THE INOVALON ONE®PLATFORM DATA SPECIFICATIONS GUIDE

July 2021

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INTRODUCTION

At the core of data-driven healthcare is the ability to integrate, validate, and analyze vast amounts of data in near-real-time. Using Inovalon's proprietary data integration and validation tools iPORT™ and iPORT-HD™, healthcare data from multiple systems and disparate data sources are ingested into Inovalon's data lake to create the "single source of truth" for all Platform analytical processes. For iPORT™ and iPORT-HD™, Big Data architecture facilitates rapid ingestion of massive datasets and advanced data validation and data integrity capabilities in a highly automated process requiring limited client resources.

Key to the highly differentiated design of Inovalon's data integration engines when receiving new data is the ability to leverage the "familiarity" that an ingestion engine may have with data types, structures, and the expected content of previously received data. Today, Inovalon's data integration engines undertake a variety of data quality checks to continuously improve the data, benefitting clients with greater data integrity, completeness, and insight into potential error sources within datasets. This improved data breadth, depth, and reliability also benefits the analyses and improvements being sought from the leveraging of healthcare data.

The *Inovalon ONE® Platform Data Specifications Guide* applies to all patient types including those with Medicare, Medicaid, and Commercial (including Health Insurance Exchange) coverage. Through the data ingestion process, the Platform evaluates and interrogates files and data types. Content is metadata labeled and categorized to ensure that the Platform has the appropriate information for solution configurations. The Inovalon ONE® Platform is comprised of more than 80 Components able to be configured to empower the operationalization of large-scale, data-driven healthcare initiatives. The core data integration and validation tool Components, iPORT™ and iPORT-HD™, are common to all configurations. As such, the data formats and types referenced throughout this document may be applied within any such configurations. The following pre-described Inovalon ONE® Platform configurations are called out for simplicity purposes:

Products	Abbreviation
Quality analysis and improvement solutions including Star Advantage®, QSI-XL®	Quality
Data visualization solutions including INDICES® and the Value-Based Provider Portal	INDICES®
Risk score accuracy analysis and improvement solutions including retrospective and prospective risk	RISK
eCAAS Advantage® Medicare	EDS
eCAAS Advantage® for EDGE Server Solution	ACA Edge
Electronic Patient Assessment Solution Suite	ePASS®
Clinical Data Extraction as a Service, CDEaaS™	CDE
Consumer Health Gateway	CHG

Data Specification Guide Changes for July 2021 & HEDIS MY2021

Version	Feed Type Impacted	Change Detail
July, 2021	List of File Types	Updated ECDS file type as Full Refresh for Quality product
	Risk Adjustment Analytics Results	Added INDICES as the Supported Products for MedicaidID attribute
	Provider	Added new attribute PayerIdentifier (varchar(100)) to support CHG product

	Member Intervention Inclusion/Exclusion	• Updated file level description
		• Removed below attributes:
		  ○ MedicareID
		  ○ MedicareBeneficiaryID
		  ○ ProductKey
		  ○ DOB
		• Updated valid value for InterventionSegmentType, ReasonCode, IncExcFlag

	Provider Engagement Inclusion Exclusion	• Updated file level description • Removed ProductKey attribute • Updated valid value for InterventionSegmentType, InclusionExclusionFlag • Updated description for InclusionExclusionReasonCode
	Medical Claim	• Added new attributes ToothNumber* (varchar(2)) and ToothSurface* (varchar(7))

HEDIS MY2021	Member Enrollment	• Added new attribute
		  ○ MedicalFlag [varchar(1)]
		  ○ OnOffExchangeIndicator [varchar(1)]

	Medical Claim	• Added new attribute:
		  ○ AdmissionTypeCode [varchar(1)]
		  ○ ToothNumber [varchar(2)]
		  ○ ToothSurface [varchar(7)]

Field Nomenclature for the Inovalon ONE® Platform

The following *Data Specifications Guide* reflects, data ingestion to the Inovalon ONE® Platform across Inovalon clients (including provider groups, hospitals, health plans, pharmaceutical, and life sciences organizations), includes a variation in data field nomenclature depending on that entity and use case. For example:

- The use of "Member" for the common names of the patient, beneficiary, member, and dependent
- The use of "Provider" for the common names of clinician, doctor, clinic, hospital, and provider
- The use of "Medical Claim" for the common names of the patient visit, encounter, and claim

Data Quality Management

iPORT™ and iPORT-HD™ is informed and guided by data quality checks (refer to data quality check table below), which are based on the evaluation of billions of clinical events found within the MORE^2 Registry®. Through thresholds derived from benchmarks specific to the market, clinical patient and provider variables, and other dimensions, data integrity outliers for mitigation and resolution are identified. To ensure an accurate and efficient integration process, our data integration components monitor several data tiers for quality and completeness, while maintaining state-of-the-art security protocols and ensuring privacy and HIPAA compliance. The Platform's "single source of truth" is enhanced through comprehensive data matching, linking, and normalization.

The accuracy and completeness of the data files ingested into the Inovalon ONE® Platform are critical to its processing. Relationships and data integrity must be maintained between the different files received by Inovalon. For example, the patient matching criteria between the membership file and the claims data file should be consistent. If "MemberKey" is used as a unique identifier in the membership file, the claims data file should include the same field "MemberKey" to maintain the link with the membership data. The existence of common keys across data files enables Inovalon to perform the necessary quality and integrity checks.

iPORT-HD™ has multiple data quality checks, including, but not limited to attribute level validations, data content validations, reference data validations, and file level validations. Some of the data quality checks are mentioned below:

Data Quality Check	Description	Examples
Attribute level validations	These rules check for the accuracy of the data at an individual attribute's metadata.	Data length validations; Data type validations; Mandatory field validations;

Data Quality Check	Description	Examples
Content validations	These rules check for the accuracy of the actual content of each attribute. A few content validation rules are also customizable to check the attribute for the start and end value and replace attributes when met a predefined condition.	Check valid gender values; Validate Boolean value like Y, N,0,1; Check for a valid date value; Check for special characters;
File-level validations	File-level validation checks for the basic sanitation of the file itself.	Valid if the file is in correct format;
Logical validations	Validations that check for referential integrity in the data is classified under the logical validations.	Valid if the claim record has a corresponding valid member record;
Reference data validation	Rules that check for the validity of the reference data provided.	Validate Specialty and POS Group; Validate ICD Codes;

Following data types are referenced in the data file elements sections of this guide.

Data Type	Definition
Varchar(#)	A string value with a maximum length of #
Integer	A whole number with a value between -2,147,483,648 and 2,147,483,647
Decimal Numeric (Precision, Scale)	A number that may contain a decimal. Precision denotes the maximum total length of the number, with scale denoting the number of decimal places. For example, a numeric (9, 2) type attribute will accept a maximum value of 9999999.99 (total length of number is 9, with 2 decimal places).
Date	A date in YYYY-MM-DD format is recommended, other valid date formats are MM/dd/yyyy | MM.dd.yyyy | MM-dd-yyyy | yyyy/MM/dd | yyyy.MM.dd | yyyy-MM-dd dd MMM yyyy | dd-MMM-yyyy | dd.MMM.yyyy | dd/MMM/yyyy | MMM dd yyyy | yyyyMMdd
Datetime	A datetime in YYYY-MM-DD HH:MM:SS format is recommended, other valid date time formats are MM/dd/yyyy HH:mm:ss | MM.dd.yyyy HH:mm:ss | MM-dd-yyyy HH:mm:ss | yyyy/MM/dd HH:mm:ss yyyy.MM.dd HH:mm:ss | yyyy-MM-dd HH:mm:ss | yyyyMMdd HH:mm:ss | dd MMM yyyy HH:mm:ss dd-MMM-yyyy HH:mm:ss | dd.MMM.yyyy HH:mm:ss | dd/MMM/yyyy HH:mm:ss | MMM dd yyyy HH:mm:ss
Bit	A “Y’ or “N” and 1 or 0 character denoting “Yes” or “No”.

Cost Data

The inclusion of cost data (such as Allowed amount, Paid amount, and member contributions including Co-pay, Coinsurance, and Deductible) in the monthly data feeds is invaluable to furthering Inovalon’s analytics that support a deeper understanding of a member’s behavioral patterns. It also obtains meaningful insight into future gap closure and/or responsiveness to certain interventions. The INDICES® Cost & Utilization (C&U) Module includes numerous reports and dashboards to evaluate pharmacy cost and utilization across condition categories, various demographic

and product-plan components using relevant pharmacy variables such as Brand-Generic, Maintenance Drug, and High-Risk Medications. The reporting function within the C&U Module requires important fields such as Allowed and Paid amount in order to provide robust analytic capabilities. This allows member-level drill down on key areas of medical cost and utilization analysis including ER and inpatient utilization, high risk patient trends, condition population cohort metrics (such as per 1000 and PMPM longitudinal comparisons), and other core health plan trend analytics that are invaluable to clients.

Additionally, by evaluating a member's benefit structure (including premiums, co-pays, and deductibles), an important view into what may influence a member's decision to close CMS' Star gaps may be provided. Medication adherence used within Star Advantage is one of many measure examples where medication co-pays may influence a member's decision to obtain his/her prescription or refill. The MTM (Part D Medication Therapy Management) measure requires cost data as one of the eligibility criteria including: "Medications cost more than $3,100 per year combined (member cost and Plan cost)." In addition, Inovalon utilizes a variety of data elements to meet technical specifications required for Star Measure rate generation, gap identification, intervention assignment, measure forecasting, and much more. Furthermore, financial data elements are becoming more prevalent in future Star measures.

In summary, cost data elements are integral to provide insight into what drives member decisions in health screenings, control, preventative care visits, and other utilization services as well as ensuring timely, actionable program measurement and reporting.

List of File Types

The list below presents the file types that are typically required to support Inovalon products, with a full description presented later in this document.

File Type	Description	Supported Products
Member	Data set contains patient demographics. For initial integration, it is recommended to load minimum 3.5 years of historical data. For HEDIS reporting, members with at least 1 day of enrollment in the current or prior measurement period, load at least 3.5 years of enrollment data. When subsequent member files are loaded, existing members will be updated, and any new members will be added to the project.	Quality, INDICES, RISK, EDS, ACA Edge, CHG
Member Enrollment	Data set contains multiple enrollment segments for each patient to correlate to member data file. For initial integration, it is recommended to load minimum 3.5 years of historical data. For HEDIS reporting, members with at least 1 day of enrollment in the current or prior measurement period, load at least 3.5 years of enrollment data.	Quality, INDICES, RISK, EDS, ACA Edge, CHG

File Type	Description	Supported Products
Provider	For initial integration, it is recommended to load all practitioners servicing the health plan members. When subsequent provider files are loaded, existing providers will be updated, and any new providers will be added to the project.	Quality, INDICES, RISK, EDS, ACA Edge, CHG
Medical Claim	Data set contains clinical encounter claims. For initial integration, it is recommended to load minimum 3.5 years of historical data. For subsequent integrations, file should include Incremental data of Medical claims since last extraction. For HEDIS reporting, it is recommended to load minimum 2 years of historical data for Vision claims and Mental health claims and minimum 1 year of historical data for Dental claims.	Quality, INDICES, RISK, EDS, ACA Edge, CHG
	For CHG daily file integration, please submit incremental files.	
Supplemental Medical Claim	Data set contains supplemental medical claims data.	RISK, EDS
Pharmacy Claim	For initial integration for Risk products, it is recommended to load minimum 3.5 years of historical data. For subsequent integrations, file should include Incremental data of Pharmacy claims since last extraction. And we request clients to provide information on how to reconcile and identify records with latest claim information if client should send transactional records (i.e. original / reversal / adjustment records) when adjusted.	RISK, EDS, ACA Edge, CHG
	For initial integration for Quality products, it is recommended to load minimum 2.5 years of historical data. The Pharmacy Claim file should contain one record per unique pharmacy claim. As Quality products will not de-duplicate Pharmacy Claim during the analytics process; duplicate claims for the same service should not be loaded and will cause inaccurate measure results. Only the latest, most accurate, Pharmacy Claim should be loaded.	Quality, CHG
	For CHG daily file integration, please submit incremental files.	CHG
Laboratory Claim	Data set contains laboratory results. For initial integration, it is recommended to load minimum 3.5 years of historical data. For HEDIS reporting, it is recommended to load minimum 2 years of historical data. For subsequent integrations, file should include Incremental data of Lab claims since last extraction.	Quality, INDICES, RISK, EDS, ACA Edge, CHG
Provider Specialty	Data set contains provider specialty information	Quality, INDICES, RISK, EDS, ACA Edge
Plan	Data set contains plan information	INDICES, RISK, EDS, ACA Edge

The list below presents supplemental file types that are required to support the suite of reports, with a full description presented later in this document.

File Type	Description	Full Refresh or Incremental	Supported Products
Provider Attribution	Data set contains the information of Rendering provider, Billing provider and TIN that each patient is attributed to	Full Refresh	INDICES, RISK, ePASS
Provider Grouping	Data set contains provider groups and hierarchy within the groups	Full Refresh	INDICES, RISK, ePASS
Risk Adjustment Analytics Results	Data set contains risk score result from both external and internal sources	Full Refresh	INDICES, RISK, Quality
Quality Gap	Data set contains quality gaps in support of integration of preventive care quality measure gaps	Full Refresh	Quality, ePASS
Chart Chase	Data set contains current member & provider demographic information	Full Refresh	Quality, RISK
Premium for ACA	Data set contains enrollment segments for edge server submission	Full Refresh	ACA Edge
Pseudo Code	Data set contains specific data elements for preventive care quality measure gaps	Full Refresh	Quality
ECDS	Data set contains Electronic Clinical Data System measures information. ***For CHG daily file integration, please submit incremental files.***	Full Refresh	Quality, CHG
Location	Data set contains location reference information	Full Refresh	Quality
Care Management	Data set contains all the details associated with Care Manager, Care Manager Director, Care Management Hierarchy, and Care Management Attribution	Full Refresh	INDICES
Confidentiality	Data set contains details about all the programs offered by the Payer	Full Refresh	INDICES
Cohort	Data set contains details about cohort information	Full Refresh	INDICES
Disease Management	Data set contains client-provided disease management patient activity	Full Refresh	INDICES
Employer	Data set contains employer information	Full Refresh	RISK
Plan Market	Data set contains plan and market information	Full Refresh	RISK
Plan Program	Data set contains five files that provide information on the individual programs and the patient's eligibility of program(s)	Full Refresh	INDICES
Hospital Discharge	Data set contains daily updates in support of interventions	Incremental	RISK
Member Intervention Inc/Exc	Data set contains members to be excluded for correspondence	Full Refresh	RISK
Provider Inc/Exc	Data set contains providers to be excluded for correspondence	Full Refresh	RISK

File Type	Description	Full Refresh or Incremental	Supported Products
Member Phone	Data set contains additional phones for members	Full Refresh	RISK
Clinical Associate	Data set contains clinical associate information.	Full Refresh	ePASS, RISK
Medical Director	Data set contains Medical Directors who oversee the practitioners and the linkage between the Medical Directors and the practitioners.	Full Refresh	ePASS
CDEaaS™ Target List	Data set contains member and provider demographic information to retrieve medical record for a given target.	Full Refresh	CDE
Specialty Pharmacy	Data sets support Specialty pharmacy solutions including ScriptMed™ and ScriptMed™ Cloud		SMC
OrganizationAffiliation	The OrganizationAffiliation resource describes relationships between two or more organizations, including the services one organization provides another, the location(s) where they provide services, the availability of those services, electronic endpoints, and other relevant information.	Full Refresh	CHG
PlanNetReference	A reference to an alternative point of contact (Eg : plannet-PractitionerRole, plannet-Organization, plannet-OrganizationAffiliation, or plannet-Location) for this organization. A reference to a resource.	Full Refresh	CHG
HealthCareServices	The HealthCareService resource typically describes services offered by an organization/practitioner at a location. The resource may be used to encompass a variety of services covering the entire healthcare spectrum, including promotion, prevention, diagnostics, hospital and ambulatory care, home care, long-term care, and other health-related and community services.	Full Refresh	CHG
EndPoint	The technical details of an endpoint that can be used for electronic services, such as for web services providing XDS.b or a REST endpoint for another FHIR server. This may include any security context information.	Full Refresh	CHG

The list below presents CMS transmittals to the Plans that may be additionally required and applicable to Medicare only. Certain processes utilize the standard Centers for Medicare and Medicaid Services (CMS) risk adjustment reports such as Risk Adjustment Processing System

(RAPS), Risk Adjustment Model Output Report (MOR) data, Medicare Advantage Organization Data File (MAO) 004, and Monthly Membership Reports (MMR). Preferably, these files should be submitted in their unaltered format to expedite processing.

File	Required for RISK
Monthly Membership Detail Data File (MMR)	Medicare Advantage plans
Part C Risk Adjustment Model Output Data File (MOR)	Medicare Advantage plans
Medicare Advantage Organization Data File (MAO) 004	Medicare Advantage plans
Front-End Risk Adjustment System (FERAS) Response Data File (RAPS Return)	Medicare Advantage plans

File Transmission

Whereas Inovalon promotes and encourages its partners to transmit data using a transactional data transfer model, such as APIs and REST Web Services, the following guidelines support payers and other partners that will use more traditional means of file creation and transmission. Files can be compressed, encrypted, password protected, or secured by mechanisms of the client's choosing. Files can be transmitted to either Inovalon's FTP servers or hosted on a secure site accessible to Inovalon. In the case where the client prefers to transmit files by placing them on Inovalon's secured FTP server, account credentials and set-up assistance will be provided. Files can also be encrypted onto a hard disk and mailed to Inovalon. Inovalon will try to accommodate any special needs and processes specific to a client.

General File Guidelines

All non-government payer files can be submitted to Inovalon by adhering to the following recommended guidelines:

- Files are submitted as tab-delimited text files in format below:
  - Unicode (UTF-8) with signature or in Western European (Windows) encoding format.
  - Unicode (UTF-8) with BOM
  - ANSI
- Field names should be specified in the first line (i.e., header line).
- In the header line, field names should be indicative of field contents.
- Trailer line(s) is (are) not required.
- Fields with null values are to be indicated with two consecutive delimiters and no intervening blanks.

- All Text fields are left justified with no leading spaces.
- All Date fields are to be formatted as YYYY-MM-DD with noted exclusions for ScriptMed® ETL data sets.
- All Datetime fields are to be formatted as YYYY-MM-DD HH:MM:SS; where HH = hours (00-23), MM = minutes (00-59), SS = integer seconds (00-59), and a space between the date and time components.
- All field values must not contain any embedded tabs or delimiters.
- It is not required to match the number of attributes in file header to the number of attributes specified in the data specification guide.
- Instructions on populating attributes with multiple place holders.
    - ICDDx(9), ICDDx10, ICDPx(9) and ICDPx10:
        - The file should contain minimum of 40 ICD placeholders irrespective of number of ICD codes in the source system. If the source system has less than 40 ICD codes per claim record, please leave it blank.
        - If the source system has more than 40 ICD codes, please add an additional placeholder for each ICD code beginning from 41.
        - Attribute with _00 is considered as primary/principal position and the rest placeholders are secondary.
- All lines, including the last, must be terminated with a consistent end-of-line (EOL) character sequence.
    - Common EOL includes CR+LF (Windows/DOS) and LF only (Unix/Linux/Mac OS X).
- A data dictionary describing the file layout should accompany all data files during the implementation phase of launching a new product or at any time a new field or file is introduced.

General File Names

File names should identify the health plan and be indicative of the file contents. Inovalon also recommends including a timestamp identifying the file's creation date. The acronym for the client name can be determined upon discussion:

<ClientName>_INV_<Product>_<Project>_<File Type>_<YYYYMMDDHHMMSS>.txt

- Client Name – Name of the client/vendor sending the file
- Product – Abbreviated name of the product consuming the file (e.g. EHR).
    - For daily CHG processing file, include "_CHG_Daily" in the file names

- Client should not send CHG data into monthly batch data which will delay the SLA for CHG data integration and distribution
- Only data specific for CHG will be processed in a daily basis
- **Note: for files that are consumed by multiple products, this segment can be ignored.**

- Project – Name of the project consuming the file if applicable.
  - **Note: for files that are consumed by multiple projects, this segment can be ignored.**
- File Type – Brief description of file content (e.g., Member, RxClaim, etc.).
- YYYY – Four-digit year of transmission (e.g. 2012).
- MM – Two-digit month of transmission (valid values: 01 – 12; e.g. 03, for March).
- DD – Two-digit day-of-month of transmission (valid values: 01 – 31; e.g. 05, for the 5th day of the month).
- HH – Two-digit hour of transmission in 24-hour format (valid values: 00 – 23; e.g. 16, for 4:00p.m.)
- MM – Two-digit minute of transmission (valid values: 00 – 59; e.g. 22).
- SS – Two-digit second of transmission (valid values: 00 – 59; e.g. 35).

For example: **XYZ_INV_QSIXL_Member_20170701010003.txt**

No two files should be transmitted with the same filename.

Trigger File Requirements

For Service Bureau clients, the client should send delete and load trigger file lists along with the regular data files plus data submission form transmission.

Load trigger file.txt

This file should contain the list of files that are transmitted to INOV FTP that need to be loaded. This text file will be used to match the file names transmitted to Landing Zone and inform the PSM for any filename mismatch before the load is kicked off.

If a client has two projects active, then “Load” File Name Patterns are:

- HEDIS => ClientNameINV_HEDIS_YYYYMM_Monthly_file_list.txt
- Monthly => ClientNameINV_Monthly_YYYYMM_Monthly_file_list.txt

Delete trigger file.txt

This file should contain the list of files to be deleted except member and provider. Please note that

- There will be no trigger file if it the first-time data load.
- Even if member and provider files are included in Delete trigger, the delete process will not take place for these two files.

If a client has two projects active, then “Delete” File Name Patterns are:

- HEDIS => ClientNameINV_HEDIS_YYYYMM_Monthly_file_list_delete.txt
- Monthly => ClientNameINV_Monthly_YYYYMM_Monthly_file_list_delete.txt

*YYYYMM changes every month

File Receipt

Inovalon expects clients to deliver files on a pre-determined date; failure to adhere to this date will generate an email notification stating that the data is late. Inovalon dedicates resources to processing incoming files and engaging in quality checks around the monthly expected dates for incoming data and the receipt of late files can potentially present a problem in delivering a high level of service to our clients.

Inovalon will perform data checks upon receipt of client files to ensure we have received the file in its entirety, and that nothing was lost during transmission. Inovalon will also perform quality checks on the data files in an effort to ensure accuracy. The client will be notified if data is perceived to be missing, incomplete, or to discuss other issues.

The client must inform Inovalon of any changes to existing data formats at least 60 days prior to making a change. Inovalon will need to understand what the newly received data element is, how it will be used, and which product team is requesting the information. The client must also send test files so Inovalon can assess the new format prior to being released into production.

For quality measurements clients, this section is only applicable for Service Bureau clients. Service Bureau clients can deliver multiple batches of files within a month.

Data Security

Inovalon's Data Transmission Group is responsible for transfers and receipt of client data. Our Transmission Security Policy ensures that the Data Transmission Group is responsible for maintaining approved data transmission solutions and standard operating procedures. Inovalon supports FTP and Web Services data exchange. Currently, Inovalon's FTP site supports plain FTP and both explicit and implicit SSL FTP. As it relates to data security, Inovalon requires the exchange of PGP encryption keys with clients.

DATA FILE LAYOUTS

Each table below describes the field name, data type (Text, Date, etc.), field length, and description. Although not all fields are required for each report, the more information provided; the timelier and complete the insights.

Member

The Member file should contain current patient demographic information and other information not related to enrollment to a specific plan. As described above under Field nomenclature for the Inovalon ONE® Platform, for the purposes of this *Data Specification Guide,* Inovalon will generally refer to patients, beneficiaries, members as "Members".

The Member file should contain one record per person enrolled in the plan during the timeframe covered by the data extract. The Member file should be the first file loaded into an iPORT-HD™ project as any claims/enrollment records for members who do not exist in the member table (referenced by MemberKey) will not be available for analytics or reporting. When subsequent member files are loaded, existing members (by MemberKey) will be updated, and any new members will be added to the project.

- For initial integration, it is recommended to load minimum 3.5 years of historical data. When subsequent member files are loaded, existing members will be updated, and any new members will be added to the project.
- For HEDIS reporting, members with at least 1 day of enrollment in the current or prior measurement period, load at least 3.5 years of enrollment data.
- Each record in the Member file should be unique on ***MemberKey***.

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	All	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files like enrollment and all claim types.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
SubscriberKey	varchar(30)	Quality	The MemberKey of the primary subscriber that forms the basis for the patient's eligibility	
PersonKey	varchar(30)	RISK, EDS, ACA Edge	This ID uniquely identifies a person across multiple MemberKeys.	
MedicareID	varchar(15)	All	The member's unique identifier number assigned by CMS which can be either Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN). MBI will replace the current HICN during transition period started from April 1, 2018 till December 31, 2019. This field is only applicable for Medicare Advantage.	
MedicaidID	varchar(15)	All	MedicaidID is the patient identifier assigned by the State Medicaid Agency. It is only applicable to Medicaid plan patients	
CMSPlanID	varchar(3)	Quality	The last 3-digit plan benefit package (PBP) number that the member is enrolled in for the measurement year	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
SNPEnrolleeType	varchar(1)	Quality	The type of plan benefit package (PBP) in which the patient is enrolled at the end of the reporting period	**0** = Patient is NOT enrolled in an SNP plan benefit package, **1** = Patient is enrolled in a DUAL ELIGIBLE SNP benefit package, **2** = Patient is enrolled in an INSTITUTIONAL SNP benefit package, **3** = Patient is enrolled in a CHRONIC CONDITION SNP benefit package
MemberName	varchar(179)	All	Members' names can either be loaded in the MemberName field, following the format "LastName, FirstName M"; and/or loaded into the individual parsed fields. If using the parsed fields, name suffixes (e.g. Jr., Sr., III) should be placed into the MemberLastName field, following the last name	
MemberFirstName	varchar(50)	All	First name of patient	
MemberMiddleName	varchar(25)	CHG	Middle name of patient	
MemberLastName	varchar(100)	All	Last name of patient	
DOB	datetime	All	This field contains the member date of birth	YYYY-MM-DD HH:MM:SS Time component is not required for Quality product

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Sex	varchar(1)	All	Gender code	**M** = Male, **F** = Female, **U** = Unknown, **O** = Other
MemberAddress1	varchar(50)	All	Patient Primary Address, usually Street, maybe PO Box	
MemberAddress2	varchar(50)	All	Patient Secondary address, usually Suite, Apt or Room No	
MemberCity	varchar(50)	All	Patient city	
MemberState	varchar(2)	All	Patient state	
MemberZip	varchar(9)	All	Zip Code	
MemberCounty	varchar(50)	All	Patient County	
MemberContactPref	varchar(1)	Optional	Code indicating the member's preference for how to be contacted	**P** = Telephone, **T** = Text, **E** = Email, **M** = Mail, **U** = Unknown
MemberPhone1	varchar(15)	All	Primary phone number. It should not contain any special characters other than numerical digits	
MemberPhone2	varchar(15)	All	Secondary phone number. It should not contain any special characters other than numerical digits	
MemberPhone3	varchar(15)	RISK	Third phone number. It should not contain any special characters other than numerical digits	
MemberPhone1Type	varchar(30)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG	Phone type of the primary phone number	**HP** = Home Phone Number, **CP** = Cellular Phone,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberPhone2Type	varchar(30)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG	Phone type of the secondary phone number	**WP** = Work Phone Number, **FX** = Fax Phone, **BN** = Beeper Number, **AP** = Alternate Telephone, **TE** = Telephone (use this if phone type is unknown)
MemberPhone3Type	varchar(30)	RISK	Phone type of the third phone number	
Email	varchar(50)	RISK	Email address	
MaritalStatus	varchar(2)	Optional	Marital status code	**A** = Common Law, **B** = Registered Domestic Partner, **C** = Not Applicable, **D** = Divorced, **I** = Single, **K** = Unknown, **M** = Married, **R** = Unreported, **S** = Separated, **U** = Unmarried = Single or Divorced or Widowed, **W** = Widowed, **X** = Legally Separated
SSN	varchar(11)	Optional	Social security number	
MemberAltID1 to MemberAltID20	varchar(30)	Optional	This field can be provided in addition to the unique primary identifier for each patient in the file	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Relationship	varchar(2)	All, Optional for Quality	Defines the type of relationship between the subscriber and the patient	Defines the type of relationship between the subscriber and the member. **01** = Self, **02** = Spouse, **03** = Father, **04** = Mother, **05** = Guardian, **06** = Child, **07** = Domestic Partner
RaceType	varchar(2)	All	Race type	**01** = White, **02** = Black or African American, **03** = American Indian or Alaska Native, **04** = Asian, **05** = Native Hawaiian or Other Pacific Islander, **06** = Other Race, **07** = Two or More Races, **08** = Declined, **09** = Unknown Race
EthnicityType	varchar(2)	All	Member ethnicity type	**11** = Hispanic or Latino, **12** = Not Hispanic or Latino, **18** = Declined Ethnicity, **19** = Unknown Ethnicity, **20** = Other

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
RaceSource	varchar(1)	All	Code indicating the source database, or the analysis procedure used to derive patient race and ethnicity code	**C** = CMS Databases, **S** = State Databases, **N** = Surname Analysis, **G** = Geo-coding Analysis, **D** = Health Plan Direct, **U** = Unknown Data Collection Method, **O** = Other
EthnicitySource	varchar(1)	All	Ethnicity source	
LanguageSpoken	varchar(1)	All	Primary language spoken	**E** = English, **C** = Chinese, **S** = Spanish, **M** = Missing, **N** = Non-English, **D** = Declined, **U** = Unknown Values of C and S are used specifically for State and QHP reporting, and will count as "Non-English" for HEDIS reporting
LanguageWritten	varchar(1)	All	Primary language written	
LanguageOther	varchar(1)	All	Other language	
LanguageSpokenSource	varchar(1)	Quality	Primary language spoken source	**D** = Health Plan Direct, **C** = CMS Databases, **S** = State Databases, **O** = Other
LanguageWrittenSource	varchar(1)	Quality	Primary language written source	
LanguageOtherSource	varchar(1)	Quality	Other language source	
OREC	varchar(3)	Optional	Original reason for entitlement code. This field is depreciated for Quality products and will have no impact on results	**0** = Old Age and Survivors Insurance, **1** = Disability Insurance Benefits, **2** = ESRD, **3** = Both DIB and ESRD, **9** = None of the above)

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ECDSFlag	varchar(10)	Optional	Used in ECDS measure reporting, specifically the ECDS Coverage Rate for each ECDS measure. This field is depreciated for Quality products and will have no impact on results	If the health plan can receive any electronic clinical quality data for the patient, enter a "1" in this field. Otherwise, enter a "0" for the patient in this field.
EnrolleeUniqueID	varchar(25)	Quality	Unique identifier for differentiating between individuals when family members share the Subscriber ID. Each issuer can decide the format for this ID, as long as it uniquely identifies the enrollee and can be linked back to the issuer's records	
QHPState	varchar(2)	Quality	The state of the QHP for the member's last enrollment segment during the year. The MemberEnrollmentQHPState field in the MemberEnrollment file can be populated in lieu of populating this field	
CitizenshipStatusCode	varchar(1)	Optional	Indicates whether the member is a citizen of the United States. Optional for QHP Enrollee Reporting	**M** = Missing, **Y** = Yes, **N** = No
CountyFIPSCode	varchar(3)	Quality	The Federal Information Processing Standards (FIPS) code assigned to each county	
WhiteIndirectEstimate	varchar(3)	Quality	These fields allow collection of race and ethnicity probability values for plans that are using indirect estimation methodologies for race and ethnicity reporting. Those Plans using direct reporting of race and ethnicity should	
BlackIndirectEstimate	varchar(3)	Quality		
AsianIndirectEstimate	varchar(3)	Quality		

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
AmerIndianIndirectEstimate	varchar(3)	Quality	report those values in the race and ethnicity columns of the member level file. Each of these fields is used to denote the estimated probability of the member's race as a percentage of 100: WhiteIndirectEstimate: The estimated probability of the member's race being White BlackIndirectEstimate: The estimated probability of the member's race being Black AsianIndirectEstimate: The estimated probability of the member's race being Asian/Pacific Islander AmerIndianIndirectEstimate: The estimated probability of the member's race being American Indian/Alaska Native OtherIndirectEstimate: The estimated probability of the member's race being Other HispanicIndirectEstimate: The estimated probability of the member's race being Hispanic	
OtherIndirectEstimate	varchar(3)	Quality		
HispanicIndirectEstimate	varchar(3)	Quality		
ClientIDNumber	varchar(8)	All	The member's client identification number. Used for New York QARR reporting.	
PlanEmployeeFlag	bit	Quality	Used to indicate whether a patient is an employee (or dependent of an employee) of the health plan, and can be excluded from any hybrid samples.	Y or 1, N or 0
PartADate	datetime	Optional	Medicare Part A (Hospital Insurance) effective date	YYYY-MM-DD HH:MM:SS
PartBDate	datetime	Optional	Medicare Part B (Medical Insurance) effective date	YYYY-MM-DD HH:MM:SS

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
DeathDate	datetime	Quality, CHG	Indicate member date of death, if applicable. For Quality product, this date will identify a member as deceased. This will serve in the same manner as a deceased event, which can exclude members from certain measures.	YYYY-MM-DD HH:MM:SS Time component is not required for Quality product
ClientSystemOfRecordID	integer	Optional	Identifier for System of Record.	
QHPEnrolleeEducation	varchar(2)	Quality	Used to capture the Enrollee Education indicator for the QHP Enrollee Survey export. Indicates the highest grade or level of school that the enrollee has completed.	**1** = 8th grade or less **2** = Some high school, but did not graduate **3** = High school graduate or GED **4** = Some college or 2-year degree **5** = 4-year degree **6** = More than 4-year college degree **9** = Missing A valid value is required for every enrollee in the record.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
QHPEnrolleeEmployment	varchar(2)	Quality	Used to capture the Enrollee Employment indicator for the QHP Enrollee Survey export. Indicates the best description of enrollee's employment status.	**1** = Employed full-time **2** = Employed part-time **3** = Homemaker **4** = Full-time student **5** = Retired **6** = Unable to work for health reasons **7** = Unemployed **8** = Other **9** = Missing A valid value is required for every enrollee in the record.

Member Enrollment

The Member Enrollment file may contain multiple records for each member. Each record represents a snapshot of a member's enrollment for the time period specified (Effective Date through Termination Date). Each member should have at least one enrollment record; and should contain as many records as needed to document changes to a member's enrollment. For example, if a member changes a benefit package (Plan Code) or PCP, then the record with previous information should be terminated and sent so our system is updated, and a new record should begin with the new information. For members that do not have an enrollment termination date (i.e., they are still enrolled with their current settings), the termination date should be set to a date in the future (e.g., 12/31/2059). The enrollment segment with future date (e.g., 12/31/2059) will remain open in the system until an updated segment with termination date is sent.

- For initial integration, it is recommended to load minimum 3.5 years of historical data.
- For HEDIS reporting, members with at least 1 day of enrollment in the current or prior measurement period, load at least 3.5 years of enrollment data.
- Each record in Enrollment file should be unique on ***MemberKey, EffectiveDate and TerminationDate***

Note: Fields marked with * will be available in a future release.

Do not overlap enrollment records, as doing so can potentially impact the accuracy of the measure results. For example, if a member is enrolled in both a Commercial and Medicare plan at the same time, a plan may be inclined to load multiple enrollment records for the same time period, each indicating the membership with a different payer (see Figure 1)

Figure 1 (Example of overlapping enrollment records):

MemberKey	EffectiveDate	TerminationDate	ProductCode	PayerCode	MemberEnrollmentAltID1
M12345	1/1/2016	12/31/2016	H	C	
M12345	1/1/2016	12/31/2016	H	RR	

Instead of loading overlapping enrollment segments, the MemberEnrollmentAltID fields can be used to store an alternate population identifier, and then the population definition modified to check the values for the AltID field used (see Figure 2).

Figure 2 (Example of non-overlapping enrollment record):

MemberKey	EffectiveDate	TerminationDate	ProductCode	PayerCode	MemberEnrollmentAltID1
M12345	1/1/2016	12/31/2016	H	C	RR

When the population definition for the Medicare population is built, it can be set to look for an "RR" value in the PayerCode field, and in the MemberEnrollmentAltID1 field. This will capture members who have the "RR" value in either of these fields, and add them to the population.

