# Delaware Health Information Network

## *Health Care Claims Data Base*

# *Data Submission Guide v3.0*

DHIN HCCD Contact Information
Info@dhin.org

*Version 3.0 Effective March 1, 2023*

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# 1 Data Submission Requirements

## 1.1 Introduction and Contact Information

1.1.1 . The purpose of this document is to provide detailed information to Reporting Entities about how to prepare and submit Claims Data to the Delaware Health Care Claims Database (HCCD). Data submissions detailed below will include member eligibility, medical claims, pharmacy claims, and provider data (Health Care Data). Field definitions and other relevant data associated with these submissions are specified in Exhibit A.

The Delaware Health Information Network (DHIN) serves as the HCCD Administrator. For questions about the HCCD, its statutory regulations, and other issues, please use the contact information below:


Pier Straws, Delaware Health Information Network
302-678-0220

Pier.Straws@dhin.org


1.1.2 All definitions in this document shall be the same as those contained in the HCCD rule at DE ADC 1-100-103.2.0 which shall supersede the definitions in this document

1.1.3 This Submission Guide applies to both Mandatory Reporting Entities **and** to Voluntary Reporting Entities. This information is provided to facilitate accurate data submission and is not intended to expand authority conveyed in legislation or rule.

## 1.2 Annual Registration:

All Reporting Entities shall complete an initial mandatory Annual Registration Form at time of beginning participation as a data submitter. Thereafter, an Annual Registration Form must be completed by each Reporting Entity no later than December 31st of each year to ensure that the HCCD Administrator's records are kept current. The Annual Registration Form will include information on the total number of covered lives (as anticipated for the following calendar year), as well as two points of contact for each line of business required to submit files to the HCCD:

- Technical lead who is responsible for file production and submission
- Regulatory compliance officer

Upon receipt of each Annual Registration Form, the HCCD Administrator will provide each new Reporting Entity with their Reporting Entity Code and Reporting Entity Name which will be used within its HCCD submissions. The HCCD Administrator will also provide new Reporting Entities with SFTP credentials for the secure transmission of files to the HCCD.

For Reporting Entities continuing participation, the HCCD Administrator will provide confirmation of Reporting Entity Code and Reporting Entity Name.

## 1.3 Data to be Submitted

### 1.3.1 Claims Data Generally

1.3.1.1 **"Claims" shall mean** any claims paid**,** modified, or adjusted partially or in whole during the reporting period must be included in the submitted file. If a procedure is denied within a claim that was partially paid, the Reporting Entity must report all claim lines, including the denied lines. Reporting Entities are not required to submit data for wholly denied claims but may choose to do so voluntarily.

1.3.1.2 **Header and Trailer:** Each submitted data file shall have a Header and Trailer record. The Header and Trailer data elements for each defined file (ME,MC, PC, MP) provide file transmission control data, such as Record Count HD006. (see Exhibit A for specific formats).

1.3.1.3 **Versioning:** Reporting Entities shall provide documentation that describes how an original claim may be linked to all subsequent actions associated with that claim (see Exhibit A-2 for specifics). DHIN versions claims for ease of analytical use of the data. Claims versioning methodology is attested to by the Payer on the Annual Registration form. Claims data must pass versioning quality checks.

1.3.1.4 **Data Quality Requirements:** Please see Section 4 and Exhibit A for itemization of data elements to be included within each file type. Reporting Entities shall adhere to the element definitions and requirements such as format, valid code sets and threshold expectations.

1.3.2 **Medical Claims**:

Reporting Entities shall report claims and encounters for all Members for all covered services provided in all care settings, including but not limited to inpatient, outpatient, professional, therapies, home health, rehabilitative and skilled nursing facility care, durable medical equipment, medical transportation, and medical devices.

1.3.3 **Pharmacy Claims**:

Reporting Entities shall report all pharmacy claims for prescriptions dispensed to Members.

1.3.4 **Member Eligibility Data**

Reporting Entities shall report information for all Members, as follows: "**Member**" means individuals, employees, and dependents for which the Reporting Entity has an obligation to adjudicate, pay or disburse claims payments. The term includes covered lives. For employer-sponsored coverage, Members include certificate holders and their

dependents. This definition applies to members residing in the state of Delaware and, for the State Group Health Insurance Program, applies to all members, regardless of state of residence.

1.3.4.1 Reporting Entities must provide a data file that contains information on every Member who was enrolled at any time and for any duration during the reporting period, whether or not the Member utilized services (including pharmacy) during the reporting period. The file must include member identifiers, subscriber name and identifier, member relationship to subscriber, residence, age, race, ethnicity and language, and other required fields to allow retrieval of related information from pharmacy and medical claims data sets.

1.3.4.2 As per Exhibit A, Reporting Entities must flag whether the coverage is primary or secondary using data element ME028 'Primary Insurance Indicator'.

**1.3.5 Provider Data**

1.3.5.1 Reporting Entities must provide a data file that contains information on every provider for whom claims were adjudicated during the targeted reporting period.

1.3.5.2 In the event the same provider delivered and was reimbursed for services rendered from two different physical locations, then the provider data file shall contain two separate records for that same provider reflecting each of those physical locations. One record shall be provided for each unique physical location for a provider.

1.3.6 **Coordination of Submissions**:

If the Reporting Entity subcontracts with a pharmacy benefits manager or any other organization that manages claims for its Members, the Reporting Entity shall be responsible for ensuring that complete and accurate files are submitted to the HCCD from its subcontractors. The Reporting Entity shall ensure that the Member information on the subcontractor's file(s) is consistent with the Member information on the Reporting Entity's eligibility, medical claims, and prescription drugs files. The Reporting Entity shall include utilization and cost information for all services provided to members under any financial arrangement, including sub-capitated, bundled, and global payment arrangements.

# 2 File Submission Methods

## 2.1. SFTP Information:

Upon receipt of the completed Annual Registration Form, the HCCD Administrator shall provide information to each Reporting Entity regarding a secure file submission methodology and access. This information will include the necessary SFTP credentials (i.e. login and

password) for secure data transmission as well as the Reporting Entity Name and Reporting Entity Code to be used in the submitted files. Apart from the SFTP instructions, there will be no additional encryption requirement (e.g. PGP encryption) for files submitted to the HCCD.

# 3 Submission Schedule

## 3.1 Initial Data Submissions

Reporting Entities shall follow the Submission Schedule set forth in the HCCD Regulations. The information in this Section 3 is provided to assist in planning, especially for the first few data submissions to the HCCD. The submission schedule contained in the final HCCD Regulations, Attachment A, will be followed.

### 3.1.1 Test Files: For New Payers or Payers submitting New File Types

Reporting Entities shall submit one month of Required Claims Data files containing Members, Medical Claims, Pharmacy Claims and Provider records, by the due date defined in collaborative data implementation meetings. The purpose of the Test file is to validate production quality of the data and compliance with this Data Submission Guide.

### 3.1.2 Historical Files: For Payers providing Historical Files

Reporting Entities may be Required to submit Claims Data files for calendar years prior to their automated monthly reporting periods. Historical Files might be necessary if a Payer experiences an interruption of monthly submissions or, simply to provide a previous period's claims data that would not otherwise be available from monthly submissions.

### 3.1.3 Partial year submission: A Subset of Historical Files

As a method for providing partial year historical data, Reporting Entities may submit Claims Data files for claims adjudicated in the elapsed months of a calendar year. If historical and/or partial year submissions are required, DHIN will coordinate the submission schedule with the Payer.

## 3.2 Ongoing Data Submission

Reporting Entities shall submit monthly files containing claims activity (per Section 1.2.1.1) having occurred within the prior calendar month within 30 calendar days of the last day of the following month. The schedule for this submission is provided below and will continue in similar format in subsequent years. Submission dates falling on a weekend or legal holiday are extended to the next following business day.

| Submission Due to HCCD | Date of Claims and Eligibility Begin Date | Date of Claims and Eligibility End Date |
|---|---|---|
| By January 1 | November 1 | November 30 |
| By February 1 | December 1 | December 31 |
| By March 1 | January 1 | January 31 |
| By April1 | February 1 | February 28/29 |
| By May 1 | March 1 | March 31 |

| Submission Due to HCCD | Date of Claims and Eligibility Begin Date | Date of Claims and Eligibility End Date |
|---|---|---|
| By June 1 | April 1 | April 30 |
| By July 1 | May 1 | May 31 |
| By August 1 | June 1 | June 30 |
| By September 1 | July 1 | July 31 |
| By October 1 | August 1 | August 31 |
| By November 1 | September 1 | September 30 |
| By December 1 | October 1 | October 31 |

# 4 Data Quality Requirements

## 4.1 Required Data Elements

Exhibit A lists all data elements, including definitions, formats and expected fill rates (Thresholds). A data element with an "R" in the "Req'd" column means that this data element is required to be populated with a valid value, at the percentage displayed in the Threshold column. Data files that do not achieve the threshold percentage for each data element, and for which there is no Override or Exception (see 4.3 below), may be rejected.

A data element marked as "C" in the Req'd column means that it is "Conditionally Required". The Threshold percentage is applied to select records of the data element based on a certain condition, such as all Inpatient claims must have an Admit Date. A data element marked as "O" in the Req'd column is an optional data element that should be provided when available. Percentages in the Threshold column for data elements categorized as Optional, are based on expected frequency for that data element. Deviation from the frequency threshold will not cause the file to be rejected but may still require follow up using the Override Exception process.

## 4.2 Data Validation

Data Validation is a critical step in the process of loading the HCCD data into the database. There are four steps in this data validation process: file structure, Level 1, versioning and Level 2 checks. Each validation step is dependent on the success of the prior validation step. Some Validation failures will cause a file to be rejected, while others require formal explanation. All unacceptable validation results will be shared with the Reporting Entity. Each Reporting Entity will work interactively with the HCCD Administrator when receiving feedback based on the data validation checks.

### 4.2.1 File Load Validation

This is the first validation check. Files may be rejected for missing column headings, if claim line/record count totals do not match, or if they have other structural errors. Files are also reviewed for consistency in counts month over month. A spike in member eligibility counts would cause the HCCD Administrator to contact the Reporting Entity for an explanation. Should the file be rejected, the Reporting Entity shall resubmit corrected

files. After accepting the data for loading, DHIN will continue to perform a series of data validation checks.

#### 4.2.2 Level 1 Data Validation

Upon successful loading of received files, Level 1 Data Validations are performed. Data elements will be validated against established Data Submission Guide specifications such as definitions, code set values, data types, data formats and threshold ranges as found in Exhibit A. Each Reporting Entity will need to work interactively with the HCCD Administrator to achieve Data Submission Guide specifications.

