Oregon File Specifications

January 1, 2017

RED NOTES CHANGES AND ADDITIONS

Field Description	Format	Justify	Field Length	Record Position	Field Values
Site/Clinic Number	Numeric	Right	7	001-007	Clinic Number assigned by OHA
Client Number	Numeric	Right	9	008-016	Self-Explanatory
Date of Visit, CCYYMMDD	Numeric	Right	8	017-024	CCYYMMDD
Purpose of Visit, Values 1-9	Alphameric	Left	1	025-025	1, 2, 3, 4, 5, 6, 8 or 9 Only
Date of Birth, CCYYMMDD	Numeric	Right	8	026-033	CCYYMMDD
Medical Services	Alphameric	Left	72	034-105	02 03 04 05 06 07 08 09 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 42
					26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 42
					43 46 **47** 48 49 50 **44=Deleted**
Provider of Medical Counseling Svc	Alphameric	Left	4	106-109	1, 2, 3, 4
Assessment/Education/Counseling	Alphameric	Left	26	110-135	01,02,03,04,05,06,07,08,09,**12**,13,**15**,16,17,18,19 **10,20=Deleted**
Version Number- 1701	Alphameric	Left	4	136-139	**1701**
Contraceptive Method Before Visit	Alphameric	Left	2	140-141	01,02,03,04,06,07,08,09,10,11,13,14,15,16,17,18,19,20,21,22
Contraceptive Method After Visit	Alphameric	Left	2	142-143	01,02,03,04,06,07,08,09,10,11,13,14,15,16,17,18,19,20,21,22
If None, Give Reason	Alphameric	Left	1	144-144	1, 3, 7, or 8
Referred Elsewhere	Alphameric	Left	10	145-154	01,02,03,04,05,06,08,09,10,11,12,13,14,15,16,17 **07=Deleted**
Ahlers Internal Use	Alphameric	Left	1	155-155	Blank
Health Ins. Enrollment Assistance	Alphameric	Left	2	156-157	01,02 or Blanks

Field Description	Format	Justify	Field Length	Record Position	Field Values
Source of Payment	Alphameric	Left	2	158-159	01,02,03,04,05,06,07,08,10 or 11
Ahlers Internal Use	Alphameric	Left	2	160-161	Blank
Monthly Income	Alphameric	Right, Zero Fill	6	162-167	Self-Explanatory (Enter No Income as Zero-Filled)
Household Size	Numeric	Right, Zero Fill	2	168-169	01 thru 99
Insurance Status	Alphameric	Left	1	170-170	1,2,3 or 4
Zip Code	Numeric	Right	5	171-175	Self Explanatory, 02000 and Greater
Hispanic, 6-Yes or 9-No	Alphameric	Left	1	176-176	6 (Yes-Hispanic/Latino) or 9 (Not-Hispanic/Latino)
Sex	Alphameric	Left	1	177-177	Self-Explanatory
Last Name	Alphameric	Left	20	178-197	Self-Explanatory
First Name	Alphameric	Left	10	198-207	Self Explanatory
Middle Initial	Alphameric	Left	1	208-208	Self Explanatory
CCare ID Number	Numeric	Left	8	209-216	Self Explanatory Required
Social Security Number	Alphameric	Left	9	217-225	Self Explanatory
Ahlers Internal Use	Alphameric	Left	4	226-229	Blank
Contraceptive Code 1	Alphameric	Left	2	230-231	See Attachment I or Valid Code on CVR
Supply Quantity 1	Numeric	Right	3	232-234	See Maximum Amount on Attachment I
Contraceptive Code 2	Alphameric	Left	2	235-236	See Attachment I or Valid Code on CVR
Supply Quantity 2	Numeric	Right	3	237-239	See Maximum Amount on Attachment I
Contraceptive Code 3	Alphameric	Left	2	240-241	See Attachment I or Valid Code on CVR
Supply Quantity 3	Numeric	Right	3	242-244	See Maximum Amount on Attachment I
Contraceptive Code 4.	Alphameric	Left	2	245-246	See Attachment I or Valid Code on CVR
Supply Quantity 4	Numeric	Right	3	247-249	See Maximum Amount on Attachment I
3rd Party Internal Number	Alphameric	Left	2	250-251	See Oregon Ccare Manual for values
Other Insurance Paid	Numeric	Right	6,2	252-257	Self-Explanatory
Additional Demographics	Alphameric	Left	3	258-260	5 or blank
3rd Party Internal Number	Numeric	Right	9	261-269	Self Explanatory
Race	Alphameric	Left	7	270-276	1,2,3,4,5,6,7 or 8
Supply 1 Reimbursement Rate	Numeric	Right	6,2	277-282	Unit Price
Supply 2 Reimbursement Rate	Numeric	Right	6,2	283-288	Unit Price
Supply 3 Reimbursement Rate	Numeric	Right	6,2	289-294	Unit Price
Supply 4 Reimbursement Rate	Numeric	Right	6,2	295-300	Unit Price

