

*Colorado Department of
Health Care Policy and Financing*



Request for Proposals
RFP # HCPFKQ1103SDAC

Statewide Data and Analytics Services
for the Accountable Care Collaborative Program

Appendix C

Client Data

Modification No. 3

Appendix C
Client Data

| Appendix C 1: Client Data | | |
|----------------------------------|-------------------|--|
| Column Name | Field Type | Description |
| CLNT_ID | VARCHAR2(7 BYTE) | Unique member identifier |
| CLNT_SSN_NUM | VARCHAR2(9 BYTE) | The client's social security number. |
| CLNT_AID_CAT_CD | VARCHAR2(2 BYTE) | The two digit code representing the benefit plan the recipient is eligible for. |
| CLNT_ELIG_TYPE_CD | VARCHAR2(3 BYTE) | A three (3) digit code representing the program eligibility as recorded in the recipient's file. |
| CLNT_CNTY_CD | VARCHAR2(2 BYTE) | The county code for the address of the recipient |
| CLNT_NM | VARCHAR2(37 BYTE) | The client's full name, last name, first name and middle initial. |
| CLNT_DOB_DT | DATE | The birth date of the client. |
| CLNT_ADDR_LINE1_TXT | VARCHAR2(21 BYTE) | The first line of the address of the client. |
| CLNT_ADDR_LINE2_TXT | VARCHAR2(21 BYTE) | The second line of the address of the client. |
| CLNT_CITY_NM | VARCHAR2(15 BYTE) | The name of the city of the client |
| CLNT_ST_CD | VARCHAR2(2 BYTE) | The state code of the client. |
| CLNT_CASE_ZIP_5_NUM | VARCHAR2(5 BYTE) | The recipient's zip code. |
| CLNT_PHONE_NUM | VARCHAR2(10 BYTE) | The client's telephone number. |
| CLNT_GENDER_CD | VARCHAR2(1 BYTE) | The gender of the client. |
| CLNT_ELIG_BEG_DT | DATE | The beginning date of eligibility. |
| CLNT_ELIG_END_DT | DATE | The end date of eligibility. |
| CLNT_TPL_CD | VARCHAR2(2 BYTE) | Code to indicate the presence of potential third party liability. |
| CLNT_RACE_CD | VARCHAR2(1 BYTE) | A code indicating the racial origin of the client. |
| CLNT_LANG_CD | VARCHAR2(3 BYTE) | The client's primary language. |

Applied Criteria

Eligibility types 001,002,003,004,005,006,007,008,009,010,011,013,015,020

| Appendix C 2: Eligibility Data | | |
|---------------------------------------|-------------------|--|
| Column Name | Field Type | Description |
| CLNT_ID | VARCHAR2(7 BYTE) | Unique member identifier |
| CLNT_SEQ_NUM | NUMBER(2,0) | A calculated field that is used to quickly identify a client's most recent eligibility span |
| CLNT_ELIG_TYPE_CD | VARCHAR2(3 BYTE) | A three (3) digit code representing the program eligibility as recorded in the recipient's file. |
| CLNT_AID_CAT_CD | VARCHAR2(2 BYTE) | The two digit code representing the benefit plan the recipient is eligible for. |
| CLNT_ELIG_BEG_DT | DATE | The beginning date of eligibility. |
| CLNT_ELIG_END_DT | DATE | The end date of eligibility. |
| CLNT_TPL_CD | VARCHAR2(2 BYTE) | Code to indicate the presence of potential third party liability. |
| CLNT_CNTY_CD | VARCHAR2(2 BYTE) | The county code for the address of the recipient |

Applied Criteria

Eligibility types 001,002,003,004,005,006,007,008,009,010,011,013,015,020

Appendix C
Client Data

| Appendix C 3: Enrollment Data | | |
|--------------------------------------|-------------------|---|
| Column Name | Field Type | Description |
| CLNT_ID | VARCHAR2(7 BYTE) | Unique member identifier |
| MC_ENROL_BEG_DT | DATE | The begin date for enrollment in managed care. |
| MC_ENROL_END_DT | DATE | The end date for enrollment in managed care. |
| MC_ENROL_STAT_CD | VARCHAR2(3 BYTE) | The managed care enrollment status code. |
| MC_ENROL_TYPE_CD | VARCHAR2(3 BYTE) | The managed care enrollment type code. |
| PROV_ID | VARCHAR2(8 BYTE) | The provider identification number assigned for the managed care option. Provider number 99910000 indicates client has opted out of managed care and is enrolled in fee-for-service. |