#### 4.2.3 Claims Versioning

The claims versioning step applies the versioning methodology provided by each Reporting Entity to the medical claims and the pharmacy claims files The versioning methodology is defined by the Payer on the annual registration form.

#### 4.2.4 Level 2 Data Validations

Level 2 Data Validations are largely "reasonableness" tests. Baselines for these tests began as national norms found in other multi-payer claims databases. As insurance plans and processes change in Delaware these reasonableness norms will also shift correspondingly. A full list of Level 2 Data Validations can be made available to Reporting Entities upon request.

### 4.3 Overrides and Exceptions

The DHIN may grant overrides and exceptions to threshold requirements at the discretion of the HCCD Administrator. To request an override or exception, the Reporting Entity must request and complete an Override and Exception Form, detailing the reason why the mandated threshold or requirement cannot be achieved and when the Reporting Entity anticipates being able to comply with the requirement.

Completed Override and Exception Forms must be returned to the HCCD Administrator for review and consideration. The HCCD Administrator will notify the Reporting Entity of the status of their request within 10 business days of the application's submission. All approved requests will have an expiration date, requiring Reporting Entities to reapply and justify any continuing override or exception on an annual basis or sooner as determined by the expiration date of the exception.

## 5 File Format

### 5.1 Format Guidelines

All files submitted to the HCCD will be formatted as standard text files. Text files must comply with the following standards:

5.1.1 One line item per row. No single line item of data may contain carriage return or line feed characters.

5.1.2 All rows must be delimited by the carriage return + line feed character combination.

5.1.3 All fields are variable field length with some maximum length restrictions. Delimit fields using the pipe character (ASCII=124). It is imperative that no pipes ('|') appear in the data itself. If your data contain pipes, either remove them or discuss using an alternate delimiter character.

5.1.4 Text fields are *never* demarcated or enclosed in single or double quotes. Any quotes detected are regarded as a part of the actual data.

5.1.5 The first row of the files *always* contains the names of data columns. This includes the column names for the header and trailer portions as well as the data file column names

5.1.6 Unless otherwise specified, numbers (e.g. ID numbers, account numbers, etc.) do not contain spaces, hyphens or other punctuation marks.

5.1.7 Data Element values are never padded with leading or trailing spaces or tabs.

5.1.8 Numeric = numeric values only, no alpha characters. Some numeric fields have an assumed decimal, some are whole numbers. If an element has an assumed decimal, the decimal will be applied prior to performing data validation checks. It is the Payer's responsibility to provide the accuracy of the numeric value to the intended data element. Common errors have been with cost and payment data or pharmaceutical

5.1.9 If a value is not available for a data element e, or is not applicable, include the column and leave it blank. 'Blank' means do not supply any value at all between pipes (including quotes or other characters).

## 5.2 File Naming Convention

All files submitted to the HCCD shall have a naming convention developed to facilitate file management without requiring access to the contents.

All file names will follow the template:

TESTorPROD_Reporting EntityID_PeriodEndingDateFileTypePartNumberVersionNumber.txt

a. Examples
    i. TEST_XXX_201606MEv01.txt
    ii. PROD_XXX_201606MEv02.txt

    Or, if using Part Number

    i. PROD_XXX_201606MC01v01.txt

- TEST or PROD – TEST for test files; PROD for production files
- Reporting Entity ID – This is the Reporting Entity ID assigned to each submitter
- Period ending date expressed as CCYYMM (four-digit calendar year and two-digit month; for example, 201403 indicates a March 2014 end date).
- **File Type:** Member Eligibility (ME), Medical Claims (MC), Pharmacy Claims (PC), Provider (MP),
- **Part Number:** This is optional and should only be used if necessary. This is used to identify a file that will be an addition to a file previously submitted of the same period, type and version. File Parts are cumulative to existing data. It is used if a single Reporting Entity supplies two data files of the same File Type for the same period and both datasets are valid for submission. The HCCD Administrator and Reporting Entity will agree on Part Number before use.
- **Version number**: This is used to differentiate multiple submissions of the same file. This will be important if a file needs to be resubmitted to resolve an issue such as a validation failure. The letter v should be used, followed by two digits, e.g. v02. You must include the leading zero. Original submissions of all files should be labeled v01. The HCCD will not accept files that have the same name as an existing file. A file name of the same name with the advancement of the version number will be used to Replace previously submitted data of the same file name and an earlier version number.
- **File extension** (.txt)

### 5.3 Definitions for Data Element Types

**date** – date data type for dates from 01/01/0001 through 12/31/9999
**int** – integer (whole number)
**decimal/numeric** – fixed precision and scale numeric data
**char** – fixed length non-unicode data with a max of 8,000 characters unless length is otherwise specified
**varchar** – variable length non-unicode data with a maximum of 8,000 characters unless length is otherwise specified
**text** – variable length non-unicode data with a maximum of 2^31 -1 characters

# 6 Exhibit A - Data Elements

### 6.1 Member Eligibility Data

The Reporting Entity's Member Number, ME009, must be unique to an individual. This unique identifier in the eligibility file must be consistent with the unique identifier in the medical claims/pharmacy file, MC010 and PC010 respectively. This provides linkage between medical

and pharmacy claims during established coverage periods and is critical for the implementation of Episode of Care reporting.

For Historic Data Submissions, report eligibility for all Members during each reporting month. If historical address data is not available, report historical months' eligibility data based on Member's last known or current address.

To reconcile the total number of Members in the historical data submissions, each Reporting Entity shall submit a summary report that totals the number of Members for each month for Historic Data.

Member Eligibility files must be formatted to provide one record per member per month.

### 6.1.1 Member Eligibility File Header Record – Transmission Control Data Elements

| Data Element # | Data Element Name | Type | Max Length | Description/valid values | Thresh. |
|---|---|---|---|---|---|
| HD001 | Record Type | char | 2 | ME | 100% |
| HD002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| HD003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| HD004 | Beginning Month | date | 6 | CCYYMM | 100% |
| HD005 | Ending Month | date | 6 | CCYYMM | 100% |
| HD006 | Record count | int | 10 | Total number of records submitted in the medical eligibility file, excluding header and trailer records | 100% |

### 6.1.2 Member Eligibility File Trailer Record – Transmission Control Data Elements

| Data Element # | DataElement Name | Type | Max Length | Description/valid values | Thresh. |
|---|---|---|---|---|---|
| TR001 | Record Type | char | 2 | ME | 100% |
| TR002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| TR003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| TR004 | Beginning Month | date | 6 | CCYYMM. Example for Feb 20, 2020 is 202002 | 100% |
| TR005 | Ending Month | date | 6 | CCYYMM Example for Feb 20, 2020 is 202002 | 100% |
| TR006 | Extraction Date | date | 8 | CCYYMMDD, Example for Feb 20 , 2020 is 20200220 | 100% |

