

Field Name	Field Description	Header Row Column Name	Output Field Length ***	Field Length including delimiter/EOR Marker	Starting Position (relative 1)	BIAR Source Data Type ***	BIAR Source Table	BIAR Source Field Name
Recipient ID	Recipient's Medicaid ID number.	RecipID	CHAR(12)	13	1	CHAR(12)	DSS.T_CA_ICN	ID_MEDICAID
Claims Category	This will designate which Claims Category the rows applies to for the recipient.	ClaimsCat	CHAR(9)	10	14	CHAR(15)	derived	derived
Provider Name	The provider name.	ProvName	CHAR(50)	51	24	CHAR(50)	DSS.T_CA_PROV_KEY	NAM_PROVIDER
Provider Address 1	Provider address 1.	ProvAdd1	CHAR(60)	61	75	CHAR(60)	DSS.T_CA_PROV_KEY	ADR_SVC_STRT1
Provider Address 2	Provider address 2.	ProvAdd2	CHAR(60)	61	136	CHAR(60)	DSS.T_CA_PROV_KEY	ADR_SVC_STRT2

Field Name	Field Description	Header Row Column Name	Output Field Length ***	Field Length including delimiter/EOR Marker	Starting Position (relative 1)	BIAR Source Data Type ***	BIAR Source Table	BIAR Source Field Name
Provider City	Provider city.	ProvCity	CHAR(30)	31	197	CHAR(30)	DSS.T_CA_PROV_KEY	ADR_SVC_CITY
Provider State	Provider State.	ProvSt	CHAR(6)	7	228	CHAR(2)	DSS.T_CA_PROV_KEY	ADR_SVC_STATE
Provider Zip	Provider Zip	ProvZip	CHAR(7)	8	235	CHAR(5)	DSS.T_CA_PROV_KEY	ADR_SVC_ZIP
Provider Zip+4	Provider Zip4.	ProvZip4	CHAR(8)	9	243	CHAR(4)	DSS.T_CA_PROV_KEY	ADR_SVC_ZIP4

Field Name	Field Description	Header Row Column Name	Output Field Length ***	Field Length including delimiter/EOR Marker	Starting Position (relative 1)	BIAR Source Data Type ***	BIAR Source Table	BIAR Source Field Name
Provider Phone Number	Provider Phone number.	ProvPhone	CHAR(10)	11	252	CHAR(10)	DSS.T_CA_PROV_KEY	ADR_SVC_PHONE
Date of Service	The From Date of Service on the claim.	DOS	DATE	9	263	DATE	DSS.T_CA_ICN	DTE_FIRST_SVC
Pharmacy Name	Pharmacy where the prescription was filled.	PharmName	CHAR(50)	51	272	CHAR(50)	DSS.T_CA_PROV_KEY	NAM_PROVIDER
NDC Code	This will be the prescription medication code.	NDC	CHAR(11)	12	323	CHAR(11)	For claim Type P or Q - DSS.T_CA_DRUG For other claim types - DSS.T_CA_NDC_DTL	CDE_NDC
NDC Description	This will be the prescription medication description.	NDC Desc	CHAR(35)	36	335	CHAR(35)	DSS.T_DRUG_DN	DSC_NDC
Prescription Days Supply	The number of days the prescription should last.	DaysSupp	NUMBER(9)	10	371	NUMBER(9)	For claim Type P or Q - DSS.T_CA_DRUG For other claim types, default to zeroes	NUM_DAY_SUPPLY
Prescription Quantity Dispensed	The quantity of the drug that was dispensed to the recipient.	QntyDisp	NUMBER(10,3)	11	381	NUMBER(10,3)	For claim Type P or Q - DSS.T_CA_DRUG For other claim types - DSS.T_CA_NDC_DTL.QTY_UNITS_SVC	QTY_DISPENSE
Dispensed Date	The date the prescription was filled.	DispDate	DATE	9	392	DATE	For claim Type P or Q - DSS.T_CA_DRUG For other claim types - DSS.T_CA_ICN	For claim Type P or Q - DTE_DISPENSE For other claim types - DTE_FIRST_SVC
Admission Date	Date that the recipient was admitted by the provider for inpatient care, outpatient services or start of care.	AdmitDate	DATE	9	401	DATE	DSS.T_CA_ICN	DTE_ADMISSION
Discharge Date	Date that the recipient was discharged by the provider for inpatient care, outpatient services or start of care.	DisrgDate	DATE	9	410	DATE	DSS.T_CA_ICN	DTE_DISCHARGE
Admission Diagnosis Code	The Admission Diagnosis Code (on the claim for hospital categories).	DiagA	CHAR(7)	8	419	CHAR(7)	DSS.T_CA_UB92	CDE_DIAG_ADMIT
Admission Diagnosis Code Description	The Admission Diagnosis Code Description (on the claim for hospital categories).	DiagADesc	CHAR(40)	41	427	CHAR(40)	DSS.T_DIAGNOSIS	DSC_25
Primary Diagnosis Code	Primary Diagnosis Code on the claim.	Diag1	CHAR(7)	8	468	CHAR(7)	DSS.T_CA_DIAG_DN	CDE_DIAG_1
Primary Diagnosis Code Description	Primary Diagnosis Code Description on the claim.	Diag1Desc	CHAR(40)	41	476	CHAR(40)	DSS.T_DIAGNOSIS	DSC_25