For each benefit flag, use a value of "Y" or "1" to indicate a covered benefit, and a value of "N" or "0" indicate that the member does not have the benefit. If a member begins with a benefit, and exhausts it, use one record with a value of "Y" or "1" for the period leading up to the last qualifying service, and another record with a value of "N" or "0" for the period thereafter.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	All	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled to more than one Plan	
PayerCode	varchar(2)	All	Identify the primary responsibility party for the payment of the claim.	Refer to the PayerCode reference table in Appendix for valid values
ProductCode	varchar(1)	All	Product type (or plan type) of the plan, such as HMO, PPO, POS, Indemnity, etc. Predominant plan type if plan is associated with several plan type for different coverage types.	**P** = PPO, **H** = HMO, **S** = POS, **E** = EPO, **I** = Indemnity, **C** = CDHP, **F** = PFFS, **O** = Other
PlanCode	varchar(25)	All	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			Benefit Package (Ex. H1234-002) For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
EffectiveDate	datetime	All	Indicate coverage begin date	YYYY-MM-DD HH:MM:SS Time component is not required for Quality product
TerminationDate	datetime	All	Indicate coverage end date	YYYY-MM-DD HH:MM:SS Time component is not required for Quality product
SubscriberKey	varchar(80)	INDICES, RISK, EDS, ACA Edge, CHG, Optional for Quality	Insured's or subscriber's unique identification number assigned by a payer. This identifier is used for linking the subscriber with dependents as required under many policies.	
RelationshipToSubscriber	varchar(2)	INDICES, RISK, EDS, ACA Edge, CHG, Optional for Quality	This identifies member's relationship to the subscriber or the insured	
SubscriberFamilySize	Integer	Optional	This will indicate the family size of a member's coverage if the member is a subscriber. Numeric values greater than 1 are acceptable values.	
MedicareContractCode	varchar(25)	Optional	Code identifying the specific contract, established by the payer. Medicare Contract Number (Ex. H1234)	
MemberGroupCode	varchar(25)	Optional	Patient group code	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
EmployerCode	varchar(25)	Optional	Used at the plan's discretion to tie a member to an employer	
PCP_ProviderKey	varchar(25)	All	The ProviderKey of the patient's PCP during the enrollment segment	
MedicalFlag	varchar(1)	INDICES, RISK, EDS, ACA Edge	Indicates if Medical benefit is covered for this coverage period.	Y or 1, N or 0
PrimaryInsuranceFlag	varchar(1)	Optional	This field should be marked to a 'Y' if the health plan coverage is primary for the coverage period. Otherwise, it should be set to 'N'.	Y or 1, N or 0
OtherInsuranceFlag	varchar(1)	Optional	Values for this field are 'Y' or 'N' to identify if the member has other insurance for the coverage period.	Y or 1, N or 0
MentalHealthAmbulFlag	bit	All	Indicator for mental health benefits of ambulatory service	Y or 1, N or 0
MentalHealthInpatientFlag	bit	All	Indicator for mental health benefits of impatient service	Y or 1, N or 0
MentalHealthDayNightFlag	bit	All	Indicator for mental health benefits of 24 hour service	Y or 1, N or 0
ChemDependAmbulFlag	bit	All	Indicates if Ambulatory service for Chemical Dependency benefit is covered for this coverage period.	Y or 1, N or 0
ChemDependInpatientFlag	bit	All	Indicates if Inpatient service for Chemical Dependency benefit is covered for this coverage period.	Y or 1, N or 0
ChemDependDayNightFlag	bit	All	Indicates if 24 hour service for Chemical Dependency benefit is covered for this coverage period.	Y or 1, N or 0

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
RxFlag	bit	All	Indicates whether a member has a pharmacy benefit	Y or 1, N or 0
VisionFlag	bit	All	Indicates whether a member has a vision benefit	Y or 1, N or 0
DentalFlag	bit	All	Indicates whether a member has a dental benefit	Y or 1, N or 0
PlanEmployeeFlag	bit	Optional	Used to indicate whether a patient is an employee (or dependent of an employee) of the health plan, and can be excluded from any hybrid samples.	Y or 1, N or 0
DMEligibleFlag	bit	Optional	Indicator for DM eligible	Y or 1, N or 0
HospiceFlag	bit	All	Indicator for patient in hospice	Y or 1, N or 0
ESRDFlag	bit	Optional	Used to identify members to have LTSS coverage during the enrollment span for plans reporting the NCQA LTSS measures	Y or 1, N or 0
LTIFlag	bit	All	Indicates whether the member lived in a long-term institution during the enrollment segment. May only be generated from the Medicare Part C monthly membership file.	Y or 1, N or 0
MSPFlag	varchar(1)	Optional	Used to indicate whether the enrollee's plan is a multi or single state plan	**M** = Multi-state plan, **S** = Single state plan, **U** = Unknown
MemberEnrollmentCustomCode1 to MemberEnrollmentCustomCode6	varchar(50)	Optional	Used for reference or population definition purposes at the plan's discretion	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberEnrollmentAltID1 to MemberEnrollmentAltID14	varchar(30)	Optional	Used for reference or population definition purposes at the plan's discretion.	
SeverityFactor	decimal(28,10)	Optional	Severity factor	
MemberEnrollmentKey	varchar(100)	Optional	Allows plans to assign unique identifiers to enrollment segments for internal data analysis. Does not impact rate results	
MemberEnrollmentQHPState	varchar(2)	Quality	The state associated with the enrollee's QHP	
IssuerID	varchar(5)	All	Used for the unique QHP HIOS Issuer ID number	
MetalLevel	varchar(1)	All	This is an indicator that classifies the plan based on the range and the quality of benefits offered by a plan.	Used for the metal level of the enrollee's QHP. Valid values are: **B** = Bronze, **E** = Bronze Expanded, **C** = Catastrophic, **G** = Gold, **P** = Platinum, **S** = Silver, **U** = Unknown If valid QHP Survey values (1-5) are directly loaded, then these values will be used in the QHP Survey export, and no value translation will occur
CostSharingReductionCode	varchar(2)	All	This is used to identify the QHP patient's assigned cost-sharing reductions	Used to identify the QHP member's assigned cost-sharing reductions. Valid values are:

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				00 = Non-Exchange Variant, **EV** = Exchange Variant [no CSR], **ZC** = Zero Cost Sharing Plan Variation, **LC** = Limited Cost Sharing Plan Variation, **73** = 73% AV Level Silver Plan CSR, **87** = 87% AV Level Silver Plan CSR, **94** = 94% AV Level Silver Plan CSR, **M** = Missing If valid QHP Survey values (00, 01, 02, 04, 04, 05, 06, 09) are directly loaded, then these values will be used in the QHP Survey export, and no value translation will occur
MarketType	varchar(2)	All	An indicator of QHP marketplace type through which the enrollee's plan is offered	**IM** = Individual marketplace, **IS** = Individual marketplace & SHOP, **IN** = Individual In, **IO** = Individual Out, **S** = SHOP, **HI** = SHOP In, **SO** = SHOP Out, **L** = Large Group, **M** = Missing
EnrollmentRoute	varchar(2)	Quality	The route through which the individual enrolled in the QHP plan	**D** = Direct to issuer, **IM** = Individual marketplace, **M** = Missing, **O** = Other, **S** = SHOP marketplace
CSREligibilityFlag	varchar(1)	Quality	Indicates whether enrollee qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction	**M** = Missing, **N** = No, **Y** = Yes

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PBP	varchar(50)	INDICES, RISK, EDS	The variable is the Medicare Part C plan benefit package (PBP) for the beneficiary's Medicare Advantage (MA) plan for a given month. CMS assigns an identifier to each PBP within a contract that a Part C plan sponsor has with CMS.	
PlanMarketingName	varchar(250)	All	The common name of the plan in which an individual is enrolled	
PlanStartDate	date	INDICES, RISK, EDS, ACA Edge	The start date when plan became active	YYYY-MM-DD
PlanEndDate	date	INDICES, RISK, EDS, ACA Edge	The end date when plan became inactive	YYYY-MM-DD
PlanState	varchar(2)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG	The state in which the Plan is offered	AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI ,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,M N,MS,MO,MT,NE,NV,NH,NJ,NM,NY,N C,ND,OH,OK,OR,PA,PR,RI,SC,SD,TN,TX ,UT,VI, VT,VA,WA,WV,WI,WY
GrandfatheredPlanFlag	varchar(1)	ACA Edge	Indicates whether the plan is Grandfathered Plan (group health plan or individual coverage that was in effect on March 23, 2010).	**Y** = Yes, Grandfathered Plan, **N** = No, **U** = Unknown
OREC	varchar(3)	Quality	Original reason for entitlement code	**0** = Old Age and Survivors Insurance, **1** = Disability Insurance Benefits, **2** = ESRD, **3** = Both DIB and ESRD, **9** = None of the above
LISHist	bit	Quality	If a member has a record in CMS's lishist file, then set lishist to true for the	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			appropriate enrollment segment. (Low Income Subsidy)	
PlanRegion	varchar(50)	Optional	The region to which the plan belongs to.	
CoverageTier	varchar(2)	Optional	Tier identifies the scope of coverage for the member. Acceptable values specified.	**I** = Individual only, **IS** = Individual + spouse, **IF** = Individual + family, **IC** = Individual + child
PaymentClassification	varchar(4)	RISK	Payment classification for Medicaid	FHP, SSI, TANF
SmokingIndicator	varchar(1)	Optional	This indicates if the enrolled member is an active smoker.	**Y** = Smoker, **N** = Non Smoker, **U** = Unknown
SNPEnrolleeType	Integer	Optional	SNP benefit package at end of measurement year	**0** = Member is NOT enrolled in an SNP plan benefit package **1** = Member is enrolled in a DUAL ELIGIBLE SNP benefit package **2** = Member is enrolled in an INSTITUTIONAL SNP benefit package **3** = Member is enrolled in a CHRONIC CONDITION SNP benefit package
SpanType	varchar(150)	Optional	Client enrollment type	
SpanValue	varchar(150)	Optional	Client enrollment type values	
UnderWritingStatus	varchar(1)	Optional	For individual only (not group). Indicates whether individual is considered guarantee issue or medically underwritten	**1** = Guarantee Issue, **2** = Medically Underwritten, **3** = Not Applicable
ClientSystemOfRecordID	varchar(10)	Optional	Identifier for System of Record.	
OnOffExchangeIndicator	varchar(1)	All	This indicates if the Plan is Off Exchange or On Exchange type – ON exchange type plans are from exchange sources	**Y** – On exchange, **N** – Off exchange, **U** = Unknown

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			whereas Off Exchange Plans are submitted by clients through Rate and Benefits Information System	
LTSSBenefitFlag	bit	Quality	Used to identify members that have LTSS coverage during the enrollment span for plans reporting the NCQA LTSS measures	Y or 1, N or 0
GroupID	varchar(100)	CHG	Group ID of the plan	
GroupName	varchar(100)	CHG	Group name of the plan	
CoverageStatus	varchar(100)	CHG	The instance status of the member's coverage.	**Active**: The instance is currently in-force; **Cancelled**: The instance is withdrawn, rescinded or reversed. **Draft**: A new instance of the contents of which is not complete. **Entered-In-Error**: The instance was entered in error.
PayerIdentifier	varchar(100)	CHG	Who is issuing the policy to the patient – plan or ORG details.	
PayerPrimaryIdentifier	varchar(100)	CHG	Issuer of the policy is primary or secondary or other.	**Primary,** **Secondary,** **Other**

Provider

The provider file should contain one record per provider contracting with the plan during the time period covered by the data extract. If a claim, lab claim, or pharmacy claim record is loaded into iPORT-HD™ without a corresponding provider record; iPORT-HD™ will automatically add an "unknown" record for the ProviderKey. If the provider data has any identifiable attribute in the claims file, the provider data can be supplemented using a third-party source if such prior agreements have been made. When subsequent provider files are loaded, existing providers (by ProviderKey) will be updated, and any new providers will be added to the project. If one ProviderKey contains multiple records in a Provider file, the last record in the file will be used for the Provider's demographic information.

- For initial integration, it is recommended to load all practitioners (Individual and Organizational providers) servicing the health plan members. When subsequent provider files are loaded, existing providers will be updated, and any new providers will be added to the project.
- Each record in the Provider file should be unique on ***ProviderKey***.

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderKey	varchar(25)	All	ProviderKey is the unique identifier for each individual provider that serves as a referential key to the other data files	
ProviderName	varchar(179)	All	Providers' names can either be loaded in the ProviderName field, following the format "LastName, FirstName M"; or loaded into the individual parsed fields. If using the parsed fields, name suffixes (e.g. MD) should be placed into the ProviderLastName field, following the last name	
ProviderFirstName	varchar(50)	All	Provider First name	
ProviderMiddleName	varchar(25)	CHG	Provider Middle name	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderLastName	varchar(100)	All	Provider Last name	
ProviderAddress1	varchar(100)	All	Provider Primary Address, usually street. Use the physical address of the **provider office** where patient medical records are most likely to be stored	
ProviderAddress2	varchar(100)	All	Provider Secondary address, usually Suite, Apt or Room No. Use the physical address of the **provider office** where patient medical records are most likely to be stored	
ProviderCity	varchar(50)	All	Provider city	
ProviderState	varchar(2)	All	Provider State code	
ProviderZip	varchar(9)	All	Provider Zip Code	
ProviderFAX1	varchar(15)	All	Fax number of providers	
ProviderPhone1	varchar(15)	All	Primary phone number. It should not contain any special characters other than numerical digits	
ProviderPhone2	varchar(15)	RISK, EDS, CHG	Secondary phone number. It should not contain any special characters other than numerical digits	
ProviderDEACode	varchar(25)	Optional	Drug Enforcement Agency Number	
PrimaryTaxonomyCode	varchar(10)	All	Primary Healthcare Provider Taxonomy Code of provider	
PrimaryProviderSpecialty	varchar(15)	INDICES, RISK, EDS, ACA Edge, CHG, Optional for Quality	Code indicating primary specialty of the provider. A separate file for provider specialty code and description should be submitted. Please refer to the **Provider Specialty** file layout.	
ProviderType	Varchar(1)	CHG	Identify the type of providers	**A** = Ancillary **F** = Facility **P** = Physician **U** = Unknown

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CMSStandardizedSpecialtyCode	Varchar(100)	All, Optional for Quality	CMS Provider specialty codes	
ProviderNPI	varchar(10)	All	The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. It is a unique 10-digit identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). NPI numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions. This field is required for clients utilizing Inovalon MRR services	
FacilityCode	varchar(25)	Optional	Provider facility code	
ManagementGroupCode	varchar(25)	Optional	Management group code	
Languages	varchar(50)	All	Primary language Note: For CHG a proficiency code is also required with the language code. The language code and the proficieny will be separated by a space and the pairs will be separated by a ":". For e.g. If a Provider speaks English with Functional native proficiency, Spanish with unknown proficiency and German with	CHG Language codes: http://hl7.org/fhir/R4/valueset-languages.html CHG Proficiency codes:

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			Elementary proficiency the field will be **"en 50:es:de 10".**	http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-LanguageProficiencyVS.html
ProviderAltID1 to ProviderAltID10	varchar(30)	Optional	Used for reference purposes at the plan's discretion	
LocationKey	varchar(25)	CHG	Identifying medical record pursuits for providers who practice at the same location	
ExcludeFromMRChase	bit	Optional	Indicates whether this provider should be excluded from consideration when building hybrid pursuits	Y or 1, N or 0
ExcludeFromPRRelationship	bit	Optional	Indicates whether this provider should be excluded from consideration when building relationships in the Provider Reporting module	Y or 1, N or 0
MedicareFacilityNumber	varchar(80)	Quality, CHG	Used to identify contracted hospitals for the HAI measure	
ProviderAddressCountryCode	varchar(3)	EDS, CHG	Country code of provider's location address. Default to 'US'. Please populate valid alpha-2 codes for address outside of US as per the link for reference - https://www.iban.com/country-codes	
TIN	varchar(9)	All	Tax Identification number	
ProviderNameSuffix	varchar(3)	CHG	Provider Suffix	
ProviderCredentials	varchar(5)	CHG	Provider Credentials	
ProviderTitle	varchar(5)	Optional for CHG	Provider Title	
EmailAddress	varchar(254)	RISK, EDS, CHG	Provider email address	
MailingAddressLine1	varchar(255)	RISK, EDS, CHG	First address line (usually street, maybe PO Box) of provider's mailing address	
MailingAddressLine2	varchar(255)	RISK, EDS, CHG	Second address line (usually Suite, Apt or Room No) of provider's mailing address	
MailingAddressCity	varchar(50)	RISK, EDS, CHG	City name of provider's mailing address	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MailingAddressStateCode	varchar(2)	RISK, EDS, CHG	State code (including DC and US Territories) of provider's mailing address	
MailingAddressZipCode	varchar(9)	RISK, EDS, CHG	Zip code of provider's mailing address	
MailingAddressCountryCode	varchar(2)	RISK, EDS, CHG	Country code of provider's mailing address	
MailingPhone	varchar(15)	RISK, EDS, CHG	Telephone number of provider's mailing address	
MailingFax	varchar(15)	RISK, EDS, CHG	Fax number of provider's mailing address	
MailingContactFirstName	varchar(50)	CHG	First name of the contact person at the mailing address	
MailingContactLastName	varchar(50)	CHG	Last name of the contact person at the mailing address	
BillingAddressLine1	varchar(255)	EDS, CHG	First address line (usually street, maybe PO Box) of provider's billing address	
BillingAddressLine2	varchar(255)	EDS, CHG	Second address line (usually Suite, Apt or Room No) of provider's billing address	
BillingAddressCity	varchar(50)	EDS, CHG	City name of provider's billing address	
BillingAddressStateCode	varchar(2)	EDS, CHG	State code (including DC and US Territories) of provider's billing address	
BillingAddressZipCode	varchar(9)	EDS, CHG	Zip code of provider's billing address	
BillingAddressCountryCode	varchar(2)	EDS, CHG	Country code of provider's billing address	
BillingPhone	varchar(15)	EDS, CHG	Telephone number of provider's billing address	
BillingFax	varchar(15)	EDS, CHG	Fax number of provider's billing address	
ProviderOrganizationID	varchar(50)	CHG	Identifier for provider's organization	
PracticeLocationName	varchar(100)	EDS, CHG	Office or location name of practice location address	
CMSProviderID	varchar(12)	Optional	ProviderID assigned by CMS	
NamePrefix	varchar(10)	Optional	Provider Name Prefix	
OrganizationName	varchar(100)	All	Full legal business name of the provider organization	
PCP	bit	CHG	Indicator for primary care provider	Y or 1, N or 0
Prescriber	bit	Optional	Indicator of provider as prescriber	Y or 1, N or 0
ProviderEffectiveDate	datetime	CHG	Effective date of the Provider	YYYY-MM-DD HH:MM:SS

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderTerminationDate	datetime	CHG	Provider termination date	YYYY-MM-DD HH:MM:SS
SSN	varchar(9)	RISK, Optional	Provider Social Security Number	
UPIN	varchar(20)	RISK, Optional	Provider Unique Physician Identification Number	
SourceSystemOfRecordID	varchar(10)	RISK, Optional	Identifier for System of Record.	
PrimaryLocationIndicator	varchar(1)	Risk, CHG	Indicator for the address needed to be treated as primary for the communication with Providers	**O** – Practice Address **M** – Mailing Address **B** – Billing Address If not indicated "Practice Address" will be treated as Primary
ProviderGender	varchar(1)	CHG	Gender code	**M** = Male, **F** = Female, **U** = Unknown, **O** = Other
ProviderDOB	datetime	CHG	The date on which the practitioner was born	**YYYY-MM-DD HH:MM:SS**
ProviderQualificationID	varchar(100)	CHG	An identifier for this qualification for the practitioner	http://hl7.org/fhir/R4/v2/0360/2.7/index.html
QualificationCode	varchar(100)	CHG	Coded representation of the qualification	
QualificationPeriodFrom	datetime	CHG	Period during which the qualification is valid	
QualificationPeriodTo	datetime	CHG	Period during which the qualification is valid	
QualificationIssuer	varchar(100)	CHG	Organization that regulates and issues the qualification	
QualificationIssuerSystem	varchar(500)	CHG	Organization that regulates and issues the qualification- website URL	
QualificationIssuerStatus	bit	CHG	Status of the Organization that issues the qualification	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProductIndicator	varchar(1)	CHG	A value to indicate the product for which the feed will be used.	**1**-All **5**-Provider Directory
longitude	decimal(18,15)	CHG	Longitude value of the Provider address	
latitude	decimal(18,15)	CHG	Latiude value of the Provider address	
AcceptingPatients	varchar(50)	CHG	Is the provider accepting new patients? One of three values: accepting, not accepting, accepting in some locations	**nopt, newpt, existonly, existptfam** Reference url: http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-AcceptingPatientsVS.html
ProviderRoleCode	varchar(10)	CHG	Codes for the capabilities that an individual, group, or organization is acknowledged to have in a payer network, including general codes from the HL7 PractitionerRole Code System.	**http://hl7.org/fhir/us/davinci-pdex-plan-net/CodeSystem/ProviderRoleCS%22**
ProviderAvailability	varchar(100)	CHG	Represents the days and times a Provider is available. If the Provider is available the whole day please submit the time component as "0000-2359" and if the Provider is not available for the day then leave the day and time component from the field.	**sun 0000-2359:mon 0800-1630:tue 0800-1630:wed 0800-1630:thu 0800-1630:fri 0800-1630:sat 0000-2359**
ProviderContact1	varchar(100)	Optional for CHG	Name of the designated point of contact for the respective Provider	
ProviderContact2	varchar(100)	Optional for CHG	Name of the designated point of contact for the respective Provider	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderContact3	varchar(100)	Optional for CHG	Name of the designated point of contact for the respective Provider	
ProviderContact4	varchar(100)	Optional for CHG	Name of the designated point of contact for the respective Provider	
ProviderContact5	varchar(100)	Optional for CHG	Name of the designated point of contact for the respective Provider	
ProviderPhone3	varchar(15)	CHG	Phone Number of Provider Contact	
ProviderPhone4	varchar(15)	CHG	Phone Number of Provider Contact	
ProviderPhone5	varchar(15)	CHG	Phone Number of Provider Contact	
URL1	varchar(250)	CHG	URL for the Provider	
URL2	varchar(250)	CHG	URL for the Provider	
URL3	varchar(250)	CHG	URL for the Provider	
URL4	varchar(250)	CHG	URL for the Provider	
URL5	varchar(250)	CHG	URL for the Provider	
ProviderFAX2	varchar(15)	CHG	Fax number of provider	
ProviderFAX3	varchar(15)	CHG	Fax number of provider	
ProviderFAX4	varchar(15)	CHG	Fax number of provider	
ProviderFAX5	varchar(15)	CHG	Fax number of provider	
Pager1	varchar(15)	CHG	Pager Number of Provider Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager2	varchar(15)	CHG	Pager Number of Provider Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager3	varchar(15)	CHG	Pager Number of Provider Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager4	varchar(15)	CHG	Pager Number of Provider Contact. These may be local pager numbers that are only usable on a particular pager system.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Pager5	varchar(15)	CHG	Pager Number of Provider Contact. These may be local pager numbers that are only usable on a particular pager system.	
PreferredCommunicationType	varchar(500)	CHG	An ordered list of communication modes separated by a ":". For eg. If the preferred order of the communication is Phone1, fax3 and url2 then submit the data as "Provider_Group_Phone1:Provider_Group_Fax3:URL2"	
PayerIdentifier	varchar(100)	CHG	Unique identifier name of the payer	

Medical Claim

The Claim file contains claims for medical services. It may also contain lab services that do not have an associated result, pharmaceuticals administered in the practitioner's office (usually documented by J codes in the CPT Field), and medical encounter data. The Claim file should contain one record per unique claim line. The ClaimNumber field should contain the overarching claim number, and the claim line number should be loaded into the ClaimLineNumber field. There is no harm done by duplicate claims for the same service.

It is imperative to have every claim record in the system have a member profile and a provider profile linked to it to gain meaningful analytics. Inovalon terms the claim record as Orphan, if the claim record is not linked to a member record and a provider record (i.e. Every record in the claim file has a valid MemberKey which is present in the Member file and a valid ProviderKey which is present in the Provider file). **Even though such Orphan claim records are integrated, they are not distributed to the downstream products and are not used in any analytics.** This is done to ensure that there is always referential integrity maintained between claims and member/provider files.

CMS has mandated ICD-10 compliance to be effective October 1, 2015. This mandate requires that any claim containing both ICD-9 code and ICD-10 code in the same record be rejected. Plans may continue to use prior year template or custom template provided that claim record does not contain both ICD-9 and ICD-10 codes. iPORT-HD™ will allow the loading of claim files with both ICD9 and ICD10 columns, and the process will reject any claim record with both ICD9 and ICD10 codes. Please see the example in the table below. Please refer to the CMS website for additional information regarding ICD-10 compliance: https://www.cms.gov/Outreach-and-Education/Outreach/NPC/Downloads/2015-08-27-ICD10-Presentation.pdf

- For initial integration, it is recommended to load minimum 3.5 years of historical data.
- For HEDIS reporting, it is recommended to load minimum 2 years of historical data for Vision claims and mental health claims and minimum 1 year of historical data for Dental claims.
- For Vision claims, Mental health claims and Dental claims, please follow Medical claim layout.
- The file should include Incremental data of Medical claims since last extraction. The Incremental data will reflect any change at the claim line or claim header level since the prior data extraction including a void, replacement or adjustment of that claim transaction.
- **For CHG daily file integration, please submit incremental files.**
- Each record in Medical Claim file should be unique on ***MemberKey, ClaimNumber, ClaimLineNumber, ClaimStatus,*** *and* ***DOS***.

Inovalon requires clients to provide information on how to reconcile and identify records with latest claim information if client should send transactional records (i.e. original / reversal / adjustment records) when adjusted. Depending on how claim adjustment is processed and how it is reflected in the data, some of the data elements below may not be applicable.

- **It is not required to match the number of attributes in file header to the number of attributes specified in the data specification guide.**
- **Instructions on populating attributes with multiple place holders.**
    - **ICDDx(9), ICDDx10, ICDPx(9) and ICDPx10:**
        - The file should contain minimum of 40 ICD placeholders irrespective of number of ICD codes in the source system. If the source system has less than 40 ICD codes per claim record, please leave it blank.
        - If the source system has more than 40 ICD codes, please add an additional placeholder for each ICD code beginning from 41.
        - Attribute with _00 is considered as primary/principal position and the rest placeholders are secondary.

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	All	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files.	
ProviderKey	varchar(25)	All	ProviderKey is the unique identifier for each individual provider that serves as a referential key to the other data files	
ClaimNumber	varchar(80)	All	Identifier assigned by the payer to identify a claim. Different claim transactions (original / reversal / positive adjustment) for the same claim should have same ClaimNumber. **For HEDIS, claim line numbers should not be included in the ClaimNumber field.**	
DOS	datetime	All	Represents the date, per Claim Service Line, the service was rendered. For institutional claim, DOS is used for admit date, for Professional claim, both DOS and DOSThru should have same dates	YYYY-MM-DD HH:MM:SS Time component is not required for Quality product
DOSThru	datetime	All	Represents the date, per Claim Service Line, the service was rendered through if different from Service_Date. For institutional claim, Dos thru is	YYYY-MM-DD HH:MM:SS Time component is not required for Quality product

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			used for discharge date, for Professional claim, both DOS and DOSThru should have same dates	
SuppSource	varchar(1)	All	The supplemental source of a claim. **Note: Default the value to "A" for non-quality clients**	**A** = Non-Supplemental, **S** = Standard Supplemental, **N** = Non-Standard Supplemental If ECDS data is being loaded as a claim type, the following supplemental source values should be used to ensure the data is both properly stratified in the ECDS measures and treated as supplemental data appropriately in the non-ECDS measures: **E** = EHR Standard Supplemental, **M** = EHR Non-Standard Supplemental, **R** = Registry/HIE Standard Supplemental, **H** = Registry/HIE Non-Standard Supplemental, **C** = Case Management Standard Supplemental, **P** = Case Management Non-Standard Supplemental
ClaimStatus	varchar(1)	All	Identifies the transaction status as assigned by the Claim Processing System	**A** = Adjustment to Original Claim, **D** = Denied Claims, **I** = Initial Paid, **P** = Pended for Re-adjudication, **R** = Reversal There are specific measures where denied services cannot be used to calculate member eligibility or compliance. For these measures, the QSI-XL® Event Build engine specifically uses claims status values in the event build logic that exclude claim status "D".
PCPFlag	bit	Quality	Indicator for whether the claim provider serves as PCP for the health plan	Y or 1, N or 0
RoomBoardFlag	bit	All	The Discharge Builder algorithm within Quality products uses RoomBoardFlag as the basis of	Y or 1, N or 0

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			determining discharges. Only claims with a RoomBoardFlag value of 'Y' can create discharge records. Normally, RoomBoardFlag is derived from UBRevenueCode during the Discharge Build process. Set RoomBoardFlag to 'Y' if you wish to force to create discharge record from this claim record and supplement the data derived from UBRevenueCode	
MajorSurgery	bit	All	Used to denote claim as major surgery	Y or 1, N or 0
DischargeStatus	varchar(2)	All	Patient Discharge Status as defined on facility encounter, include leading zero if applicable **Required data element for Institutional Claims for EDS product.**	
PatientStatusCode*	varchar(2)	EDS	The code indicating the patient status as of the "Statement To Date" upon discharge.	
DaysDenied	integer	All	For wholly or partially denied inpatient claims, the quantity of denied days. Denied days may not be tracked if paying by DRG, potentially leading to over-counted days	
RRUUnitsOfService	integer	Optional	Units of service for intensive outpatient and partial hospitalization claims	
Billed	decimal (28,10)	All, Optional for Quality	Contains the amount billed to the health plan by the practitioner	
Allowed	decimal (28,10)	All, Optional for Quality	Contracted dollar amount for the service	
Paid	decimal (28,10)	All, Optional for Quality	The dollar amount paid by the insurer on the claim.	
Cost	decimal (28,10)	All, Optional for Quality	This would include the sum of the amount paid by the health plan, the amount paid by the patient and the amount of any discounts; calculated	
Copay	decimal (28,10)	All, Optional for Quality	The patient's copay responsibility	
CoinsuranceAmount	decimal (28,10)	All, Optional for Quality	Dollar amount patient is required to pay for service after a deductible has been paid	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
DeductibleAmount	decimal (28,10)	All, Optional for Quality	Deductible amount on this claim not covered by the health plan	
ExcludeFromDischarge	bit	EDS	Indicates the claim record to be excluded from the discharge building process regardless of its UBRevenueCode	Y or 1, N or 0
RxProviderFlag	bit	All	Indicates that the rendering provider has prescribing privileges for the MCO patients	Y or 1, N or 0
CVX	varchar(3)	Quality	A standard CVX code denoting a vaccination	
Rendering_Provider_NPI	varchar(10)	All	National Provider Identifier assigned by CMS for Rendering Provider if different from what would be found on the Provider file	
Billing _Provider_NPI	varchar(10)	All	National Provider Identifier assigned by CMS for Billing Provider if different from what would be found on the Provider file	
TIN	varchar(9)	All	Provider Tax Identification number. Nine-digit number used as a tracking number by the IRS for tax purposes	
ProviderTaxonomy	varchar(10)	All	Used to categorize the type, classification, and/or specialization of health care providers. Used by the FUH and MPT measures to denote a Mental Health Practitioner	
ServiceLocationAddress1	varchar(100)	All	Address of the healthcare facility where the Provider was located when treating the patient.	
ServiceLocationAddress2	varchar(100)	All		
ServiceLocationCity	varchar(50)	All		
ServiceLocationState	varchar(2)	All		
ServiceLocationZip	varchar(15)	All		
ServiceLocationCountryCode	varchar(3)	All		
BillingLocationAddress1	varchar(100)	All	Address of the healthcare facility where the Claim was billed.	
BillingLocationAddress2	varchar(100)	All		
BillingLocationCity	varchar(50)	All		
BillingLocationState	varchar(2)	All		
BillingLocationZip	varchar(15)	All		
BillingLocationCountryCode	varchar(3)	All		

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
AmbulSurgery_00 to AmbulSurgery_19	varchar(2)	Optional	Ambulatory Surgery	
APDRG_00 to APDRG_19	varchar(3)	CHG	All Patient Diagnosis Related Groups. For Quality, specific to New York reporting clients. When used, custom event definitions may need to be created to use these code sets.	
APRDRG_00 to APRDRG_19	varchar(4)	CHG	All Patient Refined Diagnosis Related Groups	
ClaimAltID_00 to ClaimAltID_29	varchar(30)	Optional	Used for reference purposes at the plan's discretion	
CPTMod_00 to CPTMod_04	varchar(2)	All	Current procedural terminology codes modifier.	
CPTPx_00 to CPTPx_24	varchar(5)	All	AMA Current Procedural Terminology (CPT)/CMS Healthcare Common Procedure Coding System (HCPCS) Level I. **For RISK products, populate one code per service line.** **EDS product needs to have the CPTPX populated through CPTPx_00 to CPTPx_24.** **Quality product will only support CPTPx_00 to CPTPx_19.**	
CPTPx_Date_00 to CPTPx_Date_24	date	EDS, CHG	The date the procedure was performed.	
DRG_00 to DRG_19	varchar(3)	RISK, EDS, ACA Edge, CHG	Must be converted to standard 3-digit length by adding leading zeros, if necessary, there should be only ONE DRG code per inpatient stay. CMS Rule.	
HCFAPos_00 to HCFAPos_19	varchar(2)	All	Health care financing administration place of service. **Required data element for Professional Claims for RISK products.**	
HCPCSMod_00 to HCPCSMod_04	varchar(2)	All	Healthcare Common Procedure Coding System procedure codes modifier	
HCPCSPx_00 to HCPCSPx_24	varchar(5)	All	CMS Healthcare Common Procedure Coding System (HCPCS) Level II. **For EDS, populate one code per service line.**	
HCPCSPx_Date_00 to HCPCSPx_Date_24	date	EDS, CHG	The date the procedure was performed. **For EDS, populate one HCPCSPx date per service line.**	
HomeGrownMod_00 to HomeGrownMod_04	varchar(5)	Optional	Used to capture non-standard modifier codes. These may be used in conjunction with custom	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			event definitions to build events. It is recommended to consult with your auditor prior to using homegrown codes that may impact HEDIS results	
HomeGrownPx_00 to HomeGrownPx_19	varchar(25)	Optional	Used to capture non-standard procedure codes. These may be used in conjunction with custom event definitions to build events. It is recommended to consult with your auditor prior to using homegrown codes that may impact HEDIS results	
ICDDx_00 to ICDDx_99	varchar(5)	All	ICDDx codes represent International Classification of Diseases, Tenth Revision, Clinical Modification. ICD-9 diagnosis codes should contain all available digits (including all preceding zeros). Use ICDDX_00 to denote the primary diagnosis for the claim. All secondary diagnoses should be placed in the ICDDX_01 through ICDDX_99 fields. Do not repeat the primary diagnosis in the secondary diagnosis fields, as this may cause inaccurate reporting.	Do not include the period that follows the third digit. If no fourth or fifth digit was coded, do not pad the missing spaces. For example, V42.0 should be loaded as V420.
ICDDx10_00 to ICDDx10_99	varchar(7)	All	ICDDx codes represent International Classification of Diseases, Tenth Revision, Clinical Modification. ICD-10 diagnosis codes should contain all available alphanumeric code. Use ICDDX10_00 to denote the primary diagnosis for the claim. All secondary diagnoses should be placed in the ICDDX10_01 through ICDDX10_99 fields. Do not repeat the primary diagnosis in the secondary diagnosis fields, as this may cause inaccurate reporting.	Do not include the decimal. For example, V39.00XS should be coded as V3900XS.
ICDPx_00 to ICDPx_99	varchar(4)	All	ICDPx codes represent International Classification of Diseases, Tenth Revision, Procedure Coding System. ICD-9 procedure codes should contain all available digits (including all preceding zeros). **Required data element for Institutional Claims for RISK products.**	Do not include the period that follows the third digit.
ICDPx10_00 to ICDPx10_99	varchar(7)	All	ICDPx codes represent International Classification of Diseases, Tenth Revision, Procedure Coding System. ICD-10 procedure codes should contain all available alphanumeric codes.	Do not include the decimal. For example, V39.00XS should be coded as V3900XS

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			Required data element for Institutional Claims for RISK products.	
MSDRG_00 to MSDRG_19	varchar(3)	Quality, CHG	Medicare Severity-Diagnosis Related Group. MSDRG is an entirely different code set than federal DRG. It is the plan's responsibility to separate and appropriately classify these codes	
POA_00 to POA_19	varchar(1)	Optional	Present on Admission	**1** = Exempt from POA reporting, **N** = Not present at time of admission, **U** = Insufficient documentation to determine if present at time of admission, **W** = Provider unable to clinically determine if present at time of admission, **Y** = Diagnosis present as time of admission
POS_00 to POS_19	varchar(2)	Quality Optional	Place of service taken from the professional claim form.	**BC** = Birthing Center, **DN** = Day/Night Hospitalization, **ER** = Emergency Room, **IA** = Inpatient Acute, **IN** = Inpatient Non-Acute, **LA** = Laboratory, **OA** = Outpatient/Ambulatory, **OC** = Office/Clinic, **OT** = Other, **RM** = Mail Order Prescription Drugs, **RR** = Retail Pharmacy
ProviderSpecialty_00 to ProviderSpecialty_19	varchar(15)	Quality	The native Provider Specialty value found in the claims file(s). A separate file for provider specialty code and description should be submitted. Please refer to the Provider Specialty file layout.	
ProviderType_00 to ProviderType_19	varchar(4)	Optional	Identifies the provider type	Valid values are (can also be found in list format in the Appendix section): Provider Type Values If ProviderSpecialty to ProviderType mapping is being used, it is not necessary to also manually specify the ProviderTypes in the Claim file
TOB_00 to TOB_19	varchar(4)	All	Type of bill code, must be converted to standard 4-digit length by adding leading zeros, if necessary	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			Required data element for Institutional Claims for RISK products.	
UBOccurCode_00 to UBOccurCode_39	varchar(2)	Optional	UB-04 (CMS-1450 uniform institutional provider hardcopy claim form) Occurrence Codes (identifies a significant event relating to an institutional claim that may affect payer processing) **EDS product needs to have the UBOccurCode populated through UBOccurCode_00 to UBOccurCode_39.** **Quality product will only support UBOccurCode_00 to UBOccurCode_19.**	
UBRevenueCode_00 to UBRevenueCode_19	varchar(4)	All	Applicable revenue code that identifies location of services and type of item a patient might have received. **Required data element for Institutional Claims for RISK products.**	Must be converted to standard 4-digit length by adding leading zeros, if necessary
ClaimTransactionSequence	Integer	EDS, ACA Edge, Optional for Quality	Identifies the adjustment sequence of each claim transaction (i.e. ClaimTransactionID) within same claim).	
ClaimTransactionType	varchar(1)	EDS, ACA Edge	Identifies type of claim transaction.	**O** = Original, **R** = Reversal, **A** = Adjusted (Positive), **V** = Void
ReceivedDate	datetime	EDS, ACA Edge, CHG, Optional for Quality	The date and time when the claim was received by the health plan	YYYY-MM-DD HH:MM:SS
ClaimProcessedDatetime	datetime	EDS, ACA Edge	(Claim Adjudicated Date.) The date and time when this claim record was processed and resulted in a paid amount.	YYYY-MM-DD HH:MM:SS
StatementDate_From *	datetime	ACA Edge, RISK, EDS, Optional for Quality	The beginning service dates of the period included in the bill. **Required data element for Institutional Claims only for EDS product and ACA Edge products.**	YYYY-MM-DD
StatementDate_To *	datetime	ACA Edge, RISK, EDS,	The ending service dates of the period included in the bill.	YYYY-MM-DD

