LAC
DMH
LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH

Rpt_FinClaimList

Data Warehouse Table – Data Dictionary Vs. 5 – External Version for Legal Entity Contract Providers

Data Warehouse Design, Analysis and Development Section
Data Management and Business Intelligence Division
Chief Information Office Bureau

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Revision History

Date	Version	Description	Author
10/26/2010	Vs. 1		Nancy Acevedo-Cosio
02/13/2013	Vs. 2		Ruzanna Malanok
10/16/2014	Vs. 3		Ruzanna Malanok
10/28/2014	Vs. 4	Added fields from Rpt_FinClaimList • HWLAClient (Never used) • AB109Client (Never used)	Brandi Jones
03/19/2015	Vs. 5	**Fields removed that are no longer used:** • CPEPlanName • CIN • MedsID • McareStatus • SDPhaseIIFlag • InsertDate • DupOverrideFlag • MHSAClaim • HFFlag • HWLAClient • AB109Client **Fields added from Avatar Data:** • EOBID • RetroEOBID • RetroAmount • EOBCheckNumber • MSOClaimNumber • CalPMClaimNumber • AuthorizationNumber • OBClaimSubID • ProcedureCode • Source • join_to_tx_history • orig_join_to_tx_history	Brandi Jones

1. Overview

This Document outlines Data Dictionary structure for rpt_FinClaimList table used as a source table CPE Payment Process.

rpt_FinClaimList

Primary Source Tables:
Reporting_Repository.dbo.rpt_DmhClaim_Slim, Reporting_Repository.dbo.rpt_DmhClaim , Reporting_Repository.dbo.rpt_MCalOBFile, Repository.dbo.rpt_MCalOBFileClaim StateHIPAA.dbo.tbl835Batch, StateHIPAA.dbo.tbl835Main, Meds.Meds.Eligibility, IBHIS/Avatar claims and billing data tables

Column Name	Type	Reqd	Description	Source	Comments
ClaimNumber	Int	Y	IS internal ID for an inbound claim	Reporting_Repository. rpt_DmhClaim_Slim.ClaimNumber	Rpt_DMHClaimSlim Contains a record for each successfully submitted inbound claim that has not been denied for DMH business rules
ClaimSubmittersIdentifier	Varchar(38)	N	Claim ID sent on the inbound claim. For EDI and FFS DDE claims this is the value from CLM01 of the inbound claim. For Clinical claims this is assigned by the IS	rpt_DmhClaim_Slim. ClaimSubmittersIdentifier	Rpt_DMHClaimSlim Contains a record for each successfully submitted inbound claim that has not been denied for DMH business rules
SubmitDate	DateTime	N	Date the claim was submitted to the IS. For EDI and FFS Admin claims this the date the inbound claim is initially recorded in the IS repository. For Clinical claims this is the date the service instance was submitted for claiming	rpt_DmhClaim_Slim.SubmitDate	
ResubmitDate	DateTime	N	The date that a resub was sent for the service		
ClaimStatus	Varchar(50)	N	Status of the inbound claim	rpt_DmhClaim_ClaimStatus	Values: Approved Denied Pending Void

