

90-590 MAINE HEALTH DATA ORGANIZATION

Chapter 243: UNIFORM REPORTING SYSTEM FOR HEALTH CARE CLAIMS
DATA SETS

SUMMARY: This Chapter contains the provisions for filing health care claims data sets from all third-party payers, third-party administrators, and carriers that provide only administrative services for a plan sponsor.

The provisions include:

Identification of the organizations required to report;

Establishment of requirements for the content, form, medium, and time for filing health care claims data;

Establishment of standards for the data reported; and

Compliance provisions.

1. **Definitions.**

Unless the context indicates otherwise, the following words and phrases shall have the following meanings:

A. **Capitated Services.** "Capitated services" means services rendered by a provider through a contract where payments are based upon a fixed dollar amount for each member on a monthly basis.

B. **Carrier.** "Carrier" means an insurance company licensed in accordance with 24-A MRSA, including a health maintenance organization, a multiple employer welfare arrangement licensed pursuant to Title 24-A, chapter 81, a preferred provider organization, a fraternal benefit society, or a nonprofit hospital or medical service organization or health plan licensed pursuant to 24 MRSA. An employer exempted from the applicability of 24-A MRSA, chapter 56-A under the federal Employee Retirement Income Security Act of 1974, 29 United States Code, Sections 1001 to 1461 (1988) is not considered a carrier.

C. **Co-Insurance.** "Co-insurance" means the percentage a member pays toward the cost of a covered service.

D. **Co-Payment.** "Co-payment" means the fixed dollar amount a member pays to a health care provider at the time a covered service is provided or the full cost of a service when that is less than the fixed dollar amount.

- E. **Dental Claims File.** "Dental claims file" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and current dental terminology codes from all non-denied adjudicated claims for each billed service.
- F. **Designee.** "Designee" means an entity, including the Maine Health Data Processing Center, with which the MHDO has entered into an arrangement under which the entity performs data management functions for the MHDO and is strictly prohibited from releasing information obtained in such a capacity.
- G. **Health Care Claims Processor.** "Health care claims processor" means a third-party payer, third-party administrator, or carrier that provides only administrative services for a plan sponsor.
- H. **Medical Claims File.** "Medical claims file" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and clinical diagnosis/procedure codes from all non-denied adjudicated claims for each billed service.
- I. **Hospital.** "Hospital" means any acute care institution required to be licensed pursuant to 22 MRSA, chapter 405.
- J. **Member.** "Member" includes the subscriber and any spouse or dependent who is covered by the subscriber's policy.
- K. **Member Eligibility File.** "Member eligibility file" means a data file composed of demographic information for each individual member eligible for medical, pharmacy, or dental insurance benefits for one or more days of coverage any time during the reporting month.
- L. **MHDO.** "MHDO" means the Maine Health Data Organization.
- M. **MRSA.** "MRSA" means Maine Revised Statutes Annotated.
- N. **Non-hospital Provider.** "Non-hospital provider" means any provider of health care services other than a hospital.
- O. **Pharmacy.** "Pharmacy" means a drug outlet licensed under 32 MRSA, chapter 117.
- P. **Pharmacy Claims File.** "Pharmacy claims file" means a data file composed of service level remittance information including, but not limited to, member demographics, provider information, charge/payment information, and

national drug codes from all non-denied adjudicated claims for each prescription filled.

Q. Plan Sponsor. "Plan sponsor" means any person, other than an insurer, who establishes or maintains a plan covering residents of the State of Maine, including, but not limited to, plans established or maintained by two or more employers or jointly by one or more employers and one or more employee organizations, or the association, committee, joint board of trustees or other similar group of representatives of the parties that establish or maintain the plan.

R. Prepaid Amount. "Prepaid amount" means the fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated.

S. Provider. "Provider" means a health care facility, health care practitioner, health product manufacturer, health product vendor or pharmacy.

T. Subscriber. "Subscriber" is the insured individual.

U. Third-party Administrator. "Third-party administrator" means any person licensed by the Maine Bureau of Insurance under 24-A MRSA, chapter 18 who, on behalf of a plan sponsor, health care service plan, nonprofit hospital or medical service organization, health maintenance organization or insurer, receives or collects charges, contributions or premiums for, or adjusts or settles claims on residents of this State.

V. Third-party Payer. "Third-party payer" means a state agency that pays for health care services or a health insurer, nonprofit hospital, medical services organization, or managed care organization licensed in the State of Maine.

2. Health Care Claims Data Set Filing Description.

Each health care claims processor shall submit to the MHDO or its designee a completed health care claims data set for all members who are Maine residents in accordance with the requirements of this section. Each health care claims processor is also responsible for the submission of all health care claims processed by any sub-contractor on its behalf. The health care claims data set shall include, where applicable, a member eligibility file, a medical claims file, a pharmacy claims file, and a dental claims file.

A. General Requirements.

(1) Adjustment Records. Adjustment records shall be reported with the appropriate positive or negative fields with the medical, pharmacy, and dental claims file submissions. Negative values shall contain the negative sign before the value. No sign shall appear before a positive value.

(2) **Capitated Service Claims.** Claims for capitated services shall be reported with all medical, pharmacy, and dental claims file submissions.

(3) **Claims Records.** Records for the medical, pharmacy, and dental claims file submissions shall be reported at the visit, service, or prescription level. The submission of the medical, pharmacy, and dental claims is based upon the paid dates and not upon the dates of service associated with the claims.

(4) **Codes.**

(a) **Code Sources.** Unless otherwise specified, the code sources listed and described in Appendix A are to be utilized in association with the member eligibility file and medical, pharmacy, and dental claims file submissions.

(b) **Member Identification Code.** Health care claims processors shall assign to each of their members a unique identification code that is the member's encrypted social security number. If a health care claims processor does not collect the social security numbers for all members, the health care claims processor shall encrypt the social security number of the subscriber and then assign a discrete two digit suffix for each member under the subscriber's contract.

If the subscriber's social security number is not collected by the health care claims processor, an encrypted version of the subscriber's certificate or contract number shall be used in its place. The discrete two digit suffix shall also be used with the encrypted certificate or contract number. The encrypted certificate or contract number with the two digit suffix shall be at least eleven but not more than thirty characters in length.

For encrypting the social security number of the member/subscriber, the health care claims processor shall utilize a standard methodology provided by the MHDO. The unique member identification code assigned by each health care claims processor shall remain with each member for the entire period of coverage for that individual.

(c) **Specific/Unique Coding.** With the exception of provider codes and provider specialty codes, specific or unique coding systems shall not be permitted as part of the health care claims data set submission.

- (5) Co-Insurance/Co-Payment. Co-insurance and co-payment are to be reported in two separate fields in the medical, pharmacy, and dental claims file submissions.
- (6) Coordination of Benefits Claims. Claims where multiple parties have financial responsibility shall be included with all medical, pharmacy, and dental claims file submissions.
- (7) Denied Claims. Denied claims shall be excluded from all medical, pharmacy, and dental claims file submissions. When a claim contains both fully processed/paid service lines and partially processed or denied service lines, only the fully processed/paid service lines shall be included as part of the health care claims data set submittal.
- (8) Eligibility Records. Records for the member eligibility file submission shall be reported at the individual member level. If a member is covered as both a subscriber and a dependent on two different policies during the same month, two records must be submitted. If a member has two contract numbers for two different coverage types, two member eligibility records must be submitted.
- (9) Exclusions.
 - (a) Medical Claims File Exclusions. All claims related to health care policies issued for specific disease, accident, injury, hospital indemnity, disability, long-term care, or vision coverage of durable medical equipment are to be excluded from the medical claims file submission. Claims related to Medicare, Tricare, or other supplemental health insurance policies are to be excluded unless the policies are for health care services entirely excluded by the Medicare, Tricare, or other program. Claims for pharmacy services containing national drug codes and claims for dental services containing current dental terminology codes are also to be excluded from the medical claims file.
 - (b) Member Eligibility File Exclusions. Members without medical, pharmacy, and/or dental coverage during the month reported shall be excluded.
 - (c) Pharmacy Claims File Exclusions. Pharmacy services claims generated from non-retail pharmacies that do not contain national drug codes are part of the medical claims file and not the pharmacy claims file.

(10) File Format. Each data file submission shall be an ASCII file, variable field length, and asterisk delimited. When asterisks are used in any field values, they shall be enclosed in double quotes.