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
		Optional for Quality	**Required data element for Institutional Claims only for EDS product and ACA Edge products.**	
Claimline_Billed	decimal (28,10)	ACA Edge, EDS, CHG	Contains the amount billed to the health plan by the practitioner	
Claimline_Paid	decimal (28,10)	ACA Edge, EDS, CHG	The dollar amount paid by the insurer on the claim.	
PaidDate	datetime	EDS, ACA Edge, CHG, Optional for Quality	The date a check or electronic funds transfer was issued for paid claims. For encounters, the date paid means the date of claim adjudication.	YYYY-MM-DD HH:MM:SS
PaymentReasonCode	varchar(5)	EDS	Code used to depict the reason for paying the claim at a reduced rate; reference table required	
AdjustmentReasonCode_00 to AdjustmentReasonCode_05	varchar(15)	EDS, Optional for Quality	Contains the code to depict the reason for post-payment adjustment; reference table required	**20** = Balance Due Declined, **50** = Late Charge, **51** = Interest Penalty Charge, **52** = Credit for Overpayment, **53** = Remittance for Previous Underpayment, **72** = Authorized Return, **90** = Early Payment Allowance, **AA** = Prepaid Benefit or Advances, **AH** = Origination Fee, **AM** = Applied to Borrower's Account, **AP** = Acceleration of Benefits, **AX** = Person No Longer Employed, **B2** = Rebate, **B3** = Recovery Allowance, **BD** = Bad Debt Adjustment, **BN** = Bonus, **C5** = Temporary Allowance, **CR** = Capitation Interest, **CS** = Adjustment, **CT** = Capitation Payment, **CV** = Capital Passthru, **CW** = Certified Registered Nurse Anesthetist Passthru, **DM** = Direct Medical Education Passthru, **E3** = Withholding, **FB** = Forwarding Balance,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				FC = Fund Allocation, **GO** = Graduate Medical Education Passthru, **H1** = Information Forthcoming, **H6** = Partial Payment Remitted, **HM** = Hemophilia Clotting Factor Supplement, **IA** = Invoice Amount Does Not Match Account Analysis Statement, **IP** = Incentive Premium Payment, **IR** = Internal Revenue Service Withholding, **IS** = Interim Settlement, **J1** = Nonreimbursable, **J3** = Promised Adjustment Not Received, **L3** = Penalty, **L6** = Interest Owed, **LE** = Levy, **LS** = Lump Sum, **OA** = Organ Acquisition Passthru, **OB** = Offset for Affiliated Providers, **PI** = Periodic Interim Payment, **PL** = Payment Final, **RA** = Retro-activity Adjustment, **RE** = Return on Equity, **SL** = Student Loan Repayment, **TL** = Third Party Liability, **WO** = Overpayment Recovery, **WU** = Unspecified Recovery
ClaimLineNumber	Integer	All	Sequence number which uniquely identifies the claim lines within a single claim	1 through 999
OriginalClaimLineNumber	Integer	RISK, EDS, ACA Edge	(Required if claim is adjusted at line level and if this is reversal/adjusted record having claim line number different from the original claim line)	1 through 999
RenderingProviderID	varchar(30)	RISK, EDS, ACA Edge, Optional for Quality	Rendering provider ID	
CapitatedClaimFlag	varchar(1)	RISK, EDS, ACA Edge	Flag to identify if the claim is not a fee for service claim.	**Y** = Capitated Claim, **N** = Fee-for-service Claim

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
AttendingProviderID	varchar(25)	EDS	Used if different from the Rendering Provider (Refer to UB-04 field 76)	
AttendingProviderNPI	varchar(10)	EDS, CHG	Used if different from the Rendering Provider (Refer to UB-04 field 76)	
OtherInsurancePaidAmount	decimal (28,10)	EDS	Amount paid for by an alternate insurance for this claim	
PrimaryPayerFlag	varchar(1)	CHG	Designates if the client is the primary payer or secondary payer of the claim	**Y** = Primary Payer, **N** = Secondary Payer/Other
OtherInsuranceFlag	varchar(1)	EDS	Flag if any additional insurance was allowed to be used for this claim; also indicates coordination of benefits between health plans for a claim	**Y** = Other insurance was used for this claim, **N** = No other insurance was used for this claim
AdmissionDate	datetime	RISK, EDS, ACA Edge, CHG, Optional for Quality	Date the member was admitted to hospital.	YYYY-MM-DD HH:MM:SS
INOUTofNetworkIndicator	varchar(1)	EDS, ACA Edge, CHG	In and Out of Network Indicator is based on Provider (Rendering provider) status but not on service/product being provided. **Required on the claim line level for Edge server clients.**	**I** = In Network **O** = Out of Network
ClaimTransactionID	varchar(50)	RISK, EDS, ACA Edge	Unique, persistent identifier for each record from source system.	
ClaimFormType	varchar(1)	RISK, EDS, ACA Edge, CHG, Optional for Quality	Describes claim form type as professional or institutional.	**I** = Institutional **P** = Professional **D** = Dental **V** = Vision
ClaimLineSequesterAmount*	decimal (28,10)	EDS	Claim Line Sequester Amount	
AdjudicatedAmount	decimal (28,10)	EDS	Adjudicated amount	
AdjudicationDate	Datetime	EDS, CHG	Adjudication date	
AdjustedRepricedLineItemReferenceNumber*	varchar(50)	EDS	Identification number of an adjusted repriced line item adjusted from an original amount.	
AdjustmentAmount_00 to AdjustmentAmount_05	decimal (28,10)	EDS	Adjustment dollar amount for the associated reason code.	
AdjustmentGroupCode_00 to AdjustmentGroupCode_05 *	varchar(2)	RISK, EDS	Code identifying the general category of payment adjustment.	**CO** = Contractual Obligations, **CR** = Correction and Reversals,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				OA = Other adjustments, **PI** = Payer Initiated Reductions, **PR** = Patient Responsibility
AdjustmentQuantity_00 to AdjustmentQuantity_05	decimal(8,2)	EDS	Numeric quantity associated with the related reason code for coordination of benefits.	
AdmissionSourceCode	varchar(1)	Quality, EDS, CHG	Code indicating the source of this admission. For Quality product, populate "Point of Origin" value. Please note this attribute is only required when reporting PQI measures, this does not apply to HEDIS measures. **Required data element for Institutional Claims only for EDS product.**	
AdmissionTypeCode	varchar(1)	EDS, CHG	Code indicating the priority of this admission. **Required data element for Institutional Claims only for EDS product.**	**1** = Emergency **2** = Urgent **3** = Elective **4** = Newborn **5** = Trauma Center **9** = Information Not Available
AdmittingDx	varchar(7)	EDS	The ICD diagnosis code describing the patient's diagnosis at the time of admission.	
AmbulanceDropoffAddressLine*	varchar(55)	EDS	Address line of the ambulance transport drop-off location.	
AmbulanceDropoffCityName*	varchar(30)	EDS	City name of the ambulance transport drop-off location.	
AmbulanceDropOffLocation*	varchar(60)	EDS	Name of the ambulance transport drop-off location.	
AmbulanceDropoffPostalZoneZIPCode*	varchar(15)	EDS	Postal zone code or ZIP code of the ambulance transport drop-off location.	
AmbulanceDropoffStateorProvinceCode*	varchar(2)	EDS	State or province of the ambulance transport drop-off location.	
AmbulancePatientCount*	varchar(15)	EDS	Number of patients in ambulance transport.	
AmbulancePickUpAddressLine*	varchar(55)	EDS	Address line of the ambulance transport pick-up location.	
AmbulancePickUpCityName*	varchar(30)	EDS	City name of the ambulance transport pick-up location.	
AmbulancePickUpPostalZoneZIPCode*	varchar(15)	EDS	Postal zone code or ZIP code of the ambulance transport pick-up location.	
AmbulancePickUpStateorProvinceCode*	varchar(2)	EDS	State or province of the ambulance transport pick-up location.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
AmbulanceTransportCode*	varchar(1)	EDS	Code indicating the type of ambulance transport.	
AmbulanceTransportReasonCode*	varchar(1)	EDS	Code indicating the reason for ambulance transport.	
AmbulSurgeryFlag*	varchar(1)	EDS	Indicates the claim record to be flagged as ambulatory surgery.	**Y** = Yes, **N** = No
AmountQualifierCode*	varchar(3)	EDS	Code to qualify amount.	**A8** = Noncovered Charges – Actual, **AU** = Coverage Amount, **B6** = Allowed – Actual, **B9** = Co-insurance – Actual, **C1** = Co-Payment Amount, **C5** = Claim Amount Due – Estimated, **D** = Payor Amount Paid, **D2** = Deductible Amount, **D8** = Discount Amount, **DY** = Per Day Limit, **EAF** = Amount Owed, **EBA** = Expected Expenditure Amount, **F3** = Patient Responsibility – Estimated, **F4** = Postage Claimed, **F5** = Patient Amount Paid, **FK** = Other Unlisted Amount, **GT** = Goods and Services Tax, **I** = Interest, **KH** = Deduction Amount, **N8** = Miscellaneous Taxes, **NL** = Negative Ledger Balance, **P3** = Premium Amount, **PB** = Billed Amount, **R** = Spend Down, **T** = Tax, **T2** = Total Claim Before Taxes, **T3** = Total Submitted Charges, **ZK** = Federal Medicare or Medicaid Payment Mandate - Category 1, **ZL** = Federal Medicare or Medicaid Payment Mandate - Category 2, **ZM** = Federal Medicare or Medicaid Payment Mandate - Category 3, **ZN** = Federal Medicare or Medicaid

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				Payment Mandate - Category 4, **ZO** = Federal Medicare or Medicaid Payment Mandate - Category 5
AnesthesiaRelatedSurgicalProcedure*	varchar(30)	EDS	Code identifying the surgical procedure performed during this anesthesia session.	
AttachmentControlNumber*	varchar(50)	EDS	Identification number of attachment related to the claim.	
AttachmentReportTypeCode*	varchar(2)	EDS	Code to specify the type of attachment that is related to the claim.	**03** = Report Justifying Treatment Beyond Utilization Guidelines, **04** = Drugs Administered, **05** = Treatment Diagnosis, **06** = Initial Assessment, **07** = Functional Goals, **08** = Plan of Treatment, **09** = Progress Report, **10** = Continued Treatment, **11** = Chemical Analysis, **13** = Certified Test Report, **15** = Justification for Admission, **21** = Recovery Plan, **48** = Social Security Benefit Letter, **55** = Rental Agreement, **59** = Benefit Letter, **77** = Support Data for Verification, **A3** = Allergies/Sensitivities Document, **A4** = Autopsy Report, **AM** = Ambulance Certification, **AS** = Admission Summary, **AT** = Purchase Order Attachment, **B2** = Prescription, **B3** = Physician Order, **B4** = Referral Form, **BR** = Benchmark Testing Results, **BS** = Baseline, **BT** = Blanket Test Results, **CB** = Chiropractic Justification, **CK** = Consent Form(s), **CT** = Certification, **D2** = Drug Profile Document, **DA** = Dental Models,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				DB = Durable Medical Equipment Prescription, **DG** = Diagnostic Report, **DJ** = Discharge Monitoring Report, **DS** = Discharge Summary, **EB** = Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor), **FM** = Family Medical History Document, **HC** = Health Certificate, **HR** = Health Clinic Records, **I5** = Immunization Record, **IR** = State School Immunization Records, **LA** = Laboratory Results, **M1** = Medical Record Attachment, **MT** = Models, **NN** = Nursing Notes, **OB** = Operative Note, **OC** = Oxygen Content Averaging Report, **OD** = Orders and Treatments Document, **OE** = Objective Physical Examination (including vital signs) Document, **OX** = Oxygen Therapy Certification, **OZ** = Support Data for Claim, **P4** = Pathology Report, **P5** = Patient Medical History Document, **P6** = Periodontal Charts, **P7** = Periodontal Reports, **PE** = Parenteral or Enteral Certification, **PN** = Physical Therapy Notes, **PO** = Prosthetics or Orthotic Certification, **PQ** = Paramedical Results, **PY** = Physician's Report, **PZ** = Physical Therapy Certification, **QC** = Cause and Corrective Action Report **QR** = Quality Report, **RB** = Radiology Films, **RR** = Radiology Reports, **RT** = Report of Tests and Analysis Report, **RX** = Renewable Oxygen Content Averaging Report,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				SG = Symptoms Document, **V5** = Death Notification, **XP** = Photographs
AuthorizationNumber	varchar(15)	EDS, CHG	Indicate the presence of prior-authorization via either an authorization flag or authorization tracking number.	
AutoAccidentStateorProvinceCode*	varchar(2)	EDS	State or Province where auto accident occurred.	
BeginTherapyDate*	datetime	EDS	Date therapy begins.	YYYY-MM-DD HH:MM:SS
BenefitsAssignmentCertificationIndicator*	varchar(1)	EDS	A code showing whether the provider has a signed form authorizing the third party payer to pay the provider.	**N** =No, **W** =Not Applicable, **Y** =Yes
BillingClassCode*	varchar(1)	EDS	Billing class code	
BillingProviderID	varchar(25)	RISK, EDS, Optional for Quality	Used if different from the Rendering Provider (Refer to UB-04 field 76)	
CertificationRevisionRecertificationDate*	datetime	EDS	Date the certification was revised or recertified.	YYYY-MM-DD HH:MM:SS
ClaimAdmissionDays*	integer	EDS	Number of days of claim admission	
ClaimFrequencyCode	varchar(1)	EDS, CHG	Code specifying the frequency of the claim. This is the third position of the Uniform Billing Claim Form Bill Type	
ClaimNoteText*	varchar(80)	EDS	Narrative text providing additional information related to the claim.	
ClaimPaidInOut*	varchar(1)	EDS	Claim paid in or out of provider network	**Y** = Yes, **N** = No
ClearinghouseTraceNumber*	varchar(50)	EDS	Unique tracking number for the transaction assigned by a clearinghouse.	
ClinicalLaboratoryImprovementAmendmentNumber*	varchar(50)	EDS	The CLIA Certificate of Waiver or the CLIA Certificate of Registration Identification Number assigned to the laboratory testing site that rendered the services on this claim.	
COBReduceAmount	decimal (28,10)	Optional	Coordination of Benefits reduce amount	
ConditionCode_00 to ConditionCode_11*	varchar(10)	EDS	Code(s) used to identify condition(s) relating to this bill or relating to the patient.	
MedicareContractCode*	varchar(25)	EDS	Code identifying the specific contract, established by the payer. Medicare Contract Number (Ex. H1234)	
CoPayStatusCode*	varchar(25)	EDS	A code indicating the status of the co-payment requirements for this service.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CountryCode*	varchar(10)	EDS	Code indicating the geographic location.	
CR2_PatientConditionCode*	varchar(10)	EDS	Code indicating the condition of the patient.	**A** = Acute Condition **C** = Chronic Condition **D** = Non-acute **E** = Non-Life Threatening **F** = Routine **G** = Symptomatic **M** = Acute Manifestation of a Chronic Condition
CR2_PatientConditionDescription*	varchar(255)	EDS	Free-form description of the patient's condition.	
CRC_AmbulanceCertificationConditionCode*	varchar(10)	EDS	CRC Ambulance Code(s) used to identify condition(s) relating to this bill or relating to the patient.	
CRC_AmbulanceCertificationConditionIndicator*	varchar(1)	EDS	CRC Ambulance Code indicating whether or not the condition codes apply to the patient or another entity.	Y = Yes, N = No
CRC_EPSDTReferralCertificationConditionIndicator*	varchar(1)	EDS	CRC Early and Periodic Screening for Diagnosis and Treatment Referral Code indicating whether or not the condition codes apply to the patient or another entity.	Y = Yes, N = No
CRC_EPSDTReferralCodeCategory*	varchar(2)	EDS	CRC Early and Periodic Screening for Diagnosis and Treatment Referral Code Category	
CRC_EPSDTReferralConditionCode*	varchar(10)	EDS	CRC Early and Periodic Screening for Diagnosis and Treatment Referral Code(s) used to identify condition(s) relating to this bill or relating to the patient.	
CRC_EPSDTReferralConditionIndicator*	varchar(1)	EDS	CRC Early and Periodic Screening for Diagnosis and Treatment Referral Code indicating whether or not the condition codes apply to the patient or another entity.	Y = Yes, N = No
CRC_HomeboundIndicator*	varchar(1)	EDS	CRC Homebound Indicator	Y = Yes, N = No
CRC_HomeboundIndicatorCertificationConditionIndicator*	varchar(1)	EDS	CRC Homebound Indicator Certification Condition Code indicating whether or not the condition codes apply to the patient or another entity.	Y = Yes, N = No
CRC_HomeboundIndicatorCodeCategory*	varchar(2)	EDS	CRC Homebound Indicator Code Category	
CRC_PatientConditionCertificationConditionIndicator*	varchar(1)	EDS	CRC Patient Condition Certification Condition Code indicating whether or not the condition codes apply to the patient or another entity.	Y = Yes, N = No

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CRC_PatientConditionCodeCategory*	varchar(2)	EDS	CRC Patient Condition Specifies the situation or category to which the code applies.	
CRC_PatientConditionConditionCode*	varchar(10)	EDS	CRC Patient-Condition Condition Code	
Date_Accident*	datetime	EDS	Date of the accident related to charges or to the patient's current condition, diagnosis, or treatment referenced in the transaction.	YYYY-MM-DD HH:MM:SS
Date_AcuteManifestation*	datetime	EDS	Date of acute manifestation of patient's condition.	YYYY-MM-DD HH:MM:SS
Date_AuthorizedReturnToWork*	datetime	EDS	Date patient was or is able to return to the patient's normal occupation or to a similar or substitute occupation.	YYYY-MM-DD HH:MM:SS
Date_DisabilityDates*	datetime	EDS	The beginning date the patient, in the provider's opinion, was or will be unable to perform the duties normally associated with his/her work.	YYYY-MM-DD HH:MM:SS
Date_HearingAndVisionPrescriptionDate*	datetime	EDS	Date of hearing and vision prescription	YYYY-MM-DD HH:MM:SS
Date_InitialTreatment*	datetime	EDS	Date of initial treatment	YYYY-MM-DD HH:MM:SS
Date_LastMenstrualPeriod*	datetime	EDS	Date of the last menstrual period	YYYY-MM-DD HH:MM:SS
Date_LastSeen*	datetime	EDS	Date the patient was last seen by the referring or ordering physician for a claim billed by a provider whose services require physician certification.	YYYY-MM-DD HH:MM:SS
Date_LastXray*	datetime	EDS	Date patient received last X-Ray.	YYYY-MM-DD HH:MM:SS
Date_OnsetOfCurrentIllnessSymptom*	datetime	EDS	Date of onset of indicated patient condition.	YYYY-MM-DD HH:MM:SS
Date_PropertyAndCasualtyDateOfFirstContact*	datetime	EDS	Date of property and casualty of first contact	YYYY-MM-DD HH:MM:SS
Date_RepricerReceivedDate*	datetime	EDS	Date of reprice received	YYYY-MM-DD HH:MM:SS
DiagnosisCodePointer_00 to DiagnosisCodePointer_03*	varchar(2)	EDS	A pointer to the claim diagnosis code in the order of importance to this service. **DiagnosisCodePointer_00 is required data element for Professional Claims only for EDS product.**	
DischargeDate	datetime	RISK, EDS, ACA Edge, CHG, Optional for Quality	Date of Discharge; applicable to all inpatient visits	YYYY-MM-DD
DischargeTime*	time	EDS	Time of Discharge; applicable to all inpatient visits	HH:MM:SS

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
DME_CertificationConditionIndicator*	varchar(1)	EDS	Durable Medical Equipment_CertificationConditionIndicator	
DME_CertificationTypeCode*	varchar(1)	EDS	Durable Medical Equipment Code indicating the type of certification. **Required data element for Professional Claims (DME Claims only) for EDS product.**	**I** - Initial, **R**-Renewal, **S** - Revised
DME_CodeCategory*	varchar(2)	EDS	Durable Medical Equipment_CodeCategory	
DME_ConditionIndicator*	varchar(1)	EDS	Durable Medical Equipment_ConditionIndicator	
DME_DurableMedicalEquipmentDuration*	varchar(15)	EDS	Length of time durable medical equipment (DME) is needed.	Length of time duration in months
DME_LengthofMedicalNecessity*	integer	EDS	Number of days the durable medical equipment will be required for medical treatment.	
DME_ProcedureCode*	varchar(30)	EDS	Durable Medical Equipment Code identifying the procedure, product or service.	
DME_ProcedureIdentifier*	varchar(2)	EDS	Durable Medical Equipment Code identifying the type of procedure code.	
DME_ProcedureModifier*	varchar(2)	EDS	Durable Medical Equipment identifies special circumstances related to the performance of the service.	
DME_PurchasePrice*	decimal (28,10)	EDS	Purchase price of the Durable Medical Equipment.	
DME_RentalPrice*	decimal (28,10)	EDS	Rental price of the Durable Medical Equipment.	
DME_RentalUnitPriceIndicator*	decimal (28,10)	EDS	Rental unit price indicator of the Durable Medical Equipment.	
DME_UnitOrBasisforMeasurementCode*	varchar(2)	EDS	Durable Medical Equipment code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.	
DRGType	varchar(1)	EDS, CHG	Diagnosis related group type	**C** = CMS-DRG, **M** = MS-DRG, **A** = APDRG, **R** = APRDRG
DRGVersion	varchar(3)	EDS, CHG	Diagnosis related group version	
EmergencyIndicator*	varchar(1)	EDS	An indicator of whether or not emergency care was rendered in response to the sudden and unexpected onset of a medical condition, a severe injury, or an acute exacerbation of a chronic condition which was threatening to life, limb or sight, and which req	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
EndStageRenalDiseasePaymentAmount*	decimal (28,10)	EDS	Amount of payment under End Stage Renal Disease benefit.	
ExternalCauseofInjury_00 to ExternalCauseofInjury_11*	varchar(7)	EDS	ICD diagnosis code identifying the External Cause of Injury (up to 12 codes).	
ExternalCauseofInjuryPOA_00 to ExternalCauseofInjuryPOA_11*	varchar(1)	EDS	Present on Admission (POA) Indicator for ExternalCauseofInjuryN*. Indicate diagnosis was present at the time the order for inpatient admission occurs.	N = No, U = Unknown, W = Not Applicable, Y = Yes
FacilityTypeCode	varchar(2)	EDS, CHG	Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format.	
FormIdentifier*	varchar(30)	EDS	Letter or number identifying a specific form.	
FrequencyCode*	varchar(1)	EDS	Code indicating frequency or type of payment.	**1** = Weekly **2** = Biweekly **3** = Semimonthly **4** = Monthly **6** = Daily **7** = Annual **8** = Two Calendar Months **9** = Lump-Sum Separation Allowance **B** = Year-to-Date **C** = Single **H** = Hourly **Q** = Quarterly **S** = Semiannual **U** = Unknown
HCPCSPayableAmount*	decimal (28,10)	EDS	HCPCS Payable Amount	
MedicareID *	varchar(12)	RISK, EDS	The member's unique identifier number assigned by CMS which can be either Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN). MBI will replace the current HICN during transition period started from April 1, 2018 till December 31, 2019. This field is only applicable for Medicare Advantage.	
HospiceCodeCategory*	varchar(2)	EDS	Hospice Code Category	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
HospiceConditionIndicator*	varchar(1)	EDS	Hospice Condition Indicator	
HospiceEmployedProviderIndicator*	varchar(1)	EDS	An indicator of whether or not the treatment in the Hospice was rendered by a Hospice employed provider.	Y = Yes, N = No
ICDPx10_Date_00 to ICDPx10_Date_39*	datetime	EDS (Situational)	Date the procedure was performed. ICDPx10_Date_00 corresponds to the date the ICD10Procedure - ICDPx10_00 was performed. ICD10 Procedure date values are populated for corresponding ICD 10 procedures- ICDPx10_00 to ICDPx10_39	YYYY-MM-DD HH:MM:SS
ICDVersionIndicator*	Integer	RISK, EDS, ACA Edge	The qualifier that denotes the version of International Classification of Diseases (ICD) reported in the claim record.	
ImmunizationBatchNumber*	integer	EDS	The manufacturer's lot number for vaccine used in immunization.	
IndividualRelationshipCode*	varchar(2)	EDS	Code indicating the relationship between two individuals or entities.	
InvestigationalDeviceExemptionNumber*	integer	EDS	Investigational Device Exemption Number	
LaboratoryorFacilityAddressLine*	varchar(55)	EDS	Address line of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.	
LaboratoryorFacilityCityName*	varchar(30)	EDS	City of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.	
LaboratoryorFacilityName*	varchar(60)	EDS	Name of laboratory or other facility performing Laboratory testing on the claim where the health care service was performed/rendered.	
LaboratoryorFacilityPostalZoneZIPCode*	varchar(15)	EDS	Postal ZIP or zonal code of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.	
LaboratoryorFacilityPrimaryIdentifier*	varchar(80)	EDS	Identification number of laboratory or other facility performing laboratory testing on the claim where the health care service was performed/ rendered.	
LaboratoryorFacilityStateorProvinceCode*	varchar(2)	EDS	State or province of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.	
LastCertificationDate*	datetime	EDS	Date of last certification	YYYY-MM-DD HH:MM:SS

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MammographyCertificationNumber*	integer	EDS	CMS assigned Certification Number of the certified mammography screening center	
MeasurementQualifier*	varchar(2)	EDS	Code identifying a specific product or process characteristic to which a measurement applies	**HT** = Height **R1** = Hemoglobin **R2** = Hematocrit **R3** = Epoetin Starting Dosage **R4** Creatinine
MeasurementReferenceIdentificationCode*	varchar(2)	EDS	Code identifying the broad category to which a measurement applies	**OG** Original **TR** Test Results
MedicalRecordNumber	varchar(50)	RISK, EDS, CHG	Unique identification number assigned by the provider to the patient's medical/health record.	
MedicareAssignmentCode*	varchar(15)	EDS	Medicare assignment code	
MemberReimbursed*	varchar(1)	EDS	Member Reimbursed Indicator	Y = Yes, N = No
NationalDrugCode*	varchar(11)	EDS, Optional for Quality	National drug code	
NationalDrugUnitCount*	decimal(28,10)	EDS	The quantity (number of NDC units)	
NonPayableProfessionalComponentBilledAmount*	decimal (28,10)	EDS	Amount of non-payable charges included in the bill related to professional services.	
NoteReferenceCode*	varchar(3)	EDS, CHG	Code identifying the functional area or purpose for which the note applies.	**ADD** = Additional Information **ALG** = Allergies **CER** = Certification Narrative **DCP** = Goals, Rehabilitation Potential, or Discharge Plans **DGN** = Diagnosis Description **DME** = Durable Medical Equipment (DME) and Supplies **MED** = Medications **NTR** = Nutritional Requirements **ODT** = Orders for Disciplines and Treatments **RHB** = Functional Limitations, Reason Homebound, or Both **RLH** = Reasons Patient Leaves Home **RNH** = Times and Reasons Patient Not at Home **SET** = Unusual Home, Social Environment, or Both

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				SFM = Safety Measures **SPT** = Supplementary Plan of Treatment **TPO** = Third Party Organization Notes **UPI** = Updated Information
ObstetricAdditionalUnits*	varchar(15)	EDS	Additional anesthesia units reported by anesthesiologist to report additional complexity beyond the normal services reflected by the base units for the reported procedure and anesthesia time.	
OccurrenceDate_00 to OccurrenceDate_39*	datetime	EDS	Date associated with the reported Occurrence Code.	YYYY-MM-DD HH:MM:SS
OccurrenceSpanCode_00 to OccurrenceSpanCode_39*	varchar(2)	EDS	A code that identifies an event that relates to payment of the claim. This event occurs over a span of days (up to 40 codes).	
OccurrenceSpanFromDate_00 to OccurrenceSpanFromDate_39*	datetime	EDS	Beginning date associated with the reported Occurrence Span Code.	YYYY-MM-DD HH:MM:SS
OccurrenceSpanThruDate_00 to OccurrenceSpanThruDate_39*	datetime	EDS	Ending date associated with the reported Occurrence Span Code.	YYYY-MM-DD HH:MM:SS
OperatingProviderID	varchar(25)	EDS	Provider who performed the procedure(s) if different from the Rendering Provider (Refer to UB-04 field 77)	
OperatingProviderNPI	varchar(10)	EDS, CHG	Provider who performed the procedure(s) if different from the Rendering Provider (Refer to UB-04 field 77)	
OrderingProviderIdentifier	varchar(80)	EDS	The identifier assigned by the Payer to the provider who ordered or prescribed this service.	
OriginalClaimNumber	varchar(50)	EDS, ACA Edge	ClaimNumber of the original claim this claim is replacing.	
PatientControlNumber	varchar(38)	RISK, EDS, CHG	Unique identification number assigned by the provider to the claim patient to facilitate posting of payment information and identification of the billed claim. This corresponds to either the Patient Account Number or the Claim Number in the billing submitter's patient management system.	
PatientReasonDx1 to PatientReasonDx3*	varchar(7)	EDS	The ICD diagnosis codes describing the patient's reason for visit at the time of outpatient registration.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PatientSignatureSourceCode*	varchar(1)	EDS	Code indication how the patient/subscriber authorization signatures were obtained and how they are being retained by the provider.	
PayerResponsibilitySequenceNumberCode*	varchar(1)	EDS	Code identifying the insurance carrier's level of responsibility for a payment of a claim	**A** = Payer Responsibility Four **B** = Payer Responsibility Five **C** = Payer Responsibility Six **D** = Payer Responsibility Seven **E** = Payer Responsibility Eight **F** = Payer Responsibility Nine **G** = Payer Responsibility Ten **H** = Payer Responsibility Eleven **P** = Primary **S** = Secondary **T** = Tertiary **U** = Unknown
PlanCode	varchar(20)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan Benefit Package (Ex. H1234-002) For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
PrescriptionDate*	datetime	EDS	Date of prescription	YYYY-MM-DD HH:MM:SS
PrescriptionNumber*	varchar(50)	EDS	The unique identification number assigned by the pharmacy or supplier to the prescription.	
ProductOrServiceIDQualifier*	varchar(48)	EDS	Identifying number for a product or service.	
ProviderOrSupplierSignatureIndicator*	varchar(1)	EDS	An indicator that the provider of service reported on this claim acknowledges the performance of the service and authorizes payment, and that a signature is on file in the provider's office.	Y = Yes, N = No
PurchasedServiceProviderIdentifier*	varchar(80)	EDS	The provider number of the entity from which service was purchased.	
PWKAttachmentReportTypeCode*	varchar(2)	EDS	Paperwork attachment code indicating the title or contents of a document, report or supporting item.	**CT** - Certification

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			Required data element for Professional Claims (DME Claims only) for EDS product.	
PWKAttachmentTransmissionCode*	varchar(2)	EDS	Paperwork attachment transmission code. **Required data element for Professional Claims (DME Claims only) for EDS product.**	**AB** - previously submitted to payer, **AD** - Certification included in this claim, **AF** - Narrative Segment Included in this claim, **AG** - No documentation is required, **NS** - Not specified (Paperwork is available on request at the provider's site)
PWKLineSupplementalInformation*	varchar(255)	EDS	Paperwork line supplemental information. **Required data element for Professional Claims (DME Claims only) for EDS product.**	
QuestionNumberLetter*	varchar(20)	EDS	Identifies the question or letter number.	
RawRecordID	Integer	EDS	Raw record id	
ReferralNumber	varchar(50)	EDS	Referral authorization number.	
ReferringCLIANumber*	varchar(50)	EDS	Referring Clinical Laboratory Improvement Amendment (CLIA) facility identification.	
ReferringProviderID	varchar(25)	Optional	Referring provider ID	
ReferringProviderNPI	varchar(10)	EDS, CHG	Referring provider NPI	
ReimbursementRate*	varchar(10)	EDS	Rate used when payment is based upon a percentage of applicable charges.	
RelatedCausesCode_00 to RelatedCausesCode_01*	varchar(2)	EDS	Code identifying an accompanying cause of an illness, injury, or an accident.	**AA** = Auto Accident **AP** = Another Party Responsible **EM** = Employment **OA** = Other Accident
ReleaseofInformationCode*	varchar(1)	EDS	Code indicating whether the provider has on files a signed statement permitting the release of medical data to other organizations.	**I** = Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes **M** = The Provider has Limited or Restricted Ability to Release Data Related to a Claim **Y** = Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
RemainingPatientLiabilityAmount*	decimal (28,10)	EDS, CHG	In the judgement of the provider, the amount that remained to be paid after adjudication by this Other Payer.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
RemarkCode_00 to RemarkCode_01*	varchar(30)	EDS	Code indicating a code from a specific industry code list, such as the Health Care Claim Status Code list.	
RepricedApprovedAmbulatoryPatientGroupAmount*	varchar(18)	EDS	Amount of payment by the repricer for the referenced Ambulatory Patient Group.	
RepricedApprovedAmbulatoryPatientGroupCode*	varchar(50)	EDS	Identifier for Ambulatory Patient Group assigned to the claim by the repricer.	
RepricedClaimReferenceNumber*	varchar(50)	EDS	Identification number, assigned by a repricing organization, to identify the claim.	
ServiceAuthorizationExceptionCode*	varchar(50)	EDS	Code identifying the service authorization exception.	
ServicingProviderMedicareId*	varchar(12)	EDS	Servicing Provider Medicare Id	
ShippedDate*	datetime	EDS	Date product shipped.	YYYY-MM-DD HH:MM:SS
SupervisingProviderIdentifier*	varchar(80)	EDS	The Identification Number for the Supervising Provider.	
ClientSystemOfRecordID	varchar(10)	All, Optional for Quality	Identifier for System of Record. This is required if, • There are multiple Systems of Record for the data which may show different data pattern for Claim Adjustment • There is overlap in ClaimTransactionID and/or ClaimNumber between different Systems of Record	
TestPerformedDate*	datetime	EDS	The date the patient was tested for Hemoglobin, Hematocrit or Serum Creatinine.	
TestResult*	varchar(20)	EDS	The results of Hemoglobin, Hematocrit or Creatinine tests, Epoetin Starting Dosage, or the Patient's Height.	
TransportDistance*	decimal(8,2)	EDS	Distance traveled during the ambulance transport.	
TreatmentCode_00 to TreatmentCode_11*	varchar(30)	EDS	Codes describing the treatment ordered by the physician.	
TypeOfServiceCode*	varchar(2)	EDS, CHG	Code identifying the classification of service.	
UnitOrBasisforMeasurementCode*	varchar(2)	EDS	Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.	**01** = Actual Pounds **10** = Group **DA** = Days **DH** = Miles **DK** = Kilometers **F2** = International Unit **IE** = Person **KG** = Kilogram **LB** = Pound **MJ** = Minutes **MO** = Months **PR** = Pair

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				UN = Unit **VS** = Visit **WK** = Week **YR** = Years
ValueCode_00 to ValueCode_11*	varchar(30)	EDS	A code that identifies data of a monetary nature that is necessary for processing this claim as required by the payer organization.	
ValueCodeAmount_00 to ValueCodeAmount_11*	varchar(18)	EDS	Amount associated with the value code reported in this composite element.	
VoidReplaceIndicator	varchar(1)	All, Optional for Quality	Indicator for void/cancel of prior claim or replacement of prior claim	**7**: replacement of prior claim **8**: void/cancel of prior claim
WithholdAmount	decimal (28,10)	Optional	Dollar amounts that are deducted from the payment to the physician group/physician that may or may not be returned depending on specific predetermined factors.	
BilledServiceUnitCount	decimal (28,10)	EDS, CHG	Units of service billed for.	
PaidServiceUnitCount	decimal (28,10)	EDS	Units of service paid for.	
RiskAssessmentCode	varchar(1)	RISK, EDS	Codes indicate the source of diagnosis codes	**A =** if the diagnosis code comes from a clinical setting **B** = if the diagnosis code comes from a non-clinical setting where the first annual wellness visit or the subsequent annual wellness visit were met **C =** if the diagnosis code comes from a non-clinical setting where the first annual wellness visit or the subsequent annual wellness visit were not met
DeleteIndicator	varchar(1)	RISK, EDS	Indicator for the delete of diagnosis codes	**D** = if diagnosis code is to be deleted, otherwise blank.
AmountPaidByPatient	decimal	CHG	Amount paid by patient.	
ClaimDiscountAmount	decimal	CHG	Discount amount of the claim.	
ClaimDisallowedAmount	decimal	CHG	The portion of the cost of this service that was deemed not eligible by the insurer because the service or member was not covered by the subscriber contract.	
ClaimPayee	varchar(30)	CHG	Recipient reference.	https://build.fhir.org/ig/HL7/carin-bb/ValueSet-C4BBPayeeType.html

