CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)

COLORADO ALL-PAYER CLAIMS DATABASE DATA SUBMISSION GUIDE

June 2011

REVISION HISTORY

Date	Version	Description	Author
2/1/2011	A	Initial draft	A. Graziano
2/2/2011	B	Added section on Data Quality Requirements and added Employer Name to the Eligibility Data File. Added Provider File and Pharmacy Eligibility File, with placeholder for Plan Details File.	A. Graziano
3/1/2011	C	General revisions and updates	A. Graziano
3/21/2011	D	Added section numbering and data elements to insurance plan file. Added decisions reached during payer weekly DSG meeting	A. Graziano
4/27/2011	0	Incorporated decisions reached during payer weekly meetings including a revision to submission timelines, modification to data element definitions	A. Graziano
6/10/2011	0	Final adjustments made based on feedback from Cigna and United Healthcare. Modified timeline for data submission.	A. Graziano

TABLE OF CONTENTS

CONTENTS

1.0 INTRODUCTION

1.1   Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims but it is currently collected by a variety of government entities in various formats and levels of completeness. Using its broad authority to collect health care data ("without limitation") under § 25.5-1-204, C.R.S. pursuant to Chapter 299 of the Acts of 2010 has adopted regulations to create a comprehensive Colorado all payer claims database (CAPCD) with eligibility, medical, pharmacy, and dental datasets from fully-insured, self-insured, Medicare, and Medicaid data.

1.2   Health care data and information submitted by Health Care Payers to CIVHC is not public record. No public disclosure of any health plan information or data shall be made unless specifically authorized under CAPCD Data Release Regulations.

2.0 DATA SUBMISSION REQUIREMENTS - GENERAL

2.1   Data submissions detailed below will include eligibility, medical claims, pharmacy claims, provider data, and product data files (Health Care Data). Field definitions and other relevant data associated with these submissions are specified in Exhibit A. These datasets have been developed by the APCD Council in collaboration with stakeholders across the nation.

2.1.1 DATA TO BE SUBMITTED

2.1.1.1 Medical Claims Data.

a) Payers shall report health care service paid claims and encounters for all Colorado resident members. Payers may be required to identify encounters corresponding to a capitation payment (Exhibit A-2).
b) A Colorado resident is defined as any eligible member whose residence is within the State of Colorado, and all covered dependents. An exception to this is subscribers covered under a student plan. In this case, any student enrolled in a student plan for a Colorado college/university would be considered a Colorado resident regardless of their address of record.
c) Payers must provide information to identify the type of service and setting in which the service was provided. Each submitted data file shall have control totals and transmission control data (see Exhibits for specifics).
Claim data is required for submission for each month during which some action has `been taken on that claim (ie payment, adjustment or other modification). Any claims that have been "soft" denied (denied for incompleteness, incorrect or other administrative reasons) which the data supplier expects to be resubmitted upon correction, do not have to be submitted until corrections have been completed and the claim paid. It is desirable that payers provide a reference that links the original claim to all subsequent actions associated with that claim (see Exhibit A-2 for specifics).
d) ICD9 Diagnosis and Procedure Codes are required to accurately report risk factors related to the Episode of Care. CPT/HCPCS codes are also required.
e) For historical data submitted during the onboarding process, payers shall provide as a separate report monthly totals of covered members (Colorado residents) for the periods associated with the historical data (7/1/2008 through 12/30/2010).

2.1.1.2 Pharmacy Claims.

a) Health Care Payers must provide data for all pharmacy paid claims for prescriptions that were actually dispensed to members and paid (Exhibit A-3).
b) If your health plan allows for medical coverage without pharmacy (or vice versa), it is important to be aware of this to effectively and accurately reports costs for certain Episodes of Care. If this is an option for your health plans, it will need to be discussed with CIVHC and an approach formulated for accommodating this.

2.1.1.3 Member Eligibility Data.

a) Health Care Payers must provide a data set that contains information on every covered plan member who is a Colorado resident (see para 2.1.1.1.b above) whether or not the member utilized services during the reporting period. The file must include member identifiers, subscriber name and identifier, member relationship to subscriber, residence, age, race, ethnicity and language, and other required fields to allow retrieval of related information from product, pharmacy, dental and medical claims data sets (Exhibit A-1).

b) If dual coverage exists, send only the coverage of the primary plan. The eligibility file should also include an indicator that identifies if the patient is covered under a Commercial, Medicare, or Medicaid plan.

3.0   DATA SUBMISSION REQUIREMENTS - SPECIFIC

3.1   TIMELINE

3.1.1   All mandatory reporters will be notified of the requirement to provide data with the delivery of this Data Submission Guide (DSG). To simplify the generation of the required datasets (see Exhibit A) CIVHC has adopted Core datasets developed by the APCD Council in concert with other state representatives. The effect is to enable payers to utilize data extracts already developed for other state APCD's and make use of this development work to produce like extracts for the State of Colorado.

3.1.2   Test files shall be submitted as mutually agreed to by CIVHC and the data vendor, representing a complete year of data, but no later than 12/15/2011.

3.1.3   Data suppliers will transmit claim data (both services and pharmacy) to CIVHC within 30 days of claims being adjudicated (either paid or denied). Any claims that have been "soft" denied (denied for incompleteness, incorrect or other administrative reasons) which the data supplier expects to be resubmitted upon correction, do not have to be submitted until corrections have been completed and the claim adjudicated.

Healthcare claims datasets, identified in Exhibit A-1 through A-4, shall be submitted on the following schedule:

a) Healthcare claims data files for the period 1/1/2009 through 6/30/2010 shall be submitted no later than 2/15/2012.

b) Healthcare claims data files for the period 7/1/2011 through 12/31/2011 shall be submitted no later than 4/30/2012.

c) Thereafter, healthcare claims data files shall be submitted monthly, no later than by the first of the month for the month ending approximately 30 days prior (for example,

January 2012 data files to be submitted no later than 3/1/12). Plans with fewer than 2,000 enrolled lives (combined figure across all subsidiaries) may opt to submit on a quarterly basis upon advance notice to CIVHC.

d) Annual Data Submissions: Provider Data file, after submission per 3.1.3 a) and b) above, is to be filed annually on January 31 for the prior calendar year.

3.1.4 Dental Claims Data submissions shall be required beginning Jan 1, 2013 by amendment to this Data Submission Guide.

3.2 FILE SUBMISSION METHODS

3.2.1 SFTP – Secure File Transport Protocol involves logging on to the appropriate FTP site and sending or receiving files using the SFTP client.