### 6.1.3 Member Eligibility File

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME001 | N/A | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator. Value is the same for ME001, MC001, PC001, MP001 | R | 100 % |
| ME002 | N/A | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator. This Name will be derived from the Organization name as provided on the Annual Registration form<br>Value is the same for ME002, MC002, PC002, MP002 | R | 100 % |
| ME003 | 271/2110C/EB/ /04, 271/2110D/EB/ /04 | Insurance Type Code/Product | char | 2 | See Lookup Table B-1.A<br>ME003 value for a member should match MC003 and PC003 in corresponding claims data. | R | 100 % |
| ME004 | N/A | Year | int | 4 | 4 digit Year for which eligibility is reported in this submission | R | 100 % |
| ME005 | N/A | Month | char | 2 | Month for which eligibility is reported in this submission expressed numerical from 01 to 12. | R | 100 % |
| ME006 | 271/2100C/REF/1L/02, 271/2100C/REF/IG/02, 271/2100C/REF/6P/02, 271/2100D/REF/1L/02, 271/2100D/REF/IG/02, 271/2100D/REF/6P/02 | Insured Group or Policy Number | varchar | 30 | Group or policy number - not the number that uniquely identifies the subscriber | R | 99.5 % |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME007 | 271/2110C/EB/ /02, 271/2110D/EB/ /02 | Coverage Level Code | char | 3 | See Lookup Table B-1. I | R | 99.9 % |
| ME008 | 271/2100C/NM1/MI/09 | Subscriber Social Security Number | varchar | 9 | Subscriber's social security number; Set as null if unavailable | O | |
| ME009 | 271/2100C/NM1/MI/09 | Plan Specific Contract Number | varchar | 128 | Plan assigned subscriber's contract number; Set as null if contract number = subscriber's social security number or use an alternate unique identifier such as Medicaid ID. Must be an identifier that is unique to the subscriber. | R | 99.9 % |
| ME010 | N/A | Member Number | varchar | 128 | Unique number of the member within the contract. Must be an identifier that is unique to the member. May include a combination of contract number and suffix number to be unique.<br><br>This data element holds the unique identifying value of a person's membership number and must relate to the member number used in the medical and pharmacy claims data. Only one record per person per month in the member eligibility file.<br><br>Values in the following data elements within the different files must represent the same person uniquely<br>ME010 = MC009 = PC009 | R | 100 % |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME011 | 271/2100C/NM1/MI/09, 271/2100D/NM1/MI/09 | Member Identification Code | varchar | 10 | Member's social security number or Medicaid ID. Must be an identifier that is unique to the member. Used for matching member records. | R | 80% |
| ME130 | | Member Telephone Number | char | 10 | Member's telephone number on record with Reporting Entity; required if ME011 is blank or unknown; used for matching member records. Do not include parentheses, dashes or periods. This is a significant element used in the person matching processes. | C | 70% |
| ME012 | 271/2100C/INS/Y/02, 271/2100D/INS/N/02 | Individual Relationship Code | char | 2 | Member's relationship to insured – see Lookup Table B-1.B | R | 100 % |
| ME013 | 271/2100C/DMG/ /03, 271/2100D/DMG/ /03 | Member Gender | char | 1 | M – Male<br>F – Female<br>U – UNKNOWN | R | 100 % |
| ME014 | 271/2100C/DMG/D8/02, 271/2100D/DMG/D8/02 | Member Date of Birth | date | 8 | CCYYMMDD | R | 99.5 % |
| ME015 | 271/2100C/N4/ /01, 271/2100D/N4/ /01 | Member City Name of Residence | varchar | 30 | City name of member residence | R | 99.5 % |
| ME016 | 271/2100C/N4/ /02, 271/2100D/N4/ /02 | Member State or Province | char | 2 | As defined by the US Postal Service | R | 99.5 % |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME017 | 271/2100C/ N4/ /03, 271/2100D/ N4/ /03 | Member ZIP Code | varchar | 11 | ZIP Code of member - may include non-US codes. Do not include dash. Plus 4 optional but desired. | R | 99.5 % |
| ME018 | N/A | Medical Coverage | char | 1 | Y – YES<br>N - NO<br>3 – UNKNOWN | R | 100 % |
| ME019 | N/A | Prescription Drug Coverage | char | 1 | Y – YES<br>N - NO<br>3 – UNKNOWN | R | 100 % |
| ME020 | N/A | Dental Coverage | char | 1 | Y – YES<br>N – NO<br>3 – UNKNOWN | R | 100 % |
| ME123 | N/A | Behavioral Health | char | 1 | Y – YES<br>N – NO<br>3 – UNKNOWN | R | 100 % |
| ME021 | N/A | Race 1 | varchar | 6 | R1 American Indian/Alaska Native<br>R2 Asian<br>R3 Black/African American<br>R4 Native Hawaiian or other Pacific Islander<br>R5 White<br>R9 Other Race<br>UNKNOW Unknown/Not Specified | O | |
| ME022 | N/A | Race 2 | varchar | 6 | See code set for ME021. | O | |
| ME023 | N/A | Other Race | varchar | 15 | List race if MC021or MC022 are coded as R9. | O | |
| ME024 | N/A | Hispanic Indicator | char | 1 | Y = Patient is Hispanic/Latino/Spanish<br>N = Patient is not Hispanic/Latino/Spanish<br>U = Unknown | O | |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME025 | The 41 CDC ethnicity codes that are grouped under one of the 2 OMB ethnicity category codes. | Ethnicity 1 | varchar | 6 | Ethnicity describes a person's cultural background often described as country of origin. Please see lookup table 7.11 | O | |
| ME026 | The 41 CDC ethnicity codes that are grouped under one of the 2 OMB ethnicity category codes. | Ethnicity 2 | varchar | 6 | See code set for ME025. | O | |
| ME027 | N/A | Other Ethnicity | varchar | 20 | List ethnicity if MC025 or MC026 are coded as OTHER. | O | |
| ME028 | N/A | Primary Insurance Indicator | char | 1 | Y – Yes, primary insurance<br>N – No, secondary or tertiary insurance | R | 99.9 % |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME029 | N/A | Coverage Type | char | 3 | This field identifies which entity holds the risk:<br><br>ASW = Self-funded plans administered by a TPA, where the employer has purchased stop-loss, or group excess insurance coverage; ASO = Self- funded plans administered by a TPA, where the employer has not purchased stop-loss, or group excess insurance coverage;<br>STN = Short-term, non-renewable health insurance (e.g., COBRA);<br>UND = Plans underwritten by the insurer(fully insured group and individual policies);<br>MEW = Associations/Trusts and Multiple Employer Welfare Arrangements;<br>OTH = Any other plan (for example- student health plan).<br><br>Insurers using this code shall obtain prior approval. | R | 99.9 % |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME030 | N/A | Market Category Code | varchar | 4 | **FIS** – Fully insured<br>**GHI**- State Group Health Insurance Program<br>**GSA** – policies sold and issued directly to small employers through a qualified association trust<br>**IND** – policies sold and issued directly to individuals (non-group)<br>**LGS** – policies and issued directly to employers having 101 or more employees<br>**MCD** - Medicaid<br>**MED**- Medicare and Retiree products.<br>**SFP** – Self-insured plans<br>**SGS**- Policies sold and issued to employers having 2 - 100 employees<br>**SHP** - Student Health Plan<br>**OTH** – policies sold to other types of entities.<br><br>Insurers using this market code shall obtain prior approval. | R | 99.9% |
| ME032 | N/A | Employer Tax ID | varchar | 50 | Employer tax ID. Required for Employer sponsored plans such as State Employee Health Plans (when ME030=GHI). If not employer sponsored plan, then Optional | R or O | 90% |
| ME043 | N/A | Member Street Address | varchar | 50 | Physical street address of the covered member | R | 99% |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME044 | N/A | Employer Group Name | varchar | 128 | Employer Group Name or Name of the Purchaser/Client IND for individual Policies . Desired for Employer sponsored plans such as State Employee Health Plans (when ME030=GHI). If not employer sponsored plan, then Optional | O | 90% |
| ME101 | 271/2100C/ NM1/ /03 | Subscriber Last Name | varchar | 128 | The subscriber last name | R | 100 % |
| ME102 | 271/2100C/ NM1/ /04 | Subscriber First Name | varchar | 128 | The subscriber first name | R | 100 % |
| ME103 | 271/2100C/ NM1/ /05 | Subscriber Middle Initial | char | 1 | The subscriber middle initial | O | 50% |
| ME104 | 271/2100D/ NM1/ /03 | Member Last Name | varchar | 128 | The member last name | R | 100 % |
| ME105 | 271/2100D/ NM1/ /04 | Member First Name | varchar | 128 | The member first name | R | 100 % |
| ME897 | N/A | Plan Effective Date | date | 8 | CCYYMMDD<br>Date eligibility started for this member under this plan type. The purpose of this data element is to maintain eligibility span for each member. | R | 100 % |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME045 | | Marketplace Offering | char | 1 | Identifies whether a policy was purchased through the Delaware Health Benefits Marketplace (Choose Health Delaware)<br><br>Y=Commercial small or non-group QHP purchased through the Marketplace<br>N=Commercial small or non-group QHP purchased outside the Marketplace<br>U= Not applicable (plan/product is not offered in the commercial small or non-group market or grandfathered) | R | 100 % |
| ME106 | | Member Middle Initial | char | 1 | Member's middle initial when available. | O | 50% |
| ME107 | | Risk Basis | char | 1 | S – Self-insured<br>F – Fully insured<br>Default to "F" for grandfathered Plans | R | 99% |
| ME108 | | Filler | char | 1 | Filler, leave blank | | |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME120 | | Actuarial Value | decimal | 6 | Report value as calculated in the most recent version of the HHS Actuarial Value Calculator available at http://cciio.cms.gov/resources/regulations/index.html<br><br>Size includes decimal point.<br><br>Required for QHPs: small group and non-group (individual) plans sold inside or outside the Exchange. Default to "0" for Grandfathered plans | R | 99% |
| ME121 | | Metallic Value | int | 1 | Metal Level (percentage of Actuarial Value) per federal regulations.<br>Valid values are:<br>1 – Platinum<br>2--Gold<br>3 – Silver<br>4 – Bronze<br>0 – Not Applicable<br><br>Required for small group and non-group (individual) plans sold inside or outside the Marketplace.<br><br>Use values provided in the most recent version of the HHS Actuarial Value Calculator available at http://cciio.cms.gov/resources/regulations/index.html<br><br>Default to "0" for Grandfathered plans | R | 99% |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Requirements | Req'd | Threshold |
|---|---|---|---|---|---|---|---|
| ME122 | | Grandfather Status | char | 1 | See definition of "grandfathered plans" in HHS rules CFR 147.140<br><br>Y= Yes<br>N = No<br><br>Required for small group and non-group (individual) plans sold inside or outside the Marketplace. | R | 99% |
| ME124 | | PCP NPI | char | 10 | NPI of Member's PCP<br>NA – if the plan eligibility does not require a PCP<br>Unknown – if PCP is required by the plan but is unknown | O | 60% |
| ME125 | | PCP Practice Name | Char | 50 | Common name of the practice accountable for the patient; this may be the physician's name if the physician is a solo practitioner. | O | 40% |
| ME126 | | PCP Name | char | 50 | Name of the PCP to whom the patient is attributed. | O | 50% |
| ME127 | | Payer's PCP ID | char | 10 | Internal payer's practice identification number (may be different by payer, e.g., BSID, TIN, or other unique ID) | O | 50% % |
| ME128 | | PCP Attribution Date | date | 8 | CCYYMMDD. | O | 50% |
| ME899 | N/A | Record Type | char | 2 | Value = ME | R | 100 % |

## 6.2 Medical Claims data

Medical Claims file submissions shall include claims activity (as per Section 1.2.1.1.) for covered services under capitated, global, bundled, episode or other payment arrangement.

### 6.2.1 Medical Claims File Header Record - Transmission Control Data Elements

| Data Element # | Data Element Name | Type | Max Length | Description/valid values | Thresh. |
|---|---|---|---|---|---|
| HD001 | Record Type | char | 2 | MC | 100% |
| HD002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| HD003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| HD004 | Beginning Month | date | 6 | CCYYMM | 100% |
| HD005 | Ending Month | date | 6 | CCYYMM | 100% |
| HD006 | Record count | int | 10 | Total number of records submitted in the medical claims file, excluding header and trailer records | 100% |

### 6.2.2 Medical Claims File Trailer Record - Transmission Control Data Elements

| Data Element # | Data Element Name | Type | Max Length | Description/valid values | Thresh. |
|---|---|---|---|---|---|
| TR001 | Record Type | char | 2 | MC | 100% |
| TR002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| TR003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| TR004 | Beginning Month | date | 6 | CCYYMM | 100% |
| TR005 | Ending Month | date | 6 | CCYYMM | 100% |
| TR006 | Extraction Date | date | 8 | CCYYMMDD | 100% |

