Appendix 1 to Attachment 7. Enterprise Analytics Solution Dataset

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
Enrollment Detail Data Elements										
1	Enrollment Snapshot Month	1	10	10	Date	First day of eligibility snapshot month	MM/DD/CCYY format			Enrollee-Specific
2	Date of Birth	11	20	10	Date	Birth date of the person	MM/DD/CCYY format			Enrollee-Specific
3	Date of Death	21	30	10	Date	The Date of Death of the enrollee	Blank fill this field at this time.			Enrollee-Specific
4	Subscriber SSN	31	39	9	Char	The policy holder SSN	Blank fill this field at this time.			Policy Holder-Specific
5	CC Subscriber ID	40	59	20	Char	The Covered California subscriber Identifier				Policy Holder-Specific
6	Enrollee / Member SSN	60	68	9	Char	The SSN of the individual enrollee.	Blank fill this field at this time.			Enrollee-Specific
7	CC Member ID	69	88	20	Char	The Covered California member Identifier				Enrollee-Specific
8	Plan Member ID	89	108	20	Char	The enrollee Identifier as identified by the issuer	Blank fill this field at this time.			Enrollee-Specific
9	Policy ID	109	128	20	Char	Identifier of the individual policy for the enrollee	Blank fill this field at this time.			Policy-Holder Specific
10	Enrollee First Name	129	188	60	Char	The enrollee's first name.	Blank fill this field at this time.			Enrollee-Specific

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
Enrollment Detail Data Elements										
11	Enrollee Last Name	189	248	60	Char	The enrollee's last name.	Blank fill this field at this time.			Enrollee-Specific
12	Enrollee Middle Initial	249	249	1	Char	The enrollee's middle initial	Blank fill this field at this time.			Enrollee-Specific
13	Enrollment End Reason Code	250	253	4	Char	The reason for termination of enrollment. Please include death as one of the reasons for termination.	Reason codes will be identified in the Data Dictionary.		Yes	Enrollee-Specific
14	Address 1	254	303	50	Char	The street address for the residence of the enrollee, for the most recent month of enrollment.	Blank fill this field at this time.			Enrollee-Specific
15	Address 2	304	333	30	Char	The second part of the street address if needed for the residence of the person, for the most recent month of enrollment.	Blank fill this field at this time.			Enrollee-Specific
16	City	334	363	30	Char	The city of the residence for the person				Enrollee-Specific
17	State Code	364	365	2	Char	The state code of the residence of the person				Enrollee-Specific

Enrollment Detail Data Elements										
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
18	ZIP Code (5 digit)	366	370	5	Char	The 5 digit ZIP Code of the residence of the member at the time of the eligibility month.				Enrollee-Specific
19	ZIP Code plus 4 (last 4)	371	374	4	Char	The last 4 digits of the ZIP Code of the residence of the member at the time of the eligibility month.	Blank fill this field at this time.			Enrollee-Specific
20	County Code	375	379	5	Char	The state/county FIPS code for the enrollee address of residence.				Enrollee-Specific
21	Gender Code	380	380	1	Char	Gender of the person.	M or F			Enrollee-Specific
22	Relationship Code	381	385	5	Char	Code with values that specify the relationship of the enrollee to the policy-holder.	Relationship code values will be identified in the Data Dictionary.		Yes	Enrollee-Specific
23	Race 1 Code	386	386	1	Char	Code specifying the race or ethnicity of the person.	Race code values will be identified in the Data Dictionary.		Yes	Enrollee-Specific
24	Race 2 Code	387	387	1	Char	Code specifying the race or ethnicity of the enrollee.	Race code values will be identified in the Data Dictionary.		Yes	Enrollee-Specific

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
						Enrollment Detail Data Elements				
25	Race 3 Code	388	388	1	Char	Code specifying the race or ethnicity of the person.	Race code values will be identified in the Data Dictionary.		Yes	Enrollee-Specific
26	Ethnicity 1 Code	389	394	6	Char	Code specifying the ethnicity of the enrollee	Ethnicity code values will be identified in the Data Dictionary.		Yes	Enrollee-Specific
27	Ethnicity 2 Code	395	400	6	Char	Code specifying the ethnicity of the enrollee	Ethnicity code values will be identified in the Data Dictionary.		Yes	Enrollee-Specific
28	Ethnicity 3 Code	401	406	6	Char	Code specifying the ethnicity of the enrollee	Ethnicity code values will be identified in the Data Dictionary.		Yes	Enrollee-Specific
29	Language Written Code	407	410	4	Char	Code for the preferred written language of the enrollee	Values will be identified in the Data Dictionary.		Yes	Enrollee-Specific
30	Language Spoken Code	411	414	4	Char	Code for the preferred spoken language of the enrollee	Values will be identified in the Data Dictionary.		Yes	Enrollee-Specific
31	Coverage Start Date	415	424	10	Date	The effective date of the current coverage	MM/DD/CCYY format			Enrollee-Specific
32	Coverage End Date	425	434	10	Date	The end date of the coverage	MM/DD/CCYY format			Enrollee-Specific
33	Coverage Indicator Dental	435	435	1	Char	Indicator of Dental Coverage	Standard values: Y = Have coverage, N = Do not have coverage Children Only Hard code to "N"			Enrollee-Specific

