



Memorandum

To: Mandatory Reporters

From: James Oliver

Date: October 31, 2011

Subject: Clarification of final data file layouts and file submission procedures

This memorandum announces updates to the final data file layout for the All Payer All Claims (APAC) Data Reporting Program and the inception of reporting. Version 2011.1.1 provides minor clarification of data file layouts and file submission procedures. Please see Schedule A for more information regarding submission dates. If you anticipate difficulty meeting submission deadlines, please file Form APAC-3 (Request for Exception to Health Claims Data Submission Requirements) with this office as soon as possible. This form and Schedule A are available at the APAC web site:

<http://www.oregon.gov/OHA/OHPR/RSCH/APAC.shtml>.

Required Lines of Business

The required lines of business include:

- (A) Medicare (parts C and D);
- (B) Medicaid;
- (C) Portability;
- (D) Individual;
- (E) Small employer health insurance;
- (F) Large group;
- (G) Associations and trusts;
- (H) Self-insured plans; and
- (J) Stop-loss plans.

The excluded lines of business:

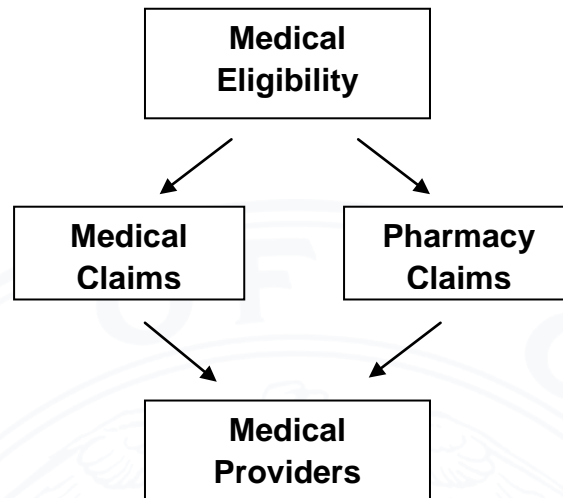
- (A) Accident policy;
- (B) Dental insurance;
- (C) Disability policy;
- (D) Hospital indemnity policy;
- (E) Long-term care insurance;
- (F) Medicare supplemental insurance;
- (G) Specific disease policy;
- (H) Student health policy;
- (J) Vision-only insurance; and
- (K) Workers compensation.

Medical Eligibility Inclusion Criteria

The specific inclusion criteria for the medical eligibility file are:

1. Member's mailing address is in Oregon; or
2. Member's mailing address is outside Oregon and member is enrolled in a plan for which the state is the payer (such as PEBB, OEGB, or OMIP)

The medical eligibility file serves as the starting point for identifying claims and providers to be included in the data submission. This is depicted in the following flow chart:



Select all final medical and pharmacy claims associated with eligible members. Select all medical providers associated with the selected claims. Claims for HIV, AIDS, and genetic testing will be filtered out by Milliman

Test File Submissions

Submission of test files shall follow the protocol recommended by Milliman. You may review this in Section 3.1.1.A (3) of the OHA Statement of Work – Task One (page 8), which is available at the APAC web site. Test files shall be submitted on a schedule that is mutually agreeable to Milliman and the mandatory reporter. Milliman will also provide data file naming conventions and a list of compatible file compression methods. Contact Milliman at: apac_support@milliman.com for information about file submission procedures.

Submit Final Paid Claims, not Incurred

Mandatory reporters shall submit final claims on a paid basis (not incurred basis) with dates of service beginning January 1, 2010. Do not include claims with dates of service prior to January 1, 2010. The medical eligibility file shall not include enrollment segments which terminated prior to January 1, 2010. The first submission shall include final claims (paid, denied, or encounter only) from January 1, 2010 to June 30, 2011.

Subsequent submissions shall include four calendar quarters and shall fully replace claims (paid, denied, or encounter only) in overlapping quarters. See Schedule A for more details. The medical eligibility and medical provider files shall also be fully replaced with each submission. The medical eligibility file shall not include enrollment segments which terminated prior to the submission's date range.

