Reporting Manual
for
Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES)

Necessary Data and Reporting Schedule

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

The Green Mountain Care Board is the steward of the Vermont Healthcare Claims Uniform Reporting and Evaluation System ("VHCURES") which contains information related to health care utilization, costs, and resources provided in Vermont and to Vermont residents in other states. Under the statutory authority to collect these data (18 V.S.A. § 9410[1]), the Vermont Green Mountain Care Board (GMCB) administers the program.

Health insurers, health care providers, hospitals and other health care facilities, and governmental agencies must submit reports, data, schedules, statistics, and other information specified by the Board for inclusion in the health care database. This reporting manual, as a companion to Green Mountain Care Board Rule 8.000, specifies data submission requirements for the VHCURES data set, including the required data submission schedule, required fields, file layouts, file components, edit specifications, instructions, and other technical information.

---

[1] https://legislature.vermont.gov/statutes/section/18/221/09410

Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES)
Necessary Data

Header Record Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Description/Codes/Sources
HD001	Record Type	1/31/2007	Text	2	HD
HD002	Payer	1/31/2007	Text	8	Payer submitting payments
					BISHCA Submitter Code
HD003	National Plan ID	1/31/2007	Text	30	CMS National Plan ID
HD004	Type of File	1/31/2007	Text	2	DC Dental Claims
					ME Member Eligibility
					MC Medical Claims
					PC Pharmacy Claims
HD005	Period Beginning Date	1/31/2007	Integer	6	CCYYMM
					Beginning of paid period for Claims
					Beginning of month covered for Eligibility
HD006	Period Ending Date	1/31/2007	Integer	6	CCYYMM
					End of paid period for Claims
					End of month covered for Eligibility
HD007	Record Count	1/31/2007	Integer	10	Total number of records submitted in this file
					Exclude header and trailer record in count
HD008	Comments	1/31/2007	Text	80	Submitter may use to document this submission by assigning a filename, system source, etc.

Header Record Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Description/Codes/Sources
TR001	Record Type	1/31/2007	Text	2	TR
TR002	Payer	1/31/2007	Text	8	Payer submitting payments
					BISHCA Submitter Code
TR003	National Plan ID	1/31/2007	Text	30	CMS National Plan ID
TR004	Type of File	1/31/2007	Text	2	DC Dental Claims
					ME Member Eligibility
					MC Medical Claims
					PC Pharmacy Claims
TR005	Period Beginning Date	1/31/2007	Integer	6	CCYYMM
					Beginning of paid period for Claims
					Beginning of month covered for Eligibility
TR006	Period Ending Date	1/31/2007	Integer	6	CCYYMM
					End of paid period for Claims
					End of month covered for Eligibility
TR007	Date Processed	1/31/2007	Date	8	CCYYMMDD
					Date file was created

Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Description/Codes/Sources
ME001	Payer	1/31/2007	Text	8	Payer submitting payments BISHCA Submitter Code
ME002	National Plan ID	1/31/2007	Text	30	CMS National Plan ID
ME003	Insurance Type Code/Product	1/31/2007	Text	2	12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 Medicare Secondary, No-fault insurance including Auto is primary 15 Medicare Secondary Worker's Compensation 16 Medicare Secondary Public Health Service or Other Federal Agency 41 Medicare Secondary Black Lung 42 Medicare Secondary Veteran's Administration 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 Medicare Secondary, Other Liability Insurance is Primary

* AP Auto Insurance Policy
CP Medicare Conditionally Primary
*
*
           D Disability
           DB Disability Benefits
EP Exclusive Provider Organization
HM Health Maintenance Organization (HMO)
HN Health Maintenance Organization (HMO) Medicare Advantage HS Special Low Income Medicare Beneficiary
IN Indemnity
*
*   LC Long Term Care
*   LD Long Term Policy
*   LI Life Insurance
           LT Litigation
MA Medicare Part A MB Medicare Part B MD Medicare Part D MC Medicaid
MH Medigap Part A MI Medigap Part B MP Medicare Primary

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Description/Codes/Sources
ME003 (Cont'd)	Insurance Type Code/Product				PC Personal Care PE Property Insurance – Personal PR Preferred Provider Organization (PPO) PS Point of Service (POS) QM Qualified Medicare Beneficiary SP Supplemental Policy * WC Workers' Compensation * Indicates that code is not to be included in Vermont submissions. Included in data set for harmonization with other New England states' data collection rules.
ME004	Year	1/31/2007	Integer	4	The year for which eligibility is reported in this submission.
ME005	Month	1/31/2007	Integer	2	The month for which eligibility is reported in this submission.
ME006	Insured Group or Policy Number	1/31/2007	Text	30	The group or policy number - not the number that uniquely identifies the subscriber.
ME007	Coverage Level Code	1/31/2007	Text	3	Benefit coverage level CHD Children Only DEP Dependents Only ECH Employee and Children EMP Employee Only ESP Employee and Spouse FAM Family IND Individual SPC Spouse and Children SPO Spouse Only
ME008	Encrypted Subscriber Unique Identification Number	1/31/2007	Text	128	The encrypted subscriber's social security number; used to create unique member ID. Set as null if unavailable.
ME009	Plan Specific Contract Number	1/31/2007	Text	128	The encrypted plan assigned contract number. Set as null if contract number equals subscriber's social security number.

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Description/Codes/Sources
ME010	Member Suffix or Sequence Number	1/31/2007	Integer	20	The unique number of the member within the contract.
ME011	Member Identification Code	1/31/2007	Text	128	The encrypted member's social security number; used to create unique member ID. Set as null if unavailable.
ME012	Individual Relationship Code	1/31/2007	Integer	2	Member's relationship to insured as shown below: 01 Spouse 18 Self/Employee 19 Child 21 Unknown 34 Other Adult
ME013	Member Gender	1/31/2007	Text	1	M Male F Female U Unknown
ME014	Member Date of Birth	1/31/2007	Date	8	CCYYMMDD
ME015	Member City Name	1/31/2007	Text	30	The city location of the member.
ME016	Member State or Province	1/31/2007	Text	2	As defined by the US Postal Service
ME017	Member ZIP Code	1/31/2007	Text	11	ZIP Code of member - may include non-US codes. Do not include dash.
ME018	Medical Coverage	1/31/2007	Text	1	Y Yes – must be mutually exclusive with MC019. N No
ME019	Prescription Drug Coverage	1/31/2007	Text	1	Y Yes – must be mutually exclusive with MC018. N No
ME020	Placeholder		Text	1	Used and or proposed by other states for – Dental coverage.
ME021	Placeholder		Text	6	Used and or proposed by other states for - Race 1.
ME022	Placeholder		Text	6	Used and or proposed by other states for - Race 2.

Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Description/Codes/Sources
ME023	Placeholder		Text	15	Used and or proposed by other states for – Other Race.
ME024	Placeholder		Text	1	Used and or proposed by other states for – Hispanic indicator.
ME025	Placeholder		Text	6	Used and or proposed by other states for – Ethnicity 1.
ME026	Placeholder		Text	6	Used and or proposed by other states for – Ethnicity 2.
ME027	Placeholder		Text	20	Used and or proposed by other states for – Other Ethnicity.
ME028	Primary Insurance Indicator	1/31/2007	Text	1	1 Yes, primary insurance 2 No, secondary or tertiary insurance

ME029 Coverage Type 1/31/2007 Text 3 ASW for self-funded plans that are administered by a third party
administrator, where the employer has purchased stop-loss, or group excess, insurance coverage
ASO for self funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess insurance coverage
STN for short-term non-renewable health insurance. UND for plans underwritten by the insurer
OTH for any other plan. Insurers using this code shall obtain prior approval from BISHCA

ME030 Market Category Code 1/31/2007 Text 4 IND for policies sold and issued directly to individuals. (Non-group)
FCH or policies sold and issued directly to individuals on a franchise basis.
GCV for policies sold and issued directly to individuals as group conversion policies.
GS1 for policies sold and issued directly to employers having exactly one employee
GS2 for policies sold and issued directly to employers having between two and nine employees
GS3 for policies sold and issued directly to employers having between 10 and 25 employees
GS4 for policies sold and issued directly to employers having between 26 and 50 employees

STATE OF VERMONT

GREEN MOUNTAIN CARE BOARD

Member Eligibility File Specifications

Data Element #	Element	Required Start Date	Type	Maximum Length	Description/Codes/Sources
ME030 (Cont'd)	Market Category Code (Cont'd)	1/31/2007	Text	4	GLG1 for policies sold and issued directly to employers having between 51 and 99 employees

GLG2 for policies sold and issued directly to employers having 100 or more employees
GSA for policies sold and issued directly to small employers through a qualified association trust
OTH For policies sold to other types of entities. Insurers using this market code shall obtain prior approval from BISHCA

Data Element #	Element	Required Start Date	Type	Maximum Length	Description/Codes/Sources
ME031	Placeholder		Text	3	Used and or proposed by other states for Special Coverage. 0 N/A 1 NH HealthFirst 2 VT Catamount
ME101	Encrypted Subscriber Last Name	1/31/2007	Text	128	The encrypted subscriber last name.
ME102	Encrypted Subscriber First Name	1/31/2007	Text	128	The encrypted subscriber first name.
ME103	Encrypted Subscriber Middle Initial	1/31/2007	Text	1	The encrypted subscriber middle initial.
ME104	Encrypted Member Last Name	1/31/2007	Text	128	The encrypted member last name.
ME105	Encrypted Member First Name	1/31/2007	Text	128	The encrypted member first name.
ME106	Encrypted Member Middle Initial	1/31/2007	Text	1	The encrypted member middle initial.
ME899	Record Type	1/31/2007	Text	2	Value = ME

STATE OF VERMONT

GREEN MOUNTAIN CARE BOARD

Member Eligibility File Mapping to National Standards

Data Element #	Element	HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
ME001	Payer	N/A
ME002	National Plan ID	271/2100A/NM1/XV/09
ME003	Insurance Type Code/Product	271/2110C/EB/ /04, 271/2110D/EB/ /04
ME004	Year	N/A
ME005	Month	N/A
ME006	Insured Group or Policy Number	271/2100C/REF/1L/02, 271/2100C/REF/IG/02, 271/2100C/REF/6P/02, 271/2100D/REF/1L/02, 271/2100D/REF/IG/02, 271/2100D/REF/6P/02
ME007	Coverage Level Code	271/2110C/EB/ /03, 271/2110D/EB/ /03
ME008	Encrypted Subscriber Unique Identification Number	271/2100C/NM1/MI/09
ME009	Plan Specific Contract Number	271/2100C/NM1/MI/09
ME010	Member Suffix or Sequence Number	N/A
ME011	Member Identification Code	271/2100C/NM1/MI/09, 271/2100D/NM1/MI/09
ME012	Individual Relationship Code	271/2100C/INS/Y/02, 271/2100D/INS/N/02
ME013	Member Gender	271/2100C/DMG/ /03, 271/2100D/DMG/ /03
ME014	Member Date of Birth	271/2100C/DMG/D8/02, 271/2100D/DMG/D8/02
ME015	Member City Name	271/2100C/N4/ /01, 271/2100D/N4/ /01
ME016	Member State or Province	271/2100C/N4/ /02, 271/2100D/N4/ /02
ME017	Member ZIP Code	271/2100C/N4/ /03, 271/2100D/N4/ /03
ME018	Medical Coverage	N/A
ME019	Prescription Drug Coverage	N/A
ME020	Placeholder	N/A
ME021	Placeholder	N/A
ME022	Placeholder	N/A
ME023	Placeholder	N/A
ME024	Placeholder	N/A
ME025	Placeholder	N/A
ME026	Placeholder	N/A
ME027	Placeholder	N/A

Member Eligibility File Mapping to National Standards

Data Element #	Element	HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
ME028	Primary Insurance Indicator	N/A
ME029	Coverage Type	N/A
ME030	Market Category Code	N/A
ME031	Placeholder	N/A
ME101	Encrypted Subscriber Last Name	N/A
ME102	Encrypted Subscriber First Name	N/A
ME103	Encrypted Subscriber Middle Initial	N/A
ME104	Encrypted Member Last Name	N/A
ME105	Encrypted Member First Name	N/A
ME106	Encrypted Member Middle Initial	N/A
ME899	Record Type	N/A

