspondence document to the expenditure transaction.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROCESS_TYPE	This field is used to indicate what type of process the expenditure should go through. This was formerly ind_manual. M = manual process, where a physical check was cut outside of MMIS and a system entry must be made without generating a payment. D = Immediate process, this would be the same as a daily check cycle. It means that the expenditure must get processed as soon as possible. R = Regular process. This would indicate that the expenditure is to go through the normal financial cycle(s).	CHAR	1	0	N
IND_PROCESSED	Indicates whether or not the expenditure payment has processed through the financial batch cycle.	CHAR	1	0	N
ID_PROV_RENDER	For RA reporting only. For reporting only of possible rendering providers.	CHAR	9	0	N
ID_CLERK	Logon user id.	CHAR	8	0	N
ID_CLERK_APPROVED	Logon user id.	CHAR	8	0	N
TME_ACTIVATION	This is the time that the expenditure was activated for release to payment.	NUMBER	8	0	N
SAK_FIN_SCHED	This field contains the sak of the schedule (cycle) under which this disposition was processed. Default value is 0 or -1. This may be always the default value since not all cash dispositions are processed in batch	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PROCESSED	This field contains the date on which the expenditure was processed in batch. This is used during the extraction and balancing of the expenditure.	DATE	0	0	N
CDE_UNIT_DEPT	Identifies the unit\department that created the financial transaction.	CHAR	2	0	N
SAK_FIN_COS	This is unique key for the Financial Category of Service.	NUMBER	9	0	N
SAK_SHORT_COS	A system assigned key (SAK) classifying a rule that qualifies a COS.	NUMBER	4	0	N
CDE_PROV_TYPE	Type that a provider is licensed for.	CHAR	2	0	N
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	N
SAK_RECIP	System assigned key that uniquely identifies the member that may be associated with the expenditure transaction.	NUMBER	9	0	N
DTE_TO_DOS	This field contains the "to" date of service of the review period.	DATE	0	0	N
DTE_FROM_DOS	This field contains the from date of service of the review period.	DATE	0	0	N
DTE_COST_STLMNT	Contains the cost settlement date of the AR.	DATE	0	0	N

2.13.203 T_EXPENDITURE_RSN

This contains all of the valid reasons an expenditure may be added to the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_FOUR	Indicates the reason for which an expenditure is added to the system.	CHAR	4	0	Y
DSC_CDE	Description of the reason code for an expenditure transaction.	CHAR	15	0	N
CDE_REASON_TYPE		CHAR	1	0	N
IND_MANUAL	Indicates whether the expenditure requires a manual check.	CHAR	1	0	N
CDE_RSN_HIPAA	This is the HIPAA expenditure reason code to put on the 835 transaction.	CHAR	2	0	N

2.13.204 T_FIN_COS

This is the table that contains the Financial Category of Service values for the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIN_COS	This is unique key for the Financial Category of Service.	NUMBER	9	0	Y
CDE_FIN_COS	This the code for the Financial Category of Service.	CHAR	3	0	N
DSC_FIN_COS	This the description of the Financial Category of Service.	CHAR	40	0	N

2.13.205 T_FIN_COS_DTL_XREF

This table stores State and Federal category of service assignments for each financial record for Accounts Receivable, Capitation Payments and Expenditures. Based on the CDE_TXN_TYPE the record can be queried for each type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECORD	System assigned key that uniquely identifies a financial record.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TXN_TYPE	Identifies the type of record for the SAK_RECORD column. Values include the following but new State values may be added: C - Claim R - Acct Receivables S - Expenditures V - Capitation	CHAR	1	0	Y
CDE_COS_ST	Code for the State category of service (COS) that defines the grouping of services appearing on State MAR reports.	CHAR	2	0	N
CDE_COS_SUB	Code for a sub-category of service (COS) that provides a more detailed State Category of Service classification in MAR state reporting.	CHAR	2	0	N
CDE_COS_MSIS	Code for the MSIS type of service assigned to this record.	CHAR	2	0	N
CDE_COS_CMS64_9	Code for the CMS 64.9 line item assigned to this record.	CHAR	4	0	N
CDE_COS_CMS64_21	Code for the CMS 64.21 line item assigned to this record.	CHAR	4	0	N
CDE_COS_CMS21	Code for the CMS 21 line item assigned to this record.	CHAR	4	0	N
CDE_FUND_SRC	Code for the fund source used in federal reporting. Values include the following but States may add new values as needed: M - Medicaid B - BCCTS F - Family Planning I - Indian Health Services E - EPSDT	CHAR	1	0	N
DTE_PTN	Date used for database partitioning.	DATE	0	0	N

2.13.206 T_FIN_ERROR_CODE

This is the code table that contains all the generic error message that can occur in financial. An example of the error codes are those that are used in the extractors to flush claims out do to data problems.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR	This is the error code that is used to describe a specific financial transaction for reporting.	NUMBER	9	0	Y
DSC_ERROR	This is the short description of the error code used in standard reporting.	CHAR	100	0	N
DSC_ERROR_LONG	This is the detail description of the error code.	VARCHAR2	4000	0	N

2.13.207 T_FIN_FUND_CODE

This table contains the list of financial fund codes that are used in the system to categorize funds correctly in the financial reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
SAK_BUDGET	The system assigned key that identifies a unique budget with interChange.	NUMBER	9	0	N
CDE_FUND_CODE	This is the fund code that is used in financial reporting to correctly categorize funds (money).	CHAR	3	0	N
DSC_FUND	This is the description of the financial fund code that is used for reporting.	CHAR	50	0	N
DSC_FUND_LONG	This is the long description for the financial fund code. This field allows for longer explanation and description of the code that is not intended for reports.	VARCHAR2	4000	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_BUDGET_DISB	This is an optional field which identifies the budget to use to pay expenses under this fund code.	NUMBER	9	0	N
SAK_BUDGET_DEP	This is an optional field which identifies the budget to use to record deposits from outside entities.	NUMBER	9	0	N
SAK_BUDGET_RET	This is an optional field which identifies the budget to use to record returned system checks.	NUMBER	9	0	N
SAK_BUDGET_RCP	This is an optional field which identifies the budget to use to record recoupment dollars from outstanding receivables.	NUMBER	9	0	N
IND_STATE_TXFR	Indicates if this fund code is to suppress the physical payment in favor of an inter-State agency accounting entry transfer	CHAR	1	0	N

2.13.208 T_FIN_MAN_REJECT

This table is used to reject/flush specific claims from financial due to issues in claims testing. These claims did not pass claims testing and, therefore, claims does not want the data to be passed through financial on put onto history.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	The sak of the claim to be rejected from financial.	NUMBER	9	0	Y
CDE_ERROR	This is the error code that is used to describe a specific financial transaction for reporting.	NUMBER	9	0	N

2.13.209 T_FIN_NONPROV

This entity contains information about a non-base payee entity within the financial subsystem. This type of payee entity does not exist within the system elsewhere and is defined only for processing within financial. This may include lien holders, governmental agencies or any other type of payee required by the state that must be processed within financial but not defined elsewhere in the system.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
SAK_NONPROV	System assigned key that uniquely identifies the name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	Y
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
NAME	The legal name of the non-provider.	CHAR	39	0	N
ADR_STREET_1	The first line of the address of the non-provider.	CHAR	30	0	N
ADR_STREET_2	The second line of the address of the non-provider.	CHAR	30	0	N
ADR_CITY	The city of the non-provider.	CHAR	15	0	N
ADR_STATE	The state of the non-provider.	CHAR	2	0	N
ADR_ZIP_CODE	The zip code of the non-provider.	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip code "plus four" of the non-provider.	CHAR	4	0	N
NUM_PHONE	The phone number of the non-provider.	CHAR	10	0	N
NUM_PHO_EXT	The phone extension of the non-provider.	CHAR	4	0	N

2.13.210 T_FIN_PAYEE

This table is the payee entity. Financial has specific payees types that receive funds from the state.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAYEE_TYPE	Unique char value for payees. P = provider R = member O = Other C = carrier L = lien holder Y = county	CHAR	1	0	Y
DSC_PAYEE	Describes the payee	CHAR	30	0	N
IND_EXPEND	This is a Y\N value. A value of 'Y' would indicate that the payee can receive expenditure payments. This primarily will be used by the expenditure window.	CHAR	1	0	N
IND_CHECK	CHAR(1) This is a Y\N value. A value of 'Y' would indicate that the payee type can receive a check.	CHAR	1	0	N
IND_AR	Indicates whether the payee should have ARs processed in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_1099	Indicates whether a payee should have 1099 processing in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_EARNINGS	Indicates whether a payee should have earnings in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_LIEN	Indicates whether a payee should have lien processing in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_CASH	Indicates whether a payee should have cash receipt processing in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_EFT	Indicates whether a payee should have EFT processing in financial. (Valid values: Y or N)	CHAR	1	0	N
IND_BASE_ENTITY	This indicates if the payee type is defined in the base system or if the payee type is defined as a non-provider within financial. (Valid values: Y or N)	CHAR	1	0	N

2.13.211 T_FIN_REMIT

This table contains the information about individual remittance advice records generated out of the MMIS.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REMIT	The unique id that identifies an RA.	NUMBER	9	0	Y
DTE_CREATED	The date the RA was generated	DATE	0	0	N
CDE_IND_835	This field indicates if there was an 835 transaction created for this RA.	CHAR	1	0	N
NUM_PAGES	This field contains the total number of pages produced for this RA.	NUMBER	6	0	N
CDE_PAYEE_TYPE	Unique char value for payee types defined within financial.	CHAR	1	0	N
SAK_PAYEE	System assigned key that uniquely identifies a payee. Such as provider, member, carrier, and so on.	NUMBER	9	0	N
CDE_STATUS	This field contains the RA status.	CHAR	1	0	N
CHECK_SAK	The unique system assigned key that identifies a payment that originates from the MMIS.	NUMBER	9	0	N
SAK_FIN_SCHED	The system assigned key that identifies a unique financial schedule within the interChange financial subsystem.	NUMBER	9	0	N

2.13.212 T_FUND_CDE_GRP

This table contains the fund code groups that are used in the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FUND_GROUP	This is the system assigned key of a group of fund codes.	NUMBER	9	0	Y
DSC_FUND_GROUP	This is the description of the a fund code group.	CHAR	50	0	N

2.13.213 T_FUND_CDE_GRP_XRF

This table contains the fund code within a specific group for processing specific groups of fund codes.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FUND_GROUP	This is the system assigned key of a group of fund codes.	NUMBER	9	0	Y
SAK_FUND_CODE	This is the unique system assigned key to the Financial Fund Codes.	NUMBER	9	0	Y

2.13.214 T_GCN

Contains Generic Code Number Sequence Numbers.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_DRUG_GCN_SEQ	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	9	0	Y
NUM_GCN	The Generic Code Number (GCN) is a unique number representing the generic formulation. The GCN is specific to generic ingredient combination, route of administration, and drug strength, across all dosage forms. The GCN is the same across manufacturers and/or package sizes.	NUMBER	5	0	N

2.13.215 T_GCN_SEQNO_GROUP

Groups GCN seqno by GCN seqno type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_GCN_SEQNO_TYPE	System assigned key for a unique GCN seqno type, which represents a single or collection of GCN sequence number.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_FORMULATION_FROM	This represents the starting range for GCN sequence number.	NUMBER	9	0	Y
NUM_FORMULATION_TO	This represents the ending range for GCN sequence number.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the GCN seqno grouping is to become effective for the GCN seqno type in processing.	DATE	0	0	Y
DTE_END	The last date that the GCN seqno grouping is in effect for the GCN seqno type in processing.	DATE	0	0	N

2.13.216 T_GCN_SEQNO_TYPE

A GCN sequence number type is associated with a group of GCN sequence number. Used to identify GCN for use in certain processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_GCN_SEQNO_TYPE	System assigned key for a unique GCN seqno type, which represents a single or collection of GCN sequence number.	NUMBER	4	0	Y
DSC_GCN_SEQNO_TYPE	Description of GCN Sequence number grouping.	CHAR	25	0	N
DSC_DEFINITION	Definition of where and/or how this GCN Sequence Number group is used.	VARCHAR2	4000	0	N

2.13.217 T_GENERIC_DRUG

The generic drug classification is specific to ingredient combination, route of administration, dosage form and drug strength. It is also the same across manufacturers and/or package sizes.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_GEN	The system assigned key for a unique generic drug.	NUMBER	9	0	Y
NUM_FORMULATION	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	6	0	N
NAM_DRUG_GENERIC	The first field (30 characters) is the generic drug name, the next is the route description (10), the next is the dosage form (10) and the last is the drug strength description(10). These fields are each separated by a space, for a total of 3 spaces.	VARCHAR2	100	0	N
CDE_ROUTE_ADMIN	The Route indicates the normal site or method by which a drug is administered. On the NDDF alternate forms of the route description are available in two codes: A one-byte route code (GCRT) is available for applications where the description is transparent to the user. A two-byte route code (GCRT2) is available as an abbreviation. This is the one-byte code (GCRT).	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CLINICAL_ROUTE	Micromedex hierarchal route code used in ProDUR editing of Pharmacy claims.	NUMBER	6	0	N
CDE_STATE_VAR	This field indicates what stage in the life cycle an item is in. 1= new; 2 = change; 3 = re-add; 4 = delete.	CHAR	1	0	N
SAK_DRUG_THERA_CLS	The system assigned key for a unique drug therapeutic class.	NUMBER	9	0	N
NUM_INGRED_LIST	The HICL Sequence Number (HICL_SEQNO) is a six-byte numeric field which provides a link from either an NDC or a GCN Sequence Number record to the Hierarchical Ingredient Code List.	NUMBER	6	0	N
DTE_BEGIN	Begin Date	DATE	0	0	N
DTE_END	End Date	DATE	0	0	N
CDE_DOSAGE_FORM	An abbreviated two-byte code (GCDF on NDDF update) is available for applications. Users may request the code in addition to or instead of the description.	CHAR	2	0	N
DSC_STRENGTH	The Drug Strength Description (STR) is a description of drug potency in units of grams, milligrams, percentage, and other terms. Strength is expressed in metric units. This field includes needle sizes, length of devices, and release rates of transdermal patches.	VARCHAR2	60	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_GEN	The Therapeutic Class Code, Generic (GTC) is used to classify drugs according to the most common intended use. This classification provides the broadest therapeutic groupings available in NDDF. Users that need more definitive therapeutic classing should consider Therapeutic Class, Standard (TC), Therapeutic Class, Specific (GC3), or the Therapeutic Class, AHFS (AHFS).	CHAR	3	0	N
CDE_THERA_CLS_STD	The Therapeutic Class Code, Standard (TC) can be used to classify drugs according to the most common intended use. This therapeutic classification is intended to service those users who need a definitive but not comprehensive therapeutic classification system. Comprehensive therapeutic classification is provided by Therapeutic Class, Specific (GC3), Therapeutic Class, AHFS (AHFS), or Therapeutic Class, Generic (GTC).	CHAR	3	0	N
IND_GENDER	The Gender-Specific Drug Indicator (GENDER) identifies drugs that are used for a specific gender. It can be used to help determine appropriateness of therapy based upon the sex of the patient (or to infer the sex of a patient). An indicator value is attached to the Generic Code Number (GCN) or the Generic Code Number Sequence Number (GCN_SEQNO) which identifies whether it is used in males or females or both.	CHAR	1	0	N

2.13.218 T_GIS_CODES

This table contains the return/accuracy codes from the software that calculates the longitude and latitude based on a given address.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GIS_QUALITY	Code indicating the quality of the address match when assigning latitude and longitude.	NUMBER	4	0	N
NUM_GIS_QUALITY	Number indicating the quality of the address match when assigning latitude and longitude.	NUMBER	4	0	N
DSC_SHORT_GIS_QUALITY	Short description of the quality of the address match when assigning latitude and longitude.	CHAR	40	0	N
DSC_LONG_GIS_QUALITY	Long description of the quality of the address match when assigning latitude and longitude.	VARCHAR2	4000	0	N

2.13.219 T_GPCI

Geographic practice cost indexes (GPCIs) are adjustment factors used to adjusts the three RVU components in RBRVS pricing. The GPCIs are divided into practice expenses, malpractice expenses, and relative cost of physician work.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCALITY	This field indicates the locality code for a provider to indicate if the provider practices in an urban, metropolitan, rural, or out-of-state location.	CHAR	2	0	Y
DTE_EFFECTIVE	The date the GPCI for a location becomes valid for use in claims processing.	DATE	0	0	Y
DTE_END	The date the GPCI for a locality is no longer valid for claims processing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_GPCI_M	The malpractice expense geographic adjustment factor used in computing the RBRVS fee schedule amount.	NUMBER	5	3	N
NUM_GPCI_PE	The practice expense geographic adjustment factor used in computing the RBRVS fee schedule amount.	NUMBER	5	3	N
NUM_GPCI_W	The work geographic adjustment factor used in computing the RBRVS fee schedule amount.	NUMBER	5	3	N

2.13.220 T_HIPAA_ADJRSN_XRF

This table contains the HIPAA adjustment reason code mapped to TPL A/R reason code

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ADJ_RSN	System assigned key used internally by the system to uniquely identify an HIPAA Adjustment Reason code.	NUMBER	9	0	Y
CDE_REASON_TWO	The reason that the A/R disposition was added.	CHAR	2	0	Y

2.13.221 T_HIPAA_COV_XREF

This table contains the HIPAA service type code mapped to TPL coverage code.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_SVC_TYPE	System assigned key representing HIPAA service type code.	NUMBER	9	0	Y
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Y

2.13.222 T_HIPAA_PT_SVC_XRF

This table is used by the 270/271 txn set to convert the MMIS provider type code to a HIPAA service type code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	Identifies the type of provider.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_SVC_TYPE	System assigned key representing the HIPAA service type code.	NUMBER	8	0	N

2.13.223 T_HIPAA_REL_CODE

This table contains the HIPAA relationship code values and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_RELATION	System assigned key representing the HIPAA relationship code.	NUMBER	9	0	Y
CDE_RELATION	This code identifies the relationship of the member to the policyholder.	CHAR	2	0	N
DSC_RELATION	This field contains the description associated with a specific HIPAA relationship code.	CHAR	120	0	N

2.13.224 T_HIPAA_REL_XREF

This table contains the TPL relationship codes and their corresponding HIPAA relationship codes.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_RELATION	System assigned key representing the HIPAA relationship code.	NUMBER	9	0	Y
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	1	0	Y

2.13.225 T_HIPAA_SVC_TYPE

This table contains the HIPAA service type codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPAA_SVC_TYPE	System assigned key representing HIPAA service type code.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SERV_TYPE	This field contains the HIPAA service type code which describes the type of coverage a member has with a policy.	CHAR	2	0	N
DSC_SERV_TYPE	This field contains the description for the HIPAA service type code.	CHAR	120	0	N

2.13.226 T_HIPP_RECIP

This table contains a cross-reference tables for HIPP and Members. A HIPP resource is another policy that is considered for purchase by Medicaid because the policy purchase amount is less that the potential average Medicaid expenditures.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPP	System assigned key to uniquely identify a HIPP resource.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	1	0	N
IND_PRIMARY	Indicates if the member is the primary on the HIPP Policy.	CHAR	1	0	N
IND_EXCLUDE	A Yes/No field that indicates if the member is excluded from the HIPP Policy and case calculations.	CHAR	1	0	N
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	N
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	N

2.13.227 T_HIPP_RESOURCE

This table contains information about a HIPP resource. A HIPP resource is another policy that is considered for purchase by Medicaid because the policy purchase amount is less that the potential average Medicaid expenditures.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_HIPP	System assigned key to uniquely identify a HIPP resource.	NUMBER	9	0	Y
CDE_BILL_MEDIA	This code is used to identify on which billing media an employer or carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	N
SAK_EMP	This is the system assigned key for the policyholder employer. It is used to uniquely identify the employer internally to the system. Each employer also has a user-defined employer ID which is used on all screens and reports.	NUMBER	9	0	N
CDE_DIAG	The actual high cost diagnosis code.	CHAR	7	0	N
DTE_REVIEW	The date when the policy must be reviewed.	DATE	0	0	N
DTE_ADDED	This is the date the policy was identified as a HIPP resource.	DATE	0	0	N
DTE_EFFECTIVE	The effective date of the HIPP policy.	DATE	0	0	N
DTE_END	The last day the HIPP policy is effective.	DATE	0	0	N
DTE_DUE	The date that the next payment for the policy is due.	DATE	0	0	N
DTE_LAST_PAYMENT	The most recent date that a check was issued for payment of the policy.	DATE	0	0	N
AMT_PREMIUM	The yearly amount that will be paid to the insurance carrier.	NUMBER	8	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PREM_PRD	The individual payment amount due to the insurance carrier.	NUMBER	8	2	N
AMT_REFUND	The amount expected to be received from the insurance carrier as a result of over-payment.	NUMBER	7	2	N
AMT_ADMIN_FEE	The estimated amount to be added to every calculation to represent the administrative expense.	NUMBER	9	2	N
AMT_COINSURANCE	A standard amount that Medicaid will pay for each claim.	NUMBER	8	2	N
AMT_DEDUCT	The amount that Medicaid must meet before the insurance carrier will pay for services rendered.	NUMBER	8	2	N
AMT_PURCHASE	The purchase amount of the HIPP policy.	NUMBER	7	2	N
AMT_EXPENDITURE	The average claim amount for the member's age, sex, and aid category.	NUMBER	9	2	N
DSC_50	A free-format description of the diagnosis codes.	CHAR	50	0	N
IND_HIPP_PURCHASE	Indicates whether to purchase or not to purchase the HIPP policy.	CHAR	1	0	N
SCHED_CODE	This is the schedule code. Identifies when (monthly, quarterly, and so on.) the HIPP policy must be paid.	CHAR	1	0	N
IND_SYS_GENERATE	Indicates whether the HIPP payments should be manually or systematically generated.	CHAR	1	0	N
CDE_HIPP	The code that identifies why a policy was or was not purchased.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_CONTACT	The name of the insurance carrier's person to contact concerning HIPP premium payments.	CHAR	40	0	N
ADR_CITY	The city where the carrier's contact person is located.	CHAR	30	0	N
ADR_STATE	The state where the carrier's contact person is located.	CHAR	2	0	N
ADR_STREET_1	The street address where the carrier's contact person is located.	CHAR	55	0	N
ADR_STREET_2	The second street address where the carrier's contact person is located.	CHAR	55	0	N
ADR_ZIP_CODE	The first five digits of the carrier's contact person's zip code.	CHAR	15	0	N
ADR_ZIP_CODE_4	The last four digits of the carrier's contact person's zip code.	CHAR	4	0	N
NUM_CONT_PHONE	The phone number of the carrier's contact person.	CHAR	15	0	N
CDE_ENTITY	Code identify whether the entity to whom the premium payment is being mailed is a member, policyholder, carrier, or employer.	CHAR	1	0	N
SAK_ENTITY	The system assigned key of the entity to whom the premium payment is being mailed.	NUMBER	9	0	N
NUM_PHO_EXT	The US or international phone extension number of the carrier's contact person.	CHAR	6	0	N
NUM_FAX	US or international fax number of the carrier's contact person.	CHAR	15	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_POLICY_OWNR	This is the system assigned key for the TPL policyholder. This key is used to uniquely identify the policyholder internally to the system and is also used on all screens and reports as Policyholder Id.	NUMBER	9	0	N
CDE_POLICY_OWNR	This code identifies whether the policy owner is a Member or a Policyholder.	CHAR	1	0	N
CDE_HIPP_PROCESS	This code identifies which HIPP cost effectiveness process to use.	CHAR	1	0	N
SAK_CARRIER	This is the system assigned key for the TPL other insurance carrier. It uniquely identifies the carrier internally to the system. Each carrier also has a user-defined carrier ID which is used on all screens and reports.	NUMBER	9	0	N
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	N
CDE_PLAN_TYPE	Internal system code referencing the type of insurance plan	CHAR	1	0	N

2.13.228 T_HIPP_RSN_CODES

This table identifies the decision to purchase a policy or not based on the HIPP calculation.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HIPP	The code that identifies why a policy was or was not purchased.	CHAR	2	0	Y
DSC_HIPP	The description of the code that identifies why a policy was or was not purchased.	CHAR	40	0	N
IND_PURCHASE	This identifies whether the policy will be purchased.	CHAR	1	0	N

2.13.229 T_HMO_INDICATOR

This table contains the possible values for the TPL carrier HMO indicator code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HMO_PPO	This code identifies whether a TPL carrier is an HMO or PPO.	CHAR	1	0	Y
DSC_HMO_PPO	This field contains the description associated with a specific HMO indicator code.	CHAR	15	0	N

2.13.230 T_ID_ISSUE_RSN

Maintains the valid issue reason codes and their descriptions for generating Medicaid Member ID cards.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ISSUE_REASON	Code to identify the reason an ID card was issued to the Medicaid member.	CHAR	1	0	Y
DSC_CDE	Describes the reason code for issuing an ID card to the Medicaid member.	CHAR	15	0	N

2.13.231 T_INP_LOC

This entity contains the Inpatient Level of Care Rate.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOC	A code that identifies the provider level of care, such as skilled, intermediate, developmentally disabled	CHAR	3	0	Y
DSC_LOC	The text description of the provider level of care associated with the code indicator	CHAR	100	0	N

2.13.232 T_INS_AGENT

The insurance agent or the insurance company the represents either the member or the torfeasor. Used to send letters and/or liens.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_INS_AGENT	The internal identifier that is required to tie an insurance agent to a casualty case.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CAS_ENT_ID	An account assigned number to an individual insurance company.	CHAR	8	0	N
ADR_STATE	The state of the insurance agent where correspondence, cover letters, and liens are sent to.	CHAR	2	0	N
ADR_STREET_1	The first street address of the insurance agent where the correspondence, cover letters, and liens are sent to.	CHAR	55	0	N
ADR_STREET_2	The second street address of the insurance agent where the correspondence, cover letters and liens are sent to.	CHAR	55	0	N
ADR_ZIP_CODE	The insurance agent's zip code where the correspondence, cover letters and liens are sent to.	CHAR	15	0	N
ADR_ZIP_CODE_4	The insurance agent's last four zip code numbers where the correspondence, cover letters, and liens are sent.	CHAR	4	0	N
NAM_LAST	The insurance agent's last name used to mail correspondence, cover letters, and liens.	CHAR	15	0	N
NAM_MID_INIT	The insurance agent's middle initial used as part of the address on the correspondence, cover letters, and liens.	CHAR	1	0	N
NUM_PHONE	The phone number where the insurance agent can be reached.	CHAR	15	0	N
ADR_CITY	The city of the insurance agent where correspondence, cover letters, and liens are sent to.	CHAR	30	0	N
NAM_FIRST	The insurance agent's first name used to mail correspondence, cover letters, and liens.	CHAR	13	0	N
NAM_COMPANY	The company that the insurance agent is employed by.	CHAR	40	0	N
NUM_FAX	The company fax number that the insurance agent is employed by.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHO_EXT	The US or international phone extension number where the insurance agent can be reached.	CHAR	6	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
ADR_EMAIL	This is the email address of the insurance agent.	CHAR	50	0	N

2.13.233 T_INS_AGENT_XREF

Associates the insurance agent or the insurance company to the casualty case. Also indicates who is represented.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
SAK_REPRESENTS	Identifies which party (tortfeasor or member) the insurance agent represents for this casualty case.	NUMBER	9	0	Y
SAK_INS_AGENT	The internal identifier that is required to tie an insurance agent to a casualty case.	NUMBER	9	0	N
NUM_POLICY_CLM	The claim number of a casualty case.	CHAR	32	0	N
CDE_REPRESENTS	Identifies who the insurance agent represents.	CHAR	1	0	N

2.13.234 T_IRS_W9_INFO

This entity will be used to hold information for 1099 purposes. This table will hold unique tax IDs and corresponding information about the receiver of the 1099.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TAX_ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	Y
IND_TAX_ID_TYPE	This field indicates whether the tax ID is a social security number or an FEIN.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
NAME	This is the name the W9 form would be addressed to.	CHAR	40	0	N
ADR_MAIL_STRT1	Street address 1. This is the street address where the provider would receive the W9 form.	CHAR	30	0	N
ADR_MAIL_STRT2	Street address 2. This is the street address where the provider would receive the W9 form.	CHAR	30	0	N
ADR_MAIL_CITY	This is the city where the provider would receive the W9 form.	CHAR	15	0	N
ADR_MAIL_STATE	This is the state where the provider would receive the W9 form.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the zip code where the provider would receive the W9 form.	CHAR	5	0	N
ADR_MAIL_ZIP_4	This is the zip code extension where the provider would receive the W9 form.	CHAR	4	0	N
DTE_EFFECTIVE	The first date the W9 information for this provider becomes effective.	DATE	0	0	N
DTE_END	The last date the W9 information for this provider is effective.	DATE	0	0	N
NUM_PHONE	The phone number where the provider would receive the W9 form.	CHAR	10	0	N
NUM_PHO_EXT	The phone number extension where the provider would receive the W9 form.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_TAX_ID_EXEMPT	Indicator showing whether the provider is tax exempt.	CHAR	1	0	N
IND_W9_FORM	Indicator showing whether this provider requires a W9 form sent to them.	CHAR	1	0	N
IND_FORM_147	Indicator showing whether this provider requires a form 147 sent to them.	CHAR	1	0	N

2.13.235 T_KM_KAMES

This table contains the Member's KAMES information.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Member's SSN.	CHAR	9	0	Y
CHECK_DIGIT_SSN	The check digit for member's SSN.	CHAR	1	0	Y
DTE_ELIG_BEGIN	THE effective date for the KAMES member benefit.	DATE	0	0	Y
NUM_CASE	The member's case number.	CHAR	10	0	N
ID_MEDICAID	The member's Medicaid ID.	CHAR	10	0	N
AMT_GROSS_EARNED_INC	Case's gross earned income amount.	NUMBER	10	2	N
AMT_GROSS_UNEARNED_INC	Case's gross unearned income amount.	NUMBER	10	2	N
AMT_COUNTABLE_INC	Case's total count income amount.	NUMBER	10	2	N
AMT_MBR_GROSS_UNEARNED_INC	Member's gross unearned income amount.	NUMBER	10	2	N
AMT_MBR_GROSS_EARNED_INC	Member's gross earned income amount.	NUMBER	10	2	N
AMT_MBR_VETERAN	Member's veteran amount.	NUMBER	10	2	N
DTE_PREMIUM_START	The date when premium start.	DATE	0	0	N
CDE_MBR_HST_GRD_COMP	Code of highest grade completed by member.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PAY_PREMIUM	Indicator of having to pay premiums.	CHAR	1	0	N
IND_KCHIP	K-Chip Indicator.	CHAR	1	0	N
NUM_HOUSEHOLD_SIZE	The number of people in case's household.	NUMBER	4	0	N
DTE_ELIG_END	The end date for the KAMES member benefit	DATE	0	0	Y

2.13.236 T_KP_KCHIP1

This table stores KCHIP member info. The data is loaded from the "external" member information including the children that are in Medicaid that have at least one parent that works for the Commonwealth (this data is got from an external source).

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The member's Medicaid ID.	CHAR	12	0	Y
NUM_SSN	Member's SSN.	CHAR	9	0	N
DTE_EFFT	The date when the member's KCHIP is effective.	DATE	0	0	N
DTE_TERM	The date when the member's KCHIP is terminated.	DATE	0	0	N
CDE_WAIVER_COVERAGE	The KCHIP member's waiver coverage code.	CHAR	1	0	N
DTE_ELIG_BEG	The date when the member's eligibility begin.	DATE	0	0	N
DTE_ELIG_END	The date when the member's eligibility end.	DATE	0	0	N
DTE_START	The date when the member's KCHIP start.	DATE	0	0	N
DTE_END	The date when the member's KCHIP end..	DATE	0	0	N
DTE_LOAD	The date when the record is loaded into DSS.	DATE	0	0	N

2.13.237 T_KP_KCHIP_CLM

This table stores the claim info for the KCHIP members.

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The KCHIP member medicaid ID	CHAR	12	0	N
CDE_SEX	The KCHIP member's sex code	CHAR	1	0	N
CDE_AID_CATEGORY	The KCHIP member's aid category code.	CHAR	2	0	N
NUM_ICN	The claim ICN.	CHAR	13	0	N
DTE_FIRST_SVC	The first date of service of the claim	DATE	0	0	N
AMT_TOT_CLM_CHARGE	The total amount that the claim charged	NUMBER	13	2	N
AMT_CLM_PAID	The amount that the claim paid.	NUMBER	13	2	N
DTE_PAID	The date when the claim is paid	DATE	0	0	N
CDE_CLM_TYPE	The claim type code	CHAR	1	0	N
IND_LATEST_CLM	The indicator to indicate the latest version of the claim	CHAR	1	0	N
CDE_COS_ST	The category of service for the billing provider.	CHAR	2	0	N
CDE_RECIP_COUNTY	The member's county code	CHAR	10	0	N
CDE_PGM_STATUS		CHAR	2	0	N

2.13.238 T_KP_KCHIP_ERR

This table stores any member info that either don't have member information or claims for the time period.

Column Name	Description	Type	Length	Precision	Primary Key
ID_RCP_PROV	The member's Medicaid ID.	CHAR	12	0	N
DTE_START	The start date.	DATE	0	0	N
DTE_END	The end date	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERR_MSG	The error message	CHAR	30	0	N

2.13.239 T_KP_KCHIP_OUT

This table stores any member info that either don't have member information or claims for the time period.

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The KCHIP member medicaid ID.	CHAR	12	0	N
CDE_AID_CATEGORY	The KCHIP member's aid category code.	CHAR	2	0	N
NUM_ICN	The claim ICN.	CHAR	13	0	N
DTE_FIRST_SVC	The first date of service of the claim.	DATE	0	0	N
AMT_TOT_CLM_CHARGE	The total amount that the claim charged.	NUMBER	13	2	N
AMT_CLM_PAID	The amount that the claim paid.	NUMBER	13	2	N
DTE_PAID	The date when the claim is paid.	DATE	0	0	N
CDE_CLM_TYPE	The claim type code	CHAR	1	0	N
IND_LATEST_CLM	The indicator to indicate the latest version of the claim.	CHAR	1	0	N
CDE_COS_ST	The category of service for the billing provide	CHAR	2	0	N
CDE_RECIP_COUNTY	The member's county code.	CHAR	10	0	N
CDE_PGM_STATUS	The member's program status code.	CHAR	2	0	N
NUM_SSN	The member's SSN	CHAR	9	0	N
DTE_EFFT	The date when the member KCHIP is effective	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_TERM	The date when the member KCHIP is terminated.	DATE	0	0	N
CDE_WAIVER_COVERAGE	The KCHIP member's waiver coverage code.	CHAR	1	0	N
DTE_ELIG_BEG	The date when the member's eligibility begin	DATE	0	0	N
DTE_ELIG_END	The date when the member's eligibility end	DATE	0	0	N
DTE_START	The date when KCHIP start	DATE	0	0	N
DTE_END	The date when KCHIP end	DATE	0	0	N

2.13.240 T_KP_KCHIP_RECIP

This table stores any member info that either don't have member information or claims for the time period.

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The KCHIP member medicaid ID.	CHAR	12	0	Y
ADR_LINE_1	The first line of the member's street address.	CHAR	30	0	N
ADR_CITY	The city name of member's address.	CHAR	18	0	N
DTE_BIRTH	The date of birth of member.	DATE	0	0	N
NAM_FIRST	The member's first name.	CHAR	15	0	N
NAM_LAST	The member's last name.	CHAR	20	0	N
NAM_MID_INIT	The member's mid-initial name.	CHAR	1	0	N
ADR_STATE	The state name of member's address.	CHAR	2	0	N
ADR_ZIP_CODE	The zip code of member's address.	CHAR	5	0	N
NUM_SSN	The member's SSN.	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFT	The date when the member's KCHIP is effective.	DATE	0	0	N
DTE_TERM	The date when the member's KCHIP is terminated.	DATE	0	0	N
CDE_WAIVER_COVERAGE	The member's waiver coverage code.	CHAR	1	0	N
DTE_ELIG_BEG	The date when member's eligibility begin	DATE	0	0	N
DTE_ELIG_END	The date when member's eligibility end.	DATE	0	0	N
DTE_START	The date when member's KCHIP start	DATE	0	0	N
DTE_END	The date when member's KCHIP end.	DATE	0	0	N

2.13.241 T_KP_KENPAC

This table stores the KENPAC data for use in the KENPAC Business Object Reports..

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key given to a claim.	NUMBER	9	0	Y
SAK_PROV_LOC	System assigned key assigned to the provider service location.	NUMBER	9	0	Y
NUM_DTL	Number of the detail on the claim.	NUMBER	4	0	Y
CDE_TYPE_OF_SVC	Type of service provided by the Provider.	CHAR	2	0	Y
ID_PROV_NPI_REFER	The referring NPI ID of the provider at the service location. Only healthcare providers are assigned NPI IDs	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_MCAID_REFER	The referring Medicaid ID of the provider at the service location.	CHAR	15	0	N
ID_PROV_BASE_REFER	This is the high level referring ID assigned by interChange to the unique instance of a provider without regard to service location	CHAR	15	0	N
NAM_PROV_REFER	Name of the Referring provider. This can be a personal or business name. The contents of this attribute (business or personal) can be determined by checking the provider name type	CHAR	50	0	N
CNT_CLAIMS_PAID	Counts the claim as a paid claim.	NUMBER	9	0	N
AMT_TOT_PAID_CLAIMS	Payment amount for the Claim.	NUMBER	10	2	N
DTE_PAID	The date the claim was adjudicated except for special processing cycles. This is not the actual date of payment since the payment is issued by the state treasurer after a post-audit and when funds are available.	DATE	0	0	N
CDE_CLM_TYPE	A code to indicate the type of medical assistance invoice used by the provider to bill omap for the rendered service.	CHAR	1	0	N
ID_MEMBER	The unique number assigned to the member.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MEM_NAM_FIRST	The first name of a member.	CHAR	15	0	N
MEM_NAM_MID_INIT	The middle initial of the beneficiary.	CHAR	1	0	N
MEM_NAM_LAST	The last name of the member.	CHAR	20	0	N
DTE_FIRST_SVC	Date on which services were first performed for a member.	DATE	0	0	N
QTY_UNITS_BILLED	The units of service billed by the provider.	NUMBER	9	2	N
ID_PROV_NPI_BILL	The referring NPI ID of the provider at the service location. Only healthcare providers are assigned NPI IDs	CHAR	15	0	N
ID_PROV_MCAID_BILL	The billing Medicaid ID of the provider at the service location.	CHAR	15	0	N
ID_PROV_BASE_BILL	This is the high level billing ID assigned by interChange to the unique instance of a provider without regard to service location??	CHAR	15	0	N
NAM_PROV_BILL	Name of the Billing provider. This can be a personal or business name. The contents of this attribute (business or personal) can be determined by checking the provider name type	CHAR	50	0	N
NUM_TOT_ENROLLEES	The number of enrollees for the provider being reported	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COUNTY	The county code of the Provider.	VARCHAR2	10	0	N
CDE_PROV_TYPE	The Provider Type code.	CHAR	2	0	N
CDE_PROV_SPEC	The Provider Specialty code.	CHAR	3	0	N
CDE_PROV_SPEC_GROUP	The Provider Specialty Group	VARCHAR2	32	0	N

2.13.242 T_KP_LIC

Licenses obtain by the provider. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 050).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
NUM_LICENSE	License number.	VARCHAR	20	0	N
TYP_LICENSE	License type code	VARCHAR	25	0	N
STAT_LICENSE	License status code.	VARCHAR	25	0	N
TYP_LIC_SPEC	License Specialty type code.	VARCHAR	25	0	N
DTE_EFFECTIVE	Effective date.	DATE	0	0	N
DTE_EXPIRATION	Expiration date.	DATE	0	0	N
DTE_TERMINATION	Termination date.	DATE	0	0	N
CDE_ISSUING_ST	Issuing State Code.	VARCHAR	2	0	N

2.13.243 T_KP_LOC_ATTRIBUTES

Location attirbute information. There are several different types (Accessability, Practice, and Services) and there can be more than one record per type.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 064).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
TYP_LOC_ATTR	Location Attribute Type. Values are Accessibility, Services, Practice.	VARCHAR	25	0	N
NAM_ATTRIBUTE	Location Attribute Name.	VARCHAR	25	0	N
PROP_VALUE	Property Value.	VARCHAR	255	0	N

2.13.244 T_KP_LOC_HOURS

Location work hours information. There can be more than one record per location.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 063).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
DAY_OF_WK	Day of Week.	VARCHAR	25	0	N
TIME_START	Start time.	VARCHAR	5	0	N
AMPM_START	Indicates AM or PM (values are AM/PM).	VARCHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
END_TIME	End time.	VARCHAR	5	0	N
END_AMPM	Indicates AM or PM (values are AM/PM).	VARCHAR	2	0	N
IND_CLOSED	Indicates if office is closed for this day.	CHAR	1	0	N

2.13.245 T_KP_LOC_LANG

Location language information. There can be more than one record per location.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 062).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
TYP_LANGUAGE	Language type code.	VARCHAR	25	0	N
IND_INTERPRETER	Indicates if an interpreter is available at the location for this language. (Y/N)	CHAR	1	0	N

2.13.246 T_KP_LOC_PARTICIPANTS

Location participant information. There are several different types (Mid-level Practitioner, etc.) and there can be more than one record per type.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 061).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
TYP_PARTICIPANT	Participant type code.	VARCHAR	25	0	N
PRV_LAST_NAME	Participant last name.	VARCHAR	30	0	N
PRV_FIRST_NAME	Participant first name.	VARCHAR	30	0	N
PRV_MIDDLE_I	Participant middle initial.	CHAR	1	0	N
TYP_SPEC	Specialty type of the participant	VARCHAR	25	0	N
DSC_PROV_TYPE	Provider type of the participant.	VARCHAR	25	0	N
NUM_LICENSE	License number of participant.	VARCHAR	20	0	N
CDE_ISSUING_ST	License issuing state of the participant's license.	VARCHAR	2	0	N
NUM_CERTIFICATE	Certificate number of the participant.	VARCHAR	20	0	N
NUM_SSN	Social security number of the participant.	CHAR	9	0	N
TYP_PRACTITIONER	Practitioner type.	VARCHAR	25	0	N
DTE_BEGIN	Begin date of the participant.	DATE	0	0	N
DTE_END	End date of the participant.	DATE	0	0	N
ADR_PRV_STRT_ADDR_1	Participant street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Participant street address 2.	VARCHAR	100	0	N
ADR_CITY	Participant city.	VARCHAR	40	0	N
ADR_PROV_STATE	Participant state.	VARCHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CODE	Participant zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Participant county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Participant country code.	VARCHAR	3	0	N
NUM_PHONE	Participant phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Participant alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Participant fax number.	VARCHAR	20	0	N
ADR_EMAIL	Participant e-mail.	VARCHAR	50	0	N

2.13.247 T_KP_PRV_CERT

Certifications obtained by the provider. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 070).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
TYP_CERT	Certification type code.	VARCHAR	25	0	N
DTE_EXPIRATION	Expiration Date.	DATE	0	0	N

2.13.248 T_KP_PRV_CONTACT

Provider Contact information. There can be more than one record per provider based on Contact type (we currently on store Billing Contact).

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code .	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider.	NUMBER	9	0	N
TYP_CONTACT	Contact type code. Valid values are Address Agency, EFT, Provider, ProviderBillingAgreement and State	VARCHAR	25	0	N
PRV_FIRST_NAME	Provider first name.	VARCHAR	30	0	N
PRV_LAST_NAME	Provider last name.	VARCHAR	30	0	N
ADR_PRV_STRT_ADDR_1	Provider street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Provider street address 2.	VARCHAR	100	0	N
ADR_CITY	Provider city.	VARCHAR	40	0	N
ADR_PROV_STATE	Provider state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Provider zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Provider county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Provider country code.	VARCHAR	3	0	N
NUM_PHONE	Provider phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Provider alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Provider fax number.	VARCHAR	20	0	N
ADR_EMAIL	Provider email address.	VARCHAR	50	0	N

2.13.249 T_KP_PRV_DEMOGRAPHICS

General Provider information. One record per provider

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 010).	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
DSC_PROV_TYPE	Provider type description.	VARCHAR	25	0	N
ADR_PRV_STRT_ADDR_1	Provider home street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Provider home street address 2.	VARCHAR	100	0	N
ADR_PROV_CITY	Provider home city.	VARCHAR	40	0	N
ADR_PROV_STATE	Provider home state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Provider home zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Provider home county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Provider home country code.	VARCHAR	3	0	N
NUM_PHONE	Provider home phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Provider home alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Provider home fax number.	VARCHAR	20	0	N
ADR_EMAIL	Provider home e-mail.	VARCHAR	50	0	N
CDE_GENDER	Gender code.	CHAR	1	0	N
CDE_RACE	Race code.	VARCHAR	25	0	N
DTE_PROV_BIRTH	Provider birth date.	DATE	0	0	N
PROV_BIRTH_CITY	Provider birth city.	VARCHAR	40	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_BIRT_ST	Provider birth state.	VARCHAR	2	0	N
CDE_PROV_BIRTH_CNTRY	Provider birth country.	VARCHAR	3	0	N
NUM_DRIVERS_LIC	Drivers license number.	VARCHAR	20	0	N
DSC_ORG_TYPE	Organization Type.	VARCHAR	25	0	N
IND_NON_PROFIT	NonProfit Indicator.	CHAR	1	0	N

2.13.250 T_KP_PRV_EDUC

Provider Education and Training information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 090).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
TYP_EDUC_TRAINING	Education training type code.	CHAR	1	0	N
INSTITUTION_NAME_1	Education Institution name 1.	VARCHAR	30	0	N
INSTITUTION_NAME_2	Education Institution name 2.	VARCHAR	30	0	N
ADR_PRV_STRT_ADDR_1	Education Institution street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Education Institution street address 2.	VARCHAR	100	0	N
ADR_CITY	Education Institution city.	VARCHAR	40	0	N
ADR_PROV_STATE	Education Institution state.	VARCHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CODE	Education Institution zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Education Institution county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Education Institution country code.	VARCHAR	3	0	N
NUM_PHONE	Education Institution phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Education Institution alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Education Institution fax number.	VARCHAR	20	0	N
ADR_EMAIL	Education Institution E-mail.	VARCHAR	50	0	N
DTE_EDUC_STRT	Education start date.	DATE	0	0	N
DTE_EDU_END	Education end date.	DATE	0	0	N
IND_COMPLETION	Completion indicator.	CHAR	1	0	N
TYP_DEGREE	Degree type.	VARCHAR	25	0	N
CDE_COLLEGE	College code.	VARCHAR	10	0	N
INC_EXPL_TXT	Incompletion explanation.	VARCHAR	255	0	N

2.13.251 T_KP_PRV_HOSP_AFFILAITION

Hospitals the provider is affilaited with. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 080).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
IND_PRIMARY	Indicats the primary affiliation for the provider.	CHAR	1	0	N
NAM_HOSPITAL	Hospital name.	VARCHAR	50	0	N
ADR_PRV_STRT_ADDR_1	Hospital street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Hospital street address 2.	VARCHAR	100	0	N
ADR_CITY	Hospital city.	VARCHAR	40	0	N
ADR_PROV_STATE	Hospital state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Hospital zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Hospital county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Hospital country code.	VARCHAR	3	0	N
NUM_PHONE	Hospital phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Hospital alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Hospital fax number.	VARCHAR	20	0	N
ADR_EMAIL	Hospital e-mail.	VARCHAR	50	0	N
NAM_DEPT	Department name.	VARCHAR	50	0	N
NAM_DIRECTOR_LAST	Director last name.	VARCHAR	50	0	N
NAM_DIRECTOR_FIRST	Director first name.	VARCHAR	30	0	N
NAM_DIRECTOR_MI	Director middle initial.	CHAR	1	0	N
DTE_AFFIL_STRT	Affiliation Start Date.	DATE	0	0	N
DTE_AFFIL_END	Affiliation End Date.	DATE	0	0	N
NUM_ADM_PCNT	Percent of total admissions.	NUMBER	3	0	N
ADMIT_PRIV_STATUS	Admitting Privilege Status code.	VARCHAR	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PRIV_TERM_EXPLN	Privilege Termination Explanation.	VARCHAR	255	0	N

2.13.252 T_KP_PRV_INSURANCE

Provider Insurance information. There can be more than one record pereducation entry.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 100).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
IND_PRIMARY	Primary insurance indicator.	CHAR	1	0	N
NAM_ISSURER	Inssurer name.	VARCHAR	50	0	N
ADR_PRV_STRT_ADDR_1	Insurance carrier Street Address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Insurance carrier Street Address 2.	VARCHAR	100	0	N
ADR_CITY	Insurance carrier city.	VARCHAR	40	0	N
ADR_PROV_STATE	Insurance carrier state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Insurance carrier zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Insurance carrier county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Insurance carrier country code.	VARCHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHONE	Insurance carrier phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Insurance carrier alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Insurance carrier fax number.	VARCHAR	20	0	N
ADR_EMAIL	Insurance carrier e-mail.	VARCHAR	50	0	N
DTE_ORIG_COVR_EFFECTIVE	Original Coverage Effective Date.	DATE	0	0	N
DTE_CURR_COVR_EFFECTIVE	Current Coverage Effective Date.	DATE	0	0	N
DTE_EXPIRATION	Expiration Date.	DATE	0	0	N
TYP_COVR	Coverage type.	VARCHAR	25	0	N
IND_UNLIM_COVERAGE	Unlimited Coverage Indicator.	CHAR	1	0	N
IND_TAIL_COVR	Tail Coverage Indicator.	CHAR	1	0	N
NUM_POLICY	Policy Number.	VARCHAR	20	0	N
AMT_OCCUR_COVR	Occurrence Coverage Amount.	VARCHAR	255	0	N
AMT_TOT_COV	Total Coverage Amount.	VARCHAR	255	0	N

2.13.253 T_KP_PRV_LANGUAGE

Provider Language information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 130)	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
TYP_LANGUAGE	Language type code.	VARCHAR	25	0	N
IND_INTERPRETER	Interpreter Indicator.	CHAR	1	0	N
DTE_BEGIN	Begin Date.	DATE	0	0	N
DTE_END	End Date	DATE	0	0	N