3.2.2 Web Upload – This method allows the sending and receiving of files and messages without the installation of additional software. This method requires internet access, a username and password.

3.3 DATA QUALITY REQUIREMENTS

3.3.1 The data elements in Exhibit A provide, in addition to field definitions, an indicator regarding data elements that are required. A data element that is required must contain a value unless a waiver is put in place with a specific payer who is unable to provide that data element due to system limitations. A data element marked as "TH" means that a % of all records must have a value in this field based on the expected frequency that this data element is available. Data files that don't achieve this threshold percentage for that data element may be rejected or require follow up prior to load into the CAPCD. A data element marked as "O" is an optional data element that should be provided when available, but otherwise may contain a null value.

3.3.2 Data validation and quality edits will be developed in collaboration with each payer and refined as test data and production data is brought into the CAPCD. Data files missing required fields, or when claim line/record line totals don't match, may be rejected on submission. Other data elements will be validated against established ranges as the database is populated and may require manual intervention in order to ensure the data is correct.

The objective is to populate the APCD with quality data and each payer will need to work interactively with CIVHC to develop data extracts that achieve validation and quality specifications. This is the purpose of test data submissions early in the implementation process. Waivers may be granted, at the discretion of CIVHC, for data

variances that cannot be corrected due to systematic issues that require substantial effort to correct.

3.4   FILE FORMAT

3.4.1   All files submitted to the CAPCD will be formatted as standard text file.

Text files all comply with the following standards:

a) Always one line item per row; No single line item of data may contain carriage return or line feed characters.
b) All rows delimited by the carriage return + line feed character combination.
c) All fields are variable field length, delimited using the pipe character (ASCII=124). It is imperative that no pipes ('|') appear in the data itself. If your data contains pipes, either remove them or discuss using an alternate delimiter character.
d) Text fields are *never* demarcated or enclosed in single or double quotes. Any quotes detected are regarded as a part of the actual data.
e) The first row *always* contains the names of data columns.
f) Unless otherwise stipulated, numbers (ID numbers, account numbers, etc) do not contain spaces, hyphens or other punctuation marks.
g) Text fields are never padded with leading or trailing spaces or tabs.
h) Numeric fields are never padded with leading or trailing zeros.
i) If a field is not available, or is not applicable, leave it blank. 'Blank' means do not supply any value at all between commas (including quotes or other characters).

DATA SUBMISSION GUIDE VERSION 0

EXHIBIT A - DATA ELEMENTS

A-1 ELIGIBILITY FOR MEDICAL CLAIMS DATA

Frequency: Monthly Upload via FTP or Web Portal (due with 30 days of the end of the reporting month)

It is extremely important that the member ID (Member Suffix or Sequence Number) is unique to an individual and that this unique identifier in the eligibility file is consistent with the unique identifier in the medical claims/pharmacy file. This provides linkage between medical and pharmacy claims during established coverage periods and is critical for the implementation of Episode of Care reporting.

For 3 years of historic data collected, eligibility is to be reported for all Colorado residents who were covered members during that reporting month. In the event historical address data is not available, eligibility data for historical months shall be reported based on member's last known or current address. It is acknowledged that for some payers there may not be an eligibility record for each member identified in the medical claims file for that same period. In order to reconcile the total number of Colorado resident covered members for this 3. year period, each payer is to submit a summary report that totals the number of Colorado resident covered members for each month in the period of 1/1/09 through 12/31/11.

Additional formatting requirements:

- Eligibility files are formatted to provide one record per member per month
- Data for administration fees, premiums, and capitation fees is contained on the eligibility file is pre-allocated (i.e. broken out by employee by month) to match the eligibility data
- Payers submit data in a single, consistent format for each data type.

MEDICAL ELIGIBILITY FILE HEADER RECORD

Data Element #	Data Element Name	Type	Max Length	Description/valid values

9 | P a g e

HD001	Record Type	Text	2	ME
HD002	Payer Code	Text	8	NAIC code (example: 12345); leave blank if not applicable
HD003	Payer Name	Text	75	
HD004	Beginning Month	Date	6	CCYYMM
HD005	Ending Month	Date	6	CCYYMM
HD006	Record count	Numeric	10	Total number of records submitted in the medical eligibility file, excluding header and trailer records

MEDICAL ELIGIBILITY FILE TRAILER RECORD

Data Element #	Date Element Name	Type	Max Length	Description/valid values
TR001	Record Type	Text	2	ME
TR002	Payer Code	Text	8	NAIC code (example: 12345); leave blank if not applicable
TR003	Payer Name	Text	75	
TR004	Beginning Month	Date	6	CCYYMM
TR005	Ending Month	Date	6	CCYYMM
TR006	Extraction Date	Date	8	CCYYMMDD

A-1.1   MEDICAL ELIGIBILITY FILE

Date Element #	Reference	Data Element Name	Type	Length	Description/Codes/Sources	Required
ME001	N/A	Payer Name/Code	Text	8	Payer submitting payments-assigned by CIVHC (may be multiple to support different platforms, or as required)	R
ME002	271/2100A/NM1/XV/09	National Plan ID	Text	30	CMS National Plan ID or NAIC	O
ME003	271/2110C/EB/ /04, 271/2110D/EB/ /04	Insurance Type Code/Product	Text	2	09 self pay	
					10 central certification	
					11 other non-federal programs	
					12 Preferred Provider Organization (PPO)	
					13 Point of Service (POS)	
					14 Exclusive Provider Organization (EPO)	
					15 Indemnity Insurance	
					16 Health Maintenance Organization (HMO) Medicare Advantage	
					AM Automobile Medical	
					BL Blue Cross/Blue Shield	
					CH Champus	
					CI Commercial Insurance Company	
					DS Disability	
					HM Health Maintenance Organization	
					HN HMO Medicare Risk/ Medicare Part	

					C	
					LI Liability	
					LM Liability Medical	
					MA Medicare Part A	
					MB Medicare Part B	
					MC Medicaid	
					MD Medicare Part D	
					MP Medicare Primary	
					OF Other Federal Program (e.g. Black Lung)	
					PS Point of Service	
					QM Qualified Medicare Beneficiary	
					SP Supplemental Policy	
					TV Title V	
					VA Veteran Administration Plan	
					WC Workers' Compensation	
					99 Other	
ME004	N/A	Year	Integer	4	Year for which eligibility is reported in this submission	R
ME005	N/A	Month	Integer	2	Month for which eligibility is reported in this submission	R
ME006	271/2100C/REF/1L/02, 271/2100C/REF/IG/02, 271/2100C/REF/6P/02, 271/2100D/REF/1L/02, 271/2100D/REF/IG/02, 271/2100D/REF/6P/02	Insured Group or Policy Number	Text	30	Group or policy number - not the number that uniquely identifies the subscriber	R

