

Appendix A: Medical claims data file layout and dictionary

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|-----------------------|---------|-------------|-------------|---|-----------------|
| MC001 | Payer type | Text | 1 | Yes | See lookup table MC001 | 0% |
| MC003 | Product code | Text | 3 | Yes | See lookup table MC003 | 0% |
| MC004 | Claim ID | Text | 80 | Yes | Payer's unique claim identifier | 0% |
| MC005 | Service line counter | Numeric | 4 | Yes | Increments of 1 for each claim line | 0% |
| MC010 | Member ID | Text | 30 | Yes | Plan-specific unique member identifier | 0% |
| MC017 | Payment date | Date | 8 | Yes | CCYYMMDD (example: 20090624) | 0% |
| MC018 | Admission date | Date | 8 | Yes | CCYYMMDD (example: 20090603) | 1% |
| MC023 | Discharge status | Text | 2 | Yes | See lookup table MC023 | 1% |
| MC024 | Rendering provider ID | Text | 30 | Yes | Identifier for the rendering provider as assigned by the reporting entity | 1% |
| MC036 | Type of bill | Numeric | 3 | Situational | See lookup table MC 036. Required only for institutional claims. | 1% |
| MC037 | Place of service | Text | 2 | Situational | See lookup table MC 037. Required only for professional claims. | 1% |
| MC038 | Claim status | Text | 1 | Yes | Was claim paid, denied, CCO encounter, or MCO encounter only? Valid values: P (paid), D (denied), C (CCO encounter), E (other managed care encounter) | 0% |
| MC038A | COB status | Text | 1 | Yes | Was claim a COB claim? Valid values: Y (yes), N (no) | 1% |
| MC041 | Principal diagnosis | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC041P | POA flag 1 | Text | 1 | Yes | Present on admission flag for principal diagnosis. See look-up table MC041P. | 1% |
| MC042 | Diagnosis 2 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC042P | POA flag 2 | Text | 1 | Situational | Present on admission flag for diagnosis 2. Required if MC042 is populated. See look-up table MC041P. | 1% |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|-------------|------|-------------|-------------|---|-----------------|
| MC043 | Diagnosis 3 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC043P | POA flag 3 | Text | 1 | Situational | Present on admission flag for diagnosis 3. Required if MC043 is populated. See look-up table MC041P. | 1% |
| MC044 | Diagnosis 4 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC044P | POA flag 4 | Text | 1 | Situational | Present on admission flag for diagnosis 4. Required if MC044 is populated. See look-up table MC041P. | 1% |
| MC045 | Diagnosis 5 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC045P | POA flag 5 | Text | 1 | Situational | Present on admission flag for diagnosis 5. Required if MC045 is populated. See look-up table MC041P. | 1% |
| MC046 | Diagnosis 6 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC046P | POA flag 6 | Text | 1 | Situational | Present on admission flag for diagnosis 6. Required if MC046 is populated. See look-up table MC041P. | 1% |
| MC047 | Diagnosis 7 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC047P | POA flag 7 | Text | 1 | Situational | Present on admission flag for diagnosis 7. Required if MC047 is populated. See look-up table MC041P. | 1% |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|--------------|------|-------------|-------------|---|-----------------|
| MC048 | Diagnosis 8 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC048P | POA flag 8 | Text | 1 | Situational | Present on admission flag for diagnosis 8. Required if MC048 is populated. See look-up table MC041P. | 1% |
| MC049 | Diagnosis 9 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC049P | POA flag 9 | Text | 1 | Situational | Present on admission flag for diagnosis 9. Required if MC049 is populated. See look-up table MC041P. | 1% |
| MC050 | Diagnosis 10 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC050P | POA flag 10 | Text | 1 | Situational | Present on admission flag for diagnosis 10. Required if MC050 is populated. See look-up table MC041P. | 1% |
| MC051 | Diagnosis 11 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC051P | POA flag 11 | Text | 1 | Situational | Present on admission flag for diagnosis 11 Required if MC051 is populated. See look-up table MC041P. | 1% |
| MC052 | Diagnosis 12 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC052P | POA flag 12 | Text | 1 | Situational | Present on admission flag for diagnosis 12 Required if MC052 is populated. See look-up table MC041P. | 1% |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|------------------------------------|------|-------------|-------------|---|-----------------|
| MC053 | Diagnosis 13 | Text | 8 | Yes | ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220) | 1% |
| MC053P | POA flag 13 | Text | 1 | Situational | Present on admission flag for diagnosis 13 Required if MC053 is populated. See look-up table MC041P. | 1% |
| MC054 | Revenue code | Text | 4 | Yes | Include all digits (example: 0320) | 1% |
| MC055 | CPT/CPT II/HCPCS procedure code | Text | 5 | Yes | CPT, CPT II or HCPCS code. Include all digits (examples: 29870 or G0289) | 1% |
| MC056 | Procedure modifier 1 | Text | 2 | Yes | CPT or HCPCS modifier. Include all digits (examples: 50 or AA) | 1% |
| MC057 | Procedure modifier 2 | Text | 2 | Yes | CPT or HCPCS modifier. Include all digits (examples: 50 or AA) | 1% |
| MC057A | Procedure modifier 3 | Text | 2 | Yes | CPT or HCPCS modifier. Include all digits (examples: 50 or AA) | 1% |
| MC057B | Procedure modifier 4 | Text | 2 | Yes | CPT or HCPCS modifier. Include all digits (examples: 50 or AA) | 1% |
| MC058 | Principal inpatient procedure code | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058A | Inpatient procedure code 2 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058B | Inpatient procedure code 3 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|-----------------------------|------|-------------|-----------|---|-----------------|
| MC058C | Inpatient procedure code 4 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058D | Inpatient procedure code 5 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058E | Inpatient procedure code 6 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058F | Inpatient procedure code 7 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058G | Inpatient procedure code 8 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058H | Inpatient procedure code 9 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058J | Inpatient procedure code 10 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|-----------------------------|---------|-------------|-----------|---|-----------------|
| MC058K | Inpatient procedure code 11 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058L | Inpatient procedure code 12 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC058M | Inpatient procedure code 13 | Text | 8 | Yes | ICD-10 procedure code for dates of service after 10/01/2014. Include all characters, (example: B245ZZ3). ICD-9 procedure code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 0085) | 1% |
| MC059 | Date of service – From | Date | 8 | Yes | CCYYMMDD (example: 20090603) | 0% |
| MC060 | Date of service – Thru | Date | 8 | Yes | CCYYMMDD (example: 20090603) | 0% |
| MC061 | Quantity | Numeric | 5 | Yes | Count of units sent on claim line. | 0% |
| MC062 | Charges | Numeric | 12 | Yes | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| MC062A | Allowed amount | Numeric | 12 | Yes | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| MC063 | Payment | Numeric | 12 | Yes | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| MC064 | Prepaid amount | Numeric | 12 | Yes | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| MC065 | Co-payment | Numeric | 12 | Yes | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| MC066 | Co-insurance | Numeric | 12 | Yes | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| MC067 | Deductible | Numeric | 12 | Yes | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|-------------------------------|---------|-------------|-------------|---|-----------------|
| MC067A | Patient pay amount | Numeric | 12 | Situational | Required if any of MC065, MC066, or MC067 are missing. Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| MC070 | Discharge date | Date | 8 | Situational | Required only for institutional claims. Use 99991231 if patient has not discharged. CCYYMMDD (example: 20090605). | 1% |
| MC076 | Billing provider ID | Text | 30 | Yes | Identifier for the billing provider as assigned by the reporting entity | 1% |
| QC05 | Prior version claim number | Text | 80 | Situational | Required for participants in Q-Corp initiative. | N/A |
| QC06 | Claim received date | Date | 8 | Situational | Required for participants in Q-Corp initiative. CCYYMMDD | N/A |
| QC22 | DRG | Text | 3 | Situational | DRG paid by payer. If not available send billed DRG. Required for participants in Q-Corp initiative. Example: 061 | N/A |
| QC23 | DRG type | Text | 1 | Situational | Required for participants in Q-Corp initiative. Valid values: C (CMS v.24) or M (MS-DRG) | N/A |
| QC37 | LOINC code | Text | 8 | No | Placeholder for the Q-Corp initiative. | N/A |
| QC38 | Lab result | Text | 8 | No | Placeholder for the Q-Corp initiative. | N/A |
| QC39 | Micro/macro albumin result | Text | 1 | No | Placeholder for the Q-Corp initiative. | N/A |
| OHLC1 | COB allowed amount | Numeric | 12 | Situational | Required for participants in OHLC high value medical home initiative. Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | N/A |
| OHLC2 | Risk withhold amount | Numeric | 12 | Situational | Required for participants in OHLC high value medical home initiative. Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | N/A |
| MC008 | Plan specific contract number | Text | 30 | Yes | Plan specific contract number (aka group number) | 0% |
| MC201 | ICD version code | Text | 2 | Yes | Specifies the claim's ICD version. Valid values: 9 (ICD-9) or 10 (ICD-10) | TBD |
| MC202 | Network | Text | 1 | Yes | See lookup table MC202 | TBD |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|---------------------|---------------------|-------------|--------------------|------------------|---|------------------------|
| MC203 | Admission Type | Text | 1 | Situational | Required for inpatient claims. Populate this field only if claim is inpatient. Valid values: 1 (Emergency), 2 (Urgent), 3 (Elective), 4 (Newborn), 5 (Trauma Center), 9 (Information Not Available) | TBD |
| MC204 | Admission Source | Text | 1 | Situational | Required for inpatient claims. Populate this field only if claim is inpatient. See lookup table MC204 | TBD |
| MC205 | Admitting Diagnosis | Text | 8 | Situational | Required for inpatient claims. ICD-10 diagnosis code for dates of service beginning 10/01/2014. Include all characters (example: E10.359). ICD-9 diagnosis code for dates of service before 10/01/2014. If ICD-9 include all digits and exclude decimal point (example: 01220). Populate this field only if claim is inpatient. | TBD |
| MC206 | Pay to Patient Flag | Text | 1 | Yes | Valid values: Y (patient was directly reimbursed), N (patient was not directly reimbursed). If unknown, default to N. | TBD |
| MC207 | Empty field | | | | For future implementation | N/A |
| MC208 | Empty field | | | | For future implementation | N/A |
| MC209 | Empty field | | | | For future implementation | N/A |
| MC210 | Empty field | | | | For future implementation | N/A |