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
MC001	Payer	1/31/2007	Text	8	Payer submitting payments
					BISHCA Submitter Code
MC002	National Plan ID	1/31/2007	Text	30	CMS National Plan ID
MC003	Insurance Type/Product Code	1/31/2007	Text	2	12 Preferred Provider Organization (PPO)
					13 Point of Service (POS)
					14 Exclusive Provider Organization (EPO)
					15 Indemnity Insurance
					16 Health Maintenance Organization (HMO) Medicare Advantage
					HM Health Maintenance Organization
					MA Medicare Part A
					MB Medicare Part B
					MD Medicare Part D
					MC Medicaid
					OF Other Federal Program (e.g. Black Lung)
					TV Title V
					VA Veteran Administration Plan
					* WC Worker's Compensation
					* Indicates that code is not to be included in Vermont submissions. Included in data set for harmonization with other New England states' data collection rules.
MC004	Payer Claim Control Number	1/31/2007	Text	35	Must apply to the entire claim and be unique within the payer's system.
MC005	Line Counter	1/31/2007	Integer	4	The line number for this service.
					The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.
MC005A	Version Number	1/31/2007	Integer	4	The version number of this claim service line.
					The version number begins with 0 and is incremented by 1 for each subsequent version of that service line.
MC006	Insured Group or Policy Number	1/31/2007	Text	30	Group or policy number - not the number that uniquely identifies the subscriber.

Medical Claims File Specifications
Data Element
 # Data Element Name
Required Start Date
Type Maximum Length Description/Codes/Sources

MC007 Encrypted Subscriber Unique Identification Number

1/31/2007 Text 128 The encrypted subscriber's social security number; used to create unique member ID. Set as null if unavailable.

MC008 Plan Specific Contract Number 1/31/2007 Text 128 The encrypted plan assigned contract number. Set as null if contract number equals subscriber's social security number.

MC009 Member Suffix or Sequence Number 1/31/2007 Integer 20 The unique number of the member within the contract.

MC010 Member Identification Code 1/31/2007 Text 128 The encrypted member's social security number; used to create unique member ID. Set as null if unavailable.

MC011 Individual Relationship Code 1/31/2007 Integer 2 Member's relationship to insured as shown below:

01 Spouse
04 Grandfather or Grandmother 05 Grandson or Granddaughter 07 Nephew or Niece
10 Foster Child
15 Ward
17 Stepson or Stepdaughter

19	Child
20	Employee/Self
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29 Significant Other	
32	Mother
33	Father
36 Emancipated Minor	
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff

43 Child Where Insured Has No Financial Responsibility
53 Life Partner
76 Dependent

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
MC012	Member Gender	1/31/2007	Text	1	M Male F Female U Unknown
MC013	Member Date of Birth	1/31/2007	Date	8	CCYYMMDD
MC014	Member City Name	1/31/2007	Text	30	The city name of the member.
MC015	Member State or Province	1/31/2007	Text	2	As defined by the US Postal Service
MC016	Member ZIP Code	1/31/2007	Text	11	ZIP Code of member - may include non-US codes. Do not include dash.
MC017	Date Service Approved/Accounts Payable Date/Actual Paid Date	1/31/2007	Date	8	CCYYMMDD
MC018	Admission Date	1/31/2007	Date	8	Required for all inpatient claims. CCYYMMDD
MC019	Admission Hour	1/31/2007	Integer	4	Required for all inpatient claims. Time is expressed in military time – HHMM
MC020	Admission Type	1/31/2007	Integer	1	Required for all inpatient claims. Refer to Appendix A.
MC021	Admission Source	1/31/2007	Text	1	Required for all inpatient claims. Refer to Appendix A.
MC022	Discharge Hour	1/31/2007	Integer	4	Hour in military time - HHMM
MC023	Discharge Status	1/31/2007	Integer	2	Required for all inpatient claims.

01 Discharged to home or self care
02 Discharged/transferred to another short term general hospital for inpatient care
03 Discharged/transferred to skilled nursing facility (SNF)
04 Discharged/transferred to nursing facility (NF)

Medical Claims File Specifications
Data Element
 # Data Element Name
Required Start Date
Type Maximum Length Description/Codes/Sources

MC023 (Cont'd)	Discharge Status (Cont'd)		
			05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution
		06	Discharged/transferred to home under care of organized home health service organization
		07	Left against medical advice or discontinued care
			08 Discharged/transferred to home under care of a Home IV provider
			09 Admitted as an inpatient to this hospital
			20 Expired
			30 Still patient or expected to return for outpatient services
			40 Expired at home
			41 Expired in a medical facility
			42 Expired, place unknown
			43 Discharged/transferred to a Federal Hospital
			50 Hospice – home
			51 Hospice – medical facility
		61	Discharged/transferred within this institution to a hospital-based Medicare-approved swing bed
		62	Discharged/transferred to an inpatient rehabilitation facility including distinct parts of a hospital
			63 Discharged/transferred to a long term care hospital
			64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare

MC024 Service Provider Number 1/31/2007 Text 30 Payer assigned provider number.
This number should be the identifier used by the payer for internal identification purposes, and does not routinely change. In many cases, it will be the provider Medicare number.

MC025 Service Provider Tax ID Number 1/31/2007 Text 10 Federal taxpayer's identification number.
MC026 National Service Provider ID 1/31/2007 Text 20 Required if National Provider ID is mandated for use under HIPAA.
The preferred code for this element is for the rendering provider. For the billing provider, see MC077.