### 6.2.3 Medical claims file

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC001 | N/A | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator. Value is the same for ME001, MC001, PC001 | R | 100% |
| MC002 | N/A | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator. This Name will be derived from the Organization name as provided on the Annual Registration form Value is the same for ME002, MC002, PC002, | R | 100% |
| MC003 | 837/2000 B/SBR/ /09 | Insurance Type /Product Code | char | 2 | See Lookup Table B-1.A | R | 100% |
| MC004 | 835/2100/ CLP/ /07 | Reporting Entity Claim Control Number | varchar | 35 | Must apply to the entire claim and be unique within the Reporting Entity's system. No partial claims – records must include all claim lines associated with Claim Control Number Only paid (or partially paid) claims. | R | 99.9% |
| MC005 | 837/2400/ LX/ /01 | Line Counter | int | 4 | Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. All claims must contain a line 1. | R | 99.5% |
| MC005A | N/A | Version Number | int | 4 | The version number of this claim service line. The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line. Plans that cannot increment this column may opt to use YYMM as the version number. | R | 99.5% |
| MC006 | 837/2000 B/SBR/ /03 | Insured Group or Policy Number | varchar | 30 | Group or policy number - not the number that uniquely identifies the subscriber. | R | 99.5% |
| MC007 | 835/2100/ NM1/34/09 | Subscriber Social Security Number | varchar | 9 | Subscriber's social security number; Set as null if unavailable | O | |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC008 | 835/2100/ NM1/HN/ 09 | Plan Specific Contract Number | varchar | 128 | Plan assigned subscriber's contract number; Set as null if contract number = subscriber's social security number or use an alternate unique identifier such as Medicaid ID. Must be an identifier that is unique to the subscriber. | R | 99.9% |
| MC009 | N/A | Member Number | varchar | 128 | Unique number of the member within the contract. Must be an identifier that is unique to the member. May include a combination of contract number and suffix number to be unique.<br><br>This data element is the unique identifying element for a person member and their related medical and pharmacy claims.<br><br>Values in the following data elements within the different files must represent the same person uniquely<br>ME-010 = MC-009; PC-009 | R | 100% |
| MC010 | 835/2100/ NM1/MI/ 089 | Member Identification Code (patient) | varchar | 9 | Member's social security number or Medicaid ID. Must be an identifier that is unique to the member. Used for matching member records.. | R | 99.9% |
| MC130 | | Member Telephone Number | char | 10 | Member's telephone number on record with Reporting Entity; required if MC010 is blank or unknown; used for matching member records. Do not include parentheses, dashes or periods. Required if MC010 is blank | C | 100% |
| MC011 | 837/2000 B/SBR/ /02, 837/2000 C/PAT/ /01, 837/2320/ SBR/ /02 | Individual Relationship Code | char | 2 | Member's relationship to insured – Reporting Entities will map their available codes to those listed in Lookup Table B-1.B<br>Required if MC010 is blank | C | 100% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC012 | 837/2010 CA/DMG/ /03 | Member Gender | char | 1 | M – Male<br>F – Female<br>U – Unknown | R | 100% |
| MC013 | 837/2010 CA/DMG/ D8/02 | Member Date of Birth | date | 8 | CCYYMMDD | R | 99.5% |
| MC014 | 837/2010 CA/N4/ /01 | Member City Name of Residence | varchar | 30 | City name of member of residence | R | 99.5% |
| MC107 | | Member Street Address | varchar | 50 | Physical street address of the covered member | R | 99% |
| MC015 | 837/2010 CA/N4/ /02 | Member State or Province | char | 2 | As defined by the US Postal Service | R | 99.5% |
| MC016 | 837/2010 CA/N4/ /03 | Member ZIP Code | varchar | 11 | ZIP Code of member - may include non-US codes. Do not include dash. Plus 4 optional but desired. | R | 99.5% |
| MC017 | N/A | Date Service Approved/Accounts Payable Date/Actual Paid Date | date | 8 | CCYYMMDD | R | 100% |
| MC018 | 837/2300/ DTP/435/ 03 | Admission Date | date | 8 | Required for all inpatient claims.<br>CCYYMMDD<br>Required for Inpatient Claims<br>Optional for Outpatient claims | C | |
| MC019 | 837/2300/ DTP/435/ 03 | Admission Hour | char | 4 | Required for all inpatient claims.<br>Hours should be expressed in military time (24hr) – HHMM.<br>Required for Inpatient Claims<br>Optional for Outpatient claims | C | |
| MC020 | 837/2300/ CL1/ /01 | Admission Type | int | 1 | Required for all inpatient claims (SOURCE: National Uniform Billing Data Element Specifications)<br>1 Emergency<br>2 Urgent<br>3 Elective<br>4 Newborn<br>5 Trauma Center<br>9 Information not available<br>Required for Inpatient Claims<br>Optional for Outpatient claims | C | |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC021 | 837/2300/ CL1/ /02 | Admission Source | char | 1 | Required for all inpatient claims (SOURCE: National Uniform Billing Data Element Specifications) Required for Inpatient Claims Optional for Outpatient claims | C | |
| MC022 | 837/2300/ DTP/096/ 03 | Discharge Hour | int | 4 | Time expressed in military time (24hr) – HHMM Required for Inpatient Claims Optional for Outpatient claims | C | 50% |
| MC023 | 837/2300/ CL1/ /03 | Discharge Status | char | 2 | Required for all inpatient claims. defaults: IP: default '00' = unknown OP: default '01' = home See Lookup Table B-1. Required for all inpatient claims Optional for outpatient | C | 90% |
| MC024 | 835/2100/ NM1/BD/ 09, 835/2100/ NM1/BS/0 9, 835/2100/ NM1/MC/ 09, 835/2100/ NM1/PC/ 09 | Service Provider Number | varchar | 30 | Reporting Entity's unique, assigned service provider number. Submit facility for institutional claims; physician or healthcare professional for professional claims. | R | 90% |
| MC025 | 835/2100/ NM1/FI/0 9 | Service Provider Tax ID Number | varchar | 10 | Federal tax identification number | R | 90% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC026 | professional: 837/2420A/NM1/XX/09; 837/2310B/NM1/XX/09; institutional: 837/2420A/NM1/XX/09; 837/2420C/NM1/XX/09; 837/2310A/NM1/XX/09 | Service National Provider ID | varchar | 20 | National Provider ID (NPI). This data element pertains to the entity or individual directly providing the service. | R | 90% |
| MC027 | professional: 837/2420A/NM1/82/02; 837/2310B/NM1/82/02; institutional: 837/2420A/NM1/72/02; 837/2420C/NM1/82/02; 837/2310A/NM1/71/02 | Service Provider Entity Type Qualifier | char | 1 | HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as a "person", and these shall be coded as a person. Health care claims processors shall code according to:<br>1 Person<br>2 Non-Person Entity | R | 90% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC028 | professional: 837/2420A/NM1/82/04; 837/2310B/NM1/82/04; institutional: 837/2310A/NM1/71/04 | Service Provider First Name | varchar | 25 | Individual first name. Set to null if provider is a facility or organization. | R | 75% |
| MC029 | professional: 837/2420A/NM1/82/05; 837/2310B/NM1/82/05; institutional: 837/2310A/NM1/71/05 | Service Provider Middle Name | varchar | 25 | Individual middle name or initial. Set to null if provider is a facility or organization. | O | |
| MC030 | professional: 837/2420A/NM1/82/03; 837/2310B/NM1/82/03; institutional: 837/2420C/NM1/82/03; 837/2310A/NM1/71/03 | Service Provider Last Name or Organization Name | varchar | 60 | Full name of provider organization or last name of individual provider | R | 99.5% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC031 | professional: 837/2420A/NM1/82/07; 837/2310B/NM1/82/07; institutional: 837/2310A/NM1/71/07 | Service Provider Suffix | varchar | 10 | Suffix to individual name. Set to null if provider is a facility or organization. The service provider suffix shall be used to capture the generation of the individual clinician (e.g., Jr., Sr., III), if applicable, rather than the clinician's degree (e.g., MD, LCSW). | O | |
| MC032 | professional: 837/2420A/PRV/PE/03; 837/2310B/PRV/PE/03; institutional: | Service Provider Specialty | varchar | 10 | Prefer CMS specialty or taxonomy codes. Homegrown codes can be used but a lookup is required.<br>A Dictionary for homegrown codes must be supplied during testing. | R | 99.5% |
| MC108 | | Service Provider Street Address | varchar | 50 | Physical practice location street address of the provider administering the services | R | 90% |
| MC033 | professional: 837/2420C/N4//01; 837/2310C/N4//01; institutional: 837/2310E/N4/ /01 | Service Provider City Name | varchar | 30 | City name of provider - preferably practice location | R | 90% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC034 | professional: 837/2420 C/N4/ /02; 837/2310 C/N4/ /02; institutional: 837/2310 E/N4/ /02 | Service Provider State or Province | char | 2 | As defined by the US Postal Service | R | 90% |
| MC035 | professional: 837/2420 C/N4/ /03; 837/2310 C/N4/ /03; institutional: 837/2310 E/N4/ /03 | Service Provider ZIP Code | varchar | 11 | ZIP Code of provider - may include non-US codes; do not include dash. Plus 4 optional but desired. | R | 90% |
| MC036 | 837/2300/ CLM/ /05-1 | Type of Bill – Institutional | char | 3 | Required for institutional claims; Not to be used for professional claims See Lookup Table B-1.D Required for institutional claims only | C | 99% |
| MC037 | 837/2300/ CLM/ /05-1 | Place of Service | char | 2 | Required for professional claims. Not to be used for institutional claims. Map where you can and default to "99" for all others. See Lookup Table B-1.E Required for professional claims only | C | 99% |
| MC038 | 835/2100/ CLP/ /02 ANSI ASC X12 | Claim Status | char | 2 | See Lookup Table B-1.F Claim status codes maintained by ANSI ASC X12 is the code identifying type of claim | R | 99.5% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC038a | ANSI ASC X12 http://www.wpc-edi.com/reference/ | Denial Reason | varchar | 5 | Claim Adjustment Reason Code<br>Required when MC038 = 4 or 22<br>Use the most appropriate code from either the Claim Adjustment Reason Codes (CARC) set or the Remittance Advice Remark Codes (RARC) set. | C | 25% |
| MC039 | 837/2300/HI/BJ/01-2 | Admitting Diagnosis | varchar | 7 | Required on all inpatient admission claims and encounters. ICD-9-CM or ICD-10-CM. Do not code decimal point. Required for Inpatient claims, Optional if outpatient claim | C | 90% |
| MC898 | N/A | ICD-9 / ICD-10 Flag | char | 1 | 0 This claim contains ICD-9-CM codes<br>1 This claim contains ICD-10-CM codes<br>The purpose of this field is to identify which code set is being utilized. | R | 100% |
| MC040 | 837/2300/HI/BN/01-2 | E-Code | varchar | 7 | Describes an injury, poisoning or adverse effect. ICD-9-CM or ICD-10-CM. Do not code decimal point. | O | |
| MC041 | 837/2300/HI/BK/01-2 | Principal Diagnosis | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | R | 95% |
