



ARKANSAS APCD DATA SUBMISSION GUIDE CHANGES

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Version: 1.0.2015

ACHI is a nonpartisan, independent, health policy center that serves as a catalyst to improve the health of Arkansans.



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Revision History

VERSION	CHANGE MGMT. #	DATE	OWNER	DESCRIPTION
1.0.2015	0	11/2/2015	Kenley Money	Initial Draft
1.0.2015	1	11/3/2015	Kenley Money	Added file name and entity code changes
1.0.2015	2	11/5/2015	Kenley Money	Added table to Appendix G
1.0.2015	3	11/9/2015	Kenley Money	Updated PC008 definition to include SSN requirement.
1.0.2015	4	11/9/2015	Kenley Money	Corrected trailer record example
1.0.2015	5	11/12/2015	Kenley Money	Added 151112-001 through 151112-009
1.0.2015	6	11/13/2015	Kenley Money	Added 151113-001 through 151113-003. Replaced DSG Corrections Notifications section with Appendix A – DSG Changes by Change Number, and Appendix B – DSG Changes by Data Element ID or Subject
1.0.2015	7	11/23/2015	Kenley Money	Added 151123-001
1.0.2015	8	11/23/2015	Kenley Money	Updated and republished DSG with all technical changes.
1.0.2015	9	12/17/2105	Kenley Money	Updated to add diagnosis pointer clarification
1.0.2015	10	2/29/2016	Sheila Dodson	Added changes 1602229-001 to 160229-021

This is a dynamic document that will be reviewed and updated on an ongoing basis. Each change will be recorded in the Revision History section.

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GLOSSARY OF TERMS

Term	Definition
ACHI	Arkansas Center for Health Improvement
AID	Arkansas Insurance Department
APCD	Arkansas all-payer claims database
DSG	APCD Data Submission Guide
Onboarding	The process to enable data file submission for submitting entities. Process includes web portal assignment and activation, encryption key exchange and protocols, and data submission guidelines
Rule 100¹	AID guidelines for submission of medical, dental, and pharmaceutical claims, unique identifiers and geographic and demographic information for covered individuals, and provider files to the Arkansas Healthcare Transparency Initiative for the purpose of creating and maintaining a multi-payer claims database as a source of healthcare information to support consumers, researchers, and policymakers in healthcare decisions within the state.
Submitting Entity	Entity required to submit data per in Act 1233 of 2015

¹ “Proposed Rule 100: Arkansas Healthcare Transparency Initiative Standards.” Arkansas Insurance Department Proposed Rule 100 is issued pursuant to Act 1233 of 2015 of the Arkansas 90th General Assembly, also known as the “Arkansas Healthcare Transparency Initiative Act of 2015.” <http://insurance.arkansas.gov/Legal/PropRules/PropRule100.pdf>.

OVERVIEW

Under the Arkansas Insurance Department Rule 100, the Arkansas All-Payer Claims Database (APCD) Administrator may make technical corrections to the APCD Data Submission Guide (DSG) at any time. Technical corrections are simple revisions to formatting of existing data elements, the addition of codes to existing data elements, changes to thresholds that can be accommodated by updated exceptions, and those intended to clarify or otherwise expedite the process of submitting files that conform to the DSG.

The Arkansas APCD DSG Changes document identifies each DSG technical correction, the DSG version, how correction was addressed, and when submitting entities were notified.

Change notification:

- The APCD DSG Changes document will be updated and loaded to the APCD website as technical corrections are identified.
- The Administrator will notify submitting entities about all technical corrections via:
 - Notifications tab of the APCD web portal
 - Email
 - APCD website alerts with link to change listing
- Additionally, the APCD DSG Changes document will be included in all APCD DSG and Onboarding webinars.

APCD Support

Questions about any APCD DSG change can be addressed by contacting APCD Technical Support.

Email: arapcd@uams.edu

Phone: 501-526-4306

Website: <http://www.arkansasapcd.net>

Hours of Operation:*

Monday through Friday, 9:00 AM – 4:00 PM, Central Standard Time

****excluding state and federal holidays***

DATA SUBMISSION CORRECTIONS

Incremental technical corrections to the APCD are listed in this section. Technical corrections are assigned an identification number comprised of the notification date (YYMMDD) and change number (XXX). Each contains the page where changed information occurs in the DSG, the original information, and the revised information. Changes are highlighted in yellow where applicable.

151102-001: DC035 and DC036 Threshold Correction

DSG Version: 4.1.2015

DSG Page: 72

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
DC035	Date of Service From	Date of Service for this service line	Date	YYYY-MM-DD	10	YYYY-MM-DD	Required
DC036	Date of Service Thru	Last date of service for this service line. It can equal Date of Service From when a single date of service is reported	Date	YYYY-MM-DD	10	YYYY-MM-DD	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
DC035	Date of Service From	Date of Service for this service line	Date	YYYY-MM-DD	10	100%	Required
DC036	Date of Service Thru	Last date of service for this service line. It can equal Date of Service From when a single date of service is reported	Date	YYYY-MM-DD	10	100%	Required

151102-002: Data Element ID Format

DSG Version: 4.1.2015

DSG Page: 5

Original Information

Each data element is represented by a Data Element Identifier (Data Element ID) comprised of the two-character data category abbreviation—ME, MC, PC, DC, or PV—and a three or **four** character value such as 001, 025A, 161A. Data elements are referred to by their Data Element ID throughout the DSG (e.g., ME001, MC001, and ME161A). This naming convention aligns with standards defined by the United States Health Information Knowledgebase.

Revised Information

Each data element is represented by a Data Element Identifier (Data Element ID) comprised of the two-character data category abbreviation—ME, MC, PC, DC, or PV—and a three or **more** character value such as 001, 025A, 161A, **and 058EA**. Data elements are referred to by their Data Element ID throughout the DSG (e.g., ME001, MC001, ME161A, **and MC058EA**). This naming convention aligns with standards defined by the [United States Health Information Knowledgebase](#).

151102-003: Encryption Protocol Update

DSG Version: 4.1.2015

DSG Pages 82, 83

Original Information

Data Submission Encryption Protocols

All data files submitted to the Arkansas APCD are to be encrypted using Public Key Cryptography (also known as asymmetric cryptography):

- Key Generation:
 - RSA key(s) of 2048-bit length, minimum, encrypt-and-sign capable
 - DSA key(s) of 2048-bit length, minimum, sign capable
- File Encryption
 - “Encrypt+sign” the unencrypted file into an “encrypted+signed” file
 - “Encrypt” with the recipient’s RSA key
 - “Sign” with the sender’s RSA key
 - Resulting “encrypted+signed” file extension should be “.gpg”
- “Detach-sign” the “encrypted+signed” file using the sender’s DSA key
 - Resulting “Detached-signature” file extension should be “.sig”
- Zip the “encrypted+signed” and “detached-signature” files into one archive
 - Name the .zip archive as follows:
 1. Carrier_FileType_FilePeriod_RSA-keyID_DSA-keyID.zip
 2. e.g., “MCR_CLAIMS_2014A_RSA-A4E5919D_DSA-C55BD3C3.zip”
 - Resulting zipped archive file extension should be “.zip”

Encryption Software Recommendations

The ACHI-APCD team requires all submitters to use the following software recommendations for file encryption:

- Windows Operating Systems
 - Gpg4Win
 - Kleopatra (key generation, import, export, and management)
 - GPA (key generation and management)
 - GPG command-line encryption operations
 - GpgEx
 - Context-menu encrypt, sign, verify, and decrypt
 - NOTE: Installed as part of the aforementioned Gpg4Win distribution
 - 7-Zip (64-bit, 32-bit)
 - Context-menu zipping and unzipping of files
 - 7z command-line zipping/encryption operations
 - Optional AES-256 symmetric encryption via password
- Linux Operating Systems
 - GnuPG
 - Kleopatra (key generation, import, export, management)

- GPA (key generation, management)
- GPG command-line encryption operations
- Ubuntu install: `sudo apt-get install gnupg`
- Seahorse
 - Context-menu encrypt, sign, verify, decrypt
NOTE: May not be installed when GnuPG is installed; if so, then see following install
 - Ubuntu install: `sudo apt-get install seahorse-plugins`
- 7-Zip
 - Context-menu zipping and unzipping of files
 - 7z command-line zipping/encryption operations
 - Optional AES-256 symmetric encryption via password
 - Ubuntu install: `sudo apt-get install p7zip-full`

Command Line Examples

To encrypt and sign an unencrypted file, submitters will use the following procedures:

- `gpg --recipient A4E5919D --local-user C55BD3C3 --sign --output "encrypted+signed.gpg" --encrypt "plaintext.txt"`
- `gpg --local-user C55BD3C3 --output "detached-signature.sig" --detach-sign "encrypted+signed.gpg"`
- `7z a -tzip "MCR_CLAIMS_2014A_RSA-A4E5919D_DSA-C55BD3C3.zip" "encrypted+signed.gpg"`
- `7z a -tzip "MCR_CLAIMS_2014A_RSA-A4E5919D_DSA-C55BD3C3.zip" "detached-signature.sig"`

Revised Information

Data Submission Encryption Protocols

All data files submitted to the Arkansas APCD are to be encrypted using Public Key Cryptography (also known as asymmetric cryptography). **Failure to follow these protocols will result in rejection of the submitted data files.**

- Key Generation:
 - RSA key(s) of 2048-bit length, minimum, encrypt-and-sign capable
 - DSA key(s) of 2048-bit length, minimum, sign capable
- File Encryption
 - "Encrypt+sign" the unencrypted file into an "encrypted+signed" file
 1. "Encrypt" with the recipient's RSA key
 2. "Sign" with the sender's DSA key
 - Resulting "encrypted+signed" file extension should be ".gpg"
- "Detach-sign" the "encrypted+signed" file using the sender's DSA key
 - Resulting "Detached-signature" file extension should be ".gpg.sig"
- Zip the "encrypted+signed" and "detached-signature" files into one archive
 - Name the .zip archive as follows:

`ARAPCD_[EntityCode]_[Test or Prod]_[SubmissionDate]_[CoveragePeriodDate]_[FileNo]_[FileCount]_[EntityAbbreviation].dat.zip`

e.g., "ARAPCD_12345_PROD_20151015_201509_01_02_CLM.dat.zip"
 - Resulting zipped archive file extension should be ".zip"

Encryption Software Recommendations

The ACHI-APCD team requires all submitters to use the following software recommendations for file encryption:

