

CMS NET Business Objects  
Data Dictionary

OBJECTS	Type	Allowable Values/Comments:
<b>PATIENT REGISTRATION</b>	<b>SOURCE:</b>	<b>Information as entered on 'Patient Registration' Screen</b>
<i>PRIEN</i>		<i>N/A For internal use</i>
Name	Text	Patient Name (Last, First Middle)
Date of Birth	Date	Date patient was born
<b>Case Number</b>	<b>Text</b>	<b>Patient current case number. Primary key.</b>
Gender	Text	F,M,U
Case Status	Text	ACTIVE, CLOSED, DENIED, NOT OPEN, PENDING, REOPEN PENDING
Last Updated	Date	Date patient registration last updated
Last Updated By	Text	*Pointer to User Table. ID of user who last updated record.
Last Updated By Name	Text	Name of user who last updated record
Originally Entered On	Date	Date patient record was created
Originally Entered By	Text	*Pointer to User Table. ID of user who originally entered record.
Orig Entered By Name	Text	Name of user who originally entered record
Social Security Number	Text	SSN - no dashes
Caseload ID	Text	Patient caseload ID
Client Index Number	Text	CIN without check digit
Caseload OU Name	Text	Organizational Unit Name of Caseload
Current Legal County	Text	Full County Name
Current Residence County	Text	Full County Name
PT ZIP Code	Text	Zip Code of Primary Addressee
Mothers Maiden Name	Text	Name of Patient mother. Free text. If blank or UNK, DB2 to default 'UNKNOWN'.
Mothers SSN	Text	SSN of Patient mother - no dashes
Mothers Date of Birth	Date	DOB of Patient mother
Caseload Parent OU Name	Text	Organizational Unit Name of the Parent Caseload (for Los Angeles County, as their caseload association is complex)
Mothers First Name	Text	First name of Patient mother
SCI Last Update	Date	Date SCI Inquiry last saved
SCI Known to Programs	Text	Free text. If blank, DB2 to default 'CCS'.
Ethnic Group	Text	Patient race or ethnic group
Ethnic Group MEDS Code	Text	MEDS Ethnicity Code
Birthplace	Text	Patient place of birth
Language	Text	Patient spoken language
Language MEDS Code	Text	MEDS Language Code
MTU Only	Text	If Current CCS Elig Status = 9M, "YES"; else, "NO"
MTU	Text	Name of MTU from MTU Module
School	Text	Name of School from MTP Module
Place Out of Home	Text	If the primary addressee is not a caregiver the field is empty. Else it is NO if the relationship to patient is in home care
Placed Vol-Involuntarily	Text	If the primary addressee is not a caregiver the field is empty. Else it is INVOLUNTARILY if the addressee is flagged as out of home placement is involuntarily.
Individual Education Plan	Text	YES if latest MTP case has an IEP agency contact.
CO Chart Number	Text	Free text; "Chart Number" field on the Patient Information tab of Registration
First Referral Date	Date	First time a patient was entered in the system with a pending status
Last Name	Text	Patient last name
Lastname 1st Letter	Text	First letter of Patient last name. Used in case distribution.
Appellation	Text	Patient appellation, i.e., JR
First Name	Text	Patient first name
Middle Name	Text	Patient middle name
Birth Last Name	Text	Patient last name at birth
Birth Appellation	Text	Patient appellation at birth, i.e., JR
Birth First Name	Text	Patient first name at birth
Birth Middle Name	Text	Patient middle name at birth
Current Elig Start Date	Date	Most recent client eligibility start date
Current Elig Close Date	Date	Most recent client eligibility close date
Current Elig Denied Date	Date	Most recent client eligibility denied date

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Current CCS Elig Status	Text	9J GHPP, 9K CCS, 9M MTP ONLY, 9N M/C ONLY, 9R HF OVER FIN ELIG, 9U HF ELIG NOT COMPL, 9V PPCW elig + M/C only, 9W PPCW elig + CCS
Current Reason Case Closed Denied	Text	FIN1 FAILURE TO COMPLETE MEDI-CAL APPLICATION PROCESS FIN2.1 INCOME EXCEEDS \$40K FIN2.2 INCOME EXCEEDS \$40K-OUT OF POCKET COST < 20% OF AGI FIN6 PROGRAM ELIGIBILITY PROCESS INCOMPLETE MED1 MEDICALLY INELIGIBLE MISC2 CLIENT/FAMILY DECLINES SERVICES MISC3 NO CURRENT SERVICES REQUESTED MISC4 NO RESPONSE AT LAST KNOWN ADDRESS NSC OTHER RES1 RESIDENCE ESTABLISHED IN ANOTHER STATE RES1 RESIDENCE ESTABLISHED IN FOREIGN COUNTRY RES1 RESIDENTIAL ELIGIBILITY CRITERIA NOT MET RS3 PROVIDER NOT CCS PANELED RS6 CLIENT ENROLLED IN A COMMERCIAL HMO TXCOM CCS TREATMENT SERVICES ARE COMPLETED TXDONE TREATMENT COMPLETED
Current Program End Date	Date	Date current program period ends.