ME007	271/2110C/EB/ /02, 271/2110D/EB/ /02	Coverage Level Code	Text	3	Benefit coverage level	R
					CHD Children Only	
					DEP Dependents Only	
					ECH Employee and Children	
					EPN Employee plus N where N equals the number of other covered dependents	
					ELF Employee and Life Partner	
					EMP Employee Only	
					ESP Employee and Spouse	
					FAM Family	
					IND Individual	
					SPC Spouse and Children	
					SPO Spouse Only	
ME008	271/2100C/NM1/MI/09	Subscriber Social Security Number	Text	128	Subscriber's social security number; Set as null if unavailable	TH
ME009	271/2100C/NM1/MI/09	Plan Specific Contract Number	Text	128	Plan assigned subscriber's contract number; Set as null if contract number = subscriber's social security number	R
ME010	N/A	Member Suffix or Sequence Number	Integer	20	Unique number of the member within the contract	R
ME011	271/2100C/NM1/MI/09, 271/2100D/NM1/MI/09	Member Identification Code	Text	128	Member's social security number; Set as null if contract number = subscriber's social security number	TH
ME012	271/2100C/INS/Y/02, 271/2100D/INS/N/02	Individual Relationship Code	Integer	2	Member's relationship to insured	R
					01 Spouse	
					18 Self/Employee	
					19 Child	
					21 Unknown	

					34 Other Adult	
ME013	271/2100C/DMG/ /03, 271/2100D/DMG/ /03	Member Gender	Text	1	M – Male F – Female U - UNKNOWN	R
ME014	271/2100C/DMG/D8/02, 271/2100D/DMG/D8/02	Member Date of Birth	Date	8	CCYYMMDD	R
ME015	271/2100C/N4/ /01, 271/2100D/N4/ /01	Member City Name	Text	30	City location of member	R
ME016	271/2100C/N4/ /02, 271/2100D/N4/ /02	Member State or Province	Text	2	As defined by the US Postal Service	R
ME017	271/2100C/N4/ /03, 271/2100D/N4/ /03	Member ZIP Code	Text	11	ZIP Code of member - may include non-US codes. Do not include dash. Plus 4 optional but desired.	R
ME018	N/A	Medical Coverage	Text	1	Y – YES N - NO	R
ME019	N/A	Prescription Drug Coverage	Text	1	Y – YES N - NO	R
ME020	N/A	Dental Coverage	Text	1	Y – YES N – NO 3 - UNKNOWN	R
ME021	N/A	Race 1	Text	6		O
					R1 American Indian/Alaska Native	
					R2 Asian	
					R3 Black/African American	
					R4 Native Hawaiian or other Pacific Islander	
					R5 White	
					R9 Other Race	

					UNKNOW Unknown/Not Specified	
ME022	N/A	Race 2	Text	6	See code set for ME021.	O
ME023	N/A	Other Race	Text	15	List race if MC021or MC022 are coded as R9.	O
ME024	N/A	Hispanic Indicator	Text	1		O
					Y = Patient is Hispanic/Latino/Spanish	
					N = Patient is not Hispanic/Latino/Spanish	
					U = Unknown	
ME025	N/A	Ethnicity 1	Text	6		O
					2182-4 Cuban	
					2184-0 Dominican	
					2148-5 Mexican, Mexican American, Chicano	
					2180-8 Puerto Rican	
					2161-8 Salvadoran	
					2155-0 Central American (not otherwise specified)	
					2165-9 South American (not otherwise specified)	
					2060-2 African	
					2058-6 African American	
					AMERCN American	
					2028-9 Asian	
					2029-7 Asian Indian	
					BRAZIL Brazilian	
					2033-9 Cambodian	
					CVERDN Cape Verdean	
					CARIBI Caribbean Island	
					2034-7 Chinese	

					2169-1 Columbian	
					2108-9 European	
					2036-2 Filipino	
					2157-6 Guatemalan	
					2071-9 Haitian	
					2158-4 Honduran	
					2039-6 Japanese	
					2040-4 Korean	
					2041-2 Laotian	
					2118-8 Middle Eastern	
					PORTUG Portuguese	
					RUSSIA Russian	
					EASTEU Eastern European	
					2047-9 Vietnamese	
					OTHER Other Ethnicity	
					UNKNOW Unknown/Not Specified	
ME026	N/A	Ethnicity 2	Text	6	See code set for ME025.	O
ME027	N/A	Other Ethnicity	Text	20	List ethnicity if MC025 or MC026 are coded as OTHER.	O
ME028	N/A	Primary Insurance Indicator	Text	1	Y – Yes, primary insurance N – No, secondary or tertiary insurance	R
ME029	N/A	Coverage Type	Text	3	ASO – self-funded plans that are administered by a third-party administrator STN – short-term, non-renewable health insurance UND – plans underwritten by the insurer OTH – any other plan. Insurers using this code shall obtain prior approval.	R

ME030	N/A	Market Category Code	Text	4		O
					IND – policies sold and issued directly to individuals (non-group)	
					FCH – policies sold and issued directly to individuals on a franchise basis	
					GCV – policies sold and issued directly to individuals as group conversion policies	
					GS1 – policies sold and issued directly to employers having exactly one employee	
					GS2 – policies sold and issued directly to employers having between two and fifty employees	
					GS3 – policies sold and issued directly to employers having 50 or more employees	
					GSA – policies sold and issued directly to small employers through a qualified association trust	
					OTH – policies sold to other types of entities. Insurers using this market code shall obtain prior approval.	
ME031	N/A	Special Coverage	Text	3	Not currently utilized and to be set to null	O
					0 N/A	
					1	
					2	
ME032	N/A	Group Name	Text	128	Group name or IND for individual policies	O
ME043	N/A	Member Street Address	Text	50	Street address of member	R

ME044	N/A	Employer Name	Text	50	Name of the Employer, or if same as Group Name, null	O
ME101	271/2100C/NM1/ /03	Subscriber Last Name	Text	128	The subscriber last name	R
ME102	271/2100C/NM1/ /04	Subscriber First Name	Text	128	The subscriber first name	R
ME103	271/2100C/NM1/ /05	Subscriber Middle Initial	Text	1	The subscriber middle initial	O
ME104	271/2100D/NM1/ /03	Member Last Name	Text	128	The member last name	R
ME105	271/2100D/NM1/ /04	Member First Name	Text	128	The member first name	R
ME897	N/A	Plan Effective Date	Date	8	CCYYMMDD Date eligibility started for this member under this plan type. The purpose of this data element is to maintain eligibility span for each member.	R
ME899	N/A	Record Type	Text	2	Value = ME	R

A-2   MEDICAL CLAIMS DATA

Frequency: Monthly Upload via FTP or Web Portal (due last day of the month following the reporting month)

Additional formatting requirements:

- Claims are paid claims. Non-covered or denied claims (e.g. duplicate or patient ineligible claims) are not included.
- Payers submit data in a single, consistent format for each data type.

