

**Must be submitted in an Access Data Base.
Submit ONE Access Data Base for Each Network!**

MEMBER FILE (Table 1 of Access Data Base)

Submit with on record for each insured member to include the values indicated below.

***NOTE:** The Field Name should appear identical to the blue text provided in parentheses.

Field Name	Field Type	Field Size	Valid Value
Insured Unique Identifier (idcode)	Text	20	Must be unique to identify each <u>member</u> insured.
Age (age)	Number	Long Integer	Numeric entry.
Gender (sex)	Text	1	Valid entries are 1 or 2. "1" equals male, "2" equals female.
Enrollee Address Line 1 (address1)	Text	50	Alphanumeric entry not to exceed 50 characters. Enrollee's addresses should be a Kentucky address. Either the enrollee's residence or work address is required.
Enrollee Address Line 2 (address2)	Text	50	Alphanumeric entry not to exceed 50 characters.
Enrollee City (city)	Text	50	Alphanumeric entry not to exceed 50 characters.
Enrollee State (state)	Text	2	Alphabetic entry. Must be two digits.
Enrollee Zip Code (oldzip)	Text	5	Numeric entry. Must be 5 digits.

PROVIDER FILE (Table 2 of Access Data Base)

Submit with on record for each provider to include the values indicated below.

Field Name	Field Type	Field Size	Valid Value
Provider Type (type)	Text	2	Numeric entry. Valid entry is "1" for physician (physicians are defined as MD or DO only), "2" for hospital (include acute care only), "3" for pharmacy, "4" for <u>all</u> behavioral health including mental health and substance abuse, "5" for Chiropractor, "6" for Optometrist & Ophthalmologist, "7" for free standing Laboratory, "8" for free standing X-Ray facility, "9" for Durable Medical Equipment provider, "10" for a Home Health Provider, or "11" for Urgent Care Treatment Center, "12" for Dialysis Center, "13" for Dentist. Leave blank if provider is not one of the types listed above.

Field Name	Field Type	Field Size	Valid Value
Provider Directory (direc)	Text	1	Valid entries are D, H, F, or U. D = provider is listed in provider directory, H = hospital based provider not listed in provider directory (most commonly this is used for Pathology, Anesthesiology, Emergency Medicine), F = Facility Based provider not listed in provider directory (most commonly this is used for Behavioral health providers where you contract with a group rather than individual providers – Make sure you include each individual provider on this file), and U = other type of provider included on this file that is not included in the provider directory. If you submit any provider with U you must explain in your cover letter what U represents.
KY License number for Physicians “1” (licenseno)	Text	10	Alphanumeric entry. Leave blank for Hospital or Pharmacy or if licensed in a state other than Kentucky.
Name (name)	Text	50	Alphabetic entry. If a physician name, enter as last name, first name, MI.
Primary Specialty name (spec)	Text	50	Alphanumeric entry. Must be submitted as the name of the specialty, i.e. pediatrics, family practice, orthopedics, neurology, etc. Leave blank for Hospital or Pharmacy. NOTE: Do not use codes or abbreviations to represent specialty.
Secondary Specialty name (subspec)	Text	50	Alphanumeric entry. Must be submitted as the name of the specialty, i.e. pediatrics, family practice, orthopedics, neurology, etc. Leave blank for Hospital or Pharmacy. NOTE: Do not use codes or abbreviations to represent specialty.
Address line 1 (location of office or practice) (address1)	Text	50	Alphanumeric entry. DO NOT SUBMIT PO BOX OR MAILING ADDRESS. THIS MUST BE A LOCATION ADDRESS!
Address line 2 (location of office or practice) (address2)	Text	50	Alphanumeric entry. DO NOT SUBMIT PO BOX OR MAILING ADDRESS. THIS MUST BE A LOCATION ADDRESS!
City (city)	Text	50	Alphabetic entry.
State (state)	Text	2	Alphabetic entry. Must be 2 digits.
Zip Code (oldzip)	Text	5	Numeric entry. Must be 5 digits only.
Phone Number (phone)	Text	15	Numeric entry. Do not include dashes, etc.
PCP, Specialist, or Both (pcp_spec)	Text	2	Alphabetic entry. Valid entries are PC, SP, B, MH, SA, X, and PD. PC = PCP, SP = Specialist, B = Both PCP & Specialist, MH = Mental Health, SA = Substance Abuse, X=Both Mental Health & Substance Abuse, PD = Pediatric Dental. Leave blank for Hospital and Pharmacy.

Field Name	Field Type	Field Size	Valid Value
Number of enrollees currently enrolled (noenroll)	Text	10	Numeric entry, mandatory for PCP. Leave blank for Specialists, Hospital, Pharmacy, or Behavioral Health.
PCP – Open or closed panel. (panel)	Text	1	Alphabetic entry. Mandatory for PCP. Valid entries are “O” for open or “C” for closed. Leave blank for Specialists, Hospital, Pharmacy, or Behavioral Health, etc.
Essential Community Providers (ecp)	Text	10	Numeric entry. Valid entries are “1” for Federally Qualified Health Center (FQHC), “2” Ryan White Provider, “3” Family Planning Providers, “4” Indian Providers, “5” Hospitals, “6” Other ECP Providers. List all that apply separated by a comma. Leave blank if not applicable
Plan ID (planid)	Text	50	Alphanumeric entry.
National Provider Identification Number (npi)	Text	10	Numeric entry.
Primary Language (lang)	Text	2	Numeric entry. Valid entries are “1” English, “2” Spanish, “3” French, “4” German, “5” Japanese, “6” Korean, “7” Vietnamese, “8” Arabic, “9” Serbo-Croatian, “10” Chinese, “11” Other.
Secondary Language (seclang)	Text	2	Numeric entry. Valid entries are “1” English, “2” Spanish, “3” French, “4” German, “5” Japanese, “6” Korean, “7” Vietnamese, “8” Arabic, “9” Serbo-Croatian, “10” Chinese, “11” Other.