2.13.254 T_KP_PRV_LOC

Provider Location information. There can be more than one record per provider. Each location will be followed by each of its related Location records.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 060).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
IND_PRIMARY	Indicates if this is the provider's primary location.	CHAR	1	0	N
ADR_PHONE_NUM	Location phone number.	NUMBER	9	0	N
ADR_PRV_STRT_ADDR_1	Provider location street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Provider location street address 2.	VARCHAR	100	0	N
ADR_CITY	Provider location city.	VARCHAR	40	0	N
ADR_PROV_STATE	Provider location state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Provider location zip code.	VARCHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CNTY_CDE	Provider location county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Provider location country code.	VARCHAR	3	0	N
NUM_PHONE	Provider location phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Provider location alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Provider location fax number.	VARCHAR	20	0	N
ADR_EMAIL	Provider location E-mail.	VARCHAR	50	0	N
IND_CORRESPONDENCE	Indicates if the provider requests correspondence be sent to this location address (Y/N).	CHAR	1	0	N
IND_CURR_PRACTICING	Indicates if the provider is currently practicing at this address (Y/N).	CHAR	1	0	N
IND_24HR_PHN_COV	Indicates if there is 24 hour phone coverage (Y/N).	CHAR	1	0	N
NUM_AFTER_HRS_PHN	The after hours phone number.	CHAR	10	0	N
VM_WITH_INSTRUCTIONS	Indicates if voice mail has instructions to call the answering service (Y/N).	CHAR	1	0	N
WM_WITH_OTH_INST	Indicates if voice mail has other instructions (Y/N).	CHAR	1	0	N
IND_ANSW_SVC	Indicates if there is an answering service (Y/N).	CHAR	1	0	N

2.13.255 T_KP_PRV_NME

Names used by the provider. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 040) .	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_LOC	Provider Location ID.	NUMBER	9	0	N
TYP_NAME	Name type code.	VARCHAR	25	0	N
PRV_LAST_NAME	Provider last name.	VARCHAR	255	0	N
PRV_FIRST_NAME	Provider first name.	VARCHAR	30	0	N
PRV_MIDDLE_I	Provider middle initial.	CHAR	1	0	N
PRV_NME_PREFIX	provider name prefix.	VARCHAR	10	0	N
PRV_NME_SUFFIX	Provider name suffix.	VARCHAR	10	0	N
PRV_FULL_NAME	Provider full name.	VARCHAR	255	0	N
DTE_BEGIN	Begin date of name information.	DATE	0	0	N
DTE_END	End date of name information.	DATE	0	0	N

2.13.256 T_KP_PRV_NUM

Number IDs assigned to the provider. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 030).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
NUM_PROVIDER	Provider number.	VARCHAR	20	0	N
TYPE_PROV_NUMBER	Provider number type.	VARCHAR	25	0	N
DTE_EFFECTIVE_START	Effective Start Date.	DATE	0	0	N
DTE_EFFECTIVE_END	Effective End Date.	DATE	0	0	N
IND_TAX_ID	Tax ID indicator. Y/N indicates if the ID is used for tax purposes.	CHAR	1	0	N
IND_PRIMARY	Primary indicator.	CHAR	1	0	N
CNTRY_FNIN	Country issuing the provider's FNIN number.	VARCHAR	30	0	N

2.13.257 T_KP_PRV_REFERENCE

Provider Reference information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 140).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time..	NUMBER	9	0	N
PRV_FIRST_NAME	Provider first name.	VARCHAR	30	0	N
PRV_LAST_NAME	Provider last name.	VARCHAR	30	0	N
DSC_PROV_TYPE	Provider type description.	VARCHAR	25	0	N
ADR_PRV_STRT_ADDR_1	Provider street address 1.	VARCHAR	100	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_PRV_STRT_ADDR_2	Provider street address 2.	VARCHAR	100	0	N
ADR_CITY	Provider city.	VARCHAR	40	0	N
ADR_PROV_STATE	Provider state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Provider zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Provider county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Provider country code.	VARCHAR	3	0	N
NUM_PHONE	Provider phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Provider alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Provider fax number.	VARCHAR	20	0	N
ADR_EMAIL	Provider E-mail.	VARCHAR	50	0	N

2.13.258 T_KP_PRV_RESIDENCY

Provider Residency information by educational Institution. There can be more than one record per educational institution.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 091).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
ID_PRV_EDUC	Provider Education ID.	NUMBER	9	0	N
TYP_RESIDENCY	Residensy type code.	VARCHAR	25	0	N
DTE_STRT_RESIDENCY	Residency Start Date.	DATE	0	0	N
DTE_END_RESIDENCY	Residency End Date.	DATE	0	0	N
NAM_DEPT	Department name.	VARCHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_DIRECTOR	Director name.	VARCHAR	30	0	N

2.13.259 T_KP_PRV_SPC

All specialties a provider has. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 020).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
TYP_SPEC	Specialty Type.	VARCHAR	25	0	N
IND_PRIMARY	Indicates if the Specialty is the provider's primary specialty.	CHAR	1	0	N
DTE_CERTIFICATION	Certification date.	DATE	0	0	N
DTE_EXPIRATION	Expiration date.	DATE	0	0	N
DTE_RECERTIFICATION	Recertification date.	DATE	0	0	N
CDE_BOARD	Certifying Board code.	VARCHAR	10	0	N
DTE_BEGIN	Begin date of information.	DATE	0	0	N
DTE_END	End date of information.	DATE	0	0	N
IND_HMO_DIRECTORY	Indicates provider's desire to be listed in the HMO directory (Y/N).	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PPO_DIRECTORY	Indicates provider's desire to be listed in the PPO directory (Y/N).	CHAR	1	0	N
IND_POS_DIRECTORY	Indicates provider's desire to be listed in the POS directory (Y/N).	CHAR	1	0	N
IND_CERT_EXAM_PEIDING	Indicates if the provider has taken the exam and is waiting for results (Y/N).	CHAR	1	0	N
DTE_CERTIFICATION_EXAM	Certification Exam Date.	DATE	0	0	N
IND_BOARD_CERTIFIED	Indicates the provider is Board Certified in this specialty (Y/N).	CHAR	1	0	N
CDE_CERT_EXAM_BOARD	The code of the Certification Board giving the exam.	VARCHAR	10	0	N
IND_NOT_TAKE_EXAM	Indicates the provider does not intend to take the exam (Y/N).	CHAR	1	0	N
RSN_NOT_TAKEN_EXAM	The reason the provider does not intend to take the exam.	VARCHAR	255	0	N
IND_TAKEN_EXAM	Indicates the exam has been taken (Y/N).	CHAR	1	0	N

2.13.260 T_KP_PRV_WRK_GAP

Provider Work Gap information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 120).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_INT	System assigned number to uniquely identify each provider. ID will not change over time.	NUMBER	9	0	N
DTE_GAP_STRT	Gap Start Date.	DATE	0	0	N
DTE_GAP_END	Gap End Date.	DATE	0	0	N
GAP_EXPLANATION	Gap Explanation.	VARCHAR	255	0	N

2.13.261 T_KP_PRV_WRK_HIST

Provider Work History information. There can be more than one record per provider.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider Medicaid ID.	CHAR	12	0	Y
CDE_REC_TYPE	Record Type Code (value = 110).	CHAR	3	0	N
SAK_RECORD	System assigned number used to uniquely identify each row.	NUMBER	9	0	N
SAK_PROV_INT	System assigned number to uniquely identify each provider.	NUMBER	9	0	N
NAM_EMPLOYER	Employer name.	VARCHAR	50	0	N
ADR_PRV_STRT_ADDR_1	Employer street address 1.	VARCHAR	100	0	N
ADR_PRV_STRT_ADDR_2	Employer street address 2.	VARCHAR	100	0	N
ADR_CITY	Employer city.	VARCHAR	40	0	N
ADR_PROV_STATE	Employer state.	VARCHAR	2	0	N
ADR_ZIP_CODE	Employer zip code.	VARCHAR	12	0	N
ADR_CNTY_CDE	Employer county code.	VARCHAR	10	0	N
ADR_CNTRY_CDE	Employer country code.	VARCHAR	3	0	N
NUM_PHONE	Employer phone number.	VARCHAR	20	0	N
NUM_ALT_PHONE	Employer alternate phone number.	VARCHAR	20	0	N
NUM_PHONE_FAX	Employer fax number.	VARCHAR	20	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_EMAIL	Employer email address.	VARCHAR	50	0	N
DTE_EMPL_START	Employer start date.	DATE	0	0	N
DTE_EMPLY_END	Employer end date.	DATE	0	0	N
DEPARTURE_RSN	Employer departure reason.	VARCHAR	255	0	N

2.13.262 T_KS_CDE_CASE_TYPE

This code table stores KASES case type code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASE_TYPE	The KASES case type code.	CHAR	4	0	Y
DSC_CASE_TYPE	The descriptions for the code.	VARCHAR2	50	0	N

2.13.263 T_KS_CDE_COVER_TYPE

This code table stores KASES coverage type code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COVER_TYPE	The KASES coverage type code.	CHAR	1	0	Y
DSC_COVER_TYPE	The descriptions for the code.	VARCHAR2	25	0	N

2.13.264 T_KS_CDE_SUP_PAY_TYPE

This code table stores KASES child support payment type code and description

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SUP_PAY_TYPE	The KASES child support payment type code.	CHAR	4	0	Y
DSC_SUP_PAY_TYPE	The descriptions for the code.	VARCHAR2	100	0	N

2.13.265 T_KS_KASES

This table stores the KASES (Kentucky automated support enforcement system) information. The information includes child support information. Only records associated to Medicaid members should be pulled into this table in DSS. This table is truncated and reloaded monthly.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE	KASES system assigned unique identifier case number.	CHAR	10	0	Y
CDE_CASE_TYPE	Case type code.	CHAR	4	0	N
CDE_CASE_LOC	Case location code. The possible values are first two are always '21'. Next three are county code. Last five are blank.	CHAR	10	0	N
NUM_CHILD_SSN	Child's social security number.	CHAR	9	0	N
NAM_CHILD_LAST	The first five characters of child's last name.	CHAR	5	0	N
NAM_CHILD_FIRST	The first two characters of child's first name.	CHAR	2	0	N
DTE_CHILD_BIRTH	Child's date of birth.	DATE	0	0	N
CDE_CHILD_FAM_VIOL	Child family violence indicator. The possible values are 'P' for perpetrator, 'V' for victim, 'N' for no, or 'Y' for yes.	CHAR	1	0	N
NUM_NCP_SSN	Non-custodial parent's social security number.	CHAR	9	0	N
NAM_NCP_LAST	Non-custodial parent's last name.	CHAR	15	0	N
NAM_NCP_FIRST	Non-custodial parent's first name.	CHAR	9	0	N
DTE_NCP_BIRTH	Non-custodial parent's date of birth.	DATE	0	0	N
ADR_NCP_1	Non-custodial parent's mail address line 1.	CHAR	25	0	N
ADR_NCP_2	Non-custodial parent's mail address line 2.	CHAR	25	0	N
ADR_NCP_CITY	Non-custodial parent's city.	CHAR	22	0	N
ADR_NCP_STATE	Non-custodial parent's state.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_NCP_ZIP_CODE	Non-custodial parent's zip code.	CHAR	9	0	N
NUM_CP_SSN	Custodial parent's social security number.	CHAR	9	0	N
NAM_CP_LAST	Custodial parent's last name.	CHAR	15	0	N
NAM_CP_FIRST	Custodial parent's first name.	CHAR	9	0	N
DTE_CP_BIRTH	Custodial parent's date of birth.	DATE	0	0	N
ADR_CP_1	Custodial parent's mail address line 1.	CHAR	25	0	N
ADR_CP_2	Custodial parent's mail address line 2.	CHAR	25	0	N
ADR_CP_CITY	Custodial parent's city.	CHAR	22	0	N
ADR_CP_STATE	Custodial parent's state.	CHAR	2	0	N
ADR_CP_ZIP_CODE	Custodial parent's zip code.	CHAR	9	0	N
CDE_CP_FAM_VIOL	Custodial parent's family violence indicator. The possible values are 'P' for perpetrator, 'V' for victim, 'N' for no, or 'Y' for yes.	CHAR	1	0	N
CDE_WAGE	The possible values are 'N' for new hire or 'U' for update. The wage indicator is the source of the employment data. We don't have a source field on KASES. For records coming from new hire the program name, KASES377 is placed in the worker # field to identify it as new hire data. All others would be considered worker update. This can be a one byte field. Assign a value to new hire and a value to worker update and populate the field on the file.	CHAR	1	0	N
NUM_EMPLOYER_EIN	Provide employer data for the active NCP participant type of the case.	CHAR	10	0	N
NAM_EMPLOYER	Employer's name.	CHAR	33	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_EMPLOYER_1	Employer's mail address line 1.	CHAR	31	0	N
ADR_EMPLOYER_2	Employer's mail address line 2.	CHAR	31	0	N
ADR_EMPLOYER_CITY	Employer's city.	CHAR	16	0	N
ADR_EMPLOYER_STATE	Employer's state.	CHAR	2	0	N
ADR_EMPLOYER_ZIP	Employer's zip code.	CHAR	9	0	N
DTE_EMPLOYEE_START	The date when employee started.	DATE	0	0	N
DTE_EMPLOYEE_END	The date when employee ended.	DATE	0	0	N
AMT_EMPLOYEE_SALARY	The employee's salary.	NUMBER	10	2	N
CDE_EMPLOYEE_SALARY_FREQ	Employee salary frequency. The possible values are: 'BIWK', 'DAY', 'HOUR', 'MNTH', 'S-MO', 'WKLY', 'YEAR'.	CHAR	4	0	N
DTE_EMPLOYEE_LAST_UPD	Employee Last Update Date.	DATE	0	0	N
IND_CHILD_SUP_ORD	The possible values are 'Y', 'N'. Child Support Order Indicator is a yes or no entry.	CHAR	1	0	N
AMT_LAST_CHILD_SUP	Last child support payment amount.	NUMBER	10	2	N
CDE_LAST_CHILD_SUP	Last child support payment type.	CHAR	4	0	N
DTE_LAST_SHILD_SUP	Last child support payment date.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MED_SUP_ORD	Medical support order indicator is a 4 character entry. If the following court order types exist, write the medical support order indicator as the court order type: MABO means ordered to pay medical bills only, MAIO means medical insurance only and MMED means modification for medical insurance. or, if the order term is MEDO enter MEDO, medical insurance ordered, as the medical support order indicator.	CHAR	4	0	N
NAM_INS_CARRIER	Private insurance carrier information for the NCP participant only.	CHAR	31	0	N
ID_POLICY	Private insurance policy number for the NCP participant only.	CHAR	15	0	N
NUM_GROUP	Private insurance group number for the NCP participant only, if applicable.	CHAR	15	0	N
CDE_COVER_TYPE	Type of insurance coverage provided under policy. The possible values are: 1 = Hospital 2 = Medical 3 = Dental 4 = Vision 5 = Drugs 6 = Cancer Only 7 = VA Health Benefits 8 = Other (Accident/Casualty) 9 = Self Pay.	CHAR	1	0	N
DTE_EFFECTIVE	Start date of insurance coverage.	DATE	0	0	N
DTE_CANCEL	End date of insurance coverage.	DATE	0	0	N
IND_COVER_CHILD	Covered Child Indicator. The possible values are 'Y' for yes, 'N' for no.	CHAR	1	0	N
NUM_COURT_ORD	Civil action number from most recent order.	CHAR	15	0	N
DTE_COURT_ORD_START	Order start date from most recent order.	DATE	0	0	N
DTE_COURT_END	Order end date from most recent order.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COURT_TYPE	Use the most recent order.	CHAR	10	0	N
IND_COURT_COV_CHILD	The court order covered children indicator. It has values 'Y', 'N' or spaces.	CHAR	1	0	N
CDE_NCP_FAM_VIOL	Non-custodial parent's family violence codes. P for Perpetrator. V for Victim, N for No, Y for Yes.	CHAR	1	0	N
ID_MEDICAID	The member Medicaid ID.	CHAR	10	0	N

2.13.266 T_LAB_FEE

Lab fee schedule used in pricing claims billing lab fee tests.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
DTE_EFFECTIVE	Date lab fee schedule becomes active (effective) for claims processing.	DATE	0	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
DTE_END	Date lab fee schedule is no longer active for claims processing.	DATE	0	0	N
CDE	Used to determine the pricing methodology for the lab test procedure (this is the procedure exemption code). Values are "B" (blood product), "E" (exempt from fee schedule), "M" (multichannel procedure) and "R" (related lab test).	CHAR	1	0	N
AMT_60_PCT	The lab fee reimbursement rate base on 60% of the lab fee schedule.	NUMBER	9	2	N
AMT_62_PCT	The lab fee reimbursement rate base on 62% of the lab fee schedule.	NUMBER	9	2	N

2.13.267 T_LANGUAGE

This is a list of all the languages that the system tracks.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LANGUAGE	This is the unique two character code for each language that the system tracks.	CHAR	3	0	Y
DSC_LANGUAGE	This is the full description for each language that the system tracks.	CHAR	100	0	N

2.13.268 T_LIEN

This maintains the association of payments made to a lien holder on behalf of a provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_LIEN	System assigned key that uniquely identifies a lien that can process in the system.	NUMBER	9	0	Y
SAK_LIEN_HOLDER	System assigned key that uniquely identifies the name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	N
CDE_PAYEE_TYPE		CHAR	1	0	N
SAK_PAYEE	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
NUM_REFERENCE	A unique number assigned by the State recorded on the original documentation received that initiates a lien.	CHAR	20	0	N
CDE_REASON_LIEN	Code used to uniquely identify the reason for the original lien against a provider on the MMIS system.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS1	Code that uniquely identifies the status of the lien against a provider on the MMIS system.	CHAR	1	0	N
AMT_ORIGINAL_LIEN	Original amount assessed by the lien holder against the provider.	NUMBER	10	2	N
AMT_LIEN_RATE	Amount of the flat payment per claim cycle taken from a provider to pay the lien holder.	NUMBER	10	2	N
PCT	Percentage amount to be taken from the provider in each claim cycle to pay the lien holder.	NUMBER	6	4	N
DTE_ADDED	Date that the lien was added to the system.	DATE	0	0	N
DTE_EFFECTIVE_FROM	Date that determines the from effective date for garnishing a provider's payment.	DATE	0	0	N
DTE_EFFECTIVE_THRU	Date that determines the end effective date for garnishing a provider's payment.	DATE	0	0	N
SAK_FIN_CYCLE		NUMBER	9	0	N
CDE_FREQ_RECOUP		CHAR	1	0	N

2.13.269 T_LIEN_DISP

This table contains a list of financial transactions that are applied to a lien that positively or negatively adjust the balance of the lien.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key that uniquely identifies a disposition entry associated to a lien on the MMIS system.	NUMBER	9	0	Y
SAK_LIEN	System assigned key that uniquely identifies a lien that can process in the system.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_REFERENCE	Document number assigned by a clerk that identifies any documentation received regarding a manually entered disposition. For a claim cycle entry, the claim number is stored in this field to relate the disposition to the claim.	CHAR	20	0	N
CDE_DISP_REASON	The disposition reason code identifies the reason for the disposition against a lien.	CHAR	4	0	N
AMT_DISPOSITION	Amount of the disposition against the original lien.	NUMBER	10	2	N
DTE_ADDED	Date that the disposition was added to the system.	DATE	0	0	N
DTE_PAYMENT_ISSUE	This is the financial payment issue date if the disposition was created during a financial cycle. It is the date of the disposition if the disposition was created by the online (manual disposition).	DATE	0	0	N
SAK_FIN_SCHED		NUMBER	9	0	N

2.13.270 T_LIEN_RSN_CODE

This contains all of the valid reason codes for a lien in the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_LIEN	Code used to uniquely identify the reason for the original lien against a provider on the MMIS system.	CHAR	4	0	Y
DSC_LIEN_CODE	Description of the reason code.	CHAR	20	0	N
IND_IRS_B	This indicated if the reason code is used for IRS Backup Withholding. The Backup Withholding will be reported on the 1099's.	CHAR	1	0	N
CDE_REASON_TYPE		CHAR	1	0	N

2.13.271 T_LIEN_STATUS

This contains all of the valid status's for a lien in the MMIS system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS1	Code that uniquely identifies the status of the lien against a provider on the MMIS system.	CHAR	1	0	Y
DSC_STATUS	Description of the lien status code.	CHAR	20	0	N

2.13.272 T_LOCALITY

Locality and description used to indicate whether a provider is located in an urban, rural, metropolitan, or out-of-state area.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCALITY	Locality code used to indicate geographical area of practice for a provider. Valid values include 01 - Metropolitan, 02 - Urban, 03 - Rural, 07 - Out-of-state, and 99 - Statewide.	CHAR	2	0	Y
DSC_LENGTH_15	Text description of pricing locality. Valid values are metropolitan, rural, urban, out-of-state, statewide.	CHAR	15	0	N

2.13.273 T_LOCATION

High level classification of the processes performed in the system. For example, all edits that pertain to member information is one classification.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOCATION	Type of location in which a claim can be placed during processing in the MMIS system.	CHAR	2	0	Y
DSC_LOCAT_TYPE	Description of the type of location in which a claim can be placed during claims processing.	CHAR	50	0	N
CDE_SEVER_LOC	Indicates the priority of the claim location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_EXTERNAL	Indicates whether the location is external to the Fiscal Agent (EDS). If it is an "X" then the location is external and should be treated like a CCF location in the MAR performance reports. If it is " " then the location is within the EDS control.	CHAR	1	0	N
IND_INTEREST	A 'Y' indicates that the code location is acceptable in a claim interest calculation. An 'N' indicates that if the claim has ever been in this location to exclude the entire claim from a claim interest calculation.	CHAR	1	0	N

2.13.274 T_MAX_FEE

Maximum Fee for a Procedure/Modifier combination (Level III pricing).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
CDE_PROC_MOD	Pricing modifier used to identify the appropriate max fee for a procedure modifier combination.	CHAR	2	0	Y
CDE_PROC_MOD2	Pricing modifier used to identify the appropriate max fee for a procedure modifier combination.	CHAR	2	0	Y
CDE_PROC_MOD3	The modifier code used to further describe a procedure.	CHAR	2	0	Y
CDE_PROC_MOD4	The modifier code used to further describe a procedure.	CHAR	2	0	Y
DTE_EFFECTIVE	The date a max fee rate for a procedure/modifier combination becomes effective for claims processing.	DATE	0	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The date a max fee rate for a procedure/modifier combination is no longer in effect for claims processing.	DATE	0	0	N
AMT	The maximum fee amount that may be paid for a procedure.	NUMBER	9	2	N
NUM_REL_VALUE	Relative value unit is a grading of the relative difficulty of all medical services and procedures and is used in determining claims payment.	NUMBER	4	1	N
DTE_INACTIVE	This is the date this row becomes inactive. For new claims the ICN is compared to this date. I the ICN date is greater than this date, the row will not be used to process the claim.	DATE	0	0	N

2.13.275 T_MB_CALC

This table contains the final calculated value for the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The unique identifier of the measure.	NUMBER	4	0	Y
CNT_NUM	The final answer for the numerator portion of the measure.	NUMBER	10	0	N
CNT_DEN	The final answer for the denominator portion of the measure.	NUMBER	10	0	N
CDE_CALC_TYPE	The measure's calculation type (Percentage, per 1000.....)	CHAR	1	0	N
CALC	Contains the final value for the measure.	NUMBER	10	5	N

2.13.276 T_MB_DEN_ICN

Contains the link to the individual claims/encounter that were part of the denominator of the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	Identifies the measure.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	The members' unique identifier (primary id) at the end of the reporting period.	CHAR	12	0	Y
SAK_CLAIM	This field 'points' to the associated claims/encounter records that were part of this measure.	NUMBER	9	0	N
NUM_DTL	The associated claim/encounter detail number.	NUMBER	4	0	N
DTE_PTN	Date used for database partitioning, could be First Date of Service or Paid Date.	DATE	0	0	N

2.13.277 T_MB_DEN_RECIP

This table identifies all members and health plan that met the criteria for each individual measure. This table contains the denominator portion of the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The unique identifier for the measure.	NUMBER	4	0	Y
ID_MEDICAID	The members' unique identifier (primary id) at the end of the reporting period.	CHAR	12	0	Y
NAM_LAST	Member Last Name.	VARCHAR2	20	0	N
NAM_FIRST	Member First Name.	VARCHAR2	50	0	N
NAM_MID_INIT	Member Middle Initial.	VARCHAR2	20	0	N
ADR_STREET_1	Member Mailing Address Street 1.	CHAR	30	0	N
ADR_STREET_2	Member Mailing Address Street 2.	CHAR	30	0	N
ADR_CITY	Member Mailing Address City.	CHAR	18	0	N
ADR_STATE	Member Mailing Address State.	CHAR	2	0	N
ADR_ZIP_CODE	Member Mailing Address Zip Code	CHAR	5	0	N
ADR_ZIP_CODE_4	Member Mailing Address Zip Code 4.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RECIP_COUNTY	The members county at the end of the reporting period.	VARCHAR2	10	0	N
CDE_RACE	The members' race code at the end of the reporting period.	CHAR	2	0	N
CDE_SEX	The member gender code at the end of the reporting period.	CHAR	1	0	N
AGE	The age of the member at the end of the reporting period.	NUMBER	3	0	N
CDE_AID_CATEGORY	The members' eligibility category at the end of the reporting period.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code.	CHAR	2	0	N

2.13.278 T_MB_DESC

This table contains general information related to the individual measures.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The unique identifier for the measure.	NUMBER	4	0	Y
DSC_MEASURE	The short description of the measure.	VARCHAR2	100	0	N
DSC_LONG	A longer description of the measure.	VARCHAR2	250	0	N
DSC_MEASURE_SOURCE	The source of the measure (HEDIS, AHRQ...)	VARCHAR2	50	0	N
DSC_MEASURE_DOMAIN	The measure's domain. (USE, ACCESS TO CARE...)	VARCHAR2	50	0	N
CDE_CALC_TYPE	Indicates the type of final calculation that need to be applied to the individual measure(Percentage, per 1000, per 10,0000...)	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
TARGET_VAL	The measure's target value.	NUMBER	15	4	N
MIN_PERF_STD	The measures minimum performance standard.	NUMBER	15	4	N

2.13.279 T_MB_HEDIS_DRUG

This table identifies all HEDIS DRUG values for HEDIS measures.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_NDC	National Drug Code.	CHAR	11	0	N
HEDIS_TYPE	Type of HEDIS measurement.	CHAR	4	0	N
BRAND_NAME	Drug brand name.	VARCHAR2	100	0	N
PRODUCT_NAME	Drug product name.	VARCHAR2	100	0	N
ROUTE	Drug Route.	VARCHAR2	100	0	N
DTE_OBSOLETE	Obsolete Date	DATE	0	0	N
CATEGORY	Drug Categorization.	VARCHAR2	100	0	N

2.13.280 T_MB_NUM_ICN

Contains the link to the individual claims/encounter that were part of the numerator of the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The internal code assigned to each individual measure.	NUMBER	4	0	Y
ID_MEDICAID	Contains the members primary identifier at the end of the reporting period.	CHAR	12	0	Y
SAK_CLAIM	This 'points' to each associated claim that became part of this measure.	NUMBER	9	0	N
NUM_DTL	The claim detail number for each claim that was associated with this measure.	NUMBER	4	0	N
DTE_PTN	Date used for database partitioning, could be First Date of Service or Paid Date.	DATE	0	0	N

2.13.281 T_MB_NUM_RECIP

This table identifies all members and health plan that met the criteria for each individual measure. This table contains the numerator portion of the measure.

Column Name	Description	Type	Length	Precision	Primary Key
MEASURE_CODE	The unique identifier for the measure.	NUMBER	4	0	Y
ID_MEDICAID	Contains the members primary identifier at the end of the reporting period.	CHAR	12	0	Y
NAM_LAST	Member Last Name	CHAR	20	0	N
NAM_FIRST	Member First Name.	CHAR	15	0	N
NAM_MID_INIT	Member Middle Initial.	CHAR	1	0	N
ADR_STREET_1	Member Mailing Address Street 1.	CHAR	30	0	N
ADR_STREET_2	Member Mailing Address Street 2.	CHAR	30	0	N
ADR_CITY	Member Mailing Address City.	CHAR	18	0	N
ADR_STATE	Member Mailing Address State.	CHAR	2	0	N
ADR_ZIP_CODE	Member Mailing Address Zip Code.	CHAR	5	0	N
ADR_ZIP_CODE_4	Member Mailing Address Zip Code 4.	CHAR	4	0	N
CDE_RECIP_COUNTY	The members' county of residence at the end of the reporting period.	VARCHAR2	10	0	N
CDE_RACE	Indicates the members race code at the end of the reporting period.	CHAR	2	0	N
CDE_SEX	Indicates the members gender.	CHAR	1	0	N
AGE	The members age at the end of the reporting period.	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AID_CATEGORY	The members Eligibility Category at the end of the reporting period.	CHAR	2	0	N
CDE_PGM_STATUS	The program status code.	CHAR	2	0	N

2.13.282 T_MB_PARMS

This internal table is used to control the date ranges for the extraction of information to the DSSMeasurebase.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_START	Indicates the start date for extract processing.	DATE	0	0	N
DTE_END	Indicates the ending date for extract processing.	DATE	0	0	N
DTE_START_Y1	Indicates the begin date of the most current 12 months for extract processing.	DATE	0	0	N
DTE_END_Y1	Indicates the end date of the most current 12 months for extract processing.	DATE	0	0	N
DTE_START_Y2	Indicates the begin date of the previous year for extract processing.	DATE	0	0	N
DTE_END_Y2	Indicates the end date of the previous for extract processing.	DATE	0	0	N
DTE_START_Y3	Indicates the begin date of the third year for extract processing.	DATE	0	0	N
DTE_END_Y3	Indicates the end date of the third year for extract processing.	DATE	0	0	N
DTE_START_Y4	Indicates the begin date of the fourth year for extract processing.	DATE	0	0	N
DTE_END_Y4	Indicates the end date of the fourth year for extract processing.	DATE	0	0	N
DTE_START_E1	Indicates the begin date of the first extra year for extract processing.	DATE	0	0	N
DTE_END_E1	Indicates the end date of the first extra year for extract processing.	DATE	0	0	N
DTE_START_E2	Indicates the begin date of the second extra year for extract processing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END_E2	Indicates the end date of the second extra year for extract processing.	DATE	0	0	N
DTE_START_E3	Indicates the begin date of the third extra year for extract processing.	DATE	0	0	N
DTE_END_E3	Indicates the end date of the third extra year for extract processing.	DATE	0	0	N

2.13.283 T_MC_AID_GRP

This table holds the aid category groups that define different types of Managed Care members.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MC_AID_GRP	The unique identifier for the group.	NUMBER	9	0	Y
CDE_MC_AID_GRP	Code of the group	CHAR	3	0	N
DSC_MC_AID_GROUP	Description of the group.	CHAR	75	0	N
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	N
DTE_EFFECTIVE	The date that the group record becomes effective.	DATE	0	0	N
DTE_END	The date that the group record ends.	DATE	0	0	N

2.13.284 T_MC_AID_GRP_XREF

This table holds the cross-reference of Managed Care groups and the aid categories that they consist of.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MC_AID_GRP	The unique identifier for the group.	NUMBER	9	0	Y
SAK_CDE_AID	System assigned key to uniquely identify a valid aid category.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the date that the aid category became associated with the aid category group.	DATE	0	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	This is the date that the aid category is no longer associated with the aid category group.	DATE	0	0	N

2.13.285 T_MC_AREA_RGN_XREF

This table defines which geographical areas make up each region. It is basically a cross-reference between the regions and the areas.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AREA_TYPE	This code represents the type of geographical area. Examples include zip code (Z), county code (C) and state code (S).	CHAR	1	0	Y
CDE_AREA	This field is the code (zip, county, or state) that is part of the specified region. If the CDE_AREA_TYPE field's value is 'Z', then this field will contain a zip code. If the type is 'C', then this field will contain a county code. If the type is 'S', then this field will contain a state code.	CHAR	5	0	Y
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Y
DTE_EFFECTIVE	This is the date that the area/region cross-reference becomes effective.	DATE	0	0	Y
DTE_END	This is the date that the area/region cross-reference is no longer effective.	DATE	0	0	N

2.13.286 T_MC_AREA_TYPE

This tables contains the codes and descriptions of the different types of geographical areas (zip codes, county codes, and state codes).

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AREA_TYPE	This code represents the type of geographical area. Examples include zip code (Z), county code (C) and state code (S).	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_AREA_TYPE	This describes the type of geographical area. Examples include Zip Code, County Code and State Code.	CHAR	15	0	N
NUM_AREA_RANK	This defines the rank that the area has when determining what region a particular area is in. For example, 'zip code' receives a higher rank than 'county code', which has a higher rank that 'state-wide'.	NUMBER	4	0	N

2.13.287 T_MC_CAP_AMTS

This table contains the capitation rates for all PMPs who will be receiving a 'standard' amount for a given capitation category and date range. These amounts are NOT specific to an individual PMP.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	Y
CDE_MC_REGION		CHAR	5	0	Y
DTE_EFFECTIVE	Effective date for the payment record.	DATE	0	0	Y
DTE_END	End date of the payment record.	DATE	0	0	N
AMT_CAPITATION	Amount of the capitation payment.	NUMBER	9	2	N

2.13.288 T_MC_CAP_AMTS_PMP

This table holds "override" capitation amounts for specific PMP that will not be receiving the standard/default amount for a specific capitation category. This includes rates for MCOs.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Y
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	Y
DTE_EFFECTIVE	Effective date of the payment record.	DATE	0	0	Y
DTE_END	End date of the payment record.	DATE	0	0	N
AMT_CAPITATION	Amount of the capitation payment.	NUMBER	9	2	N

2.13.289 T_MC_CAP_DEMOGRAPH

This table holds the demographics that are used when determining a member's capitation category.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAP_DEMOGRAPH	The system assigned key that uniquely identifies each record.	NUMBER	9	0	Y
SAK_MC_AID_GRP	The unique identifier for the group.	NUMBER	9	0	N
CDE_SEX	The gender of the members that this demographic record describes. Valid values are 'M' or 'F'. 'B' (for both) is NOT allowed.	CHAR	1	0	N
MIN_AGE	Identifies the minimum age that this capitation category allows.	NUMBER	3	0	N
MAX_AGE	Identifies the maximum age that this capitation category allows.	NUMBER	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_MEDICARE	Indicates if Medicare coverage should be utilized as part of the demographics when determining a member's capitation category.	CHAR	1	0	N
SAK_SPEC_COND	Unique identifier for a special condition.	NUMBER	9	0	N
DTE_EFFECTIVE	The date that the capitation demographics record becomes effective.	DATE	0	0	N
DTE_END	The date that the capitation demographics record ends.	DATE	0	0	N
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	N

2.13.290 T_MC_DIAG_RATE

This entity is used to store the managed care rate cell that is assigned to an ICD9 diagnosis code. The capitation process for the MCPD program will use this entity to calculate the payments to be made to the MCO's. Each MCPD member will be assigned a primary diagnosis code and each primary diagnosis code will be assigned to a rate cell. When the capitation process runs, the system will use the member's current primary diagnosis code to select the rate cell from this entity. The rate cell will then be used to obtain the capitation amount for that MCO.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the assignment of the diagnosis code to the rate cell becomes effective.	DATE	0	0	Y
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	N
DTE_END	The date that the assignment of the diagnosis code to the rate cell is no longer effective.	DATE	0	0	N

2.13.291 T_MC_ENROLL_RSN

This is a code table that contains the PMP enrollment reason description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_RSN	Identifies the reason that this enrollment was initiated.	CHAR	2	0	Y
DSC_ENROLL_RSN	This is the description of the enrollment reason code.	CHAR	50	0	N

2.13.292 T_MC_ENROLL_STATUS

This is a code table that contains the enrollment status description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_STATUS	Identifies the current status of this disenrollment (E - Enrolled, P - Mass Disenrollment Approval Pending, A - Mass Disenrollment Approved, D - Disenrolled)	CHAR	1	0	Y
DSC_ENROLL_STATUS	This is the description of the enrollment status code.	CHAR	50	0	N

2.13.293 T_MC_PGM_LIV_XREF

This table identifies member living arrangements that are valid for specific Managed Care programs. It is used in determining if a member is eligible for a specific Managed Care program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
SAK_LIV_ARNG	System assigned key to uniquely identify a Living Arrangement Code and it's description.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the combination of the member plan and living arrangement became valid for Managed Care.	DATE	0	0	Y
DTE_END	The date that the combination of the member plan and living arrangement were no longer valid for Managed Care.	DATE	0	0	N

2.13.294 T_MC_PGM_PANEL_SZ

This table contains the minimum and maximum panel sizes for PMPs in each program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
NUM_MIN	The minimum panel size a PMP in the specified program is allowed to have.	NUMBER	9	0	N
NUM_MAX	The maximum panel size a PMP in the specified program is allowed to have.	NUMBER	9	0	N

2.13.295 T_MC_PGM_RGN_XREF

This table is a cross-reference between the various Managed Care programs and the region(s) that they are valid in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
CDE_MC_REGION		CHAR	5	0	Y
DTE_EFFECTIVE	The date that the program/region combination became valid.	DATE	0	0	Y
DTE_END	The date that the program/region combination is no longer valid.	DATE	0	0	N

2.13.296 T_MC_PMP_ENRL_RGN

This table tracks the regions (groups of geographical areas) that the PMP is enrolled in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
SAK_SHORT	This allows for a unique key for the table.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	N
DTE_EFFECTIVE		DATE	0	0	N
DTE_END		DATE	0	0	N
CDE_ENROLL_STATUS	Identifies the current status of this disenrollment (E - Enrolled, P - Mass Disenrollment Approval Pending, A - Mass Disenrollment Approved, D - Disenrolled)	CHAR	1	0	N
IND_PANEL_HOLD	This column specifies that the provider is not accepting new members. If the value is set to 'Y', then any/all values for T_MC_PMP_PANEL_RESTRICT.IND_PANEL_HOLD are IGNORED. If the value is set to 'N', then the values in T_MC_PMP_PANEL_RESTRICT.IND_PANEL_HOLD are utilized.	CHAR	1	0	N
IND_AUTOASSIGN	This column specifies that the provider is not accepting new RCBMs through Default Autoassignment logic. If the value is set to 'N', then any/all values for T_MC_PMP_PANEL_RESTRICT.IND_DEFAULT_AA are IGNORED. If the value is set to 'Y', then the values in T_MC_PMP_PANEL_RESTRICT.IND_DEFAULT_AA are utilized.	CHAR	1	0	N
CDE_ENROLL_RSN	Identifies the reason that this enrollment was initiated.	CHAR	2	0	N
DTE_DISENROLL	This is the date that the PMP service location is mass disenrolling.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_XFER	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	N
DTE_START_XFER	Date that the assignments to the transfer PMP will be effective.	DATE	0	0	N

2.13.297 T_MC_PMP_FOCUS

This table contains list of valid focuses that a PMP can have. A "focus" is similar to a provider specialty, but is NOT related in our system. Examples include: General Practitioner, Internist, and Pediatrician.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_FOCUS	Unique identifier for the focus.	NUMBER	9	0	Y
CDE_PMP_FOCUS	Unique code that identifies the focus.	CHAR	3	0	N
DSC_PMP_FOCUS	Description of the focus.	CHAR	100	0	N
SAK_PUB_HLTH		NUMBER	9	0	N
NUM_PRIORITY	This is the MMIS specific priority order for the focuses to receive and the order that they should be processed. (1 = highest priority, 2 = next, and so on. ...)	NUMBER	9	0	N

2.13.298 T_MC_PMP_GRP

This table holds groups that are members of MCOs (groups within a group).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
SAK_PROV_GROUP	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC_GRP	System Assigned Key for Provider Location.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	Unique identifier for the combination of the PMP service location, the group/group service location and the dates.	NUMBER	4	0	Y
DTE_EFFECTIVE	The date that the group became associated with the PMP.	DATE	0	0	N
DTE_END	The date that the group is no longer associated with the PMP.	DATE	0	0	N

2.13.299 T_MC_PMP_GRP_MBR

This table contains the information specific to a provider group member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_GROUP	System assigned key that uniquely identifies the group provider.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Location.	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider group member.	NUMBER	9	0	Y
SAK_PROV_LOC_MBR	System Assigned Key for Location Member.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
IND_PCP	Indicates if the group member actually sees members. This would be set to 'N' if the group member is a clinic, hospital, and so on...	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CLAIM_ONLY	This field specifies that a provider is ONLY associated with a group (clinic) and is NOT directly associated with the MCO. In order to correctly pay claims, the provider MUST be associated with the MCO in T_PR_GRP_MBR, even though that provider does not directly contract with the MCO - only the clinic that he belongs to contracts with the MCO. These individual providers will have a value of 'Y'.	CHAR	1	0	N
NUM_PHO_24_HOUR	The PCP's 24 hour phone number.	CHAR	10	0	N
NUM_PHO_EXT	The extension of the 24 hour phone number.	CHAR	4	0	N
IND_SPEC_COND	Indicates if the PCP accepts members who have special conditions.	CHAR	1	0	N
IND_FMLY_PRAC	Indicates if the PCP accepts entire families.	CHAR	1	0	N
IND_OBSTETRICS	Indicates if the PCP accepts women who are pregnant.	CHAR	1	0	N
IND_WOMEN_ONLY	Indicates if the PCP only sees women.	CHAR	1	0	N
SAK_PMP_FOCUS	Unique identifier for the focus.	NUMBER	9	0	N

2.13.300 T_MC_RATE_CELL

This entity stores the valid rate cells for Managed Care capitation. Each rate cell is assigned to a specific Managed Care program. Each MCO that signs up will need to contract with the State to agree upon an amount for each rate cell assigned to the Managed Care program for that MCO. There is also an indicator that tells us whether the corresponding rate cell is currently active, because it may be an historical rate cell that is no longer pertinent.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RATE_CELL	The system assigned key used to uniquely identify a managed care rate cell.	NUMBER	9	0	Y
CDE_RATE_CELL	Each managed care rate cell has a code.	CHAR	5	0	N
DSC_CAP_CATEGORY	Describes the managed care rate cell.	CHAR	35	0	N
DTE_EFFECTIVE	This is the date that the capitation category (rate cell) became effective.	DATE	0	0	N
DTE_END	This is the date that the capitation category (rate cell) expired and is no longer effective.	DATE	0	0	N
IND_PRORATE	This specifies if the capitation category should be pro-rated on a daily basis, or if it applies to an entire month only. Valid values are 'Y' or 'N'.	CHAR	1	0	N
IND_PRIVATE	This specifies if private/confidential information for members who are in this capitation category should be displayed on external reports. An example of a capitation category that should not have member's personal information displayed are the 'Family Planning' deductions. Valid values are 'Y' or 'N'.	CHAR	1	0	N
IND_AUTO_ADJ	This column indicates if the capitation category should be included when the system is determining the total amount paid for a member during a given month. As of implementation for OK, only the EPSDT and Family Planning cap categories will have an 'N' for this field, all others will have a 'Y' value.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PRIME_PYMT	Indicates if the capitation category is a payment for the member's primary care (the standard monthly payment). Capitation categories with an 'N' in this field will be excluded from the automated adjustment process when it is determining if the correct amount was previously paid for a member on a given month. As of implementation for OK, EPSDT/Family Planning deductions and supplemental delivery payments will have a value of 'N'. All other capitation categories will have a value of 'Y'.	CHAR	1	0	N
IND_INCL_DEDUCT	This field indicates if the rate cell should be used when determining the total amount paid for the member's primary care INCLUDING Family Planning and EPSDT deductions. This is necessary for the Family Planning/EPSDT deduction process so that it includes other EPSDT/Fam Plan deductions when determining how much is remaining from the amount paid to the PMP for the member's primary care. As of the time of the OK implementation, all rate cells with the exception of the delivery payments will have a value of 'Y'.	CHAR	1	0	N

2.13.301 T_MC_REGION

This table contains the regions within the state. Different regions can be created for different Managed Care programs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	CHAR	5	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_MC_REGION	This is a description or name of the region within the state.	CHAR	50	0	N
CDE_REGION_TYPE	This field defines the type of the region. The initial design for the Core iC system calls for types of Enrollment ('E') and Capitation ('C'). The Enrollment region type says that for the specified program, the region is utilized in determining which members reside in the specified region and therefore may be eligible for the program. The Capitation region type is utilized in determining the geographic area that capitation rates apply to.	CHAR	1	0	N
NUM_REGION_RANK	This field specifies how regions rank when they overlap. This is primarily for regions created for capitation rate overrides. For example, if a PMP has an override cap rate at the statewide region level, one at a county group region, one at a individual county level (where the county is within the county group) and an override at the zip code region (that is within the county), then the zip code region would have the highest rank, with the county having the next highest rank, and so on... with the statewide region having the lowest rank. With the original Multi-Payer design, a zip code region will have a value of 1, a single county region will have a value of 2, a group of counties will have a value of 3, and the entire state will have a value of 4.	NUMBER	4	0	N

2.13.302 T_MC_RE_PMP_LKOUT

This table hold members who have been "locked-out" of a specific PMP. These members should NOT be assigned to the specified provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
DTE_EFFECTIVE	This is the initial date that the member can no longer be assigned to the provider.	DATE	0	0	Y
DTE_END	This is the end date for the member/provider lockout.	DATE	0	0	N
CDE_LOCK_SOURCE	This the field that indicate who requested the lockout, the Provider/PMP (P) or the member (R).	CHAR	1	0	N

2.13.303 T_MC_RE_SPEC_COND

This table will hold members that meet special conditions, along with the time period that the special conditions apply to the member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SPEC_COND	Unique identifier for a special condition.	NUMBER	9	0	Y
DTE_EFFECTIVE	The initial date that the special condition takes effect.	DATE	0	0	Y
DTE_END	The ending date for the special condition.	DATE	0	0	N

2.13.304 T_MC_SPEC_COND

This table holds special conditions for members. It is used by the Managed Care sub-system to determine members who should not be in Managed Care for various reasons such as grievances. It also holds members who have been approved for stop-loss, members who have been classified as high-risk, and so on.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SPEC_COND	Unique identifier for a special condition.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SPEC_COND	Code representing the special condition.	CHAR	3	0	N
DSC_SPEC_COND	Description of the special condition.	CHAR	100	0	N
SAK_PUB_HLTH	Identifies the benefit plan for which a member is eligible.	NUMBER	9	0	N
IND_CAP_OVERRIDE	Indicates if the special condition overrides the 'normal' calculation of a member's capitation category using demographics.	CHAR	1	0	N

2.13.305 T_MC_SPEC_CON

This table hold special conditions for members. It is used by the Managed Care sub-system to determine members who should not be in Managed Care for various reasons such as grievances. It also holds members who have been approved for stop-loss, members who have been classified as high-risk, and so on.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SPEC_COND	Unique identifier for a special condition.	NUMBER	9	0	Y
CDE_SPEC_COND	Code representing the special condition.	CHAR	3	0	N
DSC_SPEC_COND	Description of the special condition.	CHAR	100	0	N
SAK_PUB_HLTH		NUMBER	9	0	N
IND_CAP_OVERRIDE	Indicates if the special condition overrides the 'normal' calculation of a member's capitation category using demographics.	CHAR	1	0	N

2.13.306 T_MC_SVC_CLASS

The Managed Care service class describes the type of services provided.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_SVC_CLASS	The service class indicates the type of services provided.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_MC_SVC_CLASS	Description of the type of services provided.	VARCHAR2	100	0	N

2.13.307 T_MDC

An MDC is determined by dividing all possible principal diagnoses into mutually exclusive principal diagnosis categories. These are used in conjunction with DRGs to further define a grouping. NOT CURRENTLY USED IN KENTUCKY.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MDC	System assigned key for a unique Major Diagnostic Category code.	NUMBER	9	0	N
CDE_MDC	This is a two byte code field used to identify a MDC. The MDC code and description are supplied by HCIA.	CHAR	2	0	N
DSC_MDC	This is a forty byte character field used to describe a MDC. The MDC code and description are supplied by HCIA.	CHAR	40	0	N

2.13.308 T_MM_CALC_TYPE

Calculation Type Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CALC_TYPE	Indicates the final calculation for the measure.	CHAR	1	0	Y
DESC_CALC_TYPE	Description of calculation type used for drop-down list.	VARCHAR2	20	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.309 T_MM_CNT_CRIT

Count Criteria Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CNT_CRIT	Indicates what to count.	CHAR	1	0	Y
DESC_CNT_CRIT	Description of count criteria used for drop-down list.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.310 T_MM_CRIT

Measure Criteria Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
ID_CRITERIA	Key for criteria.	NUMBER	4	0	Y
SAK_QUAL	Key for the qualifier.	NUMBER	4	0	Y
SAK_MEASURE_BASE	Key for measure base.	NUMBER	4	0	Y
ID_PARENT	Identifies the level of the criteria.	NUMBER	4	0	N
SAK_FILTER	Key to the filter table field used in the criteria.	NUMBER	4	0	N
TXT_LOGIC_OP	Operator of the criteria (same parent levels).	VARCHAR2	7	0	N
TXT_RANGE_LO	Identifies the low value of the field in the criteria.	VARCHAR2	4000	0	N
TXT_RANGE_HI	Identifies the high value of the field in the criteria.	VARCHAR2	4000	0	N
TXT_GROUP_OP	Identifies the combination operator for the group level of the criteria (different parent levels).	VARCHAR2	3	0	N

2.13.311 T_MM_DATA_SOURCE

Source of Data Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DATA_SOURCE	Key for the source of the data.	CHAR	1	0	Y
DESC_DATA_SOURCE	Description of the source of the data used by the drop-down list.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.312 T_MM_DATA_SRCE

Source of Data Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DATA_SOURCE	Key for the source of the data.	CHAR	1	0	Y
DESC_DATA_SOURCE	Description of the source of the data used by the drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.313 T_MM_DATE_RANGE

Date Range Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DATE_RANGE	Indicates the date range used.	CHAR	1	0	Y
DESC_DTE_RANGE	Description of date range used for drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.314 T_MM_DOMAIN

Domain Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DOMAIN	Key for the domain of the measurement.	NUMBER	4	0	Y
DESC_DOMAIN	Description of domain used for drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.315 T_MM_FILTER

Filter Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FILTER	Unique identifier for a filter in the DSSMeasureBase Maintenance screens.	NUMBER	4	0	Y
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	4	0	N
CDE_DATA_TYPE	Identifies the field data type.	CHAR	1	0	N
DSC_FILTER	Description of the field.	VARCHAR2	30	0	N
TXT_MASK	Mask for the field shown on the window.	VARCHAR2	15	0	N
TXT_MASK_RE	Mask for the field for programmatic use.	VARCHAR2	30	0	N
TXT_FILTER	Database field name of criteria field used for drop-down lists.	VARCHAR2	20	0	N
TXT_OWNER	Database owner of table for criteria field/table.	VARCHAR2	10	0	N
TXT_TABLE	Database table housing criteria field.	VARCHAR2	26	0	N
TXT_COL_CODE	Database field name of criteria field.	VARCHAR2	22	0	N
TXT_COL_DESC	Database field name of criteria field description.	VARCHAR2	20	0	N

2.13.316 T_MM_FREQUENCY

Frequency Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FREQUENCY	Indicates the frequency the measure base can be used in reporting.	CHAR	1	0	Y
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_FREQUENCY	Description of frequency used for drop-down list.	VARCHAR2	10	0	N

2.13.317 T_MM_GROUP

Group Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GROUP	Code that indicates the group.	CHAR	1	0	Y
DSC_GROUP	Description of the code that indicates the group.	VARCHAR2	18	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.318 T_MM_JOIN_TYPE

Join Type Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_JOIN_TYPE	Indicates how qualifiers should be joined.	CHAR	1	0	Y
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N
DESC_JOIN_TYPE	Description of join type used for drop-down list.	VARCHAR2	50	0	N

2.13.319 T_MM_MEASURE_BASE

Measure Base Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MEASURE_BASE	Key for measure base.	NUMBER	4	0	Y
SAK_MEASURE_SOURCE	Key for the source of the measurement.	NUMBER	4	0	N
CDE_CALC_TYPE	Indicates the final calculation for the measure.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DOMAIN	Key for the domain of the measurement.	NUMBER	4	0	N
CDE_FREQUENCY	Indicates the frequency the measure base can be used in reporting.	CHAR	1	0	N
MEASURE_BASE_NAME	Name/short description of the measure base.	VARCHAR2	250	0	N
DSC_MEASURE_BASE	Description of the measure base.	VARCHAR2	650	0	N
MIN_PERF_TARGET	Minimum performance target for the measure base.	NUMBER	5	4	N
TARGET	Benchmark for the measure base.	NUMBER	5	4	N

2.13.320 T_MM_MEASURE_SRCE

Measure Source Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MEASURE_SOURCE	Key for the source of the measurement.	NUMBER	4	0	Y
DESC_MEASURE_SOURCE	Description of measurement source used for drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.321 T_MM_MEASURE_SOURCE

Measure Source Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MEASURE_SOURCE	Key for the source of the measurement.	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DESC_MEASURE_SOURCE	Description of measurement source used for drop-down list.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.322 T_MM_PART

Part Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PART	Part Code Identifier.	CHAR	1	0	Y
DSC_PART	Description of Part Code Identifier.	VARCHAR2	18	0	N
NUM_SORT	Sort Number for the drop-down control list.	NUMBER	2	0	N

2.13.323 T_MM_PART_IND

Part Indicator Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PART_IND	Part Indicator Code.	CHAR	1	0	Y
DSC_PART_IND	Part Indicator Code Description.	VARCHAR2	50	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.324 T_MM_PART_SEQ

Part Sequence Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PART_SEQ	Code indicating the part sequence.	CHAR	1	0	Y
DSC_PART_SEQ	Description of the part sequence.	VARCHAR2	18	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.325 T_MM_QUALIFIER

Qualifier Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_QUAL	Key for the qualifier.	NUMBER	4	0	Y
SAK_MEASURE_BASE	Key for measure base.	NUMBER	4	0	Y
CDE_QUAL_TYPE	Qualifier code identifying numerator or denominator.	CHAR	1	0	N
CDE_QUAL_SEQ	Indicates the sequence of the qualifier.	NUMBER	1	0	N
SAK_DATA_SOURCE	Key for the source of the data.	CHAR	1	0	N
CDE_DATE_RANGE	Indicates the date range used.	CHAR	1	0	N
CDE_CNT_CRIT	Indicates what to count.	CHAR	1	0	N
CDE_JOIN_TYPE	Indicates how qualifiers should be joined.	CHAR	1	0	N
QUAL_PART_IND	Indicates if the measure base has a single or multiple parts.	CHAR	1	0	N
DSC_QUAL	Description of the qualifier.	VARCHAR2	100	0	N
THRESHOLD_1	Indicates the threshold used for extraction.	NUMBER	10	0	N
THRESHOLD_2	Indicates another threshold used for extraction.	NUMBER	10	0	N
CDE_PART	Part Code Identifier.	CHAR	1	0	N
CDE_GROUP	Code that indicates the group.	CHAR	1	0	N
CDE_SEQ_TYPE	Indicates the sequence type.	CHAR	1	0	N
CDE_PART_SEQ	Code indicating the part sequence.	CHAR	1	0	N

2.13.326 T_MM_QUALIFIER_SEQ

Qualifier Sequence Maintenance Table for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_QUAL_SEQ	Indicates the sequence of the qualifier.	NUMBER	1	0	Y
CDE_QUAL_SEQ_TYPE	Indicates if the qualifier has a single or multiple parts.	CHAR	1	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.327 T_MM_QUALIFIER_TYPE

Qualifier Type Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_QUAL_TYPE	Qualifier code identifying numerator or denominator.	CHAR	1	0	Y
DSC_QUAL_TYPE	Description of qualifier type used for drop-down list.	VARCHAR2	11	0	N
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N

2.13.328 T_MM_SEQ_TYPE

Sequence Type Information for DSSMeasures Maintenance screens which drives the batch portion of the DSSMeasureBase application.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEQ_TYPE	Indicates the sequence type.	CHAR	1	0	Y
NUM_SORT	Sort control for drop-down list sequence.	NUMBER	2	0	N
DSC_SEQ_TYPE	Description of sequence type.	VARCHAR2	50	0	N

2.13.329 T_MODIFIER

A modifier provides the means by which the reporting physician or provider can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. The judicious application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the member of a report that: 1. A service or procedure has both a professional and technical component. 2. A service or procedure was performed by more than one physician and/or in more than one location. 3. A service or procedure has been increased or reduced. 4. Only part of a service was performed. 5. An adjunctive service was performed. 6. A bilateral procedure was performed. 7. A service or procedure was provided more than once. 8. Unusual events occurred. The attribute CDE indicates the type of modifier as follows: Code Description Affect on Claim. D Denial Will cause a detail to deny. 1 Pricing Used to "look up" the allowed amount for a procedure. 2 Processing Will change the allowed amount by a specified percentage or dollar amount or change allowed units by a specified quantity. 3 Informational Provides additional information about the procedure performed. 4 Review Indicates that the detail should be suspended for manual review. M Max Payment Indicates the maximum payment allowed for a procedure billed with modifier of this type. The effective date is used to specify when the modifier and it's type is effective for claims processing.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_MOD	Procedure Code	CHAR	2	0	Y
DTE_EFFECTIVE	The date that the modifier and its type are to become effective for claims processing.	DATE	0	0	N
DTE_END	The date that the modifier and its type are no longer in effect for claims processing.	DATE	0	0	N
DSC_MODIFIER	Short text that describes the modifier.	VARCHAR2	40	0	N
DSC_LONG	Long text that describes the modifier.	VARCHAR2	4000	0	N
CDE	Code used to identify type of modifier.	CHAR	1	0	N
SAK_MODIFIER	System Assigned Key for the Modifier.	NUMBER	9	0	N
CDE_CATEGORY	Indicates whether the modifier is a HCPCS or Ambulance Modifier. Valid values are A(Ambulance) and H(HCPCS).	CHAR	1	0	N
DTE_CMS_ADD	Date that CMS added the Modifier.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_CMS_TERM	Date that CMS terminated the Modifier.	DATE	0	0	N

2.13.330 T_MODIFIER_RSTN

Contains modifiers that are invalid when billed on the same detail of a claim.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_MOD	The modifier code used to further describe a procedure.	CHAR	2	0	Y
CDE_MOD_FROM	The lower range of modifier restrictions. Modifiers in the From/To range can not be billed on the same claim detail as the value in CDE_PROC_MOD	CHAR	2	0	Y
CDE_MOD_TO	The upper range of modifier restrictions. Modifiers in the From/To range can not be billed on the same claim detail as the value in CDE_PROC_MOD	CHAR	2	0	Y
DTE_EFFECTIVE	The date that the modifier restriction is to become effective for claims processing.	DATE	0	0	Y
DTE_END	The date that the modifier restriction is no longer valid for claims processing.	DATE	0	0	N

2.13.331 T_MODIFIER_TYPE

A modifier is assigned a modifier type. The modifier types are used to describe the way a modifier will be used in claims processing. A modifier can only be assigned to one type.