Field Description	Format	Justify	Field Length	Record Position	Field Values
Diagnosis Code	Alphameric	Left	7	301-307	See Diagnosis Code Crosswalk
Will Insurance Be billed (9B)	Alphameric	Left	1	308-308	1,2 or Blank
Special Confidentiality Needs (9C)	Alphameric	Left	1	309-309	1 or Blank
Chlamydia Test Response	Alphameric	Left	1	310-310	1,2,3 for Female Clients less than 25, blank otherwise
Chlamydia Test Date	Numeric	Right	6	311-316	CCYYMM
Last Pap Test Response	Alphameric	Left	1	317-317	1,2,3 for Female Clients Greater than 20, blank otherwise
Last Pap Test Date	Numeric	Right	6	318-323	CCYYMM
Pregnancy Intention Screening	Alphameric	Left	1	324-324	1,2,3,4 or Blank

Oregon 3rd Party Vendor File Specifications

Effective Jan 1, 2017

Attachments A - G

*** All Alphameric Fields are Blank Filled unless Otherwise Specified
*** All Numeric Fields are Zero-filled Unless Otherwise Specified
*** End of Record must be Blank or Carriage Return Line Feed
*** Each Supply Reimbursement will be entered as Six bytes, including two decimal positions assumed, e.g., $300.00 = 030000; $28.30 = 002830; 99 cents would be entered as 99

RED NOTES CHANGES OR ADDITIONS

Races: Attachment A	Ethnicity: Attachment B
1 - White	6 - Hispanic/Latino
2 - Black/African American	9 - Not-Hispanic or Latino
3 - American Indian	
4 - Alaska Native	
5 - Asian	
6 - Other	
7 - Unknown or Not Reported	
8 - Native Hawaiian/Pac.Isl	
***** Code as many races in Attachment A as applicable *****	

RED NOTES CHANGES OR ADDITIONS

Medical Services: Attachment C	
02 - Blood Pressure	28 - Gonorrhea Test
03 - HgtlWgt	29 - Chlamydia Test
04 - Thyroid Exam	30 - Wet Mount
05 – Hear/Lung Aus.	31 - Serum Pregnancy Test
06 - Breast Exam	32 - Negative Pregnancy Test
07 - Abdominal Exam	33 - Positive Pregnancy Test
08 - Extremities	34 - Immunization
09 - Bimanual/Speculum Exam	35 - Infertility Screening
11 - Vaginitis/Urethritis/Eval/Dx	36 - Other Lab or Exam
12 - Vaginitis/Urethritis/Eval/ Rx	37 - No Lab or Exam
13 - Chlamydia Treatment	38 - Hormone Implant In
14 - Chlamydia Presumptive Rx	39 - Hormone Implant Out
15 - Wart Treatment	40 - Hormonal Injection
16 - Herpes Test	42 - Male Genitalia Exam
17 - Diaphragm/Cervical Cap Fit	43 - HIV Test Standard
18 - Vasectomy Referral Fee	44 - HIV Test Rapid
20 - Sterilization	46 - EC - Future Need
21 - Post Pregnancy Exam	47 - Syphilis Test - Renamed
22 - IUD/IUS Removal	48 - EC - Immediate Need
23 - HGB/HCT	49 - Colo-Rectal Cancer Screen
24 - Urine Dip Strip/Urinalysis	50 - HPV Test
25 - Pap Conventional	
26 – Pap Liquid-Base	
27 - Colposcopy	