Field Name	Field Description	Header Row Column Name	Output Field Length ***	Field Length including delimiter/EOR Marker	Starting Position (relative 1)	BIAR Source Data Type ***	BIAR Source Table	BIAR Source Field Name
Secondary Diagnosis Code	Secondary Diagnosis Code on the claim.	Diag2	CHAR(7)	8	517	CHAR(7)	DSS.T_CA_DIAG_DN	CDE_DIAG_2
Secondary Diagnosis Code Description	Secondary Diagnosis Code Description on the claim.	Diag2Desc	CHAR(40)	41	525	CHAR(40)	DSS.T_DIAGNOSIS	DSC_25
Procedure Code	Indicates the procedure done on the recipient.	ProcCode	CHAR(10)	11	566	CHAR(10)	For header paid claims- DSS.T_CA_HDR_DTL For detail paid claims - DSS.T_CA_ICN	CDE_PROC_PRIM
Procedure Code Description	procedure code description	ProcCode Desc	CHAR(40)	41	577	CHAR(40)	DSS.T_CDE_PROC	DSC_PROC
Revenue Code	Identifies code of a specific accommodation or ancillary service.	RevCode	NUMBER(7)	8	618	NUMBER(4)	For header paid claims- DSS.T_CA_HDR_DTL For detail paid claims - DSS.T_CA_ICN	CDE_REVENUE
Revenue Code Description	revenue code description	RevCode Desc	CHAR(70)	71	626	CHAR(70)	DSS.T_REVENUE_CODE	DSC_REV_CODE
ICD9 Procedure Code (Surgical)	The ICD-9-CM code for the service performed for the recipient.	ICD9Surg	CHAR(8)	9	697	CHAR(4)	DSS.T_CA_ICD9_PROC_DN	CDE_PROC_ICD9_1
ICD9 Procedure Code (Surgical) Description	The ICD-9-CM code description.	ICD9Surg Desc	CHAR(40)	41	706	CHAR(40)	DSS.T_PROC_ICD9	DSC_PROCEDURE
Provider Type	The 2 digit code that indicates the type of provider.	RProvType	CHAR(9)	10	747	CHAR(2)	DSS.T_CA_PROV_KEY	CDE_PROV_TYPE_PRIM
Provider Type Description	The provider type description.	RProvType Desc	CHAR(50)	51	757	CHAR(50)	DSS.T_CA_PROV_KEY	DSC_PROV_TYPE
Provider Specialty	The 3 digit code representing the specialized area of practice for a provider.	RProvSpec	CHAR(9)	10	808	CHAR(3)	DSS.T_CA_PROV_KEY	CDE_PROV_SPEC_PRIM

Field Name	Field Description	Header Row Column Name	Output Field Length ***	Field Length including delimiter/EOR Marker	Starting Position (relative 1)	BIAR Source Data Type ***	BIAR Source Table	BIAR Source Field Name
Provider Specialty Description	The provider specialty description	RProvSpec Desc	CHAR(50)	51	818	CHAR(50)	DSS.T_CA_PROV_KEY	DSC_PROV_SPEC

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***The Output Field Length could be different from the BIAR Source Data Type to accommodate for the number of bytes for the value in the Header Row Column Name.

