

NEW MACSIS CLAIMS EXTRACT STRUCTURE, starting December 17, 2011

(Note: two auth numbers and 4 additional diagnosis codes are added at the end)

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length
1	Name of the Provider	Text	N_PROV	Created	15
2	Name of the Vendor	Text	N_VEND	Created	15
3	Julian Date this Extract Created (YYDDD)	Text	FILENAME	Created	05
4	Claim Primary Date	Date/Time	CPDATE	Header	08
5	Claim Number	Text	CLAIMNO	Header & Detail	16
6	Subscriber Number (UCI)	Text	SUBNO	Header	12
7	Group on the Claim Header	Text	CGROUP	Header	10
8	Plan on the Claim Header	Text	CPLAN	Header	10
9	Line of Business	Text	LOB	Header	03
10	Panel	Text	PANEL	Header	03
11	Provider Number, UPID	Number	PROVNO	Header	12
12	Vendor Number	Number	VENDOR	Header	15
13	Diagnosis 1	Text	DIAG1	Header	06
14	Diagnosis 2	Text	DIAG2	Header	06
15	Diagnosis 3	Text	DIAG3	Header	06
16	User Defined 2	Text	UDEF2	Header	15
17	Batch Number	Text	BATCH	Header	09
18	Security Code (derived from PLANC value)	Text	CASCODE	Header	01
19	Creation Time Stamp	Date/Time	CACDT	Header	12
20	Created By Initials	Text	CACBY	Header	03
21	Update Time Stamp	Date/Time	CAUDT	Header	12
22	Updated by Initials	Text	CAUBY	Header	03
23	Line Number	Text	LINENO	Detail	03
24	Subline Number	Text	SUBLINE	Detail	01
25	Service Date	Date/Time	SERVDATE	Detail	08
26	Procedure Code	Text	PROCCODE	Detail	08
27	Procedure Modifier	Text	PROCMOD	Detail	02
28	Quantity (6.1 field size)	Number	QUANTITY	Detail	06
29	Billed Amount (11.2)	Currency	BILLAMT	Detail	11
30	Allowed Amount (11.2)	Currency	ALLOWED	Detail	11
31	Not Covered Amount (11.2)	Currency	NOTCOV	Detail	11
32	Co-Pay Amount (11.2)	Currency	COPAY	Detail	11
33	Deductible Amount (11.2)	Currency	DEDUCT	Detail	11
34	Other Carrier Amount (11.2)	Currency	OTHCAMT	Detail	11
35	Withhold Amount (11.2)	Currency	WITHHOLD	Detail	11
36	Net Amount (11.2)	Currency	NETAMT	Detail	11
37	Not Covered Reason Code	Text	NOTCOVR	Detail	05
38	Co-Pay Reason Code	Text	COPAYR	Detail	05

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length
39	Deductible Code	Text	DEDUCTR	Detail	05
40	Adjustment Reason Code	Text	ADJUSTR	Detail	05
41	Allowed Reason Code	Text	ALLOWR	Detail	05
42	Other Carrier Code	Text	OTHCR	Detail	05
43	Hold Reason 1	Text	HREASON1	Detail	05
44	Hold Reason 2	Text	HREASON2	Detail	05
45	Hold Reason 3	Text	HREASON3	Detail	05
46	Claim Status	Text	CLMSTAT	Detail	01
47	Processing Status	Text	PROCSTAT	Detail	01
48	Medical Definition	Text	MEDDEF	Detail	04
49	Post Date	Date/Time	POSTDATE	Detail	08
50	Check Date	Date/Time	CHCKDATE	Detail	08
51	Company Code	Text	COMPANY	Detail	05
52	General Ledger Distribution Code	Text	GLREF	Detail	03
53	Adjudication Method	Text	ADJMETH	Detail	02
54	Hidden User Defined Field	Text	HUDEF	Detail	09
55	Created Date and Time	Date/Time	CBCDT	Detail	12
56	Created By Initials	Text	CBCBY	Detail	03
57	Update Date and Time	Date/Time	CBUDT	Detail	12
58	Updated By Initial	Text	CBUBY	Detail	03
59	Place of Service on Detail	Text	POS	Detail	05
60	Combo Claims No, date, line, subline	Text	DKEY	Created	28
61	ODHS Adjudication Status	Text	HSADJSTA	ODHS	01
62	ODHS Date Billed - date pulled by State	Date/Time	HSDTBILL	ODHS	08
63	ODHS Date Paid	Date/Time	HSDTPAID	ODHS	08
64	ODHS Total Charge (9.2)	Currency	HSTOTCHG	ODHS	09
65	ODHS Reimbursed Amount (9.2)	Currency	HSREIMB	ODHS	09
66	ODMH FFP	Text	FFP	ODHS	05
67	ODHS Error Code 1	Text	ERROR1	ODHS	03
68	ODHS Error Code 2	Text	ERROR2	ODHS	03
69	ODHS Error Code 3	Text	ERROR3	ODHS	03
70	ODHS Carrier ID 1	Text	CARRID1	ODHS	05
71	ODHS Policy 1	Text	POLICY1	ODHS	15
72	ODHS Group 1	Text	GROUP1	ODHS	12
73	ODHS Insured 1	Text	INSURED1	ODHS	15
74	CHIPS & Other ODHS Indicator	Text	HSFLAGS	ODHS	02
75	A=ODADAS Return, M=ODMH Return	Text	TYPEODHS	Created	01
76	Date of Record Loop 1 Extract	Date/Time	ODHSEXDT	Extract	08
77	AP Status	Text	APSTAT	Acpay	01
78	Check Number	Text	CHECKNO	Acpay	08
79	Check Date	Date/Time	CHKDATE	Acpay	08

