

### 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system(s) and contain one record for each claim payment or transaction (i.e. paid/denied/pending/closed without payment/rescinded) that the Company received for the members identified by the review of the Pharmacy Claims Standardized Data Request. 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
MCO/PrvPay	6	3	A		MCO or Private Pay (MCO=Medicaid or PP=Private Pay)
MbrID	9	3	A		Member ID
EffDt	12	3	D		Effective date of members plan (MM/DD/YYYY)
TermDt	15	3	D		Termination date of members plan (MM/DD/YYYY)
ClmNo	18	3	A		Claim number
ClmLnNo	21	3	A		Claim line number
ClmType	24	3	A		Type of claim
PolNo	27	3	A		Policy number
GrpNo	30	3	A		Group number
MbrFirst	33	3	A		First name of member
MbrMid	36	3	A		Middle name of member
MbrLst	39	3	A		Last name of member
DOB	42	3	D		Members date of birth (MM/DD/YYYY)
Gender	45	3	A		Member's gender (M = Male / F = Female)
MbrStrt	48	30	A		Member Street Address
MbrCity	78	30	A		Member City
MbrSt	108	2	A		Member State
MbrZip	110	10	A		Member Zip
ProvCd	120	3	A		Type of provider (HSP=Hospital, PHY=Physician, PRM=Pharmacy, OTH=Other)
NPI	123	3	A		National Provider Identifier of treating provider
ProvTxID	126	3	A		Provider Tax ID - Group
ProvNm	129	3	A		Name of provider
ProvID	132	3	A		Provider ID number
AgrmtID	135	3	A		Agreement ID number
ProvSpec	138	3	A		<b>S</b> = Provider is a Specialist, <b>P</b> = The provider is a PCP
ProvStrt	141	30	A		Provider Street Address
ProvCity	171	30	A		Provider City
ProvSt	201	2	A		Provider State
ProvZip	203	10	A		Provider Zip
ParSts	213	3	A		Par or non-par provider ( <b>P</b> = Par, <b>N</b> = Non-par provider)
ICD10Cd	216	3	A		ICD10 code (diagnostic code)
CPTCd	219	3	A		CPT code
RevCd	222	3	A		Revenue code
Mod	225	3	A		Modifier for CPT code. <b>If more than one modifier applies, repeat this field as needed.</b>
PlcSvcCd	228	3	A		Place of service code
InOutPat	231	3	A		<b>I</b> = Inpatient, <b>O</b> =Outpatient
AuthStat	234	3	A		If subject to authorization rules, please describe the type. (e.g. Pre, Post, Concurrent). <b>Please provide a list to explain any codes used.</b>
SvcDt	237	3	D		Date service provided (MM/DD/YYYY)

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Field Name	Start	Length	Type	Decimals	Description
RcvdDt	240	3	D		Date claim was received by company or any entity that administers or processes claims for the company
ClmStat	243	3	A		Claim status (P = Paid, D = Denied, N = Pending, R = Partial Payment)
ClmPymtDt	246	3	D		Date claim was paid (MM\DD\YYYY)
ChkDt	249	3	D		Issued date of claim check (MM/DD/YYYY)
BillAmt	252	3	N	2	Total amount billed
AllwAmt	255	3	N	2	Total amount allowed

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Field Name	Start	Length	Type	Decimals	Description
CopayPar	258	3	N	2	Amount of member's <b>par</b> copayment responsibility
CopayNonPar	261	3	N	2	Amount of member's <b>non-par</b> copayment responsibility
DeductPar	264	3	N	2	Amount of member's <b>par</b> deductible responsibility
DeductNonPar	267	3	N	2	Amount of member's <b>non-par</b> deductible responsibility
CoinsPar	270	3	N	2	Amount of member's <b>par</b> coinsurance responsibility
CoinsNonPar	273	3	N	2	Amount of member's <b>non-par</b> coinsurance responsibility
AmtPd	276	3	N	2	Total amount of claim paid
DtClmDen	279	3	D		Date claim was denied (MM\DD\YYYY)
DenRsnCode	282	3	A		Reason for claim denial. <b>Please provide a list to explain any codes used.</b>
PndRsnCd	285	3	A		Reason for claim pending. <b>Please provide a list to explain any codes used.</b>
IntPdAmt	288	3	N	2	Amount of interest paid, if applicable
IntPdDt	291	3	D		Date interest paid (MM\DD\YYYY)
IntPymtCkDt	294	3	D		Issued date of interest check
COB	297	3	A		Coordination of benefits ( <b>Y</b> = claim involved COB, <b>N</b> = claim did not involve COB)
RemCd	300	3	A		Remark code. <b>Please provide a list to explain any codes used.</b>
EndRec	303	3	A		End of record marker. Please place an asterisk in this field to indicate the end of the record.