Enrollment Detail Data Elements										
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
34	Coverage Indicator Drug	436	436	1	Char	Indicator of Drug Coverage	Standard values: Y = Have coverage, N = Do not have coverage All Hard code to "Y"			Enrollee-Specific
35	Coverage Indicator Hearing	437	437	1	Char	Indicator of Hearing Coverage	Standard values: Y = Have coverage, N = Do not have coverage All Hard code to "Y"			Enrollee-Specific
36	Coverage Indicator Medical	438	438	1	Char	Indicator of Medical Coverage	Standard values: Y = Have coverage, N = Do not have coverage All Hard code to "Y"			Enrollee-Specific
37	Coverage Indicator MHSA	439	439	1	Char	Indicator of MHSA Coverage	Standard values: Y = Have coverage, N = Do not have coverage All Hard code to "Y"			Enrollee-Specific
38	Coverage Indicator Vision	440	440	1	Char	Indicator of Vision Coverage	Standard values: Y = Have coverage, N = Do not have coverage Children Only Hard code to "N"			Enrollee-Specific
39	PCP Type Code	441	444	4	Char	A code indicating the Primary Care Physician's specialty or type ex. General Practice, Family Practice, OB/GYN	PCP Type code values will be identified in the Data Dictionary. Field is not available, EAS Vendor to impute PCP		Yes	Enrollee-Specific

Enrollment Detail Data Elements										
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
40	PCP Provider ID	445	457	13	Char	The provider identifier of the Primary Care Physician.	The NPI number for the provider is preferred. Field is not available, EAS Vendor will impute.			Enrollee-Specific
41	Gross Premium	458	467	10	Num	The total value of the monthly premium paid for medical benefits.	Format 9(8)v99 (2 – digit, implied decimal) This field should contain total premium amounts paid by the government for fully-insured plans and not premium equivalents. It should not be the net amount (minus policy-holder contribution) as this will be calculated within the EAS Vendor tool. It should be populated only on records for those policyholders / contract holders enrolled in fully-insured medical plans. On all other records this field should be zero filled.			Policy Holder / Contract Holder Only
42	Net Premium	468	477	10	Num	The monthly amount contributed by the policy-holder for medical benefits	Format 9(8)v99 (2-digit, implied decimal). Only recorded on policy-holder record (zero-filled on non-policy-holder records).			Policy Holder / Contract Holder Only

Enrollment Detail Data Elements										
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
43	Subsidy Amount	478	487	10	Num	The government paid monthly premium for medical benefits	Format 9(8)v99 (2-digit, implied decimal). Only recorded on policy-holder record (zero-filled on non-policy holder records).			Policy Holder / Contract Holder Only
44	Product Type / Medical Plan Type	488	491	4	Char	The type of product in which the enrollee is enrolled. Examples include PPO, HMO, POS, etc.	Indemnity, HMO, PPO, FFS, POS, HDHP, CDHP, etc.		Yes	Enrollee-Specific
45	Medical Fully Insured Indicator	492	492	1	Char	An indicator of fully insured medical coverage for the member or employee.	Y = Yes N = No Hard code to "Y"			Enrollee-Specific
46	Drug Fully Insured Indicator	493	493	1	Char	An indicator of fully insured drug coverage for the member or employee.	Y = Yes N = No Hard code to "Y"			Enrollee-Specific
47	HIOS Plan Code	494	509	16	Char	The code for HIOS plan				Enrollee-Specific
48	Rating Region Code	510	514	5	Char	The code for the geographic region of the person				Enrollee-Specific

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
Enrollment Detail Data Elements										
49	Policy Structure Code / Coverage Tier Code	515	518	4	Char	The policy structure code/Family Size	Customer-specific values will be identified in the Data Dictionary.		Yes	Policy Holder-Specific
50	Dental Plan Code	519	524	6	Char	The code for the dental plan in which the member is enrolled.	This will currently be blank-filled from the data supplier, EAS Vendor to populate with the same code from Medical.

It's desirable to have a plan code explicitly identifying "Opt-outs". | | Yes | Enrollee-Specific |
| 51 | Dental Policy Structure Code / Coverage Tier Code | 525 | 528 | 4 | Char | The Dental Policy Structure Code (if stand-alone, else blank) | Values will be identified in the Data Dictionary. | | Yes | Enrollee-Specific |
| 52 | Monthly Policy Holder Dental Contribution | 529 | 538 | 10 | Num | The monthly amount contributed by the policy-holder for dental benefits (if stand-alone, else 0) | Format 9(8)v99 (2 – digit, implied decimal)

Only recorded on policy-holder record (zero-filled on non-policy-holder records). | | | Policy Holder / Contract Holder Only |

Enrollment Detail Data Elements										
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
53	Monthly Dental Premium	539	548	10	Num	The government paid monthly premium for dental benefits (stand-alone plans)	Format 9(8)v99 (2 – digit, implied decimal) This field should contain total premium amounts paid by the government for fully-insured plans and not premium equivalents. It should not be the net amount (minus policy-holder contrib.) as this will be calculated within the EAS Vendor tool. It should be populated only on policy-holder records for those enrolled in fully-insured medical plans. On all other records this field should be zero filled.			Policy Holder / Contract Holder Only
54	Vision Plan Code	549	554	6	Char	The code for the vision plan in which the member is enrolled.	Vision plan code values will be identified in the Data Dictionary. It's desirable to have a plan code explicitly identifying "Opt-outs". This field will be initially set to blanks.		Yes	Enrollee-Specific
55	Vision Policy Structure Code / Coverage Tier Code	555	558	4	Char	Vision Coverage Tier Code	Values will be identified in the Data Dictionary. This field will be initially set to blanks.		Yes	Enrollee-Specific