Column Name	Description	Type	Length	Precision	Primary Key
CDE	Code used to identify type of modifier.	CHAR	1	0	Y
DSC_25	Text description for a modifier type.	CHAR	25	0	N

2.13.332 T_NCPDP_CONFLICT

Contains NCPDP conflict information

Column Name	Description	Type	Length	Precision	Primary Key
CDE_NCPDP_CONFLICT	The code assigned by NCPDP for the conflict.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_NCPDP_CONFLICT	The text description of the NCPDP conflict code assigned by NCPDP.	VARCHAR2	50	0	N

2.13.333 T_NCPDP_RESPONSE

Represents the responses in POS for claims that are rejected by the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ERROR_NCPDP	Unique code number/value assigned to a specific reject message per National council for prescription drug pricing	CHAR	2	0	Y
DSC_50	Text description associated with specific NCPDP response code value	CHAR	50	0	N

2.13.334 T_NONPROV_TAX_ID

This table indicates the tax identification number to be used for reporting purposes for non-provider related expenditures. This may be either a Social Security Number or Federal Employer Identification Number. This table also contains the effective dates for a given tax ID.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PAYEE	System assigned key that uniquely identifies the name and address of a non-provider entity on the MMIS system. For example, the addresses of Lien Holders and Counties and non-provider entities to which we make Expenditure Payments.	NUMBER	9	0	Y
CDE_PAYEE_TYPE	This is the code that identifies what type of person or organization is being used. The following are the valid values : C - TPL Carrier, O - Other, R - Member, Y - County	CHAR	1	0	Y
DTE_EFFECTIVE	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	Y
DTE_END	The date that something is no longer in effect.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_TAX_ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
IND_TAX_ID_TYPE	This field indicates whether the tax ID is a social security number or an FEIN.	CHAR	1	0	N
IND_TAX_ID_EXEMPT	This field indicates whether the corresponding tax id field contains an EXEMPT number or not. The valid values are Y = Tax Exempt and N = Not Tax Exempt.	CHAR	1	0	N

2.13.335 T_OCCURRENCE

Valid values and descriptions of codes which define a significant event relating to a particular UB claim that may affect payer processing.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OCCURRENCE	Code which defines a significant event relating to a particular UB claim that may affect payer processing.	CHAR	2	0	Y
DSC_OCCURRENCE	Date on which a significant event relating to a particular UB claim that may affect payer processing occurred.	CHAR	50	0	N

2.13.336 T_ORIGIN_CODE

This table contains the possible values for the TPL origin code which identifies the source of TPL information or changes to TPL information.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ORIGIN	This code identifies the source of TPL coverage information or the source of changes to existing TPL coverage information.	CHAR	1	0	Y
ORIGIN_DESC	This field contains the description associated with a specific TPL origin code.	CHAR	20	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RES_CAS	Unique identifier for the resource casualty associated with the origin of this TPL	CHAR	1	0	N

2.13.337 T_PATIENT_STAT

Indicates all valid patient status values and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PATIENT_STATUS	Indicates the status of the member as of the ending service date of the period covered on a UB claim.	CHAR	2	0	Y
DSC_PATIENT_STATUS	Description of the status of the member as of the ending service date of the period covered on a UB claim.	CHAR	80	0	N

2.13.338 T_PAY_PULL_REASON

This is a table that contains the payment pull reason codes. These are the reasons why the State can request a payment to be manually pulled for review before it is sent to the provider.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PULL_REASON	This is the reason that a payment can be pulled for manual review.	CHAR	2	0	Y
DSC_PULL_REASON	This is the description of the reason that a payment can be pulled for manual review.	CHAR	50	0	N

2.13.339 T_PA_ADMIN_REV

This represents the Prior Authorization administrative review information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
DTE_PA_ADM_REC	This is the date the Prior Authorization administrative review was received by EDS.	DATE	0	0	N
DTE_PA_ADM_MLD	This is the date the Prior Authorization administrative review was mailed.	DATE	0	0	N

2.13.340 T_PA_APPEAL

This represents the Prior Authorization appeal information for a specific prior authorization.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
DTE_PA_APP_RECV	This is the date the Prior Authorization appeal was received by EDS.	DATE	0	0	N
DTE_PA_APP_MAIL	This is the date the Prior Authorization appeal packet was mailed.	DATE	0	0	N
DTE_PA_APPEAL	This is the date the Prior Authorization appeal was held.	DATE	0	0	N
DTE_PA_APP_DISMIS	This is the date a Prior Authorization appeal was dismissed.	DATE	0	0	N
PA_EDS_ATND_APPEAL	This is an indicator used to say whether or not EDS attended a Prior Authorization appeal.	CHAR	1	0	N

2.13.341 T_PA_ASSIGN_CODE

This represents the Prior Authorization assignment code used to batch PA requests.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PA_ASSIGN	This represents the Prior Authorization assignment code used to batch PA requests.	CHAR	2	0	Y
DSC_PA_ASSIGN	This is a description of the Prior Authorization assignment code used to batch the PA requests.	CHAR	30	0	N
CDE_PA_GRP_ASSIGN	GROUP OF PA ASSIGN CODES	CHAR	2	0	N
IND_SERV_PROV_REQ	This indicates if a service provider is required entry for the assignment code.	CHAR	1	0	N

2.13.342 T_PA_CASE_LVL_MAXMC

This table contains Authorization Record at Case Level from MaxMC

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE_REFERENCE	The case level reference number. This is a unique number representing this authorization.	CHAR	25	0	Y
NUM_REFERENCE_1	The authorization number 1. Not necessarily unique.	CHAR	25	0	N
NUM_REFERENCE_2	The authorization number 2. Not necessarily unique.	CHAR	25	0	N
AUTH_TYPE	The type of the authorization. TAU = Authorization REF = Referral	CHAR	3	0	N
IND_PREGNANCY	Is this authorization linked to a pregnancy? Y=Yes, N=No.	CHAR	1	0	N
DTE_EST_DOB	The estimated date of birth.	DATE	0	0	N
IND_BEN_FLEX	Were the benefits flexed? Y=Yes, N=No.	CHAR	1	0	N
POS_SUMMARY	The summary place of service code. This summarizes all the settings across the services that are associated with this authorization.	VARCHAR2	50	0	N
CDE_ECL	The event classification.	CHAR	6	0	N
CDE_CTE	The case type.	CHAR	6	0	N
CDE_HMP	The applicable health management program.	CHAR	6	0	N
CDE_STA_SUMMARY	The overall status. PND = Pended APR = Approved as Requested AWM = Approved with Modifications DEN = Denied CXL = Canceled	CHAR	3	0	N
DTE_ADMIT	For an inpatient stay, the date the patient was admitted.	DATE	0	0	N
DTE_DISCHARGE	For an inpatient stay, the date the patient was discharged.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DDS	The discharge disposition.	CHAR	6	0	N
NUM_DAYS_INIT	For an inpatient stay, the number of initial days that were approved.	NUMBER	3	0	N
NUM_DAYS_EXT	For an inpatient stay, the number of days that were extended.	NUMBER	3	0	N
NUM_DAYS_AUTH	The total inpatient days authorized.	NUMBER	3	0	N
NUM_DAYS_DENIED	The total number of days denied.	NUMBER	3	0	N
NUM_DAYS_LOS	The total length of stay.	NUMBER	3	0	N
CDE_REIM_TYPE	The reimbursement type.	CHAR	6	0	N
CDE_DRG	The DRG code.	CHAR	3	0	N
DTE_ELIG_VERIFIED	The date eligibility was verified.	DATE	0	0	N
ID_STF_ELIG	The user ID of the person who verified the eligibility.	CHAR	12	0	N
NAM_STFELIG_LAST	The last name of the person who verified the eligibility.	CHAR	35	0	N
NAM_STFELIG_FIRST	The first name of the person who verified the eligibility.	CHAR	25	0	N
DTE_BENF_VERIFIED	The date that the benefits were verified.	DATE	0	0	N
ID_STF_BENF	The user ID of the person who verified the benefits.	CHAR	12	0	N
NAM_STFBENF_LAST	The last name of the person who verified the benefits.	CHAR	35	0	N
NAM_STFBENF_FIRST	The first name of the person who verified the benefits.	CHAR	25	0	N
ID_PROV_REQ	The requesting provider ID.	CHAR	30	0	N
ID_TAX_PROV_REQ	The requesting provider tax ID.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_REC_ALT	The requesting provider alternate ID.	CHAR	30	0	N
NAM_PROV_REQ_LAST	The requesting provider last name.	CHAR	35	0	N
NAM_PROV_REQ_FIRST	The requesting provider first name.	CHAR	25	0	N
NAM_PROV_REQ	The requesting provider name.	CHAR	50	0	N
ID_GRP_REQ	The requesting group ID.	CHAR	30	0	N
ID_TAX_GRP_REQ	The requesting group tax ID.	CHAR	15	0	N
ID_GRP_REQ_ALT	The requesting group alternate ID.	CHAR	30	0	N
NAM_GRP_REQ	The requesting group name.	CHAR	50	0	N
ID_PROV_REQ_SVC_LOC	The requesting provider location ID.	CHAR	30	0	N
DTE_AUTH_INITIATED	The date that the authorization was initiated.	DATE	0	0	N
ID_CASE_MNGR	The user ID of the authorization case manager.	CHAR	12	0	N
NAME_CASE_MNGR_LAST	The last name of the authorization case manager.	CHAR	35	0	N
NAME_CASE_MNGR_FIRST	The first name of the authorization case manager.	CHAR	25	0	N
DTE_AUTH_BEGIN	The beginning date that this authorization is valid.	DATE	0	0	N
DTE_AUTH_END	The last date that this authorization is valid.	DATE	0	0	N
NUM_DAYS_VALID	The number of days that this authorization is valid.	NUMBER	3	0	N
DTE_REC_CREATE	The date that the record was created.	DATE	0	0	N
ID_STF_CREATE	The user ID of the person who created the record.	CHAR	12	0	N
NAM_STF_CREATE_LAST	The last name of the person who created the record.	CHAR	35	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_STF_CREATE_FIRST	The first name of the person who created the record.	CHAR	25	0	N
DTE_LAST_UPDATE	The date of the last update.	DATE	0	0	N
ID_STF_UPDATE	The user ID of the person who last updated the record.	CHAR	12	0	N
NAM_STF_UPDATE_LAST	The last name of the person who last updated the record.	CHAR	35	0	N
NAM_STF_UPDATE_FIRST	The first name of the person who last updated the record.	CHAR	25	0	N
IND_AUTH_CLOSED	Was the authorization completed? Y=Yes, N=No.	CHAR	1	0	N
DTE_AUTH_CLOSED	The date that the authorization was completed or closed.	DATE	0	0	N
AUTH_NOTES	The authorization notes for claims processing.	VARCHAR2	2000	0	N

2.13.343 T_PA_DAYS_DTL_MAXMC

This table contains Days Detail Record - One record per inpatient days detail history from MaxMC

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE_REFERENCE	The case level reference number. This is a unique number representing this authorization.	CHAR	25	0	Y
CDE_ACTION	The action associated with this inpatient date range. IR = Initial Request IA = Initial Approval ID = Initial Denial ER = Extension Request EA = Extension Approval ED = Extension Denial	CHAR	2	0	Y
DTE_BEGIN	The beginning date range associated with this inpatient detail record.	DATE	0	0	Y
DTE_REVIEW	The date this date range was requested, approved, or denied.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The end date range associated with this inpatient detail record.	DATE	0	0	N
NUM_DAYS	The number of days associated with this inpatient detail record.	NUMBER	3	0	N
CDE_LOC_AUTH	The Level of Care authorized with this inpatient detail record.	CHAR	6	0	N
CDE_LOC_REASON	The Level of Care authorized with this inpatient detail record.	CHAR	6	0	N
CDE_INP_REVIEW_RSN	The reason that this inpatient detail record was requested, approved, or denied. The reasons available to the user vary depending on whether this record is a request, approval, or denial.	CHAR	6	0	N
ID_STAFF	The staff ID of the person who made the decision.	CHAR	12	0	N
NAM_LAST_STAFF	The last name of the person who made the decision.	CHAR	35	0	N
NAM_FIRST_STAFF	The first name of the person who made the decision.	CHAR	25	0	N
DTE_REQ_INFO_RECD	The date all necessary information required to make a decision was received	DATE	0	0	N
DTE_VERBAL_NOTICE	The date that the verbal of the determination (approved or denied) was verbally given to the provider.	DATE	0	0	N
DTE_WRITTEN_NOTICE	The date that the of the determination (approved or denied) was given, in written form, to the provider.	DATE	0	0	N
DTE_REC_CREATE	The date that the record was created.	DATE	0	0	N
ID_USER_CREATE	The user ID of the person who created the record.	CHAR	12	0	N
NAM_LAST_REC_CREATE	The last name of the person who created the record.	CHAR	35	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_FIRST_REC_CREATE	The first name of the person who created the record.	CHAR	25	0	N
DTE_LAST_UPDATE	The date of the last update.	DATE	0	0	N
ID_USER_LAST_UPDATE	The user ID of the person who last updated the record.	CHAR	12	0	N
NAM_LAST_REC_UPDATE	The last name of the person who last updated the record.	CHAR	35	0	N
NAM_FIRST_REC_UPDATE	The first name of the person who last updated the record.	CHAR	25	0	N

2.13.344 T_PA_ESC

This table contains the error status codes overridden for the specified prior authorization.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
SAK_ESC	This is the system assigned key uniquely identifying the error status code overridden on this prior authorization.	NUMBER	9	0	Y
DTE_ESC_ADD	This is the date the error status code was added to this prior authorization.	DATE	0	0	N

2.13.345 T_PA_IAC_TEXT

This represents the IAC codes and descriptions to be associated with Prior Authorization requests.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RC	This is the system assigned key that uniquely defines the reason code.	NUMBER	9	0	Y
CDE_IAC	This is the code that uniquely identifies a reason code used to document Prior Authorization decisions.	CHAR	25	0	N
DSC_IAC	This represents the descriptive text associated with a reason code.	VARCHAR2	500	0	N

2.13.346 T_PA_IAC_XREF

This is a cross-reference table that provides a way to identify all of the IAC codes associated with any Prior Authorization request.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
NUM_PA_LINE_ITEM	This represents the Prior Authorization line-item number for the PA record. Each PA record may have up to 10 line-items.	CHAR	2	0	Y
SAK_RC	This is the system assigned key that uniquely identifies a reason code.	NUMBER	9	0	Y
DTE_SENT	This is the date a Prior Authorization notice was sent to the provider and member for either an original PA request or a PA update.	DATE	0	0	N
DSC_IAC	This represents the descriptive text associated with a reason code. PA analysts may add external free-form text as a supplement to the reason code description.	VARCHAR2	500	0	N

2.13.347 T_PA_LINEITEM_STAT

This represents the decision status of a Prior Authorization line-item. For example, this is the decision made on the line-item by a PA analyst.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PA_STATUS	This represents the decision status of a Prior Authorization line-item.	CHAR	1	0	Y
DSC_STATUS	This is the description of the decision status of a Prior Authorization line-item.	CHAR	20	0	N
CDE_STATUS_TYPE	This code indicates the type of decision status (that is approved or denied).	CHAR	1	0	N

2.13.348 T_PA_LINE_ITEM

This represents the line-items (or details) of a Prior Authorization record. There can be up to 10 line-items per PA record.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
NUM_PA_LINE_ITEM	This represents the Prior Authorization line-item number for the PA record. Each PA record may have up to 10 line-items.	CHAR	2	0	Y
SAK_DRUG_THERA_CLS	System assigned key used to uniquely identify a Therapeutic Drug Class	NUMBER	9	0	N
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	N
SAK_PROCEDURE_THRU	This is a system assigned key for a unique procedure code ending the procedure code range that is used at the line item level on a PA.	NUMBER	9	0	N
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	N
SAK_REVENUE	This identifies the system assigned key for a specific accommodation or ancillary service (revenue code) that is used at the line item level on a PA.	NUMBER	9	0	N
SAK_REVENUE_THRU	System assigned key for a unique revenue code ending the revenue code range for a line item service	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SVC_TYPE	This field represents the type of procedure code being used on a Prior Authorization request. For example, it may be a revenue code (length of 3), HCPC code (length of 5) or an NDC (length of 11).	CHAR	1	0	N
CDE_PROC_MOD	This is the procedure code modifier of the Prior Authorization.	CHAR	2	0	N
CDE_PROC_MOD4	This is the fourth procedure code modifier of the Prior Authorization.	CHAR	2	0	N
DTE_PA_REQ_EFF	This is the requested Prior Authorization start date for the line-item.	DATE	0	0	N
DTE_PA_AUTH_EFF	This is the authorized Prior Authorization start date for the line-item.	DATE	0	0	N
DTE_PA_REQ_END	This is the requested Prior Authorization stop date for the line-item.	DATE	0	0	N
DTE_PA_AUTH_END	This is the authorized Prior Authorization stop date for the line-item.	DATE	0	0	N
CDE_PA_STATUS	This represents the status of a Prior Authorization line-item. Status is used interchangeably with 'decision'.	CHAR	1	0	N
AMT_PA_AUTH	This is the dollar amount authorized for the Prior Authorization line-item service.	NUMBER	9	2	N
AMT_PA_REQ	This is the dollar amount requested for the Prior Authorization line-item service.	NUMBER	9	2	N
QTY_UNT_SVC_ATH	This is the number of units authorized for the Prior Authorization line-item service.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
QTY_UNT_SVC_REQ	This is the number of units requested for the Prior Authorization line-item service.	NUMBER	9	0	N
QTY_FREQ_REQ	Quantity used for Waiver PAs. Requested quantity of service to be consumed within the time period specified in cde_freq_req. Frequency and quantity per frequency are used to calculate total quantity requested for Waivers only. This quantity is displayed on Waiver letters.	NUMBER	9	0	N
QTY_FREQ_AUTH	Quantity used for Waiver PAs. Authorized quantity of service to be consumed within the time period specified in cde_freq_auth. Frequency and quantity per frequency are used to calculate total quantity authorized for Waivers only. The total authorized quantity (qty_unt_svc_ath) is used by claims to determine the authorized amount of a service. This quantity is displayed on Waiver letters	NUMBER	9	0	N
CDE_FREQ_REQ	Code used for Waiver PAs. Requested time period for the use of a service. Code values are: M - Monthly and W - Weekly.	CHAR	1	0	N
CDE_FREQ_AUTH	Code used for Waiver PAs. Authorized time period for the use of a service. Code values are: M - Monthly and W - Weekly.	CHAR	1	0	N
CDE_PROC_MOD2	This is the second procedure code modifier of the Prior Authorization.	CHAR	2	0	N
CDE_PROC_MOD3	This is the third procedure code modifier of the Prior Authorization.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_PA_AUTO_APPRVD	This is the date that a Prior Authorization request was automatically approved.	DATE	0	0	N
CDE_TOOTH	This is the tooth number of the authorized service.	CHAR	2	0	N
CDE_TOOTH_QUAD	This is the tooth quadrant of the authorized service.	CHAR	2	0	N
CDE_PYMT_METHOD	This is the payment method to be used when paying the authorized service.	CHAR	1	0	N
IND_NDC_LOCK	This is used to indicate that service is authorized at the NDC level or GCN sequence number level.	VARCHAR2	20	0	N
NUM_FORMULATION	This contains the gcn sequence number for the NDC.	NUMBER	6	0	N
ID_IMPACT_TAX	This field only applies to Impact Plus PAs created before 11/1/2002. For Impact Plus PAs before 11/1/2002, the provider Medicaid ID on the PA was either '29000015' (DMHMR) or '29000023' (DCBS). The tax ID and sub ID fields were used to track the subcontractor that actually performed the service.	CHAR	9	0	N
ID_IMPACT_SUB	This field only applies to Impact Plus PAs created before 11/1/2002. For Impact Plus PAs before 11/1/2002, the provider Medicaid ID on the PA was either '29000015' (DMHMR) or '29000023' (DCBS). The tax ID and sub ID fields were used to track the subcontractor that actually performed the service.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
cde_synch	Code points to a specific line item on maxMC. It is used for processing only to synch line items between interChange and maxMC	CHAR	25	0	N

2.13.349 T_PA_MEDIA

This represents the media type associated with a Prior Authorization request. The media types for PA requests are telephone, fax and mail.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MEDIA_TYPE	This represents the media type used by the provider or IFSSA when communicating with the Prior Authorization unit. The types of media are telephone, fax and mail.	CHAR	1	0	Y
DSC_MEDIA_TYPE	This represents the description of the media type used by a provider or IFSSA when communicating with the Prior Authorization unit.	CHAR	9	0	N

2.13.350 T_PA_MEMBER_MAXMC

This table contains Patient/Member Record at Case Level from MaxMC

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE_REFERENCE	The case level reference number. This is a unique number representing this authorization.	CHAR	25	0	Y
ID_MEDICAID	The patient number.	CHAR	12	0	N
NAM_FIRST	The patient first name.	CHAR	25	0	N
NAM_MID_INIT	The patient middle name.	CHAR	25	0	N
NAM_LAST	The patient last name.	CHAR	30	0	N
NUM_SSN	The patient social security number.	CHAR	11	0	N
CDE_SEX	The patient sex.	CHAR	1	0	N
DTE_BIRTH	The patient date of birth.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SEQ_BIRTH	The patient birth sequence.	NUMBER	2	0	N
CDE_MRO	The patient relationship code.	CHAR	6	0	N
ID_PLAN	The plan ID.	CHAR	20	0	N
CDE_NETWORK	The network.	CHAR	6	0	N
ID_ORG	The group number.	CHAR	15	0	N
CDE_ORG_TYPE	The group type.	CHAR	6	0	N
ID_ORG_GROUP	The group ID.	CHAR	20	0	N
ID_CLIENT	The client ID.	CHAR	15	0	N
ID_DIVISION	Division ID.	CHAR	15	0	N
CDE_CLIENT_STATE	The client state code.	CHAR	6	0	N
CDE_LOB	The line of business code.	CHAR	6	0	N
CDE_PLAN_TYPE	The plan type.	CHAR	6	0	N
CDE_SERVICE_AREA	The service area.	CHAR	6	0	N
NUM_POLICY	The policy number.	CHAR	30	0	N
CDE_DIAG_PRIM	The primary diagnosis code.	CHAR	7	0	N
CDE_DIAG_ADMIT	The admission diagnosis code.	CHAR	7	0	N
CDE_DIAG_DISCH	The discharge diagnosis code.	CHAR	7	0	N
CDE_DIAG_1	The additional diagnosis 1.	CHAR	7	0	N
DTE_DIAG_1	The additional diagnosis date 1.	DATE	0	0	N
CDE_DIAG_TYPE_1	The additional diagnosis type 1.	CHAR	6	0	N
CDE_DIAG_2	The additional diagnosis 2.	CHAR	7	0	N
DTE_DIAG_2	The additional diagnosis date 2.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DIAG_TYPE_2	The additional diagnosis type 2.	CHAR	6	0	N
CDE_DIAG_3	The additional diagnosis 3.	CHAR	7	0	N
DTE_DIAG_3	The additional diagnosis date 3.	DATE	0	0	N
CDE_DIAG_TYPE_3	The additional diagnosis type 3.	CHAR	6	0	N
CDE_DIAG_4	The additional diagnosis 4.	CHAR	7	0	N
DTE_DIAG_4	The additional diagnosis date 4.	DATE	0	0	N
CDE_DIAG_TYPE_4	The additional diagnosis type 4.	CHAR	6	0	N
CDE_DIAG_5	The additional diagnosis 5.	CHAR	7	0	N
DTE_DIAG_5	The additional diagnosis date 5.	DATE	0	0	N
CDE_DIAG_TYPE_5	The additional diagnosis type 5.	CHAR	6	0	N
CDE_DIAG_6	The additional diagnosis 6.	CHAR	7	0	N
DTE_DIAG_6	The additional diagnosis date 6.	DATE	0	0	N
CDE_DIAG_TYPE_6	The additional diagnosis type 6.	CHAR	6	0	N
CDE_DIAG_7	The additional diagnosis 7.	CHAR	7	0	N
DTE_DIAG_7	The additional diagnosis date 7.	DATE	0	0	N
CDE_DIAG_TYPE_7	The additional diagnosis type 7.	CHAR	6	0	N
CDE_DIAG_8	The additional diagnosis 8.	CHAR	7	0	N
DTE_DIAG_8	The additional diagnosis date 8.	DATE	0	0	N
CDE_DIAG_TYPE_8	The additional diagnosis type 8.	CHAR	6	0	N
CDE_DIAG_9	The additional diagnosis 9.	CHAR	7	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_DIAG_9	The additional diagnosis date 9.	DATE	0	0	N
CDE_DIAG_TYPE_9	The additional diagnosis type 9.	CHAR	6	0	N
CDE_DIAG_10	The additional diagnosis 10.	CHAR	7	0	N
DTE_DIAG_10	The additional diagnosis date 10.	DATE	0	0	N
CDE_DIAG_TYPE_10	The additional diagnosis type 10.	CHAR	6	0	N
ID_PCP	The PCP physician ID.	CHAR	30	0	N
ID_TAX_PCP	the PCP physician tax ID.	CHAR	15	0	N
ID_PCP_ALT	The PCP physician alternate ID.	CHAR	30	0	N
NAM_PCP_LAST	The PCP physician last name.	CHAR	35	0	N
NAM_PCP_FIRST	The PCP physician first name.	CHAR	25	0	N
NAM_PCP	The PCP physician name.	CHAR	50	0	N
ID_GRP	The PCP group ID.	CHAR	30	0	N
ID_TAX_GRP	The PCP group tax ID.	CHAR	15	0	N
ID_GRP_ALT	The PCP group alternate ID.	CHAR	30	0	N
NAM_GRP	The PCP group name.	CHAR	50	0	N
ID_PCP_LOC	The PCP location ID.	CHAR	30	0	N

2.13.351 T_PA_NONMED_PROV

This represents the non-Medicaid requesting and/or performing provider for Prior Authorization for a Medicaid member. The name and address information must be present in order to send this provider a PA notice.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
IND_ADDR_TYPE	This indicates if the non-Medicaid provider is the requesting provider, indicated by 'R', or the service provider, indicated by 'S'. Both an 'R' and an 'S' can be on a single PA.	CHAR	1	0	N
NUM_PROV_LIC	This is a provider's license number.	CHAR	10	0	N
NAME	This represents the name of the non-Medicaid provider requesting Prior Authorization.	CHAR	39	0	N
ADR_MAIL_STRT1	This represents Line 1 of the mailing address for the non-Medicaid provider requesting PA.	CHAR	30	0	N
ADR_MAIL_STRT2	This represents Line 2 of the mailing address for the non-Medicaid provider requesting PA.	CHAR	30	0	N
ADR_MAIL_CITY	This represents the mailing address City for the non-Medicaid provider requesting PA.	CHAR	15	0	N
ADR_MAIL_STATE	This represents the mailing address State for the non-Medicaid provider requesting PA.	CHAR	2	0	N
ADR_MAIL_ZIP	This represents the mailing address Zip Code of the non-Medicaid provider requesting PA.	CHAR	5	0	N
ADR_MAIL_ZIP_4	This represents the mailing address 4 digit Zip Code for the non-Medicaid provider requesting the PA.	CHAR	4	0	N
NUM_PHONE	This is the phone number of the non-Medicaid provider requesting Prior Authorization.	CHAR	10	0	N
NUM_PHO_EXT	This is the phone number extension of the non-Medicaid provider requesting Prior Authorization.	CHAR	4	0	N

2.13.352 T_PA_PAUTH_DN

This represents Prior Authorization of specific services for a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PA	This is the system assigned key for the Prior Authorization record.	NUMBER	9	0	Y
PRIOR_AUTH_NUM	This is the number assigned by the PA unit to a Prior Authorization request.	CHAR	10	0	N
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PA_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC	System assigned key for Provider Location.	NUMBER	9	0	N
SAK_PA_SERV_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC_2	System assigned key for Provider Location.	NUMBER	9	0	N
SAK_DIAG	System assigned key for the diagnosis.	NUMBER	9	0	N
CDE_PA_ASSIGN	This represents the Prior Authorization assignment code used to batch PA requests.	CHAR	2	0	N
CDE_MEDIA_TYPE	This represents the media type in which Prior Authorization communications are received by EDS. The valid types are mail, telephone and fax.	CHAR	1	0	N
DTE_RECEIVED	This is the date a Prior Authorization request was received by EDS.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
TME_RECEIVED	This is the time that the prior authorization was entered.	NUMBER	8	0	N
DTE_SENT	This is the date a Prior Authorization notice was sent to the provider and member for either an original PA request or a PA update.	DATE	0	0	N
DTE_UPDATE_REC	This is the date that EDS received a Prior Authorization update request from the provider or IFSSA.	DATE	0	0	N
DTE_UPDATE_REV	This is the date that EDS reviewed a Prior Authorization system update request sent in by the provider or IFSSA.	DATE	0	0	N
DTE_REVIEW	This is the date that the prior authorization is assigned for review.	DATE	0	0	N
ID_CLERK	This represents the clerk who enters initial Prior Authorization data upon receipt of a PA request. This person is different than the PA analyst that actually works the PA request.	CHAR	8	0	N
ID_CLERK_REV	This is the id of the clerk assigned to review the prior authorization.	CHAR	8	0	N
ID_CLERK_ENTRY	This is the id of the clerk that entered the prior authorization.	CHAR	8	0	N
DTE_PA_KEYED	This is the date a Prior Authorization request was keyed into the MMIS system.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_LETTER	This is an indicator used to say whether a PA notice is to be mailed to the provider, whether it is batch or on-demand.	CHAR	1	0	N
IND_EMERG	This indicator is used to identify the authorization as an emergency 72-hour supply of drugs.	CHAR	1	0	N
CDE_FIN_FUND	This is the fund code to be assigned for payment of the authorized service.	CHAR	3	0	N
IND_MANAGE_CARE	This field indicates whether a member participates in Managed care.	CHAR	1	0	N
IND_PMP	This field indicates whether a provider participates in Managed care.	CHAR	1	0	N
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
IND_ACCIDENT	Indicates if prior authorization request is the result of member involvement in an accident. Valid values are "Y" or "N".	CHAR	1	0	N
IND_SPECIAL_CONSID	Indicates if there are special considerations concerning the prior authorization request. Valid values are "Y" or "N".	CHAR	1	0	N
CDE_SERV_PROV_CHK	Type of Service Provider validation. Possible Values: S - Service Location N - NPI B - Base Provider A - All Service Providers	CHAR	1	0	N
ID_CASE	The Case Number groups service/prior authorizations for an episode of care. The number is generated by maxMc.	CHAR	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ORTHO_STATUS	Code used in the Orthodontic Case Tracking process. The Status code is updated to indicate that appropriate documentation has been submitted by a provider or there are circumstances where treatment has been delayed. Based on the status, reminder letters are generated and reporting of overdue documentation. Valid values are: space on initial entry C = Complete I = In Progress P = Prorated H = Hold L = Lump Sum.	CHAR	1	0	N

2.13.353 T_PA_SVC_LVL_MAXMC

This table contains Service Record - One record per service line on the authorization from MaxMC.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE_REFERENCE	The case level reference number. This is a unique number representing this authorization.	CHAR	25	0	Y
NUM_SEQUENCE	The service sequence number.	NUMBER	3	0	Y
NUM_SVC_REFERENCE	The service level reference number (links this service record to the case-level authorization record).	CHAR	25	0	N
PRIOR_AUTH_NUM_2	The secondary service level authorization number.	CHAR	10	0	N
PRIOR_AUTH_NUM	The primary service level authorization number.	CHAR	25	0	N
CDE_STATUS	Status of authorization.	CHAR	6	0	N
CDE_DET_REASON	Status determination reason code.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_STF_RECORD_BY	The staff ID of the person who recorded the status.	CHAR	12	0	N
NAM_STF_RECORD_LAST	The last name of the person who recorded the status.	CHAR	35	0	N
NAM_STF_RECORD_FIRST	The first name of the person who recorded the status.	CHAR	25	0	N
ID_STF_DETERM_BY	The staff ID of the person who determined the status.	CHAR	12	0	N
NAM_STF_DETER_LAST	The last name of the person who determined the status.	CHAR	35	0	N
NAM_STF_DETER_FIRST	The first name of the person who determined the status.	CHAR	25	0	N
CDE_SVC	The service code.	CHAR	6	0	N
CDE_SVC_TYPE	The service type code.	CHAR	6	0	N
CDE_POS_REQ	The requested place of service code.	CHAR	6	0	N
ID_PROV_REQ	The requested physician ID.	CHAR	30	0	N
PROV_TYPE_REQ	The requested physician type.	CHAR	6	0	N
PROV_TAX_ID_REQ	The requested physician tax ID.	CHAR	15	0	N
ID_PROV_ALT_REQ	The requested physician alternate ID.	CHAR	30	0	N
NAM_LAST_REQ	The requested physician last name.	CHAR	35	0	N
NAM_FIRST_REQ	The requested physician first name.	CHAR	25	0	N
ID_PROV_FAC_REQ	The requested facility/vendor ID.	CHAR	30	0	N
FAC_PROV_TYPE_REQ	The requested facility/vendor type.	CHAR	6	0	N
FAC_PROV_TAX_ID_REQ	The requested facility/vendor tax ID.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_ALT_FAC_REQ	The requested facility/vendor alternate ID.	CHAR	30	0	N
NAM_FAC_REQ	The requested facility/vendor name.	CHAR	50	0	N
ID_FAC_LOC_REQ	The requested facility/vendor location ID.	CHAR	30	0	N
ID_FAC_CITY_REQ	The requested facility city.	CHAR	30	0	N
CDE_FAC_ST_REQ	The requested facility state.	CHAR	6	0	N
IND_FAC_NW_REQ	The requested facility in network flag.	CHAR	1	0	N
ID_PROC_CDE_LOW_REQ	The requested procedure code low value.	CHAR	11	0	N
ID_PROC_CDE_HIGH_REQ	The requested procedure code high value.	CHAR	11	0	N
CDE_PROC_TYPE_REQ	The requested procedure code type.	CHAR	6	0	N
CDE_REQ_PROC_MOD_1	The requested CPT Modifier 1.	CHAR	2	0	N
CDE_REQ_PROC_MOD_2	The requested CPT Modifier 2.	CHAR	2	0	N
CDE_REQ_PROC_MOD_3	The requested CPT Modifier 3.	CHAR	2	0	N
CDE_REQ_PROC_MOD_4	The requested CPT Modifier 4.	CHAR	2	0	N
CDE_REQ_PROC_MOD_5	The requested CPT Modifier 5.	CHAR	2	0	N
AMT_RATE_REQ	The requested rate for service/procedure.	NUMBER	12	0	N
AMT_COST_REQ	The requested total cost for service/procedure.	NUMBER	12	0	N
QTY_TOTAL_REQ	The requested total quantity for service/procedure.	NUMBER	12	0	N
DTE_SVC_BEGIN_REQ	The requested service begin date.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SVC_END_REQ	The requested service end date.	DATE	0	0	N
NUM_DAYS_REQ	The requested days between begin and end date.	NUMBER	3	0	N
CDE_QTY_QUAL_REQ	The default quantity unit of measure (from X.12N). DY = Days FL = Units HS = Hours MN = Minutes VS = Visits	CHAR	2	0	N
QTY_DEFAULT_REQ	The default quantity.	NUMBER	12	0	N
CDE_FREQ_QUAL_REQ	The timeframe in which services will be rendered (from X12N). DA = Day MO = Month WK = Week	CHAR	2	0	N
FREQ_REQ	The number of time frame units (per XX days).	NUMBER	12	0	N
CDE_DUR_QUAL_REQ	The time period for which services will be continued (X12N).	CHAR	2	0	N
DUR_REQ	The number of time periods.	NUMBER	3	0	N
IND_INP_REQ	Does the requested place of service profile indicate an inpatient setting? Y=Yes, N=No.	CHAR	1	0	N
CDE_POS_AUTH	The authorized place of service code.	CHAR	6	0	N
ID_PROV_AUTH	The authorized physician ID.	CHAR	30	0	N
PROV_TYPE_AUTH	The authorized physician type.	CHAR	6	0	N
PROV_TAX_ID_AUTH	The authorized physician tax ID.	CHAR	15	0	N
ID_PROV_ALT_AUTH	The authorized physician alternate ID.	CHAR	30	0	N
NAM_LAST_AUTH	The authorized physician last name.	CHAR	35	0	N
NAM_FIRST_AUTH	The authorized physician first name.	CHAR	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_FAC_AUTH	The authorized facility/vendor ID.	CHAR	30	0	N
FAC_PROV_TYPE_AUTH	The authorized facility/vendor type.	CHAR	6	0	N
FAC_PROV_TAX_ID_AUTH	The authorized facility/vendor tax ID.	CHAR	15	0	N
ID_PROV_ALT_FAC_AUTH	The authorized facility/vendor alternate ID.	CHAR	30	0	N
NAM_FAC_AUTH	The authorized facility/vendor name.	CHAR	50	0	N
ID_FAC_LOC_AUTH	The authorized facility/vendor location ID.	CHAR	30	0	N
ID_FAC_CITY_AUTH	The authorized facility city.	CHAR	30	0	N
CDE_FAC_ST_AUTH	The authorized facility state.	CHAR	6	0	N
IND_FAC_NW_AUTH	The authorized facility in network flag.	CHAR	1	0	N
ID_PROC_CDE_LOW_AUTH	The authorized procedure code low value.	CHAR	11	0	N
ID_PROC_CDE_HIGH_AUTH	The authorized procedure code high value.	CHAR	11	0	N
CDE_PROC_TYPE_AUTH	The authorized procedure code type.	CHAR	6	0	N
CDE_AUTH_PROC_MOD_1	The authorized CPT modifier 1.	CHAR	2	0	N
CDE_AUTH_PROC_MOD_2	The authorized CPT modifier 2.	CHAR	2	0	N
CDE_AUTH_PROC_MOD_3	The authorized CPT modifier 3.	CHAR	2	0	N
CDE_AUTH_PROC_MOD_4	The authorized CPT modifier 4.	CHAR	2	0	N
CDE_AUTH_PROC_MOD_5	The authorized CPT modifier 5.	CHAR	2	0	N
AMT_RATE_AUTH	The authorized rate for service/procedure.	NUMBER	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_COST_AUTH	The total cost for service/procedure.	NUMBER	12	0	N
QTY_TOTAL_AUTH	The total quantity for service/procedure.	NUMBER	12	0	N
DTE_SVC_BEGIN_AUTH	The authorized service begin date.	DATE	0	0	N
DTE_SVC_END_AUTH	The authorized service end date.	DATE	0	0	N
NUM_DAYS_AUTH	The authorized days between begin and end dates.	NUMBER	3	0	N
CDE_QTY_QUAL_AUTH	The default quantity qualifier (X12N).	CHAR	2	0	N
QTY_DEFAULT_AUTH	The default quantity.	NUMBER	12	0	N
CDE_FREQ_QUAL_AUTH	The timeframe in which services will be rendered (X12N).	CHAR	2	0	N
NUM_FREQ_AUTH	The number of timeframe units (per XX days).	NUMBER	12	0	N
CDE_DUR_QUAL_AUTH	The time period for which services will be continued (X12N).	CHAR	2	0	N
DUR_AUTH	The number of time periods.	NUMBER	3	0	N
IND_INP_AUTH	Does the authorized place of service profile indicate an inpatient setting? Y=Yes, N=No.	CHAR	1	0	N
PERCENT_AUTH	The percent authorized.	NUMBER	4	0	N
CDE_POS_CHANGE	The cost savings reason for place of service change.	CHAR	6	0	N
CDE_PROC_CHANGE	The cost savings reason for procedure code change.	CHAR	6	0	N
CDE_QTY_CHANGE	The cost savings reason for quantity change.	CHAR	6	0	N
CDE_RATE_CHANGE	The cost savings reason for rate change.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_DIFF	The difference between cost requested and cost authorized.	NUMBER	12	0	N
QTY_DIFF	The difference between quantity requested and quantity authorized.	NUMBER	8	0	N
IND_SVC_APPEAL	Was this component appealed? Y=Yes, N=No.	CHAR	1	0	N
IND_IN_NW_PHYS	Was in network overridden for physician? Y=Yes, N=No.	CHAR	1	0	N
IND_IN_NW_FAC	Was in network overridden for facility? Y=Yes, N=No.	CHAR	1	0	N
DTE_ALL_INFO_RECD	The date that site received all information.	DATE	0	0	N
DTE_VERBAL_NOTICE	The date that verbal notice of determination was given.	DATE	0	0	N
DTE_WRITTEN_NOTICE	The date that written notice of determination was given.	DATE	0	0	N
DTE_REC_CREATE	The date that the record was created.	DATE	0	0	N
ID_USER_REC_CREATE	The user ID of the person who created the record.	CHAR	12	0	N
NAM_LAST_REC_CREATE	The last name of the person who created the record.	CHAR	35	0	N
NAM_FIRST_REC_CREATE	The first name of the person who created the record.	CHAR	25	0	N
DTE_LAST_UPDATE	The date of the last update.	DATE	0	0	N
ID_USER_LAST_UPDATE	The user ID of the person who last updated the record.	CHAR	12	0	N
NAM_LAST_REC_UPDATE	The last name of the person who last updated the record.	CHAR	35	0	N
NAM_FIRST_REC_UPDATE	The first name of the person who last updated the record.	CHAR	25	0	N
SVC_NOTE	The service notes.	VARCHAR2	2000	0	N

2.13.354 T_PE_APPLICANTS

Presumptive Eligibility Applicants.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Member's Social Security number	CHAR	9	0	N
NAM_LAST	Member's Last Nam	VARCHAR2	15	0	N
NAM_FIRST	Member's First Name	VARCHAR2	9	0	N
ADR_LINE_1	Member's Street Address	VARCHAR2	22	0	N
ADR_CITY	Member's City	VARCHAR2	18	0	N
ADR_STATE	Member's State	CHAR	2	0	N
ADR_ZIP	Member's Zip Code	CHAR	5	0	N
CDE_COUNTY_PE	County Code	CHAR	3	0	N
NUM_PHONE	Member's Telephone Number	VARCHAR2	10	0	N
NUM_DAY_PHONE	Member's Daytime Telephone Number	VARCHAR2	10	0	N
DTE_DOB	Member's Date of Birth	DATE	0	0	N
CDE_SEX_PE	Member's Gender	CHAR	1	0	N
CDE_RACE_PE	Member's Race Code	CHAR	2	0	N
CDE_MARITAL_PE	Member's Marital Status	CHAR	1	0	N
ADR_MAIL_LINE_1	Member's Mailing Street Address	VARCHAR2	22	0	N
ADR_MAIL_CITY	Member's Mailing City Address	VARCHAR2	18	0	N
ADR_MAIL_STATE	Member's Mailing State Address	CHAR	2	0	N
ADR_MAIL_ZIP	Member's Mailing Zip Code	CHAR	5	0	N
DTE_DUE	Member's Due Date	DATE	0	0	N
MULTIPLE_PREGNANCY	Number of Multiple Pregnancies	NUMBER	2	0	N
NUM_OF_PREGNANCIES	Number of Pregnancies	NUMBER	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
REF_TO_WIC	WIC Reference Number	NUMBER	2	0	N

2.13.355 T_PE_BCCTP_TEMP

A temporary transaction file used in processing.