- Windows Operating Systems
 - Gpg4Win
 - Kleopatra (key generation, import, export, and management)
 - GPA (key generation and management)
 - GPG command-line encryption operations
 - GpgEx
 - Context-menu encrypt, sign, verify, and decrypt
 - NOTE: Installed as part of the aforementioned Gpg4Win distribution
 - 7-Zip (64-bit, 32-bit)
 - Context-menu zipping and unzipping of files
 - 7z command-line zipping/encryption operations
 - Optional AES-256 symmetric encryption via password
- Linux Operating Systems
 - GnuPG
 - Kleopatra (key generation, import, export, management)
 - GPA (key generation, management)
 - GPG command-line encryption operations
 - Ubuntu install: `sudo apt-get install gnupg`
 - Seahorse
 - Context-menu encrypt, sign, verify, decrypt
 - NOTE: May not be installed when GnuPG is installed; if so, then see following install
 - Ubuntu install: `sudo apt-get install seahorse-plugins`
 - 7-Zip
 - Context-menu zipping and unzipping of files
 - 7z command-line zipping/encryption operations
 - Optional AES-256 symmetric encryption via password
 - Ubuntu install: `sudo apt-get install p7zip-full`

Command Line Examples

To encrypt and sign an unencrypted file, submitters will use the following procedures:

- Definition:
 - “recipient” parameter is the ARAPCD Public Key ID
 - “local-user” parameter is the SEs KeyID
 - “passphrase” is the SEs passphrase
 - “filename” is the file name format described above
- Examples:
 - `gpg --recipient [ARAPCD Public RSA Key] --local-user [SE Private DSA Key] --sign --yes --passphrase [SE's DSA Key passphrase] --always-trust --output "[filename].dat.gpg" --encrypt "[filename].dat"`

- `gpg --local-user [SE Private DSA Key] --yes --passphrase [SE's DSA Key passphrase] --output "[filename].dat.gpg.sig" --detach-sign "[filename].dat.gpg"`
- `7z a -tzip "[filename].dat.zip" "[filename].dat.gpg"`
- `7z a -tzip "[filename].dat.zip" "[filename].dat.gpg.sig"`

151102-004: New Appendix K References

DSG Version: 4.1.2015

DSG Page: 124

Added two additional references to the External Code Sources Table.

Look-up	Link
North American Industry Classification System	http://www.census.gov/eos/www/naics/
Standard Industrial Classification (SIC) System	https://www.osha.gov/pls/imis/sic_manual.html

151102-005: Appendix F Reference Replacement

DSG Version: 4.1.2015

DSG Page: 100

Replaced the hyperlink referenceing the procedure modifier code list.

Original Information

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2015-Alpha-Numeric-HCPCS-File>

Revised Information

<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2015-Alpha-Numeric-HCPCS-File-%C2%A0.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

151102-006: Corrected FAQ

DSG Version: 4.1.2015

DSG Page: 3

Updated Appendix reference in Frequently Asked Questions section.

Original Information

	Question	Answer
1	How often are files submitted to the Arkansas APCD?	Data submission occurs according to the schedule in Rule 100, Appendix B.

Revised Information

	Question	Answer
1	How often are files submitted to the Arkansas APCD?	Data submission occurs according to the schedule in Rule 100, Appendix A.

151102-007: MC166 Threshold Correction

DSG Version: 4.1.2015

DSG Page: 55

NOTE: This change was updated in DSG Change 151208-006.

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC166	Present on Admission Code (POA) - 12	Code indicating the presence of Other Diagnosis - 12 at the time of admission 3 = Unknown 1 = Exempt from POA reporting (Use if POA reporting is not required by carrier) N = Other 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	Text	char	1	>1% if MC037=2 1 and MC054 <> NULL	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC166	Present on Admission Code (POA) - 12	Code indicating the presence of Other Diagnosis - 12 at the time of admission 3 = Unknown 1 = Exempt from POA reporting (Use if POA reporting is not required by carrier) N = Other 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	Text	char	1	>1% if MC094 = 002 and MC053 <> NULL	Required

151103-001: File Naming Convention Update

DSG Version: 4.1.2015

DSG Page: 21

Updated file naming convention format to represent files pulled from multiple data systems for a single NAIC company code.

Original Information

File Name Component Definitions

- **EntityCode** –Codes representing submitting entities.
 - Private Submitting entities: NAIC codes.
 - Other submitters: A unique 5-digit alphanumeric code assigned by the ACHI-APCD team

Revised Information

File Name Component Definitions

- **EntityCode** –Codes representing submitting entities.
 - Private Submitting entities: NAIC Company codes. NOTE: if a submitting entity provides data from multiple data systems under the same NAIC company code, add a single alpha character representing the NAIC Suffix at the end of the NAIC Company code. NAIC Suffixes should be assigned sequentially. For example: 12345A, 12345B
 - Other submitters: A unique 5-digit alphanumeric code assigned by the ACHI-APCD team

151103-002: Added NAIC Suffix to Glossary of Terms

DSG Version: 4.1.2015

DSG Page: iii

Added term - NAIC Suffix:

Term	Definition
NAIC Suffix	Single alpha character used with NAIC code to represent different data systems providing data for same NAIC company code.

151103-003: Submitter NAIC Code Length Change

DSG Version: 4.1.2015

DSG Pages: 24, 26, 27, 36, 58, 68, 76

Increased size of Submitter NAIC company code value length and format to accommodate NAIC Suffix if required.

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
HD001	Submitter	Code representing payer submitting payments. Use NAIC codes for private carrier. Use five-character alpha numericcode for other submitting entities. Must match TR001	Text	varchar	5	100%	n/a
TR001	Submitter	Code representing payer submitting payments. Use NAIC codes for private carrier. Use five-character alpha numericcode for other submitting entities. Must match HD001	Text	varchar	5	100%	n/a
ME001	Submitter	Code representing payer submitting payments. Use NAIC codes for private carrier. Use five-character alpha numericcode for other submitting entities.	Text	char	5	100%	Required
MC001	Submitter	Code representing payer submitting payments. Use NAIC codes for private carrier. Use five-character alpha numericcode for other submitting entities.	Text	char	5	100%	Required
PC001	Submitter	Code representing payer submitting payments. Use NAIC codes for private carrier. Use five-character alpha numericcode for other submitting entities.	Text	char	5	100%	Required
DC001	Submitter	Code representing payer submitting payments. Use NAIC codes for private carrier. Use five-character alpha numericcode for other submitting entities.	Text	char	5	100%	Required

PV114	Submitter	Code representing payer submitting payments. Use NAIC codes for private carrier. Use five-character alpha numericcode for other submitting entities.	Text	char	5	100%	Required
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Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
HD001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities. -Must match TR001	Text	varchar	6	100%	n/a
TR001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities. -Must match HD001	Text	varchar	6	100%	n/a
ME001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
MC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
PC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC	Text	varchar	6	100%	Required

		Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.					
DC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
PV114	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required

151105-001: Language Code Detail

DSG Version: 4.1.2015

DSG Page: 101

Original Information

U. S. Census Bureau Language Groups are currently published in Appendix G. These can be found at this link:

<http://www.census.gov/hhes/socdemo/language/about/index.html>

Revised Information

Added supplemental link to Appendix G listing individual U. S. Census Bureau Language Codes. These codes are categorized into the Language Groups.

http://www.census.gov/hhes/socdemo/language/about/02_Primary_list.pdf

151105-002: PC008 – Plan Specific Contract Number Rule Update

DSG Version: 4.1.2015

DSG Page: 59

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
PC008	Plan Specific Contract Number	Contract number assigned to subscriber.	Integer	unsigned int	20	50%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
PC008	Plan Specific Contract Number	Contract number assigned to subscriber. Set as blank if unavailable. Set as blank if contract number = subscriber's social security number	Integer	unsigned int	20	50%	Required

151109-001: Data Submission Example Correction

DSG Version: 4.1.2015

DSG Page: 82

NOTE: Updated date format 2/29/16.

Original Information

Header Record Example:

HH|HD001|HD002|HD003|HD004|HD005|HD006|HD007|HD008 } *Header Record*

HD|28362||ME|20150101|20150201|5|1|1 } *Header Data Record*

Trailer Record Example:

TH|TR001|TR002|TR003|TR004|TR005|TR006|TR007 } *Trailer Header Record*

TD|12345||ME|20150101|20150201|20150301|20150401 } *Trailer Data Record*

Revised Information

Header Record Example:

HH|HD001|HD002|HD003|HD004|HD005|HD006|HD007|HD008|HD009 } *Header Record*

HD|28362||ME|2015-01-01|2015-02-01|5|1|1|4.1.2015 } *Header Data Record*

Trailer Record Example:

TH|TR001|TR002|TR003|TR004|TR005|TR006|TR007 } *Trailer Header Record*

TD|28362||ME|2015-01-01|2015-02-01|2015-03-01|2015-04-01 } *Trailer Data Record*

151112-001: ME030 Value Alignment with Appendix L

DSG Version: 4.1.2015

DSG Page: 126

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME030	Market Category	<p>The code that defines the market, by size and or association, to which the policy is directly sold and issued</p> <p>IND = Individuals (non-group) HMO = Health Maintenance Organization LRG = Large Employer/Group SML = Small Group/Employer SMM = Small-Group Market SLF = Self-Funded FGP = Federal Government Plan GPL = Government Plan</p> <p>See Appendix L - Plan and Group Definitions</p>	Text	varchar	4	100%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME030	Market Category	<p>The code that defines the market, by size and or association, to which the policy is directly sold and issued</p> <p>IND = Individuals (non-group) HMO = Health Maintenance Organization LRG = Large Employer/Group SMG = Small Group/Employer SMM = Small-Group Market SLF = Self-Funded FGP = Federal Government Plan GPL = Government Plan TPA – Third Party Administrator</p> <p>See Appendix L - Plan and Group Definitions</p>	Text	varchar	4	100%	Required

151112-002: Medical Home ID Number

DSG Version: 4.1.2015

DSG Page: 78

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
PV047	Medical/Healthcare Home ID	Medical Home Identification Number Report the identifier of the patient-centered medical home the provider is linked-to here. The value in this element must have a corresponding Provider ID (PV002) in this or a previously submitted provider file.	Text	varchar	15	0%	Optional

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
PV047	Medical/Healthcare Home ID	Medical Home Identification Number Report the identifier of the patient-centered medical home the provider is linked-to here.	Text	varchar	15	0%	Optional

