DATA DICTIONARY
NEW YORK STATE OFFICE OF THE MEDICAID INSPECTOR GENERAL

COMPREHENSIVE PROVIDER REPORT
Version 1.1 (August 1, 2015)

I.   GENERAL INFORMATION

A.   About the Comprehensive Provider Report

The Comprehensive Provider Report is a quarterly report identifying the value of claims, payments, referrals, orders, and prescriptions made for members of a Medicaid Managed Care (MMC) Plan. The March 1, 2014 Medicaid Managed Care Model Contract identifies the report requirements in section 18.5 a. xviii. Managed Care Plans submit the required reports electronically via the NYS Health Commerce System.

B.   Definitions

For purposes of this document the following terms shall have the means as defined.

a. **Agent:** Any entity that acts as a fiscal or administrative intermediary between the Managed Care Plan and any person, provider, or affiliate where that entity is responsible for the provision of any payment or processing of claims for Medicaid Managed Care Members. An Agent would always be a Business Associate as defined in 45 CFR 160.103, but all Business Associates of the plan may not be agents.

b. **Claim:** Any request for payment for a service provided to a recipient covered by the Contractors' Medicaid Managed Care Product(s). A claim will be considered a claim when it has met the criteria to be, and is, assigned a Claim Number for processing in the Contractors' claims processing system.

c. **Claimed:** The amount charged, billed, or submitted on a Claim, regardless of the disposition of the Claim.

d. **Claim Number:** Any unique identifier assigned to a Claim and is equivalent to the 5010 835 field: 835W1_2100_CLP07__PayerClaimControlNumber.

e. **Payment Date:** Check date, date electronic funds transfer is initiated, or date any negative balance was satisfied by a Claim payment.

f. **Period:** Any one quarter of a calendar year; identified by the most recently completed calendar year quarter.

   i. 1st Quarter: January 1 – March 31. Identifier: Q1
   ii. 2nd Quarter: April 1 – June 30. Identifier: Q2
   iii. 3rd Quarter: July 1 – September 30. Identifier: Q3
   iv. 4th Quarter: October 1 – December 31. Identifier: Q4

g. **PBM:** Pharmacy Benefit Manager. For purposes of this report, any reference to PBM is also a reference to Pharmacy Benefit Administrator (PBA). Where a separate

PBM and PBA may exist, identify each entity separately under the PBM group. PBM's and PBA's may also meet the definition of Agent, but should only be reported under the PBM group.

h. **Provider:** For the purposes of this report, Provider will include any person, provider, or affiliate that provides care, services, or supplies under the MMC Program. This includes, but is not limited to Participating Providers and Non-Participating Providers as defined in the March 1,2014 Medicaid Managed Care Model Contract.

i. **Tax ID:** Tax ID is the Federal Employment Identification Number (FEIN) or Social Security Number (SSN) used by the person, provider, or affiliate for Federal tax identification purposes.

C. **Purpose**

As set forth in section 18.5 a. xviii of the March 1,2014 Medicaid Managed Care Model Contract, Comprehensive Provider Report data is required to be submitted by the Contractor to SDOH and OMIG to identify the total dollar amount of claims submitted by Participating and Non-Participating Providers under the MMC Program to the Contractor or any agent of the Contractor, including any Pharmacy Benefit Manager; the total dollar amount paid to Participating and Non-Participating Providers under the MMC Program by the Contractor or any agent of the Contractor, including any Pharmacy Benefit Manager; and the total dollar amount of services ordered, referred or prescribed by Participating and Non-Participating Providers under the MMC Program during the reporting period.

D. **Data Submission Schedule**

The Comprehensive Provider Report files shall be submitted quarterly. Each quarterly report is due on the last day of the month following the end of the report period. Test submissions may be submitted during the two weeks following the end of each report period.

Submission Due Dates:
Period Q1: April 30th
Period Q2: July 31st
Period Q3: October 31st
Period Q4: January 31st

E. **Submission Method**

The Comprehensive Provider Report shall be submitted by utilizing the 'Secure File Transfer' application within the NYS Health Commerce System (HCS). The report submission will be comprised of 3 separate files. Specific submission instructions are provided and made available as a separate document at the time this data dictionary is distributed.

F. **Report Validation and Acceptance**

Submitters will receive a response within 14 days indicating acceptance or rejection of a report file. Any rejection will also include an explanation indicating the rejection reason code, or codes.

Corrected files are required to be submitted within 14 days of the rejection notice.

A list of error codes and descriptions is included within the Comprehensive Provider Report Submission Instruction document that is provided and made available as a separate document at the time this data dictionary is distributed.