MEDICAL CLAIMS FILE HEADER RECORD

Data Element #	Data Element Name	Type	Max Length	Description/valid values
HD001	Record Type	Text	2	MC
HD002	Payer Code	Text	8	NAIC code (example: 12345); leave blank if not applicable
HD003	Payer Name	Text	75	Example:
HD004	Beginning Month	Date	6	CCYYMM
HD005	Ending Month	Date	6	CCYYMM
HD006	Record count	Numeric	10	Total number of records submitted in the medical claims file, excluding header and trailer records

MEDICAL CLAIMS FILE TRAILER RECORD

Data Element #	Data Element Name	Type	Max Length	Description/valid values
TR001	Record Type	Text	2	MC
TR002	Payer Code	Text	8	NAIC code (example: 12345); leave blank if not applicable
TR003	Payer Name	Text	75	
TR004	Beginning Month	Date	6	CCYYMM
TR005	Ending Month	Date	6	CCYYMM
TR006	Extraction Date	Date	8	CCYYMMDD

A-2.1   MEDICAL CLAIMS FILE

Data Element #	Reference	Data Element Name	Type	Length	Description/Codes/Sources	Required
MC001	N/A	Payer	Text	8	Payer submitting payments	R
MC002	837/2010BB/NM1/X V/09	National Plan ID	Text	30	CMS National Plan ID	R
MC003	837/2000B/SBR/ /09	Insurance Type/Product Code	Text	2		R
					09 self pay	
					10 central certification	
					11 other non-federal programs	
					12 Preferred Provider Organization (PPO)	
					13 Point of Service (POS)	
					14 Exclusive Provider Organization (EPO)	
					15 Indemnity Insurance	
					16 Health Maintenance Organization (HMO) Medicare Advantage	
					AM Automobile Medical	
					BL Blue Cross/Blue Shield	

					CH Champus	
					CI Commercial Insurance Company	
					DS Disability	
					HM Health Maintenance Organization	
					HN HMO Medicare Risk/ Medicare Part C	
					LI Liability	
					LM Liability Medical	
					MA Medicare Part A	
					MB Medicare Part B	
					MC Medicaid	
					MD Medicare Part D	
					MP Medicare Primary	
					OF Other Federal Program (e.g. Black Lung)	
					PS Point of Service	
					QM Qualified Medicare Beneficiary	
					SP Supplemental Policy	
					TV Title V	
					VA Veteran Administration Plan	
					WC Workers' Compensation	
					99 Other	
MC004	835/2100/CLP/ /07	Payer Claim Control Number	Text	35	Must apply to the entire claim and be unique within the payer's system.	R
MC005	837/2400/LX/ /01	Line Counter	Integer	4	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.	R

MC005A	N/A	Version Number	Integer	4	The version number of this claim service line. The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line.	R
MC006	837/2000B/SBR/ /03	Insured Group or Policy Number	Text	30	Group or policy number - not the number that uniquely identifies the subscriber.	R
MC007	835/2100/NM1/34/ 09	Subscriber Social Security Number	Text	128	Subscriber's social security number	TH
MC008	835/2100/NM1/HN/ 09	Plan Specific Contract Number	Text	128	Plan assigned contract number; Set as null if contract number = subscriber's social security number.	R
MC009	N/A	Member Suffix or Sequence Number	Integer	20	Uniquely numbers the member within the contract.	R
MC010	835/2100/NM1/MI/ 089	Member Identification Code (patient)	Text	128	Member's social security number	TH
MC011	837/2000B/SBR/ /02, 837/2000C/PAT/ /01, 837/2320/SBR/ /02	Individual Relationship Code	Integer	2	Member's relationship to insured – payers will map their available codes to those listed below	R
					01 Spouse	
					04 Grandfather or Grandmother	
					05 Grandson or Granddaughter	

					07 Nephew or Niece	
					10 Foster Child	
					15 Ward	
					17 Stepson or Stepdaughter	
					19 Child	
					20 Employee/Self	
					21 Unknown	
					22 Handicapped Dependent	
					23 Sponsored Dependent	
					24 Dependent of a Minor Dependent	
					29 Significant Other	
					32 Mother	
					33 Father	
					36 Emancipated Minor	
					39 Organ Donor	
					40 Cadaver Donor	
					41 Injured Plaintiff	
					43 Child Where Insured Has No Financial Responsibility	
					53 Life Partner	
					76 Dependent	
MC012	837/2010CA/DMG/ /03	Member Gender	Text	1		R
					M Male	
					F Female	
					U Unknown	
MC013	837/2010CA/DMG/ D8/02	Member Date of Birth	Date	8	CCYYMMDD	R
MC014	837/2010CA/N4/ /01	Member City Name	Text	30	City name of member	R

MC015	837/2010CA/N4/ /02	Member State or Province	Text	2	As defined by the US Postal Service	R
MC016	837/2010CA/N4/ /03	Member ZIP Code	Text	11	ZIP Code of member - may include non-US codes. Plus 4 optional but desired.	R
MC017	N/A	Date Service Approved/Accounts Payable Date/Actual Paid Date	Date	8	CCYYMMDD	R
MC018	837/2300/DTP/435/ 03	Admission Date	Date	8	Required for all inpatient claims. CCYYMMDD	O (inpatient claims only)
MC019	837/2300/DTP/435/ 03	Admission Hour	Integer	4	Required for all inpatient claims. Time is expressed in military time - HHMM	O (inpatient claims only)
MC020	837/2300/CL1/ /01	Admission Type	Integer	1	Required for all inpatient claims (SOURCE: National Uniform Billing Data Element Specifications)	O (inpatient claims only)
					1 Emergency	
					2 Urgent	
					3 Elective	
					4 Newborn	
					5 Trauma Center	
					9 Information not available	
MC021	837/2300/CL1/ /02	Admission Source	Text	1	Required for all inpatient claims (SOURCE: National Uniform Billing Data Element Specifications)	O (inpatient claims only)
MC022	837/2300/DTP/096/ 03	Discharge Hour	Integer	2	Time expressed in military time – HHMM	O (inpatient claims only)
MC023	837/2300/CL1/ /03	Discharge Status	Integer	2	Required for all inpatient claims.	O (inpatient claims only)
					01 Discharged to home or self care	

