

Daily CCO 340B Extract

Interface Specifications Overview

Title	Daily CCO 340B Extract
Technical Name	Daily CCO 340B Extract
Functional Area	Provider Data Maintenance
File Type	Fixed Length
Frequency	Daily
Frequency Timing	Daily
Transfer Method	Secure FTP
Related Job	Daily CCO 340B Extract Job (PRVJD755)
File Name	TBD
Description	Creates an extract file of 340B details for all the Medicaid providers who have a 340B certification, provided on a daily basis to each Mississippi CAN Coordinated Care Organization (CCO).
Submitted By	No Sent To Vendors List
Sent To	Magnolia Health Molina Healthcare United Healthcare
Error Handling/Special Processing	
Record Selection Criteria	select from T_PR_SVC_CERT where CDE_CERT_TYPE is 34 and [current_date] between DTE_EFFECTIVE and DTE_END.

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Detail	PROVIDER_ID	9	1	9	Alphanumeric	The Medicaid provider ID.
2	Detail	PROVIDER_SPEC_CODE	3	10	12	Alphanumeric	Provider Specialty Code
3	Detail	CERT_EFFECTIVE_DATE	10	13	22	Alphanumeric	The effective date of the 340B certification, formatted: YYYY-MM-DD.
4	Detail	CERT_END_DATE	10	23	32	Alphanumeric	The end date of the 340B certification, formatted: YYYY-MM-DD.
5	Detail	CERT_NUM	15	33	47	Alphanumeric	The 340B certificate number.

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
6	Detail	CERT_STATE	2	48	49	Alphanumeric	The certification state.
7	Detail	LIC_BOARD_NUM	40	50	89	Alphanumeric	Always contains (hard-coded): "HRSA"
8	Detail	PROVIDER_NPI_NUM	10	90	99	Alphanumeric	The provider's NPI.

CCO Member Alternate ID Mapping Extract

Interface Specifications Overview

Title	CCO Member Alternate ID Mapping Extract
Technical Name	CCO Member Alternate ID Mapping Extract
Functional Area	Member Data Maintenance
File Type	Fixed Length
Frequency	Weekly
Frequency Timing	Friday
Transfer Method	Secure FTP
Related Job	Create and send an extract of Members Information to CCOs (ELGJW_CCO_EXTRACT)
File Name	elw_uhc_extract_ccyymmdd_hh24mmss.dat ,elw_monila_extract_ccyymmdd_hh24mmss.dat ,elw_magnolia_extact_ccyymmdd_hh24mmss.dat ,
Description	This extract is created out of the database each weekend at the same time as the MississippiCAN claim extracts. Each week a list of every alternate ID mapped to the current ID is sent to each MississippiCAN Coordinated Care Organizations (CCO's). Each file includes the membership specific to that CCO.
Submitted By	No Sent To Vendors List
Sent To	Magnolia Health Molina Healthcare United Healthcare
Error Handling/Special Processing	If the data extract fails or the file transmission fails, then the cycle monitor will be notified and will take necessary action to resolve the issue.
Record Selection Criteria	This extract is created out of the MMIS database each weekend at the same time as the MississippiCAN claim extracts. Each week a list of every alternate ID mapped to the current ID is sent to each MississippiCAN CCO's. Each file includes the membership specific to that CCO.

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Multiple DetailRecord	Link	0	0	0	N/A	
2	Detail	MEM-MEDICAID-ID-ACT	14	1	14	Alphanumeric	Member Medicaid ID -Active

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
3	Detail	MEM-MEDICAID-ID-INA	14	15	28	Alphanumeric	Member Medicaid ID- Inactive
4	Detail	MEM-LINK-DTE-PROCESSED	8	29	36	Numeric	Date when these Medicaid IDs were linked
5	Detail	Carriage Return	1	37	37	Alphanumeric	

CCO Formulary Extract

Interface Specifications Overview

Title	CCO Formulary Extract
Technical Name	MCO, CHC, Mercer Formulary Extract
Functional Area	Reference Data Maintenance
File Type	Character Separated
Frequency	Weekly
Frequency Timing	On Request
Transfer Method	Secure FTP
Related Job	MCO, CHC, Mercer Formulary and OTC Extract JOB (REFJW075)
File Name	FORMULARY_EXTRACT.dat
Description	Send Formulary data to file recipients
Submitted By	No Sent To Vendors List
Sent To	United Healthcare Change Healthcare Milliman Molina Healthcare Myers and Stauffer University of Mississippi School of Pharmacy Magnolia Health
Error Handling/Special Processing	N/A
Record Selection Criteria	N/A

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Header	Record Type	0	0	0	Character	Header line (HDR)
2	Header	Version/Release Number	0	0	0	Alphanumeric	Version/Release Number

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
3	Header	Sender ID	0	0	0	Alphanumeric c	Entity providing the data
4	Header	Sender participant Password	0	0	0	Alphanumeric c	Sender participant Password
5	Header	Receiver ID	0	0	0	Alphanumeric c	Receiver ID
6	Header	Source Name	0	0	0	Alphanumeric c	Source Name
7	Header	Transaction Control Number	0	0	0	Alphanumeric c	Unique Identifier defined by Sender
8	Header	Transmission Date	0	0	0	Date	Transmission Date
9	Header	Transmission Time	0	0	0	Character	Transmission Time
10	Header	Transmission File Type	0	0	0	Alphanumeric c	FRM-Formulary and Benefit Load
11	Header	Transmission Action	0	0	0	Alphanumeric c	Full Replace- F or Update- U
12	Header	Extract Date	0	0	0	Date	Extract Date
13	Header	File Type	0	0	0	Alphanumeric c	Test or Production- T or P
14	Header	Record Type	0	0	0	Alphanumeric c	Formulary Status Header line 'FHD'
15	Header	Formulary ID	0	0	0	Alphanumeric c	Formulary ID
16	Header	Formulary Name	0	0	0	Alphanumeric c	Formulary Name
17	Header	Non Listed Prescription Brand Formulary Status	0	0	0	Alphanumeric c	Non Listed Prescription Brand Formulary Status

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
18	Header	Non Listed Prescription Generic Formulary Status	0	0	0	Alphanumeric	Non Listed Prescription Generic Formulary Status
19	Header	Non Listed Prescription Brand OTC Formulary Status	0	0	0	Alphanumeric	Non Listed Prescription Brand OTC Formulary Status
20	Header	Non Listed Prescription Generic OTC Formulary Status	0	0	0	Alphanumeric	Non Listed Prescription Generic OTC Formulary Status
21	Header	Non Listed Supplies Formulary Status	0	0	0	Alphanumeric	Non Listed Supplies Formulary Status
22	Header	Relative Cost Limit	0	0	0	Numeric	Relative Cost Limit
23	Header	List Action	0	0	0	Alphanumeric	F = Full List Replacement or D = Delete List.
24	Header	List Effective Date	0	0	0	Date	List Effective Date
25	Multiple DetailRecord	Record Type	0	0	0	Alphanumeric	Formulary Status Detail lines (FDT)
26	Multiple DetailRecord	Change Identifier	0	0	0	Alphanumeric	only the add option is supported
27	Multiple DetailRecord	Product/Service ID	0	0	0	Alphanumeric	the NDC

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
28	Multiple DetailRecord	Product/Service ID Qualifier	0	0	0	Alphanumeric	03- National Drug Code
29	Multiple DetailRecord	Drug Reference Number	0	0	0	Alphanumeric	Drug Reference Number
30	Multiple DetailRecord	Drug Reference Qualifier	0	0	0	Alphanumeric	Drug Reference Qualifier
31	Multiple DetailRecord	Rx Norm Code	0	0	0	Alphanumeric	Rx Norm Code
32	Multiple DetailRecord	Rx Norm Qualifier	0	0	0	Alphanumeric	Rx Norm Qualifier
33	Multiple DetailRecord	Formulary Status	0	0	0	Alphanumeric	Space-not reviewed (not ever on formulary) N-Non- Preferred U-un- reviewed (no longer on formulary) P- Preferred
34	Trailer	Record Type	0	0	0	Alphanumeric	Formulary Status Trailer Line (FTR)
35	Trailer	Total Records	0	0	0	Numeric	Total Records
36	Header	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Header Line (GHD)
37	Header	Coverage List ID	0	0	0	Alphanumeric	Coverage List ID
38	Header	Coverage List Type	0	0	0	Alphanumeric	Code identifying the type of coverage factor being conveyed AL = Age Limits DE = Product Coverage Exclusion GL = Gender Limits MN = Medical Necessity PA = Prior Authorization QL = Quantity Limits RD = Resource Link ? Drug-Specific Level RS = Resource Link ?Summary Level SM = Step Medication ST = Step Therapy TM = Coverage Text Message
39	Header	List Action	0	0	0	Alphanumeric	F-full replacement or D-delete
40	Detail	List Effective Date	0	0	0	Date	List Effective Date

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
41	Detail	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Detail for Prior Authorization (DDT)
42	Detail	Change Identifier	0	0	0	Alphanumeric	only the Add option is accepted ? A
43	Detail	Coverage ID	0	0	0	Alphanumeric	Coverage ID
44	Detail	Product/Service ID	0	0	0	Alphanumeric	the NDC
45	Detail	Product/Service ID Qualifier	0	0	0	Alphanumeric	03- National Drug Code
46	Detail	Drug Reference Number	0	0	0	Alphanumeric	Drug Reference Number
47	Detail	Drug Reference Qualifier	0	0	0	Alphanumeric	Drug Reference Qualifier
48	Detail	Rx Norm Code	0	0	0	Alphanumeric	Rx Norm Code
49	Detail	Rx Norm Qualifier	0	0	0	Alphanumeric	Rx Norm Qualifier
50	Detail	Message-Short	0	0	0	Alphanumeric	a test message to be presented to the prescriber
51	Detail	Message-Long	0	0	0	Alphanumeric	a test message to be presented to the prescriber
52	Trailer	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Trailer Line (GTR)
53	Trailer	Record Count	0	0	0	Alphanumeric	this does not include the header and trailer
54	Header	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Header Line (GHD) Benefit coverage for Quantity Limits (QL)
55	Header	Coverage List ID	0	0	0	Alphanumeric	Coverage List ID
56	Header	Coverage List Type	0	0	0	Alphanumeric	Each Coverage List ID will have only one List Type - Coverage associated within it: AL = Age Limits DE = Product Coverage Exclusion GL = Gender Limits MN = Medical Necessity PA =

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
							Prior Authorization QL = Quantity Limits RD = Resource Link ? Drug-Specific Level RS = Resource Link ?Summary Level SM = Step Medication ST = Step Therapy TM = Coverage Text Message
57	Header	List Action	0	0	0	Alphanumeric c	F-full replacement or D-delete
58	Header	List Effective Date	0	0	0	Alphanumeric c	List Effective Date
59	Detail	Record Type	0	0	0	Alphanumeric c	Coverage Information Detail for Quantity Limits (QDT)
60	Detail	Change Identifier	0	0	0	Alphanumeric c	only the Add option is accepted ? A
61	Detail	Coverage ID	0	0	0	Alphanumeric c	Coverage ID
62	Detail	Product/Service ID	0	0	0	Alphanumeric c	the NDC
63	Detail	Product/Service ID Qualifier	0	0	0	Alphanumeric c	03- National Drug Code
64	Detail	Drug Reference Number	0	0	0	Alphanumeric c	Drug Reference Number
65	Detail	Drug Reference Qualifier	0	0	0	Alphanumeric c	Drug Reference Qualifier
66	Detail	Rx Norm Code	0	0	0	Alphanumeric c	Rx Norm Code
67	Detail	Rx Norm Qualifier	0	0	0	Alphanumeric c	Rx Norm Qualifier
68	Detail	Maximum Amount	0	0	0	Decimal	Conditional ?required if Maximum Amount Qualifier is present
69	Detail	Maximum Amount Qualifier	0	0	0	Alphanumeric c	Maximum Amount Qualifier Valid Values: DL=?Dollar Amount? DS=?Days Supply? FL ?Fills? QY=?Quantity?

