Los Angeles County – Department of Mental Health
Chief Information Office Bureau - Data Warehouse and Reporting Division
Legal Entity Data Extract - Entity Relationship Diagram

Created: 03/02/2010
Updated: 11/23/2010
Version 4.1

rpt_FinClaimList
ClaimNumber
ClaimSubmittersIdentifier
SubmitDate
ResubmitDate
ClaimStatus
DenySource
VoidStatus
LateCode
PayToProviderID
LegalEntityNumber
LegalEntityName
BillingProviderID
BillingProviderName
ClientID
BirthDate
SSN
ServiceDateBegin
ServiceDateEnd
SvcYear
SvcMo
ProcedureID
ServiceUnitCount
TotalClaimChargeAmount
ContractedRate
CPEContractRate
ClientPaidAmount
PrivateInsuranceAmount
MedicarePaidAmount
MediCalPaidAmount
LocalAmt
PlanID
PlanName
MediCalClaim
MediCareClaim
MCalApprovedAmt
MCalActualPaidAmt
MCal835CLP02
MCalOutboundClaimID
MCalClaimStatus
Mode
SFC
ModeSFC
ChargeConv
MCApproved
FFP
SGF
LocalMatch
Cost
FY
CPEPlanName
Age
AgeGroup
FinRptAgeGroup
ApprvAidCode
BatchID
FileID
OBFileName
ITWSFileStatus
ITWSSubmitDate
CPEPaidDate
PmtCode
SubProgCode
CIN
MediCalID
MedsID
MedsCheck
CVStatus
PCStatus
MCalStatus
McareStatus
Payor
SubFund
SDPhaseIIFlag
DateCreated
PATTYPE
EpisodeReptUnit
EpisodeSeqNumber
ClinicalEpisodeID
InsertDate
DateUpdated
ClaimType

rpt_Claimlist
ClaimNumber
SubmitDate
ClaimType
ClaimStatus
PayToProviderId
BillingProviderId
BillingProviderName
ClientId
Medi-CalId
BirthDate
ServiceDateBegin
ServiceDateEnd
TotalClaimChargeAmount
Minutes
ProcedureCode
ContractedRate
LocalAmount
MedicarePaidAmount
Medi-CalPaidAmount
PlanName
MediCalClaim
MedicareClaim
DenySource
PlanId
OrgType
RenderingProviderId
ServiceLocationProviderId
ServiceLocationName
SubmitterId
ClaimSubmittersIdentifier
ClaimKey
RAKey
ResubParentClaimKey
ServiceUnitType
ServiceUnitCount
PatientFileNumber
EpisodeReptUnit
EpisodeSeqNumber
DMHActivityCode
DMHSvcCode1
DMHSvcCode2
UOFSRecSeq
UOFSSegSeq
FFSServiceCode
DateCreated
DateUpdated
FFSServiceQty
ProcedureID
PCStatus
CVStatus
Payor
PatType
ClaimSerialID
LateCode
HFFlag
ClinicalEpisodeID
Cost
FFP
SGF
LocalMatch
FRPayor
LegalEntityNumber
CPEThresholdId
CPEReleaseId
CPEContractAmount
CPEMCalOnlyFlag
FRStatus
OBFileName
ITWSSubmitDate

rpt_701ClaimUnits
LEGALENTITYNUMBER
LEGALENTITYNAME
BillingProviderName
payor
servicelocationname
Mode
SFC
JUL
AUG
SEP
OCT
NOV
DECE
JAN
FEB
MAR
APR
MAY
JUN
YTD
FY
LastUpdate

rpt_701UPClaimUnits
LEGALENTITYNUMBER
LEGALENTITYNAME
BillingProviderName
payor
servicelocationname
PlanName
Mode
SFC
JUL
AUG
SEP
OCT
NOV
DECE
JAN
FEB
MAR
APR
MAY
JUN
YTD
FY
LastUpdate

rpt_630BClaimUnits
LegalEntityNumber
LegalEntityName
yr
mo
ProvNum
BillingProviderName
RU
ServiceLocationName
Mode
SFC
MUOFS
FYUOFS
MClients
FYClients
UpdateDate
FY
FYMo