										Population of
									Data	**Policy Holder /**
Field						**Data Element**		**SHOP**	**Dictionary**	**Dependent**
No.	**Field Name**	**Start**	**End**	**Length**	**Type**	**Description**	**Data Supplier Instructions/Notes**	**Only**	**Needed**	**Records**
56	Monthly Policy Holder Vision Contribution	559	568	10	Num	The monthly amount contributed by the policy-holder for their vision benefits	Format 9(8)v99 (2 – digit, implied decimal) Only recorded on policy-holder record (zero-filled on dependent records). This field will be initially set to blanks.			Policy Holder / Contract Holder Only
57	Monthly Vision Premium	569	578	10	Num	The government paid monthly premium for vision benefits if standalone plan else 0	Format 9(8)v99 (2 – digit, implied decimal) This field should contain total premium amounts paid by the government for fully-insured plans and not premium equivalents. It should not be the net amount (minus policy-holder contrib.) as this will be calculated within the EAS Vendor tool. It should be populated only on policy-holder records for those enrolled in fully-insured medical plans. On all other records this field should be zero filled. This field will be initially set to blanks			Policy Holder / Contract Holder Only
58	SHOP Employee Status Code	579	583	5	Char	Customer-specific values of employee status.	Employee Status code values will be identified in the Data Dictionary.	X	Yes	Policy Holder-Specific
59	SHOP Employee Medicare Eligible Indicator	584	584	1	Char	A code indicating whether an employee is Medicare eligible.	Y = Yes N = No	X		Policy Holder-Specific

Enrollment Detail Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes	SHOP Only	Data Dictionary Needed	Population of Policy Holder / Dependent Records
60	SHOP Part-Time / Full-time Indicator	585	585	1	Char	A code indicating whether an employee is full-time or part-time.	P = Part-time F = Full-time	X		Policy Holder-Specific
61	Plan Group Number	586	605	20	Char	The enrollee's group number as identified by the plan		X	Yes	Enrollee-Specific
62	Plan Group Suffix	606	610	5	Char	The enrollee's group suffix as identified by the plan		X	Yes	Enrollee-Specific
63	Industry Classification Code	611	616	6	Char	The standard industry classification code based on the North American Industry Classification System (NAICS).	HPID or SHOP	X		Policy Holder-Specific
64	Filler	617	999	383	Char	Reserved for future use	Fill with blanks			Enrollee-Specific
65	Record Type	1000	1000	1	Char	Record type identifier	Hard Code to "D"			Enrollee-Specific

Enrollment Trailer Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
1	Eligibility Start Date	1	10	10	Date	Eligibility Begin Date	MM/DD/CCYY format – i.e. 09/01/2015 This will represent the 1st day of the month for which data is provided.

Enrollment Trailer Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
2	Eligibility End Date	11	20	10	Date	Eligibility End Date	MM/DD/CCYY format – i.e. 09/30/2015 This will represent the last day of the month for which data is provided.
3	Record Count	21	30	10	Num	Number of Records on File	The count of records provided in the data including the Trailer Record.
4	Filler	31	999	969	Char	Reserved for future use	Fill with Blanks
5	Record Type	1000	1000	1	Char	Record Type Identifier	Hard Code 'T'

Medical Claims / Encounters Detail Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
1	Subscriber SSN	1	9	9	Char	The unique identifier (Social Security Number) for the subscriber (contract holder, employee) and their associated dependents.		Blank fill this field at this time.
2	CC Subscriber ID	10	29	20	Char	The subscriber ID as assigned by Covered California		
3	Enrollee/member SSN	30	38	9	Char	Member's Social Security Number		Blank fill this field at this time.
4	CC Member ID	39	58	20	Char	The member ID as assigned by Covered California		
5	Plan Member ID	59	78	20	Char	The member ID as assigned by the plan		Blank fill this field at this time.

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
6	Policy ID	79	98	20	Char	The policy number of the policy-holder		Blank fill this field at this time.
7	Rendering Provider ID	99	111	13	Char	The unique identifier for the provider of service.		
8	Rendering Provider TIN	112	120	9	Char	The federal tax ID of the provider of service.		This must be the federal tax ID in order to use the standard hospital identifier lookup (Standard Facility).
9	Rendering Provider NPI	121	130	10	Char	The National Provider ID number for the provider of service.		
10	Rendering Provider First Name	131	160	30	Char	The description or name corresponding to the servicing Provider ID.		The Provider Name should be specific to the provider and not a group name.
11	Rendering Provider Last Name	161	190	30	Char	The last name corresponding to the servicing Provider ID.		The Provider Name should be specific to the provider and not a group name.
12	Rendering Provider Middle Initial	191	191	1	Char	The middle initial corresponding to the servicing Provider ID.		
13	Rendering Provider Address 1	192	241	50	Char	The current street address1 of the provider of service.		If the provider has multiple addresses, the primary address is preferred.
14	Rendering Provider Address 2	242	271	30	Char	The current street address2 of the provider of service.		If the provider has multiple addresses, the primary address is preferred.

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
	Medical Claims / Encounters Detail Data Elements							
15	Rendering Provider City	272	301	30	Char	The current city of the provider of service.		
16	Rendering Provider State	302	303	2	Char	The current state of the provider of service.		
17	Rendering Provider County Code	304	308	5	Char	FIPS State/County code of the servicing provider		
18	Rendering Provider ZIP Code	309	313	5	Char	The 5-digit ZIP Code corresponding to the servicing Provider ID		Provider Location ZIP Code
19	Rendering Provider Zip Plus 4 Code	314	317	4	Char	The 4 digit ZIP Code extension code of the servicing provider		
20	Rendering Provider Type Code Claim	318	321	4	Char	Client-specific code for the provider type on the claim record	Yes	Provider Type codes are further defined in the **Data Dictionary**
21	Referring Provider ID	322	334	13	Char	The ID number of the provider who referred the patient or ordered the test or procedure.		
22	Referring Provider TIN	335	343	9	Char	The federal tax ID of the Referring provider.		
23	Referring Provider NPI	344	353	10	Char	The National Provider ID number for the Referring provider.		