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
MC027	Service Provider Entity Type Qualifier	1/31/2007	Text	1	HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as a "person", and these shall be coded as a person. Insurers and health care processors shall code according to: 1 Person 2 Non-Person Entity
MC028	Service Provider First Name	1/31/2007	Text	25	Individual first name. Set to null if provider is a facility or organization.
MC029	Service Provider Middle Name	1/31/2007	Text	25	Individual middle name or initial. Set to null if provider is a facility or organization.
MC030	Service Provider Last Name or Organization Name	1/31/2007	Text	60	Full name of provider organization or last name of individual provider.
MC031	Service Provider Suffix	1/31/2007	Text	10	Suffix to individual name. Set to null if provider is a facility or organization. The service provider suffix shall be used to capture the generation of the individual clinician (e.g., Jr., Sr., III.), if applicable, rather than the clinician's degree (e.g., MD, LCSW).
MC032	Service Provider Specialty	1/31/2007	Text	50	As defined by payer Dictionary for specialty code values must be supplied during testing.
MC033	Service Provider City Name	1/31/2007	Text	30	City name of provider and preferably the practice location.
MC034	Service Provider State or Province	1/31/2007	Text	2	As defined by the US Postal Service.
MC035	Service Provider ZIP Code	1/31/2007	Text	11	ZIP Code of provider - may include non-US codes. Do not include dash.
MC036	Type of Bill - Institutional/ Facility Claims, such as those submitted using on UB04 forms	1/31/2007	Integer	2	Required for institutional claims. Not to be used for professional claims. **Type of Facility - First Digit** 1 Hospital 2 Skilled Nursing

Medical Claims File Specifications
Data Element
 # Data Element Name

Required Start Date
Type Maximum
Length Description/Codes/Sources

MC036	Type of Bill - Institutional/ Facility	3 Home Health
(Cont'd)	Claims (Cont'd)	4 Christian Science Hospital
		5 Christian Science Extended Care
		6 Intermediate Care
		7 Clinic
		8 Special Facility

Bill Classification - Second Digit if First Digit = 1-6

1	Inpatient (Including Medicare Part A)
2	Inpatient (Medicare Part B Only)
3	Outpatient
4	Other (for hospital referenced diagnostic services or home health not under a plan of treatment)
5	Nursing Facility Level I
6	Nursing Facility Level II
7	Intermediate Care - Level III Nursing Facility
8	Swing Beds

Bill Classification - Second Digit if First Digit = 7

1	Rural Health
2	Hospital Based or Independent Renal Dialysis Center
3	Free Standing Outpatient Rehabilitation Facility (ORF)
5	Comprehensive Outpatient Rehabilitation Facilities (CORF)
6	Community Mental Health Center
9 Other	

Bill Classification - Second Digit if First Digit = 8

1	Hospice (Non Hospital Based)
2	Hospice (Hospital-Based)
3	Ambulatory Surgery Center
4	Free Standing Birthing Center
9 Other	

MC037 Site of Service – on NSF/CMS 1500 Claims	1/31/2007	Text	2	Required for professional claims. Not to be used for institutional claims. 11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital

Medical Claims File Specifications

**Data Element
Data Element Name**

Required Start Date

**Type Maximum
Length Description/Codes/Sources**

Data Element #	Data Element Name	Description/Codes/Sources
MC037 (Cont'd)	Site of Service – on NSF/CMS 1500 Claims (Cont'd)	23 Emergency Room - Hospital
		24 Ambulatory Surgery Center
		25 Birthing Center
		26 Military Treatment Facility
		31 Skilled Nursing Facility
		32 Nursing Facility
		33 Custodial Care Facility
		34 Hospice
		35 Boarding Home
		41 Ambulance - Land
		42 Ambulance - Air or Water
		50 Federally Qualified Center
		51 Inpatient Psychiatric Facility
		52 Psychiatric Facility Partial Hospitalization
		53 Community Mental Health Center
		54 Intermediate Care Facility/Mentally Retarded
		55 Residential Substance Abuse Treatment Facility
		56 Psychiatric Residential Treatment Center
		60 Mass Immunization Center
		61 Comprehensive Inpatient Rehabilitation Facility
		62 Comprehensive Outpatient Rehabilitation Facility
		65 End Stage Renal Disease Treatment Facility
		71 State or Local Public Health Clinic
		72 Rural Health Clinic
		81 Independent Laboratory
		99 Other Unlisted Facility

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

MC038	Claim Status		1/31/2007	Integer	2	01 Processed as primary
						02 Processed as secondary
						03 Processed as tertiary
						04 Denied
						19 Processed as primary, forwarded to additional payer(s)
						20 Processed as secondary, forwarded to additional payer(s)
						21 Processed as tertiary, forwarded to additional payer(s)
						22 Reversal of previous payment

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
MC039	Admitting Diagnosis	1/31/2007	Text	5	Required on all inpatient admission claims and encounters using the ICD-9-CM. Do not code decimal point.
MC040	E-Code	1/31/2007	Text	5	Describes an injury, poisoning or adverse effect using the ICD-9-CM. Do not include decimal point.
MC041	Principal Diagnosis	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC042	Other Diagnosis – 1	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC043	Other Diagnosis – 2	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC044	Other Diagnosis – 3	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC045	Other Diagnosis – 4	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC046	Other Diagnosis – 5	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC047	Other Diagnosis – 6	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC048	Other Diagnosis – 7	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC049	Other Diagnosis – 8	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC050	Other Diagnosis – 9	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC051	Other Diagnosis – 10	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC052	Other Diagnosis – 11	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.
MC053	Other Diagnosis – 12	1/31/2007	Text	5	ICD-9-CM. Do not code decimal point.

| MC054 | Revenue Code | 1/31/2007 | Integer | 4 | National Uniform Billing Committee Codes. Code using leading zeroes, left justified and four digits. |
| MC055 | Procedure 1 Code | 1/31/2007 | Text | 5 | Health Care Common Procedural Coding System (HCPCS). This includes the CPT codes of the American Medical Association. |