Column Name	Description	Type	Length	Precision	Primary Key
NAM_LAST	Member's Last Name	VARCHAR2	15	0	N
NAM_FIRST	Member's First Name	VARCHAR2	9	0	N
NUM_SSN	Member's Social Security Number	CHAR	9	0	N
DTE_DOB	Member's Date of Birth	DATE	0	0	N
CNTY_OF_REFERAL	Member's County of Referral	CHAR	3	0	N
CONDITION_DIAGNOSED	Diagnoses of the Member's Condition	CHAR	2	0	N
DTE_PF_REFERRAL	PF Referral Date	DATE	0	0	N

2.13.356 T_PE_CDE_TRANSACTIONAL

Presumptive Eligibility Transaction Code

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TRANSACTION_PE	PE Transaction Code,	NUMBER	5	0	N
DSC_TRANSACTION_PE	PE Transaction Code Description	VARCHAR2	25	0	N

2.13.357 T_PE_INCOME

Presumptive Eligibility Member Income.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Member's Social Security Number,	CHAR	9	0	N
NUM_FAMILY_MEMBERS	Number of Family Members,	NUMBER	10	0	N
AMT_FAMILY_INCOME	Family Income Amount	VARCHAR2	6	0	N

2.13.358 T_PE_MEMBERS

Presumptive Eligibility Member Table.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Member Social Security number	CHAR	9	0	N
CHECK_DIGIT	Check Digit	CHAR	1	0	N
NUM_CASE	Number used to identify a group of recipients that are in a case	VARCHAR2	10	0	N
NAM_CASE	The Case Name	VARCHAR2	25	0	N
CDE_PROGRAM_PE	Identifies the type of aid for which a member is eligible.	CHAR	2	0	N
CDE_RECIP_STATUS	The member's status	CHAR	2	0	N
CDE_RECIP_IMID_PE	The relationship indicator.	CHAR	2	0	N
DTE_ELIG_BEG	Date the member was eligible	DATE	0	0	N
DTE_ELIG_END	Date the Eligibility Ended	DATE	0	0	N
MANAGED_CARE	Manage Care Number	VARCHAR2	10	0	N

2.13.359 T_PE_PROVIDERS

Presumptive Eligibility Provider Table

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PROV	Provider number	CHAR	15	0	N
NAM_PROV_LAST	Provider's Last Name	VARCHAR2	20	0	N
NAM_PROV_FIRST	Provider's First Name	VARCHAR2	19	0	N
ADR_PROV_LINE_1	Provider's Street Address	VARCHAR2	25	0	N
ADR_PROV_CITY	Provider's City	VARCHAR2	18	0	N
ADR_PROVIDER_STATE	Provider's State	CHAR	2	0	N
ADR_PROVIDER_ZIP	Provider's Zip	CHAR	9	0	N

2.13.360 T_PE_TPL

Presumptive Eligibility Third Party Liability Table

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	Social Security Number	CHAR	9	0	N
NUM_POLICY	TPL Policy Number	VARCHAR2	15	0	N
NAME_OF_PLAN	Name of Plan	VARCHAR2	20	0	N
NAM_INS_CARRIER	Name of Insurance Carrier	VARCHAR2	25	0	N
NUM_GROUP	Policy Group Name	VARCHAR2	15	0	N

2.13.361 T_PE_TRANSACTIONS

Presumptive Eligibility Transaction Table.

Column Name	Description	Type	Length	Precision	Primary Key
ID_TRANSACTION	Transaction ID	NUMBER	10	0	N
ID_USER	User ID	VARCHAR2	10	0	N
CDE_TRANSACTION_PE	Transaction code	NUMBER	5	0	N
DTE_TRANSACTION_START	Transaction Start Date	DATE	0	0	N
DTE_MAINFRAME_START	Mainframe Start Date	DATE	0	0	N
DTE_TRANSACTION_END	Transaction End Date	DATE	0	0	N
DTE_MAINFRAME_END	Mainframe End Date	DATE	0	0	N
CDE_RETURN_PE	Return Code	CHAR	2	0	N
TRANSACTION_SENT	Transaction Sent Code	NUMBER	2	0	N
NUM_PROVIDER	Provider Number	CHAR	15	0	N
CDE_CONFIRMATION_PE	Confirmation Code	VARCHAR2	10	0	N
NUM_SSN	Social Security Code	CHAR	9	0	N
FUNCTION	Function	CHAR	2	0	N
ID_MEMBER	Member ID	CHAR	12	0	N
IND_UPDATE_FLAG	Update Indicator	CHAR	1	0	N

2.13.362 T_PHS_CLAIM

The total number of pharmacy claims paid to a Public Health Service provider must be counted and stored on a quarterly basis.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System assigned key that uniquely identifies a provider service location.	NUMBER	9	0	Y
DTE_QUARTER	The calendar quarter and year of the invoice period for which PHS pharmacy claims are being counted	NUMBER	9	0	Y
CLMS_BILLED	The accumulated total number of claims extracted out of the quarterly invoice for the PHS provider/entity number	NUMBER	9	0	N

2.13.363 T_PHS_DATES

A list of valid start dates and/or end dates for each occurrence of a Public Health Service provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System assigned key that uniquely identifies a provider service location.	NUMBER	9	0	Y
SAK_SHORT	System Assigned Key used to uniquely identify an occurrence	NUMBER	4	0	Y
DTE_EFFECTIVE	The date that the PHS provider became eligible to participate in the Kentucky Medicaid program	DATE	0	0	N
DTE_END	The date the PHS provider is no longer enrolled in Kentucky Medicaid program	DATE	0	0	N

2.13.364 T_PHS_ENTITY

This table provides the descriptions for the Public Health Services (PHS) entity types.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PHS_TYPE	Value used to identify the classification of the Public Health Service (PHS) provider	CHAR	9	0	N
DSC_PHS_TYPE	A description of the 'cde_phs_type' field	CHAR	50	0	N

2.13.365 T_PHS_PROVIDER

The information kept about Public Health Service (PHS) agencies in the state of Kentucky who provide pharmacy services and are enrolled as active providers in the State Medicaid program. PHS providers who provide pharmacy services receive rebates from drug labelers, and their Medicaid claims are therefore exempt from drug rebate reimbursement.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System assigned key that uniquely identifies a provider service location.	NUMBER	9	0	Y
NAME	The name of the Medicaid provider/entity name as identified on the PHS dataset files. These files are sent to EDS by HCFA on the quarterly drug rebate tapes.	CHAR	50	0	N
CDE_PHS_TYPE	Value used to identify the classification of the Public Health Service (PHS) provider	CHAR	9	0	N

2.13.366 T_PLACE_OF_SERVICE

Location where medical services were provided.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POS	Place of medical assistance service code.	CHAR	2	0	Y
DSC_POS	Description of place where medical assistance service is performed.	CHAR	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PROC_IN_EXCLUD	Indicates whether the associated list of procedure codes is valid or invalid for the place of service.	CHAR	1	0	N
IND_DIAG_IN_EXCLUD	Indicates whether the associated list of diagnosis codes is valid or invalid for the place of service.	CHAR	1	0	N

2.13.367 T_PMP_PANEL_SIZE

Contains the maximum number of managed care members a PMP is willing to accept. Current policy states that the panel size can only be adjusted annually.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
DTE_EFFECTIVE		DATE	0	0	N
DTE_END	The date that the PMP panel size is no longer valid for a PMP.	DATE	0	0	N
NUM_MAX_RECIPS	This field contains the maximum number of members allowed for a Primary Medical Provider.	NUMBER	9	0	N

2.13.368 T_PMP_SVC_LOC

This is the individual Primary Medical Provider (PMP) information. The service location identifies the various locations where a provider does business. The PMP service location contains PMP specific information for a service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	N
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	N
DTE_EFFECTIVE	This is the effective date for PMP for this managed care program and service location. Used to signify the start of a span or period of participation in the Managed Care program.	DATE	0	0	N
DTE_END	This is the end date for PMP for this managed care program and service location. Used to signify the end of a span or period of participation in the Managed Care program.	DATE	0	0	N
SAK_PMP_FOCUS	Unique identifier for the focus.	NUMBER	9	0	N
CDE_AGE_RESTR	Identifies the age restrictions that this PMP has selected for this service location. AA - No age restrictions BB - Age 0 - 12 years CC - Age 13 - 20 years DD - Age 21 and Over EE - Age 0 - 20 years FF - Age 13 and Over	CHAR	2	0	N
NUM_PHO_24_HOUR	This is the 24 hour availability phone number for the provider in the format area code + prefix + suffix.	CHAR	10	0	N
NUM_PHO_EXT	A phone number extension for the 24 hour phone number.	CHAR	4	0	N
IND_SPEC_COND	Indicates whether the PMP offers special services at this location for special patient conditions.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_FMLY_PRAC	Indicates whether a PMP accepts entire families in their practice.	CHAR	1	0	N
IND_OBSTETRICS	Indicates whether a PMP provides obstetric services in their practice.	CHAR	1	0	N
IND_WOMEN_ONLY	Indicates whether the provider only accepts women as Managed Care members.	CHAR	1	0	N
CDE_FILE_FORMAT	This column controls if the PMP receives electronic file or paper reports.	CHAR	1	0	N
NUM_ACT_PANEL	This is the number of members currently assigned to the PMP service location.	NUMBER	9	0	N
NUM_FUTURE_PANEL	The number of Future Panels	NUMBER	9	0	N

2.13.369 T_POLICY_HOLDER

The policyholder table contains information about the policyholder of a policy. A policyholder may hold a policy which covers multiple members. Keeping this data on a separate table allows the data to be maintained once instead of for each member covered by the policy. If the policyholder is also a member, the policyholder data is obtained from the member table; no policyholder record would be created.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_POL_HOLD	This is the system assigned key for the TPL policyholder. This key is used to uniquely identify the policyholder internally to the system and is also used on all screens and reports as Policyholder Id.	NUMBER	9	0	Y
NAM_LAST	This is the last name of the policyholder. It is used to send correspondence to the policyholder.	CHAR	15	0	N
NAM_FIRST	This is the first name of the policyholder. It is used to send correspondence to the policyholder.	CHAR	13	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_MID_INIT	This is the middle initial of the policyholder. It is used to send correspondence to the policyholder.	CHAR	1	0	N
ADR_MAIL_STRT1	This is the street address of the policyholder. It is used to send correspondence to the policyholder.	CHAR	55	0	N
ADR_MAIL_STRT2	This is the second street address of the policyholder. It is used to send correspondence to the policyholder.	CHAR	55	0	N
ADR_MAIL_CITY	This is the city of the policyholder. It is used to send correspondence to the policyholder.	CHAR	30	0	N
ADR_MAIL_STATE	This is the state of the policyholder. It is used to send correspondence to the policyholder.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the first 5 digits of the zip code of the policyholder. It is used to send correspondence to the policyholder.	CHAR	15	0	N
ADR_MAIL_ZIP_4	This is the last 4 digits of the zip code of the policyholder. It is used to send correspondence to the policyholder.	CHAR	4	0	N
NUM_SSN	This is the social security number of the policyholder.	CHAR	9	0	N
DTE_BIRTH	This is the birth date of the policyholder.	DATE	0	0	N
NUM_PHONE	This is the phone number for the policyholder.	CHAR	15	0	N
NUM_PHO_EXT	This is the phone number extension for the policyholder.	CHAR	6	0	N
NUM_FAX	This is the fax number for the policyholder.	CHAR	15	0	N
CDE_COUNTRY	This is the country code for the policyholder.	CHAR	2	0	N

2.13.370 T_POLICY_TYPE

This table identifies the possible values for TPL policy type.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_POLICY_TYPE	This code identifies the type of insurance policy that the member is covered under.	CHAR	1	0	Y
POLICY_TYPE_DSC	Identifies the descriptive name for a TPL policy type.	CHAR	30	0	N
IND_DISENROLL	Indicates whether the policy type should trigger disenrollment from managed care.	CHAR	1	0	N

2.13.371 T_PRICING_IND

Pricing indicator specifies the payment methodology that should be applied or was applied when determining the payment to be made to a provider for providing a service (procedure).

Column Name	Description	Type	Length	Precision	Primary Key
IND_PRICING	Pricing indicator which dictates the method by which a procedure must be priced or indicates how a claim detail was priced.	CHAR	6	0	Y
DSC_25	Text description of the pricing indicator.	CHAR	25	0	N
IND	Indicates if the pricing indicator value is applicable for HCPC procedures. A value of "Y" signifies the indicator is valid for HCPC procedures and "N" says it is not.	CHAR	1	0	N

2.13.372 T_PROC

CPT4 or HCPCS procedure and its descriptions. Procedures are assigned codes that uniquely identify the service performed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_PROC	Code used to identify a medical, dental, or DME procedure.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_PROCEDURE	A short medical description of a specific, singular medical or dental service which is performed for the express purpose of identification or treatment of the patient's condition.	CHAR	40	0	N
DSC_LONG	A long medical description of a specific, singular medical or dental service which is performed for the express purpose of identification or treatment of the patient's condition.	VARCHAR2	4000	0	N
DSC_EOMB	Explanation of Medical Benefits description used on Member EOMB.	CHAR	30	0	N
DTE_HCFA_ADD	Defined by HCFA as the date the HCPCS code was added to the HCFA common procedure coding system.	DATE	0	0	N
DTE_HCFA_TERM	Defined by HCFA as the last date for which a procedure code may be used by Medicare providers.	DATE	0	0	N
CDE_MC_SVC_CLASS	The service class indicates the type of services provided.	CHAR	2	0	N
DSC_LAY	Description of the code in layman terms.	VARCHAR2	100	0	N
CDE_CMS_TOS	The carrier assigned CMS type of service which describes the particular kind(s) of service represented by the procedure code	CHAR	1	0	N
CDE_MCAR_COVRG	A code denoting Medicare coverage status	CHAR	1	0	N

2.13.373 T_PROC_ASC

Ambulatory Surgical Center code assigned to a procedure. The ASC code is used to determine the ASC rate paid on a claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_ASC	This number indicates the ambulatory surgical center group.	CHAR	2	0	Y
DTE_EFFECTIVE	The date a ASC code assignment for a procedure becomes effective for claims processing.	DATE	0	0	Y
DTE_END	The date a ASC code assignment for a procedure is no longer in effect for claims processing.	DATE	0	0	N

2.13.374 T_PROC_CONV_FACTOR

Total Base RVU for a procedure is multiplied by conversion factor to obtain the base fee schedule payment amount during RBRVS pricing calculation. This entity allows the assignment of a procedure specific conversion factor to be used in place of the "system-wide" conversion factor.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_FROM	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
SAK_PROC_TO	System assigned key used to uniquely identify a procedure. This is the upper end of procedure range.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
DTE_EFFECTIVE	The date a procedure conversion factor becomes valid for use in claims processing.	DATE	0	0	Y
DTE_END	The date a conversion factor is no longer valid for claims processing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CONV_FACTOR	Multiplier which transforms relative values into payment amounts during RBRVS pricing calculations.	NUMBER	9	4	N

2.13.375 T_PROC_GROUP

Groups procedure codes by procedure type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_TYPE	System assigned key for a unique procedure type, that represents a single or collection of procedures.	NUMBER	9	0	Y
SAK_PROCEDURE_FROM	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
SAK_PROCEDURE_TO	System assigned key used to uniquely identify a procedure upper limit.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the procedure code is to become effective for the procedure type in claims processing.	DATE	0	0	Y
DTE_END	The last date that the procedure code is in effect for the procedure type in claims processing.	DATE	0	0	N

2.13.376 T_PROC_ICD9

Surgical or diagnostic procedure and its descriptions. Procedures are assigned codes that are used to identify the service performed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_ICD9	System assigned key used to uniquely identify an ICD-9-CM procedure.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROC_ICD9	Code which indicates a specific, surgical or diagnostic procedure which is performed for the express purpose of identification or treatment of the patient's condition.	CHAR	4	0	N
DSC_PROCEDURE	A short medical description of a specific, surgical or diagnostic procedure which is performed for the express purpose of identification or treatment of the patient's condition.	CHAR	40	0	N
DSC_LONG	A long medical description of a specific, surgical or diagnostic procedure which is performed for the express purpose of identification or treatment of the patient's condition.	CHAR	250	0	N
CDE_CLASS	Describes the operative or non operative class of a procedure. 1 = Class 1, surgery, 2 = Class 2, significant procedure, 3 = Class 3 significant procedure, 4 = Class 4, other	CHAR	1	0	N
CDE_MC_SVC_CLASS	The service class indicates the type of services provided.	CHAR	2	0	N
DSC_LAY	Description of the code in layman terms.	VARCHAR2	100	0	N

2.13.377 T_PROC_ICD9_DIA

Diagnosis restrictions for an ICD-9-CM procedure. These restrictions will list diagnosis codes that the procedure is either restricted to (include) or restricted from (exclude).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_ICD9	System assigned key used to uniquely identify a ICD-9-CM procedure.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DIAG_FROM	System assigned key of the lower limit of a range of diagnosis codes.	NUMBER	9	0	N
SAK_DIAG_TO	System assigned key of the upper limit of a range of diagnosis codes.	NUMBER	9	0	N
DTE_EFFECTIVE	The date a range of diagnosis restrictions becomes effective.	DATE	0	0	N
DTE_END	The date a range of diagnosis restrictions is no longer in effect.	DATE	0	0	N
CDE_DIAG_FROM	The code identifying the diagnosis that is the lower limit of a range of diagnosis codes which will be used to restrict an ICD-9-CM procedure to a diagnosis.	CHAR	5	0	N
CDE_DIAG_TO	The code identifying the diagnosis that is the upper limit of a range of diagnosis codes which will be used to restrict an ICD-9-CM procedure to a diagnosis.	CHAR	5	0	N
IND_IN_EXCLUDE	Indicator identifying whether the specified range of diagnosis codes should be included or excluded from the procedure during claims processing.	CHAR	1	0	N

2.13.378 T_PROC_ICD9_GROUP

Groups ICD 9 CM procedure codes by procedure type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_ICD9_FROM	System Assigned Key used to uniquely identify the upper range of an ICD 9 CM procedure grouping.	NUMBER	9	0	Y
SAK_SHORT_ICD9_TYP	System assigned key for a unique procedure type, that represents a collection of procedures. NUMBER	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_ICD9_TO	System Assigned Key used to uniquely identify the lower range of an ICD 9 CM procedure grouping.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the ICD 9 CM procedure code is to become effective for the ICD 9 CM procedure type in claims processing.	DATE	0	0	Y
DTE_END	The last date that the ICD 9 CM procedure code is in effect for the ICD 9 CM procedure type in claims processing.	DATE	0	0	N

2.13.379 T_PROC_ICD9_LIM

Describes the limitations and restrictions that will be applied to an ICD-9-CM procedure during claims processing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
SAK_PROC_ICD9	System assigned key used to uniquely identify an ICD-9-CM procedure.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date procedure limitations become effective for claims processing.	DATE	0	0	Y
DTE_END	The date procedure limitations become invalid (no longer active) for claims processing.	DATE	0	0	N
IND_COVERED	An indicator used to denote whether an ICD-9-CM procedure is a covered procedure.	CHAR	1	0	N
IND_OPER_ROOM	Used to indicate whether a procedure requires the use of an operating room.	CHAR	1	0	N
IND_ATTACHMENT	Indicates if a special report is necessary for claims processing.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	The member gender that a procedure may be valid for. Valid values are M, F, or blank.	CHAR	1	0	N
CDE_NONSPEC	Identifies an ICD-9-CM procedure as a nonspecific procedure. Nonspecific procedures are used by providers when more precise information is not obtainable.	CHAR	1	0	N
CDE_BIOPSY	Identifies an ICD-9-CM procedure as a biopsy. (O) - Open, (C) - Closed or blank - not applicable.	CHAR	1	0	N
CDE_BI_SURG	Identifies the ICD-9-CM procedure as a bilateral procedure.	CHAR	1	0	N
QTY_AGE_MIN	The minimum age a member may be to receive the procedure.	NUMBER	4	0	N
QTY_AGE_MAX	The maximum age a member may be to receive the procedure.	NUMBER	4	0	N

2.13.380 T_PROC_ICD9_TYPE

A procedure ICD 9 CM type is associated with a group of ICD 9 CM procedure codes. Used to identify ICD 9 CM procedure codes for use in certain processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT_ICD9_TYP	System assigned key for a unique procedure type, that represents a collection of procedures. NUMBER	NUMBER	4	0	Y
DSC_25	Describes the ICD 9 CM procedure type.	CHAR	25	0	N
DSC_DEFINITION	Definition of where and/or how this ICD-9-CM procedure group is used.	VARCHAR2	4000	0	N

2.13.381 T_PROC_LIMITS

CPT4 or HCPCS procedure restrictions and the effective dates of the restrictions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date procedure limitations become effective for claims processing.	DATE	0	0	Y
DTE_END	The date procedure limitations become invalid (no longer active) for claims processing.	DATE	0	0	N
IND_LIFETIME	Indicates if a procedure can only occur once in the lifetime of a member.	CHAR	1	0	N
IND_FAM_PLAN	Indicates if a medical procedure is related to family planning.	CHAR	1	0	N
IND_PREGNANCY	Indicates if a medical procedure is related to a pregnancy.	CHAR	1	0	N
IND_CLIA	Indicates if a procedure requires CLIA certification.	CHAR	1	0	N
IND_ATTACHMENT	Indicates whether attachments are required for the procedure.	CHAR	1	0	N
CDE_SEX	The member gender that a procedure may be valid for. Valid values are M, F, or blank.	CHAR	1	0	N
QTY_AGE_MIN	The minimum age a member may be to receive the procedure.	NUMBER	4	0	N
QTY_AGE_MAX	The maximum age a member may be to receive the procedure.	NUMBER	4	0	N
QTY_UNITS_MIN	The minimum number of units that may be billed for the procedure.	NUMBER	9	0	N
QTY_UNITS_MAX	The maximum number of units that may be billed for the procedure	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_CONFIDENTIAL	Indicates a confidential procedure. Confidential procedures will not be printed on a member EOMB.	CHAR	1	0	N
QTY_FOLLOWUP	This field represents the number of days before an E&M (visit) procedure can be paid, since it was included as part of the original surgery that was performed. This field is 3 bytes in length.	NUMBER	4	0	N
CDE_PROV_SPEC_EDIT	Indicates whether and what type of provider specialty editing is to be performed for the procedure during claims processing. An 'N' indicates not editing is to be performed. An 'I' (Include) indicates only the provider specialty listed are acceptable. An 'E' (Exclude) indicates the listed provider specialties cannot bill the procedure. Provider Specialties for editing are listed on the T_PROV_SPEC_LIM entity.	CHAR	1	0	N
IND_DIAG_REQ	A Yes/No indicator used in claims processing to determine if a diagnosis is required for the given procedure.	CHAR	1	0	N
IND_FROM_THRU_OK	Yes/No indicator used in claims process to determine if the procedure may be billed with From and Through dates of service.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DIAG_CMPT_EDIT	Code that indicates whether and what type of editing is to be performed in claims processing on the procedure/diagnosis compatibility groupings. An 'N' indicates not editing is to be performed. An 'I' (Include) indicates only diagnosis codes on the diagnosis compatibility groups listed are acceptable. An 'E' (Exclude) indicates the diagnosis codes in the listed diagnosis compatibility groups cannot be billed with the procedure. Valid Diagnosis Compatibility groups for editing are listed on the T_PROC_DIAG_LIM entity.	CHAR	1	0	N

2.13.382 T_PROC_MODIFIER

Valid Procedure/modifier combinations. Includes the dates that the combinations are in effect.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_PROC_MOD	The modifier code used to further describe a procedure.	CHAR	2	0	Y
DTE_EFFECTIVE	The date that the modifier and its type are to become effective for claims processing.	DATE	0	0	Y
DTE_END	The date a procedure/modifier combination is no longer valid for claims processing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MOD_EDIT	Indicates the type of editing necessary for the procedure/modifier combination. Valid values are 'A' (Allowed), 'N' (Not Allowed), or 'R' (Required). An 'A' indicates the modifier is allowed to be billed with the procedure. An 'N' indicates the modifier can not be billed with the procedure. An 'R' indicates the modifier is required to bill the procedure. If more than 1 'required' modifiers exist for a procedure, the claim only needs 1 of the required modifiers be billed.	CHAR	1	0	N

2.13.383 T_PROC_TOOTH

For a given procedure, this identifies the tooth number that is restricted to a particular procedure code, along with the effective dates of the restriction.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_TOOTH_NBR	The code of the particular tooth that the procedure is restricted to.	CHAR	2	0	Y
DTE_EFFECTIVE	The date that signifies that the procedure's tooth number restriction is in effect.	DATE	0	0	Y
DTE_END	The date that signifies that the procedure's tooth number restriction is no longer in effect.	DATE	0	0	N

2.13.384 T_PROC_TOOTH_QUAD

This is a table that will contain the valid HCPC Procedure code\tooth quadrant combinations.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_TOOTH_QUAD	Code identifying the tooth quadrant.	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date that signifies that the procedure's tooth quadrant restriction is in effect.	DATE	0	0	Y
DTE_END	The date that signifies that the procedure's tooth quadrant restriction is no longer in effect.	DATE	0	0	N

2.13.385 T_PROC_TYPE

A procedure type is associated with a group of procedure codes. Used to identify procedure codes for use in certain processing methodologies. For example, "Collection" is a procedure type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROC_TYPE	System assigned key for a unique procedure type, that represents a single or collection of procedures.	NUMBER	4	0	Y
DSC_50	Describes the procedure type, for example, "Collection".	CHAR	50	0	N
DSC_DEFINITION	Definition of where and/or how this procedure group is used.	VARCHAR2	4000	0	N

2.13.386 T_PR_ADDR_CODE

This indicates how the provider's address will be used. A provider is allowed a Home Office, Bill To, Mail To, and Service Location address.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADDR_USAGE	A one character code that identifies the type of address.	CHAR	1	0	Y
DSC_ADDR_USAGE	The description that describes the address type code.	CHAR	20	0	N

2.13.387 T_PR_ADR_DN

Provider Address contains the mailing address and phone number of each provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key (SAK) that identifies the provider.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
IND_ADDR_TYPE	A one character code that identifies the type of address.	CHAR	1	0	Y
ADR_MAIL_STRT1	Provider's address line 1.	CHAR	30	0	N
ADR_MAIL_STRT2	Provider's address line 2	CHAR	30	0	N
ADR_MAIL_CITY	Provider's address city	CHAR	30	0	N
ADR_MAIL_STATE	Provider's address state.	CHAR	2	0	N
ADR_MAIL_ZIP	Provider's address zip cde.	CHAR	5	0	N
ADR_MAIL_ZIP_4	Provider's address zip code+4 extension	CHAR	4	0	N
NUM_PHONE	Provider's phone number.	CHAR	10	0	N
NUM_PHO_EXT	Phone number extension	CHAR	4	0	N
NUM_LATITUDE	Latitude of the provider's address.	NUMBER	11	6	N
NUM_LONGITUDE	Longitude of the provider's address.	NUMBER	11	6	N
CDE_HANDICAP_ACC	Identifies if the provider's service location has handicap access. Valid values: "Y" = yes and "N" = no.	CHAR	1	0	N
NUM_PHONE_FAX	Fax number of the provider's office.	CHAR	10	0	N
IND_GIS_QUALITY	Precision code of the address match for the latitude and longitude lookup.	NUMBER	4	0	N
ADR_EMAIL	Email address of the provider	VARCHAR2	50	0	N
CDE_COUNTRY	Country Code	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_MAIL_INT	The international address line. This will contain the international equivalent of City, State, and Zip	VARCHAR2	50	0	N
NUM_PHONE_INT	International Phone Number	VARCHAR2	15	0	N
NUM_PHONE_EXT_INT	International Phone Number Extension	CHAR	5	0	N
NUM_PHONE_FAX_INT	International Fax Number	VARCHAR2	15	0	N

2.13.388 T_PR_BOARD_MEM_DN

This table will contain all info from both MMIS tables T_PR_BOARD_MEM and T_BOARD_PART. This is the table that contains individuals who have been identified as being a member of a board of directors for the provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_SHORT	This is the system assigned key that makes this record unique.	NUMBER	4	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_BOARD_PART	This is the unique identifier for board participants.	NUMBER	9	0	Y
CDE_POSITION	This is the board position code.	CHAR	2	0	N
DTE_EFFECTIVE	This is the effective date that the board participant became a board member for this provider.	DATE	0	0	N
DTE_END	This is the last date of the relationship between the board participant and board member.	DATE	0	0	N
NAM_LAST	This is the last name of the board participant.	CHAR	50	0	N
NAM_FIRST	This is the first name of the board participant.	CHAR	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_MIDDLE_INT	This is the middle initial of the board participant.	CHAR	1	0	N
NUM_TAX_ID	This is the tax ID of the board participant.	CHAR	9	0	N
ADR_STREET1	This field will hold board participant street address.	CHAR	50	0	N
ADR_STREET2	This field will hold board participant street address information.	CHAR	50	0	N
ADR_CITY	This field will hold board participant city address information.	CHAR	50	0	N
ADR_STATE	This field will hold board participant state address information.	CHAR	2	0	N
ADR_ZIP	This field will hold board participant zip code address information.	CHAR	5	0	N
ADR_ZIP_4	This field will hold board participant zip code + 4 address information.	CHAR	4	0	N

2.13.389 T_PR_CDE_BUS_ACT

Contains a list of valid business activity codes as received on the Drug Enforcement Administration quarterly subscription file.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUS_ACT	Business activity code	CHAR	1	0	Y
DSC_BUS_ACT	Description of business activity code	VARCHAR2	30	0	N

2.13.390 T_PR_CDE_REVIEW

This code table contains the review type codes and descriptions used on the provider review panel.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_REVIEW_TYPE	Description of the review type code.	VARCHAR2	50	0	N

2.13.391 T_PR_CDE_REVIEW_REASON

This code table contains the review reasons and descriptions used on the provider restriction panel.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REVIEW_REASON	Indicates the reason for placing a provider on review	CHAR	1	0	Y
DSC_REVIEW_REASON	Description of the review reason code	VARCHAR2	50	0	N

2.13.392 T_PR_CERT_CODE

This table holds provider certification codes and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CERT_TYPE	This is the code value for the specific provider certifications.	CHAR	2	0	Y
DSC_CERT_TYPE	This is the description for the specific provider certifications.	CHAR	50	0	N

2.13.393 T_PR_CLIA_STAT

This entity shows the clinical lab number assigned to the provider practicing at an individual (non-group) location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
NUM_CLIA	This is the CLIA number for the provider.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	This is the effective date of the provider's CLIA number.	DATE	0	0	N
DTE_END	This is the end date of the provider's CLIA number.	DATE	0	0	N

2.13.394 T_PR_COVERED_PGM

This table that contains the cross reference between the provider enrollment programs and the programs used in member and the rest of the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	Y
IND_MGD_CARE	This is a YES/NO indicator to tell the system whether this program is a managed care program. This allows PMP service locations to specify which Managed Care program they are allowed to provide services for.	CHAR	1	0	N
DTE_EFFECTIVE	Effective Date	DATE	0	0	N
DTE_END	End Date	DATE	0	0	N
DTE_INACTIVE	Date Inactive	DATE	0	0	N

2.13.395 T_PR_DENTIST_CNTYCNT

This table holds data on the number of dentists per county.

Column Name	Description	Type	Length	Precision	Primary Key
COUNTY	County identifying code.	CHAR	3	0	N
COUNTY_NAME	Name of the county	VARCHAR2	18	0	N
TOTAL_DENTIST	Number of Dentists practicing in the County	VARCHAR2	3	0	N

2.13.396 PRV_DENTIST_CNTYCNT

This table holds data on the number of dentists per county.

Column Name	Description	Type	Length	Precision	Primary Key
COUNTY	County identifying code.	CHAR	3	0	N
COUNTY_NAME	Name of the county	VARCHAR2	18	0	N
TOTAL_DENTIST	Number of Dentists practicing in the County	VARCHAR2	3	0	N

2.13.397 T_PR_DISP_FEE

A provider may be assigned an adjustment percentage to be used to modify the dispensing fee assigned to a specialty. The adjustment percentage may either raise or lower the fee the provider will receive for dispensing a prescription legend drug.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_FIN_PAYER		NUMBER	9	0	N
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
DTE_EFFECTIVE	This is the date that the dispensing fee for the provider is in effect.	DATE	0	0	N
DTE_END	This is the date that the dispensing fee for the provider is no longer in effect.	DATE	0	0	N
AMT_NDC_PROFEE	This is the dispensing fee for the provider.	NUMBER	7	2	N
IND_DRUG_TYPE	Indicates Generic/Branded/Either for a provider.	CHAR	1	0	N
NUM_INGRED_FROM	Number of ingredients from range(1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N
NUM_INGRED_TO	Number of ingredients to range(1-9999) to allow for compounds to pay varying based on the number of unique ingredients in the compound.	NUMBER	4	0	N

2.13.398 T_PR_DRG_RATE

The Provider DRG Rate table contains information used to calculate the total DRG reimbursement rate paid to a provider. The date sensitive information includes the DRG base rate and the cost to charge rate. This is used in conjunction with state-wide DRG variables for the calculation.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PR_DRG_RT	System Assigned Key for the Provider Specific DRG Rate.	NUMBER	9	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
DTE_EFFECTIVE	The date the Provider DRG Rate took effect.	DATE	0	0	Y
SAK_DRG	System assigned key for a unique DRG.	NUMBER	9	0	Y
DTE_INACTIVE	Rate segment inactive date. This is the date/time that the rate can no longer be used, regardless of the dates of service on the claim.	DATE	0	0	N
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
DTE_END	The date the Provider DRG Rate is no longer in effect.	DATE	0	0	N
NUM_BASE_RATE	This is a date sensitive pricing factor expressed in dollars terms, and is one of the primary components for the DRG calculation. This base rate is used for the provider specific calculation.	NUMBER	10	3	N
CST_CHRG_RATE	This is the cost to charge DRG rate for the provider.	NUMBER	6	5	N
AMT_CAPITAL	This is the capital amount utilized to calculate the DRG base rate specific for a provider.	NUMBER	10	4	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_MED_ED	This is the educational amount utilized to calculate the DRG base rate specific for a provider.	NUMBER	10	2	N
PCT_DISP_SHR	This is the disproportionate share percentage that will be utilized for pricing calculation.	NUMBER	5	5	N
NUM_COST_OUTLIER	This is the outlier threshold. This cost is used in outlier payment determination.	NUMBER	11	2	N
PCT_COST_OUTLIER	Marginal Cost Percentage used to calculate price for cost outlier pricing. (Percent Cost)	NUMBER	5	4	N
PCT_PAID	Percentage used to identify if cost outlier will be applicable for DRG priced claims.	NUMBER	5	4	N
PCT_MED_ED	Medical Education percentage used to determine the base rate for a DRG priced claim. Only providers who receive a medical education add-on will have a value in this field.	NUMBER	7	4	N
PCT_CAPT_MED_ED	Medical Education percentage used to determine the capital cost rate for a DRG priced claim. Only providers who receive a medical education add-on will have a value in this field.	NUMBER	7	4	N

2.13.399 T_PR_ENROLL_PGM

This table contains the list of programs that a provider can be enrolled in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	Y
SAK_FIN_PAYER		NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_PGM	Identifies the medical assistance programs that a provider can enroll in.	CHAR	5	0	N
DSC_PROV_PGM	This is the short description to the provider enrollment program.	CHAR	20	0	N
DSC_PROV_PGM_LONG	This is the long description to the provider enrollment program.	VARCHAR2	4000	0	N
IND_CT_EDITING	The IND_CT_EDITING attribute indicates what type of claim type to program editing is to be performed. If the indicator is set to 'N' (non), no claim type to program editing is performed. If the indicator is set to 'I' (include), only the claim types listed are billable for the specified program. If the indicator is set to 'E' (exclude), the claim types listed are not billable for the specified program.	CHAR	1	0	N
DTE_EFFECTIVE		DATE	0	0	N
DTE_END		DATE	0	0	N
DTE_INACTIVE		DATE	0	0	N

2.13.400 T_PR_ENROLL_STATUS

This status describes the provider's eligibility. The status must have effective and end dates.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_STATUS	This is the letter assigned to the enrollment status description to uniquely identify it. Examples of valid values are: R=Retired, D=Deceased, M=Return Mail, H=Term by HCFA, B=Term by HPB, and A=Active.	CHAR	1	0	Y
DSC_ENROLL_STATUS	This is the enrollment status description that is added to a provider when enrolled. Examples of valid descriptions are: Retired, Deceased, Return Mail, Terminated by HCFA, and Active.	CHAR	21	0	N

2.13.401 T_PR_FACILITY_DN

This table contains info from both MMIS tables T_FACILITY and T_PR_FACILITY. This is the table that contains a list of all valid facilities for a provider service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the unique system assigned key for the provider facility table.	NUMBER	4	0	Y
DTE_EFFECTIVE	This is the date that the facility becomes effective for the provider.	DATE	0	0	N
DTE_END	This is the date that the facility ends for the provider.	DATE	0	0	N
NAM_FACILITY	This is the name of the facility when it was used by this provider.	CHAR	50	0	N
NAM_LAST_ADMIN	This is the last name of the administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_FIRST_ADMIN	This is the first name of the administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_MI_ADMIN	This is the middle initial of the administrator of the facility when the provider was associated with the facility.	CHAR	1	0	N
NAM_LAST_CO_ADMIN	This is the last name of the co-administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_FIRST_CO_ADMIN	This is the first name of the co-administrator of the facility when the provider was associated with the facility.	CHAR	50	0	N
NAM_MI_CO_ADMIN	This is the middle initial of the co-administrator of the facility when the provider was associated with the facility.	CHAR	1	0	N
NAM_OPERATOR	This is the name of the operator of the facility.	CHAR	50	0	N
ID_FACILITY	This is the unique identification number for each facility.	CHAR	10	0	N
ADR_STREET1	This is the first street address of the facility.	CHAR	50	0	N
ADR_STREET2	This is the second street address of the facility.	CHAR	50	0	N
ADR_CITY	This is the city of the facility.	CHAR	50	0	N
ADR_STATE	This is the state of the facility.	CHAR	2	0	N
ADR_ZIP	This is the zip code of the facility.	CHAR	5	0	N
ADR_ZIP_4	This is the zip + 4 code of the facility.	CHAR	4	0	N

2.13.402 T_PR_GRP_MBR

Contains a list of all group providers and their associated group members.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_PROV_LOC_MBR	System Assigned Key for Provider Location Member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_GROUP	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
DTE_EFFECTIVE	Date that the provider is effective with this group.	DATE	0	0	N
DTE_END	Date that the provider is no longer effective with this group.	DATE	0	0	N

2.13.403 T_PR_HB_LIC

This contains a table of all valid Provider License numbers. Providers (and Provider Applicants) which are required to have a license based on provider type, will have that license number validated against this table. This listing is provided by the Health Professions Bureau. This table also contains provider prescriber license numbers which are assigned by OHCA.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LIC	System assigned key used to uniquely identify the license row.	NUMBER	9	0	Y
SAK_SHORT	This is the part of the key for the T_PR_HB_LIC that makes the record unique for different date ranges.	NUMBER	4	0	Y
CDE_STATE_ISSUE	The state that issued the provider license.	CHAR	2	0	N
CDE_LIC_TYPE	This identifies the licensure. The current valid values are: P = Prescriber H = Health Board	CHAR	1	0	N
CDE_LIC_CLASS	Code identifying the classification of provider license.	CHAR	3	0	N
NUM_PROV_LIC	A provider license number.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
LIC_SOURCE	Indicates if the license was entered Manually or Electronically (M or E).	CHAR	1	0	N
DTE_EFFECTIVE	This is the effective date of the provider's license that Medicaid has on file.	DATE	0	0	N
DTE_END	This is the date that the provider's license is no longer valid for Medicaid.	DATE	0	0	N
ID_NPI	National Provider Identifier	CHAR	10	0	N
NAME	This is the name associated with an organization or person.	CHAR	50	0	N
ADR_STREET_1	Address street 1. This is the street address for a provider where the license is valid.	CHAR	30	0	N
ADR_STREET_2	Address street 2. This is the street address for a provider where the license is valid.	CHAR	30	0	N
ADR_CITY	This is the city for a provider where the license is valid.	CHAR	30	0	N
ADR_STATE	This is the state for a provider where the license is valid.	CHAR	2	0	N
ADR_ZIP_CDE	This is the zip code for a provider where the license is valid.	CHAR	5	0	N
ADR_ZIP_4	This is the zip code extension for a provider where the license is valid.	CHAR	4	0	N
NUM_SSN	This is the SSN or FEIN for a provider where the license is valid.	CHAR	9	0	N
CDE_STATUS1	Status code which indicates the status of the license. 'A' is for an active status.	CHAR	1	0	N
CDE_COUNTY	This is the county for a provider where the license is valid.	VARCHAR2	10	0	N

2.13.404 T_PR_IDENTIFIER

Used to store all provider IDs

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROVIDER	Provider ID value	CHAR	15	0	Y
CDE_PROV_ID_TYPE	Type of Provider ID	CHAR	3	0	Y
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	Makes key unique	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
DTE_PR_ID_EFF	Effective start date	DATE	0	0	N
DTE_PR_ID_END	Effective end date	DATE	0	0	N
CDE_PR_ID_END_RSN	Reason code for end dating the t_pr_identifier segment	CHAR	3	0	N
IND_DFLT_NPI_LOC	For NPI entries, indicates that this is the default service location for this NPI.	CHAR	1	0	N
IND_NPI_VERIFY	For NPI entries, indicates if this NPI has been validated with NPPES.	CHAR	1	0	N

2.13.405 T_PR_ID_END_RSN

Used to store the different provider ID end date reason codes

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PR_ID_END_RSN	Reason code for end dating the t_pr_identifier segment	CHAR	3	0	Y
DSC_PR_ID_END_RSN	Description of provider ID end date reason code	VARCHAR2	50	0	N

2.13.406 T_PR_ID_TYPE

Used to store the different types of provider IDs allowed

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_TYPE	Type of Provider ID	CHAR	3	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_PROV_ID_TYPE	Description of Provider ID type	VARCHAR2	50	0	N
QLF_PROV_ID_TYPE	ASC X12 qualifier value for this provider ID type	CHAR	2	0	N
IND_PR_ID_UNIQUE	Indicates if this type of provider ID can only be active for one provider service location for any specific date	CHAR	1	0	N
IND_PR_ID_AUTO	Indicates if this type of provider ID should be generated and not entered	CHAR	1	0	N
PRI_PR_ID_PRT	The provider ID type print priority	NUMBER	2	0	N
PRI_PR_ID_DSP	The provider ID type display priority	NUMBER	2	0	N
SRT_PR_ID_SEARCH	Indicates if this provider ID type should be displayed on the provider search window and the order in which to display it	NUMBER	1	0	N

2.13.407 T_PR_LOC_CODE

Contains valid values for classification of type of services provider has available.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LEVEL_OF_CARE	Unique value identifying the level of care code	CHAR	2	0	Y
DSC_LOC	The text description associated with this level of care value	CHAR	100	0	N

2.13.408 T_PR_LOC_RATE

Contains the nursing home (long term care) level of care codes and the associated amounts which provider is allowed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
DTE_EFFECTIVE	The first date in which the level of care rate became active.	DATE	0	0	N
DTE_END	The date in which the level of care rate became inactive.	DATE	0	0	N
AMT_RATE_PERCENT	A daily room rate or percentage of charge value depending on the pricing indicator.	NUMBER	7	2	N
AMT_LOC_2_BED_RATE	A daily room rate or percentage of charge value depending on the pricing indicator that may be additional.	NUMBER	7	2	N
AMT_LOC_ADD_RATE	A daily room rate or percentage of charge value depending on the pricing indicator that may be additional.	NUMBER	7	2	N
NUM_TOTAL_BEDS	The number of beds available in an institutional facility.	NUMBER	9	0	N
NUM_MCARE_BEDS	The number of beds available in an institutional facility which are designated for Medicare members.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MCAID_BEDS	The number of beds available in an institutional facility which are designated for Medicaid members.	NUMBER	9	0	N
DTE_LTC_CERT	This field indicates the date of LTC certification for a category of service.	DATE	0	0	N
DTE_SDH_INSPECT	This field indicates the date of State Department of Health inspection.	DATE	0	0	N

2.13.409 T_PR_MCARE_BILL

A provider that is also enrolled in Medicare and has a Medicare billing provider number. A provider can have more than one billing number depending on if they are in a group and/or are a sole practitioner.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
NUM_MEDICARE	Medicare number assigned by the government to the provider.	CHAR	10	0	Y
CDE_MCARE_TYPE	Medicare type, valid values are M (Medicare) and D (DMERC).	CHAR	1	0	Y
DTE_EFFECTIVE	The first date in which the Medicare number became effective.	DATE	0	0	Y
DTE_END	The last date in which the Medicare number will expire.	DATE	0	0	N

2.13.410 T_PR_OWNER_DN

This table contains info from both MMIS tables T_OWNER and T_PR_OWNER. This is the table that contains the owners of a specific provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	This is the system assigned key that makes this record unique.	NUMBER	4	0	Y
NUM_TAX_ID	Owners tax ID	CHAR	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
CDE_RELATION_TYPE	This is the code value of the relationships that a provider and owner can have.	CHAR	2	0	N
DTE_EFFECTIVE	This is the date that the ownership of the provider begins.	DATE	0	0	N
DTE_END	This is the date that the ownership of the provider ends.	DATE	0	0	N
NUM_PERCENT_OWNER	This is the percentage of ownership of the provider that the owner has.	NUMBER	3	2	N
NAM_BUSINESS	This is the name of the organization or business that is involved in the ownership.	CHAR	50	0	N
NAM_LAST	This is the last name of the individual that is involved in the ownership.	CHAR	50	0	N
NAM_FIRST	This is the first name of the individual that is involved in the ownership.	CHAR	50	0	N
NAM_MIDDLE_INT	This is the middle initial of the individual that is involved in the ownership.	CHAR	1	0	N
ADR_STREET1	This is the first street address of the owner.	CHAR	50	0	N
ADR_STREET2	This is the second street address of the owner.	CHAR	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CITY	This is the city of the owner.	CHAR	50	0	N
ADR_STATE	This is the state of the owner.	CHAR	2	0	N
ADR_ZIP	This is the first 5 numbers of the zip code.	CHAR	5	0	N
ADR_ZIP_4	This is the remaining 4 numbers of the zip.	CHAR	4	0	N

2.13.411 T_PR_PAY_PULL

This is a table that contains payment pull requests. This is a list of providers that an individual or organization has requested to have the providers payments pulled for manual review. If there is a payment pull record on file for a provider that normally gets an EFT payment, the payment will be converted to a paper check until the payment pull end date.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the system assigned key that makes the payment pull records unique.	NUMBER	4	0	Y
CDE_PULL_REASON	This is the reason that a payment can be pulled for manual review.	CHAR	2	0	N
DTE_EFFECTIVE	This is the date that the payment pull becomes effective.	DATE	0	0	N
DTE_END	This is the date that the payment pull ends.	DATE	0	0	N
NAM_REQUESTOR	This is the name of the individual or organization that requested the payment to be pulled.	CHAR	50	0	N

2.13.412 T_PR_PEER_LEVEL

This is a table that will contain the peer level cost for each provider service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the column in the key to make the key unique.	NUMBER	4	0	Y
DTE_EFFECTIVE	This is the effective date of the peer level.	DATE	0	0	N
DTE_END	This is the end date of the peer level.	DATE	0	0	N
CDE_LOC	A code that identifies the provider level of care, such as skilled, intermediate, developmentally disabled	CHAR	3	0	N
AMT_PEER_COST	This is the cost associated to the peer level.	NUMBER	9	2	N

2.13.413 T_PR_PHP_ELIG

The Provider Program Eligibility table is a cross-reference between the providers and the programs for which they are eligible.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV_PGM	This is the system assigned key to the provider enrollment program.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FIN_PAYER		NUMBER	9	0	Y
DTE_EFFECTIVE	Effective date for a provider's program eligibility. Used to signify the start of a span or period of program eligibility.	DATE	0	0	N
DTE_END	The date that a provider's eligibility within the specific program has expired.	DATE	0	0	N
DTE_INACTIVE	Date the Provider's Eligibility for a particular Program becomes inactive.	DATE	0	0	N
CDE_ENROLL_STATUS	This is the letter assigned to the enrollment status description to uniquely identify it. Examples of valid values are: R=Retired, D=Deceased, M=Return Mail, I=Term by IFSSA, H=Term by HCFA, B=Term by HPB, and A=Active.	CHAR	1	0	N

2.13.414 T_PR_PRESCRIBER

This table holds prescriber license numbers assigned to a provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
NUM_PROV_LIC	A provider license number.	CHAR	10	0	Y

2.13.415 T_PR_PROV_YTD_AMT

The year-to-date total counts and amounts for a provider at a specific location. These amounts will be printed on the provider remittance advice.

