

Commercial File Format

Members:

Captures a member PCP Affiliation/Population Affiliation/Practice Affiliation/Demographics

Field Name	Field Desc	Required Y/N	Data Type	Functional Requirements/Notes	Confirmed in provided files
MemberID	Unique Member ID	Y	int	Primary Key	
LastName	Member last name	Y	varchar(100)		
FirstName	Member first name	Y	varchar(100)		
MiddleName	Member middle name	N	varchar(100)		
Gender	Member gender	N	char(1)	M = Male, F = Female, U = Unknown (I.E. Newborn, gender not reported currently)	
DOB	Member date of birth	N	date		
Address	Member Street Address/PO box	N	varchar(500)		
City	Member City	N	varchar(100)		
State	Member state	N	char(2)		
ZipCode	Member zip code	N	char(5)		
SubscriberID	Subscriber ID	N	int	Subscriber ID associated to member during timeframe	
RelationshipCode	Relationship between the member and	Y	int	1=Subscriber,1=Spouse,3=Dependent	
PopulationGrouping		Y	varchar(25)	Examples: HMO = Commercial HMO Population, PREMIER-HMO = Commercial HMO Population Premier Product, PPO = Commercial PPO Population, SCP-HMO = Medicare Advantage HMO Population, SCP-PPO = Medicare Advantage PPO Population	
EffectiveDate	Effective Date for member's contract	Y	date		
ExpirationDate	Expiration Date for member's contract	Y	date		
EmployerGroupID	Unique Employer Group ID	N	int		
EmployerGroupName		N	varchar(100)		
PrimaryPracticeTIN		Y	varchar(15)		
PrimaryPracticeName		N	varchar(100)		
PrimaryProviderNPI	Primary Providers NPI number	Y	varchar(15)		

Claim Header

Captures Unique Claim Header Data for claims associated to patients

Notes: Joins to Members by MemberID

Field Name	Field Desc	Required Y/N	Data Type	Functional Requirements/Notes	Confirmed in provided files
ClaimID	Unique Claim Number ID	Y	varchar(100)	Primary Key	
MemberID	Unique Member ID	Y	varchar(100)	Foreign Key Join to Member ID in Members Table	
FacilityProviderNPI	Identifies the facility associated with the claim	N	varchar(15)		
OperatingProviderNPI	Identifies the operating provider associated with the claim	N	varchar(15)		

AttendingProviderNPI	Identifies the attending provider associated with the claim	N	varchar(15)		
ClaimTypeCode	Signifies the type of claim being submitted	Y	int	Claim type codes are: 10=HHA claim 20=Non swing bed SNF claim 30=Swing bed SNF claim 40=Outpatient claim 50=Hospice claim 60=Inpatient claim 61=Inpatient "FullEncounter" claim	
BillFacilityTypeCode	The first digit of the type of bill (TOB1) is used to identify the type of facility that provided care to the beneficiary (e.g., hospital or SNF)	N	int	Claim Facility Type Codes are: 1=Hospital 2=SNF 3=HHA 4=Religious non-medical (hospital) 5=Religious non-medical (extended care) 6=Intermediate care 7=Clinic or hospital-based renal dialysis facility 8=Specialty facility or Ambulatory Surgical Center (ASC) surgery 9=Reserved	
BillClassificationCode	The second digit of the type of bill (TOB2) is used to indicate with greater specificity where the service was provided (e.g., a department within a hospital)	N	int	ResDAC Claim Service Classification Type Code	
DRGCode	Indicates the diagnostic related group to which a hospital claim belongs for prospective payment purposes.	N	varchar(8)		
AdmissionTypeCode	Indicates the type and priority of inpatient services.	N	int	Claim Admission Type Codes are: 0=Blank 1=Emergency 2=Urgent 3=Elective 4=Newborn 5=Trauma Center 6-8=Reserved 9=Unknown	
AdmissionSourceCode	Indicates the source of the beneficiary's referral for admission or visit (e.g., a physician or another facility).	N	char(1)	ResDAC Inpatient Admission Code	
PrincipalDiagnosisCode	Identifies the beneficiary's principal illness or disability	N	varchar(8)	ICD-9/ICD-10	
AdmittingDiagnosisCode	Identifies the illness or disability for which the beneficiary was admitted	N	varchar(8)	ICD-9/ICD-10	
ICDVersionTxt	Identifies ICD9 vs ICD10 Code for the principal and admitting diagnosis codes	N	int	9 = ICD-9 0 = ICD-10	
DischargeStatusCode	Indicates the patient's discharge status as of the Claim Through Date. For example, it may indicate where a patient was discharged to (e.g., home, another facility) or the circumstances of a discharge (e.g., against medical advice, or patient death).	N	int	ResDAC Patient Discharge Status Code	

Claim Line

Captures Unique Claim Line Data for claims associated to patients.

Notes: ServiceBeginDate field in ClaimLine MUST fall between Effective Date and Expiration Date fields of the member.