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
MC056	Procedure 1 Modifier – 1	1/31/2007	Text	2	Procedure modifier required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. When the insurer utilizes a local code system for modifiers, a reference table shall be submitted.
MC057	Procedure 1 Modifier – 2	1/31/2007	Text	2	Procedure modifier required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. When the insurer utilizes a local code system for modifiers, a reference table shall be submitted.
MC058	ICD-9-CM Procedure Code	1/31/2007	Text	4	Primary ICD-9-CM code for this line of service. Do not code decimal point.
MC059	Date of Service – From	1/31/2007	Date	8	First date of service for this service line. CCYYMMDD
MC060	Date of Service – Thru	1/31/2007	Date	8	Last date of service for this service line. CCYYMMDD
MC061	Quantity	1/31/2007	Integer	3	Count of services performed, which shall be set equal to one on all observation bed service lines and should be set equal to zero on all other room and board service lines, regardless of the length of stay.
MC062	Charge Amount	1/31/2007	Decimal	10	Do not code decimal point.
MC063	Paid Amount	1/31/2007	Decimal	10	Includes any withhold amounts. Do not code decimal point. This element includes all payments made by the insurer except capitation.
MC064	Prepaid Amount	1/31/2007	Decimal	10	For capitated services - the fee for service equivalent amount. Do not code decimal point.
MC065	Co-pay Amount	1/31/2007	Decimal	10	The preset, fixed dollar amount for which the individual is responsible. Do not code decimal point.
MC066	Coinsurance Amount	1/31/2007	Decimal	10	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
MC067	Deductible Amount	1/31/2007	Decimal	10	The dollar amount of the deductible. Do not code decimal point.
MC068	Patient Account/Control Number	1/31/2007	Text	20	Number assigned by hospital.
MC069	Discharge Date	1/31/2007	Date	8	Date patient discharged. Required for all inpatient claims. CCYYMMDD
MC070	Service Provider Country Name	1/31/2007	Text	30	Code US for United States.
MC071	DRG	1/31/2007	Text	10	Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to DRGs transmitted from the hospital provider. When the CMS methodology for DRGs is not available, but the All Payer DRG system is used, the insurer shall format the DRG and the complexity level within the same field with an "A" prefix, and with a hyphen separating the DRG and the complexity level (e.g. AXXX-XX)
MC072	DRG Version	1/31/2007	Text	2	Version number of the grouper used.
MC073	APC	1/31/2007	Text	4	Insurers and health care claims processors shall code using the CMS methodology when available. Precedence shall be given to APCs transmitted from the health care provider.
MC074	APC Version	1/31/2007	Text	2	Version number of the grouper used.
MC075	Drug Code	1/31/2007	Text	11	Insurers and health care claims processors shall code according to NDC code.
MC076	Billing Provider Number	1/31/2007	Text	30	Payer assigned provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change.
MC077	National Billing Provider ID	1/31/2007	Text	20	National Provider ID mandated for use under HIPAA.
MC078	Billing Provider Last Name	1/31/2007	Text	60	Full name of billing organization or last name of individual billing or Organization Name.

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

Medical Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
MC101	Encrypted Subscriber Last Name	1/31/2007	Text	128	The encrypted subscriber last name.
MC102	Encrypted Subscriber First Name	1/31/2007	Text	128	The encrypted subscriber first name.
MC103	Encrypted Subscriber Middle Initial	1/31/2007	Text	1	The encrypted subscriber middle initial.
MC104	Encrypted Member Last Name	1/31/2007	Text	128	The encrypted member last name.
MC105	Encrypted Member First Name	1/31/2007	Text	128	The encrypted member first name.
MC106	Encrypted Member Middle Initial	1/31/2007	Text	1	The encrypted member middle initial.
MC899	Record Type	1/31/2007	Text	2	Value = MC

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

Medical Claims File Mapping to National Standards

Data Element #	Locator and field changes with updated forms (UB-04) shall comply with standard practices. Data Element Name	UB-92 Form Locator	UB-92 (Version 6.0) Record Type / Field #	HCFA 1500 #	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC001	Payer	N/A	N/A	N/A	N/A	N/A
MC002	National Plan ID	N/A	N/A	N/A	N/A	835/1000A/N1/XV/04
MC003	Product/Claim Filing Indicator Code	N/A	30/4	N/A	N/A	835/2100/CLP/ /06
MC004	Payer Claim Control Number	N/A	N/A	N/A	FA0-02.0, FB0-02.0, FB1-02.0, GA0-02.0, GC0-02.0, GX0-02.0, GX2-02.0, HA0-02.0, FB2-02.0, GU0-02.0	835/2100/CLP/ /07
MC005	Line Counter	N/A	N/A	N/A	N/A	837/2400/LX/ /01
MC005A	Version Number	N/A	N/A	N/A	N/A	N/A
MC006	Insured Group or Policy Number	62 (A-C)	30/10	11C	DA0-10.0	837/2000B/SBR/ /03
MC007	Encrypted Subscriber Unique Identification Number	N/A	N/A	N/A	N/A	835/2100/NM1/34/09
MC008	Plan Specific Contract Number	N/A	N/A	N/A	N/A	835/2100/NM1/HN/09
MC009	Member Suffix or Sequence Number	N/A	N/A	N/A	N/A	N/A
MC010	Member Identification Code	N/A	N/A	N/A	N/A	835/2100/NM1/MI/08
MC011	Individual Relationship Code	59 (A-C)	30/18	6	DA0-17.0	837/2000B/SBR/ /02, 837/2000C/PAT/ /01
MC012	Member Gender	15	20/7	3	CA0-09.0	837/2010CA/DMG//03
MC013	Member Date of Birth	14	20/8	3	CA0-08.0	837/2010CA/DMG/D8/02
MC014	Member City Name	13	20/14	5	CA0-13.0	837/2010CA/N4/ /01
MC015	Member State or Province	13	20/15	5	CA0-14.0	837/2010CA/N4/ /02
MC016	Member ZIP Code	13	20/16	5	CA0-15.0	837/2010CA/N4/ /03
MC017	Date Service Approved	N/A	N/A	N/A	N/A	N/A
MC018	Admission Date	17	20/17	N/A	N/A	837/2300/DTP/435/03
MC019	Admission Hour	18	20/18	N/A	N/A	837/2300/DTP/435/03
MC020	Admission Type	19	20/10	N/A	N/A	837/2300/CL1/ /01
MC021	Admission Source	20	20/11	N/A	N/A	837/2300/CL1/ /02
MC022	Discharge Hour	21	20/22	N/A	N/A	837/2300/DTP/096/03
MC023	Discharge Status	22	20/21	N/A	N/A	837/2300/CL1/ /03