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
70	Detail	Maximum Amount Time Period	0	0	0	Alphanumeric	Maximum Amount Time Period
71	Detail	Maximum Amount Time Period Start Date	0	0	0	Date	Maximum Amount Time Period Start Date
72	Detail	Maximum Amount Time Period End Date	0	0	0	Date	Maximum Amount Time Period End Date
73	Detail	Maximum Amount Time Period Units	0	0	0	Numeric	Maximum Amount Time Period Units
74	Trailer	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Trailer Line (GTR)
75	Trailer	Record Count	0	0	0	Numeric	this does not include the header and trailer
76	Header	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Header Line (GHD) Benefit coverage for Age Limits (AL).
77	Header	Coverage List ID	0	0	0	Alphanumeric	Coverage List ID
78	Header	Coverage List Type	0	0	0	Alphanumeric	Code identifying the type of coverage factor being conveyed Each Coverage List ID will have only one List Type - Coverage associated within it: AL = Age Limits DE = Product Coverage Exclusion GL = Gender Limits MN = Medical Necessity PA = Prior Authorization QL = Quantity Limits RD = Resource Link ? Drug-Specific Level RS = Resource Link ?Summary Level SM = Step Medication ST = Step Therapy TM = Coverage Text Message
79	Header	List Action	0	0	0	Alphanumeric	F-full replacement or D-delete
80	Header	List Effective Date	0	0	0	Date	List Effective Date
81	Detail	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Detail for Age (GDA)

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
82	Detail	Change Identifier	0	0	0	Alphanumeric	only the Add option is accepted ? A
83	Detail	Coverage ID	0	0	0	Alphanumeric	Coverage ID
84	Detail	Product/Service ID	0	0	0	Alphanumeric	The NDC
85	Detail	Product/Service ID Qualifier	0	0	0	Alphanumeric	03- National Drug Code
86	Detail	Drug Reference Number	0	0	0	Alphanumeric	Drug Reference Number
87	Detail	Drug Reference Qualifier	0	0	0	Alphanumeric	Drug Reference Qualifier
88	Detail	Rx Norm Code	0	0	0	Alphanumeric	Rx Norm Code
89	Detail	Rx Norm Qualifier	0	0	0	Alphanumeric	Rx Norm Qualifier
90	Detail	Minimum Age	0	0	0	Numeric	minimum age at which drug is covered
91	Detail	Minimum Age Qualifier	0	0	0	Alphanumeric	D-days and Y ? years
92	Detail	Maximum Age	0	0	0	Alphanumeric	maximum age at which drug is covered
93	Detail	Maximum Age Qualifier	0	0	0	Alphanumeric	D-days and Y ? years
94	Trailer	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Trailer Line (GTR)
95	Trailer	Record Count	0	0	0	Numeric	this does not include the header and trailer
96	Header	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Header Line (GHD) Benefit coverage for Gender Limits (GL).

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
97	Header	Coverage List ID	0	0	0	Alphanumeric	Coverage List ID
98	Header	Coverage List Type	0	0	0	Alphanumeric	Code identifying the type of coverage factor being conveyed Each Coverage List ID will have only one List Type - Coverage associated within it: AL = Age Limits DE = Product Coverage Exclusion GL = Gender Limits MN = Medical Necessity PA = Prior Authorization QL = Quantity Limits RD = Resource Link ? Drug-Specific Level RS = Resource Link ?Summary Level SM = Step Medication ST = Step Therapy TM = Coverage Text Message
99	Header	List Action	0	0	0	Alphanumeric	F-full replacement or D-delete
100	Header	List Effective Date	0	0	0	Date	List Effective Date
101	Detail	Record Type	0	0	0	Alphanumeric	Benefit Coverage Detail Gender Limits (GDT)
102	Detail	Change Identifier	0	0	0	Alphanumeric	only the Add option is accepted ? A
103	Detail	Coverage ID	0	0	0	Alphanumeric	Coverage ID
104	Detail	Product/Service ID	0	0	0	Alphanumeric	The NDC
105	Detail	Product/Service ID Qualifier	0	0	0	Alphanumeric	03- National Drug Code
106	Detail	Drug Reference Number	0	0	0	Alphanumeric	Drug Reference Number
107	Detail	Drug Reference Qualifier	0	0	0	Alphanumeric	Drug Reference Qualifier
108	Detail	Rx Norm Code	0	0	0	Alphanumeric	Rx Norm Code
109	Detail	Rx Norm Qualifier	0	0	0	Alphanumeric	Rx Norm Qualifier
110	Detail	Gender	0	0	0	Alphanumeric	Gender

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
111	Trailer	Record Type	0	0	0	Alphanumeric	Benefit Coverage Information Trailer Line (GTR)
112	Trailer	Record Count	0	0	0	Numeric	this does not include the header and trailer
113	Trailer	Record Type	0	0	0	Alphanumeric	Formulary and Benefit File Trailer (TRL)
114	Trailer	Total Records	0	0	0	Numeric	this does not include the header and trailer

CCO Provider Affiliations - Inbound

Interface Specifications Overview

Title	CCO Provider Affiliations - Inbound
Technical Name	CCO Provider Affiliations - Inbound
Functional Area	Provider Data Maintenance
File Type	Fixed Length
Frequency	Weekly
Frequency Timing	TBD
Transfer Method	Secure FTP
Related Job	Place Holder Job System Object (TBD)
File Name	TBD
Description	CCO Provider Affiliations - Inbound
Submitted By	CCOs
Sent To	No Sent To Vendors List
Error Handling/Special Processing	Errors will be written to a log file.
Record Selection Criteria	N/A

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Detail	Hdr Provider Number	9	1	9	Alphanumeric c	Provider Number
2	Detail	Hdr Submission Date	8	10	17	Alphanumeric c	Submission Date
3	Detail	Hdr Number of Records	8	18	25	Numeric	Number of Records
4	Detail	Hdr Filler	40	26	65	Alphanumeric c	Filler- Empty Space
5	Detail	Hdr CCO Use	16	66	81	Alphanumeric c	CCO Use
6	Detail	Trl Trailer	7	82	88	Alphanumeric c	Trailer

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
7	Detail	Trl CCO Use	73	89	161	Alphanumeric	CCO Use
8	Detail	Det Provider Number	9	162	170	Alphanumeric	Provider Number
9	Detail	Det Provider NPI	10	171	180	Alphanumeric	NPI Provider ID
10	Detail	Det Provider Name	30	181	210	Alphanumeric	Provider's name
11	Detail	Det Date of Enrollment	8	211	218	Alphanumeric	Enrollment date
12	Detail	Det CCO Use	73	219	291	Alphanumeric	CCO Use

CCO Provider Affiliations - Outbound

Interface Specifications Overview

Title	CCO Provider Affiliations - Outbound
Technical Name	CCO Provider Affiliations - Outbound
Functional Area	Provider Data Maintenance
File Type	Fixed Length
Frequency	Weekly
Frequency Timing	TBD
Transfer Method	Secure FTP
Related Job	Place Holder Job System Object (TBD)
File Name	TBD
Description	CCO Provider Affiliations - Outbound
Submitted By	No Sent To Vendors List
Sent To	CCOs
Error Handling/Special Processing	Errors will be written to a log file.
Record Selection Criteria	TBD

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Multiple DetailRecord	Detail CCO Provider Number	0	0	0	Alphanumeric	Provider Number
1	Trailer	Trailer	7	1	7	Alphanumeric	Trailer
1	Detail	Sum CCO Provider Number	9	1	9	Alphanumeric	Provider Number
1	Header	Header CCO Provider Number	9	1	9	Alphanumeric	Provider Number
2	Detail	Sum Date Process	8	1	8	Alphanumeric	Submission date processed

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
2	Header	Header Date of Submission	8	1	8	Alphanumeric	Date of submission
2	Multiple Detail Record	Detail Processing Status	0	0	0	Alphanumeric	Processing Status
3	Trailer	Trailer CCO Use	73	1	73	Alphanumeric	CCO Use
3	Multiple Detail Record	Detail Processing Msg	0	0	0	Alphanumeric	Processing message
3	Header	Header Date of Processing	8	1	8	Alphanumeric	Date of processing
3	Detail	Sum Date Sub	8	1	8	Numeric	Loaded from the inbound file; the Format is YYYYMMDD.
4	Multiple Detail Record	Detail CCO Use	0	0	0	Alphanumeric	CCO Use
4	Detail	Sum Tot Recs	8	1	8	Alphanumeric	Total records found in the inbound file
4	Header	Header Num of Records	8	1	8	Alphanumeric	Number of records
5	Detail	Sum Added Recs	8	1	8	Alphanumeric	Total added records
5	Header	Header Filler	16	1	16	Alphanumeric	Blanks-Filler
6	Detail	Sum Closed Recs	8	1	8	Alphanumeric	Total closed records
6	Header	Header CCO Use	32	1	32	Alphanumeric	CCO Use
7	Detail	Sum Warned Recs	8	1	8	Alphanumeric	Total warned records
8	Detail	Sum Error Recs	8	9	16	Alphanumeric	Total Error records

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
9	Detail	Sum CCO Use	16	17	32	Alphanumeric	CCO Use

Encounter Response Report Interface

Interface Specifications Overview

Title	Encounter Response Report Interface
Technical Name	Encounter Response Report Interface
Functional Area	Claims
File Type	Fixed Length
Frequency	Weekly
Frequency Timing	TBD
Transfer Method	Secure FTP
Related Job	()
File Name	N/A
Description	A weekly job created for the Proprietary Response file.
Submitted By	No Sent To Vendors List
Sent To	CCOs
Error Handling/Special Processing	
Record Selection Criteria	

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Header	ENC-100-REC-TYPE	3	1	3	Alphanumeric	MCO Submitter Information
2	Header	ENC-100-TRADING	15	4	18	Alphanumeric	Submitter's Trading Partner ID, ISA06
3	Header	ENC-100-CURRENT-DATE	8	19	26	Alphanumeric	Current Date
4	Header	ENC-100-SENDER	11	27	37	Alphanumeric	Sender of File
5	Header	ENC-150-REC-TYPE	3	38	40	Alphanumeric	Record Type

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
6	Header	ENC-150-FILENAME	30	41	70	Alphanumeric c	Submitted File Name
7	Header	ENC-150-TXN-TYPE	1	71	71	Alphanumeric c	Submitted Transaction Type
8	Header	ENC-150-CLAIM-TYPE	1	72	72	Alphanumeric c	Claim Type
9	Header	ENC-200-REC-TYPE	3	73	75	Alphanumeric c	Record Type
10	Header	ENC-200-BILLING-PROV	10	76	85	Alphanumeric c	MCO Submitted Billing Provider ID
11	Header	ENC-200-BILLING-NAME	60	86	145	Alphanumeric c	MCO Submitted Billing Provider Name
12	Header	ENC-200-BILLING-TAXONOMY	10	146	155	Alphanumeric c	MCO Submitted Billing Provider Taxonomy
13	Header	ENC-200-BILL-ZIP	9	156	164	Alphanumeric c	MCO Submitted Billing Provider Zip
14	Header	ENC-500-REC-TYPE	3	165	167	Alphanumeric c	Record Type
15	Header	ENC-500-MEMBER-ID	12	168	179	Alphanumeric c	MCO Submitted Member ID
16	Header	ENC-500-ICN	13	180	192	Alphanumeric c	ICN (Assigned by MES)
17	Header	ENC-500-LAST	60	193	252	Alphanumeric c	MCO Submitted member last name
18	Header	ENC-500-FIRST	35	253	287	Alphanumeric c	MCO Submitted member first name
19	Header	ENC-500-CSI	38	288	325	Alphanumeric c	MCO Submitted Claim Submitter's Identifier The MCO can use the value in this field as a key in the MCO's system to match the claim header to the response file.

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
20	Header	ENC-500-PERF-PROV	10	326	335	Alphanumeric c	MCO Submitted Performing Provider ID
21	Header	ENC-500-PERF-LAST	60	336	395	Alphanumeric c	MCO Submitted Performing Last Name
22	Header	ENC-500-PERF-FIRST	35	396	430	Alphanumeric c	MCO Submitted Performing First Name
23	Header	ENC-500-PERF-TAX	10	431	440	Alphanumeric c	MCO Submitted Performing Taxonomy
24	Header	ENC-500-MCO-ID	10	441	450	Alphanumeric c	MCO Submitted ID (example, 69001234)
25	Header	ENC-500-CLAIM-TYPE	1	451	451	Alphanumeric c	Claim Type [example, I(Inpatient)]
26	Header	ENC-500-FREQ	1	452	452	Alphanumeric c	MCO Submitted Frequency [example 1(Original), 7(Adjust), or 8(Void)]
27	Header	ENC-500-MEMBER-DOB	8	453	460	Alphanumeric c	MCO Submitted Member Date of Birth
28	Header	ENC-500-POS	2	461	462	Alphanumeric c	MCO Submitted Place of Service
29	Header	ENC-500-FDOS	8	463	470	Alphanumeric c	FDOS
30	Header	ENC-500-TDOS	8	471	478	Alphanumeric c	TDOS
31	Header	ENC-500-PDIAG	7	479	485	Alphanumeric c	MCO Submitted Principal Diagnosis
32	Header	ENC-500-EMERGENCY	1	486	486	Alphanumeric c	MCO Submitted Emergency Indicator
33	Header	ENC-500-STATUS	1	487	487	Alphanumeric c	(P)Priced or (D)Deny
34	Header	ENC-500-FIN_IND	1	488	488	Alphanumeric c	Financial Indicator If Financial Indicator is Y(Yes), encounter will be included in rate setting.