151112-003: Clarifying member/subscriber references

DSG Version: 4.1.2015

DSG Page: 30, 35

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME060	Employment Status	Employment status of member A = Active I = Involuntary Leave P = Pending R = Retiree S = Student Z = Unemployed U = Unknown	Text	char	1	100%	Required
ME062	Marital Status	Marital status code S = Single D = Divorced M = Married P = Domestic Partnership N = Never Married W = Widowed X = Legally Separated U = Unknown C = Child	Text	char	1	0%	Optional
ME063	Benefit Status	Code that defines status of benefits for the subscriber A = Active C = COBRA R = Retiree U = Unknown	Text	char	1	100%	Required
ME078	Employer ZIP Code	Five digit USPS ZIP Code of the Employer's address See Appendix K - External Sources	Integer	char	5	50%	Required
ME065	Retirement Date	Date Member retired	Date	YYYY-MM-DD	10	100% if ME063 = R	Required
ME077	Member SIC Code	Member's Standard Industrial Classification (SIC) code See Appendix K - External Sources	Text	char	4	0%	Optional
ME082	Employer Name	Member's employer name	Text	varchar	60	99%	Required
ME083	Employer EIN/Federal Tax Identification Number	Member's Employer Identification Number (EIN)/Federal Tax Identification Number. An Employer Identification Number is also known as a Federal Tax Identification Number, and is used to identify a business	Text	varchar	15	50%	Required

		entity. Alpha numeric characters only—omit spaces and hyphens					
ME170A	Member NAICS Code	Member industry description See Appendix K – External Code Sources	Text	varchar	6	0%	Optional

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME060	Employment Status	Employment status of Subscriber A = Active I = Involuntary Leave P = Pending R = Retiree S = Student Z = Unemployed U = Unknown	Text	char	1	100%	Required
ME062	Marital Status	Subscriber marital status code S = Single D = Divorced M = Married P = Domestic Partnership N = Never Married W = Widowed X = Legally Separated U = Unknown C = Child	Text	char	1	0%	Optional
ME063	Benefit Status	Code that defines status of benefits for the member A = Active C = COBRA R = Retiree U = Unknown	Text	char	1	100%	Required
ME065	Retirement Date	Date Subscriber retired	Date	YYYY-MM-DD	10	100% if ME063 = R	Required
ME078	Employer ZIP Code	Five digit USPS ZIP Code of the Subscriber's/Member's employer's address See Appendix K - External Sources	Integer	char	5	50%	Required
ME077	Member SIC Code	Subscriber/Member Standard Industrial Classification (SIC) code See Appendix K - External Sources	Text	char	4	0%	Optional
ME082	Employer Name	Subscriber's/Member's employer name	Text	varchar	60	99%	Required

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME083	Employer EIN/Federal Tax Identification Number	<p>Subscriber's/Member's Employer Identification Number (EIN)/Federal Tax Identification Number.</p> <p>An Employer Identification Number is also known as a Federal Tax Identification Number, and is used to identify a business entity. Alpha numeric characters only—omit spaces and hyphens</p>	Text	varchar	15	50%	Required
ME170A	Member NAICS Code	<p>Subscriber's/Member's industry description</p> <p>See Appendix K – External Code Sources</p>	Text	varchar	6	0%	Optional

151112-004: Added FIPS County Code Designation

DSG Version: 4.1.2015

DSG Page: 35

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME173A	Member County	County of Member's residence county code or name	Text	varchar	25	75%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME173A	Member County	County of Member's residence FIPS county code or name https://www.census.gov/geo/reference/codes/cou.html	Text	varchar	25	75%	Required

151112-005: Field Format Updates

DSG Version: 4.1.2015

DSG Page: 37, 59, 69

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC008	Plan Specific Contract Number	Submitting entity's assigned contract number for the subscriber. Set as blank if unavailable. Set as blank if contract number = subscriber's social security number	Integer	unsigned int	20	100%	Required
PC008	Plan Specific Contract Number	Submitting entity's assigned contract number for the subscriber. Set as blank if unavailable. Set as blank if contract number = subscriber's social security number	Integer	unsigned int	20	50%	Required
DC008	Plan Specific Contract Number	Submitting entity assigned contract number for the subscriber. Set as blank if unavailable. Set as blank if contract number = subscriber's social security number	Integer	unsigned int	20	100%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC008	Plan Specific Contract Number	Submitting entity's assigned contract number for the subscriber. Set as blank if unavailable. Set as blank if contract number = subscriber's social security number	Text	varchar	20	100%	Required
PC008	Plan Specific Contract Number	Submitting entity's assigned contract number for the subscriber. Set as blank if unavailable. Set as blank if contract number = subscriber's social security number	Text	varchar	20	50%	Required
DC008	Plan Specific Contract Number	Submitting entity assigned contract number for the subscriber. Set as blank if unavailable. Set as blank if contract number = subscriber's social security number	Text	varchar	20	100%	Required

151112-006: Updated Threshold Requirement with MC037 Reference

DSG Version: 4.1.2015

NOTE: This change was revised in DSG Change 151208-006.

Original Information

The following references for MC037 in the Threshold requirement are incorrect:

MC018, MC019, MC020, MC022, MC023, MC036, MC039, MC054, MC058, MC058A, MC058B, MC058C, MC058D, MC058E, MC058EA, MC058F, MC058G, MC058H, MC058J, MC058K, MC058L, MC068, MC069, MC071, MC092, MC154, MC155, MC156, MC157, MC158, MC159, MC160, MC161, MC162, MC163, MC164, MC165, MC166, AND MC915A.

Incorrect reference reads: if MC037 = 21

Revised Information

References to MC037 = 21 are replaced with MC094 = 002

151112-007: Threshold Corrections

DSG Version: 4.1.2015

DSG Page: 56, 77

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC212	Billing Provider Specialty	Code defining provider specialty. Provide look-up tables for every field containing non-standard codes	Text	varchar	10	100% if MC201 is not NULL	Required
PV005	Provider Middle Name	Provider's middle name. Set to blank if provider is a facility or an organization	Text	varchar	25	100%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC212	Billing Provider Specialty	Code defining provider specialty. Provide look-up tables for every field containing non-standard codes	Text	varchar	10	100% if MC077 is not NULL	Required
PV005	Provider Middle Name	Provider's middle name. Set to blank if provider is a facility or an organization	Text	varchar	25	5%	Required

151112-008: Appendix K Link Replacement

DSG Version: 4.1.2015

DSG Page: 125

Look-up	Original Link	Revised Link
ISO country codes	http://www.iso.org/iso/country_codes.htm	http://unstats.un.org/unsd/methods/m49/m49alpha.htm
Health care provider taxonomy specialty codes	http://www.wpc_edi.com/reference/	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/TaxonomyCrosswalk.pdf Dental codes: http://www.ada.org/~media/ADA/Member%20Center/Files/topics_npi_taxonomy.ashx

151112-009: Miscellaneous Corrections

DSG Version: 4.1.2015

Page	Data Element ID	Action
79	PV028	Replaced with Placeholder designation. Was redundant field.
39	MC032	Added reference for Appendix K.
56	MC212	Added reference for Appendix K
79	PV026	Added reference for Appendix K
78	PV019	Added reference for Appendix K.
78	PV020	Added reference for Appendix K
78	PV021	Added reference for Appendix K
6	n/a	Added reference to claims submission requirements in Rule 100 Appendix A.
7	n/a	Added reference to claims submission requirements in Rule 100 Appendix A.
8	n/a	Added reference to claims submission requirements in Rule 100 Appendix A.
24	ME032	Replaced definition with: Name of the group under which the member is covered. If an individual plan, populate with the value INDIV.
45	MC063C	Updated definition with: If no amount paid, populate with \$0.00.
46	MC073	Removed reference: Precedence shall be given to APCs transmitted from the health care provider
48	MC098	Removed the word contractually from the definition

151112-010: Revised Deductible Definitions

DSG Version: 4.1.2015

DSG Page: 34, 35

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME049	Member Deductible	Annual maximum out of pocket Member Deductible for all benefit types. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	90%	Required
ME050	Member Deductible Used	Member deductible amount used. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	0%	Optional

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME049	Member Deductible	Annual maximum out of pocket Member Deductible for benefit type represented by member record. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	90%	Required
ME050	Member Deductible Used	Member deductible amount used from member deductible (ME049). This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	0%	Optional

151112-011: MC038 Data Element Name and Threshold Change

DSG Version: 4.1.2015

DSG Page: 40

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC038	Claim Status	<p>This field contains the benefit coordination status of claim</p> <p>01 = Processed as primary 02 = Processed as secondary 03 = Processed as tertiary 19 = Processed as primary, forwarded to additional payer(s) 20 = Processed as secondary, forwarded to additional payer(s) 21 = Processed as tertiary, forwarded to additional payer(s) 22 = Reversal of previous payment 25 = Predetermination pricing only – no payment</p>	Integer	char	2	100%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC038	COB Status	<p>This field contains the benefit coordination status of claim</p> <p>01 = Processed as primary 02 = Processed as secondary 03 = Processed as tertiary 19 = Processed as primary, forwarded to additional payer(s) 20 = Processed as secondary, forwarded to additional payer(s) 21 = Processed as tertiary, forwarded to additional payer(s) 22 = Reversal of previous payment 25 = Predetermination pricing only – no payment</p>	Integer	char	2	100% if MC038A = 1	Required

151113-001: DC009 Format Correction

DSG Version: 4.1.2015

DSG Page: 69

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
DC009	Member Suffix or Sequence Number (Person Code)	Unique number of the member within the contract. Must be an identifier that is unique to the member. This column is the unique identifying column for membership and related medical and pharmacy claims, e.g. the value for person 1 is 001, person 2 = 002, etc.	Text	varchar	3	99%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
DC009	Member Suffix or Sequence Number (Person Code)	Unique number of the member within the contract. Must be an identifier that is unique to the member. This column is the unique identifying column for membership and related medical and pharmacy claims, e.g. the value for person 1 is 001, person 2 = 002, etc.	Integer	char	3	99%	Required

151113-002: MC002, DC002 National Plan ID Alignment

DSG Version: 4.1.2015

DSG Page: 36, 68

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC002	National Plan ID	Centers for Medicare and Medicaid Services (CMS) National Plan Identification Number (Plan ID). Do not report any value here until National Plan ID is fully implemented. This is a unique identifier as outlined by CMS for Plans or Sub plans.	Integer	unsigned int	10	0%	Optional
DC002	National Plan ID	Centers for Medicare and Medicaid Services (CMS) National Plan Identification Number (Plan ID). Do not report any value here until National Plan ID is fully implemented. This is a unique identifier as outlined by CMS for Plans or Sub plans.	Numeric	unsigned int	30	0%	Optional