rpt_Clients
ClientId
NameLast
NameFirst
NameMid
Gender
BirthDate
SSN
LevelOfCare
EnglishSpeaking
LanguagePrimary
LanguagePreferred
APR
Veteran
Ethnicity
Handicap
DateOfDeath
Transient
TimeHomeless
Address1
Address2
City
State
PostalCode
County
PhoneHome
PhoneBusiness
AddressMemo
UMDAPDate
IncomeSource
UMDAPProviderInstanceId
UMDAPProviderId
UMDAPProviderName
Dependents
FamilyIncome
AnnualLiability
BirthCounty
BirthState
BirthCountry
SFPRProviderInstanceId
SFPRProviderId
SFPRProviderName
SFPRTelephone
ClinicalClientId
DateCreated
DateUpdated
NameMotherMaiden
AkaNameFirst
AkaNameMid
AkaNameLast
Origin
Tribe
SFPRSpecialProgram
LegalEntityNumber

rpt_ClientBenefit
BenefitId
FK1 **ClientId**
NameLast
NameFirst
BenefitType
BenefitTypeDescription
Description
CardIssueDate
LegalEntityNumber

rpt_MediCalEligibility
FK1 MediCalClientId
ProviderPIN
ServiceDate
EVC
AIDCode
Message
DateCreated
DMHID
Provmcalnumber

rpt_Episode
ClinicalEpisodeId
FK1 **ClientId**
EpisodeType
NameLast
NameFirst
NameMid
Gender
BirthDate
PhoneHome
LevelOfCare
Transient
AdmitDate
DischargeDate
DischargeTime
PrimaryDxAdmit
PrimaryDxDescriptionAdmit
PrimaryDxDischarge
PrimaryDxDescriptionDischarge
SecondaryDxAdmit
SecondaryDxDescriptionAdmit
SecondaryDxDischarge
SecondaryDxDescriptionDischarge
DualDxAdmit
DualDxDischarge
GAFAdmit
GAFDischarge
IntentOfService
ReferralIn
ReferralInContactId
ReferralInContactNameLast
ReferralInContactNameFirst
Ward
PhysicalDisabilityAdmit
PhysicalDisabilityDischarge
DevelopmentalDisabilityAdmit
DevelopmentalDisabilityDischarge
ReferralOut
ReferralOutContactId
ReferralOutContactNameLast
ReferralOutContactNameFirst
LegalStatusAdmit
LegalStatusDischarge
PrimaryProblemArea
PatientFileNumber
ServicePlanDue
CoordinationPlanDue
LastServiceDate
ClientStatus
SFPRProviderId
SFPRProviderInstanceId
SFPRProviderName
SFPRTelephone
RenderingProviderId
RenderingProviderInstanceId
RenderingProviderNameLast
RenderingProviderNameFirst
MedicalStaffId
MedicalStaffInstanceId
MedicalStaffNameLast
MedicalStaffNameFirst
BillingProviderId
BillingProviderName
ServiceLocationId
ServiceLocationName
ClinicalClientId
SubmittingUser
DateCreated
DateUpdated
EpisodeID
MHMISSequenceNumber
EpisodeRowId
DDEDocumentEncounterID
EpisodeSeqID
ProviderNo
IsOpenEpisode
IsOrphaned
DeleteFlag
LegalEntityNumber

rpt_DeletedService
ClinicalServiceId
ClientId
NameLast
NameFirst
ClaimNumber
ServiceDate
ServiceEndDate
ProcedureCode
ProcedureDescription
CollateralFamily
CollateralNonFamily
MinutesTotal
MinutesFaceToFace
MinutesOther
TelephoneService
Ward
RenderingProviderInstanceId
RenderingProviderId
RenderingProviderNameLast
RenderingProviderNameFirst
ServiceLocationId
ServiceLocationName
FK1 **ClinicalEpisodeId**
FacilityTypeCode
SubmittingUser
GroupSessionID
SubmissionStatus
DateUpdated
DateCreated
LegalEntityNumber