Applied Criteria

None

| Appendix C 4: Provider Data | | |
|------------------------------------|-------------------|---|
| Column Name | Field Type | Description |
| PROV_ID | VARCHAR2(8 BYTE) | Unique number assigned by the state to each provider participating in a Medicaid program. |
| PROV_NM | VARCHAR2(35 BYTE) | The name of the provider of Medicaid services as used on official state records. |
| PROV_DBA_NM | VARCHAR2(35 BYTE) | The group name the provider is "doing business as" |
| PROV_LOCN_CD | VARCHAR2(1 BYTE) | |
| PROV_LOCN_ADDR_LINE1_TXT | VARCHAR2(30 BYTE) | The first line of the address of the provider's actual practice. |
| PROV_LOCN_ADDR_LINE2_TXT | VARCHAR2(30 BYTE) | The Second line of the address of the provider's actual practice. |
| PROV_LOCN_CITY_NM | VARCHAR2(20 BYTE) | The city portion of the address of the provider's actual practice. |
| PROV_LOCN_ST_CD | VARCHAR2(2 BYTE) | The state portion of the address of the provider's actual practice. |
| PROV_LOCN_ZIP_5_NUM | VARCHAR2(5 BYTE) | The provider's 5 digit zip code of the location address. |
| PROV_LOCN_ZIP_9_NUM | VARCHAR2(9 BYTE) | The provider's 9 digit zip code of the location address. |
| PROV_LOCN_CNTY_CD | VARCHAR2(2 BYTE) | The county portion of the address of the provider's actual practice. |
| PROV_LOCN_PHONE_NUM | VARCHAR2(10 BYTE) | The telephone number at which the provider may be contacted. |
| PROV_LOCN_FAX_NUM | VARCHAR2(10 BYTE) | The fax number at which the provider may be contacted. |
| PROV_TYPE_CD | VARCHAR2(2 BYTE) | A code indicating the classification of the provider rendering the health and medical services as approved under the state Medicaid plan. |
| PROV_TAX_CD | VARCHAR2(1 BYTE) | The provider's tax identification number. |
| PROV_DEA_ID | VARCHAR2(11 BYTE) | The provider's DEA ID. |
| PROV_LIC_NUM | VARCHAR2(18 BYTE) | |
| PROV_CURR_ENROL_STAT_CD | VARCHAR2(2 BYTE) | The Medicaid enrollment status. |

Applied Criteria

| Appendix C 5: Provider Specialty Data | | |
|--|-------------------|---|
| Column Name | Field Type | Description |
| PROV_ID | VARCHAR2(8 BYTE) | Unique number assigned by the state to each provider participating in a Medicaid program. |
| PROV_SPEC_BEG_DT | DATE | A code indicating a physician's medical specialty. |
| PROV_SPEC_END_DT | DATE | The date the provider's association in a specialty began. |
| PROV_SPEC_CD | VARCHAR2(2 BYTE) | The date the provider's association in a specialty ended. |

Applied Criteria

None

| Appendix C 6: Additional Provider Addresses | | |
|--|-------------------|---|
| Column Name | Field Type | Description |
| PROV_ID | VARCHAR2(8 BYTE) | Unique number assigned by the state to each provider participating in a Medicaid program. |
| PROV_ADDR_TYPE_CD | VARCHAR2(1 BYTE) | The name of the provider of Medicaid services as used on official state records. |
| PROV_ADDR_LINE1_TXT | VARCHAR2(30 BYTE) | This code represents the type off address such as MAIL TO, BILLING, LOCATION |
| PROV_ADDR_LINE2_TXT | VARCHAR2(30 BYTE) | The first line of the address corresponding to the provider's address type. |
| PROV_ADDR_CITY_NM | VARCHAR2(20 BYTE) | The second line of the address corresponding to the provider's address type. |
| PROV_ADDR_CNTY_CD | VARCHAR2(2 BYTE) | The city portion of the address corresponding the address type. |
| PROV_ST_CD | VARCHAR2(2 BYTE) | The state portion of the address corresponding the address type. |
| PROV_ADDR_ZIP_5_NUM | VARCHAR2(5 BYTE) | The provider's 5 digit zip code +4 for the address corresponding to the address type. |
| PROV_ADDR_ZIP_9_NUM | VARCHAR2(9 BYTE) | The provider's 9 digit zip code for the addresses corresponding to the address type. |