Medical Claims File Mapping to National Standards

Data Element #	Locator and field changes with updated forms (UB-04) shall comply with standard practices. Data Element Name	UB-92 Form Locator	UB-92 (Version 6.0) Record Type / Field #	HCFA 1500 #	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC024	Service Provider Number	N/A	N/A	N/A	N/A	835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09 835/2100/NM1/FI/09
MC025	Service Provider Tax ID Number	5	10/4-5	25	BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0	
MC026	National Service Provider ID	N/A	10/6	N/A	N/A	835/2100/NM1/XX/09
MC027	Service Provider Entity Type Qualifier	N/A	N/A	N/A	N/A	835/2100/NM1/82/02
MC028	Service Provider First Name	1	10/12	33	BA0-20.0	835/2100/NM1/82/04
MC029	Service Provider Middle Name	1	10/12	33	BA0-21.0	835/2100/NM1/82/05
MC030	Service Provider Last Name or Organization Name	1	10/12	33	BA0-18.0, BA0-19.0	835/2100/NM1/82/03
MC031	Service Provider Suffix	1	10/12	33	BA0-22.0	835/2100/NM1/82/07
MC032	Service Provider Specialty	N/A	N/A	N/A	N/A	837/2000A/PRV/ZZ/03
MC033	Service Provider City Name	1	10/14	N/A	BA1-09.0, 15.0	837/2010A/N4/ /01
MC034	Service Provider State or Province	1	10/15	N/A	BA1-10.0, 16.0	837/2010A/N4/ /02
MC035	Service Provider ZIP Code	1	10/16	N/A	BA1-11.0, 17.0	837/2010A/N4/ /03
MC036	Type of Bill - Institutional/ Facility Claims	4	Positions 1-2: 40/4	N/A	N/A	837/2300/CLM/ /05-1
MC037	Site of Service – on NSF/CMS 1500 Claims	N/A	N/A	24B	FA0-07.0, GU0-0.50	837/2300/CLM/ /05-1
MC038	Claim Status	N/A	N/A	N/A	N/A	835/2100/CLP/ /02
MC039	Admitting Diagnosis	76	70/25	N/A	N/A	837/2300/HI/BJ/02-2
MC040	E-Code	77	70/26	N/A	N/A	837/2300/HI/BN/03-2
MC041	Principal Diagnosis	67	70/4	21.1	EA0-32.0, GX0-31.0, GU0-12.0	837/2300/HI/BK/01-2
MC042	Other Diagnosis – 1	68	70/5	21.2	EA0-33.0, GX0-32.0, GU0-13.0	837/2300/HI/BF/01-2

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

Medical Claims File Mapping to National Standards

Data Element #	Locator and field changes with updated forms (UB-04) shall comply with standard practices. Data Element Name	UB-92 Form Locator	UB-92 (Version 6.0) Record Type / Field #	HCFA 1500 #	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC043	Other Diagnosis – 2	69	70/6	21.3	EA0-33.0, GX0-32.0, GU0-13.0	837/2300/HI/BF/02-2
MC044	Other Diagnosis – 3	70	70/7	21.4	EA0-33.0, GX0-32.0, GU0-13.0	837/2300/HI/BF/03-2
MC045	Other Diagnosis – 4	71	70/8	N/A	EA0-35.0, GX0-34.0, GU0-15.0	837/2300/HI/BF/04-2
MC046	Other Diagnosis – 5	72	70/9	N/A	N/A	837/2300/HI/BF/05-2
MC047	Other Diagnosis – 6	73	70/10	N/A	N/A	837/2300/HI/BF/06-2
MC048	Other Diagnosis – 7	74	70/11	N/A	N/A	837/2300/HI/BF/07-2
MC049	Other Diagnosis – 8	75	70/12	N/A	N/A	837/2300/HI/BF/08-2
MC050	Other Diagnosis – 9	N/A	N/A	N/A	N/A	837/2300/HI/BF/09-2
MC051	Other Diagnosis –10	N/A	N/A	N/A	N/A	837/2300/HI/BF/10-2
MC052	Other Diagnosis –11	N/A	N/A	N/A	N/A	837/2300/HI/BF/11-2
MC053	Other Diagnosis –12	N/A	N/A	N/A	N/A	837/2300/HI/BF/12-2
MC054	Revenue Code	42	50/5,11-13, 60/5,15-16, 61/5,15-16	N/A	N/A	835/2110/SVC/RB/01-2, 835/2110/SVC/NU/01-2
MC055	Procedure Code	44	60/6,15-16, 61/6,15-16	24.1-6 D	FA0-09.0, FB0-15.0, GU0-07.0	835/2110/SVC/HC/01-2
MC056	Procedure Modifier – 1	44	60/7,15-16, 61/7, 15-16	24.1-6 D	FA0-10.0, GU0-08.0	835/2110/SVC/HC/01-3
MC057	Procedure Modifier – 2	44	60/8,15-16, 61/8,15-16	24.1-6 D	FA0-11.0	835/2110/SVC/HC/01-4
MC058	ICD-9-CM Procedure Code	80, 81(A-E)	70/13, 15, 17, 19, 21, 23	N/A	N/A	835/2110/SVC/ID/01-2
MC059	Date of Service – From	45	61/13, 15-16, 61/13, 15-16	24.1-6 A	N/A	835/2110/DTM/150/02
MC060	Date of Service – Thru	N/A	N/A	24.1-6 A	FA0-05.0, FA0-06.0	835/2110/DTM/151/02
MC061	Quantity	46	50/7, 11-13, 60/9,15-16, 61/9,15-16	24.1-6 G	FA0-19.0, FB0-16.0	835/2110/SVC/ /05
MC062	Charge Amount	47	50/8,11-13, 60/10, 15-16, 61/11,15-16	24.1-6 F	FA0-13.0	835/2110/SVC/ /02
MC063	Paid Amount	48	N/A	N/A	N/A	835/2110/SVC/ /03
MC064	Prepaid Amount	N/A	N/A	N/A	N/A	N/A
MC065	Co-pay Amount	N/A	N/A	N/A	N/A	N/A