Lookup Table MC001: Payer type

This field contains a single letter identifying the payer type.

| Code | Value |
|-------------|---------------------------|
| C | Carrier |
| D | Medicaid |
| G | Other government agency |
| P | Pharmacy benefits manager |
| T | Third-party administrator |
| U | Unlicensed entity |

Lookup Table MC003: Product code

This field contains the insurance type or product code that indicates the type of insurance coverage the individual has.

| Code | Value |
|-------------|---|
| MDE | Medicaid dual eligible HMO |
| MD | Medicaid disabled HMO |
| MLI | Medicaid low income HMO |
| MRB | Medicaid restricted benefit HMO |
| MR | Medicare Advantage HMO |
| MP | Medicare Advantage PPO |
| MPD | Medicare Part D only |
| MC | Medicare Cost |
| PPO | Commercial PPO |
| POS | Commercial POS |
| HMO | Commercial HMO |
| SN1 | Special needs plan – chronic condition |
| SN2 | Special needs plan – institutionalized |
| SN3 | Special needs plan – dual eligible |
| CHP | Special Children’s Health Insurance Program (SCHIP) |
| MDF | Medicaid fee-for-service |
| SIP | Self insured PPO |
| SIF | Self insured POS |
| SIH | Self insured HMO |
| PH | Pharmacy benefits only |
| IN | Commercial indemnity |
| EPO | Commercial EPO |
| SL | Commercial stop loss |
| ZZ | Unknown |

Lookup Table MC023: Discharge status

This field contains the status for the patient discharged from the hospital.

| Code | Value |
|-------------|---|
| 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 a designated cancer center or children's hospital |
| 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 |
| 21 | Discharged/transferred to court/law enforcement |
| 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 | Discharge/transferred to a long-term care hospital |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare |
| 65 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital |
| 66 | Discharged/transferred to a critical access hospital (CAH) |
| 70 | Discharged/transferred to another type of health care institution not defined elsewhere in this code list |

Lookup Table MC036: Type of bill

This field is required for institutional claims and must not be populated for professional claims. The values of the second digit are situational depending on the value of the first digit.