Current Pending Elig Type	Text	ELIG PERIOD ONLY, INTERVIEW PENDING, MEDI-CAL PENDING, or Blank
Current F-R Status	Text	Current Financial/Residential Eligibility Status - PENDING, INELIGIBLE, ELIGIBLE OR Blank
Current Medical Elig Status	Text	INELIGIBLE, ELIGIBLE OR Blank
Intake Date	Date	Date patient was entered into CMS Net. This is the referral date of the last completed case referral.
Application Status	Text	ET, FINAL NOTICE/NO APP RECD, HEALTHY FAM COUNTY LETTER SENT, M/C-NO APP NEEDED, NO ACTION, NO ACTION-MED REPORTS NOT RECD, NO ACTION-NO RESPONSE, NO APP SENT, SIGNED APP, 1ST LETTER SENT, 2ND LETTER SENT
App Signed-Received Date	Date	Date application signed/received
Reason App Not Signed	Text	Free text reason application was not signed
First Application Letter Date	Date	Date of First Application Letter
Second Application Letter Date	Date	Date of Second Application Letter
Third Application Letter Date	Date	Date of Third Application Letter
App Status Last Update Date	Date	Last updated date of the application status
Application Status Type	Text	CCS, HF, MEDI-CAL, MTU, NEW, OLD, Blank
Medi-Cal Number	Text	Medi-Cal Number: 2-digit county code, 2-digit aid code, 12 digit Medi-Cal patient number
Share of Cost	Numeric	Share of Cost from Medi-Cal Coverage Screen. Up to two decimal places.
Transfer	Text	YES if the "Case transferring to another County:" checkbox on the Patient Information tab of Registration is checked.
First Auth Date	Date	First Service Authorization Request (SAR) authorized for patient
Current Legal County Code	Text	Legal County Code (Current)
Current Residence County Code	Text	Residence County Code (Current)
Regional Office ID	Numeric	Regional office of patient's current legal county
Regional Office Name	Text	Regional office name of patient's current legal county
Is Dependent	Text	YES/NO based on patient's current legal county
Financial Indicator	Text	Financial Indicator, calculated following rules from State CMS Policy. Uses the third and fourth digit of the patient Medi-Cal number (aid code) for this calculation. HF: 9H, 0C, 8X, or 7Y TLI: 5C, 5D, H1, H2, H3, H4, H5, T1, T2, T3, T4, T5, E2, or E5 MC: Medi-Cal Numbers with all EXCEPT "HF" or "TLI" aid codes CCS: Blank Medi-Cal number
Age Months	Numeric	Months until next birthday (0 – 11)
Age Years	Numeric	Date of Birth, in Years
HRIF	Text	YES if the "HRIF:" checkbox on the Patient Information tab of Registration is checked.