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC002	National Plan ID	Centers for Medicare and Medicaid Services (CMS) National Plan Identification Number (Plan ID). Do not report any value here until National Plan ID is fully implemented. This is a unique identifier as outlined by CMS for Plans or Sub plans.	Integer	unsigned int	30	0%	Optional
DC002	National Plan ID	Centers for Medicare and Medicaid Services (CMS) National Plan Identification Number (Plan ID). Do not report any value here until National Plan ID is fully implemented. This is a unique identifier as outlined by CMS for Plans or Sub plans.	Integer	unsigned int	30	0%	Optional

151113-003: Field Format Updates

DSG Version: 4.1.2015

DSG Page: 28, 69

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME009	Plan Specific Contract Number	Contract number for the subscriber	Text	varchar	20	99%	Required
DC005B	Version Number Date	Date of latest version of claim service line in Year/Month (YYMM) format. See Exhibit D: Adjustments/Versioning Requirements. Note: Versioning will be implemented in later phases. The threshold will change from optional to required at implementation.	Integer	char	4	0%	Optional

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME009	Plan Specific Contract Number	Submitting entity's assigned contract number for the subscriber. Set as blank if unavailable. Set as blank if contract number = subscriber's social security number	Text	varchar	20	99%	Required
DC005B	Version Number Date	Date of latest version of claim service line in Year/Month (YYMM) format. See Exhibit D: Adjustments/Versioning Requirements. Note: Versioning will be implemented in later phases. The threshold will change from optional to required at implementation.	Text	char	4	0%	Optional

151123-001: Template Replacement and Revision History Version Correction

DSG Version: 4.1.2015

DSG Page: cover and throughout

1. Data Exception form template sample was updated to align with the data exception form posted on Arkansasapcd.net.
2. Revision History versioning correction: Internal references to 4.2.2015 were replaced with 4.1.2015.

151208-001: Country Code Field Format Updates

DSG Version: 4.1.2015

DSG Page: 46, 78

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC070	Service Provider Country Code	Country code of the Service Provider. Use 3-digit ISO Country Codes See Appendix K - External Sources	Text	char	3	100%	Required
PV017	Mailing Country Code	Country code of the Provider/Entity mailing address. Use 3-digit ISO Country Codes See Appendix K - External Code Sources	Text	varchar	3	100%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC070	Service Provider Country Code	Country code of the Service Provider. Use 3-digit ISO Country Codes See Appendix K - External Sources	Integer	Unsigned int	3	100%	Required
PV017	Mailing Country Code	Country code of the Provider/Entity mailing address. Use 3-digit ISO Country Codes See Appendix K - External Code Sources	Integer	Unsigned int	3	100%	Required

151208-002: MC067, PC042, DC041 Updated Definitions for Deductibles

DSG Version: 4.1.2015

DSG Page: 46, 64, 75

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC067	Deductible Amount	Amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required
PC042	Deductible Amount	Amount of deductible member/patient is responsible to pay on the claim line. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required
DC041	Deductible Amount	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that is not covered by the member's insurance plan. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	98%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC067	Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required
PC042	Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required
DC041	Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents.	Numeric	±decimal	10,2	98%	Required

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
		Code decimal point. This field may contain a negative value. \$0.00 is a valid value					

151208-003: ME006, MC006, PC006, DC006 Updated Definition for Insurance Group or Policy Number

DSG Version: 4.1.2015

DSG Page: 28, 37, 60, 71

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME006	Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded individuals this relates to the purchaser. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	99%	Required
MC006	Insured Group or Policy Number	The alpha numeric group or policy number associated with the entity that has purchased the insurance. For self-funded individuals this relates to the subscriber. For the majority of eligibility and claims data the group relates to the employer	Text	varchar	30	100%	Required
PC006	Insured Group Number or Policy Number	Group or policy number associated with the entity who has purchased the insurance. For self-insured individuals, this relates to the purchaser. For the majority of enrollment and claims data, the group relates to the employer	Text	varchar	30	99%	Required
DC006	Insured Group or Policy Number	Group or policy number associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	98%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
ME006	Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	99%	Required
MC006	Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	100%	Required
PC006	Insured Group Number or Policy	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying	Text	varchar	30	99%	Required

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
	Number	for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer					
DC006	Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	98%	Required

151208-004: MC038 - Updated COB Status Values

DSG Version: 4.1.2015

DSG Page: 40

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC038	COB Status	<p>This field contains the benefit coordination status of claim</p> <p>01 = Processed as primary 02 = Processed as secondary 03 = Processed as tertiary 19 = Processed as primary, forwarded to additional payer(s) 20 = Processed as secondary, forwarded to additional payer(s) 21 = Processed as tertiary, forwarded to additional payer(s) 22 = Reversal of previous payment 25 = Predetermination pricing only – no payment</p>	Integer	char	2	100% if MC038A = 1	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC038	COB Status	<p>This field contains the benefit coordination status of claim</p> <p>01 = Processed as primary 02 = Processed as secondary 03 = Processed as tertiary 19 = Processed as primary, forwarded to additional payer(s) 20 = Processed as secondary, forwarded to additional payer(s) 21 = Processed as tertiary, forwarded to additional payer(s) 22 = Reversal of previous payment (not applicable) 25 = Predetermination pricing only – no payment (not applicable)</p>	Integer	char	2	100% if MC038A = 1	Required

151208-005: MC063C Updated Definition – Withhold Amount

DSG Version: 4.1.2015

DSG Page: 46

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC063C	Withhold Amount	Amount withheld from payment to a provider by a submitting entity, which may be paid at a later date. If no amount paid, populate with \$0.00. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC063C	Withhold Amount	Amount withheld from payment to a provider by a submitting entity, which may be paid at a later date. If no amount withheld, populate with \$0.00. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required

151208-006: Updated Conditional Requirements for Fields With MC094 Reference

DSG Version: 4.1.2015

NOTE: This change replaced 151112-006

Original Information

The following references for MC094 in the Threshold requirement are incorrect:

MC018, MC019, MC020, MC022, MC023, MC039, MC058, MC058A, MC058B, MC058C, MC058D, MC058E, MC058EA, MC058F, MC058G, MC058H, MC058J, MC058K, MC058L, MC069, MC071, MC092, MC154, MC155, MC156, MC157, MC158, MC159, MC160, MC161, MC162, MC163, MC164, MC165, and MC166

Incomplete reference reads: if MC094 = 002

Revised Information

Update conditional to include the first two digits in MC036 = 11 or 12. Final conditional should read: if MC036 begins with 11, 12 and MC094 = 002

151215-001: Changed Optional/Required Threshold Status

DSG Version: 4.1.2015

Page: 76

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
DC042	Product ID Number	Submitter-assigned product identifier for type of coverage/product purchased.	Text	varchar	30	100%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
DC042	Product ID Number	Submitter-assigned product identifier for type of coverage/product purchased.	Text	varchar	30	0%	Optional

151217-001: Updated Diagnostic Pointer Definition, Format, and Threshold

DSG Version: 4.1.2015

Page: 48

Original Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC079	Diagnosis Code Pointer - 1	Number indicating order of importance for Primary Diagnosis code. For example, if Primary Diagnosis code is the most important diagnosis on the claim line, the value in Diagnosis Code Pointer 1 becomes 1	Integer	unsigned int	1	90%	Required
MC080	Diagnosis Code Pointer - 2	Number indicating order of importance for Other Diagnosis Code 1. For example, if Other Diagnosis code 3 becomes the most important diagnosis on the claim line, the value in Diagnosis Code Pointer 3 becomes 1	Integer	unsigned int	1	10%	Required
MC081	Diagnosis Code Pointer - 3	Number indicating order of importance for Other Diagnosis Code 1. For example, if Other Diagnosis code 2 becomes the most important diagnosis on the claim line, the value in Diagnosis Code Pointer 2 becomes 1	Integer	unsigned int	1	<1%	Required
MC082	Diagnosis Code Pointer - 4	Number indicating order of importance for Other Diagnosis Code 3. For example, if Other Diagnosis code 3 becomes the most important diagnosis on the claim line, the value in Diagnosis Code Pointer 3 becomes 1	Integer	unsigned int	1	<1%	Required

Revised Information

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
MC079	Diagnosis Code Pointer -1	Number indicating order of relevance for Primary Diagnosis code for claims filed using CMS 1500 form. For example, if Primary Diagnosis code is the most relevant diagnosis on the claim line, the value in Diagnosis Code Pointer 1 becomes 1 or A. However, if Other Diagnosis Code 2 is the most relevant and the Primary Diagnosis code becomes secondary, the value in Diagnosis Code Pointer 1 becomes 2 or B.	Text	Char	1	25%	Required
MC080	Diagnosis Code Pointer -2	Number indicating order of relevant for Other Diagnosis Code 1 for claims filed using CMS 1500 form. For example, if Other Diagnosis code 2 becomes the most relevant diagnosis on the claim line, the value in Diagnosis Code Pointer 2 becomes 1 or A.	Text	Char	1	10%	Required
MC081	Diagnosis Code Pointer -3	Number indicating order of relevance for Other Diagnosis Code 2 for claims filed using CMS 1500 form. For example, if Other Diagnosis code 2 becomes the	Text	Char	1	<1%	Required

Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
		most relevance diagnosis on the claim line, the value in Diagnosis Code Pointer 3 becomes 1 or A.					
MC082	Diagnosis Code Pointer -4	Number indicating order of relevance for Other Diagnosis Code 3 for claims using CMS 1500 form. For example, if Other Diagnosis code 3 becomes the most relevant diagnosis on the claim line, the value in Diagnosis Code Pointer 4 becomes 1 or A.	Text	Char	1	<1%	Required

160229-001: Enrollment Data Submission Requirements

DSG Version: 4.1.2015

Page: 5

Original Information

File Content

- Files must include variables specified in [Exhibit A – Data Elements: Enrollment Data](#).
- Files must include information for members with and without claims.
- Submitting entity's Carrier Specific Unique Member ID and Carrier Specific Unique Subscriber ID must be hashed or masked prior to submission to the APCD. Hashing should be consistent across data submissions so the hashed value representing the Carrier Specific Unique Member ID and/or Carrier Specific Unique Subscriber ID does not change.
- **Historical/Initial data submission:** Enrollment data submitted with the initial historical data feed must contain information for all members enrolled as of January 1, 2013, and thereafter.
- **Ongoing, periodic submissions:** Each enrollment file submitted should contain enrollment data for the applicable time period.

Other Information

- Many of the elements in different files use similar semantics and a few are exact duplicates. Each file can be used individually or in combination with other files for analyses. Repeated data elements allow for streamlined data management for analyses.
- A required data element must contain the DSG specified values, formats, and thresholds unless an exception is put in place for a specific submitting entity when unable to provide that data element or value. Exceptions are granted using the APCD [data exception process](#) described within the DSG.