					02 Discharged/transferred to another short term general hospital for inpatient care	
					03 Discharged/transferred to skilled nursing facility (SNF)	
					04 Discharged/transferred to nursing facility (NF)	
					05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution	
					06 Discharged/transferred to home under care of organized home health service organization	
					07 Left against medical advice or discontinued care	
					08 Discharged/transferred to home under care of a Home IV provider	
					09 Admitted as an inpatient to this hospital	
					20 Expired	
					30 Still patient or expected to return for outpatient services	
					40 Expired at home	
					41 Expired in a medical facility	
					42 Expired, place unknown	
					43 Discharged/ transferred to a Federal Hospital	
					50 Hospice – home	
					51 Hospice – medical facility	

					61 Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed	
					62 Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital	
					63 Discharged/transferred to a long-term care hospital	
					64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare	
MC024	835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09	Service Provider Number	Text	30	Payer assigned service provider number, preferably for the individual provider but alternately for the clinic where the service occurred.	R
MC025	835/2100/NM1/FI/09	Service Provider Tax ID Number	Text	10	Federal taxpayer's identification number	TH
MC026	professional: 837/2420A/NM1/XX/09; 837/2310B/NM1/XX/09; institutional: 837/2420A/NM1/XX/09; 837/2420C/NM1/XX/09; 837/2310A/NM1/XX	Service National Provider ID	Text	20	National Provider ID. This data element pertains to the entity or individual directly providing the service.	TH

	/09					
MC027	professional: 837/2420A/NM1/82 /02; 837/2310B/NM1/82 /02; institutional: 837/2420A/NM1/72 /02; 837/2420C/NM1/82 /02; 837/2310A/NM1/71 /02	Service Provider Entity Type Qualifier	Text	1	HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as a "person", and these shall be coded as a person. Health care claims processors shall code according to:	TH
					1 Person	
					2 Non-Person Entity	
MC028	professional: 837/2420A/NM1/82 /04; 837/2310B/NM1/82 /04; institutional: 837/2420A/NM1/72 /04; 837/2420C/NM1/82 /04; 837/2310A/NM1/71 /04	Service Provider First Name	Text	25	Individual first name. Set to null if provider is a facility or organization.	O

MC029	professional: 837/2420A/NM1/82/05; 837/2310B/NM1/82/05; institutional: 837/2420A/NM1/72/05; 837/2420C/NM1/82/05; 837/2310A/NM1/71/05	Service Provider Middle Name	Text	25	Individual middle name or initial. Set to null if provider is a facility or organization.	O
MC030	professional: 837/2420A/NM1/82/03; 837/2310B/NM1/82/03; institutional: 837/2420A/NM1/72/03; 837/2420C/NM1/82/03; 837/2310A/NM1/71/03	Service Provider Last Name or Organization Name	Text	60	Full name of provider organization or last name of individual provider	R
MC031	professional: 837/2420A/NM1/82/07; 837/2310B/NM1/82/07; institutional: 837/2420A/NM1/72/07; 837/2420C/NM1/82/07;	Service Provider Suffix	Text	10	Suffix to individual name. Set to null if provider is a facility or organization. The service provider suffix shall be used to capture the generation of the individual clinician (e.g., Jr., Sr., III), if applicable, rather than the clinician's degree (e.g., MD, LCSW).	O

	837/2310A/NM1/71/07					
MC032	professional: 837/2420A/PRV/PE/03; 837/2310B/PRV/PE/03; institutional: 837/2310A/PRV/AT/03	Service Provider Specialty	Text	10	As defined by payer. Dictionary for specialty code values must be supplied during testing.	R
MC033	professional: 837/2420C/N4/ /01; 837/2310C/N4/ /01; institutional: 837/2310E/N4/ /01	Service Provider City Name	Text	30	City name of provider - preferably practice location	R
MC034	professional: 837/2420C/N4/ /02; 837/2310C/N4/ /02; institutional: 837/2310E/N4/ /02	Service Provider State or Province	Text	2	As defined by the US Postal Service	R
MC035	professional: 837/2420C/N4/ /03; 837/2310C/N4/ /03; institutional: 837/2310E/N4/ /03	Service Provider ZIP Code	Text	11	ZIP Code of provider - may include non-US codes; do not include dash. Plus 4 optional but desired.	R
MC036	837/2300/CLM/ /05-1	Type of Bill – Institutional	Integer	3	Required for institutional claims; Not to be used for professional claims	O (institutional

						claims only)
					Type of Facility - First Digit	
					1 Hospital	
					2 Skilled Nursing	
					3 Home Health	
					4 Christian Science Hospital	
					5 Christian Science Extended Care	
					6 Intermediate Care	
					7 Clinic	
					8 Special Facility	
					Bill Classification - Second Digit if First Digit = 1-6	
					1 Inpatient (Including Medicare Part A)	
					2 Inpatient (Medicare Part B Only)	
					3 Outpatient	
					4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment)	
					5 Nursing Facility Level I	
					6 Nursing Facility Level II	
					7 Intermediate Care - Level III Nursing Facility	
					8 Swing Beds	
					Bill Classification - Second Digit if First Digit = 7	
					1 Rural Health	
					2 Hospital Based or Independent Renal Dialysis Center	
					3 Free Standing Outpatient Rehabilitation Facility (ORF)	

					5 Comprehensive Outpatient Rehabilitation Facilities (CORFs)	
					6 Community Mental Health Center	
					9 Other	
					Bill Classification - Second Digit if First Digit = 8	
					1 Hospice (Non-Hospital Based)	
					2 Hospice (Hospital-Based)	
					3 Ambulatory Surgery Center	
					4 Free Standing Birthing Center	
					9 Other	
					Frequency - third digit	
					1 admit through discharge	
					2 interim - first claim used for the…	
					3 interim - continuing claims	
					4 interim - last claim	
					5 late charge only	
					7 replacement of prior claim	
					8 void/cancel of a prior claim	
					9 final claim for a home	
MC037	837/2300/CLM/ /05-1	Facility Type - Professional	Text	2	Required for professional claims. Not to be used for institutional claims. Map where you can and default to "99" for all others.	O (professional claims only)
					11 Office	
					12 Home	
					21 Inpatient Hospital	
					22 Outpatient Hospital	
					23 Emergency Room - Hospital	
					24 Ambulatory Surgery Center	