Income Over 40K	Text	YES/NO based on the "Income over 40K?" Field on the Healthy Families Coverage screen
Caseload Type	Text	Type of the caseload. ADMINISTRATIVE LOCK, GENERIC, MTP, ORTHODONTIA

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OBJECTS	Type	Allowable Values/Comments:
Personal Injury Accident Type	Text	Type of last/latest accident on Personal Injury screen. ANIMAL ATTACK (DOG BITE ETC), CAR ACCIDENT, MEDICAL MALPRACTICE, MOTOR VEHICLE ACCIDENT (OTHER THAN CAR), OTHER LIABILITY, PREMISES LIABILITY (OTHER THAN SLIP+FALL), PRODUCT LIABILITY, SLIP AND FALL, VICTIM OF VIOLENCE, WORKERS COMPENSATION CLAIM
Personal Injury Accident Date	Date	Date last personal injury occurred
HIC Number	Numeric	Health Insurance Claim Number
MTP Status	Text	Medical Therapy Program case status
MTP Referral Date	Date	Medical Therapy Program referral date
MTP Open Date	Date	Medical Therapy Program open date
MTP Close Date	Date	Medical Therapy Program close date
MTU Satellite	Text	Medical Therapy Unit satellite name
MTU Assignment Status	Text	Medical Therapy Unit case status
MTU Assignment Date	Date	Medical Therapy Unit date assigned
MTU Open Date	Date	Medical Therapy Unit open date
MTU Close Date	Date	Medical Therapy Unit close date
Current Legal County	Filter	Automatically filters out reports to only show cases currently in your county. Use in all reports if you are a county user.
<b>PATIENT REGISTRATION AGE FILTERS</b>	<b>SOURCE: Date of birth from 'Patient Registration' Screen</b>	
<b>NOTE: Pulls ALL patients between selected age, regardless of case status.</b>		
Parts LE 3 Months Old	Filter	Patients less than or equal to three months old
Parts GT 3 Mths LE 6 Mths Old	Filter	Patients greater than three months and less than or equal to six months old
Parts GT 6 Mths LE 9 Mths Old	Filter	Patients greater than six months and less than or equal to nine months old
Parts GT 9 Mths LE 18 Mths Old	Filter	Patients greater than nine months and less than or equal to eighteen months old
Parts GT 18 Mths LE 24 Mths Old	Filter	Patients greater than eighteen months and less than or equal to twenty four months old
Parts GT 24 Mths LE 36 Mths Old	Filter	Patients greater than twenty four months and less than, or equal to thirty six months old
Participants LE 3 Yrs Old	Filter	Patients less than or equal to three years old
Participants GT 3 Yrs LE 21 Yrs Old	Filter	Patients greater than three years and less than or equal to twenty one years old
Participants GT 21 Yrs Old	Filter	Patients greater than twenty one years old
<b>REFERRAL-TRANSFER</b>	<b>SOURCE: 'Patient Registration'. Pulls all referrals a patient has ever had in CMS Net.</b>	
<b>NOTE: Pulls ALL Referral records for a patient. To see only the current referral, use "Current Referral-Transfer" below.</b>		
<i>Second Field</i>		<i>N/A For Internal Use</i>
Referral-Transfer Date	Date	Date referral was received
RT-Residence County	Text	Residence County (Text)
Legal County	Text	Legal County (Text)
Referral Source	Text	ADVOCATE, CONSERVATOR, COUNTY, HEALTHY FAMILIES, MANAGED CARE PLAN, OTHER, PARENTS, PROVIDER, RELATIVE, SCHOOL, SELF SPOUSE
Referral By	Text	Free text
RT-Residence County Code	Text	Residence county code at the time of the referral
RT-Legal County	Text	Legal county code at the time of the referral
Ref Tran Ent Dt	Date	Date referral or transfer was entered into the system. This is an internal CMS Net number used for performance measures.
<b>CURRENT REFERRAL-TRANSFER</b>	<b>Source: 'Patient Registration'. Pulls only the last or current referral for a patient.</b>	
Ref Tran Dt Reg	Date	Referral date
Res Co Reg	Text	Residence County (Text)
Lgl Co Reg	Text	Legal County (Text)
Ref Source Reg	Text	ADVOCATE, CONSERVATOR, COUNTY, HEALTHY FAMILIES, MANAGED CARE PLAN, OTHER, PARENTS, PROVIDER, RELATIVE, SCHOOL, SELF SPOUSE
Ref By Reg	Text	Free text
Res Co Code Reg	Text	Residence county code at the time of the referral
Lgl Co Code Reg	Text	Legal county code at the time of the referral

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Ref Tran Ent Dt	Date	Date current (most recent) referral or transfer was entered into the system. This is an internal CMS Net number used for performance measures.