rpt_CommunityService
CommunityServiceId
BillingProviderId
BillingProviderName
RenderingProviderInstanceId
RenderingProviderId
RenderingProviderName
LocationInformation
ServiceDate
ServiceCode
ServiceCodeID
ServiceTime
RecipientType
PeopleContacted
ServiceDescription
AgeCategory
PrimaryLanguage
Ethinicity
Handicap
ProgramArea
FundingSource
ClinicalCommunityServiceId
DateCreated
DateUpdated
LegalEntityNumber

rpt_CommunityServiceStaff
FK1 ClinicalCommunityServiceStaffId
CommunityServiceId
RenderingProviderInstanceId
RenderingProviderId
RenderingProviderNameLast
RenderingProviderNameFirst
LegalEntityNumber

rpt_Unbilled
provider
dmh_ru
dmh_no
dmh_cin
mme_cin
dmh_name
mme_name
dmh_ssn
mme_ssn
dmh_dob
mme_dob
dmh_sex
mme_sex
act_date
units
totcharg
proc_code
mme_mcal
soc
claim_no
claim_sub
actdate

rpt_CodeMaster
GroupName
CodeTitle
SourceDB
SourceTable
GroupId
CodeType
CodeId
CodeDescription
CodeCommentSource
CodeComment

rpt_PostHospOPAccessDetail
OpenLegalEntityNumber
OpenLegalEntityName
OpenBillingProviderName
ClientID
NameLast
NameFirst
HospName
HospAdmitDate
HospDischDate
ISEpisodeCreationDate
ISvisibleDate
FirstOPContact
OPSvcDate
OPDaysFromIP
OP7Cnt
FiscalQuarter
ExtractDate
ClinicalEpisodeId

rpt_PostHospOPAccessSummary
FiscalQuarter
OpenLegalEntityNumber
OpenLegalEntityName
OpenBillingProviderName
NumberofEpisode
NumberSeenIn7Days
PerformancePct
ExtractDate

rpt_DMHClaim
ClaimNumber
SubmitDate
ClaimType
ClaimStatus
ReasonCode
PayToProviderId
PayToProviderName
BillingProviderId
BillingProviderName
ClientId
HIC
Medi-CalId
AIDcode
PersonId
NameLast
NameFirst
NameMid
BirthDate
Gender
SSN
ServiceDateBegin
ServiceDateEnd
TotalClaimChargeAmount
Minutes
EmergencyIndicator
FacilityCodeValue
ClaimFrequencyTypeCode
MedicareAssignmentCode
DiagnosisCode
ProcedureCode
Modifier1
Modifier2
Modifier3
modifier4
ProcedureFFSMaxUnits
ProcedureMinTime
ProcedureMaxTime
ContractedRate
LocalAmount
EPSDTAmt
ClientPaidAmount
PrivateInsuranceAmount
MedicarePaidAmount
Medi-CalPaidAmount
PaidToProvider
PaymentDate
AdjudicationDate
PlanName
MediCalClaim
MedicareClaim
InsuranceClaim
DenySource
DenyReason
DenyGroup
DenyRuleFailure
PlanId
OrgType
RenderingProviderId
RenderingProviderName
RenderingProviderNameLast
RenderingProviderNameFirst
ServiceLocationProviderId
ServiceLocationName
FFSProviderId
FFSClaimId
SubmitterId
ClaimSubmittersIdentifier
ClaimStatusDataId
ClaimKey
RAKey
SubmittingUser
ResubParentClaimKey
ServiceUnitType
ServiceUnitCount
DDEVisible
PatientFileNumber
EpisodeReptUnit
EpisodeSeqNumber
DMHActivityCode
DMHSvcCode1
DMHSvcCode2
UOFSRecSeq
UOFSSegSeq
FFSServiceCode
DateCreated
DateUpdated
FFSServiceQty
ProcedureID
VoidStatus
ResubmitDate
LateCode
HFFlag
AuthCode
BillingProviderNPI
ServiceLocationNPI
RenderingProviderNPI
SatelliteFlag
PublicSchoolFlag
CPEThresholdId
CPEReleaseId
CPEContractAmount
CPEMCalOnlyFlag
LegalEntityNumber
EPSDTFlag
EmergencyFlag
PregnancyFlag
DupOverrideFlag
SDPhaseIIFlag