Field Name	Field Desc	Required Y/N	Data Type	Functional Requirements/Notes	Confirmed in provided files
ClaimID	Unique Claim ID	Y	int	Foreign Key Join to Claim Header Table	
LineNbr	Claim Line Number	Y	int	ServiceBeginDate field in ClaimLine MUST fall between Effective Date and Expiration Date fields of the member	

RenderingProviderNPI	Identifies the provider rendering the indicated service on the claim line	Y	varchar(15)		
ServiceBeginDate	The date the service associated with the line item began	Y	date		
ServiceEndDate	The date the service associated with the line item ended	Y	date		
TypeOfServiceCode	Indicates the type of service (e.g., consultation, surgery) provided to the beneficiary	N	char(1)	CMS Type of Service Code	
PlaceOfServiceCode	Indicates the place where the indicated service was provided (e.g., ambulance, school)	N	varchar(8)	CMS Place of Service Code	
RevenueCode	The number a provider assigns to the cost center to which a particular charge is billed (e.g., accommodations or supplies). A cost center is a division or unit within a hospital (e.g., radiology, emergency room, pathology).	N	varchar(8)	ResDAC Revenue Center Code	
CPTProcedureCode	CPT / HCPC Codes	N	varchar(8)		
ServiceUnitQuantity	Count of total units, at the line-item level, associated with services needing unit reporting (e.g., anesthesia time units and blood units).	N	decimal(12,2)		
ModifierCode1	Modifier 1	N	varchar(8)		
ModifierCode2	Modifier 2	N	varchar(8)		
ModifierCode3	Modifier 3	N	varchar(8)		
ModifierCode4	Modifier 4	N	varchar(8)		
ChargedAmt	Billed Amount	N	money		
AllowedAmt	Allowed amount per provider contract	N	money		
DeductibleAmt	Patient deductible amount	N	money		
CoinsuranceAmt	Patient coinsurance amount	N	money		
CoPayAmt	Patient copay amount	N	money		
ToPayAmt	Paid amount	Y	money	Utilized for financial reporting paid totals.	
PaidDate	Date claim line paid	N	date		

Claim Diagnosis

Captures Claim Diagnosis Data for claims/claim lines associated to patients

Field Name	Field Desc	Required Y/N	Data Type	Functional Requirements/Notes	Confirmed in provided files
ClaimID	Unique Claim ID	Y	int	Foreign Key Join to ClaimLine	
LineNbr	Claim Line Number	Y	int	Foreign Key Join to Claim Line LineNbr field. Associates DX code to specific claim line.	
DiagnosisOrderNbr	Dx Order Number from Claim Form	Y	int		
DiagnosisCode	ICD9 / ICD10 Diagnosis Code	Y	varchar(8)		

ICDVersionTxt	Identifies ICD9 vs ICD10 Code	Y	varchar(10)	9 = ICD-9 0 = ICD-10	
---------------	-------------------------------	---	-------------	-------------------------	--

Claim Procedure ICD

Purpose: Captures Claim ICD9/10 Procedure Data for claims/claim lines associated patients

Field Name	Field Desc	Required Y/N	Data Type	Functional Requirements/Notes	Confirmed in provided files
ClaimID	Unique Claim ID	Y	int	Foreign Key Join to ClaimHeader	
ProcOrderNbr	Px Order Number from Claim Form	Y	int		
ProcedureCode	ICD9 / ICD10 Procedure Code	Y	varchar(8)		
ICDVersionTxt	Identifies ICD9 vs ICD10 Code	Y	varchar(10)	9 = ICD-9 0 = ICD-10	

Provider

Provider for rendering providers on claims associated to Patients

Field Name	Field Desc	Required Y/N	Data Type	Functional Requirements/Notes	Confirmed in provided files
NPI	Provider NPI	Y	varchar(15)		
FullName	Provider Full Name	Y	varchar(100)		

Pharmacy

Captures Pharmacy Claim data associated to Patients.

Notes: FilledDate field in Pharmacy table MUST fall between Effective Date and Expiration Date fields of Population table.

Field Name	Field Desc	Required Y/N	Data Type	Functional Requirements/Notes	Confirmed in provided files
MemberID	Member ID	Y	int	Foreign Key join to Members Table	
ClaimID	Unique Pharmacy Claim ID	Y	int	Primary Key	
NDCDrugCode	NDC Number	Y	varchar(11)		
PrescriberNPI	Identifies the prescriber associated with the claim	Y	varchar(15)		
PharmacyName		N	varchar(42)		
DispensedQuantityNbr	Count of total units, at the line-item level, associated with services needing unit reporting (e.g., anesthesia time units and blood units)	Y	decimal(12,2)		
DaysSupplyNbr	The number of days the supply of medication dispensed by the pharmacy will cover	Y	int		
FilledDate		Y	date		
PaidAmt		Y	money		
NewRefillNbr	Designates the sequential order of the original fill or subsequent refills of a prescription.	N	int	0 represents first fill	