Column Name	Type	Reqd	Description	Source	Comments
					Forwarded
DenySource	Varchar(15)	N	For denied claims indicates the source of the denial	rpt_DmhClaim_Slim.DenySource	
VoidStatus	Varchar(50)	N	Indicates the void status of the claim	rpt_DmhClaim.VoidStatus	Values: Requested Processed
LateCode	Int	N	The HIPAA late code for the inbound claim	rpt_DmhClaim_Slim.LateCode	
PayToProviderID	Int	N	IS Internal ID for the Pay to Provider of the inbound claim	rpt_DmhClaim_Slim.PayToProviderID	
LegalEntityNumber	Varchar(10)	N	DMH assigned number for the Legal Entity of the inbound claim	rpt_LegalEntity	
LegalEntityName	Varchar(62)	N	Name of the Legal Entity	rpt_ rpt_LegalEntity_Name	
BillingProviderID	Int	N	IS Internal ID for the Billing Provider of the inbound claim	rpt_DmhClaim_Slim.BillingProviderID	
BillingProviderName	Varchar(62)	N	Name for the Billing Provider of the inbound claim	rpt_BillingProvider.ProviderName	
ClientID	Int	N	DMH ID for the client of the inbound claim	rpt_DmhClaim_Slim.ClientID	
BirthDate	DateTime	N	Birthdate of the client for the inbound claim that the payor record is for	rpt_DmhClaim_Slim.BirthDate	
SSN	Varchar(11)	N	SSN of the client for the inbound claim	rpt_DmhClaim_Slim.SSN	
ServiceDateBegin	DateTime	N	Starting service date for the for the inbound claim	rpt_DmhClaim_Slim.ServiceDateBegin	
ServiceDateEnd	DateTime	N	Ending service date for the for the inbound claim	rpt_DmhClaim_Slim.ServiceDatEnd	
SvcYear	Varchar(4)	N	Service Year		
SvcMo	Varchar(2)	N	Service Month		
ProcedureID	Int	N	IS internal ID for the procedure code of the claim	rpt_DmhClaim_Slim.ProcedureID	

Column Name	Type	Reqd	Description	Source	Comments
ServiceUnitCount	Decimal(9,2)	N	Number of units billed for the claim	rpt_DmhClaim_Slim.ServiceUnitCount	
TotalClaimChargeAmount	Decimal(19,2)	Y	Inbound Claim Charge Amount	rpt_DmhClaim_Slim.TotalClaimChargeAmount	Set to Contracted Rate if Null on Inbound Claim
ContractedRate	Decimal(19,2)	Y	Contract value for the claim (Service Location rate * claim units)	rpt_DmhClaim_Slim.ContractedRate	
CPEContractRate	Decimal(19,2)	Y	AKA: CPEContractAmount Contract amount for a claim processed using the CPE contract rate	rpt_DmhClaim_Slim.CPEContractAmount	
ClientPaidAmount	Decimal(19,2)	Y	Amount that client has paid for the claim	rpt_DmhClaim_Slim.ClientPaidAmount	Amount as reported by providers
PrivateInsuranceAmount	Decimal(19,2)	Y	Amount that private insurance has paid for the claim	rpt_DmhClaim_Slim.PrivatInsuranceAmount	Amount as reported by providers
MedicarePaidAmount	Decimal(19,2)	Y	Amount that Medicare has paid for the claim	rpt_DmhClaim_Slim.MedicarePaidAmount	Amount as reported by providers
MediCalPaidAmount	Decimal(19,2)	Y	FFP portion of claim	StateHIPAA.dbo.tbl835Main.FFP; StateHIPAA.dbo.tbl835Main.ApprovedAmt	FFP (Federal Fund Participation) rate of 61.59% to all Medi-Cal claims. SGF rate of 35.69% to EPSDT, non Mode 05 claims. For FY08-09 rates applied for dates of service October 1, 2008 through the end of the fiscal year (06/30/2009). For FY09-10 and FY10-11, rates applied for dates of service throughout the entire fiscal year.
LocalAmt	Decimal(19,2)	Y	Amount of claim that DMH is responsible for Lesser of (TotalClaimChargeAmount or ContractedRate) –	rpt_DmhClaim_Slim.LocalAmount	LocalAmt = ContractedRate - (MedicarePaidAmount + PrivateInsuranceAmount + ClientPaidAmount); Add lesser of ,If CPEContractRate