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
35	Header	ENC-500-UTIL_IND	1	489	489	Alphanumeric	Utilization Indicator If Utilization Indicator is Y(Yes), encounter will be included in utilization reports.
36	Header	ENC-500-HDR-AMT	12	490	501	Alphanumeric	MCO Submitted Encounter Header Amount
37	Header	ENC-500-HDR-AMT-ALLOWED	12	502	513	Alphanumeric	Allowed Header Amount This is the amount prior to considering available commercial insurance.
38	Header	ENC-500-HDR-AMT-OI	12	514	525	Alphanumeric	Other Insurance This is the total of all commercial insurance applied to the encounter.
39	Header	ENC-500-HDR-AMT-COST	12	526	537	Alphanumeric	Member Liability
40	Header	ENC-500-HDR-AMT-PAID	12	538	549	Alphanumeric	Priced Header Amount This is the final header adjudicated amount.
41	Header	ENC-500-PRICING-IND	6	550	555	Alphanumeric	Payment Methodology (example, MAXFEE)
42	Header	ENC-500-RATE-TYPE	3	556	558	Alphanumeric	Rate Type [example, LA5 (Lab Global)]
43	Header	ENC-500-DRG	4	559	562	Alphanumeric	Diagnosis Related Grouper [example, 0610 (Neonate)]
44	Header	ENC-500-ENHANCED-DRG	4	563	566	Alphanumeric	Enhanced Diagnosis Related Grouper [example, 9614 (Neonate <750 Grams Discharged Alive)]
45	Header	ENC-500-MDC	2	567	568	Alphanumeric	Major Diagnostic Category [example, 22 (Burns)]
46	Header	ENC-500-SURG-PRIN	7	569	575	Alphanumeric	MCO Submitted Surgical Principal Procedure [example, 0003595 (Heart Repair Revision)]
47	Header	ENC-500-SURG-OTH1	7	576	582	Alphanumeric	MCO Submitted Surgical Procedure Other 1 [example, 0003950 (Angiocardigraphy)]
48	Header	ENC-500-SURG-OTH2	7	583	589	Alphanumeric	MCO Submitted Surgical Procedure Other 2

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
49	Header	ENC-500-SURG-OTH3	7	590	596	Alphanumeric c	MCO Submitted Surgical Procedure Other 3
50	Header	ENC-500-SURG-OTH4	7	597	603	Alphanumeric c	MCO Submitted Surgical Procedure Other 4
51	Header	ENC-500-SURG-OTH5	7	604	610	Alphanumeric c	MCO Submitted Surgical Procedure Other 5
52	Header	ENC-500-NUM-TCN	17	611	627	Alphanumeric c	TCN (Assigned by MCO)
53	Header	ENC-500-BILL-PROV-STREET	30	628	657	Alphanumeric c	billProvStreet
54	Header	ENC-500-BILL-PROV-CITY	30	658	687	Alphanumeric c	billProvCity
55	Header	ENC-500-BILL-PROV-STATE	2	688	689	Alphanumeric c	billProvState
56	Header	ENC-520-REC-TYPE	3	690	692	Alphanumeric c	Record Type
57	Header	ENC-520-ICN	13	693	705	Alphanumeric c	ICN (Assigned by MES)
58	Header	ENC-520-SEQ	3	706	708	Alphanumeric c	Sequence Number of EOB (001, 002, 003?)
59	Header	ENC-520-EOB	4	709	712	Alphanumeric c	EOB Code
60	Header	ENC-520-EOB-DESC1	79	713	791	Alphanumeric c	EOB Description
61	Header	ENC-520-EOB-DESC2	79	792	870	Alphanumeric c	EOB Description Continued
62	Header	ENC-520-EOB-AMT	12	871	882	Alphanumeric c	Header Adjusted Amount

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
63	Header	ENC-520-ERR-DISPO	1	883	883	Alphanumeric c	Error Disposition
64	Header	ENC-520-ERR-CODE	4	884	887	Alphanumeric c	Error Code
65	Header	ENC-600-REC-TYPE	3	888	890	Alphanumeric c	Record Type
66	Header	ENC-600-ICN	13	891	903	Alphanumeric c	ICN (Assigned by MES)
67	Header	ENC-600-NUM-DET	4	904	907	Alphanumeric c	Encounter Detail Number
68	Header	ENC-600-LICN	30	908	937	Alphanumeric c	MCO Submitted Line Item Control Number The MCO can use the value in this field as a key in the MCO's system to match the claim detail to the response file.
69	Header	ENC-600-PERF-PROV	10	938	947	Alphanumeric c	MCO Submitted Performing Provider ID
70	Header	ENC-600-PERF-LAST	60	948	1007	Alphanumeric c	MCO Submitted Performing Last Name
71	Header	ENC-600-PERF-FIRST	35	1008	1042	Alphanumeric c	MCO Submitted Performing First Name
72	Header	ENC-600-PERF-TAX	10	1043	1052	Alphanumeric c	MCO Submitted Performing Taxonomy
73	Header	ENC-600-FDOS	8	1053	1060	Alphanumeric c	FDOS
74	Header	ENC-600-TDOS	8	1061	1068	Alphanumeric c	TDOS
75	Header	ENC-600-REV	4	1069	1072	Alphanumeric c	MCO Submitted Revenue Code [example, 0152 (Room & Board - Ward OB OB/Ward
76	Header	ENC-600-HCPCS	5	1073	1077	Alphanumeric c	MCO Submitted HCPCS [example, 01921 (Anesthesia for Angioplasty)]
77	Header	ENC-600-HCPCS-MOD1	-2	1078	1075	Alphanumeric c	MCO Submitted HCPCS Modifier 1 [example, 23 (Unusual Anesthesia)]

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
78	Header	ENC-600-HCPCS-MOD2	2	1076	1077	Alphanumeric c	MCO Submitted HCPCS Modifier 2
79	Header	ENC-600-HCPCS-MOD3	2	1078	1079	Alphanumeric c	MCO Submitted HCPCS Modifier 3
80	Header	ENC-600-HCPCS-MOD4	2	1080	1081	Alphanumeric c	MCO Submitted HCPCS Modifier 4
81	Header	ENC-600-SUB-HCPCS-QTY	15	1082	1096	Alphanumeric c	MCO Submitted Quantity
82	Header	ENC-600-ADJ-HCPCS-QTY	15	1097	1111	Alphanumeric c	Adjudicated Quantity
83	Header	ENC-600-EMERGENCY	1	1112	1112	Alphanumeric c	MCO Submitted Emergency Indicator
84	Header	ENC-600-STATUS	1	1113	1113	Alphanumeric c	(P)Priced or (D)Deny
85	Header	ENC-600-FIN_IND	1	1114	1114	Alphanumeric c	Detail Financial Indicator If Financial Indicator is Y(Yes), detail will be included in rate setting.
86	Header	ENC-600-UTIL_IND	1	1115	1115	Alphanumeric c	Detail Utilization Indicator If Utilization Indicator is Y(Yes), detail will be included in utilization reports.
87	Header	ENC-600-LINE-AMT	12	1116	1127	Alphanumeric c	MCO Submitted Encounter Detail Amount
88	Header	ENC-600-LINE-AMT-ALLOWED	12	1128	1139	Alphanumeric c	Allowed Detail Amount
89	Header	ENC-600-LINE-AMT-PAID	12	1140	1151	Alphanumeric c	Detail Priced Amount This is the final detail adjudicated amount.
90	Header	ENC-600-PRICING-IND	6	1152	1157	Alphanumeric c	Payment Methodology (example, MAXFEE)

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
91	Header	ENC-600-RATE-TYPE	3	1158	1160	Alphanumeric c	Rate Type [example, LA5 (Lab Global)]
92	Header	ENC-600-EAPG	5	1161	1165	Alphanumeric c	Enhanced Ambulatory Patient Group [example, 00037 (Level I Arthroscopy)]
93	Header	ENC-600-POS	2	1166	1167	Alphanumeric c	MCO Submitted Place of Service
94	Header	ENC-620-REC-TYPE	3	1168	1170	Alphanumeric c	Record Type
95	Header	ENC-620-ICN	4	1171	1174	Alphanumeric c	ICN (Assigned by MES)
96	Header	ENC-620-SEQ	3	1175	1177	Alphanumeric c	Sequence Number of EOB (001, 002, 003?)
97	Header	ENC-620-EOB	4	1178	1181	Alphanumeric c	EOB Code
98	Header	ENC-620-EOB-DESC1	79	1182	1260	Alphanumeric c	EOB Description
99	Header	ENC-620-EOB-DESC2	79	1261	1339	Alphanumeric c	EOB Description Continued
100	Header	ENC-620-EOB-AMT	12	1340	1351	Alphanumeric c	Detail Adjusted Amount
101	Header	ENC-620-ERR-DISPO	1	1352	1352	Alphanumeric c	Error Disposition
102	Header	ENC-620-ERR-CODE	4	1353	1356	Alphanumeric c	Error Code
103	Header	ENC-900-REC-TYPE	3	1357	1359	Alphanumeric c	Record Type
104	Header	ENC-900-REC-CNT	7	1360	1366	Alphanumeric c	Returned Record Count
105	Header	ENC-900-ENC-CNT	7	1367	1373	Alphanumeric c	Returned Encounter Count

Managed Care Member PCP Update

Interface Specifications Overview

Title	Managed Care Member PCP Update
Technical Name	Managed Care Member PCP Update
Functional Area	Managed Care
File Type	Fixed Length
Frequency	Monthly
Frequency Timing	Monthly
Transfer Method	Secure FTP
Related Job	Managed Care Member PCP Update Job for Magnolia Health (MGDJM220)
File Name	[tracking ID][checksum]_CCO_[provider ID]_PCP[datetimestamp].dat
Description	<p>The purpose of the Managed Care Member PCP Update transaction is to establish a relationship between the member and PCP. The CCO sends a file containing the member and PCP, which is used to update a table in MS MES that maintains this relationship.</p> <p>The frequency of this interface transaction is monthly.</p>
Submitted By	United Healthcare Molina Healthcare Magnolia Health
Sent To	No Sent To Vendors List
Error Handling/Special Processing	N/A
Record Selection Criteria	Selects rows of member IDs and PCP IDs from a CCO's inbound update file.

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Header	PCP-HEAD-REC-TYPE	1	1	1	Alphanumeric c	Record type with a value of 'H'
2	Header	PCP-HEAD-DESC	18	2	19	Alphanumeric c	File title with a value of 'PCP UPDATE FILE'
3	Header	PCP ALPHA	1	20	20	Alphanumeric c	

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
4	Header	PCP-SUBMITTING-ORG-ID	9	21	29	Alphanumeric	The submitting organization's Provider ID number (CCO Medicaid ID)
5	Header	PCP-SUBMITTING-ORG-TXNMY	10	30	39	Alphanumeric	The submitting organization's taxonomy (CCO taxonomy 193200000x)
6	Header	PCP-HEAD-CREATEDTE	8	40	47	Numeric	Creation date in CCYYMMDD format
7	Header	CARRIAGE RETURN	1	48	48	N/A	
8	Detail	PCP-DTL-REC-TYPE	1	1	1	Alphanumeric	Record type indicator with a value of D (detail)
9	Detail	PCP-TRANSACTION	1	2	2	Alphanumeric	Not currently used. Send blank
10	Detail	PCP-ID	10	3	12	Alphanumeric	The PCP's provider ID (PCP's NPI)
11	Detail	PCP-TXNMY	10	13	22	Alphanumeric	Not currently used. Send blanks
12	Detail	PCP_MCD_ID	9	23	31	Alphanumeric	The PCP's unique ID (PCP's Medicaid ID)
13	Detail	PCP-MEMBER-ID	10	32	41	Alphanumeric	The Member's Medicaid ID
14	Detail	FILLER	6	42	47	Alphanumeric	Blanks. Used to maintain fixed length records
15	Detail	CARRIAGE RETURN	1	48	48	N/A	
16	Trailer	PCP-TRL-REC-TYPE	1	1	1	Alphanumeric	Value of T (trailer record)
17	Trailer	PCP-TRL-DTL-REC-CNT	9	2	10	Numeric	Total number of detail records in the file

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
18	Trailer	FILLER	37	11	47	Alphanumeric	Blank. Used to maintain fixed length records
19	Trailer	CARRIAGE RETURN	1	48	48	N/A	

Provider Master Extract

Interface Specifications Overview

Title	Provider Master Extract
Technical Name	Provider Master Extract
Functional Area	Provider Data Maintenance
File Type	Fixed Length
Frequency	Daily
Frequency Timing	DAILY
Transfer Method	Secure FTP
Related Job	Provider daily master extract (PRVJD751)
File Name	TBD
Description	Daily Provider Extract
Submitted By	No Sent To Vendors List
Sent To	CCOs
Error Handling/Special Processing	Errors will be written to a log file.
Record Selection Criteria	TBD

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Detail	Provider MCD	9	1	9	Alphanumeric c	Provider ID where ID type is MCD
2	Detail	Provider Name	50	10	59	Alphanumeric c	Provider business name or first and last name
3	Detail	Pay Address Lines 1	30	60	89	Alphanumeric c	Pay To Location Address Lines 1
4	Detail	Pay Address Lines 2	30	90	119	Alphanumeric c	Pay To Location Address Lines 2
5	Detail	Pay City	30	120	149	Alphanumeric c	Pay To Location City
6	Detail	Pay State	2	150	151	Alphanumeric c	Pay To Location State

