Side-by-Side Comparison of V1.1 and V2.0 T-MSIS Data Dictionaries

The "NbrFa
rows have

Filter by color (pink) to see a
spreadsheet rows with chan
any of the data elements.

= *See the "Changes..." tabs for a side-by-side comparison of the field values.*

Comparison

NbrFalse	*213*	*213*	*4*	*584*	*570*	*6*	*1085*	*212*	*213*
RowNo	A - DE_NO	B - DATA_ELEMENT_NAME	C - DEFINITION	E - NECESSITY	F - CODING_REQUIREMENT	K - VALID_VALUE	L - LAST_UPDATE_DATE	M - FILENAME	N - FILE_SEGMENT
2	1	1	1	1	1	1	1	1	1
3	1	1	1	1	1	1	1	1	1
4	1	1	1	1	1	1	1	1	1
5	1	1	1	1	1	1	1	1	1
6	1	1	1	1	1	1	1	1	1
7	1	1	1	1	1	1	1	1	1
8	1	1	1	1	1	1	1	1	1
9	1	1	1	1	1	1	1	1	1
10	1	1	1	1	1	1	1	1	1
11	1	1	1	1	1	1	1	1	1
12	1	1	1	1	1	1	1	1	1
13	1	1	1	1	1	1	1	1	1
14	1	1	1	1	1	1	1	1	1
15	1	1	1	1	1	1	1	1	1

16	1	1	1	1	1	1	1	1	1
17	1	1	1	1	1	1	1	1	1
18	1	1	1	1	1	1	1	1	1
19	1	1	1	1	1	1	1	1	1
20	1	1	1	1	1	1	1	1	1
21	1	1	1	1	1	1	1	1	1
22	1	1	1	1	1	1	1	1	1
23	1	1	1	1	1	1	1	1	1
24	1	1	1	1	1	1	1	1	1
25	1	1	1	1	1	1	1	1	1
26	1	1	1	1	1	1	1	1	1
27	1	1	1	1	1	1	1	1	1
28	1	1	1	1	0	1	0	1	1
29	1	1	1	1	0	1	0	1	1
30	1	1	1	1	0	1	0	1	1
31	1	1	1	1	1	1	1	1	1

32	1	1	1	1	1	1	1	1	1
33	1	1	1	1	1	1	1	1	1
34	1	1	1	1	1	1	1	1	1
35	1	1	1	1	1	1	1	1	1
36	1	1	1	1	1	1	1	1	1
37	1	1	1	1	1	1	1	1	1
38	1	1	1	1	1	1	1	1	1
39	1	1	1	1	1	1	1	1	1
40	1	1	1	1	1	1	1	1	1
41	1	1	1	1	1	1	1	1	1
42	1	1	1	1	1	1	1	1	1
43	1	1	1	1	1	1	1	1	1
44	1	1	1	1	1	1	1	1	1
45	1	1	1	0	1	1	0	1	1
46	1	1	1	1	1	1	1	1	1
47	1	1	1	1	1	1	1	1	1
48	1	1	1	0	1	1	0	1	1
49	1	1	1	0	1	1	0	1	1
50	1	1	1	1	1	1	1	1	1
51	1	1	1	1	1	1	1	1	1

52	1	1	1	1	1	1	1	1	1
53	1	1	1	1	1	1	1	1	1
54	1	1	1	1	1	1	1	1	1
55	1	1	1	1	1	1	1	1	1
56	1	1	1	1	1	1	1	1	1
57	1	1	1	0	1	1	0	1	1
58	1	1	1	1	1	1	1	1	1
59	1	1	1	1	1	1	1	1	1
60	1	1	1	1	1	1	1	1	1
61	1	1	1	1	1	1	1	1	1

62	1	1	1	1	1	1	1	1	1
63	1	1	1	1	1	1	1	1	1
64	1	1	1	1	1	1	1	1	1
65	1	1	1	1	1	1	1	1	1

66	1	1	1	1	1	1	1	1	1
67	1	1	1	1	1	1	1	1	1
68	1	1	1	1	1	1	1	1	1
69	1	1	1	1	1	1	1	1	1
70	0	0	1	1	0	1	0	0	0
71	1	1	1	1	1	1	1	1	1
72	1	1	1	1	1	1	1	1	1
73	0	0	1	1	0	1	0	0	0
74	1	1	1	0	1	1	0	1	1
75	1	1	1	1	1	1	1	1	1
76	1	1	1	1	1	1	1	1	1
77	1	1	1	1	1	1	1	1	1
78	1	1	1	1	1	1	1	1	1

79	1	1	1	1	1	1	1	1	1
80	1	1	1	1	0	1	0	1	1
81	0	0	1	1	0	1	0	0	0
82	1	1	1	1	1	1	1	1	1
83	1	1	1	1	1	1	1	1	1
84	0	0	1	1	0	1	0	0	0
85	0	0	1	1	0	1	0	0	0
86	1	1	1	0	1	1	0	1	1
87	0	0	1	1	0	1	0	0	0
88	1	1	1	1	1	1	1	1	1
89	1	1	1	1	1	1	1	1	1

90	1	1	1	1	1	1	1	1	1
91	1	1	1	1	0	1	0	1	1
92	1	1	1	1	1	1	1	1	1
93	1	1	1	1	1	1	1	1	1
94	1	1	1	1	1	1	1	1	1
95	0	0	1	1	0	1	0	0	0
96	1	1	1	0	1	1	0	1	1
97	1	1	1	1	1	1	1	1	1
98	0	0	1	1	0	1	0	0	0
99	0	0	1	1	0	1	0	0	0
100	1	1	1	0	1	1	0	1	1

101	0	0	1	1	0	1	0	0	0
102	1	1	1	1	1	1	1	1	1
103	1	1	1	1	1	1	1	1	1
104	1	1	1	1	1	1	1	1	1
105	1	1	1	1	0	1	0	1	1
106	1	1	1	1	1	1	1	1	1
107	1	1	1	1	1	1	1	1	1
108	1	1	1	1	1	1	1	1	1
109	0	0	1	1	0	1	0	0	0
110	1	1	1	0	1	1	0	1	1
111	1	1	1	1	1	1	1	1	1
112	0	0	1	1	0	1	0	0	0
113	0	0	1	1	0	1	0	0	0

114	1	1	1	0	1	1	0	1	1
115	0	0	1	1	0	1	0	0	0
116	1	1	1	1	1	1	1	1	1
117	1	1	1	1	1	1	1	1	1
118	1	1	1	1	1	1	1	1	1
119	1	1	1	1	0	1	0	1	1
120	1	1	1	1	1	1	1	1	1
121	1	1	1	1	1	1	1	1	1
122	1	1	1	1	1	1	1	1	1
123	0	0	1	1	0	1	0	0	0
124	1	1	1	0	1	1	0	1	1

125	1	1	1	1	1	1	1	1	1
126	0	0	1	1	0	1	0	0	0
127	0	0	1	1	0	1	0	0	0
128	1	1	1	0	1	1	0	1	1
129	0	0	1	1	0	1	0	0	0
130	1	1	1	1	1	1	1	1	1
131	1	1	1	1	1	1	1	1	1
132	1	1	1	1	1	1	1	1	1
133	1	1	1	1	0	1	0	1	1
134	1	1	1	1	1	1	1	1	1
135	1	1	1	1	1	1	1	1	1

136	1	1	1	1	1	1	1	1	1
137	0	0	1	1	0	1	0	0	0
138	1	1	1	0	1	1	0	1	1
139	1	1	1	1	1	1	1	1	1
140	0	0	1	1	0	1	0	0	0
141	0	0	1	1	0	1	0	0	0
142	1	1	1	0	1	1	0	1	1
143	0	0	1	1	0	1	0	0	0
144	1	1	1	1	1	1	1	1	1
145	1	1	1	1	1	1	1	1	1

146	1	1	1	1	1	1	1	1	1
147	1	1	1	1	0	1	0	1	1
148	1	1	1	1	1	1	1	1	1
149	1	1	1	1	1	1	1	1	1
150	1	1	1	1	1	1	1	1	1
151	0	0	1	1	0	1	0	0	0
152	1	1	1	0	1	1	0	1	1
153	1	1	1	1	1	1	1	1	1
154	0	0	1	1	0	1	0	0	0
155	0	0	1	1	0	1	0	0	0
156	1	1	1	0	1	1	0	1	1

157	0	0	1	1	0	1	0	0	0
158	1	1	1	1	1	1	1	1	1
159	1	1	1	1	1	1	1	1	1
160	1	1	1	1	1	1	1	1	1
161	1	1	1	1	0	1	0	1	1
162	1	1	1	1	1	1	1	1	1
163	1	1	1	1	1	1	1	1	1
164	1	1	1	1	1	1	1	1	1
165	0	0	1	1	0	1	0	0	0
166	1	1	1	0	1	1	0	1	1
167	1	1	1	1	1	1	1	1	1
168	0	0	1	1	0	1	0	0	0
169	0	0	1	1	0	1	0	0	0

170	1	1	1	0	1	1	0	1	1
171	0	0	1	1	0	1	0	0	0
172	1	1	1	1	1	1	1	1	1
173	1	1	1	1	1	1	1	1	1
174	1	1	1	1	1	1	1	1	1
175	1	1	1	1	0	1	0	1	1
176	1	1	1	1	1	1	1	1	1
177	1	1	1	1	1	1	1	1	1
178	1	1	1	1	1	1	1	1	1
179	0	0	1	1	0	1	0	0	0
180	1	1	1	0	1	1	0	1	1

181	1	1	1	1	1	1	1	1	1
182	0	0	1	1	0	1	0	0	0
183	0	0	1	1	0	1	0	0	0
184	1	1	1	0	1	1	0	1	1
185	0	0	1	1	0	1	0	0	0
186	1	1	1	1	1	1	1	1	1
187	1	1	1	1	1	1	1	1	1
188	1	1	1	1	1	1	1	1	1
189	1	1	1	1	0	1	0	1	1
190	1	1	1	1	1	1	1	1	1
191	1	1	1	1	1	1	1	1	1

192	1	1	1	1	1	1	1	1	1
193	0	0	1	1	0	1	0	0	0
194	1	1	1	0	1	1	0	1	1
195	1	1	1	1	1	1	1	1	1
196	0	0	1	1	0	1	0	0	0
197	0	0	1	1	0	1	0	0	0
198	1	1	1	0	0	1	0	1	1
199	0	0	1	1	0	1	0	0	0
200	1	1	1	1	1	1	1	1	1
201	1	1	1	1	1	1	1	1	1

202	1	1	1	1	1	1	1	1	1
203	1	1	1	1	0	1	0	1	1
204	1	1	1	1	1	1	1	1	1
205	1	1	1	1	1	1	1	1	1
206	1	1	1	1	1	1	1	1	1
207	0	0	1	1	0	1	0	0	0
208	1	1	1	0	1	1	0	1	1
209	1	1	1	1	1	1	1	1	1
210	0	0	1	1	0	1	0	0	0
211	0	0	1	1	0	1	0	0	0
212	1	1	1	0	1	1	0	1	1

213	0	0	1	1	0	1	0	0	0
214	1	1	1	1	1	1	1	1	1
215	1	1	1	1	1	1	1	1	1
216	1	1	1	1	1	1	1	1	1
217	1	1	1	1	0	1	0	1	1
218	1	1	1	1	1	1	1	1	1
219	1	1	1	1	1	1	1	1	1
220	1	1	1	1	1	1	1	1	1
221	0	0	1	1	0	1	0	0	0
222	1	1	1	0	1	1	0	1	1
223	1	1	1	1	1	1	1	1	1
224	0	0	1	1	0	1	0	0	0
225	0	0	1	1	0	1	0	0	0

226	1	1	1	0	1	1	0	1	1
227	0	0	1	1	0	1	0	0	0
228	1	1	1	1	1	1	1	1	1
229	1	1	1	1	1	1	1	1	1
230	1	1	1	1	1	1	1	1	1
231	1	1	1	1	0	1	0	1	1
232	1	1	1	1	1	1	1	1	1
233	1	1	1	1	1	1	1	1	1
234	1	1	1	1	1	1	1	1	1
235	0	0	1	1	0	1	0	0	0
236	1	1	1	0	1	1	0	1	1

237	1	1	1	1	1	1	1	1	1
238	0	0	1	1	0	1	0	0	0
239	0	0	1	1	0	1	0	0	0
240	1	1	1	0	1	1	0	1	1
241	0	0	1	1	0	1	0	0	0
242	1	1	1	1	1	1	1	1	1
243	1	1	1	1	1	1	1	1	1
244	1	1	1	1	1	1	1	1	1
245	1	1	1	1	1	1	1	1	1
246	1	1	1	1	1	1	1	1	1
247	1	1	1	1	1	1	1	1	1

248	1	1	1	1	1	1	1	1	1
249	1	1	1	1	1	1	1	1	1
250	1	1	1	1	1	1	1	1	1
251	1	1	1	1	1	1	1	1	1
252	1	1	1	0	1	1	0	1	1
253	1	1	1	1	1	1	1	1	1
254	0	0	1	1	0	1	0	0	0
255	1	1	1	0	1	1	0	1	1
256	1	1	1	1	1	1	1	1	1
257	1	1	1	1	1	1	1	1	1
258	0	0	1	1	0	1	0	0	0

259	1	1	1	0	1	1	0	1	1
260	1	1	1	1	1	1	1	1	1
261	0	0	1	1	0	1	0	1	0
262	1	1	1	0	1	1	0	1	1
263	1	1	1	1	1	1	1	1	1
264	1	1	1	1	1	1	1	1	1
265	1	1	1	1	1	1	1	1	1
266	1	1	1	1	1	1	1	1	1
267	1	1	1	1	1	1	1	1	1
268	0	0	1	1	0	1	0	0	0
269	1	1	1	1	1	1	1	1	1

270	1	1	1	1	1	1	1	1	1
271	1	1	1	1	1	1	1	1	1
272	1	1	1	1	1	1	1	1	1
273	1	1	1	1	1	1	1	1	1
274	1	1	1	1	1	1	1	1	1
275	1	1	1	1	1	1	1	1	1
276	1	1	1	1	1	1	1	1	1
277	1	1	1	1	1	1	1	1	1
278	1	1	1	1	1	1	1	1	1
279	1	1	1	1	1	1	1	1	1
280	0	0	1	1	0	1	0	0	0
281	1	1	1	0	1	1	0	1	1
282	1	1	1	1	1	1	1	1	1
283	1	1	1	1	1	1	1	1	1

284	1	1	1	1	1	1	1	1	1
285	0	0	1	1	0	1	0	0	0
286	1	1	1	0	1	1	0	1	1
287	1	1	1	1	1	1	1	1	1
288	1	1	1	1	1	1	1	1	1
289	0	0	1	1	0	1	0	0	0
290	1	1	1	0	1	1	0	1	1
291	1	1	1	1	1	1	1	1	1
292	1	1	1	1	1	1	1	1	1
293	1	1	1	1	1	1	1	1	1
294	1	1	1	1	1	1	1	1	1
295	0	0	1	1	0	1	0	0	0

296	1	1	1	1	1	1	1	1	1
297	1	1	1	1	1	1	1	1	1
298	1	1	1	1	1	1	1	1	1
299	1	1	1	1	1	1	1	1	1
300	1	1	1	1	1	1	1	1	1
301	1	1	1	1	1	1	1	1	1
302	1	1	1	1	1	1	1	1	1
303	1	1	1	1	1	1	1	1	1
304	1	1	1	1	1	1	1	1	1
305	1	1	1	1	1	1	1	1	1

306	1	1	1	1	1	1	1	1	1
307	0	0	1	1	0	1	0	0	0
308	1	1	1	0	1	1	0	1	1
309	1	1	1	1	1	1	1	1	1
310	1	1	1	1	1	1	1	1	1
311	1	1	1	1	1	1	1	1	1
312	0	0	1	1	0	1	0	0	0
313	1	1	1	0	1	1	0	1	1
314	1	1	1	1	1	1	1	1	1
315	1	1	1	1	1	1	1	1	1
316	0	0	1	1	0	1	0	0	0
317	1	1	1	0	1	1	0	1	1
318	1	1	1	1	1	1	1	1	1

319	1	1	1	1	1	1	1	1	1
320	1	1	1	1	1	1	1	1	1
321	1	1	1	1	1	1	1	1	1
322	1	1	1	1	1	1	1	1	1
323	1	1	1	1	1	1	1	1	1
324	0	0	1	1	0	1	0	0	0
325	1	1	1	1	1	1	1	1	1
326	1	1	1	1	1	1	1	1	1
327	1	1	1	1	1	1	1	1	1
328	1	1	1	1	1	1	1	1	1

329	1	1	1	1	1	1	1	1	1
330	1	1	1	1	1	1	1	1	1
331	1	1	1	1	1	1	1	1	1
332	1	1	1	1	1	1	1	1	1
333	1	1	1	1	1	1	1	1	1
334	1	1	1	1	1	1	1	1	1
335	1	1	1	1	1	1	1	1	1
336	1	1	1	1	1	1	1	1	1
337	0	0	1	1	0	1	0	0	0
338	1	1	1	0	1	1	0	1	1
339	1	1	1	1	1	1	1	1	1
340	1	1	1	1	1	1	1	1	1
341	1	1	1	1	1	1	1	1	1
342	1	1	1	1	1	1	1	1	1
343	0	0	1	1	0	1	0	0	0

344	1	1	1	0	1	1	0	1	1
345	1	1	1	1	1	1	1	1	1
346	1	1	1	1	1	1	1	1	1
347	0	0	1	1	0	1	0	0	0
348	1	1	1	0	1	1	0	1	1
349	1	1	1	1	1	1	1	1	1
350	1	1	1	1	1	1	1	1	1
351	1	1	1	1	1	1	1	1	1
352	1	1	1	1	1	1	1	1	1
353	1	1	1	1	1	1	1	1	1
354	0	0	1	1	0	1	0	0	0

355	1	1	1	1	1	1	1	1	1
356	1	1	1	1	1	1	1	1	1
357	1	1	1	1	1	1	1	1	1
358	1	1	1	1	1	1	1	1	1
359	1	1	1	1	1	1	1	1	1
360	1	1	1	1	1	1	1	1	1
361	1	1	1	1	1	1	1	1	1
362	1	1	1	1	1	1	1	1	1
363	1	1	1	1	1	1	1	1	1
364	1	1	1	1	1	1	1	1	1

365	1	1	1	1	1	1	1	1	1
366	0	0	1	1	0	1	0	0	0
367	1	1	1	0	1	1	0	1	1
368	1	1	1	1	1	1	1	1	1
369	1	1	1	1	1	1	1	1	1
370	1	1	1	1	1	1	1	1	1
371	0	0	1	1	0	1	0	0	0
372	1	1	1	0	1	1	0	1	1
373	1	1	1	1	1	1	1	1	1
374	1	1	1	1	1	1	1	1	1
375	0	0	1	1	0	1	0	0	0
376	1	1	1	0	1	1	0	1	1
377	1	1	1	1	1	1	1	1	1
378	1	1	1	1	1	1	1	1	1

379	1	1	1	1	1	1	1	1	1
380	1	1	1	1	1	1	1	1	1
381	1	1	1	1	1	1	1	1	1
382	0	0	1	1	0	1	0	0	0
383	1	1	1	1	1	1	1	1	1
384	1	1	1	1	1	1	1	1	1
385	1	1	1	1	1	1	1	1	1
386	1	1	1	1	1	1	1	1	1
387	1	1	1	1	1	1	1	1	1
388	1	1	1	1	1	1	1	1	1
389	1	1	1	1	1	1	1	1	1

390	1	1	1	1	1	1	1	1	1
391	1	1	1	1	1	1	1	1	1
392	1	1	1	1	1	1	1	1	1
393	1	1	1	1	1	1	1	1	1
394	0	0	1	1	0	1	0	0	0
395	1	1	1	0	1	1	0	1	1
396	1	1	1	1	1	1	1	1	1
397	1	1	1	1	1	1	1	1	1
398	1	1	1	1	1	1	1	1	1
399	0	0	1	1	0	1	0	0	0
400	1	1	1	0	1	1	0	1	1
401	1	1	1	1	1	1	1	1	1

402	1	1	1	1	1	1	1	1	1
403	1	1	1	1	1	1	1	1	1
404	0	0	1	1	0	1	0	0	0
405	1	1	1	0	1	1	0	1	1
406	1	1	1	1	1	1	1	1	1
407	1	1	1	1	1	1	1	1	1
408	1	1	1	1	1	1	1	1	1
409	1	1	1	1	1	1	1	1	1
410	1	1	1	1	1	1	1	1	1
411	0	0	1	1	0	1	0	0	0
412	1	1	1	1	1	1	1	1	1
413	1	1	1	1	1	1	1	1	1
414	1	1	1	1	1	1	1	1	1
415	1	1	1	1	1	1	1	1	1
416	1	1	1	1	1	1	1	1	1
417	1	1	1	1	1	1	1	1	1
418	1	1	1	0	1	1	0	1	1
419	1	1	1	1	1	1	1	1	1
420	1	1	1	1	1	1	1	1	1
421	1	1	1	1	1	1	1	1	1
422	1	1	1	1	1	1	1	1	1
423	1	1	1	1	1	1	1	1	1

424	1	1	1	1	1	1	1	1	1
425	1	1	1	1	1	1	1	1	1
426	1	1	1	1	1	1	1	1	1
427	1	1	1	0	1	1	0	1	1
428	1	1	1	1	1	1	1	1	1
429	1	1	1	1	1	1	1	1	1
430	1	1	1	1	1	1	1	1	1
431	1	1	1	1	1	1	1	1	1
432	1	1	1	1	1	1	1	1	1
433	1	1	1	1	1	1	1	1	1
434	1	1	1	1	1	1	1	1	1
435	1	1	1	1	1	1	1	1	1
436	1	1	1	1	1	1	1	1	1
437	1	1	1	1	1	1	1	1	1
438	1	1	1	1	1	1	1	1	1
439	1	1	1	1	1	1	1	1	1
440	1	1	1	1	1	1	1	1	1
441	1	1	1	1	1	1	1	1	1
442	1	1	1	1	1	1	1	1	1
443	1	1	1	1	1	1	1	1	1
444	1	1	1	1	1	1	1	1	1

445	1	1	1	1	1	1	1	1	1
446	1	1	1	0	1	1	0	1	1
447	1	1	1	0	1	1	0	1	1
448	1	1	1	1	1	1	1	1	1
449	1	1	1	0	1	1	0	1	1
450	1	1	1	1	1	1	1	1	1
451	1	1	1	0	1	1	0	1	1
452	1	1	1	1	1	1	1	1	1
453	1	1	1	1	1	1	1	1	1
454	1	1	1	1	1	1	1	1	1
455	1	1	1	0	1	1	0	1	1
456	1	1	1	1	1	1	1	1	1

457	1	1	1	1	1	1	1	1	1
458	1	1	1	1	1	1	1	1	1
459	1	1	1	1	1	1	1	1	1
460	1	1	1	1	1	1	1	1	1
461	1	1	1	0	1	1	0	1	1
462	1	1	1	1	1	1	1	1	1
463	1	1	1	1	1	1	1	1	1

464	1	1	1	1	1	1	1	1	1
465	1	1	1	0	1	1	0	1	1
466	1	1	1	1	1	1	1	1	1
467	1	1	1	1	1	1	1	1	1
468	1	1	1	0	1	1	0	1	1
469	1	1	1	0	1	1	0	1	1
470	1	1	1	1	1	1	1	1	1
471	1	1	1	1	1	1	1	1	1
472	1	1	1	1	1	1	1	1	1
473	1	1	1	1	1	1	1	1	1
474	1	1	1	0	1	1	0	1	1
475	1	1	1	1	1	1	1	1	1
476	1	1	1	1	1	1	1	1	1
477	1	1	1	1	1	1	1	1	1
478	1	1	1	1	1	1	1	1	1

479	1	1	1	0	1	1	0	1	1
480	1	1	1	1	1	1	1	1	1
481	1	1	1	0	1	1	0	1	1
482	1	1	1	0	1	1	0	1	1
483	1	1	1	0	1	1	0	1	1
484	1	1	1	0	1	1	0	1	1
485	1	1	1	0	1	1	0	1	1
486	1	1	1	1	1	1	1	1	1
487	1	1	1	1	1	1	1	1	1
488	1	1	1	1	1	1	1	1	1
489	1	1	1	1	1	1	1	1	1

490	1	1	1	1	1	1	1	1	1
491	1	1	1	0	1	1	0	1	1
492	1	1	1	1	1	1	1	1	1
493	1	1	1	1	0	1	0	1	1
494	1	1	1	0	1	1	0	1	1
495	1	1	1	1	1	1	1	1	1
496	1	1	1	1	1	1	1	1	1
497	1	1	1	1	1	1	1	1	1
498	1	1	1	1	1	1	1	1	1
499	1	1	1	1	1	1	1	1	1

500	1	1	1	1	1	1	1	1	1
501	1	1	1	0	1	1	0	1	1
502	1	1	1	1	1	1	1	1	1
503	1	1	1	1	1	1	1	1	1
504	1	1	1	1	1	1	1	1	1
505	1	1	1	0	1	1	0	1	1
506	1	1	1	1	1	1	1	1	1
507	1	1	1	1	1	1	1	1	1
508	1	1	1	1	1	1	1	1	1
509	1	1	1	1	1	1	1	1	1
510	1	1	1	1	1	1	1	1	1

511	1	1	1	1	1	1	1	1	1
512	1	1	1	1	1	1	1	1	1
513	1	1	1	1	1	1	1	1	1
514	1	1	1	1	1	1	1	1	1
515	1	1	1	1	1	1	1	1	1
516	1	1	1	0	1	1	0	1	1
517	1	1	1	1	1	1	1	1	1
518	1	1	1	1	1	1	1	1	1
519	1	1	1	1	1	1	1	1	1
520	1	1	1	1	1	1	1	1	1
521	1	1	1	1	1	1	1	1	1
522	1	1	1	1	1	1	1	1	1
523	1	1	1	1	1	1	1	1	1
524	1	1	1	0	1	1	0	1	1

525	1	1	1	0	1	1	0	1	1
526	1	1	1	1	1	1	1	1	1
527	1	1	1	1	1	1	1	1	1
528	0	0	1	1	0	1	0	0	0
529	1	1	1	1	1	1	1	1	1
530	1	1	1	1	1	1	1	1	1
531	0	0	1	1	0	1	0	0	0
532	1	1	1	1	1	1	1	1	1
533	1	1	1	1	1	1	1	1	1
534	0	0	1	1	0	1	0	0	0
535	1	1	1	1	1	1	1	1	1
536	1	1	1	1	1	1	1	1	1
537	0	0	1	1	0	1	0	0	0
538	1	1	1	1	1	1	1	1	1
539	1	1	1	1	1	1	1	1	1

540	0	0	1	1	0	1	0	0	0
541	1	1	1	1	1	1	1	1	1
542	1	1	1	1	1	1	1	1	1
543	0	0	1	1	0	1	0	0	0
544	1	1	1	1	1	1	1	1	1
545	1	1	1	1	1	1	1	1	1
546	0	0	1	1	0	1	0	0	0
547	1	1	1	1	1	1	1	1	1
548	1	1	1	1	1	1	1	1	1
549	0	0	1	1	0	1	0	0	0
550	1	1	1	1	1	1	1	1	1
551	1	1	1	1	1	1	1	1	1
552	0	0	1	1	0	1	0	0	0
553	1	1	1	1	1	1	1	1	1
554	1	1	1	1	1	1	1	1	1

555	0	0	1	1	0	1	0	0	0
556	1	1	1	1	1	1	1	1	1
557	1	1	1	1	1	1	1	1	1
558	1	1	1	1	1	1	1	1	1
559	1	1	1	1	1	1	1	1	1
560	1	1	1	1	1	1	1	1	1
561	0	0	1	1	0	1	0	0	0
562	1	1	1	1	1	1	1	1	1
563	1	1	1	1	1	1	1	1	1
564	1	1	1	1	1	1	1	1	1
565	1	1	1	1	1	1	1	1	1
566	1	1	1	1	1	1	1	1	1
567	0	0	1	1	0	1	0	0	0
568	1	1	1	1	1	1	1	1	1
569	1	1	1	1	1	1	1	1	1
570	1	1	1	1	1	1	1	1	1
571	1	1	1	1	1	1	1	1	1
572	1	1	1	1	1	1	1	1	1
573	0	0	1	1	0	1	0	0	0
574	1	1	1	1	1	1	1	1	1
575	1	1	1	1	1	1	1	1	1
576	1	1	1	1	1	1	1	1	1
577	1	1	1	1	1	1	1	1	1
578	1	1	1	1	1	1	1	1	1

579	0	0	1	1	0	1	0	0	0
580	1	1	1	1	1	1	1	1	1
581	1	1	1	1	1	1	1	1	1
582	1	1	1	1	1	1	1	1	1
583	1	1	1	1	1	1	1	1	1
584	1	1	1	1	1	1	1	1	1
585	0	0	1	1	0	1	0	0	0
586	1	1	1	1	1	1	1	1	1
587	1	1	1	1	1	1	1	1	1
588	1	1	1	1	1	1	1	1	1
589	1	1	1	1	1	1	1	1	1
590	1	1	1	1	1	1	1	1	1
591	0	0	1	1	0	1	0	0	0
592	1	1	1	1	1	1	1	1	1
593	1	1	1	1	1	1	1	1	1
594	1	1	1	1	1	1	1	1	1
595	1	1	1	1	1	1	1	1	1
596	1	1	1	1	1	1	1	1	1
597	0	0	1	1	0	1	0	0	0
598	1	1	1	1	1	1	1	1	1
599	1	1	1	1	1	1	1	1	1
600	1	1	1	1	1	1	1	1	1
601	1	1	1	1	1	1	1	1	1
602	1	1	1	1	1	1	1	1	1

603	0	0	1	1	0	1	0	0	0
604	1	1	1	1	1	1	1	1	1
605	1	1	1	1	1	1	1	1	1
606	1	1	1	1	1	1	1	1	1
607	1	1	1	1	1	1	1	1	1
608	1	1	1	1	1	1	1	1	1
609	0	0	1	1	0	1	0	0	0
610	1	1	1	1	1	1	1	1	1
611	1	1	1	1	1	1	1	1	1
612	1	1	1	1	1	1	1	1	1
613	1	1	1	1	1	1	1	1	1
614	1	1	1	1	1	1	1	1	1
615	0	0	1	1	0	1	0	0	0
616	1	1	1	1	1	1	1	1	1
617	1	1	1	1	1	1	1	1	1
618	1	1	1	1	1	1	1	1	1
619	1	1	1	1	1	1	1	1	1
620	1	1	1	1	1	1	1	1	1
621	1	1	1	1	1	1	1	1	1
622	1	1	1	1	1	1	1	1	1
623	1	1	1	1	1	1	1	1	1
624	1	1	1	1	1	1	1	1	1

625	1	1	1	1	1	1	1	1	1
626	1	1	1	1	1	1	1	1	1
627	1	1	1	1	1	1	1	1	1
628	1	1	1	1	1	1	1	1	1
629	1	1	1	1	1	1	1	1	1
630	1	1	1	1	1	1	1	1	1
631	1	1	1	1	1	1	1	1	1
632	1	1	1	1	1	1	1	1	1
633	1	1	1	1	1	1	1	1	1
634	1	1	1	1	1	1	1	1	1
635	1	1	1	1	1	1	1	1	1
636	1	1	1	1	1	1	1	1	1
637	1	1	1	1	1	1	1	1	1
638	1	1	1	1	1	1	1	1	1
639	1	1	1	1	1	1	1	1	1
640	1	1	1	1	1	1	1	1	1
641	1	1	1	1	1	1	1	1	1
642	1	1	1	1	1	1	1	1	1
643	1	1	1	1	1	1	1	1	1
644	1	1	1	1	1	1	1	1	1
645	1	1	1	1	1	1	1	1	1
646	1	1	1	1	1	1	1	1	1
647	1	1	1	1	1	1	1	1	1

648	1	1	1	1	1	1	1	1	1
649	1	1	1	1	1	1	1	1	1
650	1	1	1	1	1	1	1	1	1
651	1	1	1	1	1	1	1	1	1
652	1	1	1	1	1	1	1	1	1
653	1	1	1	1	1	1	1	1	1
654	1	1	1	1	1	1	1	1	1
655	1	1	1	1	1	1	1	1	1
656	1	1	1	1	1	1	1	1	1
657	1	1	1	1	1	1	1	1	1
658	1	1	1	1	1	1	1	1	1
659	1	1	1	1	1	1	1	1	1
660	1	1	1	1	1	1	1	1	1
661	1	1	1	1	1	1	1	1	1
662	1	1	1	1	1	1	1	1	1
663	1	1	1	1	1	1	1	1	1
664	1	1	1	1	1	1	1	1	1
665	1	1	1	1	1	1	1	1	1
666	1	1	1	1	1	1	1	1	1
667	1	1	1	1	1	1	1	1	1
668	1	1	1	1	1	1	1	1	1
669	1	1	1	1	1	1	1	1	1

670	1	1	1	1	1	1	1	1	1
671	1	1	1	1	1	1	1	1	1
672	1	1	1	1	1	1	1	1	1
673	1	1	1	1	1	1	1	1	1
674	1	1	1	1	1	1	1	1	1
675	1	1	1	1	1	1	1	1	1
676	1	1	1	1	1	1	1	1	1
677	1	1	1	1	1	1	0	1	1
678	1	1	1	0	0	1	0	1	1
679	0	0	1	1	0	1	0	0	0
680	1	1	1	1	0	1	0	1	1
681	0	0	1	1	0	1	0	0	0
682	1	1	1	1	1	1	1	1	1
683	1	1	1	1	0	1	0	1	1
684	1	1	1	0	1	1	0	1	1
685	1	1	1	1	1	1	1	1	1

686	1	1	1	1	1	1	1	1	1
687	1	1	1	1	1	1	1	1	1
688	1	1	1	1	1	1	1	1	1
689	1	1	1	0	1	1	0	1	1
690	1	1	1	1	1	1	1	1	1
691	1	1	1	1	1	1	1	1	1
692	1	1	1	1	1	1	1	1	1
693	1	1	1	1	1	1	1	1	1
694	1	1	1	0	1	1	0	1	1
695	1	1	1	1	1	1	1	1	1
696	1	1	1	1	1	1	1	1	1
697	1	1	1	1	0	1	0	1	1
698	1	1	1	1	0	1	0	1	1
699	1	1	1	0	0	1	0	1	1
700	1	1	1	1	0	1	0	1	1

701	1	1	1	1	0	1	0	1	1
702	1	1	1	1	0	1	0	1	1
703	1	1	1	1	1	1	1	1	1
704	1	1	1	1	0	1	0	1	1
705	1	1	1	1	0	1	0	1	1
706	1	1	1	1	0	1	1	1	1
707	1	1	1	1	1	1	1	1	1
708	1	1	1	1	1	1	1	1	1
709	1	1	1	1	1	1	1	1	1
710	1	1	1	1	1	1	1	1	1
711	1	1	1	1	0	1	1	1	1
712	1	1	1	1	1	1	1	1	1
713	1	1	1	1	0	1	1	1	1
714	1	1	1	1	0	1	1	1	1
715	1	1	1	1	1	1	1	1	1
716	1	1	1	1	1	1	1	1	1
717	1	1	1	0	1	1	0	1	1
718	1	1	1	1	1	1	1	1	1

719	1	1	1	1	1	1	1	1	1
720	1	1	1	0	1	1	0	1	1
721	1	1	1	1	1	1	1	1	1
722	1	1	1	1	1	1	1	1	1
723	1	1	1	0	1	1	0	1	1
724	1	1	1	0	1	1	0	1	1
725	1	1	1	1	0	1	1	1	1
726	1	1	1	1	0	1	1	1	1
727	1	1	1	1	0	1	1	1	1
728	1	1	1	1	1	1	1	1	1
729	1	1	1	1	1	1	1	1	1
730	1	1	1	1	1	1	1	1	1
731	1	1	1	0	1	1	0	1	1
732	1	1	1	0	1	1	0	1	1
733	1	1	1	1	1	1	1	1	1
734	1	1	1	0	1	1	0	1	1

735	1	1	1	0	1	1	0	1	1
736	1	1	1	1	1	1	1	1	1
737	1	1	1	1	1	1	1	1	1
738	1	1	1	0	0	1	0	1	1
739	1	1	1	1	1	1	1	1	1
740	1	1	1	1	0	1	1	1	1
741	1	1	1	1	0	1	1	1	1
742	1	1	1	0	1	1	0	1	1
743	1	1	1	1	1	1	1	1	1
744	1	1	1	1	1	1	1	1	1
745	1	1	1	0	1	1	0	1	1
746	1	1	1	0	1	1	0	1	1
747	1	1	1	1	1	1	1	1	1
748	1	1	1	1	1	1	1	1	1
749	1	1	1	1	1	1	1	1	1

750	1	1	1	1	1	1	1	1	1
751	1	1	1	1	1	1	1	1	1
752	1	1	1	1	1	1	1	1	1
753	1	1	1	1	1	1	1	1	1
754	1	1	1	1	1	1	1	1	1
755	1	1	1	0	1	1	0	1	1
756	1	1	1	1	1	1	1	1	1
757	1	1	1	1	1	1	1	1	1
758	1	1	1	1	1	1	1	1	1
759	1	1	1	1	1	1	1	1	1
760	1	1	1	1	1	1	1	1	1
761	1	1	1	1	1	1	1	1	1

762	0	0	1	1	0	0	0	0	0
763	1	1	1	0	1	1	0	1	1
764	0	0	1	1	0	1	0	0	0
765	1	1	1	1	1	1	1	1	1
766	1	1	1	1	1	1	1	1	1
767	1	1	1	1	1	1	1	1	1
768	1	1	1	0	1	1	0	1	1
769	1	1	1	1	1	1	1	1	1
770	1	1	1	0	1	1	0	1	1
771	1	1	1	0	1	1	0	1	1

772	1	1	1	1	1	1	1	1	1
773	1	1	1	1	1	1	1	1	1
774	1	1	1	0	1	1	0	1	1
775	1	1	1	1	1	1	1	1	1
776	1	1	1	1	1	1	1	1	1
777	1	1	1	0	1	1	0	1	1
778	1	1	1	1	1	1	1	1	1
779	1	1	1	0	1	1	0	1	1
780	1	1	1	1	1	1	1	1	1
781	1	1	1	1	1	1	1	1	1
782	1	1	1	0	1	1	0	1	1
783	1	1	1	1	1	1	1	1	1
784	1	1	1	1	1	1	1	1	1
785	1	1	1	0	1	1	0	1	1
786	1	1	1	1	1	1	1	1	1
787	1	1	1	1	1	1	1	1	1
788	1	1	1	0	1	1	0	1	1
789	1	1	1	1	1	1	1	1	1
790	1	1	1	1	1	1	1	1	1
791	1	1	1	0	1	1	0	1	1

792	1	1	1	0	0	0	0	1	1
793	1	1	1	1	1	1	1	1	1
794	1	1	1	0	1	1	0	1	1
795	1	1	1	0	1	1	0	1	1
796	1	1	1	1	1	1	1	1	1
797	1	1	1	0	1	1	0	1	1
798	1	1	1	1	1	1	1	1	1
799	1	1	1	0	1	1	0	1	1
800	1	1	1	1	1	1	1	1	1
801	1	1	1	0	1	1	0	1	1
802	1	1	1	0	1	1	0	1	1
803	1	1	1	1	1	1	1	1	1
804	1	1	1	0	1	1	0	1	1
805	1	1	1	1	1	1	1	1	1
806	0	0	1	1	0	1	0	0	0

807	1	1	1	0	1	1	0	1	1
808	1	1	1	1	1	1	1	1	1
809	1	1	1	1	1	1	1	1	1
810	1	1	1	0	0	1	0	1	1
811	1	1	1	1	1	1	1	1	1
812	0	0	1	1	0	1	0	0	0
813	1	1	1	0	1	1	0	1	1
814	1	1	1	1	1	1	1	1	1
815	1	1	1	1	1	1	1	1	1
816	0	0	1	1	0	1	0	0	0
817	1	1	1	0	0	1	0	1	1
818	1	1	1	1	1	1	1	1	1
819	1	1	1	0	1	1	0	1	1
820	1	1	1	1	1	1	1	1	1
821	1	1	1	1	1	1	1	1	1
822	1	1	1	0	1	1	0	1	1
823	1	1	1	1	1	1	1	1	1

824	1	1	1	1	1	1	1	1	1
825	1	1	1	1	1	1	1	1	1
826	1	1	1	1	0	1	0	1	1
827	1	1	1	1	0	1	0	1	1
828	1	1	1	1	0	1	0	1	1
829	1	1	1	1	0	1	0	1	1
830	1	1	1	1	0	1	0	1	1
831	1	1	1	1	1	1	1	1	1
832	1	1	1	1	1	1	1	1	1
833	1	1	1	1	1	1	1	1	1
834	1	1	1	1	1	1	1	1	1
835	1	1	1	1	1	1	1	1	1
836	1	1	1	1	1	1	1	1	1

837	1	1	1	1	1	1	1	1	1
838	1	1	1	1	1	1	1	1	1
839	1	1	1	1	1	1	1	1	1
840	1	1	1	1	1	1	1	1	1
841	1	1	1	0	1	1	0	1	1
842	1	1	1	1	1	1	1	1	1
843	1	1	1	1	1	1	1	1	1
844	1	1	1	1	1	1	1	1	1
845	1	1	1	0	1	1	0	1	1
846	1	1	1	1	1	1	1	1	1
847	1	1	1	1	1	1	1	1	1
848	1	1	1	1	1	1	1	1	1
849	1	1	1	0	1	1	0	1	1
850	1	1	1	1	1	1	1	1	1
851	1	1	1	1	1	1	1	1	1
852	1	1	1	1	1	1	1	1	1
853	1	1	1	0	1	1	0	1	1
854	1	1	1	1	1	1	1	1	1

855	1	1	1	0	1	1	0	1	1
856	1	1	1	1	1	1	1	1	1
857	1	1	1	1	1	1	1	1	1
858	1	1	1	1	1	1	1	1	1
859	1	1	1	1	1	1	1	1	1
860	1	1	1	0	1	1	0	1	1
861	1	1	1	1	1	1	1	1	1
862	1	1	1	1	1	1	1	1	1
863	1	1	1	1	1	1	1	1	1
864	1	1	1	1	1	1	1	1	1
865	1	1	1	1	1	1	1	1	1
866	1	1	1	1	1	1	1	1	1
867	1	1	1	1	1	1	1	1	1
868	1	1	1	1	1	1	1	1	1
869	1	1	1	1	1	1	1	1	1

870	1	1	1	1	1	1	1	1	1
871	1	1	1	1	1	1	1	1	1
872	1	1	1	1	1	1	1	1	1
873	1	1	1	1	1	1	1	1	1
874	1	1	1	1	1	1	1	1	1
875	1	1	1	1	1	1	1	1	1
876	1	1	1	1	1	1	1	1	1
877	1	1	1	1	1	1	1	1	1
878	1	1	1	0	1	1	0	1	1
879	1	1	1	1	1	1	1	1	1
880	1	1	1	1	1	1	1	1	1
881	1	1	1	1	1	1	1	1	1
882	1	1	1	0	1	1	0	1	1
883	1	1	1	0	1	1	0	1	1
884	1	1	1	1	1	1	1	1	1
885	1	1	1	1	1	1	1	1	1
886	1	1	1	1	1	1	1	1	1

887	1	1	1	1	1	1	1	1	1
888	1	1	1	1	1	1	1	1	1
889	1	1	1	0	1	1	0	1	1
890	1	1	1	1	1	1	1	1	1
891	1	1	1	1	1	1	1	1	1
892	1	1	1	1	1	1	1	1	1
893	1	1	1	1	1	1	1	1	1
894	1	1	1	1	1	1	1	1	1
895	1	1	1	1	1	1	1	1	1
896	1	1	1	0	1	1	0	1	1
897	1	1	1	0	1	1	0	1	1
898	1	1	1	1	1	1	1	1	1
899	1	1	1	1	1	1	1	1	1
900	1	1	1	1	1	1	1	1	1
901	1	1	1	0	1	1	0	1	1

902	1	1	1	1	1	1	1	1	1
903	1	1	1	0	1	1	0	1	1
904	1	1	1	1	1	1	1	1	1
905	1	1	1	1	1	1	1	1	1
906	1	1	1	1	1	1	1	1	1
907	1	1	1	1	1	1	1	1	1
908	1	1	1	1	0	1	0	1	1
909	1	1	1	1	1	1	1	1	1
910	1	1	1	1	1	1	1	1	1
911	1	1	1	1	1	1	1	1	1
912	1	1	1	1	1	1	1	1	1

913	1	1	1	1	1	1	1	1	1
914	1	1	1	1	1	1	1	1	1
915	1	1	1	1	1	1	1	1	1
916	1	1	0	0	1	1	0	1	1
917	1	1	1	1	0	1	1	1	1
918	1	1	1	1	0	1	1	1	1
919	1	1	1	1	0	1	1	1	1
920	1	1	1	0	1	1	0	1	1
921	1	1	1	1	1	1	1	1	1
922	1	1	1	1	1	1	1	1	1
923	1	1	1	0	1	1	0	1	1
924	1	1	1	0	1	1	0	1	1
925	1	1	1	0	1	1	0	1	1
926	1	1	1	1	0	1	1	1	1
927	1	1	1	1	0	1	1	1	1

928	1	1	1	0	1	1	0	1	1
929	1	1	1	1	1	1	1	1	1
930	1	1	1	1	1	1	1	1	1
931	1	1	1	1	1	1	1	1	1
932	1	1	1	1	1	1	1	1	1
933	1	1	1	1	1	1	1	1	1
934	1	1	1	0	1	1	0	1	1
935	1	1	1	1	1	1	1	1	1
936	1	1	1	0	1	1	0	1	1
937	1	1	1	0	1	1	0	1	1

938	1	1	1	1	0	1	0	1	1
939	1	1	1	1	0	1	0	1	1
940	1	1	1	0	0	1	0	1	1
941	1	1	1	0	0	1	0	1	1
942	1	1	1	1	1	1	1	1	1
943	1	1	1	1	1	1	1	1	1
944	1	1	1	1	1	1	1	1	1
945	1	1	1	1	1	1	1	1	1
946	1	1	1	1	1	1	1	1	1
947	1	1	1	1	1	1	1	1	1
948	1	1	1	0	0	1	0	1	1
949	1	1	1	1	1	1	1	1	1
950	1	1	1	0	1	1	0	1	1

951	1	1	1	1	1	1	1	1	1
952	1	1	1	1	1	1	1	1	1
953	1	1	1	1	1	1	1	1	1
954	1	1	1	1	1	1	1	1	1
955	1	1	1	1	1	1	1	1	1
956	1	1	1	1	1	1	1	1	1
957	1	1	1	1	1	1	1	1	1
958	1	1	1	1	1	1	1	1	1
959	1	1	1	1	1	1	1	1	1
960	1	1	1	1	1	1	1	1	1
961	1	1	1	0	1	1	0	1	1
962	1	1	1	0	1	1	0	1	1
963	1	1	1	1	0	1	0	1	1
964	1	1	1	1	1	1	1	1	1
965	1	1	1	1	1	1	1	1	1
966	1	1	1	1	1	1	1	1	1
967	1	1	1	1	1	1	1	1	1

968	1	1	1	1	1	1	1	1	1
969	1	1	1	1	1	1	1	1	1
970	1	1	1	1	1	1	1	1	1
971	1	1	1	1	1	1	1	1	1
972	1	1	1	1	1	1	1	1	1
973	1	1	1	1	1	1	1	1	1
974	1	1	1	1	1	1	1	1	1
975	1	1	1	1	1	1	1	1	1
976	1	1	1	1	1	1	1	1	1
977	1	1	1	1	1	1	1	1	1
978	1	1	1	1	1	1	1	1	1
979	1	1	1	1	1	1	1	1	1
980	1	1	1	1	1	1	1	1	1
981	1	1	1	1	1	1	1	1	1
982	1	1	1	1	1	1	1	1	1
983	1	1	1	1	1	1	1	1	1
984	1	1	1	1	1	1	1	1	1
985	1	1	1	1	1	1	1	1	1
986	1	1	1	1	1	1	1	1	1
987	1	1	1	1	1	1	1	1	1

988	1	1	1	1	1	1	1	1	1
989	1	1	1	1	1	1	1	1	1
990	1	1	1	1	0	1	0	1	1
991	1	1	1	1	0	1	0	1	1
992	1	1	1	1	0	1	0	1	1
993	1	1	1	1	0	1	0	1	1
994	1	1	1	1	1	1	1	1	1
995	1	1	1	1	1	1	1	1	1
996	1	1	1	1	1	1	1	1	1
997	1	1	1	1	1	1	1	1	1
998	1	1	1	1	1	1	1	1	1
999	1	1	1	1	1	1	1	1	1
1000	1	1	1	1	1	1	1	1	1
1001	1	1	1	1	1	1	1	1	1
1002	1	1	1	1	1	1	1	1	1

1003	1	1	1	1	1	1	1	1	1
1004	1	1	1	1	1	1	1	1	1
1005	1	1	1	1	1	1	1	1	1
1006	1	1	1	1	1	1	1	1	1
1007	1	1	1	0	1	1	0	1	1
1008	1	1	1	1	1	1	1	1	1
1009	1	1	1	1	1	1	1	1	1
1010	1	1	1	0	1	1	0	1	1
1011	1	1	1	0	1	1	0	1	1
1012	1	1	1	1	1	1	1	1	1
1013	1	1	1	1	1	1	1	1	1
1014	1	1	1	1	1	1	1	1	1
1015	1	1	1	1	1	1	1	1	1
1016	1	1	1	1	1	1	1	1	1
1017	1	1	1	1	1	1	1	1	1
1018	1	1	1	0	1	1	0	1	1

1019	1	1	1	1	1	1	1	1	1
1020	1	1	1	1	1	1	1	1	1
1021	1	1	1	1	1	1	1	1	1
1022	1	1	1	1	1	1	1	1	1
1023	1	1	1	1	1	1	1	1	1
1024	1	1	1	1	1	1	1	1	1
1025	1	1	1	1	1	1	1	1	1
1026	0	0	1	1	0	1	0	0	0
1027	1	1	1	1	1	1	1	1	1

1028	1	1	1	1	1	1	1	1	1
1029	1	1	1	1	1	1	1	1	1
1030	0	0	1	1	0	1	0	0	0
1031	1	1	1	0	1	1	0	1	1
1032	1	1	1	1	1	1	1	1	1
1033	1	1	1	1	1	1	1	1	1
1034	1	1	1	1	1	1	1	1	1
1035	1	1	1	1	1	1	1	1	1
1036	1	1	1	1	1	1	1	1	1
1037	1	1	1	1	0	1	0	1	1
1038	0	0	1	1	0	1	0	0	0
1039	1	1	1	1	1	1	1	1	1
1040	1	1	1	1	1	1	1	1	1
1041	0	0	1	1	0	1	0	0	0

1042	0	0	1	1	0	1	0	0	0
1043	1	1	1	0	1	1	0	1	1
1044	0	0	1	1	0	1	0	0	0
1045	1	1	1	1	1	1	1	1	1
1046	1	1	1	1	1	1	1	1	1
1047	1	1	1	1	1	1	1	1	1
1048	1	1	1	1	0	1	0	1	1
1049	1	1	1	1	1	1	1	1	1
1050	1	1	1	1	1	1	1	1	1
1051	1	1	1	1	1	1	1	1	1
1052	0	0	1	1	0	1	0	0	0

1053	1	1	1	0	1	1	0	1	1
1054	1	1	1	1	1	1	1	1	1
1055	0	0	1	1	0	1	0	0	0
1056	0	0	1	1	0	1	0	0	0
1057	1	1	1	0	1	1	0	1	1
1058	0	0	1	1	0	1	0	0	0
1059	1	1	1	1	1	1	1	1	1
1060	1	1	1	1	1	1	1	1	1
1061	1	1	1	1	1	1	1	1	1
1062	1	1	1	1	0	1	0	1	1

1063	1	1	1	1	1	1	1	1	1
1064	1	1	1	1	1	1	1	1	1
1065	1	1	1	1	1	1	1	1	1
1066	0	0	1	1	0	1	0	0	0
1067	1	1	1	0	1	1	0	1	1
1068	1	1	1	1	1	1	1	1	1
1069	0	0	1	1	0	1	0	0	0
1070	0	0	1	1	0	1	0	0	0
1071	1	1	1	0	1	1	0	1	1
1072	0	0	1	1	0	1	0	0	0

1073	1	1	1	1	1	1	1	1	1
1074	1	1	1	1	1	1	1	1	1
1075	1	1	1	1	1	1	1	1	1
1076	1	1	1	1	0	1	0	1	1
1077	1	1	1	1	1	1	1	1	1
1078	1	1	1	1	1	1	1	1	1
1079	1	1	1	1	1	1	1	1	1
1080	0	0	1	1	0	1	0	0	0
1081	1	1	1	0	1	1	0	1	1
1082	1	1	1	1	1	1	1	1	1
1083	0	0	1	1	0	1	0	0	0
1084	0	0	1	1	0	1	0	0	0

1085	1	1	1	0	1	1	0	1	1
1086	0	0	1	1	0	1	0	0	0
1087	1	1	1	1	1	1	1	1	1
1088	1	1	1	1	1	1	1	1	1
1089	1	1	1	1	1	1	1	1	1
1090	1	1	1	1	0	1	0	1	1
1091	1	1	1	1	1	1	1	1	1
1092	1	1	1	1	1	1	1	1	1
1093	1	1	1	1	1	1	1	1	1
1094	0	0	1	1	0	1	0	0	0
1095	1	1	1	0	1	1	0	1	1

1096	1	1	1	1	1	1	1	1	1
1097	0	0	1	1	0	1	0	0	0
1098	0	0	1	1	0	1	0	0	0
1099	1	1	1	0	1	1	0	1	1
1100	0	0	1	1	0	1	0	0	0
1101	1	1	1	1	1	1	1	1	1
1102	1	1	1	1	1	1	1	1	1
1103	1	1	1	1	1	1	1	1	1
1104	1	1	1	1	1	1	1	1	1
1105	1	1	1	1	1	1	1	1	1
1106	1	1	1	1	1	1	1	1	1
1107	1	1	1	0	1	1	0	1	1
1108	1	1	1	1	1	1	1	1	1
1109	1	1	1	1	1	1	1	1	1
1110	1	1	1	1	1	1	1	1	1
1111	1	1	1	1	1	1	1	1	1

1112	1	1	1	1	1	1	1	1	1
1113	1	1	1	1	1	1	1	1	1
1114	1	1	1	1	1	1	1	1	1
1115	1	1	1	0	1	1	0	1	1
1116	1	1	1	1	1	1	1	1	1
1117	1	1	1	1	1	1	1	1	1
1118	1	1	1	1	1	1	1	1	1
1119	1	1	1	1	1	1	1	1	1
1120	1	1	1	1	1	1	1	1	1
1121	1	1	1	1	1	1	1	1	1
1122	1	1	1	1	1	1	1	1	1
1123	1	1	1	1	1	1	1	1	1
1124	1	1	1	1	1	1	1	1	1
1125	1	1	1	1	1	1	1	1	1
1126	1	1	1	1	1	1	1	1	1
1127	1	1	1	1	1	1	1	1	1
1128	1	1	1	1	1	1	1	1	1

1129	1	1	1	1	1	1	1	1	1
1130	1	1	1	1	1	1	1	1	1
1131	1	1	1	1	1	1	1	1	1
1132	1	1	1	1	1	1	1	1	1
1133	1	1	1	1	1	1	1	1	1
1134	1	1	1	1	1	1	1	1	1
1135	1	1	1	1	1	1	1	1	1
1136	1	1	1	1	1	1	1	1	1
1137	1	1	1	1	1	1	1	1	1
1138	1	1	1	1	1	1	1	1	1
1139	1	1	1	1	1	1	1	1	1
1140	1	1	1	1	1	1	1	1	1
1141	1	1	1	1	1	1	1	1	1
1142	1	1	1	1	1	1	1	1	1
1143	1	1	1	1	1	1	1	1	1
1144	1	1	1	1	1	1	1	1	1
1145	1	1	1	1	1	1	1	1	1
1146	1	1	1	1	1	1	1	1	1
1147	1	1	1	1	1	1	1	1	1
1148	1	1	1	1	1	1	1	1	1
1149	1	1	1	1	1	1	1	1	1

1150	1	1	1	1	1	1	1	1	1
1151	1	1	1	1	1	1	1	1	1
1152	1	1	1	1	1	1	1	1	1
1153	1	1	1	0	1	1	0	1	1
1154	1	1	1	1	1	1	1	1	1
1155	1	1	1	0	1	1	0	1	1
1156	1	1	1	1	1	1	1	1	1
1157	1	1	1	1	1	1	1	1	1
1158	1	1	1	1	1	1	1	1	1
1159	1	1	1	1	1	1	1	1	1

1160	1	1	1	1	1	1	1	1	1
1161	1	1	1	1	1	1	1	1	1
1162	1	1	1	1	1	1	1	1	1
1163	1	1	1	0	1	1	0	1	1
1164	1	1	1	1	1	1	1	1	1
1165	1	1	1	1	1	1	1	1	1
1166	1	1	1	1	1	1	1	1	1
1167	1	1	1	0	1	1	0	1	1
1168	1	1	1	1	1	1	1	1	1

1169	1	1	1	1	1	1	1	1	1
1170	1	1	1	0	1	1	0	1	1
1171	1	1	1	0	1	1	0	1	1
1172	1	1	1	1	1	1	1	1	1
1173	1	1	1	1	1	1	1	1	1
1174	1	1	1	1	1	1	1	1	1
1175	1	1	1	0	1	1	0	1	1
1176	1	1	1	1	1	1	1	1	1
1177	1	1	1	1	1	1	1	1	1
1178	1	1	1	1	1	1	1	1	1
1179	1	1	1	0	1	1	0	1	1
1180	1	1	1	1	1	1	1	1	1
1181	1	1	1	0	1	1	0	1	1
1182	1	1	1	0	1	1	0	1	1

1183	1	1	1	0	1	1	0	1	1
1184	1	1	1	0	1	1	0	1	1
1185	1	1	1	0	1	1	0	1	1
1186	1	1	1	1	1	1	1	1	1
1187	1	1	1	1	1	1	1	1	1
1188	1	1	1	1	1	1	1	1	1
1189	1	1	1	1	1	1	1	1	1
1190	1	1	1	1	1	1	1	1	1
1191	1	1	1	0	1	1	0	1	1

1192	1	1	1	1	1	1	1	1	1
1193	1	1	1	1	0	1	0	1	1
1194	1	1	1	0	1	1	0	1	1
1195	1	1	1	1	1	1	1	1	1
1196	1	1	1	1	1	1	1	1	1
1197	1	1	1	1	1	1	1	1	1
1198	1	1	1	1	1	1	1	1	1
1199	1	1	1	1	1	1	1	1	1
1200	1	1	1	1	1	1	1	1	1
1201	1	1	1	0	1	1	0	1	1
1202	1	1	1	1	1	1	1	1	1
1203	1	1	1	1	1	1	1	1	1
1204	1	1	1	1	1	1	1	1	1

1205	1	1	1	1	1	1	1	1	1
1206	1	1	1	0	1	1	0	1	1
1207	1	1	1	1	1	1	1	1	1
1208	1	1	1	1	1	1	1	1	1
1209	1	1	1	1	1	1	1	1	1
1210	1	1	1	1	1	1	1	1	1
1211	1	1	1	1	1	1	1	1	1
1212	1	1	1	1	1	1	1	1	1
1213	1	1	1	1	1	1	1	1	1
1214	1	1	1	1	1	1	1	1	1

1215	1	1	1	1	1	1	1	1	1
1216	1	1	1	1	1	1	1	1	1
1217	1	1	1	0	1	1	0	1	1
1218	1	1	1	1	1	1	1	1	1
1219	1	1	1	1	1	1	1	1	1
1220	1	1	1	1	1	1	1	1	1
1221	1	1	1	1	1	1	1	1	1
1222	1	1	1	1	1	1	1	1	1
1223	1	1	1	1	1	1	1	1	1
1224	1	1	1	0	1	1	0	1	1
1225	1	1	1	0	1	1	0	1	1
1226	1	1	1	1	1	1	1	1	1
1227	1	1	1	1	1	1	1	1	1
1228	0	0	1	1	0	1	0	0	0
1229	1	1	1	1	1	1	1	1	1
1230	1	1	1	1	1	1	1	1	1
1231	0	0	1	1	0	1	0	0	0

1232	1	1	1	1	1	1	1	1	1
1233	1	1	1	1	1	1	1	1	1
1234	0	0	1	1	0	1	0	0	0
1235	1	1	1	1	1	1	1	1	1
1236	1	1	1	1	1	1	1	1	1
1237	0	0	1	1	0	1	0	0	0
1238	1	1	1	1	1	1	1	1	1
1239	1	1	1	1	1	1	1	1	1
1240	0	0	1	1	0	1	0	0	0
1241	1	1	1	1	1	1	1	1	1
1242	1	1	1	1	1	1	1	1	1
1243	0	0	1	1	0	1	0	0	0
1244	1	1	1	1	1	1	1	1	1
1245	1	1	1	1	1	1	1	1	1
1246	0	0	1	1	0	1	0	0	0

1247	1	1	1	1	1	1	1	1	1
1248	1	1	1	1	1	1	1	1	1
1249	0	0	1	1	0	1	0	0	0
1250	1	1	1	1	1	1	1	1	1
1251	1	1	1	1	1	1	1	1	1
1252	0	0	1	1	0	1	0	0	0
1253	1	1	1	1	1	1	1	1	1
1254	1	1	1	1	1	1	1	1	1
1255	0	0	1	1	0	1	0	0	0
1256	1	1	1	1	1	1	1	1	1
1257	1	1	1	1	1	1	1	1	1
1258	1	1	1	1	1	1	1	1	1
1259	1	1	1	1	1	1	1	1	1
1260	1	1	1	1	1	1	1	1	1
1261	0	0	1	1	0	1	0	0	0
1262	1	1	1	1	1	1	1	1	1
1263	1	1	1	1	1	1	1	1	1
1264	1	1	1	1	1	1	1	1	1
1265	1	1	1	1	1	1	1	1	1

1266	1	1	1	1	1	1	1	1	1
1267	0	0	1	1	0	1	0	0	0
1268	1	1	1	1	1	1	1	1	1
1269	1	1	1	1	1	1	1	1	1
1270	1	1	1	1	1	1	1	1	1
1271	1	1	1	1	1	1	1	1	1
1272	1	1	1	1	1	1	1	1	1
1273	0	0	1	1	0	1	0	0	0
1274	1	1	1	1	1	1	1	1	1
1275	1	1	1	1	1	1	1	1	1
1276	1	1	1	1	1	1	1	1	1
1277	1	1	1	1	1	1	1	1	1
1278	1	1	1	1	1	1	1	1	1
1279	0	0	1	1	0	1	0	0	0
1280	1	1	1	1	1	1	1	1	1
1281	1	1	1	1	1	1	1	1	1
1282	1	1	1	1	1	1	1	1	1
1283	1	1	1	1	1	1	1	1	1
1284	1	1	1	1	1	1	1	1	1
1285	0	0	1	1	0	1	0	0	0
1286	1	1	1	1	1	1	1	1	1
1287	1	1	1	1	1	1	1	1	1
1288	1	1	1	1	1	1	1	1	1
1289	1	1	1	1	1	1	1	1	1

1290	1	1	1	1	1	1	1	1	1
1291	0	0	1	1	0	1	0	0	0
1292	1	1	1	1	1	1	1	1	1
1293	1	1	1	1	1	1	1	1	1
1294	1	1	1	1	1	1	1	1	1
1295	1	1	1	1	1	1	1	1	1
1296	1	1	1	1	1	1	1	1	1
1297	0	0	1	1	0	1	0	0	0
1298	1	1	1	1	1	1	1	1	1
1299	1	1	1	1	1	1	1	1	1
1300	1	1	1	1	1	1	1	1	1
1301	1	1	1	1	1	1	1	1	1
1302	1	1	1	1	1	1	1	1	1
1303	0	0	1	1	0	1	0	0	0
1304	1	1	1	1	1	1	1	1	1
1305	1	1	1	1	1	1	1	1	1
1306	1	1	1	1	1	1	1	1	1
1307	1	1	1	1	1	1	1	1	1
1308	1	1	1	1	1	1	1	1	1
1309	0	0	1	1	0	1	0	0	0
1310	1	1	1	1	1	1	1	1	1
1311	1	1	1	1	1	1	1	1	1
1312	1	1	1	1	1	1	1	1	1
1313	1	1	1	1	1	1	1	1	1

1314	1	1	1	1	1	1	1	1	1
1315	0	0	1	1	0	1	0	0	0
1316	1	1	1	1	1	1	1	1	1
1317	1	1	1	1	1	1	1	1	1
1318	1	1	1	1	1	1	1	1	1
1319	1	1	1	1	1	1	1	1	1
1320	1	1	1	1	1	1	1	1	1
1321	1	1	1	1	1	1	1	1	1
1322	1	1	1	1	1	1	1	1	1
1323	1	1	1	1	1	1	1	1	1
1324	1	1	1	1	1	1	1	1	1
1325	1	1	1	1	1	1	1	1	1
1326	1	1	1	1	1	1	1	1	1
1327	1	1	1	1	1	1	1	1	1
1328	1	1	1	1	1	1	1	1	1
1329	1	1	1	1	1	1	1	1	1
1330	1	1	1	1	1	1	1	1	1
1331	1	1	1	1	1	1	1	1	1
1332	1	1	1	1	1	1	1	1	1
1333	1	1	1	1	1	1	1	1	1
1334	1	1	1	1	1	1	1	1	1
1335	1	1	1	1	1	1	1	1	1

1336	1	1	1	1	1	1	1	1	1
1337	1	1	1	1	1	1	1	1	1
1338	1	1	1	1	1	1	1	1	1
1339	1	1	1	1	1	1	1	1	1
1340	1	1	1	1	1	1	1	1	1
1341	1	1	1	1	1	1	1	1	1
1342	1	1	1	1	1	1	1	1	1
1343	1	1	1	1	1	1	1	1	1
1344	1	1	1	1	1	1	1	1	1
1345	1	1	1	1	1	1	1	1	1
1346	1	1	1	1	1	1	1	1	1
1347	1	1	1	1	1	1	1	1	1
1348	1	1	1	1	1	1	1	1	1
1349	1	1	1	1	1	1	1	1	1
1350	1	1	1	1	1	1	1	1	1
1351	1	1	1	1	1	1	1	1	1
1352	1	1	1	1	1	1	1	1	1
1353	1	1	1	1	1	1	1	1	1
1354	1	1	1	1	1	1	1	1	1
1355	1	1	1	1	1	1	1	1	1
1356	1	1	1	1	1	1	1	1	1
1357	1	1	1	1	1	1	1	1	1

1358	1	1	1	1	1	1	1	1	1
1359	1	1	1	1	1	1	1	1	1
1360	1	1	1	1	1	1	1	1	1
1361	1	1	1	1	1	1	1	1	1
1362	1	1	1	1	1	1	1	1	1
1363	1	1	1	1	1	1	1	1	1
1364	1	1	1	1	1	1	1	1	1
1365	1	1	1	1	1	1	1	1	1
1366	1	1	1	1	1	1	1	1	1
1367	1	1	1	1	1	1	1	1	1
1368	1	1	1	1	1	1	1	1	1
1369	1	1	1	1	1	1	1	1	1
1370	1	1	1	1	1	1	1	1	1
1371	1	1	1	1	1	1	1	1	1
1372	1	1	1	1	1	1	1	1	1
1373	1	1	1	1	1	1	1	1	1
1374	1	1	1	1	1	1	1	1	1
1375	1	1	1	1	1	1	1	1	1
1376	1	1	1	1	1	1	0	1	1
1377	1	1	1	0	0	1	0	1	1

1378	0	0	1	1	0	1	0	0	0
1379	1	1	1	1	0	1	0	1	1
1380	0	0	1	1	0	1	0	0	0
1381	1	1	1	1	1	1	1	1	1
1382	1	1	1	1	0	1	0	1	1
1383	1	1	1	0	1	1	0	1	1
1384	1	1	1	1	1	1	1	1	1
1385	1	1	1	1	1	1	1	1	1
1386	1	1	1	1	1	1	1	1	1
1387	1	1	1	1	1	1	1	1	1
1388	1	1	1	0	1	1	0	1	1
1389	1	1	1	1	1	1	1	1	1
1390	1	1	1	1	1	1	1	1	1
1391	1	1	1	1	1	1	1	1	1
1392	1	1	1	1	1	1	1	1	1
1393	1	1	1	0	1	1	0	1	1

1394	1	1	1	1	1	1	1	1	1
1395	1	1	1	1	1	1	1	1	1
1396	1	1	1	1	0	1	0	1	1
1397	1	1	1	1	0	1	0	1	1
1398	1	1	1	0	0	1	0	1	1
1399	1	1	1	1	0	1	0	1	1
1400	1	1	1	1	0	1	0	1	1
1401	1	1	1	1	0	1	0	1	1
1402	1	1	1	1	1	1	1	1	1
1403	1	1	1	1	0	1	0	1	1
1404	1	1	1	1	0	1	0	1	1
1405	1	1	1	1	0	1	1	1	1
1406	1	1	1	1	1	1	1	1	1
1407	1	1	1	1	1	1	1	1	1
1408	1	1	1	1	1	1	1	1	1
1409	1	1	1	1	0	1	1	1	1
1410	1	1	1	1	1	1	1	1	1

1411	1	1	1	1	0	1	1	1	1
1412	1	1	1	1	0	1	1	1	1
1413	1	1	1	1	1	1	1	1	1
1414	1	1	1	0	1	1	0	1	1
1415	1	1	1	1	1	1	1	1	1
1416	1	1	1	1	1	1	1	1	1
1417	1	1	1	0	1	1	0	1	1
1418	1	1	1	1	1	1	1	1	1
1419	1	1	1	1	1	1	1	1	1
1420	1	1	1	0	1	1	0	1	1
1421	1	1	1	0	1	1	0	1	1
1422	1	1	1	1	1	1	1	1	1
1423	1	1	1	1	1	1	1	1	1

1424	1	1	1	0	0	1	0	1	1
1425	1	1	1	1	1	1	1	1	1
1426	1	1	1	1	0	1	1	1	1
1427	1	1	1	1	0	1	1	1	1
1428	1	1	1	0	1	1	0	1	1
1429	1	1	1	1	1	1	1	1	1
1430	1	1	1	1	1	1	1	1	1
1431	1	1	1	0	1	1	0	1	1
1432	1	1	1	0	1	1	0	1	1
1433	1	1	1	1	1	1	1	1	1
1434	1	1	1	1	1	1	1	1	1
1435	1	1	1	1	1	1	1	1	1
1436	1	1	1	1	1	1	1	1	1
1437	1	1	1	1	1	1	1	1	1
1438	1	1	1	1	1	0	0	1	1

1439	1	1	1	1	1	1	1	1	1
1440	0	0	1	1	0	1	0	0	0
1441	1	1	1	0	1	1	0	1	1
1442	0	0	1	1	0	1	0	0	0
1443	1	1	1	1	1	1	1	1	1
1444	1	1	1	1	1	1	1	1	1
1445	1	1	1	1	1	1	1	1	1
1446	1	1	1	0	1	1	0	1	1
1447	1	1	1	1	1	1	1	1	1
1448	1	1	1	0	1	1	0	1	1

1449	1	1	1	1	1	1	1	1	1
1450	1	1	1	1	1	1	1	1	1
1451	1	1	1	1	1	1	1	1	1
1452	1	1	1	1	1	1	1	1	1
1453	1	1	1	1	1	1	1	1	1
1454	1	1	1	1	1	1	1	1	1
1455	1	1	1	1	1	1	1	1	1
1456	1	1	1	1	1	1	1	1	1
1457	1	1	1	1	1	1	1	1	1
1458	1	1	1	1	1	1	1	1	1
1459	1	1	1	1	1	1	1	1	1
1460	1	1	1	1	1	1	1	1	1
1461	1	1	1	0	1	1	0	1	1
1462	1	1	1	1	1	1	1	1	1
1463	1	1	1	1	1	1	1	1	1

1464	1	1	1	1	1	1	1	1	1
1465	1	1	1	1	1	1	1	1	1
1466	1	1	1	1	1	1	1	1	1
1467	1	1	1	1	1	1	1	1	1
1468	1	1	1	1	1	1	1	1	1
1469	1	1	1	0	1	1	0	1	1
1470	1	1	1	1	1	1	1	1	1
1471	1	1	1	0	1	1	0	1	1
1472	1	1	1	0	1	1	0	1	1
1473	1	1	1	1	1	1	1	1	1
1474	1	1	1	0	1	1	0	1	1
1475	1	1	1	1	1	1	1	1	1
1476	1	1	1	1	1	1	1	1	1
1477	1	1	1	0	1	1	0	1	1
1478	1	1	1	1	1	1	1	1	1
1479	1	1	1	0	1	1	0	1	1
1480	1	1	1	1	1	1	1	1	1
1481	1	1	1	1	1	1	1	1	1
1482	1	1	1	0	1	1	0	1	1
1483	1	1	1	1	1	1	1	1	1
1484	1	1	1	0	1	1	0	1	1

1485	1	1	1	1	1	1	1	1	1
1486	1	1	1	1	1	1	1	1	1
1487	1	1	1	0	1	1	0	1	1
1488	1	1	1	1	1	1	1	1	1
1489	1	1	1	1	1	1	1	1	1
1490	1	1	1	0	1	1	0	1	1
1491	1	1	1	0	0	1	0	1	1
1492	1	1	1	1	1	1	1	1	1
1493	1	1	1	0	1	1	0	1	1
1494	1	1	1	0	1	1	0	1	1
1495	1	1	1	1	1	1	1	1	1
1496	1	1	1	0	1	1	0	1	1
1497	1	1	1	0	1	1	0	1	1
1498	1	1	1	1	1	1	1	1	1
1499	1	1	1	0	1	1	0	1	1
1500	1	1	1	1	1	1	1	1	1

1501	1	1	1	0	1	1	0	1	1
1502	1	1	1	1	1	1	1	1	1
1503	0	0	1	1	0	1	0	0	0
1504	1	1	1	0	1	1	0	1	1
1505	0	0	1	1	0	1	0	0	0
1506	1	1	1	0	1	1	0	1	1
1507	1	1	1	1	1	1	1	1	1
1508	1	1	1	1	1	1	1	1	1
1509	0	0	1	1	0	1	0	0	0
1510	1	1	1	0	0	1	0	1	1
1511	1	1	1	1	1	1	1	1	1
1512	1	1	1	0	1	1	0	1	1
1513	1	1	1	1	1	1	1	1	1
1514	1	1	1	1	1	1	1	1	1
1515	1	1	1	0	1	1	0	1	1

1516	1	1	1	1	0	1	1	1	1
1517	1	1	1	1	0	1	1	1	1
1518	1	1	1	1	0	1	1	1	1
1519	1	1	1	1	1	1	1	1	1
1520	1	1	1	1	1	1	1	1	1
1521	1	1	1	1	1	1	1	1	1
1522	1	1	1	0	1	1	0	1	1
1523	1	1	1	0	1	1	0	1	1
1524	1	1	1	1	1	1	1	1	1
1525	1	1	1	0	1	1	0	1	1
1526	1	1	1	0	1	1	0	1	1
1527	1	1	1	1	1	1	1	1	1
1528	1	1	1	1	1	1	1	1	1
1529	1	1	1	1	1	1	1	1	1
1530	1	1	1	1	0	1	0	1	1

1531	0	0	1	1	0	1	0	0	0
1532	1	1	1	1	1	1	1	1	1
1533	1	1	1	1	1	1	1	1	1
1534	1	1	1	1	0	1	0	1	1
1535	1	1	1	1	1	1	1	1	1
1536	1	1	1	1	1	1	1	1	1
1537	1	1	1	1	1	1	1	1	1
1538	1	1	1	1	1	1	1	1	1
1539	1	1	1	1	1	1	1	1	1
1540	1	1	1	1	1	1	1	1	1
1541	1	1	1	1	1	1	1	1	1
1542	1	1	1	1	1	1	1	1	1
1543	1	1	1	1	1	1	1	1	1
1544	1	1	1	1	1	1	1	1	1
1545	1	1	1	0	1	1	0	1	1
1546	1	1	1	1	1	1	1	1	1

1547	1	1	1	1	1	1	1	1	1
1548	1	1	1	1	1	1	1	1	1
1549	1	1	1	1	1	1	1	1	1
1550	1	1	1	1	1	1	1	1	1
1551	1	1	1	1	1	1	1	1	1
1552	1	1	1	1	1	1	1	1	1
1553	1	1	1	0	1	1	0	1	1
1554	1	1	1	1	1	1	1	1	1
1555	1	1	1	1	1	1	1	1	1
1556	1	1	1	1	1	1	1	1	1
1557	1	1	1	0	1	1	0	1	1
1558	1	1	1	1	1	1	1	1	1
1559	1	1	1	1	1	1	1	1	1
1560	1	1	1	0	1	1	0	1	1
1561	1	1	1	1	1	1	1	1	1

1562	1	1	1	1	1	1	1	1	1
1563	1	1	1	1	1	1	1	1	1
1564	1	1	1	1	1	1	1	1	1
1565	1	1	1	0	1	1	0	1	1
1566	1	1	1	1	1	1	1	1	1
1567	1	1	1	1	1	1	1	1	1
1568	1	1	1	1	1	1	1	1	1
1569	1	1	1	1	1	1	1	1	1
1570	1	1	1	1	1	1	1	1	1
1571	1	1	1	1	1	1	1	1	1
1572	1	1	1	1	1	1	1	1	1
1573	1	1	1	1	1	1	1	1	1
1574	1	1	1	1	1	1	1	1	1
1575	1	1	1	1	1	1	1	1	1
1576	1	1	1	1	1	1	1	1	1
1577	1	1	1	1	1	1	1	1	1
1578	1	1	1	1	1	1	1	1	1

1579	1	1	1	1	1	1	1	1	1
1580	1	1	1	1	1	1	1	1	1
1581	1	1	1	1	1	1	1	1	1
1582	1	1	1	1	1	1	1	1	1
1583	1	1	1	0	1	1	0	1	1
1584	1	1	1	1	1	1	1	1	1
1585	1	1	1	1	1	1	1	1	1
1586	1	1	1	1	1	1	1	1	1
1587	1	1	1	0	1	1	0	1	1
1588	1	1	1	1	1	1	1	1	1
1589	1	1	1	1	1	1	1	1	1
1590	1	1	1	1	1	1	1	1	1
1591	1	1	1	1	1	1	1	1	1
1592	1	1	1	1	1	1	1	1	1
1593	1	1	1	1	1	1	1	1	1
1594	1	1	1	0	1	1	0	1	1
1595	1	1	1	1	1	1	1	1	1

1596	1	1	1	1	1	1	1	1	1
1597	1	1	1	1	1	1	1	1	1
1598	1	1	1	1	1	1	1	1	1
1599	1	1	1	1	1	1	1	1	1
1600	1	1	1	1	1	1	1	1	1
1601	1	1	1	0	1	1	0	1	1
1602	1	1	1	0	1	1	0	1	1
1603	1	1	1	0	1	1	0	1	1
1604	1	1	1	1	1	1	1	1	1
1605	1	1	1	1	1	1	1	1	1
1606	1	1	1	1	1	1	1	1	1
1607	1	1	1	1	1	1	1	1	1
1608	1	1	1	1	1	1	1	1	1
1609	1	1	1	0	1	1	0	1	1

1610	1	1	1	1	1	1	1	1	1
1611	1	1	1	1	1	1	1	1	1
1612	1	1	1	1	1	1	1	1	1
1613	1	1	1	1	1	1	1	1	1
1614	1	1	1	1	0	1	0	1	1
1615	1	1	1	1	1	1	1	1	1
1616	1	1	1	1	1	1	1	1	1
1617	1	1	1	1	1	1	1	1	1
1618	1	1	1	1	1	1	1	1	1
1619	1	1	1	1	1	1	1	1	1

1620	1	1	0	0	1	1	0	1	1
1621	1	1	1	1	0	1	1	1	1
1622	1	1	1	1	0	1	1	1	1
1623	1	1	1	1	0	1	1	1	1
1624	1	1	1	0	1	1	0	1	1
1625	1	1	1	1	1	1	1	1	1
1626	1	1	1	1	1	1	1	1	1
1627	1	1	1	0	1	1	0	1	1
1628	1	1	1	0	1	1	0	1	1
1629	1	1	1	0	1	1	0	1	1
1630	1	1	1	1	1	1	1	1	1
1631	1	1	1	1	1	1	1	1	1

1632	1	1	1	1	1	1	1	1	1
1633	1	1	1	1	1	1	1	1	1
1634	1	1	1	1	1	1	1	1	1
1635	1	1	1	0	1	1	0	1	1
1636	1	1	1	1	1	1	1	1	1
1637	1	1	1	0	1	1	0	1	1
1638	1	1	1	1	0	1	0	1	1
1639	1	1	1	1	0	1	0	1	1
1640	1	1	1	0	0	1	0	1	1
1641	1	1	1	1	1	1	1	1	1
1642	1	1	1	1	1	1	1	1	1
1643	1	1	1	1	1	1	1	1	1
1644	1	1	1	1	1	1	1	1	1

1645	1	1	1	1	1	1	1	1	1
1646	1	1	1	1	1	1	1	1	1
1647	1	1	1	0	0	1	0	1	1
1648	1	1	1	1	1	1	1	1	1
1649	1	1	1	0	1	1	0	1	1
1650	1	1	1	1	1	1	1	1	1
1651	1	1	1	0	1	1	0	1	1
1652	1	1	1	1	1	1	1	1	1
1653	1	1	1	1	1	1	1	1	1
1654	1	1	1	1	1	1	1	1	1
1655	1	1	1	1	1	1	1	1	1
1656	1	1	1	1	1	1	1	1	1
1657	1	1	1	1	1	1	1	1	1
1658	1	1	1	1	1	1	1	1	1
1659	1	1	1	1	1	1	1	1	1
1660	1	1	1	1	1	1	1	1	1

1661	1	1	1	0	1	1	0	1	1
1662	1	1	1	0	1	1	0	1	1
1663	1	1	1	1	0	1	0	1	1
1664	1	1	1	1	1	1	1	1	1
1665	1	1	1	1	1	1	1	1	1
1666	1	1	1	1	1	1	1	1	1
1667	1	1	1	1	1	1	1	1	1
1668	1	1	1	1	1	1	1	1	1
1669	1	1	1	1	1	1	1	1	1
1670	1	1	1	1	1	1	1	1	1
1671	1	1	1	1	1	1	1	1	1
1672	1	1	1	1	1	1	1	1	1
1673	1	1	1	1	1	1	1	1	1
1674	1	1	1	1	1	1	1	1	1

1675	1	1	1	1	1	1	1	1	1
1676	1	1	1	1	1	1	1	1	1
1677	1	1	1	1	1	1	1	1	1
1678	1	1	1	1	1	1	1	1	1
1679	1	1	1	1	1	1	1	1	1
1680	1	1	1	1	1	1	1	1	1
1681	1	1	1	1	1	1	1	1	1
1682	1	1	1	1	1	1	1	1	1
1683	1	1	1	1	1	1	1	1	1
1684	1	1	1	1	1	1	1	1	1
1685	1	1	1	1	1	1	1	1	1
1686	1	1	1	1	1	1	1	1	1
1687	1	1	1	1	1	1	1	1	1
1688	1	1	1	1	1	1	1	1	1
1689	1	1	1	1	1	1	1	1	1
1690	1	1	1	1	0	1	0	1	1
1691	1	1	1	1	0	1	0	1	1

1692	1	1	1	1	0	1	0	1	1
1693	1	1	1	1	1	1	1	1	1
1694	1	1	1	1	1	1	1	1	1
1695	1	1	1	1	1	1	1	1	1
1696	1	1	1	1	1	1	1	1	1
1697	1	1	1	1	1	1	1	1	1
1698	1	1	1	1	1	1	1	1	1
1699	1	1	1	1	1	1	1	1	1
1700	1	1	1	1	1	1	1	1	1
1701	1	1	1	1	1	1	1	1	1
1702	1	1	1	1	1	1	1	1	1
1703	1	1	1	1	1	1	1	1	1
1704	1	1	1	1	1	1	1	1	1
1705	1	1	1	1	1	1	1	1	1
1706	1	1	1	1	1	1	1	1	1
1707	1	1	1	0	1	1	0	1	1
1708	1	1	1	1	1	1	1	1	1
1709	1	1	1	1	1	1	1	1	1

1710	1	1	1	0	1	1	0	1	1
1711	1	1	1	0	1	1	0	1	1
1712	1	1	1	1	1	1	1	1	1
1713	1	1	1	1	1	1	1	1	1
1714	1	1	1	1	1	1	1	1	1
1715	1	1	1	1	1	1	1	1	1
1716	1	1	1	1	1	1	1	1	1
1717	1	1	1	1	1	1	1	1	1
1718	1	1	1	0	1	1	0	1	1
1719	1	1	1	1	1	1	1	1	1
1720	1	1	1	1	1	1	1	1	1
1721	1	1	1	1	1	1	1	1	1
1722	1	1	1	1	1	1	1	1	1

1723	1	1	1	0	1	1	0	1	1
1724	1	1	1	1	1	1	1	1	1
1725	1	1	1	1	1	1	1	1	1
1726	1	1	1	1	1	1	1	1	1
1727	1	1	1	1	0	1	0	1	1
1728	1	1	1	1	1	1	1	1	1
1729	1	1	1	1	1	1	1	1	1
1730	0	0	1	1	0	1	0	0	0
1731	1	1	1	1	1	1	1	1	1
1732	1	1	1	1	1	1	1	1	1
1733	0	0	1	1	0	1	0	0	0
1734	0	0	1	1	0	1	0	0	0

1735	1	1	1	0	1	1	0	1	1
1736	0	0	1	1	0	1	0	0	0
1737	0	0	1	1	0	1	0	0	0
1738	1	1	1	1	1	1	1	1	1
1739	1	1	1	1	1	1	1	1	1
1740	1	1	1	1	1	1	1	1	1
1741	1	1	1	1	0	1	0	1	1
1742	1	1	1	1	1	1	1	1	1
1743	1	1	1	1	1	1	1	1	1
1744	1	1	1	1	1	1	1	1	1

1745	0	0	1	1	0	1	0	0	0
1746	1	1	1	0	1	1	0	1	1
1747	1	1	1	1	1	1	1	1	1
1748	0	0	1	1	0	1	0	0	0
1749	0	0	1	1	0	1	0	0	0
1750	1	1	1	0	1	1	0	1	1
1751	0	0	1	1	0	1	0	0	0
1752	0	0	1	1	0	1	0	0	0
1753	1	1	1	1	1	1	1	1	1

1754	1	1	1	1	1	1	1	1	1
1755	1	1	1	1	1	1	1	1	1
1756	1	1	1	1	1	1	1	1	1
1757	1	1	1	1	1	1	1	1	1
1758	1	1	1	1	1	1	1	1	1
1759	1	1	1	1	1	1	1	1	1
1760	1	1	1	1	1	1	1	1	1
1761	1	1	1	1	1	1	1	1	1
1762	1	1	1	1	1	1	1	1	1
1763	1	1	1	1	1	1	1	1	1
1764	1	1	1	1	1	1	1	1	1
1765	1	1	1	1	1	1	1	1	1
1766	1	1	1	1	1	1	1	1	1
1767	1	1	1	1	1	1	1	1	1
1768	1	1	1	1	1	1	1	1	1
1769	1	1	1	1	1	1	1	1	1
1770	1	1	1	1	1	1	1	1	1
1771	1	1	1	1	1	1	1	1	1
1772	1	1	1	1	1	1	1	1	1

1773	1	1	1	1	1	1	1	1	1
1774	1	1	1	1	1	1	1	1	1
1775	1	1	1	1	1	1	1	1	1
1776	1	1	1	1	1	1	1	1	1
1777	1	1	1	1	1	1	1	1	1
1778	1	1	1	1	1	1	1	1	1
1779	1	1	1	1	1	1	1	1	1
1780	1	1	1	1	1	1	1	1	1
1781	1	1	1	1	1	1	1	1	1
1782	1	1	1	1	1	1	1	1	1
1783	1	1	1	1	1	1	1	1	1
1784	1	1	1	0	1	1	0	1	1
1785	1	1	1	1	1	1	1	1	1
1786	1	1	1	1	1	1	1	1	1

1787	1	1	1	1	1	1	1	1	1
1788	1	1	1	0	1	1	0	1	1
1789	1	1	1	1	1	1	1	1	1
1790	1	1	1	0	1	1	0	1	1
1791	1	1	1	1	1	1	1	1	1
1792	1	1	1	1	1	1	1	1	1
1793	1	1	1	1	1	1	1	1	1
1794	1	1	1	1	1	1	1	1	1
1795	1	1	1	1	1	1	1	1	1

1796	1	1	1	1	1	1	1	1	1
1797	1	1	1	1	1	1	1	1	1
1798	1	1	1	0	1	1	0	1	1
1799	1	1	1	1	1	1	1	1	1
1800	1	1	1	1	1	1	1	1	1
1801	1	1	1	1	1	1	1	1	1
1802	1	1	1	0	1	1	0	1	1
1803	1	1	1	1	1	1	1	1	1
1804	1	1	1	1	1	1	1	1	1
1805	1	1	1	0	1	1	0	1	1
1806	1	1	1	0	1	1	0	1	1
1807	1	1	1	1	1	1	1	1	1

1808	1	1	1	1	1	1	1	1	1
1809	1	1	1	1	1	1	1	1	1
1810	1	1	1	0	1	1	0	1	1
1811	1	1	1	1	1	1	1	1	1
1812	1	1	1	1	1	1	1	1	1
1813	1	1	1	1	1	1	1	1	1
1814	1	1	1	1	1	1	1	1	1
1815	1	1	1	0	1	1	0	1	1
1816	1	1	1	1	1	1	1	1	1
1817	1	1	1	0	1	1	0	1	1
1818	1	1	1	0	1	1	0	1	1
1819	1	1	1	0	1	1	0	1	1

1820	1	1	1	0	1	1	0	1	1
1821	1	1	1	0	1	1	0	1	1
1822	1	1	1	1	1	1	1	1	1
1823	1	1	1	1	1	1	1	1	1
1824	1	1	1	1	1	1	1	1	1
1825	1	1	1	1	1	1	1	1	1
1826	1	1	1	1	1	1	1	1	1
1827	1	1	1	0	1	1	0	1	1
1828	1	1	1	1	1	1	1	1	1

1829	1	1	1	1	0	1	0	1	1
1830	1	1	1	0	1	1	0	1	1
1831	1	1	1	1	1	1	1	1	1
1832	1	1	1	1	1	1	1	1	1
1833	1	1	1	1	1	1	1	1	1
1834	1	1	1	1	1	1	1	1	1
1835	1	1	1	1	1	1	1	1	1
1836	1	1	1	1	1	1	1	1	1
1837	1	1	1	1	1	1	1	1	1
1838	1	1	1	1	1	1	1	1	1
1839	1	1	1	0	1	1	0	1	1
1840	1	1	1	1	1	1	1	1	1
1841	1	1	1	1	1	1	1	1	1
1842	1	1	1	1	1	1	1	1	1
1843	1	1	1	1	1	1	1	1	1

1844	1	1	1	1	1	1	1	1	1
1845	1	1	1	0	1	1	0	1	1
1846	1	1	1	1	1	1	1	1	1
1847	1	1	1	1	1	1	1	1	1
1848	1	1	1	1	1	1	1	1	1
1849	1	1	1	1	1	1	1	1	1
1850	1	1	1	1	1	1	1	1	1
1851	1	1	1	0	1	1	0	1	1
1852	1	1	1	1	1	1	1	1	1
1853	1	1	1	1	1	1	1	1	1
1854	1	1	1	1	1	1	1	1	1

1855	1	1	1	1	1	1	1	1	1
1856	1	1	1	0	1	1	0	1	1
1857	1	1	1	0	1	1	0	1	1
1858	1	1	1	1	1	1	1	1	1
1859	1	1	1	1	1	1	1	1	1
1860	1	1	1	1	1	1	1	1	1
1861	0	0	1	1	0	1	0	0	0
1862	1	1	1	1	1	1	1	1	1
1863	1	1	1	1	1	1	1	1	1
1864	0	0	1	1	0	1	0	0	0
1865	1	1	1	1	1	1	1	1	1
1866	1	1	1	1	1	1	1	1	1
1867	0	0	1	1	0	1	0	0	0
1868	1	1	1	1	1	1	1	1	1
1869	1	1	1	1	1	1	1	1	1

1870	0	0	1	1	0	1	0	0	0
1871	1	1	1	1	1	1	1	1	1
1872	1	1	1	1	1	1	1	1	1
1873	0	0	1	1	0	1	0	0	0
1874	1	1	1	1	1	1	1	1	1
1875	1	1	1	1	1	1	1	1	1
1876	0	0	1	1	0	1	0	0	0
1877	1	1	1	1	1	1	1	1	1
1878	1	1	1	1	1	1	1	1	1
1879	0	0	1	1	0	1	0	0	0
1880	1	1	1	1	1	1	1	1	1
1881	1	1	1	1	1	1	1	1	1
1882	0	0	1	1	0	1	0	0	0
1883	1	1	1	1	1	1	1	1	1
1884	1	1	1	1	1	1	1	1	1

1885	0	0	1	1	0	1	0	0	0
1886	1	1	1	1	1	1	1	1	1
1887	1	1	1	1	1	1	1	1	1
1888	0	0	1	1	0	1	0	0	0
1889	1	1	1	1	1	1	1	1	1
1890	1	1	1	1	1	1	1	1	1
1891	1	1	1	1	1	1	1	1	1
1892	1	1	1	1	1	1	1	1	1
1893	1	1	1	1	1	1	1	1	1
1894	0	0	1	1	0	1	0	0	0
1895	1	1	1	1	1	1	1	1	1
1896	1	1	1	1	1	1	1	1	1
1897	1	1	1	1	1	1	1	1	1
1898	1	1	1	1	1	1	1	1	1
1899	1	1	1	1	1	1	1	1	1
1900	0	0	1	1	0	1	0	0	0
1901	1	1	1	1	1	1	1	1	1
1902	1	1	1	1	1	1	1	1	1
1903	1	1	1	1	1	1	1	1	1
1904	1	1	1	1	1	1	1	1	1
1905	1	1	1	1	1	1	1	1	1

1906	0	0	1	1	0	1	0	0	0
1907	1	1	1	1	1	1	1	1	1
1908	1	1	1	1	1	1	1	1	1
1909	1	1	1	1	1	1	1	1	1
1910	1	1	1	1	1	1	1	1	1
1911	1	1	1	1	1	1	1	1	1
1912	0	0	1	1	0	1	0	0	0
1913	1	1	1	1	1	1	1	1	1
1914	1	1	1	1	1	1	1	1	1
1915	1	1	1	1	1	1	1	1	1
1916	1	1	1	1	1	1	1	1	1
1917	1	1	1	1	1	1	1	1	1
1918	0	0	1	1	0	1	0	0	0
1919	1	1	1	1	1	1	1	1	1
1920	1	1	1	1	1	1	1	1	1
1921	1	1	1	1	1	1	1	1	1
1922	1	1	1	1	1	1	1	1	1
1923	1	1	1	1	1	1	1	1	1
1924	0	0	1	1	0	1	0	0	0
1925	1	1	1	1	1	1	1	1	1
1926	1	1	1	1	1	1	1	1	1
1927	1	1	1	1	1	1	1	1	1
1928	1	1	1	1	1	1	1	1	1
1929	1	1	1	1	1	1	1	1	1

1930	0	0	1	1	0	1	0	0	0
1931	1	1	1	1	1	1	1	1	1
1932	1	1	1	1	1	1	1	1	1
1933	1	1	1	1	1	1	1	1	1
1934	1	1	1	1	1	1	1	1	1
1935	1	1	1	1	1	1	1	1	1
1936	0	0	1	1	0	1	0	0	0
1937	1	1	1	1	1	1	1	1	1
1938	1	1	1	1	1	1	1	1	1
1939	1	1	1	1	1	1	1	1	1
1940	1	1	1	1	1	1	1	1	1
1941	1	1	1	1	1	1	1	1	1
1942	0	0	1	1	0	1	0	0	0
1943	1	1	1	1	1	1	1	1	1
1944	1	1	1	1	1	1	1	1	1
1945	1	1	1	1	1	1	1	1	1
1946	1	1	1	1	1	1	1	1	1
1947	1	1	1	1	1	1	1	1	1
1948	0	0	1	1	0	1	0	0	0
1949	1	1	1	1	1	1	1	1	1
1950	1	1	1	1	1	1	1	1	1
1951	1	1	1	1	1	1	1	1	1
1952	1	1	1	1	1	1	1	1	1

1953	1	1	1	1	1	1	1	1	1
1954	1	1	1	1	1	1	1	1	1
1955	1	1	1	1	1	1	1	1	1
1956	1	1	1	1	1	1	1	1	1
1957	1	1	1	1	1	1	1	1	1
1958	1	1	1	1	1	1	1	1	1
1959	1	1	1	1	1	1	1	1	1
1960	1	1	1	1	1	1	1	1	1
1961	1	1	1	1	1	1	1	1	1
1962	1	1	1	1	1	1	1	1	1
1963	1	1	1	1	1	1	1	1	1
1964	1	1	1	1	1	1	1	1	1
1965	1	1	1	1	1	1	1	1	1
1966	1	1	1	1	1	1	1	1	1
1967	1	1	1	1	1	1	1	1	1
1968	1	1	1	1	1	1	1	1	1
1969	1	1	1	1	1	1	1	1	1
1970	1	1	1	1	1	1	1	1	1
1971	1	1	1	1	1	1	1	1	1
1972	1	1	1	1	1	1	1	1	1
1973	1	1	1	1	1	1	1	1	1
1974	1	1	1	1	1	1	1	1	1

1975	1	1	1	1	1	1	1	1	1
1976	1	1	1	1	1	1	1	1	1
1977	1	1	1	1	1	1	1	1	1
1978	1	1	1	1	1	1	1	1	1
1979	1	1	1	1	1	1	1	1	1
1980	1	1	1	1	1	1	1	1	1
1981	1	1	1	1	1	1	1	1	1
1982	1	1	1	1	1	1	1	1	1
1983	1	1	1	1	1	1	1	1	1
1984	1	1	1	1	1	1	1	1	1
1985	1	1	1	1	1	1	1	1	1
1986	1	1	1	1	1	1	1	1	1
1987	1	1	1	1	1	1	1	1	1
1988	1	1	1	1	1	1	1	1	1
1989	1	1	1	1	1	1	1	1	1
1990	1	1	1	1	1	1	1	1	1
1991	1	1	1	1	1	1	1	1	1
1992	1	1	1	1	1	1	1	1	1
1993	1	1	1	1	1	1	1	1	1
1994	1	1	1	1	1	1	1	1	1
1995	1	1	1	1	1	1	1	1	1
1996	1	1	1	1	1	1	1	1	1

1997	1	1	1	1	1	1	1	1	1
1998	1	1	1	1	1	1	1	1	1
1999	1	1	1	1	1	1	1	1	1
2000	1	1	1	1	1	1	1	1	1
2001	1	1	1	1	1	1	1	1	1
2002	1	1	1	1	1	1	1	1	1
2003	1	1	1	1	1	1	1	1	1
2004	1	1	1	1	1	1	1	1	1
2005	1	1	1	1	1	1	1	1	1
2006	1	1	1	1	1	1	1	1	1
2007	1	1	1	1	1	1	1	1	1
2008	1	1	1	1	1	1	1	1	1
2009	1	1	1	1	1	1	0	1	1
2010	1	1	1	1	0	1	0	1	1
2011	0	0	1	1	0	1	0	0	0
2012	1	1	1	0	0	1	0	1	1
2013	0	0	1	1	0	1	0	0	0

2014	1	1	1	1	1	1	1	1	1
2015	1	1	1	1	0	1	0	1	1
2016	1	1	1	0	1	1	0	1	1
2017	1	1	1	1	1	1	1	1	1
2018	1	1	1	1	1	1	1	1	1
2019	1	1	1	1	1	1	1	1	1
2020	1	1	1	1	1	1	1	1	1
2021	1	1	1	0	1	1	0	1	1
2022	1	1	1	1	1	1	1	1	1
2023	1	1	1	1	1	1	1	1	1
2024	1	1	1	1	1	1	1	1	1
2025	1	1	1	1	1	1	1	1	1
2026	1	1	1	0	1	1	0	1	1
2027	1	1	1	1	1	1	1	1	1
2028	1	1	1	1	1	1	1	1	1
2029	1	1	1	1	0	1	0	1	1

2030	1	1	1	1	0	1	0	1	1
2031	1	1	1	0	0	1	0	1	1
2032	1	1	1	1	0	1	0	1	1
2033	1	1	1	1	0	1	0	1	1
2034	1	1	1	1	0	1	0	1	1
2035	1	1	1	1	1	1	1	1	1
2036	1	1	1	1	0	1	0	1	1
2037	1	1	1	1	0	1	0	1	1
2038	1	1	1	1	0	1	1	1	1
2039	1	1	1	1	1	1	1	1	1
2040	1	1	1	1	1	1	1	1	1
2041	1	1	1	1	1	1	1	1	1
2042	1	1	1	0	0	1	0	1	1
2043	1	1	1	1	1	1	1	1	1

2044	1	1	1	1	0	1	1	1	1
2045	1	1	1	1	1	1	1	1	1
2046	1	1	1	1	0	1	1	1	1
2047	1	1	1	1	1	1	1	1	1
2048	1	1	1	0	1	1	0	1	1
2049	1	1	1	1	1	1	1	1	1
2050	1	1	1	1	1	1	1	1	1
2051	1	1	1	0	1	1	0	1	1
2052	1	1	1	1	1	1	1	1	1
2053	1	1	1	1	1	1	1	1	1
2054	1	1	1	0	1	1	0	1	1
2055	1	1	1	0	1	1	0	1	1
2056	1	1	1	1	1	1	1	1	1

2057	1	1	1	1	1	1	1	1	1
2058	1	1	1	0	0	1	0	1	1
2059	1	1	1	1	1	1	1	1	1
2060	1	1	1	1	0	1	1	1	1
2061	1	1	1	1	0	1	1	1	1
2062	1	1	1	0	1	1	0	1	1
2063	1	1	1	1	1	1	1	1	1
2064	1	1	1	1	1	1	1	1	1
2065	1	1	1	0	1	1	0	1	1
2066	1	1	1	0	1	1	0	1	1
2067	1	1	1	1	1	1	1	1	1
2068	1	1	1	1	1	1	1	1	1
2069	1	1	1	1	1	1	1	1	1
2070	1	1	1	1	1	1	1	1	1
2071	1	1	1	1	1	1	1	1	1
2072	1	1	1	0	1	1	0	1	1
2073	1	1	1	1	1	1	1	1	1

2074	1	1	1	1	1	1	1	1	1
2075	1	1	1	1	1	1	1	1	1
2076	1	1	1	0	1	1	0	1	1
2077	0	0	1	1	0	1	0	0	0
2078	1	1	1	1	1	1	1	1	1
2079	1	1	1	1	1	1	1	1	1
2080	1	1	1	1	1	1	1	1	1
2081	1	1	1	0	1	1	0	1	1
2082	1	1	1	0	1	1	0	1	1
2083	1	1	1	0	1	1	0	1	1
2084	1	1	1	1	1	1	1	1	1
2085	1	1	1	0	1	1	0	1	1
2086	1	1	1	1	1	1	1	1	1
2087	1	1	1	1	1	1	1	1	1
2088	1	1	1	0	1	1	0	1	1
2089	1	1	1	1	1	1	1	1	1
2090	1	1	1	0	1	1	0	1	1

2091	1	1	1	1	1	1	1	1	1
2092	1	1	1	1	1	1	1	1	1
2093	1	1	1	0	1	1	0	1	1
2094	1	1	1	1	1	1	1	1	1
2095	1	1	1	0	1	1	0	1	1
2096	1	1	1	1	1	1	1	1	1
2097	1	1	1	1	1	1	1	1	1
2098	1	1	1	0	1	1	0	1	1
2099	1	1	1	1	1	1	1	1	1
2100	1	1	1	1	1	1	1	1	1
2101	1	1	1	0	1	1	0	1	1
2102	1	1	1	0	0	1	0	1	1
2103	1	1	1	1	1	1	1	1	1
2104	1	1	1	0	1	1	0	1	1
2105	1	1	1	0	1	1	0	1	1
2106	1	1	1	1	1	1	1	1	1
2107	1	1	1	1	1	1	1	1	1
2108	1	1	1	0	1	1	0	1	1

2109	1	1	1	0	1	1	0	1	1
2110	1	1	1	1	1	1	1	1	1
2111	1	1	1	1	1	1	1	1	1
2112	1	1	1	0	1	1	0	1	1
2113	1	1	1	1	1	1	1	1	1
2114	1	1	1	0	1	1	0	1	1
2115	1	1	1	0	1	1	0	1	1
2116	1	1	1	1	1	1	1	1	1
2117	1	1	1	0	1	1	0	1	1
2118	1	1	1	1	1	1	1	1	1
2119	0	0	1	1	0	1	0	0	0
2120	1	1	1	0	0	1	0	1	1
2121	0	0	1	1	0	1	0	0	0
2122	1	1	1	0	1	1	0	1	1
2123	1	1	1	1	1	1	1	1	1
2124	1	1	1	1	1	1	1	1	1
2125	0	0	1	1	0	1	0	0	0

2126	1	1	1	0	0	1	0	1	1
2127	1	1	1	1	1	1	1	1	1
2128	1	1	1	0	1	1	0	1	1
2129	1	1	1	1	1	1	1	1	1
2130	1	1	1	1	1	1	1	1	1
2131	1	1	1	1	0	1	0	1	1
2132	1	1	1	1	0	1	0	1	1
2133	1	1	1	1	1	1	1	1	1
2134	1	1	1	1	1	1	1	1	1
2135	1	1	1	1	0	1	0	1	1
2136	1	1	1	1	1	1	1	1	1
2137	1	1	1	1	1	1	1	1	1
2138	1	1	1	1	1	1	1	1	1
2139	1	1	1	1	1	1	1	1	1
2140	1	1	1	1	1	1	1	1	1

2141	1	1	1	1	1	1	1	1	1
2142	1	1	1	1	1	1	1	1	1
2143	1	1	1	1	1	1	1	1	1
2144	1	1	1	1	1	1	1	1	1
2145	1	1	1	1	1	1	1	1	1
2146	1	1	1	0	1	1	0	1	1
2147	1	1	1	1	1	1	1	1	1
2148	1	1	1	1	1	1	1	1	1
2149	1	1	1	1	1	1	1	1	1
2150	1	1	1	1	1	1	1	1	1
2151	1	1	1	1	1	1	1	1	1
2152	1	1	1	1	1	1	1	1	1
2153	1	1	1	1	1	1	1	1	1
2154	1	1	1	0	1	1	0	1	1
2155	1	1	1	1	1	1	1	1	1
2156	1	1	1	1	1	1	1	1	1
2157	1	1	1	1	1	1	1	1	1
2158	1	1	1	0	1	1	0	1	1

2159	1	1	1	1	1	1	1	1	1
2160	1	1	1	0	1	1	0	1	1
2161	1	1	1	1	1	1	1	1	1
2162	1	1	1	1	1	1	1	1	1
2163	1	1	1	1	1	1	1	1	1
2164	1	1	1	1	1	1	1	1	1
2165	1	1	1	0	1	1	0	1	1
2166	1	1	1	1	1	1	1	1	1
2167	1	1	1	1	1	1	1	1	1
2168	1	1	1	1	1	1	1	1	1
2169	1	1	1	1	1	1	1	1	1
2170	1	1	1	1	1	1	1	1	1
2171	1	1	1	1	1	1	1	1	1
2172	1	1	1	1	1	1	1	1	1
2173	1	1	1	1	1	1	1	1	1

2174	1	1	1	1	1	1	1	1	1
2175	1	1	1	1	1	1	1	1	1
2176	1	1	1	1	1	1	1	1	1
2177	1	1	1	1	1	1	1	1	1
2178	1	1	1	1	1	1	1	1	1
2179	1	1	1	1	1	1	1	1	1
2180	1	1	1	1	1	1	1	1	1
2181	1	1	1	1	1	1	1	1	1
2182	1	1	1	1	1	1	1	1	1
2183	1	1	1	1	1	1	1	1	1
2184	1	1	1	1	1	1	1	1	1
2185	1	1	1	1	1	1	1	1	1
2186	1	1	1	1	1	1	1	1	1

2187	1	1	1	1	1	1	1	1	1
2188	1	1	1	1	1	1	1	1	1
2189	1	1	1	1	1	1	1	1	1
2190	1	1	1	1	1	1	1	1	1
2191	1	1	1	1	1	1	1	1	1
2192	1	1	1	1	1	1	1	1	1
2193	1	1	1	1	1	1	1	1	1
2194	1	1	1	1	1	1	1	1	1
2195	1	1	1	1	1	1	1	1	1
2196	1	1	1	1	1	1	1	1	1
2197	1	1	1	1	1	1	1	1	1
2198	1	1	1	1	1	1	1	1	1
2199	1	1	1	0	1	1	0	1	1
2200	1	1	1	1	0	1	1	1	1
2201	1	1	1	1	0	1	0	1	1
2202	1	1	1	0	1	1	0	1	1
2203	1	1	1	0	1	1	0	1	1

2204	1	1	1	1	1	1	1	1	1
2205	1	1	1	0	1	1	0	1	1
2206	1	1	1	0	1	1	0	1	1
2207	1	1	1	0	1	1	0	1	1
2208	1	1	1	1	1	1	1	1	1
2209	1	1	1	1	1	1	1	1	1
2210	1	1	1	1	1	1	1	1	1
2211	1	1	1	1	1	1	1	1	1
2212	1	1	1	1	1	1	1	1	1
2213	1	1	1	0	1	1	0	1	1
2214	1	1	1	1	1	1	1	1	1
2215	1	1	1	1	1	1	1	1	1
2216	1	1	1	1	1	1	1	1	1

2217	1	1	1	1	1	1	0	1	1
2218	1	1	1	1	1	1	1	1	1
2219	1	1	1	1	1	1	1	1	1
2220	1	1	1	1	1	1	1	1	1
2221	1	1	1	1	1	1	1	1	1
2222	1	1	1	1	1	1	1	1	1
2223	1	1	1	0	1	1	0	1	1
2224	1	1	1	1	1	1	1	1	1
2225	1	1	1	1	1	1	1	1	1
2226	1	1	1	1	1	1	1	1	1
2227	1	1	1	1	1	1	1	1	1
2228	1	1	1	1	1	1	1	1	1

2229	1	1	1	1	1	1	1	1	1
2230	1	1	1	1	1	1	1	1	1
2231	1	1	1	1	1	1	1	1	1
2232	1	1	1	1	1	1	1	1	1
2233	1	1	1	1	0	1	0	1	1
2234	1	1	1	1	1	1	1	1	1

2235	1	1	1	0	1	1	0	1	1
2236	1	1	1	1	1	1	1	1	1
2237	1	1	1	1	1	1	1	1	1
2238	1	1	1	1	1	1	1	1	1
2239	1	1	1	1	1	1	1	1	1
2240	1	1	1	1	1	1	1	1	1
2241	1	1	1	1	1	1	1	1	1
2242	1	1	1	1	1	1	1	1	1
2243	1	1	1	1	1	1	1	1	1
2244	1	1	1	1	1	1	1	1	1

2245	1	1	1	0	1	1	0	1	1
2246	1	1	1	1	0	1	1	1	1
2247	1	1	1	1	0	1	1	1	1
2248	1	1	1	1	0	1	1	1	1
2249	1	1	1	0	1	1	0	1	1
2250	1	1	1	1	1	1	1	1	1
2251	1	1	1	1	1	1	1	1	1
2252	1	1	1	0	1	1	0	1	1
2253	1	1	1	0	1	1	0	1	1
2254	1	1	1	0	1	1	0	1	1
2255	1	1	1	1	1	1	1	1	1
2256	1	1	1	0	1	1	0	1	1

2257	1	1	1	1	1	1	1	1	1
2258	1	1	1	1	1	1	1	1	1
2259	1	1	1	1	1	1	1	1	1
2260	1	1	1	1	1	1	1	1	1
2261	1	1	1	0	1	1	0	1	1
2262	1	1	1	1	1	1	1	1	1

2263	1	1	1	0	1	1	0	1	1
2264	1	1	1	1	1	1	1	1	1
2265	1	1	1	1	1	1	1	1	1
2266	1	1	1	1	1	1	1	1	1
2267	1	1	1	1	0	1	0	1	1
2268	1	1	1	1	1	1	1	1	1
2269	0	0	1	1	0	1	0	0	0
2270	1	1	1	1	1	1	1	1	1
2271	1	1	1	1	1	1	1	1	1
2272	1	1	1	1	1	1	1	1	1
2273	1	1	1	1	1	1	1	1	1
2274	1	1	1	1	1	1	1	1	1

2275	1	1	1	1	0	1	0	1	1
2276	1	1	1	1	1	1	1	1	1
2277	1	1	1	1	1	1	1	1	1
2278	1	1	1	1	0	1	0	1	1
2279	1	1	1	1	1	1	1	1	1
2280	0	0	1	1	0	1	0	0	0
2281	1	1	1	1	1	1	1	1	1
2282	1	1	1	1	1	1	1	1	1
2283	1	1	1	1	1	1	1	1	1
2284	1	1	1	1	1	1	1	1	1
2285	1	1	1	1	1	1	1	1	1
2286	1	1	1	1	0	1	0	1	1
2287	1	1	1	1	1	1	1	1	1
2288	1	1	1	1	1	1	1	1	1

2289	1	1	1	1	1	1	1	1	1
2290	1	1	1	1	1	1	1	1	1
2291	1	1	1	0	1	1	0	1	1
2292	1	1	1	1	1	1	1	1	1
2293	1	1	1	0	1	1	0	1	1
2294	1	1	1	0	1	1	0	1	1
2295	1	1	1	0	1	1	0	1	1
2296	1	1	1	1	0	1	0	1	1
2297	1	1	1	1	0	1	0	1	1
2298	1	1	1	0	1	1	0	1	1
2299	1	1	1	1	1	1	1	1	1
2300	1	1	1	1	1	1	1	1	1
2301	1	1	1	1	1	1	1	1	1

2302	1	1	1	1	1	1	1	1	1
2303	1	1	1	1	1	1	1	1	1
2304	1	1	1	1	1	1	1	1	1
2305	1	1	1	1	1	1	1	1	1
2306	1	1	1	1	0	1	1	1	1
2307	1	1	1	1	0	1	0	1	1
2308	1	1	1	1	1	1	1	1	1
2309	1	1	1	1	1	1	1	1	1
2310	1	1	1	1	1	1	1	1	1
2311	1	1	1	1	0	1	0	1	1
2312	1	1	1	1	1	1	1	1	1
2313	1	1	1	1	1	1	1	1	1
2314	1	1	1	1	0	1	1	1	1

2315	1	1	1	1	1	1	1	1	1
2316	1	1	1	1	0	1	0	1	1
2317	1	1	1	1	1	1	1	1	1
2318	1	1	1	1	1	1	1	1	1
2319	1	1	1	1	0	1	1	1	1
2320	1	1	1	0	1	1	0	1	1
2321	1	1	1	1	1	1	1	1	1
2322	1	1	1	1	1	1	1	1	1
2323	1	1	1	1	1	1	1	1	1
2324	1	1	1	1	1	1	1	1	1
2325	1	1	1	1	1	1	1	1	1
2326	1	1	1	1	1	1	1	1	1
2327	1	1	1	1	1	1	1	1	1
2328	1	1	1	1	1	1	1	1	1

2329	1	1	1	0	1	1	0	1	1
2330	1	1	1	0	1	1	0	1	1
2331	1	1	1	0	0	1	0	1	1
2332	1	1	1	1	1	1	1	1	1
2333	1	1	1	0	1	1	0	1	1
2334	1	1	1	1	1	1	1	1	1
2335	1	1	1	1	0	1	0	1	1
2336	1	1	1	1	1	1	1	1	1
2337	1	1	1	1	1	1	1	1	1
2338	1	1	1	1	1	1	1	1	1
2339	1	1	1	1	1	1	1	1	1
2340	1	1	1	1	1	1	1	1	1
2341	1	1	1	1	1	1	1	1	1
2342	1	1	1	1	1	1	1	1	1