Applied Criteria

None

| Appendix C 7: Pharmacy Claims | | |
|--------------------------------------|-------------------|--|
| Column Name | Field Type | Description |
| CLNT_ID | VARCHAR2(7 BYTE) | The unique number identifying a client. |
| PD_DT | DATE | The date a claim was processed through the payment cycle. |
| SRV_FROM_DT | DATE | The first date of service, commonly referred to as the "from" date of service. |
| SRV_TO_DT | DATE | The last date of service, commonly referred to as the "to" date of service. |
| PROV_BILL_ID | VARCHAR2(8 BYTE) | The unique identifier assigned by Medicaid to the provider billing for services rendered. |
| CLM_TCN | VARCHAR2(17 BYTE) | Transaction Control Number, a unique number serving to identify each claim transaction received. |
| LINE_ITEM_NUM | VARCHAR2(3 BYTE) | A numeric code that identifies a line item in a claim. |
| DRUG_OTH_INS_CD | VARCHAR2(1 BYTE) | The code indicating the client's third party insurance. |
| CLM_LI_STS_CD | VARCHAR2(1 BYTE) | A unique code serving to identify each line's status in the system, i.e. paid, denied, adjusted, etc. |
| DRUG_NAM | VARCHAR2(30 BYTE) | The name of the drug. |
| DRUG_CD | VARCHAR2(11 BYTE) | The National Drug Code (NDC) identifying the drug: manufacturer code, product code, and the package code. |
| DRUG_PRESCR_DT | DATE | The date the drug was prescribed. |
| DRUG_PRESC_PROV_ID | VARCHAR2(8 BYTE) | Prescribing provider's unique identification number. |
| DRUG_REFILL_IND | NUMBER(2,0) | Code indicates whether prescription is an original or a refill |
| DRUG_PRESC | VARCHAR2(10 BYTE) | The Drug prescription (RX) Number. |
| DRG_THR_CHAR3_CD | VARCHAR2(3 BYTE) | First Databank identifying a definitive therapeutic class. |
| DRUG_TYPE_CD | VARCHAR2(1 BYTE) | The type of drug. |
| DRUG_GEN_CD_NUM | VARCHAR2(5 BYTE) | GCN code identifies generic group a drug belongs to. |
| DRUG_NABP_PROV_ID | VARCHAR2(11 BYTE) | The dispensing provider identification number. |
| DRUG_GCN_SEQ_NUM | NUMBER(6,0) | Drug GCN sequence code, known as the GSN. |
| DRUG_DEA_CD | VARCHAR2(1 BYTE) | Claims Paid Prior Auth Provider DEA Number The identification number assigned to pharmacies by the DEA (Drug Enforcement Agency) |
| DRUG_GEN_PRD_CD | VARCHAR2(1 BYTE) | Generic product indicator |
| CLM_STS_CD | VARCHAR2(1 BYTE) | A unique code serving to identify each claim's status in the system, i.e. paid, denied, adjusted, etc. |
| PD_AMT | NUMBER(13,2) | The amount of money to be paid to the provider for this claim. |
| ALLOW_AMT | NUMBER(11,2) | The header level allowed amount for a procedure/service. |
| TPL_AMT | NUMBER(13,2) | The third party header payment amount that applies to the claim. |
| DRUG_NBR_OF_REFILLS_CD | NUMBER(2,0) | Number of refills for the prescription which have been filled. |
| PD_QTY_AMT | NUMBER(11,3) | The units paid on a claim. |
| DRUG_PHASES_SUPP_QTY | NUMBER(3,0) | Number of PHASES of supply for a drug. |
| SUBM_ING_QTY_AMT | NUMBER(11,3) | Submitted drug quantity. |