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ClaimPayeeTypeCode	varchar(30)	CHG	Identifies recipient of benefits payable; i.e., provider or subscriber.	
ClaimPaymentDenialCode	varchar(10)	CHG	Reason codes used to interpret the Non-Covered Amount.	
CompoundCode	varchar(100)	CHG	Code indicating whether the prescription is a compound.	
DiagnosisCodeType_00 to DiagnosisCodeType_11*	varchar(3)	CHG	Type of the diagnosis codes. Inovalon requires a DiagnosisCodeType for all DiagnosisCodes	**ABF** = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis; **ABJ** = International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis; **ABK** = International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis; **APR** = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit; **BF** = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis; **BJ** = International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis; **BK** = International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis; **DR** = Diagnosis Related Group (DRG); **LOI** = Logical Observation Identifier Names and Codes (LOINC<190>) Codes; **PR** = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit. http://hl7.org/fhir/R4/valueset-ex-diagnosistype.html
DiagnosisType	varchar(25)	Optional for CHG	Diagnosis type	Primary or Secondary
IsECode	varchar(7)	Optional for CHG	The code used to identify the 1st external cause of injury, poisoning, or other adverse effect.	https://icdlist.com/icd-10/index/external-causes-morbidity-mortality

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			Effective with Version 'J', this field has been expanded from 5 bytes to 7 bytes to accommodate ICD-10.	
LineAllowedAmount	decimal (28,10)	ACA Edge, CHG	Allowed amount for the claim line.	
LineDisallowedAmount	decimal (28,10)	CHG	The portion of the cost of this service that was deemed not eligible by the insurer because the service or member was not covered by the subscriber contract for the claim line.	
LineClaimPaymentDenialCode	varchar(10)	CHG	Reason codes used to interpret the Non-Covered Amount for the claim line. E.g. (CO16=Contractual Obligation Claim Service lacks information) If claim line amount is not denied, leave blank	https://x12.org/codes/claim-adjustment-reason-codes
LineCoinsuranceAmount	decimal (28,10)	CHG	Coinsurance amount for the claim line.	
LineCopayAmount	decimal (28,10)	CHG	Copay amount for the claim line.	
LineDiscountedamount	decimal (28,10)	CHG	Discount amount for the claim line.	
LineMemberLiability	decimal (28,10)	CHG	Member liability for the claim line.	
LineMemberReimbursement	decimal (28,10)	CHG	Member reimbursement for the claim line.	
LinePatientDeductible	decimal (28,10)	CHG	Paitient deductible amount for the claim line.	
LineSubmittedAmount	decimal (28,10)	CHG	Submitted amount for the claim line.	
MemberReimbursement	decimal (28,10)	CHG	Member reimbursement for the claim.	
PatientResidenceCode	varchar(3)	CHG	Patient Residence Code	**0** = Not specified **1** = Home **3** = nursing facility **4** = Assisted Living Facility **6** = Group home **9** = Intermediate Care/Mentally Retarded **11** = Hospice
PharmacyServiceTypeCode	varchar(4)	CHG	Pharmacy service type code	**1** = Community/retail pharmacy **2** = Compounding pharmacy **3** = Home infusion therapy provider **4** = Institutional pharmacy **5** = Long-term care pharmacy **6** = Mail order pharmacy **7** = Managed care organization (MCO)

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				pharmacy **8** = Specialty care pharmacy **99** = Other **Null** = Pharmacy is not in any other category above
PlanReportedBrandGenericCode	varchar(100)	CHG	Whether the plan adjudicated the claim as a brand or generic drug.	
PrescriptionOriginCode	varchar(5)	CHG	Prescription origin code	**0** = Not Specified **1** = Written **2** = Telephone **3** = Electronic **4** = Facsimile **5** = Pharmacy **Null** = Unknown
ProcedureCodeType	varchar(100)	CHG	Medical procedure a patient received from a health care provider. Current coding methods include: CPT-4 and HCFA Common Procedure Coding System Level II - (HCPCSII). - CPT/HCPCS/ICD-PCS	
ProcedureDescription	varchar(250)	CHG	A plain text representation of the CPT / HCPCS procedure	
ClaimSiteOfServiceNPI	varchar(10)	CHG	The NPI of the facility where the services were rendered. Service Facility Location information conveys the name, full address and identifier of the facility where services were rendered when that is different from the Billing / Performing Provider. Service Facility Location is not just an address nor is it a patient's home. Examples of Service Facility Location include hospitals, nursing homes, laboratories or homeless shelter. Service Facility Location identifier is the facility's Type 2 Organization NPI if they are a health care provider as defined under HIPAA. If the service facility is not assigned an NPI, this data element will not be populated. Reference CMS 1500 element 32a.	
InternalControlNumber*	varchar(15)	EDS	Internal Control Number (ICN) from CMS MAO-002 file	For ADD - This should be from the previously accepted claim/encounter

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
		(Situational)		For DELETE - this can be from the previously accepted claim/encounter or ADD supplemental claim (latest)
ProductIndicator	varchar(1)	CHG	A value to indicate the product for which the feed will be used.	**1**-All **2**-Quality **3**-Risk **4**-CHG
SupervisingProviderNPI	varchar(10)	CHG	The National Provider Identifier assigned to the Supervising Physician for the admission	
SupervisingProviderName	varchar(255)	CHG	The name of the Supervising Physician for the admission	
PayerName	varchar(100)	CHG	Name of the payer responsible for the claim	
ToothNumber*	varchar(2)	Quality	Individual tooth number, do not combine multiple tooth number.	**1 – 32 (Adult)** **A-T (child)**
ToothSurface*	varchar(7)	Quality	Surfaces of the teeth. Any order or combination are allowed. For example, possible valid values can be “B” or “DL”.	**B, D, F, L, M, O, I**

Supplemental Medical Claim

The file should contain supplemental medical claims data.

- Each record in the file should be unique on ***ClaimNumber***.

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	ALL	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files.	
ProviderKey	varchar(25)	ALL	ProviderKey is the unique identifier for each individual provider that serves as a referential key to the other data files	
ClaimNumber	varchar(20)	RISK, EDS (Required)	ClaimNumber is the Unique ID.	ClaimNumber should not contain any special characters
MedicareID	varchar(12)	RISK, EDS (Required)	The member's unique identifier number assigned by CMS which can be either Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN). MBI will replace the current HICN during transition period started from April 1, 2018 till December 31, 2019. This field is only applicable for Medicare Advantage	
Rendering_Provider_NPI	varchar(10)	RISK	National Provider Identifier assigned by CMS for Rendering Provider if different from what would be found on the Provider file	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Billing_Provider_NPI	varchar(10)	RISK, EDS (Required)	National Provider Identifier assigned by CMS for Billing Provider	
TIN	varchar(9)	RISK, EDS (Required)	Billing Provider Tax Identification number. Nine-digit number used as a tracking number by the IRS for tax purposes	
DOS	datetime	All (Required)	Represents the "service date from" or the date when service was rendered. This cannot be null.	YYYY-MM-DD HH:MM:SS
DOSThru	datetime	All (Required)	Represents the date, when the service was rendered through. If same as service date from then leave null.	YYYY-MM-DD HH:MM:SS
ClaimFormType	varchar(1)	RISK, EDS (Required)	Describes claim form type as professional or institutional.	**I** = Institutional **P** = Professional
Claimadjustmentgroupcode	varchar(2)	RISK, EDS (Required)	**'OA'** If linked supplemental medical claim review is a delete **'CO'** if the linked supplemental medical claim review is an addition to the original claim	**OA** **CO**
ICDDx10_00	varchar(7)	RISK, EDS (Required)	International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) ICD-10 diagnosis codes should contain all available alphanumeric code.	Do not include the decimal. For example, V39.00XS should be coded as V3900XS.
CPTPx_00	varchar(5)	RISK, EDS (Situational)	AMA Current Procedural Terminology (CPT)/CMS Healthcare Common Procedure Coding System (HCPCS) Level I Current procedural terminology codes. **Populate one code per service line.**	
CPTPx_Date_00	datetime	EDS (Situational)	The date the procedure was performed.	YYYY-MM-DD HH:MM:SS

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CPTMod_00	varchar(2)	RISK	Current procedural terminology codes modifier.	
HCPCSPx_00	varchar(5)	All (Required)	CMS Healthcare Common Procedure Coding System (HCPCS) Level II **Populate one code per service line. Procedure code associated with the diagnosis code. Required for professional and/or outpatient data.**	
HCPCSMod_00	varchar(2)	RISK, EDS (Situational)	Healthcare Common Procedure Coding System procedure codes modifier.	Procedure code modifier required for telehealth claims, expected value according to CMS is 95
HCFAPos_00	varchar(2)	RISK, EDS	Health care financing administration place of service. **Required data element for Professional Claims for RISK products.**	
UBRevenueCode_00	varchar(4)	EDS (Situational)	Applicable revenue code that identifies location of services and type of item a patient might have received. **Situational data element for Institutional Claims for RISK products.**	
FacilityTypeCode	varchar(2)	EDS (Required)	Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format. **Required data element for Institutional Claims for EDS products.**	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
RiskAssessmentCode	varchar(1)	RISK	Codes indicate the source of diagnosis codes	**A** = if the diagnosis code comes from a clinical setting **B** = if the diagnosis code comes from a non-clinical setting where the first annual wellness visit or the subsequent annual wellness visit were met **C** = if the diagnosis code comes from a non-clinical setting where the first annual wellness visit or the subsequent annual wellness visit were not met
DeleteIndicator	varchar(1)	RISK, EDS (Situational)	Indicator for the delete of diagnosis codes	**D** = if diagnosis code is to be deleted, otherwise blank.
InternalControlNumber (ICN)	varchar(15)	EDS (Situational)	Internal Control Number (ICN) from CMS MAO-002 file	For ADD - This should be from the previously accepted claim/encounter For DELETE - this can be from the previously accepted claim/encounter or ADD supplemental claim (latest)

Pharmacy Claim

Data Elements for the Pharmacy file, which includes all pharmacy-related costs and attributes of prescription activity for health plan members, are as follows:

- For initial integration for **Risk** products, it is recommended to load minimum 3.5 years of historical data. For subsequent integrations, file should include Incremental data of Pharmacy claims since last extraction. And we request clients to provide information on how to reconcile and identify records with latest claim information if client should send transactional records (i.e. original / reversal / adjustment records) when adjusted.
- For initial integration for **Quality** products, it is recommended to load minimum 2.5 years of historical data. The Pharmacy Claim file should contain one record per unique pharmacy claim. As **Quality** products will not de-duplicate Pharmacy Claim during the analytics process; duplicate claims for the same service should not be loaded and will cause inaccurate measure results. Only the latest, most accurate, Pharmacy Claim should be loaded.
- It is imperative to have every claim record in the system have a member profile linked to it to gain meaningful analytics and risk scoring. Inovalon terms the claim record as Orphan, if the claim record is not linked to a member record (i.e. Every record in the claim file has a valid MemberKey which is present in the Member file). Even though such Orphan claim records are integrated, they are not distributed to the downstream products and are not used in any analytics.
- **For CHG daily file integration, please submit incremental files.**
- Each record in the Rx Claim file should be unique on ***ClaimNumber, MemberKey, ProviderKey, ClaimStatus, FillDate,*** and ***NDC***

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	All	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled to more than one Plan	
ProviderKey	varchar(25)	All	ProviderKey is the unique identifier for each individual prescribing provider that serves as a referential key to the other data files	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ClaimNumber	varchar(80)	All, Optional for Quality	Identifier assigned by the payer to identify a claim. Different claim transactions (original / reversal / positive adjustment) for the same claim should have same ClaimNumber	
PlanCode	varchar(25)	All, Optional for Quality	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan Benefit Package (Ex. H1234-002) For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
CapitatedClaimFlag	bit	All, Optional for Quality	Flag to identify if the claim is not a fee for service claim.	**Y** = Capitated Claim, **N** = Fee-for-service Claim
INOUTofNetworkIndicator	varchar(1)	EDS, ACA Edge, CHG	In and Out of Network Indicator is based on Provider (Rendering provider) status but not on service/product being provided. **Required on the claim line level for Edge server clients.**	**I** = In Network **O** = Out of Network
FillDate	datetime	All	Date of dispensed	YYYY-MM-DD HH:MM:SS Time component is not required for Quality product
SuppSource	varchar(1)	All	Supplemental source code **Note: Default the value to "A" for non-quality clients**	**A** = Non-Supplemental, **S** = Standard Supplemental, **N** = Non-Standard Supplemental If ECDS data is being loaded as a claim type, the following

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				supplemental source values should be used to ensure the data is both properly stratified in the ECDS measures and treated as supplemental data appropriately in the non-ECDS measures: **E** = EHR Standard Supplemental, **M** = EHR Non-Standard Supplemental, **R** = Registry/HIE Standard Supplemental, **H** = Registry/HIE Non-Standard Supplemental, **C** = Case Management Standard Supplemental, **P** = Case Management Non-Standard Supplemental
ProviderDEACode	varchar(25)	CHG	Drug Enforcement Agency Number	
ClaimStatus	varchar(1)	All	Identifies the transaction status as assigned by the Claim Processing System	**A** = Adjustment to Original Claim, **D** = Denied Claims, **I** = Initial Paid, **P** = Pended for Re-adjudication, **R** = Reversal There are specific measures where denied services cannot

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				be used to calculate member eligibility or compliance. For these measures, the QSI-XL® Event Build engine specifically uses claims status values in the event build logic that exclude claim status "D".
OriginalClaimNumber	Varchar(50)	ACA Edge, CHG	ClaimNumber of the original claim this claim is replacing. Required if ClaimNumber of original claim and replacement claim are different.	
NDC	varchar(11)	All	National drug code	
DaysSupply	integer	All	Day count of dispensed supply. *For Quality products, 0 or Null values will be rejected.	Valid integers
SupplyFlag	bit	All	Indicator for dispensed supply or supplement	Y or 1, N or 0
Billed	decimal (28,10)	All, Optional for Quality	Contains the amount billed to the health plan by the practitioner. Do not include the dollar sign ($)	
Allowed	decimal (28,10)	All, Optional for Quality	Contracted dollar amount for the service. Do not include the dollar sign ($)	
Copay	decimal (28,10)	All, Optional for Quality	The patient's copay responsibility. Do not include the dollar sign ($)	
Paid	decimal (28,10)	All, Optional for Quality	The dollar amount paid by the insurer on the claim. For Pharmacy Claims, this is equal to the Net Check Amount Due, which does not include Billed Admin Fee. Do not include the dollar sign ($)	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Cost	decimal (28,10)	All, Optional for Quality	Cost should be calculated as MCO costs plus member costs. Typically, this is the discounted ingredient cost plus the dispensing or professional fee, plus the administrative fee, less formulary or other rebates. By summing the Cost column for all initial paid, reversed, and adjustment RxClaim records the result should be the total cost of the prescription. For initial paid claims the Cost should be represented as a positive dollar amount. For reversals, Cost should be a negative dollar amount equal to the cost of the corresponding initial paid claim. Adjustments may be positive or negative. Negative costs should be expressed with a – symbol. The dollar sign ($) should be omitted from all Cost entries.	
CoInsurAmount	decimal (28,10)	All, Optional for Quality	Dollar amount patient is required to pay for service after a deductible has been paid. The dollar sign ($) should be omitted from all entries.	
DeductibleAmount	decimal (28,10)	All, Optional for Quality	Deductible amount on this claim not covered by the health plan. The dollar sign ($) should be omitted from all entries.	
QuantityDispensed	decimal (28,10)	Quality, CHG	Quantity count for prescribed drug, this should not be set to zero	
MetricQuantity	decimal (28,10)	Quality, CHG	Used to determine Rx Cost in RRU measures. Should be available from a standard pharmacy claim	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PrescribingNPI	varchar(10)	All	NPI or UPIN number utilized for Medicare part D claims.	
DispensingNPI	varchar(10)	All	Dispensing provider NPI or NABP number is a unique identification number that pharmacists and pharmacy technicians receive	
PrescribingProviderAddress 1	varchar(100)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG	Address of the location where the provider was located when prescribing.	
PrescribingProviderAddress 2	varchar(100)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG		
PrescribingProviderCity	varchar(50)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG		
PrescribingProviderState	varchar(2)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG		
PrescribingProviderZip	varchar(15)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG		

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
DispensingProviderAddress1 *	varchar(100)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG	Address of the location where the provider was located when filling the prescription.	
DispensingProviderAddress2 *	varchar(100)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG		
DispensingProviderCity	varchar(50)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG		
DispensingProviderState*	varchar(2)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG		
DispensingProviderZip	varchar(15)	INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG		
POS_00 to POS_09	varchar(2)	Quality, CHG	Place of service taken from the professional claim form	
RxCategory_00 to RxCategory_09	varchar(25)	Optional for CHG	This field is automatically generated by an internal cross-reference that maps NDC codes to RxCategories	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
RxClaimAltID_00 to RxClaimAltID_09	varchar(30)	CHG	Used for reference purposes at the plan's discretion	
BasisOfCostDetercode	varchar(10)	Optional for CHG	Code indicating the method by which 'Ingredient Cost Submitted' (Field 409-D9) was calculated.	
BasisOfCostReimbursment	varchar(10)	Optional for CHG	Code identifying how the reimbursement amount was calculated for 'Ingredient Cost Paid' (506-F6).	
ClaimAuthorizationNumber	varchar(20)	CHG	Number assigned by the processor to identify an authorized transaction.	
ClaimTransactionID	varchar(255)	All, Optional for Quality	Internally assigned unique claim ID by the payer.	
ClaimTransactionSequenceNumber	integer(15)	RISK, ACA Edge, Optional for Quality	Identifies adjustment sequence of each claim transaction of same claim. • Depending on systems, this data element may not be available. In such case, Claim_Processed_Datetime will be used to identify sequence. • Depending on systems, the sequence can be either in ascending or in descending order.	
ClientSystemOfRecordID	varchar(12)	All, Optional for Quality	Identifier for System of Record.	
DispenseAsWritten	varchar(10)	CHG	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	
DispensedFillNumber	integer	EDS, ACA Edge, CHG	Defines the dispensing episode as an initial fill or an authorized refill.	**0** = Original dispensing, **1-99** = Refill number
DispensingFeePaidAmount	decimal (28,10)	CHG	Dollar amount paid for dispensing fee	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
DIspensingMailOrderInd	varchar(1)	CHG	Flag indicates if the claim was serviced via a mail order versus retail order.	**Y** = claim serviced via mail, **N** = retail order, **U** = Unknown
DispensingProviderID	varchar(25)	All, Optional for Quality	Provider ID assigned to the pharmacy or dispensing physician.	
DispensingProviderIDQualifier	varchar(2)	ACA Edge, CHG	Code qualifying the Dispensing Provider ID	
DispensingStatus	char(1)	All, Optional for Quality	Code indicating the quantity dispensed is a partial fill or the completion of a partial fill. Used only in situations where inventory shortages do not allow the full quantity to be dispensed.	**blank** = Not Specified, **P** = Partial Fill, **C** = Completion of a partial Fill
EligibleAmount	decimal (28,10)	CHG	Eligible amount	
FrontEndDeductedAmount	decimal (28,10)	Optional for CHG	Front end deducted amount	
PaidDate	datetime	RISK, EDS, ACA Edge, CHG	Paid date	YYYY-MM-DD HH:MM:SS
PatientMedicareID	varchar(12)	CHG	The member's unique identifier number assigned by CMS which can be either Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN). MBI will replace the current HICN during transition period started from April 1, 2018 till December 31, 2019. This field is only applicable for Medicare Advantage.	
PharmacyAdminFee	float	CHG	Pharmacy admin fee	
PrescribedDrugUnitCode	varchar(10)	CHG	Prescribed drug unit code	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PrescribingAuthorizedRefillCount	integer	CHG	Prescribing authorized refill count	
PrescribingProviderIDQualifier	varchar(2)	Optional for CHG	Prescribing provider ID qualifier	
PrescriptServiceReferenceNumber	varchar(12)	All, Optional for Quality	Prescript service reference number	
PriorAuthorizationTypeCode	varchar(10)	CHG	Prior authorization type code	
ProcessedDate	datetime	All, Optional for Quality	Processed date	YYYY-MM-DD HH:MM:SS
ProductCode	varchar(20)	CHG	Product type (or plan type) of the plan, such as HMO, PPO, POS, Indemnity, etc. Predominant plan type if plan is associated with several plan type for different coverage types.	
ProductServiceID	varchar(19)	CHG	Product Service ID can be populated with homegrown drug codes or national drug codes.	
ProductServiceIDQualifier	varchar(2)	ACA Edge, CHG	Product Service ID qualifier indicates the type of code populated.	**01** = Non-NDC Code, **02** = NDC Code
ReceivedDate	datetime	CHG, Optional for Quality	The date and time when the claim was received by the health plan	YYYY-MM-DD HH:MM:SS
SalesTaxPaid	decimal (28,10)	CHG	Sales tax paid amount	
IngredientCostPaidAmount	decimal (28,10)	CHG	The portion of a prescription's cost attributable to the drug ingredients, chemical components, and/or substances.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
UnitOfMeasure	varchar(10)	CHG	NCPDP standard product billing codes	**EA** = Each, **GM** = Grams, **ML** = Milliliters
VoidReplaceCode	varchar(1)	All, Optional for Quality	Indicator for void/cancel of prior claim or replacement of prior claim	
ProductIndicator	varchar(1)	CHG	A value to indicate the product for which the feed will be used.	**1**-All **2**-Quality **3**-Risk **4**-CHG
PCPNPI	varchar(10)	CHG	The identifier assigned to the PCP Provider.	
PayeeTypeCode	varchar(100)	CHG	Identifies the type of recipient of the adjudication amount; i.e., provider, subscriber, beneficiary or another recipient	**Beneficiary,** **Subscriber,** **Provider,** **Other**
ClaimPayee	varchar(100)	CHG	Recipient reference	https://build.fhir.org/ig/HL7/carin-bb/ValueSet-C4BBPayeeType.html
PlanReportedBrandGenericCode	varchar(100)	CHG	Whether the plan adjudicated the claim as a brand or generic drug	**Brand,** **Generic**
PCPname	varchar(50)	CHG	The name of the PCP Provider.	
ClaimPayerName	varchar(100)	CHG	Name of the payer responsible for the claim	
PaymentMemberExplanation	varchar(5000)	CHG	Payment explanation to a member on an EOB	
NonCoveredAmount	decimal(28,10)	CHG	The portion of the cost of this service that was deemed not eligible by the insurer because the service or member was not covered by the subscriber contract.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PriorPaidAmount	decimal(28,10)	CHG	The reduction in the payment amount to reflect the carrier as a secondary payor.	
PaidToPatient	decimal(28,10)	CHG	The amount paid to the patient at the point of service.	
Discount	decimal(28,10)	CHG	Amount paid to patient by the insurance plan	
DenialReason	varchar(5000)	CHG	Defines the adjudication slice to identify the denial reason	https://x12.org/codes/claim-adjustment-reason-codes
ProcessNote	varchar(5000)	CHG	A note that describes or explains adjudication results in a human readable form	

Laboratory Claim

The Laboratory Claim file contains claims for laboratory services and lab results to be stored. The Laboratory Claim file should contain one record per unique lab service claim.

- For initial integration, it is recommended to load minimum 3.5 years of historical data. For subsequent integrations, file should include Incremental data of Lab claims since last extraction.
- For HEDIS reporting, it is recommended to load minimum 2 years of historical data.
- It is imperative to have every claim record in the system have a member profile linked to it to gain meaningful analytics and risk scoring. Inovalon terms the claim record as Orphan, if the claim record is not linked to a member record (i.e. Every record in the claim file has a valid MemberKey which is present in the Member file). Even though such Orphan claim records are integrated, they are not distributed to the downstream products and are not used in any analytics.
- Each record in the Lab Claim file should be unique on ***MemberKey, DOS, CPTPx, LOINC***

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	All	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled to more than one Plan	
ProviderKey	varchar(25)	All	ProviderKey is the unique identifier for each individual provider that serves as a referential key to the other data files	
ClaimNumber	varchar(80)	All	Identifier assigned by the payer to identify a claim. Different claim transactions (original / reversal / positive adjustment) for the same claim should have the same ClaimNumber	
DOS	datetime	All	Represents the date, per Claim Service Line, the service was rendered	YYYY-MM-DD HH:MM:SS Time component is not required for Quality product

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
SuppSource	varchar(1)	All	Supplemental source code **Note: Default the value to "A" for non-quality clients**	**A** = Non-Supplemental, **S** = Standard Supplemental, **N** = Non-Standard Supplemental If ECDS data is being loaded as a claim type, the following supplemental source values should be used to ensure the data is both properly stratified in the ECDS measures and treated as supplemental data appropriately in the non-ECDS measures: **E** = EHR Standard Supplemental, **M** = EHR Non-Standard Supplemental, **R** = Registry/HIE Standard Supplemental, **H** = Registry/HIE Non-Standard Supplemental, **C** = Case Management Standard Supplemental, **P** = Case Management Non-Standard Supplemental

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ClaimStatus	varchar(1)	All	Identifies the transaction status as assigned by the Claim Processing System.	**A** = Adjustment to Original Claim, **D** = Denied Claims, **I** = Initial Paid, **P** = Pended for Re-adjudication, **R** = Reversal There are specific measures where denied services cannot be used to calculate member eligibility or compliance. For these measures, the QSI-XL® Event Build engine specifically uses claims status values in the event build logic that exclude claim status “D”.
CPTPx	varchar(5)	All	The code that indicates the principal or other procedure performed during the period covered by the institutional claim. Level II CPT Codes are supported by HEDIS and should be placed in the same field as other CPT procedure codes	
LOINC	varchar(7)	All	LOINC codes are universal identifiers for laboratory test results and other clinical observations. LOINC codes must contain the dash character that precedes the final digit	
HCPCSPx	varchar(5)	RISK, Optional for Quality	A valid Healthcare Common Procedure Coding System procedure code to map the HomegrownPx code. Used for medical services, that comes in through lab claims. Only one HCPCS code per claim line is allowed. If the claim	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			contains multiple HCPCS codes, load them as separate claims	
HCPCSMod	varchar(2)	Optional for Quality	Healthcare Common Procedure Coding System Modifier. Used for medical services, that comes in through lab claims. Only one HCPCS code per claim line is allowed. If the claim contains multiple HCPCS codes, load them as separate claims	
SNOMED	varchar(25)	Optional for Quality	Systematized nomenclature of medicine	
Result	decimal(28,10)	All	Laboratory services result	
PosNegResult	bit	Optional	Use PosNegResult to document lab results that are positive or negative, and do not have an associated numeric result	Use '1' to indicate a positive result and '0' to indicate a negative result.
Billed	Decimal (28,10)	Optional	Contains the amount billed to the health plan by the practitioner. Do not include the dollar sign ($)	
Allowed	decimal	Optional	Contracted dollar amount for the service. Do not include the dollar sign ($)	
Copay	decimal	Optional	The patient's copay responsibility. Do not include the dollar sign ($)	
Paid	decimal	Optional	The dollar amount paid by the insurer on the claim. For Pharmacy Claims, this is equal to the Net Check Amount Due, which does not include Billed Admin Fee. Do not include the dollar sign ($)	
Cost	decimal	Optional	This would include the sum of the amount paid by the health plan, the amount paid by the patient and the amount of any discounts; calculated. Do not include the dollar sign ($)	
RRUUnitsofService	integer	Optional	Relative resource use unit of service	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
LabClaimAltID_00 to LabClaimAltID_29	varchar(30)	Optional	Used for reference purposes at the plan's discretion	
AllowableRangeLowerLimit	varchar(25)	Optional	This is the lower threshold value of the allowable range of values accepted as results for a given lab test	
AllowableRangeUpperLimit	varchar(25)	Optional	This is the upper threshold value of the allowable range of values accepted as results for a given lab test	
TargetValue	varchar(256)	Optional	Target identifies the value evaluated by the lab based on their allowable range for a given lab result	
OrderingDate	datetime	RISK	Date the lab test was ordered by the provider	YYYY-MM-DD HH:MM:SS
OrderingPhysicianID	varchar(30)	RISK	Ordering physician identifies the practitioner associated with the laboratory test identified in this claim. This will serve as the referential key to the provider file.	
ResultUnits	varchar(25)	Optional	Metric or the unit of measurement used for the lab results provided	
ClientSystemOfRecordID	varchar(30)	RISK	Identifier for System of Record.	
ProductIndicator	varchar(1)	Optional	A value to indicate the product for which the feed will be used.	**1**-All **2**-Quality **3**-Risk **4**-CHG
RecordReceiptDateTime	Datetime	Optional	The date and time when the Lab result was received by the health plan	YYYY-MM-DD HH:MM:SS

Provider Specialty

The Provider Specialty file acts as a cross-reference that maps the plan's native provider specialty codes to the standardized Provider Types values. This file should contain one record per unique Provider Specialty value within the plan's data.

- The file should be a Full Refresh.
- Each record in Provider file should be unique on ***ProviderSpecialty***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderSpecialty	varchar(15)	All	The native ProviderSpecialty value found in the claims and provider file(s)	
ProviderSpecialtyDescription	varchar(50)	All	The plan's native provider specialty description	
ProviderType1	varchar(4)	All	The standard ProviderType(s) that the ProviderSpecialty should map to.	Valid values are (can also be found in list format in the Appendix section): Provider Type Values If ProviderSpecialty to ProviderType mapping is being used, it is not necessary to also manually specify the ProviderTypes in the Claim file
ProviderType2	varchar(4)	Optional	The standard ProviderType(s) that the ProviderSpecialty should map to.	
ProviderType3	varchar(4)	Optional	The standard ProviderType(s) that the ProviderSpecialty should map to.	
CMSStandardizedSpecialtyCode	Varchar(15)	RISK	CMS Standardized Specialty Code	
CMSStandardizedSpecialtyDescription	varchar(100)	RISK	CMS Standardized Specialty Description	

ECDS (Electronic Clinical Data System)

The ECDS data format is used for loading ECDS digital measures based on information received from EHR, HIE, registry, and/or case management systems. This data will be used along with administrative claims in determining results for the ECDS measures and, when allowed by the specifications, in the standard HEDIS measures.

- **For CHG daily file integration, please submit incremental files.**

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	Quality, CHG	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files like enrollment and all claim types.	
ProviderKey	varchar(25)	Quality, CHG	ProviderKey is the unique identifier for each individual provider that serves as a referential key to the other data files	
ReferenceID	varchar(50)	Optional for Quality, CHG	Reference identifier	
DOS	date	Quality, CHG	The beginning Date of Service for the record.	YYYY-MM-DD
DOSThru	date	Quality, CHG	The ending Date of Service for the record. If data denotes an ongoing condition, this may be left blank or set to 2199-12-31	YYYY-MM-DD
ProviderType	varchar(4)	Quality, CHG	Identifies the provider type	Valid values are can be found in list format in the Appendix section Provider Type Values
ProviderTaxonomy	varchar(10)	Quality, CHG	Used to categorize the type, classification, and/or specialization of health care Providers. Used by the FUH and MPT measures to denote a Mental Health Practitioner	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CPTPx	varchar(5)	Quality, CHG	AMA Current Procedural Terminology (CPT)/CMS Healthcare Common Procedure Coding System (HCPCS) Level I. A valid Level II CPT code that denotes the procedure of the service performed. One CPT code per ECDS record is allowed.	
HCPCSPx	varchar(5)	Quality, CHG	CMS Healthcare Common Procedure Coding System (HCPCS) Level II codes, one HCPCS code per ECDS claim record is allowed.	
LOINC	varchar(7)	Quality, CHG	LOINC codes are universal identifiers for laboratory test results and other clinical observations. LOINC codes must contain the dash character that precedes the final digit.	
SNOMED	varchar(25)	Quality, CHG	Systematized nomenclature of medicine, one SNOMED code per ECDS claim record is allowed	
ICDDX	varchar(5)	Quality, CHG	ICDDx codes represent International Classification of Diseases, Tenth Revision, Clinical Modification. ICD-9 diagnosis codes should contain all available digits (including all preceding zeros). Either an ICD-09 or ICD-10 should be included per ECDS claim record. A single record cannot have both the codes This is an optional field.	Do not include the period that follows the third digit. If no fourth or fifth digit was coded, do not pad the missing spaces. For example, V42.0 should be loaded as V420.
ICDDX10	varchar(7)	Quality, CHG	ICDDx codes represent International Classification of Diseases, Tenth Revision, Clinical Modification. ICD-10 diagnosis codes should contain all available alphanumeric code.	Do not include the decimal. For example, V39.00XS should be coded as V3900XS.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
RxNorm	varchar(10)	Quality, CHG	Normalized names and unique identifiers for medicines and drugs.	
CVX	varchar(3)	Quality, CHG	A standard CVX code denoting a vaccination	
Modifier	Varchar(25)	Quality, CHG	The CPTPx or HCPCSPx modifier	
RxProviderFlag	bit	Quality, CHG	Used to denote whether the provider has prescribing privileges	Y or 1, N or 0
PCPFlag	Bit	Quality, CHG	Indicator for whether the claim provider serves as a PCP for the health plan. Refers to the provider's contractual relationship to the plan, rather than medical specialty	Y or 1, N or 0
QuantityDispensed	numeric(28,10)	Quality, CHG	Quantity count for prescribed drug, this should not be set to zero	
ICDPx	varchar(4)	Quality, CHG	ICDPx codes represent International Classification of Diseases, Tenth Revision, Procedure Coding System. ICD-9 procedure codes should contain all available digits (including all preceding zeros).	Do not include the period that follows the third digit.
ICDPx10	varchar(7)	Quality, CHG	ICDPx codes represent International Classification of Diseases, Tenth Revision, Procedure Coding System. ICD-10 procedure codes should contain all available alphanumeric codes.	Do not include the decimal. For example, V39.00XS should be coded as V3900XS
SuppSource	varchar(1)	Quality, CHG	Supplemental Source Code **Note: Default the value to "A" for non-quality clients**	**E** = EHR Standard Supplemental, **M** = EHR Non-Standard Supplemental, **R** = Registry/HIE Standard Supplemental, **H** = Registry/HIE Non-Standard Supplemental, **C** = Case Management Standard Supplemental,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				P = Case Management Non-Standard Supplemental
Result	numeric(28,10)	Quality, CHG	Laboratory services result	
ResourceID	varchar(200)	CHG	This is unique id which will Identify resource uniquely from ECDS	
ResourceType	varchar(50)	CHG	Identification of resource type as per FHIR	AllergyIntolerance, CarePlan, CareTeam, DocumentReference, DiagnosticReport, Goal, Condition, Immunization, Observation, Medication, MedicationRequest, Patient, Procedure, Provenance, Device, MedicationStatement, Encounter
Status	varchar(50)	CHG	Status value is based on resource type **Observation:** http://hl7.org/fhir/R4/valueset-observation-status.html **CareTeam:** http://hl7.org/fhir/R4/valueset-care-team-status.html **MedicationStatement:** http://hl7.org/fhir/R4/valueset-medication-statement-status.html **CarePlan:** http://hl7.org/fhir/R4/valueset-request-status.html **Document Reference :** http://hl7.org/fhir/R4/valueset-document-reference-status.html	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			Device: http://hl7.org/fhir/R4/valueset-device-status.html **Goal:** http://hl7.org/fhir/R4/valueset-goal-status.html **Encounter:** http://hl7.org/fhir/R4/valueset-encounter-status.html **Immunization:** http://hl7.org/fhir/R4/valueset-immunization-status.html **Procedure:** http://hl7.org/fhir/R4/valueset-event-status.html **Medication Request:** http://hl7.org/fhir/R4/valueset-medicationrequest-status.html **Diagnostic Report:** http://hl7.org/fhir/R4/valueset-diagnostic-report-status.html	
ClinicalStatus	varchar(50)	CHG	**Allery:** http://hl7.org/fhir/R4/valueset-allergyintolerance-clinical.html **Condition:** http://hl7.org/fhir/R4/valueset-condition-clinical.html	
VerificationStatus	varchar(50)	CHG	VerificationStatus values is based on the below resources. **Allery:**	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			http://hl7.org/fhir/R4/valueset-allergyintolerance-verification.html **Condition:** http://hl7.org/fhir/R4/valueset-condition-ver-status.html	
CategoryCode	varchar(100)	CHG	**Observation:** https://www.hl7.org/fhir/us/core/ValueSet-us-core-condition-category.html http://hl7.org/fhir/R4/valueset-observation-category.html **CarePlan:** https://build.fhir.org/ig/HL7/US-Core-R4/CodeSystem-careplan-category.html **Document Reference:** https://build.fhir.org/ig/HL7/US-Core-R4/ValueSet-us-core-diagnosticreport-category.html **Goal:** http://hl7.org/fhir/R4/valueset-goal-category.html **Allergy Intolerance:** http://hl7.org/fhir/R4/valueset-allergy-intolerance-category.html **Condition:** http://build.fhir.org/ig/HL7/US-Core-R4/ValueSet-us-core-condition-category.html **Diagnostic Report:** http://hl7.org/fhir/R4/valueset-diagnostic-service-sections.html	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ValueQuantity	decimal	CHG	Observation: Result Value Goal: ValueString will be used for Goal Description (Code or text describing goal)	
ValueCode	varchar(50)	CHG		
ValueString	varchar(100)	CHG		
ValueBoolean	Boolean	CHG		
ValueInteger	Integer	CHG		
ValueRangeLow	decimal	CHG		
ValueRangeHigh	decimal	CHG		
ValueRatio	decimal	CHG		
ValueSampledData	decimal	CHG		
ValueTime	Time	CHG		
ValueDateTime	DateTime	CHG		
ValuePeriodStart	DateTime	CHG		
ValuePeriodEnd	DateTime	CHG		
ReactionManifestationCode_00 to ReactionManifestationCode_04	varchar(20)	CHG	Allergy Intolerance: Clinical symptoms/signs associated with the Event	SNOMED CODE: http://hl7.org/fhir/R4/valueset-clinical-findings.html
DosagemethodText_00 to DosagemethodText_04	varchar(100)	CHG	Medication Statement: Free text dosage instructions e.g. SIG	
DosageDoseRangeLow_00 to DosageDoseRangeLow_04	decimal	CHG	Medication Statement & Medication Request: Amount of medication per dose	
DosageDoseRangeHigh_00 to DosageDoseRangeHigh_04	decimal	CHG		
DosageDoseQuantity_00 to DosageDoseQuantity_04	decimal	CHG		

