PHARMACY CLAIMS STANDARDIZED DATA REQUEST

This file should be downloaded from Company system(s) and contain one record for each claim payment or transaction (i.e. paid/denied/pending/closed without payment/rescinded) that comply with the requirements of KRS 304.17A-732 and 806 KAR 17:590 for the prior calendar year. Include all claims received during the prior calendar year. Do not include expense payments to vendors.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC Company Code
DOIID	6	5	A		DOI ID Number
MbrID	11	5	A		Member ID
ClmNo	16	5	A		Claim number
ClmLnNo	21	5	A		Claim line number
PolNo	26	5	A		Policy number
GrpNo	31	5	A		Group number
MbrFirst	36	15	A		First name of member
MbrMid	51	15	A		Middle name of member
MbrLst	66	20	A		Last name of member
DOB	86	10	D		Members date of birth (MM/DD/YYYY)
Gender	96	1	A		Member's gender (M = Male / F = Female)
ProvCd	97	3	A		Type of provider (HSP=Hospital, PHY=Physcian, PRM=Pharmacy, OTH=Other)
NPI	100	10	A		National Provider Identifier of treating provider
ProvTxID	110	9	A		Provider Tax ID - Group
ProvNm	119	25	A		Name of provider
ProvID	144	25	A		Provider ID number
ProvSpec	169	1	A		**S** = Provider is a Specialist, **P** = The provider is a PCP
ParSts	170	9	A		Par or non-par provider (**P** = Par, **N** = Non-par provider)
DrgNm	179	15	A		Name of drug
NDC	194	11	A		National Drug Code number
Qty	205	3	A		Quantity of prescription
DayLt	208	3	A		Day limit of prescription
SvcDt	211	10	D		Date service provided (MM/DD/YYYY)
RcvdDt	221	10	D		Date claim was received by company or any entity that administers or processes claims for the company
ClmStat	231	1	A		Claim status (P = Paid, D = Denied, N = Pending, R = Partial Payment)
ClmPymtDt	232	10	D		Date claim was paid (MM\DD\YYYY)
DtClmDen	242	10	D		Date claim was denied (MM\DD\YYYY)
DenRsnCode	252	20	A		Reason for claim denial. **Please provide a list to explain any codes used.**
PndRsnCd	272	20	A		Reason for claim pending. **Please provide a list to explain any codes used.**
RemCd	292	26	A		Remark code. **Please provide a list to explain any codes used.**
EndRec	318	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record.