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
7	Detail	Pay Zip Code	5	152	156	Alphanumeric	Pay To Location Zip Code
8	Detail	Pay Phone Number	10	157	166	Alphanumeric	Pay To Location Phone Number
9	Detail	Org Structure	1	167	167	Alphanumeric	Organization structure
10	Detail	Taxonomy Code	10	168	177	Alphanumeric	Taxonomy Code for this provider
11	Detail	Provider Type	2	178	179	Alphanumeric	Provider Type Code
12	Detail	Elig Program -1	1	180	180	Alphanumeric	Eligibility Program Type: F=FFS, C=CCO. Based on CDE_TERM_CLASS value: 'C' if 'K', otherwise 'F'
13	Detail	Elig Begin Date - 1	8	181	188	Alphanumeric	Eligibility Program Effective Date of this enrollment status segment. Format is YYCCMMDD.
14	Detail	Elig End Date -1	8	189	196	Alphanumeric	Eligibility Program End Date of this enrollment status segment. Format is YYCCMMDD.
15	Detail	Enrollment Status - 1	1	197	197	Alphanumeric	Eligibility Program Contract Status of this provider - Active, Inactive, Ordering, Referring, and Prescribing (ORP), Reporting Only (A, I, O, K)
16	Detail	Enrollment End Reason 1	2	198	199	Alphanumeric	Ending reason code
17	Detail	Elig Program - 2	1	200	200	Alphanumeric	Eligibility Program Type - F=FFS, C=CCO. Based on CDE_TERM_CLASS value: 'C' if 'K', otherwise 'F'
18	Detail	Elig Begin Date - 2	8	201	208	Alphanumeric	Eligibility Program Effective Date of this enrollment status segment. Format is YYCCMMDD.
19	Detail	Elig End Date -2	8	209	216	Alphanumeric	Eligibility Program End Date of this enrollment status segment. Format is YYCCMMDD.
20	Detail	Enrollment Status - 2	1	217	217	Alphanumeric	Eligibility contract status of this provider: Active, Inactive, ORP, Reporting Only (A, I, O, K)
21	Detail	Enrollment End Reason - 2	2	218	219	Alphanumeric	Ending reason code
22	Detail	Elig Program -3	1	220	220	Alphanumeric	Eligibility Program Type - F=FFS, C=CCO. Based on CDE_TERM_CLASS value: 'C' if 'K', otherwise 'F'

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
23	Detail	Elig Begin Date - 3	8	221	228	Alphanumeric	Eligibility Program Effective Date of this enrollment status segment. Format is YYCCMMDD.
24	Detail	Elig End Date -3	8	229	236	Alphanumeric	Eligibility Program End Date of this enrollment status segment. Format is YYCCMMDD.
25	Detail	Enrollment Status - 3	1	237	237	Alphanumeric	Eligibility contract status of this provider: Active, Inactive, ORP, Reporting Only (A, I, O, K)
26	Detail	Enrollment End Reason - 3	2	238	239	Alphanumeric	Ending reason code
27	Detail	Elig Program - 4	1	240	240	Alphanumeric	Eligibility Program Type: F=FFS, C=CCO. Based on CDE_TERM_CLASS value: 'C' if 'K', otherwise 'F'
28	Detail	Elig Begin Date - 4	8	241	248	Alphanumeric	Eligibility Program Effective Date of this enrollment status segment. Format is YYCCMMDD.
29	Detail	Elig End Date -4	8	249	256	Alphanumeric	Eligibility Program End Date of this enrollment status segment. Format is YYCCMMDD.
30	Detail	Enrollment Status - 4	1	257	257	Alphanumeric	Eligibility contract status of this provider: Active, Inactive, ORP, Reporting Only (A, I, O, K)
31	Detail	Enrollment End Reason - 4	2	258	259	Alphanumeric	Ending reason code
32	Detail	Elig Program -5	1	260	260	Alphanumeric	Eligibility Program Type - F=FFS, C=CCO. Based on CDE_TERM_CLASS value: 'C' if 'K', otherwise 'F'
33	Detail	Elig Begin Date - 5	8	261	268	Alphanumeric	Eligibility Program Effective Date of this enrollment status segment. Format is YYCCMMDD.
34	Detail	Elig End Date -5	8	269	276	Alphanumeric	Eligibility Program End Date of this enrollment status segment. Format is YYCCMMDD.
35	Detail	Enrollment Status - 5	1	277	277	Alphanumeric	Eligibility contract status of this provider: Active, Inactive, ORP, Reporting Only (A, I, O, K)
36	Detail	Enrollment End Reason - 5	2	278	279	Alphanumeric	Ending reason code
37	Detail	Elig Program - 6	1	280	280	Alphanumeric	Eligibility Program Type - F=FFS, C=CCO. Based on CDE_TERM_CLASS value: 'C' if 'K', otherwise 'F'
38	Detail	Elig Begin Date - 6	8	281	288	Alphanumeric	Eligibility Program Effective Date of this enrollment status segment. Format is YYCCMMDD.

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
39	Detail	Elig End Date -6	8	289	296	Alphanumeric	Eligibility Program End Date of this enrollment status segment. Format is YYCCMMDD.
40	Detail	Enrollment Status - 6	1	297	297	Alphanumeric	Eligibility contract status of this provider: Active, Inactive, ORP, Reporting Only (A, I, O, K)
41	Detail	Enrollment End Reason - 6	2	298	299	Alphanumeric	Ending reason code
42	Detail	Provider Specialty	3	300	302	Alphanumeric	Provider's specialty code
43	Detail	Specialty Effective Date	8	303	310	Alphanumeric	Effective date of this specialty
44	Detail	Specialty End Date	8	311	318	Alphanumeric	End date of this specialty
45	Detail	UPIN Number	6	319	324	Alphanumeric	Universal Provider Identifier
46	Detail	Medicare Number	10	325	334	Alphanumeric	Providers Medicare Number
47	Detail	Number of Beds	5	335	339	Numeric	Total number of beds
48	Detail	Contract Add Date	8	340	347	Alphanumeric	Add Date
49	Detail	Last Name	20	348	367	Alphanumeric	Provider's first name
50	Detail	First Name	15	368	382	Alphanumeric	Provider's last name
51	Detail	Middle Initial	1	383	383	Alphanumeric	Provider's middle name
52	Detail	Title	15	384	398	Alphanumeric	Provider's title
53	Detail	Org PayTo	50	399	448	Alphanumeric	Organization pay to name
54	Detail	County	3	449	451	Alphanumeric	Service Location County Code

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
55	Detail	Provider NPI	10	452	461	Alphanumeric c	Provider ID where ID type is NPI
56	Detail	Tax ID	9	462	470	Alphanumeric c	Tax ID
57	Detail	Facility Contact	50	471	520	Alphanumeric c	Facility contact name
58	Detail	Address Lines 1	30	521	550	Alphanumeric c	Service Location Address Lines 1
59	Detail	Address Lines 2	30	551	580	Alphanumeric c	Service Location Address Lines 2
60	Detail	City	30	581	610	Alphanumeric c	Service Location City
61	Detail	State	2	611	612	Alphanumeric c	Service Location State
62	Detail	Zip Code	5	613	617	Alphanumeric c	Service Location Zip Code
63	Detail	Phone Number	10	618	627	Alphanumeric c	Service Location Phone Number

Receive Policy Information from CCOs

Interface Specifications Overview

Title	Receive Policy Information from CCOs
Technical Name	Receive Policy Information from CCOs
Functional Area	Third Party Liability
File Type	Fixed Length
Frequency	Monthly
Frequency Timing	Monthly
Transfer Method	Secure FTP
Related Job	Receive TPL Policy Information from CCOs (TPLJMPOL_ICCO)
File Name	N/A
Description	<p>Inbound TPL Policy file from CCOs.</p> <p>1/15/2021 - For the TPL INBOUND policy files from the CCOs, if they can name their files like this, that would be great.</p> <p>They can add who they are BEFORE TPL like Molina_TPL_Policy and add date/time stamp afterwards, like Molina_TPL_Policy_20210115.120000.gz. AND gzip the file. They can send with that name. And our job will look for any files in the appropriate FTP directory like this *TPL_Policy* and we will process that file and add/update TPL resource information.</p>
Submitted By	<p>Magnolia Health</p> <p>Molina Healthcare</p> <p>United Healthcare</p>
Sent To	No Sent To Vendors List
Error Handling/Special Processing	N/A
Record Selection Criteria	Receive policy (resource) information from CCOs.

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
10	Detail	Medicaid ID or Filler with SSN	14	1	14	Character	Medicaid ID of the member covered by the policy. Or it will be 5 spaces followed by the member SSN.

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
20	Detail	Client Carrier Code	10	15	24	Character	A unique identifier used to determine the type of carrier as well as to identify correspondence sent from the carrier.
30	Detail	MATCH-CODE	1	25	25	Character	1-self policy, 3-dependent
40	Detail	PLCYHLD-LNAME	26	26	51	Character	The last name of the policyholder. MES length is 20
50	Detail	PLCYHLD-FNAME	20	52	71	Character	The first name of the policyholder. MES length is 20
60	Detail	PLCYHLD-MNAME	20	72	91	Character	The middle initial of the policyholder. MES length is 1
70	Detail	PLCYHLD-POLICY-NUMBER	20	92	111	Character	Policy number for this TPL policy.
80	Detail	PLCYHLD-POLICY-SEQUENCE-NUMBER	2	112	113	Character	Policy Sequence Number
90	Detail	PLCYHLD-DOB	8	114	121	Character	Policyholder birth date. YYYYMMDD format
100	Detail	PLCYHLD-BEG-ELIG	8	122	129	Character	Policyholder Eligibility Begin YYYYMMDD format
110	Detail	PLCYHLD-END-ELIG	8	130	137	Character	Policyholder Eligibility End YYYYMMDD format
120	Detail	DPN-BEG-ELIG	8	138	145	Character	Recipient Eligibility Begin YYYYMMDD format
130	Detail	DPN-END-ELIG	8	146	153	Character	Recipient Eligibility End YYYYMMDD format
140	Detail	DPN-RELATION-CODE	1	154	154	Character	Recipient Relationship Code- Need Code Values
150	Detail	ABSENT-PARENT-IND	1	155	155	Character	Indicates if Policyholder is Absent Parent. Values are Y or N.

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
160	Detail	PLCYHLD-ADDR-LINE1	40	156	195	Character	Mailing address line 1 for policyholder MES field length is 55.
170	Detail	PLCYHLD-ADDR-LINE2	40	196	235	Character	Mailing address line 2 for policyholder MES field length is 55.
180	Detail	PLCYHLD-CITY	40	236	275	Character	Mailing address city for policyholder MES field length is 30.
190	Detail	PLCYHLD-STATE	2	276	277	Character	Mailing address state for policyholder
200	Detail	PLCYHLD-ZIP5	5	278	282	Character	Mailing address zip code for policyholder
210	Detail	PLCYHLD-ZIP4	4	283	286	Character	Mailing address zip code 4 for policyholder
220	Detail	PHPLCYHLD-PHONE	10	287	296	Character	Policyholder phone number MES field length is 15.
230	Detail	PLCYHLD-SSN	9	297	305	Character	The social security number of the policyholder.
240	Detail	GROUP-Number	20	306	325	Character	Group Number
250	Detail	GROUP-Name	20	326	345	Character	Employer Name. MES field length is 40.
260	Detail	GROUP-Addr-Line1	40	346	385	Character	Employer Address Line 1-MES field length is 55.
270	Detail	GROUP-Addr-Line2	40	386	425	Character	Employer Address Line 2-MES field length is 55
280	Detail	GROUP-City	40	426	465	Character	Employer City.MES field length is 30.
290	Detail	GROUP-State	2	466	467	Character	Employer State
300	Detail	Group-Zip5	5	468	472	Character	Employer Zip-5. MES field length is 15.
310	Detail	GROUP-Zip4	4	473	476	Character	Employer Zip-4
320	Detail	GROUP-Phone	10	477	486	Character	Employer Phone