2343	1	1	1	1	1	1	1	1	1
2344	1	1	1	1	1	1	1	1	1
2345	1	1	1	1	1	1	1	1	1
2346	1	1	1	1	1	1	1	1	1
2347	1	1	1	1	1	1	1	1	1
2348	1	1	1	1	1	1	1	1	1
2349	1	1	1	1	1	1	1	1	1
2350	1	1	1	1	1	1	1	1	1
2351	1	1	1	1	1	1	1	1	1
2352	1	1	1	1	1	1	1	1	1
2353	1	1	1	1	1	1	1	1	1
2354	1	1	1	1	1	1	1	1	1
2355	1	1	1	1	1	1	1	1	1
2356	1	1	1	1	1	1	1	1	1
2357	1	1	1	1	1	1	1	1	1
2358	1	1	1	1	1	1	1	1	1
2359	1	1	1	1	1	1	1	1	1
2360	1	1	1	1	1	1	1	1	1
2361	1	1	1	1	1	1	1	1	1
2362	1	1	1	1	0	1	0	1	1

2363	1	1	1	1	0	1	0	1	1
2364	1	1	1	1	0	1	0	1	1
2365	1	1	1	1	1	1	1	1	1
2366	1	1	1	1	1	1	1	1	1
2367	1	1	1	1	1	1	1	1	1
2368	1	1	1	1	1	1	1	1	1
2369	1	1	1	1	1	1	1	1	1
2370	1	1	1	1	1	1	1	1	1
2371	1	1	1	1	1	1	1	1	1
2372	1	1	1	1	1	1	1	1	1
2373	1	1	1	1	1	1	1	1	1
2374	1	1	1	1	1	1	1	1	1
2375	1	1	1	1	1	1	1	1	1
2376	1	1	1	1	1	1	1	1	1
2377	1	1	1	1	1	1	1	1	1

2378	1	1	1	1	1	1	1	1	1
2379	1	1	1	0	1	1	0	1	1
2380	1	1	1	1	1	1	1	1	1
2381	1	1	1	1	1	1	1	1	1
2382	1	1	1	1	1	1	1	1	1
2383	1	1	1	1	1	1	1	1	1
2384	1	1	1	1	1	1	1	1	1
2385	1	1	1	1	1	1	1	1	1
2386	1	1	1	1	1	1	1	1	1
2387	1	1	1	1	1	1	1	1	1
2388	1	1	1	1	1	1	1	1	1
2389	1	1	1	0	1	1	0	1	1
2390	1	1	1	1	1	1	1	1	1
2391	1	1	1	1	1	1	1	1	1

2392	1	1	1	1	1	1	1	1	1
2393	1	1	1	1	1	1	1	1	1
2394	1	1	1	1	1	1	1	1	1
2395	1	1	1	1	1	1	1	1	1
2396	1	1	1	1	1	1	1	1	1
2397	1	1	1	1	1	1	1	1	1
2398	1	1	1	1	1	1	1	1	1
2399	1	1	1	1	1	1	1	1	1
2400	1	1	1	1	1	1	1	1	1
2401	1	1	1	1	1	1	1	1	1
2402	1	1	1	1	1	1	1	1	1
2403	1	1	1	1	1	1	1	1	1
2404	1	1	1	1	1	1	1	1	1
2405	1	1	1	1	1	1	1	1	1
2406	1	1	1	1	1	1	1	1	1
2407	1	1	1	1	1	1	1	1	1
2408	1	1	1	1	1	1	1	1	1
2409	1	1	1	0	1	1	0	1	1

2410	1	1	1	0	1	1	0	1	1
2411	1	1	1	1	1	1	1	1	1
2412	1	1	1	0	1	1	0	1	1
2413	1	1	1	1	1	1	1	1	1
2414	1	1	1	0	1	1	0	1	1
2415	1	1	1	1	1	1	1	1	1
2416	1	1	1	1	1	1	1	1	1
2417	1	1	1	1	1	1	1	1	1
2418	1	1	1	1	1	1	1	1	1

2419	1	1	1	1	1	1	1	1	1
2420	1	1	1	1	1	1	1	1	1
2421	1	1	1	1	1	1	1	1	1
2422	1	1	1	0	1	1	0	1	1
2423	1	1	1	1	1	1	1	1	1
2424	1	1	1	1	1	1	1	1	1
2425	1	1	1	1	1	1	1	1	1
2426	1	1	1	0	1	1	0	1	1
2427	1	1	1	1	1	1	1	1	1

2428	1	1	1	1	1	1	1	1	1
2429	1	1	1	0	1	1	0	1	1
2430	1	1	1	0	1	1	0	1	1
2431	1	1	1	1	1	1	1	1	1
2432	1	1	1	1	1	1	1	1	1
2433	1	1	1	0	1	1	0	1	1
2434	1	1	1	1	1	1	1	1	1
2435	1	1	1	1	1	1	1	1	1
2436	1	1	1	0	1	1	0	1	1
2437	1	1	1	1	1	1	1	1	1
2438	1	1	1	0	1	1	0	1	1
2439	1	1	1	0	1	1	0	1	1

2440	1	1	1	0	1	1	0	1	1
2441	1	1	1	0	1	1	0	1	1
2442	1	1	1	1	1	1	1	1	1
2443	1	1	1	1	1	1	1	1	1
2444	1	1	1	1	1	1	1	1	1
2445	1	1	1	1	1	1	1	1	1
2446	1	1	1	1	1	1	1	1	1
2447	1	1	1	0	1	1	0	1	1

2448	1	1	1	1	1	1	1	1	1
2449	1	1	1	1	0	1	0	1	1
2450	1	1	1	1	1	1	1	1	1
2451	1	1	1	1	1	1	1	1	1
2452	1	1	1	1	1	1	1	1	1
2453	1	1	1	1	1	1	1	1	1
2454	1	1	1	1	1	1	1	1	1
2455	1	1	1	0	1	1	0	1	1
2456	1	1	1	1	1	1	1	1	1
2457	1	1	1	1	1	1	1	1	1
2458	1	1	1	1	1	1	1	1	1
2459	1	1	1	1	1	1	1	1	1
2460	1	1	1	1	1	1	1	1	1

2461	1	1	1	0	1	1	0	1	1
2462	1	1	1	0	1	1	0	1	1
2463	1	1	1	1	1	1	1	1	1
2464	1	1	1	1	1	1	1	1	1
2465	1	1	1	1	1	1	1	1	1
2466	1	1	1	1	1	1	1	1	1
2467	1	1	1	1	1	1	1	1	1
2468	1	1	1	1	1	1	1	1	1
2469	1	1	1	1	1	1	1	1	1
2470	1	1	1	1	1	1	1	1	1
2471	1	1	1	0	1	1	0	1	1

2472	1	1	1	1	1	1	0	1	1
2473	1	1	1	0	0	1	0	1	1
2474	0	0	1	1	0	1	0	0	0
2475	1	1	1	1	0	1	0	1	1
2476	0	0	1	1	0	1	0	0	0
2477	1	1	1	1	1	1	1	1	1
2478	1	1	1	1	0	1	0	1	1
2479	1	1	1	0	1	1	0	1	1
2480	1	1	1	1	1	1	1	1	1
2481	1	1	1	1	1	1	1	1	1
2482	1	1	1	1	1	1	1	1	1
2483	1	1	1	1	1	1	1	1	1
2484	1	1	1	0	1	1	0	1	1
2485	1	1	1	1	1	1	1	1	1
2486	1	1	1	1	1	1	1	1	1

2487	1	1	1	1	1	1	1	1	1
2488	1	1	1	1	1	1	1	1	1
2489	1	1	1	0	1	1	0	1	1
2490	1	1	1	1	1	1	1	1	1
2491	1	1	1	1	1	1	1	1	1
2492	1	1	1	1	1	1	1	1	1
2493	1	1	1	1	0	1	0	1	1
2494	1	1	1	0	0	1	0	1	1
2495	1	1	1	1	0	1	0	1	1
2496	1	1	1	1	0	1	0	1	1
2497	1	1	1	1	0	1	0	1	1
2498	1	1	1	1	1	1	1	1	1
2499	1	1	1	1	0	1	0	1	1
2500	1	1	1	1	0	1	1	1	1
2501	1	1	1	1	1	1	1	1	1

2502	1	1	1	1	1	1	1	1	1
2503	1	1	1	1	1	1	1	1	1
2504	1	1	1	1	1	1	1	1	1
2505	1	1	1	1	0	1	1	1	1
2506	1	1	1	1	0	1	1	1	1
2507	1	1	1	1	1	1	1	1	1
2508	1	1	1	0	1	1	0	1	1
2509	1	1	1	1	1	1	1	1	1
2510	1	1	1	0	1	1	0	1	1
2511	1	1	1	0	1	1	0	1	1
2512	1	1	1	1	1	1	1	1	1
2513	1	1	1	1	1	1	1	1	1

2514	1	1	1	1	1	1	1	1	1
2515	1	1	1	1	0	1	1	1	1
2516	1	1	1	1	1	1	1	1	1
2517	1	1	1	1	0	1	1	1	1
2518	1	1	1	0	1	1	0	1	1
2519	1	1	1	1	1	1	1	1	1
2520	1	1	1	0	1	1	0	1	1
2521	1	1	1	0	1	1	0	1	1
2522	1	1	1	1	1	1	1	1	1
2523	1	1	1	1	1	1	1	1	1
2524	1	1	1	1	1	1	1	1	1
2525	1	1	1	1	1	1	1	1	1
2526	1	1	1	1	1	1	1	1	1
2527	1	1	1	1	1	1	1	1	1
2528	1	1	1	1	1	1	1	1	1
2529	1	1	1	0	1	1	0	1	1

2530	1	1	1	1	1	1	1	1	1
2531	1	1	1	1	1	1	1	1	1
2532	1	1	1	1	1	1	1	1	1
2533	1	1	1	1	1	1	1	1	1
2534	1	1	1	1	1	1	1	1	1
2535	1	1	1	1	1	1	1	1	1
2536	1	1	1	1	1	1	1	1	1
2537	1	1	1	1	1	1	1	1	1
2538	1	1	1	1	1	1	1	1	1
2539	1	1	1	1	1	1	1	1	1
2540	1	1	1	1	1	1	1	1	1
2541	1	1	1	1	1	1	1	1	1
2542	1	1	1	1	1	1	1	1	1
2543	1	1	1	1	1	1	1	1	1
2544	1	1	1	0	1	1	0	1	1
2545	1	1	1	1	1	1	1	1	1
2546	1	1	1	0	1	1	0	1	1
2547	1	1	1	1	1	1	1	1	1
2548	1	1	1	0	1	1	0	1	1
2549	1	1	1	0	1	1	0	1	1
2550	1	1	1	1	1	1	1	1	1
2551	1	1	1	0	1	1	0	1	1
2552	1	1	1	1	1	1	1	1	1
2553	1	1	1	0	1	1	0	1	1
2554	1	1	1	1	1	1	1	1	1
2555	1	1	1	1	1	1	1	1	1
2556	1	1	1	0	1	1	0	1	1

2557	1	1	1	1	1	1	1	1	1
2558	1	1	1	1	1	1	1	1	1
2559	1	1	1	0	1	1	0	1	1
2560	1	1	1	0	0	1	0	1	1
2561	1	1	1	1	1	1	1	1	1
2562	1	1	1	1	1	1	1	1	1
2563	1	1	1	0	1	1	0	1	1
2564	1	1	1	0	1	1	0	1	1
2565	1	1	1	1	1	1	1	1	1
2566	1	1	1	0	1	1	0	1	1
2567	1	1	1	0	1	1	0	1	1
2568	1	1	1	1	1	1	1	1	1
2569	1	1	1	1	1	1	1	1	1
2570	1	1	1	1	1	1	1	1	1
2571	1	1	1	0	1	1	0	1	1

2572	1	1	1	1	1	1	1	1	1
2573	1	1	1	1	1	1	1	1	1
2574	1	1	1	0	1	1	0	1	1
2575	1	1	1	1	1	1	1	1	1
2576	1	1	1	0	1	1	0	1	1
2577	1	1	1	1	1	1	1	1	1
2578	0	0	1	1	0	1	0	0	0
2579	1	1	1	1	0	1	0	1	1
2580	1	1	1	1	0	1	0	1	1
2581	1	1	1	1	1	1	1	1	1
2582	1	1	1	1	1	1	1	1	1
2583	1	1	1	1	1	1	1	1	1

2584	1	1	1	0	1	1	0	1	1
2585	1	1	1	1	1	1	1	1	1
2586	1	1	1	1	1	1	1	1	1
2587	1	1	1	1	1	1	1	1	1
2588	1	1	1	1	1	1	1	1	1
2589	1	1	1	1	0	1	0	1	1
2590	1	1	1	1	1	1	1	1	1
2591	1	1	1	1	1	1	1	1	1
2592	1	1	1	1	1	1	1	1	1
2593	1	1	1	1	1	1	1	1	1
2594	1	1	1	1	1	1	1	1	1
2595	1	1	1	1	1	1	1	1	1
2596	1	1	1	1	1	1	1	1	1
2597	1	1	1	1	1	1	1	1	1
2598	1	1	1	1	1	1	1	1	1
2599	1	1	1	1	1	1	1	1	1
2600	1	1	1	1	1	1	1	1	1

2601	1	1	1	1	1	1	1	1	1
2602	1	1	1	1	1	1	1	1	1
2603	1	1	1	1	1	1	1	1	1
2604	1	1	1	1	1	1	1	1	1
2605	1	1	1	1	1	1	1	1	1
2606	1	1	1	1	1	1	1	1	1
2607	1	1	1	1	1	1	1	1	1
2608	1	1	1	0	1	1	0	1	1
2609	1	1	1	1	1	1	1	1	1
2610	1	1	1	1	1	1	1	1	1
2611	1	1	1	1	1	1	1	1	1
2612	1	1	1	0	1	1	0	1	1
2613	1	1	1	1	1	1	1	1	1
2614	1	1	1	1	1	1	1	1	1
2615	1	1	1	0	1	1	0	1	1

2616	1	1	1	1	1	1	1	1	1
2617	1	1	1	1	1	1	1	1	1
2618	1	1	1	0	1	1	0	1	1
2619	1	1	1	1	1	1	1	1	1
2620	1	1	1	1	1	1	1	1	1
2621	1	1	1	1	1	1	1	1	1
2622	1	1	1	1	1	1	1	1	1
2623	1	1	1	1	1	1	1	1	1
2624	1	1	1	1	1	1	1	1	1
2625	1	1	1	1	1	1	1	1	1
2626	1	1	1	1	1	1	1	1	1
2627	1	1	1	1	1	1	1	1	1
2628	1	1	1	1	1	1	1	1	1
2629	1	1	1	0	1	1	0	1	1
2630	1	1	1	1	1	1	1	1	1
2631	1	1	1	0	1	1	0	1	1
2632	1	1	1	0	1	1	0	1	1

2633	1	1	1	0	1	1	0	1	1
2634	1	1	1	1	1	1	1	1	1
2635	1	1	1	1	1	1	1	1	1
2636	1	1	1	1	1	1	1	1	1
2637	1	1	1	1	1	1	1	1	1
2638	1	1	1	1	1	1	1	1	1
2639	1	1	1	0	1	1	0	1	1
2640	1	1	1	1	1	1	1	1	1
2641	1	1	1	1	1	1	1	1	1
2642	1	1	1	1	1	1	1	1	1
2643	1	1	1	0	1	1	0	1	1
2644	1	1	1	1	1	1	1	1	1
2645	1	1	1	1	1	1	1	1	1

2646	1	1	1	1	1	1	1	1	1
2647	1	1	1	1	1	1	1	1	1
2648	1	1	1	1	1	1	1	1	1
2649	1	1	1	0	1	1	0	1	1
2650	1	1	1	1	1	1	1	1	1
2651	1	1	1	1	1	1	1	1	1
2652	1	1	1	1	1	1	1	1	1
2653	1	1	1	1	1	1	1	1	1
2654	1	1	1	1	1	1	1	1	1
2655	1	1	1	1	1	1	0	1	1

2656	1	1	1	1	1	1	1	1	1
2657	1	1	1	1	1	1	1	1	1
2658	1	1	1	1	1	1	1	1	1
2659	1	1	1	1	1	1	1	1	1
2660	1	1	1	1	1	1	1	1	1
2661	1	1	1	0	1	1	0	1	1
2662	1	1	1	1	1	1	1	1	1
2663	1	1	1	1	1	1	1	1	1
2664	1	1	1	1	0	1	0	1	1
2665	1	1	1	1	1	1	1	1	1
2666	1	1	1	1	1	1	1	1	1

2667	1	1	1	1	1	1	1	1	1
2668	1	1	1	0	1	1	0	1	1
2669	1	1	1	1	1	1	1	1	1
2670	1	1	1	1	1	1	1	1	1
2671	1	1	1	1	1	1	1	1	1
2672	1	1	1	0	1	1	0	1	1
2673	1	1	1	1	1	1	1	1	1

2674	1	1	1	1	1	1	1	1	1
2675	1	1	1	1	1	1	1	1	1
2676	1	1	1	1	1	1	1	1	1
2677	1	1	1	1	1	1	1	1	1
2678	1	1	1	1	1	1	1	1	1
2679	1	1	0	1	1	1	1	1	1
2680	1	1	1	1	1	1	1	1	1
2681	1	1	1	1	1	1	1	1	1
2682	1	1	1	0	1	1	0	1	1

2683	1	1	1	0	1	1	0	1	1
2684	1	1	1	1	1	1	1	1	1
2685	1	1	1	1	1	1	1	1	1
2686	1	1	1	1	1	1	1	1	1
2687	1	1	1	1	1	1	1	1	1
2688	1	1	1	0	1	1	0	1	1
2689	1	1	1	1	1	1	1	1	1
2690	1	1	1	0	1	1	0	1	1
2691	1	1	1	0	1	1	0	1	1
2692	1	1	1	1	0	1	0	1	1

2693	1	1	1	1	0	1	0	1	1
2694	1	1	1	1	1	1	1	1	1
2695	1	1	1	1	1	1	1	1	1
2696	1	1	1	1	1	1	1	1	1
2697	1	1	1	1	1	1	1	1	1
2698	1	1	1	1	1	1	1	1	1
2699	1	1	1	1	1	1	1	1	1
2700	1	1	1	1	1	1	1	1	1
2701	1	1	1	1	1	1	1	1	1
2702	1	1	1	0	1	1	0	1	1
2703	1	1	1	0	1	1	0	1	1
2704	1	1	1	1	0	1	0	1	1
2705	1	1	1	1	1	1	1	1	1

2706	1	1	1	1	1	1	1	1	1
2707	1	1	1	1	1	1	1	1	1
2708	1	1	1	1	1	1	1	1	1
2709	1	1	1	1	1	1	1	1	1
2710	1	1	1	1	1	1	1	1	1
2711	1	1	1	1	1	1	1	1	1
2712	1	1	1	1	1	1	1	1	1
2713	1	1	1	1	1	1	1	1	1
2714	1	1	1	1	1	1	1	1	1
2715	1	1	1	1	1	1	1	1	1
2716	1	1	1	1	1	1	1	1	1
2717	1	1	1	1	1	1	1	1	1
2718	1	1	1	1	1	1	1	1	1
2719	1	1	1	1	1	1	1	1	1
2720	1	1	1	1	1	1	1	1	1
2721	1	1	1	1	1	1	1	1	1
2722	1	1	1	1	1	1	1	1	1
2723	1	1	1	1	1	1	1	1	1
2724	1	1	1	1	1	1	1	1	1
2725	1	1	1	1	1	1	1	1	1
2726	1	1	1	1	1	1	1	1	1
2727	1	1	1	1	1	1	1	1	1
2728	1	1	1	1	1	1	1	1	1

2729	1	1	1	1	1	1	1	1	1
2730	1	1	1	1	1	1	1	1	1
2731	1	1	1	1	1	1	1	1	1
2732	1	1	1	1	1	1	1	1	1
2733	1	1	1	1	1	1	1	1	1
2734	1	1	1	1	1	1	1	1	1
2735	1	1	1	1	1	1	1	1	1
2736	1	1	1	1	1	1	1	1	1
2737	1	1	1	1	1	1	1	1	1
2738	1	1	1	1	1	1	1	1	1
2739	1	1	1	1	1	1	1	1	1
2740	1	1	1	1	1	1	1	1	1
2741	1	1	1	1	1	1	1	1	1

2742	1	1	1	1	1	1	1	1	1
2743	1	1	1	1	1	1	1	1	1
2744	1	1	1	1	1	1	1	1	1
2745	1	1	1	1	1	1	1	1	1
2746	1	1	1	1	1	1	1	1	1
2747	1	1	1	1	1	1	1	1	1
2748	1	1	1	1	0	1	0	1	1
2749	1	1	1	1	0	1	0	1	1
2750	1	1	1	1	0	1	0	1	1
2751	1	1	1	1	1	1	1	1	1
2752	1	1	1	1	1	1	1	1	1
2753	1	1	1	1	1	1	1	1	1
2754	1	1	1	1	1	1	1	1	1

2755	1	1	1	1	1	1	1	1	1
2756	1	1	1	1	1	1	1	1	1
2757	1	1	1	1	1	1	1	1	1
2758	1	1	1	1	1	1	1	1	1
2759	1	1	1	1	1	1	1	1	1
2760	1	1	1	1	1	1	1	1	1
2761	1	1	1	1	1	1	1	1	1
2762	1	1	1	1	1	1	1	1	1
2763	1	1	1	1	1	1	1	1	1
2764	1	1	1	1	1	1	1	1	1
2765	1	1	1	1	1	1	1	1	1
2766	1	1	1	1	0	1	0	1	1
2767	1	1	1	1	0	1	0	1	1
2768	1	1	1	0	1	1	0	1	1
2769	1	1	1	1	1	1	1	1	1

2770	1	1	1	1	1	1	1	1	1
2771	1	1	1	1	1	1	1	1	1
2772	1	1	1	1	1	1	1	1	1
2773	1	1	1	1	1	1	1	1	1
2774	1	1	1	1	1	1	1	1	1
2775	1	1	1	1	1	1	1	1	1
2776	1	1	1	1	1	1	1	1	1
2777	1	1	1	1	1	1	1	1	1
2778	1	1	1	1	1	1	1	1	1
2779	1	1	1	0	1	1	0	1	1
2780	1	1	1	1	1	1	1	1	1
2781	1	1	1	1	1	1	1	1	1
2782	1	1	1	1	1	1	1	1	1
2783	1	1	1	1	1	1	1	1	1
2784	1	1	1	1	1	1	1	1	1
2785	1	1	1	1	1	1	1	1	1
2786	1	1	1	1	1	1	1	1	1
2787	1	1	1	1	1	1	1	1	1
2788	1	1	1	1	1	1	1	1	1

2789	1	1	1	1	1	1	1	1	1
2790	1	1	1	1	1	1	1	1	1
2791	1	1	1	1	1	1	1	1	1
2792	1	1	1	1	1	1	1	1	1
2793	1	1	1	1	1	1	1	1	1
2794	1	1	1	1	1	1	1	1	1
2795	1	1	1	1	1	1	1	1	1
2796	1	1	1	1	1	1	1	1	1
2797	1	1	1	1	0	1	0	1	1
2798	1	1	1	1	0	1	0	1	1
2799	1	1	1	1	0	1	0	1	1
2800	1	1	1	1	1	1	1	1	1

2801	1	1	1	1	1	1	1	1	1
2802	1	1	1	1	1	1	1	1	1
2803	1	1	1	1	1	1	1	1	1
2804	1	1	1	1	1	1	1	1	1
2805	1	1	1	1	1	1	1	1	1
2806	1	1	1	1	1	1	1	1	1
2807	1	1	1	1	1	1	1	1	1
2808	1	1	1	1	1	1	1	1	1
2809	1	1	1	1	1	1	1	1	1
2810	1	1	1	1	1	1	1	1	1
2811	1	1	1	1	1	1	1	1	1
2812	1	1	1	1	1	1	1	1	1
2813	1	1	1	1	1	1	1	1	1
2814	1	1	1	1	1	1	1	1	1
2815	1	1	1	1	1	1	1	1	1

2816	1	1	1	1	1	1	1	1	1
2817	1	1	1	1	1	1	1	1	1
2818	1	1	1	1	1	1	1	1	1
2819	1	1	1	1	1	1	1	1	1
2820	1	1	1	1	1	1	1	1	1
2821	1	1	1	1	1	1	1	1	1
2822	1	1	1	1	1	1	1	1	1
2823	1	1	1	1	1	1	1	1	1
2824	1	1	1	1	1	1	1	1	1
2825	1	1	1	1	1	1	1	1	1
2826	1	1	1	1	1	1	1	1	1
2827	1	1	1	1	1	1	1	1	1

2828	1	1	1	1	1	1	1	1	1
2829	1	1	1	1	1	1	1	1	1
2830	1	1	1	1	1	1	1	1	1
2831	1	1	1	1	1	1	1	1	1
2832	1	1	1	1	1	1	1	1	1
2833	1	1	1	1	1	1	1	1	1
2834	1	1	1	1	1	1	1	1	1
2835	1	1	1	0	1	1	0	1	1
2836	1	1	1	0	1	1	0	1	1
2837	1	1	1	1	1	1	1	1	1
2838	1	1	1	1	1	1	1	1	1
2839	1	1	1	1	1	1	1	1	1
2840	1	1	1	1	1	1	1	1	1
2841	1	1	1	0	1	1	0	1	1
2842	1	1	1	1	1	1	1	1	1

2843	1	1	1	0	1	1	0	1	1
2844	1	1	1	1	1	1	1	1	1
2845	1	1	1	1	1	1	1	1	1
2846	1	1	1	1	1	1	1	1	1
2847	1	1	1	1	1	1	1	1	1
2848	1	1	1	0	1	1	0	1	1
2849	1	1	1	1	1	1	1	1	1
2850	1	1	1	0	1	1	0	1	1
2851	1	1	1	1	1	1	1	1	1
2852	1	1	1	0	1	1	0	1	1
2853	1	1	1	1	1	1	1	1	1
2854	0	0	1	1	0	1	0	0	0

2855	1	1	1	1	1	1	1	1	1
2856	1	1	1	1	1	1	1	1	1
2857	1	1	1	1	1	1	1	1	1
2858	1	1	1	1	1	1	1	1	1
2859	1	1	1	1	1	1	1	1	1
2860	1	1	1	1	1	1	1	1	1
2861	1	1	1	1	1	1	1	1	1

2862	1	1	1	1	1	1	1	1	1
2863	1	1	1	1	1	1	1	1	1
2864	1	1	1	1	1	1	1	1	1
2865	1	1	1	1	1	1	1	1	1
2866	1	1	1	1	1	1	1	1	1
2867	1	1	1	1	1	1	1	1	1
2868	1	1	1	1	1	1	1	1	1

2869	1	1	1	1	1	1	1	1	1
2870	1	1	1	1	0	1	0	1	1
2871	1	1	1	1	0	1	0	1	1
2872	1	1	1	1	0	1	0	1	1
2873	1	1	1	1	1	1	1	1	1
2874	1	1	1	1	1	1	1	1	1
2875	1	1	1	1	1	1	1	1	1
2876	1	1	1	1	1	1	1	1	1
2877	1	1	1	1	1	1	1	1	1
2878	1	1	1	1	1	1	1	1	1
2879	1	1	1	1	1	1	1	1	1
2880	1	1	1	1	1	1	1	1	1

2881	1	1	1	1	1	1	1	1	1
2882	1	1	1	1	1	1	1	1	1
2883	1	1	1	1	1	1	1	1	1
2884	1	1	1	1	1	1	1	1	1
2885	1	1	1	1	1	1	1	1	1
2886	1	1	1	1	1	1	1	1	1
2887	1	1	1	1	1	1	1	1	1
2888	1	1	1	1	1	1	1	1	1
2889	1	1	1	1	1	1	1	1	1
2890	1	1	1	1	1	1	1	1	1
2891	1	1	1	1	1	1	1	1	1

2892	1	1	1	1	1	1	1	1	1
2893	1	1	1	0	0	1	0	1	1
2894	1	1	1	1	1	1	1	1	1
2895	0	0	1	1	0	1	0	0	0
2896	1	1	1	0	0	1	0	1	1
2897	1	1	1	1	1	1	1	1	1
2898	1	1	1	1	1	1	1	1	1
2899	0	0	1	1	0	1	0	0	0
2900	1	1	1	1	1	1	1	1	1
2901	1	1	1	1	1	1	1	1	1
2902	1	1	1	1	1	1	1	1	1
2903	1	1	1	1	1	1	1	1	1
2904	1	1	1	1	1	1	1	1	1
2905	1	1	1	1	1	1	1	1	1
2906	1	1	1	1	0	1	0	1	1
2907	1	1	1	1	1	1	1	1	1
2908	1	1	1	1	1	1	1	1	1
2909	1	1	1	1	1	1	1	1	1
2910	1	1	1	1	1	1	1	1	1
2911	1	1	1	1	1	1	1	1	1

2912	1	1	1	1	1	1	1	1	1
2913	1	1	1	0	0	1	0	1	1
2914	0	0	1	1	0	1	0	0	0
2915	1	1	1	1	1	1	1	1	1
2916	1	1	1	1	1	1	1	1	1
2917	1	1	1	1	1	1	1	1	1
2918	1	1	1	1	1	1	1	1	1
2919	1	1	1	1	1	1	1	1	1
2920	1	1	1	1	1	1	1	1	1
2921	1	1	1	1	1	1	1	1	1
2922	1	1	1	1	1	1	1	1	1
2923	1	1	1	1	1	1	1	1	1
2924	1	1	1	1	1	1	1	1	1
2925	1	1	1	1	1	1	1	1	1
2926	1	1	1	1	1	1	1	1	1

2927	1	1	1	1	0	1	0	1	1
2928	1	1	1	1	0	1	0	1	1
2929	1	1	1	1	0	1	0	1	1
2930	1	1	1	1	1	1	1	1	1
2931	1	1	1	1	1	1	1	1	1
2932	1	1	1	1	1	1	1	1	1
2933	1	1	1	1	1	1	1	1	1
2934	1	1	1	1	1	1	1	1	1
2935	1	1	1	1	1	1	1	1	1
2936	1	1	1	1	1	1	1	1	1
2937	1	1	1	1	1	1	1	1	1
2938	1	1	1	1	1	1	1	1	1

2939	1	1	1	1	1	1	1	1	1
2940	1	1	1	1	1	1	1	1	1
2941	1	1	1	1	1	1	1	1	1
2942	1	1	1	1	1	1	1	1	1
2943	1	1	1	1	1	1	1	1	1
2944	1	1	1	1	1	1	1	1	1
2945	1	1	1	1	0	1	0	1	1

2946	1	1	1	1	1	1	1	1	1
2947	1	1	1	1	1	1	1	1	1
2948	1	1	1	0	1	1	0	1	1
2949	1	1	1	1	1	1	1	1	1
2950	1	1	1	1	1	1	1	1	1
2951	1	1	1	1	1	1	1	1	1
2952	1	1	1	1	1	1	1	1	1

2953	1	1	1	1	1	1	1	1	1
2954	1	1	1	1	1	1	1	1	1
2955	1	1	1	1	1	1	1	1	1
2956	0	0	1	1	0	1	0	0	0
2957	1	1	1	0	1	1	0	1	1
2958	1	1	1	1	1	1	1	1	1

2959	1	1	1	1	1	1	1	1	1
2960	1	1	1	1	1	1	1	1	1
2961	1	1	1	1	1	1	1	1	1
2962	1	1	1	1	1	1	1	1	1
2963	1	1	1	1	1	1	1	1	1
2964	1	1	1	1	1	1	1	1	1
2965	1	1	1	1	0	1	0	1	1
2966	1	1	1	1	0	1	0	1	1
2967	1	1	1	0	1	1	0	1	1
2968	1	1	1	0	1	1	0	1	1
2969	1	1	1	0	1	1	0	1	1

2970	1	1	1	0	1	1	0	1	1
2971	1	1	1	1	1	1	1	1	1
2972	1	1	1	0	1	1	0	1	1
2973	1	1	1	1	1	1	1	1	1
2974	1	1	1	0	1	1	0	1	1
2975	1	1	1	1	1	1	1	1	1
2976	1	1	1	1	1	1	1	1	1
2977	1	1	1	1	1	1	1	1	1
2978	1	1	1	1	1	1	1	1	1
2979	1	1	1	1	1	1	1	1	1
2980	1	1	1	1	1	1	1	1	1
2981	1	1	1	0	1	1	0	1	1

2982	1	1	1	1	1	1	1	1	1
2983	1	1	1	1	1	1	1	1	1
2984	1	1	1	1	1	1	1	1	1
2985	1	1	1	0	1	1	0	1	1
2986	1	1	1	0	1	1	0	1	1
2987	1	1	1	1	1	1	1	1	1
2988	1	1	1	1	1	1	1	1	1
2989	1	1	1	1	1	1	1	1	1
2990	1	1	1	1	1	1	1	1	1
2991	0	0	1	1	0	1	0	0	0
2992	1	1	1	1	1	1	1	1	1

2993	1	1	1	1	1	1	1	1	1
2994	1	1	1	1	1	1	1	1	1
2995	1	1	1	1	1	1	1	1	1
2996	1	1	1	1	1	1	1	1	1
2997	1	1	1	1	1	1	1	1	1
2998	1	1	1	1	1	1	1	1	1
2999	1	1	1	0	1	1	0	1	1
3000	1	1	1	1	1	1	1	1	1
3001	1	1	1	1	1	1	1	1	1
3002	1	1	1	1	1	1	1	1	1
3003	1	1	1	1	1	1	1	1	1
3004	1	1	1	1	1	1	1	1	1

3005	1	1	1	1	1	1	1	1	1
3006	1	1	1	1	1	1	1	1	1
3007	1	1	1	1	1	1	1	1	1
3008	1	1	1	1	1	1	1	1	1
3009	1	1	1	1	1	1	1	1	1
3010	1	1	1	1	1	1	1	1	1
3011	1	1	1	1	1	1	1	1	1
3012	1	1	1	1	1	1	1	1	1
3013	1	1	1	1	1	1	1	1	1
3014	1	1	1	1	1	1	1	1	1
3015	1	1	1	1	1	1	1	1	1
3016	1	1	1	1	0	1	0	1	1
3017	1	1	1	1	0	1	0	1	1

3018	1	1	1	1	0	1	0	1	1
3019	1	1	1	1	1	1	1	1	1
3020	1	1	1	1	1	1	1	1	1
3021	1	1	1	1	1	1	1	1	1
3022	1	1	1	1	1	1	1	1	1
3023	1	1	1	1	1	1	1	1	1
3024	1	1	1	1	1	1	1	1	1
3025	1	1	1	1	1	1	1	1	1
3026	1	1	1	1	1	1	1	1	1
3027	1	1	1	1	1	1	1	1	1
3028	1	1	1	1	1	1	1	1	1
3029	1	1	1	1	1	1	1	1	1
3030	1	1	1	1	1	1	1	1	1

3031	1	1	1	1	1	1	1	1	1
3032	1	1	1	1	1	1	1	1	1
3033	1	1	1	1	1	1	1	1	1
3034	1	1	1	0	1	1	0	1	1
3035	1	1	1	1	0	1	0	1	1
3036	0	0	1	1	0	1	0	0	0
3037	1	1	1	0	1	1	0	1	1
3038	1	1	1	1	0	1	0	1	1
3039	1	1	1	1	1	1	1	1	1
3040	1	1	1	0	1	1	0	1	1
3041	1	1	1	1	1	1	1	1	1
3042	1	1	1	1	1	1	1	1	1
3043	1	1	1	1	1	1	1	1	1
3044	1	1	1	1	1	1	1	1	1
3045	1	1	1	1	1	1	1	1	1

3046	1	1	1	1	1	1	1	1	1
3047	1	1	1	1	1	1	1	1	1
3048	1	1	1	1	1	1	1	1	1
3049	1	1	1	0	1	1	0	1	1
3050	1	1	1	1	1	1	1	1	1
3051	1	1	1	1	1	1	1	1	1
3052	1	1	1	1	1	1	1	1	1
3053	1	1	1	1	1	1	1	1	1
3054	1	1	1	1	1	1	1	1	1
3055	1	1	1	1	1	1	1	1	1

3056	1	1	1	1	1	1	1	1	1
3057	1	1	1	0	1	1	0	1	1
3058	1	1	1	1	1	1	1	1	1
3059	1	1	1	1	1	1	1	1	1
3060	1	1	1	1	1	1	1	1	1
3061	1	1	1	1	1	1	1	1	1
3062	1	1	1	1	1	1	1	1	1
3063	1	1	1	1	0	1	0	1	1
3064	1	1	1	1	0	1	0	1	1
3065	1	1	1	1	0	1	0	1	1
3066	1	1	1	1	1	1	1	1	1
3067	1	1	1	1	1	1	1	1	1
3068	1	1	1	1	1	1	1	1	1
3069	1	1	1	1	1	1	1	1	1

3070	1	1	1	1	1	1	1	1	1
3071	1	1	1	1	1	1	1	1	1
3072	1	1	1	1	1	1	1	1	1
3073	1	1	1	1	1	1	1	1	1
3074	1	1	1	1	1	1	1	1	1
3075	1	1	1	1	1	1	1	1	1
3076	1	1	1	1	1	1	1	1	1
3077	1	1	1	1	1	1	1	1	1
3078	1	1	1	1	1	1	1	1	1
3079	1	1	1	1	1	1	1	1	1
3080	1	1	1	1	1	1	1	1	1
3081	1	1	1	0	1	1	0	1	1
3082	1	1	1	1	0	1	0	1	1
3083	1	1	1	0	1	1	0	1	1
3084	1	1	1	1	1	1	1	1	1

3085	1	1	1	1	0	1	0	1	1
3086	0	0	1	1	0	1	0	0	0
3087	1	1	1	0	1	1	0	1	1
3088	1	1	1	1	1	1	1	1	1
3089	1	1	1	1	1	1	1	1	1
3090	1	1	1	0	1	1	0	1	1
3091	1	1	1	1	1	1	1	1	1
3092	1	1	1	1	1	1	1	1	1
3093	1	1	1	1	1	1	1	1	1
3094	1	1	1	1	1	1	1	1	1
3095	1	1	1	1	1	1	1	1	1
3096	1	1	1	1	1	1	1	1	1
3097	1	1	1	1	1	1	1	1	1
3098	1	1	1	1	1	1	1	1	1
3099	1	1	1	0	1	1	0	1	1
3100	1	1	1	1	1	1	1	1	1
3101	1	1	1	1	1	1	1	1	1
3102	1	1	1	1	1	1	1	1	1
3103	1	1	1	1	1	1	1	1	1

3104	1	1	1	1	1	1	1	1	1
3105	1	1	1	1	1	1	1	1	1
3106	1	1	1	0	1	1	0	1	1
3107	1	1	1	1	1	1	1	1	1
3108	1	1	1	1	1	1	1	1	1
3109	1	1	1	1	1	1	1	1	1
3110	1	1	1	1	1	1	1	1	1
3111	1	1	1	1	1	1	1	1	1
3112	1	1	1	1	0	1	0	1	1
3113	1	1	1	1	0	1	0	1	1
3114	1	1	1	1	0	1	0	1	1
3115	1	1	1	1	1	1	1	1	1
3116	1	1	1	1	1	1	1	1	1
3117	1	1	1	1	1	1	1	1	1

3118	1	1	1	1	1	1	1	1	1
3119	1	1	1	1	1	1	1	1	1
3120	1	1	1	1	1	1	1	1	1
3121	1	1	1	1	1	1	1	1	1
3122	1	1	1	1	1	1	1	1	1
3123	1	1	1	1	1	1	1	1	1
3124	1	1	1	1	1	1	1	1	1
3125	1	1	1	1	1	1	1	1	1
3126	1	1	1	1	1	1	1	1	1
3127	1	1	1	1	1	1	1	1	1
3128	1	1	1	1	1	1	1	1	1
3129	1	1	1	1	1	1	1	1	1

3130	1	1	1	0	1	1	0	1	1
3131	1	1	1	1	1	1	1	1	1
3132	1	1	1	1	1	1	1	1	1
3133	1	1	1	1	1	1	1	1	1
3134	1	1	1	0	1	1	0	1	1
3135	1	1	1	1	1	1	1	1	1
3136	1	1	1	1	1	1	1	1	1
3137	1	1	1	1	1	1	1	1	1
3138	1	1	1	1	1	1	1	1	1
3139	1	1	1	1	1	1	1	1	1
3140	1	1	1	1	1	1	1	1	1
3141	1	1	1	1	1	1	1	1	1
3142	1	1	1	1	1	1	1	1	1
3143	1	1	1	0	1	1	0	1	1
3144	1	1	1	1	1	1	1	1	1

3145	1	1	1	1	1	1	1	1	1
3146	1	1	1	1	1	1	1	1	1
3147	1	1	1	1	1	1	1	1	1
3148	1	1	1	1	1	1	1	1	1
3149	1	1	1	1	1	1	1	1	1
3150	1	1	1	1	1	1	1	1	1
3151	1	1	1	1	0	1	0	1	1
3152	1	1	1	1	0	1	0	1	1
3153	1	1	1	1	0	1	0	1	1
3154	1	1	1	1	1	1	1	1	1
3155	1	1	1	1	1	1	1	1	1
3156	1	1	1	1	1	1	1	1	1
3157	1	1	1	1	1	1	1	1	1

3158	1	1	1	1	1	1	1	1	1
3159	1	1	1	1	1	1	1	1	1
3160	1	1	1	1	1	1	1	1	1
3161	1	1	1	1	1	1	1	1	1
3162	1	1	1	1	1	1	1	1	1
3163	1	1	1	1	1	1	1	1	1
3164	1	1	1	1	1	1	1	1	1
3165	1	1	1	1	1	1	1	1	1
3166	1	1	1	1	1	1	1	1	1
3167	1	1	1	1	1	1	1	1	1
3168	1	1	1	1	1	1	1	1	1
3169	1	1	1	0	1	1	0	1	1
3170	1	1	1	0	1	1	0	1	1

3171	1	1	1	0	1	1	0	1	1
3172	1	1	1	1	1	1	1	1	1
3173	1	1	1	1	1	1	1	1	1
3174	1	1	1	1	1	1	1	1	1
3175	1	1	1	1	1	1	1	1	1
3176	1	1	1	1	1	1	1	1	1
3177	1	1	1	1	1	1	1	1	1
3178	1	1	1	1	1	1	1	1	1
3179	1	1	1	0	1	1	0	1	1
3180	1	1	1	1	1	1	1	1	1
3181	1	1	1	1	1	1	1	1	1
3182	1	1	1	1	1	1	1	1	1
3183	1	1	1	1	1	1	1	1	1
3184	1	1	1	1	1	1	1	1	1
3185	1	1	1	1	1	1	1	1	1
3186	1	1	1	1	0	1	0	1	1
3187	1	1	1	1	0	1	0	1	1

3188	1	1	1	1	0	1	0	1	1
3189	1	1	1	1	1	1	1	1	1
3190	1	1	1	1	1	1	1	1	1
3191	1	1	1	1	1	1	1	1	1
3192	1	1	1	1	1	1	1	1	1
3193	1	1	1	1	1	1	1	1	1
3194	1	1	1	1	1	1	1	1	1
3195	1	1	1	1	1	1	1	1	1
3196	1	1	1	1	1	1	1	1	1
3197	1	1	1	1	1	1	1	1	1
3198	1	1	1	1	1	1	1	1	1
3199	1	1	1	1	1	1	1	1	1
3200	1	1	1	1	1	1	1	1	1

3201	1	1	1	1	1	1	1	1	1
3202	1	1	1	1	1	1	1	1	1
3203	1	1	1	1	1	1	1	1	1
3204	1	1	1	0	1	1	0	1	1
3205	1	1	1	0	1	1	0	1	1
3206	1	1	1	0	1	1	0	1	1
3207	1	1	1	0	1	1	0	1	1

3208	1	1	1	1	1	1	1	1	1
3209	1	1	1	0	1	1	0	1	1
3210	1	1	1	0	1	1	0	1	1
3211	1	1	1	1	1	1	1	1	1
3212	1	1	1	1	1	1	1	1	1
3213	1	1	1	1	1	1	1	1	1
3214	1	1	1	1	1	1	1	1	1
3215	1	1	1	1	1	1	1	1	1
3216	1	1	1	1	1	1	1	1	1
3217	1	1	1	1	1	1	1	1	1
3218	1	1	1	0	1	1	0	1	1
3219	1	1	1	1	1	1	1	1	1
3220	1	1	1	1	1	1	1	1	1
3221	1	1	1	1	1	1	1	1	1
3222	1	1	1	1	1	1	1	1	1
3223	1	1	1	1	1	1	1	1	1

3224	1	1	1	1	1	1	1	1	1
3225	1	1	1	1	0	1	0	1	1
3226	1	1	1	1	0	1	0	1	1
3227	1	1	1	1	0	1	0	1	1
3228	1	1	1	1	1	1	1	1	1
3229	1	1	1	1	1	1	1	1	1
3230	1	1	1	1	1	1	1	1	1
3231	1	1	1	1	1	1	1	1	1
3232	1	1	1	1	1	1	1	1	1
3233	1	1	1	1	1	1	1	1	1
3234	1	1	1	1	1	1	1	1	1
3235	1	1	1	1	1	1	1	1	1

3236	1	1	1	1	1	1	1	1	1
3237	1	1	1	1	1	1	1	1	1
3238	1	1	1	1	1	1	1	1	1
3239	1	1	1	1	1	1	1	1	1
3240	1	1	1	1	1	1	1	1	1
3241	1	1	1	1	1	1	1	1	1
3242	1	1	1	1	1	1	1	1	1
3243	1	1	1	0	1	1	0	1	1
3244	1	1	1	1	1	1	1	1	1
3245	1	1	1	0	1	1	0	1	1
3246	1	1	1	1	1	1	1	1	1
3247	1	1	1	1	1	1	1	1	1
3248	1	1	1	1	1	1	1	1	1
3249	1	1	1	1	1	1	1	1	1

3250	1	1	1	1	1	1	1	1	1
3251	1	1	1	1	1	1	1	1	1
3252	1	1	1	1	1	1	1	1	1
3253	1	1	1	1	1	1	1	1	1
3254	1	1	1	0	1	1	0	1	1
3255	1	1	1	1	1	1	1	1	1
3256	1	1	1	1	1	1	1	1	1
3257	1	1	1	1	1	1	1	1	1
3258	1	1	1	1	1	1	1	1	1
3259	1	1	1	1	1	1	1	1	1
3260	1	1	1	1	1	1	1	1	1
3261	1	1	1	1	0	1	0	1	1
3262	1	1	1	1	0	1	0	1	1

3263	1	1	1	1	0	1	0	1	1
3264	1	1	1	1	1	1	1	1	1
3265	1	1	1	1	1	1	1	1	1
3266	1	1	1	1	1	1	1	1	1
3267	1	1	1	1	1	1	1	1	1
3268	1	1	1	1	1	1	1	1	1
3269	1	1	1	1	1	1	1	1	1
3270	1	1	1	1	1	1	1	1	1
3271	1	1	1	1	1	1	1	1	1
3272	1	1	1	1	1	1	1	1	1
3273	1	1	1	1	1	1	1	1	1
3274	1	1	1	1	1	1	1	1	1
3275	1	1	1	1	1	1	1	1	1

3276	1	1	1	1	1	1	1	1	1
3277	1	1	1	1	1	1	1	1	1
3278	1	1	1	1	1	1	1	1	1
3279	1	1	1	0	0	1	0	1	1
3280	1	1	1	1	0	1	0	1	1
3281	1	1	1	1	1	1	1	1	1
3282	1	1	1	0	1	1	0	1	1
3283	1	1	1	1	1	1	1	1	1
3284	1	1	1	1	1	1	1	1	1
3285	1	1	1	0	1	1	0	1	1
3286	1	1	1	1	1	1	1	1	1
3287	1	1	1	1	1	1	1	1	1
3288	1	1	1	1	1	1	1	1	1
3289	1	1	1	1	1	1	1	1	1

3290	1	1	1	1	1	1	1	1	1
3291	1	1	1	1	1	1	1	1	1
3292	1	1	1	1	1	1	1	1	1
3293	1	1	1	0	1	1	0	1	1
3294	1	1	1	1	1	1	1	1	1
3295	1	1	1	1	1	1	1	1	1
3296	1	1	1	1	1	1	1	1	1
3297	1	1	1	1	1	1	1	1	1
3298	1	1	1	1	1	1	1	1	1
3299	1	1	1	1	1	1	1	1	1
3300	1	1	1	1	0	1	0	1	1
3301	1	1	1	1	0	1	0	1	1
3302	1	1	1	1	0	1	0	1	1

3303	1	1	1	1	1	1	1	1	1
3304	1	1	1	1	1	1	1	1	1
3305	1	1	1	1	1	1	1	1	1
3306	1	1	1	1	1	1	1	1	1
3307	1	1	1	1	1	1	1	1	1
3308	1	1	1	1	1	1	1	1	1
3309	1	1	1	1	1	1	1	1	1
3310	1	1	1	1	1	1	1	1	1
3311	1	1	1	1	1	1	1	1	1
3312	1	1	1	1	1	1	1	1	1
3313	1	1	1	1	1	1	1	1	1
3314	1	1	1	1	1	1	1	1	1
3315	1	1	1	1	1	1	1	1	1
3316	1	1	1	1	1	1	1	1	1
3317	1	1	1	1	1	1	1	1	1

3318	1	1	1	0	1	1	0	1	1
3319	1	1	1	0	1	1	0	1	1
3320	1	1	1	0	1	1	0	1	1
3321	1	1	1	1	1	1	1	1	1
3322	1	1	1	1	1	1	1	1	1
3323	1	1	1	1	1	1	1	1	1
3324	1	1	1	1	1	1	1	1	1
3325	1	1	1	1	1	1	1	1	1
3326	1	1	1	1	1	1	1	1	1
3327	1	1	1	1	1	1	1	1	1
3328	1	1	1	0	1	1	0	1	1
3329	1	1	1	1	1	1	1	1	1
3330	1	1	1	1	1	1	1	1	1
3331	1	1	1	1	1	1	1	1	1
3332	1	1	1	1	1	1	1	1	1
3333	1	1	1	1	1	1	1	1	1
3334	1	1	1	1	1	1	1	1	1
3335	1	1	1	1	0	1	0	1	1

3336	1	1	1	1	0	1	0	1	1
3337	1	1	1	1	0	1	0	1	1
3338	1	1	1	1	1	1	1	1	1
3339	1	1	1	1	1	1	1	1	1
3340	1	1	1	1	1	1	1	1	1
3341	1	1	1	1	1	1	1	1	1
3342	1	1	1	1	1	1	1	1	1
3343	1	1	1	1	1	1	1	1	1
3344	1	1	1	1	1	1	1	1	1
3345	1	1	1	1	1	1	1	1	1
3346	1	1	1	1	1	1	1	1	1
3347	1	1	1	1	1	1	1	1	1
3348	1	1	1	1	1	1	1	1	1
3349	1	1	1	1	1	1	1	1	1

3350	1	1	1	1	1	1	1	1	1
3351	1	1	1	1	1	1	1	1	1
3352	1	1	1	1	1	1	1	1	1
3353	1	1	1	0	1	1	0	1	1
3354	1	1	1	1	1	1	1	1	1
3355	1	1	1	1	1	1	1	1	1
3356	1	1	1	1	1	1	1	1	1
3357	1	1	1	0	1	1	0	1	1
3358	1	1	1	1	1	1	1	1	1
3359	1	1	1	1	1	1	1	1	1
3360	1	1	1	1	1	1	1	1	1
3361	1	1	1	1	1	1	1	1	1

3362	1	1	1	0	1	1	0	1	1
3363	1	1	1	1	1	1	1	1	1
3364	1	1	1	1	1	1	1	1	1
3365	1	1	1	1	1	1	1	1	1
3366	1	1	1	1	1	1	1	1	1
3367	1	1	1	1	1	1	1	1	1
3368	1	1	1	0	1	1	0	1	1
3369	1	1	1	1	1	1	1	1	1
3370	1	1	1	1	1	1	1	1	1
3371	1	1	1	1	1	1	1	1	1
3372	1	1	1	0	1	1	0	1	1
3373	1	1	1	1	1	1	1	1	1
3374	1	1	1	1	1	1	1	1	1
3375	1	1	1	1	1	1	1	1	1
3376	1	1	1	1	1	1	1	1	1
3377	1	1	1	1	1	1	1	1	1
3378	1	1	1	1	1	1	1	1	1

3379	1	1	1	0	1	1	0	1	1
3380	1	1	1	1	1	1	1	1	1
3381	1	1	1	1	1	1	1	1	1
3382	1	1	1	1	1	1	1	1	1
3383	1	1	1	1	1	1	1	1	1
3384	1	1	1	1	1	1	1	1	1
3385	1	1	1	1	1	1	1	1	1
3386	1	1	1	1	0	1	0	1	1
3387	1	1	1	1	0	1	0	1	1
3388	1	1	1	1	0	1	0	1	1
3389	1	1	1	1	1	1	1	1	1
3390	1	1	1	1	1	1	1	1	1
3391	1	1	1	1	1	1	1	1	1

3392	1	1	1	1	1	1	1	1	1
3393	1	1	1	1	1	1	1	1	1
3394	1	1	1	1	1	1	1	1	1
3395	1	1	1	1	1	1	1	1	1
3396	1	1	1	1	1	1	1	1	1
3397	1	1	1	1	1	1	1	1	1
3398	1	1	1	1	1	1	1	1	1
3399	1	1	1	1	1	1	1	1	1
3400	1	1	1	1	1	1	1	1	1
3401	1	1	1	1	1	1	1	1	1
3402	1	1	1	1	1	1	1	1	1
3403	1	1	1	1	1	1	1	1	1

3404	1	1	1	0	1	1	0	1	1
3405	0	0	1	1	0	1	0	0	0
3406	1	1	1	1	1	1	1	1	1
3407	1	1	1	1	1	1	1	1	1
3408	1	1	1	0	1	1	0	1	1
3409	1	1	1	1	1	1	1	1	1
3410	1	1	1	1	1	1	1	1	1
3411	1	1	1	1	1	1	1	1	1
3412	1	1	1	1	1	1	1	1	1
3413	1	1	1	1	1	1	1	1	1
3414	1	1	1	1	1	1	1	1	1

3415	1	1	1	1	1	1	1	1	1
3416	1	1	1	1	1	1	1	1	1
3417	1	1	1	0	1	1	0	1	1
3418	1	1	1	1	1	1	1	1	1
3419	1	1	1	1	1	1	1	1	1
3420	1	1	1	1	1	1	1	1	1
3421	1	1	1	1	1	1	1	1	1
3422	1	1	1	1	1	1	1	1	1
3423	1	1	1	1	1	1	1	1	1
3424	1	1	1	1	1	1	1	1	1
3425	1	1	1	1	0	1	0	1	1
3426	1	1	1	1	0	1	0	1	1

3427	1	1	1	1	0	1	0	1	1
3428	1	1	1	1	1	1	1	1	1
3429	1	1	1	1	1	1	1	1	1
3430	1	1	1	1	1	1	1	1	1
3431	1	1	1	1	1	1	1	1	1
3432	1	1	1	1	1	1	1	1	1
3433	1	1	1	1	1	1	1	1	1
3434	1	1	1	1	1	1	1	1	1
3435	1	1	1	1	1	1	1	1	1
3436	1	1	1	1	1	1	1	1	1
3437	1	1	1	1	1	1	1	1	1
3438	1	1	1	1	1	1	1	1	1
3439	1	1	1	1	1	1	1	1	1

3440	1	1	1	1	1	1	1	1	1
3441	1	1	1	1	1	1	1	1	1
3442	1	1	1	1	1	1	1	1	1
3443	1	1	1	0	1	1	0	1	1

3444	0	0	1	1	0	1	0	0	0
3445	1	1	0	0	0	1	0	1	1
3446	1	1	1	1	1	1	1	1	1
3447	1	1	1	0	1	1	0	1	1

3448	1	1	1	0	1	1	0	1	1
3449	1	1	1	1	1	1	1	1	1
3450	1	1	1	1	1	1	1	1	1
3451	1	1	1	1	1	1	1	1	1
3452	1	1	1	1	1	1	1	1	1
3453	1	1	1	1	1	1	1	1	1
3454	1	1	1	1	1	1	1	1	1
3455	1	1	1	1	1	1	1	1	1
3456	1	1	1	1	1	1	1	1	1
3457	1	1	1	0	1	1	0	1	1
3458	1	1	1	1	1	1	1	1	1
3459	1	1	1	1	1	1	1	1	1
3460	1	1	1	1	1	1	1	1	1
3461	1	1	1	1	1	1	1	1	1
3462	1	1	1	1	1	1	1	1	1
3463	1	1	1	1	1	1	1	1	1
3464	1	1	1	1	1	1	1	1	1

3465	1	1	1	1	0	1	0	1	1
3466	1	1	1	1	0	1	0	1	1
3467	1	1	1	1	0	1	0	1	1
3468	1	1	1	1	1	1	1	1	1
3469	1	1	1	1	1	1	1	1	1
3470	1	1	1	1	1	1	1	1	1
3471	1	1	1	1	1	1	1	1	1
3472	1	1	1	1	1	1	1	1	1
3473	1	1	1	1	1	1	1	1	1
3474	1	1	1	1	1	1	1	1	1
3475	1	1	1	1	1	1	1	1	1
3476	1	1	1	1	1	1	1	1	1
3477	1	1	1	1	1	1	1	1	1
3478	1	1	1	1	1	1	1	1	1

3479	1	1	1	1	1	1	1	1	1
3480	1	1	1	1	1	1	1	1	1
3481	1	1	1	1	1	1	1	1	1
3482	1	1	1	1	1	1	1	1	1
3483	1	1	1	0	1	1	0	1	1

3484	1	1	1	1	1	1	1	1	1
3485	1	1	1	1	1	1	1	1	1
3486	1	1	1	0	1	1	0	1	1
3487	1	1	1	1	1	1	1	1	1
3488	1	1	1	1	1	1	1	1	1
3489	1	1	1	1	1	1	1	1	1
3490	1	1	1	1	1	1	1	1	1
3491	1	1	1	1	1	1	1	1	1
3492	1	1	1	1	1	1	1	1	1
3493	1	1	1	1	1	1	1	1	1

3494	1	1	1	1	1	1	1	1	1
3495	1	1	1	0	1	1	0	1	1
3496	1	1	1	1	1	1	1	1	1
3497	1	1	1	1	1	1	1	1	1
3498	1	1	1	1	1	1	1	1	1
3499	1	1	1	1	1	1	1	1	1
3500	1	1	1	1	1	1	1	1	1
3501	1	1	1	1	1	1	1	1	1
3502	1	1	1	1	1	1	1	1	1
3503	1	1	1	1	0	1	0	1	1
3504	1	1	1	1	0	1	0	1	1
3505	1	1	1	1	0	1	0	1	1

3506	1	1	1	1	1	1	1	1	1
3507	1	1	1	1	1	1	1	1	1
3508	1	1	1	1	1	1	1	1	1
3509	1	1	1	1	1	1	1	1	1
3510	1	1	1	1	1	1	1	1	1
3511	1	1	1	1	1	1	1	1	1
3512	1	1	1	1	1	1	1	1	1
3513	1	1	1	1	1	1	1	1	1
3514	1	1	1	1	1	1	1	1	1
3515	1	1	1	1	1	1	1	1	1
3516	1	1	1	1	1	1	1	1	1
3517	1	1	1	1	1	1	1	1	1
3518	1	1	1	1	1	1	1	1	1
3519	1	1	1	1	1	1	1	1	1

3520	1	1	1	1	1	1	1	1	1
3521	1	1	1	0	1	1	0	1	1
3522	1	1	1	1	1	1	1	1	1
3523	1	1	1	1	1	1	1	1	1
3524	1	1	1	0	1	1	0	1	1
3525	1	1	1	1	1	1	1	1	1
3526	1	1	1	1	1	1	1	1	1
3527	1	1	1	1	1	1	1	1	1
3528	1	1	1	1	1	1	1	1	1
3529	1	1	1	1	1	1	1	1	1
3530	1	1	1	1	1	1	1	1	1
3531	1	1	1	1	1	1	1	1	1
3532	1	1	1	0	1	1	0	1	1
3533	1	1	1	1	1	1	1	1	1
3534	1	1	1	1	1	1	1	1	1
3535	1	1	1	1	1	1	1	1	1
3536	1	1	1	1	1	1	1	1	1
3537	1	1	1	1	1	1	1	1	1
3538	1	1	1	1	1	1	1	1	1

3539	1	1	1	1	1	1	1	1	1
3540	1	1	1	1	0	1	0	1	1
3541	1	1	1	1	0	1	0	1	1
3542	1	1	1	1	0	1	0	1	1
3543	1	1	1	1	1	1	1	1	1
3544	1	1	1	1	1	1	1	1	1
3545	1	1	1	1	1	1	1	1	1
3546	1	1	1	1	1	1	1	1	1
3547	1	1	1	1	1	1	1	1	1
3548	1	1	1	1	1	1	1	1	1
3549	1	1	1	1	1	1	1	1	1
3550	1	1	1	1	1	1	1	1	1

3551	1	1	1	1	1	1	1	1	1
3552	1	1	1	1	1	1	1	1	1
3553	1	1	1	1	1	1	1	1	1
3554	1	1	1	1	1	1	1	1	1
3555	1	1	1	1	1	1	1	1	1
3556	1	1	1	1	1	1	1	1	1
3557	1	1	1	1	1	1	1	1	1
3558	1	1	1	0	1	1	0	1	1
3559	1	1	1	0	1	1	0	1	1

3560	1	1	1	1	1	1	1	1	1
3561	1	1	1	1	1	1	1	1	1
3562	1	1	1	1	1	1	1	1	1
3563	1	1	1	0	1	1	0	1	1
3564	1	1	1	1	1	1	1	1	1
3565	1	1	1	1	1	1	1	1	1
3566	1	1	1	1	0	1	0	1	1
3567	1	1	1	1	0	1	0	1	1
3568	1	1	1	1	0	1	0	1	1
3569	1	1	1	1	1	1	1	1	1
3570	1	1	1	1	1	1	1	1	1

3571	1	1	1	1	1	1	1	1	1
3572	1	1	1	1	1	1	1	1	1
3573	1	1	1	1	1	1	1	1	1
3574	1	1	1	1	1	1	1	1	1
3575	1	1	1	1	1	1	1	1	1
3576	1	1	1	1	1	1	1	1	1
3577	1	1	1	1	1	1	1	1	1
3578	1	1	1	1	1	1	1	1	1
3579	1	1	1	1	1	1	1	1	1
3580	1	1	1	1	1	1	1	1	1
3581	1	1	1	1	1	1	1	1	1
3582	1	1	1	1	1	1	1	1	1
3583	1	1	1	1	1	1	1	1	1
3584	1	1	1	1	1	1	1	1	1
3585	1	1	1	1	1	1	1	1	1
3586	1	1	1	1	1	1	1	1	1

3587	1	1	1	1	1	1	1	1	1
3588	1	1	1	1	1	1	1	1	1
3589	1	1	1	1	1	1	1	1	1
3590	1	1	1	1	1	1	1	1	1
3591	1	1	1	1	1	1	1	1	1
3592	1	1	1	1	1	1	1	1	1
3593	1	1	1	1	1	1	1	1	1
3594	1	1	1	1	1	1	1	1	1
3595	1	1	1	1	1	1	1	1	1
3596	1	1	1	1	1	1	1	1	1
3597	1	1	1	1	0	1	0	1	1
3598	1	1	1	1	0	1	0	1	1
3599	1	1	1	1	1	1	1	1	1

3600	1	1	1	1	1	1	1	1	1
3601	1	1	1	1	1	1	1	1	1
3602	1	1	1	1	1	1	1	1	1
3603	1	1	1	1	1	1	1	1	1
3604	1	1	1	1	1	1	1	1	1
3605	1	1	1	1	1	1	1	1	1
3606	1	1	1	1	1	1	1	1	1
3607	1	1	1	1	1	1	1	1	1
3608	1	1	1	1	1	1	1	1	1
3609	1	1	1	1	1	1	1	1	1
3610	1	1	1	1	1	1	1	1	1
3611	1	1	1	1	1	1	1	1	1
3612	1	1	1	1	1	1	1	1	1
3613	1	1	1	1	1	1	1	1	1
3614	1	1	1	1	1	1	1	1	1
3615	1	1	1	1	1	1	1	1	1
3616	1	1	1	1	1	1	1	1	1
3617	1	1	1	1	1	1	1	1	1
3618	1	1	1	1	1	1	1	1	1
3619	1	1	1	1	1	1	1	1	1
3620	1	1	1	1	1	1	1	1	1
3621	1	1	1	1	1	1	1	1	1

3622	1	1	1	1	1	1	1	1	1
3623	1	1	1	1	1	1	1	1	1
3624	1	1	1	1	1	1	1	1	1
3625	1	1	1	1	1	1	1	1	1
3626	1	1	1	1	1	1	1	1	1
3627	1	1	1	1	1	1	1	1	1
3628	1	1	1	1	1	1	1	1	1
3629	1	1	1	1	1	1	1	1	1
3630	1	1	1	1	1	1	1	1	1
3631	1	1	1	1	1	1	1	1	1
3632	1	1	1	1	1	1	1	1	1
3633	1	1	1	1	1	1	1	1	1
3634	1	1	1	1	1	1	1	1	1
3635	1	1	1	1	1	1	1	1	1
3636	1	1	1	1	1	1	1	1	1
3637	1	1	1	1	1	1	1	1	1
3638	1	1	1	1	1	1	1	1	1
3639	1	1	1	1	1	1	1	1	1
3640	1	1	1	1	1	1	1	1	1
3641	1	1	1	1	0	1	0	1	1

3642	1	1	1	1	0	1	0	1	1
3643	1	1	1	1	0	1	0	1	1
3644	1	1	1	1	1	1	1	1	1
3645	1	1	1	1	1	1	1	1	1
3646	1	1	1	1	1	1	1	1	1
3647	1	1	1	1	1	1	1	1	1
3648	1	1	1	1	1	1	1	1	1
3649	1	1	1	1	1	1	1	1	1
3650	1	1	1	1	1	1	1	1	1
3651	1	1	1	1	1	1	1	1	1
3652	1	1	1	1	1	1	1	1	1
3653	1	1	1	1	1	1	1	1	1
3654	1	1	1	1	1	1	1	1	1
3655	1	1	1	1	1	1	1	1	1
3656	1	1	1	1	1	1	1	1	1
3657	1	1	1	1	1	1	1	1	1

3658	1	1	1	1	1	1	1	1	1
3659	1	1	1	1	1	1	1	1	1
3660	1	1	1	1	1	1	1	1	1
3661	1	1	1	1	1	1	1	1	1
3662	1	1	1	1	1	1	1	1	1
3663	1	1	1	1	1	1	1	1	1
3664	1	1	1	1	1	1	1	1	1
3665	1	1	1	1	1	1	1	1	1
3666	1	1	1	1	1	1	1	1	1
3667	1	1	1	1	1	1	1	1	1
3668	1	1	1	1	1	1	1	1	1
3669	1	1	1	1	0	1	0	1	1
3670	1	1	1	1	1	1	1	1	1
3671	1	1	1	1	1	1	1	1	1
3672	1	1	1	1	1	1	1	1	1
3673	1	1	1	1	1	1	1	1	1
3674	1	1	1	1	1	1	1	1	1
3675	1	1	1	1	1	1	1	1	1

3676	1	1	1	1	1	1	1	1	1
3677	1	1	1	1	1	1	1	1	1
3678	1	1	1	1	1	1	1	1	1
3679	1	1	1	1	1	1	1	1	1
3680	1	1	1	1	1	1	1	1	1
3681	1	1	1	1	1	1	1	1	1

3682	1	1	1	1	1	1	1	1	1
3683	1	1	1	1	1	1	1	1	1
3684	1	1	1	1	1	1	1	1	1
3685	1	1	1	1	1	1	1	1	1
3686	1	1	1	1	1	1	1	1	1
3687	1	1	1	1	1	1	1	1	1

3688	1	1	1	1	1	1	1	1	1
3689	1	1	1	1	1	1	1	1	1
3690	1	1	1	1	1	1	1	1	1
3691	1	1	1	1	1	1	1	1	1
3692	1	1	1	1	1	1	1	1	1
3693	1	1	1	1	1	1	1	1	1
3694	1	1	1	1	1	1	1	1	1
3695	1	1	1	1	1	1	1	1	1
3696	1	1	1	1	1	1	1	1	1
3697	1	1	1	1	1	1	1	1	1
3698	1	1	1	1	0	1	0	1	1
3699	1	1	1	1	0	1	0	1	1
3700	1	1	1	1	0	1	0	1	1
3701	1	1	1	1	1	1	1	1	1
3702	1	1	1	1	1	1	1	1	1

3703	1	1	1	1	1	1	1	1	1
3704	1	1	1	1	1	1	1	1	1
3705	1	1	1	1	1	1	1	1	1
3706	1	1	1	1	1	1	1	1	1
3707	1	1	1	1	1	1	1	1	1
3708	1	1	1	1	1	1	1	1	1
3709	1	1	1	1	1	1	1	1	1
3710	1	1	1	1	1	1	1	1	1
3711	1	1	1	1	1	1	1	1	1
3712	1	1	1	1	1	1	1	1	1
3713	1	1	1	1	1	1	1	1	1
3714	1	1	1	1	1	1	1	1	1
3715	1	1	1	1	1	1	1	1	1
3716	1	1	1	1	1	1	1	1	1
3717	1	1	1	1	1	1	1	1	1
3718	1	1	1	1	1	1	1	1	1
3719	1	1	1	1	1	1	1	1	1
3720	1	1	1	1	1	1	1	1	1

3721	1	1	1	1	1	1	1	1	1
3722	1	1	1	1	1	1	1	1	1
3723	1	1	1	1	1	1	1	1	1
3724	1	1	1	1	1	1	1	1	1
3725	1	1	1	1	1	1	1	1	1
3726	1	1	1	1	1	1	1	1	1
3727	1	1	1	1	1	1	1	1	1
3728	1	1	1	1	1	1	1	1	1
3729	1	1	1	1	1	1	1	1	1
3730	1	1	1	1	1	1	1	1	1
3731	1	1	1	1	1	1	1	1	1
3732	1	1	1	1	1	1	1	1	1
3733	1	1	1	1	1	1	1	1	1
3734	1	1	1	1	1	1	1	1	1
3735	1	1	1	1	1	1	1	1	1

3736	1	1	1	1	1	1	1	1	1
3737	1	1	1	1	1	1	1	1	1
3738	1	1	1	1	1	1	1	1	1
3739	1	1	1	0	0	1	0	1	1
3740	1	1	1	1	1	1	1	1	1
3741	0	0	1	1	0	1	0	0	0
3742	1	1	1	0	0	1	0	1	1
3743	1	1	1	1	1	1	1	1	1
3744	0	0	1	1	0	1	0	0	0
3745	1	1	1	1	1	1	1	1	1
3746	1	1	1	1	1	1	1	1	1
3747	1	1	1	1	1	1	1	1	1
3748	1	1	1	1	1	1	1	1	1
3749	1	1	1	1	1	1	1	1	1
3750	1	1	1	1	1	1	1	1	1
3751	1	1	1	1	1	1	0	1	1

3752	1	1	1	1	1	1	1	1	1
3753	1	1	1	1	0	1	0	1	1
3754	1	1	1	1	1	1	1	1	1
3755	1	1	1	1	1	1	1	1	1
3756	1	1	1	1	1	1	1	1	1
3757	1	1	1	1	1	1	1	1	1
3758	1	1	1	0	1	1	0	1	1
3759	1	1	1	1	1	1	1	1	1
3760	1	1	1	1	1	1	1	1	1
3761	1	1	1	0	1	1	0	1	1
3762	1	1	1	1	1	1	1	1	1
3763	0	0	1	1	0	1	0	0	0
3764	1	1	1	0	1	1	0	1	1
3765	1	1	1	1	1	1	1	1	1
3766	1	1	1	1	1	1	1	1	1
3767	1	1	1	1	0	1	0	1	1
3768	1	1	1	1	0	1	0	1	1

3769	1	1	1	1	0	1	0	1	1
3770	1	1	1	1	1	1	1	1	1
3771	1	1	1	1	1	1	1	1	1
3772	1	1	1	1	1	1	1	1	1
3773	1	1	1	1	1	1	1	1	1
3774	1	1	1	1	1	1	1	1	1
3775	1	1	1	1	1	1	1	1	1
3776	1	1	1	1	1	1	1	1	1
3777	1	1	1	1	1	1	1	1	1
3778	1	1	1	1	1	1	1	1	1
3779	1	1	1	1	1	1	1	1	1
3780	1	1	1	1	1	1	1	1	1
3781	1	1	1	1	1	1	1	1	1
3782	1	1	1	1	1	1	1	1	1
3783	1	1	1	1	1	1	1	1	1
3784	1	1	1	1	1	1	1	1	1
3785	1	1	1	1	1	1	1	1	1

3786	1	1	1	1	1	1	1	1	1
3787	1	1	1	1	1	1	1	1	1
3788	1	1	1	1	1	1	1	1	1
3789	1	1	1	1	1	1	1	1	1
3790	1	1	1	1	1	1	1	1	1
3791	1	1	1	1	1	1	1	1	1
3792	1	1	1	1	1	1	1	1	1
3793	1	1	1	1	1	1	1	1	1
3794	1	1	1	1	1	1	1	1	1
3795	1	1	1	1	1	1	1	1	1
3796	1	1	1	1	1	1	1	1	1
3797	1	1	1	1	1	1	1	1	1
3798	1	1	1	1	1	1	1	1	1
3799	1	1	1	1	1	1	1	1	1
3800	1	1	1	1	1	1	1	1	1
3801	1	1	1	1	1	1	1	1	1
3802	1	1	1	1	1	1	1	1	1
3803	1	1	1	1	1	1	1	1	1

3804	1	1	1	1	1	1	1	1	1
3805	1	1	1	1	0	1	0	1	1
3806	1	1	1	1	0	1	0	1	1
3807	1	1	1	1	0	1	0	1	1
3808	1	1	1	1	1	1	1	1	1
3809	1	1	1	1	1	1	1	1	1
3810	1	1	1	1	1	1	1	1	1
3811	1	1	1	1	1	1	1	1	1
3812	1	1	1	1	1	1	1	1	1
3813	1	1	1	1	1	1	1	1	1
3814	1	1	1	1	1	1	1	1	1
3815	1	1	1	1	1	1	1	1	1
3816	1	1	1	1	1	1	1	1	1
3817	1	1	1	1	1	1	1	1	1
3818	1	1	1	1	1	1	1	1	1

3819	1	1	1	1	1	1	1	1	1
3820	1	1	1	1	1	1	1	1	1
3821	1	1	1	1	1	1	1	1	1
3822	1	1	1	1	1	1	1	1	1
3823	1	1	1	1	1	1	1	1	1
3824	1	1	1	1	1	1	1	1	1
3825	1	1	1	1	1	1	1	1	1
3826	1	1	1	1	0	1	0	1	1
3827	1	1	1	1	1	1	1	1	1
3828	1	1	1	1	1	1	1	1	1
3829	1	1	1	1	1	1	1	1	1
3830	1	1	1	1	1	1	1	1	1
3831	1	1	1	1	1	1	1	1	1
3832	1	1	1	1	1	1	1	1	1
3833	1	1	1	1	1	1	1	1	1
3834	1	1	1	1	1	1	1	1	1
3835	1	1	1	1	1	1	1	1	1

3836	1	1	1	1	1	1	1	1	1
3837	1	1	1	1	1	1	1	1	1
3838	1	1	1	1	1	1	1	1	1
3839	1	1	1	1	1	1	1	1	1
3840	1	1	1	1	1	1	1	1	1
3841	1	1	1	1	1	1	1	1	1
3842	1	1	1	1	0	1	0	1	1
3843	1	1	1	1	0	1	0	1	1
3844	1	1	1	1	0	1	0	1	1
3845	1	1	1	1	1	1	1	1	1
3846	1	1	1	1	1	1	1	1	1
3847	1	1	1	1	1	1	1	1	1
3848	1	1	1	1	1	1	1	1	1
3849	1	1	1	1	1	1	1	1	1

3850	1	1	1	1	1	1	1	1	1
3851	1	1	1	1	1	1	1	1	1
3852	1	1	1	1	1	1	1	1	1
3853	1	1	1	1	1	1	1	1	1
3854	1	1	1	1	1	1	1	1	1
3855	1	1	1	1	1	1	1	1	1
3856	1	1	1	1	1	1	1	1	1
3857	1	1	1	1	1	1	1	1	1
3858	1	1	1	1	1	1	1	1	1
3859	1	1	1	1	1	1	1	1	1
3860	1	1	1	1	1	1	1	1	1
3861	1	1	1	1	1	1	1	1	1
3862	1	1	1	1	1	1	1	1	1
3863	1	1	1	1	1	1	1	1	1
3864	1	1	1	1	1	1	1	1	1
3865	1	1	1	1	1	1	1	1	1
3866	1	1	1	1	1	1	1	1	1
3867	1	1	1	1	1	1	1	1	1
3868	1	1	1	1	1	1	1	1	1
3869	1	1	1	1	1	1	1	1	1
3870	1	1	1	1	1	1	1	1	1

3871	1	1	1	1	1	1	1	1	1
3872	1	1	1	1	1	1	1	1	1
3873	1	1	1	1	1	1	1	1	1
3874	1	1	1	1	1	1	1	1	1
3875	1	1	1	1	1	1	1	1	1
3876	1	1	1	1	1	1	1	1	1
3877	1	1	1	1	1	1	1	1	1
3878	1	1	1	1	0	1	0	1	1
3879	1	1	1	1	0	1	0	1	1
3880	1	1	1	1	0	1	0	1	1
3881	1	1	1	1	1	1	1	1	1
3882	1	1	1	1	1	1	1	1	1
3883	1	1	1	1	1	1	1	1	1
3884	1	1	1	1	1	1	1	1	1

3885	1	1	1	1	1	1	1	1	1
3886	1	1	1	1	1	1	1	1	1
3887	1	1	1	1	1	1	1	1	1
3888	1	1	1	1	1	1	1	1	1
3889	1	1	1	1	1	1	1	1	1
3890	1	1	1	1	1	1	1	1	1
3891	1	1	1	1	1	1	1	1	1
3892	1	1	1	1	1	1	1	1	1
3893	1	1	1	1	1	1	1	1	1
3894	1	1	1	1	1	1	1	1	1
3895	1	1	1	1	1	1	1	1	1
3896	1	1	1	0	1	1	0	1	1

3897	1	1	1	1	1	0	0	1	1
3898	1	1	1	0	1	1	0	1	1
3899	1	1	1	1	1	1	1	1	1
3900	1	1	1	1	1	1	1	1	1
3901	1	1	1	1	1	1	1	1	1
3902	1	1	1	1	1	1	1	1	1
3903	1	1	1	0	1	1	0	1	1
3904	1	1	1	1	1	1	1	1	1
3905	1	1	1	1	1	1	1	1	1
3906	1	1	1	1	1	1	1	1	1
3907	1	1	1	1	1	1	1	1	1
3908	1	1	1	1	1	1	1	1	1

3909	1	1	1	1	1	1	1	1	1
3910	1	1	1	1	0	1	0	1	1
3911	1	1	1	1	0	1	0	1	1
3912	1	1	1	1	0	1	0	1	1
3913	1	1	1	1	1	1	1	1	1
3914	1	1	1	1	1	1	1	1	1
3915	1	1	1	1	1	1	1	1	1
3916	1	1	1	1	1	1	1	1	1
3917	1	1	1	1	1	1	1	1	1
3918	1	1	1	1	1	1	1	1	1
3919	1	1	1	1	1	1	1	1	1
3920	1	1	1	1	1	1	1	1	1
3921	1	1	1	1	1	1	1	1	1
3922	1	1	1	1	1	1	1	1	1
3923	1	1	1	1	1	1	1	1	1

3924	1	1	1	1	1	1	1	1	1
3925	1	1	1	1	1	1	1	1	1
3926	1	1	1	1	1	1	1	1	1
3927	1	1	1	1	1	1	1	1	1
3928	1	1	1	0	1	1	0	1	1
3929	1	1	1	1	1	1	1	1	1
3930	1	1	1	1	1	1	1	1	1
3931	1	1	1	1	1	1	1	1	1
3932	1	1	1	1	1	1	1	1	1
3933	1	1	1	1	1	1	1	1	1
3934	1	1	1	0	1	1	0	1	1
3935	1	1	1	1	1	1	1	1	1
3936	1	1	1	1	1	1	1	1	1

3937	1	1	1	0	1	1	0	1	1
3938	1	1	1	1	1	1	1	1	1
3939	1	1	1	1	0	1	0	1	1
3940	1	1	1	1	1	1	1	1	1
3941	0	0	1	1	0	1	0	0	0
3942	1	1	1	0	1	1	0	1	1
3943	1	1	1	1	1	1	1	1	1
3944	1	1	1	1	1	1	1	1	1
3945	1	1	1	1	1	1	1	1	1
3946	1	1	1	1	1	1	1	1	1
3947	1	1	1	1	1	1	1	1	1
3948	1	1	1	1	1	1	1	1	1
3949	1	1	1	0	1	1	0	1	1
3950	1	1	1	1	1	1	1	1	1
3951	1	1	1	1	1	1	1	1	1
3952	1	1	1	1	1	1	1	1	1
3953	1	1	1	1	1	1	1	1	1
3954	1	1	1	1	1	1	1	1	1

3955	1	1	1	1	1	1	1	1	1
3956	1	1	1	1	1	1	1	1	1
3957	1	1	1	1	1	1	1	1	1
3958	1	1	1	1	0	1	0	1	1
3959	1	1	1	1	0	1	0	1	1
3960	1	1	1	1	0	1	0	1	1
3961	1	1	1	1	1	1	1	1	1
3962	1	1	1	1	1	1	1	1	1
3963	1	1	1	1	1	1	1	1	1
3964	1	1	1	1	1	1	1	1	1
3965	1	1	1	1	1	1	1	1	1
3966	1	1	1	1	1	1	1	1	1
3967	1	1	1	1	1	1	1	1	1
3968	1	1	1	1	1	1	1	1	1

3969	1	1	1	1	1	1	1	1	1
3970	1	1	1	1	1	1	1	1	1
3971	1	1	1	1	1	1	1	1	1
3972	1	1	1	1	1	1	1	1	1
3973	1	1	1	1	1	1	1	1	1
3974	1	1	1	1	1	1	1	1	1
3975	1	1	1	1	1	1	1	1	1
3976	1	1	1	0	1	1	0	1	1
3977	1	1	1	1	1	1	1	1	1
3978	1	1	1	0	1	1	0	1	1
3979	1	1	1	1	1	1	1	1	1
3980	1	1	1	0	1	1	0	1	1
3981	1	1	1	1	1	1	1	1	1

3982	1	1	1	1	1	1	1	1	1
3983	1	1	1	1	1	1	1	1	1
3984	1	1	1	1	1	1	1	1	1
3985	1	1	1	1	1	1	1	1	1
3986	1	1	1	0	1	1	0	1	1
3987	1	1	1	1	1	1	1	1	1
3988	1	1	1	1	1	1	1	1	1
3989	1	1	1	1	1	1	1	1	1
3990	1	1	1	1	1	1	1	1	1
3991	1	1	1	1	1	1	1	1	1
3992	1	1	1	1	1	1	1	1	1
3993	1	1	1	1	1	1	1	1	1
3994	1	1	1	1	1	1	1	1	1
3995	1	1	1	1	0	1	0	1	1
3996	1	1	1	1	0	1	0	1	1

3997	1	1	1	1	0	1	0	1	1
3998	1	1	1	1	1	1	1	1	1
3999	1	1	1	1	1	1	1	1	1
4000	1	1	1	1	1	1	1	1	1
4001	1	1	1	1	1	1	1	1	1
4002	1	1	1	1	1	1	1	1	1
4003	1	1	1	1	1	1	1	1	1
4004	1	1	1	1	1	1	1	1	1
4005	1	1	1	1	1	1	1	1	1
4006	1	1	1	1	1	1	1	1	1
4007	1	1	1	1	1	1	1	1	1
4008	1	1	1	1	1	1	1	1	1

4009	1	1	1	1	1	1	1	1	1
4010	1	1	1	1	1	1	1	1	1
4011	1	1	1	1	1	1	1	1	1
4012	1	1	1	1	1	1	1	1	1
4013	1	1	1	1	1	1	1	1	1
4014	1	1	1	1	1	1	1	1	1
4015	1	1	1	1	1	1	1	1	1
4016	1	1	1	1	1	1	1	1	1
4017	1	1	1	1	1	1	1	1	1
4018	1	1	1	1	1	1	1	1	1
4019	1	1	1	1	1	1	1	1	1
4020	1	1	1	1	1	1	1	1	1
4021	1	1	1	1	1	1	1	1	1
4022	1	1	1	1	1	1	1	1	1
4023	1	1	1	1	1	1	1	1	1
4024	1	1	1	1	1	1	1	1	1
4025	1	1	1	1	1	1	1	1	1
4026	1	1	1	1	1	1	1	1	1
4027	1	1	1	1	1	1	1	1	1
4028	1	1	1	1	1	1	1	1	1
4029	1	1	1	1	1	1	1	1	1
4030	1	1	1	1	1	1	1	1	1
4031	1	1	1	1	1	1	1	1	1
4032	1	1	1	1	1	1	1	1	1
4033	1	1	1	1	1	1	1	1	1

4034	1	1	1	1	1	1	1	1	1
4035	1	1	1	1	1	1	1	1	1
4036	1	1	1	1	1	1	1	1	1
4037	1	1	1	1	1	1	1	1	1
4038	1	1	1	1	0	1	0	1	1
4039	1	1	1	1	0	1	0	1	1
4040	1	1	1	1	0	1	0	1	1
4041	1	1	1	1	1	1	1	1	1
4042	1	1	1	1	1	1	1	1	1
4043	1	1	1	1	1	1	1	1	1
4044	1	1	1	1	1	1	1	1	1
4045	1	1	1	1	1	1	1	1	1
4046	1	1	1	1	1	1	1	1	1
4047	1	1	1	1	1	1	1	1	1
4048	1	1	1	1	1	1	1	1	1

4049	1	1	1	1	1	1	1	1	1
4050	1	1	1	1	1	1	1	1	1
4051	1	1	1	1	1	1	1	1	1
4052	1	1	1	1	1	1	1	1	1
4053	1	1	1	1	1	1	1	1	1
4054	1	1	1	1	1	1	1	1	1
4055	1	1	1	1	1	1	1	1	1
4056	1	1	1	1	1	1	1	1	1
4057	1	1	1	1	1	1	1	1	1
4058	1	1	1	1	1	1	1	1	1
4059	1	1	1	1	1	1	1	1	1
4060	1	1	1	1	1	1	1	1	1
4061	1	1	1	1	1	1	1	1	1
4062	1	1	1	1	1	1	1	1	1
4063	1	1	1	1	1	1	1	1	1
4064	1	1	1	0	0	1	0	1	1

4065	1	1	1	1	0	1	0	1	1
4066	0	0	1	1	0	1	0	0	0
4067	1	1	1	1	1	1	1	1	1
4068	1	1	1	1	0	1	0	1	1
4069	1	1	1	1	0	1	0	1	1
4070	0	0	1	1	0	1	0	0	0
4071	1	1	1	1	1	1	1	1	1
4072	1	1	1	1	0	1	0	1	1
4073	1	1	1	1	1	1	1	1	1
4074	1	1	1	1	1	1	1	1	1
4075	1	1	1	1	1	1	1	1	1
4076	0	0	1	1	0	1	0	0	0
4077	1	1	1	1	0	1	0	1	1
4078	1	1	1	1	0	1	0	1	1
4079	0	0	1	1	0	1	0	0	0

4080	1	1	1	1	1	1	1	1	1
4081	1	1	1	1	1	1	1	1	1
4082	1	1	1	1	1	1	1	1	1
4083	1	1	1	0	1	1	0	1	1
4084	1	1	1	1	1	1	1	1	1
4085	1	1	1	1	0	1	0	1	1
4086	1	1	1	1	1	1	1	1	1
4087	1	1	1	1	1	1	1	1	1
4088	1	1	1	1	1	1	1	1	1
4089	1	1	1	1	1	1	1	1	1
4090	1	1	1	1	1	1	1	1	1
4091	1	1	1	1	0	1	0	1	1
4092	1	1	1	1	1	1	1	1	1
4093	1	1	1	1	1	1	1	1	1
4094	1	1	1	1	1	1	1	1	1
4095	1	1	1	1	1	1	1	1	1
4096	1	1	1	1	1	1	1	1	1

4097	1	1	1	1	1	1	1	1	1
4098	1	1	1	1	1	1	1	1	1
4099	1	1	1	1	1	1	1	1	1
4100	1	1	1	1	1	1	1	1	1
4101	1	1	1	1	1	1	1	1	1
4102	1	1	1	1	1	1	1	1	1
4103	1	1	1	1	1	1	1	1	1
4104	1	1	1	1	1	1	1	1	1
4105	1	1	1	1	1	1	1	1	1
4106	1	1	1	1	1	1	1	1	1
4107	1	1	1	1	1	1	1	1	1
4108	1	1	1	1	1	1	1	1	1
4109	1	1	1	1	1	1	1	1	1

4110	1	1	1	1	1	1	1	1	1
4111	1	1	1	1	1	1	1	1	1
4112	1	1	1	1	0	1	0	1	1
4113	1	1	1	1	0	1	0	1	1
4114	1	1	1	1	0	1	0	1	1
4115	1	1	1	1	1	1	1	1	1
4116	1	1	1	1	1	1	1	1	1
4117	1	1	1	1	1	1	1	1	1
4118	1	1	1	1	1	1	1	1	1
4119	1	1	1	1	1	1	1	1	1
4120	1	1	1	1	1	1	1	1	1
4121	1	1	1	1	1	1	1	1	1
4122	1	1	1	1	1	1	1	1	1
4123	1	1	1	1	1	1	1	1	1

4124	1	1	1	1	1	1	1	1	1
4125	1	1	1	1	1	1	1	1	1
4126	1	1	1	1	1	1	1	1	1
4127	1	1	1	1	1	1	1	1	1
4128	1	1	1	1	1	1	1	1	1
4129	1	1	1	1	0	1	0	1	1
4130	1	1	1	1	1	1	1	1	1
4131	1	1	1	1	1	1	1	1	1
4132	1	1	1	1	1	1	1	1	1
4133	1	1	1	1	1	1	1	1	1
4134	1	1	1	1	1	1	1	1	1
4135	1	1	1	1	1	1	1	1	1
4136	1	1	1	1	1	1	1	1	1
4137	1	1	1	1	1	1	1	1	1
4138	1	1	1	1	1	1	1	1	1
4139	1	1	1	1	1	1	1	1	1
4140	1	1	1	1	1	1	1	1	1
4141	1	1	1	1	1	1	1	1	1

4142	1	1	1	1	1	1	1	1	1
4143	1	1	1	1	1	1	1	1	1
4144	1	1	1	1	1	1	1	1	1
4145	1	1	1	1	1	1	1	1	1
4146	1	1	1	1	1	1	1	1	1
4147	1	1	1	1	1	1	1	1	1
4148	1	1	1	1	1	1	1	1	1
4149	1	1	1	1	1	1	1	1	1
4150	1	1	1	1	1	1	1	1	1
4151	1	1	1	0	0	1	0	1	1
4152	1	1	1	1	1	1	1	1	1
4153	1	1	1	1	1	1	1	1	1

4154	1	1	1	1	1	1	1	1	1
4155	0	0	1	1	0	1	0	0	0
4156	1	1	1	0	0	1	0	1	1
4157	1	1	1	1	1	1	1	1	1
4158	1	1	1	1	1	1	1	1	1
4159	1	1	1	1	1	1	1	1	1
4160	1	1	1	1	1	1	1	1	1
4161	0	0	1	1	0	1	0	0	0
4162	1	1	1	1	1	1	1	1	1
4163	1	1	1	1	1	1	1	1	1

4164	1	1	1	1	1	1	1	1	1
4165	1	1	1	1	1	1	1	1	1
4166	1	1	1	1	1	1	1	1	1
4167	1	1	1	1	1	1	1	1	1
4168	1	1	1	1	1	1	1	1	1
4169	1	1	1	1	1	1	1	1	1
4170	1	1	1	1	1	1	1	1	1
4171	1	1	1	1	1	1	1	1	1
4172	1	1	1	1	1	1	0	1	1
4173	1	1	1	1	1	1	1	1	1
4174	1	1	1	1	0	1	0	1	1

4175	1	1	1	1	1	1	1	1	1
4176	1	1	1	0	1	1	0	1	1
4177	1	1	1	1	1	1	1	1	1
4178	1	1	1	1	1	1	1	1	1
4179	1	1	1	1	1	1	1	1	1
4180	1	1	1	1	1	1	1	1	1
4181	1	1	1	0	1	1	0	1	1
4182	1	1	1	1	1	1	1	1	1
4183	1	1	1	1	1	1	1	1	1
4184	1	1	1	0	1	1	0	1	1
4185	1	1	1	1	1	1	1	1	1
4186	1	1	1	1	1	1	1	1	1
4187	1	1	1	1	1	1	1	1	1
4188	1	1	1	1	1	1	1	1	1
4189	1	1	1	1	0	0	0	1	1
4190	1	1	1	1	1	1	1	1	1
4191	1	1	1	1	1	1	1	1	1
4192	1	1	1	1	1	1	1	1	1
4193	1	1	1	1	1	1	1	1	1
4194	1	1	1	1	1	1	1	1	1
4195	1	1	1	1	1	1	1	1	1
4196	1	1	1	1	0	1	0	1	1

4197	1	1	1	1	0	1	0	1	1
4198	1	1	1	1	0	1	0	1	1
4199	1	1	1	1	1	1	1	1	1
4200	1	1	1	1	1	1	1	1	1
4201	1	1	1	1	1	1	1	1	1
4202	1	1	1	1	1	1	1	1	1
4203	1	1	1	1	1	1	1	1	1
4204	1	1	1	1	1	1	1	1	1
4205	1	1	1	1	1	1	1	1	1
4206	1	1	1	1	1	1	1	1	1
4207	1	1	1	1	1	1	1	1	1
4208	1	1	1	1	1	1	1	1	1
4209	1	1	1	1	1	1	1	1	1
4210	1	1	1	0	1	1	0	1	1
4211	1	1	1	0	1	1	0	1	1
4212	1	1	1	1	1	1	1	1	1
4213	1	1	1	1	1	1	1	1	1

4214	1	1	1	1	0	1	0	1	1
4215	1	1	1	0	1	1	0	1	1
4216	1	1	1	1	1	1	1	1	1
4217	1	1	1	1	1	1	1	1	1
4218	1	1	1	1	1	1	1	1	1
4219	1	1	1	1	1	1	1	1	1
4220	1	1	1	1	1	1	1	1	1
4221	1	1	1	0	1	1	0	1	1
4222	1	1	1	1	1	1	1	1	1
4223	1	1	1	1	1	1	1	1	1
4224	1	1	1	1	1	1	1	1	1
4225	1	1	1	1	1	1	1	1	1
4226	1	1	1	1	1	1	1	1	1
4227	1	1	1	1	1	1	1	1	1
4228	1	1	1	1	1	1	1	1	1
4229	1	1	1	0	1	1	0	1	1
4230	1	1	1	0	1	1	0	1	1
4231	1	1	1	1	1	1	1	1	1
4232	1	1	1	1	1	1	1	1	1

4233	1	1	1	0	1	1	0	1	1
4234	1	1	1	1	1	1	1	1	1
4235	1	1	1	1	1	1	1	1	1
4236	1	1	1	1	1	1	1	1	1
4237	1	1	1	1	1	1	1	1	1
4238	1	1	1	1	1	1	1	1	1
4239	1	1	1	1	1	1	1	1	1
4240	1	1	1	1	1	1	1	1	1
4241	1	1	1	1	1	1	1	1	1
4242	1	1	1	1	1	1	1	1	1
4243	1	1	1	0	1	1	0	1	1
4244	1	1	1	1	1	1	1	1	1
4245	1	1	1	1	0	1	0	1	1

4246	1	1	1	1	0	1	0	1	1
4247	1	1	1	1	0	1	0	1	1
4248	1	1	1	1	1	1	1	1	1
4249	1	1	1	1	1	1	1	1	1
4250	1	1	1	1	1	1	1	1	1
4251	1	1	1	1	1	1	1	1	1
4252	1	1	1	1	1	1	1	1	1
4253	1	1	1	1	1	1	1	1	1
4254	1	1	1	1	1	1	1	1	1
4255	1	1	1	1	1	1	1	1	1
4256	1	1	1	1	1	1	1	1	1
4257	1	1	1	1	1	1	1	1	1
4258	1	1	1	1	1	1	1	1	1
4259	1	1	1	1	1	1	1	1	1
4260	1	1	1	1	1	1	1	1	1
4261	1	1	1	1	1	1	1	1	1
4262	1	1	1	1	1	1	1	1	1

4263	1	1	1	1	0	1	0	1	1
4264	1	1	1	1	1	1	1	1	1
4265	1	1	1	1	1	1	1	1	1
4266	1	1	1	1	1	1	1	1	1
4267	1	1	1	1	1	1	1	1	1
4268	1	1	1	1	1	1	1	1	1
4269	1	1	1	1	1	1	1	1	1
4270	1	1	1	1	1	1	1	1	1
4271	1	1	1	1	1	1	1	1	1
4272	1	1	1	1	1	1	1	1	1
4273	1	1	1	1	1	1	1	1	1
4274	1	1	1	1	1	1	1	1	1
4275	1	1	1	1	1	1	1	1	1
4276	1	1	1	1	1	1	1	1	1
4277	1	1	1	1	1	1	1	1	1
4278	1	1	1	1	1	1	1	1	1
4279	1	1	1	1	1	1	1	1	1
4280	1	1	1	1	1	1	1	1	1

4281	1	1	1	1	1	1	1	1	1
4282	1	1	1	1	1	1	1	1	1
4283	1	1	1	1	1	1	1	1	1
4284	1	1	1	1	1	1	1	1	1
4285	1	1	1	1	1	1	1	1	1
4286	1	1	1	1	1	1	1	1	1
4287	1	1	1	1	1	1	1	1	1
4288	1	1	1	1	1	1	1	1	1
4289	1	1	1	1	1	1	1	1	1
4290	1	1	1	1	1	1	1	1	1
4291	1	1	1	1	1	1	1	1	1
4292	1	1	1	1	1	1	0	1	1
4293	1	1	1	1	1	1	1	1	1
4294	1	1	1	1	1	1	1	1	1

4295	1	1	1	1	1	1	1	1	1
4296	1	1	1	1	1	1	1	1	1
4297	1	1	1	1	0	1	0	1	1
4298	1	1	1	1	0	1	0	1	1

4299	1	1	1	1	0	1	0	1	1
4300	1	1	1	1	1	1	1	1	1
4301	1	1	1	1	1	1	1	1	1
4302	1	1	1	1	1	1	1	1	1
4303	1	1	1	1	1	1	1	1	1
4304	1	1	1	1	1	1	1	1	1
4305	1	1	1	1	1	1	1	1	1
4306	1	1	1	1	1	1	1	1	1
4307	1	1	1	1	1	1	1	1	1
4308	1	1	1	1	1	1	1	1	1
4309	1	1	1	1	1	1	1	1	1
4310	1	1	1	1	1	1	1	1	1
4311	1	1	1	1	1	1	1	1	1

4312	1	1	1	1	1	0	0	1	1
4313	1	1	1	1	1	1	1	1	1
4314	1	1	1	1	1	1	1	1	1
4315	1	1	1	1	1	1	0	1	1
4316	1	1	1	1	1	1	1	1	1
4317	1	1	1	1	1	1	1	1	1
4318	1	1	1	1	1	1	1	1	1
4319	1	1	1	1	1	1	1	1	1
4320	1	1	1	1	1	1	1	1	1
4321	1	1	1	1	1	1	1	1	1

4322	1	1	1	1	1	1	1	1	1
4323	1	1	1	1	1	1	1	1	1
4324	1	1	1	1	1	1	1	1	1
4325	1	1	1	1	1	1	1	1	1
4326	1	1	1	1	1	1	1	1	1
4327	1	1	1	1	1	1	1	1	1
4328	1	1	1	1	1	1	1	1	1
4329	1	1	1	1	1	1	1	1	1
4330	1	1	1	1	1	1	1	1	1
4331	1	1	1	1	1	1	1	1	1
4332	1	1	1	1	1	1	1	1	1
4333	1	1	1	1	0	1	0	1	1
4334	1	1	1	1	0	1	0	1	1
4335	1	1	1	1	0	1	0	1	1

4336	1	1	1	1	1	1	1	1	1
4337	1	1	1	1	1	1	1	1	1
4338	1	1	1	1	1	1	1	1	1
4339	1	1	1	1	1	1	1	1	1
4340	1	1	1	1	1	1	1	1	1
4341	1	1	1	1	1	1	1	1	1
4342	1	1	1	1	1	1	1	1	1
4343	1	1	1	1	1	1	1	1	1
4344	1	1	1	1	1	1	1	1	1
4345	1	1	1	1	1	1	1	1	1
4346	1	1	1	1	1	1	1	1	1
4347	1	1	1	1	1	1	1	1	1
4348	1	1	1	1	1	1	1	1	1
4349	1	1	1	1	1	1	1	1	1
4350	1	1	1	1	1	1	1	1	1
4351	1	1	1	1	1	1	1	1	1
4352	1	1	1	1	1	1	1	1	1
4353	1	1	1	1	1	1	1	1	1
4354	1	1	1	1	1	1	1	1	1

4355	1	1	1	1	1	1	1	1	1
4356	1	1	1	1	1	1	1	1	1
4357	1	1	1	1	1	1	1	1	1
4358	1	1	1	1	1	1	1	1	1
4359	1	1	1	1	1	1	1	1	1
4360	1	1	1	1	1	1	1	1	1
4361	1	1	1	1	1	1	1	1	1
4362	1	1	1	1	1	1	1	1	1
4363	1	1	1	1	1	1	1	1	1
4364	1	1	1	1	1	1	1	1	1
4365	1	1	1	1	1	1	1	1	1
4366	1	1	1	1	1	1	1	1	1
4367	1	1	1	1	1	1	1	1	1
4368	1	1	1	1	1	1	1	1	1
4369	1	1	1	1	1	1	1	1	1
4370	1	1	1	1	1	1	1	1	1
4371	1	1	1	1	1	1	1	1	1

4372	1	1	1	1	1	1	1	1	1
4373	1	1	1	1	0	1	0	1	1
4374	1	1	1	1	0	1	0	1	1
4375	1	1	1	1	0	1	0	1	1
4376	1	1	1	1	1	1	1	1	1
4377	1	1	1	1	1	1	1	1	1
4378	1	1	1	1	1	1	1	1	1
4379	1	1	1	1	1	1	1	1	1
4380	1	1	1	1	1	1	1	1	1
4381	1	1	1	1	1	1	1	1	1
4382	1	1	1	1	1	1	1	1	1
4383	1	1	1	1	1	1	1	1	1
4384	1	1	1	1	1	1	1	1	1
4385	1	1	1	1	1	1	1	1	1
4386	1	1	1	1	1	1	1	1	1
4387	1	1	1	0	1	1	0	1	1

4388	1	1	1	0	1	1	0	1	1
4389	1	1	1	1	1	1	1	1	1
4390	1	1	1	0	1	1	0	1	1
4391	1	1	1	1	1	1	1	1	1
4392	1	1	1	1	1	1	1	1	1
4393	1	1	1	1	1	1	1	1	1
4394	1	1	1	1	1	1	1	1	1
4395	1	1	1	1	1	1	1	1	1
4396	1	1	1	0	1	1	0	1	1
4397	1	1	1	1	1	1	1	1	1
4398	1	1	1	1	1	1	1	1	1
4399	1	1	1	1	1	1	1	1	1
4400	1	1	1	1	1	1	1	1	1
4401	1	1	1	1	1	1	1	1	1
4402	1	1	1	1	1	1	1	1	1
4403	1	1	1	1	1	1	1	1	1
4404	1	1	1	1	1	1	1	1	1
4405	1	1	1	1	0	1	0	1	1

4406	1	1	1	1	0	1	0	1	1
4407	1	1	1	1	0	1	0	1	1
4408	1	1	1	1	1	1	1	1	1
4409	1	1	1	1	1	1	1	1	1
4410	1	1	1	1	1	1	1	1	1
4411	1	1	1	1	1	1	1	1	1
4412	1	1	1	1	1	1	1	1	1
4413	1	1	1	1	1	1	1	1	1
4414	1	1	1	1	1	1	1	1	1
4415	1	1	1	1	1	1	1	1	1
4416	1	1	1	1	1	1	1	1	1
4417	1	1	1	1	1	1	1	1	1
4418	1	1	1	1	1	1	1	1	1
4419	1	1	1	0	1	1	0	1	1

4420	1	1	1	0	1	1	0	1	1
4421	1	1	1	1	1	1	1	1	1
4422	1	1	1	0	1	1	0	1	1
4423	1	1	1	1	1	1	1	1	1
4424	1	1	1	1	1	1	1	1	1
4425	1	1	1	1	1	1	1	1	1

4426	1	1	1	1	1	1	1	1	1
4427	1	1	1	1	1	1	1	1	1
4428	1	1	1	1	1	1	1	1	1
4429	1	1	1	1	1	1	1	1	1
4430	1	1	1	1	1	1	1	1	1
4431	1	1	1	0	1	1	0	1	1
4432	1	1	1	1	1	1	1	1	1
4433	1	1	1	1	1	1	1	1	1
4434	1	1	1	1	1	1	1	1	1
4435	1	1	1	1	1	1	1	1	1
4436	1	1	1	1	1	1	1	1	1
4437	1	1	1	0	1	1	0	1	1
4438	1	1	1	1	1	1	1	1	1
4439	1	1	1	1	1	1	1	1	1
4440	1	1	1	1	1	1	1	1	1
4441	1	1	1	1	1	1	1	1	1
4442	1	1	1	1	1	1	1	1	1

4443	1	1	1	1	1	1	1	1	1
4444	1	1	1	1	1	1	1	1	1
4445	1	1	1	1	1	1	1	1	1
4446	1	1	1	1	0	1	0	1	1
4447	1	1	1	1	0	1	0	1	1
4448	1	1	1	1	0	1	0	1	1
4449	1	1	1	1	1	1	1	1	1
4450	1	1	1	1	1	1	1	1	1
4451	1	1	1	1	1	1	1	1	1
4452	1	1	1	1	1	1	1	1	1
4453	1	1	1	1	1	1	1	1	1
4454	1	1	1	1	1	1	1	1	1
4455	1	1	1	1	1	1	1	1	1
4456	1	1	1	1	1	1	1	1	1
4457	1	1	1	1	1	1	1	1	1
4458	1	1	1	1	1	1	1	1	1

4459	1	1	1	1	1	1	1	1	1
4460	1	1	1	0	1	1	0	1	1
4461	1	1	1	0	1	1	0	1	1
4462	1	1	1	1	1	1	1	1	1
4463	1	1	1	1	1	1	1	1	1
4464	1	1	1	1	0	1	0	1	1
4465	1	1	1	0	1	1	0	1	1
4466	1	1	1	1	1	1	1	1	1
4467	1	1	1	1	1	1	1	1	1
4468	1	1	1	1	1	1	1	1	1
4469	1	1	1	1	1	1	1	1	1
4470	1	1	1	1	1	1	1	1	1
4471	1	1	1	0	1	1	0	1	1
4472	1	1	1	1	1	1	1	1	1
4473	1	1	1	1	1	1	1	1	1
4474	1	1	1	1	1	1	1	1	1
4475	1	1	1	1	1	1	1	1	1
4476	1	1	1	1	1	1	1	1	1
4477	1	1	1	1	1	1	1	1	1
4478	1	1	1	1	1	1	1	1	1

4479	1	1	1	0	1	1	0	1	1
4480	1	1	1	1	1	1	1	1	1
4481	1	1	1	1	1	1	1	1	1
4482	1	1	1	0	1	1	0	1	1
4483	1	1	1	1	1	1	1	1	1
4484	1	1	1	1	1	1	1	1	1
4485	1	1	1	1	0	1	0	1	1
4486	1	1	1	1	0	1	0	1	1
4487	1	1	1	1	0	1	0	1	1
4488	1	1	1	1	1	1	1	1	1
4489	1	1	1	1	1	1	1	1	1
4490	1	1	1	1	1	1	1	1	1
4491	1	1	1	1	1	1	1	1	1
4492	1	1	1	1	1	1	1	1	1
4493	1	1	1	1	1	1	1	1	1

4494	1	1	1	1	1	1	1	1	1
4495	1	1	1	1	1	1	1	1	1
4496	1	1	1	1	1	1	1	1	1
4497	1	1	1	1	1	1	1	1	1
4498	1	1	1	1	1	1	1	1	1
4499	1	1	1	1	1	1	1	1	1
4500	1	1	1	1	1	1	1	1	1
4501	1	1	1	1	1	1	1	1	1
4502	1	1	1	1	1	1	1	1	1
4503	1	1	1	1	1	1	1	1	1
4504	1	1	1	1	1	1	1	1	1
4505	1	1	1	1	1	1	1	1	1
4506	1	1	1	1	1	1	1	1	1
4507	1	1	1	1	1	1	1	1	1
4508	1	1	1	1	1	1	1	1	1
4509	1	1	1	1	1	1	1	1	1
4510	1	1	1	1	1	1	1	1	1
4511	1	1	1	1	1	1	1	1	1
4512	1	1	1	1	1	1	1	1	1
4513	1	1	1	1	1	1	1	1	1
4514	1	1	1	1	1	1	1	1	1
4515	1	1	1	1	1	1	1	1	1
4516	1	1	1	1	1	1	1	1	1
4517	1	1	1	1	1	1	1	1	1
4518	1	1	1	1	1	1	1	1	1

4519	1	1	1	1	1	1	1	1	1
4520	1	1	1	1	1	1	1	1	1
4521	1	1	1	1	1	1	1	1	1
4522	1	1	1	1	1	1	1	1	1
4523	1	1	1	1	1	1	1	1	1
4524	1	1	1	1	1	1	1	1	1
4525	1	1	1	1	1	1	1	1	1
4526	1	1	1	1	1	1	1	1	1
4527	1	1	1	1	1	1	1	1	1
4528	1	1	1	1	0	1	0	1	1
4529	1	1	1	1	0	1	0	1	1

4530	1	1	1	1	0	1	0	1	1
4531	1	1	1	1	1	1	1	1	1
4532	1	1	1	1	1	1	1	1	1
4533	1	1	1	1	1	1	1	1	1
4534	1	1	1	1	1	1	1	1	1
4535	1	1	1	1	1	1	1	1	1
4536	1	1	1	1	1	1	1	1	1
4537	1	1	1	1	1	1	1	1	1
4538	1	1	1	1	1	1	1	1	1
4539	1	1	1	1	1	1	1	1	1
4540	1	1	1	1	1	1	1	1	1
4541	1	1	1	1	1	1	1	1	1
4542	1	1	1	1	1	1	1	1	1
4543	1	1	1	1	1	1	1	1	1
4544	1	1	1	1	1	1	1	1	1
4545	1	1	1	1	1	1	1	1	1
4546	1	1	1	1	1	1	1	1	1

4547	1	1	1	0	1	1	0	1	1
4548	1	1	1	1	1	1	1	1	1
4549	1	1	1	0	1	1	0	1	1
4550	1	1	1	1	0	1	0	1	1
4551	1	1	1	0	1	1	0	1	1
4552	1	1	1	0	0	1	0	1	1
4553	1	1	1	1	1	1	1	1	1
4554	1	1	1	1	1	1	1	1	1
4555	1	1	1	1	1	1	1	1	1
4556	1	1	1	1	1	1	1	1	1
4557	1	1	1	1	1	1	1	1	1
4558	1	1	1	1	1	1	1	1	1
4559	1	1	1	1	1	1	1	1	1
4560	1	1	1	1	1	1	1	1	1
4561	1	1	1	1	1	1	1	1	1

4562	1	1	1	1	1	1	1	1	1
4563	1	1	1	1	0	1	0	1	1
4564	1	1	1	1	0	1	0	1	1
4565	1	1	1	1	0	1	0	1	1
4566	1	1	1	1	1	1	1	1	1
4567	1	1	1	1	1	1	1	1	1
4568	1	1	1	1	1	1	1	1	1
4569	1	1	1	1	1	1	1	1	1
4570	1	1	1	1	1	1	1	1	1
4571	1	1	1	1	1	1	1	1	1
4572	1	1	1	1	1	1	1	1	1
4573	1	1	1	1	1	1	1	1	1

4574	1	1	1	1	1	1	1	1	1
4575	1	1	1	1	1	1	1	1	1
4576	1	1	1	1	1	1	1	1	1
4577	1	1	1	1	1	1	1	1	1
4578	1	1	1	1	1	1	1	1	1
4579	1	1	1	1	1	1	1	1	1
4580	1	1	1	1	1	1	1	1	1
4581	1	1	1	1	1	1	1	1	1
4582	1	1	1	0	1	1	0	1	1
4583	1	1	1	1	1	1	1	1	1
4584	1	1	1	0	1	1	0	1	1
4585	1	1	1	1	1	1	1	1	1
4586	1	1	1	1	1	1	1	1	1
4587	1	1	1	0	1	1	0	1	1
4588	1	1	1	1	1	1	1	1	1
4589	1	1	1	1	1	1	1	1	1
4590	1	1	1	1	1	1	1	1	1

4591	1	1	1	0	1	1	0	1	1
4592	1	1	1	1	1	1	1	1	1
4593	1	1	1	1	1	1	1	1	1
4594	1	1	1	0	1	1	0	1	1
4595	1	1	1	1	1	1	1	1	1
4596	1	1	1	0	1	1	0	1	1
4597	1	1	1	0	1	1	0	1	1
4598	1	1	1	1	1	1	1	1	1
4599	1	1	1	1	1	1	1	1	1
4600	1	1	1	1	0	1	0	1	1
4601	1	1	1	1	1	1	1	1	1
4602	1	1	1	1	1	1	1	1	1
4603	1	1	1	1	0	1	0	1	1

4604	1	1	1	1	1	1	1	1	1
4605	1	1	1	1	1	1	1	1	1
4606	1	1	1	1	1	1	1	1	1
4607	1	1	1	1	1	1	1	1	1
4608	1	1	1	0	1	1	0	1	1
4609	1	1	1	1	1	1	1	1	1
4610	1	1	1	1	1	1	1	1	1
4611	1	1	1	0	1	1	0	1	1
4612	1	1	1	1	1	1	1	1	1
4613	1	1	1	0	1	1	0	1	1
4614	1	1	1	1	1	1	1	1	1
4615	1	1	1	1	1	1	1	1	1
4616	1	1	1	1	1	1	1	1	1
4617	1	1	1	1	1	1	1	1	1

4618	1	1	1	1	1	1	1	1	1
4619	1	1	1	1	1	1	1	1	1
4620	1	1	1	0	1	1	0	1	1
4621	1	1	1	1	1	1	1	1	1
4622	1	1	1	1	1	1	1	1	1
4623	1	1	1	1	1	1	1	1	1
4624	1	1	1	1	1	1	1	1	1
4625	1	1	1	1	1	1	1	1	1
4626	1	1	1	1	1	1	1	1	1
4627	1	1	1	1	1	1	1	1	1
4628	1	1	1	1	1	1	1	1	1
4629	1	1	1	1	1	1	1	1	1
4630	1	1	1	1	0	1	0	1	1
4631	1	1	1	1	0	1	0	1	1

4632	1	1	1	1	0	1	0	1	1
4633	1	1	1	1	1	1	1	1	1
4634	1	1	1	1	1	1	1	1	1
4635	1	1	1	1	1	1	1	1	1
4636	1	1	1	1	1	1	1	1	1
4637	1	1	1	1	1	1	1	1	1
4638	1	1	1	1	1	1	1	1	1
4639	1	1	1	1	1	1	1	1	1
4640	1	1	1	1	1	1	1	1	1
4641	1	1	1	1	1	1	1	1	1
4642	1	1	1	1	1	1	1	1	1
4643	1	1	1	1	1	1	1	1	1
4644	1	1	1	1	1	1	1	1	1
4645	1	1	1	1	1	1	1	1	1
4646	1	1	1	1	1	1	1	1	1

4647	1	1	1	1	1	1	1	1	1
4648	1	1	1	1	1	1	1	1	1
4649	1	1	1	0	1	1	0	1	1
4650	1	1	1	1	1	1	1	1	1
4651	1	1	1	0	1	1	0	1	1
4652	1	1	1	0	1	1	0	1	1
4653	1	1	1	1	1	1	1	1	1
4654	1	1	1	1	1	1	1	1	1
4655	1	1	1	1	1	1	1	1	1
4656	1	1	1	1	1	1	1	1	1
4657	1	1	1	1	1	1	1	1	1
4658	1	1	1	0	1	1	0	1	1
4659	1	1	1	1	1	1	1	1	1
4660	1	1	1	1	1	1	1	1	1
4661	1	1	1	1	1	1	1	1	1

4662	1	1	1	1	1	1	1	1	1
4663	1	1	1	1	1	1	1	1	1
4664	1	1	1	1	1	1	1	1	1
4665	1	1	1	1	1	1	1	1	1
4666	1	1	1	1	1	1	1	1	1

4667	1	1	1	1	1	1	1	1	1
4668	1	1	1	1	0	1	0	1	1
4669	1	1	1	1	0	1	0	1	1
4670	1	1	1	1	0	1	0	1	1
4671	1	1	1	1	1	1	1	1	1

4672	1	1	1	1	1	1	1	1	1
4673	1	1	1	1	1	1	1	1	1
4674	1	1	1	1	1	1	1	1	1
4675	1	1	1	1	1	1	1	1	1
4676	1	1	1	1	1	1	1	1	1
4677	1	1	1	1	1	1	1	1	1
4678	1	1	1	1	1	1	1	1	1
4679	1	1	1	1	1	1	1	1	1
4680	1	1	1	1	1	1	1	1	1
4681	1	1	1	1	1	1	1	1	1
4682	1	1	1	1	1	1	1	1	1
4683	1	1	1	1	1	1	1	1	1
4684	1	1	1	1	1	1	1	1	1
4685	1	1	1	1	1	1	1	1	1
4686	1	1	1	1	1	1	1	1	1
4687	1	1	1	0	1	1	0	1	1

4688	1	1	1	1	1	1	1	1	1
4689	1	1	1	0	1	1	0	1	1
4690	1	1	1	1	1	1	1	1	1
4691	1	1	1	1	1	1	1	1	1
4692	1	1	1	1	1	1	1	1	1
4693	1	1	1	1	1	1	1	1	1
4694	1	1	1	1	1	1	1	1	1
4695	1	1	1	1	1	1	1	1	1
4696	1	1	1	0	1	1	0	1	1
4697	1	1	1	1	1	1	1	1	1
4698	1	1	1	1	1	1	1	1	1
4699	1	1	1	1	1	1	1	1	1

4700	1	1	1	1	1	1	1	1	1
4701	1	1	1	1	1	1	1	1	1
4702	1	1	1	1	1	1	1	1	1
4703	1	1	1	1	1	1	1	1	1
4704	1	1	1	1	1	1	1	1	1
4705	1	1	1	1	1	1	1	1	1
4706	1	1	1	1	0	1	0	1	1
4707	1	1	1	1	0	1	0	1	1
4708	1	1	1	1	0	1	0	1	1
4709	1	1	1	1	1	1	1	1	1
4710	1	1	1	1	1	1	1	1	1
4711	1	1	1	1	1	1	1	1	1
4712	1	1	1	1	1	1	1	1	1

4713	1	1	1	1	1	1	1	1	1
4714	1	1	1	1	1	1	1	1	1
4715	1	1	1	1	1	1	1	1	1
4716	1	1	1	1	1	1	1	1	1
4717	1	1	1	1	1	1	1	1	1
4718	1	1	1	1	1	1	1	1	1
4719	1	1	1	1	1	1	1	1	1
4720	1	1	1	1	1	1	1	1	1
4721	1	1	1	1	1	1	1	1	1
4722	1	1	1	0	1	1	0	1	1
4723	1	1	1	1	1	1	1	1	1
4724	1	1	1	0	1	1	0	1	1
4725	1	1	1	1	1	1	1	1	1
4726	1	1	1	1	1	1	1	1	1
4727	1	1	1	1	1	1	1	1	1
4728	1	1	1	1	1	1	1	1	1
4729	1	1	1	0	1	1	0	1	1
4730	1	1	1	0	1	1	0	1	1

4731	1	1	1	0	1	1	0	1	1
4732	1	1	1	1	1	1	1	1	1
4733	1	1	1	1	1	1	1	1	1
4734	1	1	1	1	0	1	0	1	1
4735	1	1	1	1	1	1	1	1	1
4736	1	1	1	0	1	1	0	1	1
4737	1	1	1	1	1	1	1	1	1
4738	1	1	1	1	1	1	1	1	1
4739	1	1	1	0	1	1	0	1	1
4740	1	1	1	1	1	1	1	1	1
4741	1	1	1	1	1	1	1	1	1
4742	1	1	1	1	1	1	1	1	1
4743	1	1	1	1	1	1	1	1	1
4744	1	1	1	0	1	1	0	1	1
4745	1	1	1	1	1	1	1	1	1
4746	1	1	1	1	1	1	1	1	1
4747	1	1	1	1	1	1	1	1	1
4748	1	1	1	1	1	1	1	1	1
4749	1	1	1	1	1	1	1	1	1

4750	1	1	1	1	1	1	1	1	1
4751	1	1	1	1	1	1	1	1	1
4752	1	1	1	1	0	1	0	1	1
4753	1	1	1	1	0	1	0	1	1
4754	1	1	1	0	1	1	0	1	1
4755	1	1	1	0	1	1	0	1	1
4756	1	1	1	1	1	1	1	1	1
4757	1	1	1	1	1	1	1	1	1
4758	1	1	1	0	1	1	0	1	1
4759	1	1	1	1	1	1	1	1	1
4760	1	1	1	1	1	1	1	1	1
4761	1	1	1	1	1	1	1	1	1
4762	1	1	1	0	1	1	0	1	1

4763	1	1	1	1	1	1	1	1	1
4764	1	1	1	1	1	1	1	1	1
4765	1	1	1	1	1	1	1	1	1
4766	1	1	1	1	1	1	1	1	1
4767	1	1	1	0	1	1	0	1	1
4768	1	1	1	1	0	1	0	1	1
4769	0	0	1	1	0	1	0	0	0
4770	1	1	1	1	0	1	0	1	1

lse" line shows how many spreadsheet
a V1.1 to V2.0 change.

ll
ges in

Filter on one of the "Comparison" columns to see those spreadsheet rows with V1.0 to V2.0 changes to the specified data element.