Comprehensive Provider Report Data Dictionary

II.   REPORT COMPOSITION

A.   Summary

The Comprehensive Provider Report is comprised of three files:

a. **Comprehensive Plan Total Summary file.**
    The Comprehensive Plan Total Summary file is a one line summary of the total dollar amount claimed or paid to participating and non-participating providers by the contractor, the contractors PBM, or other agent of the contractor, and the total dollars paid by the plan for services ordered or referred by a plans participating or non-participating providers under the MMC Program for the period specified. The total amounts reflected in this file should be derived from the amounts submitted in the Comprehensive Plan Provider Detail and Comprehensive Plan Agent and PBM Detail files. This file is submitted in Excel format.

b. **Comprehensive Plan Provider Detail file.**
    The Comprehensive Plan Provider Detail file provides the total dollar amount claimed, paid, referred, or ordered at the Tax ID or NPI level for care, services, and supplies paid by the plan, a plan agent, or PBM under the MMC Program for the period specified. The Comprehensive Plan Provider Detail file also indicates the status of a person, provider, or affiliate as a participating provider. The amounts reported in this file are inclusive of the amounts reported in the Comprehensive Plan Agent and PBM Detail file. This file is submitted in CSV format.

c. **Comprehensive Plan Agent and PBM Detail file.**
    The Comprehensive Plan Agent and PBM Detail file provides the total dollar amount claimed or paid at the Tax ID or NPI level for care, services, and supplies under the MMC program by any agent of the contractor, including any PBM. This file is a subset of the total amounts reported in the Comprehensive Plan Provider Detail file. If a plan does not utilize any Agent or PBM, fill each field with a single '0' (Zero). This file is submitted in CSV format.

B.   Submission File Format Guidance

a. **Report Files Naming Convention**
    <File_ID>_<Plan_ID>_<Period>_<Submit_Code>.filetype

    File IDs:
    Comprehensive Plan Total Summary File: CPT_Sum
    Comprehensive Plan Provider Detail File: CPP_Det
    Comprehensive Plan Agent and PBM Detail File: CPA_Det

Plan ID:

Plan ID is the 8-digit Medicaid Plan ID of the submitting plan.

Period:

Period will be entered as: YYYYQQ.

YYYY = Calendar year of report period

QQ = Quarter of report period

Submit Code:

The submit code will indicate if the file submission is the first submission for the report period or a subsequent correction.

Test: T1

Subsequent Test Submissions: T2, T3, T4… etc.

First: S1

Correction: C1

Subsequent Corrections: C2, C3, C4… etc.

b. **Comprehensive Plan Total Summary file**

The Comprehensive Plan Total Summary File is submitted in .xls or .xlsx format using the provided Excel spreadsheet as a template.

c. **Comprehensive Plan Provider Detail file**

The Comprehensive Plan Provider Detail File is submitted in .csv format. The headers/field names listed in the file record format section D. should be used.

Left enclosure (for VARCHAR2 or Alpha/Text): "

Right Enclosure (For VARCHAR2 or Alpha/Text): "

Delimiter: , (Comma)

Line Terminator: N/A. Should be new line for each record

Dollars should be reported in numeric format with a scale of 2.

Any dollar field not reported should be zero filled (0.00)

d. **Comprehensive Plan Agent and PBM Detail file**

The Comprehensive Plan Agent and PBM Detail File is submitted in .csv format. The headers/field names listed in the file record format section E. should be used.

Left enclosure (for VARCHAR2 or Alpha/Text): "

Right Enclosure (For VARCHAR2 or AlphaText): "

Delimiter: , (Comma)

Line Terminator: N/A. Should be new line for each record

Dollars should be reported in numeric format with a scale of 2.

Any dollar field not reported should be zero filled (0.00)

C. Comprehensive Plan Total Summary File Record Format

Key:

FORMAT
A = Alpha/text format only
N = Numeric format only. Scale should be set to: 2
A/N = Alpha Numeric
REQUIRED
Y = Yes for all records
N = Not required
C = Conditional. Record must be populated in certain circumstances

Field Name	Description	Field#	Format	Required?	Comment
Total_Claims_Rcvd	Total number of MMC claims received within the period	1	N	Y	Total count of claims received by the plan, a plan agent, or plan PBM during the period for MMC members.
Total_Claims_Pd	Total number of MMC claims resulting in a payment	2	N	Y	Total count of claims resulting in any payment by the plan, a plan agent, or plan PBM during the period for MMC members.
Total_Paid_AS	Total paid during the period under the MMC Program	3	N	Y	Total payment made to participating and non-participating providers during the period by the plan, or any plan PBM or other agent.
Total_Paid_Par	The total paid to participating provider s during the period under the MMC Program	4	N	Y	Total payment made to participating providers during the period by the plan, or any plan PBM or other agent. Zero fill if no payment made for this category.
Total_Paid_NP	The total paid to non-participating providers during the period under the MMC Program	5	N	Y	Total payment made to non-participating providers during the period by the plan, or any plan PBM or other agent. Zero fill if no payment made for this category.
Total_Ordered_Par	Total payments made under the MMC program for care, services, or supplies ordered by participating providers	6	N	Y	Total payments made under the MMC program by the plan, or any plan PBM or other agent. Participating status is determined by the ordering provider, not the payment recipient. Zero fill if no payment made for this category.