rpt_PayerAdjustment
PayerClaimNumber
Segment
Element1
Element2
Element3
DateCreated
LegalEntityNumber
BillingProviderName
ServiceLocationName
FK1 **ClaimNumber**

rpt_DMHClaimPlan
FK1 ID
ClaimNumber
ClaimPlanChargeSequence
PlanId
PlanName
ClaimPlanStatus
LegalEntityNumber

rpt_BillingProvider
ProviderId
ProviderName
ProviderNameLast
ProviderNameFirst
ProviderType
ServiceArea
OPCode
Bureau
MentalHealthDistrict
CensusTract
SupervisoryDistrict
Medi-CalCertificationStart
Medi-CalCertificationEnd
ProviderPIN
FFSProviderId
MedicareProviderId
MedicareClinicId
FFSId
FFSMedi-CalId
Contact Name
Address1
Address2
City
State
PostalCode
Country
Telephone
Fax
Email
ActiveDate
InactiveDate
ServiceType
PayToProviderId
PayToProviderName
LegalEntityProviderId
LegalEntityProviderName
GenActiveDate
GenInactiveDate
LegalEntityNumber

rpt_LegalEntity
FK1 ProviderId
LegalEntityNumber
ProviderType
ProviderName
ProviderNameLast
ProviderNameFirst
ProviderNameMid
OPCode
ActiveDate
InactiveDate
ContactName
Address1
Address2
City
State
PostalCode
Country
Telephone
Fax
Email
GenActiveDate
GenInactiveDate

rpt_PayerClaim
FK1 **ClaimNumber**
DmhClaimNumber
SubmitDate
ClaimType
PayerId
PayerName
PayerResponsibility
Status
ClientId
HIC
Medi-CalId
PersonId
NameLast
NameFirst
NameMid
BirthDate
Gender
SSN
ServiceDateBegin
ServiceDateEnd
TotalClaimChargeAmount
Minutes
EmergencyIndicator
FacilityCodeValue
ClaimFrequencyTypeCode
MedicareAssignmentCode
InsuranceTypeCode
ClaimFilingIndicatorCode
COBAllowedAmount
ProcedureCode
Modifier1
Modifier2
Modifier3
modifier4
ProcedureFFSMaxUnits
ProcedureMinTime
ProcedureMaxTime
AuthorizationNumber
DenySource
DenyReason
DenyGroup
DenyRuleFailure
RenderingProviderId
RenderingProviderName
RenderingProviderNameLast
RenderingProviderNameFirst
ServiceLocationProviderId
ServiceLocationName
PaidFlag
BillableFlag
ActualPaidAmount
PaymentTraceNumber
SettlementDate
ProductionDate
RATotalActualPayment
FFSProviderId
FFSClaimId
SubmitterId
ClaimSubmittersIdentifier
ClaimKey
835CLP02
OutboundClaimID
DateCreated
DateUpdated
ServiceUnitType
ServiceUnitCount
EOBProcessed
LegalEntityNumber
AdjudicationDate
PayerClaimID

rpt_RenderingProvider
ProviderId
ProviderInstanceId
StaffCode
ProviderName
ProviderNameLast
ProviderNameFirst
ProviderNameMid
AttendingFlag
Language
DEAId
DEAExpireDate
FTE
FfsId
FfsMedi-CalID
ActiveDate
InactiveDate
Address1
Address2
City
State
PostalCode
Country
Telephone
Fax
Email
ServiceLocationProviderID
ServiceLocationProviderName
BillingProviderID
BillingProviderName
GenActiveDate
GenInactiveDate
PPIN
LegalEntityNumber

rpt_ProviderLicense
FK1 ProviderLicenseId
RenderingProviderInstanceId
RenderingProviderId
RenderingProviderNameLast
RenderingProviderNameFirst
RenderingProviderNameMid
Taxonomy
TaxonomyDescription
License
ActiveDate
ExpirationDate
LegalEntityNumber