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
DosageRateRatio_00 to DosageRateRatio_04	decimal	CHG	Medication Statement & Medication Request: Amount of medication per unit of time	
DosageRateRangeLow_00 to DosageRateRangeLow_04	decimal	CHG		
DosageRateRangeHigh_00 to DosageRateRangeHigh_04	decimal	CHG		
DosageRateQuantity_00 to DosageRateQuantity_04	decimal	CHG		
Type	varchar(20)	CHG	Allergy Intolerance: Underlying mechanism (if known)	http://hl7.org/fhir/R4/valueset-allergy-intolerance-type.html
PrimarySource	Boolean	CHG	Immunization: Indicates context the data was recorded in	Boolean value
Location	varchar(200)	CHG	Immunization: Where immunization occurred Procedure: Where the procedure happened	reference value to location
ReasonReference	varchar(200)	CHG	Immunization: Why immunization occurred Procedure: The justification that the procedure was performed	Immunization: Reference (Condition | Observation | DiagnosticReport) Procedure: Reference(Condition | Observation | Procedure |

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				DiagnosticReport | DocumentReference)
ParticipateMember_00 to ParticipateMember_04	varchar(200)	CHG	Care Team: Who is involved (CareTeam)	Reference for (US Core Patient Profile | US Core Practitioner Profile | US Core Organization Profile)
ParticipateRole_00 to ParticipateRole_04	varchar(25)	CHG	Care Team: Type of involvement	SNOMED CODE or PROVIDER TAXONMY CODE :http://build.fhir.org/ig/HL7/US-Core-R4/ValueSet-us-core-careteam-provider-roles.html
ReasonCode	varchar(25)	CHG	Care Team: Why the care team exists (SNOMED)	Care Team: http://hl7.org/fhir/R4/valueset-clinical-findings.html
ManagingOrganization	varchar(200)	CHG	Care Team: Organization responsible for the care team	Reference to (Organization Profile)
AbatementDateTime	datetime	CHG	Condition: When in resolution/remission	
OnsetDateTime	datetime	CHG	Condition: Estimated or actual date, date-time, or age	
InformationSource	varchar(20)	CHG	Medication Statement: Person or organization that provided the information about the taking of this medication	Reference (Patient | Practitioner | PractitionerRole | RelatedPerson | Organization)
DateAsserted	datetime	CHG	Medication Statement: When the statement was asserted?	
CodeText	varchar(500)	CHG	Medication Statement: Code text will be utilized when CPT/RXNom/LOINC/ICD code is not known and want to utilize something text based description	
Criticality	varchar(50)	CHG	Allergy Intolerance: Criticality of Allergy	Allergy Intolerance: low | high | unable-to-assess (http://hl7.org/fhir/R4/valuese

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				t-allergy-intolerance-criticality.html)
CVX_00 to CVX_04	varchar(3)	CHG	Immunization: Vaccine Product Type (bind to CVX)	Immunization: http://build.fhir.org/ig/HL7/US-Core-R4/ValueSet-us-core-vaccines-cvx.html
TextStatus	varchar(500)	CHG	Text summary of the resource, for human interpretation	Care Plan: Text Status: generated | extensions | additional | empty (http://build.fhir.org/ig/HL7/US-Core-R4/ValueSet-us-core-narrative-status.html)
TextValue	varchar(5000)	CHG		Care Plan: TextValue: Limited xhtml content
IntentCode	varchar(50)	CHG	CarePlan : intent code MedicationRequest: intent code	**Care Plan**: proposal | plan | order | option (http://hl7.org/fhir/R4/valueset-care-plan-intent.html) **Medication Request**: proposal | plan | order | original-order | reflex-order | filler-order | instance-order | option (http://hl7.org/fhir/R4/valueset-medicationrequest-intent.html)
ReportedBy	varchar(50)	CHG	Medication Request: Reported rather than primary record	Medication Request: Reference(US Core Patient Profile | US Core Practitioner Profile | US Core Organization Profile)

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
RequestedBy	varchar(50)	CHG	Medication Request: Who/What requested the Request	Medication Request: Reference(US Core Practitioner Profile | US Core Organization Profile | US Core Patient Profile)
ReferenceValue_00 to ReferenceValue_04	varchar(200)	CHG	**Medication Request**: Condition observation that supports why the prescription is being written **Diagnostic Report:** Observation that supports why the prescription is being written Unique Identifier of resourceType (It should be value of resourceId column) This will be utilized for reference to another resource Type for ex: MedicationRequest associated with specific conditions	
IssuedDate	datetime	CHG	Diagnostic Report: DateTime this version was made	
Performer_00 to Performer_04	varchar(100)	CHG	Diagnostic Report: Responsible Diagnostic Service	Diagnostic Report: Reference to (US Core Practitioner Profile | US Core Organization Profile)
DoumentIdentifier	varchar(200)	CHG	Document Reference: Other identifiers for the document	
AuthorType	varchar(50)	CHG	Document Reference: Who and/or what authored the document	Practitioner|Organization|Patient
AuthorValue	varchar(200)	CHG		Identifier for AuthorType
ContentData	varchar(5000)	CHG	Document Reference: Data inline, base64ed	base64Binary based data
ContentURL	varchar(500)	CHG	Document Reference: Uri where the data can be found	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ContentTypere	varchar(200)	CHG	Document Reference: Mime type of the content, with charset etc.	http://hl7.org/fhir/R4/valueset-mimetypes.html
ContentFormat	varchar(500)	CHG	Document Reference: Format/content rules for the document	http://hl7.org/fhir/R4/valueset-formatcodes.html
ContextEncounter	varchar(200)	CHG	Document Reference: Context of the document content (Encounter Id)	Reference to (US Core Encounter Profile)
DeviceLotNumber	varchar (200)	CHG	Device: Lot number of manufactures	
DeviceSerialNumber	varchar (200)	CHG	Device: Serial number assigned by the manufacturer	
DeviceUDIIdentifier	varchar (200)	CHG	Device: Unique Device Identifier (UDI) Barcode string- Mandatory fixed portion of UDI	
DeviceDistinctIdentifier	varchar (200)	CHG	Device: The distinct identification string	
DeviceManufacturedDate	datetime	CHG	Device: Date when the device was made	
DeviceExpirationDate	datetime	CHG	Device: Date and time of expiry of this device (if applicable)	
ProductIndicator	varchar(1)	CHG	A value to indicate the product for which the feed will be used.	**1-**All **2-**Quality **3-**Risk **4-**CHG
RecordReceiptDateTime	datetime	CHG	The date and time when the claim were received by the health plan	YYYY-MM-DD HH:MM:SS
EncounterIdentifier	varchar (200)	CHG	Identifier(s) by which this encounter is known	
EncounerClass	varchar (50)	CHG	Classification of patient encounter	
EncounterParticipantTypeCode	varchar (50)	CHG	Role of participant in encounter	
EncounterParticipantPeriodStart	datetime	CHG	Period of time during the encounter that the participant participated	
EncounterParticipantPeriodEnd	datetime	CHG		

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
EncounterReasonCode	varchar (50)	CHG	Coded reason the encounter takes place	
MedicationDispenseIdentifier	varchar (200)	CHG	External identifier	
MedicationDispensePartOf	varchar (200)	CHG	Event that dispense is part of (Reference to Procedure)	
MedicationDispensePerformerActorType	varchar (50)	CHG	Individual who was performing	Practitioner | PractitionerRole | Organization | Patient | Device | RelatedPerson
MedicationDispensePerformerActorValue	varchar (100)	CHG		Individual who was performing (Identifier value of MedicationDispenseActorType)
MedicationDispenceAuthorizingPrescription	varchar (100)	CHG	Medication order that authorizes the dispense	Reference to MedicationRequest resource
MedicationDispenceQuantityCode	varchar (50)	CHG	Amount dispensed	http://terminology.hl7.org/CodeSystem/v3-orderableDrugForm
MedicationDispenceQuantityValue	varchar (50)	CHG		
MedicationDispenceDaysSupplyValue	varchar (50)	CHG	Amount of medication expressed as a timing amount	
ProvenanceRecordEndDate	datetime	CHG	Timestamp when the activity was recorded / updated for all the resources	
ProvenanceTarget	varchar (100)	CHG	The Resource this Provenance record supports typically patient information	
ProvenanceAgentAuthor	varchar (100)	CHG	A party that originates the resource and therefore has responsibility for the information given in the resource and ownership of this resource	
ProvenanceAgentTransmitter	varchar(100)	CHG	The entity that provided the copy to your system.	

Location

The Location file is a reference table that documents the plan's native location codes used in the Provider file. While not required for HEDIS reporting, this file can be used to explicitly roll providers up to locations for performing medical record review.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
LocationKey	varchar(25)	CHG	LocationKey is the unique identifier for the locations. http://hl7.org/fhir/R4/valueset-identifier-type.html	
LocationName	Varchar(80)	CHG	The name of the location formatted as it will appear on reports to locations.	
LocationAddress1	varchar(50)	CHG	Location address data will be used to determine the location of medical records pursued for hybrid reporting. Use the physical address	
LocationAddress2	varchar(50)	CHG	Location address data will be used to determine the location of medical records pursued for hybrid reporting. Use the physical address	
LocationCity	varchar(50)	CHG		
LocationState	varchar(2)	CHG		
LocationZip	varchar(9)	CHG		
LocationFax	varchar(15)	CHG		
LocationPhone1	varchar(15)	CHG		
LocationPhone2	varchar(15)	CHG		
LocationAltID1	varchar(50)	CHG	Used for reference purposes at the plan's discretion	
LocationAltID2	varchar(50)	CHG		
LocationAltID3	varchar(50)	CHG		
LocationAltID4	varchar(50)	CHG		
LocationAltID5	varchar(50)	CHG		
LocationAltID6	varchar(50)	CHG		
LocationAltID7	varchar(50)	CHG		

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
LocationAltID8	varchar(50)	CHG		
AcceptingPatients	varchar(50)	CHG	Is the provider accepting new patients? One of three values: accepting, not accepting, accepting in some locations	**nopt,** **newpt,** **existonly,** **existptfam** Reference url: http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-AcceptingPatientsVS.html
AccessibilityCode	varchar(500)	CHG	A list of Codes for documenting general categories of accommodations available separated by a ":".	cultcomp:handiaccess:adacomp:pubtrans:anssrvc:cognitive:mobility
LocationStatus	varchar(10)	CHG	Indicates whether the location is still in use.	active | suspended | inactive
Description	varchar(5000)	CHG	Additional details about the location that could be displayed as further information to identify the location beyond its name	
LocationTypeCode	varchar(5000)	CHG	A list of Codes for Location type separated by a ":".	https://terminology.hl7.org/1.0.0//ValueSet-v3-ServiceDeliveryLocationRoleType.html
Contact1	varchar(100)	CHG	Name of the designated point of contact for the respective groups	
Contact2	varchar(100)	CHG	Name of the designated point of contact for the respective groups	
Contact3	varchar(100)	CHG	Name of the designated point of contact for the respective groups	
Contact4	varchar(100)	CHG	Name of the designated point of contact for the respective groups	
Contact5	varchar(100)	CHG	Name of the designated point of contact for the respective groups	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
LocationPhone3	varchar(15)	CHG	Phone Number of Location Contact	
LocationPhone4	varchar(15)	CHG	Phone Number of Location Contact	
LocationPhone5	varchar(15)	CHG	Phone Number of Location Contact	
LocationFax2	varchar(10)	CHG	Fax Number of Location Contact	
LocationFax3	varchar(10)	CHG	Fax Number of Location Contact	
LocationFax4	varchar(10)	CHG	Fax Number of Location Contact	
LocationFax5	varchar(10)	CHG	Fax Number of Location Contact	
Email1	varchar(254)	CHG	Email address of Location Contact	
Email2	varchar(254)	CHG	Email address of Location Contact	
Email3	varchar(254)	CHG	Email address of Location Contact	
Email4	varchar(254)	CHG	Email address of Location Contact	
Email5	varchar(254)	CHG	Email address of Location Contact	
URL1	varchar(250)	CHG	URL for the Location	
URL2	varchar(250)	CHG	URL for the Location	
URL3	varchar(250)	CHG	URL for the Location	
URL4	varchar(250)	CHG	URL for the Location	
URL5	varchar(250)	CHG	URL for the Location	
Pager1	varchar(15)	CHG	Pager Number of Location Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager2	varchar(15)	CHG	Pager Number of Location Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager3	varchar(15)	CHG	Pager Number of Location Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager4	varchar(15)	CHG	Pager Number of Location Contact. These may be local pager numbers that are only usable on a particular pager system.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Pager5	varchar(15)	CHG	Pager Number of Location Contact. These may be local pager numbers that are only usable on a particular pager system.	
ContactAvailability	varchar(100)	CHG	Represents the days and times a Contact is available. If the contact is available the whole day please submit the time component as "0000-2359" and if the Contact is not available for the day then leave the day and time component from the field.	sun 0000-2359:mon 0800-1630:tue 0800-1630:wed 0800-1630:thu 0800-1630:fri 0800-1630:sat 0000-2359
LocationCountryCode	varchar(3)	CHG	Country code of the Location	
Longitude	decimal(18,15)	Optional for CHG	Longitude value of the location	
Latitude	decimal(18,15)	Optional for CHG	Latitude value of the location	
LocationAvailability	varchar(100)	CHG	Represents the days and times a Location is available. If the Location is available, the whole day please submit the time component as "0000-2359" and if the Location is not available for the day then leave the day and time component from the field.	sun 0000-2359:mon 0800-1630:tue 0800-1630:wed 0800-1630:thu 0800-1630:fri 0800-1630:sat 0000-2359
LocationAvailabilityException	varchar(500)	Optional for CHG	A description of when the locations opening ours are different to normal, e.g. public holiday availability. Succinctly describing all possible exceptions to normal site availability as detailed in the opening hours Times.	

Plan

The Plan file will provide healthcare plan details.

- Each record in the Plan file should be unique on ***PlanCode.***

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PlanCode	varchar(20)	INDICES, RISK, EDS, ACA Edge, ePASS, CHG	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan Benefit Package (Ex. H1234-002) For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
PlanStartDate	datetime	RISK, EDS, ACA Edge, ePASS, CHG	The start date when plan became active	YYYY-MM-DD HH:MM:SS
PlanEndDate	datetime	RISK, EDS, ACA Edge, ePASS, CHG	The date when the plan became inactive	YYYY-MM-DD HH:MM:SS
PlanNameDescription	varchar(250)	Optional	Plan name/short description	
PayerCode	varchar(2)	INDICES, RISK, EDS, ACA Edge, ePASS, CHG	Identify the primary responsibility party for the payment of the claim.	Refer to the PayerCode reference table for valid values.
ProductCode	varchar(1)	RISK, EDS, ACA Edge, ePASS, CHG	Product type (or plan type) of the plan, such as HMO, PPO, POS, Indemnity, etc. Predominant plan type if plan is associated	**P** = PPO, **H** = HMO, **S** = POS, **E** = EPO,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			with several plan type for different coverage types.	**I** = Indemnity, **C** = CDHP, **F** = PFFS, **O** = Other
MarketType	varchar(2)	RISK, ACA Edge, CHG	Type of market for which the Commercial Plan is designed. Refer to federal law for the definition of Small & Large Group.	**IM** = Individual marketplace, **IS** = Individual marketplace & SHOP, **IN** = Individual In, **IO** = Individual Out, **S** = SHOP, **HI** = SHOP In, **SO** = SHOP Out, **L** = Large Group, **M** = Missing
MarketTypeDescription	varchar(100)	CHG	Description of the type of market for which the Commercial Plan is designed.	Individual marketplace Individual marketplace & SHOP SHOP Missing Individual In Individual Out SHOP In SHOP Out
GrandfatheredPlanFlag	varchar(1)	ACA Edge	Indicates whether the plan is Grandfathered Plan (group health plan or individual coverage that was in effect on March 23, 2010).	**Y** = Yes, Grandfathered Plan, **N** = No, **U** = Unknown
MetalLevel	varchar(1)	RISK, ACA Edge, Optional for CHG	This is an indicator that classifies the plan based on the range and the quality of benefits offered by a plan.	**B** = Bronze, **E** = Bronze Expanded, **C** = Catastrophic, **G** = Gold, **P** = Platinum, **S** = Silver, **U** = Unknown

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PlanState	varchar(2)	ACA Edge	The state in which the Plan is offered	The state in which the plan is offered. For Multi state plans, please leave it BLANK and populate the MSPFlag with 'M'
IssuerID	varchar(5)	ACA Edge	Used for the unique QHP HIOS Issuer ID number	
OnOffExchangeIndicator	varchar(1)	Optional	This indicates if the Plan is Off Exchange or On Exchange type – ON exchange type plans are from exchange sources whereas Off Exchange Plans are submitted by clients through Rate and Benefits Information System	**Y** – On exchange, **N** – Off exchange, **U** = Unknown
MSPFlag	varchar(1)	Optional	Used to indicate whether the enrollee's plan is a multi or single state plan.	
PlanRegion	varchar(50)	Optional	The region to which the plan belongs to.	
ActuarialValue	decimal(5,2)	Optional	Indicates the Actuarial value rate. Data should be in percentage form. (For example, "70.4" if Actuarial Value is 70.4%).	
CoInsuranceAmount	decimal(8,2)	Optional	Description of the type of market for which the Commercial Plan is designed. Refer to federal law for the definition of Small & Large Group.	
CopayAmount	decimal(8,2)	Optional	Copay amount	
DeductibleAmount	decimal(8,2)	Optional	Deductible amount for the plan	
PlanNumber	varchar(5)	Optional	Plan number	
ClientSystemOfRecordID	integer	Optional	Identifier for System of Record.	
BrandName	varchar(100)	RISK	Brand name associated with the plan. The field will be leveraged in outbound member and provider communication.	
InsuranceClassType	varchar(5000)	CHG	Type of class such as 'group' or 'plan'	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			The codes provided on the health card which identify or confirm the specific policy for the insurer. For example may be used to identify a class of coverage or employer group, Policy, Plan. https://terminology.hl7.org/2.0.0/CodeSystem-coverage-class.html	
PlanIssuer	varchar(100)	CHG	The entity that is providing the health insurance product and underwriting the risk. This is typically an insurance carriers, other third-party payers, or health plan sponsors comonly referred to as 'payers'.	
PlanAdministrator	varchar(100)	CHG	An organization which administer other services such as underwriting, customer service and/or claims processing on behalf of the health insurance product owner.	
PlanIdentifierIssuer	varchar(100)	CHG Optional	Organization that issued/manages the identifier (may be just text)	
PlanPublicationStatus	varchar(10)	CHG Optional	The current state of the health insurance product.	draft active retired unknown
PlanContact1	varchar(100)	CHG	Name of the designated point of contact for the respective plan	
PlanContact2	varchar(100)	CHG	Name of the designated point of contact for the respective plan	
PlanContact3	varchar(100)	CHG	Name of the designated point of contact for the respective plan	
PlanContact4	varchar(100)	CHG	Name of the designated point of contact for the respective plan	
PlanContact5	varchar(100)	CHG	Name of the designated point of contact for the respective plan	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PlanContactPhone1	varchar(15)	CHG	Phone Number of plan Contact	
PlanContactPhone2	varchar(15)	CHG	Phone Number of plan Contact	
PlanContactPhone3	varchar(15)	CHG	Phone Number of plan Contact	
PlanContactPhone4	varchar(15)	CHG	Phone Number of plan Contact	
PlanContactPhone5	varchar(15)	CHG	Phone Number of plan Contact	
PlanContactFax1	varchar(10)	CHG	Fax Number of plan Contact	
PlanContactFax2	varchar(10)	CHG	Fax Number of plan Contact	
PlanContactFax3	varchar(10)	CHG	Fax Number of plan Contact	
PlanContactFax4	varchar(10)	CHG	Fax Number of plan Contact	
PlanContactFax5	varchar(10)	CHG	Fax Number of plan Contact	
PlanContactEmail1	varchar(254)	CHG	Email address of plan Contact	
PlanContactEmail2	varchar(254)	CHG	Email address of plan Contact	
PlanContactEmail3	varchar(254)	CHG	Email address of plan Contact	
PlanContactEmail4	varchar(254)	CHG	Email address of plan Contact	
PlanContactEmail5	varchar(254)	CHG	Email address of plan Contact	
URL1	varchar(250)	CHG	URL for the plan contact	
URL2	varchar(250)	CHG	URL for the plan contact	
URL3	varchar(250)	CHG	URL for the plan contact	
URL4	varchar(250)	CHG	URL for the plan contact	
URL5	varchar(250)	CHG	URL for the plan contact	
Pager1	varchar(15)	CHG	Pager Number of plan contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager2	varchar(15)	CHG	Pager Number of plan contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager3	varchar(15)	CHG	Pager Number of plan contact. These may be local pager numbers that are only usable on a particular pager system.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Pager4	varchar(15)	CHG	Pager Number of plan contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager5	varchar(15)	CHG	Pager Number of plan contact. These may be local pager numbers that are only usable on a particular pager system.	
PreferredCommunicationType	varchar(500)	CHG*	An ordered list of communication modes separated by a ":". For eg. If the preferred order of the communication is Phone1, fax3 and url2 then submit the data as "Provider_Group_Phone1:Provider_Group_Fax3:URL2"	
PlanCoverage	varchar(25)	CHG*	The geographic region in which a health insurance plan's benefits apply.	

Plan Program

The Plan Program section contains five required data files:

- Health Plan Program File
- Member Program Eligibility File
- Program Measure File
- Target Configuration File
- Measure Description File

The combination of these files will provide information on the individual programs and the patient's eligibility of program(s).

- The Member Program Eligibility file will be integrated through iPORT-HD.
- The Health Plan Program, Program Measure, Target Configuration and Measure Descriptions files should be uploaded directly onto INDICES by program manager.

Note: Fields marked with * will be available in a future release.

Health Plan Program File Elements

The **Program file should contain all programs the Plan offers. The file is also configured to denote a Primary**

ID shown based on the program / contract, and this relates to fields in the standard Member file.

- File should be a Full Refresh.
- Each record in Plan Program file should be unique on ***ProgramKey***.
- Use of Primary ID where selected ID is not provided in Member file will default to Member Key.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProgramKey	Varchar(20)	INDICES	ProgramKey is a unique identifier assigned for each program within a plan and will span a 12-month period exclusively.	Example: MGRHRRP20
ProgramCode	Varchar(10)	INDICES	Program code of the plan. This code can span across multiple years.	Example: MGRHRRP
ProgramName	Varchar(100)	Optional	Program name	Example: BCBSIL Rush Health Medicare
ProgramDescription	Varchar(100)	Optional	Program name/short description	
ProgramStartDate	Datetime	INDICES	Should be the first day of any month in a year and align with the flowchart run measurement period for the program.	YYYY-MM-DD HH:MM:SS Example: 2020-07-01 00:00:00
ProgramEndDate	Datetime	INDICES	End date of the Program. This should be 12 months after the start date of the program.	YYYY-MM-DD HH:MM:SS Example: 2020-06-30 00:00:00
PrimaryIDField	Integer	INDICES	This is a numeric identifier to indicate which field should be used from the standard member file as the member ID number.	1-HealthPlanID 2-SubscriberKey 3-MedicareID 4-MedicaidID

Member Program Eligibility File

The Program Eligibility file may contain multiple program eligibility 12-month segments for each patient, and **it must correlate to Patient and Enrollment data files.**

- The file should be a Full Refresh of all eligible programs for member who are active.
- Each record in Member Program Eligibility file should be unique on *MemberKey* **and** *ProgramKey***.**

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	INDICES	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files like enrollment and all claim types.	
ProgramKey	varchar(20)	INDICES	This is a unique identifier assigned for each 12-month program associated in the program file.	Example: MGRHRRP20

Program Measure File

The Program Measure Configuration file should be used to assign specific measures to programs. Only measures provided in this file will be represented for the ProgramKey. This file will control which measure are or are not shown and calculated in visualizations.

Field Name	Data Type (max length)	Required for Products	Description	Valid Values
ProgramKey	Varchar(20)	INDICES	ProgramKey relates back to the Program File.	File Example: MGRHRRP20
Measureacronym	Varchar(30)	INDICES	The measure for which metrics will be provided to the end user.	List of acronyms will be sent separately. Example: CDC19BHBA1C8

Target Configuration File

The Target Configuration file should be used to assign specific targets to measures and programs. Targets will be represented in the order they are received in this file on the final report.

- Program and Measure combination can have up to 5 targets
- Measures without a target do not need to be included in the file (verify they are included in the Measure Configuration file)
- Measures with targets in this file which are not in the Measure Configuration file will not be represented

Field Name	Data Type (max length)	Required for Products	Description	Valid Values
ProgramKey	Varchar(20)	INDICES	ProgramKey relates back to the Program File	Example: MGRHRRP20
Measureacronym	Varchar(30)	INDICES	Measure which this target applies to.	Example: CDC19B-HBA1C8
Target	numeric(6,4)	INDICES	The value of the target. Order targets in the way they are to appear in the visualization.	Example: 23.56
TargetDescription	Varchar(100)	INDICES	The descriptive text for the target. Order target descriptions in the way they are to.	Examples: High, Medium, Low; 5 Star, 4 Star, 3 Star; 90th Percentile, 70th Percentile

Measure Description File

The Program Measure Description file should be used to augment measure descriptions associated with the program. This file is for the health plan to augment the description of the measure. If blank, the standard Inovalon language for the measure will be used.

Field Name	Data Type (max length)	Required for Products	Description	Valid Values
Measureacronym	Varchar(30)	INDICES	A valid QSI-XL measure and submeasure combination.	Example: CDC19B-HBA1C8
Measuregroup	Varchar(50)	Optional	Measures grouped into categories.	Example: Diabetes
Measuretype	Varchar(30)	Optional	This is to categorize the measure whether those are Administrative or Hybrid.	Example: ADMIN
MeasureDisplayDescription	Varchar(1000)	INDICES	An alternate (verbose) description of the measure for better explanation of measures in the program. This text will be shown on the visualization.	Example: “CDC19B – HBA1C8: Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing and identifies patients whose most recent HbA1c level is less than 8.0% during the measurement year.

Plan Market

The Plan Market section contains two required data files:

- Market
- Plan Market

Market File Elements

The Market file should contain all markets the Plan offers.

- File should be a Full Refresh.
- Each record in Market file should be unique on ***MarketValue.***

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MarketValue	varchar(10)	INDICES	Market value	
MarketDescription	varchar(100)	INDICES	Market description	
SNPindicator	bit	INDICES	Special needs plan indicator	Yes = 1, No = 0
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identifiers in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Plan Market File Elements

The data file elements contain the relationship between a Market and a Plan.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MarketValue	varchar(10)	INDICES	Market value	
PlanCode	varchar(100)	INDICES	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan Benefit Package (Ex. H1234-002) For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identifier in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Provider Attribution

The Provider Attribution file is an optional file, which the client can use to provide the provider and member attribution data. The client can also use this file to provide the 1st level and 2nd level provider hierarchy data.

In the event this file is not provided, Inovalon can derive the provider member attribution from the Member Enrollment and/or Claims data.

- Each record in Provider Attribution file should be unique on ***MemberKey***

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	INDICES, RISK, ePASS	MemberKey is a unique primary identifier for each member in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled to more than one Plan.	
PhysicianID	varchar(25)	INDICES, RISK, ePASS	ID of the physician who is attributed to member. Either ProviderKey or NPI should be populated as per agreement.	
ProviderGroupKey_lvl1	varchar(30)	Optional	ID of the organization which is attributed to member (ex. ACO attribution). Either ProviderGroupID or NPI should be populated as per agreement.	
ProviderGroupKey_lvl2	varchar(30)	Optional	Provider Tax Identification number. Nine-digit number used as a tracking number by the IRS for tax purposes.	
AttributionDate	datetime	Optional	The date when member got attributed to the physician. This is used in reporting for provider portal.	

Provider Grouping

The Provider Group and Provider Hierarchy files contain data that will be used by Inovalon to create multi-tier grouping of providers. The Provider Group file contains metadata information for each provider group entity. The Provider Hierarchy file defines the relationship between the providers and the group.

These tables are optional, and fields required for its incorporation will be discussed with the Inovalon Data Integration team during implementation.

Note: Fields marked with * will be available in a future release.

Provider Group Data File Elements

The data file elements contain the details for each provider group.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Provider_Group_ID	varchar(30)	INDICES, RISK, ePASS, CHG	This is a unique identifier for every provider group	
Provider_Group_Name	varchar(100)	INDICES, RISK, ePASS, CHG	The name of the provider group	
Provider_Group_Status	varchar(1)	INDICES, RISK, ePASS, CHG	This will indicate if the group is currently active/Inactive.	**1** = Active (default), **0** = Inactive
Provider_Group_Address1	varchar(255)	INDICES, RISK, ePASS, CHG	Mailing Address Line 1 for correspondence with the group	
Provider_Group_Address2	varchar(255)	INDICES, RISK, ePASS, CHG	Mailing Address Line 2 for correspondence with the group	
Provider_Group_City	varchar(35)	INDICES, RISK, ePASS, CHG	City of the mailing address for correspondence with the group	
Provider_Group_State_Code	varchar(2)	INDICES, RISK, ePASS, CHG	State of mailing address for correspondence with the group	
Provider_Group_Zip_Code	varchar(9)	INDICES, RISK, ePASS, CHG	Zipcode of mailing address for correspondence with the group	
Provider_Group_Contact1	varchar(100)	Optional	Name of the designated point of contact for the respective groups	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Provider_Group_Phone1	varchar(10)	CHG	Phone Number of Group Contact	
Provider_Group_Fax1	varchar(10)	CHG	Fax Number of Group Contact	
Provider_Group_Email1	varchar(254)	Optional	Email address of Group Contact	
Provider_Group_Begin_Date	date	RISK	This start date will capture when a group as a whole became active	YYYY-MM-DD Default Date is the first of the month when file is received
Provider_Group_End_Date	date	RISK	The end date will capture the date a group as a whole was annulled	YYYY-MM-DD Default date: '2059-12-31'
Provider_Group_Type	varchar(30)	CHG	Type of provider group. *(A reference table defining the provider group types needs to be provided e.g.: IPA, region, ACO, Hospitals etc.)*	
Provider_Group_Function_Indicator	varchar(1)	Optional	This column will indicate the purpose of the provider group	**1** = Single Point of contact information for correspondence, **2** = Reporting, **3** = Both
ProviderNPI	varchar(10)	RISK	The National Provider Identifier (NPI) is a HIPAA Standard consisting of a unique 10-digit identification number covered for health care providers	
TIN	varchar(9)	RISK	Tax Identification Number	
Provider_Group_Country_Code	varchar(3)	CHG	Country code of mailing address for correspondence with the group	
TaxonomyCode	varchar(10)	CHG	Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers Taxonomy Code Lookup	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Provider_Group_Type_Code	varchar(30)	CHG	Code type of provider group.	fac - Facility prvgrp - Provider Group payer - Payer atyprv - Atypical Provider bus - Non-Healthcare Business ntwk - Network
Provider_Group_Availability	varchar(100)	CHG	Represents the days and times a Provider group is available. If the Provider group is available the whole day please submit the time component as "0000-2359" and if the Provider group is not available for the day then leave the day and time component from the field.	sun 0000-2359:mon 0800-1630:tue 0800-1630:wed 0800-1630:thu 0800-1630:fri 0800-1630:sat 0000-2359
URL1	varchar(250)	CHG	URL for the Provider Group	
Pager1	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	
PreferredCommunicationType	varchar(500)	CHG	An ordered list of communication modes separated by a ":". For eg. If the preferred order of the communication is Phone1, fax3 and url2 then submit the data as "Provider_Group_Phone1:Provider_Group_Fax3:URL2"	
Provider_Group_Phone2	varchar(15)	CHG	Phone Number of Group Contact	
Provider_Group_Phone3	varchar(15)	CHG	Phone Number of Group Contact	
Provider_Group_Phone4	varchar(15)	CHG	Phone Number of Group Contact	
Provider_Group_Phone5	varchar(15)	CHG	Phone Number of Group Contact	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Longitude	decimal(18,15)	Optional for CHG	Longitude value of the Provider group location	
Latitude	decimal(18,15)	Optional for CHG	Latiude value of the Provider group location	
Provider_Group_Address_Type	varchar(10)	Optional for CHG	Type of address	postal | physical | both
Provider_Group_Address3	varchar(255)	CHG	Mailing Address Line 3 for correspondence with the group	
Provider_Group_Address4	varchar(255)	CHG	Mailing Address Line 3 for correspondence with the group	
Provider_Group_Contact2	varchar(100)	Optional	Name of the designated point of contact for the respective groups	
Provider_Group_Contact3	varchar(100)	Optional	Name of the designated point of contact for the respective groups	
Provider_Group_Contact4	varchar(100)	Optional	Name of the designated point of contact for the respective groups	
Provider_Group_Contact5	varchar(100)	Optional	Name of the designated point of contact for the respective groups	
Provider_Group_Fax2	varchar(10)	Optional	Fax Number of Group Contact	
Provider_Group_Fax3	varchar(10)	Optional	Fax Number of Group Contact	
Provider_Group_Fax4	varchar(10)	Optional	Fax Number of Group Contact	
Provider_Group_Fax5	varchar(10)	Optional	Fax Number of Group Contact	
Provider_Group_Email2	varchar(254)	Optional	Email address of Group Contact	
Provider_Group_Email3	varchar(254)	Optional	Email address of Group Contact	
Provider_Group_Email4	varchar(254)	Optional	Email address of Group Contact	
Provider_Group_Email5	varchar(254)	Optional	Email address of Group Contact	
URL2	varchar(250)	CHG	URL for the Provider Group	
URL3	varchar(250)	CHG	URL for the Provider Group	
URL4	varchar(250)	CHG	URL for the Provider Group	
URL5	varchar(250)	CHG	URL for the Provider Group	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Pager2	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager3	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager4	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager5	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	

Provider Hierarchy Data File Elements

This file will provide the relationship between providers and their associated groups and their hierarchies if there are multiple levels.

- For 2 level hierarchies, use ProviderKey and ProviderGroupKey_lvl1. For 3 level hierarchies, use ProviderKey, ProviderGroupKey_lvl1, and ProviderGroupKey_lvl2 to represent provider-parent organization-grandparent organization respectively.
- Every ProviderKey in this file needs to have a record in the Provider file and should map to the ProviderKey on the Provider file
- Every ProviderGroupKey_lvl1 needs to have a record in the Provider Group file and should map to the Provider_Group_ID on the Provider grouping file
- Every ProviderGroupKey_lvl2 needs to have a record in the Provider Group file and should map to the Provider_Group_ID on the Provider grouping file

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderKey	varchar(25)	INDICES, RISK, ePASS, CHG	ProviderKey is the unique identifier for each individual provider that serves as a referential key to the other data files	
ProviderGroupKey_lvl1	varchar(30)	INDICES, RISK, ePASS, CHG	ProviderGroupKey of the parent organization of the provider	
ProviderGroupKey_lvl2	varchar(30)	CHG	ProviderGroupKey of the parent organization of the level1 ProviderGroup	
RelationshipStartDate	date	INDICES, RISK, ePASS, CHG	Date when a Provider become the part of the group.	YYYY-MM-DD
RelationshipEndDate	date	INDICES, RISK, ePASS, CHG	Date when a Provider leaves the Group. If the end date is not provided the relationship between the provider and the group will be assumed to be indefinitely active.	YYYY-MM-DD

Clinical Associate

Clinical associates are business managers, who help prepare the assessments for the practitioners but cannot submit the clinical assessments. These clinical associates operate within a provider group, or with individual providers. To facilitate their access to ePASS®, the following attributes are to be submitted.

These tables are optional, and fields required for its incorporation will be discussed with the Inovalon Data Integration team during implementation.

Note: Fields marked with * will be available in a future release.

Clinical Associate Data File Elements

The data file elements contain the details for each clinical associate.