<b>ADDRESS</b>		
<b>Source: Addresses related to patient</b>		
<i>Second Field</i>		<i>N/A For Internal Use</i>
Address Type	Text	AUTHORIZED SPECIALIST 1, AUTHORIZED SPECIALIST 2, AUTHORIZED SPECIALIST 3, OTHER, OTHER AUTHORIZED SPECIALIST, SPECIALIST 1, OTHER AUTHORIZED SPECIALIST 2, OTHER SPECIALIST, PATIENT, PRIMARY, PRIMARY CARE PHYSICIAN (means Medical Home)
Name	Text	Address Name. Free text
Address Line 1	Text	Address Line 1
Address Line 2	Text	Address Line 2
City State	Text	City State
Zip Code	Text	Zip Code
Relation to PT	Text	Relationship to patient
Provider Type	Text	Provider type of address, if selected.
Attention	Text	Name of attention of address, if known.
Address Email	Text	Email address of the address contact.
<b>ADDRESS PHONE</b>		
<b>Source: Complete phone number information for the address table.</b>		
Addressee ID	Numeric	Pointer to address table
Phone Seq Nr	Numeric	Unique identifier for phone number
Phone Nr	Numeric	Phone Number
Preferred	Code	Phone number marked as Preferred
Type	Text	Type of phone number. CELL, FAX, HOME, TTY, WORK
Phone Relation	Text	Phone number holder's relationship to patient
Phone Notes	Text	Notes on the phone number
<b>USER</b>		
<b>Source: CMS Net security. Users with CMS Net ID and info on their Security level</b>		
<i>USERIEN</i>		<i>N/A For Internal Use</i>
User Name	Text	Name of CMS Net user
User Status	Text	ACTIVE, INACTIVE, DEACTIVA (deactivated)
Security Group	Text	Access level of user
Primary County	Text	User's primary county or regional office
Secondary County	Text	First secondary county on user's record, if any
Regional Office	Text	Regional office of user's county
Unique User ID (Worker Code)	Text	Worker Code
User Last Update	Date	When ID was last updated
User Current Activation Date	Date	When ID was last activated
User Last Access Date	Date	If Blank, user was active prior to 7/25/2000
User Phone	Text	Phone number of user
User Email	Text	Email address of user
<b>CASELOAD MEMBER</b>		
<b>Source: Info as on the caseload maintenance screen of CMS Net</b>		
User ID	Numeric	Worker code
Role	Text	Role of user in the caseload CASELOAD ADMINISTRATOR, CASE MANAGER, NURSE CASE MANAGER, PATIENT FINANCIAL SERVICE WORKER, PHYSICIAN, MTP THERAPIST, MTP SUPERVISOR
Caseload Code	Code	Caseload Code user is assigned to
Administrator	YES/NO'	Flag if user is an administrator of the caseload
<b>MANAGED CARE PLAN</b>		
<b>Source: As entered on 'Medi-Cal Coverage' screen</b>		
<i>Second Field</i>		<i>N/A For Internal Use</i>
Plan Name	Text	Name of health care plan
Plan Number	Text	Health care plan number
Enrollment Date	Date	
Disenrollment Date	Date	
<b>MISC TICKLER</b>		
<b>Source: System and User created Ticklers in CMS Net</b>		
<i>Second Field</i>		<i>N/A For Internal Use</i>
Miscellaneous Tickler Date	Date	Same date as Miscellaneous Tickler Due

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Miscellaneous Tickler Reason	Text	Reason for tickler; free text
Miscellaneous Tickler Due	Date	Date tickler is due
Miscellaneous Tickler Entered By	Text	*Pointer to User Table
Miscellaneous Tickler Date Entered	Date	Date tickler is entered into CMS Net
<b>CLIENT ELIGIBILITY SUMMARY</b>	<b>Source: 'Eligibility'. Pulls all client eligibility records a patient has ever had in CMS Net.</b>	
<b>NOTE: Pulls ALL Client Eligibility records for a patient. To see only the current referral, use "Current Client Eligibility"</b>		
<i>Second Field</i>		<i>N/A For Internal Use</i>
Eligibility Start Date	Date	Eligibility start date
Eligibility End Date	Date	Eligibility close date
Eligibility Deny Date	Date	Eligibility denied date
Eligibility CCS Status	Text	9J GHPP, 9K CCS, 9M MTP ONLY, 9N M/C ONLY, 9R HF OVER FIN ELIG, 9U HF ELIG NOT COMPL , 9V PPCW elig + M/C only, 9W PPCW elig + CCS
Eligibility Status	Text	ACTIVE, CLOSED, DENIED
Eligibility Case Type	Text	NEW, REOPEN, BLANK
Eligibility Legal County	Text	Legal county at the time of eligibility
Eligibility Reason Closed	Text	AID CODE CHANGED, DEATH OF PATIENT, ELIGIBLE CONDITION CURED, FAMILY COVERED BY PREPAID HEALTH PLAN, FINANCIALLY INELIGIBLE, MEDICALLY INELIGIBLE, NO RESPONSE AT LAST KNOWN ADDRESS, NO TREATMENT INDICATED AT THIS TIME, OTHER, PARENTS WILL HANDLE PRIVATELY
Eligibility Determined By	Text	Name of person who determined client eligibility
Eligibility Determined Date	Date	Date client eligibility was determined
Eligibility Last Update	Date	Date client eligibility was last updated
Eligibility Last Update By	Text	*Pointer to User Table
Eligibility Last Update By Name	Text	Name of user who last updated record
Open Date	Date	The date the user physically makes the case active on the client eligibility screen. If record was active prior to May 2001 field is NULL.
