

Oregon File Specifications

January 1, 2009

RED NOTES CHANGES AND ADDITIONS

Field Description	Format	Justify		Position	Field Vaules
Site/Clinic Number	Numeric	Right		7 001-007	Clinic Number assigned by Region X
Client Number	Numeric	Right		9 008-016	Self-Explanatory
Date of Visit, CCYYMMDD	Numeric	Right		8 017-024	CCYYMMDD
Purpose of Visit, Values 1-5	Alphanumeric	Left		1 025-025	1, 2, 3, 4, 5, or 9 Only
Date of Birth, CCYYMMDD	Numeric	Right		8 026-033	CCYYMMDD
Medical Services	Alphanumeric	Left		72 034-105	02 03 04 05 06 07 08 09 11 12 13 14 15 16 17 19 20 21 22 23 24 25
DESCRIPTION CHANGES AND ADDITIONS					23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 42 43 44 46 47 48 49 50
Provider of Medical Counseling Svc	Alphanumeric	Left		4 106-109	1, 2, 3, 4
Counseling Services	Alphanumeric	Left		26 110-135	01,02,03,04,05,06, 07 ,08,09,10,12,13,15,16,17,18,19,20
DESCRIPTION CHANGES					
Version Number- 0901	Alphanumeric	Left		4 136-139	0901
Contraceptive Method Before Visit	Alphanumeric	Left		2 140-141	01,02,03,04,06,07, 08 ,09,10,11,13,14,15,16,17,18,19,20,21
DESCRIPTION CHANE					
Contraceptive Method After Visit	Alphanumeric	Left		2 142-143	01,02,03,04,06,07, 08 ,09,10,11,13,14,15,16,17,18,19,20,21
DESCRIPTION CHANGE					
If None, Give Reason	Alphanumeric	Left		1 144-144	1, 3, 6, 7, or 8
Referred Elsewhere	Alphanumeric	Left		10 145-154	01,02,03,04,05,06, 07 ,08,09,10,11,12,13,14,15,16,17
DESCRIPTION CHANGE					
Ahlers Internal Use	Alphanumeric	Left		1 155-155	Blank
Number of Pregnancies	Alphanumeric	Left		2 156-157	Zero-Zero to 99
Source of Payment	Alphanumeric	Left		2 158-159	01,02,04,05,06,07,08 or 10
Ahlers Internal Use	Alphanumeric	Left		2 160-161	Blank
Monthly Income	Alphanumeric	Right, Zero		6 162-167	Self-Explanatory (Enter No Income as Zero-Filled)
Number Supported b/Income	Numeric	Right, Zero		2 168-169	01 thru 99
Insurance Status	Alphanumeric	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	Alphanumeric	Left		1 176-176	6 (Yes-Hispanic/Latino) or 9 (Not-Hispanic/Latino)
Gender	Alphanumeric	Left		1 177-177	Self-Explanatory
Last Name	Alphanumeric	Left		20 178-197	Self-Explanatory
First Name	Alphanumeric	Left		10 198-207	Self Explanatory
Middle Initial	Alphanumeric	Left		1 208-208	Self Explanatory
FPEP ID Number	Numeric	Left		8 209-216	Self Explanatory Required
Social Security Number	Alphanumeric	Left		9 217-225	Self Explanatory
Ahlers Internal Use	Alphanumeric	Left		4 226-229	Blank
Contraceptive Code 1	Alphanumeric	Left		2 230-231	See Attachment I or Valid Code on CVR
Supply Quantity 1	Numeric	Right		2 232-233	See Maximum Amount on Attachment I
Contraceptive Code 2	Alphanumeric	Left		2 234-235	See Attachment I or Valid Code on CVR
Supply Quantity 2	Numeric	Right		2 236-237	See Maximum Amount on Attachment I
Contraceptive Code 3	Alphanumeric	Left		2 238-239	See Attachment I or Valid Code on CVR
Supply Quantity 3	Numeric	Right		2 240-241	See Maximum Amount on Attachment I
Contraceptive Code 4.	Alphanumeric	Left		2 242-243	See Attachment I or Valid Code on CVR
Supply Quantity 4	Numeric	Right		2 244-245	See Maximum Amount on Attachment I
3rd Party Resource Code	Alphanumeric	Left		2 246-247	See Oregon FPEP Manual For Values
Other Insurance Paid	Numeric	Right		5 248-252	Self-Explanatory
Additional Demographics	Alphanumeric	Left		3 253-255	5 ELIMINATED 4 AND 6
3rd Party Internal Number	Numeric	Right		9 256-264	Self Explanatory
Race	Alphanumeric	Left		7 265-271	1,2,3,4,5,6,7 or 8
Supply 1 Reimbursement Rate		Right	5,2	272-276	Unit Price
Supply 2 Reimbursement Rate		Right	5,2	277-281	Unit Price
Supply 3 Reimbursement Rate	Numeric	Right	5,2	282-286	Unit Price
Supply 4 Reimbursement Rate	Numeric	Right	5,2	287-291	Unit Price
Diagnosis Code	Alphanumeric	Left		5 292-296	See Attachment J
Will Insurance Be billed (9B)	Alphanumeric	Left		1 297-297	1,2 or Blank
Special Confidentiality Needs (9C)	Alphanumeric	Left		1 298-298	1 or Blank
Ahlers Internal Use	Numeric	Right		6 299-304	Zero - fill