First digit: type of facility

| Code | Value |
|------|---------------------------------|
| 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 |

Second Digit if First Digit = 1-6

| Code | Value |
|------|--|
| 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 |

Second Digit if First Digit =7

| Code | Value |
|------|--|
| 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 | Nursing Facility Level II |
| 7 | Community Mental Health Center |
| 9 | Other |

Second Digit if First Digit = 8

| Code | Value |
|------|-------------------------------|
| 1 | Hospice (Non Hospital Based) |
| 2 | Hospice (Hospital-Based) |
| 3 | Ambulatory Surgery Center |
| 4 | Free Standing Birthing Center |
| 9 | Other |

Third digit: claim frequency

| Code | Value |
|-------------|---|
| 1 | Admit Through Discharge |
| 2 | Interim-First Claim |
| 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 Health Encounter |

Lookup Table MC037: Site of service

For professional claims, this field records the type of facility where the service was performed. This field should not be populated for institutional claims.

| Code | Value |
|-------------|--|
| 00 | Not supplied |
| 01 | Pharmacy |
| 03 | School |
| 04 | Homeless Shelter |
| 05 | Indian Health Service Freestanding Facility |
| 06 | Indian Health Service Provider-Based Facility |
| 07 | Tribal 638 Freestanding Facility |
| 08 | Tribal 638 Provider-Based Facility |
| 09 | Prison/Correctional Facility |
| 11 | Office |
| 12 | Home |
| 13 | Assisted Living Facility |
| 14 | Group Home |
| 15 | Mobile Unit |
| 16 | Temporary Lodging |
| 17 | Walk-in Retail Health Clinic |
| 20 | Urgent Care Facility |
| 21 | Inpatient Hospital |
| 22 | Outpatient Hospital |
| 23 | Emergency Room – Hospital |
| 24 | Ambulatory Surgical Center |
| 25 | Birthing Center |
| 26 | Military Treatment Facility |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |
| 33 | Custodial Care Facility |
| 34 | Hospice |
| 41 | Ambulance-Land |
| 42 | Ambulance-Air or Water |
| 49 | Independent Clinic |
| 50 | Federally Qualified Health Center |
| 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 |
| 57 | Non-residential Substance Abuse Treatment Facility |
| 60 | Mass Immunization Center |
| 61 | Comprehensive Inpatient Rehabilitation Facility |

| Code | Value |
|-------------|--|
| 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 Place of Service |

Lookup Table MC041P: POA flag

This field contains the inpatient present on admission (POA) flag as reported by the provider. Do not populate if not reported by the provider.

| Code | Value |
|-------------|-------------------------------------|
| Y | Yes |
| N | No |
| W | Clinically undetermined |
| U | Information not in record |
| 1 | Diagnosis exempt from POA reporting |

Lookup Table MC202: Network

This field contains a single digit indicating whether the provider was paid under a network contract.

| Code | Value |
|-------------|--|
| 1 | In-network: The plan has a direct contract with the provider that made the claim. |
| 2 | National network: The plan does not have a direct contract with the provider that made the claim, but paid a contracted rate through participation in a national network or reciprocal agreement with a plan operating in another state. |
| 3 | Out-of-network: The plan did not pay the provider a contracted rate. |

Lookup Table MC204: Admission Source

This field contains a single character indicating source of referral for an inpatient admission. Populate this field only for institutional inpatient claims. Do not populate this field for professional claims. Use codes on the next page if MC203 = 4.

| Code | Value if MC203 <> 4 |
|------|--|
| 0 | ANOMALY: invalid value, if present, translate to '9' |
| 1 | Non-Health Care Facility Point of Origin (Physician Referral): The patient was admitted to this facility upon an order of a physician. |
| 2 | Clinic referral: The patient was admitted upon the recommendation of this facility's clinic physician. |
| 3 | HMO referral: Reserved for National Assignment. Prior to 3/08, HMO referral: The patient was admitted upon the recommendation of a health maintenance organization (HMO) physician. |
| 4 | Transfer from a hospital (different facility): The patient was admitted to this facility as a hospital transfer from an acute care facility where he or she was an inpatient. |
| 5 | Transfer from a skilled nursing facility (SNF) or Intermediate Care Facility (ICF): The patient was admitted to this facility as a transfer from a SNF or ICF where he or she was a resident. |
| 6 | Transfer from another health care facility: The patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere in this code list where he or she was an inpatient. |
| 7 | Emergency room: The patient was admitted to this facility after receiving services in this facility's emergency room. |
| 8 | Court/law enforcement: The patient was admitted upon the direction of a court of law or upon the request of a law enforcement agency's representative. |
| 9 | Information not available: The means by which the patient was admitted is not known. |
| A | Reserved for National Assignment. (eff. 3/08) Prior to 3/08 defined as: Transfer from a Critical Access Hospital: patient was admitted/referred to this facility as a transfer from a Critical Access Hospital. |
| B | Transfer from Another Home Health Agency: The patient was admitted to this home health agency as a transfer from another home health agency.(Discontinued July 1,2010- See Condition Code 47) |
| C | Readmission to Same Home Health Agency: The patient was readmitted to this home health agency within the same home health episode period. (Discontinued July 1,2010) |
| D | Transfer from hospital inpatient in the same facility resulting in a separate claim to the payer: The patient was admitted to this facility as a transfer from hospital inpatient within this facility resulting in a separate claim to the payer. |
| E | Transfer from Ambulatory Surgical Center |
| F | Transfer from hospice and is under a hospice plan of care or enrolled in hospice program |

| Code | Value if MC203 = 4 |
|-------|---|
| 1 | Normal delivery - A baby delivered without complications. Invalid for discharges after 12/31/2011. |
| 2 | Premature delivery - A baby delivered with time and/or weight factors qualifying it for premature status. Invalid for discharges after 12/31/2011. |
| 3 | Sick baby - A baby delivered with medical complications, other than those relating to premature status. Invalid for discharges after 12/31/2011. |
| 4 | Extramural birth - A baby delivered in a non-sterile environment. Invalid for discharges after 12/31/2011. |
| 5 | Born inside this hospital. |
| 6 | Born outside this hospital. |
| 7 - 8 | Reserved for national assignment. |
| 9 | Information not available. |