<b>ICD-DIAGNOSIS</b>	<b>Source: patient's diagnosis as entered on 'Patient Registration' Screen</b>	
<b>NOTE: Diagnosis from Registration. Use this table when pulling diagnoses.</b>		
<i>Second Id</i>		<i>N/A For Internal Use</i>
ICD9	Text	Diagnosis code
Description	Text	Description of diagnosis
Priority	Text	Priority of Diagnosis (1-5)
<b>PROGRAM ELIGIBILITY</b>	<b>Source: 'Eligibility'. Pulls all program eligibility records a patient has ever had in CMS</b>	
<b>NOTE: Pulls ALL program eligibility records for a patient. To see only the current referral, use "Current Program Eligibility"</b>		
Prog Elig Beg Dt	Date	Program begin date
Prog Elig End Dt	Date	Program End Date
Med Elig Status	Text	INELIGIBLE, ELIGIBLE OR Blank
Med Elig Lst Upt By	Text	*Pointer to User Table
Med Elig Lst Upt Dt	Date	Date medical eligibility was last updated
Med Elig Detrmnd By	Text	Name of person who determined medical eligibility
Med Elig Detrmnd Dt	Date	Medical Eligibility Date Determined
Med Elig Next Rview	Date	Next medical eligibility review date
Med Elig Dx Only	Text	If CCS Elig Status = 9M, "YES"; else, "NO"
PSA Status	Text	Blank or the following values: NOT REQUIRED, NOT SIGNED, SIGNATURE PENDING, SIGNED
PSA Signed Dt	Date	Date PSA Signed
PSA Due Dt	Date	Date PSA is due
FIN Elig Dt	Date	Financial Eligibility Date Determined
RES Elig Dt	Date	Residential Eligibility Date Determined
PSA Reason Not Req	Text	Reason PSA is not required
Pending MC Status Call	Date	Date pending Medi-Cal status call is due
Pending MC APP	Date	Date pending Medi-Cal application is complete
Res Status	Text	Residential Eligibility Status
Res Reason Inelig	Text	Residential Eligibility Reason Ineligible
Fin Status	Text	Financial Eligibility Status

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OBJECTS	Type	Allowable Values/Comments:
Fin Reason Inelig	Text	Financial Eligibility Reason Ineligible
Fin Reason Not Req	Text	Financial Reason Not Required
Legal Action Pend	Text	Legal Action Pending YES/NO
<b>INSURANCE OTHER COVERAGE</b>	<b>Source: As entered on 'Other Coverage' screen</b>	
<i>PRIEN</i>		<i>N/A For Internal Use</i>
Other Coverage	Text	Name of Insurance/Other Coverage
Type of Insurance	Text	Blank or the following values: EPO, HFP, HMO, MAP, MPO, OTHER, PPO, TPD, TPM, TPO, TPP, TPV
Start Date	Date	Start date of insurance coverage
Termination Date	Date	End date of insurance coverage
Policy Number	Text	Insurance policy number
Deductible	Numeric	Deductible amount
Max Benefit Amt	Numeric	Maximum benefit amount
Healthy Family Coverage	Filter	Name of Insurance/Other Coverage contains "HF" or "Healthy Families"
Not Healthy Family Coverage	Filter	Name of Insurance/Other Coverage does not contain "HF" or "Healthy Families"
<b>CURRENT CLIENT ELIGIBILITY</b>	<b>Source: 'Eligibility'. Pulls only the last or current client eligibility for a patient.</b>	
Eligibility Start Date	Date	Eligibility start date
Eligibility End Date	Date	Eligibility close date
Eligibility Deny Date	Date	Eligibility denied date
Eligibility CCS Status	Text	9J GHPP, 9K CCS, 9M MTP ONLY, 9N M/C ONLY, 9R HF OVER FIN ELIG, 9U HF ELIG NOT COMPL, 9V PPCW elig + M/C only, 9W PPCW elig + CCS