					25 Birthing Center	
					26 Military Treatment Facility	
					31 Skilled Nursing Facility	
					32 Nursing Facility	
					33 Custodial Care Facility	
					34 Hospice	
					35 Boarding Home	
					41 Ambulance - Land	
					42 Ambulance - Air or Water	
					51 Inpatient Psychiatric Facility	
					52 Psychiatric Facility Partial Hospitalization	
					53 Community Mental Health Center	
					54 Intermediate Care Facility/Mentally Retarded	
					55 Residential Substance Abuse Treatment Facility	
					56 Psychiatric Residential Treatment Center	
					50 Federally Qualified Center	
					60 Mass Immunization Center	
					61 Comprehensive Inpatient Rehabilitation Facility	
					62 Comprehensive Outpatient Rehabilitation Facility	
					65 End Stage Renal Disease Treatment Facility	
					71 State or Local Public Health Clinic	
					72 Rural Health Clinic	
					81 Independent Laboratory	

					99 Other Unlisted Facility	
MC038	835/2100/CLP/ /02	Claim Status	Integer	2	01 Processed as primary	R
					02 Processed as secondary	
					03 Processed as tertiary	
					19 Processed as primary, forwarded to additional payer(s)	
					20 Processed as secondary, forwarded to additional payer(s)	
					21 Processed as tertiary, forwarded to additional payer(s)	
					22 Reversal of previous payment	
MC039	837/2300/HI/BJ/021-2	Admitting Diagnosis	Text	7	Required on all inpatient admission claims and encounters. ICD-9-CM or ICD-10-CM. Do not code decimal point.	O (inpatient claims and encounters only)
MC040	837/2300/HI/BN/031-2	E-Code	Text	7	Describes an injury, poisoning or adverse effect. ICD-9-CM or ICD-10-CM. Do not code decimal point.	O
MC041	837/2300/HI/BK/01-2	Principal Diagnosis	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	R
MC042	837/2300/HI/BF/01-2	Other Diagnosis – 1	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC043	837/2300/HI/BF/02-2	Other Diagnosis – 2	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC044	837/2300/HI/BF/03-2	Other Diagnosis – 3	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC045	837/2300/HI/BF/04-2	Other Diagnosis – 4	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC046	837/2300/HI/BF/05-2	Other Diagnosis – 5	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O

MC047	837/2300/HI/BF/06-2	Other Diagnosis – 6	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC048	837/2300/HI/BF/07-2	Other Diagnosis – 7	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC049	837/2300/HI/BF/08-2	Other Diagnosis – 8	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC050	837/2300/HI/BF/09-2	Other Diagnosis – 9	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC051	837/2300/HI/BF/10-2	Other Diagnosis – 10	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC052	837/2300/HI/BF/11-2	Other Diagnosis – 11	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC053	837/2300/HI/BF/12-2	Other Diagnosis – 12	Text	7	ICD-9-CM or ICD-10_CM. Do not code decimal point.	O
MC054	835/2110/SVC/NU/01-2	Revenue Code	Integer	10	National Uniform Billing Committee Codes. Code using leading zeroes, left justified, and four digits.	R
MC055	835/2110/SVC/HC/01-2	Procedure Code	Text	10	Health Care Common Procedural Coding System (HCPCS); This includes the CPT codes of the American Medical Association.	R
MC056	835/2110/SVC/HC/01-3	Procedure Modifier – 1	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	O
MC057	835/2110/SVC/HC/01-4	Procedure Modifier – 2	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	O
MC058	835/2110/SVC/ID/01-2	ICD-9-CM Procedure Code	Text	4	Primary procedure code for this line of service. Do not code decimal point.	R

MC059	835/2110/DTM/150 /02	Date of Service – From	Date	8	First date of service for this service line. CCYYMMDD	R
MC060	835/2110/DTM/151 /02	Date of Service – Thru	Date	8	Last date of service for this service line. CCYYMMDD	R
MC061	835/2110/SVC/ /05	Quantity	Integer	3	Count of services performed, which shall be set equal to one on all observation bed service lines and should be set equal to zero on all other room and board service lines, regardless of the length of stay.	R
MC062	835/2110/SVC/ /02	Charge Amount	Decimal	10	Do not code decimal point.	R
MC063	835/2110/SVC/ /03	Paid Amount	Decimal	10	Includes any withhold amounts. Do not code decimal point. For capitated claims set to zero.	R
MC064	N/A	Prepaid Amount	Decimal	10	For capitated services, the fee for service equivalent amount. Do not code decimal point.	R
MC065	N/A	Co-pay Amount	Decimal	10	The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point.	R
MC066	N/A	Coinsurance Amount	Decimal	10	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	R
MC067	N/A	Deductible Amount	Decimal	10	Do not code decimal point.	R
MC068	837/2300/CLM/ /01	Patient Account/Control Number	Text	20	Number assigned by hospital	O
MC069	N/A	Discharge Date	Date	8	Date patient discharged. Required for all inpatient claims. CCYYMMDD	O (inpatient claims only)
MC070	N/A	Service Provider	Text	30	Code US for United States.	R

		Country Name				
MC071	837/2300/HI/DR/01-2	DRG	Text	10	Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to DRGs transmitted from the hospital provider. When the CMS methodology for DRGs is not available, but the All Payer DRG system is used, the insurer shall format the DRG and the complexity level within the same field with an "A" prefix, and with a hyphen separating the DRG and the complexity level (e.g. AXXX-XX).	O
MC072	N/A	DRG Version	Text	2	Version number of the grouper used	O
MC073	835/2110/REF/APC/02	APC	Text	4	Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to APCs transmitted from the health care provider.	O
MC074	N/A	APC Version	Text	2	Version number of the grouper used	O
MC075	837/2410/LIN/N4/03	Drug Code	Text	11	An NDC code used only when a medication is paid for as part of a medical claim.	O
MC076	837/2010AA/NM1/ID/09	Billing Provider Number	Text	30	Payer assigned billing provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change.	TH
MC077	837/2010AA/NM1/XX/09	National Billing Provider ID	Text	20	National Provider ID	TH

MC078	837/2010AA/NM1//03	Billing Provider Last Name or Organization Name	Text	60	Full name of provider billing organization or last name of individual billing provider.	TH
MC101	837/2010BA/NM1//03	Subscriber Last Name	Text	128	Subscriber last name	R
MC102	837/2010BA/NM1//04	Subscriber First Name	Text	128	Subscriber first name	R
MC103	837/2010BA/NM1//05	Subscriber Middle Initial	Text	1	Subscriber middle initial	O
MC104	837/2010CA/NM1//03	Member Last Name	Text	128		R
MC105	837/2010CA/NM1//04	Member First Name	Text	128		R
MC106	837/2010CA/NM1//05	Member Middle Initial	Text	1		0
MC899	N/A	Record Type	Text	2	Value = MC	R

A-3   PHARMACY CLAIMS DATA

Frequency: Monthly Upload via FTP or Web Portal (due last day of the month following the reporting month)

Additional formatting requirements:

- Payers submit data in a single, consistent format for each data type.