Data System Limitations

If you anticipate difficulty extracting any required data fields, please file Form APAC-2 (Request for Exception to Health Claims Data File) with this office as soon as possible. This form is available at the APAC web site. Do not file Form APAC-2 for data fields that are not required. Populate as many of the inpatient diagnosis and procedure codes as is feasible within the limitations of your data system. Payment fields for institutional claims may be populated at the first revenue line if paid only at the header level; in this case payment fields for additional revenue lines shall be left blank (do not enter zero).

The data file layouts are contained in Appendices A to E. All files shall be tab delimited unless otherwise specified in the data file layouts. Please email apac.admin@state.or.us if you have additional questions.



Appendix A: Medical claims data file layout and dictionary

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
MC001	Payer type	Text	1	Yes	See lookup table MC001	TBD
MC003	Product code	Text	3	Yes	See lookup table MC003	TBD
MC004	Claim ID	Text	80	Yes	Payer's unique claim identifier	TBD
MC005	Service line counter	Numeric	4	Yes	Increments of 1 for each claim line	TBD
MC010	Member ID	Text	30	Yes	Plan-specific unique member identifier	TBD
MC017	Payment date	Date	8	Yes	CCYYMMDD (example: 20090624)	TBD
MC018	Admission date	Date	8	Yes	CCYYMMDD (example: 20090603)	TBD
MC023	Discharge status	Text	2	Yes	See lookup table MC023	TBD
MC024	Rendering provider ID	Text	30	Yes	Identifier for the rendering provider as assigned by the reporting entity	TBD
MC036	Type of bill	Numeric	3	Situational	See lookup table MC 036. Required only for institutional claims.	TBD
MC037	Place of service	Text	2	Situational	See lookup table MC 037. Required only for professional claims.	TBD
MC038	Claim status	Text	1	Yes	Was claim paid, denied, or encounter only? Valid values: P (paid), D (denied), E (encounter only)	TBD
MC038A	COB status	Text	1	Yes	Was claim a COB claim? Valid values: Y (yes), N (no)	TBD
MC041	Principal diagnosis	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC041P	POA flag 1	Text	1	Yes	Present on admission flag for principal diagnosis. See look-up table MC041P.	TBD
MC042	Diagnosis 2	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC042P	POA flag 2	Text	1	Situational	Present on admission flag for diagnosis 2. Required if MC042 is populated. See look-up table MC041P.	TBD
MC043	Diagnosis 3	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC043P	POA flag 3	Text	1	Situational	Present on admission flag for diagnosis 3. Required if MC043 is populated. See look-up table MC041P.	TBD
MC044	Diagnosis 4	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
MC044P	POA flag 4	Text	1	Situational	Present on admission flag for diagnosis 4. Required if MC044 is populated. See look-up table MC041P.	TBD
MC045	Diagnosis 5	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC045P	POA flag 5	Text	1	Situational	Present on admission flag for diagnosis 5. Required if MC045 is populated. See look-up table MC041P.	TBD
MC046	Diagnosis 6	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC046P	POA flag 6	Text	1	Situational	Present on admission flag for diagnosis 6. Required if MC046 is populated. See look-up table MC041P.	TBD
MC047	Diagnosis 7	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC047P	POA flag 7	Text	1	Situational	Present on admission flag for diagnosis 7. Required if MC047 is populated. See look-up table MC041P.	TBD
MC048	Diagnosis 8	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC048P	POA flag 8	Text	1	Situational	Present on admission flag for diagnosis 8. Required if MC048 is populated. See look-up table MC041P.	TBD
MC049	Diagnosis 9	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC049P	POA flag 9	Text	1	Situational	Present on admission flag for diagnosis 9. Required if MC049 is populated. See look-up table MC041P.	TBD
MC050	Diagnosis 10	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC050P	POA flag 10	Text	1	Situational	Present on admission flag for diagnosis 10. Required if MC050 is populated. See look-up table MC041P.	TBD
MC051	Diagnosis 11	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC051P	POA flag 11	Text	1	Situational	Present on admission flag for diagnosis 11 Required if MC051 is populated. See look-up table MC041P.	TBD
MC052	Diagnosis 12	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD
MC052P	POA flag 12	Text	1	Situational	Present on admission flag for diagnosis 12 Required if MC052 is populated. See look-up table MC041P.	TBD
MC053	Diagnosis 13	Text	5	Yes	ICD-9 diagnosis code. Include all digits and exclude decimal point (example: 01220)	TBD