Field Name	Description	Field#	Format	Required?	Comment
Total_Ordered_NP	Total payments made under the MMC program for care, services, or supplies ordered or prescribed by non-participating providers	7	N	Y	Total payments made under the MMC program by the plan, or any plan PBM or other agent. Participating status is determined by the ordering or prescribing provider, not the payment recipient. Zero fill if no payment made for this category.
Total_Ref_Par	Total payments made under the MMC program for care, services, or supplies referred by participating providers	8	N	Y	Total payments made under the MMC program by the plan, or any plan PBM or other agent. Participating status is determined by the referring provider, not the payment recipient. Zero fill if no payment made for this category.
Total_Ref_NP	Total payments made under the MMC program for care, services, or supplies referred by non-participating providers	9	N	Y	Total payments made under the MMC program by the plan, or any plan PBM or other agent. Participating status is determined by the referring provider, not the payment recipient. Zero fill if no payment made for this category.
PBM Group					
Total_Claim_PBM1	Total Amount claimed by all providers to a PBM	10	N	Y	Total amount claimed under the MMC Program to a plan PBM for the period.
Total_Pd_PBM1	Total Amount paid to all providers by a PBM	11	N	Y	Total amount paid under the MMC Program by a plan PBM for the period.
PBM1_ID	Tax ID number of PBM	12	A	Y	The Tax ID number of the PBM.
PBM1_Nm	PBM Name	13	A	Y	Tax Name of the PBM.
Repeat PBM group if needed for each PBM. Adjust field name to reflect each successive PBM that is reported by changing the number in the field name. e.g. Total_Claim_PBM**2**, Total_Pd_PBM2, PBM**2**_ID, PBM**2**_Nm, Total_Claim_PBM**3**, Total_Pd_PBM3, PBM3_ID, PBM**3**_Nm. Omit the PBM group if a PBM is not utilized by the plan.					
Agent Group					
Total_Claim_Agnt1	Total Amount claimed by all providers to an agent of the contractor		N	Y	Total amount claimed under the MMC Program to plan PBM for the period.
Total_Paid_Agent1	Total Amount paid to all providers by an agent of the contractor		N	Y	Total amount paid under the MMC Program by a plan PBM for the period.
Agnt1_ID	Tax ID number of Agent		A	Y	The Tax ID number of the Agent
Agnt1_Nm	Agent Name		A	Y	Tax Name of the Agent
Repeat Agent group if needed for each Agent. Adjust field name to reflect each successive Agent that is reported by changing the number in the field name. e.g. Total_Claim_Agnt**2**, Total_Paid_Agnt**2**, Agnt**2**_ID, Agnt**2**_Nm, Total_Claim_Agnt**3**, Total_Paid_Agnt**3**, Agnt**3**_ID, Agnt**3**_Nm. Omit the Agent group if an Agent is not utilized by the plan.					

D.   Comprehensive Plan Provider Detail File Record Format

Key:

FORMAT
A = Alpha/text format only
N = Numeric format only. Scale should be set to: 2
A/N = Alpha Numeric
REQUIRED
Y = Yes for all records
N = Not required
C = Conditional. Record must be populated in certain circumstances

Field Name	Description	Field#	Format	Required?	Comment
Tax_ID	The FEIN or SSN identifying the recipient of a payment	1	A	C	Conditional - Required when Claim or Paid amounts are being reported; Optional for providers where only referring, ordering, or prescribing dollars are being reported. If a Tax ID has more than one NPI associated with it. Do not list any NPI or referring, ordering, or prescribing dollars with that Tax ID. Instead, list each separate NPI and its associated referring, ordering, or prescribing dollars separately.
NPI	The NPI number of the referring, ordering, or prescribing provider	2	A	C	Conditional - Required for providers where referring, ordering, or prescribing dollars are being reported. Optional when only claimed or paid amounts are being reported.
Prov_Status	The status as a participating or non-participating provider	3	A	Y	Participating status of the person, provider, or affiliate related to the Tax ID or NPI being reported. Participating status should be based on the providers participating status under the MMC program. P = Participating N = Non-participating
Tax_Name	Taxpayer name associated with an FEIN or SSN	4	A	C	Conditional - Required when Tax_ID field is completed; Optional for providers where only referring, ordering, or prescribing dollars are being reported.
NPI_Name	Name of provider (First Middle Last Suffix)identified by the reported NPI	5	A	C	Conditional - Required when NPI field is completed. Optional when only claimed or paid amounts are being reported.

Field Name	Description	Field#	Format	Required?	Comment
Total_Claim	Sum of amount Claimed	6	N	Y	Total dollar amount of claims submitted during the report period by Participating and Non-Participating Providers under the MMC Program to the Contractor or any agent of the Contractor, including any Pharmacy Benefit Manager.
Total_Paid	Sum of amount Paid	7	N	Y	Total dollar amount paid during the report period to Participating and Non-Participating Providers under the MMC Program by the Contractor or any agent of the Contractor, including any Pharmacy Benefit Manager. Includes any capitation, withhold or other payment made under the MMC Program.
Total_Ordered	Sum of amount Paid for ordered or prescribed services	8	N	Y	Total dollar amount paid during the report period for services ordered or prescribed by Participating and Non-Participating Providers under the MMC Program.
Total_Referred	Sum of amount Paid for referred services	9	N	Y	Total dollar amount paid during the report period for services referred by Participating and Non-Participating Providers under the MMC Program.