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
330	Detail	ADD-TYPE	1	487	487	Character	A - New Adds, U - Updates
340	Detail	Policy Coverage Data Header	0	488	487	Character	At least one coverage selected (total length of following fields - 38)
350	Detail	Inpat Med	1	488	488	Character	Inpatient Medical Y or blank
360	Detail	Inpat Surg	1	489	489	Character	Inpatient Surgery Y or blank
370	Detail	Inpat Psyc	1	490	490	Character	Inpatient Psych Y or blank
380	Detail	Inpat Hosp	1	491	491	Character	Inpatient Hospital Y or blank
390	Detail	Outpat Ill	1	492	492	Character	Outpatient Illness Y or blank
400	Detail	Outpat Sur	1	493	493	Character	Outpatient Surgery Y or blank
410	Detail	Outpat Psy	1	494	494	Character	Outpatient Psych Y or blank
420	Detail	Outpat Acc	1	495	495	Character	Outpatient Accident Y or blank
430	Detail	Phys Med	1	496	496	Character	Physician Medical Y or blank
440	Detail	Phys Off	1	497	497	Character	Physician Office Y or blank
450	Detail	Phys Psych	1	498	498	Character	Physician Psych Y or blank
460	Detail	Phys Acc	1	499	499	Character	Physician Accident Y or blank
470	Detail	Pharmacy	1	500	500	Character	Pharmacy Y or blank
480	Detail	Dental	1	501	501	Character	Dental Y or blank
490	Detail	Oral Surg	1	502	502	Character	Oral Surgery Y or blank
500	Detail	Psych Res	1	503	503	Character	Psych Res Y or blank
510	Detail	Transport	1	504	504	Character	Transportation Y or blank
520	Detail	Eyeglasses	1	505	505	Character	Eyeglasses Y or blank
530	Detail	Ment Hlth	1	506	506	Character	Mental Health Y or blank
540	Detail	Lab/X-ray	1	507	507	Character	Lab/X-ray Y or blank
550	Detail	Anesthesia	1	508	508	Character	Anesthesia Y or blank
560	Detail	Accident	1	509	509	Character	Accident Y or blank
570	Detail	Cancer	1	510	510	Character	Cancer Y or blank
580	Detail	Home Hlth	1	511	511	Character	Home Health Y or blank
590	Detail	Nurs HM SN	1	512	512	Character	Nurs HM SNF Y or blank
600	Detail	Nurs HM IC	1	513	513	Character	Nurs HM ICF Y or blank

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
610	Detail	Med Supp A	1	514	514	Character	Medicare Supplement A Y or blank
620	Detail	Med Supp B	1	515	515	Character	Medicare Supplement B Y or blank
630	Detail	Inpat Matr	1	516	516	Character	Inpatient Maternity Y or blank
640	Detail	Outpt Matr	1	517	517	Character	Outpatient Maternity Y or blank
650	Detail	Phys Matr	1	518	518	Character	Physician Maternity Y or blank
660	Detail	EPSDT Well	1	519	519	Character	EPSDT Wellness Y or blank
670	Detail	Perinatal	1	520	520	Character	Perinatal Y or blank
680	Detail	ICU	1	521	521	Character	Intensive Care Unit Y or blank
690	Detail	Blood	1	522	522	Character	Blood Y or blank
700	Detail	IP MAT CP	1	523	523	Character	Inpatient MAT CP Y or blank
710	Detail	OP MAT CP	1	524	524	Character	Outpatient MAT CP Y or blank
720	Detail	Phys MAT C	1	525	525	Character	Physician MAT CP Y or blank
730	Detail	PLCY- RESRC-CD	2	526	527	Character	Policy Resource Code 01-AbsntPrnt 02-Casualty 03-EPSDT 04-Hlth Ins 05-Othr Ins 06-Pregnant 07-Unassgnd

Send Carrier Data Monthly to CCO

Interface Specifications Overview

Title	Send Carrier Data Monthly to CCO
Technical Name	Send Carrier Data Monthly to CCO
Functional Area	Third Party Liability
File Type	Fixed Length
Frequency	Monthly
Frequency Timing	Monthly
Transfer Method	Secure FTP
Related Job	Unused - Carrier Interface to the CCOs (Unused - TPLJMCARR_OCCO)
File Name	n/a
Description	The purpose of this transaction is to create the monthly batch of carrier list data that is sent to the Coordinated Care Organizations (CCOs). For each Carrier Number on the Carrier Information panel where the status is 'Active', the carrier information will be placed on the TPL Insurance Carrier data file.
Submitted By	No Sent To Vendors List
Sent To	Magnolia Health Molina Healthcare United Healthcare
Error Handling/Special Processing	N/A
Record Selection Criteria	Select all carrier records. The file contains carrier information along with the effective and end date for each carrier.

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
10	Detail	Carrier ID	10	1	10	Character	Carrier ID
20	Detail	Carrier Name	45	11	55	Character	Carrier Name
30	Detail	Carrier Street 1	55	56	110	Character	Carrier Street 1
40	Detail	Carrier Street 2	55	111	165	Character	Carrier Street 2
50	Detail	City	30	166	195	Character	City

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
60	Detail	State	2	196	197	Character	State
70	Detail	Zip	15	198	212	Character	Zip
80	Detail	Zip 4	4	213	216	Character	Zip 4
90	Detail	Contact Name	40	217	256	Character	Contact Name
100	Detail	Contact Phone	15	257	271	Character	Contact Phone
110	Detail	Contact Phone Extension	6	272	277	Character	Contact Phone Extension
120	Detail	Contact Phone Number 2	10	278	287	Character	Contact Phone Number 2
140	Detail	Federal Employment Identifier Number	9	288	296	Character	Federal Employment Identifier Number
150	Detail	Fax	15	297	311	Character	Fax
160	Detail	Country Code	2	312	313	Character	Country Code. Value will be US for a converted carrier. If value is blank, carrier was added after implementation.
170	Detail	Status	2	314	315	Character	Status ('A' - Active, 'I' - Inactive) - Left justified
180	Detail	Effective Date	8	316	323	Character	Effective Date - Format is CCYYMMDD. If the effective date is 0, the interface will send a date of 19000101.
190	Detail	End Date	8	324	331	Character	End Date - Format is CCYYMMDD. If carrier is active and there is no end date, value sent will be 22991231.
200	Detail	Last Update	8	332	339	Character	Last Update - Format is CCYYMMDD. If no updates have been made to the carrier information, then the date sent in the interface is 19000101.
210	Detail	Notes	100	340	439	Character	Most recent carrier note record, truncated to 100 characters

Send TPL Resource Data to CCO

Interface Specifications Overview

Title	Send TPL Resource Data to CCO
Technical Name	Send TPL Resource Data to CCO
Functional Area	Third Party Liability
File Type	Fixed Length
Frequency	Monthly
Frequency Timing	Monthly
Transfer Method	Secure FTP
Related Job	Place Holder Job System Object (TBD)
File Name	TBD
Description	<p>The MES interfaces with the Coordinated Care Organizations (CCOs) for the purpose of sharing TPL information. The interface sends a file consisting of all TPL information for members with a Managed Care segment for the CCO along with any resource/policy information for the member. These policies are sent regardless of Original Source.</p> <p>The Related Data - Policy Type panel is used to add, update, and delete policy type values and descriptions on the TPL Base Information panel.</p> <p>The Disenroll Managed Care indicator is considered when sending the file to the CCO to list all policies for members that have TPL and should be evaluated for disenrollment. This flag is another method of how we determine if a policy should be excluded from the CCO policy outbound file.</p>
Submitted By	No Sent To Vendors List
Sent To	Molina Healthcare Magnolia Health United Healthcare
Error Handling/Special Processing	N/A
Record Selection Criteria	Selects Managed Care segments where the CCO is identified and sends current/active resource data associated for the member.

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
10	Detail	Medicaid ID	12	1	12	Character	Medicaid ID of the member covered by the policy.

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
20	Detail	SAK_RECIP	9	13	21	Character	System assigned key for a member record. Right justified. To be ignored by CCO, used by Gainwell Technologies for analysis only.
30	Detail	Policy Number	20	22	41	Character	Policy number for this TPL policy.
40	Detail	Carrier Code	10	42	51	Character	A unique identifier for the carrier.
45	Detail	ID_Policyholder	12	52	63	Character	If the policyholder is the member, the Medicaid ID (ID_MEDICAID) from positions 1-12 will be populated. If the policyholder is not the member, the value will be populated which is a system assigned key. To be ignored by the CCO, used by Gainwell Technologies for analysis only.
50	Detail	PH SSN	9	64	72	Character	The social security number of the policyholder.
60	Detail	PH Last Name	20	73	92	Character	The last name of the policyholder.
70	Detail	PH First Name	20	93	112	Character	The first name of the policyholder.
80	Detail	PH Mid Initial	1	113	113	Character	The middle initial of the policyholder.
90	Detail	PH Address 1	55	114	168	Character	Mailing address line 1 for policyholder
100	Detail	PH Address 2	55	169	223	Character	Mailing address line 2 for policyholder
110	Detail	PH City	30	224	253	Character	Mailing address city for policyholder
120	Detail	PH State	2	254	255	Character	Mailing address state for policyholder
130	Detail	PH Zip	5	256	260	Character	Mailing address zip code for policyholder
140	Detail	PH Zip + 4	4	261	264	Character	Mailing address zip code 4 for policyholder
150	Detail	PH Country	2	265	266	Character	Mailing address country code for policyholder
160	Detail	PH Phone	15	267	281	Character	Policyholder phone number
170	Detail	PH Phone Ext	6	282	287	Character	Policyholder phone number extension
180	Detail	PH Date Birth	8	288	295	Character	Policyholder birth date. Format is CCYYMMDD
190	Detail	Relationship	1	296	296	Character	This code identifies the relationship of the policyholder to the member covered by a TPL policy. 1 = Spouse, 2 = Grandparent,

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
							5 = Foster Child, 7 = StepChild, 8 = Self, 9 = Child, B = Unknown, and O = Other
200	Detail	Policy Type	1	297	297	Character	Code that denotes the type of policy. 1 = Absent Parent 2 = Casualty, 3 = EPSDT , 4 = Health Insurance, 5 = Other Insurance, 6 = Pregnant and 7 = Unassigned
210	Detail	Suspect Code	1	298	298	Character	Identifies whether or not the policy is verified, not-verified, or voided. M = Manual Verified, P = Pending and V = Voided
220	Detail	Cost Avoidance Indicator	1	299	299	Character	Indicates if the policy should be used for cost avoidance. Y = Yes, N = No
225	Detail	Filler	2	300	301	Character	Filler
230	Detail	Court Order Indicator	1	302	302	Character	Indicates if the policy is court-ordered. Y = Yes, N = No
240	Detail	Group Number	20	303	322	Character	Policy group number
250	Detail	Rx Bin	6	323	328	Character	Pharmacy Bank Identification Number (Insurance Company)
260	Detail	PCN	10	329	338	Character	Process Control Number
270	Detail	Filler	15	339	353	Character	Filler
275	Detail	Code Employer	7	354	360	Character	Code Employer
290	Detail	Origin	1	361	361	Character	Code specifying the source of the last update to this resource. A = Molina, B = Member Portal, C = Claims, E = MEDS, G = Magnolia, H = HMS, M = METSS, N = Insurance Company, O = Online, Q = Conversion, S = SSA, U = UHC, W = Provider Portal, and X = Other.
300	Detail	Last Update Date	8	362	369	Character	Date TPL resource record was last updated. Format is CCYYMMDD
310	Detail	COUNT_ABS	3	370	372	Character	Count of how many ac parent records there are
320	Detail	COUNT_NOTES	3	373	375	Character	Count of how many note records there are
330	Detail	COUNT_COVERAGE	3	376	378	Character	Count of how many coverage records there are
340	Detail	Abs. parent segment	0	379	378	Character	Occurs 0 to Many times depending on COUNT_ABS

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
350	Detail	Absent Parent Code	1	379	379	Character	This field is used to describe the type of absent parent. Value is 'A' = Absent Parent
360	Detail	AP Last Name	20	380	399	Character	The last name of the member's absent parent.
370	Detail	AP First Name	15	400	414	Character	The first name of the member's absent parent.
380	Detail	AP Mid Init	1	415	415	Character	The middle initial of the member's absent parent.
390	Detail	AP Street 1	55	416	470	Character	The first address line of the absent parent used for correspondence. Could be an international address if country code is not US.
400	Detail	AP Street 2	55	471	525	Character	The second address line of the absent parent used for correspondence. Could be an international address if country code is not US.
410	Detail	AP City	30	526	555	Character	The absent parent's city where the correspondence is sent to. Could be an out of country city if country code is not US.
420	Detail	AP State	2	556	557	Character	The state abbreviation for the state in which the absent parent resides.
430	Detail	AP Zip	5	558	562	Character	The first five digits of the absent parent's zip code used for correspondence. Could also be an out of country zip code if country code is not US.
440	Detail	AP Zip + 4	4	563	566	Character	The last four digits of the zip code for correspondence of an absent parent if within the US.
450	Detail	AP Country	2	567	568	Character	Two character ISO country abbreviation.
460	Detail	AP Phone	15	569	583	Character	The US or international phone number of the absent parent.
470	Detail	AP Phone Ext	6	584	589	Character	The US or international phone extension number for the absent parent.
480	Detail	AP Fax	15	590	604	Character	The fax number for the absent parent in the format area code + prefix + suffix if within the US. Could be an out of country fax number if country code is not US.
490	Detail	AP SSN	9	605	613	Character	The parent's social security number.
500	Detail	AP Gender	1	614	614	Character	The code describing the gender of an individual. F = Female, M = Male, U = Unknown
510	Detail	AP Birth Date	8	615	622	Character	Absent parent date of birth. Format is CCYYMMDD.
520	Detail	Filler	20	623	642	Character	Filler
530	Detail	Filler	40	643	682	Character	Filler