Eligibility Status	Text	ACTIVE, CLOSED, DENIED
Eligibility Case Type	Text	NEW, REOPEN, BLANK
Eligibility Legal County	Text	Legal county at the time of eligibility
Eligibility Reason Closed	Text	AID CODE CHANGED, DEATH OF PATIENT, ELIGIBLE CONDITION CURED, FAMILY COVERED BY PREPAID HEALTH PLAN, FINANCIALLY INELIGIBLE, MEDICALLY INELIGIBLE, NO RESPONSE AT LAST KNOWN ADDRESS, NO TREATMENT INDICATED AT THIS TIME, OTHER, PARENTS WILL HANDLE PRIVATELY
Eligibility Determined By	Text	Name of person who determined client eligibility
Eligibility Determined Date	Date	Date client eligibility was determined
Eligibility Last Update	Date	Date client eligibility was last updated
Eligibility Last Update By	Text	*Pointer to User Table
Eligibility Last Update By Name	Text	Name of user who last updated record
Open Date	Date	The date the user physically makes the case active on the client eligibility screen. If record was active prior to May 2001 field is NULL.
<b>CURRENT PROGRAM ELIGIBILITY</b>	<b>Source: 'Eligibility'. Pulls only the last or current program eligibility for a patient.</b>	
Prog Elig Beg Dt	Date	Program begin date
Prog Elig End Dt	Date	Program End Date
Med Elig Status	Text	INELIGIBLE, ELIGIBLE OR Blank
Med Elig Lst Upt By	Text	*Pointer to User Table
Med Elig Lst Upt Dt	Date	Date medical eligibility was last updated
Med Elig Detrmnd By	Text	Name of person who determined medical eligibility
Med Elig Detrmnd Dt	Date	Medical Eligibility Date Determined
Med Elig Next Rvlew	Date	Next medical eligibility review date
Med Elig Dx Only	Text	If CCS Elig Status = 9M, "YES"; else, "NO"
Med Elig MTU	Text	MTU Medical Eligibility status
PSA Status	Text	Blank or the following values: NOT REQUIRED, NOT SIGNED, SIGNATURE PENDING, SIGNED
PSA Signed Dt	Date	Date PSA Signed
PSA Due Dt	Date	Date PSA is due
FIN Elig Dt	Date	Financial Eligibility Date Determined
RES Elig Dt	Date	Residential Eligibility Date Determined
PSA Reason Not Req	Text	Reason PSA is not required
Pending MC Status Call	Date	Date pending Medi-Cal status call is due
Pending MC APP	Date	Date pending Medi-Cal application is complete

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OBJECTS	Type	Allowable Values/Comments:
Res Status	Text	Residential Eligibility Status
Res Reason Inelig	Text	Residential Eligibility Reason Ineligible
Fin Status	Text	Financial Eligibility Status
Fin Reason Inelig	Text	Financial Eligibility Reason Ineligible
Fin Reason Not Req	Text	Financial Reason Not Required
Legal Action Pend	Text	Legal Action Pending YES/NO
<b>CURRENT MEDI-CAL ELIGIBILITY</b>	<b>Source: Info as seen on the latest Medi-Cal coverage screen</b>	
<i>PRIEN</i>		<i>N/A For internal use</i>
Medi-Cal Number	Numeric	Medi-Cal Number: 2-digit county code, 2-digit aid code, 12 digit Medi-Cal patient number
Service Date	Date	Date of Medi-Cal coverage
Share Of Cost	Numeric	Share of cost
Pri Aidcode	Code	Primary aid code
Pri Elig	Text	Primary eligibility
Pri T Date	Date	Primary termination date
Pri Reason	Numeric	Primary reason terminated
SP1 Aidcode	Code	Special Program 1 aid code
SP1 Elig	Text	Special Program 1 eligibility
SP1 T Date	Date	Special Program 1 termination date