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
MC053P	POA flag 13	Text	1	Situational	Present on admission flag for diagnosis 13 Required if MC053 is populated. See look-up table MC041P.	TBD
MC054	Revenue code	Text	4	Yes	Include all digits (example: 0320)	TBD
MC055	CPT/CPT II/HCPCS procedure code	Text	5	Yes	CPT, CPT II or HCPCS code. Include all digits (examples: 29870 or G0289)	TBD
MC056	Procedure modifier 1	Text	2	Yes	CPT or HCPCS modifier. Include all digits (examples: 50 or AA)	TBD
MC057	Procedure modifier 2	Text	2	Yes	CPT or HCPCS modifier. Include all digits (examples: 50 or AA)	TBD
MC057A	Procedure modifier 3	Text	2	Yes	CPT or HCPCS modifier. Include all digits (examples: 50 or AA)	TBD
MC057B	Procedure modifier 4	Text	2	Yes	CPT or HCPCS modifier. Include all digits (examples: 50 or AA)	TBD
MC058	Principal inpatient procedure code	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058A	Inpatient procedure code 2	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058B	Inpatient procedure code 3	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058C	Inpatient procedure code 4	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058D	Inpatient procedure code 5	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058E	Inpatient procedure code 6	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058F	Inpatient procedure code 7	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058G	Inpatient procedure code 8	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058H	Inpatient procedure code 9	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058J	Inpatient procedure code 10	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058K	Inpatient procedure code 11	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC058L	Inpatient procedure code 12	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
MC058M	Inpatient procedure code 13	Text	4	Yes	ICD-9 procedure code. Include all digits and exclude decimal point (example: 0085)	TBD
MC059	Date of service – From	Date	8	Yes	CCYYMMDD (example: 20090603)	TBD
MC060	Date of service – Thru	Date	8	Yes	CCYYMMDD (example: 20090603)	TBD
MC061	Quantity	Numeric	5	Yes	Count of units sent on claim line.	TBD
MC062	Charges	Numeric	12	Yes	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
MC062A	Allowed amount	Numeric	12	Yes	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
MC063	Payment	Numeric	12	Yes	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
MC064	Prepaid amount	Numeric	12	Yes	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
MC065	Co-payment	Numeric	12	Yes	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
MC066	Co-insurance	Numeric	12	Yes	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
MC067	Deductible	Numeric	12	Yes	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
MC067A	Patient pay amount	Numeric	12	Situational	Required if any of MC065, MC066, or MC067 are missing. Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
MC070	Discharge date	Date	8	Situational	Required only for institutional claims. Use 99991231 if patient has not discharged. CCYYMMDD (example: 20090605).	TBD
MC076	Billing provider ID	Text	30	Yes	Identifier for the billing provider as assigned by the reporting entity	TBD
QC05	Prior version claim number	Text	80	Situational	Required for participants in Q-Corp initiative.	N/A
QC06	Claim received date	Date	8	Situational	Required for participants in Q-Corp initiative. CCYYMMDD	N/A
QC22	DRG	Text	3	Situational	DRG paid by payer. If not available send billed DRG. Required for participants in Q-Corp initiative. Example: 061	N/A

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
QC23	DRG type	Text	1	Situational	Required for participants in Q-Corp initiative. Valid values: C (CMS v.24) or M (MS-DRG)	N/A
QC37	LOINC code	Text	8	No	Placeholder for the Q-Corp initiative.	N/A
QC38	Lab result	Text	8	No	Placeholder for the Q-Corp initiative.	N/A
QC39	Micro/macro albumin result	Text	1	No	Placeholder for the Q-Corp initiative.	N/A
OHLC1	COB allowed amount	Numeric	12	Situational	Required for participants in OHLC high value medical home initiative. Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	N/A
OHLC2	Risk withhold amount	Numeric	12	Situational	Required for participants in OHLC high value medical home initiative. Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	N/A

Lookup Table MC001: Payer type

This field contains a single letter identifying the payer type.