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
540	Detail	AP Date Added	8	683	690	Character	The date the absent parent record was added to the table. Format is CCYYMMDD
550	Detail	Notes segment	0	691	690	Character	Occurs 0 to Many times depending on COUNT_NOTES
550	Detail	CDE_CHRONO	1	691	691	Character	Indicator of type of chron note. Value will be R for Policy (resource).
560	Detail	Date Added	8	692	699	Character	This identifies the date a particular chrono note was added to the case. Format is CCYYMMDD.
570	Detail	Note	500	700	1199	Character	This is used for free form text in the chrono notes.
580	Detail	Coverage segment	0	1200	1199	Character	Occurs 0 to Many times depending on COUNT_COVERAGE
590	Detail	Coverage Code	2	1200	1201	Character	This code identifies the type of coverage that a TPL policy provides. 01 = Inpatient Medical, 02 = Inpatient Surgery, 03 = Inpatient Psych, 04 = Inpatient Hospital, 05 = Outpatient Illness, 06 = Outpatient Surgery, 07 = Outpatient Psych, 08 = Outpatient Accident, 09 = Physician Medical, 10 = Physician Office, 11 = Physician Psych, 12 = Physician Accident, 13 = Pharmacy, 14 = Dental, 15 = Oral Surgery, 16 = Psych Res, 17 = Transportation, 18 = Eyeglasses, 19 = Mental Health, 20 = Lab X-ray, 21 = Anesthesia, 22 = Accident, 23 = Cancer, 24 = Home Health, 25 = Nurs HM SNF, 26 = Nurs HM ICF, 27 = Medicare Supplement Part A, 28 = Medicare Supplement Part B, 29 = Inpatient Maternity, 30 = Outpatient Maternity, 31 = Physician Maternity, 32 = EPSDT Wellness, 33 = Perinatal, 34 = Intensive Care Unit, 35 = Blood, 36 = Inpatient Mat CP, 37 = Outpatient Mat CP and 38 = Physician Mat
610	Detail	Effective Date	8	1202	1209	Character	The effective begin date of this coverage code. Format is CCYYMMDD.
620	Detail	End Date	8	1210	1217	Character	The effective ending date of this coverage code. Format is CCYYMMDD.

Weekly CCO Claims Extract

Interface Specifications Overview

Title	Weekly CCO Claims Extract
Technical Name	CCO - UH MAG MO
Functional Area	Claims
File Type	Fixed Length
Frequency	Weekly
Frequency Timing	TBD
Transfer Method	Secure FTP
Related Job	()
File Name	n/a
Description	<p>All claims and encounter history (paid, denied, and final adjustment) from MMIS and POS to MississippiCAN plans, Magnolia Health Plan and UnitedHealthcare. These files are produced weekly. The weekly extract will only contain claims and encounters that have been updated or added since the last payment cycle. Plans receive data for Medicaid beneficiaries who are current or future enrollees, but should not receive their own encounters back. For new lock-ins, 12 months of history is sent with the current week's claims.</p> <p>When a beneficiary switches CCO's, send 12 months of claims MMIS and POS data (FFS and encounters) and PA data (MMIS and POS) to the new CCO. This is a onetime additional extract. If the beneficiary switches back to the original CCO, a new claims extract should not be sent to the original CCO.</p>
Submitted By	No Sent To Vendors List
Sent To	United Healthcare Magnolia Health Molina Healthcare
Error Handling/Special Processing	
Record Selection Criteria	

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Header	Sak_recip	9	1	9	Alphanumeric	Bene Sys ID
2	Header	Num_icn_fl	17	10	26	Alphanumeric	System Assigned Claim Number

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
3	Header	Dte_first_svc	10	27	36	Alphanumeric	First Date of Service(Header)
4	Header	Dte_to_date	10	37	46	Alphanumeric	Last Date of Service (Header)
5	Header	Cde_clm_type	1	47	47	Alphanumeric	Claim Type: I ? Inpatient A ? Inpatient Medicare X-over O ? Outpatient C ? Outpatient Medicare X-over M ? Professional B ? Professional Medicare X-over D ? Dental
6	Header	Sak_PA -> NUM_PA_LINE_ITEM	11	48	58	Alphanumeric	Prior Authorization Number.
7	Header	ID_MEDICAID	14	59	72	Alphanumeric	Member ID
8	Header	ID_Provider	8	73	80	Alphanumeric	Billing provider number
9	Header	Cde_prov_type	3	81	83	Alphanumeric	Billing provider type
10	Header	ID_MEDICAID	8	84	91	Alphanumeric	Attending provider ID
11	Header	Cde_prov_type	3	92	94	Alphanumeric	Attending provider type
12	Header	TCN Transaction Type Code	1	95	95	Alphanumeric	Based on ICN Region Code and not a Table in MES 0 Orig Claim 1 Void 2 CrdtOfAdjs 3 DbtOfAdjs 4 Denied Rpl
13	Header	Cde_cos_sub	2	96	97	Alphanumeric	Category of service
14	Header	Cde_Patient_status	2	98	99	Alphanumeric	Discharge status
15	Header	TOB_SUB	2	100	101	Alphanumeric	Digit 1 ? Bill facility type Digit 2 ? Bill class_ inpatient or outpatient
16	Header	TOB_SUB	1	102	102	Alphanumeric	Bill Type Digit 3 frequency
17	Header	Dte_admission	10	103	112	Alphanumeric	Admit Date
18	Header	Dte_last_svc	10	113	122	Alphanumeric	Discharge date

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
19	Header	Num_days_covd	4	123	126	Alphanumeric c	Days covered
20	Header	Amt_billed	13	127	139	Alphanumeric c	Total Charge (Header)
21	Header	Date_paid	10	140	149	Alphanumeric c	Paid Date
22	Header	Amt_paid	13	150	162	Alphanumeric c	Paid Amount Total (Header)
23	Header	Cde_clm_status	1	163	163	Alphanumeric c	Claim status code
24	Header	Amt_alwd_mcare	13	164	176	Alphanumeric c	Medicare allowed Amount
25	Header	Num_days_ncovd	4	177	180	Alphanumeric c	Non covered days number
26	Header	ID_Provider	10	181	190	Alphanumeric c	Attending primary ID
27	Header	ID_Provider	8	191	198	Alphanumeric c	Rendering/servicing provider ID
28	Header	ID_Provider	8	199	206	Alphanumeric c	Referring provider ID
29	Header	Cde_med_rec_num	17	207	223	Alphanumeric c	Medical record number
30	Header	Cde_admit_source	1	224	224	Alphanumeric c	Admit Source
31	Header	Cde_admit_type	1	225	225	Alphanumeric c	Type of admit
32	Header	Cde_diag	10	226	235	Alphanumeric c	Principal Diagnosis Indicator/Code
33	Header	Cde_diag	10	236	245	Alphanumeric c	Admit Diagnosis
34	Header	Cde_proc_icd	7	246	252	Alphanumeric c	Principal Surgical Procedure Indicator/Code
35	Header	Dte_icd_cm_proc	10	253	262	Alphanumeric c	Principal Surgical Procedure Date

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
36	Header	Calculated Days	4	263	266	Alphanumeric c	Difference between Last DOS and First DOS. If bill type code is still Inpatient, add one more day.
37	Header	DRG Code	5	267	271	Alphanumeric c	Currently not used for future use if DRG's are used.
38	Header	Major Diagnostic Category	2	272	273	Alphanumeric c	Currently not used for future use if DRG's are used.
39	Header	LOS	9	274	282	Alphanumeric c	Difference between Last DOS and First DOS. Calculate for claim types: I, A, N, U, and H.
40	Header	Adr_mail_zip	5	283	287	Alphanumeric c	Billing provider zip code
41	Header	Amt_coinsurance	13	288	300	Alphanumeric c	Medicare coinsurance Amount
42	Header	Amt_deduct	13	301	313	Alphanumeric c	Medicare deductible Amount
43	Header	Amt_mcare_paid	13	314	326	Alphanumeric c	Medicare Paid Amount
44	Header	Medicare Blood Deductible Amount	13	327	339	Alphanumeric c	This value is no longer sent by Medicare.
45	Header	Medicare Contractual Obligation Amount	13	340	352	Alphanumeric c	Medicare Contractual Obligation Amount
46	Header	Future Use	1	353	353	Alphanumeric c	Clear and leave space for future use
47	Header	Sak_claim ->T_HIST_DIRECTORY -> Num_Icn_fl	17	354	370	Alphanumeric c	Original TCN
48	Header	Future Use	17	371	387	Alphanumeric c	Future Use
49	Header	Cde_poa	1	388	388	Alphanumeric c	Principal POA indicator

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
50	Header	DRG Paid days	9	389	397	Alphanumeric c	DRG Paid days
51	Header	Num_mean_lo	9	398	406	Alphanumeric c	DRG Average length of stay
52	Header	Num_cost_outlier	13	407	419	Alphanumeric c	DRG COST outlier amount
53	Header	Pct_cost_outlier	13	420	432	Alphanumeric c	DRG outlier amount
54	Header	Num_base_rate	13	433	445	Alphanumeric c	DRG base payment amount
55	Header	DRG base payment amount	13	446	458	Alphanumeric c	DRG base payment amount
56	Header	C_DRG_ALLOWED_CHG_CD	2	459	460	Alphanumeric c	DRG allowed charge code
57	Header	Future Use	2	461	462	Alphanumeric c	Future Use
58	Header	Num_weight	12	463	474	Alphanumeric c	Relative weight amount
59	Header	Num_days_covd	9	475	483	Alphanumeric c	DRG covered days
60	Header	DRG casemix amount	12	484	495	Alphanumeric c	DRG Casemix amount - Conduent Request Log RL870
61	Header	C-ADMIT-QLFR-CD	1	496	496	Alphanumeric c	Admit qualifier code
62	Header	Principal ICD qualifier	1	497	497	Alphanumeric c	Principal ICD qualifier 9 ? ICD-9 or 0 ? ICD-10
63	Header	Principal qualifier code	1	498	498	Alphanumeric c	Principal qualifier code 9 ? ICD-9 or 0 ? ICD-10
64	Detail	Sak_recip	9	1	9	Alphanumeric c	Bene Sys ID

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
65	Detail	Num_icn_fl	17	10	26	Alphanumeric c	TCN
66	Detail	Num_dtl	4	27	30	Alphanumeric c	Claim Line Item number
67	Detail	Id_medicaid	8	31	38	Alphanumeric c	Rendering provider ID
68	Detail	Id_medicaid	8	39	46	Alphanumeric c	COB Procedure code
69	Detail	Sak_proc -> T_PROCE DURE - >cde_proc	7	47	53	Alphanumeric c	COB Procedure code
70	Detail	Cde_revenue	7	54	60	Alphanumeric c	COB Line Item Revenue Code
71	Detail	C_LI_DRUG _CD	11	61	71	Alphanumeric c	Drug Code
72	Detail	Cde_proc_ mod1_orig	2	72	73	Alphanumeric c	COB Procedure code modifier 1
73	Detail	Cde_proc_ mod2_orig	2	74	75	Alphanumeric c	COB Procedure code modifier 2
74	Detail	Cde_proc_ mod3_orig	2	76	77	Alphanumeric c	COB Procedure code modifier 3
75	Detail	Cde_proc_ mod4_orig	2	78	79	Alphanumeric c	COB Procedure code modifier 4
76	Detail	CDE_POS_ SUB	2	80	81	Alphanumeric c	Place of service (see Valid Values)
77	Detail	Dte_first_ sv c	10	82	91	Alphanumeric c	First Date of Service (Line)
78	Detail	Dte_last_ sv c	10	92	101	Alphanumeric c	Last Date of Service (Line)
79	Detail	Amt_paid	11	102	112	Alphanumeric c	Paid Amount (Line)
80	Detail	Type of service	1	113	113	Alphanumeric c	Type of service