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
24	Referring Provider First Name	354	383	30	Char	The description or name corresponding to the Referring Provider ID.		
25	Referring Provider Last Name	384	413	30	Char	The last name corresponding to the Provider ID.		
26	Referring Provider Middle Initial	414	414	1	Char	The middle initial corresponding to the Referring Provider ID.		
27	Referring Provider ZIP Code	415	419	5	Char	The ZIP Code of the provider who referred the patient or ordered the test or procedure.		
28	Referring Provider Zip Plus 4 Code	420	423	4	Char	The 4 digit ZIP Code extension code of the referring provider		
29	Billing Provider ID	424	436	13	Char	The unique ID number of the Billing provider.		
30	Billing Provider TIN	437	445	9	Char	The federal tax ID of the billing provider.		
31	Billing Provider NPI	446	455	10	Char	The National Provider ID number for the billing provider.		
32	Attending Provider ID	456	468	13	Char	The unique ID number of the attending provider.		

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
33	Attending Provider TIN	469	477	9	Char	The federal tax ID of the attending provider.		
34	Attending Provider NPI	478	487	10	Char	The National Provider ID number for the attending provider.		
35	PCP Provider ID	488	500	13	Char	The unique ID number of the PCP provider.		
36	PCP Provider TIN	501	509	9	Char	The federal tax ID of the PCP provider.		
37	PCP Provider NPI	510	519	10	Char	The National Provider ID number for the PCP provider.		
38	PCP Responsibility Indicator	520	520	1	Char	An indicator signifying that the PCP is the physician considered responsible or accountable for this claim.		"Y" or "N"
39	Adjustment Type Code	521	521	1	Char	Client-specific code for the claim adjustment type	Yes	Adjustment Type values will be identified in the **Data Dictionary**.
40	Allowed Amount	522	531	10	Num	The maximum amount allowed by the plan for payment.		Format 9(8)v99 (2-digit, implied decimal). On facility records, this field must be at the service/detail level as opposed to the header/claim level.

	Medical Claims / Encounters Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
41	Bill Type Code UB	532	535	4	Char	The UB-04 standard code for the billing type, indicating type of facility, bill classification, and frequency of bill.	See Notes	Bill Type values will be identified in the Data Dictionary only if standard codes are not used.
42	Capitated Service Indicator	536	536	1	Char	An indicator that this service (encounter record) was capitated		Applicable field values are "Y" for Capitated services and "N" for non-cap services.
43	Charge Submitted	537	546	10	Num	The submitted or billed charge amount		Format 9(8)v99 (2 – digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
44	Claim ID	547	596	50	Char	The client-specific identifier of the claim.		
45	Claim Type Code	597	599	3	Char	Client-specific code for the type of claim	Yes	Claim Type Codes will be identified in the **Data Dictionary**.
46	Coinsurance	600	609	10	Num	The coinsurance paid by the subscriber as specified in the plan provision.		Format 9(8)v99 (2 – digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
47	Copayment	610	619	10	Num	The copayment paid by the subscriber as specified by the plan provision.		

Medical Claims / Encounters Detail Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
48	Date of Birth	620	629	10	Date	Birth date of the person		MM/DD/CCYY format The member's birth date is part of the Person ID key and is, therefore, critical to tagging claims to eligibility. The four-digit year is required for date of birth. The century cannot be accurately assigned based on a two-digit year.
49	Date of First Service	630	639	10	Date	The date of the first service reported on the claim or authorization record.		MM/DD/CCYY Format
50	Date of Last Service	640	649	10	Date	The date of the last service reported on the claim or authorization record.		MM/DD/CCYY Format
51	Date of Service Facility Detail	650	659	10	Date	The date of service for the facility detail record.		MM/DD/CCYY Format
52	Date Paid	660	669	10	Date	The date the claim or data record was paid.		MM/DD/CCYY format This is the check date.
53	Days Stay	670	675	6	Num	The number of inpatient days for the facility claim.		
54	Deductible	676	685	10	Num	The amount paid by the subscriber through the deductible arrangement of the plan.		Format 9(8)v99 (2 – digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
55	Diagnosis Code Principal	686	693	8	Char	The first or principal diagnosis code for a service, claim or lab result. Length expanded from 5 to 8 for future use.		No decimal point.
56	Diagnosis Code 2	694	701	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
57	Diagnosis Code 3	702	709	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
58	Diagnosis Code 4	710	717	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
59	Diagnosis Code 5	718	725	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
60	Diagnosis Code 6	726	733	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
61	Diagnosis Code 7	734	741	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
62	Diagnosis Code 8	742	749	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
63	Diagnosis Code 9	750	757	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
64	Diagnosis Code 10	758	765	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
65	Diagnosis Code 11	766	773	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
66	Diagnosis Code 12	774	781	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
	Medical Claims / Encounters Detail Data Elements							
67	Diagnosis Code 13	782	789	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
68	Diagnosis Code 14	790	797	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
69	Diagnosis Code 15	798	805	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
70	Diagnosis Code 16	806	813	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
71	Diagnosis Code 17	814	821	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
72	Diagnosis Code 18	822	829	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
73	Diagnosis Code 19	830	837	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
74	Diagnosis Code 20	838	845	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
75	Diagnosis Code 21	846	853	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
76	Diagnosis Code 22	854	861	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
77	Diagnosis Code 23	862	869	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
78	Diagnosis Code 24	870	877	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
79	Diagnosis Code 25	878	885	8	Char	A secondary diagnosis code for the claim. Length expanded from 5 to 8 for future use.		No decimal point.
80	Discharge Status Code UB	886	887	2	Num	The UB-04 standard patient status code, indicating disposition at the time of billing.		
81	Discount Amount	888	897	10	Num	The discount amount of the claim, applied to charges for any plan pricing reductions.		Format 9(8)v99 (2 – digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
82	Gender Code	898	898	1	Char	Gender of the person.		M or F The member's gender is part of the Person ID key and is, therefore, critical to tagging claims to eligibility
83	Line Number	899	900	2	Num	The detail line number for the service on the claim		
84	Net Payment	901	910	10	Num	The actual check amount for the record		Format 9(8)v99 (2 - digit, implied decimal)
85	Network Paid Indicator	911	911	1	Char	An indicator of whether the claim was paid at in-network or out-of-network level		On facility records, this field must be at the service/detail level as opposed to the header/claim level.