V1.1 T-MSIS DD

213

O - CR_NO	A - DE_NO	B - DATA_ELEMENT_NAME	C - DEFINITION	E - NECESSITY
1	CIP001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
1	CIP001	RECORD-ID		
1	CIP001	RECORD-ID		
1	CIP002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
1	CIP003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
1	CIP004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or pipe-delimited format	Required
1	CIP005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
1	CIP006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
1	CIP007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CIP007	SUBMITTING-STATE		
1	CIP007	SUBMITTING-STATE		
1	CIP007	SUBMITTING-STATE		
1	CIP008	DATE-FILE-CREATED	The date on which the file was created.	Required
1	CIP008	DATE-FILE-CREATED		

1	CIP008	DATE-FILE-CREATED		
1	CIP009	START-OF-TIME-PERIOD	Beginning date of the time period covered by this file.	Required
1	CIP009	START-OF-TIME-PERIOD		
1	CIP010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required
1	CIP010	END-OF-TIME-PERIOD		
1	CIP011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required
1	CIP012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
1	CIP012	SSN-INDICATOR		
1	CIP012	SSN-INDICATOR		
1	CIP013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
1	CIP275	SEQUENCE-NUMBER	To enable state’s to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
1	CIP275	SEQUENCE-NUMBER		
1	CIP014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	CIP014	STATE-NOTATION		
1	CIP015	FILLER		
1	CIP016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required

1	CIP016	RECORD-ID		
1	CIP016	RECORD-ID		
1	CIP017	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CIP017	SUBMITTING-STATE		
1	CIP017	SUBMITTING-STATE		
1	CIP017	SUBMITTING-STATE		
1	CIP018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	CIP018	RECORD-NUMBER		
1	CIP018	RECORD-NUMBER		
1	CIP019	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
1	CIP019	ICN-ORIG		
1	CIP019	ICN-ORIG		
1	CIP019	ICN-ORIG		
1	CIP020	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Required
1	CIP020	ICN-ADJ		
1	CIP020	ICN-ADJ		
1	CIP021	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Required
1	CIP022	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	CIP022	MSIS-IDENTIFICATION-NUM		
1	CIP022	MSIS-IDENTIFICATION-NUM		

1	CIP022	MSIS-IDENTIFICATION-NUM		
1	CIP023	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required
1	CIP023	CROSSOVER-INDICATOR		
1	CIP023	CROSSOVER-INDICATOR		
1	CIP024	TYPE-OF-HOSPITAL	This code denotes the type of hospital on the claim (servicing provider).	Required
1	CIP025	1115A-DEMONSTRATION-IND	Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Required
1	CIP025	1115A-DEMONSTRATION-IND		
1	CIP026	ADJUSTMENT-IND	Code indicating type of adjustment record.	Required
1	CIP027	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional
1	CIP027	ADJUSTMENT-REASON-CODE		

1	CIP028	ADMISSION-TYPE	The basic types of admission for Inpatient hospital stays and a code indicating the priority of this admission.	Required
1	CIP028	ADMISSION-TYPE		
1	CIP029	DRG-DESCRIPTION	Description of the associated state-specific DRG code. If using standard MS-DRG classification system, leave blank	Conditional
1	CIP029	DRG-DESCRIPTION		

1	CIP030	ADMITTING-DIAGNOSIS-CODE	The ICD-9/10-CM Diagnosis Code provided at the time of admission by the physician.	Required
1	CIP030	ADMITTING-DIAGNOSIS-CODE		
1	CIP030	ADMITTING-DIAGNOSIS-CODE		
1	CIP030	ADMITTING-DIAGNOSIS-CODE		
0				
1	CIP031	ADMITTING-DIAGNOSIS-CODE-FLAG	A flag that identifies the coding system used for the ADMITTING-DIAGNOSIS-CODE.	Required
1	CIP031	ADMITTING-DIAGNOSIS-CODE-FLAG		
0				
1	CIP032	DIAGNOSIS-CODE-1	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Conditional
1	CIP032	DIAGNOSIS-CODE-1		
1	CIP032	DIAGNOSIS-CODE-1		
1	CIP032	DIAGNOSIS-CODE-1		
1	CIP032	DIAGNOSIS-CODE-1		

1	CIP032	DIAGNOSIS-CODE-1		
1	CIP032	DIAGNOSIS-CODE-1		
0				
1	CIP033	DIAGNOSIS-CODE-FLAG-1	DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required
1	CIP033	DIAGNOSIS-CODE-FLAG-1		
0				
0				
1	CIP034	DIAGNOSIS-POA-FLAG-1	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP035	DIAGNOSIS-CODE-2	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Conditional
1	CIP035	DIAGNOSIS-CODE-2		

1	CIP035	DIAGNOSIS-CODE-2		
1	CIP035	DIAGNOSIS-CODE-2		
1	CIP035	DIAGNOSIS-CODE-2		
1	CIP035	DIAGNOSIS-CODE-2		
1	CIP035	DIAGNOSIS-CODE-2		
0				
1	CIP036	DIAGNOSIS-CODE-FLAG-2	DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required
1	CIP036	DIAGNOSIS-CODE-FLAG-2		
0				
0				
1	CIP037	DIAGNOSIS-POA-FLAG-2	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required

0				
1	CIP038	DIAGNOSIS-CODE-3	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP038	DIAGNOSIS-CODE-3		
1	CIP038	DIAGNOSIS-CODE-3		
1	CIP038	DIAGNOSIS-CODE-3		
1	CIP038	DIAGNOSIS-CODE-3		
1	CIP038	DIAGNOSIS-CODE-3		
1	CIP038	DIAGNOSIS-CODE-3		
0				
1	CIP039	DIAGNOSIS-CODE-FLAG-3	DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Required
1	CIP039	DIAGNOSIS-CODE-FLAG-3		
0				
0				

1	CIP040	DIAGNOSIS-POA-FLAG-3	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP041	DIAGNOSIS-CODE-4	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP041	DIAGNOSIS-CODE-4		
1	CIP041	DIAGNOSIS-CODE-4		
1	CIP041	DIAGNOSIS-CODE-4		
1	CIP041	DIAGNOSIS-CODE-4		
1	CIP041	DIAGNOSIS-CODE-4		
1	CIP041	DIAGNOSIS-CODE-4		
0				
1	CIP042	DIAGNOSIS-CODE-FLAG-4	DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Required

1	CIP042	DIAGNOSIS-CODE-FLAG-4		
0				
0				
1	CIP043	DIAGNOSIS-POA-FLAG-4	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP044	DIAGNOSIS-CODE-5	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP044	DIAGNOSIS-CODE-5		
1	CIP044	DIAGNOSIS-CODE-5		
1	CIP044	DIAGNOSIS-CODE-5		
1	CIP044	DIAGNOSIS-CODE-5		
1	CIP044	DIAGNOSIS-CODE-5		

1	CIP044	DIAGNOSIS-CODE-5		
0				
1	CIP045	DIAGNOSIS-CODE-FLAG-5	DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Required
1	CIP045	DIAGNOSIS-CODE-FLAG-5		
0				
0				
1	CIP046	DIAGNOSIS-POA-FLAG-5	A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP047	DIAGNOSIS-CODE-6	DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP047	DIAGNOSIS-CODE-6		

1	CIP047	DIAGNOSIS-CODE-6		
1	CIP047	DIAGNOSIS-CODE-6		
1	CIP047	DIAGNOSIS-CODE-6		
1	CIP047	DIAGNOSIS-CODE-6		
1	CIP047	DIAGNOSIS-CODE-6		
0				
1	CIP048	DIAGNOSIS-CODE-FLAG-6	DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Required
1	CIP048	DIAGNOSIS-CODE-FLAG-6		
0				
0				
1	CIP049	DIAGNOSIS-POA-FLAG-6	A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required

0				
1	CIP050	DIAGNOSIS-CODE-7	DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP050	DIAGNOSIS-CODE-7		
1	CIP050	DIAGNOSIS-CODE-7		
1	CIP050	DIAGNOSIS-CODE-7		
1	CIP050	DIAGNOSIS-CODE-7		
1	CIP050	DIAGNOSIS-CODE-7		
1	CIP050	DIAGNOSIS-CODE-7		
0				
1	CIP051	DIAGNOSIS-CODE-FLAG-7	DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Required
1	CIP051	DIAGNOSIS-CODE-FLAG-7		
0				
0				

1	CIP052	DIAGNOSIS-POA-FLAG-7	A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP053	DIAGNOSIS-CODE-8	DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP053	DIAGNOSIS-CODE-8		
1	CIP053	DIAGNOSIS-CODE-8		
1	CIP053	DIAGNOSIS-CODE-8		
1	CIP053	DIAGNOSIS-CODE-8		
1	CIP053	DIAGNOSIS-CODE-8		
1	CIP053	DIAGNOSIS-CODE-8		
1	CIP053	DIAGNOSIS-CODE-8		
0				
1	CIP054	DIAGNOSIS-CODE-FLAG-8	DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Required

1	CIP054	DIAGNOSIS-CODE-FLAG-8		
0				
0				
1	CIP055	DIAGNOSIS-POA-FLAG-8	A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP056	DIAGNOSIS-CODE-9	DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP056	DIAGNOSIS-CODE-9		
1	CIP056	DIAGNOSIS-CODE-9		
1	CIP056	DIAGNOSIS-CODE-9		
1	CIP056	DIAGNOSIS-CODE-9		
1	CIP056	DIAGNOSIS-CODE-9		

1	CIP056	DIAGNOSIS-CODE-9		
0				
1	CIP057	DIAGNOSIS-CODE-FLAG-9	DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Required
1	CIP057	DIAGNOSIS-CODE-FLAG-9		
0				
0				
1	CIP058	DIAGNOSIS-POA-FLAG-9	A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP059	DIAGNOSIS-CODE-10	DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP059	DIAGNOSIS-CODE-10		

1	CIP059	DIAGNOSIS-CODE-10		
1	CIP059	DIAGNOSIS-CODE-10		
1	CIP059	DIAGNOSIS-CODE-10		
1	CIP059	DIAGNOSIS-CODE-10		
0				
1	CIP060	DIAGNOSIS-CODE-FLAG-10	DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Required
1	CIP060	DIAGNOSIS-CODE-FLAG-10		
0				
0				
1	CIP061	DIAGNOSIS-POA-FLAG-10	A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required

0				
1	CIP062	DIAGNOSIS-CODE-11	DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP062	DIAGNOSIS-CODE-11		
1	CIP062	DIAGNOSIS-CODE-11		
1	CIP062	DIAGNOSIS-CODE-11		
1	CIP062	DIAGNOSIS-CODE-11		
1	CIP062	DIAGNOSIS-CODE-11		
1	CIP062	DIAGNOSIS-CODE-11		
0				
1	CIP063	DIAGNOSIS-CODE-FLAG-11	DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Required
1	CIP063	DIAGNOSIS-CODE-FLAG-11		
0				
0				

1	CIP064	DIAGNOSIS-POA-FLAG-11	A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP065	DIAGNOSIS-CODE-12	DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CIP065	DIAGNOSIS-CODE-12		
1	CIP065	DIAGNOSIS-CODE-12		
1	CIP065	DIAGNOSIS-CODE-12		
1	CIP065	DIAGNOSIS-CODE-12		
1	CIP065	DIAGNOSIS-CODE-12		
1	CIP065	DIAGNOSIS-CODE-12		
0				
1	CIP066	DIAGNOSIS-CODE-FLAG-12	DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Required

1	CIP066	DIAGNOSIS-CODE-FLAG-12		
0				
0				
1	CIP067	DIAGNOSIS-POA-FLAG-12	A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CIP068	DIAGNOSIS-RELATED-GROUP	Code representing the Diagnosis Related Group (DRG) that is applicable for the inpatient services being rendered.	Conditional
1	CIP068	DIAGNOSIS-RELATED-GROUP		
1	CIP068	DIAGNOSIS-RELATED-GROUP		
1	CIP069	DIAGNOSIS-RELATED-GROUP-IND	An indicator identifying the grouping algorithm used to assign Diagnosis Related Group (DRG) values.	Conditional
1	CIP069	DIAGNOSIS-RELATED-GROUP-IND		
1	CIP069	DIAGNOSIS-RELATED-GROUP-IND		

1	CIP069	DIAGNOSIS-RELATED-GROUP-IND		
1	CIP069	DIAGNOSIS-RELATED-GROUP-IND		
1	CIP069	DIAGNOSIS-RELATED-GROUP-IND		
1	CIP069	DIAGNOSIS-RELATED-GROUP-IND		
1	CIP070	PROCEDURE-CODE-1	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Required
1	CIP070	PROCEDURE-CODE-1		
0				
1	CIP071	PROCEDURE-CODE-MOD-1	The procedure code modifier used with the (Principal) Procedure Code 1. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Required
1	CIP071	PROCEDURE-CODE-MOD-1		
1	CIP071	PROCEDURE-CODE-MOD-1		
0				

1	CIP072	PROCEDURE-CODE-FLAG-1	A flag that identifies the coding system used for PROCDURE-CODE-1.	Required
1	CIP072	PROCEDURE-CODE-FLAG-1		
0				
1	CIP073	PROCEDURE-CODE-DATE-1	The date upon which the PROCEDURE-CODE-1 was performed.	Required
1	CIP073	PROCEDURE-CODE-DATE-1		
1	CIP073	PROCEDURE-CODE-DATE-1		
1	CIP073	PROCEDURE-CODE-DATE-1		
1	CIP073	PROCEDURE-CODE-DATE-1		
1	CIP073	PROCEDURE-CODE-DATE-1		
0				
1	CIP074	PROCEDURE-CODE-2	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional

1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
1	CIP074	PROCEDURE-CODE-2		
0				
1	CIP075	PROCEDURE-CODE-MOD-2	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Conditional
1	CIP075	PROCEDURE-CODE-MOD-2		
1	CIP075	PROCEDURE-CODE-MOD-2		

1	CIP075	PROCEDURE-CODE-MOD-2		
0				
1	CIP076	PROCEDURE-CODE-FLAG-2	A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Required
1	CIP076	PROCEDURE-CODE-FLAG-2		
1	CIP076	PROCEDURE-CODE-FLAG-2		
0				
1	CIP077	PROCEDURE-CODE-DATE-2	The date on which the procedure 2 – 6 was performed.	Required
1	CIP077	PROCEDURE-CODE-DATE-2		
1	CIP077	PROCEDURE-CODE-DATE-2		
1	CIP077	PROCEDURE-CODE-DATE-2		
1	CIP077	PROCEDURE-CODE-DATE-2		
0				

1	CIP078	PROCEDURE-CODE-3	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional
1	CIP078	PROCEDURE-CODE-3		
1	CIP078	PROCEDURE-CODE-3		
1	CIP078	PROCEDURE-CODE-3		
1	CIP078	PROCEDURE-CODE-3		
1	CIP078	PROCEDURE-CODE-3		
1	CIP078	PROCEDURE-CODE-3		
1	CIP078	PROCEDURE-CODE-3		
1	CIP078	PROCEDURE-CODE-3		
1	CIP078	PROCEDURE-CODE-3		

1	CIP078	PROCEDURE-CODE-3		
0				
1	CIP079	PROCEDURE-CODE-MOD-3	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Conditional
1	CIP079	PROCEDURE-CODE-MOD-3		
1	CIP079	PROCEDURE-CODE-MOD-3		
1	CIP079	PROCEDURE-CODE-MOD-3		
0				
1	CIP080	PROCEDURE-CODE-FLAG-3	A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Required
1	CIP080	PROCEDURE-CODE-FLAG-3		
1	CIP080	PROCEDURE-CODE-FLAG-3		
0				
1	CIP081	PROCEDURE-CODE-DATE-3	The date on which the procedure 2 – 6 was performed	Required
1	CIP081	PROCEDURE-CODE-DATE-3		

1	CIP081	PROCEDURE-CODE-DATE-3		
1	CIP081	PROCEDURE-CODE-DATE-3		
1	CIP081	PROCEDURE-CODE-DATE-3		
1	CIP081	PROCEDURE-CODE-DATE-3		
1	CIP081	PROCEDURE-CODE-DATE-3		
0				
1	CIP082	PROCEDURE-CODE-4	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional
1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		

1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		
1	CIP082	PROCEDURE-CODE-4		
0				
1	CIP083	PROCEDURE-CODE-MOD-4	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Conditional
1	CIP083	PROCEDURE-CODE-MOD-4		
1	CIP083	PROCEDURE-CODE-MOD-4		
1	CIP083	PROCEDURE-CODE-MOD-4		
1	CIP083	PROCEDURE-CODE-MOD-4		
0				

1	CIP084	PROCEDURE-CODE-FLAG-4	A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Required
1	CIP084	PROCEDURE-CODE-FLAG-4		
1	CIP084	PROCEDURE-CODE-FLAG-4		
0				
1	CIP085	PROCEDURE-CODE-DATE-4	The date on which the procedure 2 – 6 was performed	Required
1	CIP085	PROCEDURE-CODE-DATE-4		
1	CIP085	PROCEDURE-CODE-DATE-4		
1	CIP085	PROCEDURE-CODE-DATE-4		
1	CIP085	PROCEDURE-CODE-DATE-4		
1	CIP085	PROCEDURE-CODE-DATE-4		
0				

1	CIP086	PROCEDURE-CODE-5	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional
1	CIP086	PROCEDURE-CODE-5		
1	CIP086	PROCEDURE-CODE-5		
1	CIP086	PROCEDURE-CODE-5		
1	CIP086	PROCEDURE-CODE-5		
1	CIP086	PROCEDURE-CODE-5		
1	CIP086	PROCEDURE-CODE-5		
1	CIP086	PROCEDURE-CODE-5		
1	CIP086	PROCEDURE-CODE-5		
1	CIP086	PROCEDURE-CODE-5		

1	CIP086	PROCEDURE-CODE-5		
0				
1	CIP087	PROCEDURE-CODE-MOD-5	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Conditional
1	CIP087	PROCEDURE-CODE-MOD-5		
1	CIP087	PROCEDURE-CODE-MOD-5		
1	CIP087	PROCEDURE-CODE-MOD-5		
0				
1	CIP088	PROCEDURE-CODE-FLAG-5	A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Required
1	CIP088	PROCEDURE-CODE-FLAG-5		
1	CIP088	PROCEDURE-CODE-FLAG-5		
0				
1	CIP089	PROCEDURE-CODE-DATE-5	The date on which the procedure 2 – 6 was performed.	Required
1	CIP089	PROCEDURE-CODE-DATE-5		
1	CIP089	PROCEDURE-CODE-DATE-5		

1	CIP089	PROCEDURE-CODE-DATE-5		
1	CIP089	PROCEDURE-CODE-DATE-5		
1	CIP089	PROCEDURE-CODE-DATE-5		
0				
1	CIP090	PROCEDURE-CODE-6	A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional
1	CIP090	PROCEDURE-CODE-6		
1	CIP090	PROCEDURE-CODE-6		
1	CIP090	PROCEDURE-CODE-6		
1	CIP090	PROCEDURE-CODE-6		
1	CIP090	PROCEDURE-CODE-6		
1	CIP090	PROCEDURE-CODE-6		

1	CIP090	PROCEDURE-CODE-6		
1	CIP090	PROCEDURE-CODE-6		
1	CIP090	PROCEDURE-CODE-6		
1	CIP090	PROCEDURE-CODE-6		
0				
1	CIP091	PROCEDURE-CODE-MOD-6	A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	Conditional
1	CIP091	PROCEDURE-CODE-MOD-6		
1	CIP091	PROCEDURE-CODE-MOD-6		
1	CIP091	PROCEDURE-CODE-MOD-6		
0				
1	CIP092	PROCEDURE-CODE-FLAG-6	A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Required
1	CIP092	PROCEDURE-CODE-FLAG-6		

1	CIP092	PROCEDURE-CODE-FLAG-6		
1	CIP092	PROCEDURE-CODE-FLAG-6		
0				
1	CIP093	PROCEDURE-CODE-DATE-6	The date on which the procedure 2 – 6 was performed.	Required
1	CIP093	PROCEDURE-CODE-DATE-6		
1	CIP093	PROCEDURE-CODE-DATE-6		
1	CIP093	PROCEDURE-CODE-DATE-6		
1	CIP093	PROCEDURE-CODE-DATE-6		
1	CIP093	PROCEDURE-CODE-DATE-6		
0				
1	CIP094	ADMISSION-DATE	The date on which the recipient was admitted to a hospital or long term care facility.	Required
1	CIP094	ADMISSION-DATE		
1	CIP094	ADMISSION-DATE		
1	CIP094	ADMISSION-DATE		
1	CIP094	ADMISSION-DATE		
1	CIP094	ADMISSION-DATE		
1	CIP095	ADMISSION-HOUR	The time of admission to a hospital or long term care facility.	Required
1	CIP096	DISCHARGE-DATE	The date on which the recipient was discharged from a hospital or long term care facility.	Conditional
1	CIP096	DISCHARGE-DATE		
1	CIP096	DISCHARGE-DATE		
1	CIP096	DISCHARGE-DATE		
1	CIP096	DISCHARGE-DATE		

1	CIP096	DISCHARGE-DATE		
1	CIP096	DISCHARGE-DATE		
1	CIP096	DISCHARGE-DATE		
1	CIP097	DISCHARGE-HOUR	The time of discharge for inpatient claims or end time of treatment for outpatient claims.	Required
1	CIP098	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required
1	CIP098	ADJUDICATION-DATE		
1	CIP098	ADJUDICATION-DATE		
1	CIP098	ADJUDICATION-DATE		
1	CIP098	ADJUDICATION-DATE		
1	CIP098	ADJUDICATION-DATE		
1	CIP098	ADJUDICATION-DATE		
1	CIP098	ADJUDICATION-DATE		
1	CIP098	ADJUDICATION-DATE		
1	CIP099	MEDICAID-PAID-DATE	The date Medicaid paid on this claim or adjustment.	Required
1	CIP099	MEDICAID-PAID-DATE		
1	CIP100	TYPE-OF-CLAIM	A code indicating what kind of payment is covered in this claim.	Required
1	CIP100	TYPE-OF-CLAIM		
1	CIP100	TYPE-OF-CLAIM		
1	CIP100	TYPE-OF-CLAIM		
1	CIP100	TYPE-OF-CLAIM		
1	CIP100	TYPE-OF-CLAIM		

1	CIP101	TYPE-OF-BILL	A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (3rd digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Required
1	CIP102	CLAIM-STATUS	The health care claim status codes convey the status of an entire claim.	Conditional
1	CIP103	CLAIM-STATUS-CATEGORY	The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS	Conditional
1	CIP104	SOURCE-LOCATION	The field denotes the claims payment system from which the claim was extracted	Required
1	CIP105	CHECK-NUM	The check or EFT number.	Required
1	CIP105	CHECK-NUM		
1	CIP106	CHECK-EFF-DATE	Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Required
1	CIP106	CHECK-EFF-DATE		
1	CIP106	CHECK-EFF-DATE		
1	CIP106	CHECK-EFF-DATE		
1	CIP107	ALLOWED-CHARGE-SRC	These codes indicate how each allowed charge was determined.	Required
1	CIP107	ALLOWED-CHARGE-SRC		

1	CIP108	CLAIM-PYMT-REM-CODE-1	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CIP109	CLAIM-PYMT-REM-CODE-2	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CIP110	CLAIM-PYMT-REM-CODE-3	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CIP111	CLAIM-PYMT-REM-CODE-4	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CIP112	TOT-BILLED-AMT	The total amount charged for this claim at the claim header level as submitted by the provider.	Required
1	CIP112	TOT-BILLED-AMT		
1	CIP112	TOT-BILLED-AMT		

1	CIP112	TOT-BILLED-AMT		
1	CIP113	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Required
1	CIP113	TOT-ALLOWED-AMT		
1	CIP114	TOT-MEDICAID-PAID-AMT	The total amount paid by Medicaid on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid at the detail level for the claim.	Required
1	CIP115	TOT-COPAY-AMT	The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Required
1	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary’s Medicare deductible.	Required
1	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CIP117	TOT-MEDICARE-COINS-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary’s Medicare coinsurance.	Required
1	CIP117	TOT-MEDICARE-COINS-AMT		
1	CIP117	TOT-MEDICARE-COINS-AMT		
1	CIP117	TOT-MEDICARE-COINS-AMT		
1	CIP117	TOT-MEDICARE-COINS-AMT		

1	CIP118	TOT-TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Required
1	CIP118	TOT-TPL-AMT		
1	CIP119	TOT-OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Required
1	CIP121	OTHER-INSURANCE-IND	The field denotes whether the insured party is covered under other insurance plan	Required
1	CIP122	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary	Required
1	CIP123	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A “service tracking claim” is used to report lump sum payments that cannot be attributed to a single enrollee. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Required
1	CIP124	SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider.	Required
1	CIP124	SERVICE-TRACKING-PAYMENT-AMT		
1	CIP124	SERVICE-TRACKING-PAYMENT-AMT		
1	CIP124	SERVICE-TRACKING-PAYMENT-AMT		
1	CIP124	SERVICE-TRACKING-PAYMENT-AMT		

1	CIP124	SERVICE-TRACKING-PAYMENT-AMT		
1	CIP125	FIXED-PAYMENT-IND	This indicator indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of $3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined “medical record” associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Required
1	CIP126	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required
1	CIP127	FUNDING-SOURCE-NONFEDERAL-SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required
1	CIP128	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Required
1	CIP128	MEDICARE-COMB-DED-IND		
1	CIP128	MEDICARE-COMB-DED-IND		
1	CIP129	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required
1	CIP129	PROGRAM-TYPE		
1	CIP129	PROGRAM-TYPE		

1	CIP129	PROGRAM-TYPE		
1	CIP130	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Required
1	CIP130	PLAN-ID-NUMBER		
1	CIP130	PLAN-ID-NUMBER		
1	CIP130	PLAN-ID-NUMBER		
1	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health	Required
1	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	CIP132	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required
1	CIP132	PAYMENT-LEVEL-IND		

1	CIP133	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Conditional
1	CIP133	MEDICARE-REIM-TYPE		
1	CIP134	NON-COV-DAYS	The number of days of institutional long-term care not covered by the payer for this sequence as qualified by the payer organization. The number of non-covered days does not refer to days not covered for any other service.	Conditional
1	CIP134	NON-COV-DAYS		
1	CIP135	NON-COV-CHARGES	The charges for institutional long-term care, which are not reimbursable by the primary payer. The non-covered charges do not refer to charges not covered for any other service.	Conditional
1	CIP136	MEDICAID-COV-INPATIENT-DAYS	The number of inpatient days covered by Medicaid on this claim. For states that combine delivery/birth services on a single claim, include covered days for both the mother and the neonate in this field.	Required
1	CIP136	MEDICAID-COV-INPATIENT-DAYS		
1	CIP136	MEDICAID-COV-INPATIENT-DAYS		
1	CIP136	MEDICAID-COV-INPATIENT-DAYS		
1	CIP136	MEDICAID-COV-INPATIENT-DAYS		
1	CIP137	CLAIM-LINE-COUNT	The total number of lines on the claim	Required
1	CIP137	CLAIM-LINE-COUNT		
1	CIP137	CLAIM-LINE-COUNT		
1	CIP138	FORCED-CLAIM-IND	This code indicates if the claim was processed by forcing it through a manual override process.	Required

1	CIP139	HEALTH-CARE-ACQUIRED-CONDITION-IND	This code indicates whether the claim has a Health Care Acquired Condition.	Required
1	CIP140	OCCURRENCE-CODE-01	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP140	OCCURRENCE-CODE-01		
0				
1	CIP141	OCCURRENCE-CODE-02	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP141	OCCURRENCE-CODE-02		
0				
1	CIP142	OCCURRENCE-CODE-03	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP142	OCCURRENCE-CODE-03		
0				
1	CIP143	OCCURRENCE-CODE-04	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP143	OCCURRENCE-CODE-04		
0				
1	CIP144	OCCURRENCE-CODE-05	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP144	OCCURRENCE-CODE-05		

0				
1	CIP145	OCCURRENCE-CODE-06	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP145	OCCURRENCE-CODE-06		
0				
1	CIP146	OCCURRENCE-CODE-07	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP146	OCCURRENCE-CODE-07		
0				
1	CIP147	OCCURRENCE-CODE-08	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP147	OCCURRENCE-CODE-08		
0				
1	CIP148	OCCURRENCE-CODE-09	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP148	OCCURRENCE-CODE-09		
0				
1	CIP149	OCCURRENCE-CODE-10	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CIP149	OCCURRENCE-CODE-10		

0				
1	CIP150	OCCURRENCE-CODE-EFF-DATE-01	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP150	OCCURRENCE-CODE-EFF-DATE-01		
1	CIP150	OCCURRENCE-CODE-EFF-DATE-01		
1	CIP150	OCCURRENCE-CODE-EFF-DATE-01		
1	CIP150	OCCURRENCE-CODE-EFF-DATE-01		
0				
1	CIP151	OCCURRENCE-CODE-EFF-DATE-02	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP151	OCCURRENCE-CODE-EFF-DATE-02		
1	CIP151	OCCURRENCE-CODE-EFF-DATE-02		
1	CIP151	OCCURRENCE-CODE-EFF-DATE-02		
1	CIP151	OCCURRENCE-CODE-EFF-DATE-02		
0				
1	CIP152	OCCURRENCE-CODE-EFF-DATE-03	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP152	OCCURRENCE-CODE-EFF-DATE-03		
1	CIP152	OCCURRENCE-CODE-EFF-DATE-03		
1	CIP152	OCCURRENCE-CODE-EFF-DATE-03		
1	CIP152	OCCURRENCE-CODE-EFF-DATE-03		
0				
1	CIP153	OCCURRENCE-CODE-EFF-DATE-04	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP153	OCCURRENCE-CODE-EFF-DATE-04		
1	CIP153	OCCURRENCE-CODE-EFF-DATE-04		
1	CIP153	OCCURRENCE-CODE-EFF-DATE-04		
1	CIP153	OCCURRENCE-CODE-EFF-DATE-04		

0				
1	CIP154	OCCURRENCE-CODE-EFF-DATE-05	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP154	OCCURRENCE-CODE-EFF-DATE-05		
1	CIP154	OCCURRENCE-CODE-EFF-DATE-05		
1	CIP154	OCCURRENCE-CODE-EFF-DATE-05		
1	CIP154	OCCURRENCE-CODE-EFF-DATE-05		
0				
1	CIP155	OCCURRENCE-CODE-EFF-DATE-06	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP155	OCCURRENCE-CODE-EFF-DATE-06		
1	CIP155	OCCURRENCE-CODE-EFF-DATE-06		
1	CIP155	OCCURRENCE-CODE-EFF-DATE-06		
1	CIP155	OCCURRENCE-CODE-EFF-DATE-06		
0				
1	CIP156	OCCURRENCE-CODE-EFF-DATE-07	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP156	OCCURRENCE-CODE-EFF-DATE-07		
1	CIP156	OCCURRENCE-CODE-EFF-DATE-07		
1	CIP156	OCCURRENCE-CODE-EFF-DATE-07		
1	CIP156	OCCURRENCE-CODE-EFF-DATE-07		
0				
1	CIP157	OCCURRENCE-CODE-EFF-DATE-08	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP157	OCCURRENCE-CODE-EFF-DATE-08		
1	CIP157	OCCURRENCE-CODE-EFF-DATE-08		
1	CIP157	OCCURRENCE-CODE-EFF-DATE-08		
1	CIP157	OCCURRENCE-CODE-EFF-DATE-08		

0				
1	CIP158	OCCURRENCE-CODE-EFF-DATE-09	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP158	OCCURRENCE-CODE-EFF-DATE-09		
1	CIP158	OCCURRENCE-CODE-EFF-DATE-09		
1	CIP158	OCCURRENCE-CODE-EFF-DATE-09		
1	CIP158	OCCURRENCE-CODE-EFF-DATE-09		
0				
1	CIP159	OCCURRENCE-CODE-EFF-DATE-10	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CIP159	OCCURRENCE-CODE-EFF-DATE-10		
1	CIP159	OCCURRENCE-CODE-EFF-DATE-10		
1	CIP159	OCCURRENCE-CODE-EFF-DATE-10		
1	CIP159	OCCURRENCE-CODE-EFF-DATE-10		
0				
1	CIP160	OCCURRENCE-CODE-END-DATE-01	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP160	OCCURRENCE-CODE-END-DATE-01		
1	CIP160	OCCURRENCE-CODE-END-DATE-01		
1	CIP160	OCCURRENCE-CODE-END-DATE-01		
1	CIP160	OCCURRENCE-CODE-END-DATE-01		
1	CIP160	OCCURRENCE-CODE-END-DATE-01		
1	CIP161	OCCURRENCE-CODE-END-DATE-02	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP161	OCCURRENCE-CODE-END-DATE-02		
1	CIP161	OCCURRENCE-CODE-END-DATE-02		

1	CIP161	OCCURRENCE-CODE-END-DATE-02		
1	CIP161	OCCURRENCE-CODE-END-DATE-02		
1	CIP161	OCCURRENCE-CODE-END-DATE-02		
1	CIP162	OCCURRENCE-CODE-END-DATE-03	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP162	OCCURRENCE-CODE-END-DATE-03		
1	CIP162	OCCURRENCE-CODE-END-DATE-03		
1	CIP162	OCCURRENCE-CODE-END-DATE-03		
1	CIP162	OCCURRENCE-CODE-END-DATE-03		
1	CIP162	OCCURRENCE-CODE-END-DATE-03		
1	CIP163	OCCURRENCE-CODE-END-DATE-04	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP163	OCCURRENCE-CODE-END-DATE-04		
1	CIP163	OCCURRENCE-CODE-END-DATE-04		
1	CIP163	OCCURRENCE-CODE-END-DATE-04		
1	CIP163	OCCURRENCE-CODE-END-DATE-04		
1	CIP163	OCCURRENCE-CODE-END-DATE-04		
1	CIP164	OCCURRENCE-CODE-END-DATE-05	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP164	OCCURRENCE-CODE-END-DATE-05		
1	CIP164	OCCURRENCE-CODE-END-DATE-05		
1	CIP164	OCCURRENCE-CODE-END-DATE-05		
1	CIP164	OCCURRENCE-CODE-END-DATE-05		
1	CIP164	OCCURRENCE-CODE-END-DATE-05		
1	CIP165	OCCURRENCE-CODE-END-DATE-06	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP165	OCCURRENCE-CODE-END-DATE-06		

1	CIP165	OCCURRENCE-CODE-END-DATE-06		
1	CIP165	OCCURRENCE-CODE-END-DATE-06		
1	CIP165	OCCURRENCE-CODE-END-DATE-06		
1	CIP165	OCCURRENCE-CODE-END-DATE-06		
1	CIP166	OCCURRENCE-CODE-END-DATE-07	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP166	OCCURRENCE-CODE-END-DATE-07		
1	CIP166	OCCURRENCE-CODE-END-DATE-07		
1	CIP166	OCCURRENCE-CODE-END-DATE-07		
1	CIP166	OCCURRENCE-CODE-END-DATE-07		
1	CIP166	OCCURRENCE-CODE-END-DATE-07		
1	CIP167	OCCURRENCE-CODE-END-DATE-08	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP167	OCCURRENCE-CODE-END-DATE-08		
1	CIP167	OCCURRENCE-CODE-END-DATE-08		
1	CIP167	OCCURRENCE-CODE-END-DATE-08		
1	CIP167	OCCURRENCE-CODE-END-DATE-08		
1	CIP167	OCCURRENCE-CODE-END-DATE-08		
1	CIP168	OCCURRENCE-CODE-END-DATE-09	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP168	OCCURRENCE-CODE-END-DATE-09		
1	CIP168	OCCURRENCE-CODE-END-DATE-09		
1	CIP168	OCCURRENCE-CODE-END-DATE-09		
1	CIP168	OCCURRENCE-CODE-END-DATE-09		
1	CIP168	OCCURRENCE-CODE-END-DATE-09		

1	CIP169	OCCURRENCE-CODE-END-DATE-10	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CIP169	OCCURRENCE-CODE-END-DATE-10		
1	CIP169	OCCURRENCE-CODE-END-DATE-10		
1	CIP169	OCCURRENCE-CODE-END-DATE-10		
1	CIP169	OCCURRENCE-CODE-END-DATE-10		
1	CIP169	OCCURRENCE-CODE-END-DATE-10		
1	CIP170	BIRTH-WEIGHT-GRAMS	The weight of a newborn at time of birth in grams (applicable to newborns only).	Conditional
1	CIP171	PATIENT-CONTROL-NUM	A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment	Conditional
1	CIP172	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
0				
1	CIP173	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided.(The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
0				
1	CIP174	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
1	CIP174	ELIGIBLE-MIDDLE-INIT		
1	CIP175	DATE-OF-BIRTH	Date of birth of the individual to whom the services were provided.	Conditional
1	CIP175	DATE-OF-BIRTH		

1	CIP175	DATE-OF-BIRTH		
1	CIP175	DATE-OF-BIRTH		
1	CIP175	DATE-OF-BIRTH		
1	CIP176	HEALTH-HOME-PROV-IND	This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Required
1	CIP176	HEALTH-HOME-PROV-IND		
1	CIP176	HEALTH-HOME-PROV-IND		
1	CIP176	HEALTH-HOME-PROV-IND		
1	CIP176	HEALTH-HOME-PROV-IND		
1	CIP177	WAIVER-TYPE	Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Required
1	CIP177	WAIVER-TYPE		
1	CIP177	WAIVER-TYPE		
1	CIP177	WAIVER-TYPE		
1	CIP177	WAIVER-TYPE		
1	CIP178	WAIVER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Required
1	CIP178	WAIVER-ID		

1	CIP178	WAIVER-ID		
1	CIP178	WAIVER-ID		
1	CIP178	WAIVER-ID		
1	CIP178	WAIVER-ID		
1	CIP178	WAIVER-ID		
1	CIP178	WAIVER-ID		
1	CIP179	BILLING-PROV-NUM	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required
1	CIP179	BILLING-PROV-NUM		
1	CIP179	BILLING-PROV-NUM		
1	CIP179	BILLING-PROV-NUM		
1	CIP180	BILLING-PROV-NPI-NUM	The National Provider ID (NPI) of the billing entity responsible for billing a patient for healthcare services. The billing provider can also be servicing, referring, or prescribing provider. Can be admitting provider except for Long Term Care.	Required
1	CIP180	BILLING-PROV-NPI-NUM		
1	CIP180	BILLING-PROV-NPI-NUM		
1	CIP180	BILLING-PROV-NPI-NUM		
1	CIP180	BILLING-PROV-NPI-NUM		
1	CIP180	BILLING-PROV-NPI-NUM		
1	CIP181	BILLING-PROV-TAXONOMY	For CLAIMIP and CLAIMLT files, the taxonomy code for the institution billing for the beneficiary.	Required
1	CIP181	BILLING-PROV-TAXONOMY		

1	CIP181	BILLING-PROV-TAXONOMY		
1	CIP182	BILLING-PROV-TYPE	A code describing the type of entity billing for the service.	Required
1	CIP182	BILLING-PROV-TYPE		
1	CIP182	BILLING-PROV-TYPE		
1	CIP183	BILLING-PROV-SPECIALTY	This code describes the area of specialty for the billing provider.	Required
1	CIP184	ADMITTING-PROV-NPI-NUM	The National Provider ID (NPI) of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Required
1	CIP184	ADMITTING-PROV-NPI-NUM		
1	CIP184	ADMITTING-PROV-NPI-NUM		
1	CIP184	ADMITTING-PROV-NPI-NUM		
1	CIP185	ADMITTING-PROV-NUM	The Medicaid ID of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Required
1	CIP185	ADMITTING-PROV-NUM		
1	CIP185	ADMITTING-PROV-NUM		
1	CIP186	ADMITTING-PROV-SPECIALTY	This code describes the area of specialty for the admitting provider.	Required
1	CIP187	ADMITTING-PROV-TAXONOMY	The taxonomy code for the admitting provider.	Required
1	CIP187	ADMITTING-PROV-TAXONOMY		
1	CIP188	ADMITTING-PROV-TYPE	A code describing the type of admitting provider. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required

1	CIP189	REFERRING-PROV-NUM	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	CIP189	REFERRING-PROV-NUM		
1	CIP189	REFERRING-PROV-NUM		
1	CIP190	REFERRING-PROV-NPI-NUM	The National Provider ID (NPI) of the provider who recommended the servicing provider to the patient.	Required
1	CIP190	REFERRING-PROV-NPI-NUM		
1	CIP190	REFERRING-PROV-NPI-NUM		
1	CIP190	REFERRING-PROV-NPI-NUM		
1	CIP191	REFERRING-PROV-TAXONOMY	For CLAIMIP and CLAIMLT files, the taxonomy code for the referring provider.	Required
1	CIP191	REFERRING-PROV-TAXONOMY		
1	CIP191	REFERRING-PROV-TAXONOMY		
1	CIP192	REFERRING-PROV-TYPE	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	CIP193	REFERRING-PROV-SPECIALTY	This code indicates the area of specialty of the referring provider.	Required
1	CIP194	DRG-OUTLIER-AMT	The additional payment on a claim that is associated with either a cost outlier or length of stay outlier. Outlier payments compensate hospitals paid on a fixed amount per Medicare "diagnosis related group" discharge with extra dollars for patient stays that substantially exceed the typical requirements for patient stays in the same DRG category.	Conditional
1	CIP194	DRG-OUTLIER-AMT		
1	CIP195	DRG-REL-WEIGHT	The relative weight for the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year. The national average charge for each DRG is compared to the overall average. This ratio is published annually in the Federal Register for each DRG. A DRG with a weight of 2.0000 means that charges were historically twice the average; a DRG with a weight of 0.5000 was half the average.	Conditional

1	CIP196	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional
1	CIP196	MEDICARE-HIC-NUM		
1	CIP196	MEDICARE-HIC-NUM		
1	CIP196	MEDICARE-HIC-NUM		
1	CIP196	MEDICARE-HIC-NUM		
1	CIP197	OUTLIER-CODE	This code indicates the Type of Outlier Code or DRG Source.	Required
1	CIP197	OUTLIER-CODE		
1	CIP198	OUTLIER-DAYS	This field specifies the number of days paid as outliers under Prospective Payment System (PPS) and the days over the threshold for the DRG	Conditional
1	CIP198	OUTLIER-DAYS		
1	CIP198	OUTLIER-DAYS		
1	CIP199	PATIENT-STATUS	A code indicating the Patients status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-04. This is also referred to as DISCHARGE-STATUS.	Required
1	CIP199	PATIENT-STATUS		

0				
1	CIP201	BMI	A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Required
0				
1	CIP202	REMITTANCE-NUM	The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required
1	CIP202	REMITTANCE-NUM		
1	CIP202	REMITTANCE-NUM		
1	CIP203	SPLIT-CLAIM-IND	An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold determined by the individual state) will be split during processing	Required
1	CIP203	SPLIT-CLAIM-IND		
1	CIP204	BORDER-STATE-IND	This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Required
1	CIP206	BENEFICIARY-COINSURANCE-AMOUNT	The amount of money the beneficiary paid towards coinsurance.	Required

1	CIP206	BENEFICIARY-COINSURANCE-AMOUNT		
1	CIP206	BENEFICIARY-COINSURANCE-AMOUNT		
1	CIP207	BENEFICIARY-COINSURANCE-DATE-PAID	The date the beneficiary paid the coinsurance amount.	Required
1	CIP207	BENEFICIARY-COINSURANCE-DATE-PAID		
1	CIP207	BENEFICIARY-COINSURANCE-DATE-PAID		
1	CIP208	BENEFICIARY-COPAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Required
1	CIP208	BENEFICIARY-COPAYMENT-AMOUNT		
1	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID	The date the beneficiary paid the copayment amount.	Required
1	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID		
1	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID		
1	CIP210	BENEFICIARY-DEDUCTIBLE-AMOUNT	The amount of money the beneficiary paid towards an annual deductible.	Required
1	CIP210	BENEFICIARY-DEDUCTIBLE-AMOUNT		
1	CIP210	BENEFICIARY-DEDUCTIBLE-AMOUNT		
1	CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	The date the beneficiary paid the deductible amount.	Required
1	CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID		
1	CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID		
1	CIP212	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Required
1	CIP212	CLAIM-DENIED-INDICATOR		
1	CIP212	CLAIM-DENIED-INDICATOR		
1	CIP213	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Required

1	CIP214	HEALTH-HOME-ENTITY-NAME	A free-form text field to indicate the health home program that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A “Health Home Entity” can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities’ names are being used instead.	Required
1	CIP214	HEALTH-HOME-ENTITY-NAME		
1	CIP216	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item	Required
1	CIP217	THIRD-PARTY-COINSURANCE-DATE-PAID	The date the third party paid the coinsurance amount	Required
1	CIP217	THIRD-PARTY-COINSURANCE-DATE-PAID		
1	CIP218	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	The amount the third party paid the copayment amount.	Required
1	CIP218	THIRD-PARTY-COPAYMENT-AMOUNT-PAID		
1	CIP219	THIRD-PARTY-COPAYMENT-DATE-PAID	The date the third party paid the copayment amount.	Required
1	CIP219	THIRD-PARTY-COPAYMENT-DATE-PAID		
1	CIP220	MEDICAID-AMOUNT-PAID-DSH	The amount included in the TOT-MEDICAID-PAID-AMT that is attributable to a Disproportionate Share Hospital (DSH) payment, when the state makes DSH payments by claim.	Required
1	CIP221	HEALTH-HOME-PROVIDER-NPI	The National Provider ID (NPI) of the health home provider.	Required
1	CIP221	HEALTH-HOME-PROVIDER-NPI		
1	CIP222	MEDICARE-BENEFICIARY-IDENTIFIER	The individual’s Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	Conditional
1	CIP222	MEDICARE-BENEFICIARY-IDENTIFIER		
0				

1	CIP223	OPERATING-PROV-TAXONOMY	The Provider Taxonomy of the provider who performed an operation on the patient.	Required
1	CIP223	OPERATING-PROV-TAXONOMY		
1	CIP223	OPERATING-PROV-TAXONOMY		
1	CIP224	UNDER-DIRECTION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who directed the care of a patient that another provider administered.	Required
1	CIP224	UNDER-DIRECTION-OF-PROV-NPI		
0				
1	CIP225	UNDER-DIRECTION-OF-PROV-TAXONOMY	The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	Required
1	CIP225	UNDER-DIRECTION-OF-PROV-TAXONOMY		
1	CIP225	UNDER-DIRECTION-OF-PROV-TAXONOMY		
0				
1	CIP226	UNDER-SUPERVISION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who supervised another provider.	Required
1	CIP226	UNDER-SUPERVISION-OF-PROV-NPI		
1	CIP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY	The Provider Taxonomy of the provider who supervised another provider.	Required
1	CIP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY		
1	CIP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY		
1	CIP228	MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment.	Required
1	CIP228	MEDICARE-PAID-AMT		

1	CIP228	MEDICARE-PAID-AMT		
1	CIP228	MEDICARE-PAID-AMT		
1	CIP229	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	CIP229	STATE-NOTATION		
1	CIP289	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required
1	CIP289	PROV-LOCATION-ID		
1	CIP230	FILLER		
1	CIP231	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
1	CIP231	RECORD-ID		
1	CIP231	RECORD-ID		
1	CIP232	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CIP232	SUBMITTING-STATE		
1	CIP232	SUBMITTING-STATE		

1	CIP232	SUBMITTING-STATE		
1	CIP233	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	CIP233	RECORD-NUMBER		
1	CIP233	RECORD-NUMBER		
1	CIP234	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	CIP234	MSIS-IDENTIFICATION-NUM		
1	CIP234	MSIS-IDENTIFICATION-NUM		
1	CIP234	MSIS-IDENTIFICATION-NUM		
1	CIP235	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
1	CIP235	ICN-ORIG		
1	CIP235	ICN-ORIG		
1	CIP235	ICN-ORIG		
1	CIP236	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Required
1	CIP236	ICN-ADJ		
1	CIP236	ICN-ADJ		
1	CIP237	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required
1	CIP238	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Required
1	CIP238	LINE-NUM-ADJ		

1	CIP239	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Required
1	CIP239	LINE-ADJUSTMENT-IND		
1	CIP239	LINE-ADJUSTMENT-IND		
1	CIP240	LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional
1	CIP240	LINE-ADJUSTMENT-REASON-CODE		
1	CIP241	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Required
1	CIP242	CLAIM-LINE-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional
1	CIP243	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required
1	CIP243	BEGINNING-DATE-OF-SERVICE		
1	CIP243	BEGINNING-DATE-OF-SERVICE		
1	CIP243	BEGINNING-DATE-OF-SERVICE		
1	CIP243	BEGINNING-DATE-OF-SERVICE		
1	CIP243	BEGINNING-DATE-OF-SERVICE		
1	CIP243	BEGINNING-DATE-OF-SERVICE		
1	CIP243	BEGINNING-DATE-OF-SERVICE		

1	CIP243	BEGINNING-DATE-OF-SERVICE		
1	CIP244	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required
1	CIP244	ENDING-DATE-OF-SERVICE		
1	CIP244	ENDING-DATE-OF-SERVICE		
1	CIP244	ENDING-DATE-OF-SERVICE		
1	CIP244	ENDING-DATE-OF-SERVICE		
1	CIP244	ENDING-DATE-OF-SERVICE		
1	CIP244	ENDING-DATE-OF-SERVICE		
1	CIP245	REVENUE-CODE	A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing Manual).	Conditional
1	CIP245	REVENUE-CODE		
1	CIP245	REVENUE-CODE		
1	CIP245	REVENUE-CODE		
1	CIP248	IMMUNIZATION-TYPE	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Required
1	CIP249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	On facility claim entries, this field is to capture the actual service quantify by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	Conditional
1	CIP249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL		
1	CIP249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL		
1	CIP250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	On facility claim entries, this field is to capture maximum allowable quantity by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	Conditional

1	CIP250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED		
1	CIP250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED		
1	CIP251	REVENUE-CHARGE	The total charge for the related UB-04 Revenue Code (REVENUE-CODE). Total charges include both covered and non-covered charges (as defined by UB-04 Billing Manual)	Conditional
1	CIP251	REVENUE-CHARGE		
1	CIP251	REVENUE-CHARGE		
1	CIP251	REVENUE-CHARGE		
1	CIP251	REVENUE-CHARGE		
1	CIP251	REVENUE-CHARGE		
1	CIP251	REVENUE-CHARGE		
1	CIP252	ALLOWED-AMT	The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Required
1	CIP253	TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim detail level paid by the third party.	Required
1	CIP254	MEDICAID-PAID-AMT	The amount paid by Medicaid on this claim or adjustment at the claim detail level.	Required
1	CIP254	MEDICAID-PAID-AMT		
1	CIP254	MEDICAID-PAID-AMT		
1	CIP255	MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amt that would have been paid had the services been provided on a FFS basis.	Required

1	CIP255	MEDICAID-FFS-EQUIVALENT-AMT		
1	CIP256	BILLING-UNIT	Unit of billing that is used for billing services by the facility.	Required
1	CIP257	TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required
1	CIP257	TYPE-OF-SERVICE		
1	CIP257	TYPE-OF-SERVICE		
1	CIP257	TYPE-OF-SERVICE		
1	CIP257	TYPE-OF-SERVICE		
1	CIP257	TYPE-OF-SERVICE		
1	CIP257	TYPE-OF-SERVICE		
1	CIP260	SERVICING-PROV-NUM	A unique number to identify the provider who treated the recipient.	Required
1	CIP260	SERVICING-PROV-NUM		
1	CIP260	SERVICING-PROV-NUM		

1	CIP260	SERVICING-PROV-NUM		
1	CIP260	SERVICING-PROV-NUM		
1	CIP260	SERVICING-PROV-NUM		
1	CIP261	SERVICING-PROV-NPI-NUM	The National Provider ID (NPI) of the rendering/attending provider responsible for the beneficiary.	Required
1	CIP261	SERVICING-PROV-NPI-NUM		
1	CIP261	SERVICING-PROV-NPI-NUM		
1	CIP261	SERVICING-PROV-NPI-NUM		
1	CIP262	SERVICING-PROV-TAXONOMY	The taxonomy code for the institution billing/caring for the beneficiary.	Required
1	CIP262	SERVICING-PROV-TAXONOMY		
1	CIP262	SERVICING-PROV-TAXONOMY		
1	CIP263	SERVICING-PROV-TYPE	A code describing the type of provider (i.e. doctor or facility) responsible for treating a patient. This represents the attending physician if available. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	CIP264	SERVICING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Required
1	CIP265	OPERATING-PROV-NPI-NUM	The National Provider ID (NPI) of the provider who performed the surgical procedures on the beneficiary	Required
1	CIP265	OPERATING-PROV-NPI-NUM		
1	CIP265	OPERATING-PROV-NPI-NUM		

1	CIP266	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary	Required
1	CIP267	PROV-FACILITY-TYPE	The type of facility for the servicing provider using the HIPAA provider taxonomy codes.	Required
1	CIP268	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required
1	CIP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	This code indicates if the claim was matched with Title XIX or Title XXI.	Required
1	CIP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT		
1	CIP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT		
1	CIP270	XIX-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation.	Required
1	CIP270	XIX-MBESCBES-CATEGORY-OF-SERVICE		
1	CIP271	XXI-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Required
1	CIP272	OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Required

1	CIP273	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses	Optional
1	CIP273	STATE-NOTATION		
1	CIP279	HCPCS-RATE	For inpatient hospital facility claims, the accommodation rate is captured here. This data element is expected to capture data from the HIPAA 837I claim loop 2400 SV206 or UB-04 FL 44 (only if the value represents an accommodation rate).	Required
1	CIP284	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Required
1	CIP284	NATIONAL-DRUG-CODE		
1	CIP284	NATIONAL-DRUG-CODE		
1	CIP284	NATIONAL-DRUG-CODE		
1	CIP284	NATIONAL-DRUG-CODE		
1	CIP284	NATIONAL-DRUG-CODE		
1	CIP284	NATIONAL-DRUG-CODE		
1	CIP284	NATIONAL-DRUG-CODE		
1	CIP285	NDC-UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Required
1	CIP285	NDC-UNIT-OF-MEASURE		
1	CIP278	NDC-QUANTITY	This field is to capture the actual quantity of the National Drug Code being prescribed on this in-patient claim.	Required

1	CIP278	NDC-QUANTITY		
1	CIP286	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required
1	CIP286	ADJUDICATION-DATE		
1	CIP286	ADJUDICATION-DATE		
1	CIP286	ADJUDICATION-DATE		
1	CIP286	ADJUDICATION-DATE		
1	CIP286	ADJUDICATION-DATE		
1	CIP286	ADJUDICATION-DATE		
1	CIP286	ADJUDICATION-DATE		
1	CIP286	ADJUDICATION-DATE		
1	CIP287	SELF-DIRECTION-TYPE	This data element is not applicable to this file type.	Required
1	CIP288	PRE-AUTHORIZATION-NUM	A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Required
1	CIP274	FILLER		
1	CLT001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
1	CLT001	RECORD-ID		
1	CLT001	RECORD-ID		
1	CLT002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required

1	CLT003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
1	CLT004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or pipe-delimited format.	Required
1	CLT005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
1	CLT006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
1	CLT007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CLT007	SUBMITTING-STATE		
1	CLT007	SUBMITTING-STATE		
1	CLT007	SUBMITTING-STATE		
1	CLT008	DATE-FILE-CREATED	The date on which the file was created.	Required
1	CLT008	DATE-FILE-CREATED		
1	CLT008	DATE-FILE-CREATED		
1	CLT009	START-OF-TIME-PERIOD	Beginning date of the time period covered by this file.	Required
1	CLT009	START-OF-TIME-PERIOD		
1	CLT010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required
1	CLT010	END-OF-TIME-PERIOD		
1	CLT011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required
1	CLT012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
1	CLT012	SSN-INDICATOR		
1	CLT012	SSN-INDICATOR		
1	CLT013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required

1	CLT227	SEQUENCE-NUMBER	To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
1	CLT227	SEQUENCE-NUMBER		
1	CLT014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	CLT014	STATE-NOTATION		
1	CLT015	FILLER		
1	CLT016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
1	CLT016	RECORD-ID		
1	CLT016	RECORD-ID		
1	CLT017	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CLT017	SUBMITTING-STATE		
1	CLT017	SUBMITTING-STATE		
1	CLT017	SUBMITTING-STATE		
1	CLT018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	CLT018	RECORD-NUMBER		
1	CLT018	RECORD-NUMBER		

1	CLT019	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
1	CLT019	ICN-ORIG		
1	CLT019	ICN-ORIG		
1	CLT019	ICN-ORIG		
1	CLT020	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Required
1	CLT020	ICN-ADJ		
1	CLT020	ICN-ADJ		
1	CLT021	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required
1	CLT022	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	CLT022	MSIS-IDENTIFICATION-NUM		
1	CLT022	MSIS-IDENTIFICATION-NUM		
1	CLT022	MSIS-IDENTIFICATION-NUM		
1	CLT023	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required
1	CLT023	CROSSOVER-INDICATOR		
1	CLT023	CROSSOVER-INDICATOR		
1	CLT024	1115A-DEMONSTRATION-IND	Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Required

1	CLT024	1115A-DEMONSTRATION-IND		
1	CLT025	ADJUSTMENT-IND	Code indicating type of adjustment record.	Required
1	CLT026	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional
1	CLT026	ADJUSTMENT-REASON-CODE		
1	CLT027	ADMITTING-DIAGNOSIS-CODE	The ICD-9/10-CM Diagnosis Code provided at the time of admission by the physician.	Required
1	CLT027	ADMITTING-DIAGNOSIS-CODE		
1	CLT027	ADMITTING-DIAGNOSIS-CODE		
0				
1	CLT027	ADMITTING-DIAGNOSIS-CODE		

1	CLT028	ADMITTING-DIAGNOSIS-CODE-FLAG	A flag that identifies the coding system used for the ADMITTING-DIAGNOSIS- CODE.	Required
1	CLT028	ADMITTING-DIAGNOSIS-CODE-FLAG		
0				
1	CLT029	DIAGNOSIS-CODE-1	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Conditional
1	CLT029	DIAGNOSIS-CODE-1		
1	CLT029	DIAGNOSIS-CODE-1		
1	CLT029	DIAGNOSIS-CODE-1		
1	CLT029	DIAGNOSIS-CODE-1		
1	CLT029	DIAGNOSIS-CODE-1		
1	CLT029	DIAGNOSIS-CODE-1		
0				
1	CLT030	DIAGNOSIS-CODE-FLAG-1	A flag that identifies the coding system used for the DIAGNOSIS CODE 1 - 12 DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required
1	CLT030	DIAGNOSIS-CODE-FLAG-1		
0				

0				
1	CLT031	DIAGNOSIS-POA-FLAG-1	A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CLT032	DIAGNOSIS-CODE-2	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Conditional
1	CLT032	DIAGNOSIS-CODE-2		
1	CLT032	DIAGNOSIS-CODE-2		
1	CLT032	DIAGNOSIS-CODE-2		
1	CLT032	DIAGNOSIS-CODE-2		
1	CLT032	DIAGNOSIS-CODE-2		
1	CLT032	DIAGNOSIS-CODE-2		
0				

1	CLT033	DIAGNOSIS-CODE-FLAG-2	DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required
1	CLT033	DIAGNOSIS-CODE-FLAG-2		
0				
0				
1	CLT034	DIAGNOSIS-POA-FLAG-2	A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CLT035	DIAGNOSIS-CODE-3	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CLT035	DIAGNOSIS-CODE-3		
1	CLT035	DIAGNOSIS-CODE-3		
1	CLT035	DIAGNOSIS-CODE-3		

1	CLT035	DIAGNOSIS-CODE-3		
1	CLT035	DIAGNOSIS-CODE-3		
1	CLT035	DIAGNOSIS-CODE-3		
0				
1	CLT036	DIAGNOSIS-CODE-FLAG-3	DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Required
1	CLT036	DIAGNOSIS-CODE-FLAG-3		
0				
0				
1	CLT037	DIAGNOSIS-POA-FLAG-3	A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				

1	CLT038	DIAGNOSIS-CODE-4	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CLT038	DIAGNOSIS-CODE-4		
1	CLT038	DIAGNOSIS-CODE-4		
1	CLT038	DIAGNOSIS-CODE-4		
1	CLT038	DIAGNOSIS-CODE-4		
1	CLT038	DIAGNOSIS-CODE-4		
1	CLT038	DIAGNOSIS-CODE-4		
0				
1	CLT039	DIAGNOSIS-CODE-FLAG-4	DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Required
1	CLT039	DIAGNOSIS-CODE-FLAG-4		
0				
0				

1	CLT040	DIAGNOSIS-POA-FLAG-4	A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CLT041	DIAGNOSIS-CODE-5	DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
1	CLT041	DIAGNOSIS-CODE-5		
1	CLT041	DIAGNOSIS-CODE-5		
1	CLT041	DIAGNOSIS-CODE-5		
1	CLT041	DIAGNOSIS-CODE-5		
1	CLT041	DIAGNOSIS-CODE-5		
1	CLT041	DIAGNOSIS-CODE-5		
0				
1	CLT042	DIAGNOSIS-CODE-FLAG-5	DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Required

1	CLT042	DIAGNOSIS-CODE-FLAG-5		
0				
0				
1	CLT043	DIAGNOSIS-POA-FLAG-5	A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
1	CLT044	ADMISSION-DATE	The date on which the recipient was admitted to a hospital or long term care facility.	Required
1	CLT044	ADMISSION-DATE		
1	CLT044	ADMISSION-DATE		
1	CLT044	ADMISSION-DATE		
1	CLT044	ADMISSION-DATE		
1	CLT044	ADMISSION-DATE		
1	CLT045	ADMISSION-HOUR	The time of admission to a hospital or long term care facility.	Required
1	CLT046	DISCHARGE-DATE	The date on which the recipient was discharged from a hospital or long term care facility.	Conditional
1	CLT046	DISCHARGE-DATE		
1	CLT046	DISCHARGE-DATE		
1	CLT046	DISCHARGE-DATE		

1	CLT046	DISCHARGE-DATE		
1	CLT046	DISCHARGE-DATE		
1	CLT046	DISCHARGE-DATE		
1	CLT047	DISCHARGE-HOUR	The time of discharge for inpatient claims or end time of treatment for outpatient claims.	Required
1	CLT048	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required
1	CLT048	BEGINNING-DATE-OF-SERVICE		
1	CLT048	BEGINNING-DATE-OF-SERVICE		
1	CLT048	BEGINNING-DATE-OF-SERVICE		
1	CLT048	BEGINNING-DATE-OF-SERVICE		
1	CLT048	BEGINNING-DATE-OF-SERVICE		
1	CLT048	BEGINNING-DATE-OF-SERVICE		
1	CLT048	BEGINNING-DATE-OF-SERVICE		
1	CLT048	BEGINNING-DATE-OF-SERVICE		
1	CLT049	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required
1	CLT049	ENDING-DATE-OF-SERVICE		
1	CLT049	ENDING-DATE-OF-SERVICE		
1	CLT049	ENDING-DATE-OF-SERVICE		

1	CLT049	ENDING-DATE-OF-SERVICE		
1	CLT049	ENDING-DATE-OF-SERVICE		
1	CLT049	ENDING-DATE-OF-SERVICE		
1	CLT050	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required
1	CLT050	ADJUDICATION-DATE		
1	CLT050	ADJUDICATION-DATE		
1	CLT050	ADJUDICATION-DATE		
1	CLT050	ADJUDICATION-DATE		
1	CLT050	ADJUDICATION-DATE		
1	CLT050	ADJUDICATION-DATE		
1	CLT050	ADJUDICATION-DATE		
1	CLT050	ADJUDICATION-DATE		
1	CLT051	MEDICAID-PAID-DATE	The date Medicaid paid on this claim or adjustment.	Required
1	CLT051	MEDICAID-PAID-DATE		
1	CLT052	TYPE-OF-CLAIM	A code indicating what kind of payment is covered in this claim.	Required
1	CLT052	TYPE-OF-CLAIM		
1	CLT052	TYPE-OF-CLAIM		
1	CLT052	TYPE-OF-CLAIM		
1	CLT052	TYPE-OF-CLAIM		
1	CLT052	TYPE-OF-CLAIM		
1	CLT053	TYPE-OF-BILL	A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (3rd digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Required

1	CLT054	CLAIM-STATUS	The health care claim status codes convey the status of an entire claim.	Required
1	CLT055	CLAIM-STATUS-CATEGORY	The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	Required
1	CLT056	SOURCE-LOCATION	The field denotes the claims payment system from which the claim was extracted.	Required
1	CLT057	CHECK-NUM	The check or EFT number.	Required
1	CLT057	CHECK-NUM		
1	CLT058	CHECK-EFF-DATE	Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Required
1	CLT058	CHECK-EFF-DATE		
1	CLT058	CHECK-EFF-DATE		
1	CLT058	CHECK-EFF-DATE		
1	CLT059	CLAIM-PYMT-REM-CODE-1	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional

1	CLT060	CLAIM-PYMT-REM-CODE-2	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CLT061	CLAIM-PYMT-REM-CODE-3	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CLT062	CLAIM-PYMT-REM-CODE-4	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CLT063	TOT-BILLED-AMT	The total amount charged for this claim at the claim header level as submitted by the provider.	Required
1	CLT063	TOT-BILLED-AMT		
1	CLT063	TOT-BILLED-AMT		
1	CLT063	TOT-BILLED-AMT		
1	CLT064	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Required
1	CLT064	TOT-ALLOWED-AMT		

1	CLT065	TOT-MEDICAID-PAID-AMT	The total amount paid by Medicaid on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid at the detail level for the claim.	Required
1	CLT066	TOT-COPAY-AMT	The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Required
1	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible.	Required
1	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CLT068	TOT-MEDICARE-COINS-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare coinsurance.	Required
1	CLT068	TOT-MEDICARE-COINS-AMT		
1	CLT068	TOT-MEDICARE-COINS-AMT		
1	CLT068	TOT-MEDICARE-COINS-AMT		
1	CLT069	TOT-TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Required
1	CLT069	TOT-TPL-AMT		
1	CLT070	TOT-OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Required
1	CLT071	OTHER-INSURANCE-IND	The field denotes whether the insured party is covered under other insurance plan	Required

1	CLT072	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Required
1	CLT073	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A “service tracking claim” is used to report lump sum payments that cannot be attributed to a single enrollee. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Required
1	CLT074	SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider.	Required
1	CLT074	SERVICE-TRACKING-PAYMENT-AMT		
1	CLT074	SERVICE-TRACKING-PAYMENT-AMT		
1	CLT074	SERVICE-TRACKING-PAYMENT-AMT		
1	CLT074	SERVICE-TRACKING-PAYMENT-AMT		
1	CLT074	SERVICE-TRACKING-PAYMENT-AMT		
1	CLT075	FIXED-PAYMENT-IND	This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of $3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined “medical record” associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Required

1	CLT076	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required
1	CLT077	FUNDING-SOURCE-NONFEDERAL-SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required
1	CLT078	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Required
1	CLT078	MEDICARE-COMB-DED-IND		
1	CLT078	MEDICARE-COMB-DED-IND		
1	CLT079	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required
1	CLT079	PROGRAM-TYPE		
1	CLT079	PROGRAM-TYPE		
1	CLT079	PROGRAM-TYPE		
1	CLT080	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Required
1	CLT080	PLAN-ID-NUMBER		
1	CLT080	PLAN-ID-NUMBER		
1	CLT080	PLAN-ID-NUMBER		

1	CLT080	PLAN-ID-NUMBER		
1	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health	Required
1	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	CLT082	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required
1	CLT082	PAYMENT-LEVEL-IND		
1	CLT083	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Conditional
1	CLT083	MEDICARE-REIM-TYPE		
1	CLT084	NON-COV-DAYS	The number of days of institutional long-term care not covered by the payer for this sequence as qualified by the payer organization. The number of non-covered days does not refer to days not covered for any other service.	Conditional

1	CLT084	NON-COV-DAYS		
1	CLT085	NON-COV-CHARGES	The charges for institutional long-term care, which are not reimbursable by the primary payer. The non-covered charges do not refer to charges not covered for any other service.	Conditional
1	CLT086	MEDICAID-COV-INPATIENT-DAYS	The number of inpatient psychiatric days covered by Medicaid on this claim.	Required
1	CLT086	MEDICAID-COV-INPATIENT-DAYS		
1	CLT086	MEDICAID-COV-INPATIENT-DAYS		
1	CLT086	MEDICAID-COV-INPATIENT-DAYS		
1	CLT087	CLAIM-LINE-COUNT	The total number of lines on the claim.	Required
1	CLT087	CLAIM-LINE-COUNT		
1	CLT087	CLAIM-LINE-COUNT		
1	CLT090	FORCED-CLAIM-IND	This code indicates if the claim was processed by forcing it through a manual override process.	Required
1	CLT091	HEALTH-CARE-ACQUIRED-CONDITION-IND	This code indicates whether the individual included on the claim has a Health Care Acquired Condition.	Required
1	CLT092	OCCURRENCE-CODE-01	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT092	OCCURRENCE-CODE-01		
0				
1	CLT093	OCCURRENCE-CODE-02	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT093	OCCURRENCE-CODE-02		
0				

1	CLT094	OCCURRENCE-CODE-03	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT094	OCCURRENCE-CODE-03		
0				
1	CLT095	OCCURRENCE-CODE-04	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT095	OCCURRENCE-CODE-04		
0				
1	CLT096	OCCURRENCE-CODE-05	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT096	OCCURRENCE-CODE-05		
0				
1	CLT097	OCCURRENCE-CODE-06	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT097	OCCURRENCE-CODE-06		
0				
1	CLT098	OCCURRENCE-CODE-07	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT098	OCCURRENCE-CODE-07		
0				

1	CLT099	OCCURRENCE-CODE-08	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT099	OCCURRENCE-CODE-08		
0				
1	CLT100	OCCURRENCE-CODE-09	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT100	OCCURRENCE-CODE-09		
0				
1	CLT101	OCCURRENCE-CODE-10	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	CLT101	OCCURRENCE-CODE-10		
0				
1	CLT102	OCCURRENCE-CODE-EFF-DATE-01	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT102	OCCURRENCE-CODE-EFF-DATE-01		
1	CLT102	OCCURRENCE-CODE-EFF-DATE-01		
1	CLT102	OCCURRENCE-CODE-EFF-DATE-01		
1	CLT102	OCCURRENCE-CODE-EFF-DATE-01		
0				
1	CLT103	OCCURRENCE-CODE-EFF-DATE-02	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT103	OCCURRENCE-CODE-EFF-DATE-02		
1	CLT103	OCCURRENCE-CODE-EFF-DATE-02		
1	CLT103	OCCURRENCE-CODE-EFF-DATE-02		

1	CLT103	OCCURRENCE-CODE-EFF-DATE-02		
0				
1	CLT104	OCCURRENCE-CODE-EFF-DATE-03	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT104	OCCURRENCE-CODE-EFF-DATE-03		
1	CLT104	OCCURRENCE-CODE-EFF-DATE-03		
1	CLT104	OCCURRENCE-CODE-EFF-DATE-03		
1	CLT104	OCCURRENCE-CODE-EFF-DATE-03		
0				
1	CLT105	OCCURRENCE-CODE-EFF-DATE-04	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT105	OCCURRENCE-CODE-EFF-DATE-04		
1	CLT105	OCCURRENCE-CODE-EFF-DATE-04		
1	CLT105	OCCURRENCE-CODE-EFF-DATE-04		
1	CLT105	OCCURRENCE-CODE-EFF-DATE-04		
0				
1	CLT106	OCCURRENCE-CODE-EFF-DATE-05	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT106	OCCURRENCE-CODE-EFF-DATE-05		
1	CLT106	OCCURRENCE-CODE-EFF-DATE-05		
1	CLT106	OCCURRENCE-CODE-EFF-DATE-05		
1	CLT106	OCCURRENCE-CODE-EFF-DATE-05		
0				
1	CLT107	OCCURRENCE-CODE-EFF-DATE-06	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT107	OCCURRENCE-CODE-EFF-DATE-06		
1	CLT107	OCCURRENCE-CODE-EFF-DATE-06		
1	CLT107	OCCURRENCE-CODE-EFF-DATE-06		

1	CLT107	OCCURRENCE-CODE-EFF-DATE-06		
0				
1	CLT108	OCCURRENCE-CODE-EFF-DATE-07	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT108	OCCURRENCE-CODE-EFF-DATE-07		
1	CLT108	OCCURRENCE-CODE-EFF-DATE-07		
1	CLT108	OCCURRENCE-CODE-EFF-DATE-07		
1	CLT108	OCCURRENCE-CODE-EFF-DATE-07		
0				
1	CLT109	OCCURRENCE-CODE-EFF-DATE-08	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT109	OCCURRENCE-CODE-EFF-DATE-08		
1	CLT109	OCCURRENCE-CODE-EFF-DATE-08		
1	CLT109	OCCURRENCE-CODE-EFF-DATE-08		
1	CLT109	OCCURRENCE-CODE-EFF-DATE-08		
0				
1	CLT110	OCCURRENCE-CODE-EFF-DATE-09	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT110	OCCURRENCE-CODE-EFF-DATE-09		
1	CLT110	OCCURRENCE-CODE-EFF-DATE-09		
1	CLT110	OCCURRENCE-CODE-EFF-DATE-09		
1	CLT110	OCCURRENCE-CODE-EFF-DATE-09		
0				
1	CLT111	OCCURRENCE-CODE-EFF-DATE-10	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	CLT111	OCCURRENCE-CODE-EFF-DATE-10		
1	CLT111	OCCURRENCE-CODE-EFF-DATE-10		
1	CLT111	OCCURRENCE-CODE-EFF-DATE-10		

1	CLT111	OCCURRENCE-CODE-EFF-DATE-10		
0				
1	CLT112	OCCURRENCE-CODE-END-DATE-01	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT112	OCCURRENCE-CODE-END-DATE-01		
1	CLT112	OCCURRENCE-CODE-END-DATE-01		
1	CLT112	OCCURRENCE-CODE-END-DATE-01		
1	CLT112	OCCURRENCE-CODE-END-DATE-01		
1	CLT112	OCCURRENCE-CODE-END-DATE-01		
1	CLT113	OCCURRENCE-CODE-END-DATE-02	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT113	OCCURRENCE-CODE-END-DATE-02		
1	CLT113	OCCURRENCE-CODE-END-DATE-02		
1	CLT113	OCCURRENCE-CODE-END-DATE-02		
1	CLT113	OCCURRENCE-CODE-END-DATE-02		
1	CLT113	OCCURRENCE-CODE-END-DATE-02		
1	CLT114	OCCURRENCE-CODE-END-DATE-03	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT114	OCCURRENCE-CODE-END-DATE-03		
1	CLT114	OCCURRENCE-CODE-END-DATE-03		
1	CLT114	OCCURRENCE-CODE-END-DATE-03		
1	CLT114	OCCURRENCE-CODE-END-DATE-03		
1	CLT114	OCCURRENCE-CODE-END-DATE-03		
1	CLT115	OCCURRENCE-CODE-END-DATE-04	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT115	OCCURRENCE-CODE-END-DATE-04		

1	CLT115	OCCURRENCE-CODE-END-DATE-04		
1	CLT115	OCCURRENCE-CODE-END-DATE-04		
1	CLT115	OCCURRENCE-CODE-END-DATE-04		
1	CLT115	OCCURRENCE-CODE-END-DATE-04		
1	CLT116	OCCURRENCE-CODE-END-DATE-05	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT116	OCCURRENCE-CODE-END-DATE-05		
1	CLT116	OCCURRENCE-CODE-END-DATE-05		
1	CLT116	OCCURRENCE-CODE-END-DATE-05		
1	CLT116	OCCURRENCE-CODE-END-DATE-05		
1	CLT116	OCCURRENCE-CODE-END-DATE-05		
1	CLT117	OCCURRENCE-CODE-END-DATE-06	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT117	OCCURRENCE-CODE-END-DATE-06		
1	CLT117	OCCURRENCE-CODE-END-DATE-06		
1	CLT117	OCCURRENCE-CODE-END-DATE-06		
1	CLT117	OCCURRENCE-CODE-END-DATE-06		
1	CLT117	OCCURRENCE-CODE-END-DATE-06		
1	CLT118	OCCURRENCE-CODE-END-DATE-07	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT118	OCCURRENCE-CODE-END-DATE-07		
1	CLT118	OCCURRENCE-CODE-END-DATE-07		
1	CLT118	OCCURRENCE-CODE-END-DATE-07		
1	CLT118	OCCURRENCE-CODE-END-DATE-07		
1	CLT118	OCCURRENCE-CODE-END-DATE-07		

1	CLT119	OCCURRENCE-CODE-END-DATE-08	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT119	OCCURRENCE-CODE-END-DATE-08		
1	CLT119	OCCURRENCE-CODE-END-DATE-08		
1	CLT119	OCCURRENCE-CODE-END-DATE-08		
1	CLT119	OCCURRENCE-CODE-END-DATE-08		
1	CLT119	OCCURRENCE-CODE-END-DATE-08		
1	CLT120	OCCURRENCE-CODE-END-DATE-09	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT120	OCCURRENCE-CODE-END-DATE-09		
1	CLT120	OCCURRENCE-CODE-END-DATE-09		
1	CLT120	OCCURRENCE-CODE-END-DATE-09		
1	CLT120	OCCURRENCE-CODE-END-DATE-09		
1	CLT120	OCCURRENCE-CODE-END-DATE-09		
1	CLT121	OCCURRENCE-CODE-END-DATE-10	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	CLT121	OCCURRENCE-CODE-END-DATE-10		
1	CLT121	OCCURRENCE-CODE-END-DATE-10		
1	CLT121	OCCURRENCE-CODE-END-DATE-10		
1	CLT121	OCCURRENCE-CODE-END-DATE-10		
1	CLT121	OCCURRENCE-CODE-END-DATE-10		
1	CLT122	PATIENT-CONTROL-NUM	A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment.	Conditional
1	CLT123	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional

0				
1	CLT124	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
0				
1	CLT125	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided.	Conditional
1	CLT125	ELIGIBLE-MIDDLE-INIT		
1	CLT126	DATE-OF-BIRTH	Date of birth of the individual to whom the services were provided.	Conditional
1	CLT126	DATE-OF-BIRTH		
1	CLT126	DATE-OF-BIRTH		
1	CLT126	DATE-OF-BIRTH		
1	CLT126	DATE-OF-BIRTH		
1	CLT127	HEALTH-HOME-PROV-IND	This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Required
1	CLT127	HEALTH-HOME-PROV-IND		
1	CLT127	HEALTH-HOME-PROV-IND		
1	CLT127	HEALTH-HOME-PROV-IND		
1	CLT127	HEALTH-HOME-PROV-IND		
1	CLT128	WAIVER-TYPE	Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Required

1	CLT128	WAIVER-TYPE		
1	CLT128	WAIVER-TYPE		
1	CLT128	WAIVER-TYPE		
1	CLT128	WAIVER-TYPE		
1	CLT129	WAIVER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Required
1	CLT129	WAIVER-ID		
1	CLT129	WAIVER-ID		
1	CLT129	WAIVER-ID		
1	CLT129	WAIVER-ID		
1	CLT129	WAIVER-ID		
1	CLT129	WAIVER-ID		
1	CLT129	WAIVER-ID		
1	CLT130	BILLING-PROV-NUM	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required
1	CLT130	BILLING-PROV-NUM		
1	CLT130	BILLING-PROV-NUM		
1	CLT131	BILLING-PROV-NPI-NUM	The National Provider ID (NPI) of the billing provider responsible for billing for the service on the claim. The billing provider can also be servicing, referring, or prescribing provider; can be admitting provider except for Long Term Care.	Required
1	CLT131	BILLING-PROV-NPI-NUM		

1	CLT131	BILLING-PROV-NPI-NUM		
1	CLT131	BILLING-PROV-NPI-NUM		
1	CLT131	BILLING-PROV-NPI-NUM		
1	CLT132	BILLING-PROV-TAXONOMY	For CLAIMIP and CLAIMLT files, the taxonomy code for the institution billing for the beneficiary.	Required
1	CLT132	BILLING-PROV-TAXONOMY		
1	CLT132	BILLING-PROV-TAXONOMY		
1	CLT133	BILLING-PROV-TYPE	A code describing the type of entity billing for the service.	Required
1	CLT133	BILLING-PROV-TYPE		
1	CLT133	BILLING-PROV-TYPE		
1	CLT134	BILLING-PROV-SPECIALTY	This code describes the area of specialty for the billing provider.	Required
1	CLT135	REFERRING-PROV-NUM	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	CLT135	REFERRING-PROV-NUM		
1	CLT135	REFERRING-PROV-NUM		

1	CLT136	REFERRING-PROV-NPI-NUM	The National Provider ID (NPI) of the provider who recommended the servicing provider to the patient.	Required
1	CLT136	REFERRING-PROV-NPI-NUM		
1	CLT136	REFERRING-PROV-NPI-NUM		
1	CLT136	REFERRING-PROV-NPI-NUM		
1	CLT137	REFERRING-PROV-TAXONOMY	For CLAIMIP and CLAIMLT files, the taxonomy code for the referring provider.	Required
1	CLT137	REFERRING-PROV-TAXONOMY		
1	CLT137	REFERRING-PROV-TAXONOMY		
1	CLT138	REFERRING-PROV-TYPE	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	CLT139	REFERRING-PROV-SPECIALTY	This code indicates the area of specialty of the referring provider.	Required
1	CLT140	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient’s Medicare card.	Conditional
1	CLT140	MEDICARE-HIC-NUM		
1	CLT140	MEDICARE-HIC-NUM		
1	CLT140	MEDICARE-HIC-NUM		
1	CLT140	MEDICARE-HIC-NUM		
1	CLT141	PATIENT-STATUS	A code indicating the patient’s status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-04. This is also referred to as discharge status.	Required

1	CLT141	PATIENT-STATUS		
0				
1	CLT143	BMI	A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Required
0				
1	CLT144	REMITTANCE-NUM	The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required
1	CLT144	REMITTANCE-NUM		
1	CLT144	REMITTANCE-NUM		
1	CLT145	LTC-RCP-LIAB-AMT	The total amount paid by the patient for services where they are required to use their personal funds to cover part of their care before Medicaid funds can be utilized.	Required
1	CLT145	LTC-RCP-LIAB-AMT		
1	CLT146	DAILY-RATE	The amount a policy will pay per day for a covered service. In some cases for OT claims this is referred to as a flat rate.	Required

1	CLT147	ICF-IID-DAYS	The number of days of intermediate care for individuals with an intellectual disability that were paid for in whole or in part by Medicaid.	Conditional
1	CLT147	ICF-IID-DAYS		
1	CLT147	ICF-IID-DAYS		
1	CLT147	ICF-IID-DAYS		
1	CLT147	ICF-IID-DAYS		
1	CLT147	ICF-IID-DAYS		
1	CLT147	ICF-IID-DAYS		
1	CLT147	ICF-IID-DAYS		
1	CLT147	ICF-IID-DAYS		
1	CLT148	LEAVE-DAYS	The number of days, during the period covered by Medicaid, on which the patient did not reside in the long term care facility.	Conditional
1	CLT148	LEAVE-DAYS		
1	CLT148	LEAVE-DAYS		
1	CLT149	NURSING-FACILITY-DAYS	The number of days of nursing care included in this claim that were paid for, in whole or in part, by Medicaid. Includes days during which nursing facility received partial payment for holding a bed during patient leave days.	Required
1	CLT149	NURSING-FACILITY-DAYS		
1	CLT149	NURSING-FACILITY-DAYS		

1	CLT149	NURSING-FACILITY-DAYS		
1	CLT149	NURSING-FACILITY-DAYS		
1	CLT149	NURSING-FACILITY-DAYS		
1	CLT149	NURSING-FACILITY-DAYS		
1	CLT149	NURSING-FACILITY-DAYS		
1	CLT150	SPLIT-CLAIM-IND	An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold determined by the individual state) will be split during processing.	Required
1	CLT150	SPLIT-CLAIM-IND		
1	CLT151	BORDER-STATE-IND	This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Required
1	CLT153	BENEFICIARY-COINSURANCE-AMOUNT	The amount of money the beneficiary paid towards coinsurance.	Required
1	CLT153	BENEFICIARY-COINSURANCE-AMOUNT		
1	CLT154	BENEFICIARY-COINSURANCE-DATE-PAID	The date the beneficiary paid the coinsurance amount.	Required
1	CLT154	BENEFICIARY-COINSURANCE-DATE-PAID		
1	CLT154	BENEFICIARY-COINSURANCE-DATE-PAID		
1	CLT155	BENEFICIARY-COPAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Required
1	CLT155	BENEFICIARY-COPAYMENT-AMOUNT		
1	CLT156	BENEFICIARY-COPAYMENT-DATE-PAID	The date the beneficiary paid the copayment amount.	Required
1	CLT156	BENEFICIARY-COPAYMENT-DATE-PAID		
1	CLT156	BENEFICIARY-COPAYMENT-DATE-PAID		
1	CLT157	BENEFICIARY-DEDUCTIBLE-AMOUNT	The amount of money the beneficiary paid towards an annual deductible.	Required
1	CLT157	BENEFICIARY-DEDUCTIBLE-AMOUNT		
1	CLT158	BENEFICIARY-DEDUCTIBLE-DATE-PAID	The date the beneficiary paid the deductible amount.	Required

1	CLT158	BENEFICIARY-DEDUCTIBLE-DATE-PAID		
1	CLT158	BENEFICIARY-DEDUCTIBLE-DATE-PAID		
1	CLT159	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Required
1	CLT159	CLAIM-DENIED-INDICATOR		
1	CLT159	CLAIM-DENIED-INDICATOR		
1	CLT160	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Required
1	CLT161	HEALTH-HOME-ENTITY-NAME	A free-form text field to indicate the health home that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A “Health Home Entity” can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities’ names are being used instead.	Optional
1	CLT161	HEALTH-HOME-ENTITY-NAME		
1	CLT163	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Required
1	CLT164	THIRD-PARTY-COINSURANCE-DATE-PAID	The date the third party paid the coinsurance amount.	Required
1	CLT164	THIRD-PARTY-COINSURANCE-DATE-PAID		
1	CLT165	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	The amount the third party paid toward the copayment amount.	Required
1	CLT166	THIRD-PARTY-COPAYMENT-DATE-PAID	The date the third party paid the copayment amount	Required
1	CLT166	THIRD-PARTY-COPAYMENT-DATE-PAID		
1	CLT167	HEALTH-HOME-PROVIDER-NPI	The National Provider ID (NPI) of the health home provider.	Required
1	CLT167	HEALTH-HOME-PROVIDER-NPI		

1	CLT168	MEDICARE-BENEFICIARY-IDENTIFIER	The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	Conditional
1	CLT168	MEDICARE-BENEFICIARY-IDENTIFIER		
0				
1	CLT169	UNDER-DIRECTION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who directed the care of a patient that another provider administered.	Required
0				
1	CLT170	UNDER-DIRECTION-OF-PROV-TAXONOMY	The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	Required
1	CLT170	UNDER-DIRECTION-OF-PROV-TAXONOMY		
1	CLT170	UNDER-DIRECTION-OF-PROV-TAXONOMY		
0				
1	CLT171	UNDER-SUPERVISION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who supervised another provider.	Required
1	CLT171	UNDER-SUPERVISION-OF-PROV-NPI		
1	CLT172	UNDER-SUPERVISION-OF-PROV-TAXONOMY	The Provider Taxonomy of the provider who supervised another provider.	Required
1	CLT172	UNDER-SUPERVISION-OF-PROV-TAXONOMY		
1	CLT172	UNDER-SUPERVISION-OF-PROV-TAXONOMY		
1	CLT174	ADMITTING-PROV-NPI-NUM	The National Provider ID (NPI) of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Required

1	CLT174	ADMITTING-PROV-NPI-NUM		
1	CLT174	ADMITTING-PROV-NPI-NUM		
1	CLT174	ADMITTING-PROV-NPI-NUM		
1	CLT175	ADMITTING-PROV-NUM	The Medicaid ID of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Required
1	CLT175	ADMITTING-PROV-NUM		
1	CLT175	ADMITTING-PROV-NUM		
1	CLT176	ADMITTING-PROV-SPECIALTY	This code describes the area of specialty for the admitting provider.	Required
1	CLT177	ADMITTING-PROV-TAXONOMY	The taxonomy code for the admitting provider.	Required
1	CLT177	ADMITTING-PROV-TAXONOMY		
1	CLT178	ADMITTING-PROV-TYPE	A code describing the type of admitting provider. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	CLT179	MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment.	Required
1	CLT179	MEDICARE-PAID-AMT		
1	CLT179	MEDICARE-PAID-AMT		
1	CLT179	MEDICARE-PAID-AMT		
1	CLT173	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional

0				
1	CLT237	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required
1	CLT237	PROV-LOCATION-ID		
1	CLT183	FILLER		
1	CLT184	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
1	CLT184	RECORD-ID		
1	CLT184	RECORD-ID		
1	CLT185	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CLT185	SUBMITTING-STATE		
1	CLT185	SUBMITTING-STATE		
1	CLT185	SUBMITTING-STATE		
1	CLT186	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	CLT186	RECORD-NUMBER		
1	CLT186	RECORD-NUMBER		
1	CLT187	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	CLT187	MSIS-IDENTIFICATION-NUM		

1	CLT187	MSIS-IDENTIFICATION-NUM		
1	CLT187	MSIS-IDENTIFICATION-NUM		
1	CLT188	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
1	CLT188	ICN-ORIG		
1	CLT188	ICN-ORIG		
1	CLT188	ICN-ORIG		
1	CLT189	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Required
1	CLT189	ICN-ADJ		
1	CLT189	ICN-ADJ		
1	CLT190	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required
1	CLT191	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Required
1	CLT191	LINE-NUM-ADJ		
1	CLT191	LINE-NUM-ADJ		
1	CLT192	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Required
1	CLT192	LINE-ADJUSTMENT-IND		

1	CLT192	LINE-ADJUSTMENT-IND		
1	CLT193	LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional
1	CLT193	LINE-ADJUSTMENT-REASON-CODE		
1	CLT194	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required
1	CLT195	CLAIM-LINE-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional
1	CLT196	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required
1	CLT196	BEGINNING-DATE-OF-SERVICE		
1	CLT196	BEGINNING-DATE-OF-SERVICE		
1	CLT196	BEGINNING-DATE-OF-SERVICE		
1	CLT196	BEGINNING-DATE-OF-SERVICE		
1	CLT196	BEGINNING-DATE-OF-SERVICE		
1	CLT196	BEGINNING-DATE-OF-SERVICE		
1	CLT196	BEGINNING-DATE-OF-SERVICE		
1	CLT196	BEGINNING-DATE-OF-SERVICE		
1	CLT197	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required
1	CLT197	ENDING-DATE-OF-SERVICE		
1	CLT197	ENDING-DATE-OF-SERVICE		

1	CLT197	ENDING-DATE-OF-SERVICE		
1	CLT197	ENDING-DATE-OF-SERVICE		
1	CLT197	ENDING-DATE-OF-SERVICE		
1	CLT197	ENDING-DATE-OF-SERVICE		
1	CLT198	REVENUE-CODE	A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing Manual).	Conditional
1	CLT198	REVENUE-CODE		
1	CLT198	REVENUE-CODE		
1	CLT198	REVENUE-CODE		
1	CLT201	IMMUNIZATION-TYPE	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Required
1	CLT202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	On facility claim entries, this field is to capture the actual service quantify by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	
1	CLT202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL		
1	CLT202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL		
1	CLT203	IP-LT-QUANTITY-OF-SERVICE-ALLOWED	On facility claim entries, this field is to capture maximum allowable quantity by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	
1	CLT203	IP-LT-QUANTITY-OF-SERVICE-ALLOWED		
1	CLT203	IP-LT-QUANTITY-OF-SERVICE-ALLOWED		
1	CLT204	REVENUE-CHARGE	The total charge for the related UB-04 Revenue Code (REVENUE-CODE) for the billing period. Total charges include both covered and non-covered charges (as defined by UB-04 Billing Manual.	Conditional
1	CLT204	REVENUE-CHARGE		

1	CLT204	REVENUE-CHARGE		
1	CLT204	REVENUE-CHARGE		
1	CLT204	REVENUE-CHARGE		
1	CLT204	REVENUE-CHARGE		
1	CLT204	REVENUE-CHARGE		
1	CLT205	ALLOWED-AMT	The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Required
1	CLT206	TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim detail level paid by the third party.	Required
1	CLT207	OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Required
1	CLT208	MEDICAID-PAID-AMT	The amount paid by Medicaid on this claim or adjustment at the claim detail level.	Required
1	CLT208	MEDICAID-PAID-AMT		
1	CLT208	MEDICAID-PAID-AMT		
1	CLT209	MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amt that would have been paid had the services been provided on a FFS basis.	Conditional
1	CLT209	MEDICAID-FFS-EQUIVALENT-AMT		
1	CLT210	BILLING-UNIT	Unit of billing that is used for billing services by the facility.	Required

1	CLT211	TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required
1	CLT211	TYPE-OF-SERVICE		
1	CLT211	TYPE-OF-SERVICE		
1	CLT211	TYPE-OF-SERVICE		
1	CLT211	TYPE-OF-SERVICE		
1	CLT212	SERVICING-PROV-NUM	A unique number to identify the provider who treated the recipient.	Required
1	CLT212	SERVICING-PROV-NUM		
1	CLT212	SERVICING-PROV-NUM		
1	CLT212	SERVICING-PROV-NUM		
1	CLT212	SERVICING-PROV-NUM		

1	CLT213	SERVICING-PROV-NPI-NUM	The National Provider ID (NPI) of the rendering/attending provider responsible for the beneficiary.	Required
1	CLT213	SERVICING-PROV-NPI-NUM		
1	CLT213	SERVICING-PROV-NPI-NUM		
1	CLT213	SERVICING-PROV-NPI-NUM		
1	CLT214	SERVICING-PROV-TAXONOMY	The taxonomy code for the institution billing/caring for the beneficiary.	Required
1	CLT214	SERVICING-PROV-TAXONOMY		
1	CLT214	SERVICING-PROV-TAXONOMY		
1	CLT215	SERVICING-PROV-TYPE	A code describing the type of provider (i.e. doctor or facility) responsible for treating a patient. This represents the attending physician if available. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	CLT216	SERVICING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Required
1	CLT217	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Required
1	CLT218	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required
1	CLT219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	This code indicates if the claim was matched with Title XIX or Title XXI.	Required

1	CLT219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT		
1	CLT219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT		
1	CLT221	PROV-FACILITY-TYPE	The type of facility for the servicing provider using the HIPAA provider taxonomy codes.	Required
1	CLT224	XIX-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation	Required
1	CLT224	XIX-MBESCBES-CATEGORY-OF-SERVICE		
1	CLT225	XXI-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Required
1	CLT226	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	CLT226	STATE-NOTATION		
1	CLT228	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Required
1	CLT228	NATIONAL-DRUG-CODE		
1	CLT228	NATIONAL-DRUG-CODE		
1	CLT228	NATIONAL-DRUG-CODE		
1	CLT228	NATIONAL-DRUG-CODE		

1	CLT228	NATIONAL-DRUG-CODE		
1	CLT228	NATIONAL-DRUG-CODE		
1	CLT229	NDC-UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Required
1	CLT229	NDC-UNIT-OF-MEASURE		
1	CLT230	NDC-QUANTITY	This field is to capture the actual quantity of the National Drug Code being prescribed on this long term care claim.	Required
1	CLT230	NDC-QUANTITY		
1	CLT231	HCPCS-RATE	For inpatient hospital facility claims, the accommodation rate is captured here. This data element is expected to capture data from the HIPAA 837I claim loop 2400 SV206 or UB-04 FL 44 (only if the value represents an accommodation rate)	Required
1	CLT233	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required
1	CLT233	ADJUDICATION-DATE		
1	CLT233	ADJUDICATION-DATE		
1	CLT233	ADJUDICATION-DATE		
1	CLT233	ADJUDICATION-DATE		
1	CLT233	ADJUDICATION-DATE		
1	CLT233	ADJUDICATION-DATE		
1	CLT233	ADJUDICATION-DATE		
1	CLT233	ADJUDICATION-DATE		

1	CLT234	SELF-DIRECTION-TYPE	This data element is not applicable to this file type.	Required
1	CLT235	PRE-AUTHORIZATION-NUM	A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Required
1	CLT238	FILLER		
1	COT001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
1	COT001	RECORD-ID		
1	COT001	RECORD-ID		
1	COT002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
1	COT003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
1	COT004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or pipe-delimited format.	Required
1	COT005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
1	COT006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
1	COT007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	COT007	SUBMITTING-STATE		
1	COT007	SUBMITTING-STATE		

1	COT007	SUBMITTING-STATE		
1	COT008	DATE-FILE-CREATED	The date on which the file was created.	Required
1	COT008	DATE-FILE-CREATED		
1	COT008	DATE-FILE-CREATED		
1	COT009	START-OF-TIME-PERIOD	Beginning date of the time period covered by this file.	Required
1	COT009	START-OF-TIME-PERIOD		
1	COT010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required
1	COT010	END-OF-TIME-PERIOD		
1	COT011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required
1	COT012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
1	COT012	SSN-INDICATOR		
1	COT012	SSN-INDICATOR		
1	COT013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
1	COT216	SEQUENCE-NUMBER	To enable state’s to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
1	COT216	SEQUENCE-NUMBER		
1	COT014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	COT014	STATE-NOTATION		

1	COT015	FILLER		
1	COT016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
1	COT016	RECORD-ID		
1	COT016	RECORD-ID		
1	COT017	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	COT017	SUBMITTING-STATE		
1	COT017	SUBMITTING-STATE		
1	COT017	SUBMITTING-STATE		
1	COT018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	COT018	RECORD-NUMBER		
1	COT018	RECORD-NUMBER		
1	COT019	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
1	COT019	ICN-ORIG		
1	COT019	ICN-ORIG		
1	COT019	ICN-ORIG		
1	COT020	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Required
1	COT020	ICN-ADJ		
1	COT020	ICN-ADJ		

1	COT021	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required
1	COT022	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	COT022	MSIS-IDENTIFICATION-NUM		
1	COT022	MSIS-IDENTIFICATION-NUM		
1	COT022	MSIS-IDENTIFICATION-NUM		
1	COT023	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required
1	COT023	CROSSOVER-INDICATOR		
1	COT023	CROSSOVER-INDICATOR		
1	COT024	1115A-DEMONSTRATION-IND	Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Required
1	COT024	1115A-DEMONSTRATION-IND		
1	COT025	ADJUSTMENT-IND	Code indicating the type of adjustment record.	Required
1	COT026	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional
1	COT026	ADJUSTMENT-REASON-CODE		

1	COT027	DIAGNOSIS-CODE-1	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Conditional
1	COT027	DIAGNOSIS-CODE-1		
1	COT027	DIAGNOSIS-CODE-1		
1	COT027	DIAGNOSIS-CODE-1		
1	COT027	DIAGNOSIS-CODE-1		
1	COT027	DIAGNOSIS-CODE-1		
0				
1	COT028	DIAGNOSIS-CODE-FLAG-1	CLAIMIP, CLAIMLT, CLAIMOT: A flag that identifies the coding system used for the DIAGNOSIS CODE 1 - 12 CLAIMIP, CLAIMOT, CLAIMOT: DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required
1	COT028	DIAGNOSIS-CODE-FLAG-1		
0				
0				

1	COT029	DIAGNOSIS-POA-FLAG-1	A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
0				
1	COT030	DIAGNOSIS-CODE-2	DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim	Conditional
1	COT030	DIAGNOSIS-CODE-2		
1	COT030	DIAGNOSIS-CODE-2		
1	COT030	DIAGNOSIS-CODE-2		
1	COT030	DIAGNOSIS-CODE-2		
1	COT030	DIAGNOSIS-CODE-2		
1	COT030	DIAGNOSIS-CODE-2		

0				
1	COT031	DIAGNOSIS-CODE-FLAG-2	CLAIMIP, CLAIMOT, CLAIMOT: A flag that identifies the coding system used for the DIAGNOSIS CODE 1 - 12 CLAIMIP, CLAIMOT, CLAIMOT: DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required
1	COT031	DIAGNOSIS-CODE-FLAG-2		
0				
0				
1	COT032	DIAGNOSIS-POA-FLAG-2	A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Required
0				
0				
1	COT033	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required

1	COT033	BEGINNING-DATE-OF-SERVICE		
1	COT033	BEGINNING-DATE-OF-SERVICE		
1	COT033	BEGINNING-DATE-OF-SERVICE		
1	COT033	BEGINNING-DATE-OF-SERVICE		
1	COT033	BEGINNING-DATE-OF-SERVICE		
1	COT033	BEGINNING-DATE-OF-SERVICE		
1	COT033	BEGINNING-DATE-OF-SERVICE		
1	COT033	BEGINNING-DATE-OF-SERVICE		
1	COT034	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required
1	COT034	ENDING-DATE-OF-SERVICE		
1	COT034	ENDING-DATE-OF-SERVICE		
1	COT034	ENDING-DATE-OF-SERVICE		
1	COT034	ENDING-DATE-OF-SERVICE		
1	COT034	ENDING-DATE-OF-SERVICE		
1	COT034	ENDING-DATE-OF-SERVICE		
1	COT035	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required
1	COT035	ADJUDICATION-DATE		
1	COT035	ADJUDICATION-DATE		
1	COT035	ADJUDICATION-DATE		

1	COT035	ADJUDICATION-DATE		
1	COT035	ADJUDICATION-DATE		
1	COT035	ADJUDICATION-DATE		
1	COT036	MEDICAID-PAID-DATE	The date Medicaid paid on this claim or adjustment.	Required
1	COT036	MEDICAID-PAID-DATE		
1	COT037	TYPE-OF-CLAIM	A code indicating what kind of payment is covered in this claim	Required
1	COT037	TYPE-OF-CLAIM		
1	COT037	TYPE-OF-CLAIM		
1	COT037	TYPE-OF-CLAIM		
1	COT037	TYPE-OF-CLAIM		
1	COT037	TYPE-OF-CLAIM		
1	COT038	TYPE-OF-BILL	A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (3rd digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Required
1	COT039	CLAIM-STATUS	The health care claim status codes convey the status of an entire claim.	Required
1	COT040	CLAIM-STATUS-CATEGORY	The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	Required

1	COT041	SOURCE-LOCATION	The field denotes the claim payment system from which the claim was adjudicated.	Required
1	COT042	CHECK-NUM	The check or EFT number	Required
1	COT042	CHECK-NUM		
1	COT043	CHECK-EFF-DATE	Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Required
1	COT043	CHECK-EFF-DATE		
1	COT043	CHECK-EFF-DATE		
1	COT043	CHECK-EFF-DATE		
1	COT044	CLAIM-PYMT-REM-CODE-1	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	COT045	CLAIM-PYMT-REM-CODE-2	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional

1	COT046	CLAIM-PYMT-REM-CODE-3	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	COT047	CLAIM-PYMT-REM-CODE-4	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	COT048	TOT-BILLED-AMT	The total amount charged for this claim at the claim header level as submitted by the provider.	Required
1	COT048	TOT-BILLED-AMT		
1	COT048	TOT-BILLED-AMT		
1	COT048	TOT-BILLED-AMT		
1	COT049	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Required
1	COT049	TOT-ALLOWED-AMT		
1	COT050	TOT-MEDICAID-PAID-AMT	The total amount paid by Medicaid on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid at the detail level for the claim.	Required
1	COT051	TOT-COPAY-AMT	The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Required
1	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary’s Medicare deductible.	Required
1	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT		

1	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	COT053	TOT-MEDICARE-COINS-AMT	The amount paid by Medicaid/CHIP, on this claim, toward the recipient's Medicare coinsurance at the claim detail level.	Required
1	COT053	TOT-MEDICARE-COINS-AMT		
1	COT053	TOT-MEDICARE-COINS-AMT		
1	COT053	TOT-MEDICARE-COINS-AMT		
1	COT053	TOT-MEDICARE-COINS-AMT		
1	COT054	TOT-TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Required
1	COT054	TOT-TPL-AMT		
1	COT056	TOT-OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Required
1	COT057	OTHER-INSURANCE-IND	The field denotes whether the insured party is covered under other insurance plan.	Required
1	COT058	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Required

1	COT059	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A “service tracking claim” is used to report lump sum payments that cannot be attributed to a single enrollee. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Required
1	COT060	SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider.	Required
1	COT060	SERVICE-TRACKING-PAYMENT-AMT		
1	COT060	SERVICE-TRACKING-PAYMENT-AMT		
1	COT060	SERVICE-TRACKING-PAYMENT-AMT		
1	COT060	SERVICE-TRACKING-PAYMENT-AMT		
1	COT060	SERVICE-TRACKING-PAYMENT-AMT		
1	COT061	FIXED-PAYMENT-IND	This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of $3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined “medical record” associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Required
1	COT062	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required

1	COT063	FUNDING-SOURCE-NONFEDERAL-SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required
1	COT064	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Required
1	COT064	MEDICARE-COMB-DED-IND		
1	COT064	MEDICARE-COMB-DED-IND		
1	COT064	MEDICARE-COMB-DED-IND		
1	COT064	MEDICARE-COMB-DED-IND		
1	COT065	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required
1	COT065	PROGRAM-TYPE		
1	COT065	PROGRAM-TYPE		
1	COT065	PROGRAM-TYPE		
1	COT066	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Required
1	COT066	PLAN-ID-NUMBER		
1	COT066	PLAN-ID-NUMBER		
1	COT066	PLAN-ID-NUMBER		
1	COT066	PLAN-ID-NUMBER		

1	COT066	PLAN-ID-NUMBER		
1	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health	Required
1	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	COT068	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required
1	COT068	PAYMENT-LEVEL-IND		
1	COT069	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Required
1	COT069	MEDICARE-REIM-TYPE		
1	COT070	CLAIM-LINE-COUNT	The total number of lines on the claim.	Required
1	COT070	CLAIM-LINE-COUNT		

1	COT070	CLAIM-LINE-COUNT		
1	COT072	FORCED-CLAIM-IND	This code indicates if the claim was processed by forcing it through a manual override process.	Required
1	COT073	HEALTH-CARE-ACQUIRED-CONDITION-IND	This code indicates whether the individual included on the claim has a Health Care Acquired Condition.	Required
1	COT073	HEALTH-CARE-ACQUIRED-CONDITION-IND		
1	COT074	OCCURRENCE-CODE-01	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT074	OCCURRENCE-CODE-01		
0				
1	COT075	OCCURRENCE-CODE-02	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT075	OCCURRENCE-CODE-02		
0				
1	COT076	OCCURRENCE-CODE-03	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT076	OCCURRENCE-CODE-03		
0				
1	COT077	OCCURRENCE-CODE-04	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT077	OCCURRENCE-CODE-04		

0				
1	COT078	OCCURRENCE-CODE-05	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT078	OCCURRENCE-CODE-05		
0				
1	COT079	OCCURRENCE-CODE-06	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT079	OCCURRENCE-CODE-06		
0				
1	COT080	OCCURRENCE-CODE-07	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT080	OCCURRENCE-CODE-07		
0				
1	COT081	OCCURRENCE-CODE-08	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT081	OCCURRENCE-CODE-08		
0				
1	COT082	OCCURRENCE-CODE-09	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT082	OCCURRENCE-CODE-09		

0				
1	COT083	OCCURRENCE-CODE-10	A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
1	COT083	OCCURRENCE-CODE-10		
0				
1	COT084	OCCURRENCE-CODE-EFF-DATE-01	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT084	OCCURRENCE-CODE-EFF-DATE-01		
1	COT084	OCCURRENCE-CODE-EFF-DATE-01		
1	COT084	OCCURRENCE-CODE-EFF-DATE-01		
1	COT084	OCCURRENCE-CODE-EFF-DATE-01		
0				
1	COT085	OCCURRENCE-CODE-EFF-DATE-02	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT085	OCCURRENCE-CODE-EFF-DATE-02		
1	COT085	OCCURRENCE-CODE-EFF-DATE-02		
1	COT085	OCCURRENCE-CODE-EFF-DATE-02		
1	COT085	OCCURRENCE-CODE-EFF-DATE-02		
0				
1	COT086	OCCURRENCE-CODE-EFF-DATE-03	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT086	OCCURRENCE-CODE-EFF-DATE-03		
1	COT086	OCCURRENCE-CODE-EFF-DATE-03		
1	COT086	OCCURRENCE-CODE-EFF-DATE-03		
1	COT086	OCCURRENCE-CODE-EFF-DATE-03		

0				
1	COT087	OCCURRENCE-CODE-EFF-DATE-04	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT087	OCCURRENCE-CODE-EFF-DATE-04		
1	COT087	OCCURRENCE-CODE-EFF-DATE-04		
1	COT087	OCCURRENCE-CODE-EFF-DATE-04		
1	COT087	OCCURRENCE-CODE-EFF-DATE-04		
0				
1	COT088	OCCURRENCE-CODE-EFF-DATE-05	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT088	OCCURRENCE-CODE-EFF-DATE-05		
1	COT088	OCCURRENCE-CODE-EFF-DATE-05		
1	COT088	OCCURRENCE-CODE-EFF-DATE-05		
1	COT088	OCCURRENCE-CODE-EFF-DATE-05		
0				
1	COT089	OCCURRENCE-CODE-EFF-DATE-06	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT089	OCCURRENCE-CODE-EFF-DATE-06		
1	COT089	OCCURRENCE-CODE-EFF-DATE-06		
1	COT089	OCCURRENCE-CODE-EFF-DATE-06		
1	COT089	OCCURRENCE-CODE-EFF-DATE-06		
0				
1	COT090	OCCURRENCE-CODE-EFF-DATE-07	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT090	OCCURRENCE-CODE-EFF-DATE-07		
1	COT090	OCCURRENCE-CODE-EFF-DATE-07		
1	COT090	OCCURRENCE-CODE-EFF-DATE-07		
1	COT090	OCCURRENCE-CODE-EFF-DATE-07		

0				
1	COT091	OCCURRENCE-CODE-EFF-DATE-08	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT091	OCCURRENCE-CODE-EFF-DATE-08		
1	COT091	OCCURRENCE-CODE-EFF-DATE-08		
1	COT091	OCCURRENCE-CODE-EFF-DATE-08		
1	COT091	OCCURRENCE-CODE-EFF-DATE-08		
0				
1	COT092	OCCURRENCE-CODE-EFF-DATE-09	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT092	OCCURRENCE-CODE-EFF-DATE-09		
1	COT092	OCCURRENCE-CODE-EFF-DATE-09		
1	COT092	OCCURRENCE-CODE-EFF-DATE-09		
1	COT092	OCCURRENCE-CODE-EFF-DATE-09		
0				
1	COT093	OCCURRENCE-CODE-EFF-DATE-10	The start date of the corresponding occurrence code or occurrence span codes.	Conditional
1	COT093	OCCURRENCE-CODE-EFF-DATE-10		
1	COT093	OCCURRENCE-CODE-EFF-DATE-10		
1	COT093	OCCURRENCE-CODE-EFF-DATE-10		
1	COT093	OCCURRENCE-CODE-EFF-DATE-10		
0				
1	COT094	OCCURRENCE-CODE-END-DATE-01	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT094	OCCURRENCE-CODE-END-DATE-01		
1	COT094	OCCURRENCE-CODE-END-DATE-01		
1	COT094	OCCURRENCE-CODE-END-DATE-01		