Appendix B: Medical eligibility data file layout and dictionary

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|---------------------------------|---------|-------------|-----------|--|-----------------|
| ME001 | Payer type | Text | 8 | Yes | See lookup table MC001 (Appendix A) | 0% |
| ME003 | Product code | Text | 3 | Yes | See lookup table MC003 (Appendix A) | 0% |
| ME004A | Eligibility date | Date | 8 | Yes | CCYYMMDD (example: 20100402). Dates before the submission date range are not valid. See Schedule A for submission data range. | 0% |
| ME005A | Termination date | Date | 8 | Yes | CCYYMMDD (example: 20100702). Use 99991231 if termination date is open-ended. | 0% |
| ME007 | Subscriber ID | Text | 30 | Yes | Plan-specific unique identifier for subscriber | 1% |
| ME009 | Plan specific contract number | Text | 30 | Yes | Plan-specific contract number (aka group number) | 1% |
| ME009A | PEBB flag | Numeric | 1 | Yes | Valid values: 1 (PEBB group), 0 (otherwise) | 1% |
| ME009B | OEBB flag | Numeric | 1 | Yes | Valid values: 1 (OEBB group), 0 (otherwise) | 1% |
| ME009C | Medical home flag | Numeric | 1 | Yes | Valid values: 1 (medical home plan), 0 (otherwise) | 1% |
| ME010 | Member ID | Text | 30 | Yes | Plan-specific unique identifier for member | 1% |
| ME012 | Relationship code | Numeric | 2 | Yes | See lookup table ME012 | 1% |
| ME013 | Member gender | Text | 1 | Yes | Valid values: M (male), F (female), and U (unknown) | 1% |
| ME014 | Member date of birth | Date | 8 | Yes | CCYYMMDD (example: 19570402) | 1% |
| ME015A | Member's street address | Text | 50 | Yes | Member's primary street address. If member's address is missing then default to subscriber's address. Example: 123 Main Street | 1% |
| ME015 | Member city | Text | 30 | Yes | Example: Grants Pass | 1% |
| ME016 | Member state | Text | 4 | Yes | Example: OR | 1% |
| ME017 | Member ZIP | Text | 10 | Yes | Example: 97209-1234 or 97209 | 1% |
| ME018 | Medical coverage flag | Text | 1 | Yes | Y or N | 1% |
| ME019 | Prescription drug coverage flag | Text | 1 | Yes | Y or N | 1% |
| ME101 | Subscriber last name | Text | 35 | Yes | | 0% |
| ME102 | Subscriber first name | Text | 25 | Yes | | 0% |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|--|------|-------------|-------------|--|-----------------|
| ME103 | Subscriber middle name | Text | 25 | Yes | | 0% |
| ME104 | Member last name | Text | 35 | Yes | | 0% |
| ME105 | Member first name | Text | 25 | Yes | | 0% |
| ME106 | Member middle name | Text | 25 | Yes | | 0% |
| QC013 | ChemDep Benefit – Inpatient | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC014 | ChemDep Benefit – Day/Night | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC015 | ChemDep Benefit – Ambulatory | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC016 | Dental benefit | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC018 | Mental Health Benefit - Inpatient | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC019 | Mental Health Benefit – Day/ Night | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC020 | Mental Health Benefit - Ambulatory | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| RE1 | Member race | Text | 1 | Yes* | See lookup table RE1 | TBD |
| RE2 | Member ethnicity | Text | 1 | Yes* | See lookup table RE2 | TBD |
| RE3 | Primary spoken language | Text | 3 | Yes* | See lookup table RE3 | TBD |
| OHLC3 | Oregon HVMH flag | Text | 1 | Situational | Required for participants in OHLC high value medical home initiative. Y or N. | N/A |
| OHLC4 | Oregon HVMH clinic | Text | 3 | Situational | Required for participants in OHLC high value medical home initiative. | N/A |
| OHLC5 | Oregon HVMH eligibility segment effective date | Date | 8 | Situational | Required for participants in OHLC high value medical home initiative. CCYYMMDD (example: 20090603) | N/A |
| OHLC6 | Oregon HVMH eligibility segment termination date | Date | 8 | Situational | Required for participants in OHLC high value medical home initiative. CCYYMMDD (example: 20090603) | N/A |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|----------------------------------|---------|-------------|-------------|--|-----------------|
| OHLC7 | Prepaid amount/ PMPM | Numeric | 12 | Situational | Required for participants in OHLC high value medical home initiative. Two explicit decimal places. Example: 402.73 | N/A |
| ME009D | OMIP flag | Numeric | 1 | Yes | Valid values: 1 (OMIP member), 0 (otherwise) | TBD |
| ME009E | HKC flag | Numeric | 1 | Yes | Valid values: 1 (Healthy Kids Connect plan), 0 (otherwise) | TBD |
| ME201 | Medicare coverage flag | Text | 2 | Yes | Type of Medicare coverage. Valid values: A (Part A), B (Part B), C (Part C only), D (Part D only), CD (Part C and Part D), X (other), Z (none) | TBD |
| ME202 | Market Segment | Text | 2 | Yes | See lookup table ME202 | TBD |
| ME203 | Metal Tier | Text | 1 | Yes | Health benefit plan metal tier for qualified health plans (QHPs) and catastrophic plans as defined in the Patient Protection and Affordable Care Act, Public Law 111-148, Section 1302: Essential Health Benefits Requirements. Valid values: 0 (Not a QHP or catastrophic plan), 1 (Catastrophic), 2 (Bronze), 3 (Silver), 4 (Gold), 5 (Platinum) | TBD |
| ME204 | HIOS Plan ID | Text | 14 | Yes | Health Insurance Oversight System ID. Required for qualified health plans (QHPs) as defined in the Patient Protection and Affordable Care Act (ACA). If plan is not a QHP under the ACA, enter 9999999999999999. | TBD |
| ME205 | High Deductible Health Plan Flag | Text | 1 | Yes | Valid values: Y (policy meets IRS definition of HDHP), N (policy does not meet IRS definition of HDHP) | TBD |
| ME206 | Primary Insurance Indicator | Text | 1 | Yes | Valid Values: Y (primary insurance), N (secondary or tertiary insurance). If unknown, default to Y. | TBD |
| ME207 | | | | | For future implementation | N/A |
| ME208 | | | | | For future implementation | N/A |
| ME209 | | | | | For future implementation | N/A |
| ME210 | | | | | For future implementation | N/A |

* - Implementation date TBD

Lookup Table ME012: Relationship code

This field contains the member's relationship to the subscriber or the insured.

| Code | Value |
|-------------|---|
| 1 | Spouse |
| 4 | Grandfather or Grandmother |
| 5 | Grandson or Granddaughter |
| 7 | Nephew or Niece |
| 10 | Foster Child |
| 15 | Ward |
| 17 | Stepson or Stepdaughter |
| 18 | Self |
| 19 | Child |
| 20 | Employee |
| 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 |

Lookup Table RE1

This field contains a single letter identifying the member's race.

| Code | Value |
|------|-------------------------------------|
| A | Asian |
| B | Black or African American |
| I | American Indian or Alaska Native |
| P | Native Hawaiian or Pacific Islander |
| W | White |
| O | Other (or multiple races) |
| R | Refused |
| U | Unknown |

Lookup Table RE2

This field contains a single letter identifying the member's ethnicity.

| Code | Value |
|------|--------------|
| H | Hispanic |
| O | Not Hispanic |
| R | Refused |
| U | Unknown |

Lookup Table RE3

This field contains the ANSI/NISO three-character string identifying the member's primary spoken language. Please refer to most recent version of ANSI/NISO Z39.53 (Codes for the Representation of Languages for Information Interchange); the 2001 version is freely available here:

http://www.niso.org/apps/group_public/download.php/6541/Codes%20for%20the%20Representation%20of%20Languages%20for%20Information%20Interchange.pdf