RED NOTES CHANGES OR ADDITIONS

Counseling Education: Attachment D	
01 - Contraceptive	12 - Phys. Activity/Nutr. - Renamed
02 - F.A.M.	13 - Abstinence
03 - Sterilization	15 - Behavioral Health - Renamed
04 - Infertility	16 - Abnormal Pap
05 - Tobacco	17 - Encourage Family Involvement
06 - Substance Abuse	18 - Relationship Safety
07 - Pregnancy Options	19 - BSE
08 - Preconception	20 - TSE - Deleted
09 - STD/HIV Prevention	
10 - HIV Pre & Post - Deleted	

RED NOTES CHANGES OR ADDITIONS

Contraceptive Methods: Attachment E	
01 - Female Sterilization	13 - Abstinence
02 - Oral (Pills)	14 - Male Sterilization
03 - IUD	15 - IUS
04 - Diaphragm/Cervical Cap	16 - Hormone Injection, 3 Months
06 - Male Condoms	17 - Hormone Patch
07 - Spermicide	18 - Vaginal Ring
08 - NFP/FAM	19 - Female Condoms
09 - Other Female Method	20 - Withdrawal
10 - None	21 - Contraceptive Sponge
11 - Hormone Implant	22 - LAM

RED NOTES CHANGES OR ADDITIONS

Reason for No Method: Attachment F	
1 - Planned Pregnancy	8 - Unplanned Pregnancy
3 - Seeking Pregnancy	
7 - Other	

RED NOTES CHANGES OR ADDITIONS

Female Only Medical Services: Attachment G	
09 - Bimanual/Speculum Exam	31 - Serum Pregnancy Test
17 - Diaphragm/Cervical Cap Fit	32 - Negative Pregnancy Test
19 - IUD/IUS Insertion	33 - Positive Pregnancy Test
21 - Post Pregnancy Exam	38 - Hormone Implant In
25 - Pap Smear	39 - Hormone Implant Out
26 - Repeat/Abnormal Pap	40 - Hormone Injection
27 - Colposcopy	46 - EC, Future Need
	48 - EC, Immediate Need
	22 - IUD/IUS Removal

RED NOTES CHANGES OR ADDITIONS

Source of Pay: Attachment H
01-No Charge
02-Title XIX (OHP)
08-Ccare
03-WA Take Charge
04-Private Insurance
05-Full Fee
06-Partial Fee
07-Other
10-Non-Ccare Visit/Ccare Supply
11-OVP (Males Only)

RED NOTES CHANGES OR ADDITIONS EFFECTIVE Jan 1,2017

Attachment I: Medicaid Billing, Item 17		
Supply Codes item 17A	**Max Limits**	**Maximum Cost**
01- Orals	17	$28.75
03 - Copper T IUD	1	$568.00
04 - Depo Provera	1	$45.30
05 - Diaphragms	1	$44.40
06 - Spermicides	12	$12.58
07 - Male Condoms	99	$1.05
08 - Female Condoms	50	$3.10
12 - Cervical Cap	1	$86.25
14 - Patch Box of 3	13	$100.00
15 - Mirena IUS	1	$772.65
16 - EC	4	$24.20
17 - Ring	13	$92.00
18 - Sponge	99	$4.48
19 - Subdermal Implants	1	$659.42
20 - Cycle Beads	1	$14.09
21 - Skyla IUS	1	$650.32
22 - Liletta IUS	1	$772.65