PHARMACY CLAIMS FILE HEADER RECORD

Data Element #	Data Element Name	Type	Max Length	Description/valid values
HD001	Record Type	Text	2	PC
HD002	Payer Code	Text	8	NAIC code (example: 12345); leave blank if not applicable
HD003	Payer Name	Text	75	Example:
HD004	Beginning Month	Date	6	CCYYMM
HD005	Ending Month	Date	6	CCYYMM
HD006	Record count	Numeric	10	Total number of records submitted in the medical claims file, excluding header and trailer records

PHARMACY CLAIMS FILE TRAILER RECORD

Data Element #	Data Element Name	Type	Max Length	Description/valid values
TR001	Record Type	Text	2	PC
TR002	Payer Code	Text	8	NAIC code (example: 12345); leave blank if not applicable
TR003	Payer Name	Text	75	
TR004	Beginning Month	Date	6	CCYYMM
TR005	Ending Month	Date	6	CCYYMM
TR006	Extraction Date	Date	8	CCYYMMDD

A-3.1 PHARMACY CLAIMS FILE

Data Element #	National Council for Prescription Drug Programs Field #	Data Element Name	Type	Length	Description/Codes/Sources	Required
PC001	N/A	Payer	Text	8	Payer submitting payments MHDO Submitter Code; MN has its own codes too	R
PC002	N/A	Plan ID	Text	30	CMS National Plan ID or NAIC	R

PC003	N/A	Insurance Type/Product Code	Text	2		R
					09 self pay	
					10 central certification	
					11 other non-federal programs	
					12 Preferred Provider Organization (PPO)	
					13 Point of Service (POS)	
					14 Exclusive Provider Organization (EPO)	
					15 Indemnity Insurance	
					16 Health Maintenance Organization (HMO) Medicare Advantage	
					AM Automobile Medical	
					BL Blue Cross/Blue Shield	
					CH Champus	
					CI Commercial Insurance Company	
					DS Disability	
					HM Health Maintenance Organization	
					HN HMO Medicare Risk/ Medicare Part C	
					LI Liability	
					LM Liability Medical	
					MA Medicare Part A	
					MB Medicare Part B	
					MC Medicaid	
					MD Medicare Part D	
					MP Medicare Primary	
					OF Other Federal Program (e.g. Black Lung)	
					PR Preferred Provider Organization (PPO)	
					PS Point of Service	
					QM Qualified Medicare Beneficiary	
					SP Supplemental Policy	

					TV Title V	
					VA Veteran Administration Plan	
					WC Workers' Compensation	
					99 Other	
PC004	N/A	Payer Claim Control Number	Text	35	Must apply to the entire claim and be unique within the payer's system.	R
PC005	N/A	Line Counter	Integer	4	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.	R
PC006	301-C1	Insured Group Number	Text	30	Group or policy number - not the number that uniquely identifies the subscriber	R
PC007	302-C2	Subscriber Social Security Number	Text	128	Subscriber's social security number	TH
PC008	N/A	Plan Specific Contract Number	Text	128	Plan assigned contract number. Set as null if contract number = subscriber's social security number.	R
PC009	303-C3	Member Suffix or Sequence Number	Integer	20	Uniquely numbers the member within the contract	R
PC010	302-C2	Member Identification Code	Text	128	Member's social security number	TH
PC011	306-C6	Individual Relationship Code	Integer	2	Member's relationship to insured	R
					01 Spouse	
					04 Grandfather or Grandmother	
					05 Grandson or Granddaughter	
					07 Nephew or Niece	
					10 Foster Child	
					15 Ward	
					17 Stepson or Stepdaughter	
					19 Child	

					20 Employee/Self		
					21 Unknown		
					22 Handicapped Dependent		
					23 Sponsored Dependent		
					24 Dependent of a Minor Dependent		
					29 Significant Other		
					32 Mother		
					33 Father		
					36 Emancipated Minor		
					39 Organ Donor		
					40 Cadaver Donor		
					41 Injured Plaintiff		
					43 Child Where Insured Has No Financial Responsibility		
					53 Life Partner		
					76 Dependent		
PC012	305-C5	Member Gender	Integer	1		R	
					1 Male		
					2 Female		
					3 Unknown		
PC013	304-C4	Member Date of Birth	Date	8	CCYYMMDD	R	
PC014	N/A	Member City Name of Residence	Text	50	City name of member	R	
PC015	N/A	Member State or Province	Text	2	As defined by the US Postal Service	R	
PC016	N/A	Member ZIP Code	Text	11	ZIP Code of member - may include non-US codes; Do not include dash. Plus 4 optional but desired.	R	
PC017	N/A	Date Service Approved (AP Date)	Date	8	CCYYMMDD – date claim paid if available, otherwise set to Date Prescription Filled	O	

PC018	201-B1	Pharmacy Number	Text	30	Payer assigned pharmacy number. AHFS number is acceptable.	O
PC019	N/A	Pharmacy Tax ID Number	Text	10	Federal taxpayer's identification number (carriers that contract with outside PBM's will not have this)	TH
PC020	833-5P	Pharmacy Name	Text	100	Name of pharmacy	R
PC021	N/A	National Provider ID Number	Text	20	National Provider ID. This data element pertains to the entity or individual directly providing the service.	O
PC022	831-5N	Pharmacy Location City	Text	30	City name of pharmacy - preferably pharmacy location (if mail order null)	R
PC023	832-5O	Pharmacy Location State	Text	2	As defined by the US Postal Service (if mail order null)	R
PC024	835-5R	Pharmacy ZIP Code	Text	10	ZIP Code of pharmacy - may include non-US codes. Do not include dash. Plus 4 optional but desired (if mail order null)	R
PC024A	N/A	Pharmacy Country Name	Text	30	Code US for United States	R
PC025	N/A	Claim Status	Integer	2		O
					01 Processed as primary	
					02 Processed as secondary	
					03 Processed as tertiary	
					19 Processed as primary, forwarded to additional payer(s)	
					20 Processed as secondary, forwarded to additional payer(s)	
					21 Processed as tertiary, forwarded to additional payer(s)	
					22 Reversal of previous payment	
PC026	407-D7	Drug Code	Text	11	NDC Code	R

