

**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.

Field Name	Field Type	Field Size	Valid Value
Insured Unique Identifier	Text	20	Must be unique to identify each <u>member</u> insured.
Age	Number	Long Integer	Numeric entry.
Gender	Text	1	Valid entries are 1 or 2. "1" equals male, "2" equals female.
Enrollee Address 1	Text	50	Alphanumeric entry not to exceed 50 characters.
Enrollee Address 2	Text	50	Alphanumeric entry not to exceed 50 characters.
Enrollee City	Text	50	Alphanumeric entry not to exceed 50 characters.
Enrollee State	Text	2	Alphabetic entry. Must be two digits.
Enrollee Zip Code	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 Directory	Text	1	Valid entries are D or U. D = provider is listed in provider directory. U = 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.
Name	Text	50	Alphabetic entry. Must be the name of an individual. Cannot be the name of a facility.
Primary Specialty name	Text	50	Alphanumeric entry. Must be submitted as the name of the specialty, i.e. Ophthalmologist, Optometrist, Dentist, Chiropractor, Psychiatrist, Psychologist, Podiatrist, Pharmaceutical, etc. NOTE: Do not use codes or abbreviations to represent specialty.
Secondary Specialty name	Text	50	Alphanumeric entry. Must be submitted as the name of the specialty, i.e. Ophthalmologist, Optometrist, Dentist, Chiropractor, Psychiatrist, Psychologist, Podiatrist, Pharmaceutical, etc. NOTE: Do not use codes or abbreviations to represent specialty.
Address line 1 (location of office or practice)	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)	Text	50	Alphanumeric entry. DO NOT SUBMIT PO BOX OR MAILING ADDRESS. THIS MUST BE A LOCATION ADDRESS!
City	Text	50	Alphabetic entry.
State	Text	2	Alphabetic entry. Must be 2 digits.
Zip Code	Text	5	Numeric entry. Must be 5 digits only.
Phone Number	Text	15	Numeric entry. Do not include dashes, etc.