E. Comprehensive Plan Agent and PBM Detail File Record Format

Key:

FORMAT
A = Alpha/text format only
N = Numeric format only. Scale should be set to: 2
A/N = Alpha Numeric
REQUIRED
Y = Yes for all records
N = Not required
C = Conditional. Record must be populated in certain circumstances

Field Name	Description	Field#	Format	Required?	Comment
Identifier Group					
Tax_ID	The FEIN or SSN identifying the recipient of a payment	1	A	Y	Required when Claim or Paid amounts are being reported.
NPI	The NPI number of the provider	2	A	C	Conditional – If a Provider with one Tax_ID has multiple NPIs, repeat the Tax_ID with each NPI record and submit the amounts claimed to, and paid by the PBM or Agent for claims submitted by the individual provider associated with the with NPI listed.
Prov_Status	The status as a participating or non-participating provider	3	A	Y	Participating status of the person, provider, or affiliate related to the Tax ID or NPI being reported. Participating status should be based on the providers participating status under the MMC program. See data dictionary for additional guidance. P = Participating N = Non-participating
Tax_Name	Taxpayer name associated with an FEIN or SSN	4	A	Y	Required when a Tax_ID is listed.
NPI_Name	Name of provider (First Middle Last Suffix)identified by the reported NPI	5	A	C	Conditional - Required when NPI field is completed.
PBM Group					

Field Name	Description	Field#	Format	Required?	Comment
Total_Claim_PBM1	Sum of amount Claimed	6	N	Y	Total dollar amount of claims submitted during the report period by Participating and Non-Participating Providers under the MMC Program to the Contractors Pharmacy Benefit Manager(s) or Pharmacy Benefit Administrator(s).
Total_Pd_PBM1	Sum of amount paid	7	N	Y	Total dollar amount paid by a PBM to Participating or Non-Participating Providers under the MMC Program.
PBM1_ID	Tax ID number of PBM	8	A	Y	The Tax ID number of the reported PBM; Repeated for each record.
PBM1_Nm	PBM Name	9	A	Y	The Name of the reported PBM; Repeated for each record.
Repeat PBM group if needed for each PBM. Adjust field name to reflect each successive PBM that is reported by changing the number in the field name. e.g. Total_Claim_PBM**2**, Total_Pd_PBM2, PBM**2**_ID, PBM**2**_Nm , Total_Claim_PBM**3**, Total_Pd_PBM3, PBM**3**_ID, PBM**3**_Nm. Omit the PBM group if a PBM is not utilized by the plan.					
Agent Group					
Total_Claim_Agnt1	Sum of amount Claimed		N	Y	Total dollar amount of claims submitted during the report period by Participating and Non-Participating Providers under the MMC Program to an agent(s) of the Contractor.
Total_Paid_Agnt1	Sum of amount Paid		N	Y	Total dollar amount paid during the report period to Participating and Non-Participating Providers under the MMC Program by an agent of the Contractor. Includes any capitation, withhold or other payment made under the MMC Program.
Agnt1_ID	Tax ID number of Agent		A	Y	The Tax ID number of the reported Agent; Repeated for each record.
Agnt1_Nm	Agent Name		A	Y	The Name of **the** reported Agent; Repeated for each record.
Repeat Agent group if needed for each Agent. Adjust field name to reflect each successive Agent that is reported by changing the number in the field name. e.g. Total_Claim_Agnt**2**, Total_Paid_Agnt**2**, Agnt**2**_ID, Agnt**2**_Nm, Total_Claim_Agnt**3**, Total_Paid_Agnt**3**, Agnt**3**_ID, Agnt**3**_Nm. Omit the Agent group if an Agent is not utilized by the plan.					

Comprehensive Provider Report Data Dictionary

III.   REPORT DATA ELEMENT DESCRIPTIONS

Data Element Name/Column Name: Total_Claims_Rcvd

Effective Date: 05/01/2014

Format: Numeric

Definition:

Total_Claims_Rcvd identifies the count of total claims received by the plan, a plan agent, or plan PBM during the period for MMC members. A claim is counted in this field if it was assigned a Claim Number by the plan, a plan agent, or plan PBM during the period. Adjudication status is not taken into account for this element.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

A plan receives 1000 claims, the plans PBM receives 500 claims, and a plan agent, in this example a Behavioral Health Management company, receives 750 claims on behalf the plans Medicaid Managed Care members during the reporting period. The plan reports 2250 total claims received.

Data Element Name/Column Name: Total_Claims_Pd

Effective Date: 05/01/2014

Format: Numeric

Definition:

Total count of claims resulting in any payment by the plan, a plan agent, or plan PBM during the period for MMC members. Neither claim receipt date nor adjudication date are taken into account when calculating this total. Payment Date is used to determine if a claim should be counted in the reported period.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

A plan pays 1000 claims, a plan adjusts and makes payment on 50 claims previously denied or paid in a previous period, the plans PBM pays 400 claims, and a plan agent, in this example a Behavioral Health Management company, pays 200 claims on behalf of the plans Medicaid Managed Care members during the reporting period. The plan reports 1650 total claims paid.