Column Name	Type	Reqd	Description	Source	Comments
			(ClientPaidAmount + PrivateInsuranceAmount + MedicarePaidAmount + Medi-CalPaidAmount)		is greater than zero, then set to CPEContractRate; If outbound amount differs, set to State 837 outbound claim amount (rpt_OBFileClaim.ClaimChargeAmt)
PlanID	Int	Y	IS ID for the first plan of the claim	rpt_DmhClaim_Slim.PlanID	
PlanName	Varchar(30)	Y	Name of the first plan on the claim. For CGF PlanName value updates based on combination of sets of values PlanName, FY, ModeSFC, SubFund, Age	rpt_DmhClaim_Slim.PlanName	
MediCalClaim	Bit	N	Indicates if Medi-Cal is a payer in the claim	rpt_DmhClaim_Slim.MediCalClaim	0 – No 1 - Yes
MedicareClaim	Bit	N	Indicates if Medicare is a payer in the claim	rpt_DmhClaim_Slim.MedicareClaim	0 – No 1 - Yes
MCalApprovedAmt	Decimal(19,2)	Y	MediCal approved amount	rpt_DmhClaim_Slim.MCalApprovedAmt	If claim is in Forwarded status = Cost; If claim is adjudicated = State 835 MediCal approved amount
MCalActualPaidAmt	Decimal(19,2)	Y	Amount that MediCal Actually paid	rpt_DmhClaim_Slim.MCalActualPaidAmt	
MCal835CLP02	Int	N	HIPAA Status of the 835 returned from Medi-Cal	rpt_DmhClaim_Slim.MCal835CLP02	1 – Approved 2 - Approved 4 - Denied 25- Approved
MCalOutboundClaimID	VChar(41)	N	IS outbound claim id for the Medi-Cal outbound claim	rpt_DmhClaim_Slim. MCalOutboundClaimID	
MCalClaimStatus	VChar(20)		Status of the Medi-Cal Payer record	rpt_DmhClaim_Slim.MCalClaimStatus	
Mode	Varchar(50)	N	Mode	DMHDWOLAP.dbo.Tbl_Procedure.CRDC Mode	

Column Name	Type	Reqd	Description	Source	Comments
SFC	Varchar(50)	N	Service Function Code	DMHDWOLAP.dbo.Tbl_Procedure.SFC	
ModeSFC	Varchar(50)	N	Mode and Service Function Code		Mode/Service Function
ChargeConv	Money	N	Net Charge Amount		TotalClaimChargeAmount - (MedicarePaidAmount + PrivateInsuranceAmount + ClientPaidAmount)
MCApproved	Money	N	Amount that Medi-Cal insurance has paid for the claim	StateHIPAA.dbo.tbl835Main. ApprovedAmt	
FFP	Money	N	Federal Fund Participation) Approved Amount. Values set based on combination of set and subsets of values for ClaimStatus, MediCalClaim, MediCareClaim		Percentage of ChargeConv or MCApproved based on ServiceDate and Payor, Subfund, and FinRptAgeGroup
SFG	Money	N	State General Fund. Values set based on combination of set and subsets of values for ClaimStatus, MediCalClaim, MediCareClaim		Percentage of McalApproved or Cost based on ServiceDate and Payor, Subfund, and FinRptAgeGroup
LocalMatch	Money	N	County portion of claims		MCApproved, ChargeConv, or Cost - (FFP + SGF) OR Cost – FFP based on subfund, PCStatus, Payor, ServiceDate, PlanName
Cost	Money	N	Calculated amount used to pay providers		equal to ChargeConv or MCApproved Based on Payor or PCStatus
FY	Varchar(10)	N	Fiscal Year		
~~CPEPlanName~~	~~Varchar(30)~~	~~N~~	~~Plan the claim was paid on~~		~~Final CPEPlanName will be based on Current CPEPlanName, FY, SubFund, Age, and ModeSFC~~
Age	Int	N	Client's age at time of service		Date of birth compared with date of service