| MC042 | 837/2300/HI/BF/01-2 | Other Diagnosis – 1 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC043 | 837/2300/HI/BF/02-2 | Other Diagnosis – 2 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC044 | 837/2300/HI/BF/03-2 | Other Diagnosis – 3 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC045 | 837/2300/HI/BF/04-2 | Other Diagnosis – 4 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC046 | 837/2300/HI/BF/05-2 | Other Diagnosis – 5 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC047 | 837/2300/HI/BF/06-2 | Other Diagnosis – 6 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC048 | 837/2300/HI/BF/07-2 | Other Diagnosis – 7 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC049 | 837/2300/HI/BF/08-2 | Other Diagnosis – 8 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC050 | 837/2300/HI/BF/09-2 | Other Diagnosis – 9 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC051 | 837/2300/HI/BF/10-2 | Other Diagnosis – 10 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC052 | 837/2300/HI/BF/11-2 | Other Diagnosis – 11 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC053 | 837/2300/HI/BF/12-2 | Other Diagnosis – 12 | varchar | 7 | ICD-9-CM or ICD-10_CM. Do not code decimal point. | O | |
| MC054 | 835/2110/SVC/NU/01-2 | Revenue Code | char | 4 | National Uniform Billing Committee Codes. Code using leading zeroes, left justified, and four digits. Required for Institutional Claims only, otherwise leave blank | C | 99.9% |
| MC055 | 835/2110/SVC/HC/01-2 | Outpatient Procedure Code | varchar | 10 | Health Care Common Procedural Coding System (HCPCS); this includes the CPT codes of the American Medical Association. Required for Outpatient and Professional claims only, otherwise leave blank. | C | 80% |
| MC056 | 835/2110/SVC/HC/01-3 | Procedure Modifier – 1 | char | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code. Required for Outpatient and Professional claims only. | C | 10% |
| MC057 | 835/2110/SVC/HC/01-4 | Procedure Modifier – 2 | char | 2 | Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code. Required for Outpatient and Professional claims only. | C | 2% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC058 | 835/2110/ SVC/ID/01 -2 | ICD-9-CM or ICD-10 Procedure Code | char | 7 | Primary procedure code for this line of service. Do not code decimal point.<br>Required for Inpatient Claims only; otherwise leave blank Default to Blank | C | 55% |
| MC059 | 835/2110/ DTM/150/ 02 | Date of Service – From | date | 8 | First date of service for this service line. CCYYMMDD | R | 99.5% |
| MC060 | 835/2110/ DTM/151/ 02 | Date of Service – Thru | date | 8 | Last date of service for this service line. CCYYMMDD | R | 99.5% |
| MC061 | 835/2110/ SVC/ /05 | Quantity | int | 4 | Relevant to procedure codes MC058 or MC055, or Revenue Code MC054 , provide count of services delivered. EXAMPLE: A beneficiary received occupational therapy (HCPCS "timed" code 97530 which is defined in 15 minute units) for a total of 60 minutes. Quantity = 60. Whole numbers only. | R | 99.5% |
| MC062 | 835/2110/ SVC/ /02 | Charge Amount | int | 10 | Do not code decimal point or provide any punctuation where $1,000.00 shall be submitted as 100000. Same for all financial data that follows. | R | 99.5% |
| MC063 | 835/2110/ SVC/ /03 | Paid Amount | int | 10 | Includes all health plan payments only and excludes all member payments. Includes any withhold amounts. Do not code decimal point. For capitated claims set to zero. | R | 99.5% |
| MC064 | N/A | Prepaid Amount | int | 10 | For capitated services, the fee for service equivalent amount. Do not code decimal point. | R | 99.5% |
| MC065 | N/A | Co-pay Amount | int | 10 | The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point. | R | 99.5% |
| MC066 | N/A | Coinsurance Amount | int | 10 | The dollar amount an individual is responsible for – not the percentage. Do not code decimal point. | R | 99.5% |
| MC067 | N/A | Deductible Amount | int | 10 | Do not code decimal point. | R | 99.5% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC068 | 837/2300/ CLM/ /01 | Patient Account/Control Number | varchar | 25 | Number assigned by hospital | O | |
| MC069 | N/A | Discharge Date | date | 8 | Date patient discharged. Required for all inpatient claims. CCYYMMDD Required for all inpatient Claims Optional for Outpatient | C | 95% |
| MC070 | N/A | Service Provider Country Name | varchar | 30 | Code US for United States. | R | 100% |
| MC071 | 837/2300/ HI/DR/01-2 | DRG | varchar | 10 | Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to DRGs transmitted from the hospital provider. When the CMS methodology for DRGs is not available, but the DRG system is used, the insurer shall format the DRG and the complexity level within the same field with an "A" prefix, and with a hyphen separating the DRG and the complexity level (e.g. AXXX-XX). | O | |
| MC072 | N/A | DRG Version | char | 2 | Version number of the grouper used | O | |
| MC073 | 835/2110/ REF/APC/ 02 | APC | char | 4 | Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to APCs transmitted from the health care provider. | O | |
| MC074 | N/A | APC Version | char | 2 | Version number of the grouper used | O | |
| MC075 | 837/2410/ LIN/N4/03 | NDC Drug Code | varchar | 11 | Report the NDC code used only when a medication is paid for as part of a medical claim or when a DME device has an NDC code. J codes should be submitted under procedure code (MC055), and have a procedure code type of 'HCPCS. Set as null if unavailable | R | 100% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC076 | 837/2010 AA/NM1/ID/09 | Billing Provider Number | varchar | 30 | Reporting Entity assigned billing provider number. This number should be the identifier used by the Reporting Entity for internal identification purposes, and does not routinely change. | R | 90% |
| MC077 | 837/2010 AA/NM1/ XX/09 | National Billing Provider ID | varchar | 20 | National Provider ID | R | 99% |
| MC078 | 837/2010 AA/NM1/ /03 | Billing Provider Last Name or Organization Name | varchar | 60 | Full name of provider billing organization or last name of individual billing provider. | R | 99.5% |
| MC101 | 837/2010 BA/NM1/ /03 | Subscriber Last Name | varchar | 128 | Subscriber last name | R | 100% |
| MC102 | 837/2010 BA/NM1/ /04 | Subscriber First Name | varchar | 128 | Subscriber first name | R | 100% |
| MC103 | 837/2010 BA/NM1/ /05 | Subscriber Middle Initial | char | 1 | Subscriber middle initial | O | 50% |
| MC104 | 837/2010 CA/NM1/ /03 | Member Last Name | varchar | 128 | Member's last name | R | 100% |
| MC105 | 837/2010 CA/NM1/ /04 | Member First Name | varchar | 128 | Member's first name | R | 100% |
| MC106 | 837/2010 CA/NM1/ /05 | Member Middle Initial | char | 1 | Member's middle initial when available. | O | 50% |
| MC201A | | Present on Admission – PDX | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient Only, otherwise leave blank | C | 95% |
| MC201B | | Present on Admission – DX1 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission for MC201A<br>See Table B-1.G for valid values.<br>R if 201A has a value<br>Inpatient Only, otherwise leave blank | C | 50% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC201C | | Present on Admission – DX2 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient Only, otherwise leave blank | C | 20% |
| MC201D | | Present on Admission – DX3 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient Claims Only, otherwise leave blank | C | 5% |
| MC201E | | Present on Admission – DX4 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br><br>Inpatient Only, otherwise leave blank | C | <0% |
| MC201F | | Present on Admission – DX5 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br><br>Inpatient Only, otherwise leave blank | C | <0% |
| MC201G | | Present on Admission – DX6 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient Only, otherwise leave blank | C | <0% |
| MC201H | | Present on Admission – DX7 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient Only, otherwise leave blank | C | <0% |
| MC201I | | Present on Admission – DX8 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G<br>Inpatient Only, otherwise leave blank | C | <0% |
| MC201J | | Present on Admission – DX9 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient Only, otherwise leave blank | C | <0% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC201K | | Present on Admission – DX10 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient claims only, otherwise leave blank | C | <0% |
| MC201L | | Present on Admission – DX11 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient claims only, otherwise leave blank | C | <0% |
| MC201M | | Present on Admission – DX12 | varchar | 1 | Code indicating the presence of diagnosis at the time of admission<br>See Table B-1.G for valid values.<br>Inpatient claims only, otherwise leave blank | C | <0% |
| MC205 | | ICD-9-CM or ICD-10-CM Primary Procedure Date | date | 8 | Date MC058 (primary procedure) was performed<br>Format CCYYMMDD<br>Inpatient claims only, otherwise leave blank | C | 55% |
| MC058A | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or ICD-10-CM Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point.<br>Required for Inpatient only<br>Optional for Outpatient<br>Default to blank if not present | C | 30% |
| MC205A | | ICD-9-CM or ICD-10-CM Procedure Date | date | 8 | Date MC058A was performed<br>Format CCYYMMDD<br>Required when MC058A is populated<br>Default to blank if not present | C | 55% |
| MC058B | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or ICD-10-CM Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point.<br>Required for Inpatient only<br>Optional for Outpatient<br>Default to blank if not present | C | 30% |
| MC205B | | ICD-9-CM or ICD-10-CM Procedure Date | date | 8 | Date MC058B was performed<br>Format CCYYMMDD<br>Required when MC058B is populated Default to blank if not present | C | 55% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC058C | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or ICD-10-CM Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point.<br>Required for Inpatient only<br>Optional for Outpatient<br>Default to blank if not present | C | 15% |
| MC205C | | ICD-9-CM or ICD-10-CM Procedure Date | date | 8 | Date MC058C was performed<br>Format CCYYMMDD<br>Required when MC058C is populated Default to blank if not present | C | 55% |
| MC058D | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or ICD-10-CM Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point.<br>Required for Inpatient only<br>Optional for Outpatient<br>Default to blank if not present | C | 10% |
| MC205D | | ICD-9-CM or ICD-10-CM Procedure Date | date | 8 | Date MC058D was performed<br>Format CCYYMMDD<br>Required when MC058D is populated Default to blank if not present | C | 55% |
| MC058E | 835/2110/SVC/ID/01-2 | ICD-9-CM Procedure Code or ICD-10-CM Procedure code | char | 7 | Secondary procedure code for this line of service. Do not code decimal point.<br>Required for Inpatient only<br>Optional for Outpatient<br>Default to blank if not present | C | 5% |
| MC205E | | ICD-9-CM or ICD-10-CM Procedure Date | date | 8 | Date MC058E was performed<br>Format CCYYMMDD<br>Required when MC058E is populated Default to blank if not present | C | 55% |
| MC206 | N/A | Capitated Service Indicator | char | 1 | Y – services are paid under a capitated arrangement<br>N – services are not paid under a capitated arrangement<br>U – unknown | R | 100% |
| MC207 | | Provider network indicator | char | 1 | Servicing provider is a participating provider.<br>Y = Yes<br>N = No<br>U = unknown | R | 100% |