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

Lookup Table MC003: Product code

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

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

Lookup Table MC023: Discharge status

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

Code	Value
01	Discharged to home or self care
02	Discharged/transferred to another short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF)
04	Discharged/transferred to nursing facility (NF)
05	Discharged/transferred to a designated cancer center or children's hospital
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice or discontinued care
08	Discharged/transferred to home under care of a Home IV provider
09	Admitted as an inpatient to this hospital
20	Expired
21	Discharged/transferred to court/law enforcement
30	Still patient or expected to return for outpatient services
40	Expired at home
41	Expired in a medical facility
42	Expired, place unknown
43	Discharged/transferred to a Federal hospital
50	Hospice – home
51	Hospice – medical facility
61	Discharged/transferred within this institution to a hospital based Medicare-approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital
63	Discharge/transferred to a long-term care hospital
64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66	Discharged/transferred to a critical access hospital (CAH)
70	Discharged/transferred to another type of health care institution not defined elsewhere in this code list

Lookup Table MC036: Type of bill

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

First digit: type of facility

Code	Value
1	Hospital
2	Skilled Nursing
3	Home Health
4	Christian Science Hospital
5	Christian Science Extended Care
6	Intermediate Care
7	Clinic
8	Special Facility

Second Digit if First Digit = 1-6

Code	Value
1	Inpatient (Including Medicare Part A)
2	Inpatient (Medicare Part B Only)
3	Outpatient
4	Other (for hospital referenced diagnostic services or home health not under a plan of treatment)
5	Nursing Facility Level I
6	Nursing Facility Level II
7	Intermediate Care -Level III Nursing Facility
8	Swing Beds

Second Digit if First Digit =7

Code	Value
1	Rural Health
2	Hospital Based or Independent Renal Dialysis Center
3	Free Standing Outpatient Rehabilitation Facility (ORF)
5	Comprehensive Outpatient Rehabilitation Facilities (CORFs)
6	Nursing Facility Level II
7	Community Mental Health Center
9	Other

Second Digit if First Digit = 8

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

Third digit: claim frequency

Code	Value
1	Admit Through Discharge
2	Interim-First Claim
3	Interim-Continuing Claims
4	Interim-Last Claim
5	Late Charge Only
7	Replacement of Prior Claim
8	Void/Cancel of a Prior Claim
9	Final Claim for a Home Health Encounter

Lookup Table MC037: Site of service

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

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

Code	Value
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Place of Service

Lookup Table MC041P: POA flag

This field contains the present on admission (POA) flag as reported by the provider. Leave blank if not reported by the provider.