Column Name	Description	Type	Length	Precision	Primary Key
PROV_BILLING	The sak of an individual provider for whom we are keeping track of activity for the current year.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_CYCLE	The cycle date associated with the last update of the year-to-date record. This is the same as the issue date of the payment on t_check.	DATE	0	0	Y
SAK_FIN_SCHED	The system assigned key that identifies a unique financial schedule within the interChange financial subsystem.	NUMBER	9	0	Y
CNT_CLAIMS_PAID	The number of claims paid to an individual provider in the current year.	NUMBER	9	0	N
CNT_CL_PD_ADJ	The number of adjustments processed for an individual provider during the current year.	NUMBER	9	0	N
CNT_CL_PD_MASS	The number of mass adjustments processed for an individual provider during the current year.	NUMBER	9	0	N
CNT_CAP_PAID	The number of capitation payments processed for an individual provider during the current year.	NUMBER	9	0	N
CNT_CL_DENIED	The number of claims denied for an individual provider during the current year.	NUMBER	9	0	N
TOTAL_AMT_PAID	The amount paid to an individual provider during the current year.	NUMBER	13	2	N
AMT_PAID_TOT_MASS	The amount paid for mass adjustments to an individual provider during the current year.	NUMBER	13	2	N
AMT_PAID_TOT_ADJ	The amount paid for adjustments to an individual provider during the current year.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID_ADMIN	The total amount paid to an individual provider for administrative fees during the current year.	NUMBER	13	2	N
AMT_PAID_CAP	The amount paid for capitation to an individual provider during the current year.	NUMBER	13	2	N
AMT_EXPENSE_TOT	The amount paid for non-claim payments to an individual provider during the current year.	NUMBER	13	2	N
AMT_CLAIM_OFFSET	The amount withheld from an individual providers payments for the overpayment of previously submitted claims.	NUMBER	13	2	N
AMT_NONCLM_OFFSET	The amount withheld from an individual provider's payment for accounts receivable that were established for a reason other than an overpayment of a previous claim.	NUMBER	13	2	N
AMT_ADV_OFFSET	Amount withheld from an individual provider's payment due to accounts receivable established by an advance payment to the provider.	NUMBER	13	2	N
AMT_CLM_REFUND	Amount returned from an individual provider for claims that had previously been overpaid.	NUMBER	13	2	N
AMT_NONCLM_REFUND	Amount returned from an individual provider for a reason other than overpayment of claims.	NUMBER	13	2	N
AMT_CHCK_MANUAL	The amount paid to an individual provider outside of the weekly financial cycle.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CHCK_VOID	The amount an individual provider's 1099 is credited for due to a check that has never been cashed.	NUMBER	13	2	N
AMT_CLAIM_INTEREST	Amount of interest accumulated on a given provider's claims in the current year.	NUMBER	13	2	N
AMT_FICA	The amount of FICA accumulated by the provider and service location for this payment.	NUMBER	13	2	N
AMT_STATE_SHARE	The amount of State Share accumulated by the provider and service location for this payment.	NUMBER	13	2	N
AMT_BACKUP_WITHHLD	This is the amount of money the is being withheld for IRS Backup Withholding.	NUMBER	13	2	N
DTE_ISSUE	This is the issue date of the payment which the earnings are being reported.	DATE	0	0	N

2.13.416 T_PR_RATE

This table contains provider specific reimbursement rates that will be used to price both professional and institutional claims. The rate type associated with a pricing method will be used to determine which rate from this table will be used in claims pricing. Rates included on this table are per diems, unit rates, and percentages.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 4 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The first date of service this rate is effective for this provider.	NUMBER	8	0	N
DTE_END	The last date of service this rate is effective for this provider.	NUMBER	8	0	N
AMT_RATE	The per unit, per diem, or flat rate amount for this provider.	NUMBER	9	2	N
PCT_RATE	The percentage amount for this provider.	NUMBER	7	3	N
DTE_ACTIVE	The processing date this rate is active for this provider.	DATE	0	0	N
DTE_INACTIVE	The processing date this rate is inactive for this provider.	DATE	0	0	N

2.13.417 T_PR_REVIEW

This table stores provider review data with effective dates. It contains a code indicating the type of review being performed, which often refers to the office that is conducting the review. This information does not effect claims, it is for information purposes only.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review.	CHAR	1	0	Y
SAK_SHORT	2 byte sequential number used to uniquely identify a row.	NUMBER	4	0	Y
DTE_EFFECTIVE	The date the review began.	DATE	0	0	N
DTE_END	The date the review ends.	DATE	0	0	N

2.13.418 T_PR_RST_SVC

The Provider Restricted Services table contains the services that a provider is restricted to or from.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
CDE_STATUS1	Code that represents the status of the restricted service.	CHAR	1	0	N
DTE_EFFECTIVE	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	N
DTE_END	The date that something is no longer in effect.	DATE	0	0	N
CDE_POS	Place of medical assistance service code.	CHAR	2	0	N
CDE_CLM_TYPE	Value used to describe the type of Medicaid claim being processed.	CHAR	1	0	N
IND_IN_EXCLUDE	This field indicates whether the associated drug, revenue code, or procedure range is included or excluded from the billing restrictions for a provider.	CHAR	1	0	N
CDE_RST_TYPE	This field indicates the type of restriction that is being enforced for the NDC, revenue code or procedure code.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RANGE_LOW	This field contains the low value in a range of generic drug, revenue, or procedure codes for which a restriction exists for a provider.	NUMBER	9	0	N
CDE_RANGE_HI	This field contains the high value in a range of drug, revenue, or procedure codes for which a restriction exists for a provider.	NUMBER	9	0	N
CDE_PROC_MOD	This is the first modifier code which supplies additional information about the procedure code	CHAR	2	0	N
CDE_REVIEW_REASON	Indicates the reason for placing a provider on review	CHAR	1	0	N
CDE_REVIEW_TYPE	Indicates the category of review that the provider has been placed on	CHAR	1	0	N

2.13.419 T_PR_SPEC

The specialized area of practice for a provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
CDE_PROV_TYPE	This is the provider type that a provider is licensed for.	CHAR	2	0	N
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date the specialty of a provider becomes valid (effective).	DATE	0	0	N
DTE_END	The date the specialty of a provider is no longer valid.	DATE	0	0	N
CDE_PROV_SUBSPEC	A designation indicating the scope of practice or operations of the provider within a provider specialty.	CHAR	3	0	N

2.13.420 T_PR_SPEC_CDE

Valid provider specialties and their PA and Procedure inclusions or exclusions and whether this specialty is eligible as a Primary Medical Provider in managed care.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	Y
DSC_PROV_SPEC	Description associated with a provider specialty code.	CHAR	50	0	N
IND_PROC_IN_EXCLUD	Indicates whether the associated list of procedure codes is valid or invalid for the specialty.	CHAR	1	0	N

2.13.421 T_PR_STUDY_GRP1

This is a work table containing a subset of Provider IDs for in-depth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.422 T_PR_STUDY_GRP2

This is a work table containing a subset of Provider IDs for in-depth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.423 T_PR_STUDY_GRP3

This is a work table containing a subset of Provider IDs for in-depth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.424 T_PR_STUDY_GRP4

This is a work table containing a subset of Provider IDs for in-depth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.425 T_PR_STUDY_GRP5

This is a work table containing a subset of Provider IDs for in-depth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
PROVIDER_ID	The provider identification number used by the provider.	CHAR	15	0	Y

2.13.426 T_PR_SURS_SPEC

This table will hold provider SURS specialty codes for reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the value on the table that makes the record unique.	NUMBER	4	0	Y
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
DTE_EFFECTIVE	This is the date that the SURs specialty became effective.	DATE	0	0	N
DTE_END	This is the date that the SURs specialty ends.	DATE	0	0	N

2.13.427 T_PR_SVC_CERT

This table holds provider certification information.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the value that makes the certification code unique on this table.	NUMBER	4	0	Y
CDE_CERT_TYPE	This is the code value for the specific provider certifications.	CHAR	2	0	N
DTE_EFFECTIVE	This is the effective date of the provider certification information.	DATE	0	0	N
DTE_END	This is the end date of the provider certification information.	DATE	0	0	N

2.13.428 T_PR_SVC_LANG

This is the table that contains the list of languages spoken at a provider's service location.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
SAK_SHORT	This is the field that will make the language record on the provider service location unique.	NUMBER	4	0	Y
CDE_LANGUAGE	This is the unique two character code for each language that the system tracks.	CHAR	3	0	N
DTE_EFFECTIVE	This is the effective date of the language segment for a specific provider service location.	DATE	0	0	N
DTE_END	This is the end date of the language segment for a specific provider service location.	DATE	0	0	N

2.13.429 T_PR_SVC_LOC_DN

Identifies the combinations of services and locations the provider uses to do business.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key (SAK) that identifies the provider.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
ID_PROVIDER_BASE	This is the high level ID assigned by interChange to the unique instance of a provider without regard to service location	CHAR	15	0	N
ID_PROVIDER_NPI	The NPI ID of the provider at the service location. Only healthcare providers are assigned NPI IDs	CHAR	15	0	N
ID_PROVIDER_MCAID	The Medicaid ID of the provider at the service location.	CHAR	15	0	N
NAME	This is the name associated with an organization or person.	CHAR	50	0	N
CDE_COUNTY	Code representing the county in the state.	VARCHAR2	10	0	N
DTE_ARA_EFF	Date that a provider became eligible to receive an automated remittance advice.	DATE	0	0	N
DTE_END_PAPER_RA	Date that a provider stops receiving paper copies of the RA.	DATE	0	0	N
DTE_SUPPRESS_CHECK	Date that a provider's checks are suppressed.	DATE	0	0	N
DTE_ECC_EFF	Date that a provider became eligible to submit claims electronically.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ORGANIZ	Proprietary nature of a provider's practice. Values: "1" = individual, "2" = partnership, "3" = corporation, and so on.	CHAR	1	0	N
CDE_PEER_GROUP	Peer group for a provider's service location.	CHAR	1	0	N
CDE_INDIAN_PROV	This identifies the type of Indian provider.	CHAR	1	0	N
IND_MASS_RATE_UPD	Indicates if this provider receives mass rate updates. Valid values are: "Y" = yes and "N" = no.	CHAR	1	0	N
IND_INDIAN_MGDCARE	This is a Yes/No indicator to specify whether this provider is eligible to be an Indian Managed Care provider.	CHAR	1	0	N
IND_SUPPRESS_RA	Indicates if the RA should be suppressed if the only items to be reported are account receivables. Valid values are: "Y" = yes and "N" = no.	CHAR	1	0	N
IND_FICA	Indicates if this service location should have FICA computed. Valid values are: "Y" = yes and "N" = no. The default is "N".	CHAR	1	0	N
CDE_PUB_PRIV	Indicates if a provider is a private or public organization/practice. Valid values are: "B" = public and "V" = private.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_BILLER	Indicates if the service location can be used for billing claims. Valid values are: "Y" = yes and "N" = no.	CHAR	1	0	N
IND_HEALTHCARE	Indicates if item is healthcare related	CHAR	1	0	N
NUM_DEA	The Drug Enforcement Agency identification number for a provider.	CHAR	9	0	N
DTE_EFF_DEA	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	N
DTE_END_DEA	End date for an object. Used to signify the end of a span or period.	DATE	0	0	N
IND_NAME_TYPE	This is an indicator of whether a name is that of a person or an organization. The current valid values are: B - Business P - Personal Name	CHAR	1	0	N
NAM_TITLE	This field indicates the professional title of an individual.	CHAR	15	0	N
CDE_SOUNDEX	Identify the Oracle Soundex phonetic value.	CHAR	4	0	N
NUM_PROV_LIC	A provider license number.	CHAR	10	0	N
NUM_UPIN	Universal provider identification number.	CHAR	6	0	N
IND_ON_REVIEW	Indicates if a provider is on review.	CHAR	1	0	N
CDE_REVIEW_TYPE	Code depicting the type of review or agency conducting the review	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFF_REVIEW	The date the review began	DATE	0	0	N
DTE_END_REVIEW	The date the review ends	DATE	0	0	N
IND_OWNER_INTEREST	Indicates if a provider has an ownership interest in another provider's business.	CHAR	1	0	N
CDE_GENDER	Identifies the gender of the provider. Valid values are: "M" = male, "F" = female, "O" = organization, "N" = N/A.	CHAR	1	0	N
NUM_PROV_SSN	Provider Social Security Number	CHAR	9	0	N
DTE_BIRTH	Provider's Date of Birth,	DATE	0	0	N
DTE_EFF_TAX	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	N
DTE_END_TAX	End date for an object. Used to signify the end of a span or period.	DATE	0	0	N
NUM_TAX_ID	Tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
IND_TAX_ID_TYPE	Indicates if the tax ID is a social security number or a FEIN.	CHAR	1	0	N
IND_TAX_ID_EXEMPT	This field indicates whether the corresponding tax id field contains an EXEMPT number or not. The valid values are Y = Tax Exempt and N = Not Tax Exempt.	CHAR	1	0	N
DTE_EFFV	Date the provider was first active	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	Last date the provider was active	DATE	0	0	N
SAK_SHORT	System assigned key uniquely identifying a previous provider ID.	NUMBER	4	0	N
CNT_CLAIMS_PAID	Number of claims paid to an individual provider in the current year.	NUMBER	9	0	N
TOTAL_AMT_PAID	Amount paid to an individual provider during the current year.	NUMBER	11	2	N
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	N
CDE_PROV_TYPE_PRIM	Type that a provider is licensed for.	CHAR	2	0	N
CDE_PROV_SPEC_PRIM	This field contains the provider specialty which is the main focus of the provider's practice. Each provider type must have a primary specialty and the primary specialty must be one of the provider's existing specialties.	CHAR	3	0	N
CDE_TAXONOMY	Provider Taxonomy Code.	CHAR	10	0	N
CDE_LIC_TYPE	This identifies the licensure. The current valid values are: P = Prescriber H = Health Board	CHAR	1	0	N
CDE_PROV_GRP_TYPE	This is the Provider Group Type Code.	CHAR	1	0	N
DTE_LIC_EFF	This is the effective date of the provider's license that Medicaid has on file.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MEDICARE	Medicare number assigned by the government to the provider.	CHAR	10	0	N
NUM_DME	Medicare number assigned by the government to the provider for DME.	CHAR	10	0	N
NUM_FEIN	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
NUM_TOTAL_BEDS	The number of beds available in an institutional facility.	NUMBER	9	0	N
IND_BILL_SVC	This is the indicator on whether this Provider has a Trading partner.	CHAR	1	0	N

2.13.430 T_PR_TAXONOMY_CDE

This is the provider taxonomy code table. It holds all valid taxonomy codes and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TAXONOMY	This is the system assigned key for the taxonomy code.	NUMBER	9	0	Y
CDE_TAXONOMY	This is the 10 character taxonomy code.	CHAR	10	0	N
DSC_TAXONOMY	This is the description of the taxonomy code.	CHAR	100	0	N

2.13.431 T_PR_TAX_ID

This table indicates the tax identification number to be used for reporting purposes. This may be either a Social Security Number or Federal Employer Identification Number. This table also contains the effective dates for a given tax ID.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider.	NUMBER	9	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
DTE_EFFECTIVE	Effective date for an object. Used to signify the start of a span or period.	DATE	0	0	N
DTE_END	The date that something is no longer in effect.	DATE	0	0	N
NUM_TAX_ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	CHAR	9	0	N
IND_TAX_ID_TYPE	This field indicates whether the tax ID is a social security number or an FEIN.	CHAR	1	0	N
IND_TAX_ID_EXEMPT	This field indicates whether the corresponding tax id field contains an EXEMPT number or not. The valid values are Y = Tax Exempt and N = Not Tax Exempt.	CHAR	1	0	N

2.13.432 T_PR_TITLE_CODE

Indicates the professional title assigned to the license, for example, Physician.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TITLE	Professional title	CHAR	15	0	Y
DSC_TITLE	Professional Title Description	CHAR	50	0	N

2.13.433 T_PR_TYPE

Indicates the type of services the provider is licensed to render.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
CDE_PROV_TYPE	Type that a provider is licensed for.	CHAR	2	0	N
NUM_PROV_LIC	A provider license number.	CHAR	10	0	N
CDE_PROV_SPEC_PRIM	This field contains the provider specialty which is the main focus of the provider's practice. Each provider type must have a primary specialty and the primary specialty must be one of the provider's existing specialties.	CHAR	3	0	N

2.13.434 T_PR_TYPE_CDE

Indicates all valid Provider Types.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	Type that a provider is licensed for.	CHAR	2	0	Y
DSC_PROV_TYPE	Description associated with a provider type code.	CHAR	50	0	N
IND_LVL_CARE	Indicates whether the corresponding provider type requires a level of care segment or not.	CHAR	1	0	N
IND_PEER_GROUP	Indicates whether the corresponding provider type requires a peer group or not.	CHAR	1	0	N
IND_LICENSE_REQD	Indicates whether the corresponding provider type requires a license.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_GROUP	When used on this table, this attribute indicates whether a provider type is only valid for a group. A value of 'Y' indicates that a member of a group may not be assigned the corresponding provider type.	CHAR	1	0	N
IND_COPAY	This field indicates whether this provider type is set up for copay or not. The valid values are 'Y' (Yes) and 'N' (No).	CHAR	1	0	N

2.13.435 T_PR_TYPE_SPEC

Indicates the specialties which are acceptable under a specific provider type.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_TYPE	This is the provider type that a provider is licensed for.	CHAR	2	0	Y
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
SAK_TAXONOMY	This is the system assigned key for the taxonomy code.	NUMBER	9	0	N
IND_HEALTHCARE	Indicates if this Provider Type and Specialty are for Healthcare Providers or not.	CHAR	1	0	N

2.13.436 T_PR_UB_LOC_RATE

This table holds the provider hospital inpatient rates.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
CDE_LOC	The system code for the level of care.	CHAR	3	0	Y
SAK_SHORT	This field is an internal system assigned key that uniquely identifies an individual or institution's name.	NUMBER	4	0	Y
DTE_EFFECTIVE	The first date this level of care is effective for this provider.	DATE	0	0	N
DTE_END	The last date this level of care is effective for this provider.	DATE	0	0	N
AMT	The amount charged for this level of care.	NUMBER	9	2	N
AMT_OPER_COST	This is the operation cost amount.	NUMBER	9	2	N

2.13.437 T_PR_YTD_AMT_HIST

The history of year-to-date total counts and amounts for a provider at a specific location. These amounts for years prior to the current year and are maintained for historical purposes.

Column Name	Description	Type	Length	Precision	Primary Key
PROV_BILLING	The sak of an individual provider for whom we are keeping track of activity for the current year.	NUMBER	9	0	Y
DTE_CYCLE	The last cycle date the year-to-date information for this provider and service location were updated.	DATE	0	0	Y
SAK_FIN_SCHED	The system assigned key that identifies a unique financial schedule within the interChange financial subsystem.	NUMBER	9	0	Y
CNT_CLAIMS_PAID	The number of claims paid to an individual provider in the current year.	NUMBER	9	0	N
CNT_CL_PD_ADJ	The number of adjustments processed for an individual provider during the current year.	NUMBER	9	0	N
CNT_CL_PD_MASS	The number of mass adjustments processed for an individual provider.	NUMBER	9	0	N
CNT_CAP_PAID	The number of capitation payments processed for an individual provider.	NUMBER	9	0	N
CNT_CL_DENIED	The number of claims denied for an individual provider during the current year.	NUMBER	9	0	N
TOTAL_AMT_PAID	The amount paid to an individual provider during the current year.	NUMBER	13	2	N
AMT_PAID_TOT_MASS	The amount paid for mass adjustments to an individual provider.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID_TOT_ADJ	The amount paid for adjustments to an individual provider during the current year.	NUMBER	13	2	N
AMT_PAID_ADMIN	The total amount paid to an individual provider for administrative fees during the current year.	NUMBER	13	2	N
AMT_PAID_CAP	The amount paid for capitation to an individual provider during the current year.	NUMBER	13	2	N
AMT_EXPENSE_TOT	The amount paid for non-claim payments to an individual provider during the current year.	NUMBER	13	2	N
AMT_CLAIM_OFFSET	The amount withheld from an individual providers payments for the overpayment of previously submitted claims.	NUMBER	13	2	N
AMT_NONCLM_OFFSET	The amount withheld from an individual provider's payment for accounts receivable that were established for a reason other than an overpayment of a previous claim.	NUMBER	13	2	N
AMT_ADV_OFFSET	Amount withheld from an individual provider's payment due to accounts receivable established by an advance payment to the provider.	NUMBER	13	2	N
AMT_CLM_REFUND	Amount returned from an individual provider for claims that had previously been overpaid.	NUMBER	13	2	N
AMT_NONCLM_REFUND	Amount returned from an individual provider for a reason other than overpayment of claims.	NUMBER	13	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_CHCK_MANUAL	The amount paid to an individual provider outside of the weekly financial cycle.	NUMBER	13	2	N
AMT_CHCK_VOID	The amount an individual provider's 1099 is credited for due to a check that has never been cashed.	NUMBER	13	2	N
AMT_CLAIM_INTEREST	The amount of interest on claims accumulated by the provider and service location this year.	NUMBER	13	2	N
AMT_FICA	The amount of FICA accumulated by the provider and service location for this payment.	NUMBER	13	2	N
AMT_STATE_SHARE	The amount of State Share accumulated by the provider and service location for this payment.	NUMBER	13	2	N
AMT_BACKUP_WITHHLD	This is the amount of money the is being withheld for IRS Backup Withholding.	NUMBER	13	2	N
DTE_ISSUE	This is the issue date of the payment which the earnings are being reported.	DATE	0	0	N

2.13.438 T_PS_APPLICANT

This table holds demographic data for a PASRR applicant.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
NUM_SSN	Applicant's social security number.	NUMBER	9	0	N
DTE_BIRTH	Date applicant was born.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	System assigned key for an applicant's Medicaid ID	NUMBER	9	0	N
NAM_LAST	Last name of an applicant.	CHAR	20	0	N
NAM_FIRST	First name of an applicant.	CHAR	15	0	N
NAM_MID_INIT	Middle initial of an applicant.	CHAR	1	0	N
ADR_STREET_1	First line of applicant's address.	CHAR	30	0	N
ADR_STREET_2	Second line of applicant's address.	CHAR	30	0	N
ADR_STREET_3	Third line of applicant's address.	CHAR	30	0	N
ADR_CITY	The city in the applicant's address.	CHAR	18	0	N
ADR_STATE	The state in the applicant's address.	CHAR	2	0	N
ADR_ZIP_CODE	The 5 character zip code for the applicant's address.	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip plus four code for the applicant's address.	CHAR	4	0	N
CDE_SEX	Code indicating sex of the applicant.	CHAR	1	0	N
CDE_RACE	Code indicating a specific race or combination of races.	CHAR	2	0	N
CDE_MARITAL	Code indicates marital status of applicant.	CHAR	1	0	N
NAM_SPOUSE_LAST	Last name of applicant's spouse.	CHAR	20	0	N
NAM_SPOUSE_FIRST	First name of applicant's spouse.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_SPOUSE_MI	Middle Initial of applicant's spouse.	CHAR	1	0	N
DSC_LIVING_ARR	Description of current living arrangements.	VARCHAR2	500	0	N
IND_GUARDIAN	Indicates is there is a legal guardian for the applicant (Values "Y" or "N").	CHAR	1	0	N
NAM_LAST_GUARD	Last name of applicant's legal guardian.	CHAR	20	0	N
NAM_FIRST_GUARD	First name of applicant's legal guardian.	CHAR	15	0	N
NAM_MID_INIT_GUARD	Middle initial of applicant's legal guardian.	CHAR	1	0	N
NBR_PHONE_GUARD	Telephone number of applicant's legal guardian.	CHAR	10	0	N
IND_ADA	Indicates if ADA accommodation is needed (Values "Y" or "N").	CHAR	1	0	N
DSC_ADA	Describes ADA accommodation needs.	VARCHAR2	500	0	N
CDE_REGION	Region evaluation is being performed - (Values 01 - 08).	CHAR	2	0	N
NAM_MD_LAST	Medical Doctor who did review Last Name	CHAR	20	0	N
NAM_MD_FIRST	Medical Doctor who did review First Name	CHAR	15	0	N
NAM_MD_MI	Medical Doctor who did review Middle Initial	CHAR	1	0	N
MD_ADDR_1	Medical Doctor who did review Address line 1	VARCHAR2	30	0	N
MD_ADDR_2	Medical Doctor who did review Address line 2	VARCHAR2	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MD_CITY	Medical Doctor who did review City	VARCHAR2	18	0	N
MD_STATE	Medical Doctor who did review State	CHAR	2	0	N
MD_ZIP_CODE	Medical Doctor who did review Zip Code	CHAR	5	0	N
MD_ZIP_CODE_4	Medical Doctor who did review Zip Code + 4	CHAR	4	0	N
IND_TYPE_REFERRAL	Type of referral for Applicant	CHAR	1	0	N
IND_TYPE_ASSEMENT	Type of Assessment for Applicant	CHAR	1	0	N
IND_SIGN_CHANGES	Indicates if there were significant changes for Applicant	CHAR	1	0	N
DATE_ADMISSION	Date Applicant was admitted to nursing facility	NUMBER	8	0	N
IND_EVALUATION_INFO	Indicator to explain how this information was obtained	CHAR	1	0	N
EVALUATION_DESC	Description of who and when the date was obtained.	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	VARCHAR2	20	0	N

2.13.439 T_PS_BODY_SYSTEM

This table holds data for apecific Body System of a PASRR applicant.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_VITAL_T	Describes vital sign temperature	VARCHAR2	25	0	N
DSC_VITAL_P	Describes vital sign pulse	VARCHAR2	25	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_VITAL_R	Describes vital sign respiration	VARCHAR2	25	0	N
DSC_VITAL_BP	Describes Vital Sign for Blood Pressure	VARCHAR2	25	0	N
DSC_VITAL_HT	Describes Vital Sign for Height	VARCHAR2	25	0	N
DSC_VITAL_WT	Describes Vital Sign for Weight	VARCHAR2	25	0	N
DSC_APPEARANCE	Describes Person's general appearance	VARCHAR2	500	0	N
DSC_SKIN	Describes Person's Skin	VARCHAR2	500	0	N
DSC_HEAD	Described Person's Head	VARCHAR2	500	0	N
DSC_FACE	Describes Person's Face	VARCHAR2	500	0	N
DSC_MOUTH	Describes Person's Mouth	VARCHAR2	500	0	N
DSC_BREAST	Describes Person's Breast	VARCHAR2	500	0	N
DSC_GASTRO	Describes person's gastrointestinal system	VARCHAR2	500	0	N
DSC_GENITO	Describes person's genitourinary system	VARCHAR2	500	0	N
DSC_RECTAL	Describes person's rectal system	VARCHAR2	500	0	N
DSC_SKELETAL	Describes person's musculoskeletal system	VARCHAR2	500	0	N
DSC_NEURO	Describes person's neurological system	VARCHAR2	500	0	N
DSC_AB_FIND	Describes abnormal findings	VARCHAR2	500	0	N
DSC_SUMMARY	A summary of major medical and/or physical needs	VARCHAR2	500	0	N
NAM_LAST	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SIGN_PROF	Date evaluation was signed by the professional	NUMBER	8	0	N
DTE_SIGN_MD	Date evaluation was signed by the physician	NUMBER	8	0	N
NAM_LAST_PHYS	Last name of physician.	CHAR	20	0	N
NAM_FIRST_PHYS	First name of physician	CHAR	15	0	N
NAM_MID_INIT_PHYS	Middle initial of physician	CHAR	1	0	N
DSC_PULMONARY	Describes person's pulmonary system	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.440 T_PS_DRUG

This table will support Internet screens for data entry of Level II PASRR forms.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
NUM_SEQ	Unique number for a specific medication	NUMBER	4	0	Y
DSC_MEDICATION	Description of the medication.	VARCHAR2	50	0	N
DSC_DOSAGE	Dosage of the medication	VARCHAR2	50	0	N
DSC_FREQUENCY	Frequency of use of the medication.	VARCHAR2	50	0	N
DSC_REASON	Reason for use of the medication.	VARCHAR2	100	0	N
CDE_USE	Indicates current or previous use of psychotropic medications (Values "C"urrent or "P"revious)	CHAR	1	0	N

2.13.441 T_PS_DRUG_HIST

This table holds medication history contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_COMMENTS_MASK	Comments on medications that could mask or mimic mental illness symptoms	VARCHAR2	500	0	N
IND_MGT_NO_SUPER	Self management of medications - Without Supervision (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_WITH_SUPER	Self management of medications - With Some Prompting and Supervision (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_PROMPT	Self management of medications - Only With Prompting and Supervision (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_CHOICE	Self management of medications - Complies Only if Given Choice (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_HOARD	Self management of medications - Hoards Medication (Value "Y"es or "N"o)	CHAR	1	0	N
IND_MGT_REFUSE	Self management of medications - Refuses Medication (Value "Y"es or "N"o)	CHAR	1	0	N
DSC_COMPLAIN	Describes clients complaints of side effects of medication or visible sign of side effects	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_ALLERGIES	Describes allergies including medication (prescribed or over the counter) allergies and food allergies	VARCHAR2	500	0	N
DSC_ALCOHOL	Describes clients use of alcohol or other non-prescribed drugs. Identifies type, frequency, amount, and length of use. Indicates history of alcohol abuse.	VARCHAR2	500	0	N
DSC_OTHER	Other comments concerning drug use.	VARCHAR2	500	0	N
DSC_DRUG_USED_PRIOR	Descriptions of medications used in the past year.	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.442 T_PS_FINDINGS

This table holds detailed result information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_TRAITS	Describes positive traits and developmental strengths and weaknesses	VARCHAR2	500	0	N
DSC_MEDS_HIST	Describes medication history	VARCHAR2	500	0	N
DSC_MENTAL	Describes Mental Status	VARCHAR2	500	0	N
DSC_SOCIAL	Describes psychosocial evaluation	VARCHAR2	500	0	N
DSC_EXAM	Describes medical history/physical examination	VARCHAR2	500	0	N
DSC_COND	Describes impact of physical/medical condition on functioning	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_NF_NEEDS	Describes nursing facility care needs	VARCHAR2	500	0	N
DSC_SERVICES	Describes recommended generic mental health services	VARCHAR2	500	0	N
IND_NF_CARE	Indicates if person needs nursing facility care	CHAR	1	0	N
IND_SERVICES	Indicates if person needs specialized services	CHAR	1	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.443 T_PS_INTERPRET

This table holds the verification that PASRR Level II findings were interpreted to the individual, the legal guardian or a designated family member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
CDE_EXPLAIN_TO	Code indicates who received the explanation of the evaluation. Values are 1 = individual, 2 = legal guardian, 3 = representative	CHAR	1	0	N
NAM_LAST_EXP	Last name of person receiving explanation of the evaluation.	CHAR	20	0	N
NAM_FIRST_EXP	First name of person receiving explanation of the evaluation.	CHAR	15	0	N
NAM_MID_INIT_EXP	Middle initial of person receiving explanation of the evaluation.	CHAR	1	0	N
DSC_RELATIONSHIP	Describes the Summary Report of findings, determinations and recommendations.	VARCHAR2	100	0	N
NAM_LAST_EV	Last name of evaluator.	CHAR	20	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_FIRST_EV	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT_EV	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N
DSC_SIGNATURE	If a signature was not obtained, describes steps taken to obtain it	VARCHAR2	500	0	N
DTE_FIND_SENT	Date findings were sent to the individual or representative	NUMBER	8	0	N
DTE_MR_SIGNED	Date evaluation was signed by staff	NUMBER	8	0	N

2.13.444 T_PS_LEVEL1

This table holds information contained on the Level I PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
IND_DIAG	Indicates if applicant has major mental disorder Values: "Y"es, "N"o	CHAR	1	0	N
IND_INTER_FUNC	Indicates if applicant has difficulty functioning with other individuals. Values: "Y"es, "N"o	CHAR	1	0	N
IND_CONCTRN	Indicates if applicant has difficulty with concentration. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_ADAPT	Indicates if applicant has difficulty in adapting to change. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_PSYCH_TRTMT	Indicates if applicant has experienced intensive psychiatric treatment more than once over the past 2 years Values: "Y"es, "N"o.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_PSYCH_TRTMT	Name of In-patient facility, partial program or other mental health treatment. Values: "Y"es, "N"o.	VARCHAR2	500	0	N
IND_DISRUPT	Indicates if applicant, due to the mental disorder, has experienced an episode of severe disruption Values: "Y"es, "N"o.	CHAR	1	0	N
IND_REQ	Indicates if applicant meets requirements of having mental illness. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_SUB_AVE	Indicates if applicant as significantly sub average general intellectual functioning. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_HIST_MR	Indicates if applicant has a history of mental retardation or developmental disability in the past. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_EVID_MR	Indicates if applicant displays any presenting evidence that indicates mental retardation or a developmental disability. Values: "Y"es, "N"o.	CHAR	1	0	N
DSC_EVID_MR	Describes applicant's presenting evidence that indicates mental retardation or a developmental disability.	VARCHAR2	500	0	N
IND_AGENCY	Indicates if applicant has been referred by an agency that serves persons with mental retardation or developmental disabilities and been deemed eligible for that agency's services. Values: "Y"es, "N"o.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_AGENCY	Name of the agency that referred the applicant.	VARCHAR2	100	0	N
IND_CHRONIC_DIS	Indicates if applicant has a severe chronic disability. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_EXEMPT_HOSP	Indicates if applicant is an exempted hospital discharge. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_RESPITE	Indicates if applicant requires respite care. Values: "Y"es, "N"o.	CHAR	1	0	N
IND_DELIRIUM	Indicates if applicant has a diagnosis of delirium. Values: "Y"es, "N"o	CHAR	1	0	N
NAM_LAST_OTHER	Last name of additional person who provided history for the Level 1 form.	CHAR	20	0	N
NAM_FIRST_OTHER	First name of additional person who provided history for the Level 1 form	CHAR	15	0	N
NAM_MI_OTHER	Middle initial of additional person who provided history for the Level 1 form.	CHAR	1	0	N
NUM_PHONE_OTHER	Phone number of additional person who provided history for the Level 1 form.	NUMBER	10	0	N
NAM_LAST_SIGN	Last name of person who signed the Level 1 form.	CHAR	20	0	N
NAM_FIRST_SIGN	First name of person who signed the Level 1 form.	CHAR	15	0	N
NAM_MI_SIGN	Middle initial of person who signed the Level 1 form.	CHAR	1	0	N
NUM_PHONE_SIGN	Phone number of the person who signed the Level 1 form.	NUMBER	10	0	N
DSC_TITLE_SIGN	Title of the person who signed the Level 1 form.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SIGN	Date person signed the Level 1 form.	NUMBER	8	0	N
NAM_LAST_APP	Last name of applicant for Level 1 form	CHAR	20	0	N
NAM_FIRST_APP	First name of applicant for the Level 1 form	CHAR	15	0	N
NAM_MI_APP	Middle initial of applicant for the Level 1 form	CHAR	1	0	N
ADR_STREET_1	First line of applicant's address.	VARCHAR2	30	0	N
ADR_STREET_2	Second line of applicant's address	VARCHAR2	30	0	N
ADR_STREET_3	Third line of applicant's address	VARCHAR2	30	0	N
ADR_CITY	The city in the applicant's address	VARCHAR2	18	0	N
ADR_STATE	The state in the applicant's address	CHAR	2	0	N
ADR_ZIP_CODE	The 5 character zip code for the applicant's address	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip plus four code for the applicant's address	CHAR	4	0	N
DTE_BIRTH	Date applicant was born.	NUMBER	8	0	N
FACILITY_NAME	Name of the facility submitting application	VARCHAR2	50	0	N
MEDICAID_PROV_ID	Medicaid Provider ID Number	CHAR	10	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N
SSN_APP	Applicant's SSN	CHAR	9	0	N
OTHER_COMMENTS	Allows for additional comments to be entered	VARCHAR2	500	0	N

2.13.445 T_PS_MEDICAL_HIST

This table holds applicant's present and past medical history contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_SYMPTOMS	Describes history of present symptoms or illness	VARCHAR2	500	0	N
DSC_HISTORY	Describes past medical history	VARCHAR2	500	0	N
DSC_ALLERGIES	Describes allergies or drug and food sensitivities	VARCHAR2	500	0	N
DSC_ABUSE	Describes history of substance use and abuse	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.446 T_PS_MENTAL_ASSMT

This table holds mental assessment information for the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_PSYCH_HOSP	Describes prior admission to state or private psychiatric facilities.	VARCHAR2	500	0	N
DSC_COMMUNITY	Describes Community Based Treatment involvement with community mental health center or other facilities.	VARCHAR2	500	0	N
DSC_HISTORY	Describes history of cooperation with recommended treatment.	VARCHAR2	500	0	N
IND_APP_UNCLEAN	Indicates Appearance - Physically unkempt, unclean (Value "Y" or "N").	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_APP_DIRTY	Indicates Appearance - Clothing Disheveled, Dirty "Y" or "N").	CHAR	1	0	N
IND_APP_BIZARRE	Indicates Appearance - Clothing Atypical, Unusual, Bizarre (Value "Y" or "N")	CHAR	1	0	N
IND_APP_UNUSUAL	Indicates Appearance - Unusual Physical Characteristics (Value "Y" or "N")	VARCHAR2	20	0	N
IND_POS_SLUMPED	Indicates Posture - Slumped (Value "Y" or "N")	CHAR	1	0	N
IND_POS_RIGID	Indicates Posture - Rigid, Tense (Value "Y" or "N").	CHAR	1	0	N
IND_POS_ATYPICAL	Indicates Posture - Atypical, Inappropriate (Value "Y" or "N")	CHAR	1	0	N
IND_MOV_FAST	Indicates General Body Movements - Accelerated, Increased Speed (Value "Y" or "N")	CHAR	1	0	N
IND_MOV_SLOW	Indicates General Body Movements - Decreased, Slow (Value "Y" or "N")	CHAR	1	0	N
IND_MOV_ATYPICAL	Indicates General Body Movements - Atypical, Peculiar, Inappropriate (Value "Y" or "N")	CHAR	1	0	N
IND_MOV_RESTLESS	Indicates General Body Movements - Restless, Fidgety (Value "Y" or "N")	CHAR	1	0	N
IND_EXP_FEAR	Indicates Facial Expression Suggests - Anxiety, Fear, Apprehension (Value "Y" or "N")	CHAR	1	0	N
IND_EXP_SAD	Indicates Facial Expression Suggests - Depression, Sadness/Anger, Hostility (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_EXP_DECREASE	Indicates Facial Expression Suggests - Decreased Variability of Expression (Value "Y" or "N")	CHAR	1	0	N
IND_EXP_BIZARRE	Indicates Facial Expression Bizarreness, Inappropriateness (Value "Y" or "N")	CHAR	1	0	N
IND_SPE_LOUD	Indicates Amplitude and Quality of Speech - Increased, Loud (Value "Y" or "N")	CHAR	1	0	N
IND_SPE_SLOW	Indicates Amplitude and Quality of Speech - Decreased, Slowed (Value "Y" or "N")	CHAR	1	0	N
IND_SPE_SLUR	Indicates Amplitude and Quality of Speech - Atypical Quality, Slurring (Value "Y" or "N")	CHAR	1	0	N
IND_SPE_STAMMER	Indicates Amplitude and Quality of Speech - Stammering (Value "Y" or "N")	CHAR	1	0	N
IND_RES_DOMINEER	Indicates Response to Interview - Domineering (Value "Y" or "N")	CHAR	1	0	N
IND_RES_SUBMISSIVE	Indicates Response to Interview - Submissive, Overly Compliant (Value "Y" or "N")	CHAR	1	0	N
IND_RES_PROVAC	Indicates Response to Interview - Provocative (Value "Y" or "N")	CHAR	1	0	N
IND_RES_SUSPICIOUS	Indicates Response to Interview - Suspicious (Value "Y" or "N")	CHAR	1	0	N
IND_RES_UNCOOP	Indicates Response to Interview - Uncooperative (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_INT_CON	Indicates Intellectual Functioning - Impaired Level Of Consciousness Uncooperative (Value "Y" or "N")	CHAR	1	0	N
IND_INT_ATT	Indicates Intellectual Functioning - Impaired Attention Span Uncooperative (Value "Y" or "N")	CHAR	1	0	N
IND_INT_ABS	Indicates Intellectual Functioning - Impaired Abstract Thinking (Value "Y" or "N")	CHAR	1	0	N
IND_INT_CALC	Indicates Intellectual Functioning - Calculation Ability (Value "Y" or "N")	CHAR	1	0	N
IND_INT_INTEL	Indicates Intellectual Functioning - Impaired Intelligence (Value "Y" or "N")	CHAR	1	0	N
IND_ORE_PERSON	Indicates Orientation - Disoriented to Person (Value "Y" or "N")	CHAR	1	0	N
IND_ORE_PLACE	Indicates Orientation - Disoriented to Place (Value "Y" or "N")	CHAR	1	0	N
IND_ORE_TIME	Indicates Orientation - Disoriented to Time (Value "Y" or "N")	CHAR	1	0	N
IND_MEM_RECALL	Indicates Memory - Impaired Immediate Recall (Value "Y" or "N")	CHAR	1	0	N
IND_MEM_RECENT	Indicates Memory - Impaired Recent Memory (Value "Y" or "N")	CHAR	1	0	N
IND_MEM_REMOTE	Indicates Memory - Impaired Remote Memory (Value "Y" or "N")	CHAR	1	0	N
IND_PER_ILL	Indicates Perception - Illusions (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_PER_AUD	Indicates Perception - Auditory Hallucinations (Value "Y" or "N")	CHAR	1	0	N
IND_PER_VIS	Indicates Perception - Visual Hallucinations (Value "Y" or "N")	CHAR	1	0	N
IND_PER_OTH	Indicates Perception - Other Types of Hallucinations (Value "Y" or "N")	CHAR	1	0	N
IND_THO_OBS	Indicates Thought Content - Obsessions (Value "Y" or "N")	CHAR	1	0	N
IND_THO_COMP	Indicates Thought Content - Compulsions (Value "Y" or "N")	CHAR	1	0	N
IND_THO_PHO	Indicates Thought Content - Phobias (Value "Y" or "N")	CHAR	1	0	N
IND_THO_DEREAL	Indicates Thought Content - Derealization, Depersonalization (Value "Y" or "N")	CHAR	1	0	N
IND_THO_SUICIDE	Indicates Thought Content - Suicidal Ideation (Value "Y" or "N")	CHAR	1	0	N
IND_THO_HOMICIDE	Indicates Thought Content - Homicidal Ideation (Value "Y" or "N")	CHAR	1	0	N
IND_THO_DELU	Indicates Thought Content - Delusions (Value "Y" or "N")	CHAR	1	0	N
IND_THO_PARA	Indicates Thought Content - Paranoia (Value "Y" or "N")	CHAR	1	0	N
IND_THO_REF	Indicates Thought Content - Ideas of Reference (Value "Y" or "N")	CHAR	1	0	N
IND_THO_INF	Indicates Thought Content - Ideas of Influence (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_STR_DIS	Indicates Stream Thought - Associated Disturbance (Value "Y" or "N")	CHAR	1	0	N
IND_STR_SLOW	Indicates Stream Thought - Thought Flow Decreased, Slow (Value "Y" or "N")	CHAR	1	0	N
IND_STR_INCR	Indicates Stream Thought - Thought Flow Increased (Value "Y" or "N")	CHAR	1	0	N
IND_STR_INAPPR	Indicates Stream Thought - Inappropriate to Thought Content (Value "Y" or "N")	CHAR	1	0	N
IND_STR_AFF	Indicates Stream Thought - Increased Labiality of Affect (Value "Y" or "N")	CHAR	1	0	N
IND_STR_BLUNT	Indicates Stream Thought - Mood is Blunted, Absent, Unvarying (Value "Y" or "N")	CHAR	1	0	N
IND_STR_EUPH	Indicates Stream Thought - Mood is Euphoric, Elated (Value "Y" or "N")	CHAR	1	0	N
IND_STR_ANGRY	Indicates Stream Thought - Mood is Angry, Hostile (Value "Y" or "N")	CHAR	1	0	N
IND_STR_FEAR	Indicates Stream Thought - Mood is Blunted Fearful, Anxious, Apprehensive (Value "Y" or "N")	CHAR	1	0	N
IND_STR_SAD	Indicates Stream Thought - Mood is Depressed, Sad (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_ABUSE	Indicates Overt Behaviors - Abuses Substances (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_VERB	Indicates Overt Behaviors - Verbally Abuses Others (Value "Y" or "N")	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_BEH_PHYS	Indicates Overt Behaviors - Physically Abuses Others (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_DEST	Indicates Overt Behaviors - Destroys Property (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_SELF	Indicates Overt Behaviors - Physically Abuses Self (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_FEAR	Indicates Overt Behaviors - Fearful, Crying, Clinging (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_STEAL	Indicates Overt Behaviors - Takes property from others (Value "Y" or "N")	CHAR	1	0	N
IND_BEH_PACE	Indicates Overt Behaviors - Performs Repetitive Behaviors (Pacing, Rocking, and so on) (Value "Y" or "N")	CHAR	1	0	N
DSC_COMMENTS_ASSMT	Description of behaviors	VARCHAR2	500	0	N
IND_TOOLS_FOLSTEIN	Indicates if Mini Folstein tool was used in the evaluation (Value "Y" or "N")	CHAR	1	0	N
IND_TOOLS_OTHER	Indicates if Other Tool was used in evaluation (Value "Y" or "N")	CHAR	1	0	N
DSC_TOOLS_OTHER	Describes other tools used in evaluation	VARCHAR2	500	0	N
IND_DEMENTIA	Indicates if organicity/dementia is present (Value "Y" or "N")	CHAR	1	0	N
DSC_DEMENTIA	Describes how organicity/dementia was substantiated	VARCHAR2	500	0	N
DSC_AXIS1	Describes AXIS I	VARCHAR2	100	0	N
DSC_AXIS2	Describes AXIS 2	VARCHAR2	100	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_AXIS3	Describes AXIS 3	VARCHAR2	100	0	N
DSC_AXIS4	Describes AXIS 4	VARCHAR2	100	0	N
DSC_AXIS5	Describes AXIS 5	VARCHAR2	100	0	N
DSC_DIAG	Diagnosis description	VARCHAR2	100	0	N

2.13.447 T_PS_MR_FINDINGS

This table holds additional result information relating to psychological evaluation.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_PSYCH	Describes psychological evaluation	VARCHAR2	500	0	N
DSC_MEDICAL	Describes medical diagnosis and history	VARCHAR2	500	0	N
DSC_MEDICATIONS	Describes medications taken by applicant	VARCHAR2	500	0	N
DSC_NF_NEEDS	Describes nursing facility care needs	VARCHAR2	500	0	N
DSC_DEV_STR_NEED	Describes developmental strengths and needs	VARCHAR2	500	0	N
IND_NF	Indicates if applicant requires nursing facility placement (Values "Y"es, "N"o)	CHAR	1	0	N
IND_SPECIAL_SERV	Indicates if special services are recommended (Values "Y"es, "N"o)	CHAR	1	0	N
DSC_SPECIAL_SERV	Describes recommended special services	VARCHAR2	500	0	N

2.13.448 T_PS_MR_PART_A

This table holds an applicant's diagnosis information for a Mental Retardation PASRR Level II review.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_FUNC_MEAS	Describes intellectual functioning measurement	VARCHAR2	500	0	N
DSC_VALID_MR	Describes validation of MR/Related condition	VARCHAR2	500	0	N
DSC_AGE_ONSET	Describe age of onset	VARCHAR2	500	0	N
DSC_COMMENTS	Additional comments	VARCHAR2	1000	0	N
DTE_COMPLETED	Date Completed	NUMBER	8	0	N
NAM_LAST	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N
DTE_REVIEWED	Date evaluation was reviewed	NUMBER	8	0	N

2.13.449 T_PS_MR_PART_B

This table holds an applicant's medical information for a Mental Retardation PASRR Level II review.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_MEDICAL_PROBLEMS	Describes medical problems	VARCHAR2	500	0	N
DSC_IMPACT	Describes impact of health problems on independent functioning	VARCHAR2	500	0	N
DSC_CURRENT_MEDS	Describes current medications	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_RESPONSE	Additional comments	VARCHAR2	500	0	N
DSC_MON_HLT	Ability of applicant to monitor health status	VARCHAR2	500	0	N
DSC_MON_MEDS	Ability of applicant to monitor medical treatments	VARCHAR2	500	0	N
DSC_MON_DIET	Ability of applicant to monitor nutritional status	VARCHAR2	500	0	N
DTE_COMPLETED	Date Completed	NUMBER	8	0	N
NAM_LAST	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N
DTE_REVIEWED	Date evaluation was reviewed	NUMBER	8	0	N

2.13.450 T_PS_MR_PART_C

This table holds an applicant's developmental needs and medical services for a Mental Retardation PASRR Level II review.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_SELF_HELP	Describes self-help development (toileting, dressing, eating and grooming)	VARCHAR2	500	0	N
DSC_SEL_HEKP_SERV	Describes recommendation to meet self help needs	VARCHAR2	500	0	N
DSC_MOTOR	Describes sensory motor development	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_MOTOR_SERV	Describes recommendation to meet sensory motor development needs	VARCHAR2	500	0	N
DSC_SPEECH	Describes speech and language development	VARCHAR2	500	0	N
DSC_SPEECH_SERV	Describes recommendation to meet speech and language development needs	VARCHAR2	500	0	N
DSC_SOCIAL	Describes social development	VARCHAR2	500	0	N
DSC_SOCIAL_SERV	Describes recommendation to meet social development needs	VARCHAR2	500	0	N
DSC_ACADEMIC_STRE	Describes academic/educational development strengths	VARCHAR2	500	0	N
DSC_ACADEMIC_NEED	Describes academic/educational development needs	VARCHAR2	500	0	N
DSC_LIVING_STRE	Describes independent living strengths	VARCHAR2	500	0	N
DSC_LIVING_NEED	Describes independent living needs	VARCHAR2	500	0	N
DSC_VOCATIONAL_STRE	Describes vocational development strengths	VARCHAR2	500	0	N
DSC_VOCATIONAL_NEED	Describes vocational development needs	VARCHAR2	500	0	N
DSC_AFF_DEV_STRE	Describes affective development strengths	VARCHAR2	500	0	N
DSC_AFF_DEV_NEED	Describes affective development need	VARCHAR2	500	0	N
DSC_INAPPROPRIATE_STRE	Describes maladaptive or inappropriate behaviors strengths	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_INAPPROPRIATE_NEED	Describes maladaptive or inappropriate behaviors needs	VARCHAR2	500	0	N

2.13.451 T_PS_MR_PART_D

This table holds specialized services and facility placement recommendations for an applicant as a result of a Mental Retardation PASRR Level II review.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
IND_SPEC_SERV	Indicates if specialized services (Active Treatment) is recommended (Values "Y"es, "N"o)	CHAR	1	0	N
IND_MORE_30	Indicates if a residence is recommended for more than 30 months	CHAR	1	0	N
NAM_LAST	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE	Title of evaluator	VARCHAR2	50	0	N

2.13.452 T_PS_PHYSICAL

This table holds applicant's physical evaluation results contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_NF_SERVICES	Describes nursing facility services presently received, if resident, or recommended if applicant.	VARCHAR2	500	0	N
DSC_COMP_HIST	Describes Comprehensive History and Physical Data Available	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_INFO_AVAIL	Indicates if information is available from facility record, MDS, hospital or other sources	CHAR	1	0	N
DSC_SOURCE	Describes source of information.	VARCHAR2	500	0	N
DTE_PERFORMED	Date of physical examination.	NUMBER	8	0	N
DSC_NEEDS	Describes major physical needs documented in exam	VARCHAR2	500	0	N
DSC_FINDING	Describes finds documented in exam	VARCHAR2	500	0	N
DTE_FINDING	Date finding is returned	NUMBER	8	0	N
DSC_EVAL	Describes evaluation recommended	VARCHAR2	500	0	N
DTE_REFER	Date of referral	NUMBER	8	0	N
DSC_COMMENTS	Comments from the exam	VARCHAR2	500	0	N
DSC_SUMMARY	Summary of major physical/medical needs	VARCHAR2	500	0	N
DTE_MDS	Date of Last Minimum Data Set (MDS) conducted at the facility	NUMBER	8	0	N
DSC_MDS_NEEDS	Note major physical medical needs for Last Minimum Data Set	VARCHAR2	500	0	N
DTE_LOC	Date of last Level of Care Certification Performed by Peer Review	NUMBER	8	0	N
DSC_OTH_COMMENTS	Additional comments	VARCHAR2	500	0	N
DSC_SRC_DATA	Describes the Provider Performing the exam	VARCHAR2	500	0	N
DSC_EVALUATOR	Describes the evaluator	VARCHAR2	20	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_REFER2	Second Date of referral	NUMBER	8	0	N
DSC_EVALUATOR2	Describes the second evaluator	VARCHAR2	500	0	N
DSC_MDS_NEEDS2	Note for second major physical medical needs for Last Minimum Data Set	VARCHAR2	500	0	N