| Appendix C 7: Pharmacy Claims | | |
|--------------------------------------|-------------------|--|
| Column Name | Field Type | Description |
| HDR_BLNG_PROV_NPI | VARCHAR2(10 BYTE) | The billing provider's national provider ID. |
| CLM_CNT_QTY | NUMBER(1,0) | The adjustment indicator, -1 is an adjustment, 1 is an original. |
| DRUG_PRESCR_NPI_ID | VARCHAR2(10 BYTE) | The prescribing provider's national provider ID. |
| DRUG_DAW_CD | VARCHAR2(1 BYTE) | Dispense as written code. |
| DRUG_PLAN_ID | VARCHAR2(3 BYTE) | Indicates the client's drug plan. |
| DRUG_DISP_FEE_AMT | NUMBER(13,2) | Fee associated with the cost of dispensing a drug. |
| CLM_TYPE_CD | VARCHAR2(1 BYTE) | This field identifies the type of claim for editing, pricing, and reporting. |
| CLIENT_AID_CAT_CD | VARCHAR2(2 BYTE) | The two digit code representing the benefit plan the recipient is eligible for. |
| ELIGIBILITY_TYP_CD | VARCHAR2(3 BYTE) | A three (3) digit code representing the program eligibility as recorded in the recipient's file. |
| COS_CD | VARCHAR2(2 BYTE) | A code identifying the category of service associated with the service provided. The MMIS calculates this field using both claim and rendering provider information. |
| SUB_CAT_OF_SERV_CD | VARCHAR2(2 BYTE) | Subcategory of Service Code. |
| CLIENT_GENDER_CD | VARCHAR2(1 BYTE) | The client's gender. |
| CLIENT_BIRTH_DT | DATE | The client's date of birth. |
| NH_IND | VARCHAR2(1 BYTE) | Indicates if the client was in a nursing home |
| BILL_AMT | NUMBER(13,2) | The amount of money billed. |
| NET_BILL_AMT | NUMBER(13,2) | The net bill amount |
| PRIOR_AUTH_IND | VARCHAR2(1 BYTE) | Prior authorization indicator. |
| CLM_ADJ_DT | DATE | The date the claim was adjusted. |
| CLM_ADJ_RSN_CD | VARCHAR2(3 BYTE) | The reason for adjustment. |
| CLM_ADJ_TCN | VARCHAR2(17 BYTE) | The TCN of the original claim the adjustment represents. |

Applied Criteria

Date exclusion will be 2 years history by payment date as first file. Subsequent files will be limited by payment date to the most recent month.

Claim type code including

A - Pharmacy

| Appendix C 8: Professional Claims | | |
|--|-------------------|--|
| Column Name | Field Type | Description |
| CLM_TCN | VARCHAR2(17 BYTE) | Transaction control number, a unique number serving to identify each claim transaction received. |
| PD_AMT | NUMBER(13,2) | The amount of money to be paid to the provider for this claim. |
| TPL_AMT | NUMBER(13,2) | The third party header payment amount that applies to the claim. |
| ALLOW_CHRG_AMT | NUMBER(13,2) | The allowed charge amount. |
| COS_CD | VARCHAR2(2 BYTE) | A code identifying the category of service associated with the service provider. The MMIS calculates this field using both claim and rendering provider information. |
| ICD_DIAG_1_CD | VARCHAR2(10 BYTE) | The first occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| ICD_DIAG_2_CD | VARCHAR2(10 BYTE) | The second occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| ICD_DIAG_3_CD | VARCHAR2(10 BYTE) | The third occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| ICD_DIAG_4_CD | VARCHAR2(10 BYTE) | The fourth occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| PROC_CD | VARCHAR2(7 BYTE) | The current CPT procedure code used to identify the service performed or the supply given to the recipient. |
| PROV_RNDRNG_ID | VARCHAR2(8 BYTE) | The rendering Provider treats and / or cares for the patient. |
| PROV_RNDRNG_NPI | VARCHAR2(10 BYTE) | The treating provider national provider identification number. |
| REV_CD | VARCHAR2(7 BYTE) | A code uniquely identifying the service rendered the patient on an institutional claim, |
| REV_RATE | NUMBER(13,2) | The line level revenue rate. |
| SUB_CAT_OF_SERV_CD | VARCHAR2(2 BYTE) | Subcategory of Service Code. |
| PD_UOS_QTY | NUMBER(13,2) | Units reimbursed from the Line Level |
| PD_DT | DATE | The date a claim was processed through the payment cycle. |
| BILL_AMT | NUMBER(13,2) | The Line item dollar amount submitted/billed for services. |
| BILL_UOS_QTY | NUMBER(13,2) | Services rendered to or for a recipient |
| CLM_TYPE_CD | VARCHAR2(1 BYTE) | Identifies the type of claim for editing, pricing, and reporting. |
| COPAY_AMT | NUMBER(13,2) | The copay amount applied to the claim line item. |
| SRV_FROM_DT | DATE | The first date of service, commonly referred to as the "from" date of service. |
| SRV_TO_DT | DATE | The last date of service, commonly referred to as the "to" date of service. |
| LINE_ITEM_NUM | NUMBER(3,0) | A numeric code that identifies a line item in a claim. |
| PROC_MOD_1_CD | VARCHAR2(2 BYTE) | A modifier code used to further define the service identified by the procedure code. |
| PROC_MOD_2_CD | VARCHAR2(2 BYTE) | The second procedure code modifier on the claim. |
| PLACE_OF_SRV_CD | VARCHAR2(2 BYTE) | A valid value field indicating the place where the service was rendered. |
| PROV_RNDRNG_TYPE_CD | VARCHAR2(2 BYTE) | A code indicating the classification of the provider. |