--This extract will be transmitted from HP to ODJFS via SFTP using TIBCO and Connect Direct. ODJFS will distribute the extract to the providers.

The following are details on the formatting of the file:

--This file will be a fixed file length with both field lengths being fixed and the overall file length being fixed.

--It will be delimited file with the delimiter between the fields being a tilde ~

--The format will be ASCII.

--Numbers (noted with a BIAR Source Data Type of NUMBER) will be right justified with leading zeroes. Decimals are implied.

--Character fields will be left justified with trailing spaces.

--The end of record delimiter will be Hex '0A'.

BIAR Transformation Logic
fill with trailing spaces
Populate with a value of 1 through 8 below based on which category the row applies to: 1 = ER Visits 2 = Hospital Inpatient Admissions - Psychiatric 3 = Hospital Inpatient Admissions - Non-Psychiatric 4 = Physician Visits 5 = Behavioral Health Visits 6 = Prescription Medications 7 = Laboratory and Diagnostic Tests 8 = Other Claims Data
Only the appropriate fields that apply to the claim for
See below for which provider this field should be populated with based on the Claim Category value that was assigned for the row: 1 = Facility Provider 2 = Facility Provider 3 = Facility Provider 4 = Rendering Provider 5 = Rendering Provider 6 = Prescribing Provider for claim type P or Q; Rendering Provider for claim types B, D or M; Facility Provider for claim types A,C,I,L,O 7 = Rendering Provider 8 = Rendering Provider
See below for which provider this field should be populated with based on the Claim Category value that was assigned for the row: 1 = Facility Provider 2 = Facility Provider 3 = Facility Provider 4 = Rendering Provider 5 = Rendering Provider 6 = Prescribing Provider for claim type P or Q; Rendering Provider for claim types B, D or M; Facility Provider for claim types A,C,I,L,O 7 = Rendering Provider 8 = Rendering Provider
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<p>filling with trailing spaces</p> <p>See below for which provider this field should be populated with based on the Claim Category value that was assigned for the row:</p> <p>1 = Facility Provider 2 = Facility Provider 3 = Facility Provider 4 = Rendering Provider 5 = Rendering Provider 6 = Prescribing Provider for claim type P or Q; Rendering Provider for claim types B, D or M; Facility Provider for claim types A,C,I,L,O 7 = Rendering Provider 8 = Rendering Provider</p>
<p>filling with trailing spaces</p> <p>See below for which provider this field should be populated with based on the Claim Category value that was assigned for the row:</p> <p>1 = Facility Provider 2 = Facility Provider 3 = Facility Provider 4 = Rendering Provider 5 = Rendering Provider 6 = Prescribing Provider for claim type P or Q; Rendering Provider for claim types B, D or M; Facility Provider for claim types A,C,I,L,O 7 = Rendering Provider 8 = Rendering Provider</p>
<p>filling with trailing spaces</p> <p>See below for which provider this field should be populated with based on the Claim Category value that was assigned for the row:</p> <p>1 = Facility Provider 2 = Facility Provider 3 = Facility Provider 4 = Rendering Provider 5 = Rendering Provider 6 = Prescribing Provider for claim type P or Q; Rendering Provider for claim types B, D or M; Facility Provider for claim types A,C,I,L,O 7 = Rendering Provider 8 = Rendering Provider</p>

