SBHC Visit/Encounter Data Elements and Required Formats

Element name	Type	Description	Example
SBHC_Name	varchar(30)	Location of site where the service was provided.	YourSBHC
Patient_ID	varchar (18)	An internal code that uniquely identifies each patient in the medical record system.	12345
Medicaid_ID	varchar (8)	Patient's Medicaid ID number	ZZZ999XX
Birth_Date	date	The patient's date of birth.	08/07/1997
Ethnicity	varchar(254)	The patient's Ethnicity.	Hispanic
Language	varchar(66)	The patient's preferred spoken language.	English
Sex	varchar(66)	The patient's gender.	Female
Race_One	varchar(254)	The first Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Race_Two	varchar(254)	The second Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Race_Three	varchar(254)	The third Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Race_Four	varchar(254)	The fourth Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Race_Five	varchar(254)	The fifth Race as recorded for the patient. Assumes that source application can record more than one. Contact the SBHC State Program Office if your source application can not record more than on Race variable.	White
Payor_Name	varchar(254)	The name of the payor.	CAREOREGON MEDICAID
Financial_Class	varchar(254)	The financial classification of the payor.	CCare - Contraceptive Care; C - Commercial; OHP FFS - OHP Fee For Service; OHP MC - OHP Managed Care; M - Medicare; N - None; RHCare - RH Access Fund; U - Unknown/Not Reported
Visit_ID	varchar(15)	The unique ID of the Visit as assigned by the source application.	1234567
Provider_Type	varchar(254)	The type of provider.	Nurse Practitioner
Provider_Name	varchar(254)	The name of the provider.	Jane Smith
NPI	varchar(10)	National Provider Identifier number.	1234567891
Visit_Date	date	The date the service was provided.	12/12/2005
Total_Charges	numeric(12, 2)	The total charge amount for the visit.	103.00
Total_Payments	numeric(12, 2)	The total payment amount for the visit.	-77.37
Procedure_Code	varchar(40)	The CPT/HCPCS or Internal Use code(s) that were associated with the procedure.	99212
Modifier_Code	varchar(10)	The Modifier code that corresponds to the procedure code.	UB or 25, etc.
Diagnosis_Code	varchar(12)	This field contains nationally recognized ICD-10 codes, but it also contains Internal Use Codes (IUC) which might be unique to a particular School Based Health Center.	Z23