Data Element Name/Column Name: Total_Paid_AS

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total payment made to participating and non-participating providers during the period for MMC services by the Plan, a plan agent, or plan PBM. Includes any capitation, withhold or other payment made under the MMC Program. This amount is offset by any negative balance that is satisfied or recovery made during the period for MMC services. Negative balances that remain outstanding at the end of the period are not included in this calculation.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

A plan pays 1000 claims for a total of $500,000, a plan adjusts and makes payment on 50 claims previously denied or paid in a previous period for an additional payment of $25,000. The plans PBM pays 400 claims for a total of $50,000, and a plan agent, in this example a Behavioral Health Management company, pays 200 claims for a total of $50,000 on behalf of the plans MMC members during the reporting period. An outstanding negative balance from a prior period is satisfied by offsetting a claim payment made by the plan during this period in the amount of $10,000, reducing the actual amount paid by the plan during the period to $490,000. The plan reports a total payment of $615,000. If the plan had made any withhold, capitation, or other payment for MMC services to a provider during the period, these amounts would be added to the total.

Data Element Name/Column Name: Total_Paid_Par

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total payment made to participating providers during the period for MMC services by the plan, a plan agent, or plan PBM. Includes any capitation, withhold or other payment made under the MMC Program. If a provider has multiple contractual arrangements with a plan resulting in some services being covered as a participating provider, and other services being paid as a non-participating provider, only include the amounts for services paid to providers acting in their participating status with the plan.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

Total_Paid_Par should be a sum of the amounts submitted for providers under Prov_Status = P in the Comprehensive Plan Provider Detail File.

Data Element Name/Column Name: Total_Paid_NP

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total payment made to non-participating providers during the period for MMC services by the plan, a plan agent, or plan PBM. Includes any capitation, withhold or other payment made under the MMC Program. If a provider has multiple contractual arrangements with a plan resulting in some services being covered as a participating provider, and other services being paid as a non-participating provider, only include the amounts for services paid to providers acting in their non-participating status with the plan.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

Total_Paid_NP should be a sum of the amounts submitted for providers under Prov_Status = N in the Comprehensive Plan Provider Detail File.

Data Element Name/Column Name: Total_Ordered_Par

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total payments made by the plan, a plan agent, or plan PBM under the MMC program for care, services, or supplies ordered or prescribed by a plans participating providers. If an ordering or prescribing provider has multiple contractual arrangements with a plan, include all dollars as if the provider was acting in their participating status.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

Total_Ordered_Par should be a sum of the amounts submitted under the Total_Ordered column for providers with Prov_Status = P in the Comprehensive Plan Provider Detail File.

Data Element Name/Column Name: Total_Ordered_NP

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total payments made by the plan, a plan agent, or plan PBM under the MMC program for care, services, or supplies ordered or prescribed by providers who are non-participating with a plan for MMC. If an ordering or prescribing provider has multiple contractual arrangements with a plan, include all dollars as if the provider was acting in their participating status and include in the Total_Ordered_Par field.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

Total_Ordered_NP should be a sum of the amounts submitted under the Total_Ordered column for providers with Prov_Status = N in the Comprehensive Plan Provider Detail File.

Data Element Name/Column Name: Total_Ref_Par

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total payments made by the plan, a plan agent, or plan PBM under the MMC program for care, services, or supplies referred by a plans participating providers. If a referring provider has multiple contractual arrangements with a plan, include all dollars as if the provider was acting in their participating status.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

Total_Ref_Par should be a sum of the amounts submitted under the Total_Referred column for providers with Prov_Status = P in the Comprehensive Plan Provider Detail File.

Data Element Name/Column Name: Total_Ref_NP

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total payments made by the plan, a plan agent, or plan PBM under the MMC program for care, services, or supplies referred by providers who are non-participating with a plan for MMC. If a referring provider has multiple contractual arrangements with a plan, include all dollars as if the provider was acting in their participating status and include in the Total_Ref_Par field.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

Total_Ref_NP should be a sum of the amounts submitted under the Total_Referred column for providers with Prov_Status = N in the Comprehensive Plan Provider Detail File.

Data Element Name/Column Name: Total_Claim_PBM1

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total amount claimed under the MMC Program to a plan PBM within the reporting period. Amounts claimed are included in this total regardless of the claim disposition.

Total_Claim_PBM1 in the Comprehensive Plan Total Summary file is a sum of the amounts reported in the Comprehensive Plan Agent and PBM Detail file for the same PBM.

Total_Claim_PBM1 Comprehensive Plan Agent and PBM Detail is the individual amount claimed by each individual provider.

X12 5010 or NCPDP Field equivalents:

Charge or billed amounts may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	2100	CLP	CLP03	Total Claim Charge Amount
837	2300	CLM	CLM02	Total Claim Charge
NCPDP D.O.		Pricing	430-DU	Total Price Claimed All Sources

Example:

A plan PBM receives 100 claims within the period for care, services, or supplies provided to a plans MMC members. 50 claims have a billed amount of $100 each (100.00), and a $50 payment (50.00) is made for each of those claims. 50 more claims are received and have a billed amount of $100 each (100.00), but these claims are all denied. The total claim amount reported should be $10,000 (10000.00) (100 claims received, each having a $100 (100.00) charge amount).

Data Element Name/Column Name: Total_Pd_PBM1

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total amount paid under the MMC Program by a plan PBM within the reporting period.

Total_Pd_PBM1 in the Comprehensive Plan Total Summary file is a sum of the amounts reported in the Comprehensive Plan Agent and PBM Detail file for the same PBM.