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

Appendix B: Medical eligibility data file layout and dictionary

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
ME001	Payer type	Text	8	Yes	See lookup table MC001 (Appendix A)	TBD
ME003	Product code	Text	3	Yes	See lookup table MC003 (Appendix A)	TBD
ME004A	Eligibility date	Date	8	Yes	CCYYMMDD (example: 20100402). Dates before the submission date range are not valid. See Schedule A for submission data range.	TBD
ME005A	Termination date	Date	8	Yes	CCYYMMDD (example: 20100702). Use 99991231 if termination date is open- ended. Dates over one year past submission due date are not valid (exception: the date of a dependent's 26 th birthday is a valid value).	TBD
ME007	Subscriber ID	Text	30	Yes	Plan-specific unique identifier for subscriber	TBD
ME009	Plan specific contract number	Text	30	Yes	Plan-specific contract number	TBD
ME009A	PEBB flag	Numeric	1	Yes	Valid values: 1 (PEBB group), 0 (otherwise)	TBD
ME009B	OEBB flag	Numeric	1	Yes	Valid values: 1 (OEBB group), 0 (otherwise)	TBD
ME009C	Medical home flag	Numeric	1	Yes	Valid values: 1 (medical home plan), 0 (otherwise)	TBD
ME010	Member ID	Text	30	Yes	Plan-specific unique identifier for member	TBD
ME012	Relationship code	Numeric	2	Yes	See lookup table ME012	TBD
ME013	Member gender	Text	1	Yes	Valid values: M (male), F (female), and U (unknown)	TBD
ME014	Member date of birth	Date	8	Yes	CCYYMMDD (example: 19570402)	TBD
ME015A	Member's street address	Text	50	Yes	Member's primary street address. If member's address is missing then default to subscriber's address. Example: 123 Main Street	TBD
ME015	Member city	Text	30	Yes	Example: Grants Pass	TBD
ME016	Member state	Text	4	Yes	Example: OR	TBD
ME017	Member ZIP	Text	10	Yes	Example: 97209-1234 or 97209	TBD
ME018	Medical coverage flag	Text	1	Yes	Y or N	TBD
ME019	Prescription drug coverage flag	Text	1	Yes	Y or N	TBD

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
ME101	Subscriber last name	Text	35	Yes		TBD
ME102	Subscriber first name	Text	25	Yes		TBD
ME103	Subscriber middle name	Text	25	Yes		TBD
ME104	Member last name	Text	35	Yes		TBD
ME105	Member first name	Text	25	Yes		TBD
ME106	Member middle name	Text	25	Yes		TBD
QC013	ChemDep Benefit – Inpatient	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC014	ChemDep Benefit – Day/Night	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC015	ChemDep Benefit – Ambulatory	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC016	Dental benefit	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC018	Mental Health Benefit - Inpatient	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC019	Mental Health Benefit – Day/ Night	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC020	Mental Health Benefit - Ambulatory	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
RE1	Member race	Text	1	Yes*	See lookup table RE1	TBD
RE2	Member ethnicity	Text	1	Yes*	See lookup table RE2	TBD
RE3	Primary spoken language	Text	3	Yes*	See lookup table RE3	TBD
OHLC3	Oregon HVMH flag	Text	1	Situational	Required for participants in OHLC high value medical home initiative. Y or N.	N/A
OHLC4	Oregon HVMH clinic	Text	3	Situational	Required for participants in OHLC high value medical home initiative.	N/A
OHLC5	Oregon HVMH eligibility segment effective date	Date	8	Situational	Required for participants in OHLC high value medical home initiative. CCYYMMDD (example: 20090603)	N/A

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
OHLC6	Oregon HVMH eligibility segment termination date	Date	8	Situational	Required for participants in OHLC high value medical home initiative. CCYYMMDD (example: 20090603)	N/A
OHLC7	Prepaid amount/ PMPM	Numeric	12	Situational	Required for participants in OHLC high value medical home initiative. Two explicit decimal places. Example: 402.73	N/A

* - Implementation date TBD.

Lookup Table ME012: Relationship code

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

Code	Value
1	Spouse
4	Grandfather or Grandmother
5	Grandson or Granddaughter
7	Nephew or Niece
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
18	Self
19	Child
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility
53	Life Partner

Lookup Table RE1

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

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

Lookup Table RE2

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

Code	Value
H	Hispanic
O	Not Hispanic
R	Refused
U	Unknown

Lookup Table RE3

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

Appendix C: Medical provider data file layout and dictionary

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

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
QC021	Provider is PCP	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC022	Provider is OBGYN	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC023	Provider is Mental Health	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC024	Provider is Eye Care Provider	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC025	Provider is Dentist	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC026	Provider is Nephrologist	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC027	Provider is Chem. Dep	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC028	Provider is Nurse Practitioner	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC029	Provider is Phys Assist	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A
QC030	Provider can prescribe Rx	Text	1	Situational	Required for HEDIS processing for participants in Q-Corp initiative. Y or N	N/A