Column Name	Type	Reqd	Description	Source	Comments
AgeGroup	Varchar(50)	N	Intended age group based on the actual age of the client		Values: A:00-15 Child A:16-25 Tay A:26-59 Adult A:60+ Older Adult
FinRptAgeGroup	Varchar(50)	N	Age groups reported to payers. Values set based on client's AgeGroup and PlanId. For CGF PlanName value updates based on combination of sets of values PlanName, FY, ModeSFC, SubFund, Age		Age group according to plan
ApprvAidCode	Varchar(50)	N	Client's Medi-Cal Approved Aid Code	StateHIPAA.dbo.tbl835Main. ApprvAidCode	If claim is in Forwarded status = MEDS file aid code based on CIN/SSN when known ; If claim is adjudicated by State = aid code returned on State 835
BatchID	Varchar(15)	N	Outbound State 837 batch ID number	Reporting_Repository.dbo.rpt_MCalOutboundStaging.BatchID	No longer used (not included in User version)
FileID	int	N	Outbound State 837 file ID number	Reporting_Repository. dbo.rpt_MCalOBFileClaim.FileID	
OBFileName	Varchar(100)	N	Name of the outbound State 837	Reporting_Repository.dbo.rpt_MCalOBFile.FileName	
ITWSFileStatus	Varchar(100)	N	Payment report month		This is the month for the date that the payment file was actually created, which is the prior month of the warrant date. Populated for Medi-Cal claims only. Calculated from last payment report forward. Internal pulled date from State HIPPA.
ITWSSubmitDate	Datetime	N	Date reported by ITWS that State 837 was uploaded		

Column Name	Type	Reqd	Description	Source	Comments
CPEPaidDate	Datetime	N	Date CPE report is generated		Only populated for claims submitted to Medi-Cal
PmtCode	Varchar(50)	N	Code used by PRU to upload data to eCaps		Based on PlanName, FY, SubFund and FinRptAgeGroup
SubProgCode	Varchar(50)	N			
~~CIN~~	~~Varchar(20)~~		~~Client Identifier Number~~		~~(not included in User version)~~ ~~The CIN is generated and controlled by the California Department of Health Services Statewide Client Index used to identify individuals who have applied for public benefits.~~
MediCalID	Varchar(20)	N	Client CIN when the claim has Medi-Cal as a payer	rpt_DmhClaim_Slim.Medi-CalID rpt_DmhClaim.[Medi-CalID]	
~~MedsID~~	~~Varchar(9)~~	~~N~~	~~MMEF file client SSN~~		
MedsCheck	Int	N	Scratch field used to identify forwarded claims that are checked against MEDS file		
CVStatus	Varchar(250)	N	Converted Status		FY CVStatus 12-13 12-13 1 12-13 2 12-13 3 12-13 Denied QA 12-13 HWLA Match 12-13 IS Claim 12-13 XXXX 13-14 13-14 1 13-14 2 13-14 3 13-14 Avatar Claim 13-14 HWLA Match

Column Name	Type	Reqd	Description	Source	Comments
					13-14 IS Claim 13-14 XXXX 14-15 14-15 Avatar Claim 14-15 HWLA Match 14-15 IS Claim 14-15 XXXX
PCStatus	Varchar(50)	N	Payer claim status. Values set based on combination of set and subsets of values for Payor, ClaimStatus, DenySource, LateCode3File, Voidstatus, Resubmitdate, ApprvAidCode, FileID, PlanName, McalStatus, MediCalClaim, MediCareClaim		County derived field based on data flow of claims thru County and State systems Values: Denied Rules Denied-FIN ADJ EDI-Duplicate Forwarded MC-Denied MC-Denied Rules MC-FORWARDED MC-Not Submtd MC-Open MC-Paid MC-Pending MC-Suspended Non-MediCal NULL
~~MCalStatus~~	~~VChar(20)~~		~~Status of the Medi-Cal Payer record.~~ ~~Values set based on combination of set and subsets of values for ClaimStatus, MediCalClaim, MediCareClaim~~		
~~McareStatus~~	~~Varchar(15)~~	~~N~~	~~Status of the Medicare Payer record.~~ ~~Values set based on combination~~		