Total_Pd_PBM1 Comprehensive Plan Agent and PBM Detail is the individual amount paid to each individual provider by the PBM.

X12 5010 or NCPDP Field equivalents:

Paid amounts may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	2100	CLP	CLP04	Claim Payment Amount
NCPDP D.O.	N/A	Pricing	281	Net Amount Due
Proprietary	N/A			Amount paid under capitation or other arrangement

Example:

A plan PBM receives 100 claims within the period for care, services, or supplies provided to a plans MMC members. 50 claims have a billed amount of $100 each (100.00), and a $50 payment (50.00) is made for each of those claims. 50 more claims are received and have a billed amount of $100 (100.00) each, but these claims are all denied. The total paid amount reported should be $2,500 (2500.00) (100 claims received; with only 50 claims resulting in payment at a payment amount of $50 each (50.00)).

Data Element Name/Column Name: PBM1_ID

Effective Date: 04/01/2014

Format: Alpha/Text

Definition:

The Tax ID number of the PBM. This should be the Tax ID used when reporting dollars paid to the PBM by the plan.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

N/A

Data Element Name/Column Name: PBM1_Nm

Effective Date: 04/01/2014

Format: Alpha/Text

Definition:

PBM1_Nm is the tax name of the PBM. The tax name should be the corporate name associated with the Tax ID reported.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

N/A

Data Element Name/Column Name: Total_Claim_Agnt1

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total amount claimed under the MMC Program to a plan Agent within the reporting Period. Amounts claimed are included in this total regardless of the claim disposition.

Total_Claim_Agnt1 in the Comprehensive Plan Total Summary file is a sum of the amounts reported in the Comprehensive Plan Agent and PBM Detail file for the same Agent.

Total_Claim_Agnt1 in the Comprehensive Plan Agent and PBM Detail is the individual amount claimed by each individual provider to a plan Agent or PBM during the Period.

X12 5010 or NCPDP Field equivalents:

Charge or billed amounts may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	2100	CLP	CLP03	Total Claim Charge Amount
837	2300	CLM	CLM02	Total Claim Charge
NCPDP D.O.		Pricing	430-DU	Total Price Claimed All Sources

Example:

For the Comprehensive Plan Total Summary file, this amount is a sum of the amounts reported in the Comprehensive Plan Agent and PBM Detail file for the same Agent.

The Comprehensive Plan Agent and PBM Detail file will include provider level detail. For example, the Comprehensive Plan Agent and PBM Detail file lists 3 providers. Provider 1 claims $12 (12.00) to plan Agent 1 in the period, Provider 2 claims $20 (20.00) to plan Agent 1 in the period, and Provider 3 claims $25 (25.00) in the period. The amount reported in the Comprehensive Plan Total Summary file for Agent 1 will be $57 (57.00).

Data Element Name/Column Name: Total_Paid_Agent1

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total amount paid under the MMC Program by a plan Agent within the reporting period.

Total_Paid_Agent1 in the Comprehensive Plan Total Summary file is a sum of the amounts reported in the Comprehensive Plan Agent and PBM Detail file for the same Agent.

Total_Paid_Agent1 Comprehensive Plan Agent and PBM Detail is the individual amount paid to each individual provider by the Agent.

X12 5010 or NCPDP Field equivalents:

Paid amounts may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	2100	CLP	CLP04	Claim Payment Amount
NCPDP D.O.	N/A	Pricing	281	Net Amount Due
Proprietary	N/A			Amount paid under capitation or other arrangement

Example:

A plan Agent receives 100 claims within the period for care, services, or supplies provided to a plans MMC members. 50 claims have a billed amount of $100 each (100.00), and a $50 payment (50.00) is made for each of those claims. 50 more claims are received and have a billed amount of $100 (100.00) each, but these claims are all denied. The total paid amount reported should be $2,500 (2500.00) (100 claims received; with only 50 claims resulting in payment at a payment amount of $50 each (50.00)).

Data Element Name/Column Name: Agnt1_ID

Effective Date: 04/01/2014

Format: Alpha/Text

Definition:

The Tax ID number of the Agent. This should be the Tax ID used when reporting dollars paid to the Agent by the plan.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

N/A

Data Element Name/Column Name: Agnt1_Nm

Effective Date: 04/01/2014

Format: Alpha/Text

Definition:

Agnt1_Nm is the tax name of the Agent. The tax name should be the corporate name associated with the Tax ID reported.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

N/A

Data Element Name/Column Name: Tax_ID

Effective Date: 04/01/2014

Format: Alpha/Text

Definition:

Tax ID is the Federal Employment Identification Number (FEIN) or Social Security Number (SSN) used by the person, provider, or affiliate for Federal tax identification purposes.

X12 5010 or NCPDP Field equivalents:

Tax ID may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	1000B	N1	N104	Payee Identifier.
835	1000B	REF	REF02	Additional Payee ID.
837	2010AA	REF	REF02	Billing Prov Tax ID.
NCPDP D.O.		Pharmacy Category	201-B1	SERVICE PROVIDER ID, or Alternate, lines 62 or 64 - whichever contains EIN).