Medical Claims / Encounters Detail Data Elements

Medical Claims / Encounters Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
86	Network Provider Indicator	912	912	1	Char	Indicates if the servicing provider participates in the network to which the patient belongs		"Y" or "N"
87	Place of Service Code	913	914	2	Char	Client-specific code for the place of service.	See Notes	EAS Vendor prefers the CMS place of service values. Place of Service values will be identified in the **Data Dictionary** only if non-standard values are used.
88	Procedure Code	915	921	7	Char	The procedure code for the service record. Length expanded from 5 to 7 for future use.		CPT/HCPCS codes.
89	Procedure Code UB Surg 1	922	928	7	Char	The primary surgical procedure code (1) on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
90	Procedure Code UB Surg 2	929	935	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
91	Procedure Code UB Surg 3	936	942	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
92	Procedure Code UB Surg 4	943	949	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
93	Procedure Code UB Surg 5	950	956	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
94	Procedure Code UB Surg 6	957	963	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
95	Procedure Code UB Surg 7	964	970	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
96	Procedure Code UB Surg 8	971	977	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
97	Procedure Code UB Surg 9	978	984	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
98	Procedure Code UB Surg 10	985	991	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
99	Procedure Code UB Surg 11	992	998	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
100	Procedure Code UB Surg 12	999	1005	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
101	Procedure Code UB Surg 13	1006	1012	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.

	Medical Claims / Encounters Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
102	Procedure Code UB Surg 14	1013	1019	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
103	Procedure Code UB Surg 15	1020	1026	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
104	Procedure Code UB Surg 16	1027	1033	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
105	Procedure Code UB Surg 17	1034	1040	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
106	Procedure Code UB Surg 18	1041	1047	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
	Medical Claims / Encounters Detail Data Elements							
107	Procedure Code UB Surg 19	1048	1054	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
108	Procedure Code UB Surg 20	1055	1061	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
109	Procedure Code UB Surg 21	1062	1068	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
110	Procedure Code UB Surg 22	1069	1075	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
111	Procedure Code UB Surg 23	1076	1082	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
112	Procedure Code UB Surg 24	1083	1089	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
113	Procedure Code UB Surg 25	1090	1096	7	Char	The secondary surgical procedure code on the facility claim. Length expanded from 5 to 7 for future use.		ICD-9 or 10 Surgical procedure codes.
114	Procedure Modifier Code 1	1097	1098	2	Char	The 2-character code of the first procedure code modifier on the professional claim		
115	Procedure Modifier Code 2	1099	1100	2	Char	The 2-character code of the second procedure code modifier on the professional claim		
116	Procedure Modifier Code 3	1101	1102	2	Char	The 2-character code of the third procedure code modifier on the professional claim		
117	Procedure Modifier Code 4	1103	1104	2	Char	The 2-character code of the fourth procedure code modifier on the professional claim		

	Medical Claims / Encounters Detail Data Elements						Data	
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
118	Revenue Code UB	1105	1108	4	Char	The CMS standard revenue code from the facility claim		This field must be at the service/detail level.
119	Third Party Amount	1109	1118	10	Num	The amount saved due to integration of third party liability (Coordination of Benefits) by all third party payers (including Medicare).		Format 9(8)v99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
120	Units of Service	1119	1122	4	Num	Client-specific quantity of services or units		
121	Funding Type Code	1123	1123	1	Char	Specifies whether the claim was paid under a fully ("F") or self-funded ("S") arrangement		Blank fill this field at this time.
122	Account Structure	1124	1143	20	Char	Client-specific code for the account structure of the plan that the member is enrolled in. This is usually a group number.	Yes	Additional fields may be added to the layout if there is more than one component of the account structure.
123	HRA Amount	1144	1153	10	Num	The amount paid from the HRA as a result of this claim.		Not required at this time. Set all values to zero to accommodate the two-digit implied decimal.

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
124	HSA Amount	1154	1163	10	Num	The amount paid from the HSA as a result of this claim.		Format 9(8)v99 (2 - digit, implied decimal) On facility records, this field must be at the service/detail level as opposed to the header/claim level.
125	Present on Admission Principal	1164	1164	1	Char	The principal POA code for the facility claim. Indicates whether the principal diagnosis was present on admission. Standard Values: 1 – Unreported/Not Used N – No, not present at admission U – Unknown W – Clinically Undetermined Y – Yes, present at admission	See Notes	If standard values are not used, define in the **Data Dictionary.**
126	Present on Admission 02	1165	1165	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
127	Present on Admission 03	1166	1166	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
128	Present on Admission 04	1167	1167	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
129	Present on Admission 05	1168	1168	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
130	Present on Admission 06	1169	1169	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
131	Present on Admission 07	1170	1170	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
132	Present on Admission 08	1171	1171	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
133	Present on Admission 09	1172	1172	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
134	Present on Admission 10	1173	1173	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
135	Present on Admission 11	1174	1174	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**

	Medical Claims / Encounters Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
136	Present on Admission 12	1175	1175	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
137	Present on Admission 13	1176	1176	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
138	Present on Admission 14	1177	1177	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**

	Medical Claims / Encounters Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
139	Present on Admission 15	1178	1178	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
140	Present on Admission 16	1179	1179	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
141	Present on Admission 17	1180	1180	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**

		Medical Claims / Encounters Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
142	Present on Admission 18	1181	1181	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
143	Present on Admission 19	1182	1182	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
144	Present on Admission 20	1183	1183	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**