- File should be a Full Refresh.
- Each record in Clinical Associates file should be unique on ***ClinicalAssociateKey.***

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ClinicalAssociateKey	varchar(20)	ePASS, RISK	ClinicalAssociateKey is a unique primary identifier for each cohort in the file.	
ClinicalAssociateFirstName	varchar(50)	ePASS, RISK	First name	
ClinicalAssociateMiddleNam e	varchar(25)	Optional	Middle name	
ClinicalAssociateLastName	varchar(100)	ePASS, RISK	Last name	
DOB	datetime	Optional	Date of birth	YYYY-MM-DD HH:MM:SS
Sex	varchar(1)	Optional	Gender code	**M** = Male, **F** = Female, **U** = Unknown, **O** = Other

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Email	varchar(50)	ePASS, RISK	Email address is required for ePASS registration	
PrimaryPhone	varchar(15)	Optional	Primary phone number. It should not contain any special characters other than numerical digits	
PrimaryPhoneType	varchar(2)	Optional	Classify primary phone to be of type	**HP** = Home phone number **CP** = Cellular phone number **WP** = Work phone number **TE** = Unknown
SecondaryPhone	varchar(15)	Optional	Secondary phone number. It should not contain any special characters other than numerical digits	
SecondaryPhoneType	varchar(2)	Optional	Classify secondary phone to be of type	**HP = Home phone number** **CP = Cellular phone number** **WP = Work phone number** **TE** = Unknown
ClinicalAssociateKeyStatus	varchar(1)	ePASS, RISK	This will indicate if the clinical associate is currently active/Inactive.	**1** = Active (default) **0** = Inactive

Clinical Associate Relationship Data File Elements

- File should be a Full Refresh.
- Each record in Clinical Associates Relationship file should be unique on ***ClinicalAssociateKey***, ***ProviderKey***
- A Clinical Associates can be linked to a provider OR a provider group.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ClinicalAssociateKey	varchar(20)	ePASS, RISK	ClinicalAssociateKey is a unique primary identifier for each cohort in the file.	
ProviderKey	varchar(25)	ePASS, RISK	Clinical Associate can be linked to Individual Provider and Provider Group. Make sure these Providers are part of Admin Provider file.	
ClinicalAssociateKeylinkStatus	varchar(1)	ePASS, RISK	This will indicate if the group is currently active/Inactive.	**1** = Active (default) **0** = Inactive

Care Management

The data file elements contain all the details associated with Care Manager, Care Manager Director, Care Management Hierarchy, and Care Management Attribution respectively. All files are full refresh files for every data load.

- NULL is accepted value in a Non-Required Field when no data is available.

Care Manager Data File Elements

The data file elements contain the details for each care manager.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CareManagerKey	varchar(30)	INDICES	This is a unique Identifier for each Care Manager	
CareManagerFirstName	varchar(50)	INDICES	Care Manager First Name	
CareManagerMiddleName	varchar(25)	Optional	Care Manager Middle Initial	
CareManagerLastName	varchar(100)	INDICES	Care Manager Last Name or Name of organization/facility (Legal Business Name)	
CareManagerNameSuffix	varchar(3)	Optional	Care Manager Suffix	
CareManagerTitle	varchar(100)	Optional	Care Manager Title	
CareManagerGender	varchar(6)	Optional	Care Manager Gender	
CareManagerEmail	varchar(254)	Optional	Care Manager email address	
CareManagerAddress1	varchar(255)	Optional	First address line (usually street) of Care Manager's location address. This should not contain PO Box	
CareManagerAddress2	varchar(255)	Optional	Second address line (usually Suite, Apt or Room No) of Care Manager's location address	
CareManagerCity	varchar(50)	Optional	City name of Care Manager's location address	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CareManagerStateCode	varchar(2)	Optional	State code (including DC and US Territories) of Care Manager's location address	
CareManagerZipCode	varchar(9)	Optional	Zip code of Care Manager's location address	
CareManagerPhone	varchar(15)	Optional	Telephone number of Care Manager's location address	
CareManagerFax	varchar(15)	Optional	Fax number of Care Manager's location address	

Care Manager Director Data File Elements

The data file elements contain the details for each care manager director.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CareManagerDirectorKey	varchar(30)	INDICES	This is a unique Identifier for each Care Manager Director	
CareManagerDirectorFirstrName	varchar(100)	INDICES	Care Manager Director First Name	
CareManagerDirectorMiddleName	varchar(100)	Optional	Care Manager Director Middle Initial	
CareManagerDirectorLastName	varchar(100)	INDICES	Care Manager Director Last Name	
CareManagerDirectorAddress1	varchar(255)	Optional	Address Line 1 for Care Manager Director	
CareManagerDirectorAddress2	varchar(255)	Optional	Address Line 2 for Care Manager Director	
CareManagerDirectorCity	varchar(50)	Optional	City of the address for Care Manager Director	
CareManagerDirectorStateCode	varchar(2)	Optional	State of address for Care Manager Director	
Care Manager DirectorZipCode	varchar(9)	Optional	Zip of address for Care Manager Director	
CareManagerDirectorPhone	varchar(15)	Optional	Phone Number of Care Manager Director	
CareManagerDirectorFax	varchar(15)	Optional	Fax Number of Care Manager Director	
CareManagerDirectorEmail	varchar(254)	Optional	Email address of Care Manager Director	

Care Management Hierarchy Data File Elements

The data file elements contain the relationship between care manager and care manager director.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CareManagerKey	varchar(30)	INDICES	This is a unique identifier for each Care Manager	
CareManagerDirectorKey	varchar(30)	INDICES	This is a unique Identifier for each Care Manager Director	

Care Management Attribution Data File Elements

This file contains the attribution of each member to their Care Manager(s) and Care Manager Director(s). Both CareManagerKey and CareManagerDirectorKey fields are to be populated where data is available. In scenarios where a member is directly attributed to Quality Director, the CareManagerKey field needs to be left blank. The relationship between Care Managers and Care Manager Directors from this table is validated against the Care Management Hierarchy file as an additional security measure.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	INDICES	MemberKey is a unique primary identifier for each member in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled to more than one Plan	
CareManagerKey	varchar(30)	INDICES	CareManager Key of the Care Manager for the member	
CareManagerDirectorKey	varchar(30)	INDICES	Care Manager Director Key	

Confidentiality

The Confidentiality Group details file provides details about all the programs offered by the Payer

- The file should be a Full Refresh containing latest data for Confidentiality Group
- Each record in Confidentiality Group Details file should be unique on ***ConfidentialityGroupKey***
- NULL is an accepted value in all the fields

Confidentiality Group Details File Elements

The data file elements contain the details for each confidentiality group.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ConfidentialityGroupKey	varchar(30)	INDICES	ConfidentialityGroupKey is a unique primary identifier for each Confidentiality groups in the file. It serves as the referential key across all other files.	
ConfidentialityGroup	varchar(50)	INDICES	Name assigned to each Confidentiality Group (E.g. VIP Patient, payer Employee, Federal Employee, etc.)	
ConfidentialityGroupDescription	varchar(100)	INDICES	Description for each Confidentiality Group	

Member Confidentiality Group Relationship File Elements

The data file elements contain the relationship between a Member and a Confidentiality Group file

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	INDICES	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled in more than one Plan	
ConfidentialityGroup Key	varchar(30)	INDICES	ConfidentialityGroupevelKey is a unique primary identifier for each Confidentiality group in the file. It serves as the referential key across all other files.	

Cohort

The Cohort section contains two required data files:

- Cohort File
- Member Cohort Eligibility File

The combination of the two files will provide information on the individual cohorts and the patient's eligibility of cohort(s).

Cohort File Elements

The Cohort file should contain all cohorts.

- File should be a Full Refresh.
- Each record in Cohort file should be unique on ***CohortKey***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CohortKey	varchar(20)	INDICES	CohortKey is a unique primary identifier for each cohort in the file.	
CohortName	varchar(100)	INDICES	Cohort name	
CohortDescription	varchar(100)	INDICES	Cohort description	
CohortStartDate	datetime	INDICES	Start date of the cohort	YYYY-MM-DD HH:MM:SS
CohortEndDate	datetime	INDICES	End date of the cohort	YYYY-MM-DD HH:MM:SS

Member Cohort Eligibility File Elements

The Member Cohort Eligibility file may contain multiple Cohort eligibility segments for each patient and it must correlate to Patient and cohorts. Each record represents a distinct period the patient was eligible in the Cohort, with a *CohortStartDate* and *CohortEndDate* marking the beginning and the end of the coverage period.

- The file should be a Full Refresh of all eligibility segments for all active and inactive patients.
- Each record in Member Cohort Eligibility file should be unique on ***MemberKey***, ***CohortKey***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	INDICES	MemberKey is a unique primary identifier for each member in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled to more than one Plan.	
CohortKey	varchar(20)	INDICES	CohortKey is a unique primary identifier for which the member is linked to.	
MemberCohortStartDate	datetime	INDICES	Member start date in the cohort	YYYY-MM-DD HH:MM:SS
MemberCohortEndDate	datetime	INDICES	Member end date in the cohort	YYYY-MM-DD HH:MM:SS
MemberCohortEligibleStatus	bit	INDICES	Member cohort eligible status	**1** = Active, **0** = Inactive

Disease Management

The disease management file contains member enrollment data for disease management program.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	INDICES	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled to more than one Plan	
DiseaseManagementProgramName	varchar(100)	INDICES	Disease Management Program provides name of the disease management program in which the patient is enrolled	
EnrolledDate	date	INDICES	This date identifies the date of enrollment for the Disease Management program	YYYY-MM-DD

Risk Adjustment Analytics Results

The Risk Adjustment Analytics Results file will provide risk adjustment result from both external and internal sources.

- File should be a full refresh.
- Each record in Risk Adjustment Analytics file should be unique on ***MemberKey***.

Note: Fields marked with * will be available in a future release.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(50)	INDICES, RISK, ePASS	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files. A person can have multiple MemberKey if enrolled to more than one Plan	
MedicareID	varchar(12)	INDICES	Medicare Health Insurance Claim Number assigned by CMS to a Medicare enrollee.	
MedicareBeneficiaryID	varchar(11)	INDICES, RISK, ePASS	New Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on the new Medicare cards for Medicare transactions such as billing, eligibility status, and claim status.	
PersonKey	varchar(30)	RISK, ePASS	This ID uniquely identifies a person across multiple MemberKey.	
PayerCode	varchar(2)	INDICES, RISK, ePASS	Identify the primary responsibility party for the payment of the claim.	Refer to the PayerCode reference table for valid values.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MedicaidID	varchar(80)	RISK, ePASS, INDICES	MedicaidID is the member identifier assigned by the State Medicaid Agency. It is only applicable to Medicaid plan members.	
MedicaidIndicator	varchar(1)	INDICES	Yes for member eligible for Medicaid	Y= Yes, N= No
ProviderKey	varchar(30)	INDICES, RISK, ePASS	Provider Identifier assigned by Client, required for UCCC.	
ProviderNPI	varchar(10)	INDICES, RISK, ePASS	A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS), required for UCCC.	
ProviderGroupKey	varchar(30)	INDICES	This is a unique identifier for every provider group and must link to the primary identifier of the Group. This field will be a foreign key to the Group Data File. If there is a hierarchical relationship within provider groups, this is the groupID of the lowest level of connect between the provider and the group.	
ConditionCategoryCode	varchar(25)	INDICES, RISK, ePASS	The Hierarchical Condition Category (HCC)	
ConditionCategoryDescription	varchar(255)	INDICES, RISK, ePASS	The HCC Description for the gap identified	
ConditionCategoryStatus	varchar(25)	INDICES	The status of the HCC associated with member data. Example: For same HCC captured for subsequent	Same HCC Captured Severe HCC Captured Lower HCC Captured

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			visits the status would be “Same HCC Captured” and for a higher HCC captured in a subsequent visit the status would be “Severe HCC captured”	HCC Not Captured Suspected Condition
LowerSuperiorCondition CategoryCode	integer(3)	INDICES	If Condition_Category_Status is Lower or Severe HCC Captured then the Code of Hierarchical Condition Category (HCC)	
LowerSuperiorCondition CategoryDescription	varchar(255)	INDICES	If Condition_Category_Status is Lower or Severe HCC Captured then the description of Hierarchical Condition Category (HCC)	
MemberMonths	integer(3)	INDICES	Number of months the member was enrolled in PaymentYear	YYYY-MM
LastMonthEnrolled	varchar(7)	INDICES	The last month till when the member was enrolled In payment year	
MMRScore	numeric(6,4)	INDICES	The risk score in Member Monthly Report submitted by CMS	
RAPSPredictedScore	numeric(6,4)	INDICES	The risk score predicted by the Risk Adjustment Processing System	
EDSPredictedScore	numeric(6,4)	INDICES	The risk score predicted by the Electronic Data Submission System	
BlendPredictedScore	numeric(6,4)	INDICES	The blended risk score	
RateAmount	numeric(8,2)	INDICES	The BID Rate amount for the diagnosis	
PopulationType	varchar(3)	INDICES		(For ACA Population:) **A01** = Platinum,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			This is an indicator that classifies the plan based on the range and the quality of benefits offered by a plan.	**A02** = Gold, **A03** = Silver, **A04** = Bronze, **A05** = Catastrophic (CDPS Population:) **B01** = TANF Adult, **B02** = TANF Child, **B03** = SSI Adult, **B04** = SSI Child, **B05** = ABD Adult, **B06** = ABD Child, **B07** = CFC Original Adult, **B08** = CFC Original Child, **B09** = CFC Expansion Adult, **B10** = CFC Expansion Child, **B11** = TANF Extension Adult (For Medicare Population:) **C01** = Aged and Disabled **C02** = ESRD
ContinuouslyEnrolled	varchar(1)	INDICES	Y=Yes, if member is continuously enrolled	Y= Yes, N= No
MemberWithNoPCPVisit	varchar(1)	INDICES	Yes for member with no PCP visit within 12 months	Y= Yes, N= No
MemberWithNoAHA	varchar(1)	INDICES	Yes for member with no Annual Health Assessment	Y= Yes, N= No
PaymentYear	integer(4)	INDICES, RISK, ePASS	Medicare Advantage Payment Year	YYYY
RunDate	date	INDICES, RISK, ePASS	Date of the analytics run	YYYY-MM-DD

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
RiskGapType	varchar(1)	RISK, ePASS	Type of gap to address. Suspected Condition (CEDI), Previously Coded Chronic Condition (UCCC)	**C** = CEDI **U** = UCCC
MostRecentDiagnosisCode	varchar(10)	RISK, ePASS	Most recent ICD code for previously documented condition, required for UCCC.	
MostRecentEvidenceDate	date	RISK, ePASS	Encounter date of most recent diagnosis for previously coded chronic condition, required for UCCC.	YYYY-MM-DD
RiskScoreImpact	decimal(6, 4)	RISK, ePASS	Possible impact to Risk Score if condition is documented	
ICDVersionInd	integer	RISK, ePASS	Indicator of the version of ICD code.	**10** = ICD Version 10 **9** = ICD Version 9
RiskGapStatus	varchar(1)	RISK, ePASS	Indicator of the status of Risk gap	**0** = Inactive **1** = Active
RiskGapStartDate	date	RISK, ePASS	Gap valid within the date(s). This is typically the intervention start date.	YYYY-MM-DD
RiskGapEndDate	date	RISK, ePASS	Gap valid within the date(s). This is typically the intervention end date.	YYYY-MM-DD
IndicatorType	varchar(1)	Optional	Indicator to identify the type of data.	
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identifier in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Quality Gap

The Star Advantage® Quality Gap Specification Guide provides insight into the data needs, structure and activities required to support integration of preventive care quality measure gaps into Inovalon's Electronic Patient Assessment Solution Suite, ePASS®.

- File should be a full refresh.
- Each record in this file should be unique on ***MeasurementYear, PlanCode, MemberKey, and MeasureKey***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	RISK, Quality	Identifies the member to whom this Quality Gap is related. Same MemberKey used in Admin Member file should be used.	
PersonKey	varchar(30)	RISK, Quality	This ID uniquely identifies a person across multiple MemberKeys. (informational/auditing purpose)	
MedicareID	varchar(11)	RISK, Quality	The member's unique identifier number assigned by CMS which can be either Medicare Beneficiary Identifier (MBI) or Health Insurance Claim Number (HICN). MBI will replace the current HICN during transition period started from April 1, 2018 till December 31, 2019. This field is only applicable for Medicare Advantage.	
PlanCode	varchar(20)	RISK, Quality	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan Benefit Package (Ex. H1234-002) For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PayerCode	varchar(2)	RISK, Quality	Identify the primary responsibility party for the payment of the claim	Refer to the PayerCode reference table in Appendix for valid values
MemberFirstName	varchar(50)	RISK, Quality	Member First Name (informational/auditing purpose)	
MemberLastName	varchar(50)	RISK, Quality	Member Last Name (informational/auditing purpose)	
DOB	datetime	RISK, Quality	Member data of birth. (informational/auditing purpose)	YYYY-MM-DD HH:MM:SS
ComplianceDate	datetime	RISK, Quality	Most recent compliance date for members that have Compliance Status as "Y".	YYYY-MM-DD HH:MM:SS
ComplianceStatus	varchar(1)	RISK, Quality	Member's current compliance status for the measure.	**Y** = Member is compliant for the measure, **N** = Member is non-compliant for the measure
DenominatorStatus	varchar(1)	RISK, Quality	Member's current denominator status. This may change throughout the measurement period.	**Y** = Member is included in the denominator for the measure, **N** = Member is not included in the denominator for the measure, **C** = Member is in contraindication status
MeasureKey	varchar(8)	RISK, Quality	Associated measure acronym. For example, "BCS" for Breast Screening.	Please refer to the Acronym column in

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				Quality Gap Measure Acronyms reference table in Appendix
MeasurementYear	Integer	RISK, Quality	Measurement year for the compliance determination.	2015, 2016, etc…
QualityGapMonth	varchar(6)	RISK, Quality	Year & Month which this file is submitted for.	YYYYMM
ServiceNeededBy	datetime	RISK, Quality	Identifies the date the member needs to receive the service, lab etc. in order to be considered gap closed	YYYY-MM-DD HH:MM:SS
IndexDate	datetime	RISK, Quality	The earliest date of service during the Intake Period; i.e. fracture date for OMW measure.	YYYY-MM-DD HH:MM:SS
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identifier in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Employer

Data Elements for the Employer file are as follows:

- File should be a Full Refresh.
- Each record in Employer file should be unique on ***EmployerGroupKey***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
EmployerGroupKey	varchar(30)	RISK	Identifier assigned by the health plan to an enrollment group such as employer or employee organization.	
EmployerTaxID	varchar(10)	RISK	Employer Tax Identification Number	
EmployerName	varchar(100)	RISK	Employer Name	
EmployerSIC	varchar(8)	RISK	Employer Standard Industry Classification code	
EmployerASOIndicator	varchar(1)	RISK	Set to "Y" if the employer's group is serviced through an ASO agreement (i.e. not Fully Insured)	**Y** = Yes, **N** = No
EmployerSegmentSize	varchar(1)	RISK	Indicates group size of the employer	**A** = 1, **B** = 2-9, **C** = 10-50, **D** = 51-99, **E** = 100+
EmployerSiteAddress1	varchar(255)	RISK	Primary Address, usually street, maybe PO Box	
EmployerSiteAddress2	varchar(255)	RISK	Secondary address, usually Suite, Apt or Room No	
EmployerSiteCity	varchar(35)	RISK	Name of the city	
EmployerSiteStateCode	varchar(2)	RISK	This should be a two letter abbreviation of the state name including DC and US Territories	
EmployerSiteZipCode	varchar(9)	RISK	The zip code should contain at least 5 numerical digits	
EmployerSiteCounty	varchar(50)	RISK	Name of the county	
EmployerSitePrimaryPhone	varchar(15)	RISK	This is the employer's primary phone number.	
EmployerSiteSecondaryPhone	varchar(15)	RISK	This is the employer's secondary phone number.	
EmployerRenewalMonth	date	RISK	Indicates the contract renewal month of the group	YYYY-MM-DD
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identifier in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Premium for ACA (Edge Server Submission)

Edge Server requires enrollment segment which is different from Standard Administrative file for Enrollment. Premium information for each subscriber is required so that Inovalon can derive Edge Server submission file based on Standard Administrative file for Enrollment and this Premium file.

- File should be a Full Refresh for all active and inactive subscribers. (Not applicable to dependents or any subscriber who has cancelled its enrollment rolling back to coverage start date)
- Each record in Premium file should be unique on ***MemberKey, PlanCode***, and ***PremiumStartDat***e.
- Any change in PremiumAmount, RatingArea, or RenewalIndicator requires new record with new PremiumStartDate and updated information.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	ACA Edge	Identifies the member to whom the premium is charged. Same MemberKey used in Admin Member file should be used. Premium file is for Subscriber only.	
PlanCode	varchar(20)	ACA Edge	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
PremiumStartDate	date	ACA Edge	Date when premium became effective.	YYYY-MM-DD
PremiumAmount	decimal (28,10)	ACA Edge	The monthly total rated premium charged by the issuer for a subscriber's policy, including the APTC amount. • The premium amount represents charged amount, not the amount paid by subscriber. • The premium amount may include more than the amount charged directly to a subscriber.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			• Premium amount should be FULL monthly premium amount for the given month. Do not report prorated premium amount for partial month. • Report $0 for premium amount if subscriber is not charged a premium for the partial month. • If a subscriber is charged a certain amount per day enrolled for the partial month, calculate the amount per day for the full month to report as the charged premium. • If premium has been reversed, reconcile transaction and report final amount for each corresponding month. Do not report negative premium amount.	
RatingArea	integer	ACA Edge	Individual and small group market geographic rating areas by State which all issuers in the state must uniformly use as part of their rate setting.	
RenewalIndicator	varchar(1)	ACA Edge	Indicates if existing plan is renewed for next year.	Y = Yes, N = No (default)
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identified in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Pseudo Code

In addition to data received in Standard Administrative Files, Quality requires specific data elements to support certain measures; i.e., Display Measures.

Below is the standard file layout for Inovalon's Pseudo code. As each specific Measure may use different subset of data elements, separate document or memo will be provided defining detailed specification per Measure.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	RISK	Identifies the member to whom this Pseudo code is related. Same MemberKey used in Admin Member file should be used.	
PersonKey	varchar(80)	RISK	Person ID to which this Pseudo code is related. Applicable only to commercial client.	
PlanCode	varchar(20)	RISK	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan Benefit Package (Ex. H1234-002) For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
PayerType	varchar(50)	RISK	Identifies the reporting population's insurance type (i.e. Medicaid, Medicare Advantage, Children's Health Insurance Program (CHIP), commercial, etc.)	
ProviderKey	varchar(50)	RISK	Client ProviderKey of the provider who completed the intervention.	
MeasureCode	varchar(8)	RISK	Code identifying the measure for which Pseudo code is used for.	TBD in separate document
PseudoCode	varchar(26)	RISK	Pseudo code	TBD in separate document

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
EventDate	date	RISK	Date associated with PseudoCode (i.e. date of test, pregnancy due date).	YYYY-MM-DD
CompleteDate	date	RISK	Date associated with collection of the information (i.e. date health risk assessment was completed or underwriting data was collected).	YYYY-MM-DD
SupplementalValue1	varchar(100)	RISK	Value associated with pseudo code (i.e. BMI value, Systolic BP, blood glucose value, specific ICD-9 code).	
SupplementalValue1Desc	varchar(250)	RISK	Descriptor of Supplemental Value 1 field (i.e. "Gift Card")	
SupplementalValue2	varchar(100)	RISK	Value associated with pseudo code (i.e. BMI value, Systolic BP, blood glucose value, specific ICD-9 code).	
SupplementalValue2Desc	varchar(250)	RISK	Descriptor of Supplemental Value 2 field (i.e. "Gift Card")	
SupplementalValue3	varchar(100)	RISK	Value associated with pseudo code (i.e. BMI value, Systolic BP, blood glucose value, specific ICD-9 code).	
SupplementalValue3Desc	varchar(250)	RISK	Descriptor of Supplemental Value 3 field (i.e. "Gift Card")	
InterventionTypeCode	varchar(50)	RISK	Indicates type of intervention performed (e.g. IHA, SME-PC, SME-MC). Used only for Medicare data.	To be provided in separate document
InterventionID	varchar(50)	RISK	Inovalon generated unique id for each intervention that was targeted. This ID is sent to client/vendor, and to be returned with Pseudo code.	
DataSourceCode	varchar(50)	RISK	Indicates reporting source for data (i.e. member-reported, provider-reported, or obtained through a third-party/vendor). May affect how codes are used for targeting. Used only for Commercial data.	Member, Provider, Vendor, Other
DataSourceChannelCode	varchar(50)	RISK	Indicates type of channel through which source data was collected (internal health risk assessment, care management, provider EMR/EHR, underwriting data, etc. Used only for Commercial data.	HRA, Care Management, Underwriting, EMR/HER

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
DataSourceSystemName	varchar(100)	RISK	Differentiator between different source record systems (i.e. names of different underwriting or EHR systems). Can be used to partition files for updates without doing a full replacement. Used only for Commercial data.	
SourceRecordID	varchar(100)	RISK	Unique identifier of the source record for this Pseudo code in source system. Needed if auditing is necessary between client and Inovalon.	
Agent	varchar(50)	RISK	The unique identifier of the internal agent most closely associated with completing the intervention, or the code of the external vendor assigned to complete the intervention (e.g., Eastport Health Plan, vendor, etc.).	
ClientSystemOfRecordID	Varchar(1)	Optional	Identifier for System of Record.	
AltID1 - AltID5	varchar(30)	Optional	These fields can be provided in addition to the unique primary identifier in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Hospital Discharge

Hospital Discharge data feeds are needed daily to support the interventions directed to improve the Part C Star measure on Plan All-Cause Readmissions.

- File should include incremental data of Hospital Discharge.
- Each record in Hospital Discharge file should be unique on ***MemberKey***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	RISK	Identifies the member who was discharged from hospital. Same MemberKey used in Admin Member file should be used.	
MemberFirstName	varchar(50)	RISK	Member First Name	
MemberLastName	varchar(50)	RISK	Member Last Name	
MemberMiddleName	varchar(50)	RISK	Member Middle Name or Middle initial	
Sex	varchar(1)	RISK	Gender code	**M** = Male, **F** = Female, **U** = Unknown, **O** = Other
DOB	date	RISK	This field contains the member data of birth.	YYYY-MM-DD
DischargeDate	date	RISK	Date of Discharge; applicable to all inpatient visits	YYYY-MM-DD
DischargeStatus	varchar(2)	RISK	(aka. Patient Status) Patient Discharge Status as defined on facility encounter.	
AdmissionDate	date	RISK	Date the member was admitted to hospital.	YYYY-MM-DD
FacilityName	date	RISK	Name of the discharging hospital / facility	YYYY-MM-DD
ICDVersionIndicator	varchar(1)	RISK	The qualifier that denotes the version of International Classification of Diseases (ICD) reported.	**9** = Ninth Revision, **0** = Tenth Revision
ICDDiagnosisPrincipal	varchar(7)	RISK	Diagnosis code that describes the condition established, after study, to be chiefly responsible for occasioning the admission of the patient for care.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ICDDiagnosisPrincipal Description	varchar(100)	RISK	Description for ICD Diagnosis Principal	
ICDDiagnosisOther	varchar(7)	RISK	First listed additional diagnosis codes that describe conditions that coexist at the time of admission, that develop subsequently, or that effect the treatment received and/or the length of stay.	
UBTypeOfBillCode	varchar(4)	RISK	Indicates the specific type of bill for Institutional claims	
HCFAPOSCode	varchar(2)	RISK	Place of service code taken from the professional claim form.	
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identifier in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Chart Chase

The Chart Chase file should contain current member & provider demographic information and other information necessary to be able to locate and retrieve medical record for given chase.

- Each record in the file should be unique on ***ChaseID***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ChaseID	varchar(100)	HEDIS, RISK	Unique, persistent identifier for each chase.	
LineofBusiness	varchar(1)	HEDIS, RISK, RISK-Admin	Identifier to type of enrollment	**1** = Medicare, **2** = Medicaid, **3** = Commercial ACA/Market Place **4** = Dual Eligible-Medicare/Medicaid **5** = Commercial Non-ACA
PayerCode	varchar(2)	HEDIS, RISK, RISK-Admin	Identify the primary responsibility party for the payment of the claim.	Refer to the PayerCode reference table for valid values.
MRRProjectType	varchar(5)	HEDIS, RISK, RISK-Admin	Identifier to project type	RETRO, RADV, HEDIS
MemberKey	varchar(50)	HEDIS, RISK, RISK-Admin	MemberKey is a unique primary identifier for each member in the file. A person can have multiple MemberKey if enrolled to more than one Plan.	
PersonKey	varchar(30)	HEDIS, RISK, RISK-Admin	PersonKey uniquely identifies a person if he/she has multiple MemberKeys.	Leave blank if data is unavailable
MemberEnrolleeID	varchar(50)	Optional	Member's enrollee ID applicable to RADV project	Leave blank if data is unavailable
MedicareID	varchar(20)	HEDIS, RISK, RISK-Admin	Medicare Health Insurance Claim Number assigned by CMS to a Medicare enrollee. Remove any space or dash if included.	Leave blank if data is unavailable

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MedicareBeneficiaryID	varchar(12)	HEDIS, RISK, RISK-Admin	Medicare Beneficiary ID (MBI) number assigned by CMS to a Medicare enrollee. Remove any space or dash if included	
SSN	varchar(9)	HEDIS, RISK, RISK-Admin	Member Social Security Number	
MemberFirstName	varchar(50)	HEDIS, RISK, RISK-Admin	Member First Name	
MemberMiddleName	varchar(25)	Optional	Member Middle Name	
MemberLastName	varchar(50)	HEDIS, RISK, RISK-Admin	Member Last Name	
DOB	datetime	HEDIS, RISK, RISK-Admin	This field contains the member data of birth.	YYYY-MM-DD HH:MM:SS
Sex	varchar(1)	HEDIS, RISK, RISK-Admin	Member gender	**M** = Male, **F** = Female, **U** = Unknown, **O** = Other
MemberAddress1	varchar(255)	RISK, RISK-Admin	First address line (usually street) of member's location **This should not contain PO Box unless a valid phone number has been provided for the member.**	
MemberAddress2	varchar(255)	RISK, RISK-Admin	Second address line (usually Suite, Apt or Room No) of member's location	
MemberCity	varchar(50)	RISK, RISK-Admin	City name of member's location	
MemberState	varchar(2)	RISK, RISK-Admin	State code (including DC and US Territories) of member's location	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberZip	varchar(10)	RISK, RISK-Admin	Zip code of member's location	
MemberPhone	varchar(15)	RISK, RISK-Admin	Member Telephone number.	
PlanCode	varchar(20)	HEDIS, RISK, RISK-Admin	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan Benefit Package (Ex. H1234-002) For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
HostPlanCode	varchar(20)	HEDIS, RISK	The Blue Cross or Blue Shield number of the servicing or processing plan.	
HomePlanCode	varchar(20)	HEDIS, RISK	Code identifying the Blue Cross or Blue Shield plan code which indicates where the member's coverage has been designated. Usually where the member lives or purchased their coverage.	
ProviderKey	varchar(25)	RISK-Admin	ProviderKey is the unique identifier for each individual provider that serves as a referential key to the other data files	
ProviderNPI	varchar(10)	HEDIS, RISK, RISK-Admin	The National Provide Identifier, the 10- digit number assigned to a provider by CMS.	
TIN	varchar(10)	HEDIS, RISK, RISK-Admin	Provider's Tax Identification number used by provider for tax purposes	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderFirstName	varchar(50)	HEDIS, RISK, RISK-Admin	Provider First Name	
ProviderMiddleName	varchar(25)	HEDIS, RISK, RISK-Admin	Provider Middle Name	
ProviderLastName	varchar(100)	HEDIS, RISK, RISK-Admin	Provider Last Name or Name	
ProviderAddress1	varchar(50)	HEDIS, RISK, RISK-Admin	First address line (usually street) of provider's location where medical chart should be collected from. **This should not contain PO Box unless a valid phone number has been provided for the provider.**	
ProviderAddress2	varchar(50)	HEDIS, RISK, RISK-Admin	Second address line (usually Suite, Apt or Room No) of provider's location	
ProviderCity	varchar(50)	HEDIS, RISK, RISK-Admin	City name of provider's location	
ProviderState	varchar(2)	HEDIS, RISK, RISK-Admin	State code (including DC and US Territories) of provider's location	
ProviderZip	varchar(9)	HEDIS, RISK, RISK-Admin	Zip code of provider's location	
ProviderPhone	varchar(15)	HEDIS, RISK, RISK-Admin	Telephone number at provider's location	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderFAX	varchar(15)	Optional	Fax number at provider's location	Note : If not available please populate NULL or Blank
ProviderType	varchar(1)	HEDIS, RISK, RISK-Admin	Indicates if provider is hospital, specialist or primary care	**1** = Hospital, **2** = Specialist, **3** = Primary care Note : If not available please populate NULL or Blank
PrimaryProviderSpecialty	varchar(2)	Optional	Primary CMS Specialty code for the provider.	Leave blank if data is unavailable
MedicalRecordNumber	varchar(50)	HEDIS, RISK, RISK-Admin	Unique identification number assigned by the provider to the patient's medical/health record.	Leave blank if data is unavailable
ChartServiceDateRangeStartDate	datetime	HEDIS, RISK, RISK-Admin	Date of service to capture the charts, start date.	YYYY-MM-DD HH:MM:SS
ChartServiceDateRangeEndDate	datetime	HEDIS, RISK, RISK-Admin	Date of service to capture the charts, end date.	YYYY-MM-DD HH:MM:SS
MeasureID	varchar(50)	HEDIS	Please use the code listed in Table 1 to identify the appropriate measure.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
CSRIndicator	varchar(2)	Optional	Identifies the enrollee's assigned cost-sharing reductions. Enrollees who qualify for cost-sharing reductions will be assigned CSR_INDICATOR =1-8. Non-CSR recipients will be assigned CSR_INDICATOR = 0.	**1** = Enrollees in 94% AV Silver Plan Variation, **2** = Enrollees in 87% AV Silver Plan Variation, **3** = Enrollees in 73% AV Silver Plan Variation, **4** = Enrollee in Zero Cost Sharing Plan Variation of Platinum Level QHP, **5** = Enrollee in Zero Cost Sharing Plan Variation of Gold Level QHP, **6** = Enrollee in Zero Cost Sharing Plan Variation of Silver Level QHP, **7** = Enrollee in Zero Cost Sharing Plan Variation of Bronze Level QHP, **8** = Enrollee in Limited Cost Sharing Plan Variation, **0** = Non-CSR recipient and enrollees with unknown CSR Note : If not available please populate NULL or Blank
MetalLevel	varchar(2)	Optional	This is an indicator that classifies the plan based on the range and the quality of benefits offered by a plan.	**1** = Platinum, **2** = Gold, **3** = Silver, **4** = Bronze, **5** = Catastrophic Note : If not available please populate NULL or Blank
ClientRequestID	varchar(30)	HEDIS, RISK, RISK-Admin	Unique reference to batch and chase record combination	
ExactDOS	datetime	Optional	Date of service	YYYY-MM-DD HH:MM:SS

Member Intervention Inclusion/Exclusion

This file specification serves two purposes:

- Intervention Inclusions (force targeting): Members identified for intervention execution purposes by Inovalon (Example: In-Home Assessment target list). Members sent to Inovalon as 'Inclusion' will be forced as target for given 'InterventionSegmentType' in the intervention month as per start and end dates provided. For intervention inclusions (force targeting), start and end dates span only the intervention month which in most cases is a single month.
    - For example, inclusion (force targeting) file submitted along with June 2021 files will be used for Jun MMDM (July 2021 interventions) so start date would be 2021-07-01 and end date should be 2021-07-31.
- Intervention Exclusions: Information on members that need to be excluded for one or more interventions for varying reasons (Example: members on the "Do Not Call" registry).

Data Elements for the Member Intervention Inclusion/ Exclusion file are below:

- The file should be a Full Refresh.
- Each record should be unique on ***MemberKey***, ***InterventionSegmentType***, and ***IncExcFlag***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	RISK	Identifies the member to whom this inclusion or exclusion applies. The value should match the MemberKey used in Admin Member.	
PersonKey	varchar(30)	RISK	This ID uniquely identifies a person across multiple Member IDs. This is a required field for HIX/commercial line of business.	
InterventionSegmentType	varchar(10)	RISK	This field indicates the segment type for which a member needs to be included or excluded. A member can be excluded across multiple intervention segment types.	EF, MEO, MEOM, MEOT, NT, SME-IHA,

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			**Please note InterventionSegmentType = "NT" is utilized in combination with IncExcFlag = "I" when members need to load as active in ePASS but no associated intervention targeting is required.* **Please leave InterventionSegmentType as "BLANK" for Point of care Exclusions.*	SME-PC ALL (Default value if applicable across all segments)
StartDate	datetime	RISK	Start date associated with the inclusion/exclusion record. Start Date is populated with the date associated with the start of the intervention month (example: 2019-06-01 for June intervention) when intervention inclusion records are being provided on the file.	YYYY-MM-DD
EndDate	datetime	RISK	End date associated with the inclusion/exclusion record. End Date is populated with the last day of the intervention month (example: 2019-06-30 for June intervention) when intervention inclusion records are being provided on the file.	YYYY-MM-DD
ReasonCode	varchar(2)	RISK	Reason code associated with the inclusion or exclusion record. • Example: If a member on the intervention inclusion file also requires parts of the intervention to be suppressed, then the following additional values are required to be populated on the Exclusion Reason Code field. ○ 01 for "Do Not Call" => member call will be suppressed ○ 02 for "Do Not Contact" => member call and letter will be suppressed	**01**= Do Not Call **02**= Do Not Contact **03**= Do Not Mail **04**= Do Not Email **06**= Do Not Auto Dial **08**= Carve-Out **09**= Hospice **10**= Nursing Home **11**= Deceased **12**= ALL **13**= Other **14**= Point of Care

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			03 for “Do Not Mail” => member letter will be suppressed	
ReasonComment	varchar(255)	RISK	This is a free form text field available to the client. Information regarding member exclusion reason can be provided in this field.	Examples: Do not Call Do not Contact Do not Mail Do not Email Do not Auto Dial Do not Bill Carve-Out Hospice Nursing Home Deceased Point of Care
IncExcFlag	varchar(1)	RISK	The flag denotes inclusion(I) or exclusion (E) status.	**I** = Inclusion or force targeting **E** = Exclusion
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identifiers in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	
MemberEligibleForIncentive	integer	Optional	This field when 1, corresponding to a Yes, would indicate that the member is eligible for Member Incentives. A 0 in this field would indicate that member is not eligible for member incentive. By default, when no or Null value is received in client feed for this field, this field will be populated with a 0 to indicate member is not eligible for incentive.	1, 0

Provider Engagement Inclusion Exclusion

At times providers prefer to opt out of any communication from Health Plan's correspondence including the correspondence from Inovalon for any outreach activity. In order to make sure that Inovalon does not outreach those providers who have opted out of the process, Inovalon will need data to identify these providers to be excluded for correspondence. This table is optional, and fields required for its incorporation will be discussed with the Inovalon Data Integration team during implementation.