Revised Information

File Content

- Files must include variables specified in [Exhibit A – Data Elements: Enrollment Data](#).
- Files must include information for members with and without claims.
- Submitting entity's Carrier Specific Unique Member ID and Carrier Specific Unique Subscriber ID must be hashed or masked prior to submission to the APCD. Hashing should be consistent across data submissions so the hashed value representing the Carrier Specific Unique Member ID and/or Carrier Specific Unique Subscriber ID does not change.
- Historical and ongoing data submission requirements are outlined in Appendix A of [Rule 100](#).
- **Historical/Initial data submission:** Enrollment data submitted with the initial historical data feed must contain information for all members enrolled as of January 1, 2013, and thereafter. Records will be submitted based on the following criteria:
 - One record per individual per plan whose plan date of enrollment (ME162A) is before, on, or after January 1, 2013, with a date of dis-enrollment (ME163A) on or after January 1, 2013.
 - Include records for active and inactive plans within specified date range.
 - Use the most recent information for member records.

Historical Data Submission Example

<u>Member #</u>	<u>Effective date</u>	<u>Disenrollment date</u>	<u>Plan</u>	<u>Notes</u>
1	1/1/2013	12/31/9999 (or null)	ABC	Original enrollment is 1/1/2013. Member is currently active
1	11/1/2014	10/31/2015	CXU	Enrolled in plan for 12 months. Dis-enrolled.
2	4/1/2014	12/31/9999 (or null)	DEF	Original enrollment is 4/1/2014. Member is currently active
3	11/1/2013	10/31/2014	CXU	Enrolled in plan for 12 months. Dis-enrolled.
3	2/1/2015	2/28/2015	123	Enrolled in plan for 1 month. Dis-enrolled.
4	11/1/2014	6/30/2015	123	Enrolled in plan for 8 months. Dis-enrolled.
5	9/1/2015	12/31/9999 (or null)	ABC	Original enrollment is 9/1/2015. Member is currently active
5	10/1/2015	12/31/9999 (or null)	DEF	Original enrollment for second plan is 10/1/2015. Member is currently active
6	5/1/2014	4/30/2015	CXU	Original enrollment is 5/1/2014. Disenrollment is 4/30/15.
7	8/1/2014	4/30/2015	123X	Original enrollment is 8/1/2014. Disenrollment is 4/30/15.
8	5/1/2014	12/31/9999 (or null)	ABC	Original enrollment is 5/1/2014. Member is currently active.

- **Ongoing, periodic submissions:** Each enrollment file submitted should contain enrollment data for the applicable time period.

Records will be submitted based on the following criteria:

- New members – records for individuals who become a member during the quarter as defined by Rule 100. The date of enrollment (ME162A) should represent the original date the member became active for a plan and the date of disenrollment (ME163A) should be 12/31/9999 or null
- Existing members with new plans – records for individuals who are current members that enroll in new plans. The date of enrollment (ME162A) should represent the date of enrollment and date of disenrollment (ME163A) should be 12/31/9999 or null
- Dis-enrolled members – records for individuals who dis-enrolled during the quarter as defined by Rule 100. The date of disenrollment (ME163A) should be populated with the date of disenrollment.

Quarterly Data Submission Example:

<u>Member #</u>	<u>Plan</u>	<u>Effective date</u>	<u>Disenrollment date</u>	<u>Last Activity Date</u>	<u>Submission quarter</u>	<u>Notes</u>
1	ABC	1/1/2013	2/28/2017	2/28/2017	Q2 2017	Enrolled in plan from 1/1/2013. Dis-enrolled 2/28/2017.
2	DEF	4/1/2014	12/31/9999 (or null)	3/1/2017	Q2 2017	Member record change for existing plan in March 2017.
3	Currently inactive. No new record required unless member purchased new plan and could be linked to original member #					
4	Currently inactive. No new record required unless member purchased new plan and could be linked to original member #					
5	Plan 1 – plan is currently active. No new record required unless change occurred.					
5	Plan 2 – plan is currently active. No new record required unless change occurred.					
6	CXU	2/1/2017	12/31/9999 (or null)	2/1/2017	Q2 2017	Existing member enrolled in new plan.
7	123X	3/1/2017	12/31/9999 (or null)		Q2 2017	Existing member not currently enrolled in plan enrolled in new plan 3/1/2017. Currently active.
8	ABC	3/1/2017	12/31/9999 (or null)		Q2 2017	Existing member enrolled in second plan. Currently active.
9	ABC	7/1/2017	12/31/9999 (or null)		Q4 2017	New member enrolled as of 7/1/2017.
10	123X	10/1/2017	12/31/9999 (or null)		Q1 2018	New member enrolled as of 4/1/2018

Other Information

- Many of the elements in different files use similar semantics and a few are exact duplicates. Each file can be used individually or in combination with other files for analyses. Repeated data elements allow for streamlined data management for analyses.
- A required data element must contain the DSG specified values, formats, and thresholds unless an exception is put in place for a specific submitting entity when unable to provide that data element or value. Exceptions are granted using the APCD [data exception process](#) described within the DSG.

160229-002: Medical Claims Data and Dental Claims Data

DSG Version: 4.1.2015

Pages: 6, 8

Original Information

File Content

- Submitting entity must provide one row per claim line. If there are multiple services performed and billed on a claim, each of those services will be uniquely identified and reported on a separate line with the claim number linking the lines together.

Revised Information

File Content

- Submitting entity must provide one row **per claim number and** claim line. If there are multiple services performed and billed on a claim, each of those services will be uniquely identified and reported on a separate line with the claim number linking the lines together.

160229-003: Enrollment, Medical Claims Data, Pharmacy Claims Data, Dental Claims Data, and Provider Data

DSG Version: 4.1.2015

Pages: 5, 6, 7, 8, 9

Original Information

File Content

- Historical and ongoing data submission requirements are outlined in [Rule 100](#) – Appendix A.

Revised Information

File Content

- Historical and ongoing data submission requirements are outlined in [Appendix A of Rule 100](#).

160229-004: Provider Data

DSG Version: 4.1.2015

Page: 9

Original Information

File Content

- One record shall be submitted for each provider for each unique physical address.

Revised Information

File Content

- One record shall be submitted for each provider for each unique physical address and NPI.

160229-005: Control Count Files

DSG Version: 4.1.2015

Page: 10

Original Information

Each submitting entity shall provide control counts with data feeds for validation reports. These control counts outlined below will also be used for baseline validation and benchmarking.

Control Counts:

- Number of unique members for each month within the submitted data
- Number of medical claims per member in data submission
- Number of pharmacy claims per member in data submission
- Number of dental claims per member in data submission
- Number of unique active members per quarterly submission period who did not have a medical, pharmacy, or dental claim
- Number of unique active members per quarterly submission period who did have a medical, pharmacy, or dental claim
- Number of unique medical claims based on claim number for each month within submitted data
- Number of unique pharmacy claims based on claim number for each month within submitted data
- Number of unique dental claims based on claim number for each month within submitted data

Definitions:

- Members are represented by submitting entity member ID.
- Submitting entity member ID is the value mapped to Carrier Specific Unique Member ID in the APCD DSG layout.
- Medical, pharmacy, or dental claim number is the value mapped to Payer Claim Control Number for each claim category.

Revised Information

Each submitting entity shall provide control counts with data feeds for validation reports that will be used for baseline validation and benchmarking. Only one control counts file should be produced for the entire data submission.

File Guidelines

- Control count files will be packaged using the same method as all other data submission files and should follow the same file naming conventions (see [File Naming Convention](#) section)
- All fields must be included in the data submission

- A Header Header, Header Data, Detail Data Header*, Trailer Header, and Trailer Data record must be included with this file submission. See [Data Submission Example](#)
- Use values in Data Element ID column as column names for the Detail Data Header Record
- Control count files will be formatted as pipe delimited text files
- Control count text files will contain a header row, header data row, detail header row, detail data rows, trailer header row, and the trailer data row
- If a count is not applicable, place 0 (zero) in the field

*Reminder: All detail data files require a Detail Data Header record. This example represents Member example data only. The same methodology applies to MC, PC, DC, PV, Control Counts, Lookup data). Only one Detail Data Header Record should be included in each file.
NOTE: this example is incomplete. All data element IDs should be included.

DH | ME999 | ME001 | ME002 | ME003 | ME006 | ME007 | ME009 | ME010 | ME013



Detail Data Header Record

Control Count Data Table Layout

ID	Data Element ID	Data Element Description	Type	Format	Length	Threshold	Required
1	DH	Record Prefix Place the value DD in the Control Count data detail record.	Text	char	2	100%	Required
2	CC001	Number of unique members for month 1 of data submission	Integer	unsigned int	10	100%	Required
3	CC002	Number of unique members for month 2 of data submission	Integer	unsigned int	10	100%	Required
4	CC003	Number of unique members for month 3 of data submission	Integer	unsigned int	10	100%	Required
5	CC004	Number of medical claims for members in data submission	Integer	unsigned int	10	100%	Required
6	CC005	Number of pharmacy claims for member in data submission	Integer	unsigned int	10	100%	Required
7	CC006	Number of dental claims for member in data submission	Integer	unsigned int	10	100%	Required
8	CC007	Number of unique active members in data submission who did not have a medical, pharmacy, or dental claim	Integer	unsigned int	10	100%	Required
9	CC008	Number of unique active members in data submission who did have a medical, pharmacy, or dental claim	Integer	unsigned int	10	100%	Required
10	CC009	Number of unique medical claims based on claim number for month 1 within data submission	Integer	unsigned int	10	100%	Required

ID	Data Element ID	Data Element Description	Type	Format	Length	Threshold	Required
11	CC010	Number of unique medical claims based on claim number for month 2 within data submission	Integer	unsigned int	10	100%	Required
12	CC011	Number of unique medical claims based on claim number for month 3 within data submission	Integer	unsigned int	10	100%	Required
13	CC012	Number of unique pharmacy claims based on claim number for month 1 within data submission	Integer	unsigned int	10	100%	Required
14	CC013	Number of unique pharmacy claims based on claim number for month 2 within data submission	Integer	unsigned int	10	100%	Required
15	CC014	Number of unique pharmacy claims based on claim number for month 3 within data submission	Integer	unsigned int	10	100%	Required
16	CC015	Number of unique dental claims based on claim number for month 1 within data submission	Integer	unsigned int	10	100%	Required
17	CC016	Number of unique dental claims based on claim number for month 2 within data submission	Integer	unsigned int	10	100%	Required
18	CC017	Number of unique dental claims based on claim number for month 3 within data submission	Integer	unsigned int	10	100%	Required
19	CC018	Submitter -Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier that owns the insurance policy. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha-numeric code for other submitting entities.	Text	varchar	6	100%	Required

Definitions

- Members are represented by submitting entity member ID.
- Submitting entity member ID is the value mapped to Carrier Specific Unique Member ID in the APCD DSG layout.
- Medical, pharmacy, or dental claim number is the value mapped to Payer Claim Control Number for each claim category.