Lookup Table ME202

This field contains an integer indicating the market segment.

| Code | Value |
|-------------|---|
| 1 | Policies sold and issued directly to individuals (non-group) inside exchange |
| 2 | Policies sold and issued directly to individuals (non-group) outside exchange |
| 3 | Policies sold and issued directly to employers having 50 or fewer employees inside exchange |
| 4 | Policies sold and issued directly to employers having 50 or fewer employees outside exchange |
| 5 | Policies sold and issued directly to employers having 51 to 100 employees inside exchange |
| 6 | Policies sold and issued directly to employers having 51 to 100 employees outside exchange |
| 7 | Policies sold and issued directly to employers having 100 or more employees |
| 8 | Self-funded plans administered by a TPA, where the employer has purchased stop-loss or group excess insurance coverage |
| 9 | Self-funded plans administered by a TPA, where the employer has not purchased stop-loss, or group excess insurance coverage |
| 10 | Associations/Trusts and Multiple Employer Welfare Arrangements (MEWAs) |
| 11 | Other |

Appendix C: Medical provider data file layout and dictionary

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error Threshold |
|--------------|-------------------------------|------|-------------|-------------|--|-----------------|
| MP003 | Provider ID | Text | 30 | Yes | Identifier for the provider as assigned by the reporting entity | 1% |
| MP004 | Provider Tax ID | Text | 9 | Yes | Tax ID of the provider (example: 1234567890) | 1% |
| MP006 | Provider first name | Text | 25 | Yes | First name of the provider (example: John); null if provider is an organization entity | 0% |
| MP007 | Provider middle initial | Text | 1 | Yes | Middle initial of the provider (example: M); null if provider is an organization entity | 0% |
| MP008 | Provider last name | Text | 100 | Yes | Last name of the provider or organization entity name | 0% |
| MP010 | Provider specialty | Text | 10 | Yes | See lookup table MP010 | 1% |
| MP010A | Provider second specialty | Text | 10 | Situational | Required if available. See lookup table MP010 | 1% |
| MP010B | Provider third specialty | Text | 10 | Situational | Required if available. See lookup table MP010 | 1% |
| MP011A | Provider street address1 | Text | 50 | Yes | First line of physical address of practice. Example: 123 Main Street | 0% |
| MP011B | Provider street address2 | Text | 50 | Situational | Required if available. Second line of physical address of practice. Example: Bldg A, Suite 100 | 0% |
| MP011 | Provider city | Text | 30 | Yes | Physical address of practice. Example: Grants Pass | 0% |
| MP012 | Provider state | Text | 2 | Yes | Physical address of practice. Example: OR | 0% |
| MP013 | Provider ZIP | Text | 10 | Yes | Physical address of practice. Examples: 97209-1234 or 97209 | 0% |
| MP017 | Provider DEA number | Text | 12 | Situational | Required if available. | 1% |
| MP018 | Provider NPI | Text | 10 | Yes | NPI of the provider (example: 1234567890) | 1% |
| MP018A | Provider state license number | Text | 15 | Yes | Prefix with two-character state of licensure. Example: ORLL12345 | 1% |
| QC004 | Provider Medicaid number | Text | 12 | Situational | Required (if available) for participants in Q-Corp initiative. | 1% |
| QC006 | Provider CMS UPIN | Text | 12 | Situational | Required (if available) for participants in Q-Corp initiative. | N/A |
| QC011 | Provider DOB | Date | 8 | Situational | Required for participants in Q-Corp initiative. | N/A |

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error Threshold |
|---------------------|--------------------------------|-------------|--------------------|------------------|---|------------------------|
| QC021 | Provider is PCP | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC022 | Provider is OBGYN | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC023 | Provider is Mental Health | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC024 | Provider is Eye Care Provider | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC025 | Provider is Dentist | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC026 | Provider is Nephrologist | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC027 | Provider is Chem. Dep | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC028 | Provider is Nurse Practitioner | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC029 | Provider is Phys Assist | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| QC030 | Provider can prescribe Rx | Text | 1 | Situational | Required for HEDIS processing for participants in Q-Corp initiative. Y or N | N/A |
| MP201 | | | | | For future implementation | N/A |
| MP202 | | | | | For future implementation | N/A |
| MP203 | | | | | For future implementation | N/A |
| MP204 | | | | | For future implementation | N/A |
| MP205 | | | | | For future implementation | N/A |
| MP206 | | | | | For future implementation | N/A |
| MP207 | | | | | For future implementation | N/A |
| MP208 | | | | | For future implementation | N/A |
| MP209 | | | | | For future implementation | N/A |
| MP210 | | | | | For future implementation | N/A |

Lookup Table MP010: Provider specialty

Report the HIPAA-compliant health care provider taxonomy code. The reference code set is extensive and is published semi-annually; version 12.0 (updated effective April 1, 2012) is freely available at the National Uniform Claims Committee's web site:

<http://www.nucc.org/>. To access the taxonomy files, point to the Code Sets menu, then point to the Taxonomy menu, and then click on either PDF (if you want a PDF file) or CSV (if you want a comma-delimited text file).

Appendix D: Pharmacy claims data file layout and dictionary

Note: this layout intends to maintain consistency with Version 1.0 of the NCPDP Uniform Healthcare Payer Data Implementation Guide.

| Data element | Name | Max. Length | Type | Required? | NCPDP Field | NCPDP Source | Description | Error threshold |
|--------------|---------------------------------|-------------|------|-------------|-------------|--------------|---|-----------------|
| PC001 | Payer type | 1 | Text | Yes | N/A | N/A | See lookup table MC001 (Appendix A) | 0% |
| PC008 | Plan-specific contract number | 30 | Text | Yes | 246 | P | Plan-specific contract number (aka group number) | 1% |
| PC010 | Patient ID | 20 | Text | Yes | 332-CY | P | Unique identifier for member | 1% |
| PC003 | Insurance type/ product code | 6 | Text | Yes | New | P | See lookup table MC003 | 1% |
| PC021 | Pharmacy NPI | 15 | Text | Yes | 201-B1 | C/P | The pharmacy's National Provider Identifier (NPI) | 1% |
| PC021A | Pharmacy alternate identifier | 15 | Text | Situational | 201-B1 | P | The pharmacy's alternate identifier as assigned by the payer; required if NPI is not available | TBD |
| PC020 | Pharmacy Name | 35 | Text | Yes | 833-5P | P | | 0% |
| PC022 | Pharmacy city | 30 | Text | Yes | 728 | P | | 0% |
| PC023 | Pharmacy state | 2 | Text | Yes | 729 | P | | 0% |
| PC024 | Pharmacy ZIP | 15 | Text | Yes | 730 | P | | 0% |
| PC048 | Prescribing provider NPI | 15 | Text | Yes | 411-DB | C | Identifier for the provider who prescribed the medication as assigned by the reporting entity | 1% |
| PC047 | Prescribing provider DEA number | 12 | Text | Situational | N/A | N/A | Required if available. DEA number of the provider who prescribed the medication. | 1% |
| PC025 | Claim status | 3 | Text | Yes | 399 | P | Was claim paid, denied, CCO, or encounter only? Valid values: P (paid), D (denied), C (CCO encounter), E (other managed care encounter) | 1% |
| PC026 | NDC | 11 | Text | Yes | 407-D7 | C | National Drug Code (NDC) | 1% |