1	COT094	OCCURRENCE-CODE-END-DATE-01		
1	COT094	OCCURRENCE-CODE-END-DATE-01		
1	COT095	OCCURRENCE-CODE-END-DATE-02	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT095	OCCURRENCE-CODE-END-DATE-02		
1	COT095	OCCURRENCE-CODE-END-DATE-02		
1	COT095	OCCURRENCE-CODE-END-DATE-02		
1	COT095	OCCURRENCE-CODE-END-DATE-02		
1	COT095	OCCURRENCE-CODE-END-DATE-02		
1	COT096	OCCURRENCE-CODE-END-DATE-03	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT096	OCCURRENCE-CODE-END-DATE-03		
1	COT096	OCCURRENCE-CODE-END-DATE-03		
1	COT096	OCCURRENCE-CODE-END-DATE-03		
1	COT096	OCCURRENCE-CODE-END-DATE-03		
1	COT096	OCCURRENCE-CODE-END-DATE-03		
1	COT097	OCCURRENCE-CODE-END-DATE-04	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT097	OCCURRENCE-CODE-END-DATE-04		
1	COT097	OCCURRENCE-CODE-END-DATE-04		
1	COT097	OCCURRENCE-CODE-END-DATE-04		
1	COT097	OCCURRENCE-CODE-END-DATE-04		
1	COT097	OCCURRENCE-CODE-END-DATE-04		
1	COT098	OCCURRENCE-CODE-END-DATE-05	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT098	OCCURRENCE-CODE-END-DATE-05		

1	COT098	OCCURRENCE-CODE-END-DATE-05		
1	COT098	OCCURRENCE-CODE-END-DATE-05		
1	COT098	OCCURRENCE-CODE-END-DATE-05		
1	COT098	OCCURRENCE-CODE-END-DATE-05		
1	COT099	OCCURRENCE-CODE-END-DATE-06	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT099	OCCURRENCE-CODE-END-DATE-06		
1	COT099	OCCURRENCE-CODE-END-DATE-06		
1	COT099	OCCURRENCE-CODE-END-DATE-06		
1	COT099	OCCURRENCE-CODE-END-DATE-06		
1	COT099	OCCURRENCE-CODE-END-DATE-06		
1	COT100	OCCURRENCE-CODE-END-DATE-07	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT100	OCCURRENCE-CODE-END-DATE-07		
1	COT100	OCCURRENCE-CODE-END-DATE-07		
1	COT100	OCCURRENCE-CODE-END-DATE-07		
1	COT100	OCCURRENCE-CODE-END-DATE-07		
1	COT100	OCCURRENCE-CODE-END-DATE-07		
1	COT101	OCCURRENCE-CODE-END-DATE-08	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT101	OCCURRENCE-CODE-END-DATE-08		
1	COT101	OCCURRENCE-CODE-END-DATE-08		
1	COT101	OCCURRENCE-CODE-END-DATE-08		
1	COT101	OCCURRENCE-CODE-END-DATE-08		
1	COT101	OCCURRENCE-CODE-END-DATE-08		

1	COT102	OCCURRENCE-CODE-END-DATE-09	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT102	OCCURRENCE-CODE-END-DATE-09		
1	COT102	OCCURRENCE-CODE-END-DATE-09		
1	COT102	OCCURRENCE-CODE-END-DATE-09		
1	COT102	OCCURRENCE-CODE-END-DATE-09		
1	COT102	OCCURRENCE-CODE-END-DATE-09		
1	COT103	OCCURRENCE-CODE-END-DATE-10	The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
1	COT103	OCCURRENCE-CODE-END-DATE-10		
1	COT103	OCCURRENCE-CODE-END-DATE-10		
1	COT103	OCCURRENCE-CODE-END-DATE-10		
1	COT103	OCCURRENCE-CODE-END-DATE-10		
1	COT103	OCCURRENCE-CODE-END-DATE-10		
1	COT104	PATIENT-CONTROL-NUM	A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment.	Conditional
1	COT105	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Required
0				
1	COT106	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Required
0				

1	COT107	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
1	COT107	ELIGIBLE-MIDDLE-INIT		
1	COT108	DATE-OF-BIRTH	Date of birth of the individual to whom the services were provided.	Conditional
1	COT108	DATE-OF-BIRTH		
1	COT108	DATE-OF-BIRTH		
1	COT108	DATE-OF-BIRTH		
1	COT108	DATE-OF-BIRTH		
1	COT109	HEALTH-HOME-PROV-IND	This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Required
1	COT109	HEALTH-HOME-PROV-IND		
1	COT109	HEALTH-HOME-PROV-IND		
1	COT109	HEALTH-HOME-PROV-IND		
1	COT109	HEALTH-HOME-PROV-IND		
1	COT110	WAIVER-TYPE	Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Required
1	COT110	WAIVER-TYPE		
1	COT110	WAIVER-TYPE		
1	COT110	WAIVER-TYPE		

1	COT110	WAIVER-TYPE		
1	COT111	WAIVER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Required
1	COT111	WAIVER-ID		
1	COT111	WAIVER-ID		
1	COT111	WAIVER-ID		
1	COT111	WAIVER-ID		
1	COT111	WAIVER-ID		
1	COT111	WAIVER-ID		
1	COT111	WAIVER-ID		
1	COT112	BILLING-PROV-NUM	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required
1	COT112	BILLING-PROV-NUM		
1	COT112	BILLING-PROV-NUM		
1	COT113	BILLING-PROV-NPI-NUM	The National Provider ID (NPI) of the billing provider responsible for billing for the service on the claim. The billing provider can also be servicing, referring, or prescribing provider; can be admitting provider except for Long Term Care.	Required
1	COT113	BILLING-PROV-NPI-NUM		

1	COT113	BILLING-PROV-NPI-NUM		
1	COT113	BILLING-PROV-NPI-NUM		
1	COT113	BILLING-PROV-NPI-NUM		
1	COT113	BILLING-PROV-NPI-NUM		
1	COT114	BILLING-PROV-TAXONOMY	For CLAIMOT and CLAIMRX files, the taxonomy code for the provider billing for the service.	Required
1	COT114	BILLING-PROV-TAXONOMY		
1	COT114	BILLING-PROV-TAXONOMY		
1	COT115	BILLING-PROV-TYPE	A code describing the type of entity billing for the service.	Required
1	COT115	BILLING-PROV-TYPE		
1	COT115	BILLING-PROV-TYPE		
1	COT116	BILLING-PROV-SPECIALTY	This code describes the area of specialty for the billing provider.	Required
1	COT117	REFERRING-PROV-NUM	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	COT117	REFERRING-PROV-NUM		

1	COT117	REFERRING-PROV-NUM		
1	COT118	REFERRING-PROV-NPI-NUM	The National Provider ID (NPI) of the provider who recommended the servicing provider to the patient.	Required
1	COT118	REFERRING-PROV-NPI-NUM		
1	COT118	REFERRING-PROV-NPI-NUM		
1	COT118	REFERRING-PROV-NPI-NUM		
1	COT119	REFERRING-PROV-TAXONOMY	For CLAIMOT files, the taxonomy code for the provider who referred the beneficiary for treatment.	Required
1	COT119	REFERRING-PROV-TAXONOMY		
1	COT119	REFERRING-PROV-TAXONOMY		
1	COT120	REFERRING-PROV-TYPE	A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided	Required
1	COT121	REFERRING-PROV-SPECIALTY	This code indicates the area of specialty of the referring provider.	Required
1	COT122	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient’s Medicare card.	Conditional
1	COT122	MEDICARE-HIC-NUM		
1	COT122	MEDICARE-HIC-NUM		
1	COT122	MEDICARE-HIC-NUM		
1	COT122	MEDICARE-HIC-NUM		
1	COT123	PLACE-OF-SERVICE	A code indicating where the service was performed. CMS 1500 values are used for this data element.	Required
1	COT123	PLACE-OF-SERVICE		

1	COT123	PLACE-OF-SERVICE		
1	COT123	PLACE-OF-SERVICE		
1	COT125	BMI	A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Required
0				
1	COT126	REMITTANCE-NUM	The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required
1	COT126	REMITTANCE-NUM		
1	COT126	REMITTANCE-NUM		
1	COT127	DAILY-RATE	The amount a policy will pay per day for a covered service. In some cases for OT claims this is referred to as a flat rate.	Required
1	COT128	BORDER-STATE-IND	This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Required
1	COT130	BENEFICIARY-COINSURANCE-AMOUNT	The amount of money the beneficiary paid towards coinsurance.	Required
1	COT130	BENEFICIARY-COINSURANCE-AMOUNT		
1	COT131	BENEFICIARY-COINSURANCE-DATE-PAID	The date the beneficiary paid the coinsurance amount.	Required
1	COT131	BENEFICIARY-COINSURANCE-DATE-PAID		
1	COT131	BENEFICIARY-COINSURANCE-DATE-PAID		
1	COT132	BENEFICIARY-COPAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Required
1	COT132	BENEFICIARY-COPAYMENT-AMOUNT		
1	COT133	BENEFICIARY-COPAYMENT-DATE-PAID	The date the beneficiary paid the copayment amount.	Required

1	COT133	BENEFICIARY-COPAYMENT-DATE-PAID		
1	COT133	BENEFICIARY-COPAYMENT-DATE-PAID		
1	COT134	BENEFICIARY-DEDUCTIBLE-AMOUNT	The amount of money the beneficiary paid towards an annual deductible.	Required
1	COT134	BENEFICIARY-DEDUCTIBLE-AMOUNT		
1	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID	The date the beneficiary paid the deductible amount.	Required
1	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID		
1	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID		
1	COT136	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Required
1	COT136	CLAIM-DENIED-INDICATOR		
1	COT136	CLAIM-DENIED-INDICATOR		
1	COT137	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Required
1	COT138	HEALTH-HOME-ENTITY-NAME	A free-form text field to indicate the health home program that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A “Health Home Entity” can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities’ names are being used instead.	Required
1	COT138	HEALTH-HOME-ENTITY-NAME		
1	COT140	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Required
1	COT141	THIRD-PARTY-COINSURANCE-DATE-PAID	The date the third party paid the coinsurance amount.	Required
1	COT141	THIRD-PARTY-COINSURANCE-DATE-PAID		
1	COT141	THIRD-PARTY-COINSURANCE-DATE-PAID		
1	COT142	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	The amount the third party paid the copayment amount.	Required

1	COT143	THIRD-PARTY-COPAYMENT-DATE-PAID	The date the third party paid the copayment amount.	Required
1	COT143	THIRD-PARTY-COPAYMENT-DATE-PAID		
1	COT143	THIRD-PARTY-COPAYMENT-DATE-PAID		
1	COT144	DATE-CAPITATED-AMOUNT-REQUESTED	The date that the managed care entity submitted the capitated payment bill to the state.	Required
1	COT144	DATE-CAPITATED-AMOUNT-REQUESTED		
1	COT145	CAPITATED-PAYMENT-AMT-REQUESTED	The amount of the capitated payment bill submitted by the managed care entity to the state.	Required
1	COT146	HEALTH-HOME-PROVIDER-NPI	The National Provider ID (NPI) of the health home provider.	Required
1	COT146	HEALTH-HOME-PROVIDER-NPI		
1	COT147	MEDICARE-BENEFICIARY-IDENTIFIER	The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	Optional
1	COT147	MEDICARE-BENEFICIARY-IDENTIFIER		
0				
1	COT148	UNDER-DIRECTION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who directed the care of a patient that another provider administered.	Required
0				
1	COT149	UNDER-DIRECTION-OF-PROV-TAXONOMY	The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	Required
1	COT149	UNDER-DIRECTION-OF-PROV-TAXONOMY		
1	COT149	UNDER-DIRECTION-OF-PROV-TAXONOMY		
0				

1	COT150	UNDER-SUPERVISION-OF-PROV-NPI	The National Provider ID (NPI) of the provider who supervised another provider.	Required
1	COT150	UNDER-SUPERVISION-OF-PROV-NPI		
1	COT151	UNDER-SUPERVISION-OF-PROV-TAXONOMY	The Provider Taxonomy of the provider who supervised another provider	Required
1	COT151	UNDER-SUPERVISION-OF-PROV-TAXONOMY		
1	COT151	UNDER-SUPERVISION-OF-PROV-TAXONOMY		
1	COT152	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	COT152	STATE-NOTATION		
1	COT226	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required
1	COT226	PROV-LOCATION-ID		
1	COT153	FILLER		
1	COT154	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required
1	COT154	RECORD-ID		
1	COT154	RECORD-ID		
1	COT155	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	COT155	SUBMITTING-STATE		

1	COT155	SUBMITTING-STATE		
1	COT155	SUBMITTING-STATE		
1	COT156	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	COT156	RECORD-NUMBER		
1	COT156	RECORD-NUMBER		
1	COT157	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	COT157	MSIS-IDENTIFICATION-NUM		
1	COT157	MSIS-IDENTIFICATION-NUM		
1	COT157	MSIS-IDENTIFICATION-NUM		
1	COT158	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
1	COT158	ICN-ORIG		
1	COT158	ICN-ORIG		
1	COT158	ICN-ORIG		
1	COT159	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Required
1	COT159	ICN-ADJ		
1	COT159	ICN-ADJ		
1	COT160	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required
1	COT161	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Required

1	COT161	LINE-NUM-ADJ		
1	COT162	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Required
1	COT162	LINE-ADJUSTMENT-IND		
1	COT162	LINE-ADJUSTMENT-IND		
1	COT163	LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional
1	COT163	LINE-ADJUSTMENT-REASON-CODE		
1	COT164	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required
1	COT165	CLAIM-LINE-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional
1	COT166	BEGINNING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required
1	COT166	BEGINNING-DATE-OF-SERVICE		
1	COT166	BEGINNING-DATE-OF-SERVICE		
1	COT166	BEGINNING-DATE-OF-SERVICE		
1	COT166	BEGINNING-DATE-OF-SERVICE		
1	COT166	BEGINNING-DATE-OF-SERVICE		
1	COT166	BEGINNING-DATE-OF-SERVICE		

1	COT166	BEGINNING-DATE-OF-SERVICE		
1	COT167	ENDING-DATE-OF-SERVICE	For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required
1	COT167	ENDING-DATE-OF-SERVICE		
1	COT167	ENDING-DATE-OF-SERVICE		
1	COT167	ENDING-DATE-OF-SERVICE		
1	COT167	ENDING-DATE-OF-SERVICE		
1	COT167	ENDING-DATE-OF-SERVICE		
1	COT167	ENDING-DATE-OF-SERVICE		
1	COT168	REVENUE-CODE	A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing Manual).	Conditional
1	COT168	REVENUE-CODE		
1	COT168	REVENUE-CODE		
1	COT168	REVENUE-CODE		
1	COT169	PROCEDURE-CODE	A field to capture the CPT or HCPCS code that describes a service or good rendered by the provider to an enrollee on the specified date of service.	Required

1	COT169	PROCEDURE-CODE		
1	COT169	PROCEDURE-CODE		
1	COT169	PROCEDURE-CODE		
1	COT169	PROCEDURE-CODE		
1	COT170	PROCEDURE-CODE-DATE	The date upon which the procedure was performed.	Required
1	COT170	PROCEDURE-CODE-DATE		
1	COT170	PROCEDURE-CODE-DATE		
1	COT170	PROCEDURE-CODE-DATE		
1	COT170	PROCEDURE-CODE-DATE		
1	COT170	PROCEDURE-CODE-DATE		
1	COT170	PROCEDURE-CODE-DATE		
1	COT171	PROCEDURE-CODE-FLAG	A flag that identifies the coding system used for the PROCDURE-CODE.	Required
1	COT171	PROCEDURE-CODE-FLAG		
1	COT172	PROCEDURE-CODE-MOD-1	A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE-CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Required
1	COT172	PROCEDURE-CODE-MOD-1		
1	COT172	PROCEDURE-CODE-MOD-1		
1	COT173	IMMUNIZATION-TYPE	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Required
1	COT174	BILLED-AMT	The amount charged at the claim detail level as submitted by the provider.	Required

1	COT174	BILLED-AMT		
1	COT175	ALLOWED-AMT	The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Required
1	COT176	COPAY-AMT	The copayment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Required
1	COT177	TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim detail level paid by the third party.	Required
1	COT178	MEDICAID-PAID-AMT	The amount paid by Medicaid on this claim or adjustment at the claim detail level.	Required
1	COT178	MEDICAID-PAID-AMT		
1	COT178	MEDICAID-PAID-AMT		
1	COT179	MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amt that would have been paid had the services been provided on a FFS basis.	Conditional
1	COT179	MEDICAID-FFS-EQUIVALENT-AMT		
1	COT182	MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment.	Required
1	COT182	MEDICARE-PAID-AMT		
1	COT182	MEDICARE-PAID-AMT		
1	COT182	MEDICARE-PAID-AMT		

1	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL	The quantity of a drug, service, or product that is rendered/dispensed for a prescription, specific date of service, or billing time span.	Required
1	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED	The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month. Quantity limits are applied to medications when the majority of appropriate clinical utilizations will be addressed within the quantity allowed.	Required
1	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED		

1	COT186	TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required
1	COT186	TYPE-OF-SERVICE		
1	COT186	TYPE-OF-SERVICE		
1	COT186	TYPE-OF-SERVICE		
1	COT186	TYPE-OF-SERVICE		
1	COT186	TYPE-OF-SERVICE		

1	COT187	HCBS-SERVICE-CODE	Codes indicating that the service represents a long-term care home and community based service or support for an individual with chronic medical and/or mental conditions. The codes are to help clearly delineate between acute care and long-term care provided in the home and community setting (e.g. 1915(c), 1915(i), 1915(j), and 1915(k) services).	Required
1	COT188	HCBS-TAXONOMY	A code that classifies home and community based services listed on the claim into the HCBS taxonomy.	Conditional
1	COT188	HCBS-TAXONOMY		
1	COT188	HCBS-TAXONOMY		
1	COT189	SERVICING-PROV-NUM	A unique number to identify the provider who treated the recipient.	Required
1	COT189	SERVICING-PROV-NUM		
1	COT189	SERVICING-PROV-NUM		
1	COT189	SERVICING-PROV-NUM		
1	COT189	SERVICING-PROV-NUM		
1	COT189	SERVICING-PROV-NUM		

1	COT190	SERVICING-PROV-NPI-NUM	The National Provider ID (NPI) of the rendering/attending provider responsible for the beneficiary.	Required
1	COT190	SERVICING-PROV-NPI-NUM		
1	COT190	SERVICING-PROV-NPI-NUM		
1	COT190	SERVICING-PROV-NPI-NUM		
1	COT191	SERVICING-PROV-TAXONOMY	The taxonomy code for the provider who treated the recipient.	Required
1	COT191	SERVICING-PROV-TAXONOMY		
1	COT191	SERVICING-PROV-TAXONOMY		
1	COT192	SERVICING-PROV-TYPE	A code describing the type of provider (i.e. doctor or facility) who treated the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Required
1	COT193	SERVICING-PROV-SPECIALTY	This code indicates the area of specialty for the servicing provider.	Required
1	COT194	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Required
1	COT195	TOOTH-DESIGNATION-SYSTEM	A code to identify the tooth numbering system is being used.	Conditional
1	COT196	TOOTH-NUM	The tooth number serviced based on the tooth numbering system identified in the TOOTH-DESIGNATION-SYSTEM field.	Required

1	COT196	TOOTH-NUM		
1	COT196	TOOTH-NUM		
1	COT196	TOOTH-NUM		
1	COT196	TOOTH-NUM		
1	COT197	TOOTH-QUAD-CODE	The area of the oral cavity is designated by a two-digit code.	Required
1	COT197	TOOTH-QUAD-CODE		

1	COT198	TOOTH-SURFACE-CODE	A code to identify the tooth's surface on which the service was performed.	Required
1	COT198	TOOTH-SURFACE-CODE		
1	COT199	ORIGINATION-ADDR-LN1	The street address of the origination point from which a patient is transported either from home or Long term care facility to a health care provider for healthcare services or vice versa.	Conditional
1	COT199	ORIGINATION-ADDR-LN1		
1	COT200	ORIGINATION-ADDR-LN2	The street address of the origination point from which a patient is transported either from home or Long term care facility to a health care provider for healthcare services or vice versa.	Conditional
1	COT200	ORIGINATION-ADDR-LN2		
0				
1	COT201	ORIGINATION-CITY	The name of the origination city from which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional
1	COT201	ORIGINATION-CITY		
1	COT202	ORIGINATION-STATE	The ANSI 2 numeric code of the origination state in which a patient is transported either from home or a long term care facility to a health care provider to a health care provider for healthcare services or vice versa.	Conditional
1	COT202	ORIGINATION-STATE		
1	COT203	ORIGINATION-ZIP-CODE	The zip code of the origination city from which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional

1	COT203	ORIGINATION-ZIP-CODE		
1	COT204	DESTINATION-ADDR-LN1	The street address of the destination point to which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional
1	COT204	DESTINATION-ADDR-LN1		
1	COT205	DESTINATION-ADDR-LN2	The street address of the destination point to which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional
1	COT205	DESTINATION-ADDR-LN2		
0				
1	COT206	DESTINATION-CITY	The name of the destination city to which a patient is transported either from home or long term care facility to a health care provider for healthcare services or vice versa.	Conditional
1	COT206	DESTINATION-CITY		
1	COT207	DESTINATION-STATE	The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the destination state in which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional
1	COT207	DESTINATION-STATE		
1	COT208	DESTINATION-ZIP-CODE	The zip code of the destination city to which a patient is transported either from home or long term care facility to a health care provider for healthcare services or vice versa.	Conditional
1	COT208	DESTINATION-ZIP-CODE		
1	COT209	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required
1	COT210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	This code indicates if the claim was matched with Title XIX or Title XXI.	Required

1	COT210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT		
1	COT210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT		
1	COT211	XIX-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation.	Required
1	COT211	XIX-MBESCBES-CATEGORY-OF-SERVICE		
1	COT212	XXI-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Required
1	COT212	XXI-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Required
1	COT213	OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Required
1	COT214	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	COT214	STATE-NOTATION		
1	COT217	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Required
1	COT217	NATIONAL-DRUG-CODE		
1	COT217	NATIONAL-DRUG-CODE		
1	COT217	NATIONAL-DRUG-CODE		

1	COT217	NATIONAL-DRUG-CODE		
1	COT217	NATIONAL-DRUG-CODE		
1	COT217	NATIONAL-DRUG-CODE		
1	COT227	PROCEDURE-CODE-MOD-2	A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE-CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional
1	COT227	PROCEDURE-CODE-MOD-2		
1	COT227	PROCEDURE-CODE-MOD-2		
1	COT227	PROCEDURE-CODE-MOD-2		
1	COT227	PROCEDURE-CODE-MOD-2		
1	COT218	PROCEDURE-CODE-MOD-3	A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE-CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional
1	COT218	PROCEDURE-CODE-MOD-3		
1	COT218	PROCEDURE-CODE-MOD-3		
1	COT218	PROCEDURE-CODE-MOD-3		
1	COT218	PROCEDURE-CODE-MOD-3		

1	COT219	PROCEDURE-CODE-MOD-4	A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE-CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional
1	COT219	PROCEDURE-CODE-MOD-4		
1	COT219	PROCEDURE-CODE-MOD-4		
1	COT219	PROCEDURE-CODE-MOD-4		
1	COT219	PROCEDURE-CODE-MOD-4		
1	COT220	HCPCS-RATE	For outpatient hospital facility claims, HCPCS/CPT is captured here. This data element is expected to capture data from HIPAA 837I claim loop 2400 SV202 or UB-04 FL 44 (only if the value represents a HCPCS/CPT). If HCPCS-RATE is populated then PROCEDURE-CODE should not be populated.	Required
1	COT221	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required
1	COT221	ADJUDICATION-DATE		
1	COT221	ADJUDICATION-DATE		
1	COT221	ADJUDICATION-DATE		
1	COT221	ADJUDICATION-DATE		
1	COT221	ADJUDICATION-DATE		
1	COT221	ADJUDICATION-DATE		
1	COT221	ADJUDICATION-DATE		

1	COT222	SELF-DIRECTION-TYPE	A data element to identify how the beneficiary self-directed the service, i.e. Hiring Authority (the beneficiary has decision-making authority to recruit, hire, train and supervise the individuals who furnish his/her services), Budget Authority (The beneficiary has decision-making authority over how the Medicaid funds in a budget are spent), or both Hiring and Budget Authority.	Required
1	COT223	PRE-AUTHORIZATION-NUM	A number, code, or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Required
1	COT224	NDC-UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Required
1	COT224	NDC-UNIT-OF-MEASURE		
1	COT225	NDC-QUANTITY	This field is to capture the actual quantity of the National Drug Code being prescribed on this out-patient claim.	Required
1	COT225	NDC-QUANTITY		
1	COT215	FILLER		
1	CRX001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required
1	CRX001	RECORD-ID		
1	CRX001	RECORD-ID		
1	CRX002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
1	CRX003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
1	CRX004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or delimited format.	Required
1	CRX005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required

1	CRX006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
1	CRX007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CRX007	SUBMITTING-STATE		
1	CRX007	SUBMITTING-STATE		
1	CRX007	SUBMITTING-STATE		
1	CRX008	DATE-FILE-CREATED	The date on which the file was created.	Required
1	CRX008	DATE-FILE-CREATED		
1	CRX008	DATE-FILE-CREATED		
1	CRX009	START-OF-TIME-PERIOD	Beginning date of the time period covered by this file.	Required
1	CRX009	START-OF-TIME-PERIOD		
1	CRX010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required
1	CRX010	END-OF-TIME-PERIOD		
1	CRX011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required
1	CRX012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
1	CRX012	SSN-INDICATOR		
1	CRX012	SSN-INDICATOR		
1	CRX013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
1	CRX155	SEQUENCE-NUMBER	To enable state’s to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
1	CRX155	SEQUENCE-NUMBER		
1	CRX014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional

1	CRX014	STATE-NOTATION		
1	CRX015	FILLER		
1	CRX016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required
1	CRX016	RECORD-ID		
1	CRX016	RECORD-ID		
1	CRX017	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CRX017	SUBMITTING-STATE		
1	CRX017	SUBMITTING-STATE		
1	CRX017	SUBMITTING-STATE		
1	CRX018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	CRX018	RECORD-NUMBER		
1	CRX018	RECORD-NUMBER		
1	CRX019	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
1	CRX019	ICN-ORIG		
1	CRX019	ICN-ORIG		

1	CRX019	ICN-ORIG		
1	CRX020	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Required
1	CRX020	ICN-ADJ		
1	CRX020	ICN-ADJ		
1	CRX021	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required
1	CRX022	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	CRX022	MSIS-IDENTIFICATION-NUM		
1	CRX022	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	CRX023	CROSSOVER-INDICATOR	An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required
1	CRX023	CROSSOVER-INDICATOR		
1	CRX023	CROSSOVER-INDICATOR		
1	CRX024	1115A-DEMONSTRATION-IND	Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Required
1	CRX024	1115A-DEMONSTRATION-IND		
1	CRX025	ADJUSTMENT-IND	Code indicating the type of adjustment record.	Required

1	CRX026	ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional
1	CRX026	ADJUSTMENT-REASON-CODE		
1	CRX027	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required
1	CRX027	ADJUDICATION-DATE		
1	CRX027	ADJUDICATION-DATE		
1	CRX027	ADJUDICATION-DATE		
1	CRX027	ADJUDICATION-DATE		
1	CRX027	ADJUDICATION-DATE		
1	CRX027	ADJUDICATION-DATE		
1	CRX028	MEDICAID-PAID-DATE	The date Medicaid paid on this claim or adjustment.	Required
1	CRX028	MEDICAID-PAID-DATE		
1	CRX029	TYPE-OF-CLAIM	A code indicating what kind of payment is covered in this claim.	Required
1	CRX029	TYPE-OF-CLAIM		
1	CRX029	TYPE-OF-CLAIM		
1	CRX029	TYPE-OF-CLAIM		
1	CRX029	TYPE-OF-CLAIM		
1	CRX029	TYPE-OF-CLAIM		
1	CRX030	CLAIM-STATUS	The health care claim status codes convey the status of an entire claim.	Conditional

1	CRX031	CLAIM-STATUS-CATEGORY	The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	Conditional
1	CRX032	SOURCE-LOCATION	The field denotes the claim payment system from which the claim was adjudicated.	Required
1	CRX033	CHECK-NUM	The check or EFT number.	Required
1	CRX033	CHECK-NUM		
1	CRX034	CHECK-EFF-DATE	Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Required
1	CRX034	CHECK-EFF-DATE		
1	CRX034	CHECK-EFF-DATE		
1	CRX034	CHECK-EFF-DATE		
1	CRX035	CLAIM-PYMT-REM-CODE-1	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional

1	CRX036	CLAIM-PYMT-REM-CODE-2	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CRX037	CLAIM-PYMT-REM-CODE-3	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CRX038	CLAIM-PYMT-REM-CODE-4	Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
1	CRX039	TOT-BILLED-AMT	The total amount charged for this claim at the claim header level as submitted by the provider.	Required
1	CRX039	TOT-BILLED-AMT		
1	CRX039	TOT-BILLED-AMT		
1	CRX039	TOT-BILLED-AMT		
1	CRX040	TOT-ALLOWED-AMT	The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Required
1	CRX040	TOT-ALLOWED-AMT		

1	CRX041	TOT-MEDICAID-PAID-AMT	The total amount paid by Medicaid on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid at the detail level for the claim.	Required
1	CRX042	TOT-COPAY-AMT	The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Required
1	CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP on this claim at the claim header level toward the beneficiary's Medicare deductible.	Required
1	CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT		
1	CRX044	TOT-MEDICARE-COINS-AMT	The amount paid by Medicaid/CHIP on this claim at the claim header level toward the beneficiary's Medicare coinsurance	Required
1	CRX044	TOT-MEDICARE-COINS-AMT		
1	CRX044	TOT-MEDICARE-COINS-AMT		
1	CRX045	TOT-TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Required
1	CRX045	TOT-TPL-AMT		
1	CRX047	TOT-OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Required
1	CRX048	OTHER-INSURANCE-IND	The field denotes whether the insured party is covered under other insurance plan.	Required

1	CRX049	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Required
1	CRX050	SERVICE-TRACKING-TYPE	A code to categorize service tracking claims. A “service tracking claim” is used to report lump sum payments that cannot be attributed to a single enrollee. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Required
1	CRX051	SERVICE-TRACKING-PAYMENT-AMT	On service tracking claims, the lump sum amount paid to the provider.	Conditional
1	CRX051	SERVICE-TRACKING-PAYMENT-AMT		
1	CRX051	SERVICE-TRACKING-PAYMENT-AMT		
1	CRX051	SERVICE-TRACKING-PAYMENT-AMT		
1	CRX051	SERVICE-TRACKING-PAYMENT-AMT		
1	CRX052	FIXED-PAYMENT-IND	This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of $3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined “medical record” associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Required

1	CRX053	FUNDING-CODE	A code to indicate the source of non-federal share funds.	Required
1	CRX054	FUNDING-SOURCE-NONFEDERAL-SHARE	A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required
1	CRX055	PROGRAM-TYPE	Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required
1	CRX055	PROGRAM-TYPE		
1	CRX055	PROGRAM-TYPE		
1	CRX055	PROGRAM-TYPE		
1	CRX055	PROGRAM-TYPE		
1	CRX056	PLAN-ID-NUMBER	A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Required
1	CRX056	PLAN-ID-NUMBER		
1	CRX056	PLAN-ID-NUMBER		
1	CRX056	PLAN-ID-NUMBER		
1	CRX056	PLAN-ID-NUMBER		
1	CRX056	PLAN-ID-NUMBER		

1	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health	Required
1	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID		Conditional
1	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	CRX058	PAYMENT-LEVEL-IND	The field denotes whether the claim payment is made at the header level or the detail level.	Required
1	CRX058	PAYMENT-LEVEL-IND		
1	CRX059	MEDICARE-REIM-TYPE	This code indicates the type of Medicare Reimbursement.	Conditional
1	CRX059	MEDICARE-REIM-TYPE		
1	CRX060	CLAIM-LINE-COUNT	The total number of lines on the claim.	Required
1	CRX060	CLAIM-LINE-COUNT		
1	CRX061	FORCED-CLAIM-IND	This code indicates if the claim was processed by forcing it through a manual override process.	Required

1	CRX062	PATIENT-CONTROL-NUM	A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment.	Conditional
1	CRX063	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
0				
1	CRX064	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
0				
1	CRX065	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
1	CRX065	ELIGIBLE-MIDDLE-INIT		
1	CRX066	DATE-OF-BIRTH	Date of birth of the individual to whom the services were provided.	Conditional
1	CRX066	DATE-OF-BIRTH		
1	CRX066	DATE-OF-BIRTH		
1	CRX066	DATE-OF-BIRTH		
1	CRX066	DATE-OF-BIRTH		
1	CRX067	HEALTH-HOME-PROV-IND	This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Required
1	CRX067	HEALTH-HOME-PROV-IND		
1	CRX067	HEALTH-HOME-PROV-IND		

1	CRX067	HEALTH-HOME-PROV-IND		
1	CRX067	HEALTH-HOME-PROV-IND		
1	CRX068	WAIVER-TYPE	Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Required
1	CRX068	WAIVER-TYPE		
1	CRX068	WAIVER-TYPE		
1	CRX068	WAIVER-TYPE		
1	CRX068	WAIVER-TYPE		
1	CRX069	WAIVER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Required
1	CRX069	WAIVER-ID		
1	CRX069	WAIVER-ID		
1	CRX069	WAIVER-ID		
1	CRX069	WAIVER-ID		
1	CRX069	WAIVER-ID		
1	CRX069	WAIVER-ID		
1	CRX070	BILLING-PROV-NUM	A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required

1	CRX070	BILLING-PROV-NUM		
1	CRX070	BILLING-PROV-NUM		
1	CRX071	BILLING-PROV-NPI-NUM	The National Provider ID (NPI) of the billing provider responsible for billing for the service on the claim. The billing provider can also be servicing, referring, or prescribing provider; can be admitting provider except for Long Term Care.	Required
1	CRX071	BILLING-PROV-NPI-NUM		
1	CRX071	BILLING-PROV-NPI-NUM		
1	CRX071	BILLING-PROV-NPI-NUM		
1	CRX072	BILLING-PROV-TAXONOMY	For CLAIMOT and CLAIMRX files, the taxonomy code for the provider billing for the service.	Required
1	CRX072	BILLING-PROV-TAXONOMY		
1	CRX072	BILLING-PROV-TAXONOMY		Required
1	CRX073	BILLING-PROV-SPECIALTY	This code describes the area of specialty for the billing provider.	Required
1	CRX074	PRESCRIBING-PROV-NUM	A unique identification number assigned by the state to the provider who prescribed the drug, device, or supply. This must be the individual's ID number, not a group identification number.	Required
1	CRX074	PRESCRIBING-PROV-NUM		

1	CRX074	PRESCRIBING-PROV-NUM		
1	CRX075	PRESCRIBING-PROV-NPI-NUM	The National Provider ID (NPI) of the provider who prescribed a medication to a patient	Required
1	CRX075	PRESCRIBING-PROV-NPI-NUM		
1	CRX075	PRESCRIBING-PROV-NPI-NUM		
1	CRX076	PRESCRIBING-PROV-TAXONOMY	The taxonomy code for the medical provider writing the prescription	Required
1	CRX076	PRESCRIBING-PROV-TAXONOMY		
1	CRX077	PRESCRIBING-PROV-TYPE	A code describing the type of entity prescribing the drug, device, or supply If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided	Required
1	CRX078	PRESCRIBING-PROV-SPECIALTY	This code indicates the area of specialty for the PRESCRIBING PROVIDER.	Required
1	CRX079	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional
1	CRX079	MEDICARE-HIC-NUM		
1	CRX079	MEDICARE-HIC-NUM		
1	CRX079	MEDICARE-HIC-NUM		
1	CRX079	MEDICARE-HIC-NUM		
1	CRX081	REMITTANCE-NUM	The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required
1	CRX081	REMITTANCE-NUM		
1	CRX082	BORDER-STATE-IND	This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Required

1	CRX084	DATE-PRESCRIBED	The date the drug, device, or supply was prescribed by the physician or other practitioner. This should not be confused with the PRESCRIPTION-FILL-DATE, which represents the date the prescription was actually filled by the provider.	Required
1	CRX084	DATE-PRESCRIBED		
1	CRX084	DATE-PRESCRIBED		
1	CRX084	DATE-PRESCRIBED		
1	CRX084	DATE-PRESCRIBED		
1	CRX084	DATE-PRESCRIBED		
1	CRX085	PRESCRIPTION-FILL-DATE	Date the drug, device, or supply was dispensed by the provider.	Required
1	CRX085	PRESCRIPTION-FILL-DATE		
1	CRX085	PRESCRIPTION-FILL-DATE		
1	CRX085	PRESCRIPTION-FILL-DATE		
1	CRX085	PRESCRIPTION-FILL-DATE		
1	CRX085	PRESCRIPTION-FILL-DATE		
1	CRX085	PRESCRIPTION-FILL-DATE		
1	CRX086	COMPOUND-DRUG-IND	Indicator to specify if the drug is compound or not.	Conditional
1	CRX087	BENEFICIARY-COINSURANCE-AMOUNT	The amount of money the beneficiary paid towards coinsurance.	Required
1	CRX087	BENEFICIARY-COINSURANCE-AMOUNT		
1	CRX089	BENEFICIARY-COPAYMENT-AMOUNT	The amount of money the beneficiary paid towards a copayment.	Required
1	CRX089	BENEFICIARY-COPAYMENT-AMOUNT		
1	CRX090	BENEFICIARY-COPAYMENT-DATE-PAID	The date the beneficiary paid the copayment amount.	Required
1	CRX088	BENEFICIARY-COINSURANCE-DATE-PAID	The date the beneficiary paid the coinsurance amount.	Required
1	CRX088	BENEFICIARY-COINSURANCE-DATE-PAID		
1	CRX092	BENEFICIARY-DEDUCTIBLE-AMOUNT	The amount of money the beneficiary paid towards an annual deductible.	Required
1	CRX092	BENEFICIARY-DEDUCTIBLE-AMOUNT		
1	CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	The date the beneficiary paid the deductible amount.	Required
1	CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID		
1	CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID		
1	CRX094	CLAIM-DENIED-INDICATOR	An indicator to identify a claim that the state refused pay in its entirety.	Required

1	CRX094	CLAIM-DENIED-INDICATOR		
1	CRX094	CLAIM-DENIED-INDICATOR		
1	CRX095	COPAY-WAIVED-IND	An indicator signifying that the copay was waived by the provider.	Required
1	CRX096	HEALTH-HOME-ENTITY-NAME	A free-form text field to indicate the health home that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A “Health Home Entity” can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities’ names are being used instead.	Required
1	CRX096	HEALTH-HOME-ENTITY-NAME		
1	CRX096	HEALTH-HOME-ENTITY-NAME		
1	CRX098	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Required
1	CRX099	THIRD-PARTY-COINSURANCE-DATE-PAID	The date the third party paid the coinsurance amount.	Required
1	CRX099	THIRD-PARTY-COINSURANCE-DATE-PAID		
1	CRX100	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	The amount the third party paid the copayment amount.	Required
1	CRX101	THIRD-PARTY-COPAYMENT-DATE-PAID	The date the third party paid the copayment amount.	Required
1	CRX101	THIRD-PARTY-COPAYMENT-DATE-PAID		
1	CRX102	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI	The National Provider ID (NPI) of the provider responsible for dispensing the prescription drug.	Required
1	CRX102	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI		
1	CRX103	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY	The Provider Taxonomy of the provider responsible for dispensing the prescription drug.	Required

1	CRX103	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY		
1	CRX103	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY		
1	CRX104	HEALTH-HOME-PROVIDER-NPI	The National Provider ID (NPI) of the health home provider.	Required
1	CRX104	HEALTH-HOME-PROVIDER-NPI		
1	CRX105	MEDICARE-BENEFICIARY-IDENTIFIER	The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	Required
1	CRX105	MEDICARE-BENEFICIARY-IDENTIFIER		
0				
1	CRX106	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	CRX106	STATE-NOTATION		
1	CRX156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM	The state-specific provider id of the provider who actually dispensed the prescription medication.	Required
1	CRX156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM		
1	CRX156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM		

1	CRX160	MEDICARE-COMB-DED-IND	Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated	Required
1	CRX160	MEDICARE-COMB-DED-IND		
1	CRX160	MEDICARE-COMB-DED-IND		
1	CRX161	PROV-LOCATION-ID	A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required
1	CRX161	PROV-LOCATION-ID		
1	CRX107	FILLER		
1	CRX108	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required
1	CRX108	RECORD-ID		
1	CRX108	RECORD-ID		
1	CRX109	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	CRX109	SUBMITTING-STATE		
1	CRX109	SUBMITTING-STATE		
1	CRX109	SUBMITTING-STATE		
1	CRX110	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	CRX110	RECORD-NUMBER		
1	CRX110	RECORD-NUMBER		
1	CRX111	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

1	CRX111	MSIS-IDENTIFICATION-NUM		
1	CRX111	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	CRX111	MSIS-IDENTIFICATION-NUM		
1	CRX112	ICN-ORIG	A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
1	CRX112	ICN-ORIG		
1	CRX112	ICN-ORIG		
1	CRX112	ICN-ORIG		
1	CRX113	ICN-ADJ	A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Required
1	CRX113	ICN-ADJ		
1	CRX113	ICN-ADJ		
1	CRX114	LINE-NUM-ORIG	A unique number to identify the transaction line number that is being reported on the original claim.	Required
1	CRX115	LINE-NUM-ADJ	A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Required
1	CRX115	LINE-NUM-ADJ		
1	CRX115	LINE-NUM-ADJ		
1	CRX116	LINE-ADJUSTMENT-IND	Code indicating type of adjustment record claim/encounter represents at claim detail level.	Required

1	CRX116	LINE-ADJUSTMENT-IND		
1	CRX116	LINE-ADJUSTMENT-IND		
1	CRX117	LINE-ADJUSTMENT-REASON-CODE	Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Required
1	CRX117	LINE-ADJUSTMENT-REASON-CODE		
1	CRX118	SUBMITTER-ID	The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required
1	CRX119	CLAIM-LINE-STATUS	The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional
1	CRX120	NATIONAL-DRUG-CODE	A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Required
1	CRX120	NATIONAL-DRUG-CODE		
1	CRX120	NATIONAL-DRUG-CODE		
1	CRX120	NATIONAL-DRUG-CODE		
1	CRX120	NATIONAL-DRUG-CODE		
1	CRX120	NATIONAL-DRUG-CODE		
1	CRX120	NATIONAL-DRUG-CODE		
1	CRX121	BILLED-AMT	The amount charged at the claim detail level as submitted by the provider.	Required
1	CRX121	BILLED-AMT		
1	CRX122	ALLOWED-AMT	The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Required
1	CRX123	COPAY-AMT	The copayment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Required

1	CRX124	TPL-AMT	Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Required
1	CRX125	MEDICAID-PAID-AMT	The amount paid by Medicaid on this claim or adjustment at the claim detail level.	Required
1	CRX125	MEDICAID-PAID-AMT		
1	CRX125	MEDICAID-PAID-AMT		
1	CRX126	MEDICAID-FFS-EQUIVALENT-AMT	The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amt that would have been paid had the services been provided on a FFS basis.	Conditional
1	CRX126	MEDICAID-FFS-EQUIVALENT-AMT		
1	CRX127	MEDICARE-DEDUCTIBLE-AMT	The amount paid by Medicaid/CHIP on this claim at the claim line level toward the beneficiary’s Medicare deductible.	Required
1	CRX127	MEDICARE-DEDUCTIBLE-AMT		
1	CRX127	MEDICARE-DEDUCTIBLE-AMT		
1	CRX127	MEDICARE-DEDUCTIBLE-AMT		
1	CRX128	MEDICARE-COINS-AMT	The amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare coinsurance at the claim detail level.	Required
1	CRX128	MEDICARE-COINS-AMT		
1	CRX129	MEDICARE-PAID-AMT	The amount paid by Medicare on this claim or adjustment.	Required

1	CRX129	MEDICARE-PAID-AMT		
1	CRX129	MEDICARE-PAID-AMT		
1	CRX129	MEDICARE-PAID-AMT		
1	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED	The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month. Quantity limits are applied to medications when the majority of appropriate clinical utilizations will be addressed within the quantity allowed.	Required
1	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED		
1	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL	The quantity of a drug, service, or product that is rendered/dispensed for a prescription, specific date of service, or billing time span.	Required

1	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL		
1	CRX133	UNIT-OF-MEASURE	A code to indicate the basis by which the quantity of the drug or supply is expressed.	Required
1	CRX133	UNIT-OF-MEASURE		
1	CRX134	TYPE-OF-SERVICE	A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required
1	CRX134	TYPE-OF-SERVICE		
1	CRX134	TYPE-OF-SERVICE		
1	CRX134	TYPE-OF-SERVICE		

1	CRX134	TYPE-OF-SERVICE		
1	CRX135	HCBS-SERVICE-CODE	Codes indicating that the service represents a long-term care home and community based service or support for an individual with chronic medical and/or mental conditions. The codes are to help clearly delineate between acute care and long-term care provided in the home and community setting (e.g. 1915(c), 1915(i), 1915(j), and 1915(k) services).	Required
1	CRX136	HCBS-TAXONOMY	A code that classifies home and community based services listed on the claim into the HCBS taxonomy.	Conditional
1	CRX136	HCBS-TAXONOMY		
1	CRX136	HCBS-TAXONOMY		
1	CRX137	OTHER-TPL-COLLECTION	This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Required
1	CRX138	DAYS-SUPPLY	Number of days supply dispensed.	Required

1	CRX138	DAYS-SUPPLY		
1	CRX139	NEW-REFILL-IND	Indicator showing whether the prescription being filled was a new prescription or a refill. If it is a refill, the indicator will indicate the number of refills.	Required
1	CRX140	BRAND-GENERIC-IND	Indicates whether the drug is a brand name, generic, single-source, or multi-source drug.	Required
1	CRX141	DISPENSE-FEE	The charge to cover the cost of dispensing the prescription. Dispensing costs include overhead, supplies, and labor, etc. to fill the prescription.	Required
1	CRX142	PRESCRIPTION-NUM	The unique identification number assigned by the pharmacy or supplier to the prescription	Required
1	CRX143	DRUG-UTILIZATION-CODE	A code indicating the conflict, intervention and outcome of a prescription presented for fulfillment. A DUR response consists of three components. The conflict code is a two-digit entry that contains the same two letters of the alert that the pharmacist wants to override. The intervention code describes what action the pharmacist took - whether he or she consulted the prescriber (M0), the patient (P0) or another source (R0), including the provider's own knowledge. Finally, the outcome code describes the intended outcome of the claim. This includes a number of codes that show the prescription was filled (1A through 1G) and two codes showing the prescription was not filled (2A and 2B).	Required
1	CRX144	DTL-METRIC-DEC-QTY	Metric decimal quantity of the product with the appropriate unit of measure (each, gram, or milliliter).	Required
1	CRX145	COMPOUND-DOSAGE-FORM	The physical form of a dose of medication, such as a capsule or injection.	Conditional
1	CRX146	REBATE-ELIGIBLE-INDICATOR	An indicator to identify claim lines with an NDC that is eligible for the drug rebate program.	Required

1	CRX147	IMMUNIZATION-TYPE	This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Required
1	CRX148	BENEFIT-TYPE	The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required
1	CRX149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT	This code indicates if the claim was matched with Title XIX or Title XXI.	Required
1	CRX149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT		
1	CRX149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT		
1	CRX150	XIX-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation	Required
1	CRX150	XIX-MBESCBES-CATEGORY-OF-SERVICE		
1	CRX151	XXI-MBESCBES-CATEGORY-OF-SERVICE	A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Required
1	CRX152	OTHER-INSURANCE-AMT	The amount paid by insurance other than Medicare or Medicaid on this claim.	Required
1	CRX153	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional

1	CRX153	STATE-NOTATION		
1	CRX157	ADJUDICATION-DATE	The date on which the payment status of the claim was finally adjudicated by the state.	Required
1	CRX157	ADJUDICATION-DATE		
1	CRX157	ADJUDICATION-DATE		
1	CRX157	ADJUDICATION-DATE		
1	CRX157	ADJUDICATION-DATE		
1	CRX157	ADJUDICATION-DATE		
1	CRX157	ADJUDICATION-DATE		
1	CRX157	ADJUDICATION-DATE		
1	CRX158	SELF-DIRECTION-TYPE	This data element is not applicable to this file type.	Required
1	CRX159	PRE-AUTHORIZATION-NUM	A number, code, or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number)	Required
1	CRX154	FILLER		
1	ELG001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

1	ELG001	RECORD-ID		
1	ELG001	RECORD-ID		
1	ELG001	RECORD-ID		
1	ELG002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
1	ELG003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
1	ELG004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or delimited format.	Required
1	ELG005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
1	ELG006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
1	ELG006	FILE-NAME		
1	ELG006	FILE-NAME		
1	ELG007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG007	SUBMITTING-STATE		
1	ELG007	SUBMITTING-STATE		
1	ELG008	DATE-FILE-CREATED	The date on which the file was created.	Required
1	ELG008	DATE-FILE-CREATED		
1	ELG008	DATE-FILE-CREATED		
1	ELG008	DATE-FILE-CREATED		
1	ELG008	DATE-FILE-CREATED		
1	ELG009	START-OF-TIME-PERIOD	Beginning day of the month covered by this file.	Required
1	ELG009	START-OF-TIME-PERIOD		
1	ELG009	START-OF-TIME-PERIOD		
1	ELG009	START-OF-TIME-PERIOD		
1	ELG009	START-OF-TIME-PERIOD		

1	ELG010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required
1	ELG010	END-OF-TIME-PERIOD		
1	ELG010	END-OF-TIME-PERIOD		
1	ELG010	END-OF-TIME-PERIOD		
1	ELG010	END-OF-TIME-PERIOD		
1	ELG010	END-OF-TIME-PERIOD		
1	ELG011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required
1	ELG011	FILE-STATUS-INDICATOR		
1	ELG012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
1	ELG012	SSN-INDICATOR		
1	ELG012	SSN-INDICATOR		
1	ELG012	SSN-INDICATOR		
1	ELG012	SSN-INDICATOR		

1	ELG012	SSN-INDICATOR		
1	ELG013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
1	ELG013	TOT-REC-CNT		
1	ELG013	TOT-REC-CNT		
1	ELG247	SEQUENCE-NUMBER	To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
1	ELG247	SEQUENCE-NUMBER		
1	ELG014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG014	STATE-NOTATION		
1	ELG015	FILLER		
1	ELG016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG016	RECORD-ID		
1	ELG016	RECORD-ID		
1	ELG016	RECORD-ID		

1	ELG017	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG017	SUBMITTING-STATE		
1	ELG017	SUBMITTING-STATE		
1	ELG018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG018	RECORD-NUMBER		
1	ELG018	RECORD-NUMBER		
1	ELG019	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG019	MSIS-IDENTIFICATION-NUM		
1	ELG019	MSIS-IDENTIFICATION-NUM		
1	ELG019	MSIS-IDENTIFICATION-NUM		
1	ELG019	MSIS-IDENTIFICATION-NUM		
1	ELG020	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided.	Conditional
1	ELG021	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided.	Required
1	ELG022	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided.	Optional
1	ELG022	ELIGIBLE-MIDDLE-INIT		

1	ELG023	SEX	The individual’s biological sex.	Required
1	ELG023	SEX		
1	ELG024	DATE-OF-BIRTH	Individual’s date of birth.	Required
1	ELG024	DATE-OF-BIRTH		
1	ELG024	DATE-OF-BIRTH		
1	ELG024	DATE-OF-BIRTH		
1	ELG024	DATE-OF-BIRTH		
1	ELG024	DATE-OF-BIRTH		
1	ELG024	DATE-OF-BIRTH		
1	ELG025	DATE-OF-DEATH	Individual's date of death.	Required
1	ELG025	DATE-OF-DEATH		
1	ELG025	DATE-OF-DEATH		
1	ELG025	DATE-OF-DEATH		
1	ELG025	DATE-OF-DEATH		
1	ELG025	DATE-OF-DEATH		
1	ELG025	DATE-OF-DEATH		
1	ELG025	DATE-OF-DEATH		
1	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE	The first day of the time span during which the values in all data elements in the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Required
1	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE		

1	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE		
1	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE		
1	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE		
1	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE	The last day of the time span during which the values in all data elements in the PRIMARY DEMOGRAPHICS– ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required
1	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG028	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG028	STATE-NOTATION		
1	ELG029	FILLER		
1	ELG030	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

1	ELG030	RECORD-ID		
1	ELG030	RECORD-ID		
1	ELG030	RECORD-ID		
1	ELG031	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG031	SUBMITTING-STATE		
1	ELG031	SUBMITTING-STATE		
1	ELG032	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG032	RECORD-NUMBER		
1	ELG032	RECORD-NUMBER		
1	ELG033	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG033	MSIS-IDENTIFICATION-NUM		
1	ELG033	MSIS-IDENTIFICATION-NUM		
1	ELG033	MSIS-IDENTIFICATION-NUM		
1	ELG033	MSIS-IDENTIFICATION-NUM		
1	ELG034	MARITAL-STATUS	A code to classify eligible individual's marital/domestic-relationship status.	Required

1	ELG034	MARITAL-STATUS		
1	ELG034	MARITAL-STATUS		
1	ELG035	MARITAL-STATUS-OTHER-EXPLANATION	A free-text field to capture the description of the marital/domestic-relationship status when MARITAL-STATUS=14 (Other) is selected.	Conditional
1	ELG035	MARITAL-STATUS-OTHER-EXPLANATION		
1	ELG036	SSN	The eligible individual's social security number.	Required
1	ELG036	SSN		Required
1	ELG036	SSN		
1	ELG036	SSN		
1	ELG036	SSN		
1	ELG036	SSN		
1	ELG037	SSN-VERIFICATION-FLAG	A code describing whether the state has verified the social security number (SSN) with the Social Security Administration (SSA).	Required
1	ELG038	INCOME-CODE	A code indicating the family income level.	Required

1	ELG039	VETERAN-IND	A flag indicating if the individual served in the active military, naval, or air service.	Required
1	ELG039	VETERAN-IND		
1	ELG040	CITIZENSHIP-IND	Indicates if individual is identified as a U.S. Citizen.	Required
1	ELG040	CITIZENSHIP-IND		
1	ELG041	CITIZENSHIP-VERIFICATION-FLAG	Indicates the individual is enrolled in Medicaid pending citizenship verification.	Required
1	ELG042	IMMIGRATION-STATUS	The immigration status of the individual.	Required
1	ELG042	IMMIGRATION-STATUS		
1	ELG043	IMMIGRATION-VERIFICATION-FLAG	Indicates the individual is enrolled in Medicaid pending immigration verification.	Required
1	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	The date the five-year bar for an individual ends. Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides that certain immigrants who enter the United States on or after August 22, 1996 are not eligible to receive federally-funded benefits, including Medicaid and the State Children's Health Insurance Program (SCHIP), for five years from the date they enter the country with a status as a "qualified alien."	Required
1	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE		
1	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE		
1	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE		
1	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE		
1	ELG045	PRIMARY-LANGUAGE-ENGL-PROF-CODE	A code indicating the level of spoken English proficiency by the individual	Required
1	ELG045	PRIMARY-LANGUAGE-ENGL-PROF-CODE		

1	ELG046	PRIMARY-LANGUAGE-CODE	A code indicating the language the individual speaks other than English at home	Required
1	ELG046	PRIMARY-LANGUAGE-CODE		
1	ELG046	PRIMARY-LANGUAGE-CODE		
1	ELG047	HOUSEHOLD-SIZE	Household Size used in the eligibility determination process	Required
1	ELG047	HOUSEHOLD-SIZE		
1	ELG049	PREGNANCY-IND	A flag indicating the individual is pregnant	Required
1	ELG049	PREGNANCY-IND		
1	ELG050	MEDICARE-HIC-NUM	Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Optional
1	ELG050	MEDICARE-HIC-NUM		
1	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER	The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	Required
1	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER		
0				

1	ELG054	CHIP-CODE	A code indicating the individual's inclusion in a STATE Only CHIP Program.	Required
1	ELG054	CHIP-CODE		
1	ELG054	CHIP-CODE		
1	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE	The first day of the time span during which the values in all data elements in the VARIABLE DEMOGRAPHICS - ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE		
1	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE		
1	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE		

1	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE		
1	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE	The last day of the time span during which the values in all data elements in the VARIABLE DEMOGRAPHICS - ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE		

1	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE		
1	ELG059	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG059	STATE-NOTATION		
1	ELG060	FILLER		
1	ELG061	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG061	RECORD-ID		
1	ELG061	RECORD-ID		
1	ELG061	RECORD-ID		
1	ELG062	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG062	SUBMITTING-STATE		
1	ELG062	SUBMITTING-STATE		
1	ELG063	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

1	ELG063	RECORD-NUMBER		
1	ELG063	RECORD-NUMBER		
1	ELG064	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG064	MSIS-IDENTIFICATION-NUM		
1	ELG064	MSIS-IDENTIFICATION-NUM		
1	ELG064	MSIS-IDENTIFICATION-NUM		
1	ELG064	MSIS-IDENTIFICATION-NUM		
1	ELG065	ADDR-TYPE	The type of address and contact information for the eligible submitted in the record segment.	Required
1	ELG065	ADDR-TYPE		
1	ELG066	ELIGIBLE-ADDR-LN1	The street address for the type of address indicated.	Required
1	ELG066	ELIGIBLE-ADDR-LN1		

1	ELG066	ELIGIBLE-ADDR-LN1		
1	ELG067	ELIGIBLE-ADDR-LN2	The street address for the type of address indicated.	Optional
1	ELG067	ELIGIBLE-ADDR-LN2		
0				
1	ELG068	ELIGIBLE-ADDR-LN3	The street address for the type of address indicated.	Optional
1	ELG068	ELIGIBLE-ADDR-LN3		
1	ELG068	ELIGIBLE-ADDR-LN3		
0				
1	ELG069	ELIGIBLE-CITY	The city for the type of address indicated in ADDR-TYPE.	Required
1	ELG069	ELIGIBLE-CITY		
1	ELG070	ELIGIBLE-STATE	The ANSI state numeric for the U.S. state, Territory, or the District of Columbia code for where the individual eligible to receive healthcare services resides. (The state for the type of address indicated in ADDR-TYPE.)	Required
1	ELG070	ELIGIBLE-STATE		
1	ELG070	ELIGIBLE-STATE		Required
1	ELG071	ELIGIBLE-ZIP-CODE	The zip code for the type of address indicated in ADDR-TYPE.	Required
1	ELG071	ELIGIBLE-ZIP-CODE		
1	ELG071	ELIGIBLE-ZIP-CODE		
1	ELG072	ELIGIBLE-COUNTY-CODE	ANSI county numeric code indicating the county for the type of address indicated in ADDR-TYPE.	Required
1	ELG072	ELIGIBLE-COUNTY-CODE		
1	ELG072	ELIGIBLE-COUNTY-CODE		
1	ELG073	ELIGIBLE-PHONE-NUM	The telephone number of the type of address indicated.	Required

1	ELG073	ELIGIBLE-PHONE-NUM		
1	ELG074	TYPE-OF-LIVING-ARRANGEMENT	A free-form text field to describe the type of living arrangement used for the eligibility determination process. The field will remain a free-form text data element until MACPro develops a list of valid values. When it becomes available, T-MSIS will align with MACPro valid values listing.	Required
0				
1	ELG075	ELIGIBLE-ADDR-EFF-DATE	The first day of the time span during which the values in all data elements on an ELIGIBLE-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	ELG075	ELIGIBLE-ADDR-EFF-DATE		
1	ELG075	ELIGIBLE-ADDR-EFF-DATE		
1	ELG075	ELIGIBLE-ADDR-EFF-DATE		
1	ELG075	ELIGIBLE-ADDR-EFF-DATE		
1	ELG075	ELIGIBLE-ADDR-EFF-DATE		
1	ELG076	ELIGIBLE-ADDR-END-DATE	The last day of the time span during which the values in all data elements on an ELIGIBLE-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	ELG076	ELIGIBLE-ADDR-END-DATE		
1	ELG076	ELIGIBLE-ADDR-END-DATE		
1	ELG076	ELIGIBLE-ADDR-END-DATE		
1	ELG076	ELIGIBLE-ADDR-END-DATE		
1	ELG076	ELIGIBLE-ADDR-END-DATE		

1	ELG077	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG077	STATE-NOTATION		
1	ELG078	FILLER		
1	ELG079	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG079	RECORD-ID		
1	ELG079	RECORD-ID		
1	ELG079	RECORD-ID		
1	ELG080	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG080	SUBMITTING-STATE		
1	ELG080	SUBMITTING-STATE		
1	ELG081	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG081	RECORD-NUMBER		

1	ELG081	RECORD-NUMBER		
1	ELG082	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG082	MSIS-IDENTIFICATION-NUM		
1	ELG082	MSIS-IDENTIFICATION-NUM		
1	ELG082	MSIS-IDENTIFICATION-NUM		
1	ELG082	MSIS-IDENTIFICATION-NUM		
1	ELG083	MSIS-CASE-NUM	The state-assigned number which uniquely identifies the Medicaid case to which the enrollee belongs. The definition of a case varies. There are single-person cases (mostly aged and blind/disabled) and multi-person cases (mostly TANF) in which all members of the case have the same case number, but a unique MSIS identification number. A warning for longitudinal research efforts: a person's case number may change over time.	Required

1	ELG083	MSIS-CASE-NUM		
1	ELG083	MSIS-CASE-NUM		
1	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY	A code indicating the individual's most recent Medicaid eligibility for the month (not including CHIP). Note: This data element will be phased out in lieu of ELIGIBILITY-GROUP	Required
1	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY		
1	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY		
1	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY		
1	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY		

1	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY		
1	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY		
1	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY		
0				
1	ELG085	DUAL-ELIGIBLE-CODE	Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.	Required
1	ELG085	DUAL-ELIGIBLE-CODE		

1	ELG085	DUAL-ELIGIBLE-CODE		
1	ELG085	DUAL-ELIGIBLE-CODE		
1	ELG085	DUAL-ELIGIBLE-CODE		
1	ELG085	DUAL-ELIGIBLE-CODE		
1	ELG085	DUAL-ELIGIBLE-CODE		
1	ELG086	PRIMARY-ELIGIBILITY-GROUP-IND	A flag indicating the eligibility record is the primary eligibility in cases where there are multiple eligibility records submitted.	Required
1	ELG086	PRIMARY-ELIGIBILITY-GROUP-IND		
1	ELG086	PRIMARY-ELIGIBILITY-GROUP-IND		
1	ELG087	ELIGIBILITY-GROUP	The eligibility group applicable to the individual based on the eligibility determination process. The valid value list of eligibility groups aligns with those being used in the Medicaid and CHIP Program Data System (MACPro).	Required
1	ELG088	LEVEL-OF-CARE-STATUS	The level of care required to meet an individual's needs and to determine LTSS program eligibility.	Required
1	ELG089	SSDI-IND	A flag indicating if the individual is enrolled in Social Security Disability Insurance (SSDI) administered via the Social Security Administration (SSA).	Required

1	ELG090	SSI-IND	A flag indicating if the individual receives Supplemental Security Income (SSI) administered via the Social Security Administration (SSA).	Required
1	ELG090	SSI-IND		
1	ELG091	SSI-STATE-SUPPLEMENT-STATUS-CODE	Indicates the individual's SSI State Supplemental Status.	Required
1	ELG091	SSI-STATE-SUPPLEMENT-STATUS-CODE		
1	ELG092	SSI-STATUS	Indicates the individual's SSI Status.	Required
1	ELG092	SSI-STATUS		
1	ELG093	STATE-SPEC-ELIG-GROUP	The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values. This field should not include information that already appears elsewhere on the Eligible-File record even if it is part of the MAS and BOE algorithm (e.g., age information computed from DATE-OF-BIRTH or COUNTY-CODE).	Required
1	ELG093	STATE-SPEC-ELIG-GROUP		
1	ELG093	STATE-SPEC-ELIG-GROUP		
1	ELG093	STATE-SPEC-ELIG-GROUP		
1	ELG093	STATE-SPEC-ELIG-GROUP		
1	ELG094	CONCEPTION-TO-BIRTH-IND	A flag to identify children eligible through the conception to birth option, which is available only through a separate CHIP Program.	Required

1	ELG094	CONCEPTION-TO-BIRTH-IND		
1	ELG094	CONCEPTION-TO-BIRTH-IND		
1	ELG094	CONCEPTION-TO-BIRTH-IND		
1	ELG095	ELIGIBILITY-CHANGE-REASON	The reason for a change in an individual's eligibility status. Report this reason when there is a change in the individual's eligibility status.	Required
1	ELG096	MAINTENANCE-ASSISTANCE-STATUS	A code indicating the individual's maintenance assistance status. See Appendix C for a description of MSIS coding categories. Note: This data element will be phased out in lieu of ELIGIBILITY-GROUP.	Required
1	ELG096	MAINTENANCE-ASSISTANCE-STATUS		
1	ELG096	MAINTENANCE-ASSISTANCE-STATUS		
1	ELG096	MAINTENANCE-ASSISTANCE-STATUS		
1	ELG096	MAINTENANCE-ASSISTANCE-STATUS		
0				
1	ELG097	RESTRICTED-BENEFITS-CODE	A flag that indicates the scope of Medicaid or CHIP benefits to which an individual is entitled to.	Required

1	ELG097	RESTRICTED-BENEFITS-CODE		
1	ELG097	RESTRICTED-BENEFITS-CODE		
1	ELG097	RESTRICTED-BENEFITS-CODE		
1	ELG097	RESTRICTED-BENEFITS-CODE		
1	ELG097	RESTRICTED-BENEFITS-CODE		
1	ELG097	RESTRICTED-BENEFITS-CODE		
1	ELG098	TANF-CASH-CODE	A flag that indicates whether the individual received Temporary Assistance for Needy Families (TANF) benefits.	Required
1	ELG098	TANF-CASH-CODE		
1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE	The start date of an individual's reported Eligibility Status. This date field is necessary when defining a unique row in a database table.	Required
1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE		
1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE		
1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE		

1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE		
1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE		
1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE		
1	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE		
1	ELG100	ELIGIBILITY-DETERMINANT-END-DATE	The date that an individual's reported Eligibility Status ended.	Required
1	ELG100	ELIGIBILITY-DETERMINANT-END-DATE		
1	ELG100	ELIGIBILITY-DETERMINANT-END-DATE		
1	ELG100	ELIGIBILITY-DETERMINANT-END-DATE		
1	ELG100	ELIGIBILITY-DETERMINANT-END-DATE		
1	ELG100	ELIGIBILITY-DETERMINANT-END-DATE		
1	ELG100	ELIGIBILITY-DETERMINANT-END-DATE		
1	ELG101	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG101	STATE-NOTATION		

1	ELG102	FILLER		
1	ELG103	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG103	RECORD-ID		
1	ELG103	RECORD-ID		
1	ELG103	RECORD-ID		
1	ELG104	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG104	SUBMITTING-STATE		
1	ELG104	SUBMITTING-STATE		
1	ELG105	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG105	RECORD-NUMBER		
1	ELG105	RECORD-NUMBER		
1	ELG106	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG106	MSIS-IDENTIFICATION-NUM		

1	ELG106	MSIS-IDENTIFICATION-NUM		
1	ELG106	MSIS-IDENTIFICATION-NUM		
1	ELG106	MSIS-IDENTIFICATION-NUM		
1	ELG107	HEALTH-HOME-SPA-NAME	A free-form text field for the name of the health home program approved by CMS. This name needs to be consistent across files to be used for linking.	Required
1	ELG107	HEALTH-HOME-SPA-NAME		
0				
1	ELG108	HEALTH-HOME-ENTITY-NAME	A field to identify the health home SPA in which an individual is enrolled. Because an identification numbering schema has not been established, the entities' names are being used instead.	Required
1	ELG108	HEALTH-HOME-ENTITY-NAME		
1	ELG108	HEALTH-HOME-ENTITY-NAME		
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE	The date on which the individual's participation in the Health Home Program started. This date field is necessary when defining a unique row in a database table.	Required
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		

1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		
1	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		
1	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE	The date on which the individual's participation in the Health Home Program ended.	Required
1	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE		
1	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE		
1	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE		
1	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE		
1	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE		
1	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE		

1	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE		
1	ELG111	HEALTH-HOME-ENTITY-EFF-DATE	The date on which the health home entity was approved by CMS to participate in the Health Home Program.	Required
1	ELG111	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG111	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG111	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG111	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG111	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG112	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG112	STATE-NOTATION		
1	ELG113	FILLER		
1	ELG114	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG114	RECORD-ID		
1	ELG114	RECORD-ID		
1	ELG114	RECORD-ID		

1	ELG115	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG115	SUBMITTING-STATE		
1	ELG115	SUBMITTING-STATE		
1	ELG116	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG116	RECORD-NUMBER		
1	ELG116	RECORD-NUMBER		
1	ELG117	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG117	MSIS-IDENTIFICATION-NUM		
1	ELG117	MSIS-IDENTIFICATION-NUM		
1	ELG117	MSIS-IDENTIFICATION-NUM		
1	ELG117	MSIS-IDENTIFICATION-NUM		
1	ELG118	HEALTH-HOME-SPA-NAME	A free-form text field for the name of the health home program approved by CMS. This name needs to be consistent across files to be used for linking.	Required
1	ELG118	HEALTH-HOME-SPA-NAME		
1	ELG119	HEALTH-HOME-ENTITY-NAME	A field to identify the health home SPA in which an individual is enrolled. Because an identification numbering schema has not been established, the entities' names are being used instead.	Required
1	ELG119	HEALTH-HOME-ENTITY-NAME		

1	ELG119	HEALTH-HOME-ENTITY-NAME		
0				
1	ELG120	HEALTH-HOME-PROV-NUM	A unique identification number assigned by the state to the individual’s primary care manager for the Health Home in which the individual is enrolled.	Required
1	ELG120	HEALTH-HOME-PROV-NUM		
1	ELG120	HEALTH-HOME-PROV-NUM		
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	The date on which the eligible individual’s affiliation with the health home entity for the provision of health home services became effective. This date field is necessary when defining a unique row in a database table.	Required
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE		
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE		
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE		
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE		
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE		
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE		
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE		
1	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE		
1	ELG122	HEALTH-HOME-SPA-PROVIDER-END-DATE	The date on which the eligible individual’s affiliation with the health home entity for the provision of health home services ended.	Required
1	ELG122	HEALTH-HOME-SPA-PROVIDER-END-DATE		
1	ELG122	HEALTH-HOME-SPA-PROVIDER-END-DATE		
1	ELG122	HEALTH-HOME-SPA-PROVIDER-END-DATE		
1	ELG122	HEALTH-HOME-SPA-PROVIDER-END-DATE		

1	ELG122	HEALTH-HOME-SPA-PROVIDER-END-DATE		
1	ELG122	HEALTH-HOME-SPA-PROVIDER-END-DATE		
1	ELG123	HEALTH-HOME-ENTITY-EFF-DATE	The date on which the health home entity was approved by CMS to participate in the Health Home Program.	Required
1	ELG123	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG123	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG123	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG123	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG123	HEALTH-HOME-ENTITY-EFF-DATE		
1	ELG124	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG124	STATE-NOTATION		
1	ELG125	FILLER		
1	ELG126	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG126	RECORD-ID		
1	ELG126	RECORD-ID		

1	ELG126	RECORD-ID		
1	ELG127	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG127	SUBMITTING-STATE		
1	ELG127	SUBMITTING-STATE		
1	ELG128	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG128	RECORD-NUMBER		
1	ELG128	RECORD-NUMBER		
1	ELG129	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG129	MSIS-IDENTIFICATION-NUM		
1	ELG129	MSIS-IDENTIFICATION-NUM		
1	ELG129	MSIS-IDENTIFICATION-NUM		
1	ELG129	MSIS-IDENTIFICATION-NUM		

1	ELG130	HEALTH-HOME-CHRONIC-CONDITION	The chronic condition used to determine the individual's eligibility for the health home provision.	Required
1	ELG130	HEALTH-HOME-CHRONIC-CONDITION		
1	ELG131	HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION	A free-text field to capture the description of the other chronic condition (or conditions) when value “H” (Other) appears in the HEALTH-HOME-CHRONIC-CONDITION.	Conditional
1	ELG131	HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION		
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE	The first day of the time span during which the values in all data elements on a HEALTH-HOME-CHRONIC-CONDITIONS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Required
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE		
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE		
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE		
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE		
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE		
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE		
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE		
1	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE		
1	ELG133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE	The last day of the time span during which the values in all data elements on a HEALTH-HOME-CHRONIC-CONDITIONS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required
1	ELG133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE		

1	ELG133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE		
1	ELG133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE		
1	ELG133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE		
1	ELG133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE		
1	ELG133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE		
1	ELG134	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG134	STATE-NOTATION		
1	ELG135	FILLER		
1	ELG136	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG136	RECORD-ID		
1	ELG136	RECORD-ID		
1	ELG136	RECORD-ID		

1	ELG137	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG137	SUBMITTING-STATE		
1	ELG137	SUBMITTING-STATE		
1	ELG138	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG138	RECORD-NUMBER		
1	ELG138	RECORD-NUMBER		
1	ELG139	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG139	MSIS-IDENTIFICATION-NUM		
1	ELG139	MSIS-IDENTIFICATION-NUM		
1	ELG139	MSIS-IDENTIFICATION-NUM		
1	ELG139	MSIS-IDENTIFICATION-NUM		
1	ELG140	LOCKIN-PROV-NUM	A unique identification number assigned by the state to a provider furnishing locked-in healthcare services to an individual.	Required
1	ELG141	LOCKIN-PROV-TYPE	A code describing the provider type classification for which the provider/beneficiary lock-in relationship exists.	Required

1	ELG142	LOCKIN-EFF-DATE	The date on which the lock in period begins for an individual with a healthcare service/provider. This date field is necessary when defining a unique row in a database table.	Required
1	ELG142	LOCKIN-EFF-DATE		
1	ELG142	LOCKIN-EFF-DATE		
1	ELG142	LOCKIN-EFF-DATE		
1	ELG142	LOCKIN-EFF-DATE		
1	ELG142	LOCKIN-EFF-DATE		
1	ELG142	LOCKIN-EFF-DATE		
1	ELG142	LOCKIN-EFF-DATE		
1	ELG142	LOCKIN-EFF-DATE		
1	ELG143	LOCKIN-END-DATE	The date on which the lock in period ends for an individual with a healthcare service/provider.	Required
1	ELG143	LOCKIN-END-DATE		
1	ELG143	LOCKIN-END-DATE		
1	ELG143	LOCKIN-END-DATE		
1	ELG143	LOCKIN-END-DATE		
1	ELG143	LOCKIN-END-DATE		
1	ELG143	LOCKIN-END-DATE		
1	ELG144	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG144	STATE-NOTATION		

1	ELG145	FILLER		
1	ELG146	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG146	RECORD-ID		
1	ELG146	RECORD-ID		
1	ELG146	RECORD-ID		
1	ELG147	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG147	SUBMITTING-STATE		
1	ELG147	SUBMITTING-STATE		
1	ELG148	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG148	RECORD-NUMBER		
1	ELG148	RECORD-NUMBER		
1	ELG149	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG149	MSIS-IDENTIFICATION-NUM		

1	ELG149	MSIS-IDENTIFICATION-NUM		
1	ELG149	MSIS-IDENTIFICATION-NUM		
1	ELG149	MSIS-IDENTIFICATION-NUM		
1	ELG150	MFP-LIVES-WITH-FAMILY	A code indicating if the individual lives with his/her family or is not a participant in the MFP program.	Required
1	ELG151	MFP-QUALIFIED-INSTITUTION	A code describing type of qualified institution at the time of transition to the community for an eligible MFP Demonstration participant.	Required
1	ELG152	MFP-QUALIFIED-RESIDENCE	A code indicating the type of qualified residence.	Required
1	ELG153	MFP-REASON-PARTICIPATION-ENDED	A code describing reason why individual's participation in the Money Follows the Person Demonstration ended.	Required

1	ELG153	MFP-REASON-PARTICIPATION-ENDED		
1	ELG154	MFP-REINSTITUTIONALIZED-REASON	A code describing reason why individual was re-institutionalized after participation in the Money Follows the Person Demonstration.	Required
1	ELG155	MFP-ENROLLMENT-EFF-DATE	The date on which the individual's participation in the Money Follows the Person Demonstration started. This date field is necessary when defining a unique row in a database table.	Required
1	ELG155	MFP-ENROLLMENT-EFF-DATE		
1	ELG155	MFP-ENROLLMENT-EFF-DATE		
1	ELG155	MFP-ENROLLMENT-EFF-DATE		
1	ELG155	MFP-ENROLLMENT-EFF-DATE		
1	ELG155	MFP-ENROLLMENT-EFF-DATE		
1	ELG155	MFP-ENROLLMENT-EFF-DATE		
1	ELG155	MFP-ENROLLMENT-EFF-DATE		
1	ELG156	MFP-ENROLLMENT-END-DATE	The date on which the individual's participation in the Money Follows the Person Demonstration ended.	Required
1	ELG156	MFP-ENROLLMENT-END-DATE		
1	ELG156	MFP-ENROLLMENT-END-DATE		
1	ELG156	MFP-ENROLLMENT-END-DATE		
1	ELG156	MFP-ENROLLMENT-END-DATE		
1	ELG156	MFP-ENROLLMENT-END-DATE		

1	ELG156	MFP-ENROLLMENT-END-DATE		
1	ELG157	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG157	STATE-NOTATION		
1	ELG158	FILLER		
1	ELG159	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG159	RECORD-ID		
1	ELG159	RECORD-ID		
1	ELG159	RECORD-ID		
1	ELG160	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG160	SUBMITTING-STATE		
1	ELG160	SUBMITTING-STATE		
1	ELG161	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

1	ELG161	RECORD-NUMBER		
1	ELG161	RECORD-NUMBER		
1	ELG162	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG162	MSIS-IDENTIFICATION-NUM		
1	ELG162	MSIS-IDENTIFICATION-NUM		
1	ELG162	MSIS-IDENTIFICATION-NUM		
1	ELG162	MSIS-IDENTIFICATION-NUM		
1	ELG163	STATE-PLAN-OPTION-TYPE	This field specifies the State Plan Options in which the individual is enrolled. Use on occurrence for each State Plan Option enrollment.	Required
1	ELG163	STATE-PLAN-OPTION-TYPE		
1	ELG164	STATE-PLAN-OPTION-EFF-DATE	The date on which the individual's participation in the State Plan Option Type began. This date field is necessary when defining a unique row in a database table.	Required
1	ELG164	STATE-PLAN-OPTION-EFF-DATE		
1	ELG164	STATE-PLAN-OPTION-EFF-DATE		
1	ELG164	STATE-PLAN-OPTION-EFF-DATE		
1	ELG164	STATE-PLAN-OPTION-EFF-DATE		

1	ELG164	STATE-PLAN-OPTION-EFF-DATE		
1	ELG164	STATE-PLAN-OPTION-EFF-DATE		
1	ELG164	STATE-PLAN-OPTION-EFF-DATE		
1	ELG164	STATE-PLAN-OPTION-EFF-DATE		
1	ELG165	STATE-PLAN-OPTION-END-DATE	The date on which the individual's participation in the State Plan Option Type ended.	Required
1	ELG165	STATE-PLAN-OPTION-END-DATE		
1	ELG165	STATE-PLAN-OPTION-END-DATE		
1	ELG165	STATE-PLAN-OPTION-END-DATE		
1	ELG165	STATE-PLAN-OPTION-END-DATE		
1	ELG165	STATE-PLAN-OPTION-END-DATE		
1	ELG165	STATE-PLAN-OPTION-END-DATE		
1	ELG166	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG166	STATE-NOTATION		

1	ELG167	FILLER		
1	ELG168	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG168	RECORD-ID		
1	ELG168	RECORD-ID		
1	ELG168	RECORD-ID		
1	ELG169	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG169	SUBMITTING-STATE		
1	ELG169	SUBMITTING-STATE		
1	ELG170	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG170	RECORD-NUMBER		
1	ELG170	RECORD-NUMBER		
1	ELG171	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG171	MSIS-IDENTIFICATION-NUM		

1	ELG171	MSIS-IDENTIFICATION-NUM		
1	ELG171	MSIS-IDENTIFICATION-NUM		
1	ELG171	MSIS-IDENTIFICATION-NUM		
1	ELG172	WAIVER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Required
1	ELG172	WAIVER-ID		
1	ELG172	WAIVER-ID		
1	ELG173	WAIVER-TYPE	Codes for specifying waiver types under which the eligible individual is covered during the month.	Required
1	ELG173	WAIVER-TYPE		
1	ELG173	WAIVER-TYPE		
1	ELG174	WAIVER-ENROLLMENT-EFF-DATE	Date an individual's enrollment under a particular waiver began. This date field is necessary when defining a unique row in a database table.	Required
1	ELG174	WAIVER-ENROLLMENT-EFF-DATE		
1	ELG174	WAIVER-ENROLLMENT-EFF-DATE		
1	ELG174	WAIVER-ENROLLMENT-EFF-DATE		
1	ELG174	WAIVER-ENROLLMENT-EFF-DATE		

1	ELG174	WAIVER-ENROLLMENT-EFF-DATE		
1	ELG174	WAIVER-ENROLLMENT-EFF-DATE		
1	ELG174	WAIVER-ENROLLMENT-EFF-DATE		
1	ELG175	WAIVER-ENROLLMENT-END-DATE	Date an individual's enrollment under a particular waiver ended.	Required
1	ELG175	WAIVER-ENROLLMENT-END-DATE		
1	ELG175	WAIVER-ENROLLMENT-END-DATE		
1	ELG175	WAIVER-ENROLLMENT-END-DATE		
1	ELG175	WAIVER-ENROLLMENT-END-DATE		
1	ELG175	WAIVER-ENROLLMENT-END-DATE		
1	ELG175	WAIVER-ENROLLMENT-END-DATE		
1	ELG176	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG176	STATE-NOTATION		
1	ELG177	FILLER		

1	ELG178	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG178	RECORD-ID		
1	ELG178	RECORD-ID		
1	ELG178	RECORD-ID		
1	ELG179	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG179	SUBMITTING-STATE		
1	ELG179	SUBMITTING-STATE		
1	ELG180	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG180	RECORD-NUMBER		
1	ELG180	RECORD-NUMBER		
1	ELG181	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG181	MSIS-IDENTIFICATION-NUM		
1	ELG181	MSIS-IDENTIFICATION-NUM		
1	ELG181	MSIS-IDENTIFICATION-NUM		
1	ELG181	MSIS-IDENTIFICATION-NUM		

1	ELG182	LTSS-LEVEL-CARE	The level of care provided to the individual by the long term care facility.	Required
1	ELG183	LTSS-PROV-NUM	A unique identification number assigned by the state to the long term care facility furnishing healthcare services to the individual.	Required
1	ELG184	LTSS-ELIGIBILITY-EFF-DATE	The date on which the individual's eligibility for long term care nursing home service began. (This field should use the onset date of the eligibility period and not the service span.) This date field is necessary when defining a unique row in a database table.	Required
1	ELG184	LTSS-ELIGIBILITY-EFF-DATE		
1	ELG184	LTSS-ELIGIBILITY-EFF-DATE		
1	ELG184	LTSS-ELIGIBILITY-EFF-DATE		
1	ELG184	LTSS-ELIGIBILITY-EFF-DATE		
1	ELG184	LTSS-ELIGIBILITY-EFF-DATE		
1	ELG184	LTSS-ELIGIBILITY-EFF-DATE		
1	ELG184	LTSS-ELIGIBILITY-EFF-DATE		
1	ELG185	LTSS-ELIGIBILITY-END-DATE	The date on which the individual's eligibility for long term care nursing home service ended. (This field should use the end date of the eligibility period and not the service span.)	Required
1	ELG185	LTSS-ELIGIBILITY-END-DATE		
1	ELG185	LTSS-ELIGIBILITY-END-DATE		
1	ELG185	LTSS-ELIGIBILITY-END-DATE		
1	ELG185	LTSS-ELIGIBILITY-END-DATE		
1	ELG185	LTSS-ELIGIBILITY-END-DATE		
1	ELG185	LTSS-ELIGIBILITY-END-DATE		
1	ELG186	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional

1	ELG186	STATE-NOTATION		
1	ELG187	FILLER		
1	ELG188	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG188	RECORD-ID		
1	ELG188	RECORD-ID		
1	ELG188	RECORD-ID		
1	ELG189	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG189	SUBMITTING-STATE		
1	ELG189	SUBMITTING-STATE		
1	ELG190	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG190	RECORD-NUMBER		
1	ELG190	RECORD-NUMBER		
1	ELG191	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG191	MSIS-IDENTIFICATION-NUM		

1	ELG191	MSIS-IDENTIFICATION-NUM		
1	ELG191	MSIS-IDENTIFICATION-NUM		
1	ELG191	MSIS-IDENTIFICATION-NUM		
1	ELG192	MANAGED-CARE-PLAN-ID	The managed care plan identification number under which the eligible individual is enrolled. Use the state's own identifier. If the state uses the national health plan identifier as its internal number, enter that value in this field as well as the NATIONAL-HEALTH-CARE-ENTITY-ID field.	Required
1	ELG192	MANAGED-CARE-PLAN-ID		
1	ELG192	MANAGED-CARE-PLAN-ID		
1	ELG192	MANAGED-CARE-PLAN-ID		
1	ELG193	MANAGED-CARE-PLAN-TYPE	The type of managed care plan that corresponds to the MANAGED-CARE-PLAN-ID.	Required
1	ELG193	MANAGED-CARE-PLAN-TYPE		
1	ELG193	MANAGED-CARE-PLAN-TYPE		
1	ELG193	MANAGED-CARE-PLAN-TYPE		
1	ELG193	MANAGED-CARE-PLAN-TYPE		

1	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity) at the most granular sub-health plan level of the Medicaid or CHIP health plan in which an individual is enrolled. (See 45 CFR 162 Subpart E. http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf)	Required
1	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	ELG195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishe	Required
1	ELG195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE		
1	ELG195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE		
1	ELG195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE		
1	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE	The effective date of an individual's enrollment in a managed care plan. Each instance corresponds to a MANAGED-CARE-PLAN-ID This date field is necessary when defining a unique row in a database table.	Required
1	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE		
1	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE		
1	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE		
1	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE		
1	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE		
1	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE		

1	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	The date an individual's enrollment in a managed care plan ends. Each instance corresponds to a MANAGED-CARE-PLAN-ID	Required
1	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE		
1	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE		
1	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE		
1	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE		
1	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE		
1	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE		
1	ELG198	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG198	STATE-NOTATION		
1	ELG199	FILLER		
1	ELG200	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG200	RECORD-ID		
1	ELG200	RECORD-ID		

1	ELG200	RECORD-ID		
1	ELG201	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG201	SUBMITTING-STATE		
1	ELG201	SUBMITTING-STATE		
1	ELG202	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG202	RECORD-NUMBER		
1	ELG202	RECORD-NUMBER		
1	ELG203	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG203	MSIS-IDENTIFICATION-NUM		
1	ELG203	MSIS-IDENTIFICATION-NUM		
1	ELG203	MSIS-IDENTIFICATION-NUM		
1	ELG203	MSIS-IDENTIFICATION-NUM		

1	ELG204	ETHNICITY-CODE	A code indicating that the individual's ethnicity is Hispanic, Latino/a, or Spanish.	Required
0				
1	ELG204	ETHNICITY-CODE		
1	ELG204	ETHNICITY-CODE		
1	ELG205	ETHNICITY-DECLARATION-EFF-DATE	The first day of the time span during which the values in all data elements on an ETHNICITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Required
1	ELG205	ETHNICITY-DECLARATION-EFF-DATE		
1	ELG205	ETHNICITY-DECLARATION-EFF-DATE		
1	ELG205	ETHNICITY-DECLARATION-EFF-DATE		
1	ELG205	ETHNICITY-DECLARATION-EFF-DATE		
1	ELG205	ETHNICITY-DECLARATION-EFF-DATE		
1	ELG205	ETHNICITY-DECLARATION-EFF-DATE		

1	ELG205	ETHNICITY-DECLARATION-EFF-DATE		
1	ELG205	ETHNICITY-DECLARATION-EFF-DATE		
1	ELG206	ETHNICITY-DECLARATION-END-DATE	The last day of the time span during which the values in all data elements on an ETHNICITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required
1	ELG206	ETHNICITY-DECLARATION-END-DATE		
1	ELG206	ETHNICITY-DECLARATION-END-DATE		
1	ELG206	ETHNICITY-DECLARATION-END-DATE		
1	ELG206	ETHNICITY-DECLARATION-END-DATE		
1	ELG206	ETHNICITY-DECLARATION-END-DATE		
1	ELG206	ETHNICITY-DECLARATION-END-DATE		
1	ELG206	ETHNICITY-DECLARATION-END-DATE		
1	ELG207	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG207	STATE-NOTATION		

1	ELG208	FILLER		
1	ELG209	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG209	RECORD-ID		
1	ELG209	RECORD-ID		
1	ELG209	RECORD-ID		
1	ELG210	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG210	SUBMITTING-STATE		
1	ELG210	SUBMITTING-STATE		
1	ELG211	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG211	RECORD-NUMBER		
1	ELG211	RECORD-NUMBER		
1	ELG212	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG212	MSIS-IDENTIFICATION-NUM		

1	ELG212	MSIS-IDENTIFICATION-NUM		
1	ELG212	MSIS-IDENTIFICATION-NUM		
1	ELG212	MSIS-IDENTIFICATION-NUM		
1	ELG213	RACE	A code indicating the individual's race either in accordance with requirements of Section 4302 of the Affordable Care Act classifications	Required

0				
1	ELG214	RACE-OTHER	A freeform field to document the race of the beneficiary when the beneficiary identifies themselves as Other Asian, Other Pacific Islander, or Other (race codes 010, 014, or 015).	Required
1	ELG214	RACE-OTHER		
1	ELG215	CERTIFIED-AMERICAN-INDIAN/ALASKAN-NATIVE-INDICATOR	Indicates that the individual is an American Indian or Alaskan Native whose race status is certified and therefore the state is eligible to receive 100% FFP. To be considered a certified American Indian or Alaskan Native, the individual has completed the Bureau of Indian Affairs certificate process and has received the Certificate of Degree of Indian or Alaska Native Blood (CDIB).	Required

1	ELG216	RACE-DECLARATION-EFF-DATE	The first day of the time span during which the values in all data elements on a RACE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	ELG216	RACE-DECLARATION-EFF-DATE		
1	ELG216	RACE-DECLARATION-EFF-DATE		
1	ELG216	RACE-DECLARATION-EFF-DATE		
1	ELG216	RACE-DECLARATION-EFF-DATE		
1	ELG216	RACE-DECLARATION-EFF-DATE		
1	ELG216	RACE-DECLARATION-EFF-DATE		
1	ELG216	RACE-DECLARATION-EFF-DATE		
1	ELG216	RACE-DECLARATION-EFF-DATE		
1	ELG217	RACE-DECLARATION-END-DATE	The last day of the time span during which the values in all data elements on a RACE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	ELG217	RACE-DECLARATION-END-DATE		
1	ELG217	RACE-DECLARATION-END-DATE		
1	ELG217	RACE-DECLARATION-END-DATE		
1	ELG217	RACE-DECLARATION-END-DATE		
1	ELG217	RACE-DECLARATION-END-DATE		
1	ELG217	RACE-DECLARATION-END-DATE		
1	ELG217	RACE-DECLARATION-END-DATE		

1	ELG218	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG218	STATE-NOTATION		
1	ELG219	FILLER		
1	ELG220	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG220	RECORD-ID		
1	ELG220	RECORD-ID		
1	ELG220	RECORD-ID		
1	ELG221	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG221	SUBMITTING-STATE		
1	ELG221	SUBMITTING-STATE		
1	ELG222	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG222	RECORD-NUMBER		
1	ELG222	RECORD-NUMBER		
1	ELG223	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

1	ELG223	MSIS-IDENTIFICATION-NUM		
1	ELG223	MSIS-IDENTIFICATION-NUM		
1	ELG223	MSIS-IDENTIFICATION-NUM		
1	ELG223	MSIS-IDENTIFICATION-NUM		
1	ELG224	DISABILITY-TYPE-CODE	A code to identify disability status in accordance with requirements of Section 4302 of the Affordable Care Act.	Required

1	ELG224	DISABILITY-TYPE-CODE		
1	ELG224	DISABILITY-TYPE-CODE		
1	ELG225	DISABILITY-TYPE-EFF-DATE	The first day of the time span during which the values in all data elements on a DISABILITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	ELG225	DISABILITY-TYPE-EFF-DATE		
1	ELG225	DISABILITY-TYPE-EFF-DATE		
1	ELG225	DISABILITY-TYPE-EFF-DATE		
1	ELG225	DISABILITY-TYPE-EFF-DATE		
1	ELG225	DISABILITY-TYPE-EFF-DATE		
1	ELG225	DISABILITY-TYPE-EFF-DATE		
1	ELG225	DISABILITY-TYPE-EFF-DATE		

1	ELG225	DISABILITY-TYPE-EFF-DATE		
1	ELG226	DISABILITY-TYPE-END-DATE	The last day of the time span during which the values in all data elements on a DISABILITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required
1	ELG226	DISABILITY-TYPE-END-DATE		
1	ELG226	DISABILITY-TYPE-END-DATE		
1	ELG226	DISABILITY-TYPE-END-DATE		
1	ELG226	DISABILITY-TYPE-END-DATE		
1	ELG226	DISABILITY-TYPE-END-DATE		
1	ELG226	DISABILITY-TYPE-END-DATE		
1	ELG226	DISABILITY-TYPE-END-DATE		
1	ELG227	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG227	STATE-NOTATION		
1	ELG228	FILLER		

1	ELG229	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG229	RECORD-ID		
1	ELG229	RECORD-ID		
1	ELG229	RECORD-ID		
1	ELG230	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG230	SUBMITTING-STATE		
1	ELG230	SUBMITTING-STATE		
1	ELG231	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG231	RECORD-NUMBER		
1	ELG231	RECORD-NUMBER		
1	ELG232	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG232	MSIS-IDENTIFICATION-NUM		
1	ELG232	MSIS-IDENTIFICATION-NUM		
1	ELG232	MSIS-IDENTIFICATION-NUM		

1	ELG232	MSIS-IDENTIFICATION-NUM		
1	ELG233	1115A-DEMONSTRATION-IND	Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Required
1	ELG233	1115A-DEMONSTRATION-IND		
1	ELG233	1115A-DEMONSTRATION-IND		
1	ELG234	1115A-EFF-DATE	The date on which the individual's participation in 1115A demonstration began. 1115(A) is a Center for Medicare and Medicaid Innovation demonstration. This date field is necessary when defining a unique row in a database table.	Required
1	ELG234	1115A-EFF-DATE		
1	ELG234	1115A-EFF-DATE		
1	ELG234	1115A-EFF-DATE		
1	ELG234	1115A-EFF-DATE		
1	ELG234	1115A-EFF-DATE		
1	ELG234	1115A-EFF-DATE		
1	ELG234	1115A-EFF-DATE		
1	ELG235	1115A-END-DATE	The date on which the individual's participation in 1115A demonstration ended.	Required
1	ELG235	1115A-END-DATE		
1	ELG235	1115A-END-DATE		
1	ELG235	1115A-END-DATE		
1	ELG235	1115A-END-DATE		
1	ELG235	1115A-END-DATE		
1	ELG235	1115A-END-DATE		

1	ELG235	1115A-END-DATE		
1	ELG236	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG236	STATE-NOTATION		
1	ELG237	FILLER		
1	ELG238	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG238	RECORD-ID		
1	ELG238	RECORD-ID		
1	ELG238	RECORD-ID		
1	ELG239	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG239	SUBMITTING-STATE		
1	ELG239	SUBMITTING-STATE		
1	ELG240	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

1	ELG240	RECORD-NUMBER		
1	ELG240	RECORD-NUMBER		
1	ELG241	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG241	MSIS-IDENTIFICATION-NUM		
1	ELG241	MSIS-IDENTIFICATION-NUM		
1	ELG241	MSIS-IDENTIFICATION-NUM		
1	ELG241	MSIS-IDENTIFICATION-NUM		
1	ELG242	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	The chronic condition for which the eligible person is receiving non-Health-Home home and community based care.	Required
1	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	The date that the state considers to be the onset date for the eligible person to have the chronic condition. This date field is necessary when defining a unique row in a database table.	Required

1	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE		
1	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE		
1	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE		
1	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	The last date on which the state considers the eligible person to have the chronic condition.	Required
1	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE		
1	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE		
1	ELG245	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	ELG245	STATE-NOTATION		
1	ELG246	FILLER		
1	ELG248	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	ELG248	RECORD-ID		

1	ELG248	RECORD-ID		
1	ELG249	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	ELG249	SUBMITTING-STATE		
1	ELG249	SUBMITTING-STATE		
1	ELG249	SUBMITTING-STATE		
1	ELG250	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	ELG250	RECORD-NUMBER		
1	ELG250	RECORD-NUMBER		
1	ELG250	RECORD-NUMBER		
1	ELG251	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	ELG251	MSIS-IDENTIFICATION-NUM		
1	ELG251	MSIS-IDENTIFICATION-NUM		
1	ELG251	MSIS-IDENTIFICATION-NUM		
1	ELG251	MSIS-IDENTIFICATION-NUM		
1	ELG252	ENROLLMENT-TYPE	Identify the type of enrollment that the eligible person has been enrolled into as either Medicaid or CHIP..	Required
1	ELG252	ENROLLMENT-TYPE		

1	ELG253	ENROLLMENT-EFF-DATE	The first day of enrollment for the ENROLLMENT-TYPE and MSIS-IDENTIFICATION-NUM being reported in the ENROLLMENT-TIME-SPAN-SEGMENT record segment. This date field is necessary when defining a unique row in a database table.	Required
1	ELG253	ENROLLMENT-EFF-DATE		
1	ELG253	ENROLLMENT-EFF-DATE		
1	ELG253	ENROLLMENT-EFF-DATE		
1	ELG253	ENROLLMENT-EFF-DATE		
1	ELG254	ENROLLMENT-END-DATE	The last day of enrollment for the ENROLLMENT-TYPE and MSIS-IDENTIFICATION-NUM being reported in the ENROLLMENT-TIME-SPAN-SEGMENT record segment.	Required
1	ELG254	ENROLLMENT-END-DATE		
1	ELG254	ENROLLMENT-END-DATE		
1	ELG254	ENROLLMENT-END-DATE		
1	ELG255	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses	Optional
1	ELG255	STATE-NOTATION		
1	ELG256	FILLER		
1	ELG248	RECORD-ID		

1	MCR001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	MCR001	RECORD-ID		
1	MCR001	RECORD-ID		
1	MCR001	RECORD-ID		
1	MCR002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
1	MCR003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
1	MCR003	SUBMISSION-TRANSACTION-TYPE		
1	MCR004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or delimited format.	Required
1	MCR004	FILE-ENCODING-SPECIFICATION		
1	MCR005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
1	MCR005	DATA-MAPPING-DOCUMENT-VERSION		
1	MCR006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
1	MCR006	FILE-NAME		
1	MCR007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	MCR007	SUBMITTING-STATE		
1	MCR007	SUBMITTING-STATE		
1	MCR008	DATE-FILE-CREATED	The date on which the file was created.	Required
1	MCR008	DATE-FILE-CREATED		
1	MCR008	DATE-FILE-CREATED		
1	MCR008	DATE-FILE-CREATED		
1	MCR008	DATE-FILE-CREATED		
1	MCR009	START-OF-TIME-PERIOD	Beginning date of the Month covered by this file.	Required

1	MCR009	START-OF-TIME-PERIOD		
1	MCR009	START-OF-TIME-PERIOD		
1	MCR009	START-OF-TIME-PERIOD		
1	MCR009	START-OF-TIME-PERIOD		
1	MCR009	START-OF-TIME-PERIOD		
1	MCR009	START-OF-TIME-PERIOD		
1	MCR010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required
1	MCR010	END-OF-TIME-PERIOD		
1	MCR010	END-OF-TIME-PERIOD		
1	MCR010	END-OF-TIME-PERIOD		
1	MCR010	END-OF-TIME-PERIOD		
1	MCR010	END-OF-TIME-PERIOD		
1	MCR010	END-OF-TIME-PERIOD		
1	MCR011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required
1	MCR011	FILE-STATUS-INDICATOR		
1	MCR013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
1	MCR013	TOT-REC-CNT		
1	MCR112	SEQUENCE-NUMBER	To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
1	MCR112	SEQUENCE-NUMBER		
1	MCR014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional

1	MCR014	STATE-NOTATION		
1	MCR012	FILLER		
1	MCR016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	MCR016	RECORD-ID		
1	MCR016	RECORD-ID		
1	MCR016	RECORD-ID		
1	MCR017	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	MCR017	SUBMITTING-STATE		
1	MCR017	SUBMITTING-STATE		
1	MCR017	SUBMITTING-STATE		
1	MCR018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	MCR018	RECORD-NUMBER		
1	MCR018	RECORD-NUMBER		
1	MCR019	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required
1	MCR019	STATE-PLAN-ID-NUM		
1	MCR019	STATE-PLAN-ID-NUM		

1	MCR019	STATE-PLAN-ID-NUM		
1	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE	The start date of the managed care contract period with the state.	Required
1	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE		
1	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE		
1	MCR020	MANAGED-CARE-CONTRACT-EFF-DATE		
1	MCR021	MANAGED-CARE-CONTRACT-END-DATE	The expiration date of the managed care contract period with the state.	Required
1	MCR021	MANAGED-CARE-CONTRACT-END-DATE		
1	MCR021	MANAGED-CARE-CONTRACT-END-DATE		
1	MCR021	MANAGED-CARE-CONTRACT-END-DATE		
1	MCR021	MANAGED-CARE-CONTRACT-END-DATE		
1	MCR022	MANAGED-CARE-NAME	The name of the managed care entity under contract with the State Medicaid Agency. The name should be as it appears on the contract.	Required
1	MCR022	MANAGED-CARE-NAME		
1	MCR023	MANAGED-CARE-PROGRAM	The state program through which a managed care plan is approved to operate.	Required
1	MCR023	MANAGED-CARE-PROGRAM		
1	MCR024	MANAGED-CARE-PLAN-TYPE	The type of managed care plan that corresponds to the MANAGED-CARE-PLAN-ID.	Required
1	MCR024	MANAGED-CARE-PLAN-TYPE		
1	MCR024	MANAGED-CARE-PLAN-TYPE		
1	MCR025	REIMBURSEMENT-ARRANGEMENT	A code indicating the how the managed care entity is reimbursed.	Required

1	MCR025	REIMBURSEMENT-ARRANGEMENT		
1	MCR025	REIMBURSEMENT-ARRANGEMENT		
1	MCR026	MANAGED-CARE-PROFIT-STATUS	A code denoting the profit status of managed care entity.	Required
1	MCR026	MANAGED-CARE-PROFIT-STATUS		
1	MCR026	MANAGED-CARE-PROFIT-STATUS		
1	MCR027	CORE-BASED-STATISTICAL-AREA-CODE	A code signifying whether the MCO's service area falls into one	Required

1	MCR027	CORE-BASED-STATISTICAL-AREA-CODE		
1	MCR027	CORE-BASED-STATISTICAL-AREA-CODE		
1	MCR028	PERCENT-BUSINESS	The percentage of the managed care entity's total revenue that is derived from contracts with Medicare (Part C and D) in the state and State Medicaid agency contract(s) prior calendar year. Include Medicaid and Medicare in calculation of percentage of business in public programs for IRS health insurer tax exemption as required in ACA.	Required
1	MCR028	PERCENT-BUSINESS		
1	MCR029	MANAGED-CARE-SERVICE-AREA	The area under which the managed care entity is under contract to provide services.	Required
1	MCR029	MANAGED-CARE-SERVICE-AREA		

1	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE	The first day of the time span during which the values in all data elements in the MANAGED-CARE-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE		
1	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE		
1	MCR030	MANAGED-CARE-MAIN-REC-EFF-DATE		
1	MCR031	MANAGED-CARE-MAIN-REC-END-DATE	The last day of the time span during which the values in all data elements in the MANAGED-CARE-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	MCR031	MANAGED-CARE-MAIN-REC-END-DATE		
1	MCR031	MANAGED-CARE-MAIN-REC-END-DATE		
1	MCR031	MANAGED-CARE-MAIN-REC-END-DATE		
1	MCR031	MANAGED-CARE-MAIN-REC-END-DATE		
1	MCR031	MANAGED-CARE-MAIN-REC-END-DATE		
1	MCR032	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	MCR032	STATE-NOTATION		
1	MCR033	FILLER		
1	MCR034	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	MCR034	RECORD-ID		

1	MCR034	RECORD-ID		
1	MCR034	RECORD-ID		
1	MCR035	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	MCR035	SUBMITTING-STATE		
1	MCR035	SUBMITTING-STATE		
1	MCR035	SUBMITTING-STATE		
1	MCR036	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	MCR036	RECORD-NUMBER		
1	MCR036	RECORD-NUMBER		
1	MCR037	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required
1	MCR037	STATE-PLAN-ID-NUM		
1	MCR037	STATE-PLAN-ID-NUM		
1	MCR037	STATE-PLAN-ID-NUM		
1	MCR038	MANAGED-CARE-LOCATION-ID	A field to differentiate a managed care entity’s service locations through adding a sequential number in this data element identifier field.	Required
1	MCR038	MANAGED-CARE-LOCATION-ID		
1	MCR038	MANAGED-CARE-LOCATION-ID		
1	MCR038	MANAGED-CARE-LOCATION-ID		
1	MCR038	MANAGED-CARE-LOCATION-ID		

1	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	MCR039	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE	The last day of the time span during which the values in all data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE		
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE		
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE		
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE		
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE		
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE		
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE		
1	MCR040	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE		
1	MCR041	MANAGED-CARE-ADDR-TYPE	A code to distinguish various addresses that a managed care entity may have.	Required

1	MCR041	MANAGED-CARE-ADDR-TYPE		
1	MCR042	MANAGED-CARE-ADDR-LN1	The managed care entity’s address listed on the contract with the state.	Required
1	MCR042	MANAGED-CARE-ADDR-LN1		
1	MCR043	MANAGED-CARE-ADDR-LN2	The managed care entity’s address listed on the contract with the state.	Optional
1	MCR043	MANAGED-CARE-ADDR-LN2		
0				
1	MCR044	MANAGED-CARE-ADDR-LN3	The managed care entity’s address listed on the contract with the state.	Optional
1	MCR044	MANAGED-CARE-ADDR-LN3		
0				
1	MCR045	MANAGED-CARE-CITY	The city of the managed care entity’s address as listed on the contract with the state.	Required
1	MCR045	MANAGED-CARE-CITY		
1	MCR046	MANAGED-CARE-STATE	The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the of the managed care entity’s address as listed on the contract with the state.	Required
1	MCR046	MANAGED-CARE-STATE		
1	MCR046	MANAGED-CARE-STATE		
1	MCR046	MANAGED-CARE-STATE		
1	MCR047	MANAGED-CARE-ZIP-CODE	The zip code of the managed care entity as it appears in the address listed on the contract with the state.	Required

1	MCR047	MANAGED-CARE-ZIP-CODE		
1	MCR047	MANAGED-CARE-ZIP-CODE		
1	MCR048	MANAGED-CARE-COUNTY	The ANSI County numeric code for the county or county equivalent.	Required
1	MCR048	MANAGED-CARE-COUNTY		
1	MCR048	MANAGED-CARE-COUNTY		
1	MCR048	MANAGED-CARE-COUNTY		
1	MCR049	MANAGED-CARE-TELEPHONE	The telephone number, including area code, of the managed care entity as listed on the contract with the state.	Required
1	MCR049	MANAGED-CARE-TELEPHONE		
1	MCR049	MANAGED-CARE-TELEPHONE		
1	MCR050	MANAGED-CARE-EMAIL	The email address of the managed care entity as listed on the contract with the state.	Required
1	MCR050	MANAGED-CARE-EMAIL		
0				
1	MCR051	MANAGED-CARE-FAX-NUMBER	A fax number, including area code, as listed on the contract with the state	Required
1	MCR051	MANAGED-CARE-FAX-NUMBER		
1	MCR051	MANAGED-CARE-FAX-NUMBER		
1	MCR052	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	MCR052	STATE-NOTATION		

1	MCR053	FILLER		
1	MCR054	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	MCR054	RECORD-ID		
1	MCR054	RECORD-ID		
1	MCR054	RECORD-ID		
1	MCR055	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	MCR055	SUBMITTING-STATE		
1	MCR055	SUBMITTING-STATE		
1	MCR055	SUBMITTING-STATE		
1	MCR056	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	MCR056	RECORD-NUMBER		
1	MCR056	RECORD-NUMBER		
1	MCR057	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required
1	MCR057	STATE-PLAN-ID-NUM		
1	MCR057	STATE-PLAN-ID-NUM		
1	MCR057	STATE-PLAN-ID-NUM		
1	MCR058	MANAGED-CARE-SERVICE-AREA-NAME	The specific identifiers for the counties, cities, regions, zip codes and/or other geographic areas that the managed care entity serves.	Required

1	MCR058	MANAGED-CARE-SERVICE-AREA-NAME		
1	MCR058	MANAGED-CARE-SERVICE-AREA-NAME		
1	MCR058	MANAGED-CARE-SERVICE-AREA-NAME		
1	MCR058	MANAGED-CARE-SERVICE-AREA-NAME		
1	MCR058	MANAGED-CARE-SERVICE-AREA-NAME		
1	MCR059	MANAGED-CARE-SERVICE-AREA-EFF-DATE	The first day of the time span during which the values in all data elements in the MANAGED-CARE-SERVICE-AREA record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	MCR059	MANAGED-CARE-SERVICE-AREA-EFF-DATE		
1	MCR059	MANAGED-CARE-SERVICE-AREA-EFF-DATE		
1	MCR059	MANAGED-CARE-SERVICE-AREA-EFF-DATE		
1	MCR059	MANAGED-CARE-SERVICE-AREA-EFF-DATE		
1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE	The last day of the time span during which the values in all data elements in the MANAGED-CARE-SERVICE-AREA record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE		
1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE		
1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE		
1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE		
1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE		
1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE		
1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE		

1	MCR060	MANAGED-CARE-SERVICE-AREA-END-DATE		
1	MCR061	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	MCR061	STATE-NOTATION		
1	MCR062	FILLER		
1	MCR063	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	MCR063	RECORD-ID		
1	MCR063	RECORD-ID		
1	MCR063	RECORD-ID		
1	MCR064	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	MCR064	SUBMITTING-STATE		
1	MCR064	SUBMITTING-STATE		
1	MCR064	SUBMITTING-STATE		
1	MCR065	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	MCR065	RECORD-NUMBER		
1	MCR065	RECORD-NUMBER		

1	MCR066	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required
1	MCR066	STATE-PLAN-ID-NUM		
1	MCR066	STATE-PLAN-ID-NUM		
1	MCR066	STATE-PLAN-ID-NUM		
1	MCR067	OPERATING-AUTHORITY	The type of operating authority through which the managed care entity receives its contract authority.	Required
1	MCR067	OPERATING-AUTHORITY		
1	MCR067	OPERATING-AUTHORITY		
1	MCR068	WAIVER-ID	Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Required
1	MCR069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE	The date that the state obtains the authority to operate their managed care program to allow them to contract with various types of managed care plans at the time of the reporting period. This date field is necessary when defining a unique row in a database table.	Required
1	MCR069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE		
1	MCR069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE		
1	MCR069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE		
1	MCR069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE		
1	MCR069	MANAGED-CARE-OP-AUTHORITY-EFF-DATE		
1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE	The date that state authority ends, to operate their managed care program to allow them to contract with various types of managed care plans at the time of the reporting period.	Required
1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE		
1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE		

1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE		
1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE		
1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE		
1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE		
1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE		
1	MCR070	MANAGED-CARE-OP-AUTHORITY-END-DATE		
1	MCR071	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	MCR071	STATE-NOTATION		
1	MCR072	FILLER		
1	MCR073	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	MCR073	RECORD-ID		
1	MCR073	RECORD-ID		
1	MCR073	RECORD-ID		
1	MCR074	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required

1	MCR074	SUBMITTING-STATE		
1	MCR074	SUBMITTING-STATE		
1	MCR074	SUBMITTING-STATE		
1	MCR075	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	MCR075	RECORD-NUMBER		
1	MCR075	RECORD-NUMBER		
1	MCR076	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required
1	MCR076	STATE-PLAN-ID-NUM		
1	MCR076	STATE-PLAN-ID-NUM		
1	MCR076	STATE-PLAN-ID-NUM		
1	MCR077	MANAGED-CARE-PLAN-POP	The eligibility group(s) the state authorizes the managed care entity to enroll.	Required
1	MCR077	MANAGED-CARE-PLAN-POP		
1	MCR077	MANAGED-CARE-PLAN-POP		
1	MCR077	MANAGED-CARE-PLAN-POP		
1	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE	The effective date that the managed care plan began enrolling the eligibility group(s) that the state authorized. This date field is necessary when defining a unique row in a database table.	Required
1	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE		
1	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE		
1	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE		
1	MCR078	MANAGED-CARE-PLAN-POP-EFF-DATE		
1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE	The ending date that the managed care plan stopped enrolling the eligibility group(s) that the state authorized.	Required
1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE		

1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE		
1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE		
1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE		
1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE		
1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE		
1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE		
1	MCR079	MANAGED-CARE-PLAN-POP-END-DATE		
1	MCR080	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	MCR080	STATE-NOTATION		
1	MCR081	FILLER		
1	MCR082	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	MCR082	RECORD-ID		
1	MCR082	RECORD-ID		
1	MCR082	RECORD-ID		

1	MCR083	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	MCR083	SUBMITTING-STATE		
1	MCR083	SUBMITTING-STATE		
1	MCR083	SUBMITTING-STATE		
1	MCR084	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	MCR084	RECORD-NUMBER		
1	MCR084	RECORD-NUMBER		
1	MCR085	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required
1	MCR085	STATE-PLAN-ID-NUM		
1	MCR085	STATE-PLAN-ID-NUM		
1	MCR085	STATE-PLAN-ID-NUM		
1	MCR086	ACCREDITATION-ORGANIZATION	Identify the accreditation awarded to the managed care entity.	Required

1	MCR086	ACCREDITATION-ORGANIZATION		
1	MCR087	DATE-ACCREDITATION-ACHIEVED	The date the organization achieved accreditation. This date field is necessary when defining a unique row in a database table.	Required
1	MCR087	DATE-ACCREDITATION-ACHIEVED		
1	MCR087	DATE-ACCREDITATION-ACHIEVED		
1	MCR087	DATE-ACCREDITATION-ACHIEVED		
1	MCR087	DATE-ACCREDITATION-ACHIEVED		
1	MCR088	DATE-ACCREDITATION-END	The date when organization’s accreditation ends.	Required
1	MCR088	DATE-ACCREDITATION-END		
1	MCR088	DATE-ACCREDITATION-END		
1	MCR088	DATE-ACCREDITATION-END		
1	MCR088	DATE-ACCREDITATION-END		
1	MCR088	DATE-ACCREDITATION-END		

1	MCR088	DATE-ACCREDITATION-END		
1	MCR089	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	MCR089	STATE-NOTATION		
1	MCR090	FILLER		
1	MCR091	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	MCR091	RECORD-ID		
1	MCR091	RECORD-ID		
1	MCR091	RECORD-ID		
1	MCR092	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	MCR092	SUBMITTING-STATE		
1	MCR092	SUBMITTING-STATE		
1	MCR092	SUBMITTING-STATE		
1	MCR093	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	MCR093	RECORD-NUMBER		
1	MCR093	RECORD-NUMBER		

1	MCR094	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required
1	MCR094	STATE-PLAN-ID-NUM		
1	MCR094	STATE-PLAN-ID-NUM		
1	MCR094	STATE-PLAN-ID-NUM		
1	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	The national health plan identifier(s) or other entity identifier(s) assigned to a managed care entity in accordance with 45 CFR 162 Subpart E. All of the entity's national health care entity identifiers should be reported using the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO and CHPID-SHPID-RELATIONSHIPS record segments.	Required
1	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	MCR096	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishes "controlling" health plan identifiers (CHPIDs), "subhealth" health plan identifiers (SHPIDs), and other entity identifiers (OEIDs) from one another. See 45 CFR 162 Subpart E. http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf	Required
1	MCR096	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE		
1	MCR096	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE		

1	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME	The legal name of the health care entity identified by the corresponding value in the NATIONAL-HEALTH-CARE-ENTITY-ID field.	Required
1	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME		
1	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME		
1	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME		
0				
1	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE		
1	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE		
1	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE		
1	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE		
1	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE		
1	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE		
1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE	The first day of the time span during which the values in all data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		
1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		
1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		
1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		
1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		

1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		
1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		
1	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		
1	MCR100	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	MCR100	STATE-NOTATION		
1	MCR101	FILLER		
1	MCR102	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	MCR102	RECORD-ID		
1	MCR102	RECORD-ID		
1	MCR102	RECORD-ID		
1	MCR103	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	MCR103	SUBMITTING-STATE		
1	MCR103	SUBMITTING-STATE		
1	MCR103	SUBMITTING-STATE		