| Appendix C 8: Professional Claims | | |
|--|-------------------|---|
| Column Name | Field Type | Description |
| LINE_LEVEL_UNITS_ALLOWED | NUMBER(13,2) | The number of line item units allowed. |
| UNITS_DENIED_AMT | NUMBER(13,2) | The number of line item units denied. This field is defaulted to zeros. |
| CLM_STS_CD | VARCHAR2(1 BYTE) | A unique code serving to identify each claim's status in the system, i.e. paid, denied, adjusted, etc. |
| LINE_REIMB_STATUS_CD | VARCHAR2(1 BYTE) | A unique code serving to identify each line's status in the system, i.e. paid, denied, adjusted, etc. |
| CLM_ADJ_TCN | VARCHAR2(17 BYTE) | The TCN of the original claim the adjustment represents. |
| CLM_ADJ_RSN_CD | VARCHAR2(3 BYTE) | The reason for adjustment. |
| CLM_ADJ_DT | DATE | The date the claim was adjusted. |
| CLNT_ID | VARCHAR2(7 BYTE) | The unique number identifying a client. |
| PROV_BILL_ID | VARCHAR2(8 BYTE) | The unique identifier assigned by Medicaid to the provider billing for services rendered. |
| BILL_TYPE_CD | VARCHAR2(3 BYTE) | Contains the type of bill field from the UB_92 claim form. It is comprised of type_of_facility, class, and frequency. |
| CLIENT_AID_CAT_CD | VARCHAR2(2 BYTE) | The two digit code representing the benefit plan the recipient is eligible for. |
| ELIGIBILITY_TYP_CD | VARCHAR2(3 BYTE) | A three (3) digit code representing the program eligibility as recorded in the recipient's file. |
| PROV_FACILITY_ID | VARCHAR2(8 BYTE) | The Facility provider ID. |
| OTH_INS_CD | VARCHAR2(2 BYTE) | A code indicating the additional insurance of the client. |
| CLM_CNT_QTY | NUMBER(1,0) | The adjustment indicator, -1 is an adjustment, 1 is an original. |
| CLIENT_GENDER_CD | VARCHAR2(1 BYTE) | The gender of the client. |
| CLIENT_BIRTH_DT | DATE | The birth date of the client. |
| PROV_BILL_TAX_CD | VARCHAR2(10 BYTE) | The billing provider's tax identification number. |

Applied Criteria

Date exclusion will be 2 years history by payment date as first file. Subsequent files will be limited by payment date to the most recent month.