Control Count Example

The example below represents a submitting entity that processes medical and pharmacy claims but no dental claims. If this submitting entity processed dental claims the control counts related to dental counts **would** be populated. **This example illustrates a control count data file with all required record types.**

```
HH|HD001|HD002|HD003|HD004|HD005|HD006|HD007|HD008|HD009 } Header Data Header Record
HD|12345||CC|2015-01-01|2015-02-01|1|1|1|4.1.2015 } Header Data Record
DH|CC001|CC002|CC003|CC004|CC005|CC006|CC007|CC008|CC009|CC010|CC011|CC012|CC013|CC014|CC015|CC016|CC017|CC0018 } Detail Data Header Record
DD|6783|8234|6602|50235|38223|0|1023|5232|10232|11023|9232|8923|7233|9201|0|0|0|12345 } Detail Data Record
TH|TR001|TR002|TR003|TR004|TR005|TR006|TR007 } Trailer Data Header Record
TD|12345||CC|2015-01-01|2015-02-01|2015-03-01|2015-04-01 } Trailer Data Record
```

160229-006: File Naming Convention

DSG Version: 4.1.2015

Page: 21

Original Information

File Naming Convention

File Name Component Definitions

- **FileNo** – Represents the number of the file as it relates to the total number of files to be received.
- **FileCount** – Represents the total number of files to be received

For Example:

FileNo_FileCount example 01_09 represents file 01 of 09 expected files.

FileNo_FileCount example 01_01 represents file 01 of 01 expected file.

Revised Information

File Naming Convention

File Name Component Definitions

- **FileNo** – **Two-digit number representing** the number of the file as it relates to the total number of files **by file type** to be received.
- **FileCount** – Represents the total number of files **by file type** to be received

For Example:

FileNo_FileCount example 01_09 represents file 01 of 09 expected files.

FileNo_FileCount example 02_09 represents the second of 9 expected files.

FileNo_FileCount example 01_01 represents file 01 of 01 expected file.

160229-007–008: Header and Trailer Records

DSG Version: 4.1.2015

Page: 24

Original Information

Every submitted data file should have its associated Header and Trailer records. Use values in Data Element ID column as column names in the header record of the Header and Trailer records. See [Data Submission example](#).

File Guidelines

All fields shall be coded with the values specified in the Header and Trailer records data file.

- All fields must be included in the data submission
- Use values in Data Element ID column as column names
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word “BLANK” in the field (|BLANK|)
- If a value is unavailable and is not the word “BLANK” for Text fields, pass a NULL value (| |)

Header Record Layout

Data Element ID	Data Element	Description	Type	Format	Length	Threshold
HD003	Type of File	MC = Medical Institutional & Professional Claims PC = Pharmacy Claims ME = Member Enrollment Data DC = Dental Claims PV = Medical/Dental Provider Data Must match TR003	Text	char	2	100%


Trailer Record Layout


Data Element ID	Data Element	Description	Type	Format	Length	Threshold
TR003	Type of File	MC = Medical Institutional & Professional Claims PC = Pharmacy Claims ME = Member/Enrollment Data DC = Dental Claims PV = Medical/Dental Provider Data Must match HD003	Text	char	2	100%

Revised Information

Every submitted data file should have its associated Header and Trailer records. Use values in Data Element ID column as column names in the header record of the Header and Trailer records. See [example below](#):

Header Header (HH) Example

HH|HD001|HD002|HD003|HD004|HD005|HD006|HD007|HD008|HD009  Header Header Record

HD|28362||ME|2015-01-01|2015-02-01|5|1|1|4.1.2015  Header Data Record

File Guidelines

All fields shall be coded with the values specified in the Header and Trailer records data file.


- All fields must be included in the data submission
- Use values in Data Element ID column as column names for the Header Header Record
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word "BLANK" in the field (|BLANK|)
- If a value is unavailable and is not the word "BLANK" for Text fields, pass a NULL value (| |)


Header Record Layout

Data Element ID	Data Element	Description	Type	Format	Length	Threshold
HD003	Type of File	MC = Medical Institutional & Professional Claims PC = Pharmacy Claims ME = Member Enrollment Data DC = Dental Claims PV = Medical/Dental Provider Data LU = Lookup Table CC = Control Counts Must match TR003	Text	char	2	100%

Trailer Record Layout

Trailer Header (TH) Example

TH|TR001|TR002|TR003|TR004|TR005|TR006|TR007  Trailer Header Record

TD|28362||ME|2015-01-01|2015-02-01|2015-03-01|2015-04-01  Trailer Data Record

Data Element ID	Data Element	Description	Type	Format	Length	Threshold
TR003	Type of File	MC = Medical Institutional & Professional Claims PC = Pharmacy Claims ME = Member/Enrollment Data DC = Dental Claims PV = Medical/Dental Provider Data LU = Lookup Table CC = Control Counts Must match HD003	Text	char	2	100%

160229-009: Member Enrollment Data

DSG Version: 4.1.2015

Page: 27

Original Information

File Guidelines

All fields shall be coded with the values specified in the Enrollment data file.

- All fields must be included in the data submission
- Use values in Data Element ID column as column names
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word "BLANK" in the field (|BLANK|)
- If a value is unavailable and is not the word "BLANK" for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	ME001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
6	ME006	Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded individuals this relates to the purchaser. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	99%	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
30	ME045	Exchange Offering	Identifies if policy was purchased through the Arkansas Health Insurance Exchange (HIE) Y = Commercial small or non-group purchased through the Exchange N = Commercial small or non-group purchased outside the Exchange U = Not applicable (plan/product is not offered in the commercial small or non-group market)	Text	char	1	100%	Required
39	ME060	Employment Status	Employment status of member A = Active I = Involuntary Leave P = Pending R = Retiree S = Student Z = Unemployed U = Unknown	Text	char	1	100%	Required
40	ME062	Marital Status	Marital status code S = Single D = Divorced M = Married P = Domestic Partnership N = Never Married W = Widowed X = Legally Separated U = Unknown C = Child	Text	char	1	0%	Optional
42	ME065	Retirement Date	Date Subscriber/Member retired	Date	YYYY-MM-DD	10	100% if ME063 = R	Required
68	ME162A	Date of First Enrollment	The date of that the member was initially enrolled	Date	YYYY-MM-DD	10	99%	Required
69	ME163A	Date of Disenrollment	End date of enrollment for the member in this delivery system (in this data submission time period)	Date	YYYY-MM-DD	10	75%	Required


Revised Information

File Guidelines

All fields shall be coded with the values specified in the Enrollment data file.

- All fields must be included in the data submission
- A Header Header, Header Data, Detail Data Header*, Trailer Header, and Trailer Data record must be included with this file submission. See [Data Submission Example](#)
- Use values in Data Element ID column as column names for the Detail Data Header Record
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word "BLANK" in the field (|BLANK|)
- If a value is unavailable and is not the word "BLANK" for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

***Reminder:** All detail data files require a Detail Data Header record. This example represents Member example data only. The same methodology applies to MC, PC, DC, PV, Control Counts, Lookup data). Only one Detail Data Header Record should be included in each file. NOTE: this example is incomplete. All data element IDs should be included.

DH | ME999 | ME001 | ME002 | ME003 | | ME006 | ME007 | ME009 | ME010 | ME013 |  Detail Data Header Record

Member Detail Data Table Layout

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	ME001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier that owns the insurance policy . Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
6	ME006	Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans, this relates to the employer paying for claims where the carrier acts as TPA . For the majority of enrollment and claims data the	Text	varchar	30	99%	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
			group relates to the employer					
30	ME045	Exchange Offering	Identifies if policy was purchased through the Arkansas Health Insurance Exchange (HIE) Y = Commercial, large , small or non-group purchased through the Exchange N = Commercial, large , small or non-group purchased outside the Exchange U = Not applicable (plan/product is not offered in the commercial, large small or non-group market)	Text	char	1	100%	Required
39	ME060	Employment Status	Employment status of Subscriber A = Active I = Involuntary Leave P = Pending R = Retiree S = Student Z = Unemployed U = Unknown	Text	char	1	100%	Required
40	ME062	Marital Status	Subscriber marital status code S = Single D = Divorced M = Married P = Domestic Partnership N = Never Married W = Widowed X = Legally Separated U = Unknown C = Child	Text	char	1	0%	Optional
42	ME065	Retirement Date	Date Subscriber retired	Date	YYYY-MM-DD	10	100% if ME063 = R	Required
68	ME162A	Date of First Enrollment	The date of that the member was initially enrolled in plan	Date	YYYY-MM-DD	10	99%	Required
69	ME163A	Date of Disenrollment	End date of enrollment for the member in plan	Date	YYYY-MM-DD	10	75%	Required

160229-010: Medical Claims Data

DSG Version: 4.1.2015

Page: 36

Original Information

File Guidelines

All fields shall be coded with the values specified in the Medical Claims Data file.