SP1 Reason	Numeric	Special Program 1 reason terminated
SP2 Aidcode	Code	Special Program 2 aid code
SP2 Elig	Text	Special Program 2 eligibility
SP2 T Date	Date	Special Program 2 termination date
SP2 Reason	Numeric	Special Program 2 reason terminated
SP3 Aidcode	Code	Special Program 3 aid code
SP3 Elig	Text	Special Program 3 eligibility
SP3 T Date	Date	Special Program 3 termination date
SP3 Reason	Numeric	Special Program 3 reason terminated
Medicare Part A	Text	Medicare Part A
Medicare Part B	Text	Medicare Part B
Medicare Part D	Text	Medicare Part D
<b>PRIOR MEDI-CAL ELIGIBILITY</b>	<b>Source: Info on the previous Medi-Cal coverage. This will show the last/newest</b>	
<i>PRIEN</i>		<i>N/A For internal use</i>
Prior Medi-Cal Number	Numeric	Medi-Cal Number: 2-digit county code, 2-digit aid code, 12 digit Medi-Cal patient number
Prior Service Date	Date	Date of Medi-Cal coverage
Prior Share Of Cost	Numeric	Share of cost
Prior Prior Pri Aidcode	Code	Primary aid code
Prior Pri Elig	Text	Primary eligibility
Prior Pri T Date	Date	Primary termination date
Prior Pri Reason	Numeric	Primary reason terminated
Prior SP1 Aidcode	Code	Special Program 1 aid code
Prior SP1 Elig	Text	Special Program 1 eligibility
Prior SP1 T Date	Date	Special Program 1 termination date
Prior SP1 Reason	Numeric	Special Program 1 reason terminated
Prior SP2 Aidcode	Code	Special Program 2 aid code
Prior SP2 Elig	Text	Special Program 2 eligibility
Prior SP2 T Date	Date	Special Program 2 termination date
Prior SP2 Reason	Numeric	Special Program 2 reason terminated
Prior SP3 Aidcode	Code	Special Program 3 aid code
Prior SP3 Elig	Text	Special Program 3 eligibility
Prior SP3 T Date	Date	Special Program 3 termination date
Prior SP3 Reason	Numeric	Special Program 3 reason terminated
Prior Medicare Part A	Text	Medicare Part A
Prior Medicare Part B	Text	Medicare Part B

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OBJECTS	Type	Allowable Values/Comments:
Prior Medicare Part D	Text	Medicare Part C
<b>SAR</b>	<b>Source:</b>	<b>CMS Net authorizations</b>
<i>PRIEN</i>		<i>N/A For internal use</i>
SAR Number	Numeric	Service Authorization Request Number
SAR Prov Name	Text	Name of provider on the SAR
<b>SAR Prov No</b>	<b>Numeric</b>	<b>NPI/SCC/other number on the SAR. Primary key.</b>
SAR Prov County Code	Code	County provider is located in
SAR Type	Code	Type of SAR - Dental, Medical, or Special Care Center DEN, MED, SCC
<b>SAR Prov Type</b>	<b>Text</b>	<b>Type of provider. Primary key.</b>
SAR Prov Street Address 1	Text	Line 1 of provider address on SAR
SAR Prov Street Address 2	Text	Line 2 of provider address on SAR
SAR Prov City	Text	Provider city on SAR
SAR Prov State	Code	Provider state on SAR
SAR Prov Zip Code	Code	Provider zip code on SAR
SAR Prov Zip Ext	Code	Provider zip code extension on SAR
<b>SAR Status</b>	<b>Text</b>	<b>Status of SAR. Primary key.</b> APPROVED-N, APPROVED-Y, AUTHORIZED, CANCELLED, DENIED, EXTENDED, PENDING, REQUEST-APPROVAL
<b>SAR County Code</b>	<b>Code</b>	<b>County SAR is assigned to, based on the patient's current legal county. Primary key.</b>
SAR Date Entered	Date	Date SAR was entered
SAR Entered By	Numeric	*Pointer to User Table. User who entered the SAR.