Lookup Table MP010: Provider specialty

Report the HIPAA-compliant health care provider taxonomy code. The reference code set is extensive and is published semi-annually; version 11.0 (effective January 1, 2011) is freely available at the National Uniform Claims Committee's web site:

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

Appendix D: Pharmacy claims data file layout and dictionary

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

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

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

Data element	Name	Max. Length	Type	Required?	NCPDP Field	NCPDP Source	Description	Threshold
PC040	Co-pay	12	Numeric	Yes	518-FI	C	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
PC041	Coinsurance	12	Numeric	Yes	572-4U	C	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
PC042	Deductible	12	Numeric	Yes	517-FH	C	Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD
PC043	Patient pay amount	12	Numeric	Situational	505-F5	C	Required if any of PC040, PC041, or PC042 are missing. Two explicit decimal places. Enter 0 if amount equals zero. Leave blank if missing. Example: 15102.00	TBD

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

This field contains the NCPDP Dispense as Written Code.

Code	Value
0	No product selection indicated
1	Substitution not allowed by provider
2	Substitution allowed- patient requested product dispensed
3	Substitution allowed- pharmacist selected product dispensed
4	Substitution allowed- generic drug not in stock
5	Substitution allowed- brand drug dispensed as generic
6	Override
7	Substitution not allowed- brand drug mandated by law
8	Substitution allowed- generic drug not available in marketplace
9	Other

Appendix E: Control totals

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

1. Claims file control totals layout and dictionary

Data element	Name	Type	Max. length	Required?	Description/valid values	Threshold
CFCT1	Payer	Text	6	Yes	Payer abbreviation. See lookup table CFCT1	N/A
CFCT2	File	Text	10	Yes	Valid values: medical, pharmacy, enrollment, and provider	N/A
CFCT3	Data_Rows	Numeric	8	Yes	Count of data rows in the submitted file	N/A
CFCT4	Amt_Billed	Numeric	12	Yes	Sum of MC062 (medical) or PC035 (pharmacy). Two explicit decimal places. Leave blank if File is enrollment or provider	N/A
CFCT5	Amt_Paid	Numeric	12	Yes	Sum of MC063 (medical) or PC036 (pharmacy). Two explicit decimal places. Leave blank if File is enrollment or provider	N/A

2. Claims file control totals example

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

3. File naming convention is <payer abbreviation>_control_file.dat

Example: OMIP_control_file.dat

4. Member months control totals layout and dictionary

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

5. Member months control totals example

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

6. File naming convention is <payer abbreviation>_control_membership.dat

Example: OMIP_control_membership.dat

Lookup Table CFCT1: Payer abbreviation

This field contains up to six characters which abbreviate the payer name.

Payer Name	Abbreviation
4D Pharmacy Management Systems Inc.	FOURD
AARP Medicare Rx	AARP
A & I BENEFIT PLAN ADMINISTRATORS INC	AI
ACE AMERICAN INSURANCE COMPANY	AAIC
ACS, Inc. - Healthcare Headquarters	ACS
AETNA LIFE INSURANCE COMPANY	AETNA
Aetna Pharmacy Management (APM)	APM
American Specialty Health Networks	ASHN
Argus	ARGUS
Asurius Northwest Health	ASUR
Benecard PBF	BENE
BioScrip	BIOS
Catalyst Rx	CATRX
CIGNA Behavioral Health, Inc.	CBH
CIGNA HealthCare	CHC
Companion Life Insurance Company	CLIC
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	CIGNA
Coventry Healthcare	COV
CVS Caremark	CVS
Cypress Care	CYP
Employee Benefit Management Services, Inc.	EBMS
Employee Health Insurance Management, Inc.	EHIM
Envision Pharmaceutical Services, Inc.	EPS
Express Scripts	EXPR
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY	FHLTH
First Health Services Corporation	FHSC
First Script Network Services	FSNS
FutureScripts	FUTSCR
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY	GWL
HARRINGTON HEALTH SERVICES INC	HARR
HCC LIFE INSURANCE COMPANY	HCC
HEALTH NET HEALTH PLAN OF OREGON INC.	HNOR
HEALTH NET LIFE INSURANCE COMPANY	HNOR
HEALTH PLAN OF CAREOREGON INC.	CAREOR
HEALTHCARE MANAGEMENT ADMINISTRATORS, INC.	HMA
HealthSpring Prescription Drug Plan	HSPR
HealthTrans	HTRANS
HM LIFE INSURANCE COMPANY	HMIG
Humana Pharmacy Solutions	HPS
Independent Health - Pharmacy Benefit Dimensions®	IHPBD
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	KP
Kroger Prescription Plans	KROGER
LDI Integrated Pharmacy Services	LDI
Lifewise Assurance Company	LWAC