- All fields must be included in the data submission
- Use values in Data Element ID column as column names
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word “BLANK” in the field (|BLANK|)
- If a value is unavailable and is not the word “BLANK” for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	MC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
10	MC006	Insured Group or Policy Number	The alpha numeric group or policy number associated with the entity that has purchased the insurance. For self-funded individuals this relates to the subscriber. For the majority of eligibility and claims data the group relates to the employer	Text	varchar	30	100%	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
32	MC032	Service Provider Specialty	Code defining provider specialty. Provide look-up tables for every field containing non-standard codes. See Appendix K - External Code Sources	Text	varchar	10	90%	Required
37	MC037	Facility Type	For professional claims, this field records the type of facility where the service was performed. The field should be set to blank for institutional claims See Appendix E - Facility Type	Integer	unsigned int	2	100%	Required
62	MC058A	Other ICD-9-CM or ICD-10-CM Procedure Code - 1	First secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	30% if MC094 = 002	Required
63	MC058B	Other ICD-9-CM or ICD-10-CM Procedure Code - 2	Second secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	15% if MC094 = 002	Required
64	MC058C	Other ICD-9-CM or ICD-10-CM Procedure Code - 3	Third secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	10% if MC094 = 002	Required
65	MC058D	Other ICD-9-CM or ICD-10-CM Procedure Code - 4	Fourth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	5% if MC094 = 002	Required
66	MC058E	Other ICD-9-CM or ICD-10-CM Procedure Code - 5	Fifth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary	Text	varchar	7	<1% if MC094 = 002	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
			See Appendix K - External Code Sources					
67	MC058EA	Other ICD-9-CM or ICD-10-CM Procedure Code - 6	Sixth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC094 = 002	Required
68	MC058F	Other ICD-9-CM or ICD-10-CM Procedure Code - 7	Seventh secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC094 = 002	Required
69	MC058G	Other ICD-9-CM or ICD-10-CM Procedure Code - 8	Eighth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC094 = 002	Required
70	MC058H	Other ICD-9-CM or ICD-10-CM Procedure Code - 9	Ninth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC094 = 002	Required
71	MC058J	Other ICD-9-CM or ICD-10-CM Procedure Code - 10	Tenth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC094 = 002	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
72	MC058K	Other ICD-9-CM or ICD-10-CM Procedure Code - 11	Eleventh secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC094 = 002	Required
73	MC058L	Other ICD-9-CM or ICD-10-CM Procedure Code - 12	Twelfth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC094 = 002	Required
79	MC063A	Header/ Line Payment Indicator	Flag indicating whether the payment is reported on the header or line level H = Header level - If H, populate each line after the first line with "H" and a paid amount of \$0 L = Line level - If L, populate each line as necessary	Text	char	1	100%	Required
80	MC063C	Withhold Amount	Amount withheld from payment to a provider by a submitting entity, which may be paid at a later date. If no amount paid, populate with \$0.00. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required
84	MC067	Deductible Amount	Amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required
85	MC068	Patient Account/Control Number	Identifying number assigned by hospital	Text	varchar	20	100% if MC094 = 002	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
159	MC212	Billing Provider Specialty	Code defining provider specialty. Provide look-up tables for every field containing non-standard codes See Appendix K - External Code Sources	Text	varchar	10	100% if MC077 is not NULL	Required

Revised Information

File Guidelines

All fields shall be coded with the values specified in the Enrollment data file.

- All fields must be included in the data submission
- A Header Header, Header Data, Detail Data Header*, Trailer Header, and Trailer Data record must be included with this file submission. See [Data Submission Example](#)
- Use values in Data Element ID column as column names for the Detail Data Header Record
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word "BLANK" in the field (|BLANK|)
- If a value is unavailable and is not the word "BLANK" for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

***Reminder:** All detail data files require a Detail Data Header record. This example represents Member example data only. The same methodology applies to MC, PC, DC, PV, Control Counts, Lookup data). Only one Detail Data Header Record should be included in each file. NOTE: this example is incomplete. All data element IDs should be included.

DH | ME999 | ME001 | ME002 | ME003 | | ME006 | ME007 | ME009 | ME010 | ME013 } Detail Data Header Record

Medical Claims Data Table Layout

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	MC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier that owns the insurance policy . Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
10	MC006	Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	100%	Required
32	MC032	Service Provider Specialty	Code defining provider specialty. Provide lookup tables for every field containing non-standard codes.	Text	varchar	10	90%	Required
37	MC037	Facility Type	For professional claims, this field records the type of facility where the service was performed. The field should be set to blank for institutional claims See Appendix E - Facility Type/ Place	Integer	unsigned int	2	100%	Required
62	MC058A	Other ICD-9-CM or ICD-10-CM Procedure Code - 1	First secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	30% if MC036 begins with 11, 12 and MC094 = 002	Required
63	MC058B	Other ICD-9-CM or ICD-10-CM Procedure Code - 2	Second secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	15% if MC036 begins with 11, 12 and MC094 = 002	Required
64	MC058C	Other ICD-9-CM or ICD-10-CM Procedure Code - 3	Third secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary	Text	varchar	7	10% if MC036 begins with 11, 12 and MC094 = 002	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
			See Appendix K - External Code Sources					
65	MC058D	Other ICD-9-CM or ICD-10-CM Procedure Code - 4	Fourth secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	5% if MC036 begins with 11, 12 and MC094 = 002	Required
66	MC058E	Other ICD-9-CM or ICD-10-CM Procedure Code - 5	Fifth secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC036 begins with 11, 12 and MC094 = 002	Required
67	MC058EA	Other ICD-9-CM or ICD-10-CM Procedure Code - 6	Sixth secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC036 begins with 11, 12 and MC094 = 002	Required
68	MC058F	Other ICD-9-CM or ICD-10-CM Procedure Code - 7	Seventh secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC036 begins with 11, 12 and MC094 = 002	Required
69	MC058G	Other ICD-9-CM or ICD-10-CM Procedure Code - 8	Eighth secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC036 begins with 11, 12 and MC094 = 002	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
70	MC058H	Other ICD-9-CM or ICD-10-CM Procedure Code - 9	Ninth secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC036 begins with 11, 12 and MC094 = 002	Required
71	MC058J	Other ICD-9-CM or ICD-10-CM Procedure Code - 10	Tenth secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC036 begins with 11, 12 and MC094 = 002	Required
72	MC058K	Other ICD-9-CM or ICD-10-CM Procedure Code - 11	Eleventh secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC036 begins with 11, 12 and MC094 = 002	Required
73	MC058L	Other ICD-9-CM or ICD-10-CM Procedure Code - 12	Twelfth secondary inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary See Appendix K - External Code Sources	Text	varchar	7	<1% if MC036 begins with 11, 12 and MC094 = 002	Required
79	MC063A	Header/ Line Payment Indicator	Flag indicating whether the payment is reported on the header or line level H = Header level - If H, populate all lines of the claim with H. Put the payment on the header record and populate the paid amount on each line after the first line \$0 L = Line level - If L, populate each line as necessary	Text	char	1	100%	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
80	MC063C	Withhold Amount	Amount withheld from payment to a provider by a submitting entity, which may be paid at a later date. If no amount withheld, populate with \$0.00. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required
84	MC067	Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required
85	MC068	Patient Account/Control Number	Identifying number assigned by hospital/facility	Text	varchar	20	100% if MC094 = 002	Required
159	MC212	Billing Provider Specialty	Code defining provider specialty. Provide lookup tables for every field containing non-standard codes	Text	varchar	10	100% if MC077 is not NULL	Required

160229-011: Pharmacy Claims Data

DSG Version: 4.1.2015

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Original Information

File Guidelines

All fields shall be coded with the values specified in the Pharmacy claims data file.

- All fields must be included in the data submission
- Use values in Data Element ID column as column names
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word “BLANK” in the field (|BLANK|)
- If a value is unavailable and is not the word “BLANK” for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	PC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
10	PC006	Insured Group Number or Policy Number	Group or policy number associated with the entity who has purchased the insurance. For self-insured individuals, this relates to the purchaser. For the majority of enrollment and claims data, the group relates to the employer	Text	varchar	30	99%	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
42	PC042	Deductible Amount	Amount of deductible member/patient is responsible to pay on the claim line. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required-

Revised Information

File Guidelines

All fields shall be coded with the values specified in the Enrollment data file.

- All fields must be included in the data submission
- A Header Header, Header Data, Detail Data Header*, Trailer Header, and Trailer Data record must be included with this file submission. See [Data Submission Example](#)
- Use values in Data Element ID column as column names for the Detail Data Header Record
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word "BLANK" in the field (|BLANK|)
- If a value is unavailable and is not the word "BLANK" for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

***Reminder:** All detail data files require a Detail Data Header record. This example represents Member example data only. The same methodology applies to MC, PC, DC, PV, Control Counts, Lookup data). Only one Detail Data Header Record should be included in each file. NOTE: this example is incomplete. All data element IDs should be included.

DH|ME999|ME001|ME002|ME003| |ME006|ME007|ME009|ME010|ME013 } Detail Data Header Record

Detail Data Table Layout

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	PC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier that owns the insurance policy. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
10	PC006	Insured Group Number or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	99%	Required
42	PC042	Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	99%	Required-

160229-012: Dental Claims Data

DSG Version: 4.1.2015

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Original Information

File Guidelines

All fields shall be coded with the values specified in the Dental claims data file.

- All fields must be included in the data submission
- Use values in Data Element ID column as column names
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word “BLANK” in the field (|BLANK|)
- If a value is unavailable and is not the word “BLANK” for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	DC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
10	DC006	Insured Group or Policy Number	Group or policy number associated with the entity that has purchased the insurance. For self-insured individuals this relates to the purchaser. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	98%	Required
40	DC041	Deductible Amount	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual	Numeric	±decimal	10,2	98%	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
			amount of all health care costs that is not covered by the member's insurance plan. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value					

Revised Information

File Guidelines

All fields shall be coded with the values specified in the Enrollment data file.

- All fields must be included in the data submission
- A Header Header, Header Detail, Detail Header*, Trailer Header, and Trailer Detail record must be included with this file submission
- Use values in Data Element ID column as column names
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word "BLANK" in the field (|BLANK|)
- If a value is unavailable and is not the word "BLANK" for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

***Reminder:** All detail data files require a Detail Data Header record. This example represents Member example data only. The same methodology applies to MC, PC, DC, PV, Control Counts, Lookup data). Only one Detail Data Header Record should be included in each file. NOTE: this example is incomplete. All data element IDs should be included.

DH | ME999 | ME001 | ME002 | ME003 | | ME006 | ME007 | ME009 | ME010 | ME013 } Detail Data Header Record

Dental Claims Data Table Layout

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	DC001	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier that owns the insurance policy . Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
10	DC006	Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer	Text	varchar	30	98%	Required
40	DC041	Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	±decimal	10,2	98%	Required

160229-013: Provider Data

DSG Version: 4.1.2015

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Original Information

File Guidelines

All fields shall be coded with the values specified in the Provider Data file.

- All fields must be included in the data submission
- Use values in Data Element ID column as column names
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word “BLANK” in the field (|BLANK|)
- If a value is unavailable and is not the word “BLANK” for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	PV114	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
7	PV004	Provider First Name	Provider first name. Set to blank if provider is a facility or an organization	Text	varchar	25	100%	Required
8	PV005	Provider Middle Name	Provider's middle name. Set to blank if provider is a facility or an organization	Text	varchar	25	5	Required
9	PV006	Provider Last Name	Provider's last name.	Text	varchar	60	100%	Required
20	PV017	Mailing Country Code	Country code of the Provider/Entity mailing address. Use 3-digit ISO Country Codes	Text	varchar	3	100%	Required

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
			See Appendix K - External Code Sources					
43	PV057	Organization Name	Full name of provider organization. Set to blank if provider is individual only.	Text	varchar	100	100%	Required

Revised Information

File Guidelines

All fields shall be coded with the values specified in the Enrollment data file.