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length
80	Date Entered in Acpay	Date/Time	RECDATE	Acpay	08
81	Date Claim Entered	Date/Time	ENTDATE	Acpay	08
82	Group on AP Record	Text	FJGROUP	Acpay	10
83	Subscriber Last Name	Text	LNAME	Member	20
84	Subscriber First Name	Text	FNAME	Member	12
85	Middle Initial	Text	MI	Member	01
86	Date of Birth	Date/Time	CDOB	Member	08
87	User Defined 1 on Member: Race	Text	RACE	Member	15
88	User Defined 2 on Member: Ethnicity	Text	ETHNIC	Member	15
89	Effective Date of Eligibility Span of Claim	Date/Time	CEFFDATE	Eligibility	08
90	Termination Date of Span of Claims	Date/Time	CTDATE	Eligibility	08
91	Group on Eligibility Record	Text	EGROUP	Eligibility	10
92	Plan on Eligibility Record	Text	EPLAN	Eligibility	10
93	Rider Code	Text	RIDER	Eligibility	06
94	Medicare Status Flag	Text	MSTAT	Eligibility	11
95	Panel from matching Eligibility Span	Text	EPANEL	Eligibility	03
96	User Def 2 on Eligibility: Medicaid ID	Text	MEDICAID	Eligibility	15
97	County of Residence on Eligibility	Text	SREP	Eligibility	08
98	Sex	Text	ESEX	Member	01
99	Label or expansion for Procedure Code	Text	C_PROC	Created	44
100	Label or expansion / Not Covered Reason	Text	C_NOTCO	Created	44
101	Diagnosis 4	Text	DIAG4	Header	06
102	Diagnosis 5	Text	DIAG5	Header	06
103	Diagnosis 6	Text	DIAG6	Header	06
104	Diagnosis 7	Text	DIAG7	Header	06
105	Diagnosis 8	Text	DIAG8	Header	06
106	Patient Control Number	Text	PCNTLNO	Header	38
107	Procedure Modifier 2	Text	PROCMOD2	Detail	02
108	Procedure Modifier 3	Text	PROCMOD3	Detail	02
109	Diagnosis Pointer	Text	DIAGP	Detail	01
110	Net Amount Offset	Text	NAMTOFF	Detail	25
111	Offset Reason Code	Text	OFFREAS	Detail	05
112	Procedure Modifier 4	Text	PROCMOD4	Detail	02
113	Flag added indicating claim is a Reversal	Text	REVERSE	Other	01
114	Net Amount from ACPAY	Currency	NET	ACPAY	25
115	Select from Payment from ACPAY	Text	SELECT	ACPAY	01
116	Original Provider File Name	Text	IN_FILE	JP	12
117	Allowed Group	Text	ALL_GRP		02
118	Allowed Reason	Text	ALL_RSN		03
119	Allowed Remarks	Text	ALL_RMK		04
120	CoPay Group	Text	COP_GRP		02

Fld #	Expanded Field Name / Description	Field Type	Extract (SAS) Field Name	Diamond Source File	Field Length
121	CoPay Reason	Text	COP_RSN		03
122	Copay Remarks	Text	COP_RMK		04
123	Not Covered Group	Text	NTCO_GRP		02
124	Not Covered Reason	Text	NTCO_RSN		03
125	Not Covered Remarks	Text	NTCO_RMK		04
126	Adjustment Group	Text	ADJ_GRP		02
127	Adjustment Reason	Text	ADJ_RSN		03
128	Adjustment Remarks	Text	ADJ_RMK		04
129	Other Carrier Group	Text	OTH_GRP		02
130	Other Carrier Reason	Text	OTH_RSN		03
131	Other Carrier Remarks	Text	OTH_RMK		04
132	Deductible Group	Text	DED_GRP		02
133	Deductible Reason	Text	DED_RSN		03
134	Deductible Remarks	Text	DED_RMK		04
135	Place of Service	Text	PLACE	Header	05
136	Created time and Date (in AP)	Text	FJCDT	Acpay	12
137	Provider NPI value from PROVF file	Text	NPI_PROV	Jp	10
138	Vendor NPI value from VENDR file	Text	NPI_VEND	Jp	10
139	Claim Line Control Number	Text	LINE_CNTRL_NO	Aoclm	50
140	Prior Authorization Number	Text	AUTHNO	Header	8
141	Secondary Authorization Number	Text	SECONDARY_AUTH	Header	1
142	Diagnosis 9	Text	DIAG9	Header	7
143	Diagnosis 10	Text	DIAG10	Header	7
144	Diagnosis 11	Text	DIAG11	Header	7
145	Diagnosis 12	Text	DIAG12	Header	7

NOTES FROM THE REMARKS COLUMN:

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