BIAR Transformation Logic
<p>See below for which provider this field should be populated with based on the Claim Category value that was assigned for the row:</p> <p>1 = Facility Provider 2 = Facility Provider 3 = Facility Provider 4 = Rendering Provider 5 = Rendering Provider 6 = Prescribing Provider for claim type P or Q; Rendering Provider for claim types B, D or M; Facility Provider for claim types A,C,I,L,O 7 = Rendering Provider 8 = Rendering Provider</p>
format CCYYMMDD
Populate for Claim Category 6; else, spaces
If the claim type is P or Q, populate with the Rendering Provider Name.
If the claim type is NOT P or Q, populate with the <u>Billing Provider Name</u> .
Populate for Claim Category 6; else, spaces
If multiple NDCs are present on a detail, populate with the first one found.
Populate for Claim Category 6; else, spaces
If multiple NDCs are present on a detail, populate with the first one found.
Populate for Claim Category 6; else, spaces
format 0000000000 (example: 30 would be represented as 0000030000)
Populate for Claim Category 6; else, spaces
format CCYYMMDD
Populate for Claim Category 6; else, spaces
Populate for Claim Category 2 and 3; else, spaces
Populate for Claim Category 2 and 3; else, spaces

BIAR Transformation Logic
Populate for Claim Category 1, 2, 3, 4, 5, 7, 8; Claim Category 6, populate with spaces
Populate for Claim Category 1, 2, 3, 4, 5, 7, 8; Claim Category 6, populate with spaces
filling with leading zeroes
Populate for Claim Category 1, 2, 3, 4, 5, 7, 8; Claim Category 6, populate with spaces
Populate for Claim Category 1, 2, 3, 4, 5, 7, 8; Claim Category 6, populate with spaces
fill with trailing spaces
Populate for Claim Category 2 and 3; else, spaces (take the first ICD9 procedure code)
Populate for Claim Category 2 and 3; else, spaces (take the first ICD9 procedure code)
<p>fill with trailing spaces</p> <p>See below for which provider this field should be populated with based on the Claim Category value that was assigned for the row:</p> <p>1 = Facility Provider Type 2 = Facility Provider Type 3 = Facility Provider Type 4 = Rendering Provider Type 5 = Rendering Provider Type 6 = Prescribing Provider Type for claim type P or Q; Rendering Provider Type for claim types B, D or M; Facility Provider Type for claim types A,C,I,L,O 7 = Rendering Provider Type</p>
<p>fill with trailing spaces</p> <p>See below for which provider this field should be populated with based on the Claim Category value that was assigned for the row:</p> <p>1 = Facility Provider Type 2 = Facility Provider Type 3 = Facility Provider Type 4 = Rendering Provider Type 5 = Rendering Provider Type 6 = Prescribing Provider Type for claim type P or Q; Rendering Provider Type for claim types B, D or M; Facility Provider Type for claim types A,C,I,L,O 7 = Rendering Provider Type</p>
<p>fill with trailing spaces</p> <p>If the Claim Category is 4 or 5, populate with the Rendering Provider Specialty;</p> <p>If the Claim Category is 6, populate in the following manner: Prescribing Provider Type for claim type P or Q; Rendering Provider Type for claim types B, D or M; Facility Provider Type for claim types A,C,I,L,O</p> <p>else, spaces</p>

BIAR Transformation Logic
fill with trailing spaces
If the Claim Category is 4 or 5, populate with the Rendering Provider Specialty;
If the Claim Category is 6, populate in the following manner: Prescribing Provider Type for claim type P or Q; Rendering Provider Type for claim types B, D or M; Facility Provider Type for claim types A,C,I,L,O
else, spaces

* This extract will be generated as a one-time extract at the start of the Health Home project in production (as of 7/27/2012, that date was 10/01/2012).

* A list of Health Home provider Medicaid IDs and associated Recipient Medicaid IDs will be provided to HP in an Excel spreadsheet format.

* HP will then use that information to generate the Health Home Patient Profile-Claims extract for each provider's list of recipients.

* There are eight Claim Categories in which claims will be extracted for inclusion in the extract for a given recipient. The criteria for each Claim Category is listed below.