Medical Claims File Mapping to National Standards

Data Element #	Locator and field changes with updated forms (UB-04) shall comply with standard practices. Data Element Name	UB-92 Form Locator	UB-92 (Version 6.0) Record Type / Field #	HCFA 1500 #	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment ID/Code Value/ Reference Designator
MC066	Coinsurance Amount	N/A	N/A	N/A	N/A	N/A
MC067	Deductible Amount	N/A	N/A	N/A	N/A	N/A
MC068	Patient Account/Control Number	3	20/3	26	CAO-03.0	837/2300/CLM//01
MC069	Discharge Date	6	20/20	24A	EAO-29.0	N/A
MC070	Service Provider Country Name	9	N/A	N/A	N/A	837/2310E/N4/04
MC071	DRG	N/A	N/A	N/A	N/A	N/A
MC072	DRG Version	N/A	N/A	N/A	N/A	N/A
MC073	APC	N/A	N/A	N/A	N/A	N/A
MC074	APC Version	N/A	N/A	N/A	N/A	N/A
MC075	Drug Code	N/A	N/A	N/A	N/A	N/A
MC076	Billing Provider Number	N/A	N/A	N/A	N/A	N/A
MC077	National Billing Provider ID	N/A	N/A	N/A	N/A	N/A
MC078	Billing Provider Last Name	N/A	N/A	N/A	N/A	N/A
MC101	Encrypted Subscriber Last Name	N/A	N/A	N/A	N/A	N/A
MC102	Encrypted Subscriber First Name	N/A	N/A	N/A	N/A	N/A
MC103	Encrypted Subscriber Middle Initial	N/A	N/A	N/A	N/A	N/A
MC104	Encrypted Member Last Name	N/A	N/A	N/A	N/A	N/A
MC105	Encrypted Member First Name	N/A	N/A	N/A	N/A	N/A
MC106	Encrypted Member Middle Initial	N/A	N/A	N/A	N/A	N/A
MC899	Record Type	N/A	N/A	N/A	N/A	N/A

Pharmacy Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
PC001	Payer	1/31/2007	Text	8	Payer submitting payments BISHCA Submitter Code
PC002	National Plan ID	1/31/2007	Text	30	CMS National Plan ID
PC003	Insurance Type/Product Code	1/31/2007	Text	2	12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Advantage * AM Automobile Medical * DS Disability HM Health Maintenance Organization * LI Liability * LM Liability Medical MA Medicare Part A MB Medicare Part B MD Medicare Part D MC Medicaid OF Other Federal Program (e.g. Black Lung) TV Title V VA Veteran Administration Plan * WC Workers' Compensation * Indicates that code is not to be included in Vermont submissions. Included in data set for harmonization with other New England states' data collection rules
PC004	Payer Claim Control Number	1/31/2007	Text	35	Must apply to the entire claim and be unique within the payer's system.
PC005	Line Counter	1/31/2007	Integer	4	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim.
PC006	Insured Group Number	1/31/2007	Text	50	The group or policy number – not the number that uniquely identifies the

subscriber.

Pharmacy Claims File Specifications

Data Element #

**Data Element Name Required
Start Date Type**

**Maximum
Length Description/Codes/Sources**

PC007 Encrypted Subscriber Unique
Identification Number

1/31/2007 Text 128 The encrypted subscriber's social security number; used to create unique member ID. Set as null if unavailable.

PC008 Plan Specific Contract Number 1/31/2007 Text 128 The encrypted plan assigned contract number.
Set as null if contract number equals subscriber's social security number.

PC009 Member Suffix or Sequence
Number

1/31/2007 Integer 20 The unique number that identifies the member within the contract.

PC010 Member Identification Code 1/31/2007 Text 128 The encrypted member's social security number; used to create unique
member ID. Set as null if unavailable.

PC011 Individual Relationship Code 1/31/2007 Integer 2 Member's relationship to insured as shown below:
01 Spouse
04 Grandfather or Grandmother 05 Grandson or Granddaughter 07 Nephew or Niece
10 Foster Child
15 Ward
17 Stepson or Stepdaughter
19   Child

20	Employee/Self
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29 Significant Other	
32	Mother
33	Father
36 Emancipated Minor	
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43 Child Where Insured Has No Financial Responsibility	
53 Life Partner	
76 Dependent	

Pharmacy Claims File Specifications

Data Element #

Data Element Name Required
Start Date Type

Maximum
Length Description/Codes/Sources

Data Element #	Data Element Name	Start Date	Type	Maximum Length	Description/Codes/Sources
PC012	Member Gender	1/31/2007	Integer	1	1 Male 2 Female 3 Unknown
PC013	Member Date of Birth	1/31/2007	Date	8	CCYYMMDD
PC014	Member City Name of Residence	1/31/2007	Text	30	The city name of member.
PC015	Member State or Province	1/31/2007	Text	2	As defined by the US Postal Service
PC016	Member ZIP Code	1/31/2007	Text	9	ZIP Code of member – may include non-US codes. Do not include dash.

PC017 Date Service Approved (AP Date) 1/31/2007 Date 8 CCYYMMDD
This date is generally the same date as the paid date or the pharmacy benefits manager's billing date.

PC018 Pharmacy Number 1/31/2007 Text 30 The payer assigned pharmacy number.
This number should be the identifier used by the payer for internal identification purposes, and does not routinely change.
An AHFS number is acceptable.

PC019 Pharmacy Tax ID Number 1/31/2007 Text 10 Federal taxpayer's identification number.
Insurers and health care claims processors shall provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.

PC020 Pharmacy Name 1/31/2007 Text 30 The name of pharmacy

PC021 National Pharmacy ID Number 1/31/2007 Text 20 Required if National Provider ID is mandated for use under HIPAA PC022 Pharmacy Location City

1/31/2007 Text 30 The city name of pharmacy, preferably pharmacy location.

PC023 Pharmacy Location State 1/31/2007 Text 2 As defined by the US Postal Service

PC024 Pharmacy ZIP Code 1/31/2007 Text 10 ZIP Code of pharmacy – may include non-US codes. Do not include dash.