(11) Header and Trailer Records. Each member eligibility file and each medical, pharmacy, and dental claims file submission shall contain a header record and a trailer record. The header record is the first record of each separate file submission and the trailer record is the last. The header and trailer record formats are described in Appendices B-1 and B-2.

(12) Prepaid Amount. Any prepaid amounts are to be reported in a separate field in the medical, pharmacy, and dental claims file submissions.

B. Detailed File Specifications.

(1) Filled Fields. All fields shall be filled where applicable. Non-applicable text and date fields shall be set to null. Non-applicable integer and decimal fields shall be filled with one zero and shall not include decimal points.

(2) Position. All text fields are to be left justified. All integer and decimal fields are to be right justified.

(3) Signs. All signs (+ or -) must appear in the left-most position of all integer and decimal fields. Over-punched signed integers or decimals are not to be utilized.

(4) Individual Elements and Mapping. Individual data elements, data types, field lengths, field description/code assignments, and mapping locators (UB-92, HCFA 1500, ANSI X12N 270/271, 835, 837) for each file type are presented in the following appendices:

- (a) (i) Member Eligibility File Specifications – Appendix C-1
- (a) (ii) Member Eligibility File Mapping to National Standard Formats – Appendix C-2
- (b) (i) Medical Claims File Specifications – Appendix D-1
- (b) (ii) Medical Claims File Mapping to National Standard Formats – Appendix D-2
- (c) (i) Pharmacy Claims File Specifications – Appendix E-1

- (ii) Pharmacy Claims File Mapping to National Standard Formats – Appendix E-2
- (d)
 - (i) Dental Claims File Specifications – Appendix F-1
 - (ii) Dental Claims File Mapping to National Standard Formats – Appendix F-2

3. Submission Requirements.

A. Registration Form. Each health care claims processor shall submit to the MHDO or its designee a registration form indicating if health care claims are being paid for members who are Maine residents and, if applicable, the type of files to be submitted. A copy of the registration form is presented as Appendix H.

B. File Organization. The member eligibility file, medical claims file, pharmacy claims file, and the dental claims file are to be submitted to the MHDO or its designee as separate ASCII files. Each record shall be terminated with a carriage return (ASCII 13) or a carriage return line feed (ASCII 13, ASCII 10).

C. Filing Media. Data files may be submitted utilizing any of the following media: diskette (1.44 MB), zip disk (100 MB or 250 MB), jaz disk (2 GB), CD-ROM (650 MB), secure SSL web upload interface, or electronic transmission through a File Transfer Program. E-mail attachments shall not be accepted. Space permitting, multiple data files may be submitted utilizing the same media. If this is the case, the external label must identify the multiple files.

D. Transmittal Sheet. All data file submissions on physical media shall be accompanied by a hard copy transmittal sheet containing the following information: identification of the health care claims processor, file name, type of file, data period(s), date sent, record count(s) for the file(s), and a contact person with telephone number and E-mail address. The information on the transmittal sheet shall match the information on the header and trailer records. The transmittal sheet layout is presented as Appendix G.

E. Testing of Files. At least thirty days prior to the initial submission of the files as described in Section 2, each health care claims processor shall submit to the MHDO or its designee a data set for comparison to the standards listed in Section 4. The size, based upon a calendar period of one month, quarter, or year, of the data files submitted shall correspond to the filing period established for each health care claims processor under subsection G of this Section.

F. Rejection of Files. Failure to conform to the requirements subsections A, B, or C of this Section shall result in the rejection and return of the applicable data file(s). All rejected and returned files must be resubmitted in the appropriate, corrected form to the MHDO or its designee within 10 days.

G. **Filing Periods.** The filing period for each applicable claims data file listed in Section 2 shall be determined by the total number of members who are Maine residents for which claims are being paid by each health care claims processor. The data files are to be submitted in accordance with the following schedule:

Total # of Members	Filing Period	Filing Schedule
>2,000	monthly	prior to the end of the month following the month in which claims were paid
500 – 1,999	quarterly	prior to April 30, July 31, October 31, January 31 for each preceding calendar quarter in which claims were paid
<500	annually	prior to April 30 of the following year for the preceding twelve months in which claims were paid

If the data files submitted by an individual health care claims processor support or are related to the files submitted by another health care claims processor, the MHDO shall determine a filing period that is consistent for all parties involved.

H. **Replacement of Data Files.** No health care claims processor may replace a complete data file submission more than one year after the end of the month in which the file was submitted unless it can establish exceptional circumstances for the replacement. Any replacements after this period must be approved by the MHDO. Individual adjustment records may be submitted with any monthly data file submission.

4. Standards for Data; Notification; Response.

A. **Standards.** The MHDO or its designee shall evaluate each member eligibility file, medical claims file, pharmacy claims file, and dental claims file submission in accordance with the following standards:

- (1) The applicable code for each data element identified in Appendices C-1, D-1, E-1, and F-1 shall be included within eligible values for the element;
- (2) Coding values indicating “data not available”, “data unknown”, or the equivalent shall not be used for individual data elements unless specified as an eligible value for the element;
- (3) Member sex, diagnosis and procedure codes, and date of birth and all other date fields shall be consistent within an individual record; and

(4) Member identifiers shall be consistent across files.

B. Notification. Upon completion of this evaluation, the MHDO or its designee will promptly notify each health care claims processor whose data submissions do not satisfy the standards for any filing period. This notification will identify the specific file and the data elements within them that do not satisfy the standards.

C. Response. Each health care claims processor notified under subsection 4. B, will respond within 60 days of the notification by making the changes necessary in order to satisfy the standards.

5. Public Access.

Information collected, processed and/or analyzed under this rule shall be subject to release to the public or retained as confidential information in accordance with 22 M.R.S.A. § 8707 and Code of Maine Rules 90-590, Chapter 120: Release of Information to the Public, unless prohibited by state or federal law.

6. Waivers to Data Submission Requirements.

If a health care claims processor due to circumstances beyond its control is temporarily unable to meet the terms and conditions of this Chapter, a written request must be made to the Executive Director of the MHDO as soon as it is practicable after the health care claims processor has determined that an extension is required. The written request shall include: the specific requirement to be waived; an explanation of the cause; the methodology proposed to eliminate the necessity of the waiver; and the time frame required to come into compliance. The Executive Director shall present the request to the MHDO Board at its next regularly scheduled meeting where the request shall be approved or denied.

7. Compliance.

The failure to file, report, or correct in accordance with the provisions of this Chapter may be considered a violation under 22 MRSA Sec. 8705.

8. Implementation.

Health care claims processors shall construct health care claims data files in accordance with the specifications, formats, and codes as described in Section 2. Filling of the applicable specific fields shall be accomplished in two phases. Unless otherwise specified by the provisions of Section 3(G), the initial Member Eligibility, Medical Claims, Pharmacy Claims, and Dental Claims files shall be submitted by January 31, 2003 beginning with claims for December, 2002 and

shall contain fields required in the second phase that do not need to be filled. All other file submissions must include all records related to claims paid beginning January 1, 2003. A final and complete version of each file with all required fields filled shall be submitted for claims paid after March 31, 2004. The submission dates for each individual data element are listed in Appendices C-1, D-1, E-1, and F-1. Health care claims processors may submit final and complete data files prior to March 31, 2004.

STATUTORY AUTHORITY: 22 M.R.S.A. §8704, sub-§4 and §8708, sub-§6-A

EFFECTIVE DATE: July 29, 2002
June 3, 2003

Appendix A
Maine Health Data Organization
Source Codes

(with references to specific MHDO data elements by file type)

Admission Source Code
(MHDO Data Element: MC021)

SOURCE: National Uniform Billing Data Element Specifications

AVAILABLE FROM:
National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT: A variety of codes explaining who recommended admission to a medical facility.

Admission Type Code

(MHDO Data Element: MC020)

SOURCE: National Uniform Billing Data Element Specifications

AVAILABLE FROM:
National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT: A variety of codes explaining the priority of the admission to a medical facility.

American Dental Association Codes
(MHDO Data Element: DC032)

SOURCE: Current Dental Terminology (CDT) Manual

AVAILABLE FROM:
Salable Materials
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678

ABSTRACT: The CDT contains the American Dental Association's codes for dental procedures and nomenclature and is the nationally accepted set of numeric codes and descriptive terms for reporting dental treatments.