| Data Element # | Reference | Data Element Name | Type | Max. Length | Description/Codes/Requirements | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| MC208 | | Self-Funded Claim Indicator | char | 1 | Y = Yes, Self-Funded claim<br>N = No, Other | R | 100% |
| MC899 | N/A | Record Type | char | 2 | Value = MC | | 100% |

## 6.3 Pharmacy Claims Data

Pharmacy Claims data file submissions shall include all claims for covered pharmaceutical services provided to Members.

### 6.3.1 Pharmacy Claims File Header Record- Transmission Control Data Elements

| Data Element # | Data Element Name | Type | Max Length | Description/valid values | Thresh. |
|---|---|---|---|---|---|
| HD001 | Record Type | char | 2 | PC | 100% |
| HD002 | Reporting Entity Code | char | 8 | Distributed by HCCD Administrator | 100% |
| HD003 | Reporting Entity Name | char | 75 | Distributed by HCCD Administrator | 100% |
| HD004 | Beginning Month | date | 6 | CCYYMM | 100% |
| HD005 | Ending Month | date | 6 | CCYYMM | 100% |
| HD006 | Record count | int | 10 | Total number of records submitted in the Pharmacy claims file, excluding header and trailer records | 100% |

### 6.3.2 Pharmacy Claims File Trailer Record- Transmission Control Data Elements

| Data Element # | Data Element Name | Type | Max Length | Description/valid values | Thresh. |
|---|---|---|---|---|---|
| TR001 | Record Type | Char | 2 | PC | 100% |
| TR002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| TR003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| TR004 | Beginning Month | date | 6 | CCYYMM | 100% |
| TR005 | Ending Month | date | 6 | CCYYMM | 100% |
| TR006 | Extraction Date | date | 8 | CCYYMMDD | 100% |

### 6.3.3 Pharmacy Claims File

| Data Element # | National Council for Prescription Drug Programs Field # | Data Element Name | Type | Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| PC001 | N/A | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator. Value is | R | 100% |

| Data Element # | National Council for Prescription Drug Programs Field # | Data Element Name | Type | Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| | | | | | the same for ME001, MC001, PC001, MP001 | | |
| PC002 | N/A | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator. This Name will be derived from the Organization name as provided on the Annual Registration form<br>Value is the same for ME002, MC002, PC002, MP002 | R | 100% |
| PC003 | N/A | Insurance Type/Product Code | char | 2 | See lookup table B-1.A | R | 100% |
| PC004 | N/A | Reporting Entity Claim Control Number | varchar | 35 | Must apply to the entire claim and be unique within the Reporting Entity's system. | R | 99.9 % |
| PC005 | N/A | Line Counter | int | 4 | Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. | R | 99.5 % |
| PC006 | 301-C1 | Insured Group or Policy Number | varchar | 30 | Group or policy number - not the number that uniquely identifies the subscriber | R | 99.5 % |
| PC007 | 302-C2 | Subscriber Social Security Number | varchar | 9 | Subscriber's social security number; Set as null if unavailable | O | |
| PC008 | N/A | Plan Specific Contract Number | varchar | 128 | Plan assigned subscriber's contract number; Set as null if contract number = subscriber's social security number or use an alternate unique identifier such as Medicaid ID. Must be an | R | 99.9 % |

| Data Element # | National Council for Prescription Drug Programs Field # | Data Element Name | Type | Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| | | | | | identifier that is unique to the subscriber. | | |
| PC009 | 303-C3 | Member Number | varchar | 128 | Unique number of the member within the contract. Must be an identifier that is unique to the member. May include a combination of contract number and suffix number to be unique.<br><br>This data element is the unique identifying element for a person member and must correspond to the member number included in the member eligibility mdata.<br><br>Values in the following data elements within the different files must represent the same person uniquely<br>ME-010 = MC-009; PC-009 | R | 100% |
| PC010 | 302-C2 | Member Identification Code | varchar | 128 | Member's social security number or Medicaid ID. Must be an identifier that is unique to the member. Used for matching member records. | O | |
| PC130 | | Member Telephone Number | char | 10 | Member's telephone number on record with Reporting Entity; required if PC010 is blank or unknown; used for matching member records. Do not include | C | 100% |

| Data Element # | National Council for Prescription Drug Programs Field # | Data Element Name | Type | Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| | | | | | parentheses, dashes or periods. | | |
| PC011 | | Individual Relationship Code | char | 2 | Member's relationship to insured<br>Use Lookup Table B-1.B | R | 100% |
| PC012 | 305-C5 | Member Gender | char | 1 | M – Male<br>F – Female<br>U – UNKNOWN | R | 100% |
| PC013 | 304-C4 | Member Date of Birth | Date | 8 | CCYYMMDD | R | 99.5 % |
| PC014 | N/A | Member City Name of Residence | varchar | 50 | City name of member | R | 99.5 % |
| PC015 | N/A | Member State or Province | char | 2 | As defined by the US Postal Service | R | 99.5 % |
| PC016 | N/A | Member ZIP Code | varchar | 11 | ZIP Code of member - may include non-US codes. Do not include dash. Plus 4 optional but desired. | R | 99.5 % |
| PC017 | N/A | Date Service Approved (AP Date) | date | 8 | CCYYMMDD – date claim paid if available, otherwise set to Date Prescription Filled | R | 100% |
| PC018 | 201-B1 | Pharmacy Number | varchar | 30 | Reporting Entity assigned pharmacy number. AHFS number is acceptable. | O | |
| PC019 | N/A | Pharmacy Tax ID Number | varchar | 10 | Federal tax identification number coded with no punctuation (carriers that contract with outside PBM's will not have this) | R | 10% |
| PC020 | 833-5P | Pharmacy Name | varchar | 50 | Name of pharmacy | R | 99.5 % |
| PC021 | N/A | National Provider ID Number | varchar | 20 | National Provider ID. This data element pertains to the entity or individual directly providing the service. | R | 90% |

| Data Element # | National Council for Prescription Drug Programs Field # | Data Element Name | Type | Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| PC048 | N/A | Pharmacy Location Street Address | varchar | 60 | Street address of pharmacy | O | |
| PC022 | 831-5N | Pharmacy Location City | varchar | 30 | City name of pharmacy - preferably pharmacy location (if mail order null) | R | 99.5 % |
| PC023 | 832-5O | Pharmacy Location State | char | 2 | As defined by the US Postal Service (if mail order null) | R | 99.5 % |
| PC024 | 835-5R | Pharmacy ZIP Code | varchar | 10 | ZIP Code of pharmacy - may include non-US codes. Do not include dash. Plus 4 optional but desired (if mail order null) | R | 99.5 % |
| PC024d | N/A | Pharmacy Country Name | varchar | 30 | Code US for United States | R | 99.5 % |
| PC025 | N/A | Claim Status | char | 2 | See Lookup Table B-1.F | R | 99.5 % |
| PC025a | CMS CARC, RARC | Denial Reason | Varchar | 5 | Desired when PC025 = 4 or 22.<br>Use the most appropriate code from either the Claim Adjustment Reason Codes (CARC) set or the Remittance Advice Remark Codes (RARC) set. | O | 60% |
| PC026 | 407-D7 | Drug Code | varchar | 11 | NDC Code | R | 99.5 % |
| PC027 | 516-FG | Drug Name | varchar | 80 | Text name of drug | R | 99.5 % |
| PC028 | 403-D3 | New Prescription or Refill | varchar | 2 | Older systems provide only an "N" for new or an "R" for refill, otherwise provide refill #<br>01 - New prescription<br>02 - Refill | R | 99.5 % |

| Data Element # | National Council for Prescription Drug Programs Field # | Data Element Name | Type | Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| PC029 | 425-DP | Generic Drug Indicator | char | 2 | 01 - branded drug<br>02 - generic drug | R | 99.5 % |
| PC030 | 408-D8 | Dispense as Written Code | char | 1 | Please use Table B.1.H | R | 99.5 % |
| PC031 | 406-D6 | Compound Drug Indicator | char | 1 | N - Non-compound drug<br>Y - Compound drug<br>U - Non-specified drug compound | O | |
| PC032 | 401-D1 | Date Prescription Filled | date | 8 | CCYYMMDD | R | 99.5 % |
| PC033 | 404-D4 | Quantity Dispensed | Int | 6 | Number of metric units of medication dispensed. Significant digit to the 100th (e.g. 0.00). Do not code decimal point. Example: value of 1.15 should be submitted as 115. | R | 99.5 % |
| PC034 | 405-D5 | Days Supply | int | 4 | Estimated number of days the prescription will last | R | 95% |
| PC035 | 804-5B | Charge Amount | int | 10 | Do not code decimal point or provide any punctuation where $1,000.00 shall be submitted as 100000. Same for all financial data that follows. | R | 99.5 % |
| PC036 | 876-4B | Paid Amount | int | 10 | Includes all health plan payments and excludes all member payments. Do not code decimal point. | R | 99.5 % |
| PC037 | 506-F6 | Ingredient Cost/List Price | int | 10 | Cost of the drug dispensed. Do not code decimal point. | R | 99.5 % |

| Data Element # | National Council for Prescription Drug Programs Field # | Data Element Name | Type | Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| PC038 | 428-DS | Postage Amount Claimed | int | 10 | Do not code decimal point. Not typically captured. | O | |
| PC039 | 412-DC | Dispensing Fee | int | 10 | Do not code decimal point. | R | 99.5 % |
| PC040 | 817-5E | Co-pay Amount | int | 10 | The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point. | R | 99.5 % |
| PC041 | N/A | Coinsurance Amount | int | 10 | The dollar amount an individual is responsible for – not the percentage. Do not code decimal point. | R | 99.5 % |
| PC042 | N/A | Deductible Amount | int | 10 | Do not code decimal point. | R | 99.5 % |
| PC043 | N/A | Unassigned | | | Reserved for assignment | O | |
| PC044 | N/A | Prescribing Physician First Name | varchar | 25 | Physician first name. Used as quality control for PC047 – Prescribing Provider NPI | O | 40% |
| PC045 | N/A | Prescribing Physician Middle Name | varchar | 25 | Physician middle name or initial. Used as quality control for PC047 – Prescribing Provider NPI | O | .5% |
| PC046 | 427-DR | Prescribing Physician Last Name | varchar | 60 | Last name of physician prescribing the drug on the claim | R | 80% |
| PC047 | 421-DZ | Prescribing Physician NPI | varchar | 20 | NPI number for prescribing physician | R | 80% |
| PC049 | | Member Street Address | varchar | 50 | Physical street address of the covered member | R | 99% |
| PC101 | 313-CD | Subscriber Last Name | varchar | 128 | | R | 100% |
| PC102 | 312-CC | Subscriber First Name | varchar | 128 | | R | 100% |

| Data Element # | National Council for Prescription Drug Programs Field # | Data Element Name | Type | Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| PC103 | N/A | Subscriber Middle Initial | char | 1 | | O | 50% |
| PC104 | 311-CB | Member Last Name | varchar | 128 | | R | 100% |
| PC105 | 310-CA | Member First Name | varchar | 128 | | R | 100% |
| PC106 | N/A | Member Middle Initial | char | 1 | | O | 50% |
| PC201 | N/A | Version Number | int | 4 | The version number of this claim service line. The original claim will have a version number of 0, with the next version being assigned a 1, and each subsequent version being incremented by 1 for that service line. Required Default YYMM | R | 99.5 % |
| PC202 | N/A | Prescription Written Date | date | 8 | Date Prescription was written Format CCYYMMDD | R | 99% |
| PC047a | 421-DZ | Prescribing Physician Provider ID | varchar | 30 | A unique identifier for the prescribing physician as assigned by the reporting entity. Needs to be unique within the PC file. One unique ID Per Provider. PC047 = MP001 | R | 98% |
| PC047b | 421-DZ | Prescribing Physician DEA | varchar | 20 | DEA number for prescribing physician | O | |
| PC899 | N/A | Record Type | char | 2 | PC | R | 100% |