PC027	516-FG	Drug Name	Text	80	Text name of drug	R
PC028	403-D3	New Prescription or Refill	Integer	2	Older systems provide only an "N" or an "R", many can provide refill #	R
					01 - New prescription	
					02 - Refill	
PC029	425-DP	Generic Drug Indicator	Text	1		R
					N No, branded drug	
					Y Yes, generic drug	
PC030	408-D8	Dispense as Written Code	Integer	1	Payers able to map available codes to those below	R
					0 Not dispensed as written	
					1 Physician dispense as written	
					2 Member dispense as written	
					3 Pharmacy dispense as written	
					4 No generic available	
					5 Brand dispensed as generic	
					6 Override	
					7 Substitution not allowed - brand drug mandated by law	
					8 Substitution allowed - generic drug not available in marketplace	
					9 Other	
PC031	406-D6	Compound Drug Indicator	Text	1		O
					N Non-compound drug	
					Y Compound drug	
					U Non-specified drug compound	
PC032	401-D1	Date Prescription Filled	Date	8	CCYYMMDD	R
PC033	404-D4	Quantity Dispensed	Integer	5	Number of metric units of medication dispensed	O

PC034	405-D5	Days Supply	Integer	3	Estimated number of days the prescription will last	O
PC035	804-5B	Charge Amount	Decimal	10	Do not code decimal point.	R
PC036	876-4B	Paid Amount	Decimal	10	Includes all health plan payments and excludes all member payments. Do not code decimal point.	R
PC037	506-F6	Ingredient Cost/List Price	Decimal	10	Cost of the drug dispensed. Do not code decimal point.	R
PC038	428-DS	Postage Amount Claimed	Decimal	10	Do not code decimal point. Not typically captured.	O
PC039	412-DC	Dispensing Fee	Decimal	10	Do not code decimal point.	R
PC040	817-5E	Co-pay Amount	Decimal	10	The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point.	R
PC041	N/A	Coinsurance Amount	Decimal	10	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	R
PC042	N/A	Deductible Amount	Decimal	10	Do not code decimal point.	R
PC043	N/A	Unassigned			Reserved for assignment	O
PC044	N/A	Prescribing Physician First Name	Text	25	Physician first name.	O if PC047 is filled with DEA #
PC045	N/A	Prescribing Physician Middle Name	Text	25	Physician middle name or initial.	O if PC047 is filled with DEA #

PC046	427-DR	Prescribing Physician Last Name	Text	60	Physician last name.	O if PC047 is filled with DEA #; R if PC047 is not filled or contains NPI number
PC047	421-DZ	Prescribing Physician Number	Text	20	DEA or NPI number for prescribing physician	O
PC061		Member Street Address	Text	50	Street address of member	R
PC101	313-CD	Subscriber Last Name	Text	128		R
PC102	312-CC	Subscriber First Name	Text	128		R
PC103	N/A	Subscriber Middle Initial	Text	1		O
PC104	311-CB	Member Last Name	Text	128		R
PC105	310-CA	Member First Name	Text	128		R
PC106	N/A	Member Middle Initial	Text	1		O
PC899	N/A	Record Type	Text	2	PC	R

A-4   PROVIDER DATA

Frequency: Annual Upload via FTP or Web Portal

Additional formatting requirements:

- Payers submit data in a single, consistent format for each data type.
- A provider means a health care facility, health care practitioner, health product manufacturer, health product vendor or pharmacy.
- A billing provider means a provider or other entity that submits claims to health care claims processors for health care services directly performed or provided to a subscriber or member by a service provider.
- A service provider means the provider who directly performed or provided a health care service to a subscriber of member.

PROVIDER FILE HEADER RECORD

Data Element #	Data Element Name	Type	Max Length	Description/valid values
HD001	Record Type	Text	2	MP
HD002	Payer Code	Text	8	NAIC code (example: 12345); leave blank if not applicable
HD003	Payer Name	Text	75	
HD004	Beginning Month	Date	6	CCYYMM (Example: 200801)
HD005	Ending Month	Date	6	CCYYMM (Example: 200812)
HD006	Record count	Numeric	10	Total number of records submitted in the medical eligibility file, excluding header and trailer records

PROVIDER FILE TRAILER RECORD

Data Element #	Data Element Name	Type	Max Length	Description/valid values
TR001	Record Type	Text	2	MP
TR002	Payer Code	Text	8	NAIC code (example: 12345); leave blank if not applicable
TR003	Payer Name	Text	75	
TR004	Beginning Month	Date	6	CCYYMM (Example: 200801)
TR005	Ending Month	Date	6	CCYYMM (Example: 200812)
TR006	Extraction Date	Date	8	CCYYMMDD

A-4.1   PROVIDER FILE

Data Element #	Reference	Data Element Name	Type	Length	Description/Codes/Sources	Required
MP001	N/A	Provider ID	Text	30	Unique identified for the provider as assigned by the reporting entity	R
MP002	N/A	Provider Tax ID	Text	10	Tax ID of the provider	R
		Provider Entity	Text	1	F – Facility G – Provider I – IPA P - Practitioner	R
MP003	N/A	Provider First Name	Text	25	Individual first name. Set to null if provider is a facility or organization.	R
MP004	N/A	Provider Middle Name or Initial	Text	25		O
MP005	N/A	Provider Last Name or Organization Name	Text	60	Full name of provider organization or last name of individual provider	R
MP006	N/A	Provider Suffix	Text	10	Example: Jr;null if provider is an organization. Do not use credentials such as MD or PhD	O
MP007	N/A	Provider Specialty	Text	50	Report the HIPAA-compliant health care provider taxonomy code. Code set is freely available at the National Uniform Claims Committee's web site	R

					http://www.nucc.org/	
MP008	N/A	Provider Office Street Address	Text	50	Physical address	R
MP009	N/A	Provider Office City	Text	30	Physical address	R
MP010	N/A	Provider Office State	Text	2	Physical address	R
MP011	N/A	Provider Office Zip	Text	11	Physical address	R
MP012	N/A	Provider DEA Number	Text	12		TH
MP013	N/A	Provider NPI	Text	20		TH
MP014	N/A	Provider State License Number	Text	15	Prefix with two-character state of licensure. Example COLL12345	TH
MP899	N/A	Record Type	Text	2	MP	R