Appendix A
Maine Health Data Organization
Source Codes

Current Procedural Terminology (CPT) Codes
(MHDO Data Element: MC055)

SOURCE: Physicians' Current Procedural Terminology (CPT) Manual

AVAILABLE FROM:
Order Department
American Medical Association
515 North State Street
Chicago, IL 60610

ABSTRACT: A listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians.

Health Care Common Procedural Coding System
(MHDO Data Element: MC055)

SOURCE: Health Care Common Procedural Coding System

AVAILABLE FROM:
www.cms.gov/medicare/hcpcs.htm
Centers for Medicare and Medicaid Services
Center for Health Plans and Providers
CCPP/DCPC
C5-08-27
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT: HCPCS is the Centers for Medicare and Medicaid Services (CMS) coding scheme to group procedures performed for payment to providers.

Centers for Medicare and Medicaid Services National Plan ID
(MHDO Data Elements: DC002, HD003, MC002, ME002, PC002, TR003)

SOURCE: Plan ID Database

AVAILABLE FROM:
Centers for Medicare and Medicaid Services
Center for Beneficiary Services
Administration Group
Division of Membership Operations
SI-05-06
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT: The Centers for Medicare and Medicaid Services is developing the Plan ID, which will be proposed as the standard unique identifier for each health plan under the Health Insurance Portability and Accountability Act of 1996.

Appendix A
Maine Health Data Organization
Source Codes

Centers for Medicare and Medicaid Services National Provider Identifier
(MHDO Data Elements: DC020, MC026)

SOURCE: National Provider System

AVAILABLE FROM:
Centers for Medicare and Medicaid Services
Office of Information Services
Security and Standards Group
Director, Division of Health Care Information Systems
7500 Security Boulevard
Baltimore, MD 21244-1850

ABSTRACT: The Centers for Medicare and Medicaid Services is developing the National Provider Identifiers, which is proposed as the standard unique identifier for each health care provider under the Health Insurance Portability and Accountability Act of 1996.

International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
(MHDO Data Elements: MC040, MC041, MC042, MC043, MC044, MC045, MC046, MC047, MC048, MC049, MC050, MC051, MC052, MC053, MC058)

SOURCE: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

AVAILABLE FROM:
U.S. National Center for Health Statistics
Commission of Professional and Hospital Activities
1968 Green Road
Ann Arbor, MI 48105

ABSTRACT: The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

National Association of Boards of Pharmacy Number
(MHDO Data Element: PC021)

SOURCE: National Association of Boards of Pharmacy Database and Listings

AVAILABLE FROM:
National Council for Prescription Drug Programs
4201 North 24th Street
Suite 365
Phoenix, AZ 85016

ABSTRACT: A unique number assigned in the U.S. and its territories to individual clinic, hospital, chain, and independent pharmacy locations that conduct business at retail by billing third-party drug benefit payers. The National Council for Prescription Drug Programs (NCPDP) maintains this database under contract from the National Association of Boards of Pharmacy. The National Association of Boards of Pharmacy is a seven-digit numeric number with the following format SSNNNNC, where SS=NCPDP assigned state code number, NNNN=NCPDP assigned pharmacy location number, and C=check digit calculated by algorithm from previous six digits.

Appendix A
Maine Health Data Organization
Source Codes

National Association of Insurance Commissioners (NAIC) Code
(MHDO Data Elements: DC001, HD002, MC001, ME001, PC001, TR002)

SOURCE: National Association of Insurance Commissioners Company Code List Manual

AVAILABLE FROM:

National Association of Insurance Commission Publications Department
12th Street, Suite 1100
Kansas City, MO 64105-1925

ABSTRACT: Codes that uniquely identify each insurance company.

National Drug Code
(MHDO Data Element: PC026)

SOURCE: Blue Book, Price Alert, National Drug Data File

AVAILABLE FROM:

First Databank, The Hearst Corporation
1111 Bayhill Drive
San Bruno, CA 94066

ABSTRACT: The National Drug Code is a coding convention established by the Food and Drug Administration to identify the labeler, product number, and package sizes of FDA-approved prescription drugs. There are over 170,000 National Drug Codes on file.

National Uniform Billing Committee (NUBC) Codes
(MHDO Data Element: MC054)

SOURCE: National Uniform Billing Data Element Specifications

AVAILABLE FROM:

National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT: Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee. Place of service codes specify the type of location where a service is provided.

Member Status Code
(MHDO Data Element: MC023)

SOURCE: National Uniform Billing Data Element Specifications

AVAILABLE FROM:

National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT: A variety of codes indicating Member status as of the date of service-thru field.

Appendix A
Maine Health Data Organization
Source Codes

States and Outlying Areas of the U.S.

(MHDO Data Elements: DC015, DC028, MC015, MC034, ME016, PC015, PC023)

SOURCE: National Zip Code and Post Office Directory

AVAILABLE FROM:

U.S. Postal Service
National Information Data Center
P.O. Box 2977
Washington, DC 20013

ABSTRACT: Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S. Microfiche AVAILABLE FROM: NTIS (same as address above). The Canadian Post Office lists the following as "official" codes for Canadian Provinces:

AB - Alberta
BC - British Columbia
MB - Manitoba
NB - New Brunswick
NF - Newfoundland
NS - Nova Scotia
NT - North West Territories
ON - Ontario
PE - Prince Edward Island
PQ - Quebec
SK - Saskatchewan
YT - Yukon

Uniform Billing Claim Form Bill Type
(MHDO Data Element: MC036)

SOURCE: National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

AVAILABLE FROM:

National Uniform Billing Committee
American Hospital Association
840 Lake Shore Drive
Chicago, IL 60697

ABSTRACT: A variety of codes describing the type of medical facility.

X12 Directories

SOURCE: X12.3 Data Element Dictionary
X12.22 Segment Directory

AVAILABLE FROM:

Data Interchange Standards Association, Inc. (DISA)
Suite 200
1800 Diagonal Road
Alexandria, VA 22314-2852

ABSTRACT: The data element dictionary contains the format and descriptions of data elements used to construct X12 segments. It also contains code lists associated with these data elements. The segment directory contains the format and definitions of the data segments used to construct X12 transaction sets.

Appendix A
Maine Health Data Organization
Source Codes

ZIP Code

(MHDO Data Elements: DC016, DC029, MC016, MC035, ME017, PC016, PC024)

SOURCE: National ZIP Code and Post Office Directory, Publication 65
The USPS Domestic Mail Manual

AVAILABLE FROM:
U.S Postal Service
Washington, DC 20260

New Orders
Superintendent of Documents
P.O. Box 371954
Pittsburgh, PA 15250-7954

ABSTRACT: The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes.

The USPS Domestic Mail Manual includes information on the use of the new 11-digit zip code.

**Appendix B-1
Maine Health Data Organization
Header Record Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
HD001	Record Type	1/31/2003	Text	2	HD
HD002	Payer	1/31/2003	Text	6	Payer submitting payments MHDO Submitter Code
HD003	National Plan ID	3/31/2004	Text	30	CMS National Plan ID
HD004	Type of File	1/31/2003	Text	2	DC Dental Claims ME Member Eligibility MC Medical Claims PC Pharmacy Claims
HD005	Period Beginning Date	1/31/2003	Integer	6	CCYYMM Beginning of paid period for Claims Beginning of month covered for Eligibility
HD006	Period Ending Date	1/31/2003	Integer	6	CCYYMM End of paid period for Claims End of month covered for Eligibility
HD007	Record Count	1/31/2003	Integer	10	Total number of records submitted in this file Exclude header and trailer record in count
HD008	Comments	1/31/2003	Text	80	Submitter may use to document this submission by assigning a filename, system source, etc.