Column Name	Type	Reqd	Description	Source	Comments
			~~of set and subsets of values for ClaimStatus, MediCalClaim, MediCareClaim~~		
Payor	Varchar(50)	N	Paying Entity. Values set based on ApprovedAidCode or combination of set and subsets of values for ApprovedAidCode, ModeSFC, HFFlag, ClaimStatus, PCStatus, PlanName, MCalClaimStatus, VoidStatus, FileID, MediCalClaim, ResubmitDate, LateCode3File, MediCalClaim, MediCareClaim		Values: CalWORKs County Encd MC EPSDT (gross) GROW HF MAT-DCFS MC-Denied Missing Other Medi-Cal Other Medi-Cal Unk Victims of Crime
SubFund	Varchar(50)	N	Used to create the CPE payment report for identifying the reimbursement method for each claim. Values set based on combination of set and subsets of values for Payor, ClaimStatus, DenySource, ApprovedAidCode, PCStatus, MediCalClaim, MediCareClaim, FY		Values: CalWORKs Denied EPSDT Healthy Families MC-Denied Non-MC Other Medi-Cal PENDING CPE Void/Resub
~~SDPhaseIIFlag~~	~~Bit~~	~~N~~	~~Indicates if the claim is for SD phase II~~	~~Reporting_Repository.dbo.rpt_DMHClaim.SDPhaseIIFlag~~	~~0 – Phase I claim~~ ~~1 – Phase II claim~~
DateCreated	Datetime	N	The date the instance of the service record was created	rpt_DMHClaim_Slim.DateCreated	
PATTYPE	Varchar(15)	N	Type of service provided		Based on the following formula. WHEN Mode = '05' and SFC =

Column Name	Type	Reqd	Description	Source	Comments
					'19' Then 'IP-Admin' WHEN Mode = '05' and SFC <> '19' Then 'IP-Acute' WHEN Mode = '10' and SFC = '24' Then 'Crisis Stab.' WHEN Mode = '10' and SFC <> '24' Then 'Day Treatment' WHEN Mode = '45' Then 'Comm. Svc.' WHEN Mode = '60' Then 'Case Mgt.' WHEN Mode = '15' Then 'OP' Else 'UNK'
EpisodeReptUnit	Varchar(25)	N	The service location reporting unit code for the episode of the claim	Reporting_Repository.dbo.rpt_Episode. EpisodeReptUnit	
EpisodeSeqNumber	Varchar(25)	N	The MHMIS sequence number for the episode of the claim	Reporting_Repository.dbo.rpt_Episode. EpisodeSeqNumber	
ClinicalEposideID	Uniqueidentifier	N	IS internal ID for the episode of the service instance	Reporting_Repository.dbo.rpt_Episode. ClinicalEposideID	
~~InsertDate~~	~~Datetime~~	~~N~~		~~Reporting_Repository. dbo.rpt_DMHClaim_Slim.InsertDate~~	
DateUpdated	Datetime	N	Date the service instance was last updated	Reporting_Repository.dbo.rpt_DMHClaim _Slim.DateUpdated	
Claim Type	Varchar(20)	N	Used to distinguish claims requiring special processing	Reporting_Repository.dbo .rpt_DMHClaim_Slim. Claim Type	
FacilityCodeValue	Varchar(50)	N	Place of service code for the inbound claim that the payer record is for	Reporting_Repository.dbo. rpt_DMHClaim. FacilityCodeValue	Is_Code.Code Where is_Code.ID =cln_ServiceInstance. PlaceofSerivceID
RenderingProviderid	Int	N	IS internal ID for the Rendering Provider of the inbound claim	Reporting_Repository.dbo. rpt_DMHClaim. RenderingProviderId	Original Source is Rpt_Rendering Provider.ProviderID
RenderingProviderTaxonomy	Varchar(80)	N	Taxonomy code assigned to the Rendering Provider	Reporting_Repository.dbo. rpt_DMHClaim. RPTaxonomy	Original Source is Reporting_Repository. dbo.rpt_ProviderLicense.