							Data	

| | | | | | | Data Element | Data Dictionary | |
Field No.	Field Name	Start	End	Length	Type	Description	Needed	Data Supplier Instructions/Notes
145	Present on Admission 21	1184	1184	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
146	Present on Admission 22	1185	1185	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
147	Present on Admission 23	1186	1186	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**

Table header: **Medical Claims / Encounters Detail Data Elements**

	Medical Claims / Encounters Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
148	Present on Admission 24	1187	1187	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
149	Present on Admission 25	1188	1188	1	Char	A secondary POA code for the facility claim. Indicates whether the secondary diagnosis was present on admission. Standard Values listed in principal field.	See Notes	If standard values are not used, define in the **Data Dictionary.**
150	DRG MS Payment Code	1189	1191	3	Char	The Diagnosis Related Group (MS-DRG) code under which the claim was paid.		
151	ICD Version	1192	1192	1	Char	The ICD version or qualifier code that identifies either ICD-9 (9) or ICD-10 (0) diagnosis and procedure codes on the facility claim.	See Notes	If 0 and 9 not used, values defined in the **Data Dictionary.**

Medical Claims / Encounters Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
152	Tax Amount	1193	1202	10	Num	The amount charged by some states per medical claim.		Not required at this time. Set all values to zero to accommodate the two-digit implied decimal.
153	Tax Type Code	1203	1203	1	Char	Data Supplier specific code identifying the state and/or type of tax.	Yes	Blank fill this field at this time.
154	NDC Number Code	1204	1214	11	Char	The FDA (Food and Drug Administration) registered number for the drug. Please include for any drugs dispensed in the medical setting if available.		Please leave out the dashes.
155	Penalty Amount	1215	1224	10	Num	Penalty amount on the claim		
156	Referral Indicator	1225	1225	1	Char	Indicates if patient was referred		
157	Non-Medicare Paid Amount	1226	1235	10	Num	Third party amount, non-Medicare		
158	Withhold Amount	1236	1245	10	Num	Amount withheld		
159	Filler	1246	1699	454	Char	Reserved for future use		Fill with blanks
160	Record Type	1700	1700	1	Char	Record type identifier		Hard Code to "D"

Medical Claims / Encounters Trailer Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
1	Data Start Date	1	10	10	Date	Data Start Date	MM/DD/CCYY format – i.e. 09/01/2014 This will represent the 1st day of the month for which data is provided.
2	Data End Date	11	20	10	Date	Data End Date	MM/DD/CCYY format – i.e. 09/30/2014 This will represent the last day of the month for which data is provided.
3	Record Count	21	30	10	Num	Number of Records on File	The count of records provided in the data including the Trailer Record.
4	Total Net Payments	31	44	14	Num	Total net payments on the file	The sum of net payments provided in the file
5	Filler	45	1699	1655	Char	Reserved for future use	Fill with Blanks
6	Record Type	1700	1700	1	Char	Record Type Identifier	Hard Code 'T'

Drug Claims Detail Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
1	Subscriber SSN	1	9	9	Char	The unique identifier (Social Security Number) for the subscriber (contract holder, employee) and their associated dependents.		Blank fill this field at this time.
2	CC Subscriber ID	10	29	20	Char	Unique code assigned by CC to the subscriber		
3	Enrollee/member SSN	30	38	9	Char	Member's Social Security Number		Blank fill this field at this time.

Drug Claims Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
4	CC Member ID	39	58	20	Char	The member ID as assigned by Covered California		
5	Plan Member ID	59	78	20	Char	Unique code assigned by health plan to identify a member		Blank fill this field at this time.
6	Policy ID	79	98	20	Char	Policy ID assigned by health plan		Blank fill this field at this time.
7	Claim ID	99	148	50	Char	The client-specific identifier of the claim.		
8	Date of Birth	149	158	10	Date	The birth date of the person.		MM/DD/CCYY format The member's birth date is part of the Person ID key and is, therefore, critical to tagging claims to eligibility. The four-digit year is required for date of birth. The century cannot be accurately assigned based on a two-digit year.
9	Gender Code	159	159	1	Char	The member's gender code.		"M" or "F" The member's gender is part of the Person ID key and is, therefore, critical to tagging claims to eligibility.
10	Adjustment Type Code	160	160	1	Char	Client-specific code for the claim adjustment type	Yes	Adjustment Type values will be identified in the **Data Dictionary.**
11	Allowed Amount	161	170	10	Num	The maximum amount allowed by the plan for payment.		Format 9(8)v99 (2 - digit, implied decimal)
12	Charge Submitted	171	180	10	Num	The submitted or billed charge amount		Format 9(8)v99 (2 - digit, implied decimal)

Drug Claims Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
13	Claim Type Code	181	183	3	Char	Client-specific code for the type of claim	Yes	Claim Type Codes will be identified in the **Data Dictionary.**
14	Coinsurance	184	193	10	Num	The coinsurance paid by the subscriber as specified in the plan provision.		Format 9(8)v99 (2 - digit, implied decimal)
15	Copayment	194	203	10	Num	The copayment paid by the subscriber as specified in the plan provision.		Format 9(8)v99 (2 - digit, implied decimal)
16	Date of Service	204	213	10	Date	The date of service for the drug claim.		MM/DD/CCYY format
17	Date Paid	214	223	10	Date	The date the claim or data record was paid.		MM/DD/CCYY format This is the check date.
18	Days Supply	224	227	4	Num	The number of days of drug therapy covered by the prescription.		
19	Deductible	228	237	10	Num	The amount paid by the subscriber through the deductible arrangement of the plan.		Format 9(8)v99 (2 - digit, implied decimal)
20	Dispensing Fee	238	247	10	Num	An administrative fee charged by the pharmacy for dispensing the prescription.		Format 9(8)v99 (2 - digit, implied decimal)