Claim Category 1 - ER Visits

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Claim Type equal to 'O' (Outpatient) or 'C' (Outpatient Crossover)
 - If FFS, Type of Bill on the claim is equal to '0131' AND Procedure Code on the claim is within the range of 99281-99285
 - If Encounter, Type of Bill on the claim is equal to '0131' AND
 - Procedure Code on the claim is within the range of 99281-99285
 - OR Revenue Code on the claim is equal to 045xx, 0981

While identifying the above claims, store the total count of claims that meet the criteria above. That total count will be populated on the Health Home Patient Profile-Recipient Demographic and Health Summary Extract for Utilization Category 1 - # ER Visits.

Claim Category 2 - Hospital Inpatient Admissions - Psychiatric

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Claim Type equal to 'I' (Inpatient) or 'A' (Inpatient Crossover)
- Primary Diagnosis Code on the claim is within the range of 29000-31999

While identifying the above claims, store the total count of claims that meet the criteria above. That total count will be populated on the Health Home Patient Profile-Recipient Demographic and Health Summary Extract for Utilization Category 2 - # Hospital Inpatient Admissions - Psychiatric.

Claim Category 3 - Hospital Inpatient Admissions - Non-Psychiatric

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Claim Type equal to 'I' (Inpatient) or 'A' (Inpatient Crossover)
- Primary Diagnosis Code on the claim is NOT within the range of 29000-31999

While identifying the above claims, store the total count of claims that meet the criteria above. That total count will be populated on the Health Home Patient Profile-Recipient Demographic and Health Summary Extract for Utilization Category 3 - # Hospital Inpatient Admissions - Non-Psychiatric.

Claim Category 4 - Physician Visit Information

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Claim Type equal to 'M' (Professional) or 'B' (Professional Crossover)
- Rendering Provider Type and Rendering Provider Specialty on the claim is equal to any of the combinations below:
 - Provider Type 04, Provider Specialty 040
 - Provider Type 12, Provider Specialty 121
 - Provider Type 20, Provider Specialty any value
 - Provider Type 50, Provider Specialty 500, 501
 - Provider Type 65, Provider Specialty 650, 651
 - Provider Type 72, Provider Specialty 207, 212, 216, 651, 720
- Procedure Code on the claim is equal to any value within the following ranges below:
 - Office and other outpatient services: 99201-99215
 - Office and other outpatient consultations: 99241-99245
 - Domiciliary, rest home, or custodial services: 99324-99337
 - Domiciliary, rest home, or home care plan oversight services: 99339-99340
 - Home Services: 99341-99350
 - Case Management Services, anticoagulant management: 99363-99364
 - Medical Team Conferences: 99366-99368
 - Care Plan Oversight: 99374-99380
 - Preventive Medicine Services: 99381-99429
 - Non face to face physician services: 99441-99442
 - Medicine range of Psychology codes: 90804-90899

While identifying the above claims, store the total count of claims that meet the criteria above. That total count will be populated on the Health Home Patient Profile-Recipient Demographic and Health Summary Extract for Utilization Category 4 - # Physician Visit Information.

Claim Category 5 - Behavioral Health Visits

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Claim Type equal to 'M' (Professional) or 'B' (Professional Crossover)
- From Date of Service on the claim is greater than or equal to 07/01/2012
- Rendering Provider Type and Rendering Provider Specialty on the claim is equal to any of the combinations below:
 - Provider Type 04, Provider Specialty 042
 - Provider Type 51, Provider Specialty 511, 512
 - Provider Type 65, Provider Specialty 213
 - Provider Type 72, Provider Specialty 213
 - Provider Type 84, Provider Specialty any value

While identifying the above claims, store the total count of claims that meet the criteria above. That total count will be populated on the Health Home Patient Profile-Recipient Demographic and Health Summary Extract for Utilization Category 5 - # Behavioral Health Visits.