Column Name	Type	Reqd	Description	Source	Comments
					Taxonomy
CPEThresholdID	Int	N	IS internal ID for the CPE Threshold applied against the inbound claim. - If applicable can only be populated when Medi-Cal is the Payer (PayerID = 201)	Reporting_Repository.dbo. rpt_DMHClaim. CPEThresholdId	Original Source is Reporting_Repository. dbo.rpt_CPEThreshold. CPEThresholdId
CPEThresholdDate	Datetime	N	Date and Time stamp that the threshold was applied. ☐ This is the date/time that the record was created	Reporting_Repository. dbo.rpt_CPEThreshold. AppliedDate	
CPEReleaseID	Int	N	IS internal ID for the CPE Release applied against the inbound claim. - If applicable can only be populated when Medi-Cal is the Payer (Payerid = 201)	Reporting_Repository.dbo. rpt_DMHClaim. CPEReleaseId	Original Source is Reporting_Repository. dbo.rpt_CPERelease. CPEReleaseID
CPEReleaseDate	Datetime	N	Date and Time stamp that the release was processed against inbound claims. When release has been processed the ProcessFlag must also = 1	Reporting_Repository. dbo.rpt_CPERelease. ProcessDate	
ServiceLocationProviderID	Int	N	IS internal ID for the Service Location of the inbound claim	Reporting_Repository.dbo. rpt_DMHClaim.ServiceLocationProviderId	Original Source is Rpt_ServiceLocation.ProviderID
~~DupOverrideFlag~~	~~Bit~~	~~N~~	~~Indicates the claim is a valid duplicate~~ ~~☐ 0 – Duplicate Override was not indicated on the inbound claim~~ ~~☐ 1 – Duplicate Override was indicated on the inbound claim~~	~~Reporting_Repository.dbo. rpt_DMHClaim. DupOverrideFlag~~	
~~MHSAClaim~~	~~Bit~~	~~N~~	~~Indicates if the claim is a MHSA claim~~		
~~HFFlag~~	~~Bit~~	~~N~~	~~Indicates if the claim is a healthy family claim~~	~~Reporting_Repository.dbo. rpt_DMHClaim. HFFlag~~	

Column Name	Type	Reqd	Description	Source	Comments
InsuranceClaim	Bit	N	Indicates if Private insurance is a Payor in the claim	Reporting_Repository.dbo. rpt_DMHClaim. InsuranceClaim	
~~HWLAClient~~	~~Bit~~	~~N~~	~~N/A~~	~~N/A~~	~~Not being used~~
~~AB109Client~~	~~Bit~~	~~N~~	~~N/A~~	~~N/A~~	~~Not being used~~
EOBID	Int	Y	The Explanation of Benefits ID associated with the payment	IBHIS	
RetroEOBID	Int		The Explanation of Benefits ID associated with any take backs	IBHIS	
RetroAmount	Decimal(15,2)		The Amount of the take back	IBHIS	
MSOClaimNumber	Varchar(50)		The unique number associated with the claim in MSO	IBHIS (2300-CLP-07)	
CalPMClaimNumber	Varchar(10)		The claim number assigned to the Clients service	IBHIS	
AuthorizationNumber	Varchar(50)		The Providers Authorization number submitted on the inbound 837	IBHIS (2400-REF-02)	
OBClaimSubID	Varchar(50)		Submitter claim ID for claim transaction forwarded to the State	IBHIS	
ProcedureCode	Varchar(50)		Procedure code and modifiers submitted on the inbound 837	IBHIS	
Source	Varchar(10)		Identifies whether the source for the inbound claim data is from the Integrated System or IBHIS		Values: • Avatar • IS