Drug Claims Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
21	Formulary Indicator	248	248	1	Char	An indicator that the prescription drug is included in the formulary.		"Y" or "N"
22	Ingredient Cost	249	258	10	Num	The charge or cost associated with the pharmaceutical product.		Format 9(8)v99 (2 - digit, implied decimal)
23	Metric Quantity Dispensed	259	269	11	Num	The number of units dispensed for the prescription drug claim, as defined by the NCPDPD (National Council for Prescription Drug Programs) standard format.		Format 9(8)v99 (3 - digit, implied decimal)
24	NDC Number Code	270	280	11	Char	The FDA (Food and Drug Administration) registered number for the drug, as reported on the prescription drug claims.		Please leave out the dashes.
25	Net Payment	281	290	10	Num	The actual check amount for the record		Format 9(8)v99 (2 - digit, implied decimal)
26	Network Paid Indicator	291	291	1	Char	An indicator of whether the claim was paid at in-network or out-of-network level.		"Y" or "N"

Drug Claims Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
27	Network Provider Indicator	292	292	1	Char	Indicates if the servicing provider participates in the network to which the patient belongs.		"Y" or "N"
28	PCP Responsibility Indicator	293	293	1	Char	An indicator signifying that the PCP is the physician considered responsible or accountable for this claim.		"Y" or "N"
29	Pharmacy NPI Number	294	303	10	Char	The National Provider Identifier for the pharmacy.		
30	Pharmacy Provider ID	304	316	13	Char	The identifier for the provider of service.		This should be the NCPDP (National Council for Prescription Drug Programs) number. (Note: The pharmacy NPI is collected in field #28 in this layout.)
31	Pharmacy Address 1	317	366	50	Char	The first line of the address for the pharmacy.		
32	Pharmacy Address 2	367	396	30	Char	The second line of the address for the pharmacy.		
33	Pharmacy County	397	401	5	Char	The FIPS state/county code for the pharmacy.		
34	Pharmacy City	402	431	30	Char	The city for which the pharmacy resides.		

Drug Claims Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
35	Pharmacy State	432	433	2	Char	The state in which the pharmacy resides.		
36	Pharmacy Zip	434	438	5	Char	The ZIP Code of the pharmacy		
37	Pharmacy Zip Plus 4 Code	439	442	4	Char	The zip plus 4 code of the pharmacy		
38	Referring Provider ID	443	455	13	Char	The ID number of the provider who prescribed the drug.		It is preferred that this is the same identifiers used in medical claims.
39	Referring Provider First name	456	485	30	Char	The First Name of the provider who referred the patient or ordered the test or procedure.		
40	Referring Provider Last Name	486	515	30	Char	The Last Name of the provider who referred the patient or ordered the test or procedure.		
41	Referring Provider Middle Initial	516	516	1	Char	The Middle Initial of the provider who referred the patient or ordered the test or procedure.		
42	Referring Provider Address 1	517	566	50	Char	The first line of the Referring provider's address		
43	Referring Provider Address 2	567	596	30	Char	The second line of the Referring provider's address		
44	Referring Provider City	597	626	30	Char	The Referring provider's city		

	Drug Claims Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
45	Referring Provider State	627	628	2	Char	The Referring provider's state		
46	Referring Provider ZIP Code	629	633	5	Char	The ZIP Code of the provider who referred the patient or ordered the test or procedure.		
47	Referring Provider Zip Plus 4 Code	634	637	4	Char	The zip plus 4 code of the Referring Provider		
48	Referring Provider NPI	638	647	10	Char	Referring Provider Submitted National Provider Identifier Type 1		
49	Referring Provider DEA number	648	659	12	Char	The DEA Number of the referring provider		
50	Referring Provider TIN	660	668	9	Char	The Tax ID of the referring provider		
51	Rx Dispensed as Written Code	669	669	1	Char	The NCPDP (National Council for Prescription Drug Programs) industry standard code that indicates how the product was dispensed.		
52	Rx Mail or Retail Code	670	670	1	Char	Standard code indicating the purchase place of the prescription.		"M" for Mail, "R" for Retail

Drug Claims Detail Data Elements							
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
53	Rx Payment Tier	671	671	1	Char	Client-specific description for the payment tier of the drug claim.		Data Supplier will help EAS Vendor understand which fields to use in order to set this field for the customer. Examples of Rx Payment Tier are as follows: 1. Generic 2. Brand Formulary 3. Brand Non Formulary 4. Specialty Drug
54	Rx Refill Number	672	675	4	Num	A number indicating the original prescription or the refill number.		This is the refill number, not the number of refills remaining.
55	Tax Amount	676	685	10	Num	The amount of sales tax applied to the cost of the prescription.		Not required at this time. Set all values to zero to accommodate the two-digit implied decimal.
56	Third Party Amount	686	695	10	Num	The amount saved due to integration of third party liability (Coordination of Benefits) by all third party payers (including Medicare).		Format 9(8)v99 (2 - digit, implied decimal)
57	Discount Amount	696	705	10	Num	The discount amount of the claim, applied to charges for any plan pricing reductions.		Format 9(8)v99 (2 - digit, implied decimal)

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
58	Funding Type Code	706	706	1	Char	Specifies whether the claim was paid under a fully ("F") or self-funded ("S") arrangement		Blank fill this field at this time.
59	Account Structure	707	726	20	Char	Client-specific code for the account structure of the plan that the member is enrolled in. This is usually a group number.	Yes	Additional fields may be added to the layout if there is more than one component of the account structure.
60	HRA Amount	727	736	10	Num	The amount paid from the HRA to pay the provider.		Not required at this time. Set all values to zero to accommodate the two-digit implied decimal.
61	HSA Amount	737	746	10	Num	The financial amount of the healthcare savings account for consumer-driven health plans		Format 9(8)v99 (2 - digit, implied decimal)
62	Compound Code	747	747	1	Char	Client-specific code for the compound of the drug.	Yes	Compound Codes will be identified in the **Data Dictionary.** Note that the NCPDP values include: '0' – Not Specified '1' – Not a Compound '2' – Compound