| Data element | Name | Max. Length | Type | Required? | NCPDP Field | NCPDP Source | Description | Error threshold |
|--------------|----------------------------|-------------|---------|-------------|-------------|--------------|--|-----------------|
| PC032 | Date filled | 8 | Text | Yes | 401-D1 | C | Date the prescription was filled. CCYYMMDD (example: 20090624) | 1% |
| PC017 | Payment date | 8 | Date | No | 216 | P | CCYYMMDD (example: 20090624) | 1% |
| PC033 | Quantity dispensed | 10 | Numeric | Yes | 442-E7 | C | | 1% |
| PC028A | Alternate refill number | 2 | Numeric | Situational | 403-D3 | C | Required if PC028 (calculated refill number) is not available | 1% |
| PC034 | Days supply | 3 | Numeric | Yes | 405-D5 | C | Days supply of the prescription | 1% |
| PC030 | Dispense as written code | 1 | Text | Yes | 408-D8 | C | See look-up table PC030 | 1% |
| PC028 | Calculated refill number | 2 | Numeric | Yes | 254 | P | Processor's calculated refill number. If the processor is not able to calculate, the alternate refill number (PC028A) is to be used. | 1% |
| PC031 | Compound drug indicator | 1 | Numeric | Yes | 406-D6 | C | Indicates if this is a compound drug. Valid values: 1 (no), 2 (yes) | 1% |
| PC004 | Claim ID | 30 | Text | Yes | 993-A7 | P | Payer's unique claim control number | 0% |
| PC036 | Payment | 12 | Numeric | Yes | 281 | P | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| PC035 | Charges | 12 | Numeric | Yes | 430-DU | P | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| PC037 | Ingredient cost/list price | 12 | Numeric | Yes | 506-F6 | C | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| PC039 | Dispensing fee paid | 12 | Numeric | Yes | 507-F7 | C | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |

| Data element | Name | Max. Length | Type | Required? | NCPDP Field | NCPDP Source | Description | Error threshold |
|--------------|--------------------|-------------|---------|-------------|-------------|--------------|--|-----------------|
| PC040 | Co-pay | 12 | Numeric | Yes | 518-FI | C | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| PC041 | Coinsurance | 12 | Numeric | Yes | 572-4U | C | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| PC042 | Deductible | 12 | Numeric | Yes | 517-FH | C | Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| PC043 | Patient pay amount | 12 | Numeric | Situational | 505-F5 | C | Required if any of PC040, PC041, or PC042 are missing. Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00 | 0% |
| PC201 | | | | | | | For future implementation | N/A |
| PC202 | | | | | | | For future implementation | N/A |
| PC203 | | | | | | | For future implementation | N/A |
| PC204 | | | | | | | For future implementation | N/A |
| PC205 | | | | | | | For future implementation | N/A |
| PC206 | | | | | | | For future implementation | N/A |
| PC207 | | | | | | | For future implementation | N/A |
| PC208 | | | | | | | For future implementation | N/A |
| PC209 | | | | | | | For future implementation | N/A |
| PC210 | | | | | | | For future implementation | N/A |

Look-up Table PC-030: Dispense as Written Code

This field contains the NCPDP Dispense as Written Code.

| Code | Value |
|-------------|---|
| 0 | No product selection indicated |
| 1 | Substitution not allowed by provider |
| 2 | Substitution allowed- patient requested product dispensed |
| 3 | Substitution allowed- pharmacist selected product dispensed |
| 4 | Substitution allowed- generic drug not in stock |
| 5 | Substitution allowed- brand drug 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 |

Appendix E: Control totals

Note: the control totals are two separate tab-delimited data files.

1. Claims file control totals layout and dictionary

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|------------|---------|-------------|-----------|--|-----------------|
| CFCT1 | Payer | Text | 7 | Yes | Payer abbreviation. See lookup table CFCT1 | 0% |
| CFCT2 | File | Text | 10 | Yes | Valid values: medical, pharmacy, enrollment, and provider | 0% |
| CFCT3 | Data_Rows | Numeric | 8 | Yes | Count of data rows in the submitted file | 0% |
| CFCT4 | Amt_Billed | Numeric | 12 | Yes | Sum of MC062 (medical) or PC035 (pharmacy). Two explicit decimal places. Do not populate if File is enrollment or provider | 0% |
| CFCT5 | Amt_Paid | Numeric | 12 | Yes | Sum of MC063 (medical) or PC036 (pharmacy). Two explicit decimal places. Do not populate if File is enrollment or provider | 0% |

2. Claims file control totals example

| Payer | File | Data_Rows | Amt_Billed | Amt_Paid |
|-------|------------|-----------|--------------|--------------|
| OMIP | Medical | 12345678 | 123456789.12 | 123456789.12 |
| OMIP | Pharmacy | 12345678 | 123456789.12 | 123456789.12 |
| OMIP | Enrollment | 12345678 | | |
| OMIP | Provider | 123456 | | |

3. File naming convention is <payer abbreviation>_<submitter abbreviation>_totals_<quarter>_<file created date>.dat

Example: OMIP_OMIP_totals_2015Q2_20150521_010101.dat

4. Member months control totals layout and dictionary

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|------------------|---------|-------------|-----------|--|-----------------|
| MMCT1 | Payer | Text | 7 | Yes | Payer abbreviation. See lookup table CFCT1 | 0% |
| MMCT2 | Method | Text | 1 | No | Placeholder for future compatibility | N/A |
| MMCT3 | Month | Date | 6 | Yes | CCYYMM | 0% |
| MMCT4 | Medical_Members | Numeric | 8 | Yes | Count of members with medical coverage as of first of month. | 0% |
| MMCT5 | Pharmacy_Members | Numeric | 8 | Yes | Count of members with pharmacy coverage as of first of month | 0% |