Claim type code NOT

3 - Capitation

A - Pharmacy

B - Inpatient

D - Nursing Facility

M - Mcare Part A Crossover

| Appendix C 9: Institutional Claims | | |
|---|-------------------|---|
| Column Name | Field Type | Description |
| CLNT_ID | VARCHAR2(7 BYTE) | The unique number identifying a client. |
| PD_DT | DATE | The date a claim was processed through the payment cycle. |
| SRV_FROM_DT | DATE | The first date of service, commonly referred to as the "from" date of service. |
| SRV_TO_DT | DATE | The last date of service, commonly referred to as the "to" date of service. |
| CLM_TYPE_CD | VARCHAR2(1 BYTE) | This field identifies the type of claim for editing, pricing, and reporting. |
| PD_AMT | NUMBER(13,2) | The amount of money to be paid to the provider for this claim. |
| ALLOW_CHRG_AMT | NUMBER(13,2) | The header level allowed amount for a procedure/service. |
| PROV_BILL_ID | VARCHAR2(8 BYTE) | The unique identifier assigned by Medicaid to the provider billing for services rendered. |
| CLIENT_AID_CAT_CD | VARCHAR2(2 BYTE) | The two digit code representing the benefit plan the recipient is eligible for. |
| ELIGIBILITY_TYP_CD | VARCHAR2(3 BYTE) | A three (3) digit code representing the program eligibility as recorded in the recipient's file. |
| PROV_FACILITY_ID | VARCHAR2(8 BYTE) | The Facility provider ID. |
| CLM_TCN | VARCHAR2(17 BYTE) | Transaction Control Number, a unique number serving to identify each claim transaction received. |
| OTH_INS_CD | VARCHAR2(2 BYTE) | A code indicating the racial origin of the client. |
| TPL_AMT | NUMBER(13,2) | The third party header payment amount that applies to the claim. |
| BILL_TYPE_CD | VARCHAR2(3 BYTE) | Contains the type of bill field from the UB_92 claim form. It is comprised of type_of_facility, class, and frequency. |
| COS_CD | VARCHAR2(2 BYTE) | A code identifying the category of service associated with the service provided. The MMIS calculates this field using both claim and rendering provider information. |
| SUB_CAT_OF_SERV_CD | VARCHAR2(2 BYTE) | Subcategory of Service Code. |
| ORIG_DRG_CD | VARCHAR2(5 BYTE) | The original DRG code, refer to DRG field description. |
| ICD_DIAG_1_CD | VARCHAR2(10 BYTE) | The first occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| ICD_PROC_1_CD | VARCHAR2(7 BYTE) | The first occurrence of the current procedural terminology, current HCPC or State supply code, used to identify the service performed or the supply given to the member. |
| COPAY_AMT | NUMBER(13,2) | The total copay amount applied to the claim. |
| DRG_CMS_CD | VARCHAR2(5 BYTE) | The three_digit DRG code returned from the HCPF Grouper based on ICD diagnosis, ICD procedure, patient status, recipient age, and recipient gender as described in the business rule. |
| BILL_AMT | NUMBER(13,2) | The sum of the claim's billed charges. |
| DRG_ALOS | NUMBER(9,2) | The DRG average length of stay. |
| DRG_ELIG_GROUP | VARCHAR2(1 BYTE) | The Diagnosis related group eligibility group. |
| DRG_PER_DIEM_AMT | NUMBER(13,2) | The DRG per diem. |
| PROV_OTHER_ID | VARCHAR2(8 BYTE) | The Other provider ID. |
| PROV_SUPERV_ID | VARCHAR2(8 BYTE) | The Supervising provider ID. |
| PROV_BILL_TYPE_CD | VARCHAR2(2 BYTE) | A code indicating the classification of the provider. |
| NET_BILL_AMT | NUMBER(13,2) | The computed difference between total claim charges and all non_covered charges minus TPL. |

| Appendix C 9: Institutional Claims | | |
|---|-------------------------|---|
| Column Name | Field Type | Description |
| TRANS_TYPE | VARCHAR2(1 BYTE) | A code to help identify original claims or the final adjustment in an adjustment chain. This data element is updated in the DSS as part of credit processing during each cycle. |
| ADMIT_TYPE_CD | VARCHAR2(1 BYTE) | A code describing the admission of the recipient to an Institution. |
| PATIENT_STS_CD | VARCHAR2(1 BYTE) | A code indicating where or under what condition a recipient was discharged from a medical institution. |
| CLM_STS_CD | VARCHAR2(1 BYTE) | A unique code serving to identify each claim's status in the system, i.e. paid, denied, adjusted, etc. |
| CLIENT_GENDER_CD | VARCHAR2(1 BYTE) | The gender of the client. |
| CLIENT_BIRTH_DT | DATE | The birth date of the client. |
| CLM_CNT_QTY | NUMBER(1,0) | The adjustment indicator, -1 is an adjustment, 1 is an original. |
| CLM_ADJ_TCN | VARCHAR2(17 BYTE) | The TCN of the original claim the adjustment represents. |
| CLM_ADJ_RSN_CD | VARCHAR2(3 BYTE) | The reason for adjustment. |
| CLM_ADJ_DT | DATE | The date the claim was adjusted. |
| PROV_BILL_TAX_CD | VARCHAR2(10 BYTE) | The billing provider's tax identification number. |
| ADMIT_DT | DATE | The date the member was admitted to the hospital. |
| DISCHARGE_DT | DATE | The date the member was discharged from the hospital. |

Applied Criteria

Date exclusion will be 2 years history by payment date as first file. Subsequent files will be limited by payment date to the most recent month.