- All fields must be included in the data submission
- A Header Header, Header Data, Detail Data Header*, Trailer Header, and Trailer Data record must be included with this file submission. See [Data Submission Example](#)
- Use values in Data Element ID column as column names for the Detail Data Header Record
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word "BLANK" in the field (|BLANK|)
- If a value is unavailable and is not the word "BLANK" for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

***Reminder:** All detail data files require a Detail Data Header record. This example represents Member example data only. The same methodology applies to MC, PC, DC, PV, Control Counts, Lookup data). Only one Detail Data Header Record should be included in each file. NOTE: this example is incomplete. All data element IDs should be included.

DH|ME999|ME001|ME002|ME003| |ME006|ME007|ME009|ME010|ME013



Detail Data Header Record

Provider File Data Table Layout

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
3	PV114	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier that owns the insurance policy . Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numericcode for other submitting entities.	Text	varchar	6	100%	Required
7	PV004	Provider First Name	Provider first name. Set to blank if provider is a facility or an organization. Place facility or organization name in PV057	Text	varchar	25	100%	Required
8	PV005	Provider Middle Name	Provider's middle name. Set to blank if provider is a facility or an organization. Place facility or organization name in PV057	Text	varchar	25	5	Required
9	PV006	Provider Last Name	Provider's last name. Set to blank if provider is a facility or an organization. Place facility or organization name in PV057	Text	varchar	60	100%	Required
20	PV017	Mailing Country Code	Country code of the Provider/Entity mailing address. Use 3-digit ISO Country Codes See Appendix K - External Code Sources	integer	unsigned int	3	100%	Required
43	PV057	Organization Name	Full name of provider organization/facility . Set to Null if provider is individual only.	Text	varchar	100	100%	Required

160229-014: Data Submission Example

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Original Information

The sample data below illustrates the data file composition with header and trailer records. Note: Header and trailer records are represented in their entirety. Member enrollment data represented is a sample.

```
HH|HD001|HD002|HD003|HD004|HD005|HD006|HD007|HD008 } Header Record
HD|28362||ME|20150101|20150201|5|1|4.1.2015 } Header Data Record
DH|ME999|ME001|ME002|ME003|ME004|ME005|ME006|ME007|ME008|ME009 } Detail Data Header Record
DD|123456|1|28362|432|CI|36203AB1|ELF|12092284|01|M
DD|123456|2|28362|432|CI|36203AB1|ELF|12092284|01|M
DD|138627|3|28362|432|CI|37208AB1|FAM|120088273|01|F
DD|736996|4|28362|432|CI|36103zQ7|EMP|122672184|01|F
DD|408821|5|28362|432|CI|47109GT5|EPN|12092284|01|M } Detail Data Record
TH|TR001|TR002|TR003|TR004|TR005|TR006|TR007 } Trailer Header Record
TD|28362||ME|20150101|20150201|20150301|20150401 } Trailer Data Record
```

Revised Information

The sample data below illustrates the data file composition with header and trailer records.

Only one Detail Data Header Record should be included in each file. The same methodology applies to MC, PC, DC, PV, Control Counts, Lookup data.

Note: In this example, Header and trailer records are represented in their entirety. Member enrollment data represented is a sample.

HH HD001 HD002 HD003 HD004 HD005 HD006 HD007 HD008 HD009	}	Header Record
HD 28362 ME 2015-01-01 2015-02-01 5 1 1 4.1.2015	}	Header Data Record
DH ME999 ME001 ME002 ME003 ME006 ME007 ME009 ME010 ME013	}	Detail Data Header Record
DD 1 28362 432 CI 36203AB1 ELF 12092284 01 M	}	Detail Data Record
DD 2 28362 432 CI 36203AB1 ELF 12092284 01 M		
DD 3 28362 432 CI 37208AB1 FAM 120088273 01 F		
DD 4 28362 432 CI 36103zQ7 EMP 122672184 01 F		
DD 5 28362 432 CI 47109GT5 EPN 12092284 01 M		
TH TR001 TR002 TR003 TR004 TR005 TR006 TR007	}	Trailer Header Record
TD 28362 ME 2015-01-01 2015-02-01 2015-03-01 2015-04-01	}	Trailer Data Record

160229-015: Lookup Data File Layout Requirements

DSG Version: 4.1.2015

Page: *NEW*

Original Information

NOT APPLICABLE: The original Data Submission Guide did not contain this section.

Revised Information

File Guidelines

All fields shall be coded with the values specified in the Enrollment data file.

- All fields must be included in the data submission
- A Header Header, Header Data, Detail Data Header*, Trailer Header, and Trailer Data record must be included with this file submission. See [Data Submission Example](#)
- Use values in Data Element ID column as column names for the Detail Data Header Record
- If a value is not present for Date, Integer or Numeric fields, pass a NULL value (| |)
- If a blank is a valid value for a field, place the word "BLANK" in the field (|BLANK|)
- If a value is unavailable and is not the word "BLANK" for Text fields, pass a NULL value (| |)
- If a [data exception has been applied](#), pass a NULL value (| |) in the field
- If a required field contains only values representing Unknown, Other, or Not Applicable, the submission will be failed and a data exception required

***Reminder:** All detail data files require a Detail Data Header record. This example represents Member example data only. The same methodology applies to MC, PC, DC, PV, Control Counts, Lookup data). Only one Detail Data Header Record should be included in each file. NOTE: this example is incomplete. All data element IDs should be included.

DH | ME999 | ME001 | ME002 | ME003 | | ME006 | ME007 | ME009 | ME010 | ME013

Lookup Data Table Layout

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
1	DH	Record Prefix	Record Prefix Place the value DD in the Lookup Data detail record	Text	char	2	100%	Required
2	LU001	Lookup Value	Alpha, alpha/numeric, or numeric value representing the value description.	Text	varchar	20	100%	Required
3	LU002	Lookup value description	Description of lookup value.	Text	varchar	128	100%	Required
4	LU003	Additional Information	Use as necessary to supplement the lookup value description.	Text	varchar	128	0%	Optional
5	LU004	Data Element ID	Data Element ID associated with lookup value	Text	varchar	6	100%	Required
6	LU005	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier that owns the insurance policy. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numeric code for other submitting entities.	Text	varchar	6	100%	Required

Lookup Table Example

The example below illustrates sample a lookup data file with all required record types.

HH HD001 HD002 HD003 HD004 HD005 HD006 HD007 HD008 HD009	} Header Data Header Record
HD 12345 LU 2015-01-01 2015-02-01 6 1 1 4.1.2015	} Header Data Record
DH LU001 LU002 LU003 LU004 LU005	} Detail Data Header Record
DD GEN GENERAL FAMILY PRACTICE PCP MC032 12345	} Detail Data Record
DD GER GERIATRIC MEDICINE MC032 12345	
DD PED PEDIATRICS MC032 12345	
DD GEN GENERAL FAMILY PRACTICE MC212 12345	
DD GER GERIATRIC MEDICINE MC212 12345	
DD PED PEDIATRICS FAMILY PRACTICE MC212 12345	
TH TR001 TR002 TR003 TR004 TR005 TR006 TR007	} Trailer Data Header Record
TD 12345 LU 2015-01-01 2015-02-01 2015-03-01 2015-04-01	} Trailer Data Record

160229-016: Appendix A: Insurance Type Product Code

DSG Version: 4.1.2015

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Original Information

NOT APPLICABLE: The original Data Submission Guide did not provide context. In addition, a new value has been added.

Revised Information

Insurance type product codes represent a custom set of values developed to support Arkansas health insurance plans.

Value	Description
EP	Exclusive Provider Organization

160229-017: Appendix B: Relationship Code

DSG Version: 4.1.2015

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Original Information

NOT APPLICABLE: The original Data Submission Guide did not provide context.

Revised Information

Relationship codes listed are based on CMS HIPAA Individual Relationship codes,
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R9MSP.pdf>.

160229-018: Appendix D: Type of Bill

DSG Version: 4.1.2015

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Original Information

NOT APPLICABLE: The original Data Submission Guide did not provide context.

Revised Information

Type of Bill is based on UB-04/CMS-1450 reference materials, http://www.vbh-pa.com/provider/info/claimsdept/UB04_Type_of_Bill_Codes.pdf. The tables below were pulled in compiled format from <http://docplayer.net/1732911-Bill-types-page-1-of-8-updated-9-13.html>

160229-019: Appendix E: Facility Type/Place of Service

DSG Version: 4.1.2015

Page: 98

Original Information

NOT APPLICABLE: The original Data Submission Guide did not provide context. In addition, a new table has replaced the preexisting table, and it features a “Name” column.

Revised Information

Facility Type / Place of Service codes should be used on professional claims to specify the entity where service(s) are rendered. They are sourced from CMS Medicare coding tables, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf>

Value	Name	Description
1	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
2	Unassigned	N/A
3	School	A facility whose primary purpose is education.
4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
5	Indian Health Service - Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (Effective January 1, 2003)
6	Indian Health Service - Provider Based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
7	Tribal 638 - Free Standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. (Effective January 1, 2003)
8	Tribal 638 - Provider Based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
9	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of

Value	Name	Description
		adult or juvenile criminal offenders.
10	Unassigned	
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home *	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (This code is available for use immediately with a final effective date of May 1, 2010)
18	Place of Employment-Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016)
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	On Campus-Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic,

Value	Name	Description
		therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016)
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birth Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not

Value	Name	Description
		require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58-59	Unassigned	N/A
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
66-70	Unassigned	N/A
71	Public Health Clinic	A facility maintained by either State or local health departments

Value	Name	Description
		that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.

160229-020: Appendix I: Ethnicity

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Original Information

Ethnicity codes are based on Arkansas Medicaid ethnicity codes.

Revised Information

Ethnicity codes are based on Arkansas Medicaid **Management Information System required** ethnicity codes.

160229-021: Added Required Data Categories

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Original Information

Required Data Categories

- Member Enrollment data (ME)
- Medical claims (MC)
- Pharmacy claims (PC)
- Dental claims (DC)
- Provider data (PV)

Revised Information

Required Data Categories

- Member Enrollment data (ME)
- Medical claims (MC)
- Pharmacy claims (PC)
- Dental claims (DC)
- Provider data (PV)
- Control Counts (CC)
- Lookup Data (LU)