There may be a need to send mailings to certain providers. To make such provider outreaches, Inovalon will need data to identify those providers and type of correspondence through provider inclusion file.

- Provider inclusion is for provider mailing rendering. Inovalon will send letters to providers that are provided in provider inclusion file per given inclusion reason code.
- For intervention inclusions (force targeting), start and end dates span only the intervention month which in most cases is a single month. For example, inclusion (force targeting) file submitted along with June 2021 files will be used for Jun MMDM (July 2021 interventions) so start date would be 2021-07-01 and end date should be 2021-07-31.

Data Elements for the Provider Inclusion/Exclusion file are as follows:

- File should be a Full Refresh.
- Each record in Provider Exclusion file should be unique on ***ProviderKey***, ***InterventionSegmentType***, and ***InclusionExclusionFlag***.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderKey	varchar(30)	RISK, Quality	ProviderKey is the unique identifier for each individual provider that serves as a referential key to the other data files.	
ProductKey	varchar(2)	RISK, Quality	This will indicate for which product MMDM applies this exclusion filter to. A provider can be excluded across multiple Products. By default, it will be assumed to be applicable across all Products. Any other ProductKey will be ignored for the same ProductKey and Intervention Segment Type.	**00** = ALL (Default value if applicable across all products) **01** = Prospective Advantage **02** = Quality Improvement **03** = CARA

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				04 = CAAS **05** = ECAAS **06** = HEDIS
ProviderNPI	varchar(10)	RISK, Quality	A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).	
ProviderGroupKey	varchar(30)	RISK, Quality	This is a unique identifier for every provider group.	
InclusionExclusionFlag	varchar(1)	RISK, Quality	The flag denotes the rule to be applied, where each provider is classified to be included or excluded.	**I** = Inclusion or force targeting **E** = Exclusion
InterventionSegmentType	varchar(10)	RISK, Quality	This field indicates the segment type for which a provider needs to be excluded. A provider can be excluded across multiple intervention segment types. By default, it will be assumed to be applicable across all segments. Any other Intervention Segment Type will be ignored for the same ProviderKey and Product ID. (See below for the details on each code value.)	EF, SME-IHA, SME-PC ALL (Default value if applicable across all segments)
InclusionExclusionStartDate	date	RISK, Quality	The exclusion start date will indicate the start of the time frame for which a provider should be excluded from the listed type of intervention. By default, it will be assumed to be the start of the month when the data is received.	YYYY-MM-DD

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
InclusionExclusionEndDate	date	RISK, Quality	The exclusion end date will indicate the end of the date range for which a provider should be excluded from the listed type of intervention. By default, it will be assumed to be excluded indefinitely.	YYYY-MM-DD
InclusionExclusionReasonCode	varchar(2)	RISK, Quality	This field indicates the reason code for which a practitioner needs to be excluded or included/force targeted.	**01**= Do Not Call **02**= Do Not Target Member **03**= Do Not Mail **04**= Do Not Mail SOAP Note **05=**Not PCP **06**= Do Not Email **07**= Do Not Fax **08**= Engagement Exclusion **09**= Program Exclusion **10** = Mail Inclusion: letter and SOAP note for all attributed members **11**= Mail Inclusion: provider letter and SOAP note for all members meeting product threshold **12** = Mail Inclusion: letter only for all attributed members **13**= Mail Inclusion: letter only for all members

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				meeting product threshold
InclusionExclusionReasonComment	varchar(255)	RISK, Quality	This is a free form text field available to the client. Information regarding member exclusion reason can be provided in this field for the reference.	Do Not Call Do Not Target Member Do Not Mail Do Not Mail SOAP Note Not PCP Do Not Email Do Not Fax Engagement Exclusion Program Exclusion Mail Inclusion
AltID1 - AltID5	varchar(30)	Optional	This field can be provided in addition to the unique primary identifier in this file.	
AltIDDesc1 - AltIDDesc5	varchar(250)	Optional	Description of the additional identifiers.	

Examples on provider exclusion scenarios are below:

- If a provider cannot be sent any mail, then populate values of "03". Also, populate appropriate intervention type under the Intervention_Segment_Type field.
- If a provider's members cannot be targeted for any Inovalon intervention, then populate a value of "02" or "09" . Also, populate appropriate intervention type under the Intervention_Segment_Type field.
- If a provider cannot be attributed to any member, then populate a value of "05".
- If a provider cannot be engaged for ePASS adoption and/or SOAP Note completion, then utilize a value of "08" or "09". If exclusion is required only on select engagement/outreach approaches, then populate any of the following values: "01" for calls, "03" for mails, "06" for emails, and "07" for FAX.
- If a provider cannot be targeted or engaged for any Inovalon programs or outreach including letters, then populate a value of "09".

Examples on provider/mail inclusion scenarios are below:

- If a provider needs to be mailed a provider letter package including SOAP note for all attributed members, then populate InclusionExclusionFlag = “I”, InterventionSegmentType = ”EF” , InclusionExclusionReasonCode = ‘10’.
- If a provider needs to be mailed a provider letter package including SOAP note for members meeting the standard product threshold, then populate InclusionExclusionFlag = “I”, InterventionSegmentType = ”EF” , InclusionExclusionReasonCode = ‘11’.
- If a provider needs to be mailed only a provider letter (without SOAP note) for all attributed members, then populate InclusionExclusionFlag = “I”, InterventionSegmentType = ”EF” , InclusionExclusionReasonCode = ‘12’.
- If a provider needs to be mailed only a provider letter (without SOAP note) for members meeting the standard product threshold, then populate InclusionExclusionFlag = “I”, InterventionSegmentType = ”EF” , InclusionExclusionReasonCode = ‘13’.

Provider Engagement Exclusion Product Matrix

Reason Code	Reason	Impact to Member Interventions	Impact to Provider Letters	Impact to Provider Attribution	Impact to Provider Engagement/ Outreach
01	Do Not Call	-	-	-	Yes - select efforts
02	Do Not Target Member	Yes	-	-	-
03	Do Not Mail	-	Yes	-	Yes - select efforts
04	Do Not Mail SOAP Note	-	Yes	-	-
05	Not PCP	-	-	Yes	-
06	Do Not Email	-	-	-	Yes - select efforts
07	Do Not Fax	-	-	-	Yes - select efforts
08	Engagement Exclusion	-	-	-	Yes
09	Program Exclusion	Yes	Yes	-	Yes
10	Mail Inclusion: letter and SOAP note for all attributed members	-	Yes	-	-
11	Mail Inclusion: provider letter and SOAP note for all	-	Yes	-	-

Reason Code	Reason	Impact to Member Interventions	Impact to Provider Letters	Impact to Provider Attribution	Impact to Provider Engagement/ Outreach
	members meeting product threshold				
12	Mail Inclusion: letter only for all attributed members	-	Yes	-	-
13	Mail Inclusion: letter only for all members meeting product threshold	-	Yes	-	-

Member Phone

The member alternate phone file contains additional phone numbers for each member.

- File should be a Full Refresh.
- Each additional ***PhoneNumber*** for the member should exist in the file as an individual record.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberKey	varchar(30)	Optional	MemberKey is a unique primary identifier for each patient in the file. It serves as the referential key across all other files like enrollment and all claim types. A person can have multiple MemberKey if enrolled to more than one Plan	
AddressStateCode	varchar(2)	Optional	This should be a two letter abbreviation of the state name including DC and US Territories	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberFirstName	varchar(50)	Optional	Member First Name	
MemberLastName	varchar(50)	Optional	Member Last Name	
MemberMiddleName	varchar(50)	Optional	Member Middle Name or Middle initial	
DOB	datetime	Optional	This field contains the member data of birth.	YYYY-MM-DD HH:MM:SS
PhoneNumber	varchar(50)	Optional	Should contain 3 digit area code and 7 digit phone number	Ex - (999) 999-9999, 9999999999 999-999-9999
PhoneType	varchar(50)	Optional	Two digit code to reference Phone type	**HP** = Home Phone Number, **CP** = Cellular Phone, **WP** = Work Phone Number, **TE** = Telephone (use this if phone type is unknown) **BP** = Beeper Phone

Medical Director

Medical Director Group is the group created for Medical Directors who oversee the practitioners. To have the correct association of a Provider to a Medical Director in ePASS®, the following attributes are to be submitted.

These tables are optional, and fields required for its incorporation will be discussed with the Inovalon Data Integration team during implementation.

Note: Fields marked with * will be available in a future release.

Medical Director Group Data File Elements

The data file elements contain the details for each Medical director group.

- File should be a Full Refresh.
- Each record in this file should be unique on MedicalDirectorProviderKey**.**

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MedicalDirectorProviderKey	varchar (100)	ePASS	Provider Key of the Medical Director	
MedicalDirectorgroupname	varchar (250)	ePASS	Name of the medical director group	
MedicalDirectorStatus	Varchar (1)	ePASS	This will indicate if the Medical Director is currently active/Inactive with the Health plan.	**1 = Active (default)** **0 = Inactive**

Medical Director Provider Association Data File Elements

The data file elements contain the details for each MedicalDirector Provider association.

- File should be a Full Refresh.
- Each record in this file should be unique on **MedicalDirectorProviderkey, Providerkey.**

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MedicalDirectorProviderKey	varchar (100)	ePASS	Provider Key of the Medical Director	
ProviderKey	varchar (25)	ePASS	Medical Director can be linked to Individual Provider. Make sure these Providers are part of the Admin Provider file.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MedicalDirectorProviderAssociationStatus	Varchar (1)	ePASS	This will indicate if the group is currently active/Inactive.	**1 = Active (default)** **0 = Inactive**

ProviderPlan

If a provider has more than one NPI number, please create separate entries for each NPI number. If there is no NPI number, set the value to null {"npi": null}. The Provider Enrollment file may contain multiple records for each Provider (NPI). Each record represents a snapshot of a Provider's enrollment for the time period specified (Effective Date through Termination Date). Each Provider should have at least one enrollment record, and should contain as many records as needed to document changes to a Provider's enrollment. For example, if a provider changes a benefit package (Plan Code), then the record with previous information should be terminated and sent so our system is updated, and a new record should begin with the new information. For members that do not have an enrollment termination date (i.e., they are still enrolled with their current settings), the termination date should be set to a date in the future (e.g., 12/31/2059). The enrollment segment with future date (e.g., 12/31/2059) will remain open in the system until an updated segment with termination date is sent.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderPlanKey	varchar(25)	CHG	ProviderPlanKey is the unique identifier for INDIVIDUAL, FACILITY, or GROUP that serves as a referential key to the other data files If the Type = "INDIVIDUAL" then the fields serves as a referential key to the Provider data file (ProviderKey). If the Type = "FACILITY" OR "GROUP" then the fields serves as a referential key to the Provider Group file (Provider_Group_ID).	
NPI	varchar(10)	CHG	The 10-digit National Provider Identifier (NPI) is a unique identification number for covered health care providers	
Type	varchar(30)	CHG	Specify if INDIVIDUAL, FACILITY, or GROUP.	**INDIVIDUAL** **FACILITY** **GROUP**
PlanCode	varchar(25)	CHG	This is a unique identifier assigned for each health insurance plan, Medicare, Medicaid and Commercial (both ACA and Non-ACA). For Medicare Plan: MCO Contract Number + "-" + Plan Benefit Package (Ex. H1234-002)	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			For Commercial ACA Plan: Assigned Qualified Health Plan Identifier (HIOS Issuer ID + State Code + HIOS Product ID + HIOS Component ID + Variant) (Ex. 12345VA001999901)	
PlanProductCode	varchar(10)	CHG	Product type (or plan type) of the plan, such as HMO, PPO, POS, Indemnity, etc. Predominant plan type if plan is associated with several plan type for different coverage types.	**P = PPO,** **H = HMO,** **S = POS,** **E = EPO,** **I = Indemnity,** **C = CDHP,** **F = PFFS,** **O = Other**
PayerCode	varchar(2)	CHG	Identify the primary responsibility party for the payment of the claim.	
LastUpdatedOn	datetime	CHG	Date of when the record for this provider has been last updated or refreshed - ISO 8601 format (e.g. YYYY-MM-DD)	
StartDate	datetime	CHG	Indicate coverage begin date	
EndDate	datetime	CHG	Indicate coverage end date	
NetworkTier	varchar(30)	CHG	Tier for network (Example Values: PREFERRED, NON-PREFERRED, etc. Values should be all uppercase, no whitespace allowed.) Must match a network tier defined in the corresponding plan record in a plans.json file.	**PREFERRED,** **NON-PREFERRED**
Years	int	CHG	The years the data is relevant to	
AcceptingPatients	varchar(50)	CHG	Is the provider accepting new patients? One of three values: accepting, not accepting, accepting in some locations	**nopt,** **newpt,** **existonly,** **existptfam**

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				Reference url: http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-AcceptingPatientsVS.html
Availability*	varchar(500)	CHG	Representing the days and times a contact point is available	M 0800-1630:Tu 0800-1630:W 0800-1630:Th 0800-1630:F 0800-1630

OrganizationAffiliation

The OrganizationAffiliation resource describes relationships between two or more organizations, including the services one organization provides another, the location(s) where they provide services, the availability of those services, electronic endpoints, and other relevant information.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
OrganizationAffiliationID	varchar(100)	CHG	Unique identifier for the relationship between two distinct organization. The organizations affiliated should not be a subdivision of one another. Note: The unique identifier should remain the same.	
Status	bit	CHG	This will indicate if the group is currently active/Inactive.	1 = Active (default), 0 = Inactive
OrganizationAffiliationRoles	varchar(50)	CHG	Definition of the role the participating Organization plays. Note: Please separate the values using ":" if more than one. E.g. provider:payer:group	http://hl7.org/fhir/us/davinci-pdex-plan-net/STU1/ValueSet-OrganizationAffiliationRoleVS.html
Specialties	varchar(5000)	CHG	Specific specialty of the participating Organization in the context of the role Note: Please separate the values using ":" if more than one. E.g. 103K00000X:103TA0700X:103TC0700X	http://hl7.org/fhir/us/davinci-pdex-plan-net/STU1/ValueSet-SpecialtiesVS.html
ProviderGroupContact1	varchar(100)	CHG	Name of the designated point of contact for the respective groups	
ProviderGroupContact2	varchar(100)	CHG	Name of the designated point of contact for the respective groups	
ProviderGroupContact3	varchar(100)	CHG	Name of the designated point of contact for the respective groups	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ProviderGroupContact4	varchar(100)	CHG	Name of the designated point of contact for the respective groups	
ProviderGroupContact5	varchar(100)	CHG	Name of the designated point of contact for the respective groups	
ProviderGroupPhone1	varchar(15)	CHG	Phone Number of Group Contact	
ProviderGroupPhone2	varchar(15)	CHG	Phone Number of Group Contact	
ProviderGroupPhone3	varchar(15)	CHG	Phone Number of Group Contact	
ProviderGroupPhone4	varchar(15)	CHG	Phone Number of Group Contact	
ProviderGroupPhone5	varchar(15)	CHG	Phone Number of Group Contact	
ProviderGroupFax1	varchar(10)	CHG	Fax Number of Group Contact	
ProviderGroupFax2	varchar(10)	CHG	Fax Number of Group Contact	
ProviderGroupFax3	varchar(10)	CHG	Fax Number of Group Contact	
ProviderGroupFax4	varchar(10)	CHG	Fax Number of Group Contact	
ProviderGroupFax5	varchar(10)	CHG	Fax Number of Group Contact	
ProviderGroupEmail1	varchar(254)	CHG	Email address of Group Contact	
ProviderGroupEmail2	varchar(254)	CHG	Email address of Group Contact	
ProviderGroupEmail3	varchar(254)	CHG	Email address of Group Contact	
ProviderGroupEmail4	varchar(254)	CHG	Email address of Group Contact	
ProviderGroupEmail5	varchar(254)	CHG	Email address of Group Contact	
URL1	varchar(250)	CHG	URL for the Provider	
URL2	varchar(250)	CHG	URL for the Provider	
URL3	varchar(250)	CHG	URL for the Provider	
URL4	varchar(250)	CHG	URL for the Provider	
URL5	varchar(250)	CHG	URL for the Provider	
Pager1	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Pager2	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager3	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager4	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager5	varchar(15)	CHG	Pager Number of Group Contact. These may be local pager numbers that are only usable on a particular pager system.	
PreferredCommunicationType	varchar(500)	Optional for CHG	An ordered list of communication modes separated by a ":". For eg. If the preferred order of the communication is Phone1, fax3 and url2 then submit the data as "ProviderGroupPhone1:ProviderGroupFax3:URL2"	

PlanNetReference

A reference to an alternative point of contact (Eg : plannet-PractitionerRole, plannet-Organization, plannet-OrganizationAffiliation, or plannet-Location) for this organization. A reference to a resource.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ParentReferenceID	varchar(50)	CHG	Unique identifier for a Provider, ProviderHierarchy, ProviderGroup, OrganizationAffiliation, Location, Plan, HealthcareService	
ParentReferenceIDType	varchar(50)	CHG	Name of the data feed that the ParentReferenceID refers to	Provider, ProviderHierarchy, ProviderGroup, OrganizationAffiliation, Location, Plan, HealthcareService
ChildReferenceID	varchar(50)	CHG	Unique identifier for a Provider, ProviderHierarchy, ProviderGroup, OrganizationAffiliation, Location, Plan, HealthcareService	
ChildReferenceIDType	varchar(50)	CHG	Name of the data feed that the ChildReferenceID refers to	Provider, ProviderHierarchy, ProviderGroup, OrganizationAffiliation, Location, Plan, HealthcareService
ReferenceProperty	varchar(100)	CHG	Specifies a Reference property in the referenced data feed that forms a bi-directional association with the referring data feed	

Provider Directory Reference Catalog

Resource Type	Supported Profiles	Supported Searches	Supported _includes	Resource Part of
Endpoint	Plan-Net Endpoint	organization, _id, _lastUpdated	Endpoint:organization	
HealthcareService	Plan-Net HealthcareService	location, coverage-area, organization, endpoint, name, service-category, service-type, specialty, _id, _lastUpdated	HealthcareService:location, HealthcareService:coverage-area, HealthcareService:organization, HealthcareService:endpoint	PractitionerRole:service, OrganizationAffiliation:service
InsurancePlan	Plan-Net InsurancePlan	administered-by, owned-by, coverage-area, name, plan-type, identifier, _id, _lastUpdated, type	InsurancePlan:administered-by, InsurancePlan:owned-by, InsurancePlan:coverage-area	
Location	Plan-Net Location	partof, organization, endpoint, address-city, address-state, address-postalcode, address, type, _id, _lastUpdated	Location:endpoint, Location:organization, Location:partof	HealthcareService:location, InsurancePlan:coverage-area, OrganizationAffiliation:location, PractitionerRole:location
Organization	Plan-Net Network, Plan-Net Organization	partof, endpoint, address, name, _id, _lastUpdated, type, coverage-area	Organization:partof, Organization:endpoint, Organization:coverage-area	Endpoint:organization, HealthcareService:organization, InsurancePlan:administered-by, InsurancePlan:owned-by, OrganizationAffiliation:primary-organization, PractitionerRole:organization, PractitionerRole:network, OrganizationAffiliation:participating-organization
OrganizationAffiliation	Plan-Net OrganizationAffiliation	primary-organization, participating-organization, location, service, network,	OrganizationAffiliation:primary-organization, OrganizationAffiliation:participating-organization,	

Resource Type	Supported Profiles	Supported Searches	Supported _includes	Resource Part of
		endpoint, role, specialty, _id, _lastUpdated	OrganizationAffiliation:location, OrganizationAffiliation:service, OrganizationAffiliation:endpoint, OrganizationAffiliation:network	
Practitioner	Plan-Net Practitioner	name, _id, _lastUpdated, family, given		PractitionerRole:practitioner
PractitionerRole	Plan-Net PractitionerRole	practitioner, organization, location, service, network, endpoint, role, specialty, _id, _lastUpdated	PractitionerRole:practitioner, PractitionerRole:organization, PractitionerRole:location, PractitionerRole:service, PractitionerRole:network, PractitionerRole:endpoint	

HealthCareServices

The HealthCareService resource typically describes services offered by an organization/practitioner at a location. The resource may be used to encompass a variety of services covering the entire healthcare spectrum, including promotion, prevention, diagnostics, hospital and ambulatory care, home care, long-term care, and other health-related and community services.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
HealthCareServiceKey	varchar(25)	CHG	An unique id for the HealthCareService.	
ExternalIdentifier	varchar(100)	CHG	External identifiers for the HealthCareService	
ExternalIdentifierType	varchar(100)	CHG	Type of Identifier used	http://hl7.org/fhir/R4/valueset-identifier-type.html
AcceptingPatients	varchar(50)	CHG	Is the HealthCareService accepting new patients? One of three values: accepting, not accepting, accepting in some locations	**nopt,** **newpt,** **existonly,** **existptfam** Reference url: http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-AcceptingPatientsVS.html
DeliveryMethod	varchar(30)	CHG	An extension describing the service delivery method.	phone, video chat, TDD, SMS, App, Website, Physical
Status	bit	CHG	This will indicate if the group is currently active/Inactive.	1 = Active (default), 0 = Inactive
CategoryCode	varchar(15)	CHG	Identifies the broad category of service being performed or delivered.	http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
				HealthcareServiceCategoryVS.html
TypeCode	integer	CHG	The specific type of service that may be delivered or performed.	http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-HealthcareServiceTypeVS.html
Specialty1	varchar(10)	CHG	Specialties handled by the HealthcareService	http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-SpecialtiesVS.html
Specialty2	varchar(10)	CHG		
Specialty3	varchar(10)	CHG		
Specialty4	varchar(10)	CHG		
Specialty5	varchar(10)	CHG		
Name	varchar(100)	CHG	Description of service as presented to a consumer while searching	
Contact1	varchar(100)	CHG	Name of the designated point of contact for the respective HealthCareService	
Contact2	varchar(100)	CHG	Name of the designated point of contact for the respective HealthCareService	
Contact3	varchar(100)	CHG	Name of the designated point of contact for the respective HealthCareService	
Contact4	varchar(100)	CHG	Name of the designated point of contact for the respective HealthCareService	
Contact5	varchar(100)	CHG	Name of the designated point of contact for the respective HealthCareService	
ContactPhone1	varchar(15)	CHG	Phone Number of HealthCareService Contact	
ContactPhone2	varchar(15)	CHG	Phone Number of HealthCareService Contact	
ContactPhone3	varchar(15)	CHG	Phone Number of HealthCareService Contact	
ContactPhone4	varchar(15)	CHG	Phone Number of HealthCareService Contact	
ContactPhone5	varchar(15)	CHG	Phone Number of HealthCareService Contact	
ContactFax1	varchar(10)	CHG	Fax Number of HealthCareService Contact	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ContactFax2	varchar(10)	CHG	Fax Number of HealthCareService Contact	
ContactFax3	varchar(10)	CHG	Fax Number of HealthCareService Contact	
ContactFax4	varchar(10)	CHG	Fax Number of HealthCareService Contact	
ContactFax5	varchar(10)	CHG	Fax Number of HealthCareService Contact	
ContactEmail1	varchar(254)	CHG	Email address of HealthCareService Contact	
ContactEmail2	varchar(254)	CHG	Email address of HealthCareService Contact	
ContactEmail3	varchar(254)	CHG	Email address of HealthCareService Contact	
ContactEmail4	varchar(254)	CHG	Email address of HealthCareService Contact	
ContactEmail5	varchar(254)	CHG	Email address of HealthCareService Contact	
URL1	varchar(250)	CHG	URL for the HealthCareService contact	
URL2	varchar(250)	CHG	URL for the HealthCareService contact	
URL3	varchar(250)	CHG	URL for the HealthCareService contact	
URL4	varchar(250)	CHG	URL for the HealthCareService contact	
URL5	varchar(250)	CHG	URL for the HealthCareService contact	
Pager1	varchar(15)	CHG	Pager Number of HealthCareService contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager2	varchar(15)	CHG	Pager Number of HealthCareService contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager3	varchar(15)	CHG	Pager Number of HealthCareService contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager4	varchar(15)	CHG	Pager Number of HealthCareService contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager5	varchar(15)	CHG	Pager Number of HealthCareService contact. These may be local pager numbers that are only usable on a particular pager system.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
PreferredCommunicationType	varchar(500)	CHG	An ordered list of communication modes separated by a ":". For eg. If the preferred order of the communication is Phone1, fax3 and url2 then submit the data as "ContactPhone1:ContactFax3:URL2"	
ContactAvailability	varchar(100)	CHG	Represents the days and times a Contact is available. If the contact is available the whole day please submit the time component as "0000-2359" and if the Contact is not available for the day then leave the day and time component from the field.	
AppointmentRequired	bit	CHG	If an appointment is required for access to this service	Yes, No
HealthCareServiceAvailability	varchar(100)	CHG	Represents the days and times a Location is available. If the Locationis available the whole day please submit the time component as "0000-2359" and if the Location is not available for the day then leave the day and time component from the field.	sun 0000-2359:mon 0800-1630:tue 0800-1630:wed 0800-1630:thu 0800-1630:fri 0800-1630:sat 0000-2359
HealthCareServiceAvailabilityException	varchar(500)	Optional for CHG	A description of when the locations opening ours are different to normal, e.g. public holiday availability. Succinctly describing all possible exceptions to normal site availability as detailed in the opening hours Times.	

EndPoint

The technical details of an endpoint that can be used for electronic services, such as for web services providing XDS.b or a REST endpoint for another FHIR server. This may include any security context information.

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
EndPointKey	varchar(25)	CHG	An unique id for the EndPoint	
UsecaseCode	varchar(15)	CHG	Codes for documenting business use case by a general grouping by business area.	http://hl7.org/fhir/us/davinci-pdex-plan-net/STU1/ValueSet-EndpointUsecaseVS.html
Status	varchar(20)	CHG	The status of the endpoint.	active | suspended | error | off | entered-in-error | test
ConnectionType	varchar(25)	CHG	A coded value that represents the technical details of the usage of this endpoint, such as what WSDLs should be used in what way. (e.g. XDS.b/DICOM/cds-hook).	http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-EndpointConnectionTypeVS.html
Name	varchar(250)	CHG	A name that this endpoint can be identified by	
Contact1	varchar(100)	CHG	Name of the designated point of contact for the respective EndPoint	
Contact2	varchar(100)	CHG	Name of the designated point of contact for the respective EndPoint	
Contact3	varchar(100)	CHG	Name of the designated point of contact for the respective EndPoint	
Contact4	varchar(100)	CHG	Name of the designated point of contact for the respective EndPoint	
Contact5	varchar(100)	CHG	Name of the designated point of contact for the respective EndPoint	
ContactPhone1	varchar(15)	CHG	Phone Number of EndPoint Contact	
ContactPhone2	varchar(15)	CHG	Phone Number of EndPoint Contact	
ContactPhone3	varchar(15)	CHG	Phone Number of EndPoint Contact	
ContactPhone4	varchar(15)	CHG	Phone Number of EndPoint Contact	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
ContactPhone5	varchar(15)	CHG	Phone Number of EndPoint Contact	
ContactFax1	varchar(10)	CHG	Fax Number of EndPoint Contact	
ContactFax2	varchar(10)	CHG	Fax Number of EndPoint Contact	
ContactFax3	varchar(10)	CHG	Fax Number of EndPoint Contact	
ContactFax4	varchar(10)	CHG	Fax Number of EndPoint Contact	
ContactFax5	varchar(10)	CHG	Fax Number of EndPoint Contact	
ContactEmail1	varchar(254)	CHG	Email address of EndPoint Contact	
ContactEmail2	varchar(254)	CHG	Email address of EndPoint Contact	
ContactEmail3	varchar(254)	CHG	Email address of EndPoint Contact	
ContactEmail4	varchar(254)	CHG	Email address of EndPoint Contact	
ContactEmail5	varchar(254)	CHG	Email address of EndPoint Contact	
URL1	varchar(250)	CHG	URL for the EndPoint contact	
URL2	varchar(250)	CHG	URL for the EndPoint contact	
URL3	varchar(250)	CHG	URL for the EndPoint contact	
URL4	varchar(250)	CHG	URL for the EndPoint contact	
URL5	varchar(250)	CHG	URL for the EndPoint contact	
Pager1	varchar(15)	CHG	Pager Number of EndPoint contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager2	varchar(15)	CHG	Pager Number of EndPoint contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager3	varchar(15)	CHG	Pager Number of EndPoint contact. These may be local pager numbers that are only usable on a particular pager system.	
Pager4	varchar(15)	CHG	Pager Number of EndPoint contact. These may be local pager numbers that are only usable on a particular pager system.	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
Pager5	varchar(15)	CHG	Pager Number of EndPoint contact. These may be local pager numbers that are only usable on a particular pager system.	
PreferredCommunicationType	varchar(500)	CHG	An ordered list of communication modes separated by a ":". For eg. If the preferred order of the communication is Phone1, fax3 and url2 then submit the data as "ContactPhone1:ContactFax3:URL2"	

CDEaaS™ Target List

The client's target list should contain current member and provider demographic information, and other information necessary to be able to locate and retrieve the medical record for a given target.

- File should be a Full Refresh.
- Each record in the file should be unique for each ***TargetID***.
- In the Supported Products column
    - Attribute with "CDEaaS" is required field and must be populated with valid values
    - Attribute with "Optional" is not required. If value is not available, please populate NULL or Blank
    - Attribute with "Optional (*)" is not required, but highly recommended to improve chart retrieval success rate.

CDEaaS™ Target List Naming Convention

File names should identify the client and be indicative of the file contents. Inovalon also recommends including the file's creation date.

Standard files format: *<Client Name>_CDE_<Batch ID>_<YYYYMMDD>.txt*

Analytics file format: *<Client Name>_CDE_<Batch ID>_Analytics_<YYYYMMDD>.txt*

- Client Name – Name of the client/vendor sending the file
- Batch ID – This should be a numeric value assigned as a batch number for the file
- Analytics – Indicates whether Provider CDE targets are determined by claims analysis (***append "Analytics" to file name only if claims data should be used to determine targets)***, otherwise, do not include in file name.
- YYYYMMDD – Date of file creation (or data extraction)

For example:

- **XYZ_CDE_123_20180510.txt or XYZ_CDE_123_Analytics_20180323.txt**

No two files should be transmitted with the same file name as duplicate files are not allow. CDEaaS will only accept the initial file and reject subsequent files with the same name.

Note: When sending test or sample files, please add '_Test' at the end of the file name. For example: **XYZ_CDE_123_20180510_Test.txt**

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
TargetID	varchar(50)	CDE	Unique identifier for each record in the target list. Must be a maximum of 50 alpha numeric characters without any space. **No spaces or special characters allowed, only hyphens "-" and underscores "_" are allowed.**	T1237863-1
ProjectType	varchar(1)	CDE	Indicates whether target list is for Quality, Risk or Other. The default is "Other" for CDEaaS	**Q** = Quality **R** = Risk **O** = Other (default)
ProviderTargetType	varchar(1)	CDE	Indicates whether Provider CDE targets are determined by claims analysis (analytically-derived) or client-defined	**A** = Analytics (default) **C** = Client-defined
ProviderCDEMax	numeric(2)	Optional	If ProviderTagetType = "A", client can specify the maximum number of CDEs that will be retrieved through the solution.	Populate numerical value between 0(minimum, reflects only Client-defined target) and 4(maximum). If not populated, it will default to 4
MeasureID	varchar(3)	Optional	Please use to indicate the appropriate HEDIS measure codes i.e. ABA (Required Only if ProjectType suggests **Quality** project).	
HCCID	varchar(3)	Optional	1-3 digit code HCC code (Required Only if ProjectType suggests **Risk**).	
LineOfBusiness	numeric(1)	CDE	Identifies which Line of Business this plan for the member in the target list corresponds to. All valid lines of business are described below: ** ***Denotes Valid NLP Risk Model. Required if client requests both CDE and NLP***	1 2 3 4 5 6

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
			1 = Medicare** 2 = Medicaid 3 = Commercial ACA/Market Place ** 4 = Commercial Non-ACA 5 = Dual Eligible-Medicare/Medicaid 6 = Other 7 = Medicaid – CDPS ** 8 = Medicaid - CRG ** 9 = Medicaid - ACG **	7 8 9
MemberID	varchar(30)	CDE	MemberID is a unique primary identifier for each member in the file. A person can have multiple MemberID if enrolled to more than one Plan. This should match the memberID used for your other Inovalon ONE® Platform products. **No spaces or special characters allowed, only hyphens "-" and underscores "_" are allowed.**	M25008431-2
MemberSSN	varchar(11)	Optional (*)	Social security number is highly recommended to optimized chart retrieval.	
MemberHICNumber	varchar(12)	Optional	Medicare Health Insurance Claim Number assigned by CMS to a Medicare enrollee. Remove any space or dash if included.	
MemberFirstName	varchar(50)	CDE	Member First Name	
MemberLastName	varchar(50)	CDE	Member Last Name	
MemberDateOfBirth	date	CDE	This field contains the member date of birth.	YYYY-MM-DD
MemberGender	varchar(1)	CDE	Member gender	**M** = Male, **F** = Female, **U** = Unknown, **O** = Other
MemberAddress1	varchar(50)	CDE	Member street number and name	
MemberAddress2	varchar(50)	Optional	Apartment, suite etc	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
MemberCity	varchar(35)	CDE	Member's City	
MemberStateCode	varchar(2)	CDE	Please populate with two letter abbreviation of the state.	
MemberZip	varchar(10)	CDE	Member's Zip code	
MemberPhoneNo	varchar(15)	Optional (*)	Cellular, home, or work phone number, although member phone number is optional, it is highly recommended to optimized chart retrieval.	
PracticeNPI	numeric(10)	Optional	The Type 2 National Provider Identifier, which is assigned to the practice.	
ProviderNPI	numeric(10)	CDE	The Type 1 National Provider Identifier, the 10 digit number assigned to an individual provider by CMS.	
ProviderFirstName	varchar(50)	Optional	Provider First Name	
ProviderLastName	varchar(50)	Optional	Provider Last Name	
ProviderAddressLine1	varchar(50)	Optional	First address line (usually street) of provider's location where medical chart should be collected from. This should not contain PO Box.	
ProviderAddressLine2	varchar(50)	Optional	Second address line (usually Suite, Apt., or Room No.) of provider's location	
ProviderAddressCity	varchar(35)	Optional	City name of provider's location	
ProviderAddressStateCode	varchar(2)	Optional	State code of provider's location	
ProviderAddressZipCode	varchar(10)	Optional	Zip code of provider's location	
ProviderPhone	varchar(15)	Optional	Telephone number at provider's location	
ProviderFax	varchar(15)	Optional	Fax number at provider's location	
TaxonomyCode	varchar(10)	Optional	Taxonomy Codes are designed to categorize the type, classification, and/or specialization of health care providers Taxonomy Code Lookup	

Field Name	Data Type (max length)	Supported Products	Description	Valid Values
TIN	numeric(10)	Optional	Tax identification number to determine the medical group or health system and vendor from where to request charts.	
TINAddressLine1	varchar(50)	Optional	Tax identification number to determine the medical group or health system and vendor from where to request charts. First address line (usually street) of provider's location that is associated with the TIN. This should not contain PO Box.	
TINAddressLine2	varchar(50)	Optional	Second address line (usually Suite, Apt., or Room No.) of provider's location associated with TIN.	
TINAddressCity	varchar(35)	Optional	City name of provider's location associated with TIN.	
TINAddressStateCode	varchar(2)	Optional	State code of provider's location associated with TIN.	
TINAddressZipCode	varchar(10)	Optional	Zip code of provider's location associated with TIN.	
ServiceStartDate	date	CDE	Date of service to capture the charts, start date.	YYYY-MM-DD
ServiceEndDate	date	CDE	Date of service to capture the charts, end date.	YYYY-MM-DD
ProviderEHRCLaimId	varchar(10)	Optional	This is the unique claim identifier originated by the provider's native EHR/billing system and as submitted to the payer. This field helps match for the associated encounter notes and medical chart.	
ProviderEHRName	varchar(20)	Optional	This is the name of provider's native EHR/billing system.	

ScriptMed™ and ScriptMed™ Cloud File Guidelines and Layouts

Please refer to Inovalon ONE® Platform Supplemental Data Specification Guide.