**Appendix B-2
Maine Health Data Organization
Trailer Record Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
TR001	Record Type	1/31/2003	Text	2	TR
TR002	Payer	1/31/2003	Text	6	Payer submitting payments MHDO Submitter Code
TR003	National Plan ID	3/31/2004	Text	30	CMS National Plan ID
TR004	Type of File	1/31/2003	Text	2	DC Dental Claims ME Member Eligibility MC Medical Claims PC Pharmacy Claims
TR005	Period Beginning Date	1/31/2003	Integer	6	CCYMMM Beginning of paid period for Claims Beginning of month covered for Eligibility
TR006	Period Ending Date	1/31/2003	Integer	6	CCYMMM End of paid period for Claims End of month covered for Eligibility
TR007	Date Processed	1/31/2003	Date	8	CCYMMDD Date file was created

**Appendix C-1
Maine Health Data Organization
Member Eligibility File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
ME001	Payer	1/31/2003	Text	6	Payer submitting payments MHDO Submitter Code
ME002	National Plan ID	3/31/2004	Text	30	CMS National Plan ID
ME003	Insurance Type Code/Product	1/31/2003	Text	2	12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan 14 Medicare Secondary, No-fault insurance including Auto is primary 15 Medicare Secondary Worker's Compensation 16 Medicare Secondary Public Health Service or Other Federal Agency 41 Medicare Secondary Black Lung 42 Medicare Secondary Veteran's Administration 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 Medicare Secondary, Other Liability Insurance is Primary AP Auto Insurance Policy CP Medicare Conditionally Primary D Disability DB Disability Benefits EP Exclusive Provider Organization HM Health Maintenance Organization (HMO) HN Health Maintenance Organization (HMO) Medicare Risk HS Special Low Income Medicare Beneficiary IN Indemnity LC Long Term Care LD Long Term Policy LI Life Insurance LT Litigation MA Medicare Part A MB Medicare Part B MC Medicaid MH Medigap Part A MI Medigap Part B MP Medicare Primary

**Appendix C-1
Maine Health Data Organization
Member Eligibility File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
ME003	Insurance Type Code/Product (Cont'd)				PE Property Insurance - Personal PR Preferred Provider Organization (PPO) PS Point of Service (POS) QM Qualified Medicare Beneficiary SP Supplemental Policy WC Workers' Compensation
ME004	Year	1/31/2003	Integer	4	Year for which eligibility is reported in this submission
ME005	Month	1/31/2003	Integer	2	Month for which eligibility is reported in this submission
ME006	Insured Group or Policy Number	1/31/2003	Text	30	Group or policy number - not the number that uniquely identifies the subscriber
ME007	Coverage Level Code	1/31/2003	Text	3	Benefit coverage level CHD Children Only DEP Dependents Only ECH Employee and Children EMP Employee Only ESP Employee and Spouse FAM Family IND Individual SPC Spouse and Children SPO Spouse Only
ME008	Encrypted Subscriber Social Security Number	1/31/2003	Text	30	Encrypted subscriber's social security number Set as null if unavailable
ME009	Plan Specific Contract Number	1/31/2003	Text	30	Encrypted plan assigned contract number Set as null if contract number = subscriber's social security number
ME010	Member Suffix or Sequence Number	1/31/2003	Integer	2	Uniquely numbers the member within the contract
ME011	Member Identification Code	1/31/2003	Text	30	Encrypted member's social security number

Appendix C-1
Maine Health Data Organization
Member Eligibility File Specifications

Set as null if unavailable

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
ME012	Individual Relationship Code	1/31/2003	Integer	2	Member's relationship to insured 01 Spouse 18 Self/Employee 19 Child 21 Unknown 34 Other Adult
ME013	Member Gender	1/31/2003	Text	1	M Male F Female U Unknown
ME014	Member Date of Birth	1/31/2003	Date	8	CCYYMMDD
ME015	Member City Name	3/31/2004	Text	30	City name of member
ME016	Member State or Province	3/31/2004	Text	2	As defined by the US Postal Service
ME017	Member ZIP Code	1/31/2003	Text	11	ZIP Code of member - may include non-US codes. Do not include dash
ME018	Medical Coverage	1/31/2003	Text	1	Y Yes N No
ME019	Prescription Drug Coverage	1/31/2003	Text	1	Y Yes N No
ME020	Dental Coverage	1/31/2003	Text	1	Y Yes N No
ME021	Record Type	1/31/2003	Text	2	ME

Appendix C-2
Maine Health Data Organization
Member Eligibility File Mapping to National Standards

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

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC001	Payer	1/31/2003	Text	6	Payer submitting payments MHDO Submitter Code
MC002	National Plan ID	3/31/2004	Text	30	CMS National Plan ID
MC003	Insurance Type/Product Code	1/31/2003	Text	2	12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Risk AM Automobile Medical DS Disability HM Health Maintenance Organization LI Liability LM Liability Medical MA Medicare Part A MB Medicare Part B MC Medicaid OF Other Federal Program (e.g. Black Lung) TV Title V VA Veteran Administration Plan WC Worker's Compensation
MC004	Payer Claim Control Number	1/31/2003	Text	35	Must apply to the entire claim and be unique within the payer's system
MC005	Line Counter	3/31/2004	Integer	4	Line number for this service The line counter begins with 1 and is incremented by 1 for each additional service line of a claim
MC006	Insured Group or Policy Number	1/31/2003	Text	30	Group or policy number - not the number that uniquely identifies the subscriber
MC007	Encrypted Subscriber Social Security Number	1/31/2003	Text	30	Encrypted subscriber's social security number Set as null if unavailable

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC008	Plan Specific Contract Number	1/31/2003	Text	30	Encrypted plan assigned contract number Set as null if contract number = subscriber's social security number
MC009	Member Suffix or Sequence Number	1/31/2003	Integer	2	Uniquely numbers the member within the contract
MC010	Member Identification Code	1/31/2003	Text	30	Encrypted member's social security number Set as null if unavailable
MC011	Individual Relationship Code	1/31/2003	Integer	2	Member's relationship to insured 01 Spouse 04 Grandfather or Grandmother 05 Grandson or Granddaughter 07 Nephew or Niece 10 Foster Child 15 Ward 17 Stepson or Stepdaughter 19 Child 20 Employee 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent 24 Dependent of a Minor Dependent 29 Significant Other 32 Mother 33 Father 36 Emancipated Minor 39 Organ Donor 40 Cadaver Donor 41 Injured Plaintiff 43 Child Where Insured Has No Financial Responsibility 53 Life Partner 76 Dependent

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC012	Member Gender	1/31/2003	Text	1	M Male F Female U Unknown
MC013	Member Date of Birth	1/31/2003	Date	8	CCYYMMDD
MC014	Member City Name	3/31/2004	Text	30	City name of member
MC015	Member State or Province	3/31/2004	Text	2	As defined by the US Postal Service
MC016	Member ZIP Code	1/31/2003	Text	11	ZIP Code of member - may include non-US codes
MC017	Date Service Approved (AP Date)	1/31/2003	Date	8	CCYYMMDD
MC018	Admission Date	1/31/2003	Date	12	Required for all inpatient claims CCYYMMDD
MC019	Admission Hour	3/31/2004	Integer	4	Required for all inpatient claims Time is expressed in military time - HHMM
MC020	Admission Type	3/31/2004	Integer	1	Refer to Appendix A
MC021	Admission Source	3/31/2004	Text	1	Refer to Appendix A
MC022	Discharge Hour	3/31/2004	Integer	2	Hour in military time
MC023	Member Status	1/31/2003	Integer	2	01 Discharged to home or self care 02 Discharged/transferred to another short term general hospital for inpatient care 03 Discharged/transferred to skilled nursing facility (SNF) 04 Discharged/transferred to nursing facility (NF) 05 Discharged/transferred to another type of institution for inpatient care or referred for outpatient services to another institution

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC023	Member Status (Con't)				06 Discharged/transferred to home under care of organized home health service organization 07 Left against medical advice or discontinued care 08 Discharged/transferred to home under care of a Home IV provider 09 Admitted as an inpatient to this hospital 20 Expired 30 Still patient or expected to return for outpatient services
MC024	Service Provider Number	1/31/2003	Text	30	Payer assigned provider number
MC025	Service Provider Tax ID Number	1/31/2003	Text	10	Federal taxpayer's identification number
MC026	National Service Provider ID	3/31/2004	Text	20	Required if National Provider ID is mandated for use under HIPAA
MC027	Service Provider Entity Type Qualifier	3/31/2004	Text	1	1 Person 2 Non-Person Entity
MC028	Service Provider First Name	1/31/2003	Text	25	Individual first name Set to null if provider is a facility or organization
MC029	Service Provider Middle Name	1/31/2003	Text	25	Individual middle name or initial Set to null if provider is a facility or organization
MC030	Service Provider Last Name or Organization Name	1/31/2003	Text	35	Full name of provider organization or last name of individual provider
MC031	Service Provider Suffix	1/31/2003	Text	10	Suffix to individual name Set to null if provider is a facility or organization
MC032	Service Provider Specialty	1/31/2003	Text	10	As defined by payer Dictionary for specialty code values must be supplied during testing
MC033	Service Provider City Name	3/31/2004	Text	30	City name of provider - preferably practice location