1	MCR104	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	MCR104	RECORD-NUMBER		
1	MCR104	RECORD-NUMBER		
1	MCR105	STATE-PLAN-ID-NUM	Contains the ID number the state issued to the managed care entity.	Required
1	MCR105	STATE-PLAN-ID-NUM		
1	MCR105	STATE-PLAN-ID-NUM		
1	MCR105	STATE-PLAN-ID-NUM		
1	MCR106	CHPID	A data element to capture the Controlling Health Plan Identifier (CHPID) on the CHPID-SHPID-RELATIONSHIPS record. The CHPID-SHPID-RELATIONSHIPS record links a controlling health plan with its associated sub-health plans. (Sub-health plans are identified by SHPIDs.)	Required
1	MCR106	CHPID		
1	MCR107	SHPID	A data element to capture the Subhealth Plan Identifier (SHPID) on the CHPID-SHPID-RELATIONSHIPS record. The CHPID-SHPID-RELATIONSHIPS records link controlling health plans with their associated sub-health plans. (Controlling health plans are identified by CHPIDs.)	Required
1	MCR107	SHPID		
1	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	The first day that the state submitting the CHPID-SHPID-RELATIONSHIPS record segment considers the data therein to be valid and active. The purpose of the effective and end dates on the CHPID-SHPID-RELATIONSHIPS record segment is to permit the submitting state show the span of time during which they consider the CHP ID to SHP ID relationship to be valid. This date field is necessary when defining a unique row in a database table.	Required
1	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE		

1	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE		
1	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE		
1	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE		
1	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE		
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	The last day that the state submitting the CHPID-SHPID-RELATIONSHIPS record segment considers the data therein to be valid and active. The purpose of the effective & end dates on the CHPID-SHPID-RELATIONSHIPS record segment is to permit the submitting state show the span of time during which they consider the CHP ID to SHP ID relationship to be valid.	Required
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE		
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE		
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE		
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE		
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE		
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE		
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE		
1	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE		
1	MCR110	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	MCR110	STATE-NOTATION		

1	MCR111	FILLER		
1	PRV001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV001	RECORD-ID		
1	PRV001	RECORD-ID		
1	PRV001	RECORD-ID		
1	PRV002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
1	PRV003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
1	PRV003	SUBMISSION-TRANSACTION-TYPE		
1	PRV003	SUBMISSION-TRANSACTION-TYPE		
1	PRV004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or delimited format.	Required
1	PRV004	FILE-ENCODING-SPECIFICATION		
1	PRV005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required

1	PRV006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
1	PRV006	FILE-NAME		
1	PRV007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV007	SUBMITTING-STATE		
1	PRV007	SUBMITTING-STATE		
1	PRV007	SUBMITTING-STATE		
1	PRV008	DATE-FILE-CREATED	The date on which the file was created.	Required
1	PRV008	DATE-FILE-CREATED		
1	PRV008	DATE-FILE-CREATED		
1	PRV008	DATE-FILE-CREATED		
1	PRV008	DATE-FILE-CREATED		
1	PRV009	START-OF-TIME-PERIOD	Beginning date of the Month covered by this file.	Required
1	PRV009	START-OF-TIME-PERIOD		
1	PRV009	START-OF-TIME-PERIOD		
1	PRV009	START-OF-TIME-PERIOD		
1	PRV009	START-OF-TIME-PERIOD		
1	PRV009	START-OF-TIME-PERIOD		
1	PRV010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is Attached.	Required
1	PRV010	END-OF-TIME-PERIOD		
1	PRV010	END-OF-TIME-PERIOD		
1	PRV010	END-OF-TIME-PERIOD		
1	PRV010	END-OF-TIME-PERIOD		
1	PRV011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required
1	PRV011	FILE-STATUS-INDICATOR		
1	PRV011	FILE-STATUS-INDICATOR		

1	PRV013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
1	PRV013	TOT-REC-CNT		
1	PRV138	SEQUENCE-NUMBER	To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
1	PRV138	SEQUENCE-NUMBER		
1	PRV014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	PRV014	STATE-NOTATION		
1	PRV012	FILLER		
1	PRV016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV016	RECORD-ID		
1	PRV016	RECORD-ID		
1	PRV016	RECORD-ID		
1	PRV017	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV017	SUBMITTING-STATE		
1	PRV017	SUBMITTING-STATE		
1	PRV017	SUBMITTING-STATE		

1	PRV018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	PRV018	RECORD-NUMBER		
1	PRV019	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
1	PRV020	PROV-ATTRIBUTES-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-ATTRIBUTES-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Required
1	PRV020	PROV-ATTRIBUTES-EFF-DATE		
1	PRV020	PROV-ATTRIBUTES-EFF-DATE		
1	PRV020	PROV-ATTRIBUTES-EFF-DATE		
1	PRV020	PROV-ATTRIBUTES-EFF-DATE		
1	PRV021	PROV-ATTRIBUTES-END-DATE	The last day of the time span during which the values in all data elements in the PROV-ATTRIBUTES-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	PRV021	PROV-ATTRIBUTES-END-DATE		
1	PRV021	PROV-ATTRIBUTES-END-DATE		
1	PRV021	PROV-ATTRIBUTES-END-DATE		
1	PRV021	PROV-ATTRIBUTES-END-DATE		
1	PRV021	PROV-ATTRIBUTES-END-DATE		
1	PRV021	PROV-ATTRIBUTES-END-DATE		
1	PRV022	PROV-DOING-BUSINESS-AS-NAME	The provider's name that is commonly used by the public when the "doing-business-as" (`) name is different than the legal name. DBA is an abbreviation for "doing business as." Registering a DBA is required to operate a business under a name that differs from the company's legal name.	Conditional

1	PRV022	PROV-DOING-BUSINESS-AS-NAME		
0				
1	PRV023	PROV-LEGAL-NAME	The name as it appears on the provider agreement between the state and the entity. Both persons and other entities can have a legal name.	Required
1	PRV023	PROV-LEGAL-NAME		
1	PRV023	PROV-LEGAL-NAME		
0				
1	PRV024	PROV-ORGANIZATION-NAME	The name of the provider when the provider is an organization.	Required
1	PRV024	PROV-ORGANIZATION-NAME		
1	PRV024	PROV-ORGANIZATION-NAME		
1	PRV024	PROV-ORGANIZATION-NAME		
1	PRV024	PROV-ORGANIZATION-NAME		
0				
1	PRV025	PROV-TAX-NAME	The name that the provider entity uses on IRS filings.	Required
1	PRV025	PROV-TAX-NAME		
0				

1	PRV026	FACILITY-GROUP-INDIVIDUAL-CODE	A code to identify whether the SUBMITTING-STATE-PROV-ID is assigned to an individual, a group of providers, or a facility.	Required
1	PRV026	FACILITY-GROUP-INDIVIDUAL-CODE		
1	PRV026	FACILITY-GROUP-INDIVIDUAL-CODE		
1	PRV027	TEACHING-IND	A code indicating if the provider's organization is a teaching facility.	Required
1	PRV027	TEACHING-IND		
1	PRV028	PROV-FIRST-NAME	The first name of the provider when the provider is a person.	Conditional
1	PRV028	PROV-FIRST-NAME		
1	PRV028	PROV-FIRST-NAME		
1	PRV029	PROV-MIDDLE-INITIAL	The middle initial of the provider when the provider is a person.	Conditional
1	PRV029	PROV-MIDDLE-INITIAL		
1	PRV029	PROV-MIDDLE-INITIAL		
1	PRV030	PROV-LAST-NAME	The last name of the provider when the provider is a person. Use PROV-ORGANIZATION-NAME when the provider is an organization.	Conditional
1	PRV030	PROV-LAST-NAME		
1	PRV030	PROV-LAST-NAME		
1	PRV030	PROV-LAST-NAME		
1	PRV031	SEX	The individual's biological sex.	Conditional
1	PRV031	SEX		

1	PRV032	OWNERSHIP-CODE	A code denoting the ownership interest and/or managing control information. The valid values list is a Medicare standard list.	Required
1	PRV032	OWNERSHIP-CODE		
1	PRV033	PROV-PROFIT-STATUS	A code denoting the profit status of the provider.	Required
1	PRV034	DATE-OF-BIRTH	Date of birth of the provider. Applicable to individual providers only.	Conditional
1	PRV034	DATE-OF-BIRTH		
1	PRV034	DATE-OF-BIRTH		
1	PRV035	DATE-OF-DEATH	Date of death of the provider, if applicable. Applicable to individual providers only.	Conditional
1	PRV035	DATE-OF-DEATH		Conditional
1	PRV035	DATE-OF-DEATH		
1	PRV035	DATE-OF-DEATH		
1	PRV035	DATE-OF-DEATH		
1	PRV035	DATE-OF-DEATH		
1	PRV035	DATE-OF-DEATH		

1	PRV035	DATE-OF-DEATH		
1	PRV036	ACCEPTING-NEW-PATIENTS-IND	An indicator to identify providers who are accepting new patients	Required
1	PRV037	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	PRV037	STATE-NOTATION		
1	PRV038	FILLER		
1	PRV039	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV039	RECORD-ID		
1	PRV039	RECORD-ID		
1	PRV039	RECORD-ID		
1	PRV040	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV040	SUBMITTING-STATE		
1	PRV040	SUBMITTING-STATE		
1	PRV040	SUBMITTING-STATE		
1	PRV041	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

1	PRV041	RECORD-NUMBER		
1	PRV042	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
1	PRV043	PROV-LOCATION-ID	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and –RX record segments	Required
1	PRV043	PROV-LOCATION-ID		
1	PRV043	PROV-LOCATION-ID		
1	PRV043	PROV-LOCATION-ID		
1	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	PRV044	PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE		
1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE	The last day of the time span during which the values in all data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE		
1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE		
1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE		
1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE		
1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE		

1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE		
1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE		
1	PRV045	PROV-LOCATION-AND-CONTACT-INFO-END-DATE		
1	PRV046	ADDR-TYPE	The type of address that is stored in the remaining address fields. The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider. Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	Required
1	PRV046	ADDR-TYPE		
1	PRV046	ADDR-TYPE		
1	PRV047	ADDR-LN1	The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
1	PRV047	ADDR-LN1		
1	PRV047	ADDR-LN1		
1	PRV048	ADDR-LN2	The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Optional
1	PRV048	ADDR-LN2		
1	PRV048	ADDR-LN2		

1	PRV048	ADDR-LN2		
0				
1	PRV049	ADDR-LN3	The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Optional
1	PRV049	ADDR-LN3		
1	PRV049	ADDR-LN3		
1	PRV049	ADDR-LN3		
1	PRV049	ADDR-LN3		
0				
1	PRV050	ADDR-CITY	The city name for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
1	PRV050	ADDR-CITY		

1	PRV050	ADDR-CITY		
1	PRV050	ADDR-CITY		
1	PRV050	ADDR-CITY		
1	PRV051	ADDR-STATE	The two letter ANSI state numeric code for each U.S. state, territory, and the District of Columbia for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
1	PRV051	ADDR-STATE		
1	PRV051	ADDR-STATE		
1	PRV051	ADDR-STATE		
1	PRV051	ADDR-STATE		
1	PRV052	ADDR-ZIP-CODE	The Zip Code for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
1	PRV052	ADDR-ZIP-CODE		
1	PRV052	ADDR-ZIP-CODE		

1	PRV053	ADDR-TELEPHONE		
1	PRV053	ADDR-TELEPHONE	The telephone number for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
1	PRV053	ADDR-TELEPHONE		
1	PRV053	ADDR-TELEPHONE		
1	PRV053	ADDR-TELEPHONE		
1	PRV053	ADDR-TELEPHONE		
1	PRV054	ADDR-EMAIL	The email address of the provider for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record	Required
1	PRV054	ADDR-EMAIL		
1	PRV054	ADDR-EMAIL		
1	PRV055	ADDR-FAX-NUM	The fax number of the provider for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
1	PRV055	ADDR-FAX-NUM		
1	PRV055	ADDR-FAX-NUM		
1	PRV055	ADDR-FAX-NUM		
1	PRV055	ADDR-FAX-NUM		
1	PRV056	ADDR-BORDER-STATE-IND	A code indicating that the location is outside of state boundaries for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Required
1	PRV056	ADDR-BORDER-STATE-IND		
1	PRV056	ADDR-BORDER-STATE-IND		
1	PRV056	ADDR-BORDER-STATE-IND		
1	PRV057	ADDR-COUNTY	The ANSI county code for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
1	PRV057	ADDR-COUNTY		
1	PRV057	ADDR-COUNTY		
1	PRV058	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional

1	PRV058	STATE-NOTATION		
1	PRV059	FILLER		
1	PRV060	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV060	RECORD-ID		
1	PRV060	RECORD-ID		
1	PRV060	RECORD-ID		
1	PRV061	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV061	SUBMITTING-STATE		
1	PRV061	SUBMITTING-STATE		
1	PRV061	SUBMITTING-STATE		
1	PRV062	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	PRV062	RECORD-NUMBER		
1	PRV062	RECORD-NUMBER		
1	PRV063	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
1	PRV064	PROV-LOCATION-ID	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and –RX record segments	Required
1	PRV064	PROV-LOCATION-ID		
1	PRV064	PROV-LOCATION-ID		

1	PRV064	PROV-LOCATION-ID		
1	PRV065	PROV-LICENSE-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-LICENSING-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Required
1	PRV065	PROV-LICENSE-EFF-DATE		
1	PRV065	PROV-LICENSE-EFF-DATE		
1	PRV065	PROV-LICENSE-EFF-DATE		
1	PRV065	PROV-LICENSE-EFF-DATE		
1	PRV065	PROV-LICENSE-EFF-DATE		
1	PRV066	PROV-LICENSE-END-DATE	The last day of the time span during which the values in all data elements in the PROV-LICENSING-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created)	Required
1	PRV066	PROV-LICENSE-END-DATE		
1	PRV066	PROV-LICENSE-END-DATE		
1	PRV066	PROV-LICENSE-END-DATE		
1	PRV066	PROV-LICENSE-END-DATE		
1	PRV066	PROV-LICENSE-END-DATE		
1	PRV066	PROV-LICENSE-END-DATE		
1	PRV066	PROV-LICENSE-END-DATE		
1	PRV067	LICENSE-TYPE	A code to identify the kind of license or accreditation number that is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element.	Required
1	PRV067	LICENSE-TYPE		Required
1	PRV067	LICENSE-TYPE		
1	PRV067	LICENSE-TYPE		

1	PRV068	LICENSE-ISSUING-ENTITY-ID	A free text field to capture the identity of the entity issuing the license or accreditation.	Required
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV068	LICENSE-ISSUING-ENTITY-ID		
1	PRV069	LICENSE-OR-ACCREDITATION-NUMBER	A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body identified in the LICENSE-ISSUING-ENTITY-ID data element.	Required
1	PRV069	LICENSE-OR-ACCREDITATION-NUMBER		
1	PRV070	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional

1	PRV070	STATE-NOTATION		
1	PRV071	FILLER		
1	PRV072	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV072	RECORD-ID		
1	PRV072	RECORD-ID		
1	PRV072	RECORD-ID		
1	PRV073	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV073	SUBMITTING-STATE		
1	PRV073	SUBMITTING-STATE		
1	PRV073	SUBMITTING-STATE		
1	PRV074	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	PRV074	RECORD-NUMBER		
1	PRV074	RECORD-NUMBER		
1	PRV075	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
1	PRV076	PROV-LOCATION-ID	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and –RX record segments	Required
1	PRV076	PROV-LOCATION-ID		
1	PRV076	PROV-LOCATION-ID		

1	PRV076	PROV-LOCATION-ID		
1	PRV077	PROV-IDENTIFIER-TYPE	A code to identify the kind of provider identifier that is captured in the PROV-IDENTIFER data element.	Required
1	PRV077	PROV-IDENTIFIER-TYPE		
1	PRV077	PROV-IDENTIFIER-TYPE		
1	PRV077	PROV-IDENTIFIER-TYPE		
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID	A free text field to capture the identity of the entity that issued the provider identifier in the PROV-IDENTIFER data element.	Required
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID		
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID		
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID		
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID		
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID		
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID		
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID		
1	PRV078	PROV-IDENTIFIER-ISSUING-ENTITY-ID		
1	PRV079	PROV-IDENTIFIER-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-IDENTIFIERS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	PRV079	PROV-IDENTIFIER-EFF-DATE		
1	PRV079	PROV-IDENTIFIER-EFF-DATE		
1	PRV079	PROV-IDENTIFIER-EFF-DATE		

1	PRV079	PROV-IDENTIFIER-EFF-DATE		
1	PRV079	PROV-IDENTIFIER-EFF-DATE		
1	PRV080	PROV-IDENTIFIER-END-DATE	The last day of the time span during which the values in all data elements in the PROV-IDENTIFIERS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required
1	PRV080	PROV-IDENTIFIER-END-DATE		
1	PRV080	PROV-IDENTIFIER-END-DATE		
1	PRV080	PROV-IDENTIFIER-END-DATE		
1	PRV080	PROV-IDENTIFIER-END-DATE		
1	PRV080	PROV-IDENTIFIER-END-DATE		
1	PRV080	PROV-IDENTIFIER-END-DATE		
1	PRV080	PROV-IDENTIFIER-END-DATE		
1	PRV080	PROV-IDENTIFIER-END-DATE		
1	PRV081	PROV-IDENTIFIER	A data element to capture the various ways used to distinguish providers from one another on claims and other interactions between providers and other entities. The specific type of identifier is shown in the corresponding value in the IDENTIFIER-TYPE data element.	Required
1	PRV081	PROV-IDENTIFIER		
1	PRV081	PROV-IDENTIFIER		

1	PRV081	PROV-IDENTIFIER		
1	PRV081	PROV-IDENTIFIER		
1	PRV082	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	PRV082	STATE-NOTATION		

1	PRV083	FILLER		
1	PRV084	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV084	RECORD-ID		
1	PRV084	RECORD-ID		
1	PRV084	RECORD-ID		
1	PRV085	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV085	SUBMITTING-STATE		
1	PRV085	SUBMITTING-STATE		
1	PRV085	SUBMITTING-STATE		
1	PRV086	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	PRV086	RECORD-NUMBER		
1	PRV086	RECORD-NUMBER		
1	PRV087	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required

1	PRV088	PROV-CLASSIFICATION-TYPE	A code to identify the schema used in the PROV-CLASSIFICATION-CODE field to categorize providers.	Required
1	PRV088	PROV-CLASSIFICATION-TYPE		
1	PRV088	PROV-CLASSIFICATION-TYPE		
1	PRV089	PROV-CLASSIFICATION-CODE	The code values from the categorization schema identified in the PROV-CLASSIFICATION-TYPE data element. Valid value lists for each PROV-CLASSIFICATION-TYPE code are listed. Note: States should apply these classification schemas consistently across all providers.	Required
1	PRV089	PROV-CLASSIFICATION-CODE		
1	PRV089	PROV-CLASSIFICATION-CODE		
1	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-TAXONOMY-CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE		
1	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE		
1	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE		

1	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE		
1	PRV090	PROV-TAXONOMY-CLASSIFICATION-EFF-DATE		
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE	The last day of the time span during which the values in all data elements in the PROV-TAXONOMY-CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE		
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE		
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE		
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE		
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE		
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE		
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE		
1	PRV091	PROV-TAXONOMY-CLASSIFICATION-END-DATE		
1	PRV092	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	PRV092	STATE-NOTATION		
1	PRV093	FILLER		

1	PRV094	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV094	RECORD-ID		
1	PRV094	RECORD-ID		
1	PRV094	RECORD-ID		
1	PRV095	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV095	SUBMITTING-STATE		
1	PRV095	SUBMITTING-STATE		
1	PRV095	SUBMITTING-STATE		
1	PRV096	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	PRV096	RECORD-NUMBER		
1	PRV096	RECORD-NUMBER		
1	PRV097	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
1	PRV098	PROV-MEDICAID-EFF-DATE	The first day of the time span during which the values in all data elements on a PROV-MEDICAID record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	PRV098	PROV-MEDICAID-EFF-DATE		
1	PRV098	PROV-MEDICAID-EFF-DATE		
1	PRV098	PROV-MEDICAID-EFF-DATE		
1	PRV098	PROV-MEDICAID-EFF-DATE		
1	PRV099	PROV-MEDICAID-END-DATE	The last day of the time span during which the values in all data elements on a PROV-MEDICAID record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	PRV099	PROV-MEDICAID-END-DATE		

1	PRV099	PROV-MEDICAID-END-DATE		
1	PRV099	PROV-MEDICAID-END-DATE		
1	PRV099	PROV-MEDICAID-END-DATE		
1	PRV099	PROV-MEDICAID-END-DATE		
1	PRV099	PROV-MEDICAID-END-DATE		
1	PRV099	PROV-MEDICAID-END-DATE		
1	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE	A code representing the provider's Medicaid and/or CHIP enrollment status for the time span specified by the PROV-MEDICAID-EFF-DATE and PROV-MEDICAID-END-DATE data elements. Note: The STATE-PLAN-ENROLLMENT data element identifies whether the provider is enrolled in Medicaid, CHIP, or both.	Required
1	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE		
1	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE		
1	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE		
1	PRV100	PROV-MEDICAID-ENROLLMENT-STATUS-CODE		
1	PRV101	STATE-PLAN-ENROLLMENT	The state plan with which a provider has an affiliation and is able to provide services to the state's fee for service enrollees.	Required
1	PRV102	PROV-ENROLLMENT-METHOD	Process by which a provider was enrolled in Medicaid or CHIP.	Required
1	PRV103	APPL-DATE	The date on which the provider applied for enrollment into the State's Medicaid and/or CHIP program.	Required
1	PRV103	APPL-DATE		
1	PRV103	APPL-DATE		
1	PRV103	APPL-DATE		

1	PRV103	APPL-DATE		
1	PRV104	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	PRV104	STATE-NOTATION		
1	PRV105	FILLER		
1	PRV106	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV106	RECORD-ID		
1	PRV106	RECORD-ID		
1	PRV106	RECORD-ID		
1	PRV107	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV107	SUBMITTING-STATE		
1	PRV107	SUBMITTING-STATE		
1	PRV107	SUBMITTING-STATE		
1	PRV108	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	PRV108	RECORD-NUMBER		
1	PRV108	RECORD-NUMBER		
1	PRV109	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required

1	PRV110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY	The unique, state-assigned identification number for the group or subpart with which the individual or subpart is associated. (The submitting state's unique identifier for the group. (Note: The group will also in the provider data set as a provider (i.e., the group-as-a-provider).)	Required
1	PRV110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY		
1	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-AFFILIATED-GROUPS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE		
1	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE		
1	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE		
1	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE		
1	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE		
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE	The last day of the time span during which the values in all data elements in the PROV-AFFILIATED-GROUPS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE		
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE		
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE		
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE		
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE		
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE		
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE		
1	PRV112	PROV-AFFILIATED-GROUP-END-DATE		
1	PRV113	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional

1	PRV113	STATE-NOTATION		
1	PRV114	FILLER		
1	PRV115	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV115	RECORD-ID		
1	PRV115	RECORD-ID		
1	PRV115	RECORD-ID		
1	PRV116	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV116	SUBMITTING-STATE		
1	PRV116	SUBMITTING-STATE		
1	PRV116	SUBMITTING-STATE		
1	PRV117	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	PRV117	RECORD-NUMBER		
1	PRV117	RECORD-NUMBER		
1	PRV118	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required

1	PRV119	AFFILIATED-PROGRAM-TYPE	A code to identify the category of program that the provider is affiliated.	Required
1	PRV119	AFFILIATED-PROGRAM-TYPE		
1	PRV120	AFFILIATED-PROGRAM-ID	A data element to identify the Medicaid/CHIP programs, waivers and demonstrations in which the provider participates.	Required
1	PRV120	AFFILIATED-PROGRAM-ID		
1	PRV120	AFFILIATED-PROGRAM-ID		
1	PRV120	AFFILIATED-PROGRAM-ID		

1	PRV120	AFFILIATED-PROGRAM-ID		
1	PRV120	AFFILIATED-PROGRAM-ID		
1	PRV120	AFFILIATED-PROGRAM-ID		
1	PRV120	AFFILIATED-PROGRAM-ID		
1	PRV120	AFFILIATED-PROGRAM-ID		
1	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-AFFILIATED-PROGRAMS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE		
1	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE		
1	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE		
1	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE		
1	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE		
1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	The last day of the time span during which the values in all data elements in the PROV-AFFILIATED-PROGRAMS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE		
1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE		
1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE		
1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE		
1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE		

1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE		
1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE		
1	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE		
1	PRV123	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	PRV123	STATE-NOTATION		
1	PRV124	FILLER		
1	PRV125	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	PRV125	RECORD-ID		
1	PRV125	RECORD-ID		
1	PRV125	RECORD-ID		
1	PRV126	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	PRV126	SUBMITTING-STATE		
1	PRV126	SUBMITTING-STATE		
1	PRV126	SUBMITTING-STATE		
1	PRV127	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	PRV127	RECORD-NUMBER		

1	PRV127	RECORD-NUMBER		
1	PRV128	SUBMITTING-STATE-PROV-ID	The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
1	PRV129	PROV-LOCATION-ID	A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and –RX record segments	Required
1	PRV129	PROV-LOCATION-ID		
1	PRV129	PROV-LOCATION-ID		
1	PRV129	PROV-LOCATION-ID		
1	PRV130	BED-TYPE-EFF-DATE	The first day of the time span during which the values in all data elements in the PROV-BED-TYPE-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	PRV130	BED-TYPE-EFF-DATE		
1	PRV130	BED-TYPE-EFF-DATE		
1	PRV130	BED-TYPE-EFF-DATE		
1	PRV130	BED-TYPE-EFF-DATE		
1	PRV130	BED-TYPE-EFF-DATE		
1	PRV131	BED-TYPE-END-DATE	The last day of the time span during which the values in all data elements in the PROV-BED-TYPE-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	PRV131	BED-TYPE-END-DATE		
1	PRV131	BED-TYPE-END-DATE		
1	PRV131	BED-TYPE-END-DATE		
1	PRV131	BED-TYPE-END-DATE		
1	PRV131	BED-TYPE-END-DATE		
1	PRV131	BED-TYPE-END-DATE		
1	PRV131	BED-TYPE-END-DATE		

1	PRV134	BED-TYPE-CODE	A code to classify beds available at a facility.	Required
1	PRV134	BED-TYPE-CODE		
1	PRV134	BED-TYPE-CODE		
1	PRV135	BED-COUNT	A count of the number of beds available at the facility for the category of bed identified in the BED-TYPE-CODE data element.	Required
1	PRV135	BED-COUNT		
1	PRV135	BED-COUNT		
1	PRV136	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	PRV136	STATE-NOTATION		
1	PRV137	FILLER		
1	TPL001	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
1	TPL001	RECORD-ID		
1	TPL001	RECORD-ID		
1	TPL001	RECORD-ID		
1	TPL001	RECORD-ID		
1	TPL002	DATA-DICTIONARY-VERSION	A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required

1	TPL003	SUBMISSION-TRANSACTION-TYPE	A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
1	TPL003	SUBMISSION-TRANSACTION-TYPE		
1	TPL004	FILE-ENCODING-SPECIFICATION	A data element to denote whether the file is in fixed length line format or delimited format.	Required
1	TPL004	FILE-ENCODING-SPECIFICATION		
1	TPL005	DATA-MAPPING-DOCUMENT-VERSION	A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
1	TPL006	FILE-NAME	The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
1	TPL006	FILE-NAME		
1	TPL006	FILE-NAME		
1	TPL007	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	TPL007	SUBMITTING-STATE		
1	TPL008	DATE-FILE-CREATED	The date on which the file was created.	Required
1	TPL008	DATE-FILE-CREATED		
1	TPL008	DATE-FILE-CREATED		
1	TPL008	DATE-FILE-CREATED		
1	TPL008	DATE-FILE-CREATED		
1	TPL009	START-OF-TIME-PERIOD	Beginning date of the month covered by this file.	Required
1	TPL009	START-OF-TIME-PERIOD		
1	TPL009	START-OF-TIME-PERIOD		
1	TPL009	START-OF-TIME-PERIOD		
1	TPL009	START-OF-TIME-PERIOD		
1	TPL010	END-OF-TIME-PERIOD	Last date of the reporting period covered by the file to which this Header Record is attached.	Required
1	TPL010	END-OF-TIME-PERIOD		
1	TPL010	END-OF-TIME-PERIOD		
1	TPL010	END-OF-TIME-PERIOD		
1	TPL010	END-OF-TIME-PERIOD		

1	TPL011	FILE-STATUS-INDICATOR	A code to indicate whether the records in the file are test or production records.	Required
1	TPL011	FILE-STATUS-INDICATOR		
1	TPL012	SSN-INDICATOR	Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
1	TPL012	SSN-INDICATOR		
1	TPL012	SSN-INDICATOR		
1	TPL013	TOT-REC-CNT	A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
1	TPL013	TOT-REC-CNT		
1	TPL088	SEQUENCE-NUMBER	To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
1	TPL088	SEQUENCE-NUMBER		
1	TPL014	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	TPL014	STATE-NOTATION		

1	TPL015	FILLER		
1	TPL016	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	TPL016	RECORD-ID		
1	TPL016	RECORD-ID		
1	TPL016	RECORD-ID		
1	TPL016	RECORD-ID		
1	TPL017	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	TPL017	SUBMITTING-STATE		
1	TPL017	SUBMITTING-STATE		
1	TPL018	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	TPL018	RECORD-NUMBER		
1	TPL018	RECORD-NUMBER		
1	TPL019	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	TPL019	MSIS-IDENTIFICATION-NUM		
1	TPL019	MSIS-IDENTIFICATION-NUM		
1	TPL019	MSIS-IDENTIFICATION-NUM		
1	TPL019	MSIS-IDENTIFICATION-NUM		

1	TPL020	TPL-HEALTH-INSURANCE-COVERAGE-IND	A flag to indicate that the Medicaid/CHIP eligible person has some form of third party insurance coverage.	Required
1	TPL020	TPL-HEALTH-INSURANCE-COVERAGE-IND		
1	TPL021	TPL-OTHER-COVERAGE-IND	A flag to indicate that the Medicaid/CHIP eligible person has some other form of third party funding besides insurance coverage.	Required
1	TPL022	ELIGIBLE-FIRST-NAME	The first name of the individual to whom the services were provided.	Conditional
1	TPL023	ELIGIBLE-MIDDLE-INIT	The middle initial of the individual to whom the services were provided.	Optional
1	TPL024	ELIGIBLE-LAST-NAME	The last name of the individual to whom the services were provided.	Required
1	TPL025	ELIG-PRSN-MAIN-EFF-DATE	The first day of the time span during which the values in all data elements in the ELIG-PRSN-MAIN-EFF-DATE record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	TPL025	ELIG-PRSN-MAIN-EFF-DATE		
1	TPL025	ELIG-PRSN-MAIN-EFF-DATE		
1	TPL025	ELIG-PRSN-MAIN-EFF-DATE		
1	TPL025	ELIG-PRSN-MAIN-EFF-DATE		
1	TPL025	ELIG-PRSN-MAIN-EFF-DATE		
1	TPL026	ELIG-PRSN-MAIN-END-DATE	The last day of the time span during which the values in all data elements in the ELIG-PRSN-MAIN-EFF-DATE record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	TPL026	ELIG-PRSN-MAIN-END-DATE		
1	TPL026	ELIG-PRSN-MAIN-END-DATE		

1	TPL026	ELIG-PRSN-MAIN-END-DATE		
1	TPL027	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	TPL027	STATE-NOTATION		
1	TPL028	FILLER		
1	TPL029	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	TPL029	RECORD-ID		
1	TPL029	RECORD-ID		
1	TPL029	RECORD-ID		
1	TPL029	RECORD-ID		
1	TPL030	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	TPL030	SUBMITTING-STATE		
1	TPL030	SUBMITTING-STATE		

1	TPL031	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	TPL031	RECORD-NUMBER		
1	TPL031	RECORD-NUMBER		
1	TPL032	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	TPL032	MSIS-IDENTIFICATION-NUM		
1	TPL032	MSIS-IDENTIFICATION-NUM		
1	TPL032	MSIS-IDENTIFICATION-NUM		
1	TPL032	MSIS-IDENTIFICATION-NUM		
1	TPL033	INSURANCE-CARRIER-ID-NUM	The state's internal identification number of the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL033	INSURANCE-CARRIER-ID-NUM		
1	TPL034	INSURANCE-PLAN-ID	The ID number issued by the Insurance carrier providing third party liability insurance coverage to beneficiaries. Typically the Plan ID/Plan Num is on the beneficiaries' insurance card.	Required
1	TPL034	INSURANCE-PLAN-ID		
1	TPL034	INSURANCE-PLAN-ID		
1	TPL035	GROUP-NUM	The group number of the Third Party Liability (TPL) health insurance policy.	Optional
1	TPL035	GROUP-NUM		
1	TPL035	GROUP-NUM		
1	TPL035	GROUP-NUM		

1	TPL036	MEMBER-ID	Member identification number as it appears on the card issued by the TPL insurance carrier.	Required
1	TPL036	MEMBER-ID		
1	TPL036	MEMBER-ID		
1	TPL037	INSURANCE-PLAN-TYPE	Code to classify the type of insurance plan providing TPL coverage.	Required
1	TPL037	INSURANCE-PLAN-TYPE		
1	TPL089	COVERAGE-TYPE	Code indicating the level of coverage being provided under this policy for the insured by the TPL carrier.	Required
1	TPL038	ANNUAL-DEDUCTIBLE-AMT	Annual amount paid each year by the enrollee in the plan before a health plan benefit begins.	Required
1	TPL044	POLICY-OWNER-FIRST-NAME	The first name of the owner of the insurance policy. For example, the owner of this may be the Medicaid/CHIP beneficiary.	Conditional
1	TPL044	POLICY-OWNER-FIRST-NAME		
1	TPL044	POLICY-OWNER-FIRST-NAME		
1	TPL044	POLICY-OWNER-FIRST-NAME		
1	TPL044	POLICY-OWNER-FIRST-NAME		
1	TPL045	POLICY-OWNER-LAST-NAME	The last name of the owner of the insurance policy. For example, the owner of this may be the Medicaid/CHIP beneficiary.	Conditional

1	TPL045	POLICY-OWNER-LAST-NAME		
1	TPL045	POLICY-OWNER-LAST-NAME		
1	TPL045	POLICY-OWNER-LAST-NAME		
1	TPL045	POLICY-OWNER-LAST-NAME		
1	TPL046	POLICY-OWNER-SSN	The policy owner’s social security number.	Required
1	TPL046	POLICY-OWNER-SSN		
1	TPL046	POLICY-OWNER-SSN		
1	TPL047	POLICY-OWNER-CODE	This code identifies the relationship of the policy holder to the Medicaid/CHIP beneficiary.	Required
1	TPL047	POLICY-OWNER-CODE		
1	TPL048	INSURANCE-COVERAGE-EFF-DATE	The first day of the time span during which the Medicaid enrollee is covered under the policy. This date field is necessary when defining a unique row in a database table.	Required
1	TPL048	INSURANCE-COVERAGE-EFF-DATE		
1	TPL048	INSURANCE-COVERAGE-EFF-DATE		
1	TPL048	INSURANCE-COVERAGE-EFF-DATE		
1	TPL048	INSURANCE-COVERAGE-EFF-DATE		

1	TPL048	INSURANCE-COVERAGE-EFF-DATE		
1	TPL048	INSURANCE-COVERAGE-EFF-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE	The last day of the time span during which the Medicaid enrollee is covered under the policy.	Required
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL049	INSURANCE-COVERAGE-END-DATE		
1	TPL050	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	TPL050	STATE-NOTATION		

1	TPL051	FILLER		
1	TPL052	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	TPL052	RECORD-ID		
1	TPL052	RECORD-ID		
1	TPL052	RECORD-ID		
1	TPL052	RECORD-ID		
1	TPL053	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	TPL053	SUBMITTING-STATE		
1	TPL053	SUBMITTING-STATE		
1	TPL054	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	TPL054	RECORD-NUMBER		
1	TPL054	RECORD-NUMBER		
1	TPL055	INSURANCE-CARRIER-ID-NUM	The state's internal identification number of the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL055	INSURANCE-CARRIER-ID-NUM		
1	TPL056	INSURANCE-PLAN-ID	The ID number issued by the Insurance carrier providing third party liability insurance coverage to beneficiaries. Typically the Plan ID/Plan Num is on the beneficiaries' insurance card.	Required

1	TPL056	INSURANCE-PLAN-ID		
1	TPL056	INSURANCE-PLAN-ID		
1	TPL057	INSURANCE-PLAN-TYPE	Code to classify the entity providing TPL coverage.	Required
1	TPL057	INSURANCE-PLAN-TYPE		
1	TPL058	COVERAGE-TYPE	Code indicating the level of coverage being provided under this policy for the insured by the TPL carrier.	Required
1	TPL059	INSURANCE-CATEGORIES-EFF-DATE	The first day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	TPL059	INSURANCE-CATEGORIES-EFF-DATE		
1	TPL059	INSURANCE-CATEGORIES-EFF-DATE		
1	TPL059	INSURANCE-CATEGORIES-EFF-DATE		
1	TPL059	INSURANCE-CATEGORIES-EFF-DATE		
1	TPL059	INSURANCE-CATEGORIES-EFF-DATE		
1	TPL060	INSURANCE-CATEGORIES-END-DATE	The last day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	TPL060	INSURANCE-CATEGORIES-END-DATE		
1	TPL060	INSURANCE-CATEGORIES-END-DATE		
1	TPL060	INSURANCE-CATEGORIES-END-DATE		

1	TPL060	INSURANCE-CATEGORIES-END-DATE		
1	TPL060	INSURANCE-CATEGORIES-END-DATE		
1	TPL060	INSURANCE-CATEGORIES-END-DATE		
1	TPL060	INSURANCE-CATEGORIES-END-DATE		
1	TPL060	INSURANCE-CATEGORIES-END-DATE		

1	TPL060	INSURANCE-CATEGORIES-END-DATE		
1	TPL061	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	TPL061	STATE-NOTATION		
1	TPL062	FILLER		
1	TPL063	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required

1	TPL063	RECORD-ID		
1	TPL063	RECORD-ID		
1	TPL063	RECORD-ID		
1	TPL063	RECORD-ID		
1	TPL064	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	TPL064	SUBMITTING-STATE		
1	TPL064	SUBMITTING-STATE		
1	TPL065	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	TPL065	RECORD-NUMBER		
1	TPL065	RECORD-NUMBER		
1	TPL066	MSIS-IDENTIFICATION-NUM	A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
1	TPL066	MSIS-IDENTIFICATION-NUM		
1	TPL066	MSIS-IDENTIFICATION-NUM		
1	TPL066	MSIS-IDENTIFICATION-NUM		
1	TPL066	MSIS-IDENTIFICATION-NUM		
1	TPL067	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	This code identifies the other types of liabilities an individual may have which are not necessarily defined as a health insurance plan listed INSURANCE-TYPE-PLAN.	Required

1	TPL067	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY		
1	TPL068	OTHER-TPL-EFF-DATE	The first day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	TPL068	OTHER-TPL-EFF-DATE		
1	TPL068	OTHER-TPL-EFF-DATE		
1	TPL068	OTHER-TPL-EFF-DATE		
1	TPL068	OTHER-TPL-EFF-DATE		
1	TPL068	OTHER-TPL-EFF-DATE		
1	TPL068	OTHER-TPL-EFF-DATE		
1	TPL069	OTHER-TPL-END-DATE	The last day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required
1	TPL069	OTHER-TPL-END-DATE		
1	TPL069	OTHER-TPL-END-DATE		
1	TPL069	OTHER-TPL-END-DATE		

1	TPL069	OTHER-TPL-END-DATE		
1	TPL069	OTHER-TPL-END-DATE		
1	TPL069	OTHER-TPL-END-DATE		
1	TPL069	OTHER-TPL-END-DATE		
1	TPL069	OTHER-TPL-END-DATE		
1	TPL069	OTHER-TPL-END-DATE		
1	TPL070	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	TPL070	STATE-NOTATION		
1	TPL071	FILLER		
1	TPL072	RECORD-ID	An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
1	TPL072	RECORD-ID		
1	TPL072	RECORD-ID		
1	TPL072	RECORD-ID		

1	TPL072	RECORD-ID		
1	TPL073	SUBMITTING-STATE	The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
1	TPL073	SUBMITTING-STATE		
1	TPL073	SUBMITTING-STATE		
1	TPL074	RECORD-NUMBER	A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
1	TPL074	RECORD-NUMBER		
1	TPL074	RECORD-NUMBER		
1	TPL075	INSURANCE-CARRIER-ID-NUM	The state's internal identification number of the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL075	INSURANCE-CARRIER-ID-NUM		
1	TPL076	TPL-ENTITY-ADDR-TYPE	A code to distinguish various addresses that a TPL entity may have. The state should report whatever types of address they have.	Required
1	TPL076	TPL-ENTITY-ADDR-TYPE		
1	TPL077	INSURANCE-CARRIER-ADDR-LN1	The street address, including the street name, street number, and room/suite number or letter, for the location for the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL077	INSURANCE-CARRIER-ADDR-LN1		
1	TPL077	INSURANCE-CARRIER-ADDR-LN1		
1	TPL078	INSURANCE-CARRIER-ADDR-LN2	The street address, including the street name, street number, and room/suite number or letter, for the location for the Third Party Liability (TPL) Insurance carrier.	Optional
1	TPL079	INSURANCE-CARRIER-ADDR-LN3	The street address, including the street name, street number, and room/suite number or letter, for the location for the Third Party Liability (TPL) Insurance carrier.	Optional
1	TPL080	INSURANCE-CARRIER-CITY	The city of the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL081	INSURANCE-CARRIER-STATE	The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the Third Party Liability (TPL) Insurance carrier.	Required

1	TPL082	INSURANCE-CARRIER-ZIP-CODE	The Zip Code of the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL082	INSURANCE-CARRIER-ZIP-CODE		
1	TPL082	INSURANCE-CARRIER-ZIP-CODE		
1	TPL082	INSURANCE-CARRIER-ZIP-CODE		
1	TPL082	INSURANCE-CARRIER-ZIP-CODE		
1	TPL083	INSURANCE-CARRIER-PHONE-NUM	The telephone number of the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL083	INSURANCE-CARRIER-PHONE-NUM		
1	TPL083	INSURANCE-CARRIER-PHONE-NUM		
1	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	The first day of the time span during which the values in all data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
1	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE		
1	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE		
1	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE		
1	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE		
1	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE	The last day of the time span during which the values in all data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
1	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE		
1	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE		
1	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE		
1	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE		
1	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE		

1	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE		
1	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE		
1	TPL086	STATE-NOTATION	A free text field for the submitting state to enter whatever information it chooses.	Optional
1	TPL086	STATE-NOTATION		
1	TPL090	INSURANCE-CARRIER-NAIC-CODE	The National Association of Insurance Commissioners (NAIC) code of the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL091	INSURANCE-CARRIER-NAME	The name of the Third Party Liability (TPL) Insurance carrier.	Required
1	TPL091	INSURANCE-CARRIER-NAME		
1	TPL091	INSURANCE-CARRIER-NAME		
1	TPL092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishe	Required
1	TPL092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE		
1	TPL092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE		
1	TPL092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE		
1	TPL093	NATIONAL-HEALTH-CARE-ENTITY-ID	The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity) at the most granular sub-health plan level of the Medicaid or CHIP health plan in which an individual is enrolled. (See 45 CFR 162 Subpart E. http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf)	Required

1	TPL093	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	TPL093	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	TPL093	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	TPL093	NATIONAL-HEALTH-CARE-ENTITY-ID		
1	TPL094	NATIONAL-HEALTH-CARE-ENTITY-NAME	The legal name of the health care entity identified by the corresponding value in the NATIONAL-HEALTH-CARE-ENTITY-ID field.	Required
1	TPL094	NATIONAL-HEALTH-CARE-ENTITY-NAME		
0				
1	TPL087	FILLER		

F - CODING_REQUIREMENT	K - VALID_VALUE	L - LAST_UPDATE_DATE	M - FILENAME
Value must be equal to a valid value.	CIP00001 - FILE-HEADER-RECORD-IP	4/30/2013	CLAIMIP
Must be populated on every record		4/30/2013	CLAIMIP
Must be in correct format as shown in definition		4/30/2013	CLAIMIP
Use the version number specified on the title page of the data dictionary		2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMIP
Value must be equal to a valid value.	FLF The file follows a fixed length format. PSV The file follows a pipe-delimited format.	4/30/2013	CLAIMIP
Use the version number specified on the title page of the data mapping document		2/25/2013	CLAIMIP
Value must be equal to a valid value.	CLAIM-IP - Inpatient Claim/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 001, 058, 084, 086, 090, 091, 092, 093, 123, or 132. (Note: In CLAIMIP, TYPE-OF-SERVICE 086 and 084 refer only to services received on an inpatient basis.)	10/10/2013	CLAIMIP
Value must be numeric	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMIP
Value must be equal to a valid value.		2/25/2013	CLAIMIP
Must be populated on every record.		4/30/2013	CLAIMIP
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP

Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.		10/10/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
Value must be equal to a valid value.	P Production File T Test File	2/25/2013	CLAIMIP
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER	4/30/2013	CLAIMIP
A state's SSN/Non-SSN designation on the eligibility file should match on the claims files.		4/30/2013	CLAIMIP
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.		4/30/2013	CLAIMIP
An integer value with no commas		10/10/2013	CLAIMIP
Field is required on all 'C', 'U', and 'R' record files.		10/10/2013	CLAIMIP
Must be numeric and > 0		10/10/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMIP
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMIP
		10/10/2013	CLAIMIP
Value must be equal to a valid value.	CIP00002 - CLAIM-HEADER-RECORD-IP	4/30/2013	CLAIMIP

Must be populated on every record		4/30/2013	CLAIMIP
Must be in correct format as shown in definition		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMIP
Value must be numeric		4/30/2013	CLAIMIP
Must be populated on every record		2/25/2013	CLAIMIP
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMIP
Must be populated on every record		10/10/2013	CLAIMIP
Must be numeric		4/30/2013	CLAIMIP
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMIP
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMIP
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.		2/25/2013	CLAIMIP
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0		4/30/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMIP
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMIP
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0		2/25/2013	CLAIMIP
Value must not be null		4/30/2013	CLAIMIP
MSIS Identification Number must be reported		4/30/2013	CLAIMIP
For non-SSN States, this field must contain an identification number assigned by the State. The format of the State ID numbers must be supplied to CMS.		2/25/2013	CLAIMIP
For TYPE-OF-CLAIM = 4 or D or X (lump sum adjustments), this field must begin with an '&'.		10/10/2013	CLAIMIP

For SSN States, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.		10/10/2013	CLAIMIP
Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim 9 Unknown	4/30/2013	CLAIMIP
If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).		4/30/2013	CLAIMIP
Detail records should be created for all crossover claims.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	00 Not a hospital 01 Inpatient Hospital 02 Outpatient Hospital 03 Critical Access Hospital 04 Swing Bed Hospital 05 Inpatient Psychiatric Hospital 06 IHS Hospital 07 Children's Hospital 08 Other 99 Unknown	10/10/2013	CLAIMIP
Value must be equal to a valid value.	0 No 1 Yes	2/25/2013	CLAIMIP
If 1115A-DEMONSTRATION-IND set to Yes on claim then there must be a 1115A-DEMONSTRATION-IND set to Yes (1115 participant) in the T-MSIS Eligible file with the same MSIS ID and/or SSN, an 1115A-EFF-DATE < the begin date of service and an 1115A-END-DATE > the end date of service on the claim.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	0 Original Claim / Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown	4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/refer	4/30/2013	CLAIMIP
If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE). If claim record does not represent an adjustment, 8-fill		2/25/2013	CLAIMIP

Value must be equal to a valid value.	1 EMERGENCY The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room. 2 URGENT The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation. 3 ELECTIVE The patient's condition permits adequate time to schedule the availability of a suitable accommodation. 4 NEWBORN The patient is a newborn delivered either inside the admitting hospital (UB04 FL 15 value 5 [A baby born inside the admitting hospital] or outside of the hospital (UB04 FL 15 value "6" [A baby born outside the admitting hospital]). 5 TRAUMA The patient visits a trauma center (A trauma center means a facility licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of surgeons and involving a trauma activation.) 8 NOT AVALIABLE 9 UNKNOWN	4/30/2013	CLAIMIP
Value as it is reported in FL 14 - Type of Admission/Visit on the UB04.		2/25/2013	CLAIMIP
Value must originate from the DRGS list or be blank.	http://www.cms.gov/Medicare	10/10/2013	CLAIMIP
States using the federal code should leave DRG-description blank; otherwise they should use a code that legitimately belongs to their code set.		4/30/2013	CLAIMIP

Code full valid ICD 9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ". Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
E-codes are not valid as Admitting Diagnosis Codes.		10/10/2013	CLAIMIP
The diagnosis provided by the physician at the time of admission which describes the patient's condition upon admission to the hospital. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8- or 9-fill.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
The state must use a code that belongs to the code set that they report they are using.		10/10/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items		2/25/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP

The primary diagnosis code goes into DIAGNOSIS-CODE1		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields		2/25/2013	CLAIMIP
Value must be equal to a valid value.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP

Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		4/30/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP

Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP

For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP

Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP

Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP

Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP

For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP

Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP

Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP

Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMIP
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMIP
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMIP
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMIP
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMIP
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.		2/25/2013	CLAIMIP
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMIP

For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMIP
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMIP
Enter DRG used by the state		2/25/2013	CLAIMIP
If DRGs are not used, 8-fill.		2/25/2013	CLAIMIP
Only a state that pays the claim by DRG should report this information		2/25/2013	CLAIMIP
Values are generated by combining two types of information: **Position 1-2**, State/Group generating DRG: If state specific system, fill with two digit US postal code representation for state. If CMS Grouper, fill with “HG”. If any other system, fill with “XX”. **Position 3-4**, fill with the number that represents the DRG version used (01-98). For example, “HG15" would represent CMS Grouper version 15. If version is unknown, fill with “99".		2/25/2013	CLAIMIP
If Value is unknown, fill the field with “9999".		2/25/2013	CLAIMIP
This field is required if DIAGNOSIS-RELATED-GROUP is populated.		4/30/2013	CLAIMIP

This field is required if DIAGNOSIS-RELATED-GROUP is populated.		4/30/2013	CLAIMIP
This field is required if DIAGNOSIS-RELATED-GROUP is populated.		4/30/2013	CLAIMIP
This field is required if DIAGNOSIS-RELATED-GROUP is populated.		4/30/2013	CLAIMIP
If a non-DRG paying state, set field to "8888"		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.	10/10/2013	CLAIMIP
If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:		2/25/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	10/10/2013	CLAIMIP
If no Principal Procedure (procedure-code-1) was performed, 8-fill		10/10/2013	CLAIMIP
Value must be 8-filled if corresponding procedure code is 8-filled.		10/10/2013	CLAIMIP

Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown	10/10/2013	CLAIMIP
If no Principal Procedure (procedure-code-1) was performed, 8-fill		10/10/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		10/10/2013	CLAIMIP
Value must be a valid date		10/10/2013	CLAIMIP
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.		10/10/2013	CLAIMIP
Date must occur before the ENDING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
This date must occur on or before the DATE-OF-DEATH in the Eligible file.		10/10/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.	10/10/2013	CLAIMIP

Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)		10/10/2013	CLAIMIP
If PROCDURE-CODE-FLAG-2 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:		10/10/2013	CLAIMIP
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.		10/10/2013	CLAIMIP
Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").		10/10/2013	CLAIMIP
If no PROCEDURE-CODE-2 was performed, 8-fill		10/10/2013	CLAIMIP
Note: An eighth character is provided for future expansion of this field.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled		10/10/2013	CLAIMIP
Value must be different from the preceding procedure code values.		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.		10/10/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	10/10/2013	CLAIMIP
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill		10/10/2013	CLAIMIP
Value must be 8-filled if corresponding procedure code is 8-filled.		10/10/2013	CLAIMIP

Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.		10/10/2013	CLAIMIP
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown	10/10/2013	CLAIMIP
If no second procedure was performed, 8-fill.		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.		10/10/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		10/10/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.		10/10/2013	CLAIMIP
Date must occur before the ENDING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP

Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.	10/10/2013	CLAIMIP
Value must be equal to a valid value.		10/10/2013	CLAIMIP
If PROCDURE-CODE-FLAG-3 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:		10/10/2013	CLAIMIP
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.		10/10/2013	CLAIMIP
Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").		10/10/2013	CLAIMIP
If no PROCEDURE-CODE-3 was performed, 8-fill		10/10/2013	CLAIMIP
Note: An eighth character is provided for future expansion of this field.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled.		10/10/2013	CLAIMIP
Value must be different from the preceding procedure code values.		10/10/2013	CLAIMIP

Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.		10/10/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	4/30/2013	CLAIMIP
Value must be 8-filled if corresponding procedure code is 8-filled		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.		10/10/2013	CLAIMIP
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill		10/10/2013	CLAIMIP
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown	10/10/2013	CLAIMIP
If no third procedure was performed, 8-fill.		2/25/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP

If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.		10/10/2013	CLAIMIP
Date must occur before the ENDING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
This date must occur on or before the DATE-OF-DEATH in the Eligible file.		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-DATE if the preceding PROCEDURE-CODE-DATE element is not populated. (i.e. if PROCEDURE-CODE-DATE-2 is populated, but PROCEDURE-CODE-DATE-3 is blank-filled, then PROCEDURE-CODE-DATE-4 must also not be valued.		4/30/2013	CLAIMIP
Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.	10/10/2013	CLAIMIP
Value must be equal to a valid value.		2/25/2013	CLAIMIP
If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:		2/25/2013	CLAIMIP
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.		10/10/2013	CLAIMIP

Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").		10/10/2013	CLAIMIP
If no PROCEDURE-CODE-4 was performed, 8-fill		10/10/2013	CLAIMIP
Note: An eighth character is provided for future expansion of this field.		10/10/2013	CLAIMIP
If PROCEDURE-CODE-2 AND PROCEDURE-CODE-3 = "88888888", then PROCEDURE-CODE-4 must = "88888888".		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.		10/10/2013	CLAIMIP
Value must be different from the preceding procedure code values.		10/10/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	4/30/2013	CLAIMIP
Value must be 8-filled if corresponding procedure code is 8-filled.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled.		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.		4/30/2013	CLAIMIP
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill		2/25/2013	CLAIMIP

Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown	10/10/2013	CLAIMIP
If no fourth procedure was performed, 8-fill.		2/25/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.		10/10/2013	CLAIMIP
Date must occur before the ENDING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
This date must occur on or before the DATE-OF-DEATH in the Eligible file.		4/30/2013	CLAIMIP

Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.	10/10/2013	CLAIMIP
Value must be equal to a valid value.		10/10/2013	CLAIMIP
If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:		10/10/2013	CLAIMIP
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.		10/10/2013	CLAIMIP
Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").		10/10/2013	CLAIMIP
If no PROCEDURE-CODE-5 was performed, 8-fill		10/10/2013	CLAIMIP
Note: An eighth character is provided for future expansion of this field.		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled.		10/10/2013	CLAIMIP

Value must be different from the preceding procedure code values.		10/10/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data.	Valid values are supplied by the state.	10/10/2013	CLAIMIP
Value must be 8-filled if corresponding procedure code is 8-filled.		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.		10/10/2013	CLAIMIP
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill		10/10/2013	CLAIMIP
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown	10/10/2013	CLAIMIP
If no fifth procedure was performed, 8-fill.		2/25/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.		10/10/2013	CLAIMIP

Date must occur before the ENDING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
This date must occur on or before the DATE-OF-DEATH in the Eligible file.		4/30/2013	CLAIMIP
Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.	10/10/2013	CLAIMIP
Value must be equal to a valid value.		10/10/2013	CLAIMIP
If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:		10/10/2013	CLAIMIP
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.		10/10/2013	CLAIMIP
Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").		10/10/2013	CLAIMIP
If no PROCEDURE-CODE-6 was performed, 8-fill		10/10/2013	CLAIMIP
Note: An eighth character is provided for future expansion of this field.		10/10/2013	CLAIMIP

Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.		10/10/2013	CLAIMIP
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled.		10/10/2013	CLAIMIP
Value must be different from the preceding procedure code values.		10/10/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	4/30/2013	CLAIMIP
Value must be 8-filled if corresponding procedure code is 8-filled.		10/10/2013	CLAIMIP
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.		10/10/2013	CLAIMIP
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill		10/10/2013	CLAIMIP
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown	10/10/2013	CLAIMIP
If no sixth procedure was performed, 8-fill.		2/25/2013	CLAIMIP

Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.		4/30/2013	CLAIMIP
Value must be 8-filled if there are no MEDICAID-COV-INPATIENT-DAYS.		10/10/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.		10/10/2013	CLAIMIP
Date must occur before the ENDING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
This date must occur on or before the DATE-OF-DEATH in the Eligible file.		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
ADMISSION-DATE must occur on or before the ADJUDICATION-DATE		4/30/2013	CLAIMIP
ADMISSION-DATE must occur on or before the DISCHARGE-DATE		4/30/2013	CLAIMIP
ADMISSION-DATE must occur on or after the DATE-OF-BIRTH listed in Eligible Record.		4/30/2013	CLAIMIP
ADMISSION-DATE must occur on or before the DATE-OF-DEATH listed in Eligible Record.		4/30/2013	CLAIMIP
Value must be a valid hour in military time format (00 to 23).	See Appendix A for listing of valid values.	2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
If a complete, valid date of discharge is not available or is unknown, fill with 99999999		2/25/2013	CLAIMIP
This date must occur on or after the ADMISSION-DATE.		4/30/2013	CLAIMIP
This date must occur on or after the ADJUDICATION-DATE.		4/30/2013	CLAIMIP

This field is required if TYPE-OF-SERVICE does not equal a capitated payment (Valid values for capitated payment include 119, 120, 122).		4/30/2013	CLAIMIP
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record.		4/30/2013	CLAIMIP
This date must occur on or before the DATE-OF-DEATH in the Eligible record		4/30/2013	CLAIMIP
Value must be a valid hour in military time format (00 to 23).	See Appendix A for listing of valid values.	2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.		2/25/2013	CLAIMIP
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.		2/25/2013	CLAIMIP
If a complete, valid date is not available or is unknown, 9-fil		2/25/2013	CLAIMIP
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD		4/30/2013	CLAIMIP
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE		4/30/2013	CLAIMIP
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.		4/30/2013	CLAIMIP
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMIP
States should only submit CHIP claims for CHIP eligibles		4/30/2013	CLAIMIP
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.		10/10/2013	CLAIMIP
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.		10/10/2013	CLAIMIP
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.		10/10/2013	CLAIMIP
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.		10/10/2013	CLAIMIP

Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMIP
Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction/Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO) 99 Unknown source	4/30/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9),, dashes (-), and spaces.		4/30/2013	CLAIMIP
If there is a valid check date there should also be a valid check number.		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
Could be the same as Remittance Date.		2/25/2013	CLAIMIP
If there is a valid check number, there should also be a valid check date.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMIP
Claims records for an eligible individual should not indicate Medicare as the source to indicate how an allowed charge was determined on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMIP

Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMIP
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMIP
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
The total amount should be the sum of each of the billed amounts submitted at the claim detail level.		2/25/2013	CLAIMIP
If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000".		4/30/2013	CLAIMIP

If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.		10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT		4/30/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code space in TOT-MEDICARE-COINS-AMT		2/25/2013	CLAIMIP
The total medicare deductible amount must be less than or equal the total billed amount.		10/10/2013	CLAIMIP
If TOT-MEDICARE-COINS-AMT = "88888", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "88888".		4/30/2013	CLAIMIP
If TOT-MEDICARE-COINS-AMT = "99999", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "99999".		4/30/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
Value should be reported as not applicable if the TYPE-OF-CLAIM is an encounter (valid values = 3, C, W)		4/30/2013	CLAIMIP
Value must be less than TOT-BILLED-AMT.		10/10/2013	CLAIMIP
Value must be 8-filled if 'TOT-MEDICARE-DEDUCTIBLE-AMT' is 8-filled.		10/10/2013	CLAIMIP
If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code space in TOT-MEDICARE-COINS-AMT		2/25/2013	CLAIMIP

This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
The absolute value of TOT-TPL-AMT must be < The absolute value of (TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).		10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMIP
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown	2/25/2013	CLAIMIP
Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other 99 Unknown	4/30/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
Required on service tracking records		2/25/2013	CLAIMIP
Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT.		2/25/2013	CLAIMIP
For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.		4/30/2013	CLAIMIP
If there is a service tracking type, then there must also be a service tracking payment amount.		4/30/2013	CLAIMIP

If SERVICE-TRACKING-TYPE <> "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE<> 000000000000.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment	4/30/2013	CLAIMIP
Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other	10/10/2013	CLAIMIP
Value must be equal to a valid value.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations	10/10/2013	CLAIMIP
Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount 9 Unknown	4/30/2013	CLAIMIP
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”		2/25/2013	CLAIMIP
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMIP
Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.		10/10/2013	CLAIMIP
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.		4/30/2013	CLAIMIP

If PROGRAM-TYPE=1915(i) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period.		4/30/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMIP
Use the number as it is carried in the state's system. (TYPE-OF-CLAIM=3, C, W)		2/25/2013	CLAIMIP
This data element must equal the BILLING-PROV-NUM if the TYPE-OF-SERVICE is a capitation payment.		10/10/2013	CLAIMIP
The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.		4/30/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	CLAIMIP
Large health plans are required to obtain national health plan identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.		2/25/2013	CLAIMIP
This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.		2/25/2013	CLAIMIP
NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area		2/25/2013	CLAIMIP
Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments	4/30/2013	CLAIMIP
Payment fields at either the claim header or line on encounter records should be left blank.		2/25/2013	CLAIMIP

Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS 04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS 06 IPFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model	10/10/2013	CLAIMIP
If this is a crossover Medicare claim, the claim must have a MEDICARE-REIM-TYPE.		10/10/2013	CLAIMIP
Must contain number of non-covered days.		10/10/2013	CLAIMIP
The sum of Non-Covered Days and Covered Days must not exceed Total Length of Stay (Statement Covers Period - Thru Date minus Admission Date\Start of Care) for any payer sequence.		2/25/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
Must contain number of covered days.		10/10/2013	CLAIMIP
This field is applicable when: - A CLAIMIP record includes at least one accommodation revenue code = (values 100-219) in REVENUE-CODE-(1-23) fields.		2/25/2013	CLAIMIP
This total must not be greater than double the duration between the DISCHARGE-DATE and the ADMISSION-DATE, plus one day.		4/30/2013	CLAIMIP
This field is required if the Type of Service is 001, 058, 084, 086, 090, 091, 092, 093, 123, 132.		10/10/2013	CLAIMIP
This field is required if the value for UB-REV-CODE is between 100-219.		10/10/2013	CLAIMIP
Must be populated on every record		4/30/2013	CLAIMIP
If the number of claim lines is above the state-approved limit, the record will be split and the split-claim-ind will equal 1.		10/10/2013	CLAIMIP
The claim line count should equal the sum of the claim lines for this record.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	0 No 1 Yes	4/30/2013	CLAIMIP

Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP

Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMIP
Required if reported on the claim.		2/25/2013	CLAIMIP

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP

Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP

If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		2/25/2013	CLAIMIP
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMIP
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMIP
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMIP
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMIP
Required for a claim involving child birth		10/10/2013	CLAIMIP
Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries		2/25/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		4/30/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		10/10/2013	CLAIMIP
Value must be an alphabetic character, or a blank (A-Z, a-z,)		4/30/2013	CLAIMIP
Leave blank if not available		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		4/30/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP

The numeric form for days and months from 1 to 9 must have a zero as the first digit.		2/25/2013	CLAIMIP
The patient's date of birth shall be reported in numeric form as follows – 2 digit month, 2 digit day, and 4 digit year		2/25/2013	CLAIMIP
A patient's age should not be greater than 112 years.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	0 No 1 Yes 8 Not Applicable 9 Unknown	10/10/2013	CLAIMIP
If a state has not yet begun collecting this information, HEALTH-HOME-PROV-IND, this field should be defaulted to the value "8."		2/25/2013	CLAIMIP
If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.		10/10/2013	CLAIMIP
States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.		4/30/2013	CLAIMIP
States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.		4/30/2013	CLAIMIP
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	4/30/2013	CLAIMIP
Value must correspond to associated WAIVER-ID		2/25/2013	CLAIMIP
An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02)		10/10/2013	CLAIMIP
If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.		10/10/2013	CLAIMIP
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.		4/30/2013	CLAIMIP
States supply waiver IDs to CMS	Valid values are supplied by the state.	4/30/2013	CLAIMIP
Fill in the WAIVER-ID applicable for this service rendered/claim submitted		2/25/2013	CLAIMIP

Enter the WAIVER-ID number assigned by the state, and approved by CMS		2/25/2013	CLAIMIP
If individual is not enrolled in a waiver or service does not fall under a waiver, 8-fill		2/25/2013	CLAIMIP
If there's a waiver type, there should be a corresponding waiver id.		4/30/2013	CLAIMIP
Enter the WAIVER-ID number approved by CMS.		4/30/2013	CLAIMIP
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.		4/30/2013	CLAIMIP
If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.		10/10/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	4/30/2013	CLAIMIP
If value is invalid, record it exactly as it appears in the state system.		2/25/2013	CLAIMIP
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122)		2/25/2013	CLAIMIP
Billing Provider must not be an individual or group on inpatient hospital claims.		4/30/2013	CLAIMIP
NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMIP
Valid characters include only numbers (0-9)		4/30/2013	CLAIMIP
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122)		2/25/2013	CLAIMIP
Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID).		4/30/2013	CLAIMIP
Billing Provider must be enrolled		4/30/2013	CLAIMIP
Billing Provider must not be an individual or group on inpatient hospital claims.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMIP
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion		2/25/2013	CLAIMIP

8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMIP
For encounter records (TYPE-OF-CLAIM= 3, C, W), this represents the entity billing (or reporting) to the Managed Care Plan (see PLAN-ID-NUMBER for reporting capitation plan-ID). CAPITATION-PLAN-ID should be used in this field only for premium payments (TYPE-OF-SERVICE=119, 120, 122).		2/25/2013	CLAIMIP
The state should use Taxonomy Crosswalk.pdf to crosswalk state codes to CMS codes		2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMIP
Valid characters include only numbers (0-9)		4/30/2013	CLAIMIP
NPI must be valid	http://www.cms.gov/Regulatio	4/30/2013	CLAIMIP
Record the value exactly as it appears in the state system.		2/25/2013	CLAIMIP
IF TYPE-OF-SERVICE= "119", "120", "121", or "122", then ADMITTING-PROV-NPI-NUM must = '8888888888'		10/10/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data.	Valid values are supplied by the state.	4/30/2013	CLAIMIP
If value is invalid, record it exactly as it appears in the state system		2/25/2013	CLAIMIP
Note: Once a national provider ID numbering system is in place, the national number should be used. If the State's legacy ID number is also available then that number can be entered in this field.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMIP
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMIP

A list of valid codes must be supplied by the state prior to submission of any file data.	Valid values are supplied by the state.	4/30/2013	CLAIMIP
If Value is invalid, record it exactly as it appears in the State system.		2/25/2013	CLAIMIP
If the referring provider number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the State file, then the State should use the DEA ID for this data element.		2/25/2013	CLAIMIP
NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMIP
Valid characters include only numbers (0-9)		4/30/2013	CLAIMIP
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		10/10/2013	CLAIMIP
Record the value exactly as it appears in the State system		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/refer	4/30/2013	CLAIMIP
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMIP
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
If there is an outlier-code then there must be an outlier amount.		10/10/2013	CLAIMIP
State specific		2/25/2013	CLAIMIP

Limit characters to alphabet (A-Z, a-z), numerals (0-9)		4/30/2013	CLAIMIP
"Railroad Retirees" - Railroad Retirement Board (RRB) HIC numbers generally have two alpha characters as a prefix to the number.		2/25/2013	CLAIMIP
If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.		4/30/2013	CLAIMIP
States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.		4/30/2013	CLAIMIP
Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	00 No Outlier 01 Day Outlier 02 Cost Outlier 06 Valid DRG Received from the intermediary 07 CMS Developed DRG 08 CMS Developed DRG Using Patient Status Code 09 Not Group able 10 Composite of cost outliers	4/30/2013	CLAIMIP
If there is an outlier-amount, then there is an outlier-code.		4/30/2013	CLAIMIP
Must be numeric		10/10/2013	CLAIMIP
Used in conjunction with OUTLIER-CODE field. The field identifies two mutually exclusive conditions. The first, for PPS providers (codes 0, 1, and 2), classifies stays of exceptional cost or length (outliers). The second, for non-PPS providers (codes 6, 7, 8, and 9), denotes the source for developing the DRG.		2/25/2013	CLAIMIP
If the unit of the outlier is days, then the outlier-days should not be missing.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.cms.hhs.gov/MLNMattersAr	4/30/2013	CLAIMIP
If the date of death is valued, then the patient status should indicate that the patient has expired.		10/10/2013	CLAIMIP

SI units: BMI = mass (kg) / (height(m))2 **Imperial/US Customary units:** BMI = mass (lb) * 703/ (height(in))2 BMI = mass (lb) * 4.88/ (height(ft))2 BMI = mass (st) * 9840/ (height(in))2		10/10/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9)..		10/10/2013	CLAIMIP
Value must not be null		4/30/2013	CLAIMIP
If there is a remittance date, then there must also be a remittance number.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMIP
If the claim has been split, the Transaction Handling Code indicator will indicate a Split Payment and Remittance (1000 BPR01 = U).		10/10/2013	CLAIMIP
Value must be equal to a valid value.	0 No 1 Yes	10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP

If no coinsurance is applicable enter 0.00		2/25/2013	CLAIMIP
If it is unknown whether coinsurance was paid, 9 fill		4/30/2013	CLAIMIP
Date format should be CCYYMMDD (National Data Standard)		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
If no copayment is applicable enter 0.00		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
If no deductible is applicable enter 0.00		2/25/2013	CLAIMIP
If it is unknown whether a deductible was paid, 9 fill		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMIP
Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	4/30/2013	CLAIMIP
It is expected that states will submit all denied claims to CMS.		2/25/2013	CLAIMIP
If the Type of Claim indicates the claim was denied, then this indicator must also indicate the claim was denied.		10/10/2013	CLAIMIP
Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment 8 Not Applicable: The benefit plan does not have a copay in this circumstance	4/30/2013	CLAIMIP

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	CLAIMIP
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.		4/30/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
If the field is not applicable, 8-fill		2/25/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
The value must be a valid NPI	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMIP
Valid characters include only numbers (0-9)		4/30/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z) and numbers (0-9)		4/30/2013	CLAIMIP
If individual is NOT enrolled in Medicare, 8-fill field		2/25/2013	CLAIMIP

Value must be equal to a valid value.	http://www.wpc-edi.com/refer	4/30/2013	CLAIMIP
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMIP
Left-fill unused bytes with spaces.		2/25/2013	CLAIMIP
NPI must be valid	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMIP
Valid characters include only numbers (0-9)		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMIP
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion		2/25/2013	CLAIMIP
Left-fill unused bytes with spaces		2/25/2013	CLAIMIP
NPI must be valid	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMIP
Valid characters include only numbers (0-9)		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMIP
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion		2/25/2013	CLAIMIP
Left-fill unused bytes with spaces		2/25/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.		2/25/2013	CLAIMIP

For claims where Medicare payment is only available at the header level, report the entire payment amount the T-MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other T-MSIS records created from the original claim.		2/25/2013	CLAIMIP
Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMIP
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMIP
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMIP
Limit characters to alphabet (A-Z), numerals (0-9)..		10/10/2013	CLAIMIP
The value should correspond with one of the location identifiers recorded in the provider's demographic records in the T-MSIS data set		10/10/2013	CLAIMIP
		10/10/2013	CLAIMIP
Value must be equal to a valid value.	CIP00003 - CLAIM-LINE-RECORD-IP	4/30/2013	CLAIMIP
Must be populated on every record		4/30/2013	CLAIMIP
Must be in correct format as shown in definition		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMIP
Must be populated on every record.		2/25/2013	CLAIMIP
Value must be numeric		4/30/2013	CLAIMIP

SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMIP
Must be populated on every record		10/10/2013	CLAIMIP
Must be numeric		4/30/2013	CLAIMIP
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	CLAIMIP
MSIS Identification Number must be reported		4/30/2013	CLAIMIP
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS		2/25/2013	CLAIMIP
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.		4/30/2013	CLAIMIP
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.		2/25/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	CLAIMIP
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMIP
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.		2/25/2013	CLAIMIP
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0		4/30/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	CLAIMIP
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMIP
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0		2/25/2013	CLAIMIP
Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.		2/25/2013	CLAIMIP
Record the value exactly as it appears in the state system. Do not pad		2/25/2013	CLAIMIP
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.		2/25/2013	CLAIMIP

Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown	4/30/2013	CLAIMIP
If there is a line adjustment number, then there must be a line-adjustment indicator.		4/30/2013	CLAIMIP
If there is a line adjustment reason, then there must be a line adjustment indicator.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMIP
If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE)		2/25/2013	CLAIMIP
Value must not be null		4/30/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
The beginning date of service must occur before or be the same as the end of time period		10/10/2013	CLAIMIP
Date must occur before or be the same as Ending Date of Service		4/30/2013	CLAIMIP
Date must occur before or be the same as adjudication date.		4/30/2013	CLAIMIP
Date must occur on or before Date of Death.		4/30/2013	CLAIMIP
The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .		10/10/2013	CLAIMIP
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.		4/30/2013	CLAIMIP

A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.		4/30/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMIP
Value must be a valid date		4/30/2013	CLAIMIP
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMIP
ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.		4/30/2013	CLAIMIP
Date must occur on or before the Date of Death.		4/30/2013	CLAIMIP
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH		4/30/2013	CLAIMIP
Date must occur before or be the same as End of Time Period.		10/10/2013	CLAIMIP
Only valid codes as defined by the “National Uniform Billing Committee” should be used.	Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.	2/25/2013	CLAIMIP
Enter all UB-04 Revenue Codes listed on the claim		2/25/2013	CLAIMIP
Value must be a valid code		2/25/2013	CLAIMIP
If value invalid, record it exactly as it appears in the state system		2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMIP
Must be numeric		10/10/2013	CLAIMIP
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled		4/30/2013	CLAIMIP
For use with CLAIMIP and CLAIMLT claims.		4/30/2013	CLAIMIP
Must be numeric		10/10/2013	CLAIMIP

This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled		4/30/2013	CLAIMIP
For use with CLAIMIP and CLAIMLT claims.		4/30/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
Enter charge for each UB-04 Revenue Code listed on the claim		2/25/2013	CLAIMIP
The total amount should be the sum of each of the charged amounts submitted at the claim detail level		2/25/2013	CLAIMIP
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount **paid** by the plan to the provider. If TYPE-OF-SERVICE =119, 120, 121 or 122, this field should be “00000000" filled.”		2/25/2013	CLAIMIP
The absolute value of the sum of claim line charges (REVENUE-CHARGE) must be less than or equal to the absolute value of the TOT-BILLED-AMT		10/10/2013	CLAIMIP
Value must be 8-filled if the revenue code is 8-filled.		10/10/2013	CLAIMIP
Value must not be 8-filled if the revenue code is not 8-filled.		10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP
For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.		2/25/2013	CLAIMIP
For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid-Amount-Paid as $0		2/25/2013	CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP

Required when TYPE-OF-CLAIM = C, 3, or W		2/25/2013	CLAIMIP
Value must be equal to a valid value.	01 Per Day 02 Per Hour 03 Per Case 04 Per Encounter 05 Per Week 06 Per Month 07 Other Arrangements 99 Unknown	2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMIP
All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMIP file.		2/25/2013	CLAIMIP
Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: o The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. o Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. o Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.		2/25/2013	CLAIMIP
See Appendix D for information on the various types of service.		2/25/2013	CLAIMIP
CLAIMIP Files may contain TYPE-OF-SERVICE Values: 001, 058, 084, 086, 090, 091, 092, 093, 123, 132.		2/25/2013	CLAIMIP
Males cannot receive midwife services or other pregnancy-related procedures.		4/30/2013	CLAIMIP
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	4/30/2013	CLAIMIP
If value is invalid, record it exactly as it appears in the state system.		2/25/2013	CLAIMIP
For institutional providers and other providers operating as a group, The SERVICING-PROV-NUM should be for the individual who rendered the service.		2/25/2013	CLAIMIP

If “Servicing” provider and the “Billing” provider are the same then use the same number in both fields.		2/25/2013	CLAIMIP
Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state’s legacy ID number is available then that number can be entered in this field.		2/25/2013	CLAIMIP
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).		2/25/2013	CLAIMIP
Valid characters include only numbers (0-9)		4/30/2013	CLAIMIP
NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMIP
Record the value exactly as it appears in the state system		2/25/2013	CLAIMIP
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMIP
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMIP
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMIP
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMIP
Valid characters include only numbers (0-9)		4/30/2013	CLAIMIP
NPI must be valid	http://www.cms.gov/Regulatio	4/30/2013	CLAIMIP
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMIP

Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown	2/25/2013	CLAIMIP
A value is required for CLAIMIP records	See Appendix A for listing of valid values. See Appendix N for Crosswalk of Provider Taxonomy Codes to Provider Facility Type Categories.	10/10/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix H for listing of valid values.	10/10/2013	CLAIMIP
Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation	4/30/2013	CLAIMIP
If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.		4/30/2013	CLAIMIP
If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.		4/30/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix I for listing of valid values.	4/30/2013	CLAIMIP
Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".		4/30/2013	CLAIMIP
Value must be equal to a valid value.	See Appendix J for listing of valid values.		CLAIMIP
This data element must include a valid dollar amount.		10/10/2013	CLAIMIP

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMIP
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMIP
Must be numeric		10/10/2013	CLAIMIP
Position 10-11 must be Alpha Numeric or blank		10/10/2013	CLAIMIP
Position 1-5 must be Numeric		10/10/2013	CLAIMIP
Position 6-9 must be Alpha Numeric		10/10/2013	CLAIMIP
Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., {5, 4, 2} or {5, 4} as defined in the National Drug Code Directory).		10/10/2013	CLAIMIP
If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.		10/10/2013	CLAIMIP
If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.		10/10/2013	CLAIMIP
This field is applicable for pharmacy/drug and DME services that are provided to Medicaid/CHIP in an in-patient facility/setting.		10/10/2013	CLAIMIP
Value must be equal to a valid value.	F2 International Unit ML Milliliter GR Gram UN Unit	10/10/2013	CLAIMIP
Enter the unit of measure for each corresponding quantity value.		10/10/2013	CLAIMIP
Must be numeric		10/10/2013	CLAIMIP

This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/refill that were filled.		10/10/2013	CLAIMIP
Date format is CCYYMMDD (National Data Standard).		10/10/2013	CLAIMIP
Value must be a valid date		10/10/2013	CLAIMIP
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.		10/10/2013	CLAIMIP
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.		10/10/2013	CLAIMIP
If a complete, valid date is not available or is unknown, 9-fil		10/10/2013	CLAIMIP
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD		10/10/2013	CLAIMIP
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE		10/10/2013	CLAIMIP
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.		10/10/2013	CLAIMIP
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.		10/10/2013	CLAIMIP
Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority 999 Type of Authority Is Unknown	10/10/2013	CLAIMIP
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMIP
		10/10/2013	CLAIMIP
Value must be equal to a valid value.	CLT00001 - FILE-HEADER-RECORD-LT	4/30/2013	CLAIMLT
Must be populated on every record		4/30/2013	CLAIMLT
Must be in correct format as shown in definition		4/30/2013	CLAIMLT
Use the version number specified on the title page of the data dictionary		2/25/2013	CLAIMLT

Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMLT
Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.	4/30/2013	CLAIMLT
Use the version number specified on the title page of the data mapping document.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	CLAIM-LT - Long Term Care Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE 009, 044, 045, 046, 047, 048, 059, or 133 (all mental hospital, and NF services). (Note: Individual services billed by a long-term care facility belong in this file regardless of service type.)	4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMLT
Must be populated on every record.		2/25/2013	CLAIMLT
Value must be numeric		4/30/2013	CLAIMLT
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.		10/10/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
The date must be a valid date.		4/30/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
Value must be equal to a valid value.	P Production File T Test File	2/25/2013	CLAIMLT
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER	4/30/2013	CLAIMLT
A state's SSN/Non-SSN designation on the eligibility file should match on the claims files.		4/30/2013	CLAIMLT
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.		4/30/2013	CLAIMLT
An integer value with no commas		10/10/2013	CLAIMLT

Field is required on all 'C', 'U', and 'R' record files.		10/10/2013	CLAIMLT
Must be numeric and > 0		10/10/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMLT
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMLT
		10/10/2013	CLAIMLT
Value must be equal to a valid value.	CLT00002- CLAIM-HEADER-RECORD-LT	4/30/2013	CLAIMLT
Must be populated on every record		4/30/2013	CLAIMLT
Must be in correct format as shown in definition		4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMLT
Must be populated on every record.		2/25/2013	CLAIMLT
Value must be numeric		4/30/2013	CLAIMLT
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMLT
Must be populated on every record		10/10/2013	CLAIMLT
Must be numeric		4/30/2013	CLAIMLT
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		10/10/2013	CLAIMLT

Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMLT
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMLT
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.		2/25/2013	CLAIMLT
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0		4/30/2013	CLAIMLT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMLT
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMLT
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0		2/25/2013	CLAIMLT
Value must not be null		4/30/2013	CLAIMLT
MSIS Identification Number must be reported		4/30/2013	CLAIMLT
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS		2/25/2013	CLAIMLT
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.		4/30/2013	CLAIMLT
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim 9 Unknown	4/30/2013	CLAIMLT
If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).		4/30/2013	CLAIMLT
Detail records should be created for all crossover claims.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	0 No 1 Yes	4/30/2013	CLAIMLT

If 1115A-DEMONSTRATION-IND set to Yes on claim then there must be a 1115A-DEMONSTRATION-IND set to Yes (1115 participant) in the T-MSIS Eligible file with the same MSIS ID and/or SSN, an 1115A-EFF-DATE < the begin date of service and an 1115A-END-DATE > the end date of service on the claim.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	0 Original Claim / Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown	4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMLT
If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE). If claim record does not represent an adjustment, 8-fill		2/25/2013	CLAIMLT
Code full valid ICD 9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ". Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMLT
E-codes are not valid as Admitting Diagnosis Codes.		10/10/2013	CLAIMLT
The diagnosis provided by the physician at the time of admission which describes the patient's condition upon admission to the hospital. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.		2/25/2013	CLAIMLT
Enter invalid codes exactly as they appear in the State system. Do not 8- or 9-fill.		2/25/2013	CLAIMLT

Value must be equal to a valid value.	01 ICD-9 02 ICD-10 03 Other 99 Unknown	4/30/2013	CLAIMLT
The state must use a code that belongs to the code set that they report they are using.		10/10/2013	CLAIMLT
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMLT
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMLT
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items		2/25/2013	CLAIMLT
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMLT
The primary diagnosis code goes into DIAGNOSIS-CODE1		2/25/2013	CLAIMLT
If less than 12 diagnosis codes are used, blank fill the unused fields		2/25/2013	CLAIMLT
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMLT
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMLT

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.	4/30/2013	CLAIMLT
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMLT
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMLT
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMLT
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMLT
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMLT
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.		4/30/2013	CLAIMLT

If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMLT
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMLT
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.	4/30/2013	CLAIMLT
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMLT
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMLT
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMLT

Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMLT
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMLT
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.		2/25/2013	CLAIMLT
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMLT
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMLT
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.	4/30/2013	CLAIMLT

Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMLT
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMLT
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMLT
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMLT
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMLT
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.		2/25/2013	CLAIMLT
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMLT
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMLT

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.	4/30/2013	CLAIMLT
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMLT
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMLT
If less than 12 diagnosis codes are used, blank fill the unused fields.		2/25/2013	CLAIMLT
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMLT
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.		2/25/2013	CLAIMLT
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.		2/25/2013	CLAIMLT
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMLT

For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMLT
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.	4/30/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
ADMISSION-DATE must occur on or before the ADJUDICATION-DATE		4/30/2013	CLAIMLT
ADMISSION-DATE must occur on or before the DISCHARGE-DATE		4/30/2013	CLAIMLT
ADMISSION-DATE must occur on or after the DATE-OF-BIRTH listed in Eligible Record.		4/30/2013	CLAIMLT
ADMISSION-DATE must occur on or before the DATE-OF-DEATH listed in Eligible Record.		4/30/2013	CLAIMLT
Value must be a valid hour in military time format (00 to 23).	See Appendix A for listing of valid values.	2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
This date must occur on or after the ADMISSION-DATE.		4/30/2013	CLAIMLT
This date must occur on or before the ADJUDICATION-DATE.		10/10/2013	CLAIMLT

This field is required if TYPE-OF-SERVICE does not equal a capitated payment (Valid values for capitated payment include 119, 120, 122).		4/30/2013	CLAIMLT
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record.		4/30/2013	CLAIMLT
This date must occur on or before the DATE-OF-DEATH in the Eligible record		4/30/2013	CLAIMLT
Value must be a valid hour in military time format (00 to 23).	See Appendix A for listing of valid values.	2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
The beginning date of service must occur before or be the same as the end of time period		10/10/2013	CLAIMLT
Date must occur before or be the same as Ending Date of Service		4/30/2013	CLAIMLT
Date must occur before or be the same as adjudication date.		4/30/2013	CLAIMLT
Date must occur on or before Date of Death.		4/30/2013	CLAIMLT
The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .		10/10/2013	CLAIMLT
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.		4/30/2013	CLAIMLT
A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.		4/30/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMLT
ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.		4/30/2013	CLAIMLT

Date must occur on or before Date of Death.		4/30/2013	CLAIMLT
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH		4/30/2013	CLAIMLT
Date must occur before or be the same as End of Time Period.		10/10/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.		2/25/2013	CLAIMLT
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.		2/25/2013	CLAIMLT
If a complete, valid date is not available or is unknown, 9-fil		2/25/2013	CLAIMLT
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD		4/30/2013	CLAIMLT
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE		4/30/2013	CLAIMLT
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.		10/10/2013	CLAIMLT
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.		10/10/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMLT
States should only submit CHIP claims for CHIP eligibles		4/30/2013	CLAIMLT
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.		10/10/2013	CLAIMLT
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.		10/10/2013	CLAIMLT
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.		10/10/2013	CLAIMLT
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.		10/10/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMLT

Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMLT
Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction/Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO) 99 Unknown source	4/30/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9),, dashes (-), and spaces.		4/30/2013	CLAIMLT
If there is a valid check date there should also be a valid check number.		4/30/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
Could be the same as Remittance Date.		2/25/2013	CLAIMLT
If there is a valid check number, there should also be a valid check date.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMLT

Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMLT
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMLT
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
The total amount should be the sum of each of the billed amounts submitted at the claim detail level.		2/25/2013	CLAIMLT
If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000".		4/30/2013	CLAIMLT
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT		4/30/2013	CLAIMLT

This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
The total medicare deductible amount must be less than or equal the total billed amount.		10/10/2013	CLAIMLT
If TOT-MEDICARE-COINS-AMT = "88888", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "88888".		4/30/2013	CLAIMLT
If TOT-MEDICARE-COINS-AMT = "99999", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "99999".		4/30/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
Value should be reported as not applicable if the TYPE-OF-CLAIM is an encounter (valid values = 3, C, W)		4/30/2013	CLAIMLT
Value must be less than TOT-BILLED-AMT.		10/10/2013	CLAIMLT
Value must be 8-filled if TOT-MEDICARE-DEDUCTIBLE-AMT is 8-filled.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
The absolute value of TOT-TPL-AMT must be < the absolute value of ((TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT))		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMLT

Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown	2/25/2013	CLAIMLT
Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other 99 Unknown	4/30/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
Required on service tracking records		2/25/2013	CLAIMLT
Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT.		2/25/2013	CLAIMLT
For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.		4/30/2013	CLAIMLT
If there is a service tracking type, then there must also be a service tracking payment amount.		4/30/2013	CLAIMLT
If SERVICE-TRACKING-TYPE <> "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE<> 000000000000.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment	4/30/2013	CLAIMLT

Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other	10/10/2013	CLAIMLT
Value must be equal to a valid value.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations	10/10/2013	CLAIMLT
Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount 9 Unknown	4/30/2013	CLAIMLT
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”		2/25/2013	CLAIMLT
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMLT
Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.		10/10/2013	CLAIMLT
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.		4/30/2013	CLAIMLT
If PROGRAM-TYPE=1915(i) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period.		4/30/2013	CLAIMLT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMLT
Use the number as it is carried in the state’s system. (TYPE-OF-CLAIM=3, C, W OR TYPE-OF-SERVICE=119, 120, 122)		2/25/2013	CLAIMLT
If TYPE-OF-CLAIM <> Encounter or Capitation Payment, 8-fill.		10/10/2013	CLAIMLT
This data element must equal the BILLING-PROV-NUM if the TYPE-OF-SERVICE is a capitation payment.		10/10/2013	CLAIMLT

The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.		4/30/2013	CLAIMLT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	CLAIMLT
Large health plans are required to obtain national health plan identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.		2/25/2013	CLAIMLT
This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.		2/25/2013	CLAIMLT
NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area		2/25/2013	CLAIMLT
Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments	4/30/2013	CLAIMLT
Payment fields at either the claim header or line on encounter records should be left blank.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS 04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS 06 IPFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model	10/10/2013	CLAIMLT
If this is a crossover Medicare claim, the claim must have a MEDICARE-REIM-TYPE.		10/10/2013	CLAIMLT
Must contain number of non-covered days.		10/10/2013	CLAIMLT

The sum of Non-Covered Days and Covered Days must not exceed Total Length of Stay (Statement Covers Period - Thru Date minus Admission Date\Start of Care) for any payer sequence.		2/25/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
Populate this field with a valid numeric entry.		10/10/2013	CLAIMLT
This field is applicable when: - A CLAIMLT record has TYPE-OF-SERVICE = 048, 044, 045, or 50 (inpatient mental health/psychiatric services).		2/25/2013	CLAIMLT
This total must not be greater than double the duration between the DISCHARGE-DATE and the ADMISSION-DATE, plus one day.		4/30/2013	CLAIMLT
This field is required if the Type of Service is 046 or 009.		10/10/2013	CLAIMLT
Must be populated on every record		4/30/2013	CLAIMLT
If the number of claim lines is above the state-approved limit, the record will be split and the split-claim-ind will equal 1.		4/30/2013	CLAIMLT
The claim line count should equal the sum of the claim lines for this record.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	0 No 1 Yes	4/30/2013	CLAIMLT
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT

Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT

Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Required if reported on the claim.		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT

Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT

Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT

Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT

If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		2/25/2013	CLAIMLT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMLT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMLT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMLT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMLT
Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries		2/25/2013	CLAIMLT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		4/30/2013	CLAIMLT

Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		10/10/2013	CLAIMLT
Value must be an alphabetic character, or a blank (A-Z, a-z,)		4/30/2013	CLAIMLT
Leave blank if not available		4/30/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		4/30/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
The numeric form for days and months from 1 to 9 must have a zero as the first digit.		4/30/2013	CLAIMLT
The patient’s date of birth shall be reported in numeric form as follows – 2 digit month, 2 digit day, and 4 digit year		4/30/2013	CLAIMLT
A patient's age should not be greater than 112 years.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	0 No 1 Yes 8 Not Applicable 9 Unknown	10/10/2013	CLAIMLT
If a state has not yet begun collecting this information, HEALTH-HOME-PROV-IND, this field should be defaulted to the value “8.”		2/25/2013	CLAIMLT
If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.		10/10/2013	CLAIMLT
States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.		4/30/2013	CLAIMLT
States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.		4/30/2013	CLAIMLT
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	4/30/2013	CLAIMLT

Value must correspond to associated WAIVER-ID		2/25/2013	CLAIMLT
An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02)		10/10/2013	CLAIMLT
If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88		10/10/2013	CLAIMLT
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.		4/30/2013	CLAIMLT
States supply waiver IDs to CMS	Valid values are supplied by the state.	4/30/2013	CLAIMLT
Fill in the WAIVER-ID applicable for this service rendered/claim submitted		2/25/2013	CLAIMLT
Enter the WAIVER-ID number assigned by the state, and approved by CMS		2/25/2013	CLAIMLT
If individual is not enrolled in a waiver or service does not fall under a waiver, 8-fill		2/25/2013	CLAIMLT
If there's a waiver type, there should be a corresponding waiver id.		4/30/2013	CLAIMLT
Enter the WAIVER-ID number approved by CMS.		4/30/2013	CLAIMLT
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.		4/30/2013	CLAIMLT
If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.		10/10/2013	CLAIMLT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	2/25/2013	CLAIMLT
If value is invalid, record it exactly as it appears in the state system.		2/25/2013	CLAIMLT
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).		2/25/2013	CLAIMLT
NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMLT

Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID) .		4/30/2013	CLAIMLT
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122)		2/25/2013	CLAIMLT
Billing Provider must be enrolled		4/30/2013	CLAIMLT
Value must be in the set of valid values	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMLT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion		2/25/2013	CLAIMLT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMLT
For encounter records (TYPE-OF-CLAIM= 3, C, W), this represents the entity billing (or reporting) to the Managed Care Plan (see PLAN-ID-NUMBER for reporting capitation plan-ID). CAPITATION-PLAN-ID should be used in this field only for premium payments (TYPE-OF-SERVICE=119, 120, 122).		2/25/2013	CLAIMLT
The state should use Taxonomy Crosswalk.pdf to crosswalk state codes to CMS codes		2/25/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMLT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	2/25/2013	CLAIMLT
If value is invalid, record it exactly as it appears in the State system.		2/25/2013	CLAIMLT
If the Referring Provider Number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the state should use the DEA ID for this data element.		2/25/2013	CLAIMLT

NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMLT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMLT
Record the value exactly as it appears in the State system		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMLT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMLT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9)		4/30/2013	CLAIMLT
"Railroad Retirees" - Railroad Retirement Board (RRB) HIC numbers generally have two alpha characters as a prefix to the number.		2/25/2013	CLAIMLT
If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.		4/30/2013	CLAIMLT
States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.		4/30/2013	CLAIMLT
Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.cms.hhs.gov/MLNMattersAr	4/30/2013	CLAIMLT

If the date of death is valued, then the patient status should indicate that the patient has expired.		10/10/2013	CLAIMLT
SI units: BMI = mass (kg) / (height(m))2 **Imperial/US Customary units:** BMI = mass (lb) * 703/ (height(in))2 BMI = mass (lb) * 4.88/ (height(ft))2 BMI = mass (st) * 9840/ (height(in))2		10/10/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9).		10/10/2013	CLAIMLT
Value must not be null		4/30/2013	CLAIMLT
If there is a remittance date, then there must also be a remittance number.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
The absolute value of the remaining long term care liability must be less than the absolute value of the sum of the other payments on a claim.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT

Populate this field with a valid numeric entry.		10/10/2013	CLAIMLT
If value exceeds 99998 days, code as 99998. (e.g., code 100023 as 99998)		2/25/2013	CLAIMLT
ICF-IID-DAYS include every day of intermediate care facility services for individuals with an intellectual disability that is at least partially paid for by the State, even if private or third party funds are used for some portion of the payment.		2/25/2013	CLAIMLT
The absolute value must be less than or equal to the absolute value of length of stay.		10/10/2013	CLAIMLT
ICF-IID-DAYS is applicable only for TYPE-OF-SERVICE = 046.		2/25/2013	CLAIMLT
If TYPE-OF-SERVICE = Mental Hospital Services for the Aged, Inpatient Psychiatric Facility Services for Individuals <22, or Nursing Facility services, then ICF-IID-DAYS must = “88888”.		4/30/2013	CLAIMLT
For all claims for psychiatric services or nursing facility care services (TYPE-OF-SERVICE = 009, 044, 045, 047, 048, or 050), 8-fill.		2/25/2013	CLAIMLT
ICF-IID-DAYS is applicable only for TYPE-OF-SERVICE = 046.		4/30/2013	CLAIMLT
If ICF-IID-DAYS is greater than zero and less than 88887 then LEVEL-OF-CARE-STATUS in ELIGIBLE for the associated MSIS-IDENTIFIER (or SSN depending on which value is used as the unique identifier for enrollees) must be ICF/IID for the same month as the begin and end date of service.		4/30/2013	CLAIMLT
Populate this field with a valid numeric entry.		10/10/2013	CLAIMLT
LEAVE-DAYS is applicable only for TYPE-OF-SERVICE = 046, 009, 047, 045, or 050 - Intermedicate Care Facility for Individuals with Intellectual Disabilities, or Nursing Facility services.		10/10/2013	CLAIMLT
If TYPE-OF-SERVICE = Nursing Facility then LEAVE-DAYS must be < NURSING-FACILITY-DAYS.		4/30/2013	CLAIMLT
Populate this field with a valid numeric entry.		4/30/2013	CLAIMLT
NURSING-FACILITY-DAYS include every day of nursing care services that is at least partially paid for by the state, even if private or third party funds are used for some portion of the payment.		2/25/2013	CLAIMLT
If value exceeds 99998 days, code as 99998		2/25/2013	CLAIMLT

For all claims for psychiatric services or intermediate care services for individuals with intellectual disabilities (TYPE-OF-SERVICE = 044, 045, 046, 048, 050), 8-fill		2/25/2013	CLAIMLT
The value for NURSING-FACILITY-DAYS must be less than or equal to the difference between the dates of service.		10/10/2013	CLAIMLT
This field is required where the Type of Services indicates it is a Nursing Facility (048, 044, or 046).		10/10/2013	CLAIMLT
If TYPE-OF-SERVICE = Nursing Facility services (048, 044, or 046), then NURSING-FACILITY-DAYS must be greater than LEAVE-DAYS.		10/10/2013	CLAIMLT
If NURSING-FACILITY-DAYS is greater than zero and less than 88887 then LEVEL-OF-CARE-STATUS in EL for the associated MSIS-IDENTIFIER must be Nursing Facility for the same month as the begin and end date of service.		10/10/2013	CLAIMLT
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMLT
If the claim has been split, the Transaction Handling Code indicator will indicate a Split Payment and Remittance (1000 BPR01 = U).		10/10/2013	CLAIMLT
Value must be equal to a valid value.	0 No 1 Yes	10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
If no coinsurance is applicable enter 0.00		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard)		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
If no copayment is applicable enter 0.00		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
If no deductible is applicable enter 0.00		2/25/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT

Value must be a valid date		4/30/2013	CLAIMLT
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMLT
Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	4/30/2013	CLAIMLT
It is expected that states will submit all denied claims to CMS.		2/25/2013	CLAIMLT
If the Type of Claim indicates the claim was denied, then this indicator must also indicate the claim was denied.		10/10/2013	CLAIMLT
Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment 8 Not Applicable: The benefit plan does not have a copay in this circumstance	4/30/2013	CLAIMLT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes ("-"), periods ("."), single quote ('), and spaces.		2/25/2013	CLAIMLT
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.		4/30/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
The value must be a valid NPI	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMLT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMLT

Valid characters in the text string are limited to alpha characters (A-Z, a-z) and numbers (0-9)		4/30/2013	CLAIMLT
If individual is NOT enrolled in Medicare, 8-fill field		2/25/2013	CLAIMLT
The value must be a valid NPI	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMLT
Must be in the set of valid values	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMLT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion		2/25/2013	CLAIMLT
Left-fill unused bytes with spaces		2/25/2013	CLAIMLT
NPI must be valid	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMLT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMLT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion		2/25/2013	CLAIMLT
Left-fill unused bytes with spaces		2/25/2013	CLAIMLT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMLT

NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Record the value exactly as it appears in the state system.		2/25/2013	CLAIMLT
IF TYPE-OF-SERVICE= "119", "120", "121", or "122", then ADMITTING-PROV-NPI-NUM must = '8888888888'		10/10/2013	CLAIMLT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	4/30/2013	CLAIMLT
If value is invalid, record it exactly as it appears in the state system		2/25/2013	CLAIMLT
Note: Once a national provider ID numbering system is in place, the national number should be used. If the State's legacy ID number is also available then that number can be entered in this field.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMLT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values	10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.		2/25/2013	CLAIMLT
For claims where Medicare payment is only available at the header level, report the entire payment amount the T-MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other T-MSIS records created from the original claim.		2/25/2013	CLAIMLT
Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMLT

Limit characters to alphabet (A-Z), numerals (0-9)..		10/10/2013	CLAIMLT
The value should correspond with one of the location identifiers recorded in the provider's demographic records in the T-MSIS data set		10/10/2013	CLAIMLT
		10/10/2013	CLAIMLT
Value must be equal to a valid value.	CLT00003- CLAIM-LINE-RECORD-LT	4/30/2013	CLAIMLT
Must be populated on every record		4/30/2013	CLAIMLT
Must be in correct format as shown in definition		4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMLT
Must be populated on every record.		2/25/2013	CLAIMLT
Value must be numeric		4/30/2013	CLAIMLT
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMLT
Must be populated on every record		4/30/2013	CLAIMLT
Must be numeric		4/30/2013	CLAIMLT
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		10/10/2013	CLAIMLT
MSIS Identification Number must be reported		4/30/2013	CLAIMLT
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS		2/25/2013	CLAIMLT

For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.		4/30/2013	CLAIMLT
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.		2/25/2013	CLAIMLT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMLT
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMLT
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.		2/25/2013	CLAIMLT
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0		4/30/2013	CLAIMLT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMLT
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMLT
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0		2/25/2013	CLAIMLT
Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.		4/30/2013	CLAIMLT
Record the value exactly as it appears in the state system. Do not pad		2/25/2013	CLAIMLT
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.		2/25/2013	CLAIMLT
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown	4/30/2013	CLAIMLT
If there is a line adjustment number, then there must be a line-adjustment indicator.		4/30/2013	CLAIMLT

If there is a line adjustment reason, then there must be a line adjustment indicator.		4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMLT
If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE)		2/25/2013	CLAIMLT
Value must not be null		4/30/2013	CLAIMLT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	4/30/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
The beginning date of service must occur before or be the same as the ending date of service.		10/10/2013	CLAIMLT
The beginning date of service must occur before or be the same as the end of time period.		10/10/2013	CLAIMLT
Date must occur before or be the same as adjudication date.		4/30/2013	CLAIMLT
Date must occur on or before Date of Death.		4/30/2013	CLAIMLT
Date must occur on or after Date of Birth		4/30/2013	CLAIMLT
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.		4/30/2013	CLAIMLT
A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.		4/30/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMLT
Value must be a valid date		4/30/2013	CLAIMLT
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMLT

ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.		4/30/2013	CLAIMLT
Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.		10/10/2013	CLAIMLT
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH		4/30/2013	CLAIMLT
Date must occur before or be the same as End of Time Period.		10/10/2013	CLAIMLT
Only valid codes as defined by the “National Uniform Billing Committee” should be used.	Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.	2/25/2013	CLAIMLT
Enter all UB-04 Revenue Codes listed on the claim		2/25/2013	CLAIMLT
Value must be a valid code		2/25/2013	CLAIMLT
If value invalid, record it exactly as it appears in the state system		2/25/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMLT
Must be numeric		10/10/2013	CLAIMLT
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled		2/25/2013	CLAIMLT
For use with CLAIMIP and CLAIMLT claims. For CLAIMOT and CLAIMRX claims/encounter records, use the OT-RX-CLAIM-QUANTITY-ACTUAL field		2/25/2013	CLAIMLT
Must be numeric		10/10/2013	CLAIMLT
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled		4/30/2013	CLAIMLT
For use with CLAIMIP and CLAIMLT claims. For CLAIMOT and CLAIMRX claims/encounter records, use the OT-RX-CLAIM-QUANTITY-ACTUAL field		4/30/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
Enter charge for each UB-04 Revenue Code listed on the claim		2/25/2013	CLAIMLT

The total amount should be the sum of each of the charged amounts submitted at the claim detail level		2/25/2013	CLAIMLT
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount **paid** by the plan to the provider. If TYPE-OF-SERVICE =119, 120, or 122, this field should be “00000000" filled.”		2/25/2013	CLAIMLT
The absolute value of the sum of claim line charges (REVENUE-CHARGE) must be less than or equal to absolute value of TOT-BILLED-AMT.		10/10/2013	CLAIMLT
Value must be 8-filled if the revenue code is 8-filled.		10/10/2013	CLAIMLT
Value must not be 8-filled if the revenue code is not 8-filled.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.		2/25/2013	CLAIMLT
For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid-Paid-Amt as $0		2/25/2013	CLAIMLT
This data element must include a valid dollar amount.		10/10/2013	CLAIMLT
Required when TYPE-OF-CLAIM = C, 3, or W		2/25/2013	CLAIMLT
Value must be equal to a valid value.	01 Per Day 02 Per Hour 03 Per Case 04 Per Encounter 05 Per Week 06 Per Month 07 Other Arrangements 99 Unknown	4/30/2013	CLAIMLT

Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMLT
All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMLTfile.		2/25/2013	CLAIMLT
Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.		2/25/2013	CLAIMLT
See Appendix D for information on the various types of service.		2/25/2013	CLAIMLT
CLAIMLT Files must contain TYPE-OF-SERVICE Values: 009, 044, 045, 046, 047, 048, 059, 133.		2/25/2013	CLAIMLT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	2/25/2013	CLAIMLT
If value is invalid, record it exactly as it appears in the state system.		2/25/2013	CLAIMLT
If “Servicing” provider and the “Billing” provider are the same then use the same number in both fields.		2/25/2013	CLAIMLT
Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state’s legacy ID number is available then that number can be entered in this field.		2/25/2013	CLAIMLT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).		2/25/2013	CLAIMLT

Valid characters include only numbers (0-9)		4/30/2013	CLAIMLT
NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMLT
Record the value exactly as it appears in the state system		2/25/2013	CLAIMLT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMLT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMLT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMLT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	4/30/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMLT
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown	2/25/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	CLAIMLT
Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation	10/10/2013	CLAIMLT

If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.		4/30/2013	CLAIMLT
If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.		4/30/2013	CLAIMLT
A value is required for CLAIMLT records	See Appendix A for listing of valid values. See Appendix N for Crosswalk of Provider Taxonomy Codes to Provider Facility Type Categories.	10/10/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix I for listing of valid values.	4/30/2013	CLAIMLT
Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".		4/30/2013	CLAIMLT
Value must be equal to a valid value.	See Appendix J for listing of valid values.		CLAIMLT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMLT
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMLT
Position 10-11 must be Alpha Numeric or blank		10/10/2013	CLAIMLT
Position 1-5 must be Numeric		10/10/2013	CLAIMLT
Position 6-9 must be Alpha Numeric		10/10/2013	CLAIMLT
Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., {5, 4, 2} or {5, 4} as defined in the National Drug Code Directory).		10/10/2013	CLAIMLT
If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.		10/10/2013	CLAIMLT

If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.		10/10/2013	CLAIMLT
This field is applicable for pharmacy/drug and DME services that are provided to Medicaid/CHIP recipients living in a long-term care facility.		10/10/2013	CLAIMLT
Value must be equal to a valid value.	F2 International Unit ML Milliliter GR Gram UN Unit	10/10/2013	CLAIMLT
Enter the unit of measure for each corresponding quantity value.		10/10/2013	CLAIMLT
Must be numeric		10/10/2013	CLAIMLT
This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/refill that were filled.		10/10/2013	CLAIMLT
Must be numeric		10/10/2013	CLAIMLT
Date format is CCYYMMDD (National Data Standard).		10/10/2013	CLAIMLT
Value must be a valid date		10/10/2013	CLAIMLT
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.		10/10/2013	CLAIMLT
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.		10/10/2013	CLAIMLT
If a complete, valid date is not available or is unknown, 9-fil		10/10/2013	CLAIMLT
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD		10/10/2013	CLAIMLT
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE		10/10/2013	CLAIMLT
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record.		10/10/2013	CLAIMLT
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.		10/10/2013	CLAIMLT

Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority 999 Type of Authority Is Unknown	10/10/2013	CLAIMLT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMLT
		10/10/2013	CLAIMLT
Value must be equal to a valid value.	COT00001 - FILE-HEADER-RECORD-OT	4/30/2013	CLAIMOT
Must be populated on every record		4/30/2013	CLAIMOT
Must be in correct format as shown in definition		4/30/2013	CLAIMOT
Use the version number specified on the title page of the data dictionary		2/25/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT
Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.	4/30/2013	CLAIMOT
Use the version number specified on the title page of the data mapping document		2/25/2013	CLAIMOT
Value must be equal to a valid value.	CLAIM-OT - Other Claims/Encounters File - Claims/encounters with any TYPE-OF-SERVICE code 002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 025, 026, 027, 028, 029, 030, 031, 032, 035, 036, 037, 039, 040, 041, 043, 051, 052, 053, 054, 056, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 087, 115, 119, 120, 121, 122, or 134.	10/10/2013	CLAIMOT
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMOT
Must be populated on every record.		2/25/2013	CLAIMOT
Value must be numeric		2/25/2013	CLAIMOT

SUBMITTING-STATE must be equal across all record segments for a given record.		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.		4/30/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		4/30/2013	CLAIMOT
The date must be a valid date.		4/30/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
Value must be equal to a valid value.	P Production File T Test File	2/25/2013	CLAIMOT
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER	4/30/2013	CLAIMOT
A state's SSN/Non-SSN designation on the eligibility file should match on the claims files.		4/30/2013	CLAIMOT
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.		4/30/2013	CLAIMOT
An integer value with no commas		10/10/2013	CLAIMOT
Field is required on all 'C', 'U', and 'R' record files.		10/10/2013	CLAIMOT
Must be numeric and > 0		10/10/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMOT
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMOT

		10/10/2013	CLAIMOT
Value must be equal to a valid value.	COT00002 - CLAIM-HEADER-RECORD-OT	4/30/2013	CLAIMOT
Must be populated on every record		4/30/2013	CLAIMOT
Must be in correct format as shown in definition		4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMOT
Must be populated on every record.		2/25/2013	CLAIMOT
Value must be numeric		4/30/2013	CLAIMOT
SUBMITTING-STATE must be equal across all record segments for a given record.		2/25/2013	CLAIMOT
Must be populated on every record		10/10/2013	CLAIMOT
Must be numeric		4/30/2013	CLAIMOT
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMOT
Record the value exactly as it appears in the State system. Do not pad.		4/30/2013	CLAIMOT
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.		4/30/2013	CLAIMOT
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0		4/30/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMOT
Record the value exactly as it appears in the State system. Do not pad.		4/30/2013	CLAIMOT
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0		2/25/2013	CLAIMOT

Value must not be null		4/30/2013	CLAIMOT
MSIS Identification Number must be reported		4/30/2013	CLAIMOT
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS		2/25/2013	CLAIMOT
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.		4/30/2013	CLAIMOT
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim 9 Unknown	4/30/2013	CLAIMOT
If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).		4/30/2013	CLAIMOT
Detail records should be created for all crossover claims.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	0 No 1 Yes	4/30/2013	CLAIMOT
If 1115A-DEMONSTRATION-IND set to Yes on claim then there must be a 1115A-DEMONSTRATION-IND set to Yes (1115 participant) in the T-MSIS Eligible file with the same MSIS ID and/or SSN, an 1115A-EFF-DATE < the begin date of service and an 1115A-END-DATE > the end date of service on the claim.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown	4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMOT
If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE).		2/25/2013	CLAIMOT

Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMOT
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.		2/25/2013	CLAIMOT
The primary diagnosis code goes into DIAGNOSIS-CODE-1		2/25/2013	CLAIMOT
If less than 12 diagnosis codes are used, blank fill the unused fields		2/25/2013	CLAIMOT
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items		2/25/2013	CLAIMOT
CLAIMOT: Code Specific ICD-9/10-CM code. There are many types of claims that aren't expected to have diagnosis codes, such as transportation, DME, lab, etc. Do not add vague and unspecified diagnosis codes to those claims.		2/25/2013	CLAIMOT
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMOT
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMOT

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMOT
Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/IC	2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.		4/30/2013	CLAIMOT
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed		2/25/2013	CLAIMOT
If less than 12 diagnosis codes are used, blank fill the unused fields		2/25/2013	CLAIMOT
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.		2/25/2013	CLAIMOT
CLAIMOT: Code Specific ICD-9/10-CM code. There are many types of claims that aren’t expected to have diagnosis codes, such as transportation, DME, lab, etc. Do not add vague and unspecified diagnosis codes to those claims.		2/25/2013	CLAIMOT
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 -2.		4/30/2013	CLAIMOT

If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown	4/30/2013	CLAIMOT
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.		2/25/2013	CLAIMOT
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.	4/30/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT

Value must be a valid date		4/30/2013	CLAIMOT
The beginning date of service must occur before or be the same as the end of time period		10/10/2013	CLAIMOT
Date must occur before or be the same as Ending Date of Service		4/30/2013	CLAIMOT
Date must occur before or be the same as adjudication date.		4/30/2013	CLAIMOT
Date must occur on or before Date of Death.		4/30/2013	CLAIMOT
The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .		10/10/2013	CLAIMOT
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.		4/30/2013	CLAIMOT
A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.		4/30/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMOT
ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.		4/30/2013	CLAIMOT
Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.		10/10/2013	CLAIMOT
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH		4/30/2013	CLAIMOT
Date must occur before or be the same as End of Time Period.		10/10/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.		2/25/2013	CLAIMOT
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.		2/25/2013	CLAIMOT

ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD		4/30/2013	CLAIMOT
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.		10/10/2013	CLAIMOT
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.		10/10/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT
States should only submit CHIP claims for CHIP eligibles		4/30/2013	CLAIMOT
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.		10/10/2013	CLAIMOT
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.		10/10/2013	CLAIMOT
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.		10/10/2013	CLAIMOT
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.		10/10/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMOT

Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction/Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO) 99 Unknown source	4/30/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9),, dashes (-), and spaces.		4/30/2013	CLAIMOT
If there is a valid check date there should also be a valid check number.		4/30/2013	CLAIMOT
Date format should be CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
Could be the same as Remittance Date		2/25/2013	CLAIMOT
If there is a valid check number, there should also be a valid check date.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMOT
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMOT

Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMOT
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
The total amount should be the sum of each of the billed amounts submitted at the claim detail level.		2/25/2013	CLAIMOT
If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000".		4/30/2013	CLAIMOT
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.		10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT		4/30/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
The total medicare deductible amount must be less than or equal the total billed amount.		10/10/2013	CLAIMOT

If TOT-MEDICARE-COINS-AMT = "88888", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "8888".		4/30/2013	CLAIMOT
If TOT-MEDICARE-COINS-AMT = "9999", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "0999".		4/30/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
Value should be reported as not applicable if the TYPE-OF-CLAIM is an encounter (valid values = 3, C, W)		4/30/2013	CLAIMOT
Value must be less than TOT-BILLED-AMT.		10/10/2013	CLAIMOT
Value must be 8-filled if TOT-MEDICARE-DEDUCTIBLE-AMT is 8-filled.		10/10/2013	CLAIMOT
If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code space in TOT-MEDICARE-COINS-AMT.		4/30/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
Absolute value of TOT-TPL-AMT must be < Absolute value of (TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).		4/30/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMOT
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown	2/25/2013	CLAIMOT

Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other 99 Unknown	4/30/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
Required on service tracking records		2/25/2013	CLAIMOT
Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT		2/25/2013	CLAIMOT
For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.		4/30/2013	CLAIMOT
If there is a service tracking type, then there must also be a service tracking payment amount.		4/30/2013	CLAIMOT
If SERVICE-TRACKING-TYPE <> "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE<> 000000000000.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment	4/30/2013	CLAIMOT
Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other	10/10/2013	CLAIMOT

Value must be equal to a valid value.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations	10/10/2013	CLAIMOT
Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount 9 Unknown	4/30/2013	CLAIMOT
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”		2/25/2013	CLAIMOT
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMOT
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”		2/25/2013	CLAIMOT
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMOT
Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.		10/10/2013	CLAIMOT
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.		4/30/2013	CLAIMOT
If PROGRAM-TYPE=1915(i) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period.		4/30/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMOT
Use the number as it is carried in the state’s system. (TYPE-OF-CLAIM=3, C, W OR TYPE-OF-SERVICE=119, 120, 122).		2/25/2013	CLAIMOT
If TYPE-OF-CLAIM<>3, C, W (Encounter Record) AND TYPE-OF-SERVICE<> {119, 120, 121, 122), 8-fill		2/25/2013	CLAIMOT
If TYPE-OF-CLAIM <> Encounter or Capitation Payment, 8-fill.		10/10/2013	CLAIMOT
This data element must equal the BILLING-PROV-NUM if the TYPE-OF-SERVICE is a capitation payment.		4/30/2013	CLAIMOT