2.13.453 T_PS_PSYCH_SOC

This table holds an applicant's psychosocial evaluation information contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_REASON	Describes changes in the applicant's status and/or living situation that contributed to the request for nursing home placement	VARCHAR2	500	0	N
DSC_FAMILY	Describes family and friends of the applicant	VARCHAR2	500	0	N
IND_COMMUNICATE	Indicates person's ability to communicate and verbalize in expressive/receptive skill areas (Values "Y"es or "N"o)	CHAR	1	0	N
DSC_IMPAIR	Describes person's communication impairment	VARCHAR2	500	0	N
DSC_SUPPORT	Describes person's support system	VARCHAR2	500	0	N
CDE_EAT	Ranking person's ability for Eating - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_DRESS	Ranking person's ability for Dressing - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BATH	Ranking person's ability for Bathing - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_TOILET	Ranking person's ability for Toileting - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_GROOM	Ranking person's ability for Grooming - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_AMBUL	Ranking person's ability for Ambulation - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_TRANS	Ranking person's ability for Transfer - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_MEAL	Ranking person's ability for Meal Preparation - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_LGT_HOUSE	Ranking person's ability for light housekeeping - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_HVY_HOUSE	Ranking person's ability for heavy housekeeping - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MONEY	Ranking person's ability for money management - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_NUTRI	Ranking person's ability for Nutritional Habits - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_HEALTH	Ranking person's ability for Health Monitoring - 1) 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_LAUNDRY	Ranking person's ability for Laundry - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_SHOP	Ranking person's ability for Shopping - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_MOBILE	Ranking person's ability for Mobility - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
CDE_TRAVEL	Ranking person's ability for Travel - 1) Unable, 2) Moderate Assistance 3)Minimum Assistance, 4) Independent	CHAR	1	0	N
DSC_OTHER	Comments regarding person ability to perform daily living activities	VARCHAR2	500	0	N
DSC_IMPACT	Describe the impact of physical/medical condition on functioning	VARCHAR2	500	0	N

Column Name	Description	Type	Length	Precision	Primary Key
USER_ID	User ID that entered the application	CHAR	10	0	N

2.13.454 T_PS_REFERRAL

This table holds referral information for a PASRR applicant.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
NAM_LAST_REF	Last name of person who made applicant referral.	CHAR	20	0	N
NAM_FIRST_REF	First name of person who made applicant referral.	CHAR	15	0	N
NAM_MID_INIT_REF	Middle initial of person who made applicant referral.	CHAR	1	0	N
IND_REF_SOURCE	Source of the referral (MAP 409, telephone contact, subsequent review).	CHAR	1	0	N
DSC_REF_RELATIONSHIP	Relationship of person who made the referral to the applicant.	VARCHAR2	50	0	N
ADR_STREET_1_REF	First line of applicant's address.	CHAR	30	0	N
ADR_STREET_2_REF	Second line of applicant's address.	CHAR	30	0	N
ADR_STREET_3_REF	Third line of applicant's address.	CHAR	30	0	N
ADR_CITY_REF	The city in the applicant's address.	CHAR	18	0	N
ADR_STATE_REF	The state in the applicant's address.	CHAR	2	0	N
ADR_ZIP_CODE_REF	The 5 character zip code for the applicant's address .	CHAR	5	0	N
ADR_ZIP_CODE_4_REF	The zip plus four code for the applicant's address.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHONE_REF	Telephone number of the person who made the referral.	CHAR	10	0	N
CDE_REF_TYPE	Code indicating the type of referral 01 - Mental Illness 02 - Mental Retardation 03 - Related Condition 04 - Dual Diagnosis 05 - MI Portion only 06 - MR Portion only	CHAR	2	0	N
NAM_LAST_CON	Last name of contact person at the facility.	CHAR	20	0	N
NAM_FIRST_CON	First name of contact person at the facility.	CHAR	15	0	N
NAM_MID_INIT_CON	Middle initial of contact person at the facility.	CHAR	1	0	N
NUM_PHONE_CON	Telephone number of the contact person at the facility.	CHAR	10	0	N
DSC_FACILITY_NAME	Name of the Facility being Requested	VARCHAR2	30	0	N
NAM_LAST_MD	Last name of MD to receive findings.	CHAR	20	0	N
NAM_FIRST_MD	First name of MD to receive findings.	CHAR	15	0	N
NAM_MID_INIT_MD	Middle initial of MD to receive findings.	CHAR	1	0	N
ADR_STREET_1_MD	First line of MD address to receive findings.	VARCHAR2	30	0	N
ADR_STREET_2_MD	Second line of MD address to receive findings.	VARCHAR2	30	0	N
ADR_CITY_MD	The city of MD address to receive findings.	VARCHAR2	18	0	N
ADR_STATE_MD	The state of MD address to receive findings.	CHAR	2	0	N
ADR_ZIP_CODE_MD	The 5 character zip code of MD address to receive findings.	CHAR	5	0	N
ADR_ZIP_CODE_4_MD	The zip plus four code of MD address to receive findings.	CHAR	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASMT_TYP	Type of Assessment 1 - Pre Admission - New NF Applicant 2 - Hospital Exemption 3 - Provisional Admission 4 - Delirium 5 - Respite 6 - New to PASRR	CHAR	1	0	N
CDE_REV_TYP	Subsequent Review	CHAR	1	0	N
DTE_ADMISSION	Date of admission	NUMBER	8	0	N
CDE_INFO_SRC	Info Obtained from following 01 - From Applicant 02 - From Family Members 03 - Legal Representative 04 - Other Agencies 05 - Record / Document Review	CHAR	1	0	N
DSC_INFO_DTLS	Details such as reason and so on..	VARCHAR2	500	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.455 T_PS_TRACKING

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC	Service Location SAK	NUMBER	9	0	N
DTE_REFERRAL	Date referral was made	NUMBER	8	0	N
DTE_VERBAL_SENT	Date verbal was given	NUMBER	8	0	N
DTE_REPORT_SENT	Date report was sent	NUMBER	8	0	N
NAM_LAST_1	Last name of evaluator.	CHAR	20	0	N
NAM_FIRST_1	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT_1	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE_1	Title of evaluator	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_SIGN_2	Date evaluation signed by evaluator 1	NUMBER	8	0	N
NAM_LAST_2	Last name of evaluator	CHAR	20	0	N
NAM_FIRST_2	First name of evaluator	CHAR	15	0	N
NAM_MID_INIT_2	Middle initial of evaluator	CHAR	1	0	N
DSC_TITLE_2	Title of evaluator	VARCHAR2	50	0	N
SAK_PROV_PSYCH	System assigned key for a board eligible psychiatrist	NUMBER	9	0	N
SAK_PROV_LOC_PSYCH	System assigned key for the service location for a board eligible psychiatrist	NUMBER	9	0	N
SAK_PROV_MD	System assigned key for physician who reviewed and concurred with conclusions	NUMBER	9	0	N
SAK_PROV_LOC_MD	System assigned key for the service location for the physician who reviewed and concurred with conclusions	NUMBER	9	0	N
NAM_LAST_MEN	Last name of evaluator responsible for the Mental Status/Psychiatric Assessment	CHAR	20	0	N
NAM_FIRST_MEN	First name of evaluator responsible for the Mental Status/Psychiatric Assessment	CHAR	15	0	N
NAM_MID_INIT_MEN	Middle initial evaluator responsible for the Mental Status/Psychiatric Assessment	CHAR	1	0	N
DSC_TITLE_MEN	Title of evaluator responsible for the Mental Status/Psychiatric Assessment	VARCHAR2	50	0	N
DTE_SIGN_MEN	Date person signed for the Medication History evaluation	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_LAST_MED	Last name of evaluator responsible for the Medication History Assessment	CHAR	20	0	N
NAM_FIRST_MED	First name of evaluator responsible for the Medication History Assessment	CHAR	15	0	N
NAM_MID_INIT_MED	Middle initial evaluator responsible for the Medication History Assessment	CHAR	1	0	N
DSC_TITLE_MED	Title of evaluator responsible for the Medication History Assessment	VARCHAR2	50	0	N
DTE_SIGN_MED	The Date the Medical Assessment was signed.	NUMBER	8	0	N
NAM_LAST_PSYCH	Last name of evaluator responsible for the Psychological Assessment	CHAR	20	0	N
NAM_FIRST_PSYCH	First name of evaluator responsible for the Psychological Assessment	CHAR	15	0	N
NAM_MID_INIT_PSYCH	Middle initial of evaluator responsible for the Psychological Assessment	CHAR	1	0	N
DSC_TITLE_PSYCH	Title of evaluator responsible for the Psychological Assessment	VARCHAR2	50	0	N
DTE_SIGN_PSYCH	Date person responsible for Psychological Assessment signed the evaluation	NUMBER	8	0	N
NAM_LAST_MEDCL	Last name of evaluator responsible for the Medical Assessment	CHAR	20	0	N
NAM_FIRST_MEDCL	First name of evaluator responsible for the Medical Assessment	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_MID_INIT_MEDCL	Middle initial of evaluator responsible for the Medical Assessment	CHAR	1	0	N
DSC_TITLE_MEDCL	Title of evaluator responsible for the Medical Assessment	VARCHAR2	50	0	N
DTE_SIGN_MEDCL	Date person responsible for Medical assessment signed the evaluation	NUMBER	8	0	N

2.13.456 T_PS_TREATMENT_REV

This table holds prior treatment information contained on the Level II PASRR form.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
DSC_PSYCH_HOSPITAL	Describes prior admission to state or psychiatric facilities (give dates, facility and reason for admission).	VARCHAR2	500	0	N
DSC_COMMUNITY	Describes community based treatment involvement with community mental health center, private psychiatric or other treatment facilities (include outpatient and community support services).	VARCHAR2	500	0	N
DSC_COOPERATION	Describes history of cooperation with recommended treatment.	VARCHAR2	500	0	N
DSC_REFER_DIAG	Describes referral diagnosis.	VARCHAR2	500	0	N

2.13.457 T_PS_TREAT_PLAN

This table holds the PASRR Level II treatment plan devised for the applicant as a result of the physical and mental evaluation.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PASRR	System assigned key to uniquely identify a PASRR record.	NUMBER	9	0	Y
CDE_DISPOSITION	Code indicates recommendation 1 = No specialized services recommended 2= Specialized services recommended 3 = Client declined specialized services 4 = Recommend state facility treatment facility 5 = Recommend private facility 6 = No action taken 7 = Stay in State IMD 8 = Inappropriate PASRR referral	CHAR	1	0	N
IND_CONTINUE	Indicates whether person continues in the PASRR process (Values "Y"es, "N"o)	CHAR	1	0	N
DSC_SUM_FINDINGS	Describes the Summary Report of findings, determinations and recommendations.	VARCHAR2	2000	0	N
CDE_30_PLUS	Code indicates where person has been living more than 30 days(Values "Y"es, "N"o)	CHAR	1	0	N
CDE_30_LESS	Code indicates where person has been living less than 30 days(Values "Y"es, "N"o)	CHAR	1	0	N
CDE_RESIDE_WHERE	Code indicating if person lived in Facility or community. (Values "C", "F")	CHAR	1	0	N
USER_ID	User ID that entered the application.	CHAR	10	0	N

2.13.458 T_PUB_HLTH_PGM

This contains all the valid medical assistance programs in the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	N
CDE_PGM_HEALTH	Identifies the medical assistance program that is supported in the system.	CHAR	5	0	N
DSC_PGM_HEALTH	Describes the medical assistance program.	VARCHAR2	50	0	N
DSC_PGM_DEFINITION	Text definition of program describing who is eligible and what types of services are provided.	VARCHAR2	4000	0	N
CDE_TYPE_PLAN	This is the type of plan. There are two types of Plans. For Benefit Plans, the value in this column is 'BNFT'. For Assignment Plans, the value in this column is 'ASGN'.	CHAR	4	0	N
IND_RECIP_ONLY	Yes/No indicator used to identify programs that are used for member enrollment only. No services are covered by the program.	CHAR	1	0	N
IND_MAJOR_PGM	Yes/No indicator used to identify a program is a major program. A major program is a program that can stand alone. The program needs no other program. A major program can not be combined with any other major program.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_STAND_ALONE	Yes/No indicator used to identify a program is a stand alone program. A stand alone program can only stand by itself. No other program can exist.	CHAR	1	0	N
IND_CT_EDITING	The IND_CT_EDITING attribute indicates what type of claim type to program editing is to be performed. If the indicator is set to 'N' (non), no claim type to program editing is performed. If the indicator is set to 'I' (include), only the claim types listed are billable for the specified program. If the indicator is set to 'E' (exclude), the claim types listed are not billable for the specified program.	CHAR	1	0	N
IND_COPAY	Yes/No indicator used to identify programs that qualify for copay calculations during claims payment determination.	CHAR	1	0	N
IND_DUAL	Yes/No indicator used to identify a program is a Dual program. A dual program is a program that can either stand alone or with another major/dual program.	CHAR	1	0	N
IND_TPL_ACTION	This indicator identifies the action taken for TPL editing based on the OI Plan.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_HIER_ID_BNFT	This is another system assigned identifier that is used to identify a hierarchy thread that contains this benefit plan within a Payer. This column contains only positive values when the CDE_TYPE_PLAN is equal to 'BNFT'. Otherwise the value of this column is zero. The value is maintained as an ascending sequence of numbers starting with 1. There is a sequence for each payer. So Payer 1 may have values 1, 2, 3; and Payer 2 might have values 1,2, 3, 4.	NUMBER	9	0	N
NUM_HIER_ID_ASGN	This is another system assigned identifier that is used to identify a hierarchy thread that contains this assignment plan. This column contains only positive values when the CDE_TYPE_PLAN is equal to 'ASGN'. Otherwise the value of this column is zero. The value is maintained as an ascending sequence of numbers starting with 1. There is a sequence for each payer. So Payer 1 may have values 1, 2, 3; and Payer 2 might have values 1,2, 3, 4.	NUMBER	9	0	N
DTE_EFFECTIVE	The date the claim type to program restriction becomes effective for use in claims editing.	DATE	0	0	N
DTE_END	The last date the claim type to program restriction is effective for use in claims editing.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_INACTIVE	This is the date this row becomes inactive. For new claims the system date is compared to this date. If the system date is greater than or equal to this date, the row will not be used to process the claim.	DATE	0	0	N
DTE_ACTIVE	This is the date this row becomes active. For new claims the system date is compared to this date. If the system date is less than this date, the row will not be used to process the claim.	DATE	0	0	N

2.13.459 T_RATE_TYPE

The Rate Type describes the rate to use in determining provider reimbursement. The rate type is used to allow different rates to be applied for various benefit plans.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
DSC_RATE_TYPE	Description of rate type.	VARCHAR2	18	0	N

2.13.460 T_RBRVS

Resource Based Relative Value Scale (RBRVS) pricing methodology information for a procedure. The main source for this data will be the Medicare Fee Schedule Data Base (MFSDB). However, system users may also provide RBRVS pricing information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_PROC_MOD	Indicates the technical or professional component of a procedure. A blank will identify a global service. A modifier of 26 will identify professional component and a TC will identify technical component.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date procedure RBRVS rates become effective for claims processing.	DATE	0	0	N
DTE_END	The date procedure RBRVS rates become invalid (no longer active) for claims processing.	DATE	0	0	N
IND_PC_TC	This indicates type of professional or technical component.	CHAR	1	0	N
NUM_RVU_W	Work Relative Value Unit used in calculating RBRVS rates for a procedure.	NUMBER	9	2	N
NUM_RVU_PE	Practice expense Relative Value Unit used in calculating RBRVS rates for a procedure.	NUMBER	9	2	N
NUM_RVU_M	The malpractice Relative Value Unit used in calculating RBRVS rates for a procedure.	NUMBER	9	2	N
NUM_GLOBAL_SURG	Provides the timeframes that apply to each surgical procedure.	CHAR	3	0	N
IND_SOS_DIFF	Indicates services subject to payment adjustments based on site of service.	CHAR	1	0	N
CDE_MULTI_SURG	Indicates multiple surgery service payment adjustment rules to use for pricing.	CHAR	1	0	N
CDE_BI_SURG	Indicates bilateral surgery service payment adjustment rule to use for pricing.	CHAR	1	0	N
CDE_ASST_SURG	Indicates assistant at surgery service restriction.	CHAR	1	0	N
CDE_CO_SURG	Indicates services for which two surgeons, each in a different specialty, may be paid.	CHAR	1	0	N
CDE_TEAM_SURG	Identifies services for which team surgeons may be paid.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PCT_PREOP	The Preoperative percentage of the global surgery package.	NUMBER	6	5	N
PCT_INTRAOP	The Intraoperative percentage of the global surgery package.	NUMBER	6	5	N
PCT_POSTOP	The Postoperative percentage of the global surgery package.	NUMBER	6	5	N

2.13.461 T_RBRVS_PR_SPEC

Non-physician practitioners may provider services normally delivered by a physician. In these instances, payment amount will be adjusted by a certain percentage of the schedule amount that would have been paid to a physician for the same service.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_SPEC	A code representing the specialized area of practice for a provider.	CHAR	3	0	N
DTE_EFFECTIVE	The date a provider specialty adjustment used in RBRVS pricing is effective for claims processing.	DATE	0	0	N
DTE_END	The date a provider specialty adjustment used in RBRVS pricing is no longer valid for claims processing.	DATE	0	0	N
PCT	Percentage used to adjust claims payment to a provider based on the providers specialty.	NUMBER	3	2	N

2.13.462 T_RECIP_LINK_XREF

This entity keeps track of member's that were linked or unlinked. The entity stores the sak of each member and an indicator to tell us whether the member's were linked or unlinked. There is also a date to tell the date that the link or unlink took place. For a LINK - the sak_recip will contain the member that another is being linked to. This one will stay active. The sak_recip_purged will contain the other member and will become deactivated. For an UNLINK - the sak_recip will contain the member that another is being unlinked from. This one is active and will stay active. The sak_recip_purged will contain the member that was previously linked and deactivated. It will now become activated again.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_LINK	System assigned key to uniquely identify a link/unlink transaction.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_RCP_PURGED	System assigned key to uniquely identify the member that was purged as a result of a link or restored as a result of an unlink.	NUMBER	9	0	N
CDE_STATUS	Tells current status of link/unlink txn. Values are: 'L' - Link of recip/clms completed. 'C' - Claims still to be Linked. 'P' - Unlink of recip/clms completed. 'U' - Claims still to be Unlinked.	CHAR	1	0	N
DTE_PROCESSED	This date field tells us when the transaction was initially processed. The date is in the format CCYYMMDD	DATE	0	0	N
TME_STAMP	This time stamp field tells us when the transaction was initially processed. The time is in format hhmmssss.	NUMBER	8	0	N

2.13.463 T_RECIP_REVIEW

Identifies members who have been put on review so that their claims will suspend and be further researched before payment is determined.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REVIEW	Unique key to identify a specific row of a member on review	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_REV_RSN	Unique key identifying the reason code	NUMBER	9	0	N
SAK_REV_REQ	Unique key identifying the requestor code	NUMBER	9	0	N
DTE_EFFECTIVE	Date the member review is effective	DATE	0	0	N
DTE_END	Date the member review ends	DATE	0	0	N

2.13.464 T_REF_UCC

Provider specific usual, customary, and reasonable charge for a procedure based on a historical profile of billed charges a provider typically requests for a procedure.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	Y
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	Y
CDE_RATE_TYPE	Rate code type.	CHAR	3	0	Y
SAK_PROCEDURE	System assigned key used to uniquely identify a procedure.	NUMBER	9	0	Y
CDE_PROC_MOD	Further clarifies a procedure.	CHAR	2	0	Y
CDE_MODIFIER_2	Second Procedure code modifier for further clarification	CHAR	2	0	Y
CDE_MODIFIER_3	Third Procedure code modifier for further clarification	CHAR	2	0	Y
CDE_MODIFIER_4	Fourth Procedure code modifier for further clarification	CHAR	2	0	Y
SAK_SHORT	This is the system-assigned internal key that is 2 bytes long. It is used to uniquely identify a row without using updateable attributes.	NUMBER	4	0	Y
DTE_EFFECTIVE	The date that the corresponding UCC became effective.	DATE	0	0	N
DTE_END	The date that the corresponding UCC was no longer effective.	DATE	0	0	N
AMT_UCC_RATE	The Usual and Customary Charge associated with this procedure code.	NUMBER	9	2	N
DTE_INACTIVE	This is the date this row becomes inactive. For new claims the ICN is compared to this date. I the ICN date is greater than this date, the row will not be used to process the claim.	DATE	0	0	N

2.13.465 T_REGION

Number indicating the media in which a claim entered the system.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_REGION	Classification of the media on which a claim is submitted into the MMIS system or the type of transaction performed on a claim that already exists in the MMIS system.	CHAR	2	0	Y
DSC_REGION	Description of the region code.	CHAR	50	0	N

2.13.466 T_RELATED_CASES

Casualty cases that are related to another casualty case due to the members being related to one another.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CAS_REL_CASE	This is the internal id that uniquely identifies the related case.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
NUM_CAS_CASE	The unique identifier for a casualty case. Used by account to identify the casualty cases on reports.	NUMBER	9	0	N
ID_MEDICAID	The Medicaid ID of the member.	CHAR	12	0	N
NAM_CONTACT	The name of the responsible person for this case.	CHAR	40	0	N

2.13.467 T_RELATION_CODE

This table identifies the possible values for the relationship between the member covered by a TPL policy and the policyholder of the policy.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	1	0	Y
RELATION_DESC	This field contains the description associated with a specific relationship code.	CHAR	20	0	N

2.13.468 T_REVENUE_CODE

A three digit code which identifies a specific accommodation or ancillary service.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REVENUE	System assigned key used to uniquely identify a revenue code.	NUMBER	9	0	Y
CDE_REVENUE	This identifies a specific accommodation or ancillary service. Revenue codes are determined by HCFA.	CHAR	4	0	N
DSC_REV_CODE	This describes a specific accommodation or ancillary service.	CHAR	70	0	N
DTE_EFFECTIVE	This is the date of service that the revenue code became effective.	DATE	0	0	N
DTE_END	This is the last date of service that the revenue code is effective.	DATE	0	0	N
NUM_RATE_ID	This field represents a grouping of revenue codes. Each revenue code has a rate ID number and more than one revenue code will have the same number. Revenue codes are grouped this way for use in different pricing methodologies.	NUMBER	4	0	N
CDE_MC_SVC_CLASS	The service class indicates the type of services provided.	CHAR	2	0	N
IND_PROC_IN_EXCLUD	This field indicates whether the associated drug, revenue code, or procedure range is included or excluded from the billing restrictions for a provider.	CHAR	1	0	N
IND_SPEC_IN_EXCLUD	This field indicates whether the associated provider specialty is included or excluded from the billing restrictions for a revenue code.	CHAR	1	0	N

2.13.469 T_REVENUE_FLAT_FEE

The revenue flat fee entity is used in outpatient pricing for flat fee amounts that relate to a revenue code and emergency indicator.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REVENUE	System assigned key used to uniquely identify a revenue code.	NUMBER	9	0	Y
CDE	This is an emergency code. Valid values are 'E' or space.	CHAR	1	0	Y
CDE_RATE_TYPE	Code used to identify the rate type to use in determining provider reimbursement.	CHAR	3	0	Y
DTE_EFFECTIVE	The effective is the begin date for this segment.	DATE	0	0	Y
DTE_END	The end date is the last date for this segment.	DATE	0	0	N
AMT	This field is the flat fee amount. It is used in new outpatient pricing.	NUMBER	9	2	N

2.13.470 T_REV_GROUP

Groups revenue codes by revenue type. This will be used by various parts of the system for different processing methodologies.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_TYPE	System assigned key for a unique revenue type, that represents a single or collection of revenue codes.	NUMBER	4	0	Y
SAK_REVENUE_FROM	System assigned key used to uniquely identify a revenue code.	NUMBER	9	0	Y
SAK_REVENUE_TO	System assigned key used to uniquely identify a revenue code.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the revenue code is to become effective for the revenue type in claims processing.	DATE	0	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The last date that the revenue code is in effect for the revenue type in claims processing.	DATE	0	0	N

2.13.471 T_REV_TYPE

A revenue type is associated with a group of revenue codes. Used to identify revenue codes for use in certain processing methodologies. For example, "Surgery" is a revenue type.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_TYPE	System assigned key for a unique revenue type, that represents a single or collection of revenue codes.	NUMBER	4	0	Y
DSC_50	Describes the revenue type, for example, "Recovery Room".	CHAR	50	0	N
DSC_DEFINITION	Definition of where and/or how this revenue code group is used.	VARCHAR2	4000	0	N

2.13.472 T_RE_ADDRESS

This entity contains the member's previous address and the date this address was written to this table, due to a new current address being added to the system.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT_ADDRESS	System assigned key that uniquely identifies a Medicaid member's previous address.	NUMBER	4	0	Y
ADR_STREET_1	The first address possible to identify the place of residence.	CHAR	30	0	N
ADR_STREET_2	Additional address information about the place of residence.	CHAR	30	0	N
ADR_STREET_3	Additional address information about the place of residence.	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CITY	Indicates the city in which a Medicaid member resides.	CHAR	18	0	N
ADR_STATE	A code indicating the state in which a Medicaid member resides.	CHAR	2	0	N
ADR_ZIP_CODE	Zip code of a Medicaid member's primary residence.	CHAR	5	0	N
ADR_ZIP_CODE_4	Suffix for member zip code.	CHAR	4	0	N
NUM_LATITUDE	Geographical Latitude of Member's Address	NUMBER	11	6	N
NUM_LONGITUDE	Geographical Longitude of Member's Address	NUMBER	11	6	N
CDE_GIS_QUALITY	This is the code that stores the precision of the address match for the latitude and longitude lookup.	NUMBER	4	0	N
CDE_SOURCE		CHAR	5	0	N
DTE_LAST_CHANGE	Date on which address was changed.	DATE	0	0	N

2.13.473 T_RE_AID_ELIG_DN

Member Aid Category Eligibility contains the beneficiary's population code eligibility segments. A population code eligibility segment specifies a period of time that the beneficiary is eligible for Medicaid coverage in that population code. Each segment is maintained by an effective date and end date. For each date range, there will be a corresponding population code that will be used to determine what services are included in the beneficiary's Medicaid coverage for that period of time. For further information about how the benefit plan and population codes are determined and how they relate, refer to the Beneficiary User Manual.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AID_ELIG	System assigned key used to uniquely identify an eligibility segment.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique beneficiary.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PGM_ELIG	Used along with the SAK RECIP to uniquely identify an eligibility segment for a particular beneficiary.	NUMBER	4	0	Y
CDE_AID_CATEGORY	System assigned key to uniquely identify a valid population code.	CHAR	2	0	N
DTE_EFFECTIVE	The date that the beneficiary becomes eligible for the corresponding population code.	DATE	0	0	N
DTE_END	The date that the beneficiary is no longer eligible for the corresponding population code.	DATE	0	0	N
CDE_STATUS1	Identifies whether or not the eligibility aid segment is active. A blank means that the segment is active. An 'H' means that the segment is history and no longer active.	CHAR	1	0	N

2.13.474 T_RE_ALIEN

Contains members who are aliens or refugees.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
DTE_US_ENTRY	Date the member entered the US, if they are an alien or a refugee.	DATE	0	0	N
ALIEN_ID_NUM	Member's alien id number, if they have one.	CHAR	10	0	N

2.13.475 T_RE_ASSIGN_PLAN

This table will allow relationships between a member and provider for the purposes of care. The types of information that will be stored on this table are the member level of care nursing home information, provider lockin information, hospice information, some provider specific waiver information, and other benefit information that will relate a member to a provider. Note: Managed Care also handles relationships between the member and the provider for benefits that the provider is paid for.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PROV_LOC	This is the system key that will uniquely identify a provider service location in the system.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N
DTE_EFFECTIVE	The effective date for the assignment plan.	DATE	0	0	N
DTE_END	The end date for the assignment plan.	DATE	0	0	N
CDE_STATUS	This will be a space for active records and an 'H' for history and inactive records.	CHAR	1	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
DTE_LAST_UPDATE	This is the date that the record was last updated.	DATE	0	0	N

2.13.476 T_RE_ASSIGN_PLAN_LI

This table is a subset of the information in the Assignment Plan table. It contain all relationships between a member and provider for the purposes of lockin.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	This is the system key that will uniquely identify a provider service location in the system.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N
DTE_EFFECTIVE	The effective date for the assignment plan.	DATE	0	0	N
DTE_END	The end date for the assignment plan.	DATE	0	0	N
CDE_STATUS	This will be a space for active records and an 'H' for history and inactive records.	CHAR	1	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
DTE_LAST_UPDATE	This is the date that the record was last updated.	DATE	0	0	N

2.13.477 T_RE_ASSIGN_PLAN_RLOC

This table is a subset of the information in the Assignment Plan table. It contain all relationships between a member and provider for the purposes of member level of care nursing home information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PROV_LOC	This is the system key that will uniquely identify a provider service location in the system.	NUMBER	9	0	N
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N
DTE_EFFECTIVE	The effective date for the assignment plan.	DATE	0	0	N
DTE_END	The end date for the assignment plan.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS	This will be a space for active records and an 'H' for history and inactive records.	CHAR	1	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
DTE_LAST_UPDATE	This is the date that the record was last updated.	DATE	0	0	N

2.13.478 T_RE_ASSIGN_PLN_CODES

This table stores the codes associated with the member's assignment plans.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
CDE_ASGN_TYPE	This is the code that identifies the type of assignment plan code	CHAR	4	0	Y
CDE_ASGN_VALUE	This is the value of the assignment plan's code.	CHAR	4	0	Y

2.13.479 T_RE_ASSIGN_REASON

This table is used to store all the reason codes needed to give further information about each of the assignment plans.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ASSIGN_PLAN	This is the primary key to the assign plan table.	NUMBER	9	0	Y
CDE_REASON	This is the reason code for the assignment plan.	CHAR	3	0	Y
DSC_COMMENT	Area for comment information for each reason code for the assignment plan.	VARCHAR2	100	0	N

2.13.480 T_RE_ASSIGN_RSN_CODE

This table contains the reason code values from the different types of assignment plans like the lock-in, level of care, hospice, and waiver assignment plans.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON	This is the reason code for the assignment plan.	CHAR	3	0	Y
SAK_BENEFIT_PLAN_TYPE	This is the primary key for the Benefit Plan Types.	NUMBER	9	0	N
DSC_REASON	This is the reason code description for the assignment plan.	VARCHAR2	100	0	N

2.13.481 T_RE_BASE_DN

The beneficiary base contains basic information, such as name and address about a beneficiary. A beneficiary is a person that receives Medicaid coverage or coverage under a special state funded program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique beneficiary.	NUMBER	9	0	Y
SAK_CASE	The system assigned internal key for a unique case.	NUMBER	9	0	N
ID_MEDICAID	Unique identifier for the beneficiary.	CHAR	12	0	N
NAM_LAST	The last name of a beneficiary.	CHAR	20	0	N
NAM_FIRST	The first name of a beneficiary.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the beneficiary.	CHAR	1	0	N
NAM_TITLE	Member Title Ex. Mr., Mrs., Ms.,	CHAR	5	0	N
ADR_STREET_1	The first line of the beneficiary's street address.	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_STREET_2	The second line of a beneficiary's street address.	CHAR	30	0	N
ADR_STREET_3	The third line of a member's street address.	CHAR	30	0	N
ADR_CITY	The city where the beneficiary resides.	CHAR	18	0	N
ADR_STATE	The state where the beneficiary resides.	CHAR	2	0	N
ADR_ZIP_CODE	The five character zip code for the beneficiary.	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip plus four of the beneficiary.	CHAR	4	0	N
CDE_SOURCE_ADDR	This is the source of the member's updates and information	CHAR	5	0	N
NUM_LATITUDE	Geographical Latitude of beneficiary's address.	NUMBER	11	6	N
NUM_LONGITUDE	Geographical Longitude of beneficiary's address.	NUMBER	11	6	N
CDE_GIS_QUALITY	This is the code that stores the precision of the address match for the latitude and longitude lookup.	NUMBER	4	0	N
NUM_SSN	The social security number for a beneficiary.	CHAR	9	0	N
DTE_BIRTH	The date of birth for the beneficiary.	DATE	0	0	N
DTE_DEATH	The date of death for the beneficiary.	DATE	0	0	N
CDE_SEX	Indicates the sex of the beneficiary.	CHAR	1	0	N
CDE_RACE	The beneficiary's first race code.	CHAR	2	0	N
CDE_ETHNIC	The ethnicity of the beneficiary.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MARITAL	Indicates the marital status of a beneficiary. This field will always contain an X in the KS MMIS.	CHAR	1	0	N
CDE_COUNTY	The 2 digit county code used to identify a county in the state.	VARCHAR2	10	0	N
CDE_OFFICE	County office that the beneficiary lives near.	CHAR	1	0	N
SAK_CNTY_OFF_SRV	System assigned key to uniquely identify a specific county office.	NUMBER	9	0	N
CDE_LIV_ARNG	Living Arrangement Code.	CHAR	2	0	N
CDE_LANGUAGE	The member's language Code	CHAR	3	0	N
CDE_LANG_CORRESP	This is the language that the member uses for written correspondence.	CHAR	3	0	N
NUM_PHONE	Beneficiary phone number	CHAR	10	0	N
CDE_PHONE	System assigned key to uniquely identify a phone code.	CHAR	1	0	N
NUM_ADD_PHONE	This an additional phone number for contacting the member.	CHAR	10	0	N
CDE_ADD_PHONE	Identify an additional phone code.	CHAR	1	0	N
SAK_CITIZEN_DSC	System assigned key to uniquely identify a citizen status code and associated description.	NUMBER	9	0	N
CDE_CITIZEN_STAT	System assigned key to uniquely identify a citizen status code and associated description.	CHAR	1	0	N
IND_SPEC_HLTH	Indicates if the beneficiary has any special health needs.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOUNDEX	Identifies the Oracle Soundex phonetic value.	CHAR	4	0	N
IND_ACTIVE	Indicates if the beneficiary Medicaid ID is active or purged because of a link. When two Medicaid IDs are linked one of them is no longer valid and will have an IND ACTIVE of 'N'. All others are active and will have a 'Y' or a 'P' (BID has changed).	CHAR	1	0	N
IND_RESTRICT_LI	Indicator displaying whether a beneficiary is locked in or locked out of provider services.	CHAR	1	0	N
CDE_PGM_HEALTH_LI	Identifies the medical assistance program for Lock ins that is supported in the system.	CHAR	5	0	N
CDE_SOURCE_LI	This is the source of the Lock-in member updates and information.	CHAR	5	0	N
CDE_REASON_LI	Unique code assigned for the lock-in reason.	CHAR	3	0	N
DTE_LI_EFF	The date that the member becomes eligible for Lockin	DATE	0	0	N
DTE_LI_END	The date that the member is no longer Locked into a specific provider.	DATE	0	0	N
IND_MEDICARE_A	This is the Part A Medicare indicator. Values include 'P' for Pending, 'Y' for Yes, 'N' for No.	CHAR	1	0	N
IND_MEDICARE_B	This is the Part B Medicare indicator. Values include 'P' for Pending, 'Y' for Yes, 'N' for No.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LEVEL_OF_CARE	Identifies the level of care for a beneficiary.	CHAR	5	0	N
CDE_SOURCE_RLOC	Identifies the source of the member level of care code	CHAR	5	0	N
CDE_REASON_RLOC	Unique code assigned for the level of care reason.	CHAR	3	0	N
DTE_RLOC_EFF	The date that the member becomes eligible for level of care.	DATE	0	0	N
DTE_RLOC_END	The date that the member is no longer eligible for level of care	DATE	0	0	N
CDE_PGM_HEALTH	Identifies the medical assistance program that is supported in the system.	CHAR	5	0	N
CDE_AID_CATEGORY	This is the Population code.	CHAR	2	0	N
SAK_PROV_LOC_LTC	Provider Number assigned that uniquely identifies the provider enrollment tracking for LTC providers.	NUMBER	9	0	N
SAK_PROV_LOC_PCP	Provider Number assigned that uniquely identifies the provider enrollment tracking for PCP providers.	NUMBER	9	0	N
DTE_ELIG_EFF	The date that the beneficiary becomes eligible for the corresponding Medical Assistance program.	DATE	0	0	N
DTE_ELIG_END	The date that the beneficiary is no longer eligible for the corresponding Medical Assistance program.	DATE	0	0	N
NUM_CASE	The case number assigned by KAECSES.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
CDE_SOURCE_INC	Income Source	CHAR	5	0	N
AMT_INCOME	This the member's income amount.	NUMBER	10	2	N
DTE_ADDED	The date the member information was added.	DATE	0	0	N
DTE_LAST_UPDATE	The date the member information was last updated	DATE	0	0	N

2.13.482 T_RE_CARE_MNGR

Table will contain the care manager name and case status. This information comes from EDS ATLANTES.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
IND_CASE_STATUS	Indicates if the case management case is open or close. The values are 'O' and 'C'.	CHAR	1	0	N
NAM_FULL	The full name of the member's care manager.	CHAR	50	0	N
DTE_STATUS_CHG	Contains the date in CCYYMMDD format that the case status was last updated.	DATE	0	0	N
TME_STATUS_CHG	Time (HHMMSS 24 hr) that the case status indicator was last changed.	NUMBER	8	0	N

2.13.483 T_RE_CASE

Information about a case which is determined by DHS. A case is generally made up of the family members who reside within the same household and are eligible for Medicaid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CASE	Number used to identify a group of members that are in a case created by DHS.	CHAR	12	0	N
ID_CASE_WORKER	Identifies the case worker assigned to the case.	CHAR	6	0	N
QTY_ADULT_SIZE	Number of adults in the case.	CHAR	2	0	N
QTY_CHILD_SIZE	Number of children in the case.	CHAR	2	0	N
NAM_LAST	Member's last name.	CHAR	20	0	N
NAM_FIRST	Member's first name.	CHAR	15	0	N
NAM_MID_INIT	Member's middle initial.	CHAR	1	0	N
AMT_INCOME	Member's income Amount	NUMBER	11	2	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N

2.13.484 T_RE_CASE_XREF

Cross-reference between a member and prior cases they have been a part of.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_XREF	System assigned key to uniquely identify a member and case number.	NUMBER	9	0	Y
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	N
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
DTE_CERT	Indicates the date that the member was certified in the case.	DATE	0	0	N

2.13.485 T_RE_CDE_ADR_USAGE

This table contains the address types that will be stored for a member.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ADDR_USAGE	This is the type of address that is being kept.	CHAR	2	0	Y
DSC_ADDR_USAGE	This is the description for the address usage.	CHAR	30	0	N

2.13.486 T_RE_CDE_ASGN_TYPE

This table stores the valid assignment codes, values and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ASGN_TYPE	This is the code that identifies the type of assignment plan code	CHAR	4	0	Y
CDE_ASGN_VALUE	This is the value of the assignment plan's code.	CHAR	4	0	Y
SAK_BENEFIT_PLAN_TYPE	This is the primary key for the Benefit Plan Types.	NUMBER	9	0	N
DSC_ASGN_CDE_TYPE	This is the description of the assignment code.	VARCHAR2	100	0	N

2.13.487 T_RE_CDE_CS_DS_STATE

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROGRAM_LEVEL	Identifies the program level	CHAR	3	0	Y
DSC_PROGRAM_LEVEL	The description for the Program Level	VARCHAR	50	0	N

2.13.488 T_RE_CDE_PARTD_DUAL_STATUS

Code table to carry the Medicare Part D Dual Status codes and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DUAL_STATUS	Indicates the member's dual status code.	CHAR	2	0	Y
DSC_DUAL_STATUS	The full description for the dual status code.	VARCHAR2	100	0	N

2.13.489 T_RE_CDE_PARTD_ENROLL_TYPE

Code table to carry the Medicare Part D Enrollment Type code values and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ENROLL_TYPE	The enrollment type for the Part D Medicare.	CHAR	2	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_ENROLL_TYPE	The full description for the enrollment type for the Part D Medicare.	VARCHAR2	100	0	N

2.13.490 T_RE_CDE_PDP_TYPE

Code table to carry the PDP types that are used for Plans and Carriers.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PDP_TYPE	This code identifies the type of PDP plan such as HMO, PPO.	CHAR	2	0	Y
DSC_PDP_TYPE	The full description for the PDP Plan code.	VARCHAR2	100	0	N
IND_CARRIER	Y/N value to identify whether this plan type is used for Carriers.	CHAR	1	0	N
IND_PLAN	Y/N value to identify whether this plan type is used for identifying plan types for the PDP_PLAN table.	CHAR	1	0	N

2.13.491 T_RE_CDE_SOURCE

This table contains the list of valid member source codes to track the origin of a transaction back to it's source.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	Y
DSC_SOURCE	This is the full description of the source of member updates and information.	CHAR	100	0	N
NUM_HIST_LOG_RETAIN	Field to store the number of days to keep the history log and error records on before they are purged for a specific source code.	NUMBER	9	0	N

2.13.492 T_RE_CITIZEN_DSC

Description of Citizen Status Codes

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CITIZEN_DSC	System assigned key to uniquely identify a citizen status code and associated description.	NUMBER	9	0	Y
CDE_CITIZEN_STAT	Citizen Status Code	CHAR	1	0	N
DSC_CITIZEN_STAT	Citizen Status Description	CHAR	60	0	N

2.13.493 T_RE_CMS_MMA_ENROLL

This table stores the history of dual eligible information sent to CMS for enrolling the beneficiaries into PART D coverage for Medicare Modernization Act (MMA).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT	The system assigned key used along with the SAK RECIP to uniquely identify an eligibility segment for a particular member	NUMBER	4	0	Y
CDE_REC_TYPE	Identifies the type of the record that was sent. Valid values are 'D' for Detail (DET) and 'S' for Low income subsidy record (LIS).	CHAR	1	0	N
MTH_BENEFIT	This contains the benefit month and year (MMYYYY) for which the eligibility record has been sent	NUMBER	6	0	N
IND_ELIG_STA	Indicates Member Medicaid eligibility for the benefit month. Valid values 'Y' or 'N' for DET records and 9 for LIS records.	CHAR	1	0	N
CDE_HIC_RRB	Indicator for the member's Medicare id. Health Insurance claim number of Railroad retirement board claim number. Valid values are H or R.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICARE	The member's current Medicare ID number. (HIC/RRB number).	CHAR	15	0	N
NUM_SSN	The social security number of member	CHAR	9	0	N
NAM_LAST	The last name of member	CHAR	20	0	N
NAM_FIRST	The first name of member	CHAR	15	0	N
NAM_MID_INIT	The middle initial of member	CHAR	1	0	N
CDE_SEX	Indicates the sex of member	CHAR	1	0	N
DTE_BIRTH	The date of birth of the member.	DATE	0	0	N
CDE_DUAL_STATUS	Indicates the member's dual status code.	CHAR	2	0	N
CDE_FPL	Indicates the Federal Poverty Level. Values are '1' for <=100% of FPL, '2' FOR >100 of FPL and '9' for Unknown.	CHAR	1	0	N
CDE_DRUG_COV	Member's drug coverage indicator under Medicaid. Values are 0 for No coverage, 1 for Medicaid drug coverage and 9 for Unknown.	CHAR	1	0	N
IND_INST_STATUS	Indicates Member's eligibility to the Nursing facility, Intermediate care facility/Mentally Retarded or Inpatient Psychiatric Hospital. Determined by the level of care field. Values are 'Y', 'N' or 9 for Known.	CHAR	1	0	N
IND_SUBSIDY	Indicates subsidy approval for PART D coverage. Values are 'Y','N' or 9 for n/a.	CHAR	1	0	N
DTE_SUBSIDY	The date that the member's subsidy is approved for PART D coverage.	DATE	0	0	N
DTE_EFFECTIVE	The date that the member becomes eligible PART D subsidy coverage.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END	The date that the member is no longer eligible for the PART D subsidy coverage.	DATE	0	0	N
NUM_POV_PERCENT	Federal Poverty Level percentage for the PART D.	NUMBER	8	0	N
NUM_SUBSIDY_LVL	Identifies the portion of the PART D premium subsidized based upon the % of FPL. The following are the valid values: 100, 075, 050, 000, or 999	CHAR	3	0	N
CDE_INCOME_LVL	Income level used to determine the subsidy. Values are 1 for Individual, 2 for Couple and 9 for n/a.	CHAR	1	0	N
CDE_RESOURCE_LVL	Indicates the resource level. Values are 1=Over limit, 2=Under limit and 9=n/a.	CHAR	1	0	N
IND_APPEAL_STATUS	Indicates the appeal result status. Values are Y, N or 9 for n/a.	CHAR	1	0	N
IND_SUBSIDY_CHG	Indicates the change in the subsidy determination information sent in previous transmission. Values are Y, N or 9 for n/a.	CHAR	1	0	N
IND_SUBSIDY_CANCEL	Indicates if the subsidy information record that was sent in the previous transmission is cancelled or no longer valid. Values are Y,N or 9 for n/a.	CHAR	1	0	N
DTE_SENT	This is the date the record was sent to CMS.	DATE	0	0	N

2.13.494 T_RE_CMS_MMA_RESPONSE

This table contains the response (rejected) information received from CMS for the Part D eligible information (T_RE_CMS_MMA_RESPONSE) sent on a monthly basis.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT	The system assigned key used along with the SAK RECIP to uniquely identifies the enrollment response record for a particular member.	NUMBER	4	0	Y
IND_REC_REJD	Indication of whether the record is rejected or accepted. Valid values are 'Y' (Rejected) or 'N' (Accepted).	CHAR	1	0	N
CDE_REC_REJD	This is the numeric code indicating the reason for the reject. The actual description for the error code can be found in T_BATCH_ERR_MSG by using the field CDE_ERROR.	NUMBER	6	0	N
CDE_ERROR	The error number for a batch edit error	NUMBER	4	0	N
CDE_MEDICARE_A_B	For dual eligible (DET) record, this field indicates the presence of Medicare Part A and/or Part B entitlement during the benefit month, For LIS record, it indicates the A/B entitlement during first month of subsidy period as given in Part D approved or disapproved date. Valid values are Y or N.	CHAR	1	0	N
CDE_MEDICARE_D	For dual eligible (DET) record, this field indicates the presence of Medicare Part D enrollment during the benefit month, for LIS record this indicates the enrollment during first month of subsidy period as given in Part D approved/disapproved date. Valid values are Y or N.	CHAR	1	0	N
DTE_CREATED	The date the eligibility segment was created	DATE	0	0	N

2.13.495 MEMBER_CNTYPOP

This table holds county population data.

Column Name	Description	Type	Length	Precision	Primary Key
COUNTY	County Identifying number	CHAR	3	0	N
COUNTY_NAME	Name of the County	VARCHAR2	18	0	N
POPULATION	The Total Population of the County.	VARCHAR2	6	0	N

2.13.496 T_RE_CNTYPOP

This table holds county population data.