Payer Name	Abbreviation
LIFEWISE HEALTH PLAN OF OREGON INC.	LWH
MAGELLAN BEHAVIORAL HEALTH SYSTEMS LLC	MAG
Marion Polk Community Health Plan Advantage	MPCHPA
Medco Health Solutions, Inc.	MEDCO
MedImpact Healthcare Systems, Inc.	MEDIMP
MEGA LIFE AND HEALTH INSURANCE COMPANY	MEGA
MHN SERVICES	MHN
MID ROGUE HEALTH PLAN, INC.	MRIPA
myMatrixx	MYMAT
NovoLogix	NOVO
ODS HEALTH PLAN INC.	ODS
OMIP (c/o REGENCE BLUECROSS BLUESHIELD OF OREGON)	OMIP
PACIFICSOURCE ADMINISTRATORS INC	PSADM
Pacific Source Community Health Plans, Inc.	PSCHP
PACIFICSOURCE HEALTH PLANS	PSHP
Partners Rx	PRX
PBM Plus, Inc.	PBMP
Pennsylvania Life Insurance Company	PENN
PharmAvail Benefit Management	PABM
Prescription Solutions	PRESOL
Prime Therapeutics	PRIME
PRINCIPAL LIFE INSURANCE COMPANY	PRIN
ProCare Rx PBM	PRORX
PROVIDENCE HEALTH PLAN	PROV
PTI - National Pharmaceutical Services	PTI
Ramsell Public Health Rx	RPHRX
REGENCE BLUECROSS BLUESHIELD OF OREGON	REG
REGENCE LIFE AND HEALTH INSURANCE COMPANY	REG
RegenceRx	REGRX
RESTAT LLC Prescription Benefit Managers	RESTAT
RxAmerica	RXAMER
RxMPSS	RXMPSS
SAMARITAN HEALTH PLANS, INC.	SAM
ScriptSave	SSAVE
Serve You Custom Prescription Management	SRVYOU
SHASTA ADMINISTRATIVE SVCS INC	SHASTA
SUN LIFE ASSURANCE COMPANY OF CANADA	SUN
SXC Health Solutions, Inc.	SXC
SYMETRA LIFE INSURANCE COMPANY	SYM
TIME INSURANCE COMPANY	TIME
Total Script	TOTAL
Transamerica Life Insurance Company	TLIC
UMR INC	UMR
Unicare	UNICARE
UNIMERICA INSURANCE COMPANY	UNI
United American Insurance Company	UAIC
UNITEDHEALTHCARE INSURANCE COMPANY	UHC

Payer Name	Abbreviation
UNITED HEALTHCARE OF OREGON INC. (formerly PACIFICARE OF OREGON INC.)	UHCOR
United Healthcare Services, Inc.	UHS
US Script, Inc.	USSCR
US-Rx Care, LLC	USRX
Walgreens Health Initiatives	WALG
Wellcare	WCARE
WellDyneRx	WELLD
WESTPORT INSURANCE CORPORATION	WEST