Claim type codes including

B - Inpatient

D - Nursing Facility

M - Mcare Part A Crossover

| Appendix C 10: Institutional – Other Procedures | | |
|--|-------------------|---|
| Column Name | Field Type | Description |
| CLNT_ID | VARCHAR2(7 BYTE) | The unique number identifying a client. |
| BILL_TYPE_CD | VARCHAR2(3 BYTE) | Contains the type of bill field from the UB_92 claim form. It is comprised of type_of_facility, class, and frequency. |
| ICD_DIAG_1_CD | VARCHAR2(10 BYTE) | The first occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| SRV_FROM_DT | DATE | The first date of service, commonly referred to as the "from" date of service. |
| SRV_TO_DT | DATE | The last date of service, commonly referred to as the "to" date of service. |
| CLM_TCN | VARCHAR2(17 BYTE) | Transaction Control Number, a unique number serving to identify each claim transaction received. |
| PD_DT | DATE | The date a claim was processed through the payment cycle. |
| PROV_BILL_ID | VARCHAR2(8 BYTE) | The unique identifier assigned by Medicaid to the provider billing for services rendered. |
| OTHER_PROC_CODE | VARCHAR2(7 BYTE) | The other procedure / surgical code. |
| OTHER_PROC_DATE | DATE | The date of the other procedure / surgical. |
| SEQ_NUM | NUMBER(3,0) | A numeric code that identifies the sequence of other diagnosis codes in order to display them correctly. |

Applied Criteria

Date exclusion will be 2 years history by payment date as first file. Subsequent files will be limited by payment date to the most recent month.

Claim type codes including

B - Inpatient

C - Outpatient

D - Nursing Facility

J - Home Health

M - Mcare Part A Crossover

O - Mcare Part B Crossover

| Appendix C 11: Institutional – Other Diagnoses | | |
|---|-------------------|---|
| Column Name | Field Type | Description |
| CLNT_ID | VARCHAR2(7 BYTE) | The unique number identifying a client. |
| BILL_TYPE_CD | VARCHAR2(3 BYTE) | Contains the type of bill field from the UB_92 claim form. It is comprised of type_of_facility, class, and frequency. |
| ICD_DIAG_1_CD | VARCHAR2(10 BYTE) | The first occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| SRV_FROM_DT | DATE | The first date of service, commonly referred to as the "from" date of service. |
| SRV_TO_DT | DATE | The last date of service, commonly referred to as the "to" date of service. |
| CLM_TCN | VARCHAR2(17 BYTE) | Transaction Control Number, a unique number serving to identify each claim transaction received. |
| PD_DT | DATE | The date a claim was processed through the payment cycle. |
| PROV_BILL_ID | VARCHAR2(8 BYTE) | The unique identifier assigned by Medicaid to the provider billing for services rendered. |
| DIAG_CD | VARCHAR2(10 BYTE) | The other diagnosis code. |
| SEQ_NUM | NUMBER(3,0) | A numeric code that identifies the sequence of other diagnosis codes in order to display them correctly. |

Applied Criteria

Date exclusion will be 2 years history by payment date as first file. Subsequent files will be limited by payment date to the most recent month.