Column Name	Description	Type	Length	Precision	Primary Key
COUNTY	County Identifying number	CHAR	3	0	N
COUNTY_NAME	Name of the County	VARCHAR2	18	0	N
POPULATION	The Total Population of the County.	VARCHAR2	6	0	N

2.13.497 T_RE_CSE_DIS_STATE

This table is used to maintain the Member's Case Management and Disease Management program data

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member	NUMBER	9	0	Y
SAK_SHORT	Unique identifier for the individual Member record	NUMBER	4	0	Y
DTE_EFFECTIVE	Effective Date for the Program Level	DATE	0	0	N
DTE_END	End Date for the Program Level	DATE	0	0	N
CDE_PROGRAM_TYPE	Defines the type of program, Case Management or Disease Management. Valid values are C - Case Management and D - Disease Management	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROGRAM_LEVEL	Identifies the program level.	CHAR	3	0	N
CDE_RISK_LEVEL	Defines the risk level for the program level. The valid values are H-High, M-Moderate, L-Low	CHAR	1	0	N

2.13.498 T_RE_CUST_STATUS

A member can go in and out of custody. This table identifies the official custody status of a member and the time period it was effective for.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CUST_STATUS	System assigned key to uniquely identify a member's official status code for a specified time period.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_OFF_STAT	System assigned key to uniquely identify an official status code and the associated description.	NUMBER	9	0	N
DTE_EFFECTIVE	Date member entered this official status	DATE	0	0	N
DTE_END	Date member left this official status	DATE	0	0	N

2.13.499 T_RE_EDB

The Center for Medicare and Medicaid Services (CMS) is providing the Enrollment DataBase as an alternative for BENDEX processing. This new table will store the transaction sent from CMS for processing Medicare enrollment information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_RECIP	This is the member system assigned key. If the member match could not be done, the value is -1.	NUMBER	9	0	N
NUM_SSN	Member SSN	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_MEDICAID	Medicaid ID	CHAR	25	0	N
DTE_CREATED	Date finder file created YYMM	DATE	0	0	N
NUM_SEQ	Sequence number in finder file	CHAR	13	0	N
CDE_STATUS	Status from finder file	CHAR	1	0	N
NUM_HIC	HIC number	CHAR	11	0	N
DTE_BIRTH	Date of birth	DATE	0	0	N
DTE_DEATH	Date of death	DATE	0	0	N
CDE_SEX	Sex code	CHAR	1	0	N
NAM_FIRST	First name of the member/member.	CHAR	15	0	N
NAM_MI	Middle initial of the member/member.	CHAR	1	0	N
NAM_LAST	Last name of the member/member.	CHAR	24	0	N
ADR_STREET_1	List of street addresses	CHAR	22	0	N
ADR_STREET_2	Street Address 2	CHAR	22	0	N
ADR_STREET_3	Street Address 3	CHAR	22	0	N
ADR_STREET_4	Street Address 4	CHAR	22	0	N
ADR_STREET_5	Street Address 5	CHAR	22	0	N
ADR_STREET_6	Street Address 6	CHAR	22	0	N
CDE_REPAYEE	Repayee switch	CHAR	1	0	N
CDE_PREMPAYR_A	Part A premium payer	CHAR	1	0	N
CDE_PREMPAYR_B	Part B premium payer	CHAR	1	0	N
CDE_NENTL_A_STAT	Part A no entitlement code	CHAR	1	0	N
CDE_NENTL_B_STAT	Part B no entitlement code	CHAR	1	0	N
DTE_PTA_START	Part A start date	DATE	0	0	N
DTE_PTA_END	Part A end date	DATE	0	0	N
CDE_PTA_RSN	Part A reason code	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PTA_STATUS	Part A status code	CHAR	1	0	N
DTE_PTB_START	Part B start date	DATE	0	0	N
DTE_PTB_END	Part B end date	DATE	0	0	N
CDE_PTB_RSN	Part B reason code	CHAR	1	0	N
CDE_PTB_STATUS	Part B status code	CHAR	1	0	N
DTE_ENTITL_CHG	Date of entitlement change	DATE	0	0	N
CD_ENTITL_CHG_RSN	Reason entitlement changed	CHAR	1	0	N
DTE_RESIDENCE_CHG	Date of residence change	DATE	0	0	N
ADR_MAIL_CNT_ZIP	Mailing address zip code	CHAR	9	0	N
DTE_HFCA_DIB_START	HFCA (CMS) start date	DATE	0	0	N
DTE_HCFA_DIB_END	HFCA (CMS) end date	DATE	0	0	N
CDE_HCFA_JUST	HFCA (CMS) justification	CHAR	1	0	N
DTE_ESRD_CVRG_START	End stage renal disease start date	DATE	0	0	N
DTE_ESRD_CVRG_END	End stage renal disease end date	DATE	0	0	N
CDE_ESRD_CVRG_END	End stage renal disease coverage end code	CHAR	1	0	N
DTE_ESRD_DLYS_START	End stage renal dialysis start date	DATE	0	0	N
DTE_ESRD_DLYS_END	End stage renal dialysis end date	DATE	0	0	N
DTE_ESRD_TRNS_START	End stage renal transplant start date	DATE	0	0	N
DTE_ESRD_TRNS_END	End stage renal transplant end date	DATE	0	0	N
DTE_TP_PTA_START	Third party Part A start date	DATE	0	0	N
CDE_TP_PTA_PAYER	Third party Part A payer code	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TP_PTA_ACTRN_TX	Third party Part A accretion transaction code	CHAR	4	0	N
DTE_TP_PTA_ACTRN_BM	Third party Part A accretion billing month	DATE	0	0	N
DTE_TP_PTA_END	Third party Part A end date	DATE	0	0	N
CDE_TP_PTA_DELET_TX	Third party Part A deletion transaction code	CHAR	4	0	N
DTE_TP_PTA_DELET_BM	Third party Part A deletion billing month	DATE	0	0	N
CDE_TP_PTA_BUYIN_ELIG	Third party Part A Buy-In eligibility code	CHAR	1	0	N
DTE_TP_PTB_START	Third party Part B start date	DATE	0	0	N
CDE_TP_PTB_PAYER	Third party Part B payer code	CHAR	3	0	N
CDE_TP_PTB_ACTRN_TX	Third party Part B accretion transaction code	CHAR	4	0	N
DTE_TP_PTB_ACTRN_BM	Third party Part B accretion billing month	DATE	0	0	N
DTE_TP_PTB_END	Third party Part B end date	DATE	0	0	N
CDE_TP_PTB_DELET_TX	Third party Part B deletion transaction code	CHAR	4	0	N
DTE_TP_PTB_DELET_BM	Third party Part B deletion billing month	DATE	0	0	N
CDE_TP_PTB_BUYIN_ELIG	Third party Part B Buy-In eligibility code	CHAR	1	0	N
DTE_PBEN_EFFECTIVE	Personal benefits effective date	DATE	0	0	N
DTE_PBEN_START	Personal benefits start date	DATE	0	0	N
DTE_PBEN_END	Personal benefits end date	DATE	0	0	N
NUM_PBEN	Personal benefits number	CHAR	3	0	N
CDE_PBEN_CRVG_TYPE	Personal benefits coverage type	CHAR	2	0	N
DTE_LAST_UPDATE	Date inserted by batch process	DATE	0	0	N

2.13.500 T_RE_EDB_GHO

This is the table that store the EDB GHO information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_SHORT	The key value that will make the record unique.	NUMBER	4	0	Y
DTE_START	Start date as sent by CMS	DATE	0	0	N
DTE_END	End date as sent by CMS	DATE	0	0	N
NUM_CONTRACT	Contract number	CHAR	5	0	N

2.13.501 T_RE_EDB_HIC

This is the table that store the EDB past HIC numbers.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_SHORT	The key value that will make the record unique.	NUMBER	4	0	Y
NUM_HIC	The previous values for the HIC numbers sent by CMS.	CHAR	11	0	N

2.13.502 T_RE_EDB_HOSPICE

This is the table that store the EDB Hospice information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_SHORT	The key value that will make the record unique.	NUMBER	4	0	Y
DTE_START	Start date as sent by CMS	DATE	0	0	N
DTE_END	End date as sent by CMS	DATE	0	0	N
DTE_PRCSG	PRCSG date	DATE	0	0	N

2.13.503 T_RE_EDB_SSN

This is the table that store the EDB past Social Security numbers.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EDB	This is the unique system assigned key for the record.	NUMBER	9	0	Y
SAK_SHORT	The key value that will make the record unique.	NUMBER	4	0	Y
NUM_SSN	These are the previous Social Security Number	CHAR	9	0	N

2.13.504 T_RE_ELIG_DN

Member Program Eligibility contains the beneficiary's benefit plan eligibility segments. An eligibility segment specifies a period of time that the beneficiary is eligible for a Medical Assistance program coverage. Each eligibility segment is maintained by an effective date and end date. For further information about how the benefit plan and population codes are determined and how they relate, refer to the Beneficiary User Manual.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique beneficiary.	NUMBER	9	0	Y
SAK_PGM_ELIG	Used along with the SAK RECIP to uniquely identify an eligibility segment for a particular beneficiary.	NUMBER	4	0	Y
SAK_PUB_HLTH	The system assigned internal key for a unique program or benefit plan.	NUMBER	9	0	Y
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	0	Y
DTE_EFFECTIVE	The date that the beneficiary becomes eligible for the corresponding Medical Assistance program.	DATE	0	0	N
DTE_END	The date that the beneficiary is no longer eligible for the corresponding Medical Assistance program.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STOP	System assigned key to uniquely identify an eligibility stop reason code and it's description.	CHAR	3	0	N
CDE_STATUS1	The status code for the program eligibility segment. A blank means the segment is active, and an 'H' means that the segment is history and no longer valid.	CHAR	1	0	N
IND_MEMB_FFS_PAS	Indicator shows if the member was Passport or Fee For Service.	CHAR	1	0	N

2.13.505 T_RE_ELIG_STOP

Explains the termination of a eligibility period for a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ELIG_STOP	System assigned key to uniquely identify an eligibility stop reason code and it's description.	NUMBER	9	0	Y
CDE_STOP	Alphabetic code for the termination of an eligibility period for a Medicaid member.	CHAR	3	0	N
DSC_STOP	Description for the termination of an eligibility period for a Medicaid member.	CHAR	20	0	N

2.13.506 T_RE_EPS_CURR_SCRN

The table list the members last and next EPSDT Screening dates

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
DTE_LAST_MEDICAL	The member's last EPSDT Medical Screening date.	DATE	0	0	N
DTE_LAST_DENTAL	The member’s last EPSDT Dental Screening date.	DATE	0	0	N
DTE_LAST_HEARING	The member's last EPSDT Hearing Screening date.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_LAST_VISION	The member's last EPSDT Vision Screening date.	DATE	0	0	N
DTE_NEXT_MEDICAL	The member's next EPSDT Medical Screening due date. The date is calculated using the last medical screening date and the periodicity schedule.	DATE	0	0	N
DTE_NEXT_DENTAL	The member's next EPSDT Dental Screening due date. The date is calculated using the last medical screening date and the periodicity schedule.	DATE	0	0	N
DTE_NEXT_HEARING	The member's next EPSDT Hearing Screening due date. The date is calculated using the last medical screening date and the periodicity schedule.	DATE	0	0	N
DTE_NEXT_VISION	The member's next EPSDT Vision Screening due date. The date is calculated using the last medical screening date and the periodicity schedule.	DATE	0	0	N
DTE_LAST_UPDATED	The last date the member date(s) were updated.	DATE	0	0	N
IND_UPDATE	This indicates the sources of the update(s). The valid values are: 'R' - Rescreening , 'N' - Newly eligible.	CHAR	1	0	N

2.13.507 T_RE_HIB

This table contains the current and any previous Medicare IDs (HIB) for a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT_HIB	The system assigned key to uniquely identify each Medicare ID for a member.	NUMBER	4	0	Y
ID_MEDICARE	The member's current or previous Medicare ID (HIB).	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_SOURCE	The 1 byte source indicator that specifies the external entity that triggered a HIB addition or update.	CHAR	1	0	N
DTE_EFFECTIVE	The date the new Medicare ID was added and became effective.	DATE	0	0	N

2.13.508 T_RE_ID_CARD

This table stores the issue date and issue reason for each ID card issued to a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REC_ID_CARD	System assigned key to uniquely identify a plastic member ID card that was issued.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
DTE_ISSUE	Date the member ID card was issued.	DATE	0	0	N
CDE_ISSUE_REASON	Code to identify the reason an ID card was issued to the Medicaid member.	CHAR	1	0	N
NUM_ID_CARD	This number indicates the total number of times that a plastic ID card has been issued to a member. When a custody kid receives 2 plastic id cards in one mailing, this is just counted as 1.	NUMBER	4	0	N
ID_SOURCE	Identifies the clerk that asked for the replacement card or the system process that identified a card should be created.	CHAR	8	0	N
CDE_SOURCE	Identifies what type of source caused the id card to be created. Valid values are 'W' for window, 'P' for PS/2, and 'E' for EBS.	CHAR	1	0	N

2.13.509 T_RE_LIV_ARNG

Description of Living Arrangement Code Values.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_LIV_ARNG	System assigned key to uniquely identify a Living Arrangement Code and it's description.	NUMBER	9	0	Y
CDE_LIV_ARNG	Living Arrangement Code.	CHAR	2	0	N
DSC_LIV_ARNG	Description of Living Arrangement Code.	CHAR	50	0	N

2.13.510 T_RE_LOC_CODE

Contains all the valid level of care codes and their descriptions along with the type of LOC (Nursing Home, Personal Care)

Column Name	Description	Type	Length	Precision	Primary Key
CDE_LOC	Identifies the level of care for a member.	CHAR	5	0	Y
DSC_LOC	Describes the level of care for the member.	VARCHAR	50	0	N

2.13.511 T_RE_MC_REASON

This table contain the managed care reason codes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_MC	This is the code that identifies a Managed care reason code.	CHAR	1	0	N
DSC_REASON_MC	Reason code description	CHAR	25	0	N
IND_REASON_MC	Used to indicate whether or not this is a reason code for recipient auto-assignment that can be changed by the clerk.	CHAR	1	0	N
AA_WAIT_DAYS	This column contains the number of days a particular reason code should wait before recipients having it are Autoassigned.	NUMBER	3	0	N
IND_TRANSFER	This field indicates transfer disenrollments from the disenrollment process. The valid values are (Y/N).	CHAR	1	0	N

2.13.512 T_RE_MC_RECIP

This table holds a list of members who are potentially eligible to be in a Managed Care program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
DTE_ADDED	Date the member was identified as a potential Managed Care member through the PS/2 update and the data was added to the table.	DATE	0	0	N
CDE_REASON	The reason code used to assist in member auto-assignment. AA - No valid PMP choices; BB - Pend for manual assign; CC - BA Assistance required; EE - Redetermination date > 30 days; FF - Member has Medicare	CHAR	1	0	N
CDE_RSN_MC_DET	The reason code used to determine if a member was identified as a potential managed care member through redetermination or as an add. A=add, R=redetermine, D=disenrollment, M=identify MCPD eligibles	CHAR	1	0	N
CDE_RSN_DEL	The reason the member is about to be deleted from the list of potentials for Managed Care.	CHAR	1	0	N
SAK_PMP_TRANSFER	This is the SAK_PMP_SER_LOC of the PMP that a transfer will be going to. If the record is not a transfer record, then this field should be -1.	NUMBER	9	0	N
DTE_TRANSFER_START	This is only used for transfers and is the effective date that the member should start with the new PMP.	DATE	0	0	N

2.13.513 T_RE_MEDICARE_A

This table is used to determine when the member is enrolled in Part A Medicare.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT_MEDICARE	The system assigned key to uniquely identify each enrollment period of Medicare Part A coverage for a member.	NUMBER	4	0	Y
DTE_EFFECTIVE	The effective date of the Medicare Part A coverage.	DATE	0	0	N
DTE_END	The end date of the Medicare Part A coverage.	DATE	0	0	N
SAK_CARRIER	The system assigned key for the carrier who is handling the Medicare policy.	NUMBER	9	0	N
IND_RETRO	Medicare Retroactive Determination Indicator. If the row is updated with dates on or before the current system date, the indicator is set to 'Y'. The only time the indicator is reset from 'Y' to 'N' is when the Medicare Billing Process has used the row.	CHAR	1	0	N
DTE_LAST_UPDATE	Date segment was last updated.	DATE	0	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N

2.13.514 T_RE_MEDICARE_B

This table is used to determine when the member is enrolled in Part B Medicare.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SHORT_MEDICARE	The system assigned key to uniquely identify each enrollment period of Medicare Part B coverage for a member.	NUMBER	4	0	Y
DTE_EFFECTIVE	The effective date of the Medicare Part B coverage.	DATE	0	0	N
DTE_END	The end date of the Medicare Part B coverage.	DATE	0	0	N
SAK_CARRIER	The system assigned key for the carrier who is handling the Medicare policy.	NUMBER	9	0	N
IND_RETRO	Medicare Retroactive Determination Indicator. If the row is updated with dates on or before the current system date, the indicator is set to 'Y'. The only time the indicator is reset from 'Y' to 'N' is when the Medicare Billing Process has used the row.	CHAR	1	0	N
DTE_LAST_UPDATE	Date segment was last updated.	DATE	0	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N

2.13.515 T_RE_MEDICARE_D

The table to contain the Medicare Part D entitlement date information for a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT	The system assigned key to uniquely identify the appeal information for a member.	NUMBER	4	0	Y
SAK_PUB_HLTH	System assigned internal key for a member plan.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	The date on which a member becomes eligible for Medicare Part D, whether or not enrolled on Medicare Part D plan.	DATE	0	0	N
DTE_END	The date on which member becomes ineligible to Part D due to Medicare A/B coverage ended.	DATE	0	0	N
CDE_PARTD_SRC	Identifies the source of the update. 'W' for window, 'B' for batch and 'M' for MMA response file.	CHAR	1	0	N
DTE_LAST_UPDATED	The date the eligibility segment was last updated.	DATE	0	0	N
IND_CMS_ACCEPTED	Indicates whether CMS has enrolled or rejected this member into Part D.	CHAR	1	0	N

2.13.516 T_RE_MULTI_ADDRESS

This table is used to store alternate addresses and contact information for a member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
CDE_ADDR_USAGE	This is the type of address that is being kept.	CHAR	2	0	Y
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
ADR_STREET_1	This is the first line of the street address for the contact information.	CHAR	30	0	N
ADR_STREET_2	This is the second line of the street address for the contact information.	CHAR	30	0	N
ADR_STREET_3	This is the third line of the street address for the contact information.	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CITY	This is the city information of the address for the contact.	CHAR	18	0	N
ADR_STATE	The two byte state abbreviation for the address.	CHAR	2	0	N
ADR_ZIP_CODE	This is the postal zip code of the address for the contact information.	CHAR	5	0	N
ADR_ZIP_4	This is the postal zip code extension of the address for the contact information.	CHAR	4	0	N
CDE_COUNTY	The county number used to identify a geographical/political area in the state.	VARCHAR2	10	0	N
NAM_LAST	This is the contact's last name.	CHAR	20	0	N
NAM_FIRST	This is the contact's first name.	CHAR	15	0	N
NAM_MID_INIT	This is the contact's middle initial.	CHAR	1	0	N
NAM_TITLE	This is suffix of the contact's name.	CHAR	5	0	N
DSC_EMAIL	The email address of the contact for this address/contact name.	VARCHAR2	75	0	N
SAK_CDE_PHONE	System assigned key to uniquely identify a phone code.	NUMBER	9	0	N
NUM_PHONE	This is the phone number of the contact.	CHAR	10	0	N
NUM_FAX	This is the fax number of this contact.	CHAR	10	0	N

2.13.517 T_RE_NAME_XREF

This table contains the member's previous names and the date that the name was changed.

Column Name	Description	Type	Length	Precision	Primary Key

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT_NAME	The system assigned key used along with the system assigned member key to uniquely identify a Medicaid member's name at a particular point in time.	NUMBER	4	0	Y
NAM_LAST	The last name of a Medicaid member at a particular point in time.	CHAR	20	0	N
NAM_FIRST	The first name of a Medicaid member at a particular point in time.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of a Medicaid member at a particular point in time.	CHAR	1	0	N
DTE_LAST_CHANGE	The date that the Medicaid member's name was changed.	DATE	0	0	N

2.13.518 T_RE_OFF_STAT

Contains all of the valid official custody status codes and their description. The codes indicate what type of custody the member is in.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_OFF_STAT	System assigned key to uniquely identify an official status code and the associated description.	NUMBER	9	0	Y
CDE_OFF_STATUS	Official status code	CHAR	2	0	N
DSC_OFF_STATUS	Description of official status code.	CHAR	50	0	N

2.13.519 T_RE_OLD_COPAY

This table will contain the copay information from the mainframe system only. It is to be used for on member conversion and not future information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_SHORT	Key that keeps the records on this table unique.	NUMBER	4	0	Y
IND_COPAY	This indicates (Y/N) whether this member has copay from this period of time.	CHAR	1	0	N
DTE_EFFECTIVE	This is the effective date of the copay segment.	NUMBER	8	0	N
DTE_END	This is the end date of the copay segment.	NUMBER	8	0	N
CDE_SOURCE	This is the source of the member updates and information.	CHAR	5	0	N
DTE_ADDED	This is date that segment was added.	NUMBER	8	0	N

2.13.520 T_RE_OLD_PCN

This table stores all of the member's previous Medicaid ID numbers used in the old MMIS system. Each ID is stored along with it's effective and end dates. These old ID numbers can be used to access the member's information.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
SAK_OLD_PCN	The system assigned key used along with the system assigned member key to uniquely identify a Medicaid member's Medicaid ID at a particular point in time.	NUMBER	4	0	Y
ID_MED_RECIP_PREV	The Medicaid ID for a member at a particular point in time. This is a Medicaid ID that was used in the old OK system before the 2003 implementation.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_EFFECTIVE	Will always contain zeroes in OK system.	DATE	0	0	N
DTE_END	Will always contain 20021231 in OK system.	DATE	0	0	N

2.13.521 T_RE_PARTD_PDP_ASSIGN

This table contains the information about Medicare Part D prescription drug coverage carriers for the state.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RE_PDP_ASSIGN	The unique identifier for the PDP assignment.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PDP_PLAN	The system assigned internal key for a unique PDP Plan.	NUMBER	9	0	N
DTE_EFFECTIVE	This is the date the beneficiaries Medicare Part D PDP plan assignment is effective.	DATE	0	0	N
DTE_END	This is the date the beneficiaries Medicare Part D PDP plan assignments will end.	DATE	0	0	N
CDE_STATUS1	The status code for the PDP assignment segment. A blank means the segment is active, and an 'H' means that the segment is history and no longer valid.	CHAR	1	0	N
IND_PARTD_AE_DECL	This indicates whether or not a beneficiary had chosen not to be auto-enrolled by CMS in a Medicare Part D plan. Values: Y = YES N = NO.	CHAR	1	0	N
CDE_ENROLL_TYPE	The enrollment type for the Part D Medicare.	CHAR	2	0	N
DTE_CREATED	The date the assignment record was created.	DATE	0	0	N
DTE_LAST_UPDATED	This is the date the record was last updated.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_ACTIVE_THRU	The through date the assignment segment is active. When an assignment segments are added using the information received from CMS, If the same segment is not received from CMS in the subsequent MMA response file, active segment will be updated to history, the dte_active_thru will contain the date the segment was made history. This date will support the date specific assignment logic on the PDP assignment history window.	DATE	0	0	N

2.13.522 T_RE_PARTD_PDP_CARRIER

This table is needed to contain the information about individual Prescription Drug Plan Provider [PDP], primarily used for Medicare Part-D.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PDP	The system assigned internal key for a unique member	NUMBER	9	0	Y
ID_CONTRACT	Unique identification for an agreement between CMS and a Medicare Part D prescription drug coverage carrier.	CHAR	5	0	N
NAM_BUSINESS	Business or organization name of the Medicare Part D prescription drug coverage carrier	CHAR	50	0	N
ADR_MAIL_STRT1	The first line of the PDP's mailing address.	CHAR	30	0	N
ADR_MAIL_STRT2	The second line of the PDP's mailing address.	CHAR	30	0	N
ADR_MAIL_CITY	The city name of the PDP's mailing address	CHAR	20	0	N
ADR_MAIL_STATE	The state name of the PDP's mailing address	CHAR	2	0	N
ADR_MAIL_ZIP	The five character zip code of the PDP mailing address	CHAR	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_MAIL_ZIP_4	The zip plus four of the PDP's mailing address	CHAR	4	0	N
NAM_CONTACT	This is the name of the PDP contact for any questions related to PDP and their plans	CHAR	30	0	N
NUM_PHONE	This is the telephone number of the PDP contact	CHAR	10	0	N
NUM_PHONE_EXT	This is the telephone extension for PDP contact	CHAR	6	0	N
CDE_PDP_TYPE	This code identifies the type of PDP plan such as HMO, PPO.	CHAR	2	0	N
NUM_EIN	This is the PDPs Federal employee identification number	CHAR	9	0	N
DTE_LAST_UPDATED	This is the date the record was last updated	DATE	0	0	N

2.13.523 T_RE_PARTD_PDP_PLAN

This table contains the various Medicare Part D prescription drug coverage plans available for member within a PDP carrier.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PDP_PLAN	The system assigned internal key for a unique PDP Plan.	NUMBER	9	0	Y
SAK_PDP	The system assigned internal key for a unique member	NUMBER	9	0	N
ID_PLAN	Unique identification for a Medicare Part D prescription drug coverage plan.	CHAR	3	0	N
DTE_EFFECTIVE	This is the date the Medicare Part D PDP plan will be effective	DATE	0	0	N
DTE_END	This is the date the Medicare Part D PDP plan will end	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_PLAN	This is the name of the PDP plan.	VARCHAR2	50	0	N
CDE_PDP_TYPE	This code identifies the type of PDP plan such as HMO, PPO.	CHAR	2	0	N
DTE_LAST_UPDATED	This is the date the record was last updated.	DATE	0	0	N

2.13.524 T_RE_PAT_LIAB

Contains the member's patient financial liability for long term care. This data is maintained by an effective date and end date. For each date range, there will be a corresponding patient liability amount that will be applied before Medicaid will make payment on the claim.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PAT_LIAB	Unique identifier for patient liability	NUMBER	9	0	Y
SAK_FIN_PAYER		NUMBER	9	0	N
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
CDE_TYPE	Indicate which program to apply patient obligation to. N = Nursing Home; P = Personal Care	CHAR	1	0	N
DTE_EFFECTIVE	The date that the patient financial liability amount becomes effective for the member in a long term care facility.	DATE	0	0	N
DTE_END	The date that the patient financial liability amount is no longer effective for the member in a long term care facility.	DATE	0	0	N
AMT_PATNT_LIAB	The patient financial liability amount that must be paid by the member before Medicaid will make payment on the claim. This is a monthly amount.	NUMBER	8	2	N

2.13.525 T_RE_PMP_ASSIGN

This describes a member's Primary Medical Provider (PMP) assignment. This information is required for a member to be linked to a PMP and to participate in a managed care program.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RE_PMP_ASSIGN	This is a unique identifier for the PMP assignment.	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_PUB_HLTH		NUMBER	9	0	N
SAK_PMP_SER_LOC	The unique system assigned key to identify a Primary Medical Provider's service location.	NUMBER	9	0	N
DTE_EFFECTIVE	PMP Assignment effective date	DATE	0	0	N
DTE_END	PMP End Date	DATE	0	0	N
CDE_STATUS1	Specifies if the assignment is valid (space) or if the assignment has been historied ('H').	CHAR	1	0	N
IND_PRIMARY	Indicates if this is the primary assignment for the given program. In order to allow multiple assignments to the same program, (i.e. the member is assigned to an OB/GYN and assignment to a Family Practitioner at the same time) a single assignment MUST be designated as the primary assignment so that enrollment counts for a program are not exaggerated, etc... The assignment that gets marked as primary is determined by the focus of the PMP.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MC_REGION	This is the code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state	CHAR	5	0	N
SAK_PROV_MBR	System assigned key that uniquely identifies the provider enrollment tracking.	NUMBER	9	0	N
SAK_PROV_LOC_MBR	System Assigned Key for Provider Location Member.	NUMBER	9	0	N
CDE_RSN_MC_START	This indicates the reason a member was assigned to a specific PMP; for example, newly eligible or an approved change. This also includes the reasons a members relationship with a PMP was terminated; for example, death or an approved change.	CHAR	2	0	N
CDE_RSN_MC_STOP	This indicates the reason a member was assigned to a specific PMP; for example, newly eligible or an approved change. This also includes the reasons a members relationship with a PMP was terminated; for example, death or an approved change.	CHAR	2	0	N
SAK_MC_ENT_ADD	Unique identifier for the Managed Care entity (PS/2, Enrollment Broker, OHCA, system processes, and so on). This column identifies the entity that created the PMP assignment.	NUMBER	9	0	N
DTE_ADDED	Date that the PMP assignment was created/inserted.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MC_ENT_MBR	Unique identifier for the Managed Care entity (PS/2, Enrollment Broker, OHCA, system processes, and so on). This column identifies the entity that added the values for the SAK_PROV_MBR and CDE_SERVICE_LOC_MBR fields.	NUMBER	9	0	N
DTE_PROV_MBR_ADD	This is the date that the MCO's PCP (the group member) was associated with the member.	DATE	0	0	N
SAK_MC_ENT_CHANGE	Unique identifier for the Managed Care entity (PS/2, Enrollment Broker, OHCA, system processes, and so on). This column identifies the entity that last updated the PMP assignment.	NUMBER	9	0	N
DTE_CHANGED	This is the date that the PMP assignment was last updated.	DATE	0	0	N
SAK_MC_ENT_TERM	Unique identifier for the Managed Care entity (PS/2, Enrollment Broker, OHCA, system processes, and so on). This column identifies the entity that end dated the PMP assignment.	NUMBER	9	0	N
DTE_TERMED	This is the actual date that the PMP assignment was end dated. It is not necessarily the date that the PMP assignment is no longer effective (the end_date).	DATE	0	0	N

2.13.526 T_RE_PMP_REASON

Contains the PMP assignment reason codes and descriptions used to begin and end a recipient's assignment to a PMP.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RSN_MC_ASSIGN		CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_RSN_MC_ASSIGN		CHAR	100	0	N
CDE_RSN_PMP_ASSIGN		CHAR	1	0	N
IND_LETTER		CHAR	1	0	N
CDE_AA_CNT		CHAR	1	0	N
IND_CNT_CHANGE		CHAR	1	0	N

2.13.527 T_RE_REDETERM_DTE

This entity contains the actual and planned redetermination dates for a Medicaid member. The redetermination date is the date the case worker reviews a member's eligibility for Medicaid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y
DTE_REDET_ACTUAL	This is the actual member redetermination date when the case worker reviewed the member's Medicaid eligibility.	DATE	0	0	Y
DTE_REDET_PLAN	This is the planned member redetermination date when the case worker plans to next review the member's Medicaid eligibility. Will always contain zeroes in the OK system.	DATE	0	0	N

2.13.528 T_RE_REV_REQ

Identifies the valid member review requester codes and their descriptions

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_REQ	Unique key identifying the request code	NUMBER	9	0	Y
CDE_REV_REQ	Code indicating the requestor that decided the member should be put on review	CHAR	1	0	N
DSC_REV_REQ	Description of review requestor code	CHAR	30	0	N

2.13.529 T_RE_REV_RSN

Identifies the valid member review reason codes and their descriptions

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REV_RSN	Unique key identifying the reason code	NUMBER	9	0	Y
CDE_REV_RSN	Code indicating the reason the member was put on review.	CHAR	1	0	N
DSC_REV_RSN	Description of review reason code	CHAR	20	0	N

2.13.530 T_RE_SPEND_LIAB

Under special circumstances, the State of Kentucky may extend medical assistance to individuals whose income or resources are too high to qualify for Medicaid through categorical eligibility, but are insufficient to meet the cost of medical care. Spend down is that portion of the cost of health care that an individual must pay or incur before Medicaid makes payment. This entity contains the start and stop dates when the member case must meet a spend down liability. The spend down is applied at the case level, not the member level.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SPEND_LIAB	Internal system assigned key used to uniquely identify member spend down liability.	NUMBER	9	0	Y
SAK_FIN_PAYER		NUMBER	9	0	N
DTE_EFFECTIVE	The date which the case starts being liable for spend down amount.	DATE	0	0	N
DTE_END	The last date the case is responsible for spend down payments.	DATE	0	0	N
SAK_CASE	The system assigned key to uniquely identify a case.	NUMBER	9	0	N
AMT_SPENDDOWN	The total amount of spend down the case is responsible for during the specified time period.	NUMBER	10	2	N
CDE_TIME_PERIOD	Indicates if the spend down time period is monthly or a date span. The valid values are 'M' for monthly and 'S' for date span.	CHAR	1	0	N

2.13.531 T_RE_STUDY_GRP1

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.532 T_RE_STUDY_GRP2

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.533 T_RE_STUDY_GRP3

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.534 T_RE_STUDY_GRP4

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.535 T_RE_STUDY_GRP5

This is a work table containing a subset of member IDs for indepth analysis by DSS users.

Column Name	Description	Type	Length	Precision	Primary Key
MEMBER_ID	Unique identifier for the member.	CHAR	12	0	Y

2.13.536 T_STATE

Definition of the valid states that are used in the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE	The two byte state abbreviation.	CHAR	2	0	Y
DSC_STATE	The full name of the state.	CHAR	15	0	N

2.13.537 T_STATE_DESI

Contains the DESI drugs, with state defined effective dates. DESI is enacted by the Federal government and identifies drugs deemed to be less than effective; State's may also add to this listing

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG	System assigned key for a unique drug	NUMBER	9	0	Y
DTE_EFFECTIVE	The date at which the drug became DESI, signified as less than effective	DATE	0	0	N
DTE_END	The last date at which this DESI is effective; it is possible for a drug to be removed from DESI non payable status	DATE	0	0	N

2.13.538 T_SUSPECT_CODE

This table identifies the possible values for the TPL suspect code.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SUSPECT	This field identifies the TPL suspect code which identifies whether a TPL resource is suspect and, if so, how it was determined to be suspect.	CHAR	1	0	Y
SUSPECT_DESC	This field contains the description associated with a specific TPL suspect code.	CHAR	20	0	N

2.13.539 T_THERAPEUTIC

The Therapeutic Classes used for classification. Therapeutic class is a very definitive therapeutic classification system and is used to group drugs that treat the same things together. This is the Therapeutic Class Code, Specific (GC3, Alias HIC3) on the NDDF.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DRUG_THERA_CLS	The system assigned key for a unique drug therapeutic class.	NUMBER	9	0	Y
CDE_THERA_CLS_SPEC	For FDB implementations: Therapeutic Class Code, Specific. For MDX implementations: Therapeutic Class Code, UMC lowest detail TC available in TC1 thru TC5.	CHAR	3	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_THERA_CLS_SPEC	This is the description of the specific therapeutic class.	VARCHAR2	100	0	N
CDE_STATE_VAR	This field indicates what stage in the life cycle an item is in. 1= new; 2 = change; 3 = re-add; 4 = delete.	CHAR	1	0	N

2.13.540 T_THERA_AHFS

Therapeutic Class Code, AHFS (AHFS) Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_FORMULATION	The Generic Code Number Sequence Number (GCN_SEQNO) is a unique number representing a generic formulation. Like the GCN, it is specific to the generic ingredient(s), route of administration, and drug strength. Both are the same across manufacturers and/or package sizes. Unlike the GCN, which in some cases may have the same value for different dosage forms, the GCN_SEQNO is specific to its dosage form.	NUMBER	6	0	Y
CDE_THERA_CLS_AHFS	The Therapeutic Class, AHFS (AHFS) identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. A value has been assigned for each record included in NDDF whether or not the drug product is in the AHFS.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AHFS_REL	The GCN_SEQNO / AHFS Code Relation uses a concatenated key of GCN_SEQNO + AHFS to resolve the many-to-many relationship between GCNSEQNOTBL and AHFS Codes in AHFSDESCTBL. Each instance of this table provides the relative priority of assignment of a specific AHFS Code to its associated GCN_SEQNO (data element AHFS_REL). Each GCN_SEQNO value in GCNSEQNOTBL has at least one corresponding record in AHFSTBL.	CHAR	2	0	N

2.13.541 T_THERA_FDA

The HCFA FDA Therapeutic Equivalency Code (HCFA_FDA) indicates that although the drugs may have a different therapeutic classification, the FDA considers them therapeutically equivalent. The HCFA_FDA is provided on the Health Care Financing Administration's quarterly tape.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THERA_CLS_FDA	The HCFA FDA Therapeutic Equivalency Code (HCFA_FDA) indicates that although the drugs may have a different therapeutic classification, the FDA considers them therapeutically equivalent. The HCFA_FDA is provided on the Health Care Financing Administration's quarterly tape.	CHAR	2	0	Y
DSC	Text description of the HCFA FDA Therapeutic Equivalency Code.	VARCHAR2	100	0	N

2.13.542 T_TOOTH

These are the valid tooth numbers and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_NBR	The code associated to a particular tooth.	CHAR	2	0	Y
DSC_TOOTH_NBR	This is the description of the tooth.	CHAR	40	0	N

2.13.543 T_TOOTH_QUADRANT

These are the valid tooth quadrants and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_QUAD	Code identifying the tooth quadrant.	CHAR	3	0	Y
DSC_TOOTH_QUAD	Description of tooth quadrant.	VARCHAR2	50	0	N

2.13.544 T_TOOTH_SURFACE

These are the valid tooth surfaces and their descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOOTH_SURFACE	The code used to identify a surface of a tooth.	CHAR	1	0	Y
DSC_TOOTH_SURFACE	Description of the tooth surface.	CHAR	8	0	N

2.13.545 T_TORTFEASOR

Information about the person who is liable for the case. Used to send liens, letters, and to receive payments.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TORTFEASOR	The unique internal identifier used to identify the tortfeasor.	NUMBER	9	0	Y
NUM_CAS_ENT_ID	The account assigned number of the tortfeasor.	CHAR	8	0	N
ADR_STATE	The state where the tortfeasor's correspondence, cover letters, and liens are sent to.	CHAR	2	0	N
ADR_STREET_1	The first street address of the tortfeasor's where the correspondence, cover letters, and liens are sent to.	CHAR	55	0	N
ADR_STREET_2	The second street address of the tortfeasor's where the correspondence, cover letters, and liens are sent to.	CHAR	55	0	N
ADR_ZIP_CODE	The tortfeasor's zip code where the correspondence, cover letters, and liens are sent.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CODE_4	The last four numbers of the torfeasor's zip code where the correspondence, cover letters, and liens are sent to.	CHAR	4	0	N
NUM_PHONE	The phone number where the tortfeasor can be reached.	CHAR	15	0	N
NAM_MID_INIT	The middle initial of the tortfeasor is used for correspondence, cover letters, and liens.	CHAR	1	0	N
NAM_LAST	The last name of the tortfeasor used to address the correspondence, cover letters, and liens.	CHAR	15	0	N
NAM_FIRST	The first name of the tortfeasor used to address the correspondence, cover letters, and liens.	CHAR	13	0	N
ADR_CITY	The city of the tortfeasor where the correspondence, cover letters, and liens are sent to.	CHAR	30	0	N
NUM_PHO_EXT	The US or international phone extension number for the tortfeasor.	CHAR	6	0	N
NUM_FAX	The fax number for the tortfeasor in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.	CHAR	15	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.546 T_TPL_AC_PARENT

This table contains a listing of Medicaid members which have absent or custodial parents.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AC_PARENT	This is the unique identifier for the absent parent.	NUMBER	0	0	Y
CDE_SEX	This is the code describing the gender of an individual.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE	This field is used to describe the type of absent parent. Recommended values are as follows: 'A' = ABSENT PARENT; 'C' = CUSTODIAL PARENT	CHAR	1	0	N
DTE_ADDED	This is the date the record was added to the table.	DATE	0	0	N
NAM_LAST	This is the last name of the member's absent or custodial parent.	CHAR	15	0	N
NAM_FIRST	This is the first name of the member's absent or custodial parent.	CHAR	13	0	N
NAM_MID_INIT	This is the middle initial of the member's absent or custodial parent.	CHAR	1	0	N
NUM_SSN	This is the parent's social security number.	CHAR	9	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
DTE_BIRTH	Absent parents date of birth	DATE	0	0	N
CDE_MILITARY_BRANCH	The absent parent's branch of service code.	CHAR	1	0	N
CDE_MILITARY_STATUS	This is the Military status of the absent parent. Recommended values are 'A' - Active, 'D' - 100% DAV, 'E' - MEPCOM Enlistee, 'N' - National Guard, 'R' - Retired, 'V' - Reserve, 'X' - Other, 'Z' - Unknown, Space - Not Military	CHAR	1	0	N
ADR_STATE	This is the state abbreviation for the state in which the absent parent resides.	CHAR	2	0	N
NUM_PHONE	The US or international phone number of the absent or custodial parent.	CHAR	15	0	N
NUM_PHONE_EXT	The US or international phone extension number for the absent or custodial parent.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_FAX	The fax number for the absent or custodial parent in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.	CHAR	15	0	N
ADR_CITY	This is the absent parent's city where the correspondence is sent to. Could be an out of country city if country code is not US.	CHAR	30	0	N
ADR_STREET_1	The first address line of the absent parent used for correspondence. Could be an international address if country code is not US.	CHAR	55	0	N
ADR_STREET_2	The second address line of the absent parent used for correspondence. Could be an international address if country code is not US.	CHAR	55	0	N
ADR_ZIP	This is the first five digits of the absent parent's zip code used for correspondence. Could also be an out of country zip code if country code is not US.	CHAR	15	0	N
ADR_ZIP_4	This is the last four digits of the zip code for correspondence of an absent parent if within the US.	CHAR	4	0	N

2.13.547 T_TPL_AC_PARENT_EMP_XREF

This table relates an employer to a row in the t_tpl_ac_parent table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AC_PARENT	Unique identifier for the absent parent	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EMP	This is the system assigned key for the policyholder employer. It is used to uniquely identify the employer internally to the system. Each employer also has a user-defined employer ID which is used on all screens and reports.	NUMBER	9	0	Y
CDE_EMP_STATUS	Employment status	CHAR	4	0	N
DTE_EFFECTIVE	Employment effective date	DATE	0	0	N

2.13.548 T_TPL_AC_PARENT_RECIP_XREF

This table relates a member to a row in the t_tpl_ac_parent table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_AC_PARENT	Unique identifier for the absent parent	NUMBER	9	0	Y
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	Y

2.13.549 T_TPL_AR_CAS_DISPS

Dispositions are added to show the receipt of money for the settlement of TPL Casualty Cases.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key to uniquely identify the TPL A/R disposition.	NUMBER	9	0	Y
SAK_BUDGET	The system assigned key that identifies a unique budget with interChange.	NUMBER	9	0	N
SAK_CAS_SET	This is an internal identifier that uniquely identifies a casualty case recovery record.	NUMBER	9	0	N
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	N
NUM_SEQ_BATCH	Number that uniquely identifies each individual disposition that was applied to a cash receipt	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EXPENDITURE	System assigned key that uniquely identifies an expenditure transaction.	NUMBER	9	0	N
DTE_ADDED	Date added to the table.	DATE	0	0	N
AMT	The amount that the disposition is to increase or decrease the expected receipt from the TPL A/R.	NUMBER	9	2	N
IND_DEBIT	Indicator identifying whether the disposition is to debit or credit the associates A/R. Debit increases the amount of the A/R, credit reduces the amount.	CHAR	1	0	N
SAK_ACCT_REC	System assigned key to identify the TPL A/R disposition.	NUMBER	9	0	N
CDE_REASON_TWO	The reason that the A/R disposition was added.	CHAR	2	0	N
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	N
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	N

2.13.550 T_TPL_AR_CLM_XREF

This table associates the TPL Health A/R to the claim it was created to recover.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	Y
SAK_ACCT_REC	System assigned key to uniquely identify the TPL Account Receivable.	NUMBER	9	0	Y

2.13.551 T_TPL_AR_DISPS

Dispositions are added and associated to TPL Account Receivables to show the receipt of money for the A/R's claim, or the denial of the A/R.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_DISPOSITION	System assigned key to uniquely identify the TPL A/R disposition.	NUMBER	9	0	Y
SAK_BUDGET		NUMBER	9	0	N
SAK_ACCT_REC	System assigned key to uniquely identify the TPL Account Receivable.	NUMBER	9	0	N
DTE_ADDED	Date on which the disposition was added to the system.	DATE	0	0	N
AMT	Amount for which the disposition is to apply to the associated A/R.	NUMBER	9	2	N
IND_DEBIT	Indicator identifying whether the disposition is to debit or credit the associated A/R. Debit increases the amount of the A/R, and credit reduces the amount.	CHAR	1	0	N
SAK_CASH_RECEIPT	System assigned key that uniquely identifies any check submitted to the account from an outside source.	NUMBER	9	0	N
NUM_SEQ_BATCH	Number that uniquely identifies each individual disposition that was applied to a cash receipt.	NUMBER	9	0	N
SAK_EXPENDITURE	System assigned key that uniquely identifies an expenditure transaction.	NUMBER	9	0	N
CDE_REASON_TWO	A code identifying the reason for creating a TPL A/R disposition.	CHAR	2	0	N

2.13.552 T_TPL_AR_HEALTH

A TPL Health Account Receivable is set up to show the expectation of receiving payment for a claim that has already been paid.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_ACCT_REC	System assigned key to uniquely identify the TPL Account Receivable.	NUMBER	9	0	Y
NUM_CONTROL_AR	Number that uniquely identifies the A/R to the user.	CHAR	13	0	N
CDE_OWNER	An indicator identifying who was billed for the A/R.	CHAR	1	0	N
IND_DUPE	An indicator to denote that other A/Rs were previously created for the same claim to which this is associated.	CHAR	1	0	N
DTE_BILLED	Date that the A/R was last billed.	DATE	0	0	N
SAK_POL_HOLD	System assigned key to identify the Policyholder to which the TPL A/R is tied.	NUMBER	9	0	N
SAK_RECIP	System assigned key to identify the Member to which the TPL A/R is tied.	NUMBER	9	0	N
DTE_ADDED	Date that the A/R was added to the system.	DATE	0	0	N
DTE_LAST_CHANGE	Date that the A/R status was last updated.	DATE	0	0	N
AMT	The amount that is expected to be received due to the A/R.	NUMBER	9	2	N
IND_SOURCE	Indicator identifying whether the A/R was created by the system through billing jobs, or manually by a user.	CHAR	1	0	N
CDE_REASON_TWO	Code identifying the current status of the A/R.	CHAR	2	0	N
SAK_CARRIER	This system assigned key is used to uniquely identify a carrier internal to the system.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COVERAGE	Identifies the TPL policy's claim type coverage.	CHAR	2	0	N
DTE_FIRST_SVC	The first date of service on the claim that the A/R is associated to.	DATE	0	0	N
DTE_LAST_SVC	The last date of service on the claim that the A/R is associated to.	DATE	0	0	N
SAK_TPL_RESOURCE	This identifies the resource for which the account receivable was created.	NUMBER	9	0	N
SAK_PROV	This identifies the billing provider for the claim.	NUMBER	9	0	N
CDE_STATUS	Code identifying if the A/R has been billed or rebilled.	CHAR	1	0	N

2.13.553 T_TPL_AR_REASONS

The list of reasons and their descriptions that are valid for Health A/Rs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_REASON_TWO	The reason that the A/R disposition was added.	CHAR	2	0	Y
DSC_50	A description of the reason that the A/R disposition was added.	CHAR	50	0	N

2.13.554 T_TPL_CARRIER

The carrier table contains information about other insurance companies that may have issued policies which cover Kentucky Medical Assistance Program members. The claim submission address is used for all claim facsimile billings. A separate correspondence address (if different than the claim submission address) is maintained on another table. The correspondence address is used for all non-facsimile correspondence but is not used by financial. The contact name is used to address all questions concerning the policy and carrier.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CARRIER	This is the system assigned key for the TPL other insurance carrier. It uniquely identifies the carrier internally to the system. Each carrier also has a user-defined carrier ID which is used on all screens and reports.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CARRIER	An unique identifier used to determine the type of carrier as well as to identify correspondence sent from the carrier.	CHAR	7	0	N
NAM_BUS	This field contains the business name of an insurance carrier. This allows us to access all insurance carrier information when the carrier gives us only his business name.	CHAR	45	0	N
ADR_MAIL_STRT1	This is the street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	55	0	N
ADR_MAIL_STRT2	This is the second street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	55	0	N
ADR_MAIL_CITY	This is the city for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	30	0	N
ADR_MAIL_STATE	This is the state for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the first 5 digits of the zip code for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	CHAR	15	0	N
ADR_MAIL_ZIP_4	This is the last 4 digits of the zip code of a claim submission address for a carrier. It is used for mailing TPL claim facsimiles.	CHAR	4	0	N
NAM_CONTACT	This is the name of the carrier contact when there are questions about a policy or the carrier.	CHAR	40	0	N
NUM_PHONE	This is the telephone number of the carrier contact.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_PHO_EXT	This is the telephone extension of the carrier contact.	CHAR	6	0	N
CDE_BILL_MEDIA	This code identifies the billing media on which this carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	N
CDE_HMO_PPO	This code identifies whether this carrier is an HMO or PPO.	CHAR	1	0	N
CDE_CLAIM_FORM	This code identifies the claim form on which this carrier wishes to receive TPL claim facsimiles.	CHAR	1	0	N
CDE_CASE_RESP	Code that identifies the user that is responsible for the carrier.	CHAR	3	0	N
EIN	This is the FEIN for the Carrier.	CHAR	9	0	N
NUM_FAX	This is the fax number of the carrier contact.	CHAR	15	0	N
CDE_COUNTRY	This is the country code of the carrier contact.	CHAR	2	0	N
ID_ELECTRONIC_BILLING	This is the electronic billing ID of the carrier contact.	NUMBER	9	0	N
NUM_REBILL_FREQ	This is the carrier billing frequency, in days.	CHAR	3	0	N
NUM_PIN	This is the pin number for the carrier's electronic billing.	CHAR	10	0	N
CDE_CARRIER_TYPE	This is the code for the carrier type.	CHAR	2	0	N
CDE_CARRIER_STAT	This is the code for the carrier status.	CHAR	2	0	N
DTE_EFFECTIVE	This is the carrier's beginning effective date.	DATE	0	0	N
DTE_END	This is the carrier's ending date.	DATE	0	0	N
IND_INS_DISCLOSURE	This shows whether the carrier participates in the Insurance Disclosure program.	CHAR	1	0	N

2.13.555 T_TPL_CASE_INFO

Member Executor/Trustee data table

Column Name	Description	Type	Length	Precision	Primary Key
sak_case_info	Unique identifier to identify the member's executor/trustee information.	NUMBER	9	0	Y
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	2	0	N
nam_last	Last name of the executor/trustee.	VARCHAR2	25	0	N
nam_first	First name of the executor/trustee.	CHAR	15	0	N
nam_mid_init	Middle initial of the executor/trustee.	CHAR	1	0	N
adr_street_1	The first street address of the executor/trustee.	CHAR	55	0	N
adr_street_2	The second street address of the executor/trustee.	CHAR	55	0	N
adr_city	The city of the executor/trustee	CHAR	30	0	N
adr_state	The state of the executor/trustee.	CHAR	2	0	N
adr_zip_code	The zip code of the executor/trustee.	VARCHAR2	20	0	N
adr_zip_4	The last four characters of the zip code of the executor/trustee.	CHAR	4	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
num_phone	Executor or Trustee phone number	CHAR	15	0	N
ind_bury_trust	Trust burial indicator.	CHAR	1	0	N
ind_bury_prepaid	Prepaid burial indicator	CHAR	1	0	N
ind_own_home	Home owner indicator	CHAR	1	0	N
ind_will	Will indicator	CHAR	1	0	N
ind_bury_aside	Money aside burial indicator	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ind_qit	Qualifying Income Trust indicator	CHAR	1	0	N
ind_lifetime_care	Lifetime care indicator	CHAR	1	0	N
ind_sold_prop	Sold property indicator	CHAR	1	0	N
ind_auth_rep	Authorized representative indicator	CHAR	1	0	N
ind_resources	Other resources indicator	CHAR	1	0	N
ind_acc_settle	Accident settlement indicator.	CHAR	1	0	N
num_policy_acct	Insurance policy account number.	CHAR	30	0	N
amt_homestead	Estimated home value	NUMBER	9	2	N
ind_annuity	Indicates if a member receives income from annuities.	CHAR	1	0	N

2.13.556 T_TPL_CASE_INFO_XREF

The Case Information Xref table associates a TPL case to either and executor or a trustee.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_INFO	Unique identifier to identify the member's executor/trustee information.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y

2.13.557 T_TPL_CDE_BILLING_STATUS

This table is the code table for the Billing Status codes used by the t_tpl_ar_health table.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS	This is the billing status code.	CHAR	1	0	Y
DSC_STATUS	This is the description of the billing status code.	CHAR	30	0	N

2.13.558 T_TPL_CDE_BILL_TYPE

This is a listing of TPL billing codes.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BILL_TYPE	This code identifies the type of TPL billing.	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_BILL_TYPE	This field describes the type of billing.	CHAR	50	0	N

2.13.559 T_TPL_CDE_CARRIER_STAT

This is a listing of carrier status codes and their descriptions. These status codes can be used to indicate if the carrier is active, inactive, or invalid.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CARRIER_STAT	This is the code for the carrier status.	CHAR	2	0	Y
DSC_CARRIER_STAT	This is the description of the carrier status.	VARCHAR2	40	0	N

2.13.560 T_TPL_CDE_CARRIER_TYPE

This is a listing of carrier type codes and their descriptions. Example values include carrier and subcontracting carrier.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CARRIER_TYPE	This is the code for the carrier type.	CHAR	2	0	Y
DSC_CARRIER_TYPE	This is the description of the carrier type.	VARCHAR2	40	0	N

2.13.561 T_TPL_CDE_PLAN_TYPE

This table contains insurance plan type code and description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLAN_TYPE	Internal system code referencing the type of insurance plan	CHAR	1	0	Y
DSC_PLAN_TYPE	The description of the insurance plan.	CHAR	120	0	N

2.13.562 T_TPL_COIN_DED

This table contains deductible and coinsurance information for each coverage type of a TPL resource for a member. This information allows us to determine if it is cost effective for Medicaid to pay for insurance for the member and, if so, to keep track of the amounts and schedules of the policy deductibles and coinsurance.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_COIN_DE_PRM	This is the system assigned key for the coinsurance table. It is used to uniquely identify each record internally to the system.	NUMBER	9	0	Y
AMT_DEDUCT_INDV	This is the individual deductible amount a member is responsible for on a specific coverage type of a policy.	NUMBER	7	2	N
AMT_DEDUCT_FAM	This is the family deductible amount a member is responsible for on a specific coverage type of a policy.	NUMBER	7	2	N
CDE_DEDUCT_SCHD	This is the deductible schedule for a specific coverage type of a policy.	CHAR	1	0	N
AMT_CO_PAY	This is the coinsurance amount that a member is responsible for on a specific coverage type of a policy.	NUMBER	7	2	N
PCT_CO_PAY	This is the coinsurance percentage that a member is responsible for on a specific coverage type of a policy.	NUMBER	4	0	N
CDE_CO_PAY_SCH	This is the coinsurance schedule for a specific coverage type of a policy.	CHAR	1	0	N