PC024A Pharmacy Country Name 1/31/2007 Text 30 Code US for United States

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

Pharmacy Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
PC025	Claim Status	1/31/2007	Integer	2	01 Processed as primary 02 Processed as secondary 03 Processed as tertiary 04 Denied 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment
PC026	Drug Code	1/31/2007	Text	11	NDC Code
PC027	Drug Name	1/31/2007	Text	80	Text name of drug
PC028	New Prescription or Refill	1/31/2007	Integer	2	00 New prescription 01-99 Number of refill
PC029	Generic Drug Indicator	1/31/2007	Text	1	N No, branded drug Y Yes, generic drug
PC030	Dispense as Written Code	1/31/2007	Integer	1	0 Not dispensed as written 1 Physician dispense as written 2 Member dispense as written 3 Pharmacy dispense as written 4 No generic available 5 Brand dispensed as generic 6 Override 7 Substitution not allowed – brand drug mandated by law 8 Substitution allowed – generic drug not available in marketplace 9 Other
PC031	Compound Drug Indicator	1/31/2007	Text	1	N Non-compound drug Y Compound drug

U   Non-specified drug compound

PC032   Date Prescription Filled   1/31/2007   Date   8   CCYYMMDD

Pharmacy Claims File Specifications

Data Element #

Data Element Name Required
Start Date Type

Maximum
Length Description/Codes/Sources

PC033 Quantity Dispensed 1/31/2007 Integer 5 The number of metric units of medication dispensed.

PC034 Days Supply 1/31/2007 Integer 3 The estimated number of days the prescription will last. PC035 Charge Amount 1/31/2007 Decimal 10 Do not

code decimal point.

PC036 Paid Amount 1/31/2007 Decimal 10 Includes all health plan payments and excludes all member payments.
Do not code decimal point.

PC037 Ingredient Cost/List Price 1/31/2007 Decimal 10 The cost of the drug dispensed. Do not code decimal point. PC038 Postage Amount Claimed

1/31/2007 Decimal 10 Do not code decimal point.

PC039 Dispensing Fee 1/31/2007 Decimal 10 Do not code decimal point.

PC040 Co-pay Amount 1/31/2007 Decimal 10 The preset, fixed dollar amount for which the individual is responsible.
Do not code decimal point.

PC041 Coinsurance Amount 1/31/2007 Decimal 10 The dollar amount an individual is responsible for – not the percentage.
Do not code decimal point. PC042 Deductible Amount 1/31/2007 Decimal 10 Do not code decimal point.

PC044 Prescribing Physician First Name 1/31/2007 Text 25 Physician first name. Required if PC046 is not filled.

PC045 Prescribing Physician Middle Name 1/31/2007 Text 25 Physician middle name or initial. Required if PC046 is not filled. PC046 Prescribing Physician Last

Name 1/31/2007 Text 60 Physician last name. Required if PC046 is not filled.

PC047 Prescribing Physician Number 1/31/2007 Text 20 The DEA or NPI number for the prescribing physician. PC101 Encrypted Subscriber Last Name

1/31/2007 Text 128 The encrypted subscriber last name.

PC102 Encrypted Subscriber First Name 1/31/2007 Text 128 The encrypted subscriber first name. PC103 Encrypted Subscriber Middle

Initial 1/31/2007 Text 1 The encrypted subscriber middle initial.

Pharmacy Claims File Specifications

Data Element #	Data Element Name	Required Start Date	Type	Maximum Length	Description/Codes/Sources
PC104	Encrypted Member Last Name	1/31/2007	Text	128	The encrypted member last name.
PC105	Encrypted Member First Name	1/31/2007	Text	128	The encrypted member first name.
PC106	Encrypted Member Middle Initial	1/31/2007	Text	1	The encrypted member middle initial.
PC899	Record Type	1/31/2007	Text	2	Value = PC

STATE OF VERMONT

GREEN MOUNTAIN CARE BOARD

Pharmacy Claims Mapping to National Standards

Data Element #	Data Element Name	National Council for Prescription Drug Programs Field #
PC001	Payer	N/A
PC002	Plan ID	N/A
PC003	Insurance Type/Product Code	N/A
PC004	Payer Claim Control Number	N/A
PC005	Line Counter	N/A
PC006	Insured Group Number	301-C1
PC007	Encrypted Subscriber Unique Identification Number	302-C2
PC008	Plan Specific Contract Number	N/A
PC009	Member Suffix or Sequence Number	N/A
PC010	Member Identification Code	302-CY
PC011	Individual Relationship Code	306-C6
PC012	Member Gender	305-C5
PC013	Member Date of Birth	304-C4
PC014	Member City Name of Residence	323-CN
PC015	Member State or Province	324-CO
PC016	Member ZIP Code	325-CP
PC017	Date Service Approved (AP Date)	N/A
PC018	Pharmacy Number	202-B2
PC019	Pharmacy Tax ID Number	N/A
PC020	Pharmacy Name	833-5P
PC021	National Pharmacy ID Number	N/A
PC022	Pharmacy Location City	831-5N
PC023	Pharmacy Location State	832-6F
PC024	Pharmacy ZIP Code	835-5R
PC024A	Pharmacy Country Name	N/A
PC025	Claim Status	N/A
PC026	Drug Code	407-D7
PC027	Drug Name	516-FG

Pharmacy Claims Mapping to National Standards

Data Element #	Data Element Name	National Council for Prescription Drug Programs Field #
PC028	New Prescription or Refill	403-D3
PC029	Generic Drug Indicator	N/A
PC030	Dispense as Written Code	408-D8
PC031	Compound Drug Indicator	406-D6
PC032	Date Prescription Filled	401-D1
PC033	Quantity Dispensed	442-E7
PC034	Days Supply	405-D5
PC035	Charge Amount	804-5B
PC036	Paid Amount	509-F9
PC037	Ingredient Cost/List Price	506-F6
PC038	Postage Amount Claimed	428-DS
PC039	Dispensing Fee	507-F7
PC040	Co-pay Amount	518-FI
PC041	Coinsurance Amount	518-FI
PC042	Deductible Amount	505-F5
PC044	Prescribing Physician First Name	N/A
PC045	Prescribing Physician Middle Name	N/A
PC046	Prescribing Physician Last Name	N/A
PC047	Prescribing Physician Number	N/A
PC101	Encrypted Subscriber Last Name	N/A
PC102	Encrypted Subscriber First Name	N/A
PC103	Encrypted Subscriber Middle Initial	N/A
PC104	Encrypted Member Last Name	N/A
PC105	Encrypted Member First Name	N/A
PC106	Encrypted Member Middle Initial	N/A
PC899	Record Type	N/A