Claim type codes including

B - Inpatient

C - Outpatient

D - Nursing Facility

J - Home Health

M - Mcare Part A Crossover

O - Mcare Part B Crossover

| Appendix C 12: Institutional – Rev and HCPCS | | |
|---|-------------------|--|
| Column Name | Field Type | Description |
| CLM_TCN | VARCHAR2(17 BYTE) | Transaction control number, a unique number serving to identify each claim transaction received. |
| PD_AMT | NUMBER(13,2) | The amount of money to be paid to the provider for this claim. |
| TPL_AMT | NUMBER(13,2) | The third party header payment amount that applies to the claim. |
| COS_CD | VARCHAR2(2 BYTE) | A code identifying the category of service associated with the service provider. The MMIS calculates this field using both claim and rendering provider information. |
| ICD_DIAG_1_CD | VARCHAR2(10 BYTE) | The first occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| ICD_DIAG_2_CD | VARCHAR2(10 BYTE) | The second occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| ICD_DIAG_3_CD | VARCHAR2(10 BYTE) | The third occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| ICD_DIAG_4_CD | VARCHAR2(10 BYTE) | The fourth occurrence of the diagnosis code as presented by International Classification of Diseases 9th revision clinical modification. |
| PROC_CD | VARCHAR2(7 BYTE) | The current CPT procedure code used to identify the service performed or the supply given to the recipient. |
| PROV_RNDRNG_ID | VARCHAR2(8 BYTE) | The rendering Provider treats and / or cares for the patient. |
| PROV_RNDRNG_NPI | VARCHAR2(10 BYTE) | The treating provider national provider identification number. |
| REV_CD | VARCHAR2(7 BYTE) | A code uniquely identifying the service rendered the patient on an institutional claim, |
| REV_RATE | NUMBER(13,2) | The line level revenue rate. |
| SUB_CAT_OF_SERV_CD | VARCHAR2(2 BYTE) | Subcategory of Service Code. |
| PD_UOS_QTY | NUMBER(13,2) | Units reimbursed from the Line Level |
| PD_DT | DATE | The date a claim was processed through the payment cycle. |
| BILL_AMT | NUMBER(13,2) | The Line item dollar amount submitted/billed for services. |
| BILL_UOS_QTY | NUMBER(13,2) | Services rendered to or for a recipient |
| CLM_TYPE_CD | VARCHAR2(1 BYTE) | Identifies the type of claim for editing, pricing, and reporting. |
| COPAY_AMT | NUMBER(13,2) | The copay amount applied to the claim line item. |
| SRV_FROM_DT | DATE | The first date of service, commonly referred to as the "from" date of service. |
| SRV_TO_DT | DATE | The last date of service, commonly referred to as the "to" date of service. |
| LINE_ITEM_NUM | NUMBER(3,0) | A numeric code that identifies a line item in a claim. |
| PROC_MOD_1_CD | VARCHAR2(2 BYTE) | A modifier code used to further define the service identified by the procedure code. |
| PROC_MOD_2_CD | VARCHAR2(2 BYTE) | The second procedure code modifier on the claim. |
| PLACE_OF_SRV_CD | VARCHAR2(2 BYTE) | A valid value field indicating the place where the service was rendered. |
| PROV_RNDRNG_TYPE_CD | VARCHAR2(2 BYTE) | A code indicating the classification of the provider. |
| LINE_LEVEL_UNITS_ALLOWED | NUMBER(13,2) | The number of line item units allowed. |

| Appendix C 12: Institutional – Rev and HCPCS | | |
|---|-------------------|---|
| Column Name | Field Type | Description |
| UNITS_DENIED_AMT | NUMBER(13,2) | The number of line item units denied. This field is defaulted to zeros. |
| CLM_STS_CD | VARCHAR2(1 BYTE) | A unique code serving to identify each claim's status in the system, i.e. paid, denied, adjusted, etc. |
| LINE_REIMB_STATUS_CD | VARCHAR2(1 BYTE) | A unique code serving to identify each line's status in the system, i.e. paid, denied, adjusted, etc. |
| CLM_ADJ_TCN | VARCHAR2(17 BYTE) | The TCN of the original claim the adjustment represents. |
| CLM_ADJ_RSN_CD | VARCHAR2(3 BYTE) | The reason for adjustment. |
| CLM_ADJ_DT | DATE | The date the claim was adjusted. |
| CLNT_ID | VARCHAR2(7 BYTE) | The unique number identifying a client. |
| PROV_BILL_ID | VARCHAR2(8 BYTE) | The unique identifier assigned by Medicaid to the provider billing for services rendered. |
| BILL_TYPE_CD | VARCHAR2(3 BYTE) | Contains the type of bill field from the UB_92 claim form. It is comprised of type_of_facility, class, and frequency. |
| CLIENT_AID_CAT_CD | VARCHAR2(2 BYTE) | The two digit code representing the benefit plan the recipient is eligible for. |
| ELIGIBILITY_TYP_CD | VARCHAR2(3 BYTE) | A three (3) digit code representing the program eligibility as recorded in the recipient's file. |
| PROV_FACILITY_ID | VARCHAR2(8 BYTE) | The Facility provider ID. |
| OTH_INS_CD | VARCHAR2(2 BYTE) | A code indicating the additional insurance of the client. |
| ALLOW_CHRG_AMT | NUMBER(13,2) | The allowed charge amount. |

Applied Criteria

Date exclusion will be 2 years history by payment date as first file. Subsequent files will be limited by payment date to the most recent month.

Claim types including

- B - Inpatient
- D - Nursing Facilities
- M - Mcare Part A Crossover