## 6.4 Provider Data

Frequency: Monthly Upload via FTP or Web Portal
Additional formatting requirements:

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

### 6.4.1 Provider File Header Record- Transmission Control Data Elements

| Data Element # | Data Element Name | Type | Max Length | Description/valid values | Thresh. |
|---|---|---|---|---|---|
| HD001 | Record Type | char | 2 | MP | 100% |
| HD002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| HD003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| HD004 | Beginning Month | Date | 6 | CCYYMM (Example: 200801) | 100% |
| HD005 | Ending Month | Date | 6 | CCYYMM (Example: 200812) | 100% |
| HD006 | Record count | int | 10 | Total number of records submitted in the Provider file, excluding header and trailer records | 100% |

### 6.4.2 Provider File Trailer Record- Transmission Control Data Elements

| Data Element # | Data Element Name | Type | Max Length | Description/valid values | Thresh. |
|---|---|---|---|---|---|
| TR001 | Record Type | char | 2 | MP | 100% |
| TR002 | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator | 100% |
| TR003 | Reporting Entity Name | varchar | 75 | Distributed by HCCD Administrator | 100% |
| TR004 | Beginning Month | date | 6 | CCYYMM (Example: 200801) | 100% |
| TR005 | Ending Month | date | 6 | CCYYMM (Example: 200812) | 100% |
| TR006 | Extraction Date | date | 8 | CCYYMMDD | 100% |

### 6.4.3 Provider File

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| MP001 | N/A | Provider ID | varchar | 30 | A unique identifier for the provider as assigned by the reporting entity. Needs to be unique within the MP file. One unique ID Per Provider. May include a unique combination of NPI and tax ID.<br><br>MP-001= MC-024, PC047A | R | 100% |
| MP002 | N/A | Provider Tax ID | varchar | 10 | Tax ID of the provider. Do not code punctuation. | R | 90% |
| MP003 | N/A | Provider Entity | char | 1 | F – Facility<br>G – Provider group<br>I – IPA<br>P – Practitioner<br>Please see definition details in 7.10 B1.J. Provider Entity Descriptions | R | 100% |
| MP004 | N/A | Provider First Name | varchar | 25 | Individual first name. Set to null if provider is a facility or organization. | R | 98% |
| MP005 | N/A | Provider Middle Name or Initial | varchar | 25 | | O | |
| MP006 | N/A | Provider Last Name or | varchar | 60 | Full name of provider organization or last | R | 100% |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| | | Organization Name | | | name of individual provider | | |
| MP007 | N/A | Provider Suffix | varchar | 10 | Example: Jr.; null if provider is an organization. Do not use credentials such as MD or PhD | O | |
| MP008 | NUCC.org National Uniform Provider codes | Provider Specialty | varchar | 50 | Report the HIPAA-compliant health care provider taxonomy code. Code set is freely available at the National Uniform Claims Committee's web site at http://www.nucc.org/ | R | 98% |
| MP009 | N/A | Provider Office Street Address | varchar | 50 | Physical address street – address where provider delivers health care services | R | 99.9% |
| MP010 | N/A | Provider Office City | varchar | 30 | Physical address City – address where provider delivers health care services | R | 99.9% |
| MP011 | N/A | Provider Office State | char | 2 | Physical address State – address where provider delivers health care services. Use postal service standard 2 letter abbreviations. | R | 99.9% |
| MP012 | N/A | Provider Office Zip | varchar | 11 | Physical address zip code – address where provider delivers health care services. Minimum 5 digit code. | R | 99.9% |
| MP013 | N/A | Provider DEA Number | varchar | 12 | Value when Provider Entity (MP003)=P | R | 40% |
| MP014 | N/A | Provider NPI | varchar | 20 | | R | 98% |
| MP015 | N/A | Provider State License Number | varchar | 20 | Prefix with two-character state of licensure with no punctuation. Example | R | 40% |

| Data Element # | Reference | Data Element Name | Type | Max Length | Description/Codes/Sources | Req'd | Thresh. |
|---|---|---|---|---|---|---|---|
| | | | | | COLL12345. Value when Provider Entity (MP003)=P | | |
| MP016 | N/A | Provider office Address 2 | varchar | 40 | Suite, floor or Unit number etc of the Physical address –where provider delivers health care services: | O | |
| MP017 | N/A | Provider Office phone number | varchar | 10 | Provider Office number: Telephone number where provider delivers health care services. | O | |
| MP801 | N/A | Reporting Entity Code | varchar | 8 | Distributed by HCCD Administrator. Value is the same for ME001, MC001, PC001, | R | 100% |
| MP802 | N/A | Reporting Entity Name | Varchar | 75 | Distributed by HCCD Administrator. This Name will be derived from the Organization name as provided on the Annual Registration form Value is the same for ME002, MC002, PC002, | R | 100% |
| MP899 | N/A | Record Type | char | 2 | MP | R | 100% |

# 7 Lookup Tables

## 7.1 B.1.A Insurance Type ME003, MC003, PC003

This table contains codes that may be applicable to Mandatory and Voluntary Reporting Entities.

| B.1.A Insurance Type for elements ME003, MC003 and PC003 |
|---|
| 12 Preferred Provider Organization (PPO) |
| 13 Point of Service (POS) |
| 15 Indemnity Insurance [applies to Voluntary Submitters only] |
| 16 Health Maintenance Organization (HMO) Medicare Advantage |
| 17 Dental Maintenance Organization (DMO) [applies to Voluntary Submitters only] |
| CI Commercial Insurance Company |
| DN Dental [applies to Voluntary Submitters only] |
| HM Health Maintenance Organization |
| HN HMO Medicare Risk/ Medicare Part C |
| MA Medicare Part A |
| MB Medicare Part B |
| M2 Medicare Part A & Part B |
| MC Medicaid – Medicare Medicaid – aka Dual Eligible |
| MD Medicare Part D |
| MP Medicare Primary |
| QM Qualified Medicare Beneficiary |
| TV Title V |
| 99 Other |
| SP – Medicare Supplemental (Medi-gap) plan |
| CP- Medicaid CHIP |
| MS-Medicaid Fee for service |
| MM- Medicaid Managed care |
| CS- Commercial Supplemental plan |
| SF- Self-Funded |
| MX – Medicaid Other |
| VF – Vaccines for Children |

## 7.2 B.1.B Relationship Codes ME012, MC011, PC011

| B.1.B Relationship Codes for elements ME012, MC011, PC011 |
|---|
| 01 Spouse |
| 04 Grandfather or Grandmother |
| 05 Grandson or Granddaughter |

| B.1.B Relationship Codes for elements ME012, MC011, PC011 |
|---|
| 07 Nephew or Niece |
| 10 Foster Child |
| 15 Ward |
| 17 Stepson or Stepdaughter |
| 19 Child |
| 20 Employee/Self |
| 21 Unknown |
| 22 Handicapped Dependent |
| 23 Sponsored Dependent |
| 24 Dependent of a Minor Dependent |
| 29 Significant Other |
| 32 Mother |
| 33 Father |
| 36 Emancipated Minor |
| 39 Organ Donor |
| 40 Cadaver Donor |
| 41 Injured Plaintiff |
| 43 Child Where Insured Has No Financial Responsibility |
| 53 Life Partner |
| 76 Dependent |

### 7.3 B.1.C Discharge Status MC023

| B.1.C Discharge Status for element MC023 |
|---|
| 01 Discharged to home or self-care |
| 02 Discharged/transferred to another short term general hospital for inpatient care |
| 03 Discharged/transferred to skilled nursing facility (SNF) |
| 04 Discharged/transferred to nursing facility (NF) |
| 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution |
| 06 Discharged/transferred to home under care of organized home health service organization |
| 07 Left against medical advice or discontinued care |
| 08 Discharged/transferred to home under care of a Home IV provider |
| 09 Admitted as an inpatient to this hospital |
| 20 Expired |
| 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 Discharged/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) |
| 69 Discharged/transferred to a designated disaster alternative care site (effective 10/1/13) |
| 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list |
| 81 Discharged to home or self care with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 82 Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission (effective 10/1/13) |

| B.1.C Discharge Status for element MC023 |
|---|
| 83 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 84 Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 85 Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 86 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 87 Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 88 Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 89 Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 90 Discharged/transferred to an inpatient rehabilitation facility (irf) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 91 Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 92 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 93 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 94 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| 95 Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission (effective 10/1/13) |
| OP: default '01' = home |
| P: default '00' = unknown |

## 7.4 B.1.D Type of Bill (Institutional claims ONLY) MC036

| Type of Facility First Digit | Bill Classification (Second digit if first is 1-6) | Bill Classification (Second Digit if First Digit = 7) | Bill Classification (Second Digit if First Digit = 8) | Frequency (Third digit) |
|---|---|---|---|---|
| 1 Hospital | 1 Inpatient (Including Medicare Part A) | 1 Rural Health | 1 Hospice (Non-Hospital Based) | 1 admit through discharge |

| Type of Facility First Digit | Bill Classification (Second digit if first is 1-6) | Bill Classification (Second Digit if First Digit = 7) | Bill Classification (Second Digit if First Digit = 8) | Frequency (Third digit) |
|---|---|---|---|---|
| 2 Skilled Nursing | 2 Inpatient (Medicare Part B Only) | 2 Hospital Based or Independent Renal Dialysis Center | 2 Hospice (Hospital-Based) | 2 interims - first claim used for the… |
| 3 Home Health | 3 Outpatient | 3 Free Standing Outpatient Rehabilitation Facility (ORF) | 3 Ambulatory Surgery Center | 3 interim - continuing claims |
| 4 Christian Science Hospital | 4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment) | 5 Comprehensive Outpatient Rehabilitation Facilities (CORFs) | 4 Free Standing Birthing Center | 4 interim - last claim |
| 5 Christian Science Extended Care | 5 Nursing Facility Level I | 6 Community Mental Health Center | 9 Other | 5 late charge only |
| 6 Intermediate Care | 6 Nursing Facility Level II | 9 Other | | 7 replacement of prior claim |
| 7 Clinic | 7 Intermediate Care - Level III Nursing Facility | | | 8 void/cancel of a prior claim |
| 8 Special Facility | 8 Swing Beds | | | 9 final claim for a home |