5. Member months control totals example

| Payer | Month | Medical_Members | Pharmacy_Members |
|-------|--------|-----------------|------------------|
| OMIP | 201001 | 12345678 | 12345678 |
| OMIP | 201002 | 12345678 | 12345678 |
| OMIP | 201003 | 12345678 | 12345678 |
| OMIP | 201004 | 12345678 | 12345678 |
| OMIP | 201005 | 12345678 | 12345678 |
| OMIP | 201006 | 12345678 | 12345678 |
| OMIP | 201007 | 12345678 | 12345678 |
| OMIP | 201008 | 12345678 | 12345678 |
| OMIP | 201009 | 12345678 | 12345678 |
| OMIP | 201010 | 12345678 | 12345678 |
| OMIP | 201011 | 12345678 | 12345678 |
| OMIP | 201012 | 12345678 | 12345678 |

6. File naming convention is <payer abbreviation>_<submitter abbreviation>_membership_<quarter>_<file created date>.dat

Example: OMIP_OMIP_membership_2015Q2_20150521_010101.dat

Lookup Table CFCT1: Payer abbreviation

This field contains up to seven characters which abbreviate the payer name. The list below is as inclusive as possible of mandatory reporters. However, if an entity is excluded from this list—but is contracted as a TPA or PBM by a listed mandatory reporter—that entity must also submit on behalf of the listed mandatory reporter.

| Payer Name | Abbreviation | Mandatory Reporter for 2016 |
|---|---------------------|------------------------------------|
| 4D Pharmacy Management Systems Inc. | FOURD | |
| A & I BENEFIT PLAN ADMINISTRATORS INC | AI | X |
| AARP Medicare Rx | AARP | |
| ACE AMERICAN INSURANCE COMPANY | AAIC | |
| ACS, Inc. - Healthcare Headquarters | ACS | |
| AETNA LIFE INSURANCE COMPANY | AETNA | X |
| Aetna Pharmacy Management (APM) | APM | |
| AllCare Health Plan, Inc. | ALLCARE | X |
| American Specialty Health Networks | ASHN | |
| Anthem Insurance Companies, Inc. | ANTHEM | X |
| Argus | ARGUS | X |
| Asuris Northwest Health | ASUR | X |
| ATRIO HEALTH PLANS, INC. | ATRIO | X |
| Benecard PBF | BENE | |
| BioScrip | BIOS | X |
| BOON (Aetna line of business) | BOON | X |
| Catamaran Hospice Services, LLC | CATHS | X |
| Catamaran PBM of Illinois, Inc. (formerly SXC Health Solutions, Inc.) | SXC | X |
| Catamaran PBM of Maryland, Inc. (formerly Catalyst Rx) | CATRX | X |
| Catamaran PBM Services, LLC (formerly RESTAT LLC Prescription Benefit Managers) | RESTAT | X |
| CIGNA Behavioral Health, Inc. | CBH | |
| CIGNA Health and Life Insurance Company | CIGNAHL | X |
| CIGNA HealthCare | CHC | |
| Community CCRx | CCCRX | |
| Companion Life Insurance Company | CLIC | |
| CONNECTICUT GENERAL LIFE INSURANCE COMPANY | CIGNA | X |
| Coventry Healthcare | COV | |
| CVS Caremark | CVS | X |
| Cypress Benefit Administrators | CBA | X |
| Cypress Care | CYP | |
| Employee Benefit Management Services, Inc. | EBMS | X |
| Employee Health Insurance Management, Inc. | EHIM | |
| Envision Pharmaceutical Services, Inc. | EPS | X |
| EnvisionRx Plus | ENVRXP | X |
| Express Scripts | EXPR | X |
| FAMILYCARE HEALTH PLANS, INC. | FCARE | X |
| FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY | FHLTH | X |
| First Health Services Corporation | FHSC | |
| First Script Network Services | FSNS | |

| Payer Name | Abbreviation | Mandatory Reporter for 2016 |
|--|---------------------|------------------------------------|
| FutureScripts (Catamaran PBM of Pennsylvania) | FUTSCR | |
| GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY | GWL | |
| GROUP & PENSION ADMINISTRATORS INC | GPADM | |
| HARRINGTON HEALTH SERVICES INC | HARR | X |
| HCC LIFE INSURANCE COMPANY | HCC | |
| Health Care Service Corporation | HCSC | |
| HEALTH NET HEALTH PLAN OF OREGON INC. | HNOR | X |
| HEALTH NET LIFE INSURANCE COMPANY | HNOR | X |
| HEALTH PLAN OF CAREOREGON INC. | CAREOR | X |
| Health Republic Insurance Company | HRIC | X |
| HEALTHCARE MANAGEMENT ADMINISTRATORS, INC. | HMA | X |
| HealthMarkets | HMKT | |
| HealthSpring Prescription Drug Plan | HSPR | |
| HealthTrans (Catamaran PBM of Colorado) | HTRANS | |
| HM LIFE INSURANCE COMPANY | HMIG | |
| HUMANA INSURANCE COMPANY | HUMANA | X |
| Humana Pharmacy Solutions | HPS | |
| Independent Health - Pharmacy Benefit Dimensions® | IHPBD | |
| KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | KP | X |
| Kroger Prescription Plans | KROGER | X |
| Leehar Distributors, Inc. (DBA LDI Integrated Pharmacy Services) | LDI | X |
| Lifewise Assurance Company | LWAC | |
| LIFEWISE HEALTH PLAN OF OREGON INC. | LWH | X |
| MAGELLAN BEHAVIORAL HEALTH SYSTEMS LLC | MAG | |
| Magellan Rx Management, Inc. | MAGR | X |
| Marion Polk Community Health Plan Advantage | MPCHPA | |
| Medco Health Solutions, Inc. (ExpressScripts line of business) | MEDCO | X |
| MedImpact Healthcare Systems, Inc. | MEDIMP | X |
| MEGA LIFE AND HEALTH INSURANCE COMPANY | MEGA | |
| MHN SERVICES (Health Net line of business) | MHN | X |
| MID ROGUE HEALTH PLAN, INC. | MRIPA | |
| MODA Health (formerly ODS Health Plan Inc.) | ODS | X |
| myMatrixx | MYMAT | |
| Navitus Health Solutions | NAV | X |
| NovoLogix | NOVO | |
| OmedaRx, Inc. | OMEDARX | X |
| OMIP (c/o REGENCE BLUECROSS BLUESHIELD OF OREGON) | OMIP | |
| OptumRx, Inc. | OPTUMRX | X |
| Pacific Source Community Health Plans, Inc. | PSCHP | X |
| PACIFICSOURCE ADMINISTRATORS INC | PSADM | X |
| PACIFICSOURCE HEALTH PLANS | PSHP | X |
| Partners Rx | PRX | X |
| PBM Plus, Inc. | PBMP | |
| Pennsylvania Life Insurance Company | PENN | |
| PharmAvail Benefit Management | PABM | |
| Prescription Solutions | PRESOL | |