APPENDIX

Provider Type Values

The Claim file contains a Provider Type field that is used to denote the type of provider that rendered the service for the claim. In addition, the Provider Specialty file can be used to map native Provider Specialty values to a standard Provider Type for use on claims. The following Provider Type values are valid for use in both file types:

Provider Type	Definition
AMB	Ambulance
ANE	Anesthesiologist
CARD	Cardiologist
CD	Chemical Dependency Provider
COHO	Contracted Hospital
DME	Durable Medical Equipment
DN	Dental Provider
ENDO	Endocrinologist
FAC	Facility
GAST	Gastroenterologist
GYN	Gynecologist
HH	Home Health
INFD	Infectious Disease Specialist
LAB	Laboratory
MHN	Mental Health Provider without Prescribing Privileges
MHP	Mental Health Provider with Prescribing Privileges
NEPH	Nephrology
NPCP	Non-Physician Primary Care (e.g., Nurse Practitioner, or PA in PCP Office)
OB	Obstetrician
OTHR	Other
PCP	Primary Care Provider

Provider Type	Definition
PNC	Prenatal Care Provider (e.g., Nurse Midwife, or NP/PA in OB/GYN Office)
RAD	Radiology
RN	Registered Nurse
RPH	Clinical Pharmacist
UC	Urgent Care Provider
VC	Vision Care Provider

Payer Code Values

The Member Enrollment and Provider Enrollment files contain a Payer Code field that is used to denote the payer for the enrollment segment. The following values are acceptable:

Note: Code marked with * will be available in a future release.

PayerCode	Description	How the member is reported in the TLM measure	Product
C	Commercial	Count member once in Commercial	Quality
CM	Commercial and Medicaid	Count member once in Commercial	Quality
CR	Commercial and Medicare	Count member once in Medicare	Quality
CS	Commercial and SNP	Count member once in Medicare	Quality
RR	Medicare Risk Contact	Count member once in Medicare	Quality
RC	Medicare Cost Contract	Count member once in Medicare	Quality
RM	Medicare-Medicaid	Count member once in Medicare	Quality
D	Dual Eligible – Medicare / Medicaid	Count member once in Medicare	Quality
M	Medicaid	Count member once in Medicaid	Quality
ML	Medicaid (Other Low Income)	Count member once in Medicaid	Quality
MD	Medicaid (Disabled)	Count member once in Medicaid	Quality
MR	Medicaid (Restricted Benefit Package)	Count member once in Medicaid	Quality
NC	SNP with Chronic Condition	Count member once in Medicare	Quality
ND	SNP with both Medicare and Medicaid	Count member once in Medicare	Quality
NI	SNP Institutionalized	Count member once in Medicare	Quality
NM	SNP with Medicaid Only	Count member once in Medicaid (SNP Dual, but the health plan is only covering the Medicaid portion)	Quality
NR	SNP with Medicare Only	Count member once in Medicare (SNP Dual, but the health plan is only covering the Medicare portion)	Quality
K	Marketplace, On-Exchange	Count member once in Marketplace	Quality
S	Self-Insured	Count member once in Commercial	Quality
H	CHIP	Count member once in Medicaid	Quality

PayerCode	Description	How the member is reported in the TLM measure	Product
F	Family Care	Count member once in Medicaid	Quality
O	Other	Count member once in Other	Quality

QHP Survey Value Translations

When reporting the QRS QHP Enrollee Sample Survey Frame, several values in the Member and MemberEnrollment files are automatically translated to match the valid values for this export:

File	Field	Translation(s)
Member	LanguageSpoken	Value E (English) is translated to 1 in Spoken Language Preference field Value C (Chinese) is translated to 3 in Spoken Language Preference field Value S (Spanish) is translated to 2 in Spoken Language Preference field Value M (Missing) is translated to 9 in Spoken Language Preference field Value N (Non-English) is translated to 4 in Spoken Language Preference field Value D (Missing) is translated to 9 in Spoken Language Preference field Value U (Unknown) is translated to 9 in Spoken Language Preference field
Member	LanguageWritten	Value E (English) is translated to 1 in Written Language Preference field Value C (Chinese) is translated to 3 in Written Language Preference field Value S (Spanish) is translated to 2 in Written Language Preference field Value M (Missing) is translated to 9 in Written Language Preference field Value N (Non-English) is translated to 4 in Written Language Preference field Value D (Missing) is translated to 9 in Written Language Preference field Value U (Unknown) is translated to 9 in Written Language Preference field
MemberEnrollment	ProductCode	Value H (HMO) is translated to 1 in the Product Type field Value S (POS) is translated to 2 in the Product Type field Value P (PPO) is translated to 3 in the Product Type field Value E (EPO) is translated to 4 in the Product Type field
MemberEnrollment	PayerCode	Value K (Marketplace) is translated to 3 in the Product Line field
MemberEnrollment	MetalLevel	Value B (Bronze) is translated to 4 in the Metal Level field Value E (Bronze Expanded) is translated to 6 in the Metal Level field Value C (Catastrophic) is translated to 5 in the Metal Level field Value G (Gold) is translated to 2 in the Metal Level field Value P (Platinum) is translated to 1 in the Metal Level field Value S (Silver) is translated to 3 in the Metal Level field
MemberEnrollment	CostSharingVariant	Value 00 is translated to 00 in the Variant ID field Value EV is translated to 01 in the Variant ID field Value ZC is translated to 02 in the Variant ID field

File	Field	Translation(s)
		Value LC is translated to 03 in the Variant ID field Value 73 is translated to 04 in the Variant ID field Value 87 is translated to 05 in the Variant ID field Value 94 is translated to 06 in the Variant ID field Value M is translated to 09 in the Variant ID field
MemberEnrollment	CSREligibilityFlag	Value M (Missing) is translated to 9 in the APTC CSR Field Value N (No) is translated to 2 in the APTC CSR Field Value Y (Yes) is translated to 1 in the APTC CSR Field

Quality Gap Measure Acronyms

The table below represents the quality improvement measures which can be addressed or closed in ePASS.

Measure Description	Acronym	Final Report Source
Adult BMI Assessment	ABA	HEDIS Hybrid
Asthma Medication Ratio	AMR	HEDIS Admin
Rheumatoid Arthritis Management	ART	HEDIS Admin
Antiretroviral Medication Adherence	ARV	PDE
Breast Cancer Screening	BCS	HEDIS Admin
Controlling Blood Pressure	CBP	HEDIS Hybrid
Cervical Cancer Screening	CCS	HEDIS Hybrid
Diabetes Care - Eye Exam	CDC-E	HEDIS Hybrid
Diabetes Care - Blood Sugar Control	CDC-H	HEDIS Hybrid
Diabetes Care - Kidney Disease Monitoring	CDC-N	HEDIS Hybrid
Chlamydia Screening in Women 16 - 20	CHL-1	HEDIS Admin
Chlamydia Screening in Women 21- 24	CHL-2	HEDIS Admin
Childhood Immunization Status (CIS) Dtap	CIS-1	HEDIS Hybrid
Childhood Immunization Status (CIS) Influenaz	CIS-2	HEDIS Hybrid
Childhood Immunization Status (CIS) Hepatitis A	CIS-3	HEDIS Hybrid

Measure Description	Acronym	Final Report Source
Childhood Immunization Status (CIS) Hepatitis B	CIS-4	HEDIS Hybrid
Childhood Immunization Status (CIS) HiB	CIS-5	HEDIS Hybrid
Childhood Immunization Status (CIS) IPV	CIS-6	HEDIS Hybrid
Childhood Immunization Status (CIS) MMR	CIS-7	HEDIS Hybrid
Childhood Immunization Status (CIS) Pneumococcal conjugate	CIS-8	HEDIS Hybrid
Childhood Immunization Status (CIS) Rotavirus	CIS-9	HEDIS Hybrid
Childhood Immunization Status (CIS) VZV	CIS-10	HEDIS Hybrid
Care for Older Adults - Medication Review	COA-1	HEDIS Hybrid
Care for Older Adults - Functional Status Assessment	COA-2	HEDIS Hybrid
Care for Older Adults - Pain Screening	COA-3	HEDIS Hybrid
Colorectal Cancer Screening	COL	HEDIS Hybrid
Reducing the Risk of Falling	FRM	HOS
Annual Flu Vaccine	FSO	CAHPS
Adolescent Immunization - Combination 1	IMA-C1	HEDIS Hybrid
Adolescent Immunization - Combination 2	IMA-C2	HEDIS Hybrid
Adolescent Immunization - Meningococcal Vaccine	IMA-M	HEDIS Hybrid
Adolescent Immunization -Tdap/Td	IMA-T	HEDIS Hybrid
Adolescent Immunization - HPV	IMA-H	HEDIS Hybrid
Improving or Maintaining Mental Health	IMH	HOS
Improving or Maintaining Physical Health	IPH	HOS
Medication Adherence for Cholesterol (Statins)	MA-C	PDE
Medication Adherence for Diabetes Medications	MA-D	PDE
Medication Adherence for Hypertension (ACEI or ARB)	MA-H	PDE
Medication Management for People with Asthma	MMA	HEDSI Admin
Serum Potassium Test with either Serum Creatinine Test or Blood Urea Nitrogen Test for Patients on ACEi/ARB	MPM-1	HEDSI Admin
Serum Potassium Test with either Serum Creatinine Test or Blood Urea Nitrogen Test for Patients on Diuretic	MPM-3	HEDSI Admin
Medical Assistance with Smoking and Tobacco Use Cessation	MSC	CAHPS

Measure Description	Acronym	Final Report Source
Medication Therapy Management	MTM	Health Plan
Improving Bladder Control	MUI	HOS
Osteoporosis Testing	OTO	HOS
Monitoring Physical Activity	PAO	HOS
Pneumonia Vaccine	PNU	CAHPS
Osteoporosis Management	OMW	HEDIS Admin
Statin Therapy for patients with Cardiovascular Disease	SPC	HEDIS Admin
Testing to Confirm Chronic Obstructive Pulmonary Disorder	SPR	HEDIS Admin
Statin Use in Persons with Diabetes	SUPD	PDE
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI	WCC-1	HEDIS Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Nutrition	WCC-2	HEDIS Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Physical Activity	WCC-3	HEDIS Hybrid

Data Specification Guides Changes

Version	Feed Type Impacted	Change Detail
April, 2019	Care Management Attribution	Added Care Management Attribution file type to support INDICES reporting
	Care Management Hierarchy	Added Care Management Hierarchy file type to support INDICES reporting
	Care Manager Data	Added Care Manager Data file type to support INDICES reporting
	Care Manager Director	Added Care Manager Director file type to support INDICES reporting
September, 2019	Member Enrollment	Added LTSSBenefitFlag to support Quality products
	ECDS (Electronic Clinical Data System)	Added CPTPx to support Quality products
		Added CVX to support Quality products
		Added HCPCSPx to support Quality products
		Added ICDDX to support Quality products
		Added ICDDX10 to support Quality products
		Added LOINC to support Quality products
		Added Modifier to support Quality products
		Added ProviderTaxonomy to support Quality products
		Added ProviderType to support Quality products
		Added RxNorm to support Quality products
		Added SNOMED to support Quality products
October, 2019	Chart Chase	Added Provider_ID as a required data element for RISK products for admin data
November, 2019	Medical Claim	Added ProviderTaxonomy to support Quality products
	ECDS (Electronic Clinical Data System)	Added RxProviderFlag and PCPFlag to support Quality products
December, 2019	Member	Added QHPEnrolleeEducation and QHPEnrolleeEmployment to support Quality products
February, 2020	Health plan program	Removed Health plan program file type as not needed for reporting products

Version	Feed Type Impacted	Change Detail
	Member program eligibility	Removed Member program eligibility file type as not needed for reporting products
	Medical Director	Added Medical Director file type to support ePASS
	Pharmacy Claim	Added data quality rule for DaysSupply attribute in Pharmacy Claim. Any record with 0 or Null DaysSupply value will be rejected for Quality products
March, 2020	Medical Claim	Updated description for EDS related attributes • ICDPx_00 to ICDPx_99 and ICDPx10_00 to ICDPx10_99 • ICDDx_00 to ICDDx_99 and ICDDx10_00 to ICDDx10_99 • HCPCSPx_00 to HCPCSPx_24 and HCPCSPx_Date_00 to HCPCSPx_Date_24 • ICDProcedurePrincipalDate • AdmissionTypeCode • AdmissionSourceCode • PWKLineSupplementalInformation • PWKAttachmentReportTypeCode • PWKAttachmentTransmissionCode • DME_CertificationTypeCode • DiagnosisCodePointer_00 • StatementDate_From • StatementDate_To • TOB_00 to TOB_19 • DischargeStatus • PWKAttachmentreporttypecode • PWKAttachmenttransmissioncode • DME_CertificationTypeCode • DME_DurableMedicalEquipmentDuration Removed ICDProcedureOtherDate_01 to ICDProcedureOtherDate_39 per EDS
		Updated valid values for EDS related attributes • PWKAttachmentreporttypecode • PWKAttachmenttransmissioncode • DME_CertificationTypeCode • DME_DurableMedicalEquipmentDuration
	Provider Inclusion Exclusion	Added new attribute InclusionExclusionFlag to support RISK products

Version	Feed Type Impacted	Change Detail
		Updated valid value list for ExclusionReasonCode/InclusionReasonCode
		Updated valid value list for ExclusionReasonComment
		Added Provider Inclusion Exclusion Product Matrix and examples
April, 2020	Medical Claim	Added new attributes BilledServiceUnitCount and PaidServiceUnitCount to support EDS.
		Updated ReferringProviderNPI and VoidReplaceIndicator as mandatory fields for EDS.
	Provider Attribution	Removed ImputeFlag from the file layout
May, 2020	Health plan program	Added Health plan program file type per INDICES product.
	Member program eligibility	Added Member program eligibility file type per INDICES product.
	Member Intervention Inclusion/Exclusion	Updated names for below attributes per RISK product: ExclusionReasonCode → ReasonCode ExclusionReasonComment → ReasonComment
June, 2020	Plan	Updated MarketType and MetalLevel as required columns for RISK product
	Provider	Updated Facility Code as optional attribute
		Updated description for ProviderAddressCountryCode per EDS product
	Medical Claim	• Removed ICDProcedurePrincipalDate per EDS product. • Added new fields ICDPx10_Date_00 to ICDPx10_Date_39 • Added valid values for ClaimFormType attribute • Removed ProviderTaxId as duplicate attribute • Removed BillingProviderTIN as duplicate attribute
	Provider Grouping	Updated description for below attributes to populate mailing address: • Provider_Group_Address1 • Provider_Group_Address2 • Provider_Group_City • Provider_Group_State_Code • Provider_Group_Zip_Code
	Risk Adjustment Analytics Results	Removed MostRecentDiagnosisProvider and MostRecentDiagnosisProviderNPI as duplicate attribute for ProviderKey and ProviderNPI. Added below new attributes:

Version	Feed Type Impacted	Change Detail
		• ICDVersionInd • RiskGapStatus • RiskGapStartDate • RiskGapEndDate Added ePASS as supported product
	Provider Engagement Inclusion Exclusion	Updated file name from "Provider Inclusion Exclusion" to "Provider Engagement Inclusion Exclusion"
July, 2020	Plan	Updated PlanCode description to include Variant.
	Quality Gap	Added valid value reference for MeasureKey in appendix Quality Gap Measure Acronyms.
	Member Enrollment	Updated PlanCode description to include Variant. Updated MarketCoverage attribute name to MarketType so that attribute names are consistent between Member Enrollment and Plan files.
	Medical Claim	Removed ClaimLineStatus attributes Updated supported products for BillingProviderID as both RISK and EDS
	Provider Specialty	Updated description for ProviderSpecialty attribute to indicate values should be consistent with both claims and provider files
	Pharmacy Claim	Updated data type for DispensingProviderID to varchar(15)
September, 2020	Member	• Removed MemberAltID1Desc to MemberAltID20Desc as attributes are not needed for any products. • Updated supported products for Consumer Health Gateway (CHG) attributes. • Updated supported products for DeathDate attribute to include Quality product for **HEDIS MY2020**.
	Member Enrollment	• Removed MemberEnrollmentAltIDDesc1 - MemberEnrollmentAltIDDesc14 as attributes are not needed for any products • Updated supported products for Consumer Health Gateway (CHG) attributes. • Added new attribute LISHist to support Quality product for **HEDIS MY2020**.
	Provider	Updated supported products for Consumer Health Gateway (CHG) attributes.

Version	Feed Type Impacted	Change Detail
	Medical Claim	• Updated description of ClaimNumber to support Quality product for **HEDIS MY2020** with below note: ○ claim line numbers should not be included in the ClaimNumber field. • Updated supported products for ClaimLineNumber as All to include Quality product for **HEDIS MY2020**. • Updated supported products for AdmissionSourceCode attribute to include Quality product for **HEDIS MY2020** • Updated supported products for Consumer Health Gateway (CHG) attributes. • Removed ClaimNumberAltID attribute as this field is no longer needed, field can be left as un-mapped in UI template.
	ECDS (Electronic Clinical Data System)	Added below new attributes to support Quality product for **HEDIS MY2020**: • ICDPx • ICDPx10 • QuantityDispensed • SuppSource • Result Removed below attributes as these fields are no longer needed, fields can be left as un-mapped in UI template • Decimal_Value and Source_Value
	Pharmacy Claim	Updated supported products for Consumer Health Gateway (CHG) attributes.
	Lab Claim	Updated supported products for Consumer Health Gateway (CHG) attributes.
	Plan	Added new attribute BrandName to support RISK product.
	Products List	Added new supported product for Consumer Health Gateway.
October, 2020	Lab Claim	• Updated data type for TargetValue from varchar (25) to varchar (256) to support CHG product. • Updated data type for ClientSystemOfRecordID from varchar (10) to varchar (30) to support CHG product.
	Member Enrollment	• Updated the description of PlanCode to include the Variant
	Medical Claim	• Updated the description of PlanCode to include the Variant • Updated Supported Product for POS_00 attribute as Quality Optional

Version	Feed Type Impacted	Change Detail
		• Added ACA Edge as the Supported Product for ClaimLine_Paid, ClaimLine_Billed, LineAllowedAmount *, OriginalClaimNumber, StatementDate_From and StatementDate_To attributes • Updated description of StatementDate_From and StatementDate_To attributes with notes below: - “Required data element for Institutional Claims only for EDS product and ACA Edge products.” • Added notes for INOUTofNetworkIndicator to support ACA Edge - "Required on the claim line level for Edge server clients."
	Pharmacy Claim	• Updated the description of PlanCode to include the Variant • Removed ACA Edge from the Supported Product for ProductServiceID attribute
November, 2020	Medical Claim	• Updated the data type from date to datetime for below attributes - DischargeDate - StatementDate_From and StatementDate_To • Updated the description for attributes below: - ICDDx_00 to ICDDx_99 - ICDDx10_00 to ICDDx10_99 - ICDPx_00 to ICDPx_99 - ICDPx10_00 to ICDPx10_99 - CPTPx_00 to CPTPx_24 - HCPCSPx_00 to HCPCSPx_24 • Added new attribute InternalControlNumber (ICN) to support RISK and EDS product.
	ECDS (Electronic Clinical Data System)	• Updated the description for attributes below: - ICDDx & ICDDx10 - ICDPx & ICDPx10 - CPTPx & HCPCSPx
	Supplemental Medical Claim	• Added this new file layout to support RISK and EDS product.
	Member	• Added below note in the description of DeathDate to support Quality product.

Version	Feed Type Impacted	Change Detail
December, 2020		- "For Quality product, this date will identify a member as deceased. This will serve in the same manner as a deceased event, which can exclude members from certain measures." • Updated the products for MemberPhone3, MemberPhone1Type, MemberPhone2Type, MemberPhone3Type. • Updated supported product for Relationship, added "Optional for Quality"
	Member Enrollment	• Updated Supported Product for PlanState as INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG. • Updated supported product for SubscriberKey, RelationshipToSubscriber, added "Optional for Quality"
	Provider	• Updated supported product for PrimaryProviderSpecialty, CMSStandardizedSpecialtyCode, added "Optional for Quality"
	Medical Claim	• Updated Supported Product for PlanCode as INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG. • Updated all the cost fields to decimal (28,10) • Updated cost field to indicate optional for Quality • Update the description to reflect "EDS product needs to have the CPTPX populated through _24, for Quality product, this field will support till _19." • Updated the description to reflect "EDS product needs to have the UBOccurCode populated through _39, for Quality product, this field will support till _19." • Updated the fields to indicate future release. • Updated the ReceivedDate description to "The date and time when the claim was received by the health plan " • Updated supported product for ClaimTransactionSequence, ReceivedDate, StatementDate_From, StatementDate_To, PaidDate, AdjustmentReasonCode_00 to AdjustmentReasonCode_05, RenderingProviderID, AdmissionDate, ClaimFormType, BillingProviderID, DischargeDate, NationalDrugCode, added "Optional for Quality" • Added Dental and Vision to ClaimFormType
	Pharmacy Claim	• Updated Supported Product for PlanCode as INDICES, RISK, EDS, ACA Edge, ePASS, CDE and CHG.

Version	Feed Type Impacted	Change Detail
		• Updated all the cost fields to decimal (28,10) • Updated cost field to indicate optional for Quality • Updated supported product for DispensingProviderID, ReceivedDate, added "Optional for Quality" • Added Dental and Vision to ClaimFormType
	Lab Claim	• Updated all the cost fields to decimal (28,10) • Updated cost field to indicate optional for Quality • Updated HCPCSPx, HCPCSMod and SNOMED in labclaim as Quality optional field. • Added RecordReceiptDateTime (Datetime) for CHG product
	ECDS (Electronic Clinical Data System)	• Added new fields for future release for CHG product. • Added RecordReceiptDateTime (Datetime) for CHG product
	Provider Attribution	• Added new attribute AttributionDate to support INDICES product
January, 2021	Provider Attribution	• Updated Provider_Group_ID to ProviderGroupKey_lvl1 • Updated TIN to ProviderGroupKey_lvl2 • Updated the data type for ProviderGroupKey_lvl2 from varchar(9) to varchar(30)
	Provider	• Updated products for FacilityCode from "CHG" to "Optional"
	ECDS (Electronic Clinical Data System)	• Removed future release indicator (*) for ProductIndicator
	Medical Claim	• Removed future release indicator (*) for ProductIndicator • Updated POA from (POA_00 to POA_24) to (POA_00 to POA_19)
	Pharmacy Claim	• Removed future release indicator (*) for ProductIndicator
	Lab Claim	• Removed future release indicator (*) for ProductIndicator
February, 2021	Member Enrollment	• Updated the description of MemberEnrollment feed to include the language for closing the segments.
	Member Intervention Inc/Exc	• Added MemberEligibleForIncentive to MemberInterventionInclusionExclusion feed • Added "Point of Care" to ReasonCode and ReasonComment in MemberInterventionInclusionExclusion feed

Version	Feed Type Impacted	Change Detail
	Provider	• Added ProviderGender, ProviderDOB, ProviderQualificationID, QualificationCode, QualificationPeriod, QualificationIssuer, QualificationIssuerSystem, and ProductIndicator fields for CHG product
	Plan	• Added InsuranceClassType fields for CHG product
	Pharmacy Claim	• Added PCPNPI, PayeeTypeCode, ClaimPayee, PlanReportedBrandGenericCode, PCPname, ClaimPayerName, PaymentMemberExplanation, Allowed, NonCoveredAmount, PriorPaidAmount, Paid, PaidToPatient, CoInsurAmount, Discount, DenialReason, and ProcessNote for CHG product
	Medical Claim	• Added SupervisingProviderNPI, SupervisingProviderName, and PayerName for CHG product
	Provider Grouping	• Added Provider_Group_Country_Code for CHG product
	ECDS (Electronic Clinical Data System)	• Updated the future release indicator (*) for already released fields
March, 2021	Health Plan Program	• Updated description and examples of existing fields • Added new field PrimaryIDField
	Member Program Eligibility	• Updated description and examples of MemberKey and ProgramKey fields • Removed ProgramCoverageStartDate, ProgramCoverageEndDate and ProgramCoverageEligibleStatus fields
	Program Measure File	• Added new file layout to support INDICES product
	Target Configuration File	• Added new file layout to support INDICES product
	Measure Description File	• Added new file layout to support INDICES product
	Member Enrollment	• Added valid values for PayerPrimaryIdentifier to “Primary”, “Secondary”, “Other” in Member Enrollment.
	Provider	• Updated the ProviderFAX field name to ProviderFAX1 • Updated the data type for ProviderAddressCountryCode from varchar(2) to varchar(3) • Added valid values for QualificationCode

Version	Feed Type Impacted	Change Detail
		• Removed the future release indicator from ProviderGender, ProviderDOB, ProviderQualificationID, QualificationCode, QualificationIssuer, QualificationIssuerSystem, ProductIndicator • Updated the description for Languages field and added valid values • Added the following fields for CHG product ○ QualificationPeriodTo, QualificationIssuer, QualificationIssuerStatus, Pager, longitude, latitude, AcceptingPatients, ProviderRoleCode, ProviderAvailability, ProviderContact1, ProviderContact2, ProviderContact3, ProviderContact4, ProviderContact5, ProviderPhone3, ProviderPhone4, ProviderPhone5, URL1, URL2, URL3, URL4, URL5, ProviderFAX2, ProviderFAX3, ProviderFAX4, ProviderFAX5, Pager1, Pager2, Pager3, Pager4, Pager5, PreferredCommunicationType
	Plan	• Removed the future release indicator from InsuranceClassType • Added the following fields for CHG product ○ PlanIssuer, PlanAdministrator, PlanIdentifierIssuer, PlanPublicationStatus, PlanContact1, PlanContact2, PlanContact3, PlanContact4, PlanContact5, PlanContactPhone1, PlanContactPhone2, PlanContactPhone3, PlanContactPhone4, PlanContactPhone5, PlanContactFax1, PlanContactFax2, PlanContactFax3, PlanContactFax4, PlanContactFax5, PlanContactEmail1, PlanContactEmail2, PlanContactEmail3, PlanContactEmail4, PlanContactEmail5, URL1, URL2, URL3, URL4, URL5, Pager1, Pager2, Pager3, Pager4, Pager5, PreferredCommunicationType, PlanCoverage
	Pharmacy Claim	• Removed the future release indicator from PrescribingProviderAddress1, PrescribingProviderAddress2, PrescribingProviderCity, PrescribingProviderState, PrescribingProviderZip, IngredientCostPaidAmount
	Medical Claim	• Removed the future release indicator from CPTPx_Date_00 to CPTPx_Date_24 and HCPCSMod_00 to HCPCSMod_04, SupervisingProviderNPI, SupervisingProviderName, PayerName

Version	Feed Type Impacted	Change Detail
		• Added the future release indicator for DiagnosisCodeType_00 to DiagnosisCodeType_11* (Add PBI to add DiagnosisCodeType_00 to DiagnosisCodeType_11* to the iPORT-HD) • Added language explaining Orphan claims
	Provider Grouping	• Updated the field names to Provider_Group_Contact1*, Provider_Group_Phone1*, Provider_Group_Fax1*, Provider_Group_Email1* • Updated required product to CHG for Provider_Group_Type • Removed the future release indicator for Provider_Group_Country_Code • Added the following fields for CHG product ○ TaxonomyCode, Provider_Group_Type_Code, Provider_Group_Availability, URL1, Pager1, PreferredCommunicationType, Provider_Group_Phone2, Provider_Group_Phone3, Provider_Group_Phone4, Provider_Group_Phone5, longitude, latitude, Provider_Group_Address_Type, Provider_Group_Address3, Provider_Group_Address4, Provider_Group_Contact2, Provider_Group_Contact3, Provider_Group_Contact4, Provider_Group_Contact5, Provider_Group_Fax2, Provider_Group_Fax3, Provider_Group_Fax4, Provider_Group_Fax5, Provider_Group_Email2, Provider_Group_Email3, Provider_Group_Email4, Provider_Group_Email5, URL2, URL3, URL4, URL5, Pager2, Pager3, Pager4, Pager5
	ECDS (Electronic Clinical Data System)	• Added the following fields for CHG product ○ EncounterIdentifier, EncounerClass, EncounterParticipantTypeCode, EncounterParticipantPeriodStart, EncounterParticipantPeriodEnd, EncounterReasonCode, MedicationDispenseIdentifier, MedicationDispensePartOf, MedicationDispensePerfomerActorType, MedicationDispensePerfomerActorValue, MedicationDispenceAuthorizingPrescription, MedicationDispenceQuantityCode, MedicationDispenceQuantityValue, MedicationDispenceDaysSupplyValue, Provenancerecordeddate,

Version	Feed Type Impacted	Change Detail
		Provenancetarget, Provenanceagentauthor, Provenanceagenttransmitter, ResourceID • Removed the future release for ○ IssuedDate, Performer_00 to Performer_04, DoumentIdentifier, AuthorType, Author_Value, ContentData, ContentURL, ContentType , ContentFormat, ContextEncounter, DeviceLotNumber, DeviceSerialNumber, DeviceUDIIdentifier, DeviceDistinctIdentifier, DeviceManufacturedDate, DeviceExpirationDate
	Lab Claim	• Updated supported products for RRUUnitsofService • Removed the future release indicator for OrderingPhysicianID
	Location	• Updated the description for LocationKey • Updated the datatype for LocationName from varchar (61) to varchar (80) • Added the following fields for CHG product ○ AcceptingPatients, AccessibilityCode, LocationStatus, Description, LocationTypeCode, Contact1, Contact2, Contact3, Contact4, Contact5, LocationPhone3, LocationPhone4, LocationPhone5, LocationFax2, LocationFax3, LocationFax4, LocationFax5, Email1, Email2, Email3, Email4, Email5, URL1, URL2, URL3, URL4, URL5, Pager1, Pager2, Pager3, Pager4, Pager5, ContactAvailability, LocationCountryCode, longitude, latitude, LocationAvailability, LocationAvailabilityException
	PlanNetReference	• Added a PlanNetReference feed type with following fields to support CHG Provider directory API product ○ ParentReferenceID, ParentReferenceIDType, ChildReferenceID, ChildReferenceIDType, ReferenceProperty
	OrganizationAffiliation	• Added an OrganizationAffiliation feed type with following fields to support CHG Provider directory API product ○ OrganizationAffiliationID, Status, OrganizationAffiliationRoles, Specialties, ProviderGroupContact1, ProviderGroupContact2, ProviderGroupContact3, ProviderGroupContact4, ProviderGroupContact5, ProviderGroupPhone1, ProviderGroupPhone2, ProviderGroupPhone3, ProviderGroupPhone4, ProviderGroupPhone5, ProviderGroupFax1,

Version	Feed Type Impacted	Change Detail
		ProviderGroupFax2, ProviderGroupFax3, ProviderGroupFax4, ProviderGroupFax5, ProviderGroupEmail1, ProviderGroupEmail2, ProviderGroupEmail3, ProviderGroupEmail4, ProviderGroupEmail5, URL1, URL2, URL3, URL4, URL5, Pager1, Pager2, Pager3, Pager4, Pager5, PreferredCommunicationType
	HealthCareService	• Added a HealthCareService feed type with following fields to support CHG Provider directory API product ○ HealthCareServiceKey, ExternalIdentifier, ExternalIdentifierType, AcceptingPatients, DeliveryMethod, Status, CategoryCode, TypeCode, Specialty1, Specialty2, Specialty3, Specialty4, Specialty5, Name, Contact1, Contact2, Contact3, Contact4, Contact5, ContactPhone1, ContactPhone2, ContactPhone3, ContactPhone4, ContactPhone5, ContactFax1, ContactFax2, ContactFax3, ContactFax4, ContactFax5, ContactEmail1, ContactEmail2, ContactEmail3, ContactEmail4, ContactEmail5, URL1, URL2, URL3, URL4, URL5, Pager1, Pager2, Pager3, Pager4, Pager5, PreferredCommunicationType, ContactAvailability, AppointmentRequired, HealthCareServiceAvailability, HealthCareServiceAvailabilityException
	EndPoint	• Added an EndPoint feed type with following fields to support CHG Provider directory API product ○ EndPointKey, UsecaseCode, Status, ConnectionType, Name, Contact1, Contact2, Contact3, Contact4, Contact5, ContactPhone1, ContactPhone2, ContactPhone3, ContactPhone4, ContactPhone5, ContactFax1, ContactFax2, ContactFax3, ContactFax4, ContactFax5, ContactEmail1, ContactEmail2, ContactEmail3, ContactEmail4, ContactEmail5, URL1, URL2, URL3, URL4, URL5, Pager1, Pager2, Pager3, Pager4, Pager5, PreferredCommunicationType
	Payer Code Values	• Added below Payer Code values for CHG RT – Medicare Advantage RA – Medicare Part A RB – Medicare Part B RD – Medicare Part D

Version	Feed Type Impacted	Change Detail
		AB – Medicare A/B QH – Qualified Health Plan IH – Indian Health Service FE – Federal Employee Program TR – TRICARE VA – Veterans Affairs Plan DP – Dental Plan V – Vision Plan
April, 2021	Location	• Removed PlanCode attribute • Updated Supported Products as CHG for the following attributes: o LocationKey, LocationAddress1, LocationAddress2, LocationCity, LocationState, LocationZip, LocationFax, LocationPhone1,LocationPhone2,LocationAltID1, LocationAltID2,LocationAltID3, LocationAltID4, LocationAltID5, LocationAltID6, LocationAltID7, LocationAltID8
	Plan	• Updated Supported Products as CHG for the following attributes: o PlanCode, PlanStartDate, PlanEndDate, Payercode, PlanProductCode, MarketType, MarketTypeDescription • Updated data type for PlanCode from varchar(25) to varchar(20) • Updated data type for PlanNameDescription from varchar(100) to varchar(250) • Updated PlanProductCode to ProductCode, update data type from varchar(10) to varchar(1) • Updated data type for MetalLevel from varchar(2) to varchar(1)
	Provider Grouping	• Updated Supported Products as CHG for the following attributes: o Provider_Group_ID, Provider_Group_Name, Provider_Group_Status, Provider_Group_Address1, Provider_Group_Address2, Provider_Group_City, Provider_Group_State_Code, Provider_Group_Zip_Code • Updated data type for Provider_Group_Phone1 from varchar(15) to varchar(10)

Version	Feed Type Impacted	Change Detail
	Provider Hierarchy	• Updated Supported Products as CHG for all attributes
	ECDS	• Updated attribute name Author_Value to AuthorValue
	Medical Claim	• Added valid value list for AdmissionTypeCode
	Chart Chase	• Added new field ExactDOS field
May, 2021	Risk Adjustment Analytics Results	• Added note “File should be a full refresh.”
	Quality Gap	• Added note “File should be a full refresh.”
	Medical Claim	• Added note for CHG daily file integration
	Lab Claim	• Removed CHG from the supported products
	Pharmacy Claim	• Added note for CHG daily file integration
	ECDS	• Added note for CHG daily file integration
	Provider	• Updated valid value for ProductIndicator field
	Payer Code Values	• Updated TLM measure report details for Payer Code CM, CS, D and ND • Updated description for Payer Code K
June, 2021	Medical Claim	• AmountQualifierCode* - Remove CHG from supported products • VoidReplaceIndicator - Update Supported Products as All, Optional for Quality • ClientSystemOfRecordID - Update Supported Products as All, Optional for Quality

	Pharmacy Claim	• Update Supported Products as All, Optional for Quality for the following fields
		  ○ VoidReplaceCode
		  ○ DispensingProviderID
		  ○ PrescriptServiceReferenceNumber
		  ○ DispensingStatus
		  ○ ProcessedDate
		  ○ ClaimTransactionID
		  ○ ClientSystemOfRecordID

Version	Feed Type Impacted	Change Detail
		• Update Supported Products as RISK, ACA Edge, Optional for Quality for the following fields o ClaimTransactionSequenceNumber
	HealthCareService	• AcceptingPatients o Update the valid values to below: **nopt,newpt,existonly,existptfam** Reference url: http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-AcceptingPatientsVS.html o Remove URL from the description
	Location	• AcceptingPatients o Update the valid values to below: **nopt,newpt,existonly,existptfam** Reference url: http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-AcceptingPatientsVS.html o Remove URL from the description
	Provider	• AcceptingPatients o Update the valid values to below: **nopt,newpt,existonly,existptfam** Reference url: http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-AcceptingPatientsVS.html o Remove URL from the description
	ProviderPlan	• AcceptingPatients o Update the valid values to below: **nopt,newpt,existonly,existptfam** Reference url: http://build.fhir.org/ig/HL7/davinci-pdex-plan-net/ValueSet-AcceptingPatientsVS.html o Remove URL from the description
	General File Guidelines	• Updated additional supported formats for files can be submitted to Inovalon o Unicode (UTF-8) with BOM o ANSI
	Member Intervention Inclusion/Exclusion	• Update Supported Products as Optional for the following fields o MedicareID

Version	Feed Type Impacted	Change Detail
		○ MedicareBeneficiaryID ○ DOB ○ MemberEligibleForIncentive
	Payer Code Values	• Removed the following Payer Code values from the table ○ CQ, MC, P, FS , T, SI, FH, RT, RA, RB, RD, AB, QH, IH, FE, TR, VA, DP, V
July, 2021	List of File Types	• Updated ECDS file type as Full Refresh for Quality product
	Risk Adjustment Analytics Results	• Added INDICES as the Supported Products for MedicaidID attribute
	Provider	• Added new attribute PayerIdentifier (varchar(100)) to support CHG product
	Member Intervention Inclusion/Exclusion	• Updated file level description • Removed below attributes: ○ MedicareID ○ MedicareBeneficiaryID ○ ProductKey ○ DOB • Updated valid value for InterventionSegmentType, ReasonCode, IncExcFlag
	Provider Engagement Inclusion Exclusion	• Updated file level description • Removed ProductKey attribute • Updated valid value for InterventionSegmentType, InclusionExclusionFlag • Updated description for InclusionExclusionReasonCode
	Medical Claim	• Added new attributes ToothNumber* (varchar(2)) and ToothSurface* (varchar(7))
HEDIS MY2021	Member Enrollment	• Added new attribute ○ MedicalFlag [varchar(1)] ○ OnOffExchangeIndicator [varchar(1)]
	Medical Claim	• Added new attribute: ○ AdmissionTypeCode [varchar(1)] ○ ToothNumber [varchar(2)] ○ ToothSurface [varchar(7)]