The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.		4/30/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	CLAIMOT
Large health plans are required to obtain national health plan identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.		2/25/2013	CLAIMOT
This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above		2/25/2013	CLAIMOT
NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments	4/30/2013	CLAIMOT
Payment fields at either the claim header or line on encounter records should be left blank		2/25/2013	CLAIMOT
Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS 04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS 06 IPFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model	10/10/2013	CLAIMOT
If this is a crossover Medicare claim, the claim must have a MEDICARE-REIM-TYPE.		10/10/2013	CLAIMOT
Must be populated on every record		4/30/2013	CLAIMOT
If the number of claim lines is above the state-approved limit, the record will be split and the split-claim-ind will equal 1.		4/30/2013	CLAIMOT

The claim line count should equal the sum of the claim lines for this record.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	0 No 1 Yes	4/30/2013	CLAIMOT
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMOT
For additional coding information refer to the following site : https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/index.html?redirect=/hospitalacqcond/05_Coding.asp#TopOfPage		4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT

Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT

Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Required if reported on the claim.		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT

Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT

If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		2/25/2013	CLAIMOT
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date		2/25/2013	CLAIMOT
Required when the corresponding OCCURRENCE-CODE field is populated		2/25/2013	CLAIMOT
Value must correspond to the OCCURRENCE-CODE value		2/25/2013	CLAIMOT
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field		2/25/2013	CLAIMOT
Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries		2/25/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		4/30/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		10/10/2013	CLAIMOT

Value must be an alphabetic character, or a blank (A-Z, a-z,)		4/30/2013	CLAIMOT
Leave blank if not available		4/30/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		4/30/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
The numeric form for days and months from 1 to 9 must have a zero as the first digit.		4/30/2013	CLAIMOT
The patient's date of birth shall be reported in numeric form as follows – 2 digit month, 2 digit day, and 4 digit year		4/30/2013	CLAIMOT
A patient's age should not be greater than 112 years.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	0 No 1 Yes 8 Not Applicable 9 Unknown	10/10/2013	CLAIMOT
If a state has not yet begun collecting this information, HEALTH-HOME-PROVIDER-IND, this field should be defaulted to the value "8."		2/25/2013	CLAIMOT
If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.		10/10/2013	CLAIMOT
States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.		4/30/2013	CLAIMOT
States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.		4/30/2013	CLAIMOT
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT
Value must correspond to associated WAIVER-ID		2/25/2013	CLAIMOT
An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02)		10/10/2013	CLAIMOT
If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88		10/10/2013	CLAIMOT

States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.		4/30/2013	CLAIMOT
States supply waiver IDs to CMS	Valid values are supplied by the state.	4/30/2013	CLAIMOT
Fill in the WAIVER-ID applicable for this service rendered/claim submitted		2/25/2013	CLAIMOT
Enter the WAIVER-ID number assigned by the state, and approved by CMS		2/25/2013	CLAIMOT
If individual is not enrolled in a waiver or service does not fall under a waiver, 8-fill		2/25/2013	CLAIMOT
If there's a waiver type, there should be a corresponding waiver id.		4/30/2013	CLAIMOT
Enter the WAIVER-ID number approved by CMS.		4/30/2013	CLAIMOT
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.		4/30/2013	CLAIMOT
If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.		10/10/2013	CLAIMOT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	10/10/2013	CLAIMOT
If value is invalid, record it exactly as it appears in the state system.		2/25/2013	CLAIMOT
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).		2/25/2013	CLAIMOT
NPI must be valid	http://www.cms.gov/Regulatio	4/30/2013	CLAIMOT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMOT

For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).		2/25/2013	CLAIMOT
If legacy identifiers are available for providers, then report the legacy IDs in the Provider ID field and the NPI in this field. If only the legacy Provider ID is available, then 9-fill the National Provider ID and enter the legacy IDs in the Provider ID fields.		2/25/2013	CLAIMOT
Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID) .		4/30/2013	CLAIMOT
Billing Provider must be enrolled		4/30/2013	CLAIMOT
Value must be in the set of valid values	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMOT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMOT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMOT
For encounter records (TYPE-OF-CLAIM= 3, C, W), this represents the entity billing (or reporting) to the Managed Care Plan (see PLAN-ID-NUMBER for reporting capitation plan-ID). CAPITATION-PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE=119, 120, 122).		2/25/2013	CLAIMOT
The state should use Taxonomy Crosswalk.pdf to crosswalk state codes to CMS codes		2/25/2013	CLAIMOT
Must be in the set of valid values	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMOT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	2/25/2013	CLAIMOT
If Value is invalid, record it exactly as it appears in the state system		2/25/2013	CLAIMOT

If the Referring Provider Number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the state should use the DEA ID for this data element.		2/25/2013	CLAIMOT
NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMOT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		10/10/2013	CLAIMOT
Record the value exactly as it appears in the State system		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMOT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMOT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).		2/25/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9)		4/30/2013	CLAIMOT
"Railroad Retirees" - Railroad Retirement Board (RRB) HIC numbers generally have two alpha characters as a prefix to the number.		2/25/2013	CLAIMOT
If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.		4/30/2013	CLAIMOT
States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.		4/30/2013	CLAIMOT
Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Note: Value 99 will be counted as error		2/25/2013	CLAIMOT

If there are new valid CMS 1500 PLACE-OF-SERVICE codes that are not listed in this dictionary, these codes may be used and will not trigger an error		2/25/2013	CLAIMOT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).		10/10/2013	CLAIMOT
SI units: BMI = mass (kg) / (height(m))2 **Imperial/US Customary units:** BMI = mass (lb) * 703/ (height(in))2 BMI = mass (lb) * 4.88/ (height(ft))2 BMI = mass (st) * 9840/ (height(in))2		10/10/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9)..		4/30/2013	CLAIMOT
Value must not be null		4/30/2013	CLAIMOT
If there is a remittance date, then there must also be a remittance number.		10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
Value must be equal to a valid value.	0 - No 1 - Yes	10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
If no coinsurance is applicable enter 0.00		2/25/2013	CLAIMOT
Date format should be CCYYMMDD (National Data Standard)		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
If no copayment is applicable enter 0.00		2/25/2013	CLAIMOT
Date format should be CCYYMMDD (National Data Standard)		2/25/2013	CLAIMOT

Value must be a valid date		4/30/2013	CLAIMOT
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
If no deductible is applicable enter 0.00		2/25/2013	CLAIMOT
Date format should be CCYYMMDD (National Data Standard)		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMOT
Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.	4/30/2013	CLAIMOT
It is expected that states will submit all denied claims to CMS.		2/25/2013	CLAIMOT
If the Type of Claim indicates the claim was denied, then this indicator must also indicate the claim was denied.		10/10/2013	CLAIMOT
Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment 8 Not Applicable: The benefit plan does not have a copay in this circumstance	4/30/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes ("-"), periods ("."), single quote ('), and spaces.	Field contains invalid characters - HEALTH-HOME-ENTITY-NAME	2/25/2013	CLAIMOT
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.		4/30/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
Date format should be CCYYMMDD (National Data Standard)		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT

Date format should be CCYYMMDD (National Data Standard)		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
If no coinsurance is applicable, 8-fill		2/25/2013	CLAIMOT
Date format should be CCYYMMDD (National Data Standard)		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
The value must be a valid NPI	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMOT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z) and numbers (0-9)		4/30/2013	CLAIMOT
If individual is NOT enrolled in Medicare, 8-fill field.		2/25/2013	CLAIMOT
NPI must be valid	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMOT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion		2/25/2013	CLAIMOT
Left-fill unused bytes with spaces		2/25/2013	CLAIMOT

NPI must be valid	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMOT
Valid characters include only numbers (0-9)		4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMOT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion		2/25/2013	CLAIMOT
Left-fill unused bytes with spaces		2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMOT
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z), numerals (0-9)..		10/10/2013	CLAIMOT
The value should correspond with one of the location identifiers recorded in the provider's demographic records in the T-MSIS data set		10/10/2013	CLAIMOT
		10/10/2013	CLAIMOT
Value must be equal to a valid value.	COT00003 - CLAIM-LINE-RECORD-OT	4/30/2013	CLAIMOT
Must be populated on every record		4/30/2013	CLAIMOT
Must be in correct format as shown in definition		4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMOT
Must be populated on every record.		2/25/2013	CLAIMOT

Value must be numeric		4/30/2013	CLAIMOT
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMOT
Must be populated on every record		10/10/2013	CLAIMOT
Must be numeric		4/30/2013	CLAIMOT
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	CLAIMOT
MSIS Identification Number must be reported		4/30/2013	CLAIMOT
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS		2/25/2013	CLAIMOT
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.		4/30/2013	CLAIMOT
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.		2/25/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMOT
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMOT
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.		2/25/2013	CLAIMOT
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0		4/30/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMOT
Record the value exactly as it appears in the State system. Do not pad.		2/25/2013	CLAIMOT
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0		2/25/2013	CLAIMOT
Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted		2/25/2013	CLAIMOT
Record the value exactly as it appears in the state system. Do not pad		2/25/2013	CLAIMOT

This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown	4/30/2013	CLAIMOT
If there is a line adjustment number, then there must be a line-adjustment indicator.		4/30/2013	CLAIMOT
If there is a line adjustment reason, then there must be a line adjustment indicator.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMOT
If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE)		2/25/2013	CLAIMOT
Value must not be null		4/30/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/	4/30/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
The beginning date of service must occur before or be the same as the ending date of service.		10/10/2013	CLAIMOT
Date must occur before or be the same as adjudication date.		4/30/2013	CLAIMOT
Date must occur on or before Date of Death.		4/30/2013	CLAIMOT
The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .		10/10/2013	CLAIMOT
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.		4/30/2013	CLAIMOT

A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.		4/30/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMOT
ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.		4/30/2013	CLAIMOT
Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.		10/10/2013	CLAIMOT
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH		4/30/2013	CLAIMOT
Date must occur before or be the same as End of Time Period.		10/10/2013	CLAIMOT
Only valid codes as defined by the “National Uniform Billing Committee” should be used.	Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.	2/25/2013	CLAIMOT
Enter all UB-04 Revenue Codes listed on the claim		2/25/2013	CLAIMOT
Value must be a valid code		2/25/2013	CLAIMOT
If value invalid, record it exactly as it appears in the state system		2/25/2013	CLAIMOT
Value must be a valid code. If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats: CPT (PROC-CD-FLAG-1=01): Positions 1-5 should be numeric and position 6-7 must be blank. HCPCS (PROC-CD-FLAG-1=06): Position 1 must be an alpha character (“A”-“Z”) and position 6-7 must be blank.. Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.	10/10/2013	CLAIMOT

If no PROCEDURE-CODE was performed, 8-fill		2/25/2013	CLAIMOT
ICD-9/10-CM codes are the HIPAA standard for procedure codes on inpatient claims. When ICD-9/10-CM coding is used, the PROCDURE-CODE-FLAG-1=02/07) Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-7 must be blank. When ICD-10-PCS coding is used starting 10/1/2014, the PROCDURE-CODE-FLAG-1=07. Positions 1-7 must be alpha or numeric. Position 8 must be blank.		2/25/2013	CLAIMOT
Note: An eighth character is provided for future expansion of this field		2/25/2013	CLAIMOT
Eligible individuals who are not pregnant cannot have claims with procedures pertaining to labor and delivery.		4/30/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMOT
Value must be a valid date		4/30/2013	CLAIMOT
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.		2/25/2013	CLAIMOT
Date must occur before the ENDING-DATE-OF-SERVICE.		10/10/2013	CLAIMOT
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.		10/10/2013	CLAIMOT
This date must occur on or before the DATE-OF-DEATH in the Eligible file.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-PCS (Will be implemented on 10/1/2014) 10 87 Other Systems 88 Not Applicable 99 Unknown	10/10/2013	CLAIMOT
If no principal procedure was performed, 8-fill		2/25/2013	CLAIMOT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	10/10/2013	CLAIMOT
If no Principal Procedure was performed, 8-fill		2/25/2013	CLAIMOT
Value must be 8-filled if corresponding procedure code is 8-filled.		10/10/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT

If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.		10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.		2/25/2013	CLAIMOT
For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid-Amount-Paid as $0		2/25/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
Required when TYPE-OF-CLAIM = C, 3, or W		2/25/2013	CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.		2/25/2013	CLAIMOT
For claims where Medicare payment is only available at the header level, report the entire payment amount the MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other MSIS records created from the original claim.		2/25/2013	CLAIMOT
Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMOT

Must be numeric		10/10/2013	CLAIMOT
For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMOT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.		2/25/2013	CLAIMOT
Left-fill field with zeros if value is less than 9 bytes long.		2/25/2013	CLAIMOT
NOTE: One prescription for 100 250 milligram tablets results in QUANTITY OF SERVICE=100.		2/25/2013	CLAIMOT
The value in OT-RX-CLAIM-QUANTITY-ACTUAL must correspond with the value in UNIT-OF-MEASURE.		10/10/2013	CLAIMOT
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.		2/25/2013	CLAIMOT
Must be numeric		10/10/2013	CLAIMOT
For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMOT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.		2/25/2013	CLAIMOT
Left-fill field with zeros if value is less than 9 bytes long.		2/25/2013	CLAIMOT
NOTE: One prescription for 100 250 milligram tablets results in OT-RX-CLAIM-QUANTITY-ALLOWED =100.		2/25/2013	CLAIMOT
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.		2/25/2013	CLAIMOT
The value in OT-RX-CLAIM-QUANTITY-ALLOWED must correspond with the value in UNIT-OF-MEASURE.		10/10/2013	CLAIMOT

Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMOT
All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMOT file.		2/25/2013	CLAIMOT
Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.		2/25/2013	CLAIMOT
See Appendix D for information on the various types of service.		2/25/2013	CLAIMOT
CLAIMOT Files may contain TYPE-OF-SERVICE Values: 002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 015, 016, 017, 018, 019, 020, 021, 022, 025, 026, 027, 028, 029, 030, 031, 032, 035, 036, 037, 039, 040, 041, 043, 051, 052, 053, 054, 056, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 087, 115, 119, 120, 121, 122, 134.		2/25/2013	CLAIMOT
Males cannot receive midwife services or other pregnancy-related procedures.		4/30/2013	CLAIMOT

Value must be equal to a valid value.	1 The HCBS service was provided under 1915(i) 2 The HCBS service was provided under 1915(j) 3 The HCBS service was provided under 1915(k) 4 The HCBS service was provided under a 1915(c) HCBS Waiver 5 The HCBS service was provided under an 1115 waiver 6 The HCBS service was not provided under the statutes identified above and was of an acute care nature 7 The HCBS service was not provided under the statutes identified above and was of a long term care nature 8 The service is not an HCBS service (i.e. the HCBS classification is not applicable) 9 Unknown	10/10/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT
If HCBS-SERVICE-CODE = 1 through 8, then populate HCBS-TAXONOMY with one of the values from the list in Appendix B.		2/25/2013	CLAIMOT
If HCBS-SERVICE-CODE = 9 (It is unknown what authority the HCBS service was provided), then populate HCBS-TAXONOMY based on the assumption that the services is not a 1915(j), 1915(k), 1915(c) waiver, or 1115 waiver service. (See “If HCBS-SERVICE-CODE = 1 through 8” above.)		2/25/2013	CLAIMOT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	4/30/2013	CLAIMOT
If value is invalid, record it exactly as it appears in the state system.		2/25/2013	CLAIMOT
For institutional providers (TYPE-OF-SERVICE = 002,003, 004 028) and other providers operating as a group, The SERVICING-PROV-NUM should be for the individual who rendered the service.		2/25/2013	CLAIMOT
If “Servicing” provider and the “Billing” provider are the same then use the same number in both fields.		2/25/2013	CLAIMOT
Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state’s legacy ID number is available then that number can be entered in this field.		2/25/2013	CLAIMOT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).		2/25/2013	CLAIMOT

The value must consist of digits 0 through 9 only		4/30/2013	CLAIMOT
NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMOT
Record the value exactly as it appears in the state system		2/25/2013	CLAIMOT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMOT
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMOT
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	4/30/2013	CLAIMOT
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown	2/25/2013	CLAIMOT
Enter the value that corresponds to the tooth designation system used to populate the TOOTH-NUMBER, AREA-OF-ORAL-CAVITY, and TOOTH-SURFACE-CODE data elements.	JO ANSI/ADA/ISO Specification No. 3950 JP ADA's Universal/National Tooth Designation system	2/25/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMOT

If JO tooth designation system is used: Permanent Upper right quad medial to distal: 11-18 Permanent Upper left quad medial to distal: 22-28 Permanent lower right quad medial to distal: 41-48 Permanent lower left quad medial to distal: 31-38 Primary/Deciduous upper right quad medial to distal: 51-55 Primary/Deciduous upper left quad medial to distal: 61-65 Primary/Deciduous lower left quad medial to distal: 71-75 Primary/Deciduous lower right quad medial to distal: 81-85		2/25/2013	CLAIMOT
If JP tooth designation system is used: (Source: "Current Dental Terminology, CDT 2009 - 2010", American Dental Association).		2/25/2013	CLAIMOT
If the first character of TOOTH-NUM is A through T then beneficiary age must be < 15. (Deciduous teeth are usually all gone by age 12.)		4/30/2013	CLAIMOT
If TOOTH-NUM <> missing then TYPE-OF-SERVICE must = Dental		4/30/2013	CLAIMOT
Value must be equal to a valid value.	00 Entire Oral Cavity 01 Maxillary Area 02 Mandibular Area 03 Upper Right Sextant 04 Upper Anterior Sextant 05 Upper Left Sextant 06 Lower Left Sextant 07 Lower Anterior Sextant 08 Lower Right Sextant 09 Other Area of Oral Cavity (An area specified in an annexed document or further explanation available.) 10 Upper Right Quadrant (Right Refers to the oral and skeletal structures on the right side.) 20 Upper Left Quadrant (Left Refers to the oral and skeletal structures on the left side.) 30 Lower Left Quadrant 40 Lower Right Quadrant	4/30/2013	CLAIMOT
IF TOOTH-QUAD-CODE <> missing then TYPE-OF-SERVICE must = Dental		4/30/2013	CLAIMOT

Value must be equal to a valid value.	B Buccal – The surface of the tooth which is closest to the cheek. D Distal – The surface of the tooth facing away from an invisible line drawn vertically through the center of the face. F Facial – The surface of a tooth that is directed towards the face. I Incisal – The cutting edges of the anterior teeth. L Lingual – The surface of the tooth that is directed towards the tongue. M Mesial – The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face. O Occlusa – The surfaces of the posterior (back) teeth which provides the chewing function.	4/30/2013	CLAIMOT
IF TOOTH-SURFACE-CODE <> missing then TYPE-OF-SERVICE must = Dental		4/30/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMOT
For transportation claims, this is only required if state has captured this information, otherwise it is conditional		2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMOT
For transportation claims, this is only required if state has captured this information, otherwise it is conditional		2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	CLAIMOT
For transportation claims, this is only required if state has captured this information, otherwise it is conditional		2/25/2013	CLAIMOT
Value must be equal to a valid value.	http://www.census.gov/geo/reference/a	10/10/2013	CLAIMOT
A value is required transportation claims		2/25/2013	CLAIMOT
The value must consist of digits 0 through 9 only		4/30/2013	CLAIMOT

This is only required if state has captured this information, otherwise it is conditional		2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMOT
For transportation claims only. Required if state has captured this information, otherwise it is conditional.		2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMOT
For transportation claims only. Required if state has captured this information, otherwise it is conditional.		2/25/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	CLAIMOT
For transportation claims only. This field is required if state has captured this information, otherwise it is conditional.		2/25/2013	CLAIMOT
Value must be in the set of valid values	http://www.census.gov/geo/reference/a	10/10/2013	CLAIMOT
For transportation claims only. This field is required if state has captured this information, otherwise it is conditional.		2/25/2013	CLAIMOT
The value must consist of digits 0 through 9 only		4/30/2013	CLAIMOT
This field is required if state has captured this information, otherwise it is conditional.		2/25/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	CLAIMOT
Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation	4/30/2013	CLAIMOT

If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.		4/30/2013	CLAIMOT
If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.		4/30/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix I for listing of valid values.	4/30/2013	CLAIMOT
Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".		4/30/2013	CLAIMOT
Value must be equal to a valid value.	See Appendix J for listing of valid values.		CLAIMOT
Value must be equal to a valid value.	See Appendix J for listing of valid values.		CLAIMOT
This data element must include a valid dollar amount.		10/10/2013	CLAIMOT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMOT
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMOT
Position 10-11 must be Alpha Numeric or blank		10/10/2013	CLAIMOT
Position 1-5 must be Numeric		10/10/2013	CLAIMOT
Position 6-9 must be Alpha Numeric		10/10/2013	CLAIMOT
Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., {5, 4, 2} or {5, 4} as defined in the National Drug Code Directory).		10/10/2013	CLAIMOT

If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.		10/10/2013	CLAIMOT
If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.		10/10/2013	CLAIMOT
This field is applicable only for TYPE-OF-SERVICE = 035, 036, 077, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 033, 034.		10/10/2013	CLAIMOT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	10/10/2013	CLAIMOT
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill		10/10/2013	CLAIMOT
If PROCEDURE-CODE-2 = "88888888", then PROCEDURE-CODE-MOD-2 must = "88".		10/10/2013	CLAIMOT
If PROCEDURE-CODE-2 <> "88888888", then PROCEDURE-CODE-MOD-2 must <> "88".		10/10/2013	CLAIMOT
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.		10/10/2013	CLAIMOT
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	10/10/2013	CLAIMOT
If PROCEDURE-CODE-3 = "88888888", then PROCEDURE-CODE-MOD-3 must = "88".		10/10/2013	CLAIMOT
If PROCEDURE-CODE-3 <> "88888888", then PROCEDURE-CODE-MOD-3 must <> "88".		10/10/2013	CLAIMOT
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.		10/10/2013	CLAIMOT
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill		10/10/2013	CLAIMOT

A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	10/10/2013	CLAIMOT
If PROCEDURE-CODE-4 = "88888888", then PROCEDURE-CODE-MOD-4 must = "88".		10/10/2013	CLAIMOT
If PROCEDURE-CODE-4 <> "88888888", then PROCEDURE-CODE-MOD-4 must <> "88".		10/10/2013	CLAIMOT
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.		10/10/2013	CLAIMOT
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill		10/10/2013	CLAIMOT
Value must be equal to a valid value.	http://www.cms.gov/Medicare/Coding/Me	10/10/2013	CLAIMOT
Date format is CCYYMMDD (National Data Standard).		10/10/2013	CLAIMOT
Value must be a valid date		10/10/2013	CLAIMOT
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.		10/10/2013	CLAIMOT
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.		10/10/2013	CLAIMOT
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD		10/10/2013	CLAIMOT
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE		10/10/2013	CLAIMOT
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.		10/10/2013	CLAIMOT
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.		10/10/2013	CLAIMOT

Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority 999 Type of Authority Is Unknown	10/10/2013	CLAIMOT
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMOT
Value must be equal to a valid value.	F2 International Unit ML Milliliter GR Gram UN Unit	10/10/2013	CLAIMOT
Enter the unit of measure for each corresponding quantity value.		10/10/2013	CLAIMOT
Must be numeric		10/10/2013	CLAIMOT
This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/refill that were filled.		10/10/2013	CLAIMOT
		10/10/2013	CLAIMOT
Value must be equal to a valid value.	CRX00001 FILE-HEADER-RECORD-RX	4/30/2013	CLAIMRX
Must be populated on every record		4/30/2013	CLAIMRX
Must be in correct format as shown in definition		4/30/2013	CLAIMRX
Use the version number specified on the title page of the data dictionary		2/25/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX
Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.	4/30/2013	CLAIMRX
Use the version number specified on the title page of the data mapping document		2/25/2013	CLAIMRX

Value must be equal to a valid value.	CLAIM-RX - Pharmacy Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE 033 or 034.	10/10/2013	CLAIMRX
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMRX
Must be populated on every record.		2/25/2013	CLAIMRX
Value must be numeric		4/30/2013	CLAIMRX
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard)		2/25/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.		2/25/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard)		2/25/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard)		2/25/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
Value must be equal to a valid value.	P Production File T Test File	2/25/2013	CLAIMRX
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER	4/30/2013	CLAIMRX
A state's SSN/Non-SSN designation on the eligibility file should match on the claims files.		4/30/2013	CLAIMRX
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.		4/30/2013	CLAIMRX
An integer value with no commas		10/10/2013	CLAIMRX
Field is required on all 'C', 'U', and 'R' record files.		10/10/2013	CLAIMRX
Must be numeric and > 0		10/10/2013	CLAIMRX
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMRX

Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMRX
		10/10/2013	CLAIMRX
Value must be equal to a valid value.	CRX00002 CLAIM-HEADER-RECORD-RX	4/30/2013	CLAIMRX
Must be populated on every record		4/30/2013	CLAIMRX
Must be in correct format as shown in definition		4/30/2013	CLAIMRX
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMRX
Must be populated on every record.		2/25/2013	CLAIMRX
Value must be numeric		4/30/2013	CLAIMRX
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMRX
Must be populated on every record		10/10/2013	CLAIMRX
Must be numeric		4/30/2013	CLAIMRX
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMRX
Record the value exactly as it appears in the state system. Do not pad.		2/25/2013	CLAIMRX
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.		2/25/2013	CLAIMRX

This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0		4/30/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMRX
Record the value exactly as it appears in the State system. Do not pad		2/25/2013	CLAIMRX
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0		2/25/2013	CLAIMRX
Value must not be null		4/30/2013	CLAIMRX
MSIS Identification Number must be reported		4/30/2013	CLAIMRX
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS.		2/25/2013	CLAIMRX
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim 9 Unknown	4/30/2013	CLAIMRX
If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).		4/30/2013	CLAIMRX
Detail records should be created for all crossover claims.		4/30/2013	CLAIMRX
Value must be in the set of valid values	0 No 1 Yes	4/30/2013	CLAIMRX
If 1115A-DEMONSTRATION-IND set to Yes on claim then there must be a 1115A-DEMONSTRATION-IND set to Yes (1115 participant) in the T-MSIS Eligible file with the same MSIS ID and/or SSN, an 1115A-EFF-DATE < the begin date of service and an 1115A-END-DATE > the end date of service on the claim.		4/30/2013	CLAIMRX
Value must be in the set of valid values	0 Original Claim / Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown	4/30/2013	CLAIMRX

Value must be in the set of valid values	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMRX
if there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE).		2/25/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.		2/25/2013	CLAIMRX
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.		2/25/2013	CLAIMRX
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD		4/30/2013	CLAIMRX
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.		4/30/2013	CLAIMRX
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.		4/30/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX
States should only submit CHIP claims for CHIP eligibles		4/30/2013	CLAIMRX
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.		4/30/2013	CLAIMRX
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.		4/30/2013	CLAIMRX
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.		4/30/2013	CLAIMRX
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.		4/30/2013	CLAIMRX
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMRX

Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMRX
Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction/Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO) 99 Unknown source	4/30/2013	CLAIMRX
Limit characters to alphabet (A-Z, a-z), numerals (0-9),, dashes (-), and spaces.		4/30/2013	CLAIMRX
If there is a valid check date there should also be a valid check number.		4/30/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
Could be the same as Remittance Date.		2/25/2013	CLAIMRX
If there is a valid check number, there should also be a valid check date.		4/30/2013	CLAIMRX
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMRX

Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMRX
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMRX
Value must be equal to a valid value.	Use the Remittance Advice Remark Co	10/10/2013	CLAIMRX
TOT-BILLED-AMT must be a valid dollar amount.		10/10/2013	CLAIMRX
The total amount should be the sum of each of the billed amounts submitted at the claim detail level.		2/25/2013	CLAIMRX
If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000".		4/30/2013	CLAIMRX
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.		2/25/2013	CLAIMRX
TOT-ALLOWED-AMT must be a valid dollar amount.		10/10/2013	CLAIMRX
The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT		4/30/2013	CLAIMRX

TOT-MEDICAID-PAID-AMT must be a valid dollar amount		10/10/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
if the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code 0 in TOT-MEDICARE-COINS-AMT.		2/25/2013	CLAIMRX
The total medicare deductible amount must be less than or equal the total billed amount.		4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
If the Medicare coinsurance amount can be identified separately from Medicare deductible payments, code that amount in this field. If Medicare coinsurance and deductible payments cannot be separated, fill this field with 99998 and code the combined payment amount in TOT-MEDICARE-DEDUCTIBLE-AMT.		2/25/2013	CLAIMRX
For TYPE-OF-CLAIM = 3, C, W (encounter record), 8-fill.		10/10/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
Absolute value of TOT-TPL-AMT must be < Absolute value of (TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).		4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	4/30/2013	CLAIMRX

Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown	2/25/2013	CLAIMRX
Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other 99 Unknown	4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT.		2/25/2013	CLAIMRX
Required on service tracking records		2/25/2013	CLAIMRX
If there is a service tracking type, then there must also be a service tracking payment amount.		4/30/2013	CLAIMRX
For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.		10/10/2013	CLAIMRX
Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment	4/30/2013	CLAIMRX

Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other	10/10/2013	CLAIMRX
Value must be equal to a valid value.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations	10/10/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMRX
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.		4/30/2013	CLAIMRX
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.		4/30/2013	CLAIMRX
If PROGRAM-TYPE=1915(i) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period.		4/30/2013	CLAIMRX
Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.		4/30/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMRX
use the number as it is carried in the state's system. (TYPE-OF-CLAIM=3, C, W OR TYPE-OF-SERVICE=119, 120, 122).		2/25/2013	CLAIMRX
if TYPE-OF-CLAIM<>3, C, W (Encounter Record) AND TYPE-OF-SERVICE<> {119, 120, 121, 122), 8-fill		2/25/2013	CLAIMRX
If TYPE-OF-CLAIM <> Encounter or Capitation Payment, 8-fill.		10/10/2013	CLAIMRX
This data element must equal the BILLING-PROV-NUM if the TYPE-OF-SERVICE is a capitation payment.		4/30/2013	CLAIMRX
The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.		4/30/2013	CLAIMRX

Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	CLAIMRX
Large health plans are required to obtain national health plan identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.		2/25/2013	CLAIMRX
This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.		2/25/2013	CLAIMRX
NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments	4/30/2013	CLAIMRX
Payment fields at either the claim header or line on encounter records should be left blank.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS 04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS 06 IPFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model	10/10/2013	CLAIMRX
If this is a crossover Medicare claim, the claim must have a MEDICARE-REIM-TYPE.		4/30/2013	CLAIMRX
Must be populated on every record		4/30/2013	CLAIMRX
The claim line count should equal the sum of the claim lines for this record.		4/30/2013	CLAIMRX
Value must be equal to a valid value.	0 No 1 Yes	4/30/2013	CLAIMRX

Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries		4/30/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		4/30/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		10/10/2013	CLAIMRX
Value must be an alphabetic character, or a blank (A-Z, a-z,)		2/25/2013	CLAIMRX
Leave blank if not available		4/30/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		4/30/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
The numeric form for days and months from 1 to 9 must have a zero as the first digit.		4/30/2013	CLAIMRX
The patient’s date of birth shall be reported in numeric form as follows – 2 digit month, 2 digit day, and 4 digit year		4/30/2013	CLAIMRX
A patient's age should not be greater than 112 years.		4/30/2013	CLAIMRX
Value must be equal to a valid value.	0 No 1 Yes 8 Not Applicable 9 Unknown	10/10/2013	CLAIMRX
if a state has not yet begun collecting this information, HEALTH-HOME-PROVIDER-IND, this field should be defaulted to the value “8.”		2/25/2013	CLAIMRX
If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.		4/30/2013	CLAIMRX

States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.		4/30/2013	CLAIMRX
States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.		4/30/2013	CLAIMRX
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX
Value must correspond to associated WAIVER-ID		2/25/2013	CLAIMRX
WAIVER-TYPE on claim must match [T-MSIS ELIGIBLE FILE]WAIVER-TYPE for the enrollee for the same time period (by date of service).		4/30/2013	CLAIMRX
An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02)		4/30/2013	CLAIMRX
If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88		4/30/2013	CLAIMRX
States supply waiver IDs to CMS	Valid values are supplied by the state.	4/30/2013	CLAIMRX
if individual is not enrolled in a waiver or service does not fall under a waiver, 8-fill		2/25/2013	CLAIMRX
Fill in the WAIVER-ID applicable for this service rendered/claim submitted.		2/25/2013	CLAIMRX
Enter the WAIVER-ID number assigned by the state, and approved by CMS.		2/25/2013	CLAIMRX
If there's a waiver type, there should be a corresponding waiver id.		4/30/2013	CLAIMRX
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.		4/30/2013	CLAIMRX
If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.		10/10/2013	CLAIMRX
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.	2/25/2013	CLAIMRX

For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).		2/25/2013	CLAIMRX
if value is invalid, record it exactly as it appears in the state system.		2/25/2013	CLAIMRX
Valid characters include only numbers (0-9)		4/30/2013	CLAIMRX
NPI must be valid	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMRX
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).		2/25/2013	CLAIMRX
Billing Provider must be enrolled		4/30/2013	CLAIMRX
Value must be in the set of valid values	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMRX
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMRX
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)		2/25/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	10/10/2013	CLAIMRX
Valid formats must be supplied by the state in advance of submitting file data.	Valid values are supplied by the state.	4/30/2013	CLAIMRX
if value is invalid, record it exactly as it appears in the state system.		2/25/2013	CLAIMRX

if the prescribing physician provider ID is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the State should use the DEA ID for this data element		2/25/2013	CLAIMRX
NPI must be valid	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMRX
Valid characters include only numbers (0-9)		4/30/2013	CLAIMRX
Record the value exactly as it appears in the state system.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/	4/30/2013	CLAIMRX
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.	10/10/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.	4/30/2013	CLAIMRX
Limit characters to alphabet (A-Z, a-z), numerals (0-9)		4/30/2013	CLAIMRX
if individual is NOT enrolled in Medicare, 8-fill field.		2/25/2013	CLAIMRX
If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.		4/30/2013	CLAIMRX
States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.		4/30/2013	CLAIMRX
Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMRX
Limit characters to alphabet (A-Z, a-z), numerals (0-9)..		10/10/2013	CLAIMRX
If there is a remittance date, then there must also be a remittance number.		4/30/2013	CLAIMRX
Value must be equal to a valid value.	0 No 1 Yes	10/10/2013	CLAIMRX

Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
Date must occur on or after Date of Birth		4/30/2013	CLAIMRX
Date must on or before Prescription Fill Date.		4/30/2013	CLAIMRX
DATE-PRESCRIBED must occur on or before ADJUDICATION-DATE.		4/30/2013	CLAIMRX
Date must occur on or before Date of Death.		4/30/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
The date must be a valid date.		4/30/2013	CLAIMRX
PRESCRIPTION-FILL-DATE must occur on or before END-OF-TIME-PERIOD		4/30/2013	CLAIMRX
PRESCRIPTION-FILL-DATE must occur on or after START-OF-TIME-PERIOD		4/30/2013	CLAIMRX
PRESCRIPTION-FILL-DATE must occur on or after DATE-PRESCRIBED		4/30/2013	CLAIMRX
Date must occur on or after Date of Birth		4/30/2013	CLAIMRX
Date must occur on or before Date of Death.		4/30/2013	CLAIMRX
Value must be in the set of valid values	0 Not Compound 1 Compound 9 Unknown	4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
if no coinsurance is applicable enter 0.00.		2/25/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
if no copayment is applicable enter 0.00.		2/25/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
Date format should be CCYYMMDD (National Data Standard)		10/10/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
if no deductible is applicable enter 0.00.		2/25/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
Value must be a valid date		4/30/2013	CLAIMRX
if no coinsurance is applicable, 8-fill.		2/25/2013	CLAIMRX
Value must be in the set of valid values	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or the all of the claim.	4/30/2013	CLAIMRX

it is expected that states will submit all denied claims to CMS		2/25/2013	CLAIMRX
If the Type of Claim indicates the claim was denied, then this indicator must also indicate the claim was denied.		4/30/2013	CLAIMRX
Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment 8 Not Applicable: The benefit plan does not have a copay in this circumstance	4/30/2013	CLAIMRX
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		2/25/2013	CLAIMRX
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.		4/30/2013	CLAIMRX
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.		4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
The date must be a valid date.		4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		2/25/2013	CLAIMRX
The date must be a valid date.		4/30/2013	CLAIMRX
Valid characters include only numbers (0-9)		4/30/2013	CLAIMRX
The value must be a valid NPI.	http://www.cms.gov/Regulations-and-G	4/30/2013	CLAIMRX
Value must be in the set of valid values	http://www.wpc-edi.com/refer	4/30/2013	CLAIMRX

Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.		2/25/2013	CLAIMRX
Left-fill unused bytes with spaces.		2/25/2013	CLAIMRX
Valid characters include only numbers (0-9)		4/30/2013	CLAIMRX
The value must be a valid NPI.	http://www.cms.gov/Regulations-and-G	2/25/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	CLAIMRX
if individual is NOT enrolled in Medicare, 8-fill field.		2/25/2013	CLAIMRX
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMRX
Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMRX
Valid formats must be supplied by the state in advance of submitting file data.	Valid values are supplied by the state.	10/10/2013	CLAIMRX
If value is invalid, record it exactly as it appears in the state system.		10/10/2013	CLAIMRX
Note: Once a national provider ID numbering system is in place, the national number should be used. If the state's legacy ID number is only available, then that number can be entered in this field.		10/10/2013	CLAIMRX

Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount 9 Unknown	10/10/2013	CLAIMRX
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”.		10/10/2013	CLAIMRX
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.		10/10/2013	CLAIMRX
Limit characters to alphabet (A-Z), numerals (0-9)..		10/10/2013	CLAIMRX
The value should correspond with one of the location identifiers recorded in the provider’s demographic records in the T-MSIS data set		10/10/2013	CLAIMRX
		10/10/2013	CLAIMRX
Value must be equal to a valid value.	CRX00003 CLAIM-LINE-RECORD-RX	4/30/2013	CLAIMRX
Must be populated on every record		4/30/2013	CLAIMRX
Must be in correct format as shown in definition		2/25/2013	CLAIMRX
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	CLAIMRX
Must be populated on every record.		2/25/2013	CLAIMRX
Value must be numeric		4/30/2013	CLAIMRX
SUBMITTING-STATE must be equal across all record segments for a given record.		4/30/2013	CLAIMRX
Must be populated on every record		10/10/2013	CLAIMRX
Must be numeric		4/30/2013	CLAIMRX
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	CLAIMRX
MSIS Identification Number must be reported		4/30/2013	CLAIMRX

For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS.		2/25/2013	CLAIMRX
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.		2/25/2013	CLAIMRX
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.		4/30/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMRX
Record the value exactly as it appears in the state system. Do not pad.		2/25/2013	CLAIMRX
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.		2/25/2013	CLAIMRX
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0		4/30/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMRX
Record the value exactly as it appears in the State system. Do not pad		2/25/2013	CLAIMRX
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0		2/25/2013	CLAIMRX
Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.		10/10/2013	CLAIMRX
Record the value exactly as it appears in the state system. Do not pad.		10/10/2013	CLAIMRX
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.		2/25/2013	CLAIMRX
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown	4/30/2013	CLAIMRX

If there is a line adjustment number, then there must be a line-adjustment indicator.		4/30/2013	CLAIMRX
If there is a line adjustment reason, then there must be a line adjustment indicator.		4/30/2013	CLAIMRX
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMRX
If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE)		2/25/2013	CLAIMRX
Value must not be null		4/30/2013	CLAIMRX
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/code	4/30/2013	CLAIMRX
Position 10-11 must be Alpha Numeric or blank		2/25/2013	CLAIMRX
Position 1-5 must be Numeric		2/25/2013	CLAIMRX
Position 6-9 must be Alpha Numeric		2/25/2013	CLAIMRX
Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., {5, 4, 2} or {5, 4} as defined in the National Drug Code Directory).		2/25/2013	CLAIMRX
If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.		2/25/2013	CLAIMRX
If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.		2/25/2013	CLAIMRX
This field is applicable only for TYPE-OF-SERVICE = 035, 036, 077, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 033, 034.		2/25/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.		2/25/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX

This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.		2/25/2013	CLAIMRX
For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid-Amount-Paid as $0.		2/25/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
Required when TYPE-OF-CLAIM = C, 3, or W		2/25/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
If claim is not a Crossover claim, or if a TYPE-OF-CLAIM = 3, C, W (encounter claim), 8-fill.		2/25/2013	CLAIMRX
If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code space in MEDICARE-COINSURANCE-PAYMENT.		2/25/2013	CLAIMRX
Claims records for an eligible individual should not indicate Medicare paid any deductible amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
If the Medicare coinsurance amount can be identified separately from Medicare deductible payments, code that amount in this field. If Medicare coinsurance and deductible payments cannot be separated, fill this field with 99998 and code the combined payment amount in MEDICARE-DEDUCTIBLE-AMT.		2/25/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX

If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.		2/25/2013	CLAIMRX
For claims where Medicare payment is only available at the header level, report the entire payment amount the T-MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other T-MSIS records created from the original claim.		2/25/2013	CLAIMRX
Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.		4/30/2013	CLAIMRX
Must be numeric		10/10/2013	CLAIMRX
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.		2/25/2013	CLAIMRX
NOTE: One prescription for 100 250 milligram tablets results in OT-RX-CLAIM-QUANTITY-ALLOWED =100.		2/25/2013	CLAIMRX
The value in OT-RX-CLAIM-QUANTITY-ALLOWED must correspond with the value in UNIT-OF-MEASURE.		2/25/2013	CLAIMRX
Left-fill field with zeros if value is less than 9 bytes long.		2/25/2013	CLAIMRX
For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMLT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.		2/25/2013	CLAIMRX
Must be numeric		10/10/2013	CLAIMRX

This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.		2/25/2013	CLAIMRX
NOTE: One prescription for 100 250 milligram tablets results in QUANTITY OF SERVICE=100.		2/25/2013	CLAIMRX
The value in OT-RX-CLAIM-QUANTITY-ACTUAL must correspond with the value in UNIT-OF-MEASURE.		2/25/2013	CLAIMRX
Left-fill field with zeros if value is less than 9 bytes long.		2/25/2013	CLAIMRX
For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMLT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	F2 International Unit ML Milliliter GR Gram UN Unit	4/30/2013	CLAIMRX
Enter the unit of measure for each corresponding quantity value.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	CLAIMRX
CLAIMRX Files may contain TYPE-OF-SERVICE Value: 033, 034.		2/25/2013	CLAIMRX
Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: o The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. o Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. o Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.		2/25/2013	CLAIMRX
See Appendix D for information on the various types of service.		2/25/2013	CLAIMRX

All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMLT file.		2/25/2013	CLAIMRX
Value must be equal to a valid value.	1 The HCBS service was provided under 1915(i) 2 The HCBS service was provided under 1915(j) 3 The HCBS service was provided under 1915(k) 4 The HCBS service was provided under a 1915(c) HCBS Waiver 5 The HCBS service was provided under an 1115 waiver 6 The HCBS service was not provided under the statutes identified above and was of an acute care nature 7 The HCBS service was not provided under the statutes identified above and was of a long term care nature 8 The service is not an HCBS service (i.e. the HCBS classification is not applicable) 9 Unknown	10/10/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX
If HCBS-SERVICE-CODE = 1 through 8, then populate HCBS-TAXONOMY with one of the values from the list in Appendix B.		2/25/2013	CLAIMRX
If HCBS-SERVICE-CODE = 9 (It is unknown what authority the HCBS service was provided), then populate HCBS-TAXONOMY based on the assumption that the services is not a 1915(j), 1915(k), 1915(c) waiver, or 1115 waiver service. (See “If HCBS-SERVICE-CODE = 1 through 8” above.)		2/25/2013	CLAIMRX
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker’s Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown	2/25/2013	CLAIMRX
Values should be between -365 and 365.		10/10/2013	CLAIMRX

For Prescription Drugs, value should be between -365 and 365.		10/10/2013	CLAIMRX
Value must be equal to a valid value.	00 New Prescription 01-98 Number of Refill(s) 99 Unknown	4/30/2013	CLAIMRX
Value must be in the set of valid values	0 Non-Drug 1 Generic 2 Brand 3 Multi-Source 4 Single-Source	4/30/2013	CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX
Must be numeric		10/10/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX
Value must be equal to a valid value.	0 NDC is not eligible for drug rebate program. (Manufacturer does not have a rebate agreement.) 1 NDC is eligible for drug rebate program 2 NDC is exempt from the drug rebate program (biological and medical devices) 9 The drug rebate eligibility of the is unknown	4/30/2013	CLAIMRX

Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	CLAIMRX
Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation	4/30/2013	CLAIMRX
If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.		4/30/2013	CLAIMRX
If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.		4/30/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix I for listing of valid values.	4/30/2013	CLAIMRX
Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".		4/30/2013	CLAIMRX
Value must be equal to a valid value.	See Appendix J for listing of valid values.		CLAIMRX
This data element must include a valid dollar amount.		10/10/2013	CLAIMRX
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	CLAIMRX

Right-fill unused bytes when using the fix-length file format.		2/25/2013	CLAIMRX
Date format is CCYYMMDD (National Data Standard).		10/10/2013	CLAIMRX
Value must be a valid date		10/10/2013	CLAIMRX
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.		10/10/2013	CLAIMRX
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.		10/10/2013	CLAIMRX
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD		10/10/2013	CLAIMRX
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE		10/10/2013	CLAIMRX
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.		10/10/2013	CLAIMRX
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.		10/10/2013	CLAIMRX
Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority 999 Type of Authority Is Unknown	10/10/2013	CLAIMRX
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	CLAIMRX
		10/10/2013	CLAIMRX
Value is required on all record segments		4/30/2013	ELIGIBLE

Value must be in the required format		4/30/2013	ELIGIBLE
Value must be in the set of valid values	ELG00001 - FILE-HEADER-RECORD-ELIGIBILITY	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Use the version number specified on the title page of the data dictionary		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	ELIGIBLE
Value must be equal to a valid value.	FLF The file follows a fixed length format. PSV The file follows a pipe-delimited format.	4/30/2013	ELIGIBLE
Use the version number specified on the title page of the data mapping document		2/25/2013	ELIGIBLE
Required on every file header		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	ELIGIBLE - Eligible file	2/25/2013	ELIGIBLE
The file name must exist in the File Label Internal Dataset Name.		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.		2/25/2013	ELIGIBLE
Required on every file header		4/30/2013	ELIGIBLE
Date must be equal or less than current date		4/30/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
Value in DD must equal 01.		4/30/2013	ELIGIBLE
Date must be less than END-OF-TIME-PERIOD		10/10/2013	ELIGIBLE
Value must occur on or before the date the file was created.		10/10/2013	ELIGIBLE
Value must be equal or less than current date.		10/10/2013	ELIGIBLE

Value must be a valid date		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		4/30/2013	ELIGIBLE
Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, September, or November; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.		10/10/2013	ELIGIBLE
Value must be equal or less than DATE-FILE-CREATED.		4/30/2013	ELIGIBLE
Value must be greater than START-OF-TIME-PERIOD		4/30/2013	ELIGIBLE
Value must be equal or less than current date.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	P Production file T Test file	2/25/2013	ELIGIBLE
The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = 'T'		4/30/2013	ELIGIBLE
Non-SSN States will assign each eligible only one permanent MSIS-ID in his or her lifetime. When reporting eligibility records it is important that the SSN-INDICATOR in the Header record be set to 0 and the MSIS-ID for each record be provided in the MSIS-IDENTIFICATION-NUMBER field; if the MSIS-IDENTIFICATION-NUMBER is not known then this field should be filled with nines. The MSIS-ID identifies the individual and any claims submitted to the system		2/25/2013	ELIGIBLE
Provide the SSN in the SOCIAL-SECURITY-NUMBER field; if the SSN is not available the SOCIAL-SECURITY-NUMBER field should be filled with nines. Set the SSN-INDICATOR in the header record to 0. This setting indicates the manner in which the state assigns IDs for the validation program		2/25/2013	ELIGIBLE
SSN States will use the SOCIAL-SECURITY-NUMBER field to provide the MSIS-ID when a permanent SSN is available for the individual. For these states the SSN-Indicator in the header record will be set to 1 and the MSIS-IDENTIFICATION-NUMBER in the eligible record should be blank.		2/25/2013	ELIGIBLE
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER	2/25/2013	ELIGIBLE

States that are SSN states must submit MSIS Identification Numbers and SSNs that match for eligible individuals.		10/10/2013	ELIGIBLE
An integer value with no commas.		4/30/2013	ELIGIBLE
Value must equal the count of all records excluding the header record		10/10/2013	ELIGIBLE
The total number of records a state submits in the Eligible file should not increase or decrease more than 10% from one month to another.		2/25/2013	ELIGIBLE
Field is required on all 'C', 'U', and 'R' record files.		10/10/2013	ELIGIBLE
Must be numeric and > 0		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in the required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00002 - PRIMARY-DEMOGRAPHICS-ELIGIBILITY	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE

Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes ("-"), periods ("."), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes ("-"), periods ("."), single quote ('), and spaces.		4/30/2013	ELIGIBLE
Leave blank if not available		2/25/2013	ELIGIBLE
Value must be an alphabetic character, or a blank (A-Z, a-z,)		4/30/2013	ELIGIBLE

Value must be equal to a valid value.	F Female M Male U Unknown	4/30/2013	ELIGIBLE
If an eligible individual is a male, he cannot be pregnant.		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
Children enrolled in the Separate CHIP prenatal program option must not have a date of birth		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date, unless a complete valid date is not available.		4/30/2013	ELIGIBLE
An eligible individual's date of birth must not be after his/her date of death.		2/25/2013	ELIGIBLE
An eligible individual's date of birth must be on or before the end of time period for the submission. Revise Edit Definition: DATE-OF-BIRTH must be <= END-OF-TIME-PERIOD		2/25/2013	ELIGIBLE
An eligible individual's date of birth must be on or before the date the file was created.		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If individual is not deceased, 8-fill.		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date, unless a complete valid date is not available or the eligible individual is not deceased.		4/30/2013	ELIGIBLE
The eligible individual's date of death cannot occur earlier than his/her date of birth.		4/30/2013	ELIGIBLE
The eligible individual's date of death indicate that an eligible individual was greater than 125 years old at the time of death.		2/25/2013	ELIGIBLE
Value cannot be > DATE-FILE-CREATED in Header Record		4/30/2013	ELIGIBLE
For records for an eligible individual across time periods, the eligible individual's Date of Death should not vary.		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE

Whenever the value in one or more of the data elements in the PRIMARY DEMOGRAPHICS–ELIGIBILITY record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
The effective date of the PRIMARY-DEMOGRAPHICS-ELIGIBILITY record segment must occur on or before the end date for the record segment.		10/10/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements in the PRIMARY DEMOGRAPHICS–ELIGIBILITY record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
The end date of the PRIMARY-DEMOGRAPHICS-ELIGIBILITY record segment must occur on or after the effective date for the record segment.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE

Value must be in the required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00003 - VARIABLE-DEMOGRAPHICS-ELIGIBILITY	4/30/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
This element should be reported by the state when the information is material to eligibility (i.e., institutionalization).		2/25/2013	ELIGIBLE

Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	ELIGIBLE
An eligible individual who is younger than 12 years must have a marital status of never married or unknown.		2/25/2013	ELIGIBLE
Conditional (required when value “14 (Other) appears in MARITAL-STATUS		2/25/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), apostrophes (‘).		2/25/2013	ELIGIBLE
For SSN States, value for MSIS Identification Number must = individual's valid Social Security Number and SSN-INDICATOR = 1.		10/10/2013	ELIGIBLE
If known, this field is to be populated with numeric digits.		4/30/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS identification number and the social security number.		2/25/2013	ELIGIBLE
For NON-SSN States, all states must provide available SSNs on the ELIGIBLE FILE, regardless of the use of this field as the unique MSIS identifier.		2/25/2013	ELIGIBLE
For records for an eligible individual across time periods in an SSN state, the eligible individual's SSN should not vary.		10/10/2013	ELIGIBLE
If the SSN is not available and a temporary identification number has been assigned in the MSIS-IDENTIFICATION-NUMBER field, the SSN field must blank-filled.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	0 SSN not verified 1 SSN vsuccessfully verified by SSA 2 SSN is pending SSA verification 9 Unknown	4/30/2013	ELIGIBLE
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	ELIGIBLE

Value must be equal to a valid value.	0 NO 1 YES 9 Unknown	4/30/2013	ELIGIBLE
An eligible individual who is younger than 17 years cannot be a veteran.		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown	4/30/2013	ELIGIBLE
All eligible individuals flagged as non-citizens with IMMIGRATION-STATUS should also be flagged as non-citizens with CITIZENSHIP-IND		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown	2/25/2013	ELIGIBLE
Value must be equal to a valid value.	1 Qualified non-citizen 2 Lawfully present under CHIPRA 214 3 Eligible only for payment for emergency services 8 Not Applicable (U.S. citizen) 9 Unknown	4/30/2013	ELIGIBLE
All eligible individuals flagged as non-citizens with CITIZENSHIP-IND should also be flagged as non-citizens with IMMIGRATION-STATUS		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown	2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable (U.S. Citizen), enter all 8s		2/25/2013	ELIGIBLE
If the individual is not a U.S. citizen, then his/her Immigration Status Five Year Bar End Date cannot be designated as not applicable (8-filled)		10/10/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
Value must be a valid date		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	0 Very Well 1 Well 2 Not well 3 No spoken proficiency 9 Unknown	4/30/2013	ELIGIBLE
Report this information for individuals 5 years old or older		2/25/2013	ELIGIBLE

Value must be equal to a valid value.	See language codes in Appendix G for a list of all valid language codes	4/30/2013	ELIGIBLE
See language codes in Appendix G for a list of all valid language codes		2/25/2013	ELIGIBLE
Report this information for individuals 5 years old or older		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	01 1 person 02 2 people 03 3 people 04 4 people 05 5 people 06 6 people 07 7 people 08 8 or more people 99 Unknown number of people	4/30/2013	ELIGIBLE
Use this code to indicate Household Size used in the eligibility determination process		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown	4/30/2013	ELIGIBLE
If an eligible individual is pregnant, she must be a female.		4/30/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9)		2/25/2013	ELIGIBLE
If individual's dual eligibility code indicates he/she is NOT enrolled in Medicare, then Medicare HIC number must be 8-filled.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9)		4/30/2013	ELIGIBLE
If individual is NOT enrolled in Medicare, 8-fill field		10/10/2013	ELIGIBLE

Value must be equal to a valid value.	0 Individual was not Medicaid eligible and not eligible for separate CHIP for the month 1 Individual was Medicaid eligible, but was not included in either Medicaid-Expansion CHIP or a separate title XXI CHIP) program for the month 2 Individual was included in the Medicaid-Expansion CHIP program and subject to enhanced Federal matching for the month 3 Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program for the month. 4 Individual was both Medicaid-Eligible and Separate CHIP eligible during the same month 9 CHIP status unknown	4/30/2013	ELIGIBLE
Value is unknown		4/30/2013	ELIGIBLE
If the individual was both Medicaid-Eligible and Separate CHIP eligible during the same month, CHIP-ENROLLMENT and MEDICAID-ENROLLMENT dates must not overlap for the same month		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements in the VARIABLE DEMOGRAPHICS–ELIGIBILITY record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE

For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements in the VARIABLE DEMOGRAPHICS–ELIGIBILITY record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
The VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE must occur on or after the VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE		10/10/2013	ELIGIBLE

For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in the required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG0004 - ELIGIBILE-CONTACT-INFORMATION	4/30/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE

Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	01 Primary home address and contact information, used for the eligibility determination process 02 Primary work address and contact information 03 Secondary residence and contact information 04 Secondary work address and contact information 05 Other category of address and contact information 06 Eligible person's official mailing address	10/10/2013	ELIGIBLE
This data element must be populated on every ELIGIBLE-CONTACT-INFORMATION record.		10/10/2013	ELIGIBLE
Line 1 is required and the other two lines can be blank		10/10/2013	ELIGIBLE
The first line of the address must not be the same as the second or third line of the address (if applicable)		2/25/2013	ELIGIBLE

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
The second line of the address must not be the same as the first or third line of the address (if applicable)		2/25/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Line 1 is required and the other two lines can be blank		2/25/2013	ELIGIBLE
The third line of the address must not be the same as the first or second line of the address (if applicable)		2/25/2013	ELIGIBLE
The city for the eligible individual's address must be reported.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	ELIGIBLE
The state for the eligible individual's address must be reported.		10/10/2013	ELIGIBLE
The field must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/a	10/10/2013	ELIGIBLE
First 5 bytes (i.e., the 5-digit zip code) is required		10/10/2013	ELIGIBLE
Last 4 bytes are optional. If unknown, zero-fill		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
Dependent value must be equal to a valid value.	http://www.census.gov/geo/re	10/10/2013	ELIGIBLE
The county for the eligible individual's address must be reported.		2/25/2013	ELIGIBLE
Value must be numeric.		10/10/2013	ELIGIBLE
The phone number for the eligible individual must be reported.		4/30/2013	ELIGIBLE

Enter digits only (i.e., no parentheses, dashes, periods, commas, spaces, etc.)		2/25/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,)		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Value must be equal or less than END-OF-TIME-PERIOD in the header record		4/30/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the ELIGIBLE-CONTACT-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in the required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG0005 - ELIGIBILITY-DETERMINANTS	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE

RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
MSIS-CASE-NUM must be numeric.		4/30/2013	ELIGIBLE

This field must contain the Medicaid case identification number assigned by the state. The format of the Medicaid case identification number must be supplied to CMS.		2/25/2013	ELIGIBLE
If multiple MSIS-CASE-NUMs exist at the state-level, and T-MSIS only allows one Case Number in current T-MSIS DD, please enter the Case Number with the longest eligibility days in that particular month.		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	00 Individual was not eligible for Medicaid at any time during the month 01 Aged Individual 02 Blind/Disabled Individual 03 Not used 04 Child (not Child of Unemployed Adult, not Foster Care Child) 05 Adult (not based on unemployed status) 06 Child of Unemployed Adult (optional) 07 Unemployed Adult (optional) 08 Foster Care Child 10 Refugee Medical Assistance (45 CFR Sub-part G) 11 Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000 99 Eligibility status unknown	4/30/2013	ELIGIBLE
Submit records only for people who were eligible for Medicaid for at least one day during the FEDERAL FISCAL YEAR MONTH.		2/25/2013	ELIGIBLE
For people enrolled in non-Medicaid separate CHIP only for the month, MEDICAID-BASIS-OF-ELIGIBILITY must indicate the individual was not eligible for Medicaid during the month.		10/10/2013	ELIGIBLE
If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Foster Care Child, then MAINTENANCE-ASSISTANCE-STATUS must be designated as Other.		10/10/2013	ELIGIBLE
If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Child of an Unemployed Adult or Unemployed Adult, then MAINTENANCE-ASSISTANCE STATUS must be designated as Receiving Cash or eligible under section 1931 of the Act		10/10/2013	ELIGIBLE

If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000, then MAINTENANCE-ASSISTANCE-STATUS must be designated as Poverty Related.		10/10/2013	ELIGIBLE
If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Aged individual, then his/her date of birth must imply the Recipient was over 64 on the first day of the month		4/30/2013	ELIGIBLE
If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Child (not Child of Unemployed Adult, not Foster Care) or Child of an Unemployed Adult, then his/her date of birth must imply the Recipient was under 21 on the first day of the month		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	00 Eligible is not a Medicare beneficiary 01 Eligible is entitled to Medicare-QMB only 02 Eligible is entitled to Medicare-QMB AND Medicaid coverage 03 Eligible is entitled to Medicare-SLMB only 04 Eligible is entitled to Medicare-SLMB AND Medicaid coverage 05 Eligible is entitled to Medicare-QDWI 06 Eligible is entitled to Medicare-Qualifying individuals 08 Eligible is entitled to Medicare-Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) 09 Eligible is entitled to Medicare – Other (This code is to be used only with specific CMS approval.) 10 Separate CHIP Eligible is entitled to Medicare 99 Eligible's Medicare status is unknown.	4/30/2013	ELIGIBLE
This field should be populated from the same data that were used to populate the State's submission of the Medicare Modernization Act ("State MMA File") monthly file to CMS. In other words, the data values from the State MMA File should match this dual eligible data element.		2/25/2013	ELIGIBLE

If the eligible individual is a partial dual eligible, then he/she must have a MAINTENANCE-ASSISTANCE-STATUS of Poverty-related		4/30/2013	ELIGIBLE
If the eligible individual is not a dual eligible, he/she must not have a Medicare Beneficiary Identifier		10/10/2013	ELIGIBLE
If the eligible individual is not a dual eligible, he/she must not have a Medicare Benficiary Identifier		2/25/2013	ELIGIBLE
If the eligible individual is a dual eligible or enrolled in separate CHIP, then he/she cannot have a maintenance assistance status indicating that he/she is not eligible for Medicaid.		2/25/2013	ELIGIBLE
If the eligible individual is a dual eligible or enrolled in separate CHIP, then he/she cannot have a basis of eligibility indicating that he/she is not eligible for Medicaid.		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	0 NO 1 YES	4/30/2013	ELIGIBLE
If only one eligibility record is submitted for an individual, value must equal '1.		10/10/2013	ELIGIBLE
If more than one eligibility record is submitted for an individual, value can only equal '1' on one record. All remaining records must equal '0'.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	See Appendix F – Eligibility Group Table	4/30/2013	ELIGIBLE
Value must be equal to a valid value.	001 Hospital as defined in 42 CFR §440.10 002 Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160 003 Nursing Facility 004 ICF/IDD 005 Other Type of Facility 888 Not Applicable (Not in LTSS program) 999 Unknown	10/10/2013	ELIGIBLE
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	10/10/2013	ELIGIBLE

Value must be equal to a valid value.	0 No 1 Yes 9 Unknown	10/10/2013	ELIGIBLE
If an eligible individual is receiving SSI, then his/her SSI Status cannot be considered not applicable.		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	000 Not Applicable 001 Mandatory 002 Optional 999 Unknown	10/10/2013	ELIGIBLE
An eligible individual cannot receive SSI State Supplements if they are not receiving SSI.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	000 Not Applicable 001 SSI 002 SSI Eligible Spouse 003 SSI Pending a Final Determination of Disposal of Resources Exceeding SSI Dollar Limits 999 Unknown	4/30/2013	ELIGIBLE
An eligible individual cannot have an SSI Status if they are not receiving SSI or if his/her SSI status is pending decision.		10/10/2013	ELIGIBLE
Concatenate alpha numeric representations of the eligibility mapping factors used to create monthly MAS and BOE. State needs to provide composite code reflecting the contents of this field (e.g., bytes 1-2 = aid category; bytes 3 = money code; bytes 4-5 = person code). If six bytes is insufficient to accommodate all of the eligibility factors, the state should select the most critical factors and include them in this field.		10/10/2013	ELIGIBLE
If the value for State Specific Eligibility Group is between 000000 and 999999, then DATE-OF-DEATH cannot be before the start of the reporting month.		10/10/2013	ELIGIBLE
Value must be one of the valid codes submitted by the State. (States must submit lists of valid State specific eligibility factor codes to CMS in advance of transmitting T-MSIS files, and must update those lists whenever changes occur.)		2/25/2013	ELIGIBLE
For this field, always report whatever is present in the State system, even if it is clearly invalid. Fill this field with "9"s only when the State system contains no information		2/25/2013	ELIGIBLE
Value > 000000 and < 999999, DATE-OF-DEATH cannot be less than the reporting month.		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown	4/30/2013	ELIGIBLE

If the individual is a child eligible through the conception to birth option, then the individual must have his/her eligibility indicate that he/she is eligible only through a separate CHIP program		10/10/2013	ELIGIBLE
If an individual is eligible through the conception to birth option, then any associated claims for the individual must indicate the program type for the claim as State Plan -CHIP		10/10/2013	ELIGIBLE
The CHIP-CODE must equal “3” (Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program) or “4” (Individual was both Medicaid eligible and Separate CHIP eligible.)		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	ELIGIBLE
Value must be equal to a valid value.	0 Individual was not eligible for Medicaid this month 1 Receiving Cash or eligible under section 1931 of the Act 2 Medically Needy 3 Poverty Related 4 Other 5 1115 - Demonstration expansion eligible 9 Status is unknown	4/30/2013	ELIGIBLE
If the individual has a Maintenance Assistance Status indicating he/she is eligible for Medicaid, then his/her DATE-OF-DEATH cannot have occurred before the start of the time period for the file submission.		10/10/2013	ELIGIBLE
If an eligible individual's Medicaid Basis of Eligibility indicates he/she is not eligible, then their Maintenance Assistance Status must also indicate he/she is not eligible.		2/25/2013	ELIGIBLE
If an eligible individual's Medicaid Basis of Eligibility indicates he/she is eligible, then their Maintenance Assistance Status must also indicate he/she is eligible.		2/25/2013	ELIGIBLE
If an eligible individual is not eligible, then he/she must have a populated Medicaid Enrollment End Date.		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	ELIGIBLE

If the individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status, then his/her dual eligible status must indicate he/she is a partial dual eligible (QMB only, SLMB only, QDWI, or QI)		4/30/2013	ELIGIBLE
If the individual is eligible for Medicaid or CHIP but only entitled to restricted benefits for pregnancy-related services, then SEX must equal “F”		10/10/2013	ELIGIBLE
If an individual is not eligible then his/her restricted benefits status must also indicate that he/she is not eligible.		2/25/2013	ELIGIBLE
If an individual receives restricted benefits based on his/her alien status, then he/she must not be a U.S. citizen		2/25/2013	ELIGIBLE
If an individual's restricted benefits status indicates that they are entitled to any level of Medicaid or CHIP benefits, then his/her Maintenance Assistance Status and Basis of Eligibility cannot indicate he/she is not eligible.		10/10/2013	ELIGIBLE
If an individual's restricted benefits status indicated they are entitled to benefits under Money Follows the Person, then he/she must not have an MFP Enrollment End date before the effective date for the Eligibility Determinant record segment.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	0 Individual was not eligible for Medicaid. 1 Individual did not receive TANF benefits. 2 Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible reported into MAS 1) 9 Individual’s TANF status is unknown	4/30/2013	ELIGIBLE
If an individual's TANF Cash Code indicates he/she was not eligible for Medicaid, then his/her Restricted Benefits Code must also indicate he/she was not eligible for Medicaid.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If it is unknown when eligibility status became effective OR if a complete, valid date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE

The date must be a valid date		4/30/2013	ELIGIBLE
Value must be equal or less than ELIGIBILITY-DETERMINANT-END-DATE		10/10/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If it is unknown when eligibility status ended OR if a complete, valid date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the ELIGIBLE-DETERMINATES record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE

		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00006 - HEALTH-HOME-SPA-PARTICIPATION-INFORMATION	4/30/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Left justify and right-fill unused bytes with spaces		2/25/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	ELIGIBLE
Required on every HEALTH-HOME-SPA-PARTICIPATION-INFORMATION record		2/25/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	ELIGIBLE
Right-fill unused bytes if name is less than 100 bytes long		4/30/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Value must be equal or less than HEALTH-HOME-SPA-PARTICIPATION-END-DATE		4/30/2013	ELIGIBLE

If an individual is not eligible for Medicaid, then he/she should not have a Health Home SPA Participation Effective Date indicating the he/she started participation in the Health Home Program.		2/25/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the HEALTH-HOME-SPA-PARTICIPATION-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
Value must be equal or greater than HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE		2/25/2013	ELIGIBLE

For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
Value must be equal or less than START-OF-TIME-PERIOD.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00007 - HEALTH-HOME-SPA-PROVIDERS	4/30/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE

Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Left justify and right-fill unused bytes with spaces		2/25/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	ELIGIBLE
Required on every HEALTH-HOME-SPA-PARTICIPATION-INFORMATION record		2/25/2013	ELIGIBLE
Right-fill unused bytes in name is less than 100 bytes long		2/25/2013	ELIGIBLE

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	ELIGIBLE
Valid formats must be supplied by the state in advance of submitting file data	Valid values are supplied by the state.	4/30/2013	ELIGIBLE
Required on every HEALTH-HOME-SPA-PROVIDERS record		4/30/2013	ELIGIBLE
Value must exist in the state's submitted provider information		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Value must be equal or less than HEALTH-HOME-SPA-PROVIDER-END-DATE		4/30/2013	ELIGIBLE
If an individual is not eligible for Medicaid, then he/she should not have a Health Home SPA Provider Effective Date indicating the he/she started affiliation with a provider entity in the Health Home Program.		2/25/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE

Whenever the value in one or more of the data elements on the HEALTH-HOME-SPA-PROVIDERS record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
Value must be equal or less than START-OF-TIME-PERIOD.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00008 - HEALTH-HOME-CHRONIC-CONDITIONS	10/10/2013	ELIGIBLE

The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE

Value must be equal to a valid value.	A Mental health B Substance abuse C Asthma D Diabetes E Heart disease F Overweight (BMI of >25) G HIV/AIDS H Other	4/30/2013	ELIGIBLE
If value H (Other) is selected, identify the chronic condition in HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION.		4/30/2013	ELIGIBLE
Conditional (required when value “H” (Other) appears in HEALTH-HOME-CHRONIC-CONDITION		2/25/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
Value must be equal or less than HEALTH-HOME-CHRONIC-CONDITION-END-DATE		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the HEALTH-HOME-CHRONIC-CONDITIONS record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE

If a complete, valid effective date is not available fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)		10/10/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the HEALTH-HOME-CHRONIC-CONDITIONS record segment changes, a new record segment must be created		10/10/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00009 - LOCK-IN-INFORMATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE

Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Valid formats must be supplied by the state in advance of submitting file data		4/30/2013	ELIGIBLE
The LOCKIN-PROV-TYPE value must exist as an active valid value for the provider in the provider subject area (i.e., the LOCKIN-PROV-TYPE must exist as an active value for the provider in the PROV-CLASSIFICATION-CODE field, where PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)).	See Appendix A for listing of valid values.	10/10/2013	ELIGIBLE

Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Value must be equal or less than LOCKIN-END-DATE		4/30/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the LOCK-IN-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE

		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00010 - MFP-INFORMATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number.		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	0 NO 1 YES 2 Non Participation 9 Unknown	4/30/2013	ELIGIBLE
Value must be equal to a valid value.	00 Default- Non Participation 01 Nursing Facility 02 ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities) 03 IMD (Institution for Mental Diseases) 04 Hospital 05 Other 99 Unknown	4/30/2013	ELIGIBLE
Value must be equal to a valid value.	00 Default - Non Participation 01 Home owned by participant 02 Home owned by family member 03 Apartment leased by participant, not assisted living 04 Apartment leased by participant, assisted living 05 Group home of no more than 4 people 99 Unknown	4/30/2013	ELIGIBLE
Value must be equal to a valid value.	00 Default – No Participation 01 Completed 365 days of participation 02 Suspended eligibility 03 Re-institutionalized 04 Died 05 Moved 06 No longer needed services 07 Other 99 Unknown	4/30/2013	ELIGIBLE

If an eligible individual's participation in MFP has ended, then MFP Enrollment End Date cannot be designated as not applicable		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	00 Default- Non Participation 01 Acute care hospitalization followed by long term rehabilitation 02 Deterioration in cognitive functioning 03 Deterioration in health 04 Deterioration in mental health 05 Loss of housing 06 Loss of personal care giver 07 By request of participant or guardian 08 Lack of sufficient community services 99 Unknown	4/30/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Value must be equal or less than MFP-ENROLLMENT-END-DATE		4/30/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the MFP-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE

For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00011 - STATE-PLAN-OPTION-PARTICIPATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE

Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	00 Not Applicable 01 Community First Choice 02 1915(i) 03 1915(j) 04 1932(a) 05 1915(a) 06 1937 (Alternative Benefit Plans) 99 Unknown	4/30/2013	ELIGIBLE
If an individual is not eligible, then he/she cannot have a State Plan Option Type.		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE

Value must be equal or less than STATE-PLAN-OPTION-END-DATE		4/30/2013	ELIGIBLE
If an individual is not eligible, then he/she cannot participate in a State Plan Option.		2/25/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid effective date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the STATE-PLAN-OPTION-PARTICIPATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE

		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00012 - WAIVER-PARTICIPATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Please fill in the WAIVER-ID fields in sequence (e.g., if an individual is enrolled in two waivers, only the first and second fields should be used —8 fill the WAIVER-ID3 and WAIVER-ID4 fields. If only enrolled in one waiver, code WAIVER-ID1 and 8-fill WAIVER-ID2 through WAIVER-ID4).		2/25/2013	ELIGIBLE
States supply waiver IDs to CMS	Valid values are supplied by the state.	10/10/2013	ELIGIBLE
Value must correspond to the WAIVER-TYPE		10/10/2013	ELIGIBLE
Please fill in the WAIVER-TYPE fields in sequence (e.g., if an individual is enrolled in two waivers, only the first and second should be used; if only enrolled in one waiver, code WAIVER-TYPE1		2/25/2013	ELIGIBLE
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.	10/10/2013	ELIGIBLE
If individual was eligible for Medicaid or CHIP but not eligible for a waiver, 8-fill		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid start date is not available or is unknown, fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE

Value must be equal or less than WAIVER-ENROLLMENT-END-DATE		4/30/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If a complete, valid end date is not available or is unknown, fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the WAIVER-PARTICIPATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE

Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00013 - LTSS-PARTICIPATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE

Value must be equal to a valid value.	1 Skilled Care 2 Intermediate Care 3 Custodial Care 9 Unknown	10/10/2013	ELIGIBLE
Valid formats must be supplied by the state in advance of submitting file data	Valid values are supplied by the state.	4/30/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid start date is not available or is unknown, fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Value must be equal or less than LTSS-ELIGIBILITY-END-DATE		4/30/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid date is not available fill with 99999999		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the LTSS-PARTICIPATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE

Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00014 - MANAGED-CARE-PARTICIPATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		2/25/2013	ELIGIBLE
If individual is not enrolled in any managed care plan, 8-fill		2/25/2013	ELIGIBLE
If the MANAGED-CARE-PLAN-ID field is not applicable, then MANAGED-CARE-PLAN-TYPE must be designated as not applicable		10/10/2013	ELIGIBLE
Please fill in the MANAGED-CARE-PLAN-TYPE in sequence (e.g., if an individual is enrolled in two managed care plans, only the first and second fields should be used; if only enrolled in one managed care plan, code MANAGED-CARE-PLAN-TYPE1 and 8-fill MANAGED-CARE-PLAN-TYPE2 through MANAGED-CARE-PLAN-TYPE4)		2/25/2013	ELIGIBLE
Value is not included in the valid code list	See Appendix A for listing of valid values.	10/10/2013	ELIGIBLE
Values must correspond to associated MANAGE-CARE-PLAN-ID in state-provided crosswalk		10/10/2013	ELIGIBLE
If individual is not enrolled in any managed care plan, 8-fill		2/25/2013	ELIGIBLE
	Valid values are supplied by the state.	4/30/2013	ELIGIBLE

Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available		2/25/2013	ELIGIBLE
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016		2/25/2013	ELIGIBLE
Value must be equal to a valid value.		2/25/2013	ELIGIBLE
This field is required for all eligible persons enrolled in managed care on or after the mandated dates above.		2/25/2013	ELIGIBLE
Field cannot be spaces if MANAGED-CARE-PLAN-TYPE not = '88' or '99'		4/30/2013	ELIGIBLE
If the eligible person is not enrolled in managed care, fill the field with spaces		2/25/2013	ELIGIBLE
Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015		2/25/2013	ELIGIBLE
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016		2/25/2013	ELIGIBLE
Value must be in the set of valid values	1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Identifier (OEID)	10/10/2013	ELIGIBLE
If the type HEALTH-CARE-ENTITY-ID-TYPE is unknown, populate the field with a space		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
Value must be equal or less than MANAGED-CARE-PLAN-ENROLLMENT-END-DATE		4/30/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE

Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
If not applicable enter all 8s		2/25/2013	ELIGIBLE
If it is unknown when the person's enrollment in the managed care plan ends, enter all 9s		2/25/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the MANAGED-CARE-PARTICIPATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00015 - ETHNICITY-INFORMATION	10/10/2013	ELIGIBLE

The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE

Value must be equal to a valid value.	0 Not of Hispanic or, Latino/a, or Spanish origin 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino, or Spanish origin 5 Hispanic or Latino Unknown 6 Ethnicity Unspecified 9 Ethnicity Unknown	10/10/2013	ELIGIBLE
Use this code to indicate if the eligible's demographics include an ethnicity of Hispanic or Latino		2/25/2013	ELIGIBLE
This determination is independent of indication of RACE-CODE.		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid date is not available or is unknown, fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
Value must be equal or less than ETHNICITY-DECLARATION-END-DATE		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the ETHNICITY-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE

Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If it is unknown when the person's enrollment in the managed care plan ends, enter all 9s		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the ETHNICITY-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE

		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00016 - RACE-INFORMATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Value must be in the set of valid values	001 White 002 Black or African American 003 American Indian or Alaskan Native 004 Asian Indian 005 Chinese 006 Filipino 007 Japanese 008 Korean 009 Vietnamese 010 Other Asian 011 Asian Unknown 012 Native Hawaiian 013 Guamanian or Chamorro 014 Samoan 015 Other Pacific Islander 016 Native Hawaiian or Other Pacific Islander Unknown 017 Unspecifed 999 Unknown	10/10/2013	ELIGIBLE

Use this field only if the RACE is reported as Other Asian, Other Pacific Islander, or Other (race codes 010, 014, or 015).		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	0 Not applicable 1 No, Individual does not have CDIB 2 Yes, Individual does have CDIB 9 Applicable but unknown	4/30/2013	ELIGIBLE

Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid date is not available or is unknown, fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
Value must be equal or less than RACE-DECLARATION-END-DATE		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the RACE-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid date is not available or is unknown, fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the RACE-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00017 - DISABILITY-INFORMATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/an	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE

For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE

Value must be equal to a valid value.	01 Individual is deaf or has serious difficulty hearing. 02 Individual is blind or has serious difficulty seeing, even when wearing glasses. 03 Individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. (Applicable only to people who are 5 years old or older.) 04 Individual has serious difficulty walking or climbing stairs. (Applicable only to people who are 5 years old or older.) 05 Individual has difficulty dressing or bathing. (Applicable only to people who are 5 years old or older.) 06 Individual has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. (Applicable only to people who are 15 years old or older.) 07 Other 08 None 99 Unknown	4/30/2013	ELIGIBLE
Report all that apply.		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid date is not available or is unknown, fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
Value must be equal or less than DISABILITY-TYPE-END-DATE		4/30/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the DISABILITY-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE

For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
If not applicable enter all 8s		4/30/2013	ELIGIBLE
If a complete, valid date is not available or is unknown, fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the DISABILITY-INFORMATION record segment changes, a new record segment must be created		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE

Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00018 - 1115A-DEMONSTRATION-INFORMATION	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE
Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, this field, ***as well as*** the SSN field should be populated with the eligible person's social security number		2/25/2013	ELIGIBLE

A child record must have a parent record.		10/10/2013	ELIGIBLE
Field is required on all records		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	0 No 1 Yes	4/30/2013	ELIGIBLE
If an individual is not participating in an 1115A demonstration, then 1115A effective date should be designated as not applicable.		2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
If individual is NOT enrolled in a CMMI 1115A, the field should be 8-filled		4/30/2013	ELIGIBLE
If a complete, valid date is not available or is unknown, fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
Value must be equal or less than 1115A-END-DATE		10/10/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		4/30/2013	ELIGIBLE
If individual is NOT enrolled in CHIP, the field should be 8-filled		2/25/2013	ELIGIBLE
If a complete, valid date is not available or is unknown, fill with 99999999		4/30/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		4/30/2013	ELIGIBLE
The field should be populated with the “end-of-time” date (i.e., 99991231) for individuals who are currently enrolled		2/25/2013	ELIGIBLE
Whenever the value in one or more of the data elements on the 1115A-DEMONSTRATION record segment changes, a new record segment must be created		10/10/2013	ELIGIBLE

For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		4/30/2013	ELIGIBLE
Value must be in required format		4/30/2013	ELIGIBLE
Value must be equal to a valid value.	ELG00020 - HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME	10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE
Must be populated on every record		2/25/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Value must be the same on all record segments		4/30/2013	ELIGIBLE
Must be numeric		4/30/2013	ELIGIBLE

Must be populated on every record		4/30/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		2/25/2013	ELIGIBLE
MSIS Identification Number must be reported		2/25/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		2/25/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		2/25/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number		10/10/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	001 Aged 002 Physical Disabilities 003 Intellectual Disabilities 004 Autism Spectrum Disorder 005 Developmental Disabilities 006 Mental Illness and/or Serious Emotional Disturbance 007 Brain Injury 008 HIV/AIDS 009 Technology Dependent or Medically Fragile 010 Disabled (other)	2/25/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE

Value must be a valid date.		2/25/2013	ELIGIBLE
Overlapping coverage not allowed for same file segment		10/10/2013	ELIGIBLE
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Date format is CCYYMMDD (National Data Standard)		2/25/2013	ELIGIBLE
The date must be a valid date		2/25/2013	ELIGIBLE
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		2/25/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
Value is required on all record segments		10/10/2013	ELIGIBLE
Value must be in required format		10/10/2013	ELIGIBLE

Value must be equal to a valid value.	ELG00021 - ENROLLMENT-TIME-SPAN	10/10/2013	ELIGIBLE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	ELIGIBLE
Must be populated on every record.		10/10/2013	ELIGIBLE
Value must be numeric		10/10/2013	ELIGIBLE
SUBMITTING-STATE must be equal across all record segments for a given record.		10/10/2013	ELIGIBLE
Must be populated on every record		10/10/2013	ELIGIBLE
Must be numeric		10/10/2013	ELIGIBLE
Duplicate record number should not exist with in same file		10/10/2013	ELIGIBLE
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		10/10/2013	ELIGIBLE
MSIS Identification Number must be reported		10/10/2013	ELIGIBLE
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application		10/10/2013	ELIGIBLE
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number		10/10/2013	ELIGIBLE
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.		10/10/2013	ELIGIBLE
A child record must have a parent record.		10/10/2013	ELIGIBLE
Value must be equal to a valid value.	1 Medicaid 2 CHIP 9 Unknown	10/10/2013	ELIGIBLE
This data element must be completed for every individual enrolled in the State's Medicaid or CHIP program.		10/10/2013	ELIGIBLE

The date must be in “ccyymmdd” format.		10/10/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		10/10/2013	ELIGIBLE
Value must be a valid date		10/10/2013	ELIGIBLE
Whenever the value in one or more of the data elements in the ENROLLMENT-TIME-SPAN-SEGMENT record segment changes, a new record segment must be created.		10/10/2013	ELIGIBLE
Date cannot be greater than ENROLLMENT-END-DATE.		10/10/2013	ELIGIBLE
The date must be in “ccyymmdd” format.		10/10/2013	ELIGIBLE
The value must consist of digits 0 through 9 only		10/10/2013	ELIGIBLE
Value must be a valid date		10/10/2013	ELIGIBLE
Whenever the value in one or more of the data elements in the ENROLLMENT-TIME-SPAN-SEGMENT record segment changes, a new record segment must be created.		10/10/2013	ELIGIBLE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	ELIGIBLE
Right-fill unused bytes when using the fix-length file format.		10/10/2013	ELIGIBLE
		10/10/2013	ELIGIBLE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	ELIGIBLE

Must be populated on every record		4/30/2013	MNGDCARE
Must be in correct format as shown in definition		4/30/2013	MNGDCARE
Value must be in the set of valid values	MCR00001 - FILE-HEADER-RECORD-MANAGED-CARE	10/10/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	MNGDCARE
Use the version number specified on the title page of the data dictionary.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.	10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Use the version number specified on the title page of the data mapping document		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	MNGDCARE Managed Care Plan Information file	10/10/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/an	10/10/2013	MNGDCARE
Value must be numeric		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date must be a valid date		2/25/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
Date must be equal to or greater than the date entered in the START-OF-TIME-PERIOD field		2/25/2013	MNGDCARE
Date must be less than or equal to current date		10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE

Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
Date must be valid Date		4/30/2013	MNGDCARE
Value in DD must equal 01.		2/25/2013	MNGDCARE
Date must be less then current date		4/30/2013	MNGDCARE
Date must be equal to or less than the date in the DATE-FILE-CREATED field.		4/30/2013	MNGDCARE
Value must be a valid date based on the calendar year		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date must be valid Date		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
Value in DD (must be 30 when the MM=04, 06, 09, 11) OR (must be 31 when the MM=01, 03, 05, 07, 08, 10, 12) OR (must be 28 or 29 when the MM=02)		2/25/2013	MNGDCARE
Date must be less then current date		4/30/2013	MNGDCARE
Value must be equal to or greater than START-OF-TIME-PERIOD.		2/25/2013	MNGDCARE
Value must be a valid date based on the calendar year		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	P Production File T Test File	10/10/2013	MNGDCARE
An integer value with no commas.		10/10/2013	MNGDCARE
Value must equal the sum of all records excluding the header record		4/30/2013	MNGDCARE
Field is required on all 'C', 'U', and 'R' record files.		10/10/2013	MNGDCARE
Must be numeric and > 0		10/10/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE

Right-fill unused bytes when using the fix-length file format.		2/25/2013	MNGDCARE
		10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be in correct format as shown in definition		4/30/2013	MNGDCARE
Value must be in the set of valid values	MCR00002 - MANAGED-CARE-MAIN	10/10/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	MNGDCARE
Value must be numeric		4/30/2013	MNGDCARE
Value must be the same as Header Record in all records		4/30/2013	MNGDCARE
Must be populated on every record		10/10/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Duplicate record number should not exist with in same file		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	MNGDCARE
Fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE

If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be less then current date		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or greater than MANAGED-CARE-CONTRACT-EFF-DATE		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	1 Medicaid State Plan 2 CHIP State Plan 3 Both Medicaid and CHIP	10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value is not included in the valid code list	See Appendix A for listing of valid values.	10/10/2013	MNGDCARE
Left fill with zeros if number is less than 2 bytes long.		2/25/2013	MNGDCARE
Must be populated on every record		10/10/2013	MNGDCARE

Value must be equal to a valid value.	01 Risk-based Capitation, no incentives or risk-sharing 02 Risk-based Capitation with Incentive Arrangements 03 Risk-based Capitation with other risk-sharing Arrangements 04 Non-Risk Capitation 05 Fee-For-Service 06 Primary Care Case Management Payment 07 Other 08 Primary Care Case Management Payment plus Fee-For-Service 88 Not Applicable 99 Unknown	10/10/2013	MNGDCARE
See Appendix A for definitions of T-MSIS coding categories.		10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	01 501(C)(3) NON-PROFIT 02 FOR-PROFIT, CLOSELY HELD 03 FOR-PROFIT, PUBLICLY TRADED 04 OTHER 99 Unknown	4/30/2013	MNGDCARE
Left fill with zeros if number is less than 2 bytes long.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE

Value is not included in the valid code list	1 = The MCO's service area falls partially or entirely inside one or more metropolitan areas. 2 = The MCO's service area falls partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas. 3 = The MCO's service area falls entirely outside of all metropolitan and micropolitan areas.	10/10/2013	MNGDCARE
Whenever a service area straddles two types of areas (e.g., metropolitan & micropolitan, metropolitan & non-CBSA area) classify the service area based on the denser classification.		2/25/2013	MNGDCARE
Please enter a percent of zero through 100.		2/25/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	1 Statewide – The managed care entity provides services to beneficiaries throughout the entire state. 2 County – The managed care entity provides services to beneficiaries in specified counties. 3 City – The managed care entity provides services to beneficiaries in specified cities. 4 Region – The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state ("region" is state-defined). 5 Zip Code – The managed care entity program provides services to beneficiaries in specified zip codes. 6 Other – The managed care entity provides services to beneficiaries in "other" area(s), not Statewide, County, City, or Region.	10/10/2013	MNGDCARE

Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or less than MANAGED-CARE-MAIN-REC-END-DATE		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
The date must be in “ccyymmdd” format.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or greater than MANAGED-CARE-MAIN-REC-EFF-DATE		4/30/2013	MNGDCARE
Overlapping coverage not allowed for same Submitting state & Plan ID		4/30/2013	MNGDCARE
Managed Care coverage dates must be within Managed Care Contract Date		4/30/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE
Right-fill unused bytes when using the fix-length file format		2/25/2013	MNGDCARE
		10/10/2013	MNGDCARE
Must be populated on every record		10/10/2013	MNGDCARE
Must be in correct format as shown in definition		4/30/2013	MNGDCARE

Value must be equal to a valid value.	MCR00003 - MANAGED-CARE-LOCATION-AND-CONTACT-INFO	4/30/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	MNGDCARE
Value must be numeric		4/30/2013	MNGDCARE
Value must be the same as Header Record in all records		4/30/2013	MNGDCARE
Must be populated on every record		10/10/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Duplicate record number should not exist with in same file		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	MNGDCARE
State plan ID num must match a State plan ID num on the MCR-MAIN segment		4/30/2013	MNGDCARE
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Each of an managed care entity's locations must have a unique MANAGED-CARE-LOCATION-ID		2/25/2013	MNGDCARE
This data element should be populated if MANAGED-CARE-ADDR-TYPE is 3 (Managed care entity's service location address)		2/25/2013	MNGDCARE
Use sequential numbers to indicate additional services locations		2/25/2013	MNGDCARE
Right-fill the field if the value is less than 15 bytes long.		2/25/2013	MNGDCARE

Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		4/30/2013	MNGDCARE
Date must be equal to or greater than MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE		4/30/2013	MNGDCARE
Overlapping date spans should not exist for a given combination of state/state plan ID/Location ID/Address Type		10/10/2013	MNGDCARE
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	MNGDCARE
Active MCR-CARE-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	MNGDCARE
Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
This data element must be populated on every MANAGED-CARE-LOCATION-AND-CONTACT-INFO record.		2/25/2013	MNGDCARE

Value must be equal to a valid value.	1 MCO’s corporate address and contact information 2 MCO’s mailing address 3 MCO’s service location address 4 MCO’s Billing address and contact information 5 CEO’s address and contact information 6 CFO’s address and contact information 7 Other	10/10/2013	MNGDCARE
Line 1 is required. Lines 2 through 3 can be blank.		10/10/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.		10/10/2013	MNGDCARE
Line 1 is required. Lines 2 through 3 can be blank.		2/25/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.		10/10/2013	MNGDCARE
Line 1 is required. Lines 2 through 3 can be blank.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quote ('), and spaces.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/a	10/10/2013	MNGDCARE
Use the ANSI state code		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE

The value must consist of digits 0 through 9 only		2/25/2013	MNGDCARE
The first five characters are needed. If the four-digit extention is available, that may be filled in using the last four byes. Otherwise, zero-fill the last four bytes.		4/30/2013	MNGDCARE
Must be populated on every record		10/10/2013	MNGDCARE
Value must be numeric.		10/10/2013	MNGDCARE
Dependent value must be equal to a valid value.	http://www.census.gov/geo/re	10/10/2013	MNGDCARE
One county code should be captured for each of a managed care entity's locations (MANAGED-CARE-LOCATION-IDs).		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)		2/25/2013	MNGDCARE
Must be populated on every record		10/10/2013	MNGDCARE
Must contain @		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)		2/25/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE
Right-fill unused bytes when using the fix-length file format		2/25/2013	MNGDCARE

		10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be in correct format as shown in definition		4/30/2013	MNGDCARE
Value must be in the set of valid values	MCR00004 - MANAGED-CARE-SERVICE-AREA	10/10/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	MNGDCARE
Value must be numeric		4/30/2013	MNGDCARE
Value must be the same as Header Record in all records		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Duplicate record number should not exist with in same file		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	MNGDCARE
State plan ID num must match a State plan ID num on the MCR-MAIN segment		4/30/2013	MNGDCARE
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE
Must be populated on every record	http://www.census.gov/geo/re	10/10/2013	MNGDCARE

If Managed-care-service-area is 2, 3, 4, 5, or 6 please create/submit a managed-care-service-area-record for each service area.		2/25/2013	MNGDCARE
Use ANSI county codes when service area is defined by counties or cities.		2/25/2013	MNGDCARE
Put each zip code, city, county, region, or other area descriptor on a separate record.		2/25/2013	MNGDCARE
Use 5 digit zip codes when service area definition is zip code based.		2/25/2013	MNGDCARE
When entering other area descriptors, valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Whenever the value in one or more of the data elements in the MANAGED-CARE-SERVICE-AREA record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		10/10/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or greater than MANAGED-CARE-SERVICE-AREA-EFF-DATE		4/30/2013	MNGDCARE
Overlapping date spans should not exist for a given combination of state/state plan ID/Service Area Name		10/10/2013	MNGDCARE
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	MNGDCARE
Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	MNGDCARE

Whenever the value in one or more of the data elements in the MANAGED-CARE-SERVICE-AREA record segment changes, a new record segment must be created		2/25/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE
Right-fill unused bytes when using the fix-length file format		2/25/2013	MNGDCARE
		10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be in correct format as shown in definition		4/30/2013	MNGDCARE
Value must be in the set of valid values	MCR00005 - MANAGED-CARE-OPERATING-AUTHORITY	4/30/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	MNGDCARE
Value must be numeric		4/30/2013	MNGDCARE
Value must be the same as Header Record in all records		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Duplicate record number should not exist with in same file		4/30/2013	MNGDCARE

Must be populated on every record		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	MNGDCARE
State plan ID num must match a State plan ID num on the MCR-MAIN segment		4/30/2013	MNGDCARE
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	MNGDCARE
Please fill in the Operating-Authorities that plan is operating under.		2/25/2013	MNGDCARE
States supply waiver IDs to CMS	Valid values are supplied by the state.	10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or less than MANAGED-CARE-OP-AUTHORITY-END-DATE		4/30/2013	MNGDCARE
Whenever the value in one or more of the data elements in the MANAGED-CARE-OPERATING-AUTHORITY record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE

The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or greater than MANAGED-CARE-OP-AUTHORITY-EFF-DATE		4/30/2013	MNGDCARE
Overlapping date spans should not exist for a given combination of state/state plan ID/Operating Authority/Waiver ID		10/10/2013	MNGDCARE
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	MNGDCARE
Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	MNGDCARE
Whenever the value in one or more of the data elements in the MANAGED-CARE-OPERATING-AUTHORITY record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE
Right-fill unused bytes when using the fix-length file format		2/25/2013	MNGDCARE
		10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be in correct format as shown in definition		4/30/2013	MNGDCARE
Value must be in the set of valid values	MCR00006 - MANAGED-CARE-PLAN-POPULATION-ENROLLED	4/30/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE

Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	MNGDCARE
Value must be numeric		4/30/2013	MNGDCARE
Value must be the same as Header Record in all records		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Duplicate record number should not exist with in same file		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	MNGDCARE
State plan ID num must match a State plan ID num on the MCR MAIN segment		4/30/2013	MNGDCARE
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Please submit all Managed Care Plan Populations using the Managed Care Plan Population Enrolled Record-ID 6 (MCR00006).		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		4/30/2013	MNGDCARE
Whenever the value in one or more of the data elements in the MANAGED-CARE-OPERATING-AUTHORITY record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE

The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or greater than MANAGED-CARE-PLAN-POP-EFF-DATE		4/30/2013	MNGDCARE
Overlapping date spans should not exist for a given combination of state/state plan ID/managed care plan pop		10/10/2013	MNGDCARE
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	MNGDCARE
Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	MNGDCARE
Whenever the value in one or more of the data elements in the MANAGED-CARE-OPERATING-AUTHORITY record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE
Right-fill unused bytes when using the fix-length file format		2/25/2013	MNGDCARE
		10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Must be in correct format as shown in definition		4/30/2013	MNGDCARE
Value must be in the set of valid values	MCR00007 - MANAGED-CARE-ACCREDITATION-ORGANIZATION	4/30/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	MNGDCARE

Must be populated on every record		2/25/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	MNGDCARE
Value must be numeric		4/30/2013	MNGDCARE
Value must be the same as Header Record in all records		4/30/2013	MNGDCARE
Must be populated on every record		10/10/2013	MNGDCARE
Must be numeric		4/30/2013	MNGDCARE
Duplicate record number should not exist with in same file		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	MNGDCARE
State plan ID num must match a State plan ID num on the MCR-MAIN segment		4/30/2013	MNGDCARE
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE

Value must be equal to a valid value.	01 National committee for quality assurance – excellent 02 National committee for quality assurance – commendable 03 National committee for quality assurance – provisional 04 National committee for quality assurance – new plan 05 URAC - full 06 URAC - conditional 07 URAC – provisional 08 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) – 3 years 09 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) – 1 year 10 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) – 6 months 11 Not accredited 12 Other	10/10/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The date must be a valid date.		4/30/2013	MNGDCARE
Date must be less then current date		4/30/2013	MNGDCARE
Date must be equal to or less then DATE-ACCREDITATION-END		4/30/2013	MNGDCARE
Must be populated on every record		4/30/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The date must be a valid date.		4/30/2013	MNGDCARE
Date must be equal to or less then DATE-ACCREDITATION-ACHIEVED		4/30/2013	MNGDCARE
Overlapping date spans should not exist for a given combination of state/state plan ID/accreditation organization		10/10/2013	MNGDCARE
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	MNGDCARE

Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE
Right-fill unused bytes when using the fix-length file format		2/25/2013	MNGDCARE
		10/10/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Must be in correct format as shown in definition		2/25/2013	MNGDCARE
Value must be in the set of valid values	MCR00008 - NATIONAL-HEALTH-CARE-ENTITY-ID-INFO	10/10/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	MNGDCARE
Value must be numeric		2/25/2013	MNGDCARE
Value must be the same as Header Record in all records		2/25/2013	MNGDCARE
Must be populated on every record		10/10/2013	MNGDCARE
Must be numeric		2/25/2013	MNGDCARE
Duplicate record number should not exist with in same file		2/25/2013	MNGDCARE

Must be populated on every record		2/25/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		2/25/2013	MNGDCARE
State plan ID num must match a State plan ID num on the MCR-MAIN segment		4/30/2013	MNGDCARE
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE
Large health plans are required to obtain HPIDs by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.		2/25/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		2/25/2013	MNGDCARE
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016.		2/25/2013	MNGDCARE
This field is required for all eligible persons enrolled in managed care on or after the mandated dates above. If the eligible person is not enrolled in managed care, fill the field with spaces.		2/25/2013	MNGDCARE
National identifiers in the eligible file must match either a controlling health plan (CHP) identifier or subhealth plan (SHP) identifier in the Managed Care subject area.		2/25/2013	MNGDCARE
States should not submit records for an eligible individual where the national managed care entity ID for the eligible does not match in the associated managed care record.		2/25/2013	MNGDCARE
Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015.	1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Identifier (OEID)	2/25/2013	MNGDCARE
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016.		2/25/2013	MNGDCARE
States should not submit records for an eligible individual where the national managed care entity ID for the eligible does not match in the associated managed care record.		2/25/2013	MNGDCARE

Must be populated on every record		2/25/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote (')		2/25/2013	MNGDCARE
Use the descriptive name assigned by the state as it exists in the state's MMIS		2/25/2013	MNGDCARE
If a name is not associated with the NATIONAL-HEALTH-CARE-ENTITY-ID in the state's MMIS, fill the field with 8s.		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be less then current date		2/25/2013	MNGDCARE
Date must be equal to or less then NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE		2/25/2013	MNGDCARE
Whenever the value in one or more of the data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or greater then NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE		2/25/2013	MNGDCARE
Overlapping date spans should not exist for a given combination of state/state plan ID/ National Health Care Entity ID/National Health Care Entity ID type		10/10/2013	MNGDCARE

Coverage span date must be fully contained within in the set of effective date spans of all active parent records		2/25/2013	MNGDCARE
Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	MNGDCARE
Whenever the value in one or more of the data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment changes, a new record segment must be created.		2/25/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE
Right-fill unused bytes when using the fix-length file format		2/25/2013	MNGDCARE
		10/10/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Must be in correct format as shown in definition		2/25/2013	MNGDCARE
Value must be in the set of valid values	MCR00009 - CHPID-SHPID-RELATIONSHIPS	10/10/2013	MNGDCARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	MNGDCARE
Value must be numeric		2/25/2013	MNGDCARE
Value must be the same as Header Record in all records		2/25/2013	MNGDCARE

Must be populated on every record		10/10/2013	MNGDCARE
Must be numeric		2/25/2013	MNGDCARE
Duplicate record number should not exist with in same file		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		2/25/2013	MNGDCARE
State plan ID num must match a State plan ID num on the MCR-MAIN segment		4/30/2013	MNGDCARE
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Every CHPID must have an active record in the state's NATIONAL-HEALTH-CARE-ENTITY-ID-INFO data set in T-MSIS.		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Every SHPID must have an active record in the state's NATIONAL-HEALTH-CARE-ENTITY-ID-INFO data set in T-MSIS.		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE

The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be less then current date		2/25/2013	MNGDCARE
Date must be equal to or less then CHPID-SHPID-RELATIONSHIP-END-DATE		2/25/2013	MNGDCARE
Must be populated on every record		2/25/2013	MNGDCARE
Date format is CCYYMMDD (National Data Standard).		2/25/2013	MNGDCARE
The value must consist of digits 0 through 9 only.		2/25/2013	MNGDCARE
The date must be a valid date.		2/25/2013	MNGDCARE
Date must be equal to or greater then CHPID-SHPID-RELATIONSHIP-EFF-DATE		2/25/2013	MNGDCARE
Overlapping date spans should not exist for a given combination of state/state plan ID/CHPID/SHPID		10/10/2013	MNGDCARE
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		2/25/2013	MNGDCARE
Active MCR-MAIN & MCR-NATIONAL-ENTITY-ID record must exist in T-MSIS database or contained in the current submission		4/30/2013	MNGDCARE
If the time span is open-ended (i.e., there is no end date), then populate the field with “99991231” (end-of-time).		2/25/2013	MNGDCARE
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	MNGDCARE
Right-fill unused bytes when using the fix-length file format		2/25/2013	MNGDCARE

		10/10/2013	MNGDCARE
Value must be equal to a valid value.	PRV00001 FILE-HEADER-RECORD-PROVIDER	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Use the version number specified on the title page of the data dictionary.		2/25/2013	PROVIDER
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Note: The records in an Update File are not generated as a result of a change processed in the state's Medicaid or Medicaid-related systems during the current reporting month. These Update File record segments may be unchanged from the ones submitted previously for various reasons (For example, the state may be unable to process a change record in their Medicaid/Medicaid-related systems to correct the issue because the state is simply passing through to T-MSIS data that originated outside of the state's systems.) Conversely, the records may be different from those previously submitted, but the change is the result of a fix whose root cause problem was an issue in the T-MSIS file creation process. Regardless, the record was not generated from a change that occurred in the state's source data.		2/25/2013	PROVIDER
Value must be in the set of valid values	FLF The file follows a fixed length format. PSV The file follows a pip-delimited format.	4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Use the version number specified on the title page of the data mapping document		2/25/2013	PROVIDER

Required on every file header record		4/30/2013	PROVIDER
Value must be equal to a valid value.	PROVIDER - Provider file	4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard).		4/30/2013	PROVIDER
The date must be a valid date.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Date must be equal to or greater than the date entered in the START-OF-TIME-PERIOD field.		4/30/2013	PROVIDER
Date must be less than or equal to current date		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard).		2/25/2013	PROVIDER
The date must be a valid date.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Date must be less then current date		4/30/2013	PROVIDER
Value must be less than or equal to END-OF-TIME-PERIOD		2/25/2013	PROVIDER
Date must be equal to or less than the date in the DATE-FILE-CREATED field.		4/30/2013	PROVIDER
The date must be a valid date.		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard).		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Date must be less then current date		4/30/2013	PROVIDER
Value must be equal to or greater than START-OF-TIME-PERIOD.		4/30/2013	PROVIDER
Value must be equal to a valid value.	P Production T Test	2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = 'T'		4/30/2013	PROVIDER

An integer value with no commas		4/30/2013	PROVIDER
Value must equal the sum of all records excluding the header record		4/30/2013	PROVIDER
Field is required on all 'C', 'U', and 'R' record files.		10/10/2013	PROVIDER
Must be numeric and > 0		10/10/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
Right-fill unused bytes when using the fix-length file format.		4/30/2013	PROVIDER
		10/10/2013	PROVIDER
Value must be equal to a valid value.	PRV00002 PROV-ATTRIBUTES-MAIN	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/an	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER

Value must be an 11-digit integer with no commas.		10/10/2013	PROVIDER
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard).		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only		2/25/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-ATTRIBUTES-MAIN record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard).		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-ATTRIBUTES-MAIN record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Overlapping coverage not allowed for same Submitting state, Prov ID, and Record ID.		4/30/2013	PROVIDER
The Date must be less then or equal to DATE-OF-DEATH		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER

Leave the field empty when the DBA name equals the legal name.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER
Every provider is expected to have a legal name.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER
Provider Organization Name should be same as last name when provider is an individual		4/30/2013	PROVIDER
Enter the first 60 characters if the provider organization name exceeds 60 characters Enter the first 35 characters if the last name exceeds 35 bytes		4/30/2013	PROVIDER
Use PROV-LAST-NAME when the provider is a person.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER

Value must be equal to a valid value.	01 Facility – The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility. 02 Group – The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners. 03 Individual – The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner.	4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Every SUBMITTING-STATE-PROV-ID must be classified using the codes in the valid values list		2/25/2013	PROVIDER
Value must be equal to a valid value.	0 No 1 Yes	4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		4/30/2013	PROVIDER
Leave blank if the provider is not a person.		2/25/2013	PROVIDER
Enter the first 35 characters if the first name exceeds 35 bytes		2/25/2013	PROVIDER
Value must be an alphabetic character, or a blank (A-Z, a-z,)		4/30/2013	PROVIDER
Leave blank if not available		2/25/2013	PROVIDER
Leave blank when the provider is not an individual.		2/25/2013	PROVIDER
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		4/30/2013	PROVIDER
Leave blank if the provider is not a person.		2/25/2013	PROVIDER
Enter the first 35 characters if the first name exceeds 35 bytes		2/25/2013	PROVIDER
If the provider is an organization, populate the provider organization name through using the PROV-ORGANIZATION-NAME data element		2/25/2013	PROVIDER
If populated, the value must be in the list of valid values.	F Female M Male U Unknown	4/30/2013	PROVIDER
Must be populated when provider is an individual		4/30/2013	PROVIDER

Value must be equal to a valid value.	01 Voluntary – Non-Profit – Religious Organizations 02 Voluntary – Non-Profit – Other 03 Voluntary – multiple owners 04 Proprietary – Individual 05 Proprietary – Corporation 06 Proprietary – Partnership 07 Proprietary – Other 08 Proprietary – multiple owners 09 Government – Federal 10 Government – State 11 Government – City 12 Government – County 13 Government – City-County 14 Government – Hospital District 15 Government – State and City/County 16 Government – other multiple owners 17 Voluntary /Proprietary 18 Proprietary/Government 19 Voluntary/Government 88 N/A – The individual only practices as part of a group, e.g., as an employee	10/10/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Value must be equal to a valid value.	01 501(C)(3) NON-PROFIT 02 FOR-PROFIT, CLOSELY HELD 03 FOR-PROFIT, PUBLICLY TRADED 04 OTHER 88 N/A – The individual only practices as part of a group 99 Unknown	4/30/2013	PROVIDER
Must be populated when provider is an individual		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard).		2/25/2013	PROVIDER
Date must be less than or equal to current date		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard).		2/25/2013	PROVIDER
The date must be a valid date.		4/30/2013	PROVIDER
Date of Death is greater than 0 when provider is not an individual		4/30/2013	PROVIDER
Date must be less then current date		4/30/2013	PROVIDER
Date is less then DATE-OF-BIRTH		4/30/2013	PROVIDER
A provider with a date of death before the submission cannot be listed as a health home provider for an eligible individual.		4/30/2013	PROVIDER
A provider with a date of death before the submission cannot be listed as a lockin provider for an eligible individual.		4/30/2013	PROVIDER

Value must be equal to a valid value.		4/30/2013	PROVIDER
Value must be equal to a valid value.	0 No 1 Yes 8 N/A – The individual only practices as a member of a group.	10/10/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
Right-fill unused bytes when using the fix-length file format.		2/25/2013	PROVIDER
		10/10/2013	PROVIDER
Value must be equal to a valid value.	PRV00003 PROV-LOCATION-AND-CONTACT-INFO	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Value must be an 11-digit integer with no commas.		4/30/2013	PROVIDER

RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be numeric		10/10/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Each of a provider entity's locations must have a unique PROV-LOCATION-ID		2/25/2013	PROVIDER
If a particular license is applicable to all locations, create an identifier that signifies "All Locations"		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only		2/25/2013	PROVIDER
Must be equal to or less then end date		4/30/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER

Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, Address Type		4/30/2013	PROVIDER
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	PROVIDER
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	PROVIDER
Value must be equal to a valid value.	1 Billing Provider 2 Provider Mailing 3 Provider Practice 4 Provider Service Location	2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses ((), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Line 1 is required and the other two lines can be blank.		2/25/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses ((), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.		4/30/2013	PROVIDER
Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.		4/30/2013	PROVIDER

The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
The third line of the address must not be the same as the first or second line of the address (if applicable)		4/30/2013	PROVIDER
The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.		4/30/2013	PROVIDER
Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.		4/30/2013	PROVIDER
The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER

The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.		4/30/2013	PROVIDER
Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.		4/30/2013	PROVIDER
The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/a	10/10/2013	PROVIDER
The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.		4/30/2013	PROVIDER
Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.		4/30/2013	PROVIDER
The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.		4/30/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Redefined as X(05) and X(04) X(05) is needed If value is unknown fill with 99999 X(04) could be zero filled		2/25/2013	PROVIDER

Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Enter 10-digit telephone number (includes area code)		2/25/2013	PROVIDER
If unknown, can be filled using 9's		2/25/2013	PROVIDER
Enter numerals only (no parentheses, dashes, periods, etc.)		2/25/2013	PROVIDER
Must contain @		10/10/2013	PROVIDER
Must have XXXX@YYYY.ZZZ format		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Valid fax number including the area code.		2/25/2013	PROVIDER
If unknown, can be filled using 9's		2/25/2013	PROVIDER
Value must be equal to a valid value.	0 Yes 1 No 8 State does not distinguish "border state providers".	10/10/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
If unknown, can be filled using 9s		4/30/2013	PROVIDER
Dependent value must be equal to a valid value.	http://www.census.gov/geo/re	10/10/2013	PROVIDER
Must be populated on every record		10/10/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER

Right-fill unused bytes when using the fix-length file format		2/25/2013	PROVIDER
		10/10/2013	PROVIDER
Value must be equal to a valid value.	PRV00004 PROV-LICENSING-INFO	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Value must be an 11-digit integer with no commas.		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be numeric		10/10/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Each of a provider entity's locations must have a unique PROV-LOCATION-ID		2/25/2013	PROVIDER

If a particular license is applicable to all locations, create an identifier that signifies "All Locations"		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER
Must be equal to or less then end date		4/30/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER
Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, License Type, License Issuing Entity ID		4/30/2013	PROVIDER
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	PROVIDER
Active PRV-ATTRIBUTES-MAIN & PRV-LOCATION-CONTACT-INFO record must exist in T-MSIS database or contained in the current submission		4/30/2013	PROVIDER
Value must be equal to a valid value.	1 State, county, or municipality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other	10/10/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Required whenever a Medicaid/CHIP provider is required by the state's Medicaid/CHIP agency requires one in order to be a Medicaid/CHIP provider.		2/25/2013	PROVIDER
If unknown, enter "9.".		2/25/2013	PROVIDER

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER
(Enter the applicable state code, county code, municipality name, "DEA", professional society's name, or the CLIA accreditation body's name.)		2/25/2013	PROVIDER
Required whenever a value is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element.		2/25/2013	PROVIDER
If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a state, then enter the applicable ANSI state numeric code.		2/25/2013	PROVIDER
If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a county, then enter a 5-digit, concatenated code consisting of the ANSI state numeric code plus the ANSI county numeric code of the applicable.		2/25/2013	PROVIDER
If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a municipality, then enter a text string with the name of the municipality.		2/25/2013	PROVIDER
If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a municipality, then enter a text string with the name of the municipality.		2/25/2013	PROVIDER
If LICENSE-TYPE = 2 (DEA license), then enter the text string “DEA”.		2/25/2013	PROVIDER
If LICENSE-TYPE = 3 (Professional society accreditation), then enter the text string identifying the professional society issuing the accreditation		2/25/2013	PROVIDER
If LICENSE-TYPE = 4 (CLIA accreditation), then enter the text string identifying the CLIA accreditation body’s name		2/25/2013	PROVIDER
Required whenever the LICENSE-TYPE and LICENSE-ISSUING-ENTITY-ID data elements are populated		2/25/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER

Right-fill unused bytes when using the fix-length file format		2/25/2013	PROVIDER
		10/10/2013	PROVIDER
Value must be in the set of valid values	PRV00005 PROV-IDENTIFIERS	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be in the set of valid values	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Value must be an 11-digit integer with no commas.		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be numeric		10/10/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Each of a provider entity’s locations must have a unique PROV-LOCATION-ID		2/25/2013	PROVIDER

If a particular license is applicable to all locations, create an identifier that signifies "All Locations"		4/30/2013	PROVIDER
Value must be equal to a valid value.	1 State-specific Medicaid Provider ID 2 NPI 3 Medicare ID 4 NCPDP ID 5 Federal Tax ID 6 State Tax ID 7 SSN 8 Other	4/30/2013	PROVIDER
Required whenever a value is captured in the PROV-IDENTIFER data element.		2/25/2013	PROVIDER
The state should provide the identifiers associated with the provider for identifier types 1 through 7 whenever it is applicable to the provider.		2/25/2013	PROVIDER
The state should submit updates to T-MSIS whenever an identifier is retired or issued.		2/25/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER
Required whenever a value is captured in the PROV-IDENTIFER data element.		2/25/2013	PROVIDER
If PROV-IDENTIFIER-TYPE = 1 (State-specific Medicaid Provider ID), then enter the applicable ANSI state numeric code.		2/25/2013	PROVIDER
If PROV-IDENTIFIER-TYPE = 2 (NPI), then enter “CMS.”		2/25/2013	PROVIDER
If PROV-IDENTIFIER-TYPE = 3 (Medicare). Then enter “CMS”		2/25/2013	PROVIDER
If PROV-IDENTIFIER-TYPE = 4 (NCPDP ID) then enter “NCPDP”		2/25/2013	PROVIDER
If PROV-IDENTIFIER-TYPE = 5 (Federal Tax ID), then enter the text string “IRS”.		2/25/2013	PROVIDER
If PROV-IDENTIFIER-TYPE = 6 (State Tax ID), then text string of the name of the state’s taxation division..		2/25/2013	PROVIDER
If PROV-IDENTIFIER-TYPE = 8 (Other), then enter the name of the entity.		2/25/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER

Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or less then end date		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER
Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, Prov Identifier Type, Prov Identifier		4/30/2013	PROVIDER
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	PROVIDER
Active PRV-ATTRIBUTES-MAIN & PRV-LOCATION-CONTACT-INFO record must exist in T-MSIS database or contained in the current submission		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER
The value in the PROV-IDENTIFIER data element should be a valid value in the enumeration entity's identification schema.		4/30/2013	PROVIDER
The state should submit updates to T-MSIS whenever an identifier is retired or issued		2/25/2013	PROVIDER

The state should provide the identifiers associated with the provider for identifier types 1 through 7 whenever it is applicable to the provider Conditions When CMS Expects a PROV-IDENTIFIER Value: • State-specific Medicaid Provider ID (the state should supply this identifier for every provider, since it is the state itself that is using the identifier in its MMIS.) • NPI (the state should supply this identifier for every provider who is issued an NPI). • Medicare ID (the state should supply this identifier for every provider who is issued a Medicare ID) • NCPDP ID (The state should supply this for every pharmacy.) • Federal Tax ID (the state should supply this identifier for every provider who uses a federal TIN as its identifier with the IRS.) • State Tax ID (the state should supply this identifier for every provider who uses a state TIN as its identifier with the state tax authority.) • SSN (the state should supply this identifier for every provider who uses a social security number as his/her identifier with the IRS and/or the state tax authority.) • Other (whenever the state uses an identifier type other than those listed above that it believes would be useful to analysts using the state's Medicaid/CHIP data.)		2/25/2013	PROVIDER
The PROV-IDENTIFIER data element must be populated whenever the PROV-IDENTIFIER-TYPE is populated		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
Right-fill unused bytes when using the fix-length file format		2/25/2013	PROVIDER

		10/10/2013	PROVIDER
Value must be equal to a valid value.	PRV00006 PROV-TAXONOMY-CLASSIFICATION	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Value must be an 11-digit integer with no commas.		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER

Value must be equal to a valid value.	1 Taxonomy code 2 Provider specialty code 3 Provider type code 4 Authorized category of service code	4/30/2013	PROVIDER
Required on every PROV-TAXONOMY-CLASSIFICATION record		2/25/2013	PROVIDER
Provide a value for all 4 provider classification types. Each provider should have a separate PROV-TAXONOMY-CLASSIFICATION-PRV00006 record segment for each of the values – Taxonomy Code, Provider Specialty Code, Provider Type Code, & Authorized Category of Service Code – unless one of the values is not applicable to that provider.		10/10/2013	PROVIDER
Dependent value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	PROVIDER
Required on every PROV-TAXONOMY-CLASSIFICATION segment.		10/10/2013	PROVIDER
The value in the PROV-CLASSIFICATION-CODE data element must correspond to the valid values set identified in the PROV-CLASSIFICATION-TYPE data element.		2/25/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER

Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or less then end date		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		4/30/2013	PROVIDER
The date must be a valid date.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER
Overlapping coverage not allowed for same Submitting state & Prov ID, Classification Type, Classification Code		4/30/2013	PROVIDER
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	PROVIDER
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
Right-fill unused bytes when using the fix-length file format		2/25/2013	PROVIDER
		10/10/2013	PROVIDER

Value must be equal to a valid value.	PRV00007 PROV-MEDICAID-ENROLLMENT	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Value must be an 11-digit integer with no commas.		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER
Must be equal to or less then end date		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		4/30/2013	PROVIDER

Must be populated on every record		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER
Overlapping coverage not allowed for same Submitting state & Prov ID, Enrollment Status Code		4/30/2013	PROVIDER
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	PROVIDER
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	PROVIDER
Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
A health home provider must be active to be an eligible individual's primary care manager for the health home in which the individual is enrolled.		4/30/2013	PROVIDER
A lockin provider must be active to be a provider furnishing locked-in healthcare services to an individual.		4/30/2013	PROVIDER
A LTSS provider must be active to be a long term care facility furnishing healthcare services to an individual.		4/30/2013	PROVIDER
Value must be equal to a valid value.	1 Medicaid 2 CHIP 3 Both Medicaid and CHIP 4 Not state plan affiliated	10/10/2013	PROVIDER
Value must be equal to a valid value.	1 Enrolled through use of Medicare enrollment system (State did not require that provider submit application. Rather Provider is active Medicare provider and state Medicaid program accepted these credentials as sufficient to participate as state Medicaid provider.) 2 Enrolled through use of state-based provider application 3 Other	10/10/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		10/10/2013	PROVIDER
The date must be a valid date.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER

APPL-DATE cannot be greater then PROV-MEDICAID-EFF-DATE		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
Right-fill unused bytes when using the fix-length file format		2/25/2013	PROVIDER
		10/10/2013	PROVIDER
Value must be equal to a valid value.	PRV00008 PROV-AFFILIATED-GROUPS	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER
Value must be an 11-digit integer with no commas.		4/30/2013	PROVIDER
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER

Must be populated on every record		4/30/2013	PROVIDER
Right-fill with spaces if the value is not 12 bytes long.		2/25/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-AFFILIATED-GROUPS record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or less then end date		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-AFFILIATED-GROUPS record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER
Overlapping coverage not allowed for same state & Prov ID, Prov ID of Affiliated Entity		4/30/2013	PROVIDER
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	PROVIDER
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER

Right-fill unused bytes when using the fix-length file format		2/25/2013	PROVIDER
		10/10/2013	PROVIDER
Value must be equal to a valid value.	PRV00009 PROV-AFFILIATED-PROGRAMS	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Value must be an 11-digit integer with no commas.		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER

Value must be equal to a valid value.	1 Health Plan (NHP-ID) – The value in the AFFILIATED-PROGRAM-ID data element contains the National Health Plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver. 2 Health Plan (state-assigned health plan ID) – The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver. 3 Waiver – The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for the waiver in which a provider is allowed to deliver services to eligible beneficiaries. 4 Health Home Entity – The value in the AFFILIATED-PROGRAM-ID data element contains the name of the health home in which a provider is participating. The health home entity is responsible for providing health home services to the patient in conformance with the Health Home SPA. This is the name that the state uses to uniquely identify the health home team. This entity can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). 5 Other – The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for something other than a health plan, waiver, or health home entity	4/30/2013	PROVIDER
Required on every PROV-AFFILIATED-PROGRAMS record.		2/25/2013	PROVIDER
If AFFILIATED-PROGRAM-TYPE <> spaces, then AFFILIATED-PROGRAM-ID must be <> spaces.		2/25/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	PROVIDER
If AFFILIATED-PROGRAM-TYPE = 1 (Health Plan NHP-ID), then the value in AFFILIATED-PROGRAM-ID is the National Health Plan ID of the health plan in which a provider is enrolled to provide services.		2/25/2013	PROVIDER
If AFFILIATED-PROGRAM-TYPE = 2 (Health Plan State-assigned health plan ID), then the value in AFFILIATED-PROGRAM-ID is the state-assigned plan ID of the health plan in which a provider is enrolled to provide services.		2/25/2013	PROVIDER

If AFFILIATED-PROGRAM-TYPE = 3 (Waiver), then the value in AFFILIATED-PROGRAM-ID is an identifier for a waiver in which a provider is allowed to deliver services to eligible beneficiaries.		2/25/2013	PROVIDER
If AFFILIATED-PROGRAM-TYPE = 4 (Health Home Entity), then the value in AFFILIATED-PROGRAM-ID is the name of a health home in which a provider is participating.		2/25/2013	PROVIDER
If AFFILIATED-PROGRAM-TYPE = 5 (Other), then the value in AFFILIATED-PROGRAM-ID is an identifier for something other than a health plan, waiver, or health home entity.		2/25/2013	PROVIDER
If the value entered into the AFFILIATED-PROGRAM-ID is less than 50 bytes long, right-pad with spaces.		2/25/2013	PROVIDER
If the value entered into the AFFILIATED-PROGRAM-ID is more than 50 bytes long, truncate the bytes.		2/25/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-AFFILIATED-PROGRAMS record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or less then end date		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		2/25/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-AFFILIATED-PROGRAMS record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER

Overlapping coverage not allowed for same state & Prov ID, Affiliated Program Type, Affiliated Program ID		4/30/2013	PROVIDER
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		4/30/2013	PROVIDER
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission		4/30/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
Right-fill unused bytes when using the fix-length file format		2/25/2013	PROVIDER
		10/10/2013	PROVIDER
Value must be equal to a valid value.	PRV00010 PROV-BED-TYPE-INFO	4/30/2013	PROVIDER
Value is required on all record segments		4/30/2013	PROVIDER
Value must be in the required format		4/30/2013	PROVIDER
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	PROVIDER
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Value must be numeric		4/30/2013	PROVIDER
Value must be the same on all records		4/30/2013	PROVIDER
Value must be an 11-digit integer with no commas.		4/30/2013	PROVIDER
Must be numeric		4/30/2013	PROVIDER

RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.		4/30/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be numeric		10/10/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Each of a provider entity’s locations must have a unique PROV-LOCATION-ID		2/25/2013	PROVIDER
If a particular license is applicable to all locations, create an identifier that signifies "All Locations"		4/30/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be equal to or less then end date		4/30/2013	PROVIDER
The value must consist of digits 0 through 9 only.		10/10/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-BED-TYPE-INFO record segment changes, a new record segment must be created.		2/25/2013	PROVIDER
Date format is CCYYMMDD (National Data Standard)		2/25/2013	PROVIDER
The date must be a valid date.		2/25/2013	PROVIDER
Must be populated on every record		4/30/2013	PROVIDER
Must be equal to or greater then eff date		4/30/2013	PROVIDER
Whenever the value in one or more of the data elements in the PROV-BED-TYPE-INFO record segment changes, a new record segment must be created.		10/10/2013	PROVIDER
Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, Bed Type Code		10/10/2013	PROVIDER
Coverage span date must be fully contained within in the set of effective date spans of all active parent records		10/10/2013	PROVIDER
Active PRV-ATTRIBUTES-MAIN & PRV-LOCATION-CONTACT-INFO record must exist in T-MSIS database or contained in the current submission		10/10/2013	PROVIDER

Value must be equal to a valid value.	1 Intermediate Care Facility for the Intellectually Disabled 2 Inpatient 3 Nursing Facility 4 Title 18 Skilled Nursing Facility (T18 SNF) 8 Not Applicable	10/10/2013	PROVIDER
Must be populated on every record		2/25/2013	PROVIDER
Report all that apply.		2/25/2013	PROVIDER
Value must be numeric		2/25/2013	PROVIDER
Must be greater then zero		4/30/2013	PROVIDER
Left-fill with zeros if value is less than 5 bytes long		2/25/2013	PROVIDER
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	PROVIDER
Right-fill unused bytes when using the fix-length file format		2/25/2013	PROVIDER
		10/10/2013	PROVIDER
Field is required on all records.	TPL00001 FILE-HEADER-RECORD-TPL	10/10/2013	TPL
Value must meet the required format.		4/30/2013	TPL
Value must be equal to a valid value.		10/10/2013	TPL
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	TPL
The record ID must be the same on all records within this segment.		4/30/2013	TPL
Use the version number specified on the title page of the data dictionary		2/25/2013	TPL

Value must be equal to a valid value.	See Appendix A for listing of valid values.	4/30/2013	TPL
Field is required on all header records.		4/30/2013	TPL
Value must be equal to a valid value.	FLF The file follows a fixed length format. PSV The file follows a pipe-delimited format.	4/30/2013	TPL
Field is required on all header records.		4/30/2013	TPL
Use the version number specified on the title page of the data mapping document		2/25/2013	TPL
Required on every file header record		2/25/2013	TPL
Value must be equal to a valid value.	TPL-FILE - Third-party Liaibility file	4/30/2013	TPL
Right-fill with spaces if name is less than 8 bytes long		4/30/2013	TPL
Must be populated on every record		4/30/2013	TPL
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	TPL
Date format is CCYYMMDD (National Data Standard)		2/25/2013	TPL
Value must be a valid date		4/30/2013	TPL
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.		2/25/2013	TPL
Required on every file header record		4/30/2013	TPL
Date must be equal or less than current date		4/30/2013	TPL
Date format is CCYYMMDD (National Data Standard)		10/10/2013	TPL
Value must be a valid date based on the calendar year.		2/25/2013	TPL
DD must always be the 1st day of the month.		4/30/2013	TPL
Value for START-OF-TIME-PERIOD must be <= END-OF-TIME-PERIOD		10/10/2013	TPL
Value for END-OF-TIME-PERIOD must be < Current Date		10/10/2013	TPL
Date format is CCYYMMDD (National Data Standard)		4/30/2013	TPL
Value must be a valid date		2/25/2013	TPL
Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, September, or November; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.		10/10/2013	TPL
Value must be equal or less than the DATE-FILE-CREATED		4/30/2013	TPL
Value must be less than the current system date.		4/30/2013	TPL

Value must be equal to a valid value.	P - Production T - Test	2/25/2013	TPL
The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = 'T'		4/30/2013	TPL
Value must be equal to a valid value.	0 - State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 - State uses SSN as MSIS-IDENTIFICATION-NUMBER	4/30/2013	TPL
Non-SSN States will assign each eligible only one permanent MSIS-ID in his or her lifetime. When reporting eligibility records it is important that the SSN-INDICATOR in the Header record be set to 0 and the MSIS-ID for each record be provided in the MSIS-IDENTIFICATION-NUMBER field; if the MSIS-IDENTIFICATION-NUMBER is not known then this field should be filled with nines. The MSIS-ID identifies the individual and any claims submitted to the system		2/25/2013	TPL
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.		2/25/2013	TPL
An integer value with no commas.		4/30/2013	TPL
Value must equal the sum of all records excluding the header record		4/30/2013	TPL
Field is required on all 'C', 'U', and 'R' record files.		10/10/2013	TPL
Must be numeric and > 0		10/10/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	TPL
Right-fill unused bytes when using the fix-length file format.		4/30/2013	TPL

		10/10/2013	TPL
Field is required on all records.	TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN	10/10/2013	TPL
Value must meet the required format.		4/30/2013	TPL
Value must be equal to a valid value.		10/10/2013	TPL
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		10/10/2013	TPL
The record ID must be the same on all records within this segment.		4/30/2013	TPL
Must be populated on every record		4/30/2013	TPL
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	TPL
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001		10/10/2013	TPL
Must be populated on every record		2/25/2013	TPL
The value must consist of digits 0 through 9 only		4/30/2013	TPL
Value must be distinct (non duplicative within segment for same field).		4/30/2013	TPL
The Medicare/CHIP enrollee's MSIS-IDENTIFICATION-NUM must exist in the T-MSIS Eligibility file or in the T-MSIS data repository.		4/30/2013	TPL
For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.		2/25/2013	TPL
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain temporary number.		2/25/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
MSIS Identification Number must be reported		4/30/2013	TPL

Value must be equal to a valid value.	0 Eligible individual has no TPL insurance coverage 1 Eligible individual does have TPL insurance coverage	2/25/2013	TPL
If the value is “1,” then there must be one or more instances where the eligible person has some form of third party insurance coverage. (The records for this coverage can exist either in the T-MSIS data repository, or be on one or more TPL-MEDICAID-ELIGIBLE-INSURANCE-COVERAGE-INFO record segments in the current THIRD PARTY LIABILITY (TPL) FILE submission.		10/10/2013	TPL
Value must be equal to a valid value.	0 Eligible individual has no other TPL funding available 1 Eligible individual does have other TPL funding available	10/10/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		10/10/2013	TPL
Use only alphabetic characters, (A-Z, a-z) or space ( ).		4/30/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		10/10/2013	TPL
The date must be in “ccyymmdd” format.		2/25/2013	TPL
The value must consist of digits 0 through 9 only		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-MAIN record segment changes, a new record segment must be created.		2/25/2013	TPL
Date cannot be greater than ELIG-PRSN-MAIN-END-DATE.		4/30/2013	TPL
An eligible individual cannot have relevant record segments effective in the Third Party Liability file after he/she has died.		2/25/2013	TPL
The date must be in “ccyymmdd” format.		2/25/2013	TPL
The value must consist of digits 0 through 9 only		2/25/2013	TPL
The date must be a valid date		2/25/2013	TPL

Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-MAIN record segment changes, a new record segment must be created.		2/25/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	TPL
Right-fill unused bytes when using the fix-length file format.		4/30/2013	TPL
		10/10/2013	TPL
Field is required on all records.		10/10/2013	TPL
Value must meet the required format.		4/30/2013	TPL
Value must be equal to a valid value.	TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO	10/10/2013	TPL
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	TPL
The record ID must be the same on all records within this segment.		4/30/2013	TPL
Must be populated on every record		4/30/2013	TPL
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	TPL
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001		10/10/2013	TPL

Must be populated on every record		2/25/2013	TPL
The value must consist of digits 0 through 9 only		4/30/2013	TPL
Value must be distinct (non duplicative within segment for same field).		4/30/2013	TPL
The Medicare/CHIP enrollee's MSIS-IDENTIFICATION-NUM must exist in the T-MSIS Eligibility file or in the T-MSIS data repository.		4/30/2013	TPL
For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.		2/25/2013	TPL
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain temporary number.		2/25/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
MSIS Identification Number must be reported		4/30/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		2/25/2013	TPL
Left justify and pad unused bytes with spaces.		4/30/2013	TPL
Enter the insurance plan identification number assigned by the state.		10/10/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
Left justify and pad unused bytes with spaces.		2/25/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
If this field is not applicable, 8-fill.		2/25/2013	TPL

Use only alphabetic characters, (A-Z, a-z), numerals (0-9), spaces ( ), dashes (-), periods (.), forward slashes (/), single quote(‘).		2/25/2013	TPL
Left justify and pad with trailing spaces.		2/25/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
Values must correspond to associated INSURANCE-PLAN-ID.		2/25/2013	TPL
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	TPL
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	TPL
The value must consist of digits 0 through 9 only		10/10/2013	TPL
If the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, the liability policy owner information is not needed and 8-fill the POLICY-OWNER field.		10/10/2013	TPL
'If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required' to match coding requirement for POLICY-OWNER-LAST-NAME.		2/25/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		10/10/2013	TPL
Left justify and pad with trailing spaces.		2/25/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.		2/25/2013	TPL

Left justify and pad with trailing spaces.		2/25/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.		4/30/2013	TPL
If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, 8-fill the field.		4/30/2013	TPL
If known, this field is to be populated with numeric digits.		2/25/2013	TPL
If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.		4/30/2013	TPL
If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, 8-fill the field.		4/30/2013	TPL
If the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, the liability policy owner information is not applicable, 8-fill the POLICY-OWNER-CODE field.		10/10/2013	TPL
Value must be equal to a valid value.	01 Self 02 Spouse 03 Custodial Parent 04 Noncustodial Parent (Child Support Enforcement in effect) 05 Noncustodial Parent without child support enforcement in effect 06 Grandparent 07 Guardian 08 Domestic Partner 09 Other 99 Unknown	10/10/2013	TPL
The date must be in “ccyymmdd” format.		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO record segment changes, a new record segment must be created.		2/25/2013	TPL
Date cannot be greater than INSURANCE-COVERAGE-END-DATE.		4/30/2013	TPL

If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.		4/30/2013	TPL
An eligible individual cannot have relevant record segments effective in the Third Party Liability file after he/she has died.		2/25/2013	TPL
The date must be in “ccyymmdd” format.		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231).		2/25/2013	TPL
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO record segment changes, a new record segment must be created.		2/25/2013	TPL
If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, 8-fill the field.		4/30/2013	TPL
If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.		4/30/2013	TPL
Overlapping coverage not allowed for same Submitting state, MSIS Identification number, Insurance plan ID, Group number, and Member ID.		4/30/2013	TPL
Active TPL-MEDICAID-ELIGIBLE-MAIN record with a TPL-HEALTH-INSURANCE-COVERAGE-IND = 1 must exist in T-MSIS database or contained in the current submission		4/30/2013	TPL
Coverage date span must be fully contained within the set of effective date spans of all active parent records.		4/30/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	TPL
Right-fill unused bytes when using the fix-length file format.		4/30/2013	TPL

		10/10/2013	TPL
Field is required on all records.		10/10/2013	TPL
Value must meet the required format.		4/30/2013	TPL
Value must be equal to a valid value.	TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES	10/10/2013	TPL
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	TPL
The record ID must be the same on all records within this segment.		4/30/2013	TPL
Must be populated on every record		4/30/2013	TPL
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	TPL
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001		10/10/2013	TPL
Must be populated on every record		2/25/2013	TPL
The value must consist of digits 0 through 9 only		4/30/2013	TPL
Value must be distinct (non duplicative within segment for same field).		4/30/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		2/25/2013	TPL
Field is required on all record segments.		4/30/2013	TPL
Enter the insurance plan identification number assigned by the state.		10/10/2013	TPL

Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
Values must correspond to associated INSURANCE-PLAN-ID.		10/10/2013	TPL
Value must be equal to a valid value.	See Appendix A for listing of valid values.	10/10/2013	TPL
Value must be equal to a valid value.	See Appendix A for listing of valid values.	2/25/2013	TPL
The date must be in “ccyymmdd” format.		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment changes, a new record segment must be created.		2/25/2013	TPL
INSURANCE-CATEGORIES-EFF-DATE must be <= INSURANCE-CATEGORIES-END-DATE		10/10/2013	TPL
If TPL-HEALTH-INSURANCE-COVERAGE-IND = '1', then INSURANCE-COVERAGE-EFF-DATE must be <> 11111111, 22222222, 33333333, 44444444, 55555555, 66666666, 77777777, 88888888, 99999999.		10/10/2013	TPL
Date format should be CCYYMMDD (National Data Standard)		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231).		4/30/2013	TPL

Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment changes, a new record segment must be created.		2/25/2013	TPL
If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, 8-fill the field.		4/30/2013	TPL
If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.		4/30/2013	TPL
If SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, INSURANCE-CARRIER-ID, INSURANCE-PLAN-ID, and COVERAGE-TYPE in this file segment = the same values of another TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 file segment, then (INSURANCE-COVERAGE-EFF-DATE [segment 1] must be < INSURANCE-CATEGORIES-END-DATE [segment 1]) AND (INSURANCE-CATEGORIES-END-DATE [segment 1] must be < INSURANCE-CATEGORIES-EFF-DATE [segment 2]) AND (INSURANCE-CATEGORIES-EFF-DATE [segment 2] must be < INSURANCE-CATEGORIES-END-DATE [segment 2].		10/10/2013	TPL
If SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM = SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM on the file segment TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 and on TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003, then (INSURANCE-CATEGORIES-END-DATE must be >= ELIG-PRSN-MAIN-END-DATE) AND (INSURANCE-CATEGORIES-END-DATE must be >= ELIG-PRSN-MAIN-EFF-DATE) AND (INSURANCE-CATEGORIES-END-DATE >= INSURANCE-COVERAGE-END-DATE) AND (INSURANCE-CATEGORIES-END-DATE<=INSURANCE-COVERAGE-EFF-DATE). The segment must have both, a matching, active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN record and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO record and the INSURANCE-CATEGORIES-EFF-DATE must be >= ELIG-PRSN-MAIN-EFF-DATE and INSURANCE-COVERAGE-EFF-DATE and INSURANCE-CATEGORIES-END-DATE must be <= ELIG-PRSN-MAIN-END-DATE and INSURANCE-COVERAGE-END-DATE.		10/10/2013	TPL

If SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM = SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM on the file segment TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 and on TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003, then (INSURANCE-CATEGORIES-END-DATE must be >= ELIG-PRSN-MAIN-END-DATE) AND (INSURANCE-CATEGORIES-END-DATE must be >= ELIG-PRSN-MAIN-EFF-DATE) AND (INSURANCE-CATEGORIES-END-DATE >= INSURANCE-COVERAGE-END-DATE) AND (INSURANCE-CATEGORIES-END-DATE<=INSURANCE-COVERAGE-EFF-DATE). The segment must have both, a matching, active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN record and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO record and the INSURANCE-CATEGORIES-EFF-DATE must be >= ELIG-PRSN-MAIN-EFF-DATE and INSURANCE-COVERAGE-EFF-DATE and INSURANCE-CATEGORIES-END-DATE must be <= ELIG-PRSN-MAIN-END-DATE and INSURANCE-COVERAGE-END-DATE.		10/10/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	TPL
Right-fill unused bytes when using the fix-length file format.		4/30/2013	TPL
		10/10/2013	TPL
Field is required on all records.		10/10/2013	TPL

Value must meet the required format.		4/30/2013	TPL
Value must be equal to a valid value.	TPL00005 TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION	10/10/2013	TPL
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	TPL
The record ID must be the same on all records within this segment.		4/30/2013	TPL
Must be populated on every record		4/30/2013	TPL
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	TPL
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001		10/10/2013	TPL
Must be populated on every record		2/25/2013	TPL
The value must consist of digits 0 through 9 only		4/30/2013	TPL
Value must be distinct (non duplicative within segment for same field).		4/30/2013	TPL
The Medicare/CHIP enrollee's MSIS-IDENTIFICATION-NUM must exist in the T-MSIS Eligibility file or in the T-MSIS data repository.		4/30/2013	TPL
For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.		2/25/2013	TPL
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain temporary number.		2/25/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
MSIS Identification Number must be reported		4/30/2013	TPL
Required		10/10/2013	TPL

Value must be equal to a valid value.	1 Tort/Casualty Claim 2 Medical Malpractice 3 Estate (an estate, annuity or designated trust) 4 Liens 5 Worker's Compensation 6 Payments from an individual or group who has either voluntarily or been assigned legal responsibility for the health care of one or more Medicaid recipients; fraternal groups; unions 7 Other – unidentified 9 Unknown	10/10/2013	TPL
The date must be in "ccyymmdd" format		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment changes, a new record segment must be created.		2/25/2013	TPL
Date cannot be greater than OTHER-TPL-END-DATE.		4/30/2013	TPL
If the TPL-OTHER-COVERAGE-IND equals '1', this field is required.		4/30/2013	TPL
An eligible individual cannot have relevant record segments effective in the Third Party Liability file after he/she has died.		2/25/2013	TPL
The date must be in "ccyymmdd" format		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).		2/25/2013	TPL

Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment changes, a new record segment must be created.		2/25/2013	TPL
If the field is not applicable or the TPL-OTHER-COVERAGE-IND = 0, 8-fill the field.		4/30/2013	TPL
If the TPL-OTHER-COVERAGE-IND equals '1', this field is required.		4/30/2013	TPL
Overlapping coverage not allowed for same Submitting state , MSIS ID and Type of other third party.		4/30/2013	TPL
Active TPL-MEDICAID-ELIGIBLE-MAIN record with TPL-OTHER-COVERAGE-IND = 1 must exist in T-MSIS database or contained in the current submission		4/30/2013	TPL
Coverage categories date span must be fully contained within the set of effective date spans of all active parent records.		4/30/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	TPL
Right-fill unused bytes when using the fix-length file format.		4/30/2013	TPL
		10/10/2013	TPL
Field is required on all records.		10/10/2013	TPL
Value must meet the required format.		4/30/2013	TPL
Value must be equal to a valid value.	TPL00006 TPL-ENTITY-CONTACT-INFORMATION	10/10/2013	TPL
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)		4/30/2013	TPL

The record ID must be the same on all records within this segment.		4/30/2013	TPL
Must be populated on every record		4/30/2013	TPL
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans	10/10/2013	TPL
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001		10/10/2013	TPL
Must be populated on every record		2/25/2013	TPL
The value must consist of digits 0 through 9 only		4/30/2013	TPL
Value must be distinct (non duplicative within segment for same field).		4/30/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		4/30/2013	TPL
Left justify and pad unused bytes with spaces.		4/30/2013	TPL
This data element must be populated on every record within the TPL-ENTITY-CONTACT-INFORMATION record segment.		2/25/2013	TPL
Value must be equal to a valid value.	06 TPL-Entity Corporate Location 07 TPL-Entity Mailing 08 TPL-Entity Satellite Location 09 TPL-Entity Billing 10 TPL-Entity Correspondence 11 TPL-Other	2/25/2013	TPL
Address Line 1 is required and the other two lines can be blank.		2/25/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		4/30/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	TPL
Value must be equal to a valid value.		10/10/2013	TPL

Redefined as X(05) and X(04)		2/25/2013	TPL
If the field is reported, Zip 5 is required.		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
If zip 4 is unknown, zero fill		2/25/2013	TPL
If the entire zip code field is missing, keep the default value of spaces.		2/25/2013	TPL
Enter numeric characters only (i.e., do not include parentheses, dashes, periods, spaces, etc.)		4/30/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
If the field value is missing, keep the default value of spaces.		2/25/2013	TPL
The date must be in “ccyymmdd” format.		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
Whenever the value in one or more of the data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment changes, a new record segment must be created.		2/25/2013	TPL
Date cannot be greater than TPL-ENTITY-CONTACT-INFO-END-DATE.		4/30/2013	TPL
The date must be in “ccyymmdd” format.		2/25/2013	TPL
The value must consist of digits 0 through 9 only.		2/25/2013	TPL
Value must be a valid date		2/25/2013	TPL
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231).		2/25/2013	TPL
Whenever the value in one or more of the data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment changes, a new record segment must be created.		2/25/2013	TPL
Overlapping coverage not allowed for same Submitting state , Insurance carrier ID num and TPL entity address type.		4/30/2013	TPL

Active TPL-MEDICAID-ELIGIBLE-MAIN with TPL-HEALTH-INSURANCE-COVERAGE-IND = 1 and TPL-MEDICAID-ELIGIBLE-INSURANCE-COVERAGE-INFO records must exist in T-MSIS database or contained in the current submission		4/30/2013	TPL
Coverage date span must be fully contained within the set of effective date spans of all active parent records.		4/30/2013	TPL
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.		10/10/2013	TPL
Right-fill unused bytes when using the fix-length file format.		4/30/2013	TPL
Use only alphabetic characters, (A-Z, a-z), numerals (0-9), spaces ( ), dashes (-), periods (.), forward slashes (/), single quotes (‘).		10/10/2013	TPL
Field is required on all records.		10/10/2013	TPL
Use only alphabetic characters, (A-Z, a-z), numerals (0-9), spaces ( ), dashes (-), periods (.), forward slashes (/), single quotes (‘).		10/10/2013	TPL
If the field value is missing, keep the default value of spaces.		10/10/2013	TPL
Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015		10/10/2013	TPL
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016		10/10/2013	TPL
Value must be in the set of valid values	1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Identifier (OEID)	10/10/2013	TPL
If the type HEALTH-CARE-ENTITY-ID-TYPE is unknown, populate the field with a space		10/10/2013	TPL
Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.		10/10/2013	TPL

Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016.		10/10/2013	TPL
This field is required for all eligible persons enrolled in managed care on or after the mandated dates above. If the eligible person is not enrolled in managed care, fill the field with spaces.		10/10/2013	TPL
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)		10/10/2013	TPL
National identifiers in the TPL file must match either a controlling health plan (CHP) identifier or subhealth plan (SHP) identifier in the Managed Care subject area.		10/10/2013	TPL
Use the descriptive name assigned by the state as it exists in the state's MMIS.		10/10/2013	TPL
Use only alphabetic characters, (A-Z, a-z), numerals (0-9), spaces ( ), dashes (-), periods (.), forward slashes (/), single quote(').		10/10/2013	TPL
		10/10/2013	TPL

V2.0 T-MSIS DD

N - FILE_SEGMENT	O - CR_NO	A - DE_NO	B - DATA_ELEMENT_NAME
FILE-HEADER-RECORD-IP-CIP00001	CIP001-0001	CIP001	RECORD-ID
FILE-HEADER-RECORD-IP-CIP00001	CIP001-0002	CIP001	RECORD-ID
FILE-HEADER-RECORD-IP-CIP00001	CIP001-0003	CIP001	RECORD-ID
FILE-HEADER-RECORD-IP-CIP00001	CIP002-0001	CIP002	DATA-DICTIONARY-VERSION
FILE-HEADER-RECORD-IP-CIP00001	CIP003-0001	CIP003	SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-IP-CIP00001	CIP004-0001	CIP004	FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-IP-CIP00001	CIP005-0001	CIP005	DATA-MAPPING-DOCUMENT-VERSION
FILE-HEADER-RECORD-IP-CIP00001	CIP006-0001	CIP006	FILE-NAME
FILE-HEADER-RECORD-IP-CIP00001	CIP007-0001	CIP007	SUBMITTING-STATE
FILE-HEADER-RECORD-IP-CIP00001	CIP007-0002	CIP007	SUBMITTING-STATE
FILE-HEADER-RECORD-IP-CIP00001	CIP007-0003	CIP007	SUBMITTING-STATE
FILE-HEADER-RECORD-IP-CIP00001	CIP007-0004	CIP007	SUBMITTING-STATE
FILE-HEADER-RECORD-IP-CIP00001	CIP008-0001	CIP008	DATE-FILE-CREATED
FILE-HEADER-RECORD-IP-CIP00001	CIP008-0002	CIP008	DATE-FILE-CREATED

FILE-HEADER-RECORD-IP-CIP00001	CIP008-0003	CIP008	DATE-FILE-CREATED
FILE-HEADER-RECORD-IP-CIP00001	CIP009-0001	CIP009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-IP-CIP00001	CIP009-0002	CIP009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-IP-CIP00001	CIP010-0001	CIP010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-IP-CIP00001	CIP010-0002	CIP010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-IP-CIP00001	CIP011-0001	CIP011	FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-IP-CIP00001	CIP012-0001	CIP012	SSN-INDICATOR
FILE-HEADER-RECORD-IP-CIP00001	CIP012-0002	CIP012	SSN-INDICATOR
FILE-HEADER-RECORD-IP-CIP00001	CIP012-0003	CIP012	SSN-INDICATOR
FILE-HEADER-RECORD-IP-CIP00001	CIP013-0001	CIP013	TOT-REC-CNT
FILE-HEADER-RECORD-IP-CIP00001	CIP275-0001	CIP275	SEQUENCE-NUMBER
FILE-HEADER-RECORD-IP-CIP00001	CIP275-0002	CIP275	SEQUENCE-NUMBER
FILE-HEADER-RECORD-IP-CIP00001	CIP014-0001	CIP014	STATE-NOTATION
FILE-HEADER-RECORD-IP-CIP00001	CIP014-0002	CIP014	STATE-NOTATION
FILE-HEADER-RECORD-IP-CIP00001	CIP015-0001	CIP015	FILLER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP016-0001	CIP016	RECORD-ID

CLAIM-HEADER-RECORD-IP-CIP00002	CIP016-0002	CIP016	RECORD-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP016-0003	CIP016	RECORD-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0001	CIP017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0002	CIP017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0003	CIP017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0004	CIP017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP018-0001	CIP018	RECORD-NUMBER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP018-0002	CIP018	RECORD-NUMBER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP018-0003	CIP018	RECORD-NUMBER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0001	CIP019	ICN-ORIG
CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0002	CIP019	ICN-ORIG
CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0003	CIP019	ICN-ORIG
CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0004	CIP019	ICN-ORIG
CLAIM-HEADER-RECORD-IP-CIP00002	CIP020-0001	CIP020	ICN-ADJ
CLAIM-HEADER-RECORD-IP-CIP00002	CIP020-0002	CIP020	ICN-ADJ
CLAIM-HEADER-RECORD-IP-CIP00002	CIP020-0003	CIP020	ICN-ADJ
CLAIM-HEADER-RECORD-IP-CIP00002	CIP021-0001	CIP021	SUBMITTER-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0001	CIP022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0002	CIP022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0003	CIP022	MSIS-IDENTIFICATION-NUM

CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0004	CIP022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0001	CIP023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0002	CIP023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0003	CIP023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-IP-CIP00002	CIP024-0001	CIP024	TYPE-OF-HOSPITAL
CLAIM-HEADER-RECORD-IP-CIP00002	CIP025-0001	CIP025	1115A-DEMONSTRATION-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP025-0002	CIP025	1115A-DEMONSTRATION-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP026-0001	CIP026	ADJUSTMENT-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP027-0001	CIP027	ADJUSTMENT-REASON-CODE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP027-0002	CIP027	ADJUSTMENT-REASON-CODE

CLAIM-HEADER-RECORD-IP-CIP00002	CIP028-0001	CIP028	ADMISSION-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP028-0002	CIP028	ADMISSION-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP029-0001	CIP029	DRG-DESCRIPTION
CLAIM-HEADER-RECORD-IP-CIP00002	CIP029-0002	CIP029	DRG-DESCRIPTION

CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0001	CIP030	ADMITTING-DIAGNOSIS-CODE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0002	CIP030	ADMITTING-DIAGNOSIS-CODE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0003	CIP030	ADMITTING-DIAGNOSIS-CODE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0004	CIP030	ADMITTING-DIAGNOSIS-CODE
		CIP030	ADMITTING-DIAGNOSIS-CODE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP031-0001	CIP031	ADMITTING-DIAGNOSIS-CODE-FLAG
CLAIM-HEADER-RECORD-IP-CIP00002	CIP031-0002	CIP031	ADMITTING-DIAGNOSIS-CODE-FLAG
		CIP031	ADMITTING-DIAGNOSIS-CODE-FLAG
CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0001	CIP032	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0002	CIP032	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0003	CIP032	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0004	CIP032	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0005	CIP032	DIAGNOSIS-CODE-1

CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0006	CIP032	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0007	CIP032	DIAGNOSIS-CODE-1
		CIP032	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0001	CIP033	DIAGNOSIS-CODE-FLAG-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0002	CIP033	DIAGNOSIS-CODE-FLAG-1
		CIP033	DIAGNOSIS-CODE-FLAG-1
		CIP033	DIAGNOSIS-CODE-FLAG-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP034-0001	CIP034	DIAGNOSIS-POA-FLAG-1
		CIP034	DIAGNOSIS-POA-FLAG-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0001	CIP035	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0002	CIP035	DIAGNOSIS-CODE-2

CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0003	CIP035	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0004	CIP035	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0005	CIP035	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0006	CIP035	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0007	CIP035	DIAGNOSIS-CODE-2
		CIP035	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP036-0001	CIP036	DIAGNOSIS-CODE-FLAG-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP036-0002	CIP036	DIAGNOSIS-CODE-FLAG-2
		CIP036	DIAGNOSIS-CODE-FLAG-2
		CIP036	DIAGNOSIS-CODE-FLAG-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP037-0001	CIP037	DIAGNOSIS-POA-FLAG-2

		CIP037	DIAGNOSIS-POA-FLAG-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0001	CIP038	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0002	CIP038	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0003	CIP038	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0004	CIP038	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0005	CIP038	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0006	CIP038	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0007	CIP038	DIAGNOSIS-CODE-3
		CIP039	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP039-0001	CIP039	DIAGNOSIS-CODE-FLAG-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP039-0002	CIP039	DIAGNOSIS-CODE-FLAG-3
		CIP039	DIAGNOSIS-CODE-FLAG-3
		CIP039	DIAGNOSIS-CODE-FLAG-3

CLAIM-HEADER-RECORD-IP-CIP00002	CIP040-0001	CIP040	DIAGNOSIS-POA-FLAG-3
		CIP040	DIAGNOSIS-POA-FLAG-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0001	CIP041	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0002	CIP041	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0003	CIP041	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0004	CIP041	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0005	CIP041	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0006	CIP041	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0007	CIP041	DIAGNOSIS-CODE-4
		CIP041	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP042-0001	CIP042	DIAGNOSIS-CODE-FLAG-4

CLAIM-HEADER-RECORD-IP-CIP00002	CIP042-0002	CIP042	DIAGNOSIS-CODE-FLAG-4
		CIP042	DIAGNOSIS-CODE-FLAG-4
		CIP042	DIAGNOSIS-CODE-FLAG-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP043-0001	CIP043	DIAGNOSIS-POA-FLAG-4
		CIP043	DIAGNOSIS-POA-FLAG-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0001	CIP044	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0002	CIP044	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0003	CIP044	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0004	CIP044	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0005	CIP044	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0006	CIP044	DIAGNOSIS-CODE-5

CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0007	CIP044	DIAGNOSIS-CODE-5
		CIP044	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0001	CIP045	DIAGNOSIS-CODE-FLAG-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0002	CIP045	DIAGNOSIS-CODE-FLAG-5
		CIP045	DIAGNOSIS-CODE-FLAG-5
		CIP045	DIAGNOSIS-CODE-FLAG-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP046-0001	CIP046	DIAGNOSIS-POA-FLAG-5
		CIP046	DIAGNOSIS-POA-FLAG-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0001	CIP047	DIAGNOSIS-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0002	CIP047	DIAGNOSIS-CODE-6

CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0003	CIP047	DIAGNOSIS-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0004	CIP047	DIAGNOSIS-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0005	CIP047	DIAGNOSIS-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0006	CIP047	DIAGNOSIS-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0007	CIP047	DIAGNOSIS-CODE-6
		CIP047	DIAGNOSIS-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0001	CIP048	DIAGNOSIS-CODE-FLAG-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0002	CIP048	DIAGNOSIS-CODE-FLAG-6
		CIP048	DIAGNOSIS-CODE-FLAG-6
		CIP048	DIAGNOSIS-CODE-FLAG-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP049-0001	CIP049	DIAGNOSIS-POA-FLAG-6

		CIP049	DIAGNOSIS-POA-FLAG-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0001	CIP050	DIAGNOSIS-CODE-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0002	CIP050	DIAGNOSIS-CODE-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0003	CIP050	DIAGNOSIS-CODE-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0004	CIP050	DIAGNOSIS-CODE-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0005	CIP050	DIAGNOSIS-CODE-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0006	CIP050	DIAGNOSIS-CODE-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0007	CIP050	DIAGNOSIS-CODE-7
		CIP050	DIAGNOSIS-CODE-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP051-0001	CIP051	DIAGNOSIS-CODE-FLAG-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP051-0002	CIP051	DIAGNOSIS-CODE-FLAG-7
		CIP051	DIAGNOSIS-CODE-FLAG-7
		CIP051	DIAGNOSIS-CODE-FLAG-7

CLAIM-HEADER-RECORD-IP-CIP00002	CIP052-0001	CIP052	DIAGNOSIS-POA-FLAG-7
		CIP052	DIAGNOSIS-POA-FLAG-7
CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0001	CIP053	DIAGNOSIS-CODE-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0002	CIP053	DIAGNOSIS-CODE-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0003	CIP053	DIAGNOSIS-CODE-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0004	CIP053	DIAGNOSIS-CODE-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0005	CIP053	DIAGNOSIS-CODE-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0006	CIP053	DIAGNOSIS-CODE-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0007	CIP053	DIAGNOSIS-CODE-8
		CIP053	DIAGNOSIS-CODE-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0001	CIP054	DIAGNOSIS-CODE-FLAG-8

CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0002	CIP054	DIAGNOSIS-CODE-FLAG-8
		CIP054	DIAGNOSIS-CODE-FLAG-8
		CIP054	DIAGNOSIS-CODE-FLAG-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP055-0001	CIP055	DIAGNOSIS-POA-FLAG-8
		CIP055	DIAGNOSIS-POA-FLAG-8
CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0001	CIP056	DIAGNOSIS-CODE-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0002	CIP056	DIAGNOSIS-CODE-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0003	CIP056	DIAGNOSIS-CODE-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0004	CIP056	DIAGNOSIS-CODE-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0005	CIP056	DIAGNOSIS-CODE-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0006	CIP056	DIAGNOSIS-CODE-9

CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0007	CIP056	DIAGNOSIS-CODE-9
		CIP056	DIAGNOSIS-CODE-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0001	CIP057	DIAGNOSIS-CODE-FLAG-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0002	CIP057	DIAGNOSIS-CODE-FLAG-9
		CIP057	DIAGNOSIS-CODE-FLAG-9
		CIP057	DIAGNOSIS-CODE-FLAG-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP058-0001	CIP058	DIAGNOSIS-POA-FLAG-9
		CIP058	DIAGNOSIS-POA-FLAG-9
CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0001	CIP059	DIAGNOSIS-CODE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0002	CIP059	DIAGNOSIS-CODE-10

CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0003	CIP059	DIAGNOSIS-CODE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0004	CIP059	DIAGNOSIS-CODE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0005	CIP059	DIAGNOSIS-CODE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0006	CIP059	DIAGNOSIS-CODE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0007	CIP059	DIAGNOSIS-CODE-10
		CIP059	DIAGNOSIS-CODE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP060-0001	CIP060	DIAGNOSIS-CODE-FLAG-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP060-0002	CIP060	DIAGNOSIS-CODE-FLAG-10
		CIP060	DIAGNOSIS-CODE-FLAG-10
		CIP060	DIAGNOSIS-CODE-FLAG-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP061-0001	CIP061	DIAGNOSIS-POA-FLAG-10

		CIP061	DIAGNOSIS-POA-FLAG-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0001	CIP062	DIAGNOSIS-CODE-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0002	CIP062	DIAGNOSIS-CODE-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0003	CIP062	DIAGNOSIS-CODE-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0004	CIP062	DIAGNOSIS-CODE-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0005	CIP062	DIAGNOSIS-CODE-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0006	CIP062	DIAGNOSIS-CODE-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0007	CIP062	DIAGNOSIS-CODE-11
		CIP062	DIAGNOSIS-CODE-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP063-0001	CIP063	DIAGNOSIS-CODE-FLAG-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP063-0002	CIP063	DIAGNOSIS-CODE-FLAG-11
		CIP063	DIAGNOSIS-CODE-FLAG-11
		CIP063	DIAGNOSIS-CODE-FLAG-11

CLAIM-HEADER-RECORD-IP-CIP00002	CIP064-0001	CIP064	DIAGNOSIS-POA-FLAG-11
		CIP064	DIAGNOSIS-POA-FLAG-11
CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0001	CIP065	DIAGNOSIS-CODE-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0002	CIP065	DIAGNOSIS-CODE-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0003	CIP065	DIAGNOSIS-CODE-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0004	CIP065	DIAGNOSIS-CODE-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0005	CIP065	DIAGNOSIS-CODE-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0006	CIP065	DIAGNOSIS-CODE-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0007	CIP065	DIAGNOSIS-CODE-12
		CIP065	DIAGNOSIS-CODE-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP066-0001	CIP066	DIAGNOSIS-CODE-FLAG-12

CLAIM-HEADER-RECORD-IP-CIP00002	CIP066-0002	CIP066	DIAGNOSIS-CODE-FLAG-12
		CIP066	DIAGNOSIS-CODE-FLAG-12
		CIP066	DIAGNOSIS-CODE-FLAG-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP067-0001	CIP067	DIAGNOSIS-POA-FLAG-12
		CIP067	DIAGNOSIS-POA-FLAG-12
CLAIM-HEADER-RECORD-IP-CIP00002	CIP068-0001	CIP068	DIAGNOSIS-RELATED-GROUP
CLAIM-HEADER-RECORD-IP-CIP00002	CIP068-0002	CIP068	DIAGNOSIS-RELATED-GROUP
CLAIM-HEADER-RECORD-IP-CIP00002	CIP068-0003	CIP068	DIAGNOSIS-RELATED-GROUP
CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0001	CIP069	DIAGNOSIS-RELATED-GROUP-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0002	CIP069	DIAGNOSIS-RELATED-GROUP-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0003	CIP069	DIAGNOSIS-RELATED-GROUP-IND

CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0004	CIP069	DIAGNOSIS-RELATED-GROUP-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0005	CIP069	DIAGNOSIS-RELATED-GROUP-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0006	CIP069	DIAGNOSIS-RELATED-GROUP-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0007	CIP069	DIAGNOSIS-RELATED-GROUP-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP070-0001	CIP070	PROCEDURE-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP070-0002	CIP070	PROCEDURE-CODE-1
		CIP070	PROCEDURE-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP071-0001	CIP071	PROCEDURE-CODE-MOD-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP071-0002	CIP071	PROCEDURE-CODE-MOD-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP071-0003	CIP071	PROCEDURE-CODE-MOD-1
		CIP071	PROCEDURE-CODE-MOD-1

CLAIM-HEADER-RECORD-IP-CIP00002	CIP072-0001	CIP072	PROCEDURE-CODE-FLAG-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP072-0002	CIP072	PROCEDURE-CODE-FLAG-1
		CIP072	PROCEDURE-CODE-FLAG-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0001	CIP073	PROCEDURE-CODE-DATE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0002	CIP073	PROCEDURE-CODE-DATE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0003	CIP073	PROCEDURE-CODE-DATE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0004	CIP073	PROCEDURE-CODE-DATE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0005	CIP073	PROCEDURE-CODE-DATE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0006	CIP073	PROCEDURE-CODE-DATE-1
		CIP073	PROCEDURE-CODE-DATE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0001	CIP074	PROCEDURE-CODE-2

CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0002	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0003	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0004	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0005	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0006	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0007	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0008	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0009	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0010	CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0011	CIP074	PROCEDURE-CODE-2
		CIP074	PROCEDURE-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0001	CIP075	PROCEDURE-CODE-MOD-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0002	CIP075	PROCEDURE-CODE-MOD-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0003	CIP075	PROCEDURE-CODE-MOD-2

CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0004	CIP075	PROCEDURE-CODE-MOD-2
		CIP075	PROCEDURE-CODE-MOD-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0001	CIP076	PROCEDURE-CODE-FLAG-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0002	CIP076	PROCEDURE-CODE-FLAG-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0003	CIP076	PROCEDURE-CODE-FLAG-2
		CIP076	PROCEDURE-CODE-FLAG-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0001	CIP077	PROCEDURE-CODE-DATE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0002	CIP077	PROCEDURE-CODE-DATE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0003	CIP077	PROCEDURE-CODE-DATE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0004	CIP077	PROCEDURE-CODE-DATE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0005	CIP077	PROCEDURE-CODE-DATE-2
		CIP077	PROCEDURE-CODE-DATE-2

CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0001	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0002	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0003	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0004	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0005	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0006	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0007	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0008	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0009	CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0010	CIP078	PROCEDURE-CODE-3

CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0011	CIP078	PROCEDURE-CODE-3
		CIP078	PROCEDURE-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0001	CIP079	PROCEDURE-CODE-MOD-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0002	CIP079	PROCEDURE-CODE-MOD-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0003	CIP079	PROCEDURE-CODE-MOD-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0004	CIP079	PROCEDURE-CODE-MOD-3
		CIP079	PROCEDURE-CODE-MOD-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0001	CIP080	PROCEDURE-CODE-FLAG-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0002	CIP080	PROCEDURE-CODE-FLAG-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0003	CIP080	PROCEDURE-CODE-FLAG-3
		CIP080	PROCEDURE-CODE-FLAG-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0001	CIP081	PROCEDURE-CODE-DATE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0002	CIP081	PROCEDURE-CODE-DATE-3

CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0003	CIP081	PROCEDURE-CODE-DATE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0004	CIP081	PROCEDURE-CODE-DATE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0005	CIP081	PROCEDURE-CODE-DATE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0006	CIP081	PROCEDURE-CODE-DATE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0007	CIP081	PROCEDURE-CODE-DATE-3
		CIP081	PROCEDURE-CODE-DATE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0001	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0002	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0003	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0004	CIP082	PROCEDURE-CODE-4

CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0005	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0006	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0007	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0008	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0009	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0010	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0011	CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0012	CIP082	PROCEDURE-CODE-4
		CIP082	PROCEDURE-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0001	CIP083	PROCEDURE-CODE-MOD-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0002	CIP083	PROCEDURE-CODE-MOD-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0003	CIP083	PROCEDURE-CODE-MOD-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0004	CIP083	PROCEDURE-CODE-MOD-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0005	CIP083	PROCEDURE-CODE-MOD-4
		CIP083	PROCEDURE-CODE-MOD-4

CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-0001	CIP084	PROCEDURE-CODE-FLAG-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-0002	CIP084	PROCEDURE-CODE-FLAG-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-0003	CIP084	PROCEDURE-CODE-FLAG-4
		CIP084	PROCEDURE-CODE-FLAG-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0001	CIP085	PROCEDURE-CODE-DATE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0002	CIP085	PROCEDURE-CODE-DATE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0003	CIP085	PROCEDURE-CODE-DATE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0004	CIP085	PROCEDURE-CODE-DATE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0005	CIP085	PROCEDURE-CODE-DATE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0006	CIP085	PROCEDURE-CODE-DATE-4
		CIP085	PROCEDURE-CODE-DATE-4

CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0001	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0002	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0003	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0004	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0005	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0006	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0007	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0008	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0009	CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0010	CIP086	PROCEDURE-CODE-5

CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0011	CIP086	PROCEDURE-CODE-5
		CIP086	PROCEDURE-CODE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0001	CIP087	PROCEDURE-CODE-MOD-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0002	CIP087	PROCEDURE-CODE-MOD-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0003	CIP087	PROCEDURE-CODE-MOD-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0004	CIP087	PROCEDURE-CODE-MOD-5
		CIP087	PROCEDURE-CODE-MOD-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-0001	CIP088	PROCEDURE-CODE-FLAG-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-0002	CIP088	PROCEDURE-CODE-FLAG-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-0003	CIP088	PROCEDURE-CODE-FLAG-5
		CIP088	PROCEDURE-CODE-FLAG-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0001	CIP089	PROCEDURE-CODE-DATE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0002	CIP089	PROCEDURE-CODE-DATE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0003	CIP089	PROCEDURE-CODE-DATE-5

CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0004	CIP089	PROCEDURE-CODE-DATE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0005	CIP089	PROCEDURE-CODE-DATE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0006	CIP089	PROCEDURE-CODE-DATE-5
		CIP089	PROCEDURE-CODE-DATE-5
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0001	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0002	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0003	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0004	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0005	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0006	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0007	CIP090	PROCEDURE-CODE-6

CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0008	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0009	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0010	CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0011	CIP090	PROCEDURE-CODE-6
		CIP090	PROCEDURE-CODE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0001	CIP091	PROCEDURE-CODE-MOD-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0002	CIP091	PROCEDURE-CODE-MOD-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0003	CIP091	PROCEDURE-CODE-MOD-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0004	CIP091	PROCEDURE-CODE-MOD-6
		CIP091	PROCEDURE-CODE-MOD-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0001	CIP092	PROCEDURE-CODE-FLAG-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0002	CIP092	PROCEDURE-CODE-FLAG-6

CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0003	CIP092	PROCEDURE-CODE-FLAG-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0004	CIP092	PROCEDURE-CODE-FLAG-6
		CIP092	PROCEDURE-CODE-FLAG-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0001	CIP093	PROCEDURE-CODE-DATE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0002	CIP093	PROCEDURE-CODE-DATE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0003	CIP093	PROCEDURE-CODE-DATE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0004	CIP093	PROCEDURE-CODE-DATE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0005	CIP093	PROCEDURE-CODE-DATE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0006	CIP093	PROCEDURE-CODE-DATE-6
		CIP093	PROCEDURE-CODE-DATE-6
CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0001	CIP094	ADMISSION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0002	CIP094	ADMISSION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0003	CIP094	ADMISSION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0004	CIP094	ADMISSION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0005	CIP094	ADMISSION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0006	CIP094	ADMISSION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP095-0001	CIP095	ADMISSION-HOUR
CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0001	CIP096	DISCHARGE-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0002	CIP096	DISCHARGE-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0003	CIP096	DISCHARGE-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0004	CIP096	DISCHARGE-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0005	CIP096	DISCHARGE-DATE

CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0006	CIP096	DISCHARGE-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0007	CIP096	DISCHARGE-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0008	CIP096	DISCHARGE-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP097-0001	CIP097	DISCHARGE-HOUR
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0001	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0002	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0003	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0004	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0005	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0006	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0007	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0008	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0009	CIP098	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP099-0001	CIP099	MEDICAID-PAID-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP099-0002	CIP099	MEDICAID-PAID-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0001	CIP100	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0002	CIP100	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0003	CIP100	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0004	CIP100	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0005	CIP100	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0006	CIP100	TYPE-OF-CLAIM

CLAIM-HEADER-RECORD-IP-CIP00002	CIP101-0001	CIP101	TYPE-OF-BILL
CLAIM-HEADER-RECORD-IP-CIP00002	CIP102-0001	CIP102	CLAIM-STATUS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP103-0001	CIP103	CLAIM-STATUS-CATEGORY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP104-0001	CIP104	SOURCE-LOCATION
CLAIM-HEADER-RECORD-IP-CIP00002	CIP105-0001	CIP105	CHECK-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP105-0002	CIP105	CHECK-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0001	CIP106	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0002	CIP106	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0003	CIP106	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0004	CIP106	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP107-0001	CIP107	ALLOWED-CHARGE-SRC
CLAIM-HEADER-RECORD-IP-CIP00002	CIP107-0002	CIP107	ALLOWED-CHARGE-SRC

CLAIM-HEADER-RECORD-IP-CIP00002	CIP108-0001	CIP108	CLAIM-PYMT-REM-CODE-1
CLAIM-HEADER-RECORD-IP-CIP00002	CIP109-0001	CIP109	CLAIM-PYMT-REM-CODE-2
CLAIM-HEADER-RECORD-IP-CIP00002	CIP110-0001	CIP110	CLAIM-PYMT-REM-CODE-3
CLAIM-HEADER-RECORD-IP-CIP00002	CIP111-0001	CIP111	CLAIM-PYMT-REM-CODE-4
CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0001	CIP112	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0002	CIP112	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0003	CIP112	TOT-BILLED-AMT

CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0004	CIP112	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP113-0001	CIP113	TOT-ALLOWED-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP113-0002	CIP113	TOT-ALLOWED-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP114-0001	CIP114	TOT-MEDICAID-PAID-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP115-0001	CIP115	TOT-COPAY-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0001	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0002	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0003	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0004	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0005	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0001	CIP117	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0002	CIP117	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0003	CIP117	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0004	CIP117	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0005	CIP117	TOT-MEDICARE-COINS-AMT

CLAIM-HEADER-RECORD-IP-CIP00002	CIP118-0001	CIP118	TOT-TPL-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP118-0002	CIP118	TOT-TPL-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP119-0001	CIP119	TOT-OTHER-INSURANCE-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP121-0001	CIP121	OTHER-INSURANCE-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP122-0001	CIP122	OTHER-TPL-COLLECTION
CLAIM-HEADER-RECORD-IP-CIP00002	CIP123-0001	CIP123	SERVICE-TRACKING-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0001	CIP124	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0002	CIP124	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0003	CIP124	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0004	CIP124	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0005	CIP124	SERVICE-TRACKING-PAYMENT-AMT

CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0006	CIP124	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP125-0001	CIP125	FIXED-PAYMENT-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP126-0001	CIP126	FUNDING-CODE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP127-0001	CIP127	FUNDING-SOURCE-NONFEDERAL-SHARE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP128-0001	CIP128	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP128-0002	CIP128	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP128-0003	CIP128	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP129-0001	CIP129	PROGRAM-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP129-0002	CIP129	PROGRAM-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP129-0003	CIP129	PROGRAM-TYPE

CLAIM-HEADER-RECORD-IP-CIP00002	CIP129-0004	CIP129	PROGRAM-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-0001	CIP130	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-0002	CIP130	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-0003	CIP130	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-0004	CIP130	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP131-0001	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP131-0002	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP131-0003	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP131-0004	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP132-0001	CIP132	PAYMENT-LEVEL-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP132-0002	CIP132	PAYMENT-LEVEL-IND

CLAIM-HEADER-RECORD-IP-CIP00002	CIP133-0001	CIP133	MEDICARE-REIM-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP133-0002	CIP133	MEDICARE-REIM-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP134-0001	CIP134	NON-COV-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP134-0002	CIP134	NON-COV-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP135-0001	CIP135	NON-COV-CHARGES
CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0001	CIP136	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0002	CIP136	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0003	CIP136	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0004	CIP136	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0005	CIP136	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP137-0001	CIP137	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP137-0002	CIP137	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP137-0003	CIP137	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP138-0001	CIP138	FORCED-CLAIM-IND

CLAIM-HEADER-RECORD-IP-CIP00002	CIP139-0001	CIP139	HEALTH-CARE-ACQUIRED-CONDITION-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP140-0001	CIP140	OCCURRENCE-CODE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP140-0002	CIP140	OCCURRENCE-CODE-01
		CIP140	OCCURRENCE-CODE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP141-0001	CIP141	OCCURRENCE-CODE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP141-0002	CIP141	OCCURRENCE-CODE-02
		CIP141	OCCURRENCE-CODE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP142-0001	CIP142	OCCURRENCE-CODE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP142-0002	CIP142	OCCURRENCE-CODE-03
		CIP142	OCCURRENCE-CODE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP143-0001	CIP143	OCCURRENCE-CODE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP143-0002	CIP143	OCCURRENCE-CODE-04
		CIP143	OCCURRENCE-CODE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP144-0001	CIP144	OCCURRENCE-CODE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP144-0002	CIP144	OCCURRENCE-CODE-05

		CIP144	OCCURRENCE-CODE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP145-0001	CIP145	OCCURRENCE-CODE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP145-0002	CIP145	OCCURRENCE-CODE-06
		CIP145	OCCURRENCE-CODE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP146-0001	CIP146	OCCURRENCE-CODE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP146-0002	CIP146	OCCURRENCE-CODE-07
		CIP146	OCCURRENCE-CODE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP147-0001	CIP147	OCCURRENCE-CODE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP147-0002	CIP147	OCCURRENCE-CODE-08
		CIP147	OCCURRENCE-CODE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP148-0001	CIP148	OCCURRENCE-CODE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP148-0002	CIP148	OCCURRENCE-CODE-09
		CIP148	OCCURRENCE-CODE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP149-0001	CIP149	OCCURRENCE-CODE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP149-0002	CIP149	OCCURRENCE-CODE-10

		CIP149	OCCURRENCE-CODE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0001	CIP150	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0002	CIP150	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0003	CIP150	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0004	CIP150	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0005	CIP150	OCCURRENCE-CODE-EFF-DATE-01
		CIP150	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0001	CIP151	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0002	CIP151	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0003	CIP151	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0004	CIP151	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0005	CIP151	OCCURRENCE-CODE-EFF-DATE-02
		CIP151	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0001	CIP152	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0002	CIP152	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0003	CIP152	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0004	CIP152	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0005	CIP152	OCCURRENCE-CODE-EFF-DATE-03
		CIP152	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0001	CIP153	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0002	CIP153	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0003	CIP153	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0004	CIP153	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0005	CIP153	OCCURRENCE-CODE-EFF-DATE-04

		CIP153	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0001	CIP154	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0002	CIP154	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0003	CIP154	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0004	CIP154	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0005	CIP154	OCCURRENCE-CODE-EFF-DATE-05
		CIP154	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0001	CIP155	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0002	CIP155	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0003	CIP155	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0004	CIP155	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0005	CIP155	OCCURRENCE-CODE-EFF-DATE-06
		CIP155	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0001	CIP156	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0002	CIP156	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0003	CIP156	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0004	CIP156	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0005	CIP156	OCCURRENCE-CODE-EFF-DATE-07
		CIP156	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0001	CIP157	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0002	CIP157	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0003	CIP157	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0004	CIP157	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0005	CIP157	OCCURRENCE-CODE-EFF-DATE-08

		CIP157	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0001	CIP158	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0002	CIP158	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0003	CIP158	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0004	CIP158	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0005	CIP158	OCCURRENCE-CODE-EFF-DATE-09
		CIP158	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0001	CIP159	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0002	CIP159	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0003	CIP159	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0004	CIP159	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0005	CIP159	OCCURRENCE-CODE-EFF-DATE-10
		CIP159	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0001	CIP160	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0002	CIP160	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0003	CIP160	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0004	CIP160	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0005	CIP160	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0006	CIP160	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0001	CIP161	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0002	CIP161	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0003	CIP161	OCCURRENCE-CODE-END-DATE-02

CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0004	CIP161	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0005	CIP161	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0006	CIP161	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0001	CIP162	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0002	CIP162	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0003	CIP162	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0004	CIP162	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0005	CIP162	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0006	CIP162	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0001	CIP163	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0002	CIP163	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0003	CIP163	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0004	CIP163	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0005	CIP163	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0006	CIP163	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0001	CIP164	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0002	CIP164	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0003	CIP164	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0004	CIP164	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0005	CIP164	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0006	CIP164	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0001	CIP165	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0002	CIP165	OCCURRENCE-CODE-END-DATE-06

CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0003	CIP165	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0004	CIP165	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0005	CIP165	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0006	CIP165	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0001	CIP166	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0002	CIP166	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0003	CIP166	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0004	CIP166	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0005	CIP166	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0006	CIP166	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0001	CIP167	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0002	CIP167	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0003	CIP167	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0004	CIP167	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0005	CIP167	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0006	CIP167	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0001	CIP168	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0002	CIP168	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0003	CIP168	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0004	CIP168	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0005	CIP168	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0006	CIP168	OCCURRENCE-CODE-END-DATE-09

CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0001	CIP169	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0002	CIP169	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0003	CIP169	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0004	CIP169	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0005	CIP169	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0006	CIP169	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-IP-CIP00002	CIP170-0001	CIP170	BIRTH-WEIGHT-GRAMS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP171-0001	CIP171	PATIENT-CONTROL-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP172-0001	CIP172	ELIGIBLE-LAST-NAME
		CIP172	ELIGIBLE-LAST-NAME
CLAIM-HEADER-RECORD-IP-CIP00002	CIP173-0001	CIP173	ELIGIBLE-FIRST-NAME
		CIP173	ELIGIBLE-FIRST-NAME
CLAIM-HEADER-RECORD-IP-CIP00002	CIP174-0001	CIP174	ELIGIBLE-MIDDLE-INIT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP174-0002	CIP174	ELIGIBLE-MIDDLE-INIT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0001	CIP175	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0002	CIP175	DATE-OF-BIRTH

CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0003	CIP175	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0004	CIP175	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0005	CIP175	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0001	CIP176	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0002	CIP176	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0003	CIP176	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0004	CIP176	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0005	CIP176	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0001	CIP177	WAIVER-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0002	CIP177	WAIVER-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0003	CIP177	WAIVER-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0004	CIP177	WAIVER-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0005	CIP177	WAIVER-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0001	CIP178	WAIVER-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0002	CIP178	WAIVER-ID

CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0003	CIP178	WAIVER-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0004	CIP178	WAIVER-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0005	CIP178	WAIVER-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0006	CIP178	WAIVER-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0007	CIP178	WAIVER-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0008	CIP178	WAIVER-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-0001	CIP179	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-0002	CIP179	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-0003	CIP179	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-0004	CIP179	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0001	CIP180	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0002	CIP180	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0003	CIP180	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0004	CIP180	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0005	CIP180	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0006	CIP180	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP181-0001	CIP181	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP181-0002	CIP181	BILLING-PROV-TAXONOMY

CLAIM-HEADER-RECORD-IP-CIP00002	CIP181-0003	CIP181	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP182-0001	CIP182	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP182-0002	CIP182	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP182-0003	CIP182	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP183-0001	CIP183	BILLING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP184-0001	CIP184	ADMITTING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP184-0002	CIP184	ADMITTING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP184-0003	CIP184	ADMITTING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP184-0004	CIP184	ADMITTING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP185-0001	CIP185	ADMITTING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP185-0002	CIP185	ADMITTING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP185-0003	CIP185	ADMITTING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP186-0001	CIP186	ADMITTING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP187-0001	CIP187	ADMITTING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP187-0002	CIP187	ADMITTING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP188-0001	CIP188	ADMITTING-PROV-TYPE

CLAIM-HEADER-RECORD-IP-CIP00002	CIP189-0001	CIP189	REFERRING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP189-0002	CIP189	REFERRING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP189-0003	CIP189	REFERRING-PROV-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP190-0001	CIP190	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP190-0002	CIP190	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP190-0003	CIP190	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP190-0004	CIP190	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP191-0001	CIP191	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP191-0002	CIP191	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP191-0003	CIP191	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP192-0001	CIP192	REFERRING-PROV-TYPE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP193-0001	CIP193	REFERRING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP194-0001	CIP194	DRG-OUTLIER-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP194-0002	CIP194	DRG-OUTLIER-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP195-0001	CIP195	DRG-REL-WEIGHT

CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0001	CIP196	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0002	CIP196	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0003	CIP196	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0004	CIP196	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0005	CIP196	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP197-0001	CIP197	OUTLIER-CODE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP197-0002	CIP197	OUTLIER-CODE
CLAIM-HEADER-RECORD-IP-CIP00002	CIP198-0001	CIP198	OUTLIER-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP198-0002	CIP198	OUTLIER-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP198-0003	CIP198	OUTLIER-DAYS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP199-0001	CIP199	PATIENT-STATUS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP199-0002	CIP199	PATIENT-STATUS

		CIP199	PATIENT-STATUS
CLAIM-HEADER-RECORD-IP-CIP00002	CIP201-0001	CIP201	BMI
		CIP201	BMI
CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-0001	CIP202	REMITTANCE-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-0002	CIP202	REMITTANCE-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-0003	CIP202	REMITTANCE-NUM
CLAIM-HEADER-RECORD-IP-CIP00002	CIP203-0001	CIP203	SPLIT-CLAIM-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP203-0002	CIP203	SPLIT-CLAIM-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP204-0001	CIP204	BORDER-STATE-IND
CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-0001	CIP206	BENEFICIARY-COINSURANCE-AMOUNT

CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-0002	CIP206	BENEFICIARY-COINSURANCE-AMOUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-0003	CIP206	BENEFICIARY-COINSURANCE-AMOUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-0001	CIP207	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-0002	CIP207	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-0003	CIP207	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP208-0001	CIP208	BENEFICIARY-COPAYMENT-AMOUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP208-0002	CIP208	BENEFICIARY-COPAYMENT-AMOUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-0001	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-0002	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-0003	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP210-0001	CIP210	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP210-0002	CIP210	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP210-0003	CIP210	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-0001	CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-0002	CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-0003	CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP212-0001	CIP212	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-IP-CIP00002	CIP212-0002	CIP212	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-IP-CIP00002	CIP212-0003	CIP212	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-IP-CIP00002	CIP213-0001	CIP213	COPAY-WAIVED-IND

CLAIM-HEADER-RECORD-IP-CIP00002	CIP214-0001	CIP214	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-IP-CIP00002	CIP214-0002	CIP214	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-IP-CIP00002	CIP216-0001	CIP216	THIRD-PARTY-COINSURANCE-AMOUNT-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP217-0001	CIP217	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP217-0002	CIP217	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP218-0001	CIP218	THIRD-PARTY-COPAYMENT-AMOUNT-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP218-0002	CIP218	THIRD-PARTY-COPAYMENT-AMOUNT-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP219-0001	CIP219	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP219-0002	CIP219	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP220-0001	CIP220	MEDICAID-AMOUNT-PAID-DSH
CLAIM-HEADER-RECORD-IP-CIP00002	CIP221-0001	CIP221	HEALTH-HOME-PROVIDER-NPI
CLAIM-HEADER-RECORD-IP-CIP00002	CIP221-0002	CIP221	HEALTH-HOME-PROVIDER-NPI
CLAIM-HEADER-RECORD-IP-CIP00002	CIP222-0001	CIP222	MEDICARE-BENEFICIARY-IDENTIFIER
CLAIM-HEADER-RECORD-IP-CIP00002	CIP222-0002	CIP222	MEDICARE-BENEFICIARY-IDENTIFIER
		CIP222	MEDICARE-BENEFICIARY-IDENTIFIER

CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0001	CIP223	OPERATING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0002	CIP223	OPERATING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0003	CIP223	OPERATING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP224-0001	CIP224	UNDER-DIRECTION-OF-PROV-NPI
CLAIM-HEADER-RECORD-IP-CIP00002	CIP224-0002	CIP224	UNDER-DIRECTION-OF-PROV-NPI
		CIP224	UNDER-DIRECTION-OF-PROV-NPI
CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0001	CIP225	UNDER-DIRECTION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0002	CIP225	UNDER-DIRECTION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0003	CIP225	UNDER-DIRECTION-OF-PROV-TAXONOMY
		CIP225	UNDER-DIRECTION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP226-0001	CIP226	UNDER-SUPERVISION-OF-PROV-NPI
CLAIM-HEADER-RECORD-IP-CIP00002	CIP226-0002	CIP226	UNDER-SUPERVISION-OF-PROV-NPI
CLAIM-HEADER-RECORD-IP-CIP00002	CIP227-0001	CIP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP227-0002	CIP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP227-0003	CIP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0001	CIP228	MEDICARE-PAID-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0002	CIP228	MEDICARE-PAID-AMT

CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0003	CIP228	MEDICARE-PAID-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0004	CIP228	MEDICARE-PAID-AMT
CLAIM-HEADER-RECORD-IP-CIP00002	CIP229-0001	CIP229	STATE-NOTATION
CLAIM-HEADER-RECORD-IP-CIP00002	CIP229-0002	CIP229	STATE-NOTATION
CLAIM-HEADER-RECORD-IP-CIP00002	CIP289-0001	CIP289	PROV-LOCATION-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP289-0002	CIP289	PROV-LOCATION-ID
CLAIM-HEADER-RECORD-IP-CIP00002	CIP230-0001	CIP230	FILLER
CLAIM-LINE-RECORD-IP-CIP00003	CIP231-0001	CIP231	RECORD-ID
CLAIM-LINE-RECORD-IP-CIP00003	CIP231-0002	CIP231	RECORD-ID
CLAIM-LINE-RECORD-IP-CIP00003	CIP231-0003	CIP231	RECORD-ID
CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0001	CIP232	SUBMITTING-STATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0002	CIP232	SUBMITTING-STATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0003	CIP232	SUBMITTING-STATE

CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0004	CIP232	SUBMITTING-STATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP233-0001	CIP233	RECORD-NUMBER
CLAIM-LINE-RECORD-IP-CIP00003	CIP233-0002	CIP233	RECORD-NUMBER
CLAIM-LINE-RECORD-IP-CIP00003	CIP233-0003	CIP233	RECORD-NUMBER
CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0001	CIP234	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0002	CIP234	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0003	CIP234	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0004	CIP234	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0001	CIP235	ICN-ORIG
CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0002	CIP235	ICN-ORIG
CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0003	CIP235	ICN-ORIG
CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0004	CIP235	ICN-ORIG
CLAIM-LINE-RECORD-IP-CIP00003	CIP236-0001	CIP236	ICN-ADJ
CLAIM-LINE-RECORD-IP-CIP00003	CIP236-0002	CIP236	ICN-ADJ
CLAIM-LINE-RECORD-IP-CIP00003	CIP236-0003	CIP236	ICN-ADJ
CLAIM-LINE-RECORD-IP-CIP00003	CIP237-0001	CIP237	LINE-NUM-ORIG
CLAIM-LINE-RECORD-IP-CIP00003	CIP238-0001	CIP238	LINE-NUM-ADJ
CLAIM-LINE-RECORD-IP-CIP00003	CIP238-0002	CIP238	LINE-NUM-ADJ

CLAIM-LINE-RECORD-IP-CIP00003	CIP239-0001	CIP239	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-IP-CIP00003	CIP239-0002	CIP239	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-IP-CIP00003	CIP239-0003	CIP239	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-IP-CIP00003	CIP240-0001	CIP240	LINE-ADJUSTMENT-REASON-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP240-0002	CIP240	LINE-ADJUSTMENT-REASON-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP241-0001	CIP241	SUBMITTER-ID
CLAIM-LINE-RECORD-IP-CIP00003	CIP242-0001	CIP242	CLAIM-LINE-STATUS
CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0001	CIP243	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0002	CIP243	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0003	CIP243	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0004	CIP243	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0005	CIP243	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0006	CIP243	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0007	CIP243	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0008	CIP243	BEGINNING-DATE-OF-SERVICE

CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0009	CIP243	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0001	CIP244	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0002	CIP244	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0003	CIP244	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0004	CIP244	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0005	CIP244	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0006	CIP244	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0007	CIP244	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0001	CIP245	REVENUE-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0002	CIP245	REVENUE-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0003	CIP245	REVENUE-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0004	CIP245	REVENUE-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP248-0001	CIP248	IMMUNIZATION-TYPE
CLAIM-LINE-RECORD-IP-CIP00003	CIP249-0001	CIP249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL
CLAIM-LINE-RECORD-IP-CIP00003	CIP249-0002	CIP249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL
CLAIM-LINE-RECORD-IP-CIP00003	CIP249-0003	CIP249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL
CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0001	CIP250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED

CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0002	CIP250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED
CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0003	CIP250	IP-LT-QUANTITY-OF-SERVICE-ALLOWED
CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0001	CIP251	REVENUE-CHARGE
CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0002	CIP251	REVENUE-CHARGE
CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0003	CIP251	REVENUE-CHARGE
CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0004	CIP251	REVENUE-CHARGE
CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0005	CIP251	REVENUE-CHARGE
CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0006	CIP251	REVENUE-CHARGE
CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0007	CIP251	REVENUE-CHARGE
CLAIM-LINE-RECORD-IP-CIP00003	CIP252-0001	CIP252	ALLOWED-AMT
CLAIM-LINE-RECORD-IP-CIP00003	CIP253-0001	CIP253	TPL-AMT
CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0001	CIP254	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0002	CIP254	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0003	CIP254	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-IP-CIP00003	CIP255-0001	CIP255	MEDICAID-FFS-EQUIVALENT-AMT

CLAIM-LINE-RECORD-IP-CIP00003	CIP255-0002	CIP255	MEDICAID-FFS-EQUIVALENT-AMT
CLAIM-LINE-RECORD-IP-CIP00003	CIP256-0001	CIP256	BILLING-UNIT
CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0001	CIP257	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0002	CIP257	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0003	CIP257	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0004	CIP257	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0005	CIP257	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0006	CIP257	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0001	CIP260	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0002	CIP260	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0003	CIP260	SERVICING-PROV-NUM

CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0004	CIP260	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0005	CIP260	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0006	CIP260	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0001	CIP261	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0002	CIP261	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0003	CIP261	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0004	CIP261	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP262-0001	CIP262	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-IP-CIP00003	CIP262-0002	CIP262	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-IP-CIP00003	CIP262-0003	CIP262	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-IP-CIP00003	CIP263-0001	CIP263	SERVICING-PROV-TYPE
CLAIM-LINE-RECORD-IP-CIP00003	CIP264-0001	CIP264	SERVICING-PROV-SPECIALTY
CLAIM-LINE-RECORD-IP-CIP00003	CIP265-0001	CIP265	OPERATING-PROV-NPI-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP265-0002	CIP265	OPERATING-PROV-NPI-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP265-0003	CIP265	OPERATING-PROV-NPI-NUM

CLAIM-LINE-RECORD-IP-CIP00003	CIP266-0001	CIP266	OTHER-TPL-COLLECTION
CLAIM-LINE-RECORD-IP-CIP00003	CIP267-0001	CIP267	PROV-FACILITY-TYPE
CLAIM-LINE-RECORD-IP-CIP00003	CIP268-0001	CIP268	BENEFIT-TYPE
CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0001	CIP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0002	CIP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0003	CIP269	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-IP-CIP00003	CIP270-0001	CIP270	XIX-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP270-0002	CIP270	XIX-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP271-0001	CIP271	XXI-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-IP-CIP00003	CIP272-0001	CIP272	OTHER-INSURANCE-AMT

CLAIM-LINE-RECORD-IP-CIP00003	CIP273-0001	CIP273	STATE-NOTATION
CLAIM-LINE-RECORD-IP-CIP00003	CIP273-0002	CIP273	STATE-NOTATION
CLAIM-LINE-RECORD-IP-CIP00003	CIP279-0001	CIP279	HCPCS-RATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0001	CIP284	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0002	CIP284	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0003	CIP284	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0004	CIP284	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0005	CIP284	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0006	CIP284	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0007	CIP284	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-IP-CIP00003	CIP285-0001	CIP285	NDC-UNIT-OF-MEASURE
CLAIM-LINE-RECORD-IP-CIP00003	CIP285-0002	CIP285	NDC-UNIT-OF-MEASURE
CLAIM-LINE-RECORD-IP-CIP00003	CIP278-0001	CIP278	NDC-QUANTITY

CLAIM-LINE-RECORD-IP-CIP00003	CIP278-0002	CIP278	NDC-QUANTITY
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0001	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0002	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0003	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0004	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0005	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0006	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0007	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0008	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0009	CIP286	ADJUDICATION-DATE
CLAIM-LINE-RECORD-IP-CIP00003	CIP287-0001	CIP287	SELF-DIRECTION-TYPE
CLAIM-LINE-RECORD-IP-CIP00003	CIP288-0001	CIP288	PRE-AUTHORIZATION-NUM
CLAIM-LINE-RECORD-IP-CIP00003	CIP274-0001	CIP274	FILLER
FILE-HEADER-RECORD-LT-CLT00001	CLT001-0001	CLT001	RECORD-ID
FILE-HEADER-RECORD-LT-CLT00001	CLT001-0002	CLT001	RECORD-ID
FILE-HEADER-RECORD-LT-CLT00001	CLT001-0003	CLT001	RECORD-ID
FILE-HEADER-RECORD-LT-CLT00001	CLT002-0001	CLT002	DATA-DICTIONARY-VERSION

FILE-HEADER-RECORD-LT-CLT00001	CLT003-0001	CLT003	SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-LT-CLT00001	CLT004-0001	CLT004	FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-LT-CLT00001	CLT005-0001	CLT005	DATA-MAPPING-DOCUMENT-VERSION
FILE-HEADER-RECORD-LT-CLT00001	CLT006-0001	CLT006	FILE-NAME
FILE-HEADER-RECORD-LT-CLT00001	CLT007-0001	CLT007	SUBMITTING-STATE
FILE-HEADER-RECORD-LT-CLT00001	CLT007-0002	CLT007	SUBMITTING-STATE
FILE-HEADER-RECORD-LT-CLT00001	CLT007-0003	CLT007	SUBMITTING-STATE
FILE-HEADER-RECORD-LT-CLT00001	CLT007-0004	CLT007	SUBMITTING-STATE
FILE-HEADER-RECORD-LT-CLT00001	CLT008-0001	CLT008	DATE-FILE-CREATED
FILE-HEADER-RECORD-LT-CLT00001	CLT008-0002	CLT008	DATE-FILE-CREATED
FILE-HEADER-RECORD-LT-CLT00001	CLT008-0003	CLT008	DATE-FILE-CREATED
FILE-HEADER-RECORD-LT-CLT00001	CLT009-0001	CLT009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-LT-CLT00001	CLT009-0002	CLT009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-LT-CLT00001	CLT010-0001	CLT010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-LT-CLT00001	CLT010-0002	CLT010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-LT-CLT00001	CLT011-0001	CLT011	FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-LT-CLT00001	CLT012-0001	CLT012	SSN-INDICATOR
FILE-HEADER-RECORD-LT-CLT00001	CLT012-0002	CLT012	SSN-INDICATOR
FILE-HEADER-RECORD-LT-CLT00001	CLT012-0003	CLT012	SSN-INDICATOR
FILE-HEADER-RECORD-LT-CLT00001	CLT013-0001	CLT013	TOT-REC-CNT

FILE-HEADER-RECORD-LT-CLT00001	CLT227-0001	CLT227	SEQUENCE-NUMBER
FILE-HEADER-RECORD-LT-CLT00001	CLT227-0002	CLT227	SEQUENCE-NUMBER
FILE-HEADER-RECORD-LT-CLT00001	CLT014-0001	CLT014	STATE-NOTATION
FILE-HEADER-RECORD-LT-CLT00001	CLT014-0002	CLT014	STATE-NOTATION
FILE-HEADER-RECORD-LT-CLT00001	CLT015-0001	CLT015	FILLER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT016-0001	CLT016	RECORD-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT016-0002	CLT016	RECORD-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT016-0003	CLT016	RECORD-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-0001	CLT017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-0002	CLT017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-0003	CLT017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-0004	CLT017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-0001	CLT018	RECORD-NUMBER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-0002	CLT018	RECORD-NUMBER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-0004	CLT018	RECORD-NUMBER

CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-0001	CLT019	ICN-ORIG
CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-0002	CLT019	ICN-ORIG
CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-0003	CLT019	ICN-ORIG
CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-0004	CLT019	ICN-ORIG
CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-0001	CLT020	ICN-ADJ
CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-0002	CLT020	ICN-ADJ
CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-0003	CLT020	ICN-ADJ
CLAIM-HEADER-RECORD-LT-CLT00002	CLT021-0001	CLT021	SUBMITTER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0001	CLT022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0002	CLT022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0003	CLT022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0004	CLT022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT023-0001	CLT023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-LT-CLT00002	CLT023-0002	CLT023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-LT-CLT00002	CLT023-0003	CLT023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-LT-CLT00002	CLT024-0001	CLT024	1115A-DEMONSTRATION-IND

CLAIM-HEADER-RECORD-LT-CLT00002	CLT024-0002	CLT024	1115A-DEMONSTRATION-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT025-0001	CLT025	ADJUSTMENT-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT026-0001	CLT026	ADJUSTMENT-REASON-CODE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT026-0002	CLT026	ADJUSTMENT-REASON-CODE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0001	CLT027	ADMITTING-DIAGNOSIS-CODE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0002	CLT027	ADMITTING-DIAGNOSIS-CODE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0003	CLT027	ADMITTING-DIAGNOSIS-CODE
		CLT027	ADMITTING-DIAGNOSIS-CODE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0004	CLT027	ADMITTING-DIAGNOSIS-CODE

CLAIM-HEADER-RECORD-LT-CLT00002	CLT028-0001	CLT028	ADMITTING-DIAGNOSIS-CODE-FLAG
CLAIM-HEADER-RECORD-LT-CLT00002	CLT028-0002	CLT028	ADMITTING-DIAGNOSIS-CODE-FLAG
		CLT028	ADMITTING-DIAGNOSIS-CODE-FLAG
CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0001	CLT029	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0002	CLT029	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0003	CLT029	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0004	CLT029	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0005	CLT029	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0006	CLT029	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0007	CLT029	DIAGNOSIS-CODE-1
		CLT029	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT030-0001	CLT030	DIAGNOSIS-CODE-FLAG-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT030-0002	CLT030	DIAGNOSIS-CODE-FLAG-1
		CLT030	DIAGNOSIS-CODE-FLAG-1

		CLT030	DIAGNOSIS-CODE-FLAG-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT031-0001	CLT031	DIAGNOSIS-POA-FLAG-1
		CLT031	DIAGNOSIS-POA-FLAG-1
CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0001	CLT032	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0002	CLT032	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0003	CLT032	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0004	CLT032	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0005	CLT032	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0006	CLT032	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0007	CLT032	DIAGNOSIS-CODE-2
		CLT032	DIAGNOSIS-CODE-2

CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0001	CLT033	DIAGNOSIS-CODE-FLAG-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0002	CLT033	DIAGNOSIS-CODE-FLAG-2
		CLT033	DIAGNOSIS-CODE-FLAG-2
		CLT033	DIAGNOSIS-CODE-FLAG-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT034-0001	CLT034	DIAGNOSIS-POA-FLAG-2
		CLT034	DIAGNOSIS-POA-FLAG-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0001	CLT035	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0002	CLT035	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0003	CLT035	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0004	CLT035	DIAGNOSIS-CODE-3

CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0005	CLT035	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0006	CLT035	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0007	CLT035	DIAGNOSIS-CODE-3
		CLT035	DIAGNOSIS-CODE-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0001	CLT036	DIAGNOSIS-CODE-FLAG-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0002	CLT036	DIAGNOSIS-CODE-FLAG-3
		CLT036	DIAGNOSIS-CODE-FLAG-3
		CLT036	DIAGNOSIS-CODE-FLAG-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT037-0001	CLT037	DIAGNOSIS-POA-FLAG-3
		CLT037	DIAGNOSIS-POA-FLAG-3

CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0001	CLT038	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0002	CLT038	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0003	CLT038	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0004	CLT038	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0005	CLT038	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0006	CLT038	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0007	CLT038	DIAGNOSIS-CODE-4
		CLT038	DIAGNOSIS-CODE-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT039-0001	CLT039	DIAGNOSIS-CODE-FLAG-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT039-0002	CLT039	DIAGNOSIS-CODE-FLAG-4
		CLT039	DIAGNOSIS-CODE-FLAG-4
		CLT039	DIAGNOSIS-CODE-FLAG-4

CLAIM-HEADER-RECORD-LT-CLT00002	CLT040-0001	CLT040	DIAGNOSIS-POA-FLAG-4
		CLT040	DIAGNOSIS-POA-FLAG-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0001	CLT041	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0002	CLT041	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0003	CLT041	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0004	CLT041	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0005	CLT041	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0006	CLT041	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0007	CLT041	DIAGNOSIS-CODE-5
		CLT041	DIAGNOSIS-CODE-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT042-0001	CLT042	DIAGNOSIS-CODE-FLAG-5

CLAIM-HEADER-RECORD-LT-CLT00002	CLT042-0002	CLT042	DIAGNOSIS-CODE-FLAG-5
		CLT042	DIAGNOSIS-CODE-FLAG-5
		CLT042	DIAGNOSIS-CODE-FLAG-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT043-0001	CLT043	DIAGNOSIS-POA-FLAG-5
		CLT043	DIAGNOSIS-POA-FLAG-5
CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0001	CLT044	ADMISSION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0002	CLT044	ADMISSION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0003	CLT044	ADMISSION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0004	CLT044	ADMISSION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0005	CLT044	ADMISSION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0006	CLT044	ADMISSION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT045-0001	CLT045	ADMISSION-HOUR
CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0001	CLT046	DISCHARGE-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0002	CLT046	DISCHARGE-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0003	CLT046	DISCHARGE-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0004	CLT046	DISCHARGE-DATE

CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0005	CLT046	DISCHARGE-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0006	CLT046	DISCHARGE-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0007	CLT046	DISCHARGE-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT047-0001	CLT047	DISCHARGE-HOUR
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0001	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0002	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0003	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0004	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0005	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0006	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0007	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0008	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0009	CLT048	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0001	CLT049	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0002	CLT049	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0003	CLT049	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0004	CLT049	ENDING-DATE-OF-SERVICE

CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0005	CLT049	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0006	CLT049	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0007	CLT049	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0001	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0002	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0003	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0004	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0005	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0006	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0007	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0008	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0009	CLT050	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT051-0001	CLT051	MEDICAID-PAID-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT051-0002	CLT051	MEDICAID-PAID-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0001	CLT052	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0002	CLT052	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0003	CLT052	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0004	CLT052	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0005	CLT052	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0006	CLT052	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT053-0001	CLT053	TYPE-OF-BILL

CLAIM-HEADER-RECORD-LT-CLT00002	CLT054-0001	CLT054	CLAIM-STATUS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT055-0001	CLT055	CLAIM-STATUS-CATEGORY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT056-0001	CLT056	SOURCE-LOCATION
CLAIM-HEADER-RECORD-LT-CLT00002	CLT057-0001	CLT057	CHECK-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT057-0002	CLT057	CHECK-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0001	CLT058	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0002	CLT058	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0003	CLT058	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0004	CLT058	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT059-0001	CLT059	CLAIM-PYMT-REM-CODE-1

CLAIM-HEADER-RECORD-LT-CLT00002	CLT060-0001	CLT060	CLAIM-PYMT-REM-CODE-2
CLAIM-HEADER-RECORD-LT-CLT00002	CLT061-0001	CLT061	CLAIM-PYMT-REM-CODE-3
CLAIM-HEADER-RECORD-LT-CLT00002	CLT062-0001	CLT062	CLAIM-PYMT-REM-CODE-4
CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0001	CLT063	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0002	CLT063	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0003	CLT063	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0004	CLT063	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT064-0001	CLT064	TOT-ALLOWED-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT064-0002	CLT064	TOT-ALLOWED-AMT

CLAIM-HEADER-RECORD-LT-CLT00002	CLT065-0001	CLT065	TOT-MEDICAID-PAID-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT066-0001	CLT066	TOT-COPAY-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0001	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0002	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0003	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0004	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT068-0001	CLT068	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT068-0002	CLT068	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT068-0003	CLT068	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT068-0004	CLT068	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT069-0001	CLT069	TOT-TPL-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT069-0002	CLT069	TOT-TPL-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT070-0001	CLT070	TOT-OTHER-INSURANCE-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT071-0001	CLT071	OTHER-INSURANCE-IND

CLAIM-HEADER-RECORD-LT-CLT00002	CLT072-0001	CLT072	OTHER-TPL-COLLECTION
CLAIM-HEADER-RECORD-LT-CLT00002	CLT073-0001	CLT073	SERVICE-TRACKING-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0001	CLT074	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0002	CLT074	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0003	CLT074	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0004	CLT074	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0005	CLT074	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0006	CLT074	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT075-0001	CLT075	FIXED-PAYMENT-IND

CLAIM-HEADER-RECORD-LT-CLT00002	CLT076-0001	CLT076	FUNDING-CODE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT077-0001	CLT077	FUNDING-SOURCE-NONFEDERAL-SHARE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT078-0001	CLT078	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT078-0002	CLT078	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT078-0003	CLT078	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-0001	CLT079	PROGRAM-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-0002	CLT079	PROGRAM-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-0003	CLT079	PROGRAM-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-0004	CLT079	PROGRAM-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0001	CLT080	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0002	CLT080	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0003	CLT080	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0004	CLT080	PLAN-ID-NUMBER

CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0005	CLT080	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-0001	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-0002	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-0003	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-0004	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT082-0001	CLT082	PAYMENT-LEVEL-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT082-0002	CLT082	PAYMENT-LEVEL-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT083-0001	CLT083	MEDICARE-REIM-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT083-0002	CLT083	MEDICARE-REIM-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT084-0001	CLT084	NON-COV-DAYS

CLAIM-HEADER-RECORD-LT-CLT00002	CLT084-0002	CLT084	NON-COV-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT085-0001	CLT085	NON-COV-CHARGES
CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-0001	CLT086	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-0002	CLT086	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-0003	CLT086	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-0004	CLT086	MEDICAID-COV-INPATIENT-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-0001	CLT087	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-0002	CLT087	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-0003	CLT087	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT090-0001	CLT090	FORCED-CLAIM-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT091-0001	CLT091	HEALTH-CARE-ACQUIRED-CONDITION-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT092-0001	CLT092	OCCURRENCE-CODE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT092-0002	CLT092	OCCURRENCE-CODE-01
		CLT092	OCCURRENCE-CODE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-0001	CLT093	OCCURRENCE-CODE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-0002	CLT093	OCCURRENCE-CODE-02
		CLT093	OCCURRENCE-CODE-02

CLAIM-HEADER-RECORD-LT-CLT00002	CLT094-0001	CLT094	OCCURRENCE-CODE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT094-0002	CLT094	OCCURRENCE-CODE-03
		CLT094	OCCURRENCE-CODE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT095-0001	CLT095	OCCURRENCE-CODE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT095-0002	CLT095	OCCURRENCE-CODE-04
		CLT095	OCCURRENCE-CODE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT096-0001	CLT096	OCCURRENCE-CODE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT096-0002	CLT096	OCCURRENCE-CODE-05
		CLT096	OCCURRENCE-CODE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT097-0001	CLT097	OCCURRENCE-CODE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT097-0002	CLT097	OCCURRENCE-CODE-06
		CLT097	OCCURRENCE-CODE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT098-0001	CLT098	OCCURRENCE-CODE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT098-0002	CLT098	OCCURRENCE-CODE-07
		CLT098	OCCURRENCE-CODE-07

CLAIM-HEADER-RECORD-LT-CLT00002	CLT099-0001	CLT099	OCCURRENCE-CODE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT099-0002	CLT099	OCCURRENCE-CODE-08
		CLT099	OCCURRENCE-CODE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT100-0001	CLT100	OCCURRENCE-CODE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT100-0002	CLT100	OCCURRENCE-CODE-09
		CLT100	OCCURRENCE-CODE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT101-0001	CLT101	OCCURRENCE-CODE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT101-0002	CLT101	OCCURRENCE-CODE-10
		CLT101	OCCURRENCE-CODE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0001	CLT102	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0002	CLT102	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0003	CLT102	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0004	CLT102	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0005	CLT102	OCCURRENCE-CODE-EFF-DATE-01
		CLT102	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0001	CLT103	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0002	CLT103	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0003	CLT103	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0004	CLT103	OCCURRENCE-CODE-EFF-DATE-02

CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0005	CLT103	OCCURRENCE-CODE-EFF-DATE-02
		CLT103	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0001	CLT104	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0002	CLT104	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0003	CLT104	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0004	CLT104	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0005	CLT104	OCCURRENCE-CODE-EFF-DATE-03
		CLT104	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0001	CLT105	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0002	CLT105	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0003	CLT105	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0004	CLT105	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0005	CLT105	OCCURRENCE-CODE-EFF-DATE-04
		CLT105	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0001	CLT106	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0002	CLT106	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0003	CLT106	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0004	CLT106	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0005	CLT106	OCCURRENCE-CODE-EFF-DATE-05
		CLT106	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0001	CLT107	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0002	CLT107	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0003	CLT107	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0004	CLT107	OCCURRENCE-CODE-EFF-DATE-06

CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0005	CLT107	OCCURRENCE-CODE-EFF-DATE-06
		CLT107	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0001	CLT108	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0002	CLT108	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0003	CLT108	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0004	CLT108	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0005	CLT108	OCCURRENCE-CODE-EFF-DATE-07
		CLT108	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0001	CLT109	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0002	CLT109	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0003	CLT109	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0004	CLT109	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0005	CLT109	OCCURRENCE-CODE-EFF-DATE-08
		CLT109	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0001	CLT110	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0002	CLT110	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0003	CLT110	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0004	CLT110	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0005	CLT110	OCCURRENCE-CODE-EFF-DATE-09
		CLT110	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0001	CLT111	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0002	CLT111	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0003	CLT111	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0004	CLT111	OCCURRENCE-CODE-EFF-DATE-10

CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0005	CLT111	OCCURRENCE-CODE-EFF-DATE-10
		CLT111	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0001	CLT112	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0002	CLT112	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0003	CLT112	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0004	CLT112	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0005	CLT112	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0006	CLT112	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0001	CLT113	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0002	CLT113	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0003	CLT113	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0004	CLT113	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0005	CLT113	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0006	CLT113	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0001	CLT114	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0002	CLT114	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0003	CLT114	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0004	CLT114	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0005	CLT114	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0006	CLT114	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0001	CLT115	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0002	CLT115	OCCURRENCE-CODE-END-DATE-04

CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0003	CLT115	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0004	CLT115	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0005	CLT115	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0006	CLT115	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0001	CLT116	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0002	CLT116	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0003	CLT116	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0004	CLT116	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0005	CLT116	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0006	CLT116	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0001	CLT117	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0002	CLT117	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0003	CLT117	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0004	CLT117	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0005	CLT117	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0006	CLT117	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0001	CLT118	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0002	CLT118	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0003	CLT118	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0004	CLT118	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0005	CLT118	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0006	CLT118	OCCURRENCE-CODE-END-DATE-07

CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0001	CLT119	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0002	CLT119	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0003	CLT119	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0004	CLT119	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0005	CLT119	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0006	CLT119	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0001	CLT120	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0002	CLT120	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0003	CLT120	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0004	CLT120	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0005	CLT120	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0006	CLT120	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0001	CLT121	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0002	CLT121	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0003	CLT121	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0004	CLT121	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0005	CLT121	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0006	CLT121	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-LT-CLT00002	CLT122-0001	CLT122	PATIENT-CONTROL-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT123-0001	CLT123	ELIGIBLE-LAST-NAME

		CLT123	ELIGIBLE-LAST-NAME
CLAIM-HEADER-RECORD-LT-CLT00002	CLT124-0001	CLT124	ELIGIBLE-FIRST-NAME
		CLT124	ELIGIBLE-FIRST-NAME
CLAIM-HEADER-RECORD-LT-CLT00002	CLT125-0001	CLT125	ELIGIBLE-MIDDLE-INIT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT125-0002	CLT125	ELIGIBLE-MIDDLE-INIT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0001	CLT126	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0002	CLT126	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0003	CLT126	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0004	CLT126	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0005	CLT126	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0001	CLT127	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0002	CLT127	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0003	CLT127	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0004	CLT127	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0005	CLT127	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0001	CLT128	WAIVER-TYPE

CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0002	CLT128	WAIVER-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0003	CLT128	WAIVER-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0004	CLT128	WAIVER-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0005	CLT128	WAIVER-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0001	CLT129	WAIVER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0002	CLT129	WAIVER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0003	CLT129	WAIVER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0004	CLT129	WAIVER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0005	CLT129	WAIVER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0006	CLT129	WAIVER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0007	CLT129	WAIVER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0008	CLT129	WAIVER-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT130-0001	CLT130	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT130-0002	CLT130	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT130-0003	CLT130	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0001	CLT131	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0002	CLT131	BILLING-PROV-NPI-NUM

CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0003	CLT131	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0004	CLT131	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0005	CLT131	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT132-0001	CLT132	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT132-0002	CLT132	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT132-0003	CLT132	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT133-0001	CLT133	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT133-0002	CLT133	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT133-0003	CLT133	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT134-0001	CLT134	BILLING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0001	CLT135	REFERRING-PROV-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0002	CLT135	REFERRING-PROV-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0003	CLT135	REFERRING-PROV-NUM

CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0001	CLT136	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0002	CLT136	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0003	CLT136	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0004	CLT136	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT137-0001	CLT137	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT137-0002	CLT137	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT137-0003	CLT137	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT138-0001	CLT138	REFERRING-PROV-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT139-0001	CLT139	REFERRING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0001	CLT140	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0002	CLT140	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0003	CLT140	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0004	CLT140	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0005	CLT140	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT141-0001	CLT141	PATIENT-STATUS

CLAIM-HEADER-RECORD-LT-CLT00002	CLT141-0002	CLT141	PATIENT-STATUS
		CLT141	PATIENT-STATUS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT143-0001	CLT143	BMI
		CLT143	BMI
CLAIM-HEADER-RECORD-LT-CLT00002	CLT144-0001	CLT144	REMITTANCE-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT144-0002	CLT144	REMITTANCE-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT144-0003	CLT144	REMITTANCE-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT145-0001	CLT145	LTC-RCP-LIAB-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT145-0002	CLT145	LTC-RCP-LIAB-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT146-0001	CLT146	DAILY-RATE

CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0001	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0002	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0003	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0004	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0005	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0006	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0007	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0008	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0009	CLT147	ICF-IID-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT148-0001	CLT148	LEAVE-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT148-0002	CLT148	LEAVE-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT148-0003	CLT148	LEAVE-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0001	CLT149	NURSING-FACILITY-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0002	CLT149	NURSING-FACILITY-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0003	CLT149	NURSING-FACILITY-DAYS

CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0004	CLT149	NURSING-FACILITY-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0005	CLT149	NURSING-FACILITY-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0006	CLT149	NURSING-FACILITY-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0007	CLT149	NURSING-FACILITY-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0008	CLT149	NURSING-FACILITY-DAYS
CLAIM-HEADER-RECORD-LT-CLT00002	CLT150-0001	CLT150	SPLIT-CLAIM-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT150-0002	CLT150	SPLIT-CLAIM-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT151-0001	CLT151	BORDER-STATE-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT153-0001	CLT153	BENEFICIARY-COINSURANCE-AMOUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT153-0002	CLT153	BENEFICIARY-COINSURANCE-AMOUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT154-0001	CLT154	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT154-0002	CLT154	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT154-0003	CLT154	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT155-0001	CLT155	BENEFICIARY-COPAYMENT-AMOUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT155-0002	CLT155	BENEFICIARY-COPAYMENT-AMOUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT156-0001	CLT156	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT156-0002	CLT156	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT156-0003	CLT156	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT157-0001	CLT157	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT157-0002	CLT157	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0001	CLT158	BENEFICIARY-DEDUCTIBLE-DATE-PAID

CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0002	CLT158	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0003	CLT158	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0001	CLT159	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0002	CLT159	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0003	CLT159	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-LT-CLT00002	CLT160-0001	CLT160	COPAY-WAIVED-IND
CLAIM-HEADER-RECORD-LT-CLT00002	CLT161-0001	CLT161	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-LT-CLT00002	CLT161-0002	CLT161	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-LT-CLT00002	CLT163-0001	CLT163	THIRD-PARTY-COINSURANCE-AMOUNT-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT164-0001	CLT164	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT164-0002	CLT164	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT165-0001	CLT165	THIRD-PARTY-COPAYMENT-AMOUNT-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT166-0001	CLT166	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT166-0002	CLT166	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT167-0001	CLT167	HEALTH-HOME-PROVIDER-NPI
CLAIM-HEADER-RECORD-LT-CLT00002	CLT167-0002	CLT167	HEALTH-HOME-PROVIDER-NPI

CLAIM-HEADER-RECORD-LT-CLT00002	CLT168-0001	CLT168	MEDICARE-BENEFICIARY-IDENTIFIER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT168-0002	CLT168	MEDICARE-BENEFICIARY-IDENTIFIER
		CLT168	MEDICARE-BENEFICIARY-IDENTIFIER
CLAIM-HEADER-RECORD-LT-CLT00002	CLT169-0001	CLT169	UNDER-DIRECTION-OF-PROV-NPI
		CLT169	UNDER-DIRECTION-OF-PROV-NPI
CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0001	CLT170	UNDER-DIRECTION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0002	CLT170	UNDER-DIRECTION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0003	CLT170	UNDER-DIRECTION-OF-PROV-TAXONOMY
		CLT170	UNDER-DIRECTION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT171-0001	CLT171	UNDER-SUPERVISION-OF-PROV-NPI
CLAIM-HEADER-RECORD-LT-CLT00002	CLT171-0002	CLT171	UNDER-SUPERVISION-OF-PROV-NPI
CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0001	CLT172	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0002	CLT172	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0003	CLT172	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0001	CLT174	ADMITTING-PROV-NPI-NUM

CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0002	CLT174	ADMITTING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0003	CLT174	ADMITTING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0004	CLT174	ADMITTING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0001	CLT175	ADMITTING-PROV-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0002	CLT175	ADMITTING-PROV-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0003	CLT175	ADMITTING-PROV-NUM
CLAIM-HEADER-RECORD-LT-CLT00002	CLT176-0001	CLT176	ADMITTING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT177-0001	CLT177	ADMITTING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT177-0002	CLT177	ADMITTING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-LT-CLT00002	CLT178-0001	CLT178	ADMITTING-PROV-TYPE
CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0001	CLT179	MEDICARE-PAID-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0002	CLT179	MEDICARE-PAID-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0003	CLT179	MEDICARE-PAID-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0004	CLT179	MEDICARE-PAID-AMT
CLAIM-HEADER-RECORD-LT-CLT00002	CLT173-0001	CLT173	STATE-NOTATION

		CLT173	STATE-NOTATION
CLAIM-HEADER-RECORD-LT-CLT00002	CLT237-0001	CLT237	PROV-LOCATION-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT237-0002	CLT237	PROV-LOCATION-ID
CLAIM-HEADER-RECORD-LT-CLT00002	CLT183-0001	CLT183	FILLER
CLAIM-LINE-RECORD-LT-CLT00003	CLT184-0001	CLT184	RECORD-ID
CLAIM-LINE-RECORD-LT-CLT00003	CLT184-0002	CLT184	RECORD-ID
CLAIM-LINE-RECORD-LT-CLT00003	CLT184-0003	CLT184	RECORD-ID
CLAIM-LINE-RECORD-LT-CLT00003	CLT185-0001	CLT185	SUBMITTING-STATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT185-0002	CLT185	SUBMITTING-STATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT185-0003	CLT185	SUBMITTING-STATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT185-0004	CLT185	SUBMITTING-STATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT186-0001	CLT186	RECORD-NUMBER
CLAIM-LINE-RECORD-LT-CLT00003	CLT186-0002	CLT186	RECORD-NUMBER
CLAIM-LINE-RECORD-LT-CLT00003	CLT186-0004	CLT186	RECORD-NUMBER
CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0001	CLT187	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0002	CLT187	MSIS-IDENTIFICATION-NUM

CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0003	CLT187	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0004	CLT187	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0001	CLT188	ICN-ORIG
CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0002	CLT188	ICN-ORIG
CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0003	CLT188	ICN-ORIG
CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0004	CLT188	ICN-ORIG
CLAIM-LINE-RECORD-LT-CLT00003	CLT189-0001	CLT189	ICN-ADJ
CLAIM-LINE-RECORD-LT-CLT00003	CLT189-0002	CLT189	ICN-ADJ
CLAIM-LINE-RECORD-LT-CLT00003	CLT189-0003	CLT189	ICN-ADJ
CLAIM-LINE-RECORD-LT-CLT00003	CLT190-0001	CLT190	LINE-NUM-ORIG
CLAIM-LINE-RECORD-LT-CLT00003	CLT191-0001	CLT191	LINE-NUM-ADJ
CLAIM-LINE-RECORD-LT-CLT00003	CLT191-0002	CLT191	LINE-NUM-ADJ
CLAIM-LINE-RECORD-LT-CLT00003	CLT191-0003	CLT191	LINE-NUM-ADJ
CLAIM-LINE-RECORD-LT-CLT00003	CLT192-0001	CLT192	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-LT-CLT00003	CLT192-0002	CLT192	LINE-ADJUSTMENT-IND

CLAIM-LINE-RECORD-LT-CLT00003	CLT192-0003	CLT192	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-LT-CLT00003	CLT193-0001	CLT193	LINE-ADJUSTMENT-REASON-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT193-0002	CLT193	LINE-ADJUSTMENT-REASON-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT194-0001	CLT194	SUBMITTER-ID
CLAIM-LINE-RECORD-LT-CLT00003	CLT195-0001	CLT195	CLAIM-LINE-STATUS
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0001	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0002	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0003	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0004	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0005	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0006	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0007	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0008	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0009	CLT196	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0001	CLT197	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0002	CLT197	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0003	CLT197	ENDING-DATE-OF-SERVICE

CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0004	CLT197	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0005	CLT197	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0006	CLT197	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0007	CLT197	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0001	CLT198	REVENUE-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0002	CLT198	REVENUE-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0003	CLT198	REVENUE-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0004	CLT198	REVENUE-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT201-0001	CLT201	IMMUNIZATION-TYPE
CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0001	CLT202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL
CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0002	CLT202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL
CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0003	CLT202	IP-LT-QUANTITY-OF-SERVICE-ACTUAL
CLAIM-LINE-RECORD-LT-CLT00003	CLT203-0001	CLT203	IP-LT-QUANTITY-OF-SERVICE-ALLOWED
CLAIM-LINE-RECORD-LT-CLT00003	CLT203-0002	CLT203	IP-LT-QUANTITY-OF-SERVICE-ALLOWED
CLAIM-LINE-RECORD-LT-CLT00003	CLT203-0003	CLT203	IP-LT-QUANTITY-OF-SERVICE-ALLOWED
CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0001	CLT204	REVENUE-CHARGE
CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0002	CLT204	REVENUE-CHARGE

CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0003	CLT204	REVENUE-CHARGE
CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0004	CLT204	REVENUE-CHARGE
CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0005	CLT204	REVENUE-CHARGE
CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0006	CLT204	REVENUE-CHARGE
CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0007	CLT204	REVENUE-CHARGE
CLAIM-LINE-RECORD-LT-CLT00003	CLT205-0001	CLT205	ALLOWED-AMT
CLAIM-LINE-RECORD-LT-CLT00003	CLT206-0001	CLT206	TPL-AMT
CLAIM-LINE-RECORD-LT-CLT00003	CLT207-0001	CLT207	OTHER-INSURANCE-AMT
CLAIM-LINE-RECORD-LT-CLT00003	CLT208-0001	CLT208	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-LT-CLT00003	CLT208-0002	CLT208	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-LT-CLT00003	CLT208-0003	CLT208	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-LT-CLT00003	CLT209-0001	CLT209	MEDICAID-FFS-EQUIVALENT-AMT
CLAIM-LINE-RECORD-LT-CLT00003	CLT209-0002	CLT209	MEDICAID-FFS-EQUIVALENT-AMT
CLAIM-LINE-RECORD-LT-CLT00003	CLT210-0001	CLT210	BILLING-UNIT

CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0001	CLT211	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0002	CLT211	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0003	CLT211	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0004	CLT211	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0005	CLT211	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0001	CLT212	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0002	CLT212	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0003	CLT212	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0004	CLT212	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0005	CLT212	SERVICING-PROV-NUM

CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0001	CLT213	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0002	CLT213	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0003	CLT213	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0004	CLT213	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT214-0001	CLT214	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-LT-CLT00003	CLT214-0002	CLT214	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-LT-CLT00003	CLT214-0003	CLT214	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-LT-CLT00003	CLT215-0001	CLT215	SERVICING-PROV-TYPE
CLAIM-LINE-RECORD-LT-CLT00003	CLT216-0001	CLT216	SERVICING-PROV-SPECIALTY
CLAIM-LINE-RECORD-LT-CLT00003	CLT217-0001	CLT217	OTHER-TPL-COLLECTION
CLAIM-LINE-RECORD-LT-CLT00003	CLT218-0001	CLT218	BENEFIT-TYPE
CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0001	CLT219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT

CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0002	CLT219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0003	CLT219	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-LT-CLT00003	CLT221-0001	CLT221	PROV-FACILITY-TYPE
CLAIM-LINE-RECORD-LT-CLT00003	CLT224-0001	CLT224	XIX-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT224-0002	CLT224	XIX-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT225-0001	CLT225	XXI-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-LT-CLT00003	CLT226-0001	CLT226	STATE-NOTATION
CLAIM-LINE-RECORD-LT-CLT00003	CLT226-0002	CLT226	STATE-NOTATION
CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0001	CLT228	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0002	CLT228	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0003	CLT228	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0004	CLT228	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0005	CLT228	NATIONAL-DRUG-CODE

CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0006	CLT228	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0007	CLT228	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-LT-CLT00003	CLT229-0001	CLT229	NDC-UNIT-OF-MEASURE
CLAIM-LINE-RECORD-LT-CLT00003	CLT229-0002	CLT229	NDC-UNIT-OF-MEASURE
CLAIM-LINE-RECORD-LT-CLT00003	CLT230-0001	CLT230	NDC-QUANTITY
CLAIM-LINE-RECORD-LT-CLT00003	CLT230-0002	CLT230	NDC-QUANTITY
CLAIM-LINE-RECORD-LT-CLT00003	CLT231-0001	CLT231	HCPCS-RATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0001	CLT233	ADJUDICATION-DATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0002	CLT233	ADJUDICATION-DATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0003	CLT233	ADJUDICATION-DATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0004	CLT233	ADJUDICATION-DATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0005	CLT233	ADJUDICATION-DATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0006	CLT233	ADJUDICATION-DATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0007	CLT233	ADJUDICATION-DATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0008	CLT233	ADJUDICATION-DATE
CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0009	CLT233	ADJUDICATION-DATE

CLAIM-LINE-RECORD-LT-CLT00003	CLT234-0001	CLT234	SELF-DIRECTION-TYPE
CLAIM-LINE-RECORD-LT-CLT00003	CLT235-0001	CLT235	PRE-AUTHORIZATION-NUM
CLAIM-LINE-RECORD-LT-CLT00003	CLT238-0001	CLT238	FILLER
FILE-HEADER-RECORD-OT-COT00001	COT001-0001	COT001	RECORD-ID
FILE-HEADER-RECORD-OT-COT00001	COT001-0002	COT001	RECORD-ID
FILE-HEADER-RECORD-OT-COT00001	COT001-0003	COT001	RECORD-ID
FILE-HEADER-RECORD-OT-COT00001	COT002-0001	COT002	DATA-DICTIONARY-VERSION
FILE-HEADER-RECORD-OT-COT00001	COT003-0001	COT003	SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-OT-COT00001	COT004-0001	COT004	FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-OT-COT00001	COT005-0001	COT005	DATA-MAPPING-DOCUMENT-VERSION
FILE-HEADER-RECORD-OT-COT00001	COT006-0001	COT006	FILE-NAME
FILE-HEADER-RECORD-OT-COT00001	COT007-0001	COT007	SUBMITTING-STATE
FILE-HEADER-RECORD-OT-COT00001	COT007-0002	COT007	SUBMITTING-STATE
FILE-HEADER-RECORD-OT-COT00001	COT007-0003	COT007	SUBMITTING-STATE

FILE-HEADER-RECORD-OT-COT00001	COT007-0004	COT007	SUBMITTING-STATE
FILE-HEADER-RECORD-OT-COT00001	COT008-0001	COT008	DATE-FILE-CREATED
FILE-HEADER-RECORD-OT-COT00001	COT008-0002	COT008	DATE-FILE-CREATED
FILE-HEADER-RECORD-OT-COT00001	COT008-0003	COT008	DATE-FILE-CREATED
FILE-HEADER-RECORD-OT-COT00001	COT009-0001	COT009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-OT-COT00001	COT009-0002	COT009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-OT-COT00001	COT010-0001	COT010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-OT-COT00001	COT010-0002	COT010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-OT-COT00001	COT011-0001	COT011	FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-OT-COT00001	COT012-0001	COT012	SSN-INDICATOR
FILE-HEADER-RECORD-OT-COT00001	COT012-0002	COT012	SSN-INDICATOR
FILE-HEADER-RECORD-OT-COT00001	COT012-0003	COT012	SSN-INDICATOR
FILE-HEADER-RECORD-OT-COT00001	COT013-0001	COT013	TOT-REC-CNT
FILE-HEADER-RECORD-OT-COT00001	COT216-0001	COT216	SEQUENCE-NUMBER
FILE-HEADER-RECORD-OT-COT00001	COT216-0002	COT216	SEQUENCE-NUMBER
FILE-HEADER-RECORD-OT-COT00001	COT014-0001	COT014	STATE-NOTATION
FILE-HEADER-RECORD-OT-COT00001	COT014-0002	COT014	STATE-NOTATION

FILE-HEADER-RECORD-OT-COT00001	COT015-0001	COT015	FILLER
CLAIM-HEADER-RECORD-OT-COT00002	COT016-0001	COT016	RECORD-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT016-0002	COT016	RECORD-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT016-0003	COT016	RECORD-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT017-0001	COT017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-OT-COT00002	COT017-0002	COT017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-OT-COT00002	COT017-0003	COT017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-OT-COT00002	COT017-0004	COT017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-OT-COT00002	COT018-0001	COT018	RECORD-NUMBER
CLAIM-HEADER-RECORD-OT-COT00002	COT018-0002	COT018	RECORD-NUMBER
CLAIM-HEADER-RECORD-OT-COT00002	COT018-0004	COT018	RECORD-NUMBER
CLAIM-HEADER-RECORD-OT-COT00002	COT019-0001	COT019	ICN-ORIG
CLAIM-HEADER-RECORD-OT-COT00002	COT019-0002	COT019	ICN-ORIG
CLAIM-HEADER-RECORD-OT-COT00002	COT019-0003	COT019	ICN-ORIG
CLAIM-HEADER-RECORD-OT-COT00002	COT019-0004	COT019	ICN-ORIG
CLAIM-HEADER-RECORD-OT-COT00002	COT020-0001	COT020	ICN-ADJ
CLAIM-HEADER-RECORD-OT-COT00002	COT020-0002	COT020	ICN-ADJ
CLAIM-HEADER-RECORD-OT-COT00002	COT020-0003	COT020	ICN-ADJ

CLAIM-HEADER-RECORD-OT-COT00002	COT021-0001	COT021	SUBMITTER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT022-0001	COT022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT022-0002	COT022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT022-0003	COT022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT022-0004	COT022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT023-0001	COT023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-OT-COT00002	COT023-0002	COT023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-OT-COT00002	COT023-0003	COT023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-OT-COT00002	COT024-0001	COT024	1115A-DEMONSTRATION-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT024-0002	COT024	1115A-DEMONSTRATION-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT025-0001	COT025	ADJUSTMENT-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT026-0001	COT026	ADJUSTMENT-REASON-CODE
CLAIM-HEADER-RECORD-OT-COT00002	COT026-0002	COT026	ADJUSTMENT-REASON-CODE

