

## T\_PUB\_HLTH\_PGM

This entity represents the Benefit or Assignment plans defined within a Financial Payer supported by the system. <br>A beneficiary/recipient will be enrolled in one or more of these plans based on the criteria established by the Financial Payer. The Benefit Plan lists the services for which the beneficiary/recipient is eligible to receive. A specific service may be subject to different rules and restrictions under different Benefit Plans. <br>An Assignment plan is a generalization of the traditional Lockin concept. A beneficiary/recipient may be assigned to a provider or provider organization in order to receive certain services. These services must be provided or, in some cases, referred by the assigned provider. The services may be reimbursed on a fee for service or capitation basis. The provider may be compensated for acting as a gate keeper in some instances.

Column Name	Description	Type	Length	Primary Key
SAK_PUB_HLTH	System assigned internal key for a recipient plan.	NUMBER	9	Yes
SAK_FIN_PAYER	The system assigned key that identifies a unique payer within interChange.	NUMBER	9	No
CDE_PGM_HEALTH	Identifies the medical assistance program that is supported in the system.	CHAR	5	No
DSC_PGM_HEALTH	Describes the medical assistance program.	VARCHAR2	50	No
DSC_PGM_DEFINITION	Text definition of program describing who is eligible and what types of services are provided.	VARCHAR2	4000	No
CDE_TYPE_PLAN	This is the type of plan. There are two types of Plans. For Benefit Plans, the value in this column is 'BNFT'. For Assignment Plans, the value in this column is 'ASGN'.	CHAR	4	No
IND_RECIP_ONLY	Yes/No indicator used to identify programs that are used for recipient enrollment only. No services are covered by the program.	CHAR	1	No
IND_MAJOR_PGM	Yes/No indicator used to identify a program is a major program. A major program is a program that can stand alone. The program needs no other program. A major program can not be combined with any other major program.	CHAR	1	No
IND_STAND_ALONE	Yes/No indicator used to identify a program is a stand alone program. A stand alone program can only stand by itself. No other program can exist.	CHAR	1	No
IND_CT_EDITING	The IND_CT_EDITING attribute indicates what type of claim type to program editing is to be performed. If the indicator is set to 'N' (non), no claim type to program	CHAR	1	No

	editing is performed. If the indicator is set to 'I' (include), only the claim types listed are billable for the specified program. If the indicator is set to 'E' (exclude), the claim types listed are not billable for the specified program.			
IND_COPAY	Yes/No indicator used to identify programs that qualify for copay calculations during claims payment determination.	CHAR	1	No
IND_DUAL	Yes/No indicator used to identify a program is a Dual program. A dual program is a program that can either stand alone or with another major/dual program.	CHAR	1	No
IND_TPL_ACTION	This indicator identifies the action taken for TPL editing based on the OI Plan. Note, we are allowing nulls at this time because panels outside of TPL Matrix will be inserting into this table and will not enter anything into this column. Later (new CO), we will change the other panels and change this column to not null.	CHAR	1	No
NUM_HIER_ID_BNFT	This is another system assigned identifier that is used to identify a hierarchy thread that contains this benefit plan within a Payer. This column contains only positive values when the CDE_TYPE_PLAN is equal to 'BNFT'. Otherwise the value of this column is zero. The value is maintained as an ascending sequence of numbers starting with 1. There is a sequence for each payer. So Payer 1 may have values 1, 2, 3; and Payer 2 might have values 1,2, 3, 4.	NUMBER	9	No
NUM_HIER_ID_ASGN	This is another system assigned identifier that is used to identify a hierarchy thread that contains this assignment plan. This column contains only positive values when the CDE_TYPE_PLAN is equal to 'ASGN'. Otherwise the value of this column is zero. The value is maintained as an ascending sequence of numbers starting with 1. There is a sequence for each payer. So Payer 1 may have values 1, 2, 3; and Payer 2 might have values 1,2, 3, 4.	NUMBER	9	No
DTE_EFFECTIVE	The date the claim type to program restriction becomes effective for use in claims editing.	NUMBER	8	No
DTE_END	The last date the claim type to program restriction is effective for use in claims editing.	NUMBER	8	No
DTE_INACTIVE	This is the date this row becomes inactive. For new claims the system date is compared to this date. If the system date is greater than or equal to this date, the row will not	DATE	0	No

	be used to process the claim.			
DTE_ACTIVE	This is the date this row becomes active. For new claims the system date is compared to this date. If the system date is less than this date, the row will not be used to process the claim.	DATE	0	No