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC034	Service Provider State or Province	3/31/2004	Text	2	As defined by the US Postal Service
MC035	Service Provider ZIP Code	1/31/2003	Text	11	ZIP Code of provider - may include non-US codes Do not include dash
MC036	Type of Bill - Institutional	3/31/2004	Integer	2	<p>Type of Facility - First Digit</p> <ul style="list-style-type: none"> 1 Hospital 2 Skilled Nursing 3 Home Health 4 Christian Science Hospital 5 Christian Science Extended Care 6 Intermediate Care 7 Clinic 8 Special Facility <p>Bill Classification - Second Digit if First Digit = 1-6</p> <ul style="list-style-type: none"> 1 Inpatient (Including Medicare Part A) 2 Inpatient (Medicare Part B Only) 3 Outpatient 4 Other (for hospital referenced diagnostic services or home health not under a plan of treatment) 5 Nursing Facility Level I 6 Nursing Facility Level II 7 Intermediate Care - Level III Nursing Facility 8 Swing Beds <p>Bill Classification - Second Digit if First Digit = 7</p> <ul style="list-style-type: none"> 1 Rural Health 2 Hospital Based or Independent Renal 3 Dialysis Center 4 Free Standing 5 Outpatient Rehabilitation Facility (ORF) 6 Comprehensive Outpatient Rehabilitation 7 Facilities (CORFs) 9 Other

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC036	Type of Bill - Institutional (Con't)				Bill Classification - Second Digit if First Digit = 8 1 Hospice (Non Hospital Based) 2 Hospice (Hospital-Based) 3 Ambulatory Surgery Center 4 Free Standing Birthing Center 9 Other
MC037	Facility Type - Professional	3/31/2004	Text	2	11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgery Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance - Air or Water 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 50 Federally Qualified Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State of Local Public Health Clinic 72 Rural Health Clinic

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC037	Facility Type - Professional (Con't)				81 Independent Laboratory 99 Other Unlisted Facility
MC038	Claim Status	1/31/2003	Integer	2	01 Processed as primary 02 Processed as secondary 03 Processed as tertiary 04 Denied 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment
MC039	Admitting Diagnosis	3/31/2004	Text	5	Required on all inpatient admission claims and encounters ICD-9-CM Do not code decimal point
MC040	E-Code	3/31/2004	Text	5	Describes an injury, poisoning or adverse effect ICD-9-CM Do not include decimal
MC041	Principal Diagnosis	1/31/2003	Text	5	ICD-9-CM Do not code decimal point
MC042	Other Diagnosis – 1	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC043	Other Diagnosis – 2	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC044	Other Diagnosis – 3	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC045	Other Diagnosis – 4	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC046	Other Diagnosis – 5	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC047	Other Diagnosis – 6	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC048	Other Diagnosis – 7	3/31/2004	Text	5	ICD-9-CM Do not code decimal point

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC049	Other Diagnosis – 8	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC050	Other Diagnosis – 9	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC051	Other Diagnosis – 10	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC052	Other Diagnosis – 11	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC053	Other Diagnosis – 12	3/31/2004	Text	5	ICD-9-CM Do not code decimal point
MC054	Revenue Code	1/31/2003	Integer	3	National Uniform Billing Committee Codes
MC055	Procedure Code	1/31/2003	Text	5	Health Care Common Procedural Coding System (HCPCS) This includes the CPT codes of the American Medical Association
MC056	Procedure Modifier – 1	1/31/2003	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
MC057	Procedure Modifier – 2	1/31/2003	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
MC058	ICD-9-CM Procedure Code	1/31/2003	Text	4	Procedure code for this line of service Do not code decimal point
MC059	Date of Service – From	1/31/2003	Date	8	First date of service for this service line CCYYMMDD
MC060	Date of Service – Thru	1/31/2003	Date	8	Last date of service for this service line CCYYMMDD
MC061	Quantity	1/31/2003	Integer	3	Count of services performed
MC062	Charge Amount	1/31/2003	Decimal	10	Do not code decimal point

**Appendix D-1
Maine Health Data Organization
Medical Claims File Specifications**

Data Element #	Data Element Name	Date Required	Type	Maximum Length	Description/Codes/Sources
MC063	Paid Amount	1/31/2003	Decimal	10	Includes any withhold amounts Do not code decimal point
MC064	Prepaid Amount	1/31/2003	Decimal	10	For capitated services, the fee for service equivalent amount Do not code decimal point
MC065	Copay Amount	1/31/2003	Decimal	10	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point
MC066	Coinsurance Amount	1/31/2003	Decimal	10	Do not code decimal point
MC067	Deductible Amount	1/31/2003	Decimal	10	Do not code decimal point
MC068	Record Type	1/31/2003	Text	2	MC

**Appendix D-2
Maine Health Data Organization
Medical Claims Mapping to National Standards**

Data Element #	Data Element Name	UB-92 Form Locator	UB-92 (Version 6.0) Record Type / Field #	HCFA 1500 #	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment/Qualifier/ Data Element
MC001	Payer	N/A	N/A	N/A	N/A	N/A
MC002	National Plan ID	N/A	N/A	N/A	N/A	835/1000A/N1/XV/04
MC003	Product/Claim Filing Indicator Code	N/A	30/4	N/A	N/A	835/2100/CLP/ /06
MC004	Payer Claim Control Number	N/A	N/A	N/A	FA0-02.0, FB0-02.0, FB1-02.0, GA0-02.0, GC0-02.0, GX0-02.0, GX2-02.0, HA0-02.0, FB2-02.0, GU0-02.0	835/2100/CLP/ /07
MC005	Line Counter	N/A	N/A	N/A	N/A	837/2400/LX/ /01
MC006	Insured Group or Policy Number	62 (A-C)	30/10	11C	DA0-10.0	837/2000B/SBR/ /03
MC007	Encrypted Subscriber Social Security Number	N/A	N/A	N/A	N/A	835/2100/NM1/34/08
MC008	Plan Specific Contract Number	N/A	N/A	N/A	N/A	835/2100/NM1/HN/08
MC009	Member Suffix or Sequence Number	N/A	N/A	N/A	N/A	N/A
MC010	Member Identification Code	N/A	N/A	N/A	N/A	835/2100/NM1/34/08
MC011	Individual Relationship Code	59 (A-C)	30/18	6	DA0-17.0	837/2000B/SBR/ /02, 837/2000C/PAT/ /01
MC012	Member Gender	15	20/7	3	CA0-09.0	837/2010CA/DMG/03
MC013	Member Date of Birth	14	20/8	3	CA0-08.0	837/2010CA/DMG/D8/02
MC014	Member City Name	13	20/14	5	CA0-13.0	837/2010CA/N4/ /01
MC015	Member State or Province	13	20/15	5	CA0-14.0	837/2010CA/N4/ /02
MC016	Member ZIP Code	13	20/16	5	CA0-15.0	837/2010CA/N4/ /03
MC017	Date Service Approved	N/A	N/A	N/A	N/A	N/A
MC018	Admission Date	17	20/17	N/A	N/A	837/2300/DTP/435/03
MC019	Admission Hour	18	20/18	N/A	N/A	837/2300/DTP/435/03
MC020	Admission Type	19	20/10	N/A	N/A	837/2300/CL1/ /01
MC021	Admission Source	20	20/11	N/A	N/A	837/2300/CL1/ /02
MC022	Discharge Hour	21	20/22	N/A	N/A	837/2300/DTP/096/03
MC023	Member Status	22	20/21	N/A	N/A	837/2300/CL1/ /03
MC024	Service Provider Number	N/A	N/A	N/A	N/A	835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09

Appendix D-2
Maine Health Data Organization
Medical Claims Mapping to National Standards