Example:

For providers that are not required to, or do not submit the Tax ID on a claim, the Payee ID reported on any remittance used to pay the claim, or the Tax ID that any paid dollars would be reported on a 1099 should be used for identifying the payment or claiming recipient. This is a required field where claimed and/or paid dollars are being reported. Where a provider may also have ordered/prescribed and/or referred dollars associated with them, these amounts should be reported under their associated NPI. If the provider has a one to one relationship between a Tax ID and NPI, all amounts claimed, paid, ordered/prescribed, or referred can be included on one line. If the provider is associated with more than one Tax ID, report all ordered/prescribed and/or referred dollars using a separate line under the NPI and enter 0.00 (zero) in the ordering/prescribed and/or referring fields for the Tax ID record.

Data Element Name/Column Name: NPI

Effective Date: 04/01/2014

Format: Alpha/Text

Definition:

National Provider Identifier.

X12 5010 or NCPDP Field equivalents:

NPI may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
837	2420E	NM1	NM109	Ordering or Prescribing I.D. Code.
	2310A, 2310F	NM1	NM109	Referring Provider Identifier
NCPDP D.O		Prescriber	411-DB	ID Assigned to Prescriber (Row 83 or 85 - whichever contains NPI),

Example:

This is a required field where ordered/prescribed and/or referred dollars are being reported. If the provider has a one to one relationship between a Tax ID and NPI, all amounts claimed, paid, ordered/prescribed, or referred can be included on one line. If the NPI is associated with more than one Tax ID, report all claimed and/or paid dollars using separate lines for each Tax ID. Enter 0.00 (zero) in the claimed and/or paid fields for the NPI record.

Data Element Name/Column Name: Prov_Status

Effective Date: 04/01/2014

Format: Alpha/Text

Definition:

The plan MMC network participation status of the provider represented by the reported Tax ID or NPI. Participation status identifies the status of the provider for the dollars being reported in that record.

P = Participating with plan for Medicaid Managed Care

N = Non-Participating with plan for Medicaid Managed Care

For claimed and paid amounts: If the provider has multiple participation arrangements with a plan resulting in some services being covered as a participating provider, and some services being covered as non-participating, or the provider changes status within a period, a separate record with the appropriate Prov_Status indicator should be used to identify dollars claimed or paid in that status.

For ordered/prescribed and/or referred dollars reported: Where a provider may have multiple participation arrangements with a plan, it is recognized that it is not possible to determine the participation status a provider acted in from claim information when that provider appears as an ordering/prescribing and/or referring provider. If the NPI reported as the ordering/prescribing and/or referring provider participates as an MMC provider with the plan at any time during the period, the Prov_Status indicator should be set to 'P'.

X12 5010 or NCPDP Field equivalents:

N/A

Example:

A provider has multiple contractual arrangements based on service location and specialty. The providers Tax ID is: 111111111, their NPI is: 2222222222. The provider claims and is paid in both their participating and non-participating status during the period. The providers NPI also appears as a prescriber on multiple claims. The table below demonstrates a view of the records as they would be reported.

Tax_ID	NPI	Prov_Status	Total_Claim	Total_Paid	Total_Ordered	Total_Referred
111111111	2222222222	P	50.00	30.00	100.00	0.00
111111111		N	40.00	40.00	0.00	0.00

Data Element Name/Column Name: Tax_Name

Effective Date: 04/01/2014

Format: Alpha

Definition:

Taxpayer name associated with an FEIN or SSN.

X12 5010 or NCPDP Field equivalents:

Taxpayer Name may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	1000B	N1	N102	Name.
837	2010AA	NM1	NM103, NM104, NM105, NM107	Billing Provider Last Name, Billing Provider First Name, Billing Provider Middle Name or Initial, Billing Provider Name Suffix.
NCPDP D.O.		Pharmacy Category	833-5P	Pharmacy Name

Example:

N/A

Data Element Name/Column Name: NPI_Name

Effective Date: 04/01/2014

Format: Alpha

Definition:

Name of provider (First, Middle, Last, Suffix) identified by the reported NPI.

X12 5010 or NCPDP Field equivalents:

NPI Name may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
837	2420E	NM1	NM103, NM104, NM105, NM107	Ordering Provider Last Name, Ordering Provider First Name, Ordering Provider Middle Name or Initial, Ordering Provider Name Suffix.
	2310A, 2310F	NM1	NM103, NM104, NM105, NM107	Referring Provider Last Name, Referring Provider First Name, Referring Provider Middle Name or Initial, Referring Provider Name Suffix.
NCPDP D.O		Prescriber	717-SX, 716-SY	First Name, Last Name.

Example:

N/A

Data Element Name/Column Name: Total_Claim

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total dollar amount of claims submitted during the report period by Participating or Non-Participating Providers under the MMC Program to the Contractor or any agent of the Contractor, including any Pharmacy Benefit Manager.

If the provider has multiple participation arrangements with a plan resulting in some services being covered as a participating provider, and some services being covered as non-participating, or the provider changes status within a period, a separate record with the appropriate Prov_Status indicator should be used to identify dollars claimed or paid in that status.