| Payer Name | Abbreviation | Mandatory Reporter for 2016 |
|--|---------------------|------------------------------------|
| Prime Therapeutics | PRIME | X |
| PRINCIPAL LIFE INSURANCE COMPANY | PRIN | |
| ProCare Rx PBM | PRORX | |
| PROVIDENCE HEALTH PLAN | PROV | X |
| PTI - National Pharmaceutical Services | PTI | X |
| Ramsell Public Health Rx | RPHRX | |
| REGENCE BLUECROSS BLUESHIELD OF OREGON | REG | X |
| REGENCE LIFE AND HEALTH INSURANCE COMPANY | REG | |
| RegenceRx | REGRX | X |
| RxAmerica | RXAMER | |
| RxMPSS | RXMPSS | |
| SAMARITAN HEALTH PLANS, INC. | SAM | X |
| ScriptSave | SSAVE | |
| Serve You Custom Prescription Management | SRVYOU | X |
| SHASTA ADMINISTRATIVE SVCS INC | SHASTA | X |
| SilverScript Ins. Co | SLVR | X |
| Sterling Retiree Rx | STER | |
| STRATEGIC RESOURCE COMPANY (Aetna line of business) | SRC | X |
| SUN LIFE ASSURANCE COMPANY OF CANADA | SUN | |
| SYMETRA LIFE INSURANCE COMPANY | SYM | |
| Symphonix Health | SPHX | X |
| TIME INSURANCE COMPANY | TIME | X |
| Total Script | TOTAL | |
| Transamerica Life Insurance Company | TLIC | |
| TRILLIUM COMMUNITY HEALTH PLAN, INC. | TCHP | X |
| UHC MEDICARE ADVANTAGE (UnitedHealthCare Insurance Company line of business) | UHCM | X |
| UHCOR MEDICARE ADVANTAGE (UnitedHealthCare of Oregon line of business) | UHCORM | X |
| UMR INC | UMR | X |
| UNICARE LIFE & HEALTH INSURANCE COMPANY | UNICARE | |
| UNIMERICA INSURANCE COMPANY | UNI | |
| United American Insurance Company | UAIC | X |
| United Healthcare Services, Inc. | UHS | X |
| UNITEDHEALTHCARE INSURANCE COMPANY | UHC | X |
| UNITEDHEALTHCARE OF OREGON INC. | UHCOR | X |
| US Script, Inc. | USSCR | X |
| US-Rx Care, LLC | USRX | |
| Walgreens Health Initiatives | WALG | |
| Wellcare | WCARE | X |
| WellDyneRx | WELLD | |
| WESTPORT INSURANCE CORPORATION | WEST | |
| Windsor Rx | WIND | |
| Zenith American Solutions, Inc. | ZENITH | X |



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Schedule A: Healthcare Claims Data File Submissions

1. Submissions are due on or before the dates listed below.
2. OHA allows for a 2-week grace period to work with the APAC data vendor, Milliman, to correct errors in submissions.
3. Mandatory reporters that have not correctly submitted data or received an exception within 2 weeks of notification of error will be considered non-compliant, and OHA may take action to impose penalties.

Submission Schedule: 05/01/2015 – 10/31/2017

| | | | | | | | | | | | | | | | | | | |
|-------------------|----------------------|------|-------|------|------|-------|----------------------|------|-------|----------------------|------|------|----------------------|------|-------|------|------|-------|
| Due date* | Incurred Month, 2014 | | | | | | | | | Incurred Month, 2015 | | | | | | | | |
| | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. |
| 05/01/2015 | | | | | | | | | | | | | | | | | | |
| Due date** | Incurred Month, 2014 | | | | | | | | | | | | Incurred Month, 2015 | | | | | |
| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June |
| 07/31/2015 | | | | | | | | | | | | | | | | | | |
| Due date* | Incurred Month, 2014 | | | | | | | | | Incurred Month, 2015 | | | | | | | | |
| | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. |
| 10/31/2015 | | | | | | | | | | | | | | | | | | |
| Due date* | Incurred Month, 2015 | | | | | | | | | | | | Incurred Month, 2016 | | | | | |
| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June |
| 01/31/2016 | | | | | | | | | | | | | | | | | | |
| 05/01/2016 | | | | | | | | | | | | | | | | | | |
| 07/31/2016 | | | | | | | | | | | | | | | | | | |
| Due date* | Incurred Month, 2015 | | | | | | Incurred Month, 2016 | | | | | | | | | | | |
| | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
| 10/31/2016 | | | | | | | | | | | | | | | | | | |
| 01/31/2017 | | | | | | | | | | | | | | | | | | |
| Due date* | Incurred Month, 2016 | | | | | | | | | | | | Incurred Month, 2017 | | | | | |
| | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June |
| 05/01/2017 | | | | | | | | | | | | | | | | | | |
| 07/31/2017 | | | | | | | | | | | | | | | | | | |
| Due date* | Incurred Month, 2016 | | | | | | Incurred Month, 2017 | | | | | | | | | | | |
| | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | Apr. | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
| 10/31/2017 | | | | | | | | | | | | | | | | | | |

* - Submit data in shaded months on or before due date.

** - 07/31/2015 submission includes eighteen incurred months (01/01/2014 to 06/30/2015)

Appendix F: Subscriber billed premium data file layout and dictionary

| Data element | Name | Type | Max. length | Required? | Description/valid values | Error threshold |
|--------------|---|---------|-------------|-----------|---|-----------------|
| PB001 | Payer type | Text | 1 | Yes | See lookup table MC001 (Appendix A) | TBD |
| PB003 | Product code | Text | 3 | Yes | See lookup table MC003 (Appendix A) | TBD |
| PB202 | Market segment | Text | 2 | Yes | See lookup table ME202 (Appendix B) | TBD |
| PB007 | Subscriber ID | Text | 30 | Yes | Plan-specific unique identifier for subscriber | TBD |
| PB008 | Premium billed month | Date | 6 | Yes | Month in which subscriber and related members had coverage for which subscriber was billed. CCYYMM | TBD |
| PB009 | Covered members in premium billed month | Numeric | 3 | Yes | Number of members with coverage for which subscriber was billed in the premium billed month. | TBD |
| PB010 | Total Premium Billed for Premium Billed Month | Numeric | 12 | Yes | Total premium amount subscriber was billed for coverage in premium billed month. Premium billed to subscriber for premium billed month may differ from premium paid by subscriber in premium billed month if, for example, subscriber pays for more than 1 month of coverage in premium billed month. Report premium billed, not premium paid or another amount. Enter 0 if amount equals zero. Example: 15102.00 | TBD |