Data Element #	Data Element Name	UB-92 Form Locator	UB-92 (Version 6.0) Record Type / Field #	HCFA 1500 #	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment/Qualifier/ Data Element
MC025	Service Provider Tax ID Number	5	10/4-5	25	BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0	835/2100/NM1/FI/09
MC026	National Service Provider ID	N/A	10/6	N/A	N/A	835/2100/NM1/XX/09
MC027	Service Provider Entity Type Qualifier	N/A	N/A	N/A	N/A	835/2100/NM1/82/02
MC028	Service Provider First Name	1	10/12	33	BA0-20.0	835/2100/NM1/82/04
MC029	Service Provider Middle Name	1	10/12	33	BA0-21.0	835/2100/NM1/82/05
MC030	Service Provider Last Name or Organization Name	1	10/12	33	BA0-18.0, BA0-19.0	835/2100/NM1/82/03
MC031	Service Provider Suffix	1	10/12	33	BA0-22.0	835/2100/NM1/82/07
MC032	Service Provider Specialty	N/A	N/A	N/A	N/A	837/2000A/PRV/ZZ/03
MC033	Service Provider City Name	1	10/14	N/A	BA1-09.0, 15.0	837/2010A/N4/ /01
MC034	Service Provider State or Province	1	10/15	N/A	BA1-10.0, 16.0	837/2010A/N4/ /02
MC035	Service Provider ZIP Code	1	10/16	N/A	BA1-11.0, 17.0	837/2010A/N4/ /03
MC036	Type of Bill - Institutional	4	Positions 1-2: 40/4	N/A	N/A	837/2300/CLM/ /05-1
MC037	Facility Type - Professional	N/A	N/A	N/A	FA0-07.0, GU0-0.50	835/2100/CLP/ /08
MC038	Claim Status	N/A	N/A	N/A	N/A	835/2100/CLP/ /02
MC039	Admitting Diagnosis	76	70/25	N/A	N/A	837/2300/BI/BJ/02-2
MC040	E-Code	77	70/26	N/A	N/A	837/2300/BI/BN/03-2
MC041	Principal Diagnosis	67	70/4	21.1	EA0-32.0, GX0-31.0, GU0-12.0	837/2300/BI/BK/01-2
MC042	Other Diagnosis - 1	68	70/5	21.2	EA0-33.0, GX0-32.0, GU0-13.0	837/2300/BI/BF/02-1
MC043	Other Diagnosis - 2	69	70/6	21.3	EA0-33.0, GX0-32.0, GU0-13.0	837/2300/BI/BF/02-2
MC044	Other Diagnosis - 3	70	70/7	21.4	EA0-33.0, GX0-32.0, GU0-13.0	837/2300/BI/BF/02-3
MC045	Other Diagnosis - 4	71	70/8	N/A	EA0-35.0, GX0-34.0, GU0-15.0	837/2300/BI/BF/02-4
MC046	Other Diagnosis - 5	72	70/9	N/A	N/A	837/2300/BI/BF/02-5
MC047	Other Diagnosis - 6	73	70/10	N/A	N/A	837/2300/BI/BF/02-6
MC048	Other Diagnosis - 7	74	70/11	N/A	N/A	837/2300/BI/BF/02-7
MC049	Other Diagnosis - 8	75	70/12	N/A	N/A	837/2300/BI/BF/02-8
MC050	Other Diagnosis - 9	N/A	N/A	N/A	N/A	837/2300/BI/BF/02-9

**Appendix D-2
Maine Health Data Organization
Medical Claims Mapping to National Standards**

Data Element #	Data Element Name	UB-92 Form Locator	UB-92 (Version 6.0) Record Type / Field #	HCFA 1500 #	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment/Qualifier/ Data Element
MC051	Other Diagnosis -10	N/A	N/A	N/A	N/A	837/2300/HI/BF/02-10
MC052	Other Diagnosis -11	N/A	N/A	N/A	N/A	837/2300/HI/BF/02-11
MC053	Other Diagnosis -12	N/A	N/A	N/A	N/A	837/2300/HI/BF/02-12
MC054	Revenue Code	42	50/5,11-13, 60/5,15-16, 61/5,15-16	N/A	N/A	835/2110/SVC/RB/01-2, 835/2110/SVC/NU/01-2
MC055	Procedure Code	44	60/6,15-16, 61/6,15-16	24.1-6 D	FA0-09.0, FB0-15.0, GU0-07.0	835/2110/SVC/HC/01-2
MC056	Procedure Modifier - 1	44	60/7,15-16, 61/7, 15-16	24.1-6 D	FA0-10.0, GU0-08.0	835/2110/SVC/HC/01-3
MC057	Procedure Modifier - 2	44	60/8,15-16, 61/8,15-16	24.1-6 D	FA0-11.0	835/2110/SVC/HC/01-3
MC058	ICD-9-CM Procedure Code	80, 81(A-E)	70/13, 15, 17, 19, 21, 23	N/A	N/A	835/2110/SVC/ID/01-2
MC059	Date of Service - From	45	61/13, 15-16, 61/13, 15-16	24.1-6 A	N/A	835/2110/DTM/150/02
MC060	Date of Service - Thru	N/A	N/A	24.1-6 A	FA0-05.0, FA0-06.0	835/2110/DTM/151/02
MC061	Quantity	46	50/7, 11-13, 60/9,15-16, 61/9,15-16	24.1-6 G	FA0-19.0, FB0-16.0	835/2110/SVC/ /05
MC062	Charge Amount	47	50/8,11-13, 60/10, 15-16, 61/11,15-16	24.1-6 F	FA0-13.0	835/2110/SVC/ /02
MC063	Paid Amount	48	N/A	N/A	N/A	835/2110/SVC/ /03
MC064	Prepaid Amount	N/A	N/A	N/A	N/A	N/A
MC065	Copay Amount	N/A	N/A	N/A	N/A	N/A
MC066	Coinsurance Amount	N/A	N/A	N/A	N/A	N/A
MC067	Deductible Amount	N/A	N/A	N/A	N/A	N/A
MC068	Record Type	N/A	N/A	N/A	N/A	N/A

**Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
PC001	Payer	1/31/2003	Text	6	Payer submitting payments MHDO Submitter Code
PC002	Plan ID	3/31/2004	Text	30	CMS National Plan ID
PC003	Insurance Type/Product Code	1/31/2003	Text	2	12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Risk AM Automobile Medical DS Disability HM Health Maintenance Organization LI Liability LM Liability Medical MA Medicare Part A MB Medicare Part B MC Medicaid OF Other Federal Program (e.g. Black Lung) TV Title V VA Veteran Administration Plan WC Worker's Compensation
PC004	Payer Claim Control Number	1/31/2003	Text	35	Must apply to the entire claim and be unique within the payer's system
PC005	Line Counter	3/31/2004	Integer	4	Line number for this service The line counter begins with 1 and is incremented by 1 for each additional service line of a claim
PC006	Insured Group Number	1/31/2003	Text	30	Group or policy number - not the number that uniquely identifies the subscriber

**Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
PC007	Encrypted Subscriber Social Security Number (Con't)	1/31/2003	Text	30	Encrypted subscriber's social security number Set as null if unavailable
PC008	Plan Specific Contract Number	1/31/2003	Text	30	Encrypted plan assigned contract number Set as null_if contract number = subscriber's social security number
PC009	Member Suffix or Sequence Number	1/31/2003	Integer	2	Uniquely numbers the member within the contract
PC010	Member Identification Code	1/31/2003	Text	30	Encrypted member's social security number Set as null if unavailable
PC011	Individual Relationship Code	1/31/2003	Integer	2	Member's relationship to insured 01 Spouse 04 Grandfather or Grandmother 05 Grandson or Granddaughter 07 Nephew or Niece 10 Foster Child 15 Ward 17 Stepson or Stepdaughter 19 Child 20 Employee/Self 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent 24 Dependent of a Minor Dependent 29 Significant Other 32 Mother 33 Father 36 Emancipated Minor 39 Organ Donor 40 Cadaver Donor 41 Injured Plaintiff 43 Child Where Insured Has No Financial Responsibility

**Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
PC011	Individual Relationship Code (Con't)				53 Life Partner 76 Dependent
PC012	Member Gender	1/31/2003	Integer	1	1 Male 2 Female 3 Unknown
PC013	Member Date of Birth	1/31/2003	Date	8	CCYYMMDD
PC014	Member City Name of Residence	3/31/2004	Text	30	City name of member
PC015	Member State or Province	3/31/2004	Text	2	As defined by the US Postal Service
PC016	Member ZIP Code	1/31/2003	Text	9	ZIP Code of member - may include non-US codes Do not include dash
PC017	Date Service Approved (AP Date)	1/31/2003	Date	8	CCYYMMDD
PC018	Pharmacy Number	1/31/2003	Text	30	Payer assigned pharmacy number AHFS number is acceptable
PC019	Pharmacy Tax ID Number	1/31/2003	Text	10	Federal taxpayer's identification number
PC020	Pharmacy Name	1/31/2003	Text	30	Name of pharmacy
PC021	National Pharmacy ID Number	3/31/2004	Text	20	Required if National Provider ID is mandated for use under HIPAA
PC022	Pharmacy Location City	3/31/2004	Text	30	City name of pharmacy - preferably pharmacy location
PC023	Pharmacy Location State	3/31/2004	Text	2	As defined by the US Postal Service
PC024	Pharmacy ZIP Code	1/31/2003	Text	10	ZIP Code of pharmacy - may include non-US codes Do not include dash
PC025	Claim Status	1/31/2003	Integer	2	01 Processed as primary 02 Processed as secondary

**Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
PC025	Claim Status (con't)				03 Processed as tertiary 04 Denied 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment
PC026	Drug Code	1/31/2003	Text	11	NDC Code
PC027	Drug Name	1/31/2003	Text	80	Text name of drug
PC028	New Prescription	1/31/2003	Integer	2	00 New prescription 01-99 Number of refill
PC029	Generic Drug Indicator	1/31/2003	Text	1	N No, branded drug Y Yes, generic drug
PC030	Dispense as Written Code	1/31/2003	Integer	1	0 Not dispensed as written 1 Physician dispense as written 2 Member dispense as written 3 Pharmacy dispense as written 4 No generic available 5 Brand dispensed as generic 6 Override 7 Substitution not allowed - brand drug mandated by law 8 Substitution allowed - generic drug not available in marketplace 9 Other
PC031	Compound Drug Indicator	3/31/2004	Text	1	N Non-compound drug Y Compound drug U Non-specified drug compound
PC032	Date Prescription Filled	1/31/2003	Date	8	CCYYMMDD

**Appendix E-1
Maine Health Data Organization
Pharmacy Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
PC033	Quantity Dispensed	1/31/2003	Integer	5	Number of metric units of medication dispensed
PC034	Days Supply	1/31/2003	Integer	3	Estimated number of days the prescription will last
PC035	Charge Amount	1/31/2003	Decimal	10	Do not code decimal point
PC036	Paid Amount	1/31/2003	Decimal	10	Includes all health plan payments and excludes all member payments Do not code decimal point
PC037	Ingredient Cost/List Price	1/31/2003	Decimal	10	Cost of the drug dispensed Do not code decimal point
PC038	Postage Amount Claimed	3/31/2004	Decimal	10	Do not code decimal point
PC039	Dispensing Fee	1/31/2003	Decimal	10	Do not code decimal point
PC040	Copay Amount	1/31/2003	Decimal	10	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point
PC041	Coinsurance Amount	1/31/2003	Decimal	10	Do not code decimal point
PC042	Deductible Amount	1/31/2003	Decimal	10	Do not code decimal point
PC043	Record Type	1/31/2003	Text	2	PC

**Appendix E-2
Maine Health Data Organization
Pharmacy Claims File Mapping to National Standards**

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

**Appendix E-2
Maine Health Data Organization
Pharmacy Claims File Mapping to National Standards**

Data Element #	Element	National Council for Prescription Drug Programs Field #
PC028	New Prescription	403-D3
PC029	Generic Drug Indicator	N/A
PC030	Dispense as Written Code	408-D8
PC031	Compound Drug Indicator	406-D6
PC032	Date Prescription Filled	401-D1
PC033	Quantity Dispensed	442-E7
PC034	Days Supply	405-D5
PC035	Charge Amount	804-5B
PC036	Paid Amount	509-F9
PC037	Ingredient Cost/List Price	506-F6
PC038	Postage Amount Claimed	428-DS
PC039	Dispensing Fee	507-F7
PC040	Copay Amount	518-FI
PC041	Coinsurance Amount	518-FI
PC042	Deductible Amount	505-F5
PC043	Record Type	N/A

**Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
DC001	Payer	1/31/2003	Text	6	Payer submitting payments MHDO Submitter Code
DC002	National Plan ID	3/31/2004	Text	30	CMS National Plan ID
DC003	Insurance Type/Product Code	1/31/2003	Text	2	12 Preferred Provider Organization (PPO) 13 Point of Service (POS) 14 Exclusive Provider Organization (EPO) 15 Indemnity Insurance 16 Health Maintenance Organization (HMO) Medicare Risk AM Automobile Medical DS Disability HM Health Maintenance Organization LI Liability LM Liability Medical MA Medicare Part A MB Medicare Part B MC Medicaid OF Other Federal Program (e.g. Black Lung) TV Title V VA Veteran Administration Plan WC Worker's Compensation
DC004	Payer Claim Control Number	1/31/2003	Text	35	Must apply to entire claim and be unique within the payer's system
DC005	Line Counter	3/31/2004	Integer	4	Line number for this service The line counter begins with 1 and is incremented by 1 for each additional service line of a claim
DC006	Insured Group or Policy Number	1/31/2003	Text	30	Group or policy number - not the number that uniquely identifies the subscriber

**Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
DC007	Encrypted Subscriber Social Security Number	1/31/2003	Text	30	Encrypted subscriber's social security number Set as null if unavailable
DC008	Plan Specific Contract Number	1/31/2003	Text	30	Encrypted plan assigned contract number Set as null if contract number = subscriber's social security number
DC009	Member Suffix or Sequence Number	1/31/2003	Integer	2	Uniquely numbers the member within the contract
DC010	Member Identification Code	1/31/2003	Text	30	Encrypted member's social security number Set as null if unavailable
DC011	Individual Relationship Code	1/31/2003	Integer	2	Member's relationship to insured 01 Spouse 04 Grandfather or Grandmother 05 Grandson or Granddaughter 07 Nephew or Niece 10 Foster Child 15 Ward 17 Stepson or Stepdaughter 19 Child 20 Employee/Self 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent 24 Dependent of a Minor Dependent 29 Significant Other 32 Mother 33 Father 36 Emancipated Minor 39 Organ Donor 40 Cadaver Donor 41 Injured Plaintiff 43 Child Where Insured Has No Financial Responsibility

**Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
DC011	Individual Relationship Code (Con't)				53 Life Partner 76 Dependent
DC012	Member Gender	1/31/2003	Text	1	M Male F Female U Unknown
DC013	Member Date of Birth	1/31/2003	Date	8	CCYYMMDD
DC014	Member City Name of Residence	3/31/2004	Text	30	City name of member
DC015	Member State or Province	3/31/2004	Text	2	As defined by the US Postal Service
DC016	Member ZIP Code	1/31/2003	Text	11	ZIP Code of member - may include non-US codes Do not include dash
DC017	Date Service Approved (AP Date)	1/31/2003	Date	8	CCYYMMDD
DC018	Service Provider Number	1/31/2003	Text	30	Payer assigned provider number
DC019	Service Provider Tax ID Number	1/31/2003	Text	10	Federal taxpayer's identification number
DC020	National Service Provider ID	3/31/2004	Text	20	Required if National Provider ID is mandated for use under HIPAA
DC021	Service Provider Entity Type Qualifier	3/31/2004	Text	1	1 Person 2 Non-Person Entity
DC022	Service Provider First Name	1/31/2003	Text	25	Individual first name Set as null if provider is a facility or organization
DC023	Service Provider Middle Name	1/31/2003	Text	25	Individual middle name or initial Set as null if provider is a facility or organization

**Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
DC024	Service Provider Last Name or Organization Name	1/31/2003	Text	35	Full name of provider organization or last name of individual provider
DC025	Service Provider Suffix	1/31/2003	Text	10	Suffix to individual name Set as null if provider is a facility or organization
DC026	Service Provider Specialty	1/31/2003	Text	10	As defined by payer Dictionary for specialty code values must be supplied during Testing
DC027	Service Provider City Name	3/31/2004	Text	30	City name of provider - preferably practice location
DC028	Service Provider State or Province	3/31/2004	Text	2	As defined by the US Postal Service
DC029	Service Provider ZIP Code	1/31/2003	Text	11	ZIP Code of provider - may include non-US codes Do not include dash
DC030	Facility Type - Professional	3/31/2004	Text	2	11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 31 Skilled Nursing Facility 35 Adult Living Care Facility
DC031	Claim Status	1/31/2003	Integer	2	01 Processed as primary 02 Processed as secondary 03 Processed as tertiary 04 Denied 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment

**Appendix F-1
Maine Health Data Organization
Dental Claims File Specifications**

Data Element #	Element	Date Required	Type	Maximum Length	Description/Codes/Sources
DC032	CDT Code	1/31/2003	Text	5	Common Dental Terminology code
DC033	Procedure Modifier - 1	1/31/2003	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
DC034	Procedure Modifier - 2	1/31/2003	Text	2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code
DC035	Date of Service - From	1/31/2003	Date	8	First date of service for this service line CCYYMMDD
DC036	Date of Service - Thru	1/31/2003	Date	8	Last date of service for this service line CCYYMMDD
DC037	Charge Amount	1/31/2003	Decimal	10	Do not code decimal point
DC038	Paid Amount	1/31/2003	Decimal	10	Do not code decimal point
DC039	Copay Amount	1/31/2003	Decimal	10	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point
DC040	Coinsurance Amount	1/31/2003	Decimal	10	Do not code decimal point
DC041	Deductible Amount	1/31/2003	Decimal	10	Do not code decimal point
DC042	Record Type	1/31/2003	Text	2	DC

**Appendix F-2
Maine Health Data Organization
Dental Claims Mapping to National Standards**

Data Element #	Element	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment/Qualifier/ Data Element
DC001	Payer	N/A	N/A
DC002	National Plan ID	N/A	835/1000A/N1/XV/04
DC003	Insurance Type/Product Code	N/A	835/2100/CLP/ /06
DC004	Payer Claim Control Number	N/A	835/2100/CLP/ /07
DC005	Line Counter	FA0-02.0, FB0-02.0, FB1-02.0, GA0-02.0, GC0-02.0, GX0-02.0, GX2-02.0, HA0-02.0, FB2-02.0, GU0-02.0	837/2400/LX/ /01
DC006	Insured Group or Policy Number	DA0-10.0	837/2000B/SBR/ /03
DC007	Encrypted Subscriber Social Security Number	N/A	835/2100/NM1/34/08
DC008	Plan Specific Contract Number	N/A	835/2100/NM1/HN/08
DC009	Member Suffix or Sequence Number	N/A	N/A
DC010	Member Identification Code	N/A	835/2100/NM1/34/08
DC011	Individual Relationship Code	DA0-17.0	837/2000B/SBR/ /02, 837/2000C/PAT/ /01
DC012	Member Gender	CA0-09.0	837/2010CA/DMG/03
DC013	Member Date of Birth	CA0-08.0	837/2010CA/DMG/D8/02
DC014	Member City Name of Residence	CA0-13.0	837/2010CA/N4/ /01
DC015	Member State or Province	CA0-14.0	837/2010CA/N4/ /02
DC016	Member ZIP Code of Residence	CA0-15.0	837/2010CA/N4/ /03
DC017	Date Service Approved	N/A	N/A
DC018	Service Provider Number	N/A	835/2100/NM1/BD/09, 835/2100/NM1/BS/09, 835/2100/NM1/MC/09, 835/2100/NM1/PC/09
DC019	Service Provider Tax ID Number	BA0-09.0, CA0-28.0, BA0-02.0, BA1-02.0, YA0-02.0, BA0-06.0, BA0-10.0, BA0-12.0, BA0-13.0, BA0-14.0, BA0-15.0, BA0-16.0, BA0-17.0, BA0-24.0, YA0-06.0	835/2100/NM1/FI/09
DC020	National Service Provider ID	N/A	835/2100/NM1/XX/09
DC021	Service Provider Entity Type Qualifier	N/A	835/2100/NM1/82/02
DC022	Service Provider First Name	BA0-20.0	835/2100/NM1/82/04
DC023	Service Provider Middle Name	BA0-21.0	835/2100/NM1/82/05
DC024	Service Provider Last Name or Organization Name	BA0-18.0, BA0-19.0	835/2100/NM1/82/03

**Appendix F-2
Maine Health Data Organization
Dental Claims Mapping to National Standards**

Data Element #	Element	NSF (National Standard Format) Locator	HIPAA Reference Transaction Set/Loop/ Segment/Qualifier/ Data Element
DC025	Service Provider Suffix	BA0-22.0	835/2100/NM1/82/07
DC026	Service Provider Specialty	N/A	837/2000A/PRV/ZZ/03
DC027	Service Provider City Name	BA1-09.0, 15.0	837/2010A/N4/ /01
DC028	Service Provider State or Province	BA1-10.0, 16.0	837/2010A/N4/ /02
DC029	Service Provider ZIP Code	BA1-11.0, 17.0	837/2010A/N4/ /03
DC030	Facility Type - Professional	FA0-07.0, GU0-0.50	835/2100/CLP/ /08
DC031	Claim Status	N/A	835/2100/CLP/ /02
DC032	CDT Code	FA0-09.0, FB0-15.0, GU0-07.0	835/2110/SVC/RB/01-2, 835/2110/SVC/NU/01-2
DC033	Procedure Modifier - 1	FA0-10.0, GU0-08.0	835/2110/SVC/HC/01-2
DC034	Procedure Modifier - 2	FA0-11.0	835/2110/SVC/HC/01-3
DC035	Date of Service - From	N/A	835/2110/SVC/HC/01-3
DC036	Date of Service - Thru	FA0-05.0, FA0-06.0	835/2110/DTM/150/02
DC037	Charge Amount	FA0-13.0	835/2110/SVC/ /05
DC038	Paid Amount	N/A	837/2400/SV2/ /07
DC039	Copay Amount	N/A	N/A
DC040	Coinsurance Amount	N/A	N/A
DC041	Deductible Amount	N/A	N/A
DC042	Record Type	N/A	N/A

**Appendix G
Maine Health Data Organization
Transmittal Sheet**

Ship to:

Data Manager
 Maine Health Data Processing Center
 P.O. Box 360
 16 Association Drive
 Manchester, ME 04351

**Maine Health Data Organization
Claims Data Submission Form**

Payer Name: _____

MHDO Submitter Code: _____

Contact Person:

Name _____

Address _____

City, State, Zip Code _____

Phone: _____

E-mail: _____

	Eligibility	Medical	Prescription Drugs	Dental
File Name				
Period Beginning Date				
Period Ending Date				
Record Count *				
Date Processed				
Original Submission				
Resubmission				

** Excluding header and trailer record*

Media: Diskette Zip Disk 100 MB Zip Disk 250 MB Jaz Disk 2 GB CD ROM 650 MB FTP

MHDO Use Only

Date Received: _____ **Date Loaded:** _____

Comments: _____

Appendix H
Maine Health Data Organization
Registration Form

**Maine Health Data Processing Center
Registration Form For Submission of Data to
Maine Health Care Claims Data Bank**

Company Name(s): _____

Mailing Address: _____

1. Does your company currently conduct health insurance related business for residents of the state of Maine? _____ Yes _____ No (Skip to #6)
2. Please complete information below in relationship to the eligibility data your company will be submitting.

Estimated # Members/Covered Lives/Eligibles for 1 Month: _____

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

Media: _____ Diskette _____ CD ROM 650 MB _____ Secure Web Upload
_____ Zip Disk 100 MB _____ Zip Disk 250 MB _____ Jaz Disk 2 GB _____ FTP

3. Will your company be submitting medical claims data? _____ No (Skip to #4) _____ Yes

Estimated # Members/Covered Lives/Eligibles for 1 Month: _____

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

Media: _____ Diskette _____ CD ROM 650 MB _____ Secure Web Upload
_____ Zip Disk 100 MB _____ Zip Disk 250 MB _____ Jaz Disk 2 GB _____ FTP

4. Will your company be submitting pharmacy claims data? No (Skip to #5) Yes

Estimated # Members/Covered Lives/Eligibles for 1 Month: _____

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

Media: Diskette CD ROM 650 MB Secure Web Upload
 Zip Disk 100 MB Zip Disk 250 MB Jaz Disk 2 GB FTP

5. Will your company be submitting dental claims data? No (Skip to #6) Yes

Estimated # Members/Covered Lives/Eligibles for 1 Month: _____

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

Media: Diskette CD ROM 650 MB Secure Web Upload
 Zip Disk 100 MB Zip Disk 250 MB Jaz Disk 2 GB FTP

6. Person completing form:

Contact Name: _____ Phone: _____

Email Address: _____ Fax: _____

Company Name: _____

Mailing Address: _____

Date Completed: _____

Maine Health Data Processing Center
PO Box 360, 16 Association Drive
Manchester, ME 04351

or

Fax: (207) 622-7086 Attention: Data Manager

Questions: Claims Data Manager

info@mhic.org

(207) 623-2555