X12 5010 or NCPDP Field equivalents:

Charge or billed amounts may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	2100	CLP	CLP03	Total Claim Charge Amount
837	2300	CLM	CLM02	Total Claim Charge
NCPDP D.O.		Pricing	430-DU	Total Price Claimed All Sources

Example:

A provider has multiple contractual arrangements based on service location and specialty. The providers Tax ID is: 111111111, their NPI is: 2222222222. The provider claims and is paid in both their participating and non-participating status during the period. The providers NPI also appears as a prescriber on multiple claims. The table below demonstrates a view of the records as they would be reported.

Tax_ID	NPI	Prov_Status	Total_Claim	Total_Paid	Total_Ordered	Total_Referred
111111111	2222222222	P	50.00	30.00	100.00	0.00
111111111		N	40.00	40.00	0.00	0.00

Data Element Name/Column Name: Total_Paid

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total dollar amount paid during the report period to Participating or Non-Participating Providers under the MMC Program by the Contractor or any agent of the Contractor, including any Pharmacy Benefit Manager. Includes any capitation, withhold or other payment made under the MMC Program.

If the provider has multiple participation arrangements with a plan resulting in some services being covered as a participating provider, and some services being covered as non-participating, or the provider changes status within a period, a separate record with the appropriate Prov_Status indicator should be used to identify dollars claimed or paid in that status.

X12 5010 or NCPDP Field equivalents:

Paid amounts may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	2100	CLP	CLP04	Claim Payment Amount.
NCPDP D.O.	N/A	Pricing	281	Net Amount Due
Proprietary	N/A			Amount paid under capitation or other arrangement

Example:

A provider has multiple contractual arrangements based on service location and specialty. The providers Tax ID is: 111111111, their NPI is: 2222222222. The provider claims and is paid in both their participating and non-participating status during the period. The providers NPI also appears as a prescriber on multiple claims. The table below demonstrates a view of the records as they would be reported.

Tax_ID	NPI	Prov_Status	Total_Claim	Total_Paid	Total_Ordered	Total_Referred
111111111	2222222222	P	50.00	30.00	100.00	0.00
111111111		N	40.00	40.00	0.00	0.00

Data Element Name/Column Name: Total_Ordered

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total dollar amount paid during the report period for services ordered or prescribed by Participating and Non-Participating Providers under the MMC Program.

Where a provider may have multiple participation arrangements with a plan, it is recognized that it is not possible to determine the participation status a provider acted in from claim information when that provider appears as an ordering/prescribing provider. If the NPI reported as the ordering/prescribing provider participates as an MMC provider with the plan at any time during the period, the Prov_Status indicator should be set to 'P'.

X12 5010 or NCPDP Field equivalents:

Paid amounts may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	2100	CLP	CLP04	Claim Payment Amount.
NCPDP D.O.	N/A	Pricing	281	Net Amount Due
Proprietary	N/A			Amount paid under capitation or other arrangement

Ordering/Prescribing Identifiers may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
837	2420E	NM1	NM109	Ordering or Prescribing I.D. Code.
NCPDP D.O		Prescriber	411-DB	ID Assigned to Prescriber (Row 83 or 85 - whichever contains NPI).

Example:

A claim is submitted by and is paid to a non-participating pharmacy (Tax ID 111111111) in the amount of $100 (100.00) for a prescription written to a plans MMC member. The NPI listed as the prescribing provider (8888888888) on the claim is a participating MMC provider of the plan during the period. If this is the only claim submitted and paid related to these providers, the reporting would match the table below.

Tax_ID	NPI	Prov_Status	Total_Claim	Total_Paid	Total_Ordered	Total_Referred
111111111		N	100.00	100.00	0.00	0.00
	8888888888	P	0.00	0.00	100.00	0.00

Data Element Name/Column Name: Total_Referred

Effective Date: 04/01/2014

Format: Numeric, Scale: 2

Definition:

Total dollar amount paid during the report period for services referred by Participating or Non-Participating Providers under the MMC Program.

Where a provider may have multiple participation arrangements with a plan, it is recognized that it is not possible to determine the participation status a provider acted in from claim information when that provider appears as a referring provider. If the NPI reported as the referring provider participates as an MMC provider with the plan at any time during the period, the Prov_Status indicator should be set to 'P'.

X12 5010 or NCPDP Field equivalents:

Paid amounts may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
835	2100	CLP	CLP04	Claim Payment Amount.
NCPDP D.O.	N/A	Pricing	281	Net Amount Due
Proprietary	N/A			Amount paid under capitation or other arrangement

Referring Identifiers may be found in the following standard claim or remittance fields or their mapped equivalents:

Trans Type	Loop	Segment	Element	Name
837	2310A, 2310F	NM1	NM109	Referring Provider Identifier

Example:

A claim is submitted by and is paid to a non-participating provider (Tax ID 111111111) in the amount of $100 (100.00) for services provided to a plans MMC member. The NPI listed as the referring provider (8888888888) on the claim is a participating MMC provider of the plan during the period. If this is the only claim submitted and paid related to these providers, the reporting would match the table below.

Tax_ID	NPI	Prov_Status	Total_Claim	Total_Paid	Total_Ordered	Total_Referred
111111111		N	100.00	100.00	0.00	0.00
	8888888888	P	0.00	0.00	100.00	0.00