Claim Category 6 - Prescription Medications

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 6 months of the current system date
- All claim types will be evaluated
- At least one NDC is present on the claim

Claim Category 7 - Laboratory and Diagnostic Tests

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 6 months of the current system date
- Procedures Codes is equal to any value within the following ranges below:
 - Radiology: 70010 - 77084 and 78000-78999
 - Lab and pathology: 80047 - 89398
 - Immunization administration for vaccines and toxoids: 90460 - 90749
 - Gastroenterology: 91000 - 91299
 - Otorhinolaryngologic Services: 92502 - 92700
 - Cardiovascular: 92950 – 92998, 93580-93581, 93668 – 93668, 93797 – 93799, 93880 - 93998
 - Pulmonary: 94002- 94005
 - Allergy and clinical immunology: 95004 – 95199
 - Endocrinology: 95250 - 95251
 - Neurology and neuromuscular: 95800 - 95999
 - Central nervous system assessments, etc. 96100- 96125

Claim Category 8 - Other Claims Data

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 6 months of the current system date
- Rendering Provider Type and Rendering Provider Specialty is equal to any of the combinations below:
 - Provider Type 36 (Podiatrist), Provider Specialty any value
 - Provider Type 27 (Chiropractor), Provider Specialty any value
 - Provider Type 30 (Dentist), Provider Specialty any value
 - Provider Type 35 (Optometrist), Provider Specialty any value
 - Provider Type 39 (PT), Provider Specialty any value
 - Provider Type 41 (OT), Provider Specialty any value
 - Provider Type 82 (Ambulance), Provider Specialty any value
 - Provider Type 83 (Wheelchair Van), Provider Specialty any value
 - Provider Type 16 (Home Health Agency), Provider Specialty any value
 - Provider Type 60 (Home Health Agency), Provider Specialty any value

NOTE: The following evaluations will be performed against a recipient's claim. This information will not be included in the Health Home Patient Profile-Claims extract, but it will be included in the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Asthma Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 4930x
 - 4931x
 - 4938x
 - 4939x

If the above criteria is met on at least one claim, move a 'Y' to the Asthma Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Diabetes Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 250xx
 - 3572
 - 3620x
 - 36641
 - 6480x

If the above criteria is met on at least one claim, move a 'Y' to the Diabetes Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Coronary Artery Disease Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 41000-41399
 - 4140x
 - 4142x
 - 4148x
 - 4149x

If the above criteria is met on at least one claim, move a 'Y' to the Coronary Artery Disease Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Hypertensive Disease Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 40100-40599

If the above criteria is met on at least one claim, move a 'Y' to the Hypertensive Disease Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Bipolar Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 2960x
 - 2961x
 - 2964x
 - 2965x
 - 2966x
 - 2967x
 - 2968x
 - 30113

If the above criteria is met on at least one claim, move a 'Y' to the Bipolar Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Chronic Obstructive Pulmonary Disease

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 491xx
 - 492xx
 - 496xx
 - 5064x

If the above criteria is met on at least one claim, move a 'Y' to the Chronic Obstructive Pulmonary Disease Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Congestive Heart Failure Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 4280x

If the above criteria is met on at least one claim, move a 'Y' to the Congestive Heart Failure Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Obesity Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 27800
 - 27801
 - 6491x

If the above criteria is met on at least one claim, move a 'Y' to the Obesity Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Schizophrenia Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 295xx

If the above criteria is met on at least one claim, move a 'Y' to the Schizophrenia Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

Nicotine Dependency Diagnosis

Evaluate all of a recipient's claims meeting the following criteria:

- Fee-for-Service and Encounters
- Latest Claims Only
- Claim Detail Status Code is equal to Paid
- Payment Date on the claim is within 24 months of the current system date
- Primary or Secondary Diagnosis Code on the claim is equal to any of the following:
 - 3051x
 - 6490x
 - 98984

If the above criteria is met on at least one claim, move a 'Y' to the Nicotine Dependency Diagnosis field on the Health Home Patient Profile-Recipient Demographic and Health Summary extract.

ReciplD	~	ClaimsCat	~	ProvName	~	ProvAdd1	~	ProvAdd2	~	ProvCity	~
999999999999	~	1	~	DR JOHN SMITH	~	1 MAIN ST	~	STE 150	~	COLUMBUS	~