Drug Claims Detail Data Elements

Drug Claims Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
63	Excess Copayment Amount	748	757	10	Num	The amount paid by the patient outside of the flat copayment amount. Examples include when the patient chooses brand name instead of the generic alternative or non-formulary drug instead of the formulary option.		Format 9(8)v99 (2 - digit, implied decimal)
64	Capitation Indicator	758	758	1	Char	Service is/is not capitated (Y/N)		Blank fill this field at this time.
65	NABP Number	759	768	10	Char	National Association of Boards of Pharmacy Number		
66	MAC Price	769	778	10	Num	The maximum acquisition cost price		Not required at this time. Set all values to zero to accommodate the two-digit implied decimal.
67	Penalty Amount	779	788	10	Num	The penalty amount on the claim		
68	Withhold Amount	789	798	10	Num	The amount withheld		
69	Filler	799	1199	401	Char	Reserved for future use		Fill with blanks
70	Record Type	1200	1200	1	Char	Record type identifier		Hard Code to "D"

Drug Claims Trailer Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
1	Data Start Date	1	10	10	Date	Data Start Date	MM/DD/CCYY format – i.e. 09/01/2014 This will represent the 1st day of the month for which data is provided.
2	Data End Date	11	20	10	Date	Data End Date	MM/DD/CCYY format – i.e. 09/30/2014 This will represent the last day of the month for which data is provided.
3	Record Count	21	30	10	Num	Number of Records on File	The count of records provided in the data including the Trailer Record.
4	Total Net Payments	31	44	14	Num	Total net payments on the file	The sum of net payments provided in the file
5	Filler	45	1199	1155	Char	Reserved for future use	Fill with Blanks
6	Record Type	1200	1200	1	Char	Record Type Identifier	Hard Code 'T'

Capitation Detail Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
1	Subscriber SSN	1	9	9	Char	The unique identifier (Social Security Number) for the subscriber (contract holder, employee) and their associated dependents.		Blank fill this field at this time.
2	CC Subscriber ID	10	29	20	Char	Unique code assigned by CC to the subscriber		
3	Enrollee SSN	30	38	9	Char	Member's Social Security Number		Blank fill this field at this time.

Capitation Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
4	CC Member ID	39	58	20	Char	Unique code assigned by CC to the member		
5	Plan Member ID	59	78	20	Char	Unique code assigned by health plan to identify a member		Blank fill this field at this time.
6	Policy ID	79	98	20	Char	Policy ID assigned by health plan		Blank fill this field at this time.
7	Capitation Amount	99	108	10	Num	The pre-paid amount paid to plans or providers under risk-based managed care contracts.		Format 9(7)v99 (2 - digit, implied decimal)
8	Capitation Type Code	109	109	1	Char	This field identifies the type of capitation payment record: • 1 – Professional • 2 – Facility • 3 – Mental Health • 4 – Drug • 5 – Dental • 6 – Vision • 7 – Hearing • 8 – Blended		
9	Date Paid	110	119	10	Date	The date the transaction was paid.		MM/DD/CCYY Format

Capitation Detail Data Elements								
Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
10	Date of Service	120	129	10	Date	The date/period of service for the transaction. If the period of service is a month, this can be populated with the first day of that month.		MM/DD/CCYY Format
11	Gender Code	130	130	1	Char	The member's gender code.		"M" or "F" The member's gender is part of the Person ID key and is, therefore, critical to tagging claims to eligibility.
12	Date of Birth	131	140	10	Date	The birth date of the person.		MM/DD/CCYY format The member's birth date is part of the Person ID key and is, therefore, critical to tagging claims to eligibility. The four-digit year is required for date of birth. The century cannot be accurately assigned based on a two-digit year.
13	Adjustment Type Code	141	141	1	Char	Client-specific code for the claim adjustment type.	Yes	Adjustment Type values will be identified in the **Data Dictionary**.
14	Provider Type Code	142	144	3	Char	This field contains the provider specialty code.	Yes	
15	Provider ID	145	157	13	Char	The unique identifier for the provider. Providers include facilities, physicians, PCPs, pharmacies, and professionals.		This should be the same identifiers used in medical claims.

Capitation Detail Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Dictionary Needed	Data Supplier Instructions/Notes
16	Provider NPI	158	167	10	Char	The National Provider Identifier for the provider.		
17	Withhold Amount	168	177	10	Num	Withheld Capitation Payment		
18	Filler	178	699	522	Char	Reserved for future use		Fill with blanks
19	Record Type	700	700	1	Char	Record type identifier		Hard Code to "D"

Capitation Trailer Data Elements

Field No.	Field Name	Start	End	Length	Type	Data Element Description	Data Supplier Instructions/Notes
1	Data Start Date	1	10	10	Date	Data Start Date	MM/DD/CCYY format – i.e. 09/01/2014 This will represent the 1st day of the month for which data is provided.
2	Data End Date	11	20	10	Date	Data End Date	MM/DD/CCYY format – i.e. 09/30/2014 This will represent the last day of the month for which data is provided.
3	Record Count	21	30	10	Num	Number of Records on File	The count of records provided in the data including the Trailer Record.
4	Total Net Payments	31	44	14	Num	Total net payments on the file	The sum of net payments provided in the file
5	Filler	45	699	655	Char	Reserved for future use	Fill with Blanks
6	Record Type	700	700	1	Char	Record Type Identifier	Hard Code 'T'