2.13.563 T_TPL_CONTRACTOR

The contractor table contains information regarding subcontractors that do business with the State. Many are paid contingency or incentive fees for services.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CONTRACTOR	System assigned key that identifies the subcontractor.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NAM_BUS	This field contains the business name of a subcontractor. This allows us to access all subcontractor information when the contractor gives us only his business name.	CHAR	45	0	N
ADR_STREET_1	This is the street address for the subcontractor.	CHAR	30	0	N
ADR_STREET_2	This is the second street address for the subcontractor.	CHAR	30	0	N
ADR_CITY	This is the city for the subcontractor.	CHAR	15	0	N
ADR_STATE	This is the state for the subcontractor.	CHAR	2	0	N
ADR_ZIP	This is the zip code for the subcontractor.	CHAR	5	0	N
ADR_ZIP_4	This is the four digit zip code extension for the subcontractor.	CHAR	4	0	N
NAM_CONTACT	This is the name of the subcontractor contact.	CHAR	40	0	N
NUM_PHONE	This is the phone number of the subcontractor contact.	CHAR	10	0	N
NUM_PHONE_EXT	This is the phone extension number for the subcontractor contact.	CHAR	4	0	N
NUM_FAX	This is the fax number for the subcontractor contact.	CHAR	10	0	N
ADR_EMAIL	This is the e-mail address for the subcontractor contact.	VARCHAR2	40	0	N

2.13.564 T_TPL_CONT_FEE

This contingency fee table contains information about subcontractor contingency fees. It stores a record of these fees for each contractor, based on case and claim types.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CONT_FEE	System assigned key that identifies the contingency fee record.	NUMBER	9	0	Y
SAK_CONTRACTOR	System assigned key that identifies the subcontractor.	NUMBER	9	0	N
CDE_CASE_TYPE	This indicates the type of the casualty case.	CHAR	1	0	N
CDE_CLM_TYPE	Value for the type of claim that can be processed in the MMIS system.	CHAR	1	0	N
DTE_EFFECTIVE	The effective date is the begin date for the contingency fee segment.	DATE	0	0	N
DTE_END	The end date is the ending date of the contingency fee segment.	DATE	0	0	N
AMT_CONT_FEE	This is the amount of the contingency fee.	NUMBER	9	0	N
PCT_CONT_FEE	This is the contingency fee percentage amount.	NUMBER	9	0	N

2.13.565 T_TPL_CORR_ADDR

This table contains the correspondence address of a carrier. It is only present if the correspondence address differs from the carrier claim submission address.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CARRIER	This is the system assigned key for the TPL other insurance carrier. It uniquely identifies the carrier internally to the system. Each carrier also has a user-defined carrier ID which is used on all screens and reports.	NUMBER	9	0	Y
CDE_CARRIER	This is a unique, user-defined carrier ID which is used on all screens and reports to identify the carrier.	CHAR	7	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CLM_STRT1	This is the street address for correspondence with a TPL carrier.	CHAR	55	0	N
ADR_CLM_STRT2	This is the second street address for correspondence with a TPL carrier.	CHAR	55	0	N
ADR_CLM_CITY	This is the city for correspondence with a carrier.	CHAR	30	0	N
ADR_CLM_STATE	This is the state for correspondence with a carrier.	CHAR	2	0	N
ADR_CLM_ZIP	This is the first five digits of the zip code for correspondence with a carrier.	CHAR	15	0	N
ADR_CLM_ZIP_4	This is the last four digits of the zip code for correspondence with a carrier.	CHAR	4	0	N
NAM_TECH_CONTACT	The technical contact name for the carrier	CHAR	40	0	N
NUM_PHONE_TECH	The technical contacts phone number.	CHAR	10	0	N
NUM_EXT_TECH	The technical contacts phone number extension.	CHAR	6	0	N
NAM_CORP_CONTACT	The corporate contact name for the carrier.	CHAR	40	0	N
NUM_PHONE_CORP	The corporate contacts phone number.	CHAR	10	0	N
NUM_EXT_CORP	The phone number extension.	CHAR	6	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N
NUM_FAX	The fax number for the corporate contact in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.	CHAR	15	0	N

2.13.566 TPL Coverage Plan Cross-Refe

This table allows users to tie TPL coverage codes to benefit plans used as OI Plans and carriers associated with those plans.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Y
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
SAK_CARRIER	This is the system assigned key for the TPL other insurance carrier. It uniquely identifies the carrier internally to the system. Each carrier also has a user-defined carrier ID which is used on all screens and reports.	NUMBER	9	0	Y
DTE_ACTIVE	This is the date that the row becomes active.	DATE	0	0	N
DTE_INACTIVE	The date that the row becomes inactive.	DATE	0	0	N
DTE_EFFECTIVE	Effective date of the row.	DATE	0	0	N
DTE_END	End date of the row.	DATE	0	0	N

2.13.567 T_TPL_COV_PLAN_XREF

This table allows users to tie TPL coverage codes to benefit plans used as OI Plans and carriers associated with those plans.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_COVERAGE	This code identifies the type of coverage that a TPL policy provides.	CHAR	2	0	Y
SAK_PUB_HLTH	System assigned internal key for a medical assistance program.	NUMBER	9	0	Y
SAK_CARRIER	This is the system assigned key for the TPL other insurance carrier. It uniquely identifies the carrier internally to the system. Each carrier also has a user-defined carrier ID which is used on all screens and reports.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DTE_ACTIVE	This is the date that the row becomes active.	DATE	0	0	N
DTE_INACTIVE	The date that the row becomes inactive.	DATE	0	0	N
DTE_EFFECTIVE	Effective date of the row.	DATE	0	0	N
DTE_END	End date of the row.	DATE	0	0	N

2.13.568 T_TPL_CVRG_LVL

This table contains the coverage levels for a policy to allow for better analysis for HIPP.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CVRG_LVL	This is the coverage level codes. Valid values include: I - Individual E - Employee Only F - Employee + Family C - Employee + Children (default) S - Employee + Spouse O - Other 1 - Employee + 1	CHAR	1	0	Y
DSC_CVRG_LVL	This is the description of the coverage level	CHAR	30	0	N

2.13.569 T_TPL_EMPLOYER

The employer table contains information about policyholder employers. Employers may be used as an additional source of information when TPL coverage data is missing or incomplete. Employer data may also be used to identify potential TPL coverage information when it is learned that a member is employed by a particular employer.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EMP	This is the system assigned key for the policyholder employer. It is used to uniquely identify the employer internally to the system. Each employer also has a user-defined employer ID which is used on all screens and reports.	NUMBER	9	0	Y
CDE_EMPLOYER	This field is the unique, user-defined employer ID which is used on all screens and reports to identify the employer.	CHAR	7	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_BUS	This is the business name of an employer.	CHAR	39	0	N
ADR_MAIL_STRT1	This is the street address of an employer.	CHAR	55	0	N
ADR_MAIL_STRT2	This is the second street address of an employer	CHAR	55	0	N
ADR_MAIL_CITY	This is the city of an employer.	CHAR	30	0	N
ADR_MAIL_STATE	This is the state of an employer.	CHAR	2	0	N
ADR_MAIL_ZIP	This is the first 5 digits of the zip code of an employer.	CHAR	15	0	N
ADR_MAIL_ZIP_4	This is the last 4 digits of the zip code of an employer.	CHAR	4	0	N
ADR_EMAIL	This is the email address of the employer.	CHAR	50	0	N
NAM_CONTACT	This is the employer contact name.	CHAR	40	0	N
NUM_PHONE	This is the employer contact telephone number.	CHAR	15	0	N
NUM_PHO_EXT	This is the employer contact telephone extension.	CHAR	6	0	N
EIN	This is the FEIN for the Employer.	CHAR	9	0	N
NUM_FAX	The fax number of the employer.	CHAR	15	0	N
IND_HIPP	This indicates whether or not the employer participates in HIPP.	CHAR	1	0	N
DTE_START_ENROLL	The employer's enrollment period start date.	DATE	0	0	N
DTE_END_ENROLL	The employer's enrollment period end date.	DATE	0	0	N
DTE_ACTIVE	The date the employer started business.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_INACTIVE	The date the employer ended business.	DATE	0	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.570 T_TPL_HIPP_XREF

This table contains information about a HIPP resource and the associated TPL Policies for the HIPP Resource.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_RESOURCE	The is the system assigned key that uniquely identifies a TPL Resource.	NUMBER	9	0	Y
SAK_HIPP	System assigned key to uniquely identify a HIPP resource.	NUMBER	9	0	Y

2.13.571 T_TPL_LIEN

This table contains the address of the property on which a lien has been filed for a TPL casualty case.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_LIEN	This is the unique identifier for the TPL Lien table.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
ADR_STREET_1	The first line of the street address of the property on which the lien is held.	CHAR	55	0	N
ADR_STREET_2	The second line of the street address of the property on which the lien is held.	CHAR	55	0	N
ADR_CITY	The city of the property on which the lien is held.	CHAR	30	0	N
ADR_STATE	The state of the property on which the lien is held.	CHAR	2	0	N
ADR_ZIP_CODE	The five character zip code of the property on which the lien is held.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_ZIP_CODE_4	The zip plus 4 code of the property on which the lien is held.	CHAR	4	0	N
NUM_PHONE	The US or international phone number of the property on which the lien is held.	CHAR	15	0	N
NUM_PHO_EXT	The US or international phone extension number of the property on which the lien is held.	CHAR	6	0	N
NUM_FAX	The fax number of the property where the lien is held in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.	CHAR	15	0	N
CDE_COUNTRY	Two character ISO country abbreviation.	CHAR	2	0	N

2.13.572 T_TPL_RESOURCE

This table contains information about TPL resource. A TPL resource is any entity other than Medicaid that could be responsible for payment of medical benefits for a Medicaid member.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_RESOURCE	This system assigned key is used to uniquely identify a TPL resource record internally to the system.	NUMBER	9	0	Y
CDE_POLICY_TYPE	This code identifies whether the member's resource is private pay insurance or state paid insurance.	CHAR	1	0	N
CDE_BILL_TO	This code describes who TPL claim facsimiles are billed to: the employer of the policyholder or the carrier.	CHAR	1	0	N
SAK_RECIP	The system assigned internal key for a unique member.	NUMBER	9	0	N
SAK_CARRIER	This system assigned key is used to uniquely identify a TPL Carrier record internally.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EMP	This system assigned key is used to uniquely identify a TPL Employer record internally.	NUMBER	9	0	N
CDE_POLICY_OWNR	This code identifies whether the policy owner is a Member or a Policyholder.	CHAR	1	0	N
SAK_POLICY_OWNR	This is the system assigned key for the TPL policyholder. This key is used to uniquely identify the policyholder internally to the system and is also used on all screens and reports as Policyholder Id.	NUMBER	9	0	N
NUM_TPL_POLICY	Policy number for this TPL policy.	CHAR	16	0	N
NUM_GROUP	Policy group number. If present, gives the group number of the policy.	CHAR	16	0	N
DTE_COST_AVOID	This is the effective date for an insurance policy. NOTE: This field is no longer used and will always be populated with zero. To verify coverage effective information, use the dte_effective on the t_coverage_xref table.	DATE	0	0	N
DTE_SUSPECT	This is the end date for an insurance policy. NOTE: This field is no longer used and will always be populated with zero. To verify coverage termination information, use the dte_end on the t_coverage_xref table.	DATE	0	0	N
DTE_ADDED	This is the date the resource was originally added to the system.	DATE	0	0	N
CDE_INIT_ORG	This tells who is gave us the information for the latest change to this resource.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RELATION	This code identifies the relationship of the policyholder to the member covered by a TPL policy.	CHAR	1	0	N
CDE_COURT_ORDER	This code identifies the type of court-ordered insurance that must be provided by an absent parent.	CHAR	1	0	N
CDE_SUSPECT	This code identifies whether a TPL resource is active or suspect and, if suspect, who marked it as suspect (the system or the user).	CHAR	1	0	N
IND_COST_AVOID	Indicates if this is to bypass cost avoidance or not.	CHAR	1	0	N
CDE_ORIGIN	This is who told us about the coverage the very first time.	CHAR	1	0	N
DTE_LAST_CHANGE	Contains the date that this record was last changed to help support audit trail research	DATE	0	0	N

2.13.573 T_TPL_SCHED

This table defines HIPP Payment schedules. Example M - Monthly, W - Weekly, A - Annually, Q - Quarterly.

Column Name	Description	Type	Length	Precision	Primary Key
SCHED_CODE	This is the schedule code. Identifies when (monthly, quarterly, and so on.) the HIPP policy must be paid.	CHAR	1	0	Y
TXT_SCHED	This is the text description of the schedule code.	CHAR	20	0	N

2.13.574 T_TPL_THRESHOLD

This table contains information about various threshold types, amount of the threshold, and number of months to accumulate claims to the threshold amount for use in TPL processing.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TPL_THRESHOLD	System assigned key that uniquely identifies the threshold type.	NUMBER	9	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CDE_THRESHOLD	Code representing the type of threshold	CHAR	2	0	N
DSC_THRESHOLD	Description of the type of threshold	CHAR	40	0	N
AMT_THRESHOLD	Dollar amount of threshold.	NUMBER	11	2	N
NO_MONTHS	Number of months claims are selected to accumulate to the threshold amount.	NUMBER	2	0	N

2.13.575 T_TRTFEASR_XREF

Information for the casualty case about which torfeasors are liable. Also includes lien numbers for reports and letters.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_TORTFEASOR	The unique internal identifier used to identify the tortfeasor.	NUMBER	9	0	Y
SAK_CASUALTY	This is the internal id that is unique to identify this case.	NUMBER	9	0	Y
NUM_CAUSE	The cause number that the county courthouse puts on the lien for a torfeasor and a particular case.	CHAR	15	0	N

2.13.576 T_TYPE_OF_BILL

This table contains the valid types of bills and their description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TYPE_OF_BILL	Code which indicates a specific type of facility.	CHAR	3	0	Y
DSC_TYPE_OF_BILL	Describes the specific type of facility.	CHAR	20	0	N
IND_PROC_IN_EXCLUD	Code which indicates whether the associated list of procedure codes is valid or invalid for the type of bill.	CHAR	1	0	N

2.13.577 T_VALUE

Contains the valid codes and description of those codes which are used to relate values to identified data elements necessary to process a UB claim.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_VALUE	Code used to relate values to identified data elements necessary to process a UB claim.	CHAR	2	0	Y
DSC_VALUE	Description of the code used to relate values to identified data elements necessary to process a UB claim.	CHAR	40	0	N

2.13.578 T_VS_BIRTHS

This table contains information relating to member's birth.

Column Name	Description	Type	Length	Precision	Primary Key
BIRTH_CERT	Birth Certification.	CHAR	13	0	Y
NAM_CHILD_FIRST	Child first name.	CHAR	12	0	N
NAM_CHILD_MIDDLE	Child middle name	CHAR	12	0	N
NAM_CHILD_LAST	Child last name	CHAR	14	0	N
NAM_CHILD_TITLE	Child JR name.	CHAR	3	0	N
DTE_CHILD_DOB	Child Date of Birth	DATE	0	0	N
CDE_CHILD_SEX	Child Sex.	CHAR	1	0	N
CDE_CHILD_CNTY_OCCUR	The 3 digit code of the county the birth occurred in.	CHAR	3	0	N
CDE_CHILD_CNTY_ALPHA	The 5 digit abbreviation of the county the birth occurred in.	CHAR	5	0	N
CD_CHILD_PLACE_OF_BIRTH	The place where the child is born.	CHAR	1	0	N
ID_FAC	Facility ID.	CHAR	4	0	N
NAM_MOTHER_FIRST	Mother first name.	CHAR	12	0	N
NAM_MOTHER_MID	Mother middle name.	CHAR	12	0	N
NAM_MOTHER_LAST	Mother last name.	CHAR	14	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_MOTHER_JR	Name Suffix.	CHAR	3	0	N
NUM_MOTHER_SSN	Mother SSN.	CHAR	9	0	N
DTE_MOTHER_DOB	Mother Date of Birth.	DATE	0	0	N
NUM_MOTHER_AGE	Mother Age.	CHAR	2	0	N
ADR_MOTHER_STATE_RES	Mother's resident state.	CHAR	3	0	N
ADR_MOTHER_COUNTY_RES	Mother's resident city.	CHAR	3	0	N
ADR_MOTHER_MAIL_ADDRESS	Mother's mail address.	CHAR	49	0	N
IND_MOTHER_MARRIED	Is mother married.	CHAR	1	0	N
CDE_SRCPAY	The principle source of payment for the birth	CHAR	1	0	N
IND_BREAST_FED	The flag for if mother breast feed.	CHAR	1	0	N
NAM_FATHER_FIRST	Father's first name.	CHAR	12	0	N
NAM_FATHER_MIDDLE	Father's middle name.	CHAR	12	0	N
NAM_FATHER_LAST	Father's last name.	CHAR	14	0	N
NAM_FATHER_TITLE	Father's JR name.	CHAR	3	0	N
NUM_FATHER_SSN	Father's SSN.	CHAR	9	0	N
DTE_FATHER_DOB	Father Date of Birth.	DATE	0	0	N
NUM_FATHER_AGE	Father's age.	CHAR	2	0	N
IND_MOTHER_HISPANIC	The flag for mother's Hispanic.	CHAR	1	0	N
CDE_MOTHER_RACE	Mother's race.	CHAR	1	0	N
CDE_MOTHER_EDUCATION	Mother's education level.	CHAR	2	0	N
IND_FATHER_HISPANIC	The flag for father's Hispanic.	CHAR	1	0	N
CDE_FATHER_RACE	Father's race.	CHAR	1	0	N
CDE_FATHER_EDUCATION	Father's education level.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
PREV_CHILDREN_LIVING	Number of previous children born alive	CHAR	2	0	N
PREV_CHILDREN_DEAD	Number of previous children born dead	CHAR	2	0	N
DTE_LAST_LIVE_BIRTH	Date last live birth occurred	CHAR	6	0	N
NUM_OTHER_TERMINATIONS	Number of other pregnancy terminations	CHAR	2	0	N
PRENATAL_CARE_VISITS	Number of prenatal visits	CHAR	2	0	N
BIRTH_WEIGHT_UNITS	The weight units the child's weight is recorded in.	CHAR	1	0	N
BIRTH_GRAMS	Child's weight in grams	CHAR	4	0	N
MD_GESTATION_ESTIMATE	Physicians estimate of gestation weeks	CHAR	2	0	N
IND_PLURALITY	Records number of babies in the event of a plural birth	CHAR	1	0	N
APGAR_SCORE_5_MIN	Apgar score of baby at 5 Minutes	CHAR	2	0	N
APGAR_SCORE_10_MIN	Apgar score of baby at 10 Minutes	CHAR	2	0	N
IND_PREG_SMOKER	The flag for mother is smoker or not.	CHAR	1	0	N
IND_PREG_ALCOHOL	The flag for mother drink alcohol or not.	CHAR	1	0	N
IND_DIABETES	Indicates if mother has chronic diabetes	CHAR	1	0	N
IND_DIABETES_GEST	Indicates if mother has gestational diabetes	CHAR	1	0	N
IND_MR_HYPER_PRE_PREG	Indicates if mother has chronic hypertension	CHAR	1	0	N
IND_MR_HYPER_GEST	Indicates if mother has gestational hypertension	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_INF_SYPHILIS	Indicates if mother had syphilis	CHAR	1	0	N
IND_INF_HEPATITIS_B	Indicates if mother had Hepatitis B	CHAR	1	0	N
IND_INF_HEPATITIS_C	Indicates if mother had Hepatitis C	CHAR	1	0	N
IND_AC_SEIZURE	Indicates if child had seizures at birth	CHAR	1	0	N
IND_AC_BIRTH_INJURY	Indicates if child had a significant birth injury	CHAR	1	0	N
IND_AC_NONE	Indicates if child had no abnormal conditions at birth	CHAR	1	0	N
IND_ANOM_HEART_CONG	Indicates if child had a congenital heart anomaly	CHAR	1	0	N
IND_ANOM_HEART_NCONG	Indicates if child had a non-congenital heart anomaly	CHAR	1	0	N
IND_SSN_REQUESTED	The flag for if the child's SSN has been requested or not.	CHAR	1	0	N
DTE_SSA_RECORD_SENT	Date certificates sent for automatic enumeration	DATE	0	0	N
NAM_HOSP	The name of hospital where the child is born.	CHAR	50	0	N
CNTY_BIRTH	County of birth	CHAR	20	0	N
MO_BIRTH_COUNTRY	Mother's country of birth	CHAR	20	0	N
CNTY_RES	Mother's county of residence	CHAR	20	0	N
DTE_CREATE	The date when the record is created.	DATE	0	0	N
DTE_MODIFY	The date when the record is modified.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MOTHER_APT	Mother's mail address apartment number	CHAR	10	0	N
IND_REC_TYPE	Record type.	CHAR	1	0	N

2.13.579 T_VS_CDE_BIRTH_PLACE

Code Table for place of birth.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BIRTH_PLACE	Code which indicates place of birth.	CHAR	1	0	N
DSC_BIRTH_PLACE	Description of Place of birth.	VARCHAR2	50	0	N

2.13.580 T_VS_CDE_BURIAL

Code Table for type of Burial.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BURIAL	Code which indicates burial type.	CHAR	1	0	N
DSC_BURIAL	Description of burial type.	VARCHAR2	25	0	N

2.13.581 T_VS_CDE_BUSINESS_INDUSTRY

Code Table for the Business or Industry of person.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_BUSINESS_INDUSTRY	Code which indicates the business or industry.	CHAR	3	0	N
DSC_BUSINESS_INDUSTRY	Description of the business or industry.	VARCHAR2	50	0	N

2.13.582 T_VS_CDE_CERTIFICATION

Code table for type of certification.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CERTIFICATION	Code which indicates the type of certification.	CHAR	1	0	N
DSC_CERTIFICATION	Description of the type of certification.	VARCHAR2	25	0	N

2.13.583 T_VS_CDE_EDUC

Code Table for the Education Level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_EDUC	Code which indicates the level of education	CHAR	2	0	N
IND_DEATH	Indicator of death.	CHAR	1	0	N
DSC_EDUC	Description of the level of education.	VARCHAR2	50	0	N

2.13.584 T_VS_CDE_HISPANIC_ORIGIN

Code table for type of Hispanic origin.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HISPANIC_ORIGIN	Code which indicates the hispanic origin	CHAR	1	0	N
DSC_HISPANIC_ORIGIN	Description of Hispanic origin.	VARCHAR2	50	0	N

2.13.585 T_VS_CDE_HOSPITAL_NUMBER

Code table for the hospital number.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_HOSP_NUM	Code which indicates hospital number	CHAR	2	0	N
DSC_HOSP_NUM	Description of hospital number.	VARCHAR2	50	0	N

2.13.586 T_VS_CDE_MANNER_OF_DEATH

Code table for the manner of death.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MANNER_OF_DEATH	Code which indicates the manner of death	CHAR	1	0	N
DSC_MANNER_OF_DEATH	Description of manner of death.	VARCHAR2	25	0	N

2.13.587 T_VS_CDE_MARITAL

Code table for the Marital status.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_MARITAL	Code which indicates marital status	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DSC_MARITAL	Description of marital status.	VARCHAR2	25	0	N

2.13.588 T_VS_CDE_OCCUPATION

Code table for the person's occupations.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_OCCUPATION	Code which indicates occupation	CHAR	3	0	N
DSC_OCCUPATION	Description of Occupation.	VARCHAR2	50	0	N

2.13.589 T_VS_CDE_PLACE_OF_DEATH

Code Table for the Place of death.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLACE_OF_DEATH	Code which indicates place of death.	CHAR	1	0	N
DSC_PLACE_OF_DEATH	Description of place of death.	VARCHAR2	25	0	N

2.13.590 T_VS_CDE_PLACE_OF_INJURY

Code table for the Place of injury.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLACE_OF_INJURY	Code which indicates place of injury	CHAR	1	0	N
DSC_PLACE_OF_INJURY	Descripton of place of injury.	VARCHAR2	50	0	N

2.13.591 T_VS_CDE_PLURALITY

Code table for plulrality.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PLURITY	Code which indicates type of plurity.	CHAR	1	0	N
DSC_PLURITY	Description of type of plurity.	VARCHAR2	50	0	N

2.13.592 T_VS_CDE_RACE

Code table for Race.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE_VS	Code which indicates race.	CHAR	1	0	N
DSC_RACE_VS	Description of race.	VARCHAR2	50	0	N

2.13.593 T_VS_CDE_SRCPAY

Code table for the source of payment.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SRCPAY	Code which indicates the source of payment.	CHAR	1	0	N
DSC_SRCPAY	Description of the source of payment.	VARCHAR2	50	0	N

2.13.594 T_VS_CDE_STATE

Code table for state..

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATE_VS	Code which indicates state.	CHAR	3	0	N
DSC_STATE_VS	Description of state.	VARCHAR2	25	0	N

2.13.595 T_VS_CDE_TB_CANCER_VD

Code table for disease type.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TB_CANCER_VD	Code which indicates the type of disease	CHAR	1	0	N
DSC_TB_CANCER_VD	Description of the type of disease.	VARCHAR2	25	0	N

2.13.596 T_VS_DEATHS

This table contains information relating to member's death.

Column Name	Description	Type	Length	Precision	Primary Key
YEAR_OF_VOLUME	The year of volume.	CHAR	4	0	Y
NUM_VOLUME	Volume number.	CHAR	3	0	Y
NUM_CERTIFICATE	Certification number.	CHAR	5	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NAM_DECEASED_FIRST	The deceased first name.	CHAR	10	0	N
NAM_DECEASED_MI	The deceased middle initial name.	CHAR	1	0	N
NAM_DECEASED_LAST	The deceased last name.	CHAR	13	0	N
CDE_SEX_VS	The deceased sex.	CHAR	1	0	N
DTE_DEATH	The date of death.	DATE	0	0	N
NUM_SSN	SSN.	CHAR	9	0	N
NUM_AGE	The age.	CHAR	3	0	N
DTE_BIRTH	The date of birth.	DATE	0	0	N
STATE_BIRTH	The state of birth.	CHAR	3	0	N
PLACE_DEATH	The place of birth.	CHAR	1	0	N
NUM_HOSPITAL	The hospital number.	CHAR	2	0	N
CNTY_DEATH	The county of death.	CHAR	3	0	N
CNTY_DEATH_ALPHA	The county of death alpha.	CHAR	5	0	N
CDE_MARITAL	The marital status.	CHAR	1	0	N
CDE_OCCUPATION	The occupation.	CHAR	3	0	N
CDE_BUSINESS_INDUSTRY	The business industry.	CHAR	3	0	N
STATE_RESIDENCE	The state of residence.	CHAR	3	0	N
CITY_CNTY_RESIDENCE	The city county of residence.	CHAR	3	0	N
ADR_CITY_RESIDENCE	The city of residence.	CHAR	12	0	N
ADR_STREET_1	The street's name of address.	CHAR	20	0	N
CDE_CITY_LIMIT	The residence in the city limits.	CHAR	1	0	N
ADR_ZIP_RESIDENCE	The residence's zip code.	CHAR	9	0	N
IND_HISPANIC_ORIGIN	The original Hispanic.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RACE_VS	Race.	CHAR	1	0	N
CDE_EDUCATION	Education.	CHAR	2	0	N
NAM_FATHER_SUR	Father's surname.	CHAR	13	0	N
IND_BURIAL	The flag for burial.	CHAR	1	0	N
IND_CERT	Certification number.	CHAR	1	0	N
DEATH_HOUR	The number of hours since death.	CHAR	3	0	N
IND_REFER_CORONER	Cases referred to coroner.	CHAR	1	0	N
CDE_CAUSE_DEATH	Underlying cause of death.	CHAR	4	0	N
CDE_SUPPL_CAUSE_1	Supplemental cause 1.	CHAR	4	0	N
CDE_SUPPL_CAUSE_2	Supplemental cause 2..	CHAR	4	0	N
CDE_SUPPL_CAUSE_3	Supplemental cause 3.	CHAR	4	0	N
IND_TB_CANCER_VD	The flag for TB cancer VD.	CHAR	1	0	N
IND_AUTOPSY	The flag for Autopsy.	CHAR	1	0	N
IND_MANNER_DEATH	The manner of death.	CHAR	1	0	N
DTE_INJURY	The date of injury.	DATE	0	0	N
HOUR_INJURY	The number of hours of injury,	CHAR	3	0	N
IND_INJURY_WORK	The flag for if injury at work.	CHAR	1	0	N
IND_PLACE_INJURY	The place of injury,	CHAR	1	0	N
IND_LOCATION_INJURY	The location of injury.	CHAR	3	0	N
IND_RECORD_TYPE	The record type.	CHAR	1	0	N
PROCESS_PERIOD	The process period.	CHAR	6	0	N
BIRTH_YEAR_OF_VOLUME	The birth certificate year of volume..	CHAR	3	0	N
NUM_BIRTH_CERT	The birth certificate number.	CHAR	6	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CORRECTION_VS	Correction code.	CHAR	1	0	N
SUPPLEMENT_BIRTH_STATUS	Supplement birth status.	CHAR	2	0	N
IND_PREGNANCY	The flag for pregnancy.	CHAR	1	0	N
IND_DIABETES	The flag for diabetes.	CHAR	1	0	N
IND_DIABETES_CAUSE	Diabetes cause.	CHAR	1	0	N
NUM_BIRTH_CERT_VOL	Volume of the birth certificate.	CHAR	3	0	N
DTE_MODIFY	Date the recored was modified.	DATE	0	0	N
DTE_CREATE	Date the record was created.	DATE	0	0	N

EPSDT Detailed System Design

Kentucky MMIS Project

Cabinet for Health and Family Services
Department for Medicaid Services

March 7, 2008

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DELIVERABLE TITLE: EPSDT Detailed System Design	DATE SUBMITTED: March 7, 2008
FILE NAME: KY_MMIS_EPSDT_DSD_REFRESH_v3_FINAL_(03-07-2008).doc	AUTHORING TOOL: MSWord2003

Document Change Log

Version	Changed Date	Changed By	Reason
1.0	09/08/2007	Tiffany Jones	Creation of new document – 1st draft.
1.0	9/14/2007	Tiffany Jones	Revisions made according to internal review comments – 2nd Draft.
2.0	10/29/2007	Patti George John Rossetti Tiffany Jones	Revisions made according to Walkthrough Comment Log – FINAL.
3.0	01/28/2008	Ron Chandler	Revisions per DMS through Patti George.

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1 Introduction

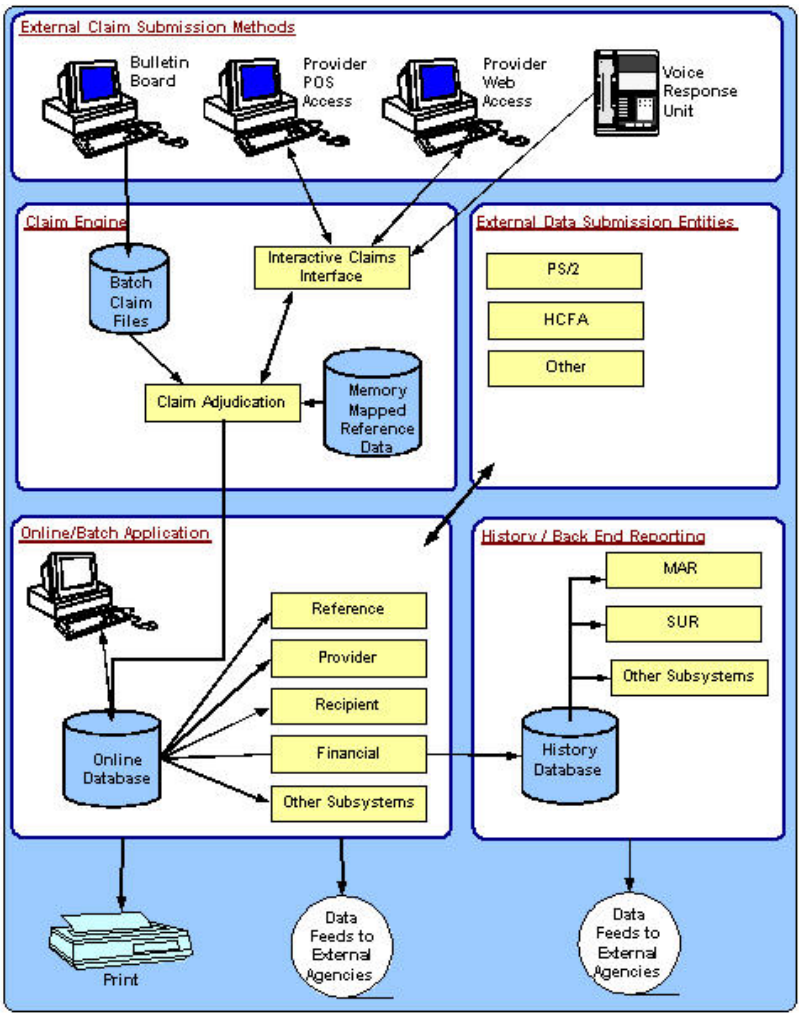
This document provides the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Detailed System Design (DSD). The DSD validates the design process and approach to solution, and identifies those items as specified in the Kentucky MMIS (KY MMIS) Request for Proposal (RFP) and as specified by Kentucky Medicaid.

2 EPSDT Detailed System Design

2.1 System Flow

2.1.1 interChange System Architecture

The system is logically divided into four primary components: Claims engine, User Interface, Batch, and the History and Back End Reporting. The Claims engine is responsible for receiving interactive transactions from external sources, adjudicating them, and returning the appropriate response. The User Interface is an N-tier application providing segregated and loosely coupled presentation, business logic, and data logic layers. The user interface provides access to the online subsystem functions through a thin client, the web browser. The Batch component is responsible for maintaining and reporting on data contained within the online database. The History and Back End reporting component is responsible for analyzing, reporting, and supporting the management of the activities that have occurred in the two front end systems. The system interfaces with a variety of data sources which influence processing within the system. The External data submission entities are organizations that supply information to the Medicaid Management Information System (MMIS).

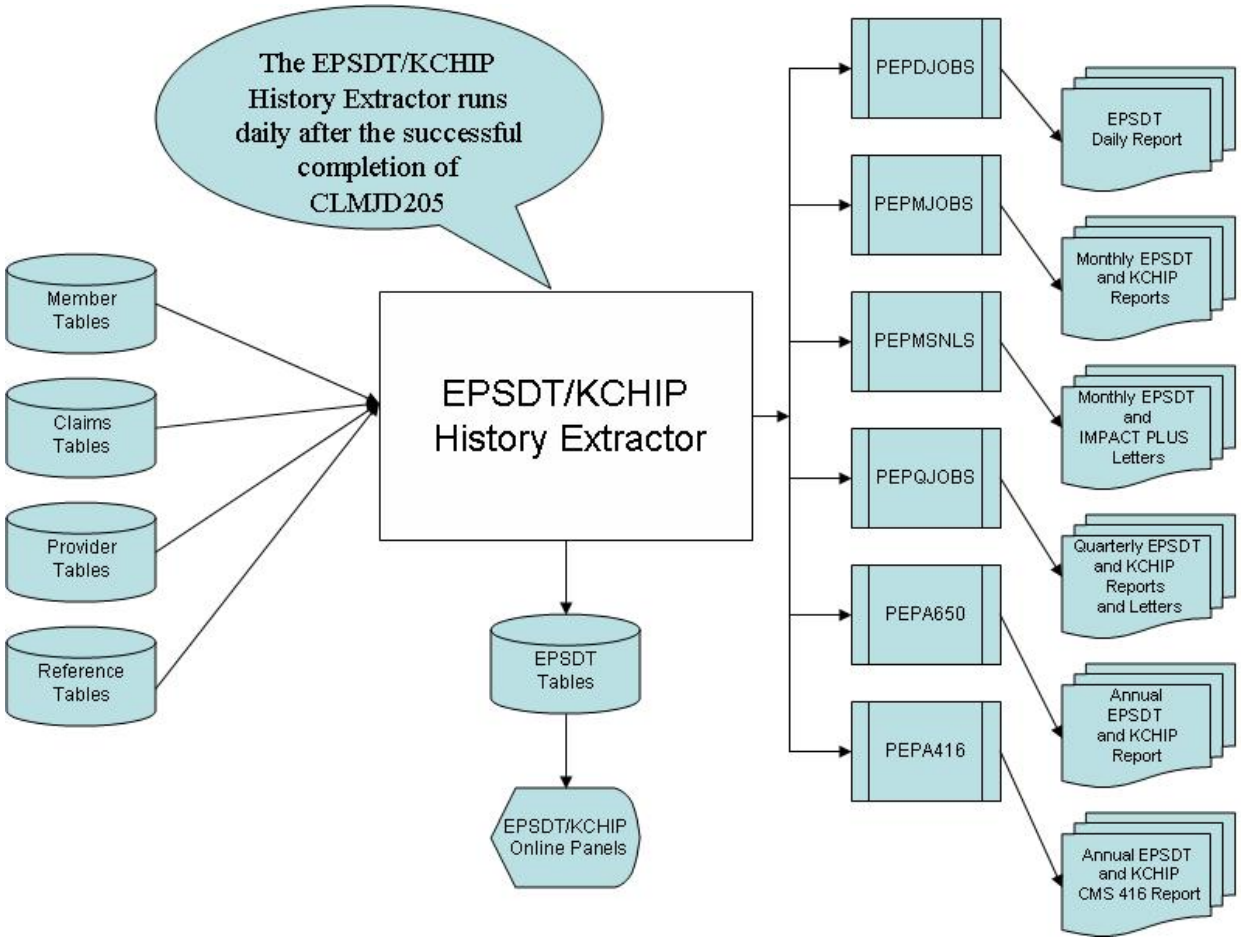


2.1.2 System Flow

EPSDT information is an important component of member data for the processing of the Medicaid system. The following graphic shows a high level view of the KY MMIS Medicaid subsystem.

EPSDT/KCHIP input/output processing in a production context

(job, jils, directories and data)



2.2 Subsystem Description

2.2.1 Introduction to EPSDT

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a proactive medical services program for Medicaid eligible and Kentucky Children's Health Insurance Program (KCHIP) eligible members under the age of 21. Its goal is to prevent illness, complications and the need for long-term treatment by screening and detecting health problems in the early stages. The EPSDT subsystem supports the Commonwealth in the timely initiation and delivery of services as well as the following New KY MMIS EPSDT goals:

- Provide Kentucky medical assistance to Medicaid-eligible and KCHIP- eligible members under the age of 21 through a program of continuing health screenings and treatment services with the objective of early detection of potentially chronic or disabling health conditions, and, when identified, refer the member to appropriate specialists;
- Reduce overall program costs by reducing more serious problems later through early identification and treatment; and,
- Maximize the impact of federal funds for the provisions of health care to Kentucky-eligible members under the age of 21

The New KY MMIS provides the tools necessary to effectively administer, monitor and provide EPSDT information to Medicaid-eligible and KCHIP-eligible members (those under the age of 21). It will also support the Commonwealth in the timely initiation and delivery of services.

Key advantages of the New KY MMIS include the following:

- Easy updates to EPSDT processing and easy access to view data through user-driven, rules-based tables that drive EPSDT, which will make it easier to maintain and identify individuals eligible for EPSDT programs;
- Automatic generation of EPSDT notices to EPSDT and KCHIP eligible members, informing them of upcoming screenings, follow-up notices for missed appointments, and immunization shot tracking for parents ; and,
- Report production, for tracking and monitoring purposes, that meets federal and Commonwealth reporting requirements.

Additionally, the flexible design of the interChange MMIS, the New KY MMIS, makes it responsive to changing processing requirements or reporting needs based on program changes.

Impact Plus Services are only provided for Medicaid eligible children under the age of twenty-one (21) and are many times provided to children who are also receiving or have received EPSDT Special Services. The EPSDT Subsystem already had a system in place to identify those children who have received or are receiving EPSDT Special Services and who are about to turn twenty-one (21) and to generate notices are to those individuals that their EPSDT Services will not be covered at the end of the their twenty-first birth month. Impact Plus needed a similar process and since Impact Plus did not have a separate subsystem, the EPSDT letter process was mirrored for Impact Plus, and the letters were generate through the EPSDT Subsystem.

2.3 EPSDT Processes

2.3.1 EPSDT CDP/DPH Interface Process Model

2.3.1.1 Process Description

The EPSDT Custom Data Process (CDP) for Department for Public Health (DPH) Interface process allows CDP to receive a file with EPSDT members' data to create a report to be distributed to county Health Departments for outreaching services.

2.3.1.2 interChange Narrative

The EPSDT CDP/DPH Interface allows the system to generate a report data files for the CDP. The file contains member information for the EPSDT members due for a screenings. The following data is provided:

Total EPSDT Member Case Load CDP-DPH

- County;
- Case Name;
- Case Number
- Member Name;
- Member Original ID;
- Date of Birth;
- Member Address1;
- Member Address2;
- City;
- State;
- Zip;
- Phone Number;
- KenPAC Provider Name;
- KenPAC Provider Phone Number;
- Last EPSDT Screening;
- New Medicaid ID;
- Age in Months;
- Age in Years; and,
- Medicaid ID.

New Eligible EPSDT Member File – CDP

- Member ID;
- Case Number;
- Case Name;
- Member Last Name;
- Member First Name;
- Member Middle Init;
- Member Address 1;
- Member Address 2;
- Member Address 3;
- Member Address 4;
- Member City;
- Member State;
- Member Zip;
- Member Zip4;
- Agency Name;
- Member Data of Birth;
- Member Gender Code;
- Member Race;
- Member Program Code;
- Program Code Description;
- Member Eligible Begin Date;
- Member Eligible End Date;
- Manage Care Behavior Region;
- Manage Care Behavior Begin Date;
- Manage Care Behavior End Date;
- Manage Care Behavior Type;
- Manage Care Physical Region;
- Manage Care Physical Begin Date;

- Manage Care Physical End Date;
- Manage Care Physical Type;
- County;
- PCP Number;
- PCP Name;
- Member Phone Number;
- KenPAC Provider Number; and,
- Delete Date.

2.3.2 EPSDT and KCHIP Audits Process Model

2.3.2.1 Process Description

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a proactive medical services program for members under the age of 21. Its goal is to prevent illness, complications and the need for long-term treatment by screening and detecting health problems in the early stages. The EPSDT subsystem supports the Commonwealth in the timely initiation and delivery of services as well as the following New KY MMIS EPSDT goals:

- Provide Kentucky medical assistance to members under the age of 21 through a program of continuing health screenings and treatment services with the objective of early detection of potentially chronic or disabling health conditions, and when identified, refer the member to appropriate specialists;
- Reduce overall program costs by reducing more serious problems later through early identification and treatment; and,
- Maximize the impact of federal funds for the provision of health care to Kentucky-eligible members under the age of 21

2.3.2.2 Process Reference List

Connected via	Connected to	Source	Destination
Data Extracts	Database Tables Extracts (Internal Entity)	X	
EPDT Report	Commonwealth		X
EPSDT and KCHIP Letters	Members		X
EPSDT Panels	Commonwealth	X	

2.3.2.3 interChange Process Narrative

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is supported within interChange by a series of panels and reports developed to fit the State's needs. With receiving claim data and displaying on the panels, this allows access to an EPSDT and KCHIP

eligible member screenings. With access to claim history, several reports are created which help monitor the member's screenings, the provider cost for EPSDT screenings and identify providers eligible to perform EPSDT services. The letter notification process helps to identify those members who are new to the EPSDT and KCHIP program and informs them of the available EPSDT and KCHIP services. The notification process also informs those members approaching their 21st birthday that they are no longer eligible for EPSDT service after their 21st birthday. These panels, reports and letter are detailed in section 2.3 Sub Business Function – Design Component Crosswalk.

2.3.3 EPSDT and KCHIP Federal and State Reporting Process Model

2.3.3.1 Process Description

Federal reporting processes include generation and sending of the CMS-416 Annual Report. State reporting includes reporting of the CMS-416 (KCHIP) Report, reporting only the KCHIP member population. The EPSDT Functional area is responsible for Federal and State reporting functions. Currently, these reports are generated through a batch process and printed and stored in COLD. The CMS-416 Report is sent the CMS Annual as a federal requirement.

2.3.3.2 Process Reference List

Connected via	Connected to	Source	Destination
CMS-416 Report	Centers for Medicare and Medicaid Studies (External Entity)	X	
CMS 416 Report – KCHIP	State Review (Internal Entity)		X

2.3.3.3 interChange Process Narrative

The Federal and State Reporting process is supported in interChange by producing the CMS-416 Report and the CMS-416 (KCHIP) Report.

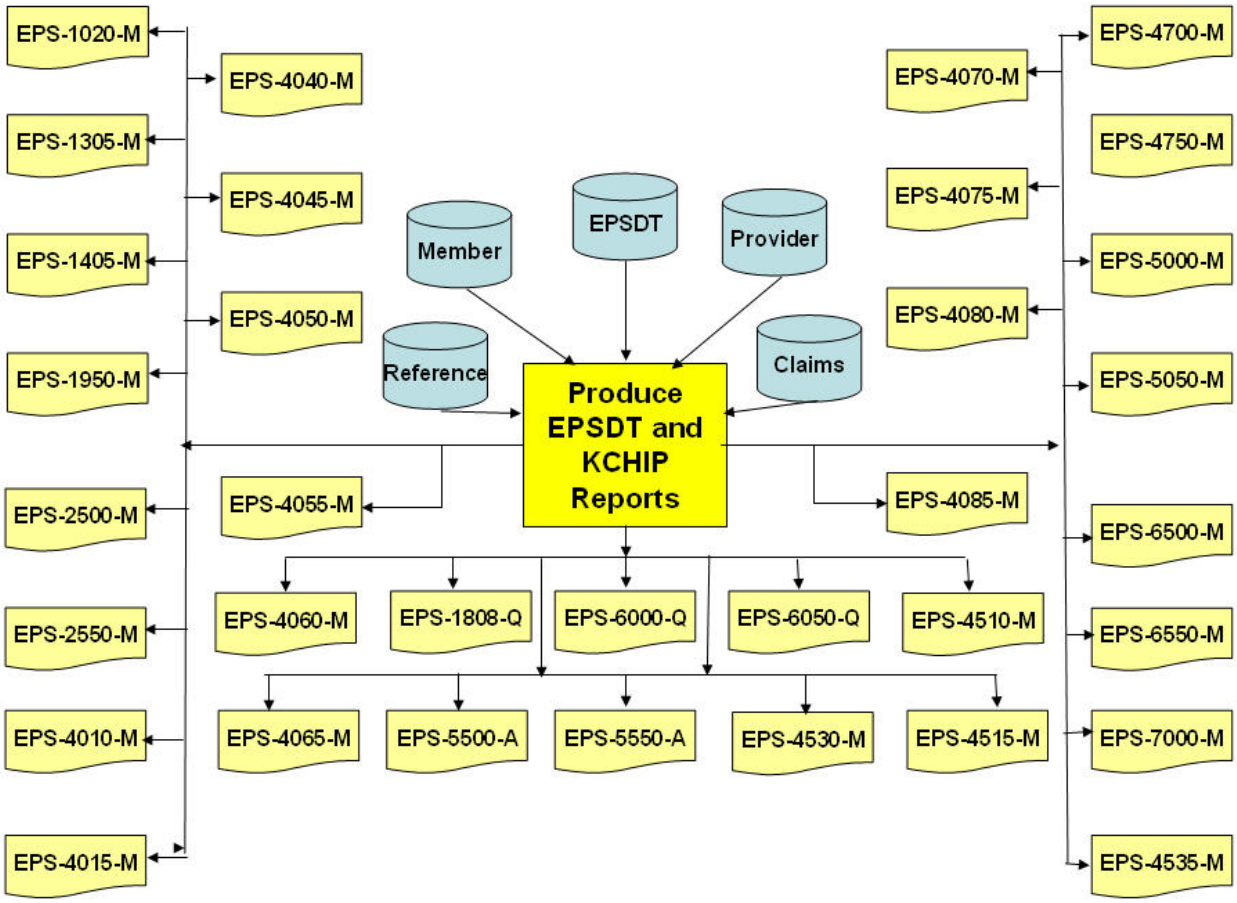
In interChange, claims history and eligibility are read, along with using the State's Periodicity Schedule, to provide an accurate count of the children receiving EPSDT screenings, referred corrective treatment, and dental services. Upon obtaining this data on a yearly basis, EPSDT produces the *CMS-416 Annual EPSDT Participation Report* and the *CMS-416 KCHIP Participation Report*. The collected data of the CMS-416 Annual EPSDT Participation Report is annually submitted to Centers for Medicare and Medicaid Services (CMS).

The CMS-416 Annual EPSDT Participation Report provides information on the number of children under the age of 21 Medicaid eligible who has received child health screenings. Child health screenings reported on this report are based on the State's Periodicity Schedule.

The CMS-416 Annual KCHIP Participation Report provides information on the number of KCHIP children under the age of 21 who have received child health screenings. Child health screenings reported on this report are based on the State's Periodicity Schedule.

2.3.4 Produce EPSDT and KCHIP Reports Flow Diagram

2.3.4.1 Process Flow Diagram

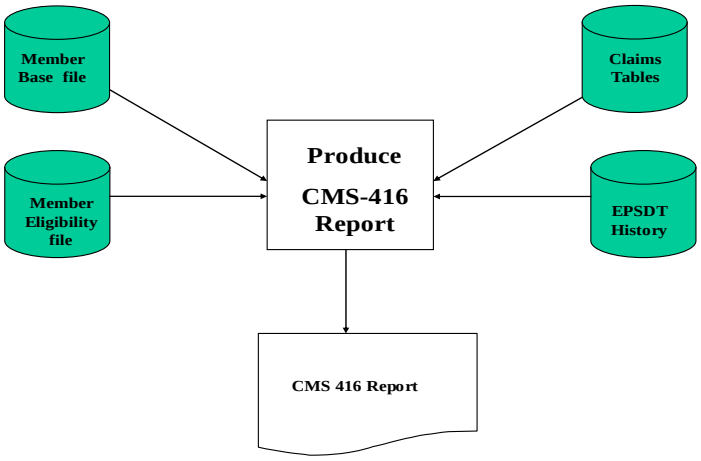


2.3.4.2 Diagram Abstract

The process flow diagram provides a visual representation of how the EPSDT functional area reports are generated. All reports are stored and accessible COLD. The EPSDT reports data are extracted from the EPSDT, Member, Reference, Claims, and Provider Tables. The detailed layout of each report can be found in the report section of this DSD.

2.3.5 Produce the CMS-416 Report Flow Diagram

2.3.5.1 Process Flow Diagram



2.3.5.2 Diagram Abstract

The process flow diagram provides a visual representation of how the EPSDT Annual Participation Report is produced. The report is produced and submitted annually to CMS by the State. The data for the report is extracted from the Member tables, the claims history tables and the EPSDT – history table. The detail of the data in the report can be found in the report section of this DSD.