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
81	Detail	Quantity_all owed	11	114	124	Alphanumeric c	Line Item Reimbursed Units
82	Detail	Amt_coinsurance	11	125	135	Alphanumeric c	Medicare coinsurance amount
83	Detail	Amt_deductible	11	136	146	Alphanumeric c	Medicare Deductible Amount
84	Detail	Amt_paid_mcare	11	147	157	Alphanumeric c	Medicare Paid Amount
85	Detail	Amt_alwd_mcare	11	158	168	Alphanumeric c	Medicare Allowed Amount
86	Detail	Paid amount per unit	11	169	179	Alphanumeric c	Paid amount per unit
87	Header	Sak_recip	9	1	9	Alphanumeric c	Bene Sys ID
88	Header	Num_icn_fl	17	10	26	Character	TCN
89	Header	Num_seq	4	27	30	Alphanumeric c	Sequence Number(not in the requirement)
90	Header	Cde_proc_icd	7	31	37	Alphanumeric c	ICD9 Surgical Proc Codes 1_24
91	Header	Dte_icd_cm_proc	10	38	47	Alphanumeric c	Procedure Date
92	Header	ICD qualifier code	1	48	48	Alphanumeric c	Based On Date on claim 9 ? ICD-9 or 0 ? ICD-10
93	Detail		0	1	0	Alphanumeric c	
94	Header	Sak_recip	9	1	9	Alphanumeric c	Bene Sys ID
95	Header	Num_icn_fl	17	10	26	Alphanumeric c	TCN
96	Header	Cde_diag_seq	4	27	30	Alphanumeric c	Sequence Number
97	Header	Cde_diag	10	31	40	Alphanumeric c	Diagnosis Codes 1_24
98	Header	Cde_poa	1	41	41	Alphanumeric c	POA indicator for Diagnosis Code

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
99	Header	ICD qualifier code	1	42	42	Alphanumeric c	ICD qualifier code 9 ? ICD-9 or 0 ? ICD-10
100	Header	Delimiter	1	43	43	Alphanumeric c	Pipe Delimiter (' ')
101	Detail		0	1	0	Alphanumeric c	
102	Header	Sak_recip	9	1	9	Alphanumeric c	Bene Sys ID
103	Header	Num_icn_fl	17	10	26	Alphanumeric c	TCN
104	Header	Num_seq	4	27	30	Alphanumeric c	Sequence Number
105	Header	Cde_occurrence	2	31	32	Alphanumeric c	Occurrence span code
106	Header	Dte_occurrence	10	33	42	Alphanumeric c	Occurrence span from date
107	Header	Dte_occ_to	10	43	52	Alphanumeric c	Occurrence span thru date
108	Detail		0	1	0	Alphanumeric c	
109	Header	Sak_recip	9	1	9	Alphanumeric c	Bene Sys ID
110	Header	Num_icn_fl	17	10	26	Alphanumeric c	TCN
111	Header	Num_seq	4	27	30	Alphanumeric c	Sequence Number
112	Header	Cde_occurrence	2	31	32	Alphanumeric c	Occurrence code
113	Header	Dte_occurrence	10	33	42	Alphanumeric c	UB92 occurrence code date

Associated Change Orders

CO ID	Title	CO Status	Functional Area
5621	Interface - Claims - Weekly CCO Claims Extract	UAT Implemented	Claims

Associated Requirements

Req ID	Description	Req Status
No requirements applicable		

Weekly CCO PA Extract

Interface Specifications Overview

Title	Weekly CCO PA Extract
Technical Name	Weekly CCO PA Extract
Functional Area	Prior Authorization
File Type	Fixed Length
Frequency	Weekly
Frequency Timing	after business hours
Transfer Method	Secure FTP
Related Job	DUR+ PA Notice (PAUJW001)
File Name	tbd
Description	The MS MES interface to CCO facilitates the transmission of PA data to CCO.
Submitted By	No Sent To Vendors List
Sent To	CCOs
Error Handling/Special Processing	
Record Selection Criteria	All Pending, Suspended, and Approved PA's are included. Each CCO's receives PA's for their open or future members that expire anytime after 12 months prior to the current date.

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Multiple DetailRecord	PA-DETAIL-DATA	0	0	0	N/A	Prior Authorization Detail record
2	Header	A_ID	11	1	11	Character	Prior Authorization ID
3	Header	B_SYS_ID	9	12	20	Numeric	Member Sys ID
4	Header	A_TY_CD	1	21	21	Character	PA type code of available PA?s.
5	Header	C_BLNG_P ROV_ID	8	22	29	Character	The provider ID who received payment.
6	Header	A_HDR_ST AT_CD	1	30	30	Character	PA header status indicator.
7	Header	B_ALT_ID	14	31	44	Character	Member ID ? Current or Previous.
8	Header	A_LI_NUM	4	45	48	Numeric	PA line item number.

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
9	Header	A_LI_SVC_ TY_CD	1	49	49	Character	Type of service provided.
10	Header	A_LI_SVC_ TY_DESC	11	50	60	Character	The description for the type of service.
11	Header	C_PROC_M OD_1ST_C D	2	61	62	Character	The first procedure code modifier.
12	Header	C_PROC_M OD_2ND_C D	2	63	64	Character	The second procedure code modifier.
13	Header	C_PROC_M OD_3RD_C D	2	65	66	Character	The third procedure code modifier.
14	Header	C_PROC_M OD_4TH_C D	2	67	68	Character	The fourth procedure code modifier.
15	Header	R_DIAG_C D	10	69	78	Character	Diagnosis code.
16	Header	A_LI_STRT _DT	10	79	88	Date	PA line item start date.
17	Header	A_LI_END_ DT	10	89	98	Date	PA line item end date.
18	Header	A_LI_APP_ UNT_AMT	11	99	109	Decimal	PA line item approved units.
19	Header	A_LI_APP_ AMT	11	110	120	Decimal	PA line item approved amount.
20	Header	A_LI_APP_ RATE_UNT	11	121	131	Decimal	PA line item approved rate.
21	Header	R_PROC_T OOTH_CD	2	132	133	Character	Procedure tooth code.
22	Header	C_DENT_1 ST_SURF_ CD	1	134	134	Character	First Tooth surface code of service provided.
23	Header	C_DENT_2 ND_SURF_ CD	1	135	135	Character	Second Tooth surface code of service provided.

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
24	Header	C_DENT_3 RD_SURF_ CD	1	136	136	Character	Third Tooth surface code of service provided.
25	Header	C_DENT_4 TH_SURF_ CD	1	137	137	Character	Fourth Tooth surface code of service provided.
26	Header	C_DENT_5 TH_SURF_ CD	1	138	138	Character	Fifth Tooth surface code of service provided.
27	Header	A_LI_USED _UNT_AMT	11	139	149	Decimal	PA line item used units amount.

Weekly MSCAN MH CCO Provider Affiliations

Interface Specifications Overview

Title	Weekly MSCAN MH CCO Provider Affiliations
Technical Name	Weekly MSCAN MH CCO Provider Affiliations
Functional Area	Provider Data Maintenance
File Type	Fixed Length
Frequency	Weekly
Frequency Timing	TBD
Transfer Method	Secure FTP
Related Job	Provider Weekly MSCAN MH CCO Affiliate Extract Job (PRVJW332)
File Name	TBD
Description	Weekly Mississippi Coordinated Access Network (MSCAN) MH CCO Provider Affiliations
Submitted By	No Sent To Vendors List
Sent To	Molina Healthcare United Healthcare Magnolia Health
Error Handling/Special Processing	Errors will be written to a log file.
Record Selection Criteria	TBD

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Detail	Group	9	1	9	Numeric	Group Provider ID where ID type is MCD
2	Detail	Filler	1	10	10	Character	Filler -
3	Detail	NPI	10	11	20	Numeric	Group Provider NPI
4	Detail	Filler	1	21	21	Character	Filler -
5	Detail	SSN	9	22	30	Numeric	Group Provider SSN
6	Detail	Filler	1	31	31	Character	Filler -
7	Detail	FEIN	9	32	40	Alphanumeric	Group Provider FEIN
8	Detail	Filler	1	41	41	Character	Filler -

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
9	Detail	Name	50	42	91	Alphanumeric	Group Provider Name
10	Detail	Filler	1	92	92	Character	Filler -
11	Detail	Type	2	93	94	Numeric	Group Provider Type Code
12	Detail	Filler	1	95	95	Character	Filler -
13	Detail	Affiliate ID	9	96	104	Numeric	Affiliated Provider ID where ID type is MCD
14	Detail	Filler	1	105	105	Character	Filler -
15	Detail	NPI	10	106	115	Numeric	Affiliate Provider NPI
16	Detail	Filler	1	116	116	Character	Filler -
17	Detail	SSN	9	117	125	Numeric	Affiliate Provider SSN
18	Detail	Filler	1	126	126	Character	Filler -
19	Detail	FEIN	9	127	135	Alphanumeric	Affiliate Provider FEIN
20	Detail	Filler	1	136	136	Character	Filler -
21	Detail	Name	50	137	186	Alphanumeric	Affiliate Provider Name
22	Detail	Filler	1	187	187	Character	Filler -
23	Detail	Type	2	188	189	Numeric	Affiliate Provider Type Code
24	Detail	Filler	1	190	190	Character	Filler -
25	Detail	Begin Date	10	191	200	Date	Affiliate Provider Enrollment Effective Date
26	Detail	Filler	1	201	201	Character	Filler -
27	Detail	End Date	10	202	211	Date	Affiliate Provider Enrollment End Date
28	Detail	Filler	1	212	212	Character	Filler -
29	Detail	Address Line 1	30	213	242	Alphanumeric	Affiliate Provider Address Line 1
30	Detail	Filler	1	243	243	Character	Filler -
31	Detail	Address Line 2	30	244	273	Alphanumeric	Affiliate Provider Address Line 2
32	Detail	Filler	1	274	274	Character	Filler -
33	Detail	County	2	275	276	Numeric	Affiliate Provider County Code
34	Detail	Filler	1	277	277	Character	Filler -

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
35	Detail	City	30	278	307	Alphanumeric	Affiliate City
36	Detail	Filler	1	308	308	Character	Filler -
37	Detail	State	2	309	310	Character	Affiliate Provider State
38	Detail	Filler	1	311	311	Character	Filler -
39	Detail	Zip 5	5	312	316	Alphanumeric	Affiliate Provider Zip Code 5
40	Detail	Filler	1	317	317	Character	Filler -
41	Detail	Zip 4	4	318	321	Alphanumeric	Affiliate Provider Zip Code 4
42	Detail	Filler	1	322	322	Character	Filler -
43	Detail	Phone	10	323	332	Numeric	Affiliate Provider Phone
44	Detail	Filler	1	333	333	Character	Filler -
45	Detail	CCO ID	9	334	342	Character	CCO ID - Group Provider ID where ID Type is MCD
46	Detail	Filler	1	343	343	Character	Filler -

Weekly MSCHIP CCO Provider Affiliations - Inbound

Interface Specifications Overview

Title	Weekly MSCHIP CCO Provider Affiliations - Inbound
Technical Name	Weekly MSCHIP CCO Provider Affiliations - Inbound
Functional Area	Provider Data Maintenance
File Type	Variable Length
Frequency	Weekly
Frequency Timing	TBD
Transfer Method	Secure FTP
Related Job	Place Holder Job System Object (TBD)
File Name	TBD
Description	Weekly Mississippi Children's Health Insurance Program (MSCHIP) CCO Provider Affiliations - Inbound
Submitted By	CHIP CCOs
Sent To	No Sent To Vendors List
Error Handling/Special Processing	Errors will be written to a log file.
Record Selection Criteria	N/A

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Header	Header Record	1	1	1	Character	"H"
2	Header	Creation Date	8	2	9	Numeric	YYYYMMDD
3	Header	Chip Code	3	10	12	Alphanumeric	"UHC" for United Healthcare "MGN" for Magnolia Health
4	Header	CCO Provider ID	9	13	21	Alphanumeric	Unique provider that is assigned to CCO
5	Header	CCO Provider Name	50	22	71	Alphanumeric	CCO provider name either UHC or MAGNOLIA HEALTH CARE

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
6	Detail	PROVIDER_DETAIL_REC	0	1	0	N/A	
7	Detail	RECORD_ACTION	1	1	1	Alphanumeric	A = Add. C = Update. R = Delete. T = ?
8	Detail	PROVIDER_ID	9	2	10	Alphanumeric	CCO's MSCHIP Provider ID is required.
9	Detail	PROVIDER_ORG_GRP_DATA	0	11	10	N/A	
10	Detail	Group Name Type	1	11	11	Alphanumeric	B = Business P = Person
11	Detail	Group Name	50	12	61	Alphanumeric	Characters 01-50 of NAME where IND_NAME_TYPE = B
12	Detail	Group Firstname	15	62	76	Alphanumeric	Characters 26-41 of NAME where IND_NAME_TYPE = P
13	Detail	Group Middleinit	1	77	77	Alphanumeric	Characters 42-43 of NAME where IND_NAME_TYPE = P
14	Detail	Group Lastname	25	78	102	Alphanumeric	Characters 01-25 of NAME where IND_NAME_TYPE = P
15	Detail	Group Namesuffix	5	103	107	Alphanumeric	Populated when it is an individual; but, spaces when it is a group
16	Detail	PROVIDER_DBA_GRP_DATA	0	108	107	N/A	
17	Detail	DBA Name Type	1	108	108	Alphanumeric	The 'Doing Business As' name type. B = Business. P = Person.
18	Detail	DBA Org Name	50	109	158	Alphanumeric	Characters 01-50 of NAME where IND_NAME_TYPE = B
19	Detail	DBA Firstname	15	159	173	Alphanumeric	Characters 26-41 of NAME where IND_NAME_TYPE = P
20	Detail	DBA Middleinit	1	174	174	Alphanumeric	Characters 42-43 of NAME where IND_NAME_TYPE = P
21	Detail	DBA Lastname	25	175	199	Alphanumeric	Characters 01-25 of NAME where IND_NAME_TYPE = P