rpt_RuleFailClaims
ClaimKey
ClaimID
SubscriberID
SubscriberLastName
SubscriberFirstName
PayToProvID
PayToProvName
BillingProvID
BillingProvName
ServiceLocProvID
ServiceLocName
RenderingProvID
RenderingProvName
Status
RuleFail
RuleFailDesc
SubmitDate
ServiceDateBegin
ServiceDateEnd
OrgType
DateCreated
DateUpdated
LegalEntityNumber

rpt_835Main
ClaimID
CLID
ClaimStatus
ChargeAmt
ApprovedAmt
ProcedureCode
UOS
ServiceDate
ReceivedDate
ClientLastName
ClientFirstName
SvcProv
ApprvAidCode
BatchName
ProviderType
OpCode
ClaimNumber
FFP
CIN

rpt_835ClaimDetail
FK1 CLID
ClaimID
SvcProvider
Sequence
Identifier
Segment
BatchName
ClaimNumber

rpt_835ServiceDetail
FK1 CLID
ClaimID
SvcProvider
Sequence
Identifier
Segment
BatchName
ClaimNumber

rpt_ProviderContractedPlan
FK1 BillingProviderId
BillingProviderName
BillingProviderType
RptUnit
PlanId
PlanName
PayerId
PayerName
FiscalYear
LegalEntityNumber

rpt_ProcedureCode
ProcedureID
Code
Modifier1
Modifier2
Modifier3
Modifier4
PlaceofService
Description
HIPAA_Unit
MinuteConvQty
FFSMaxUnits
MinTime
MaxTime
ActiveDate
InactiveDate
DateCreated
DateUpdated
ClaimBaseRate

is_CrosswalkProcedureCode
FK1 CodeKey
Entity
ProcedureID
EntityCode
EntityQual1
EntityQual2
EntityQual3
EntityQual4
EntityPlaceofService
ActiveDate
InactiveDate
DateCreated
DateUpdated

rpt_ServiceEBP
ID
LegalEntityNumber
BillingProviderName
ServiceLocationProviderName
EBP
DateCreated
DateUpdated
LastUpdatedBy
FK1 **ClinicalServiceId**

rpt_GroupSessionStaff
FK1 ID
GroupSessionID
StaffID
Minutes
DateCreated
DateUpdated
DeleteStatus
LastUpdatedBy
LegalEntityNumber

rpt_Service
ClinicalServiceId
ClientId
NameLast
NameFirst
ClaimNumber
ServiceDate
ServiceEndDate
ProcedureCode
ProcedureDescription
CollateralFamily
CollateralNonFamily
MinutesTotal
MinutesFaceToFace
MinutesOther
TelephoneService
Ward
RenderingProviderInstanceId
RenderingProviderId
RenderingProviderNameLast
RenderingProviderNameFirst
ServiceLocationId
ServiceLocationName
ClinicalEpisodeId
FacilityTypeCode
SubmittingUser
GroupSessionID
SubmissionStatus
DateCreated
DateUpdated
FK1 **ProcedureID**
LegalEntityNumber
SDPhaseIIFlag

rpt_ProviderAltID
FK1 ID
ProviderID
IDQualifier
AlternateID
ActiveDate
InactiveDate
LastUpdatedBy
DateCreated
DateUpdated
LegalEntityNumber

rpt_ServiceStaff
FK1 ClinicalServiceStaffId
ClinicalServiceId
RenderingProviderInstanceId
RenderingProviderId
RenderingProviderNameLast
RenderingProviderNameFirst
Minutes
LegalEntityNumber

rpt_ServiceLocation
FK1 ProviderId
ProviderName
ActiveDate
InactiveDate
ServiceType
RptUnit
BusinessUnit
CensusTract
ContactName
Address1
Address2
City
State
PostalCode
Country
Telephone
Fax
Email
PublicSchool
Satellite
BillingProviderId
BillingProviderName
GenActiveDate
GenInactiveDate
Mode
MCMode
LegalEntityNumber

Tables are in DMHREXtract01.mdb Access database.

Tables are in RRExtract01.mdb Access database.

Tables are in RRExtract02.mdb Access database.

Tables are in DMH_835Extract01.mdb Access database.