SAR Entered By Name	Text	Name of user who entered record
SAR Auth By	Numeric	*Pointer to User Table. User who authorized the SAR.
SAR Auth By Name	Text	Name of user who authorized the SAR.
SAR Date Auth Den Can Del	Date	Date SAR was authorized, denied, cancelled, or deleted
SAR Reporting Cat	Text	Reporting category of the SAR DIAGNOSTIC, TREATMENT, THERAPY IN LIEU OF MTU
SAR Request Date	Date	Date SAR requested
<b>SAR Begin Date</b>	<b>Date</b>	<b>First date services on SAR can be billed. Primary key.</b>
<b>SAR End Date</b>	<b>Date</b>	<b>Last date services on SAR can be billed. Primary key.</b>
SAR Inpatient	Code	Flag for inpatient SAR. YES/NO
SAR Number Days	Numeric	Number of days if SAR is inpatient
SAR EPSDT SS	YES/NO'	Flag for EPSDT-SS. YES/NO
SAR State Appoved Cat	YES/NO'	Flag for State approval. YES/NO
SAR State Funded	Code	Flag for state funding. YES/NO
SAR Denied By	Code	*Pointer to User Table. User who denied the SAR.
SAR Denied By Name	Text	Name of user who denied the SAR
SAR Denial Eff Date	Date	Effective date of denial
SAR Cancel Denial	Numeric	Reason code for a canelled or denied SAR
SAR Cancel Denial Citation	Text	Citation for a canelled or denied SAR
SAR Cancel Denial Name	Text	Name of the cancel or denial reason
SAR Cancelled By	Numeric	*Pointer to User Table. User who cancelled the SAR.
SAR Cancelled By Name	Text	Name of user who cancelled the SAR
SAR Cancel Eff Date	Date	Effective date of cancellation
SAR Primary Diag	Text	Primary diagnosis on SAR
SAR Secondary Diag	Text	Secondary diagnosis on SAR
SAR Last Update Date	Date	Date SAR last updated
SAR Last Update By	Numeric	*Pointer to User Table. User who last updated the SAR.
SAR Last Update By Name	Text	Name of user who last updated the SAR.
SAR Last Auth Date	Date	Date SAR last authorized
SAR First Auth Date	Date	Date SAR first authorized
SAR Cancel Denied Letter	Text	Letter number of Cancelled or Denied letter, if one exists
<b>SAR SERVICE CODE</b>	<b>Source:</b>	<b>CMS Net authorizations</b>
<i>PRIEN</i>		<i>N/A For internal use</i>

CMS NET Business Objects  
Data Dictionary

OBJECTS	Type	Allowable Values/Comments:
Service Code	Text	Service Code
Type	Text	Service Code Type
Modifier	Text	Modifier on service code
Modifier 1	Text	Modifier 1 on service code
Modifier 2	Text	Modifier 2 on service code
Modifier 3	Text	Modifier 3 on service code
Service Desc	Text	Description of service code
Units	Numeric	Service code units
Quantity	Numeric	Service code quantity
Amount	Numeric	Service code amount
<b>MEASURES</b>		
<b>Provide Counts (#s) for Information Selected</b>		
Participant Count	Measure	Counts the number of occurrences for any field. For example, using this with "Case Status" will count how many patients for each case status.
<b>RESTRICTIONS</b>		
<b>NOTE: These restrictions are not generally used; the system already restricts data access by the user's county</b>		
User Id		Restrict so data can only be seen by specific business objects user ids
County Id		Restrict so data can only be seen by users from specific county ids (county codes)
<b>CASE NOTES</b>		
<b>Source: Case Notes in CMS Net</b>		
Entry Date	Date	Date Case Note Entered
Sequence Number		Unique identifier for case note. Used if the same user entered the same type of case note for the same patient on the same day.
Subject Code	Text	Case note subject code. Descriptions at <a href="http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/SubjectCodes.pdf">http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/SubjectCodes.pdf</a> . Type subject code in Business Objects exactly as shown in above document.
Subject Code Desc	Text	Descriptions at <a href="http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/SubjectCodes.pdf">http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/SubjectCodes.pdf</a>
Entered By User ID	Text	*pointer to User Table. User who entered the case note.
Entered by User Name	Text	Name of user who entered the case note