### 7.5 B.1.E Place of Service MC037

| B.1.E. Place of Service |
|---|
| 01 Pharmacy |
| 02 Telehealth Provided Other than in Patient's Home |
| 03 School |
| 04 Homeless Shelter |
| 05 Indian Health Service Free-standing Facility |
| 06 Indian Health Service Provider-based Facility |
| 07 Tribal 638 Free-standing Facility |
| 08 Tribal 638 Provider-based Facility |
| 09 Prison/Correctional Facility |
| 10 Telehealth Provided in Patient's Home |
| 11 Office |

| B.1.E. Place of Service |
|---|
| 12 Home |
| 13 Assisted Living Facility |
| 14 Group Home |
| 15 Mobile Unit |
| 16 Temporary Lodging |
| 17 Walk-in Retail Health Clinic |
| 18 Place of Employment-Worksite |
| 19 Off Campus-Outpatient Hospital |
| 20 Urgent care Facility |
| 21 Inpatient Hospital |
| 22 On Campus-Outpatient Hospital |
| 23 Emergency Room – Hospital |
| 24 Ambulatory Surgery Center |
| 25 Birthing Center |
| 26 Military Treatment Facility |
| 31 Skilled Nursing Facility |
| 32 Nursing Facility |
| 33 Custodial Care Facility |
| 34 Hospice |
| 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 |
| 58 Non-residential Opioid Treatment Facility |
| 60 Mass Immunization Center |
| 61 Comprehensive Inpatient Rehabilitation Facility |
| 62 Comprehensive Outpatient Rehabilitation Facility |
| 65 End Stage Renal Disease Treatment Facility |
| 71 State or Local Public Health Clinic |
| 72 Rural Health Clinic |
| 81 Independent Laboratory |
| 99 Other Unlisted Facility |

### 7.6 B.1.F Claim Status MC038 and PC025

| B.1.F. Claim Status Codes |
|---|
| 01 Processed as primary |
| 02 Processed as secondary |
| 03 Processed as tertiary |
| 04 Denied |
| 06 Approved as amended |
| 19 Processed as primary, forwarded to additional Reporting Entity(s) |
| 20 Processed as secondary, forwarded to additional Reporting Entity(s) |
| 21 Processed as tertiary, forwarded to additional Reporting Entity(s) |
| 22 Reversal of previous payment |
| 26 Documentation claim – no payment associated |
| 28 Repriced |

### 7.7 B.1.G Present on Admission Codes MC201A through MC201M

| POA_Code | POA_Desc |
|---|---|
| 3 | Unknown |
| 1 | Exempt for POA reporting |
| E | Exempt for POA reporting |
| N | Diagnosis was not present at time of inpatient admission |
| U | Documentation insufficient to determine if condition was present at time of inpatient admission |
| W | Clinically undetermined |
| Y | Diagnosis was present at time of inpatient admission |

### 7.8 B.1.H Dispense as Written Code PC030

| B.1.H. Dispense as Written Code |
|---|
| 0 Not dispensed as written |
| 1 Physician dispense as written |
| 2 Member dispense as written |
| 3 Pharmacy dispense as written |
| 4 No generic available |
| 5 Brand dispensed as generic |
| 6 Override |
| 7 Substitution not allowed - brand drug mandated by law |
| 8 Substitution allowed - generic drug not available in marketplace |
| 9 Other |

## 7.9 B.1.I Benefit Coverage Level ME007

| Benefit Code | Benefit Coverage Level Description |
|---|---|
| CHD | Children Only |
| DEP | Dependents Only |
| ECH | Employee and Children |
| EPN | Employee plus N where N equals the number of other covered dependents |
| ELF | Employee and Life Partner |
| EMP | Employee Only |
| ESP | Employee and Spouse |
| FAM | Family |
| IND | Individual |
| SPC | Spouse and Children |
| SPO | Spouse Only |

## 7.10 B.1.J Provider Entity MP003

| Provider Entity Code | Provider Entity Description |
|---|---|
| F | Facility (F): Hospital, health center, long-term care, rehabilitation, and any building that is licensed to transact healthcare services |
| G | Provider Group (G): Collection of licensed/certified healthcare professionals that are practicing healthcare services under the same entity name and Federal Tax Identification Number<br>In general, the difference between a Provider Group and an IPA is that the latter is a business entity established for the purposes of reducing costs (i.e ACO). |
| P | Practitioner (P): Physician, clinician, orthodontist, and any individual that is licensed/certified to perform healthcare services |
| I | IPA: An independent physician association (IPA) organized and owned by a network of independent physician practices for the purpose of reducing overhead or pursuing business ventures such as contracts with employers, accountable care organizations (ACO) and/or managed care organizations (MCOs).<br>In general, the difference between a Provider Group and an IPA is that the latter is a business entity established for the purposes of reducing costs (i.e ACO). |

## 7.11 B.1.K Ethnicity ME025 and ME026

| B.1.K. **Ethnicity ME025 and ME026** |
|---|
| 2182-4 Cuban |

| B.1.K. **Ethnicity ME025 and ME026** |
|---|
| 2184-0 Dominican |
| 2148-5 Mexican, Mexican American, Chicano |
| 2180-8 Puerto Rican |
| 2161-8 Salvadoran |
| 2155-0 Central American (not otherwise specified) |
| 2165-9 South American (not otherwise specified) |
| 2060-2 African |
| 2058-6 African American |
| AMERCN American |
| 2028-9 Asian |
| 2029-7 Asian Indian |
| BRAZIL Brazilian |
| 2033-9 Cambodian |
| CVERDN Cape Verdean |
| CARIBI Caribbean Island |
| 2034-7 Chinese |
| 2169-1 Columbian |
| 2108-9 European |
| 2036-2 Filipino |
| 2157-6 Guatemalan |
| 2071-9 Haitian |
| 2158-4 Honduran |
| 2039-6 Japanese |
| 2040-4 Korean |
| 2041-2 Laotian |
| 2118-8 Middle Eastern |
| 1002-5 American Indian or Alaska Native |
| 2054-5 Black or African American |
| 2056-0 Black |
| 2076-8 Native Hawaiian or Other Pacific Islander |
| 2106-3 White |
| 2131-1 Other Race |
| PORTUG Portuguese |
| RUSSIA Russian |
| EASTEU Eastern European |
| 2047-9 Vietnamese |
| OTHER Other Ethnicity |
| UNKNOW Unknown/Not Specified |

# DHIN Data Submission Guide Appendices

## 8 Appendix 1 - DHIN Data Submission Guide Change Control

| Data Submission Guide Change Control | | | | |
|---|---|---|---|---|
| **Date of Change** | **DSG Version #** | **Impacted items** | **Reason for Change** | **Communication** |
| 2/15/2018 | 0.4 | DSG new | Communicate file specifications to participating payers | Individual Payer Agreement discussions |
| 3/8/2018 | 0.4 | MC038a<br>PC025a<br>Section 1.2.1.1 | Type of adjudicated claims to be submitted will include "paid" and "partially paid", but not wholly denied. Impacted data elements are "denial reason". | March 9, 2018, First Payer Webinar – DSG reviewed.<br><br>April 17, 2018 Second payer webinar DSG reviewed |
| 6/4/2018 | 0.5 | 1. Footers, version number,<br>2. creation of section '0 Change Control'<br>3. Updated table of contents<br>4. Changed Primary contact | Items 1 and 2 - The 3/8/18 change was not readily evident to payers as the version # was not also changed in the document. Change control added to document with subsequent update to table of contents.<br>Item 4 – Change in primary contact at DHIN | June 4 email communication to all Payers primary and technical contacts. Updated to DHIN Website 6/6/2018 |
| 6/30/2020 | 2.0 | 1. No data elements were added nor taken away.<br>2. Changes improved clarity of instruction or definition.<br>3. Section 3 Submission Schedule was updated to correspond with Current and Future data submitters<br>4. Data Validation explanation was expanded.<br>5. Some code set valid values were added for data elements:<br>a. Market Category ME030<br>b. Insurance Type ME003, MC003, PC003<br>6. File Naming Convention was expanded to include File Part #. See section 5.2<br>7. Several Required element Threshold percentages were reduced.<br>8. Updated Date type elements to format CCYYMMDD for Procedure Dates and Prescription Written date | Annual update of Data Submission guide to add clarity to definitions and to adjust code set based on first two years of data submission activity with 6 years of data.<br><br>Some threshold percentages for required data elements were adjusted based on the collective submissions from all claims data. Changing of these values adjusts DHIN's data validation baseline and does not materially change submissions for Payers. These changes may, however, reduce the need for Override Exceptions for the elements with adjusted thresholds. | • July 2020 email to all Payer stakeholders.<br>• Update copy on DHIN Claims website. |

# DHIN Data Submission Guide Appendices

| Data Submission Guide Change Control | | | | |
|---|---|---|---|---|
| **Date of Change** | **DSG Version #** | **Impacted items** | **Reason for Change** | **Communication** |
| 11/18/2020 | 2.1 | 1. Valid code "58" added to B.1.E Place of Service MC037<br>2. Some typos and erred references were corrected based on Payer feedback. | CMS added Place of Service code effective 1/2020. This code is being used now in Delaware claims. | • Email to Payers.<br>• Posting to DHIN website. |
| 7/12/2022 | 3.0 | PC046 (Prescribing Physician Last Name) made optional. Was formally conditional | Previous condition statement was incorrect and confusing. | • Updated in revised DSG Version 3.0 and communicated to payers |
| 7/12/2022 | 3.0 | MP801 Reporting Entity Code added | Adding administrative element to MP file for control and quality assurance purposes | • Updated in revised DSG Version 3.0 and communicated to payers |
| 7/12/2022 | 3.0 | MP802 Reporting Entity Name added | Adding administrative element to MP file for control and quality assurance purposes | • Updated in revised DSG Version 3.0 and communicated to payers |
| 8/8/2022 | 3.0 | 1. Valid Code "10" added to B.1.E Place of Service (MC037) to identify Telehealth Provided in Patient's Home<br>2. Code "02" clarified to add Telehealth (not provided in Patient's Home) | CMS added Place of Service Code 10 effective 1/1/2022<br>CMS changed description of code 02, effective 1/1/2022 | • Updated in revised DSG Version 3.0 and communicated to payers |
| 8/8/2022 | 3.0 | Additional valid values added to B.1.K Ethnicity (ME025 and ME026) | These values are acceptable | • Updated in revised DSG Version 3.0 and communicated to payers |
| 8/30/2022 | 3.0 | ME106 changed from placeholder "filler" element to "Member Middle Initial" | Adding this element to the ME file. Previously, this was only collected in the MC and PC files | • Updated in revised DSG Version 3.0 and communicated to payers. |