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
22	Detail	PROVIDER_DATA	0	200	199	N/A	
23	Detail	Provider Sort Name	50	200	249	Alphanumeric	This is the provider sort name. Use the organizational name here. "Sort name" suggests, "Lastname, Firstname M", if a person. If a business, "LLC, Lasersoft Health", or no change, "Lasersoft Health LLC".
24	Detail	Enrollment Type	1	250	250	Alphanumeric	The type of enrollment. "G" = Group. "I" = Individual.
25	Detail	Application Date	10	251	260	Alphanumeric	Date the provider's application was received by the FA Valid format is MM/DD/CCYY.
26	Detail	Fiscal Month	2	261	262	Alphanumeric	The month in which the facility's fiscal year begins Monthly values range between 00 - 12. Values are 00 - non applicable, 01 - JAN, 02 - FEB, 03 - MAR, 04 - APR, 05 - MAY, 06 - JUN, 07 - JUL, 08 - AUG, 09 - SEP, 10 - OCT, 11 - NOV, 12 - DEC.
27	Detail	Profit Indicator	1	263	263	Alphanumeric	Profit Indicator Valid Values are 'Y' or '0.'
28	Detail	Location Code	1	264	264	Alphanumeric	Indicates if the provider's practice location is in-state, out-of-state or on the border Value Values are B - Border, I - In State, O - Out of State, N - Not Applicable.
29	Detail	Atypical Indicator	1	265	265	Alphanumeric	Indicates that the provider is atypical Valid Values are 'Y' - Atypical, 'N' - Non Atypical.
30	Detail	Provider NPI	10	266	275	Alphanumeric	Indicates the provider's National Provider ID If no NPI is available, default values are spaces.
31	Detail	Billing Code	1	276	276	Alphanumeric	Indicates who can bill (submit claims) and who can provide services Valid Values are B - Billing Only, E - Encounter Only, H - HIP, M - MCO - CAP only, P - PE Determiner, S - Service Only, and U- Unrestricted
32	Detail	Provider Gender	1	277	277	Alphanumeric	"F" = Female. "M" = Male. Default = Space.
33	Detail	Provider Date of Birth	10	278	287	Alphanumeric	Date format is MM/DD/CCYY.
34	Detail	ADDRESS_DATA	0	288	287	N/A	
35	Detail	Address Type	1	288	288	Alphanumeric	"B" = Billing. "L" = Servicing Location. Occurs once for each address type.
36	Detail	Address Name Type	1	289	289	Alphanumeric	Provider Identity 'Y' = Group 'N' = Individual

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
37	Detail	Addr Org Name	50	290	339	Alphanumeric	Populated when it a group; but, spaces when it is an individual indicator
38	Detail	Addr Org Firstname	15	340	354	Alphanumeric	Populated when indicator is for an individual; but, spaces for a group
39	Detail	Addr Org Middleinit	1	355	355	Alphanumeric	Populated when indicator is for an individual; but, spaces for a group
40	Detail	Addr Org Lastname	25	356	380	Alphanumeric	Populated when indicator is for an individual; but, spaces for a group
41	Detail	Addr Org Namesuffix	5	381	385	Alphanumeric	Populated when indicator is for an individual; but, spaces for a group
42	Detail	Address Line 1	30	386	415	Alphanumeric	Providers address line 1
43	Detail	Address Line 2	30	416	445	Alphanumeric	Providers address line 2
44	Detail	Address City	30	446	475	Alphanumeric	Name of City
45	Detail	Address State	2	476	477	Alphanumeric	Two character abbreviation for the state
46	Detail	Address Zip Code	4	478	481	Alphanumeric	First five digits of the zip code
47	Detail	Address Zip Code 4	5	482	486	Alphanumeric	Last four digits of the zip code
48	Detail	Phone Number	10	487	496	Alphanumeric	The provider's phone number.
49	Detail	FAX Number	10	497	506	Alphanumeric	The provider's fax number.
50	Detail	County Code	2	507	508	Alphanumeric	The provider's county code.
51	Detail	Contact Phone	10	509	518	Alphanumeric	Phone number for contact person associated with the provider
52	Detail	Contact Email	256	519	774	Alphanumeric	Email address for contact person associated with the provider
53	Detail	TOT_PROV_LICENSE	1	775	775	Numeric	Insert the number of license segments that will follow. Values can be from 0-2.

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
54	Detail	TOT_PROV_TYPE	1	776	776	Numeric	Insert the number of provider type segments that will follow. Values can be from 1-6.
55	Detail	TOT_SPEC_TYPE	1	777	777	Numeric	Insert the number of specialty segments to follow. Values can be from 0-6.
56	Detail	TOT_TAXO_NOMY	1	778	778	Numeric	Insert the number of TAXON segments to follow. Values can be from 0-6.
57	Detail	TOT_NPI	3	779	781	Numeric	Insert number of occurrences for Secondary NPIs. Values can be from 0-6.
58	Detail	LICENSE_REPEAT	0	782	781	N/A	
59	Multiple DetailRecord	License Effective Date	0	0	0	Alphanumeric	Date format is MM/DD/CCYY.
60	Multiple DetailRecord	License End Date	10	1	10	Alphanumeric	Date format is MM/DD/CCYY.
61	Multiple DetailRecord	License Type Code	2	11	12	Alphanumeric	The type of license.
62	Multiple DetailRecord	License Entity ID	3	13	15	Alphanumeric	Board that issued license
63	Multiple DetailRecord	License Number	20	16	35	Alphanumeric	The provider's accreditation or certification number.
64	Multiple DetailRecord	Specialty Code	3	36	38	Alphanumeric	Specialty code for provider must be 3 characters in length.
65	Multiple DetailRecord	Specialty Effective Date	10	39	48	Alphanumeric	Date format is MM/DD/CCYY. Will be the same as Provider Type Effective date (Contract Begin Date)
66	Multiple DetailRecord	Specialty End Date	10	49	58	Alphanumeric	Date format is MM/DD/CCYY. Will be the same as Provider Type End Date (Contract End Date)
67	Detail	TAXID_REPEAT	0	1	0	N/A	N/A

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
68	Multiple DetailRecord	Tax ID - SSN	0	0	0	Alphanumeric	NUM_TAX_ID where IND_TAX_ID_TYPE = S
69	Multiple DetailRecord	Tax ID - Federal	9	1	9	Alphanumeric	NUM_TAX_ID where IND_TAX_ID_TYPE = F
70	Multiple DetailRecord	Tax ID Begin Date	10	10	19	Alphanumeric	Date format is MM/DD/CCYY.
71	Multiple DetailRecord	Tax ID End Date	10	20	29	Alphanumeric	Date format is MM/DD/CCYY.
72	Detail	TAXONOMY_REPEAT	0	1	0	N/A	
73	Multiple DetailRecord	Taxonomy Code	0	0	0	Alphanumeric	Taxonomy Code for provider must be 10 characters in length.
74	Multiple DetailRecord	Taxonomy Effective Date	10	1	10	Alphanumeric	Date format is MM/DD/CCYY. Will be the same as Provider Type Effective date (Contract Begin Date)
75	Multiple DetailRecord	Taxonomy End Date	10	11	20	Alphanumeric	Date format is MM/DD/CCYY. Will be the same as Provider Type End Date (Contract End Date)
76	Detail	AFFILIATION_DATA	0	1	0	N/A	
77	Detail	State Provider ID	0	1	0	Alphanumeric	Assigned MSCHIP Provider ID (by DOM)
78	Detail	Aff. Effective Date	10	1	10	Alphanumeric	Begin Date of a Provider's Affiliation (Contract Begin Date) with the CCOs
79	Detail	Aff. End Date	10	11	20	Alphanumeric	End Date of a Provider's Affiliation (Contract End Date) with the CCOs
80	Detail	Aff. Program Type	1	21	21	Alphanumeric	P = PAR, N = Non-PAR
81	Detail	NPI_REPEAT	0	22	21	N/A	

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
82	Multiple DetailRecord	Additional NPI	0	0	0	Alphanumeric	ID_PROVIDER where CDE_PROV_ID_TYPE = NPI
82	Multiple DetailRecord	NPI Effective Date	10	1	10	Alphanumeric	Begin Date of secondary NPI must be a valid date. Date format is MM/DD/CCYY.
84	Multiple DetailRecord	NPI End Date	10	11	20	Alphanumeric	End Date of secondary NPI must be a valid date. Date format is MM/DD/CCYY.
85	Multiple DetailRecord	Other ID Void Indicator	1	21	21	Alphanumeric	The alternative ID void indicator.
86	Detail	OTHR_DATA	0	1	0	N/A	
87	Detail	Total Beds	4	1	4	Numeric	The number of beds, including Medicare and Medicaid beds.
88	Detail	Teaching Indicator	1	5	5	Alphanumeric	Valid Values are 0 - No, or 1- Yes.
89	Detail	Ownership Code	2	6	7	Alphanumeric	01 Voluntary ? Non-Profit ? Religious Organizations 02 Voluntary ? Non-Profit ? Other 03 Voluntary ? multiple owners 04 Proprietary ? Individual 05 Proprietary ? Corporation 06 Proprietary ? Partnership 07 Proprietary ? Other 08 Proprietary ? multiple owners 09 Government ? Federal 10 Government ? State 11 Government ? City 12 Government ? County 13 Government ? City-County 14 Government ? Hospital District 15 Government ? State and City/County 16 Government ? other multiple owners 17 Voluntary /Proprietary 18 Proprietary/Government 19 Voluntary/Government 88 N/A ? The individual only practices as part of a group, e.g., as an employee.
90	Detail	Profit Status Code	2	8	9	Alphanumeric	01 501(C)(3) NON-PROFIT 02 FOR-PROFIT, CLOSELY HELD 03 FOR-PROFIT, PUBLICLY TRADED 04 OTHER 88 N/A ? The individual only practices as part of a group 99 Unknown
91	Detail	ADDR-LN3	28	10	37	Alphanumeric	02 FOR-PROFIT, CLOSELY HELD
92	Detail	Date of Death	8	38	45	Alphanumeric	Default Value - 12319999
93	Detail	New Patient Indicator	1	46	46	Alphanumeric	Accepting patients? N = No Y = Yes

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
94	Detail	Issuing Entity ID	18	47	64	Alphanumeric	ID of issuing Entity
95	Trailer	Trailer	0	1	0	N/A	
96	Trailer	Trailer Record	1	1	1	Alphanumeric	"T"
97	Trailer	Detail Total	5	2	6	Numeric	Detail Count

Weekly MSCHIP CCO Provider Affiliations - Outbound

Interface Specifications Overview

Title	Weekly MSCHIP CCO Provider Affiliations - Outbound
Technical Name	Weekly MSCHIP CCO Provider Affiliations - Outbound
Functional Area	Provider Data Maintenance
File Type	Fixed Length
Frequency	Weekly
Frequency Timing	TBD
Transfer Method	Secure FTP
Related Job	Place Holder Job System Object (TBD)
File Name	TBD
Description	Weekly MSCHIP CCO Provider Affiliations - Outbound
Submitted By	No Sent To Vendors List
Sent To	CHIP CCOs
Error Handling/Special Processing	Errors will be written to a log file.
Record Selection Criteria	TBD

Interface Specifications

Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
1	Detail	CCO Provider Number	9	1	9	Character	The CCO provider number transmitted on the inbound affiliation
2	Detail	CCO Provider Name	50	10	59	Character	The CCO provider name transmitted on the inbound affiliation file
3	Detail	Date Processed	10	60	69	Date	The CCO Provider Submission date on the inbound affiliation file
4	Detail	Num Added	9	70	78	Numeric	System generated total number
5	Detail	Num Updated	9	79	87	Numeric	System generated total number
6	Detail	Num Terminated	9	88	96	Numeric	System generated total number

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Seq	Record Type	Field Name	Length	Start Position	End Position	Data Type	Description
7	Detail	Num Reactive	9	97	105	Numeric	System generated total number
8	Detail	Num Errors	9	106	114	Numeric	System generated total number
9	Detail	Num Process	9	115	123	Numeric	System generated total number
10	Detail	Record ID	9	124	132	Numeric	System generated Record number
11	Detail	Provider ID	9	133	141	Character	System generated MSCHIP Provider ID
12	Detail	NPI	10	142	151	Numeric	CCO NPI provided in inbound file
13	Detail	SSN/TAX ID	12	152	163	Numeric	CCO SSN/TAX ID provided in inbound file
14	Detail	Status	8	164	171	Character	System generated Record status.
15	Detail	Reject Reason	50	172	221	Character	System generated Record reason
16	Detail	CCO	9	222	230	Character	CCO type