CLAIM-HEADER-RECORD-OT-COT00002	COT027-0001	COT027	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-OT-COT00002	COT027-0002	COT027	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-OT-COT00002	COT027-0003	COT027	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-OT-COT00002	COT027-0004	COT027	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-OT-COT00002	COT027-0005	COT027	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-OT-COT00002	COT027-0006	COT027	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-OT-COT00002	COT027-0007	COT027	DIAGNOSIS-CODE-1
		COT027	DIAGNOSIS-CODE-1
CLAIM-HEADER-RECORD-OT-COT00002	COT028-0001	COT028	DIAGNOSIS-CODE-FLAG-1
CLAIM-HEADER-RECORD-OT-COT00002	COT028-0002	COT028	DIAGNOSIS-CODE-FLAG-1
		COT028	DIAGNOSIS-CODE-FLAG-1
		COT028	DIAGNOSIS-CODE-FLAG-1

CLAIM-HEADER-RECORD-OT-COT00002	COT029-0001	COT029	DIAGNOSIS-POA-FLAG-1
		COT029	DIAGNOSIS-POA-FLAG-1
		COT029	DIAGNOSIS-POA-FLAG-1
CLAIM-HEADER-RECORD-OT-COT00002	COT030-0001	COT030	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-OT-COT00002	COT030-0002	COT030	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-OT-COT00002	COT030-0003	COT030	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-OT-COT00002	COT030-0004	COT030	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-OT-COT00002	COT030-0005	COT030	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-OT-COT00002	COT030-0006	COT030	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-OT-COT00002	COT030-0007	COT030	DIAGNOSIS-CODE-2

		COT030	DIAGNOSIS-CODE-2
CLAIM-HEADER-RECORD-OT-COT00002	COT031-0001	COT031	DIAGNOSIS-CODE-FLAG-2
CLAIM-HEADER-RECORD-OT-COT00002	COT031-0002	COT031	DIAGNOSIS-CODE-FLAG-2
		COT031	DIAGNOSIS-CODE-FLAG-2
		COT031	DIAGNOSIS-CODE-FLAG-2
CLAIM-HEADER-RECORD-OT-COT00002	COT032-0001	COT032	DIAGNOSIS-POA-FLAG-2
		COT032	DIAGNOSIS-POA-FLAG-2
		COT032	DIAGNOSIS-POA-FLAG-2
CLAIM-HEADER-RECORD-OT-COT00002	COT033-0001	COT033	BEGINNING-DATE-OF-SERVICE

CLAIM-HEADER-RECORD-OT-COT00002	COT033-0002	COT033	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT033-0003	COT033	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT033-0004	COT033	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT033-0005	COT033	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT033-0006	COT033	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT033-0007	COT033	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT033-0008	COT033	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT033-0009	COT033	BEGINNING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT034-0001	COT034	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT034-0002	COT034	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT034-0003	COT034	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT034-0004	COT034	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT034-0005	COT034	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT034-0006	COT034	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT034-0007	COT034	ENDING-DATE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT035-0001	COT035	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT035-0002	COT035	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT035-0003	COT035	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT035-0004	COT035	ADJUDICATION-DATE

CLAIM-HEADER-RECORD-OT-COT00002	COT035-0005	COT035	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT035-0006	COT035	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT035-0007	COT035	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT036-0001	COT036	MEDICAID-PAID-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT036-0002	COT036	MEDICAID-PAID-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT037-0001	COT037	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-OT-COT00002	COT037-0002	COT037	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-OT-COT00002	COT037-0003	COT037	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-OT-COT00002	COT037-0004	COT037	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-OT-COT00002	COT037-0005	COT037	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-OT-COT00002	COT037-0006	COT037	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-OT-COT00002	COT038-0001	COT038	TYPE-OF-BILL
CLAIM-HEADER-RECORD-OT-COT00002	COT039-0001	COT039	CLAIM-STATUS
CLAIM-HEADER-RECORD-OT-COT00002	COT040-0001	COT040	CLAIM-STATUS-CATEGORY

CLAIM-HEADER-RECORD-OT-COT00002	COT041-0001	COT041	SOURCE-LOCATION
CLAIM-HEADER-RECORD-OT-COT00002	COT042-0001	COT042	CHECK-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT042-0002	COT042	CHECK-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT043-0001	COT043	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT043-0002	COT043	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT043-0003	COT043	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT043-0004	COT043	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-OT-COT00002	COT044-0001	COT044	CLAIM-PYMT-REM-CODE-1
CLAIM-HEADER-RECORD-OT-COT00002	COT045-0001	COT045	CLAIM-PYMT-REM-CODE-2

CLAIM-HEADER-RECORD-OT-COT00002	COT046-0001	COT046	CLAIM-PYMT-REM-CODE-3
CLAIM-HEADER-RECORD-OT-COT00002	COT047-0001	COT047	CLAIM-PYMT-REM-CODE-4
CLAIM-HEADER-RECORD-OT-COT00002	COT048-0001	COT048	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT048-0002	COT048	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT048-0003	COT048	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT048-0004	COT048	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT049-0001	COT049	TOT-ALLOWED-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT049-0002	COT049	TOT-ALLOWED-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT050-0001	COT050	TOT-MEDICAID-PAID-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT051-0001	COT051	TOT-COPAY-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT052-0001	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT052-0002	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT

CLAIM-HEADER-RECORD-OT-COT00002	COT052-0003	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT052-0004	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT053-0001	COT053	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT053-0002	COT053	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT053-0003	COT053	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT053-0004	COT053	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT053-0005	COT053	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT054-0001	COT054	TOT-TPL-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT054-0002	COT054	TOT-TPL-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT056-0001	COT056	TOT-OTHER-INSURANCE-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT057-0001	COT057	OTHER-INSURANCE-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT058-0001	COT058	OTHER-TPL-COLLECTION

CLAIM-HEADER-RECORD-OT-COT00002	COT059-0001	COT059	SERVICE-TRACKING-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT060-0001	COT060	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT060-0002	COT060	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT060-0003	COT060	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT060-0004	COT060	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT060-0005	COT060	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT060-0006	COT060	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-OT-COT00002	COT061-0001	COT061	FIXED-PAYMENT-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT062-0001	COT062	FUNDING-CODE

CLAIM-HEADER-RECORD-OT-COT00002	COT063-0001	COT063	FUNDING-SOURCE-NONFEDERAL-SHARE
CLAIM-HEADER-RECORD-OT-COT00002	COT064-0001	COT064	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT064-0002	COT064	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT064-0003	COT064	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT064-0004	COT064	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT064-0005	COT064	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT065-0001	COT065	PROGRAM-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT065-0002	COT065	PROGRAM-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT065-0003	COT065	PROGRAM-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT065-0004	COT065	PROGRAM-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT066-0001	COT066	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-OT-COT00002	COT066-0002	COT066	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-OT-COT00002	COT066-0003	COT066	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-OT-COT00002	COT066-0004	COT066	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-OT-COT00002	COT066-0005	COT066	PLAN-ID-NUMBER

CLAIM-HEADER-RECORD-OT-COT00002	COT066-0006	COT066	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-OT-COT00002	COT067-0001	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT067-0002	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT067-0003	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT067-0004	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT068-0001	COT068	PAYMENT-LEVEL-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT068-0002	COT068	PAYMENT-LEVEL-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT069-0001	COT069	MEDICARE-REIM-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT069-0002	COT069	MEDICARE-REIM-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT070-0001	COT070	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-OT-COT00002	COT070-0002	COT070	CLAIM-LINE-COUNT

CLAIM-HEADER-RECORD-OT-COT00002	COT070-0003	COT070	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-OT-COT00002	COT072-0001	COT072	FORCED-CLAIM-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT073-0001	COT073	HEALTH-CARE-ACQUIRED-CONDITION-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT073-0002	COT073	HEALTH-CARE-ACQUIRED-CONDITION-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT074-0001	COT074	OCCURRENCE-CODE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT074-0002	COT074	OCCURRENCE-CODE-01
		COT074	OCCURRENCE-CODE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT075-0001	COT075	OCCURRENCE-CODE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT075-0002	COT075	OCCURRENCE-CODE-02
		COT075	OCCURRENCE-CODE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT076-0001	COT076	OCCURRENCE-CODE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT076-0002	COT076	OCCURRENCE-CODE-03
		COT076	OCCURRENCE-CODE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT077-0001	COT077	OCCURRENCE-CODE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT077-0002	COT077	OCCURRENCE-CODE-04

		COT077	OCCURRENCE-CODE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT078-0001	COT078	OCCURRENCE-CODE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT078-0002	COT078	OCCURRENCE-CODE-05
		COT078	OCCURRENCE-CODE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT079-0001	COT079	OCCURRENCE-CODE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT079-0002	COT079	OCCURRENCE-CODE-06
		COT079	OCCURRENCE-CODE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT080-0001	COT080	OCCURRENCE-CODE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT080-0002	COT080	OCCURRENCE-CODE-07
		COT080	OCCURRENCE-CODE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT081-0001	COT081	OCCURRENCE-CODE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT081-0002	COT081	OCCURRENCE-CODE-08
		COT081	OCCURRENCE-CODE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT082-0001	COT082	OCCURRENCE-CODE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT082-0002	COT082	OCCURRENCE-CODE-09

		COT082	OCCURRENCE-CODE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT083-0001	COT083	OCCURRENCE-CODE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT083-0002	COT083	OCCURRENCE-CODE-10
		COT083	OCCURRENCE-CODE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT084-0001	COT084	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT084-0002	COT084	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT084-0003	COT084	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT084-0004	COT084	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT084-0005	COT084	OCCURRENCE-CODE-EFF-DATE-01
		COT084	OCCURRENCE-CODE-EFF-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT085-0001	COT085	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT085-0002	COT085	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT085-0003	COT085	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT085-0004	COT085	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT085-0005	COT085	OCCURRENCE-CODE-EFF-DATE-02
		COT085	OCCURRENCE-CODE-EFF-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT086-0001	COT086	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT086-0002	COT086	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT086-0003	COT086	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT086-0004	COT086	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT086-0005	COT086	OCCURRENCE-CODE-EFF-DATE-03

		COT086	OCCURRENCE-CODE-EFF-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT087-0001	COT087	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT087-0002	COT087	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT087-0003	COT087	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT087-0004	COT087	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT087-0005	COT087	OCCURRENCE-CODE-EFF-DATE-04
		COT087	OCCURRENCE-CODE-EFF-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT088-0001	COT088	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT088-0002	COT088	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT088-0003	COT088	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT088-0004	COT088	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT088-0005	COT088	OCCURRENCE-CODE-EFF-DATE-05
		COT088	OCCURRENCE-CODE-EFF-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT089-0001	COT089	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT089-0002	COT089	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT089-0003	COT089	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT089-0004	COT089	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT089-0005	COT089	OCCURRENCE-CODE-EFF-DATE-06
		COT089	OCCURRENCE-CODE-EFF-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT090-0001	COT090	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT090-0002	COT090	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT090-0003	COT090	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT090-0004	COT090	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT090-0005	COT090	OCCURRENCE-CODE-EFF-DATE-07

		COT090	OCCURRENCE-CODE-EFF-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT091-0001	COT091	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT091-0002	COT091	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT091-0003	COT091	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT091-0004	COT091	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT091-0005	COT091	OCCURRENCE-CODE-EFF-DATE-08
		COT091	OCCURRENCE-CODE-EFF-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT092-0001	COT092	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT092-0002	COT092	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT092-0003	COT092	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT092-0004	COT092	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT092-0005	COT092	OCCURRENCE-CODE-EFF-DATE-09
		COT092	OCCURRENCE-CODE-EFF-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT093-0001	COT093	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT093-0002	COT093	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT093-0003	COT093	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT093-0004	COT093	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT093-0005	COT093	OCCURRENCE-CODE-EFF-DATE-10
		COT093	OCCURRENCE-CODE-EFF-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT094-0001	COT094	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT094-0002	COT094	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT094-0003	COT094	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT094-0004	COT094	OCCURRENCE-CODE-END-DATE-01

CLAIM-HEADER-RECORD-OT-COT00002	COT094-0005	COT094	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT094-0006	COT094	OCCURRENCE-CODE-END-DATE-01
CLAIM-HEADER-RECORD-OT-COT00002	COT095-0001	COT095	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT095-0002	COT095	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT095-0003	COT095	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT095-0004	COT095	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT095-0005	COT095	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT095-0006	COT095	OCCURRENCE-CODE-END-DATE-02
CLAIM-HEADER-RECORD-OT-COT00002	COT096-0001	COT096	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT096-0002	COT096	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT096-0003	COT096	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT096-0004	COT096	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT096-0005	COT096	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT096-0006	COT096	OCCURRENCE-CODE-END-DATE-03
CLAIM-HEADER-RECORD-OT-COT00002	COT097-0001	COT097	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT097-0002	COT097	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT097-0003	COT097	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT097-0004	COT097	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT097-0005	COT097	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT097-0006	COT097	OCCURRENCE-CODE-END-DATE-04
CLAIM-HEADER-RECORD-OT-COT00002	COT098-0001	COT098	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT098-0002	COT098	OCCURRENCE-CODE-END-DATE-05

CLAIM-HEADER-RECORD-OT-COT00002	COT098-0003	COT098	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT098-0004	COT098	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT098-0005	COT098	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT098-0006	COT098	OCCURRENCE-CODE-END-DATE-05
CLAIM-HEADER-RECORD-OT-COT00002	COT099-0001	COT099	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT099-0002	COT099	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT099-0003	COT099	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT099-0004	COT099	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT099-0005	COT099	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT099-0006	COT099	OCCURRENCE-CODE-END-DATE-06
CLAIM-HEADER-RECORD-OT-COT00002	COT100-0001	COT100	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT100-0002	COT100	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT100-0003	COT100	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT100-0004	COT100	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT100-0005	COT100	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT100-0006	COT100	OCCURRENCE-CODE-END-DATE-07
CLAIM-HEADER-RECORD-OT-COT00002	COT101-0001	COT101	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT101-0002	COT101	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT101-0003	COT101	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT101-0004	COT101	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT101-0005	COT101	OCCURRENCE-CODE-END-DATE-08
CLAIM-HEADER-RECORD-OT-COT00002	COT101-0006	COT101	OCCURRENCE-CODE-END-DATE-08

CLAIM-HEADER-RECORD-OT-COT00002	COT102-0001	COT102	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT102-0002	COT102	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT102-0003	COT102	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT102-0004	COT102	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT102-0005	COT102	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT102-0006	COT102	OCCURRENCE-CODE-END-DATE-09
CLAIM-HEADER-RECORD-OT-COT00002	COT103-0001	COT103	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT103-0002	COT103	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT103-0003	COT103	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT103-0004	COT103	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT103-0005	COT103	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT103-0006	COT103	OCCURRENCE-CODE-END-DATE-10
CLAIM-HEADER-RECORD-OT-COT00002	COT104-0001	COT104	PATIENT-CONTROL-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT105-0001	COT105	ELIGIBLE-LAST-NAME
		COT105	ELIGIBLE-LAST-NAME
CLAIM-HEADER-RECORD-OT-COT00002	COT106-0001	COT106	ELIGIBLE-FIRST-NAME
		COT106	ELIGIBLE-FIRST-NAME

CLAIM-HEADER-RECORD-OT-COT00002	COT107-0001	COT107	ELIGIBLE-MIDDLE-INIT
CLAIM-HEADER-RECORD-OT-COT00002	COT107-0002	COT107	ELIGIBLE-MIDDLE-INIT
CLAIM-HEADER-RECORD-OT-COT00002	COT108-0001	COT108	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-OT-COT00002	COT108-0002	COT108	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-OT-COT00002	COT108-0003	COT108	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-OT-COT00002	COT108-0004	COT108	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-OT-COT00002	COT108-0005	COT108	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-OT-COT00002	COT109-0001	COT109	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT109-0002	COT109	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT109-0003	COT109	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT109-0004	COT109	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT109-0005	COT109	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT110-0001	COT110	WAIVER-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT110-0002	COT110	WAIVER-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT110-0003	COT110	WAIVER-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT110-0004	COT110	WAIVER-TYPE

CLAIM-HEADER-RECORD-OT-COT00002	COT110-0006	COT110	WAIVER-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT111-0001	COT111	WAIVER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT111-0002	COT111	WAIVER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT111-0003	COT111	WAIVER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT111-0004	COT111	WAIVER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT111-0005	COT111	WAIVER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT111-0006	COT111	WAIVER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT111-0007	COT111	WAIVER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT111-0008	COT111	WAIVER-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT112-0001	COT112	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT112-0002	COT112	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT112-0003	COT112	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT113-0001	COT113	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT113-0002	COT113	BILLING-PROV-NPI-NUM

CLAIM-HEADER-RECORD-OT-COT00002	COT113-0003	COT113	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT113-0004	COT113	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT113-0005	COT113	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT113-0006	COT113	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT114-0001	COT114	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT114-0002	COT114	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT114-0003	COT114	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT115-0001	COT115	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT115-0002	COT115	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT115-0003	COT115	BILLING-PROV-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT116-0001	COT116	BILLING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-OT-COT00002	COT117-0001	COT117	REFERRING-PROV-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT117-0002	COT117	REFERRING-PROV-NUM

CLAIM-HEADER-RECORD-OT-COT00002	COT117-0003	COT117	REFERRING-PROV-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT118-0001	COT118	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT118-0002	COT118	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT118-0003	COT118	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT118-0004	COT118	REFERRING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT119-0001	COT119	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT119-0002	COT119	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT119-0003	COT119	REFERRING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT120-0001	COT120	REFERRING-PROV-TYPE
CLAIM-HEADER-RECORD-OT-COT00002	COT121-0001	COT121	REFERRING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-OT-COT00002	COT122-0001	COT122	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT122-0002	COT122	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT122-0003	COT122	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT122-0004	COT122	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT122-0005	COT122	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT123-0001	COT123	PLACE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT123-0002	COT123	PLACE-OF-SERVICE

CLAIM-HEADER-RECORD-OT-COT00002	COT123-0003	COT123	PLACE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT123-0004	COT123	PLACE-OF-SERVICE
CLAIM-HEADER-RECORD-OT-COT00002	COT125-0001	COT125	BMI
		COT125	BMI
CLAIM-HEADER-RECORD-OT-COT00002	COT126-0001	COT126	REMITTANCE-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT126-0002	COT126	REMITTANCE-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT126-0003	COT126	REMITTANCE-NUM
CLAIM-HEADER-RECORD-OT-COT00002	COT127-0001	COT127	DAILY-RATE
CLAIM-HEADER-RECORD-OT-COT00002	COT128-0001	COT128	BORDER-STATE-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT130-0001	COT130	BENEFICIARY-COINSURANCE-AMOUNT
CLAIM-HEADER-RECORD-OT-COT00002	COT130-0002	COT130	BENEFICIARY-COINSURANCE-AMOUNT
CLAIM-HEADER-RECORD-OT-COT00002	COT131-0001	COT131	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT131-0002	COT131	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT131-0003	COT131	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT132-0001	COT132	BENEFICIARY-COPAYMENT-AMOUNT
CLAIM-HEADER-RECORD-OT-COT00002	COT132-0002	COT132	BENEFICIARY-COPAYMENT-AMOUNT
CLAIM-HEADER-RECORD-OT-COT00002	COT133-0001	COT133	BENEFICIARY-COPAYMENT-DATE-PAID

CLAIM-HEADER-RECORD-OT-COT00002	COT133-0002	COT133	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT133-0003	COT133	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT134-0001	COT134	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-OT-COT00002	COT134-0002	COT134	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-OT-COT00002	COT135-0001	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT135-0002	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT135-0003	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT136-0001	COT136	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-OT-COT00002	COT136-0002	COT136	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-OT-COT00002	COT136-0003	COT136	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-OT-COT00002	COT137-0001	COT137	COPAY-WAIVED-IND
CLAIM-HEADER-RECORD-OT-COT00002	COT138-0001	COT138	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-OT-COT00002	COT138-0002	COT138	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-OT-COT00002	COT140-0001	COT140	THIRD-PARTY-COINSURANCE-AMOUNT-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT141-0001	COT141	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT141-0002	COT141	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT141-0003	COT141	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT142-0001	COT142	THIRD-PARTY-COPAYMENT-AMOUNT-PAID

CLAIM-HEADER-RECORD-OT-COT00002	COT143-0001	COT143	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT143-0002	COT143	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT143-0003	COT143	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-OT-COT00002	COT144-0001	COT144	DATE-CAPITATED-AMOUNT-REQUESTED
CLAIM-HEADER-RECORD-OT-COT00002	COT144-0002	COT144	DATE-CAPITATED-AMOUNT-REQUESTED
CLAIM-HEADER-RECORD-OT-COT00002	COT145-0001	COT145	CAPITATED-PAYMENT-AMT-REQUESTED
CLAIM-HEADER-RECORD-OT-COT00002	COT146-0001	COT146	HEALTH-HOME-PROVIDER-NPI
CLAIM-HEADER-RECORD-OT-COT00002	COT146-0002	COT146	HEALTH-HOME-PROVIDER-NPI
CLAIM-HEADER-RECORD-OT-COT00002	COT147-0001	COT147	MEDICARE-BENEFICIARY-IDENTIFIER
CLAIM-HEADER-RECORD-OT-COT00002	COT147-0002	COT147	MEDICARE-BENEFICIARY-IDENTIFIER
		COT147	MEDICARE-BENEFICIARY-IDENTIFIER
CLAIM-HEADER-RECORD-OT-COT00002	COT148-0001	COT148	UNDER-DIRECTION-OF-PROV-NPI
		COT148	UNDER-DIRECTION-OF-PROV-NPI
CLAIM-HEADER-RECORD-OT-COT00002	COT149-0001	COT149	UNDER-DIRECTION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT149-0002	COT149	UNDER-DIRECTION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT149-0003	COT149	UNDER-DIRECTION-OF-PROV-TAXONOMY
		COT149	UNDER-DIRECTION-OF-PROV-TAXONOMY

CLAIM-HEADER-RECORD-OT-COT00002	COT150-0001	COT150	UNDER-SUPERVISION-OF-PROV-NPI
CLAIM-HEADER-RECORD-OT-COT00002	COT150-0002	COT150	UNDER-SUPERVISION-OF-PROV-NPI
CLAIM-HEADER-RECORD-OT-COT00002	COT151-0001	COT151	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT151-0002	COT151	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT151-0003	COT151	UNDER-SUPERVISION-OF-PROV-TAXONOMY
CLAIM-HEADER-RECORD-OT-COT00002	COT152-0001	COT152	STATE-NOTATION
CLAIM-HEADER-RECORD-OT-COT00002	COT152-0002	COT152	STATE-NOTATION
CLAIM-HEADER-RECORD-OT-COT00002	COT226-0001	COT226	PROV-LOCATION-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT226-0002	COT226	PROV-LOCATION-ID
CLAIM-HEADER-RECORD-OT-COT00002	COT153-0001	COT153	FILLER
CLAIM-LINE-RECORD-OT-COT00003	COT154-0001	COT154	RECORD-ID
CLAIM-LINE-RECORD-OT-COT00003	COT154-0002	COT154	RECORD-ID
CLAIM-LINE-RECORD-OT-COT00003	COT154-0003	COT154	RECORD-ID
CLAIM-LINE-RECORD-OT-COT00003	COT155-0001	COT155	SUBMITTING-STATE
CLAIM-LINE-RECORD-OT-COT00003	COT155-0002	COT155	SUBMITTING-STATE

CLAIM-LINE-RECORD-OT-COT00003	COT155-0003	COT155	SUBMITTING-STATE
CLAIM-LINE-RECORD-OT-COT00003	COT155-0004	COT155	SUBMITTING-STATE
CLAIM-LINE-RECORD-OT-COT00003	COT156-0001	COT156	RECORD-NUMBER
CLAIM-LINE-RECORD-OT-COT00003	COT156-0002	COT156	RECORD-NUMBER
CLAIM-LINE-RECORD-OT-COT00003	COT156-0004	COT156	RECORD-NUMBER
CLAIM-LINE-RECORD-OT-COT00003	COT157-0001	COT157	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT157-0002	COT157	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT157-0003	COT157	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT157-0004	COT157	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT158-0001	COT158	ICN-ORIG
CLAIM-LINE-RECORD-OT-COT00003	COT158-0002	COT158	ICN-ORIG
CLAIM-LINE-RECORD-OT-COT00003	COT158-0003	COT158	ICN-ORIG
CLAIM-LINE-RECORD-OT-COT00003	COT158-0004	COT158	ICN-ORIG
CLAIM-LINE-RECORD-OT-COT00003	COT159-0001	COT159	ICN-ADJ
CLAIM-LINE-RECORD-OT-COT00003	COT159-0002	COT159	ICN-ADJ
CLAIM-LINE-RECORD-OT-COT00003	COT159-0003	COT159	ICN-ADJ
CLAIM-LINE-RECORD-OT-COT00003	COT160-0001	COT160	LINE-NUM-ORIG
CLAIM-LINE-RECORD-OT-COT00003	COT161-0001	COT161	LINE-NUM-ADJ

CLAIM-LINE-RECORD-OT-COT00003	COT161-0002	COT161	LINE-NUM-ADJ
CLAIM-LINE-RECORD-OT-COT00003	COT162-0001	COT162	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-OT-COT00003	COT162-0002	COT162	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-OT-COT00003	COT162-0003	COT162	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-OT-COT00003	COT163-0001	COT163	LINE-ADJUSTMENT-REASON-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT163-0002	COT163	LINE-ADJUSTMENT-REASON-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT164-0001	COT164	SUBMITTER-ID
CLAIM-LINE-RECORD-OT-COT00003	COT165-0001	COT165	CLAIM-LINE-STATUS
CLAIM-LINE-RECORD-OT-COT00003	COT166-0001	COT166	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT166-0002	COT166	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT166-0003	COT166	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT166-0004	COT166	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT166-0005	COT166	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT166-0006	COT166	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT166-0007	COT166	BEGINNING-DATE-OF-SERVICE

CLAIM-LINE-RECORD-OT-COT00003	COT166-0008	COT166	BEGINNING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT167-0001	COT167	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT167-0002	COT167	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT167-0003	COT167	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT167-0004	COT167	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT167-0005	COT167	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT167-0006	COT167	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT167-0007	COT167	ENDING-DATE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT168-0001	COT168	REVENUE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT168-0002	COT168	REVENUE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT168-0003	COT168	REVENUE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT168-0004	COT168	REVENUE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT169-0001	COT169	PROCEDURE-CODE

CLAIM-LINE-RECORD-OT-COT00003	COT169-0002	COT169	PROCEDURE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT169-0003	COT169	PROCEDURE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT169-0004	COT169	PROCEDURE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT169-0005	COT169	PROCEDURE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT170-0001	COT170	PROCEDURE-CODE-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT170-0002	COT170	PROCEDURE-CODE-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT170-0003	COT170	PROCEDURE-CODE-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT170-0004	COT170	PROCEDURE-CODE-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT170-0005	COT170	PROCEDURE-CODE-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT170-0006	COT170	PROCEDURE-CODE-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT171-0001	COT171	PROCEDURE-CODE-FLAG
CLAIM-LINE-RECORD-OT-COT00003	COT171-0002	COT171	PROCEDURE-CODE-FLAG
CLAIM-LINE-RECORD-OT-COT00003	COT172-0001	COT172	PROCEDURE-CODE-MOD-1
CLAIM-LINE-RECORD-OT-COT00003	COT172-0002	COT172	PROCEDURE-CODE-MOD-1
CLAIM-LINE-RECORD-OT-COT00003	COT172-0003	COT172	PROCEDURE-CODE-MOD-1
CLAIM-LINE-RECORD-OT-COT00003	COT173-0001	COT173	IMMUNIZATION-TYPE
CLAIM-LINE-RECORD-OT-COT00003	COT174-0001	COT174	BILLED-AMT

CLAIM-LINE-RECORD-OT-COT00003	COT174-0002	COT174	BILLED-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT175-0001	COT175	ALLOWED-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT176-0001	COT176	COPAY-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT177-0001	COT177	TPL-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT178-0001	COT178	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT178-0002	COT178	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT178-0003	COT178	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT179-0001	COT179	MEDICAID-FFS-EQUIVALENT-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT179-0002	COT179	MEDICAID-FFS-EQUIVALENT-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT182-0001	COT182	MEDICARE-PAID-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT182-0002	COT182	MEDICARE-PAID-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT182-0003	COT182	MEDICARE-PAID-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT182-0004	COT182	MEDICARE-PAID-AMT

CLAIM-LINE-RECORD-OT-COT00003	COT183-0001	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-OT-COT00003	COT183-0002	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-OT-COT00003	COT183-0003	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-OT-COT00003	COT183-0004	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-OT-COT00003	COT183-0005	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-OT-COT00003	COT183-0006	COT183	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-OT-COT00003	COT184-0001	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-OT-COT00003	COT184-0002	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-OT-COT00003	COT184-0003	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-OT-COT00003	COT184-0004	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-OT-COT00003	COT184-0005	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-OT-COT00003	COT184-0006	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED

CLAIM-LINE-RECORD-OT-COT00003	COT186-0001	COT186	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT186-0002	COT186	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT186-0003	COT186	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT186-0004	COT186	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT186-0005	COT186	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT186-0006	COT186	TYPE-OF-SERVICE

CLAIM-LINE-RECORD-OT-COT00003	COT187-0001	COT187	HCBS-SERVICE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT188-0001	COT188	HCBS-TAXONOMY
CLAIM-LINE-RECORD-OT-COT00003	COT188-0002	COT188	HCBS-TAXONOMY
CLAIM-LINE-RECORD-OT-COT00003	COT188-0003	COT188	HCBS-TAXONOMY
CLAIM-LINE-RECORD-OT-COT00003	COT189-0001	COT189	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT189-0002	COT189	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT189-0003	COT189	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT189-0004	COT189	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT189-0005	COT189	SERVICING-PROV-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT189-0006	COT189	SERVICING-PROV-NUM

CLAIM-LINE-RECORD-OT-COT00003	COT190-0001	COT190	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT190-0002	COT190	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT190-0003	COT190	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT190-0004	COT190	SERVICING-PROV-NPI-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT191-0001	COT191	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-OT-COT00003	COT191-0002	COT191	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-OT-COT00003	COT191-0003	COT191	SERVICING-PROV-TAXONOMY
CLAIM-LINE-RECORD-OT-COT00003	COT192-0001	COT192	SERVICING-PROV-TYPE
CLAIM-LINE-RECORD-OT-COT00003	COT193-0001	COT193	SERVICING-PROV-SPECIALTY
CLAIM-LINE-RECORD-OT-COT00003	COT194-0001	COT194	OTHER-TPL-COLLECTION
CLAIM-LINE-RECORD-OT-COT00003	COT195-0001	COT195	TOOTH-DESIGNATION-SYSTEM
CLAIM-LINE-RECORD-OT-COT00003	COT196-0001	COT196	TOOTH-NUM

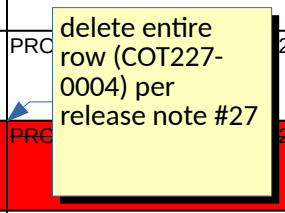
CLAIM-LINE-RECORD-OT-COT00003	COT196-0002	COT196	TOOTH-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT196-0003	COT196	TOOTH-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT196-0004	COT196	TOOTH-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT196-0005	COT196	TOOTH-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT197-0001	COT197	TOOTH-QUAD-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT197-0002	COT197	TOOTH-QUAD-CODE

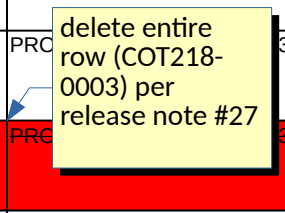
CLAIM-LINE-RECORD-OT-COT00003	COT198-0001	COT198	TOOTH-SURFACE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT198-0002	COT198	TOOTH-SURFACE-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT199-0001	COT199	ORIGINATION-ADDR-LN1
CLAIM-LINE-RECORD-OT-COT00003	COT199-0002	COT199	ORIGINATION-ADDR-LN1
CLAIM-LINE-RECORD-OT-COT00003	COT200-0001	COT200	ORIGINATION-ADDR-LN2
CLAIM-LINE-RECORD-OT-COT00003	COT200-0002	COT200	ORIGINATION-ADDR-LN2
		COT200	ORIGINATION-ADDR-LN2
CLAIM-LINE-RECORD-OT-COT00003	COT201-0001	COT201	ORIGINATION-CITY
CLAIM-LINE-RECORD-OT-COT00003	COT201-0002	COT201	ORIGINATION-CITY
CLAIM-LINE-RECORD-OT-COT00003	COT202-0001	COT202	ORIGINATION-STATE
CLAIM-LINE-RECORD-OT-COT00003	COT202-0002	COT202	ORIGINATION-STATE
CLAIM-LINE-RECORD-OT-COT00003	COT203-0001	COT203	ORIGINATION-ZIP-CODE

CLAIM-LINE-RECORD-OT-COT00003	COT203-0002	COT203	ORIGINATION-ZIP-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT204-0001	COT204	DESTINATION-ADDR-LN1
CLAIM-LINE-RECORD-OT-COT00003	COT204-0002	COT204	DESTINATION-ADDR-LN1
CLAIM-LINE-RECORD-OT-COT00003	COT205-0001	COT205	DESTINATION-ADDR-LN2
CLAIM-LINE-RECORD-OT-COT00003	COT205-0002	COT205	DESTINATION-ADDR-LN2
		COT205	DESTINATION-ADDR-LN2
CLAIM-LINE-RECORD-OT-COT00003	COT206-0001	COT206	DESTINATION-CITY
CLAIM-LINE-RECORD-OT-COT00003	COT206-0002	COT206	DESTINATION-CITY
CLAIM-LINE-RECORD-OT-COT00003	COT207-0001	COT207	DESTINATION-STATE
CLAIM-LINE-RECORD-OT-COT00003	COT207-0002	COT207	DESTINATION-STATE
CLAIM-LINE-RECORD-OT-COT00003	COT208-0001	COT208	DESTINATION-ZIP-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT208-0002	COT208	DESTINATION-ZIP-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT209-0001	COT209	BENEFIT-TYPE
CLAIM-LINE-RECORD-OT-COT00003	COT210-0001	COT210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT

CLAIM-LINE-RECORD-OT-COT00003	COT210-0002	COT210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-OT-COT00003	COT210-0003	COT210	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-OT-COT00003	COT211-0001	COT211	XIX-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT211-0002	COT211	XIX-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT212-0001	COT212	XXI-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT212-0002	COT212	XXI-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-OT-COT00003	COT213-0001	COT213	OTHER-INSURANCE-AMT
CLAIM-LINE-RECORD-OT-COT00003	COT214-0001	COT214	STATE-NOTATION
CLAIM-LINE-RECORD-OT-COT00003	COT214-0002	COT214	STATE-NOTATION
CLAIM-LINE-RECORD-OT-COT00003	COT217-0001	COT217	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT217-0002	COT217	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT217-0003	COT217	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT217-0004	COT217	NATIONAL-DRUG-CODE

CLAIM-LINE-RECORD-OT-COT00003	COT217-0005	COT217	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT217-0006	COT217	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT217-0007	COT217	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-OT-COT00003	COT227-0001	COT227	PROCEDURE-CODE-MOD-2
CLAIM-LINE-RECORD-OT-COT00003	COT227-0002	COT227	PROCEDURE-CODE-MOD-2
CLAIM-LINE-RECORD-OT-COT00003	COT227-0003	COT227	PRC 2
CLAIM-LINE-RECORD-OT-COT00003	COT227-0004	~~COT227~~	~~PRC~~ ~~2~~
CLAIM-LINE-RECORD-OT-COT00003	COT227-0005	COT227	PROCEDURE-CODE-MOD-2
CLAIM-LINE-RECORD-OT-COT00003	COT218-0001	COT218	PROCEDURE-CODE-MOD-3
CLAIM-LINE-RECORD-OT-COT00003	COT218-0002	COT218	PRC 3
CLAIM-LINE-RECORD-OT-COT00003	COT218-0003	~~COT218~~	~~PRC~~ ~~3~~
CLAIM-LINE-RECORD-OT-COT00003	COT218-0004	COT218	PROCEDURE-CODE-MOD-3
CLAIM-LINE-RECORD-OT-COT00003	COT218-0005	COT218	PROCEDURE-CODE-MOD-3





CLAIM-LINE-RECORD-OT-COT00003	COT219-0001	COT219	PROCEDURE-CODE-MOD-4
CLAIM-LINE-RECORD-OT-COT00003	COT219-0002	COT219	PROCEDURE-CODE-MOD-4
CLAIM-LINE-RECORD-OT-COT00003	COT219-0003	~~COT219~~	~~PROCEDURE-CODE-MOD-4~~
CLAIM-LINE-RECORD-OT-COT00003	COT219-0004	COT219	PROCEDURE-CODE-MOD-4
CLAIM-LINE-RECORD-OT-COT00003	COT219-0005	COT219	PROCEDURE-CODE-MOD-4
CLAIM-LINE-RECORD-OT-COT00003	COT220-0001	COT220	HCPCS-RATE
CLAIM-LINE-RECORD-OT-COT00003	COT221-0001	COT221	ADJUDICATION-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT221-0002	COT221	ADJUDICATION-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT221-0003	COT221	ADJUDICATION-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT221-0004	COT221	ADJUDICATION-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT221-0005	COT221	ADJUDICATION-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT221-0006	COT221	ADJUDICATION-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT221-0007	COT221	ADJUDICATION-DATE
CLAIM-LINE-RECORD-OT-COT00003	COT221-0008	COT221	ADJUDICATION-DATE

CLAIM-LINE-RECORD-OT-COT00003	COT222-0001	COT222	SELF-DIRECTION-TYPE
CLAIM-LINE-RECORD-OT-COT00003	COT223-0001	COT223	PRE-AUTHORIZATION-NUM
CLAIM-LINE-RECORD-OT-COT00003	COT224-0001	COT224	NDC-UNIT-OF-MEASURE
CLAIM-LINE-RECORD-OT-COT00003	COT224-0002	COT224	NDC-UNIT-OF-MEASURE
CLAIM-LINE-RECORD-OT-COT00003	COT225-0001	COT225	NDC-QUANTITY
CLAIM-LINE-RECORD-OT-COT00003	COT225-0002	COT225	NDC-QUANTITY
CLAIM-LINE-RECORD-OT-COT00003	COT215-0001	COT215	FILLER
FILE-HEADER-RECORD-RX-CRX00001	CRX001-0001	CRX001	RECORD-ID
FILE-HEADER-RECORD-RX-CRX00001	CRX001-0002	CRX001	RECORD-ID
FILE-HEADER-RECORD-RX-CRX00001	CRX001-0003	CRX001	RECORD-ID
FILE-HEADER-RECORD-RX-CRX00001	CRX002-0001	CRX002	DATA-DICTIONARY-VERSION
FILE-HEADER-RECORD-RX-CRX00001	CRX003-0001	CRX003	SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-RX-CRX00001	CRX004-0001	CRX004	FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-RX-CRX00001	CRX005-0001	CRX005	DATA-MAPPING-DOCUMENT-VERSION

FILE-HEADER-RECORD-RX-CRX00001	CRX006-0001	CRX006	FILE-NAME
FILE-HEADER-RECORD-RX-CRX00001	CRX007-0001	CRX007	SUBMITTING-STATE
FILE-HEADER-RECORD-RX-CRX00001	CRX007-0002	CRX007	SUBMITTING-STATE
FILE-HEADER-RECORD-RX-CRX00001	CRX007-0003	CRX007	SUBMITTING-STATE
FILE-HEADER-RECORD-RX-CRX00001	CRX007-0004	CRX007	SUBMITTING-STATE
FILE-HEADER-RECORD-RX-CRX00001	CRX008-0001	CRX008	DATE-FILE-CREATED
FILE-HEADER-RECORD-RX-CRX00001	CRX008-0002	CRX008	DATE-FILE-CREATED
FILE-HEADER-RECORD-RX-CRX00001	CRX008-0003	CRX008	DATE-FILE-CREATED
FILE-HEADER-RECORD-RX-CRX00001	CRX009-0001	CRX009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-RX-CRX00001	CRX009-0002	CRX009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-RX-CRX00001	CRX010-0001	CRX010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-RX-CRX00001	CRX010-0002	CRX010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-RX-CRX00001	CRX011-0001	CRX011	FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-RX-CRX00001	CRX012-0001	CRX012	SSN-INDICATOR
FILE-HEADER-RECORD-RX-CRX00001	CRX012-0002	CRX012	SSN-INDICATOR
FILE-HEADER-RECORD-RX-CRX00001	CRX012-0003	CRX012	SSN-INDICATOR
FILE-HEADER-RECORD-RX-CRX00001	CRX013-0001	CRX013	TOT-REC-CNT
FILE-HEADER-RECORD-RX-CRX00001	CRX155-0001	CRX155	SEQUENCE-NUMBER
FILE-HEADER-RECORD-RX-CRX00001	CRX155-0002	CRX155	SEQUENCE-NUMBER
FILE-HEADER-RECORD-RX-CRX00001	CRX014-0001	CRX014	STATE-NOTATION

FILE-HEADER-RECORD-RX-CRX00001	CRX014-0002	CRX014	STATE-NOTATION
FILE-HEADER-RECORD-RX-CRX00001	CRX015-0001	CRX015	FILLER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX016-0001	CRX016	RECORD-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX016-0002	CRX016	RECORD-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX016-0003	CRX016	RECORD-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX017-0001	CRX017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX017-0002	CRX017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX017-0003	CRX017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX017-0004	CRX017	SUBMITTING-STATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX018-0001	CRX018	RECORD-NUMBER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX018-0002	CRX018	RECORD-NUMBER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX018-0004	CRX018	RECORD-NUMBER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX019-0001	CRX019	ICN-ORIG
CLAIM-HEADER-RECORD-RX-CRX00002	CRX019-0002	CRX019	ICN-ORIG
CLAIM-HEADER-RECORD-RX-CRX00002	CRX019-0003	CRX019	ICN-ORIG

CLAIM-HEADER-RECORD-RX-CRX00002	CRX019-0004	CRX019	ICN-ORIG
CLAIM-HEADER-RECORD-RX-CRX00002	CRX020-0001	CRX020	ICN-ADJ
CLAIM-HEADER-RECORD-RX-CRX00002	CRX020-0002	CRX020	ICN-ADJ
CLAIM-HEADER-RECORD-RX-CRX00002	CRX020-0003	CRX020	ICN-ADJ
CLAIM-HEADER-RECORD-RX-CRX00002	CRX021-0001	CRX021	SUBMITTER-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX022-0001	CRX022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX022-0002	CRX022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX022-0003	CRX022	MSIS-IDENTIFICATION-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX023-0001	CRX023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-RX-CRX00002	CRX023-0002	CRX023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-RX-CRX00002	CRX023-0003	CRX023	CROSSOVER-INDICATOR
CLAIM-HEADER-RECORD-RX-CRX00002	CRX024-0001	CRX024	1115A-DEMONSTRATION-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX024-0002	CRX024	1115A-DEMONSTRATION-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX025-0001	CRX025	ADJUSTMENT-IND

CLAIM-HEADER-RECORD-RX-CRX00002	CRX026-0001	CRX026	ADJUSTMENT-REASON-CODE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX026-0002	CRX026	ADJUSTMENT-REASON-CODE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0001	CRX027	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0002	CRX027	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0003	CRX027	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0004	CRX027	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0005	CRX027	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0006	CRX027	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0007	CRX027	ADJUDICATION-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX028-0001	CRX028	MEDICAID-PAID-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX028-0002	CRX028	MEDICAID-PAID-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0001	CRX029	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0002	CRX029	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0003	CRX029	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0004	CRX029	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0005	CRX029	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0006	CRX029	TYPE-OF-CLAIM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX030-0001	CRX030	CLAIM-STATUS

CLAIM-HEADER-RECORD-RX-CRX00002	CRX031-0001	CRX031	CLAIM-STATUS-CATEGORY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX032-0001	CRX032	SOURCE-LOCATION
CLAIM-HEADER-RECORD-RX-CRX00002	CRX033-0001	CRX033	CHECK-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX033-0002	CRX033	CHECK-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0001	CRX034	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0002	CRX034	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0003	CRX034	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0004	CRX034	CHECK-EFF-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX035-0001	CRX035	CLAIM-PYMT-REM-CODE-1

CLAIM-HEADER-RECORD-RX-CRX00002	CRX036-0001	CRX036	CLAIM-PYMT-REM-CODE-2
CLAIM-HEADER-RECORD-RX-CRX00002	CRX037-0001	CRX037	CLAIM-PYMT-REM-CODE-3
CLAIM-HEADER-RECORD-RX-CRX00002	CRX038-0001	CRX038	CLAIM-PYMT-REM-CODE-4
CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0001	CRX039	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0002	CRX039	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0003	CRX039	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0004	CRX039	TOT-BILLED-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX040-0001	CRX040	TOT-ALLOWED-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX040-0002	CRX040	TOT-ALLOWED-AMT

CLAIM-HEADER-RECORD-RX-CRX00002	CRX041-0001	CRX041	TOT-MEDICAID-PAID-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX042-0001	CRX042	TOT-COPAY-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX043-0001	CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX043-0002	CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX043-0003	CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX044-0001	CRX044	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX044-0002	CRX044	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX044-0003	CRX044	TOT-MEDICARE-COINS-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX045-0001	CRX045	TOT-TPL-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX045-0002	CRX045	TOT-TPL-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX047-0001	CRX047	TOT-OTHER-INSURANCE-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX048-0001	CRX048	OTHER-INSURANCE-IND

CLAIM-HEADER-RECORD-RX-CRX00002	CRX049-0001	CRX049	OTHER-TPL-COLLECTION
CLAIM-HEADER-RECORD-RX-CRX00002	CRX050-0001	CRX050	SERVICE-TRACKING-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0001	CRX051	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0002	CRX051	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0003	CRX051	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0004	CRX051	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0005	CRX051	SERVICE-TRACKING-PAYMENT-AMT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX052-0001	CRX052	FIXED-PAYMENT-IND

CLAIM-HEADER-RECORD-RX-CRX00002	CRX053-0001	CRX053	FUNDING-CODE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX054-0001	CRX054	FUNDING-SOURCE-NONFEDERAL-SHARE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0001	CRX055	PROGRAM-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0002	CRX055	PROGRAM-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0003	CRX055	PROGRAM-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0004	CRX055	PROGRAM-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0005	CRX055	PROGRAM-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0001	CRX056	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0002	CRX056	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0003	CRX056	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0004	CRX056	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0005	CRX056	PLAN-ID-NUMBER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0006	CRX056	PLAN-ID-NUMBER

CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0001	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0002	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0003	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0004	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX058-0001	CRX058	PAYMENT-LEVEL-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX058-0002	CRX058	PAYMENT-LEVEL-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX059-0001	CRX059	MEDICARE-REIM-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX059-0002	CRX059	MEDICARE-REIM-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX060-0001	CRX060	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX060-0002	CRX060	CLAIM-LINE-COUNT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX061-0001	CRX061	FORCED-CLAIM-IND

CLAIM-HEADER-RECORD-RX-CRX00002	CRX062-0001	CRX062	PATIENT-CONTROL-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX063-0001	CRX063	ELIGIBLE-LAST-NAME
		CRX063	ELIGIBLE-LAST-NAME
CLAIM-HEADER-RECORD-RX-CRX00002	CRX064-0001	CRX064	ELIGIBLE-FIRST-NAME
		CRX064	ELIGIBLE-FIRST-NAME
CLAIM-HEADER-RECORD-RX-CRX00002	CRX065-0001	CRX065	ELIGIBLE-MIDDLE-INIT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX065-0002	CRX065	ELIGIBLE-MIDDLE-INIT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0001	CRX066	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0002	CRX066	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0003	CRX066	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0004	CRX066	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0005	CRX066	DATE-OF-BIRTH
CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0001	CRX067	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0002	CRX067	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0003	CRX067	HEALTH-HOME-PROV-IND

CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0004	CRX067	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0005	CRX067	HEALTH-HOME-PROV-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0001	CRX068	WAIVER-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0002	CRX068	WAIVER-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0003	CRX068	WAIVER-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0004	CRX068	WAIVER-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0005	CRX068	WAIVER-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0001	CRX069	WAIVER-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0002	CRX069	WAIVER-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0003	CRX069	WAIVER-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0004	CRX069	WAIVER-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0005	CRX069	WAIVER-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0006	CRX069	WAIVER-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0007	CRX069	WAIVER-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX070-0001	CRX070	BILLING-PROV-NUM

CLAIM-HEADER-RECORD-RX-CRX00002	CRX070-0002	CRX070	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX070-0003	CRX070	BILLING-PROV-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0001	CRX071	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0002	CRX071	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0003	CRX071	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0004	CRX071	BILLING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX072-0001	CRX072	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX072-0002	CRX072	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX072-0003	CRX072	BILLING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX073-0001	CRX073	BILLING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0001	CRX074	PRESCRIBING-PROV-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0002	CRX074	PRESCRIBING-PROV-NUM

CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0003	CRX074	PRESCRIBING-PROV-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX075-0001	CRX075	PRESCRIBING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX075-0002	CRX075	PRESCRIBING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX075-0003	CRX075	PRESCRIBING-PROV-NPI-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX076-0001	CRX076	PRESCRIBING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX076-0002	CRX076	PRESCRIBING-PROV-TAXONOMY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX077-0001	CRX077	PRESCRIBING-PROV-TYPE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX078-0001	CRX078	PRESCRIBING-PROV-SPECIALTY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0001	CRX079	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0002	CRX079	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0003	CRX079	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0004	CRX079	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0005	CRX079	MEDICARE-HIC-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX081-0001	CRX081	REMITTANCE-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX081-0002	CRX081	REMITTANCE-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX082-0001	CRX082	BORDER-STATE-IND

CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0001	CRX084	DATE-PRESCRIBED
CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0002	CRX084	DATE-PRESCRIBED
CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0003	CRX084	DATE-PRESCRIBED
CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0004	CRX084	DATE-PRESCRIBED
CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0005	CRX084	DATE-PRESCRIBED
CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0006	CRX084	DATE-PRESCRIBED
CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0001	CRX085	PRESCRIPTION-FILL-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0002	CRX085	PRESCRIPTION-FILL-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0003	CRX085	PRESCRIPTION-FILL-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0004	CRX085	PRESCRIPTION-FILL-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0005	CRX085	PRESCRIPTION-FILL-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0006	CRX085	PRESCRIPTION-FILL-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0007	CRX085	PRESCRIPTION-FILL-DATE
CLAIM-HEADER-RECORD-RX-CRX00002	CRX086-0001	CRX086	COMPOUND-DRUG-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX087-0001	CRX087	BENEFICIARY-COINSURANCE-AMOUNT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX087-0002	CRX087	BENEFICIARY-COINSURANCE-AMOUNT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX089-0001	CRX089	BENEFICIARY-COPAYMENT-AMOUNT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX089-0002	CRX089	BENEFICIARY-COPAYMENT-AMOUNT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX090-0001	CRX090	BENEFICIARY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX088-0001	CRX088	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX088-0002	CRX088	BENEFICIARY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX092-0001	CRX092	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX092-0002	CRX092	BENEFICIARY-DEDUCTIBLE-AMOUNT
CLAIM-HEADER-RECORD-RX-CRX00002	CRX093-0001	CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX093-0002	CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX093-0003	CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX094-0001	CRX094	CLAIM-DENIED-INDICATOR

CLAIM-HEADER-RECORD-RX-CRX00002	CRX094-0002	CRX094	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-RX-CRX00002	CRX094-0003	CRX094	CLAIM-DENIED-INDICATOR
CLAIM-HEADER-RECORD-RX-CRX00002	CRX095-0001	CRX095	COPAY-WAIVED-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX096-0001	CRX096	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-RX-CRX00002	CRX096-0002	CRX096	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-RX-CRX00002	CRX096-0003	CRX096	HEALTH-HOME-ENTITY-NAME
CLAIM-HEADER-RECORD-RX-CRX00002	CRX098-0001	CRX098	THIRD-PARTY-COINSURANCE-AMOUNT-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX099-0001	CRX099	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX099-0002	CRX099	THIRD-PARTY-COINSURANCE-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX100-0001	CRX100	THIRD-PARTY-COPAYMENT-AMOUNT-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX101-0001	CRX101	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX101-0002	CRX101	THIRD-PARTY-COPAYMENT-DATE-PAID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX102-0001	CRX102	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI
CLAIM-HEADER-RECORD-RX-CRX00002	CRX102-0002	CRX102	DISPENSING-PRESCRIPTION-DRUG-PROV-NPI
CLAIM-HEADER-RECORD-RX-CRX00002	CRX103-0001	CRX103	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY

CLAIM-HEADER-RECORD-RX-CRX00002	CRX103-0002	CRX103	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX103-0003	CRX103	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY
CLAIM-HEADER-RECORD-RX-CRX00002	CRX104-0001	CRX104	HEALTH-HOME-PROVIDER-NPI
CLAIM-HEADER-RECORD-RX-CRX00002	CRX104-0002	CRX104	HEALTH-HOME-PROVIDER-NPI
CLAIM-HEADER-RECORD-RX-CRX00002	CRX105-0001	CRX105	MEDICARE-BENEFICIARY-IDENTIFIER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX105-0002	CRX105	MEDICARE-BENEFICIARY-IDENTIFIER
		CRX105	MEDICARE-BENEFICIARY-IDENTIFIER
CLAIM-HEADER-RECORD-RX-CRX00002	CRX106-0001	CRX106	STATE-NOTATION
CLAIM-HEADER-RECORD-RX-CRX00002	CRX106-0002	CRX106	STATE-NOTATION
CLAIM-HEADER-RECORD-RX-CRX00002	CRX156-0001	CRX156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX156-0002	CRX156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM
CLAIM-HEADER-RECORD-RX-CRX00002	CRX156-0003	CRX156	DISPENSING-PRESCRIPTION-DRUG-PROV-NUM

CLAIM-HEADER-RECORD-RX-CRX00002	CRX160-0001	CRX160	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX160-0002	CRX160	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX160-0003	CRX160	MEDICARE-COMB-DED-IND
CLAIM-HEADER-RECORD-RX-CRX00002	CRX161-0001	CRX161	PROV-LOCATION-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX161-0002	CRX161	PROV-LOCATION-ID
CLAIM-HEADER-RECORD-RX-CRX00002	CRX107-0001	CRX107	FILLER
CLAIM-LINE-RECORD-RX-CRX00003	CRX108-0001	CRX108	RECORD-ID
CLAIM-LINE-RECORD-RX-CRX00003	CRX108-0002	CRX108	RECORD-ID
CLAIM-LINE-RECORD-RX-CRX00003	CRX108-0003	CRX108	RECORD-ID
CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0001	CRX109	SUBMITTING-STATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0002	CRX109	SUBMITTING-STATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0003	CRX109	SUBMITTING-STATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0004	CRX109	SUBMITTING-STATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX110-0001	CRX110	RECORD-NUMBER
CLAIM-LINE-RECORD-RX-CRX00003	CRX110-0002	CRX110	RECORD-NUMBER
CLAIM-LINE-RECORD-RX-CRX00003	CRX110-0004	CRX110	RECORD-NUMBER
CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0001	CRX111	MSIS-IDENTIFICATION-NUM

CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0002	CRX111	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0003	CRX111	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0004	CRX111	MSIS-IDENTIFICATION-NUM
CLAIM-LINE-RECORD-RX-CRX00003	CRX112-0001	CRX112	ICN-ORIG
CLAIM-LINE-RECORD-RX-CRX00003	CRX112-0002	CRX112	ICN-ORIG
CLAIM-LINE-RECORD-RX-CRX00003	CRX112-0003	CRX112	ICN-ORIG
CLAIM-LINE-RECORD-RX-CRX00003	CRX112-0004	CRX112	ICN-ORIG
CLAIM-LINE-RECORD-RX-CRX00003	CRX113-0001	CRX113	ICN-ADJ
CLAIM-LINE-RECORD-RX-CRX00003	CRX113-0002	CRX113	ICN-ADJ
CLAIM-LINE-RECORD-RX-CRX00003	CRX113-0003	CRX113	ICN-ADJ
CLAIM-LINE-RECORD-RX-CRX00003	CRX114-0001	CRX114	LINE-NUM-ORIG
CLAIM-LINE-RECORD-RX-CRX00003	CRX115-0001	CRX115	LINE-NUM-ADJ
CLAIM-LINE-RECORD-RX-CRX00003	CRX115-0002	CRX115	LINE-NUM-ADJ
CLAIM-LINE-RECORD-RX-CRX00003	CRX115-0003	CRX115	LINE-NUM-ADJ
CLAIM-LINE-RECORD-RX-CRX00003	CRX116-0001	CRX116	LINE-ADJUSTMENT-IND

CLAIM-LINE-RECORD-RX-CRX00003	CRX116-0002	CRX116	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-RX-CRX00003	CRX116-0003	CRX116	LINE-ADJUSTMENT-IND
CLAIM-LINE-RECORD-RX-CRX00003	CRX117-0001	CRX117	LINE-ADJUSTMENT-REASON-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX117-0002	CRX117	LINE-ADJUSTMENT-REASON-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX118-0001	CRX118	SUBMITTER-ID
CLAIM-LINE-RECORD-RX-CRX00003	CRX119-0001	CRX119	CLAIM-LINE-STATUS
CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0001	CRX120	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0002	CRX120	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0003	CRX120	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0004	CRX120	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0005	CRX120	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0006	CRX120	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0007	CRX120	NATIONAL-DRUG-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX121-0001	CRX121	BILLED-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX121-0002	CRX121	BILLED-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX122-0001	CRX122	ALLOWED-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX123-0001	CRX123	COPAY-AMT

CLAIM-LINE-RECORD-RX-CRX00003	CRX124-0001	CRX124	TPL-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX125-0001	CRX125	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX125-0002	CRX125	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX125-0003	CRX125	MEDICAID-PAID-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX126-0001	CRX126	MEDICAID-FFS-EQUIVALENT-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX126-0002	CRX126	MEDICAID-FFS-EQUIVALENT-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX127-0001	CRX127	MEDICARE-DEDUCTIBLE-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX127-0002	CRX127	MEDICARE-DEDUCTIBLE-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX127-0003	CRX127	MEDICARE-DEDUCTIBLE-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX127-0004	CRX127	MEDICARE-DEDUCTIBLE-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX128-0001	CRX128	MEDICARE-COINS-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX128-0002	CRX128	MEDICARE-COINS-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX129-0001	CRX129	MEDICARE-PAID-AMT

CLAIM-LINE-RECORD-RX-CRX00003	CRX129-0002	CRX129	MEDICARE-PAID-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX129-0003	CRX129	MEDICARE-PAID-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX129-0004	CRX129	MEDICARE-PAID-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0001	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0002	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0003	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0004	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0005	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0006	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED
CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0001	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL

CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0002	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0003	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0004	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0005	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0006	CRX132	OT-RX-CLAIM-QUANTITY-ACTUAL
CLAIM-LINE-RECORD-RX-CRX00003	CRX133-0001	CRX133	UNIT-OF-MEASURE
CLAIM-LINE-RECORD-RX-CRX00003	CRX133-0002	CRX133	UNIT-OF-MEASURE
CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0001	CRX134	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0002	CRX134	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0003	CRX134	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0004	CRX134	TYPE-OF-SERVICE

CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0005	CRX134	TYPE-OF-SERVICE
CLAIM-LINE-RECORD-RX-CRX00003	CRX135-0001	CRX135	HCBS-SERVICE-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX136-0001	CRX136	HCBS-TAXONOMY
CLAIM-LINE-RECORD-RX-CRX00003	CRX136-0002	CRX136	HCBS-TAXONOMY
CLAIM-LINE-RECORD-RX-CRX00003	CRX136-0003	CRX136	HCBS-TAXONOMY
CLAIM-LINE-RECORD-RX-CRX00003	CRX137-0001	CRX137	OTHER-TPL-COLLECTION
CLAIM-LINE-RECORD-RX-CRX00003	CRX138-0001	CRX138	DAYS-SUPPLY

CLAIM-LINE-RECORD-RX-CRX00003	CRX138-0002	CRX138	DAYS-SUPPLY
CLAIM-LINE-RECORD-RX-CRX00003	CRX139-0001	CRX139	NEW-REFILL-IND
CLAIM-LINE-RECORD-RX-CRX00003	CRX140-0001	CRX140	BRAND-GENERIC-IND
CLAIM-LINE-RECORD-RX-CRX00003	CRX141-0001	CRX141	DISPENSE-FEE
CLAIM-LINE-RECORD-RX-CRX00003	CRX142-0001	CRX142	PRESCRIPTION-NUM
CLAIM-LINE-RECORD-RX-CRX00003	CRX143-0001	CRX143	DRUG-UTILIZATION-CODE
CLAIM-LINE-RECORD-RX-CRX00003	CRX144-0001	CRX144	DTL-METRIC-DEC-QTY
CLAIM-LINE-RECORD-RX-CRX00003	CRX145-0001	CRX145	COMPOUND-DOSAGE-FORM
CLAIM-LINE-RECORD-RX-CRX00003	CRX146-0001	CRX146	REBATE-ELIGIBLE-INDICATOR

CLAIM-LINE-RECORD-RX-CRX00003	CRX147-0001	CRX147	IMMUNIZATION-TYPE
CLAIM-LINE-RECORD-RX-CRX00003	CRX148-0001	CRX148	BENEFIT-TYPE
CLAIM-LINE-RECORD-RX-CRX00003	CRX149-0001	CRX149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-RX-CRX00003	CRX149-0002	CRX149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-RX-CRX00003	CRX149-0003	CRX149	CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT
CLAIM-LINE-RECORD-RX-CRX00003	CRX150-0001	CRX150	XIX-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-RX-CRX00003	CRX150-0002	CRX150	XIX-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-RX-CRX00003	CRX151-0001	CRX151	XXI-MBESCBES-CATEGORY-OF-SERVICE
CLAIM-LINE-RECORD-RX-CRX00003	CRX152-0001	CRX152	OTHER-INSURANCE-AMT
CLAIM-LINE-RECORD-RX-CRX00003	CRX153-0001	CRX153	STATE-NOTATION

CLAIM-LINE-RECORD-RX-CRX00003	CRX153-0002	CRX153	STATE-NOTATION
CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0001	CRX157	ADJUDICATION-DATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0002	CRX157	ADJUDICATION-DATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0003	CRX157	ADJUDICATION-DATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0004	CRX157	ADJUDICATION-DATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0005	CRX157	ADJUDICATION-DATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0006	CRX157	ADJUDICATION-DATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0007	CRX157	ADJUDICATION-DATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0008	CRX157	ADJUDICATION-DATE
CLAIM-LINE-RECORD-RX-CRX00003	CRX158-0001	CRX158	SELF-DIRECTION-TYPE
CLAIM-LINE-RECORD-RX-CRX00003	CRX159-0001	CRX159	PRE-AUTHORIZATION-NUM
CLAIM-LINE-RECORD-RX-CRX00003	CRX154-0001	CRX154	FILLER
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0001	ELG001	RECORD-ID

FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0002	ELG001	RECORD-ID
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0003	ELG001	RECORD-ID
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0004	ELG001	RECORD-ID
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG002-0001	ELG002	DATA-DICTIONARY-VERSION
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG003-0001	ELG003	SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG004-0001	ELG004	FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG005-0001	ELG005	DATA-MAPPING-DOCUMENT-VERSION
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG006-0001	ELG006	FILE-NAME
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG006-0002	ELG006	FILE-NAME
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG006-0003	ELG006	FILE-NAME
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0001	ELG007	SUBMITTING-STATE
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0002	ELG007	SUBMITTING-STATE
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0003	ELG007	SUBMITTING-STATE
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0001	ELG008	DATE-FILE-CREATED
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0002	ELG008	DATE-FILE-CREATED
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0003	ELG008	DATE-FILE-CREATED
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0004	ELG008	DATE-FILE-CREATED
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0005	ELG008	DATE-FILE-CREATED
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0001	ELG009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0002	ELG009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0003	ELG009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0004	ELG009	START-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0005	ELG009	START-OF-TIME-PERIOD

FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0001	ELG010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0002	ELG010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0003	ELG010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0004	ELG010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0005	ELG010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0006	ELG010	END-OF-TIME-PERIOD
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG011-0001	ELG011	FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG011-0002	ELG011	FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0001	ELG012	SSN-INDICATOR
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0002	ELG012	SSN-INDICATOR
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0003	ELG012	SSN-INDICATOR
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0004	ELG012	SSN-INDICATOR
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0005	ELG012	SSN-INDICATOR

FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0006	ELG012	SSN-INDICATOR
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG013-0001	ELG013	TOT-REC-CNT
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG013-0002	ELG013	TOT-REC-CNT
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG013-0003	ELG013	TOT-REC-CNT
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG247-0001	ELG247	SEQUENCE-NUMBER
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG247-0002	ELG247	SEQUENCE-NUMBER
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG014-0001	ELG014	STATE-NOTATION
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG014-0002	ELG014	STATE-NOTATION
FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG015-0001	ELG015	FILLER
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG016-0001	ELG016	RECORD-ID
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG016-0002	ELG016	RECORD-ID
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG016-0003	ELG016	RECORD-ID
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG016-0004	ELG016	RECORD-ID

PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0001	ELG017	SUBMITTING-STATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0002	ELG017	SUBMITTING-STATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0003	ELG017	SUBMITTING-STATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0001	ELG018	RECORD-NUMBER
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0002	ELG018	RECORD-NUMBER
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0005	ELG018	RECORD-NUMBER
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0001	ELG019	MSIS-IDENTIFICATION-NUM
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0002	ELG019	MSIS-IDENTIFICATION-NUM
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0003	ELG019	MSIS-IDENTIFICATION-NUM
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0004	ELG019	MSIS-IDENTIFICATION-NUM
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0005	ELG019	MSIS-IDENTIFICATION-NUM
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG020-0001	ELG020	ELIGIBLE-FIRST-NAME
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG021-0001	ELG021	ELIGIBLE-LAST-NAME
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG022-0001	ELG022	ELIGIBLE-MIDDLE-INIT
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG022-0002	ELG022	ELIGIBLE-MIDDLE-INIT

PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG023-0001	ELG023	SEX
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG023-0002	ELG023	SEX
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0001	ELG024	DATE-OF-BIRTH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0002	ELG024	DATE-OF-BIRTH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0003	ELG024	DATE-OF-BIRTH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0004	ELG024	DATE-OF-BIRTH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0005	ELG024	DATE-OF-BIRTH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0006	ELG024	DATE-OF-BIRTH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0007	ELG024	DATE-OF-BIRTH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0001	ELG025	DATE-OF-DEATH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0002	ELG025	DATE-OF-DEATH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0003	ELG025	DATE-OF-DEATH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0004	ELG025	DATE-OF-DEATH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0005	ELG025	DATE-OF-DEATH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0006	ELG025	DATE-OF-DEATH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0007	ELG025	DATE-OF-DEATH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0008	ELG025	DATE-OF-DEATH
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0001	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0002	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE

PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0003	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0004	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0005	ELG026	PRIMARY-DEMOGRAPHIC-ELEMENT-EFF-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0001	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0002	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0003	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0004	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0005	ELG027	PRIMARY-DEMOGRAPHIC-ELEMENT-END-DATE
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG028-0001	ELG028	STATE-NOTATION
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG028-0002	ELG028	STATE-NOTATION
PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG029-0001	ELG029	FILLER
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0001	ELG030	RECORD-ID

VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0002	ELG030	RECORD-ID
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0003	ELG030	RECORD-ID
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0004	ELG030	RECORD-ID
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0001	ELG031	SUBMITTING-STATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0002	ELG031	SUBMITTING-STATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0003	ELG031	SUBMITTING-STATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0001	ELG032	RECORD-NUMBER
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0002	ELG032	RECORD-NUMBER
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0003	ELG032	RECORD-NUMBER
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0001	ELG033	MSIS-IDENTIFICATION-NUM
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0002	ELG033	MSIS-IDENTIFICATION-NUM
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0003	ELG033	MSIS-IDENTIFICATION-NUM
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0004	ELG033	MSIS-IDENTIFICATION-NUM
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0005	ELG033	MSIS-IDENTIFICATION-NUM
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0001	ELG034	MARITAL-STATUS

VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0002	ELG034	MARITAL-STATUS
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0003	ELG034	MARITAL-STATUS
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG035-0001	ELG035	MARITAL-STATUS-OTHER-EXPLANATION
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG035-0002	ELG035	MARITAL-STATUS-OTHER-EXPLANATION
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0001	ELG036	SSN
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0002	ELG036	SSN
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0003	ELG036	SSN
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0004	ELG036	SSN
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0005	ELG036	SSN
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0006	ELG036	SSN
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG037-0001	ELG037	SSN-VERIFICATION-FLAG
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG038-0001	ELG038	INCOME-CODE

VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG039-0001	ELG039	VETERAN-IND
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG039-0002	ELG039	VETERAN-IND
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG040-0001	ELG040	CITIZENSHIP-IND
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG040-0002	ELG040	CITIZENSHIP-IND
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG041-0001	ELG041	CITIZENSHIP-VERIFICATION-FLAG
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG042-0001	ELG042	IMMIGRATION-STATUS
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG042-0002	ELG042	IMMIGRATION-STATUS
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG043-0001	ELG043	IMMIGRATION-VERIFICATION-FLAG
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0001	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0002	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0003	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0004	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0005	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG045-0001	ELG045	PRIMARY-LANGUAGE-ENGL-PROF-CODE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG045-0002	ELG045	PRIMARY-LANGUAGE-ENGL-PROF-CODE

VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0001	ELG046	PRIMARY-LANGUAGE-CODE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0002	ELG046	PRIMARY-LANGUAGE-CODE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0003	ELG046	PRIMARY-LANGUAGE-CODE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG047-0001	ELG047	HOUSEHOLD-SIZE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG047-0002	ELG047	HOUSEHOLD-SIZE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG049-0001	ELG049	PREGNANCY-IND
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG049-0002	ELG049	PREGNANCY-IND
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG050-0001	ELG050	MEDICARE-HIC-NUM
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG050-0002	ELG050	MEDICARE-HIC-NUM
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG051-0001	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG051-0002	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER
		ELG051	MEDICARE-BENEFICIARY-IDENTIFIER

VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG054-0001	ELG054	CHIP-CODE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG054-0002	ELG054	CHIP-CODE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG054-0003	ELG054	CHIP-CODE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0001	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0002	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0003	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0004	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE

VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0005	ELG057	VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0001	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0002	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0003	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0004	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0005	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0006	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE

VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0007	ELG058	VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG059-0001	ELG059	STATE-NOTATION
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG059-0002	ELG059	STATE-NOTATION
VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG060-0001	ELG060	FILLER
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG061-0001	ELG061	RECORD-ID
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG061-0002	ELG061	RECORD-ID
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG061-0003	ELG061	RECORD-ID
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG061-0004	ELG061	RECORD-ID
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG062-0001	ELG062	SUBMITTING-STATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG062-0002	ELG062	SUBMITTING-STATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG062-0003	ELG062	SUBMITTING-STATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG063-0001	ELG063	RECORD-NUMBER

ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG063-0002	ELG063	RECORD-NUMBER
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG063-0003	ELG063	RECORD-NUMBER
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0001	ELG064	MSIS-IDENTIFICATION-NUM
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0002	ELG064	MSIS-IDENTIFICATION-NUM
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0003	ELG064	MSIS-IDENTIFICATION-NUM
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0004	ELG064	MSIS-IDENTIFICATION-NUM
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0005	ELG064	MSIS-IDENTIFICATION-NUM
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG065-0001	ELG065	ADDR-TYPE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG065-0002	ELG065	ADDR-TYPE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG066-0001	ELG066	ELIGIBLE-ADDR-LN1
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG066-0002	ELG066	ELIGIBLE-ADDR-LN1

ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG066-0003	ELG066	ELIGIBLE-ADDR-LN1
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG067-0001	ELG067	ELIGIBLE-ADDR-LN2
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG067-0002	ELG067	ELIGIBLE-ADDR-LN2
		ELG067	ELIGIBLE-ADDR-LN2
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG068-0001	ELG068	ELIGIBLE-ADDR-LN3
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG068-0002	ELG068	ELIGIBLE-ADDR-LN3
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG068-0003	ELG068	ELIGIBLE-ADDR-LN3
		ELG068	ELIGIBLE-ADDR-LN3
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG069-0001	ELG069	ELIGIBLE-CITY
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG069-0002	ELG069	ELIGIBLE-CITY
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG070-0001	ELG070	ELIGIBLE-STATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG070-0002	ELG070	ELIGIBLE-STATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG070-0003	ELG070	ELIGIBLE-STATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG071-0001	ELG071	ELIGIBLE-ZIP-CODE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG071-0002	ELG071	ELIGIBLE-ZIP-CODE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG071-0003	ELG071	ELIGIBLE-ZIP-CODE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG072-0001	ELG072	ELIGIBLE-COUNTY-CODE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG072-0002	ELG072	ELIGIBLE-COUNTY-CODE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG072-0003	ELG072	ELIGIBLE-COUNTY-CODE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG073-0001	ELG073	ELIGIBLE-PHONE-NUM

ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG073-0002	ELG073	ELIGIBLE-PHONE-NUM
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG074-0001	ELG074	TYPE-OF-LIVING-ARRANGEMENT
		ELG074	TYPE-OF-LIVING-ARRANGEMENT
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0001	ELG075	ELIGIBLE-ADDR-EFF-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0002	ELG075	ELIGIBLE-ADDR-EFF-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0003	ELG075	ELIGIBLE-ADDR-EFF-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0004	ELG075	ELIGIBLE-ADDR-EFF-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0005	ELG075	ELIGIBLE-ADDR-EFF-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0006	ELG075	ELIGIBLE-ADDR-EFF-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0001	ELG076	ELIGIBLE-ADDR-END-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0002	ELG076	ELIGIBLE-ADDR-END-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0003	ELG076	ELIGIBLE-ADDR-END-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0004	ELG076	ELIGIBLE-ADDR-END-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0005	ELG076	ELIGIBLE-ADDR-END-DATE
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0006	ELG076	ELIGIBLE-ADDR-END-DATE

ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG077-0001	ELG077	STATE-NOTATION
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG077-0002	ELG077	STATE-NOTATION
ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG078-0001	ELG078	FILLER
ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0001	ELG079	RECORD-ID
ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0002	ELG079	RECORD-ID
ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0003	ELG079	RECORD-ID
ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0004	ELG079	RECORD-ID
ELIGIBILITY-DETERMINANTS-ELG00005	ELG080-0001	ELG080	SUBMITTING-STATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG080-0002	ELG080	SUBMITTING-STATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG080-0003	ELG080	SUBMITTING-STATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG081-0001	ELG081	RECORD-NUMBER
ELIGIBILITY-DETERMINANTS-ELG00005	ELG081-0002	ELG081	RECORD-NUMBER

ELIGIBILITY-DETERMINANTS-ELG00005	ELG081-0003	ELG081	RECORD-NUMBER
ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0001	ELG082	MSIS-IDENTIFICATION-NUM
ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0002	ELG082	MSIS-IDENTIFICATION-NUM
ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0003	ELG082	MSIS-IDENTIFICATION-NUM
ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0004	ELG082	MSIS-IDENTIFICATION-NUM
ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0005	ELG082	MSIS-IDENTIFICATION-NUM
ELIGIBILITY-DETERMINANTS-ELG00005	ELG083-0001	ELG083	MSIS-CASE-NUM

ELIGIBILITY-DETERMINANTS-ELG00005	ELG083-0002	ELG083	MSIS-CASE-NUM
ELIGIBILITY-DETERMINANTS-ELG00005	ELG083-0003	ELG083	MSIS-CASE-NUM
ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0001	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY
ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0002	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY
ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0003	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY
ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0004	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY
ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0005	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY

ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0006	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY
ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0007	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY
ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0008	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY
		ELG084	MEDICAID-BASIS-OF-ELIGIBILITY
ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0001	ELG085	DUAL-ELIGIBLE-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0002	ELG085	DUAL-ELIGIBLE-CODE

ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0003	ELG085	DUAL-ELIGIBLE-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0004	ELG085	DUAL-ELIGIBLE-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0005	ELG085	DUAL-ELIGIBLE-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0006	ELG085	DUAL-ELIGIBLE-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0007	ELG085	DUAL-ELIGIBLE-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG086-0001	ELG086	PRIMARY-ELIGIBILITY-GROUP-IND
ELIGIBILITY-DETERMINANTS-ELG00005	ELG086-0002	ELG086	PRIMARY-ELIGIBILITY-GROUP-IND
ELIGIBILITY-DETERMINANTS-ELG00005	ELG086-0003	ELG086	PRIMARY-ELIGIBILITY-GROUP-IND
ELIGIBILITY-DETERMINANTS-ELG00005	ELG087-0001	ELG087	ELIGIBILITY-GROUP
ELIGIBILITY-DETERMINANTS-ELG00005	ELG088-0001	ELG088	LEVEL-OF-CARE-STATUS
ELIGIBILITY-DETERMINANTS-ELG00005	ELG089-0001	ELG089	SSDI-IND

ELIGIBILITY-DETERMINANTS-ELG00005	ELG090-0001	ELG090	SSI-IND
ELIGIBILITY-DETERMINANTS-ELG00005	ELG090-0002	ELG090	SSI-IND
ELIGIBILITY-DETERMINANTS-ELG00005	ELG091-0001	ELG091	SSI-STATE-SUPPLEMENT-STATUS-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG091-0002	ELG091	SSI-STATE-SUPPLEMENT-STATUS-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG092-0001	ELG092	SSI-STATUS
ELIGIBILITY-DETERMINANTS-ELG00005	ELG092-0002	ELG092	SSI-STATUS
ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0001	ELG093	STATE-SPEC-ELIG-GROUP
ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0002	ELG093	STATE-SPEC-ELIG-GROUP
ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0003	ELG093	STATE-SPEC-ELIG-GROUP
ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0004	ELG093	STATE-SPEC-ELIG-GROUP
ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0005	ELG093	STATE-SPEC-ELIG-GROUP
ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0001	ELG094	CONCEPTION-TO-BIRTH-IND

ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0002	ELG094	CONCEPTION-TO-BIRTH-IND
ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0003	ELG094	CONCEPTION-TO-BIRTH-IND
ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0004	ELG094	CONCEPTION-TO-BIRTH-IND
ELIGIBILITY-DETERMINANTS-ELG00005	ELG095-0001	ELG095	ELIGIBILITY-CHANGE-REASON
ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0001	ELG096	MAINTENANCE-ASSISTANCE-STATUS
ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0002	ELG096	MAINTENANCE-ASSISTANCE-STATUS
ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0003	ELG096	MAINTENANCE-ASSISTANCE-STATUS
ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0004	ELG096	MAINTENANCE-ASSISTANCE-STATUS
ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0005	ELG096	MAINTENANCE-ASSISTANCE-STATUS
		ELG096	MAINTENANCE-ASSISTANCE-STATUS
ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0001	ELG097	RESTRICTED-BENEFITS-CODE

ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0002	ELG097	RESTRICTED-BENEFITS-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0003	ELG097	RESTRICTED-BENEFITS-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0004	ELG097	RESTRICTED-BENEFITS-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0005	ELG097	RESTRICTED-BENEFITS-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0006	ELG097	RESTRICTED-BENEFITS-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0007	ELG097	RESTRICTED-BENEFITS-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG098-0001	ELG098	TANF-CASH-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG098-0002	ELG098	TANF-CASH-CODE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0001	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0002	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0003	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0004	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE

ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0005	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0006	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0007	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0008	ELG099	ELIGIBILITY-DETERMINANT-EFF-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0001	ELG100	ELIGIBILITY-DETERMINANT-END-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0002	ELG100	ELIGIBILITY-DETERMINANT-END-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0003	ELG100	ELIGIBILITY-DETERMINANT-END-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0004	ELG100	ELIGIBILITY-DETERMINANT-END-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0005	ELG100	ELIGIBILITY-DETERMINANT-END-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0006	ELG100	ELIGIBILITY-DETERMINANT-END-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0007	ELG100	ELIGIBILITY-DETERMINANT-END-DATE
ELIGIBILITY-DETERMINANTS-ELG00005	ELG101-0001	ELG101	STATE-NOTATION
ELIGIBILITY-DETERMINANTS-ELG00005	ELG101-0002	ELG101	STATE-NOTATION

ELIGIBILITY-DETERMINANTS-ELG00005	ELG102-0001	ELG102	FILLER
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0001	ELG103	RECORD-ID
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0002	ELG103	RECORD-ID
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0003	ELG103	RECORD-ID
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0004	ELG103	RECORD-ID
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0001	ELG104	SUBMITTING-STATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0002	ELG104	SUBMITTING-STATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0003	ELG104	SUBMITTING-STATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG105-0001	ELG105	RECORD-NUMBER
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG105-0002	ELG105	RECORD-NUMBER
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG105-0003	ELG105	RECORD-NUMBER
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0001	ELG106	MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0002	ELG106	MSIS-IDENTIFICATION-NUM

HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0003	ELG106	MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0004	ELG106	MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0005	ELG106	MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG107-0001	ELG107	HEALTH-HOME-SPA-NAME
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG107-0002	ELG107	HEALTH-HOME-SPA-NAME
		ELG107	HEALTH-HOME-SPA-NAME
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG108-0001	ELG108	HEALTH-HOME-ENTITY-NAME
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG108-0002	ELG108	HEALTH-HOME-ENTITY-NAME
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG108-0003	ELG108	HEALTH-HOME-ENTITY-NAME
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0001	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0002	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0003	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0004	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0005	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0006	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE

HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0007	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0008	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0009	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0001	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0002	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0003	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0004	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0005	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0006	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0007	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE

HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0008	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0001	ELG111	HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0002	ELG111	HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0003	ELG111	HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0004	ELG111	HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0005	ELG111	HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0006	ELG111	HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG112-0001	ELG112	STATE-NOTATION
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG112-0002	ELG112	STATE-NOTATION
HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG113-0001	ELG113	FILLER
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG114-0001	ELG114	RECORD-ID
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG114-0002	ELG114	RECORD-ID
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG114-0003	ELG114	RECORD-ID
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG114-0004	ELG114	RECORD-ID

HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG115-0001	ELG115		SUBMITTING-STATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG115-0002	ELG115		SUBMITTING-STATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG115-0003	ELG115		SUBMITTING-STATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG116-0001	ELG116		RECORD-NUMBER
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG116-0002	ELG116		RECORD-NUMBER
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG116-0003	ELG116		RECORD-NUMBER
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0001	ELG117		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0002	ELG117		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0003	ELG117		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0004	ELG117		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0005	ELG117		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG118-0001	ELG118	d	HEALTH-HOME-SPA-NAME
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG118-0002	ELG118	e	HEALTH-HOME-SPA-NAME
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0001	ELG119	l	HEALTH-HOME-ENTITY-NAME
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0002	ELG119	e	HEALTH-HOME-ENTITY-NAME
			t	
			e	
			e	
			n	
			t	
			i	
			r	
			e	
			r	
			o	

HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0003	ELG119	w	HEALTH-HOME-ENTITY-NAME
		ELG119	(	HEALTH-HOME-ENTITY-NAME
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG120-0001	ELG120	C	HEALTH-HOME-PROV-NUM
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG120-0002	ELG120	O	HEALTH-HOME-PROV-NUM
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG120-0003	ELG120	T	HEALTH-HOME-PROV-NUM
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0001	ELG121	2	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0002	ELG121	1	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0003	ELG121	9	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0004	ELG121	-	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0005	ELG121	0	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0006	ELG121	0	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0007	ELG121	0	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0008	ELG121	3	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0009	ELG121	)	HEALTH-HOME-SPA-PROVIDER-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0001	ELG122	p	HEALTH-HOME-SPA-PROVIDER-END-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0002	ELG122	e	HEALTH-HOME-SPA-PROVIDER-END-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0003	ELG122	r	HEALTH-HOME-SPA-PROVIDER-END-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0004	ELG122	r	HEALTH-HOME-SPA-PROVIDER-END-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0005	ELG122	e	HEALTH-HOME-SPA-PROVIDER-END-DATE
			l	
			e	
			a	
			s	
			e	
			n	
			o	
			t	
			e	
			#	
			2	
			7	

HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0006	ELG122		HEALTH-HOME-SPA-PROVIDER-END-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0007	ELG122		HEALTH-HOME-SPA-PROVIDER-END-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0001	ELG123		HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0002	ELG123		HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0003	ELG123		HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0004	ELG123		HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0005	ELG123		HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0006	ELG123		HEALTH-HOME-ENTITY-EFF-DATE
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG124-0001	ELG124		STATE-NOTATION
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG124-0002	ELG124		STATE-NOTATION
HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG125-0001	ELG125		FILLER
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0001	ELG126		RECORD-ID
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0002	ELG126		RECORD-ID
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0003	ELG126		RECORD-ID

HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0004	ELG126		RECORD-ID
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG127-0001	ELG127		SUBMITTING-STATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG127-0002	ELG127		SUBMITTING-STATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG127-0003	ELG127		SUBMITTING-STATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0001	ELG128		RECORD-NUMBER
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0002	ELG128		RECORD-NUMBER
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0003	ELG128		RECORD-NUMBER
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0001	ELG129		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0002	ELG129		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0003	ELG129		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0004	ELG129		MSIS-IDENTIFICATION-NUM
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0005	ELG129		MSIS-IDENTIFICATION-NUM

HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG130-0001	ELG130		HEALTH-HOME-CHRONIC-CONDITION
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG130-0002	ELG130		HEALTH-HOME-CHRONIC-CONDITION
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG131-0001	ELG131		HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG131-0002	ELG131		HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0001	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0002	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0003	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0004	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0005	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0006	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0007	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0008	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0009	ELG132		HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0001	ELG133		HEALTH-HOME-CHRONIC-CONDITION-END-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0002	ELG133		HEALTH-HOME-CHRONIC-CONDITION-END-DATE

HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0003	ELG133		HEALTH-HOME-CHRONIC-CONDITION-END-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0004	ELG133		HEALTH-HOME-CHRONIC-CONDITION-END-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0005	ELG133		HEALTH-HOME-CHRONIC-CONDITION-END-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0006	ELG133		HEALTH-HOME-CHRONIC-CONDITION-END-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0007	ELG133		HEALTH-HOME-CHRONIC-CONDITION-END-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0008	ELG133		HEALTH-HOME-CHRONIC-CONDITION-END-DATE
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG134-0001	ELG134		STATE-NOTATION
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG134-0002	ELG134		STATE-NOTATION
HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG135-0001	ELG135		FILLER
LOCK-IN-INFORMATION-ELG00009	ELG136-0001	ELG136		RECORD-ID
LOCK-IN-INFORMATION-ELG00009	ELG136-0002	ELG136		RECORD-ID
LOCK-IN-INFORMATION-ELG00009	ELG136-0003	ELG136		RECORD-ID
LOCK-IN-INFORMATION-ELG00009	ELG136-0004	ELG136		RECORD-ID

LOCK-IN-INFORMATION-ELG00009	ELG137-0001	ELG137		SUBMITTING-STATE
LOCK-IN-INFORMATION-ELG00009	ELG137-0002	ELG137		SUBMITTING-STATE
LOCK-IN-INFORMATION-ELG00009	ELG137-0003	ELG137		SUBMITTING-STATE
LOCK-IN-INFORMATION-ELG00009	ELG138-0001	ELG138		RECORD-NUMBER
LOCK-IN-INFORMATION-ELG00009	ELG138-0002	ELG138		RECORD-NUMBER
LOCK-IN-INFORMATION-ELG00009	ELG138-0003	ELG138		RECORD-NUMBER
LOCK-IN-INFORMATION-ELG00009	ELG139-0001	ELG139		MSIS-IDENTIFICATION-NUM
LOCK-IN-INFORMATION-ELG00009	ELG139-0002	ELG139		MSIS-IDENTIFICATION-NUM
LOCK-IN-INFORMATION-ELG00009	ELG139-0003	ELG139		MSIS-IDENTIFICATION-NUM
LOCK-IN-INFORMATION-ELG00009	ELG139-0004	ELG139		MSIS-IDENTIFICATION-NUM
LOCK-IN-INFORMATION-ELG00009	ELG139-0005	ELG139		MSIS-IDENTIFICATION-NUM
LOCK-IN-INFORMATION-ELG00009	ELG140-0001	ELG140		LOCKIN-PROV-NUM
LOCK-IN-INFORMATION-ELG00009	ELG141-0001	ELG141		LOCKIN-PROV-TYPE

LOCK-IN-INFORMATION-ELG00009	ELG142-0001	ELG142		LOCKIN-EFF-DATE
LOCK-IN-INFORMATION-ELG00009	ELG142-0002	ELG142		LOCKIN-EFF-DATE
LOCK-IN-INFORMATION-ELG00009	ELG142-0003	ELG142		LOCKIN-EFF-DATE
LOCK-IN-INFORMATION-ELG00009	ELG142-0004	ELG142		LOCKIN-EFF-DATE
LOCK-IN-INFORMATION-ELG00009	ELG142-0005	ELG142		LOCKIN-EFF-DATE
LOCK-IN-INFORMATION-ELG00009	ELG142-0006	ELG142		LOCKIN-EFF-DATE
LOCK-IN-INFORMATION-ELG00009	ELG142-0007	ELG142		LOCKIN-EFF-DATE
LOCK-IN-INFORMATION-ELG00009	ELG142-0008	ELG142		LOCKIN-EFF-DATE
LOCK-IN-INFORMATION-ELG00009	ELG143-0001	ELG143		LOCKIN-END-DATE
LOCK-IN-INFORMATION-ELG00009	ELG143-0002	ELG143		LOCKIN-END-DATE
LOCK-IN-INFORMATION-ELG00009	ELG143-0003	ELG143		LOCKIN-END-DATE
LOCK-IN-INFORMATION-ELG00009	ELG143-0004	ELG143		LOCKIN-END-DATE
LOCK-IN-INFORMATION-ELG00009	ELG143-0005	ELG143		LOCKIN-END-DATE
LOCK-IN-INFORMATION-ELG00009	ELG143-0006	ELG143		LOCKIN-END-DATE
LOCK-IN-INFORMATION-ELG00009	ELG143-0007	ELG143		LOCKIN-END-DATE
LOCK-IN-INFORMATION-ELG00009	ELG144-0001	ELG144		STATE-NOTATION
LOCK-IN-INFORMATION-ELG00009	ELG144-0002	ELG144		STATE-NOTATION

LOCK-IN-INFORMATION-ELG00009	ELG145-0001	ELG145		FILLER
MFP-INFORMATION-ELG00010	ELG146-0001	ELG146		RECORD-ID
MFP-INFORMATION-ELG00010	ELG146-0002	ELG146		RECORD-ID
MFP-INFORMATION-ELG00010	ELG146-0003	ELG146		RECORD-ID
MFP-INFORMATION-ELG00010	ELG146-0004	ELG146		RECORD-ID
MFP-INFORMATION-ELG00010	ELG147-0001	ELG147		SUBMITTING-STATE
MFP-INFORMATION-ELG00010	ELG147-0002	ELG147		SUBMITTING-STATE
MFP-INFORMATION-ELG00010	ELG147-0003	ELG147		SUBMITTING-STATE
MFP-INFORMATION-ELG00010	ELG148-0001	ELG148		RECORD-NUMBER
MFP-INFORMATION-ELG00010	ELG148-0002	ELG148		RECORD-NUMBER
MFP-INFORMATION-ELG00010	ELG148-0003	ELG148		RECORD-NUMBER
MFP-INFORMATION-ELG00010	ELG149-0001	ELG149		MSIS-IDENTIFICATION-NUM
MFP-INFORMATION-ELG00010	ELG149-0002	ELG149		MSIS-IDENTIFICATION-NUM

MFP-INFORMATION-ELG00010	ELG149-0003	ELG149		MSIS-IDENTIFICATION-NUM
MFP-INFORMATION-ELG00010	ELG149-0004	ELG149		MSIS-IDENTIFICATION-NUM
MFP-INFORMATION-ELG00010	ELG149-0005	ELG149		MSIS-IDENTIFICATION-NUM
MFP-INFORMATION-ELG00010	ELG150-0001	ELG150		MFP-LIVES-WITH-FAMILY
MFP-INFORMATION-ELG00010	ELG151-0001	ELG151		MFP-QUALIFIED-INSTITUTION
MFP-INFORMATION-ELG00010	ELG152-0001	ELG152		MFP-QUALIFIED-RESIDENCE
MFP-INFORMATION-ELG00010	ELG153-0001	ELG153		MFP-REASON-PARTICIPATION-ENDED

MFP-INFORMATION-ELG00010	ELG153-0002	ELG153		MFP-REASON-PARTICIPATION-ENDED
MFP-INFORMATION-ELG00010	ELG154-0001	ELG154		MFP-REINSTITUTIONALIZED-REASON
MFP-INFORMATION-ELG00010	ELG155-0001	ELG155		MFP-ENROLLMENT-EFF-DATE
MFP-INFORMATION-ELG00010	ELG155-0002	ELG155		MFP-ENROLLMENT-EFF-DATE
MFP-INFORMATION-ELG00010	ELG155-0003	ELG155		MFP-ENROLLMENT-EFF-DATE
MFP-INFORMATION-ELG00010	ELG155-0004	ELG155		MFP-ENROLLMENT-EFF-DATE
MFP-INFORMATION-ELG00010	ELG155-0005	ELG155		MFP-ENROLLMENT-EFF-DATE
MFP-INFORMATION-ELG00010	ELG155-0006	ELG155		MFP-ENROLLMENT-EFF-DATE
MFP-INFORMATION-ELG00010	ELG155-0007	ELG155		MFP-ENROLLMENT-EFF-DATE
MFP-INFORMATION-ELG00010	ELG155-0008	ELG155		MFP-ENROLLMENT-EFF-DATE
MFP-INFORMATION-ELG00010	ELG156-0001	ELG156		MFP-ENROLLMENT-END-DATE
MFP-INFORMATION-ELG00010	ELG156-0002	ELG156		MFP-ENROLLMENT-END-DATE
MFP-INFORMATION-ELG00010	ELG156-0003	ELG156		MFP-ENROLLMENT-END-DATE
MFP-INFORMATION-ELG00010	ELG156-0004	ELG156		MFP-ENROLLMENT-END-DATE
MFP-INFORMATION-ELG00010	ELG156-0005	ELG156		MFP-ENROLLMENT-END-DATE
MFP-INFORMATION-ELG00010	ELG156-0006	ELG156		MFP-ENROLLMENT-END-DATE

MFP-INFORMATION-ELG00010	ELG156-0007	ELG156		MFP-ENROLLMENT-END-DATE
MFP-INFORMATION-ELG00010	ELG157-0001	ELG157		STATE-NOTATION
MFP-INFORMATION-ELG00010	ELG157-0002	ELG157		STATE-NOTATION
MFP-INFORMATION-ELG00010	ELG158-0001	ELG158		FILLER
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0001	ELG159		RECORD-ID
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0002	ELG159		RECORD-ID
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0003	ELG159		RECORD-ID
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0004	ELG159		RECORD-ID
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG160-0001	ELG160		SUBMITTING-STATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG160-0002	ELG160		SUBMITTING-STATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG160-0003	ELG160		SUBMITTING-STATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG161-0001	ELG161		RECORD-NUMBER

STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG161-0002	ELG161		RECORD-NUMBER
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG161-0003	ELG161		RECORD-NUMBER
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0001	ELG162		MSIS-IDENTIFICATION-NUM
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0002	ELG162		MSIS-IDENTIFICATION-NUM
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0003	ELG162		MSIS-IDENTIFICATION-NUM
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0004	ELG162		MSIS-IDENTIFICATION-NUM
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0005	ELG162		MSIS-IDENTIFICATION-NUM
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG163-0001	ELG163		STATE-PLAN-OPTION-TYPE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG163-0002	ELG163		STATE-PLAN-OPTION-TYPE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0001	ELG164		STATE-PLAN-OPTION-EFF-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0002	ELG164		STATE-PLAN-OPTION-EFF-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0003	ELG164		STATE-PLAN-OPTION-EFF-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0004	ELG164		STATE-PLAN-OPTION-EFF-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0005	ELG164		STATE-PLAN-OPTION-EFF-DATE

STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0006	ELG164		STATE-PLAN-OPTION-EFF-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0007	ELG164		STATE-PLAN-OPTION-EFF-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0008	ELG164		STATE-PLAN-OPTION-EFF-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0009	ELG164		STATE-PLAN-OPTION-EFF-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0001	ELG165		STATE-PLAN-OPTION-END-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0002	ELG165		STATE-PLAN-OPTION-END-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0003	ELG165		STATE-PLAN-OPTION-END-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0004	ELG165		STATE-PLAN-OPTION-END-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0005	ELG165		STATE-PLAN-OPTION-END-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0006	ELG165		STATE-PLAN-OPTION-END-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0007	ELG165		STATE-PLAN-OPTION-END-DATE
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG166-0001	ELG166		STATE-NOTATION
STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG166-0002	ELG166		STATE-NOTATION

STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG167-0001	ELG167		FILLER
WAIVER-PARTICIPATION-ELG00012	ELG168-0001	ELG168		RECORD-ID
WAIVER-PARTICIPATION-ELG00012	ELG168-0002	ELG168		RECORD-ID
WAIVER-PARTICIPATION-ELG00012	ELG168-0003	ELG168		RECORD-ID
WAIVER-PARTICIPATION-ELG00012	ELG168-0004	ELG168		RECORD-ID
WAIVER-PARTICIPATION-ELG00012	ELG169-0001	ELG169		SUBMITTING-STATE
WAIVER-PARTICIPATION-ELG00012	ELG169-0002	ELG169		SUBMITTING-STATE
WAIVER-PARTICIPATION-ELG00012	ELG169-0003	ELG169		SUBMITTING-STATE
WAIVER-PARTICIPATION-ELG00012	ELG170-0001	ELG170		RECORD-NUMBER
WAIVER-PARTICIPATION-ELG00012	ELG170-0002	ELG170		RECORD-NUMBER
WAIVER-PARTICIPATION-ELG00012	ELG170-0005	ELG170		RECORD-NUMBER
WAIVER-PARTICIPATION-ELG00012	ELG171-0001	ELG171		MSIS-IDENTIFICATION-NUM
WAIVER-PARTICIPATION-ELG00012	ELG171-0002	ELG171		MSIS-IDENTIFICATION-NUM

WAIVER-PARTICIPATION-ELG00012	ELG171-0003	ELG171		MSIS-IDENTIFICATION-NUM
WAIVER-PARTICIPATION-ELG00012	ELG171-0004	ELG171		MSIS-IDENTIFICATION-NUM
WAIVER-PARTICIPATION-ELG00012	ELG171-0005	ELG171		MSIS-IDENTIFICATION-NUM
WAIVER-PARTICIPATION-ELG00012	ELG172-0001	ELG172		WAIVER-ID
WAIVER-PARTICIPATION-ELG00012	ELG172-0002	ELG172		WAIVER-ID
WAIVER-PARTICIPATION-ELG00012	ELG172-0003	ELG172		WAIVER-ID
WAIVER-PARTICIPATION-ELG00012	ELG173-0001	ELG173		WAIVER-TYPE
WAIVER-PARTICIPATION-ELG00012	ELG173-0002	ELG173		WAIVER-TYPE
WAIVER-PARTICIPATION-ELG00012	ELG173-0003	ELG173		WAIVER-TYPE
WAIVER-PARTICIPATION-ELG00012	ELG174-0001	ELG174		WAIVER-ENROLLMENT-EFF-DATE
WAIVER-PARTICIPATION-ELG00012	ELG174-0002	ELG174		WAIVER-ENROLLMENT-EFF-DATE
WAIVER-PARTICIPATION-ELG00012	ELG174-0003	ELG174		WAIVER-ENROLLMENT-EFF-DATE
WAIVER-PARTICIPATION-ELG00012	ELG174-0004	ELG174		WAIVER-ENROLLMENT-EFF-DATE
WAIVER-PARTICIPATION-ELG00012	ELG174-0005	ELG174		WAIVER-ENROLLMENT-EFF-DATE

WAIVER-PARTICIPATION-ELG00012	ELG174-0006	ELG174		WAIVER-ENROLLMENT-EFF-DATE
WAIVER-PARTICIPATION-ELG00012	ELG174-0007	ELG174		WAIVER-ENROLLMENT-EFF-DATE
WAIVER-PARTICIPATION-ELG00012	ELG174-0008	ELG174		WAIVER-ENROLLMENT-EFF-DATE
WAIVER-PARTICIPATION-ELG00012	ELG175-0001	ELG175		WAIVER-ENROLLMENT-END-DATE
WAIVER-PARTICIPATION-ELG00012	ELG175-0002	ELG175		WAIVER-ENROLLMENT-END-DATE
WAIVER-PARTICIPATION-ELG00012	ELG175-0003	ELG175		WAIVER-ENROLLMENT-END-DATE
WAIVER-PARTICIPATION-ELG00012	ELG175-0004	ELG175		WAIVER-ENROLLMENT-END-DATE
WAIVER-PARTICIPATION-ELG00012	ELG175-0005	ELG175		WAIVER-ENROLLMENT-END-DATE
WAIVER-PARTICIPATION-ELG00012	ELG175-0006	ELG175		WAIVER-ENROLLMENT-END-DATE
WAIVER-PARTICIPATION-ELG00012	ELG175-0007	ELG175		WAIVER-ENROLLMENT-END-DATE
WAIVER-PARTICIPATION-ELG00012	ELG176-0001	ELG176		STATE-NOTATION
WAIVER-PARTICIPATION-ELG00012	ELG176-0002	ELG176		STATE-NOTATION
WAIVER-PARTICIPATION-ELG00012	ELG177-0001	ELG177		FILLER

LTSS-PARTICIPATION-ELG00013	ELG178-0001	ELG178		RECORD-ID
LTSS-PARTICIPATION-ELG00013	ELG178-0002	ELG178		RECORD-ID
LTSS-PARTICIPATION-ELG00013	ELG178-0003	ELG178		RECORD-ID
LTSS-PARTICIPATION-ELG00013	ELG178-0004	ELG178		RECORD-ID
LTSS-PARTICIPATION-ELG00013	ELG179-0001	ELG179		SUBMITTING-STATE
LTSS-PARTICIPATION-ELG00013	ELG179-0002	ELG179		SUBMITTING-STATE
LTSS-PARTICIPATION-ELG00013	ELG179-0003	ELG179		SUBMITTING-STATE
LTSS-PARTICIPATION-ELG00013	ELG180-0001	ELG180		RECORD-NUMBER
LTSS-PARTICIPATION-ELG00013	ELG180-0002	ELG180		RECORD-NUMBER
LTSS-PARTICIPATION-ELG00013	ELG180-0003	ELG180		RECORD-NUMBER
LTSS-PARTICIPATION-ELG00013	ELG181-0001	ELG181		MSIS-IDENTIFICATION-NUM
LTSS-PARTICIPATION-ELG00013	ELG181-0002	ELG181		MSIS-IDENTIFICATION-NUM
LTSS-PARTICIPATION-ELG00013	ELG181-0003	ELG181		MSIS-IDENTIFICATION-NUM
LTSS-PARTICIPATION-ELG00013	ELG181-0004	ELG181		MSIS-IDENTIFICATION-NUM
LTSS-PARTICIPATION-ELG00013	ELG181-0005	ELG181		MSIS-IDENTIFICATION-NUM

LTSS-PARTICIPATION-ELG00013	ELG182-0001	ELG182		LTSS-LEVEL-CARE
LTSS-PARTICIPATION-ELG00013	ELG183-0001	ELG183		LTSS-PROV-NUM
LTSS-PARTICIPATION-ELG00013	ELG184-0001	ELG184		LTSS-ELIGIBILITY-EFF-DATE
LTSS-PARTICIPATION-ELG00013	ELG184-0002	ELG184		LTSS-ELIGIBILITY-EFF-DATE
LTSS-PARTICIPATION-ELG00013	ELG184-0003	ELG184		LTSS-ELIGIBILITY-EFF-DATE
LTSS-PARTICIPATION-ELG00013	ELG184-0004	ELG184		LTSS-ELIGIBILITY-EFF-DATE
LTSS-PARTICIPATION-ELG00013	ELG184-0005	ELG184		LTSS-ELIGIBILITY-EFF-DATE
LTSS-PARTICIPATION-ELG00013	ELG184-0006	ELG184		LTSS-ELIGIBILITY-EFF-DATE
LTSS-PARTICIPATION-ELG00013	ELG184-0007	ELG184		LTSS-ELIGIBILITY-EFF-DATE
LTSS-PARTICIPATION-ELG00013	ELG184-0008	ELG184		LTSS-ELIGIBILITY-EFF-DATE
LTSS-PARTICIPATION-ELG00013	ELG185-0001	ELG185		LTSS-ELIGIBILITY-END-DATE
LTSS-PARTICIPATION-ELG00013	ELG185-0002	ELG185		LTSS-ELIGIBILITY-END-DATE
LTSS-PARTICIPATION-ELG00013	ELG185-0003	ELG185		LTSS-ELIGIBILITY-END-DATE
LTSS-PARTICIPATION-ELG00013	ELG185-0004	ELG185		LTSS-ELIGIBILITY-END-DATE
LTSS-PARTICIPATION-ELG00013	ELG185-0005	ELG185		LTSS-ELIGIBILITY-END-DATE
LTSS-PARTICIPATION-ELG00013	ELG185-0006	ELG185		LTSS-ELIGIBILITY-END-DATE
LTSS-PARTICIPATION-ELG00013	ELG185-0007	ELG185		LTSS-ELIGIBILITY-END-DATE
LTSS-PARTICIPATION-ELG00013	ELG186-0001	ELG186		STATE-NOTATION

LTSS-PARTICIPATION-ELG00013	ELG186-0002	ELG186		STATE-NOTATION
LTSS-PARTICIPATION-ELG00013	ELG187-0001	ELG187		FILLER
MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0001	ELG188		RECORD-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0002	ELG188		RECORD-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0003	ELG188		RECORD-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0004	ELG188		RECORD-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0001	ELG189		SUBMITTING-STATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0002	ELG189		SUBMITTING-STATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0003	ELG189		SUBMITTING-STATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0001	ELG190		RECORD-NUMBER
MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0002	ELG190		RECORD-NUMBER
MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0003	ELG190		RECORD-NUMBER
MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0001	ELG191		MSIS-IDENTIFICATION-NUM
MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0002	ELG191		MSIS-IDENTIFICATION-NUM

MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0003	ELG191		MSIS-IDENTIFICATION-NUM
MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0004	ELG191		MSIS-IDENTIFICATION-NUM
MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0005	ELG191		MSIS-IDENTIFICATION-NUM
MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0001	ELG192		MANAGED-CARE-PLAN-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0002	ELG192		MANAGED-CARE-PLAN-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0003	ELG192		MANAGED-CARE-PLAN-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0004	ELG192		MANAGED-CARE-PLAN-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0001	ELG193		MANAGED-CARE-PLAN-TYPE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0002	ELG193		MANAGED-CARE-PLAN-TYPE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0003	ELG193		MANAGED-CARE-PLAN-TYPE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0004	ELG193		MANAGED-CARE-PLAN-TYPE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0005	ELG193		MANAGED-CARE-PLAN-TYPE

MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0001	ELG194		NATIONAL-HEALTH-CARE-ENTITY-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0002	ELG194		NATIONAL-HEALTH-CARE-ENTITY-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0003	ELG194		NATIONAL-HEALTH-CARE-ENTITY-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0004	ELG194		NATIONAL-HEALTH-CARE-ENTITY-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0005	ELG194		NATIONAL-HEALTH-CARE-ENTITY-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0006	ELG194		NATIONAL-HEALTH-CARE-ENTITY-ID
MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0001	ELG195		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0002	ELG195		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0003	ELG195		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0004	ELG195		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0001	ELG196		MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0002	ELG196		MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0003	ELG196		MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0004	ELG196		MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0005	ELG196		MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0006	ELG196		MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0007	ELG196		MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE

MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0001	ELG197		MANAGED-CARE-PLAN-ENROLLMENT-END-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0002	ELG197		MANAGED-CARE-PLAN-ENROLLMENT-END-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0003	ELG197		MANAGED-CARE-PLAN-ENROLLMENT-END-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0004	ELG197		MANAGED-CARE-PLAN-ENROLLMENT-END-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0005	ELG197		MANAGED-CARE-PLAN-ENROLLMENT-END-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0006	ELG197		MANAGED-CARE-PLAN-ENROLLMENT-END-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0007	ELG197		MANAGED-CARE-PLAN-ENROLLMENT-END-DATE
MANAGED-CARE-PARTICIPATION-ELG00014	ELG198-0001	ELG198		STATE-NOTATION
MANAGED-CARE-PARTICIPATION-ELG00014	ELG198-0002	ELG198		STATE-NOTATION
MANAGED-CARE-PARTICIPATION-ELG00014	ELG199-0001	ELG199		FILLER
ETHNICITY-INFORMATION-ELG00015	ELG200-0001	ELG200		RECORD-ID
ETHNICITY-INFORMATION-ELG00015	ELG200-0002	ELG200		RECORD-ID
ETHNICITY-INFORMATION-ELG00015	ELG200-0003	ELG200		RECORD-ID

ETHNICITY-INFORMATION-ELG00015	ELG200-0004	ELG200		RECORD-ID
ETHNICITY-INFORMATION-ELG00015	ELG201-0001	ELG201		SUBMITTING-STATE
ETHNICITY-INFORMATION-ELG00015	ELG201-0002	ELG201		SUBMITTING-STATE
ETHNICITY-INFORMATION-ELG00015	ELG201-0003	ELG201		SUBMITTING-STATE
ETHNICITY-INFORMATION-ELG00015	ELG202-0001	ELG202		RECORD-NUMBER
ETHNICITY-INFORMATION-ELG00015	ELG202-0002	ELG202		RECORD-NUMBER
ETHNICITY-INFORMATION-ELG00015	ELG202-0003	ELG202		RECORD-NUMBER
ETHNICITY-INFORMATION-ELG00015	ELG203-0001	ELG203		MSIS-IDENTIFICATION-NUM
ETHNICITY-INFORMATION-ELG00015	ELG203-0002	ELG203		MSIS-IDENTIFICATION-NUM
ETHNICITY-INFORMATION-ELG00015	ELG203-0003	ELG203		MSIS-IDENTIFICATION-NUM
ETHNICITY-INFORMATION-ELG00015	ELG203-0004	ELG203		MSIS-IDENTIFICATION-NUM
ETHNICITY-INFORMATION-ELG00015	ELG203-0005	ELG203		MSIS-IDENTIFICATION-NUM

ETHNICITY-INFORMATION-ELG00015	ELG204-0001	ELG204		ETHNICITY-CODE
		ELG204		ETHNICITY-CODE
ETHNICITY-INFORMATION-ELG00015	ELG204-0002	ELG204		ETHNICITY-CODE
ETHNICITY-INFORMATION-ELG00015	ELG204-0003	ELG204		ETHNICITY-CODE
ETHNICITY-INFORMATION-ELG00015	ELG205-0001	ELG205		ETHNICITY-DECLARATION-EFF-DATE
ETHNICITY-INFORMATION-ELG00015	ELG205-0002	ELG205		ETHNICITY-DECLARATION-EFF-DATE
ETHNICITY-INFORMATION-ELG00015	ELG205-0003	ELG205		ETHNICITY-DECLARATION-EFF-DATE
ETHNICITY-INFORMATION-ELG00015	ELG205-0004	ELG205		ETHNICITY-DECLARATION-EFF-DATE
ETHNICITY-INFORMATION-ELG00015	ELG205-0005	ELG205		ETHNICITY-DECLARATION-EFF-DATE
ETHNICITY-INFORMATION-ELG00015	ELG205-0006	ELG205		ETHNICITY-DECLARATION-EFF-DATE
ETHNICITY-INFORMATION-ELG00015	ELG205-0007	ELG205		ETHNICITY-DECLARATION-EFF-DATE

ETHNICITY-INFORMATION-ELG00015	ELG205-0008	ELG205		ETHNICITY-DECLARATION-EFF-DATE
ETHNICITY-INFORMATION-ELG00015	ELG205-0009	ELG205		ETHNICITY-DECLARATION-EFF-DATE
ETHNICITY-INFORMATION-ELG00015	ELG206-0001	ELG206		ETHNICITY-DECLARATION-END-DATE
ETHNICITY-INFORMATION-ELG00015	ELG206-0002	ELG206		ETHNICITY-DECLARATION-END-DATE
ETHNICITY-INFORMATION-ELG00015	ELG206-0003	ELG206		ETHNICITY-DECLARATION-END-DATE
ETHNICITY-INFORMATION-ELG00015	ELG206-0004	ELG206		ETHNICITY-DECLARATION-END-DATE
ETHNICITY-INFORMATION-ELG00015	ELG206-0005	ELG206		ETHNICITY-DECLARATION-END-DATE
ETHNICITY-INFORMATION-ELG00015	ELG206-0006	ELG206		ETHNICITY-DECLARATION-END-DATE
ETHNICITY-INFORMATION-ELG00015	ELG206-0007	ELG206		ETHNICITY-DECLARATION-END-DATE
ETHNICITY-INFORMATION-ELG00015	ELG206-0008	ELG206		ETHNICITY-DECLARATION-END-DATE
ETHNICITY-INFORMATION-ELG00015	ELG207-0001	ELG207		STATE-NOTATION
ETHNICITY-INFORMATION-ELG00015	ELG207-0002	ELG207		STATE-NOTATION

ETHNICITY-INFORMATION-ELG00015	ELG208-0001	ELG208		FILLER
RACE-INFORMATION-ELG00016	ELG209-0001	ELG209		RECORD-ID
RACE-INFORMATION-ELG00016	ELG209-0002	ELG209		RECORD-ID
RACE-INFORMATION-ELG00016	ELG209-0003	ELG209		RECORD-ID
RACE-INFORMATION-ELG00016	ELG209-0004	ELG209		RECORD-ID
RACE-INFORMATION-ELG00016	ELG210-0001	ELG210		SUBMITTING-STATE
RACE-INFORMATION-ELG00016	ELG210-0002	ELG210		SUBMITTING-STATE
RACE-INFORMATION-ELG00016	ELG210-0003	ELG210		SUBMITTING-STATE
RACE-INFORMATION-ELG00016	ELG211-0001	ELG211		RECORD-NUMBER
RACE-INFORMATION-ELG00016	ELG211-0002	ELG211		RECORD-NUMBER
RACE-INFORMATION-ELG00016	ELG211-0005	ELG211		RECORD-NUMBER
RACE-INFORMATION-ELG00016	ELG212-0001	ELG212		MSIS-IDENTIFICATION-NUM
RACE-INFORMATION-ELG00016	ELG212-0002	ELG212		MSIS-IDENTIFICATION-NUM

RACE-INFORMATION-ELG00016	ELG212-0003	ELG212		MSIS-IDENTIFICATION-NUM
RACE-INFORMATION-ELG00016	ELG212-0004	ELG212		MSIS-IDENTIFICATION-NUM
RACE-INFORMATION-ELG00016	ELG212-0005	ELG212		MSIS-IDENTIFICATION-NUM
RACE-INFORMATION-ELG00016	ELG213-0001	ELG213		RACE

		ELG213		RACE
RACE-INFORMATION-ELG00016	ELG214-0001	ELG214		RACE-OTHER
RACE-INFORMATION-ELG00016	ELG214-0002	ELG214		RACE-OTHER
RACE-INFORMATION-ELG00016	ELG215-0001	ELG215		CERTIFIED-AMERICAN-INDIAN/ ALASKAN-NATIVE-INDICATOR

RACE-INFORMATION-ELG00016	ELG216-0001	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG216-0002	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG216-0003	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG216-0004	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG216-0005	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG216-0006	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG216-0007	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG216-0008	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG216-0009	ELG216		RACE-DECLARATION-EFF-DATE
RACE-INFORMATION-ELG00016	ELG217-0001	ELG217		RACE-DECLARATION-END-DATE
RACE-INFORMATION-ELG00016	ELG217-0002	ELG217		RACE-DECLARATION-END-DATE
RACE-INFORMATION-ELG00016	ELG217-0003	ELG217		RACE-DECLARATION-END-DATE
RACE-INFORMATION-ELG00016	ELG217-0004	ELG217		RACE-DECLARATION-END-DATE
RACE-INFORMATION-ELG00016	ELG217-0005	ELG217		RACE-DECLARATION-END-DATE
RACE-INFORMATION-ELG00016	ELG217-0006	ELG217		RACE-DECLARATION-END-DATE
RACE-INFORMATION-ELG00016	ELG217-0007	ELG217		RACE-DECLARATION-END-DATE
RACE-INFORMATION-ELG00016	ELG217-0008	ELG217		RACE-DECLARATION-END-DATE

RACE-INFORMATION-ELG00016	ELG218-0001	ELG218		STATE-NOTATION
RACE-INFORMATION-ELG00016	ELG218-0002	ELG218		STATE-NOTATION
RACE-INFORMATION-ELG00016	ELG219-0001	ELG219		FILLER
DISABILITY-INFORMATION-ELG00017	ELG220-0001	ELG220		RECORD-ID
DISABILITY-INFORMATION-ELG00017	ELG220-0002	ELG220		RECORD-ID
DISABILITY-INFORMATION-ELG00017	ELG220-0003	ELG220		RECORD-ID
DISABILITY-INFORMATION-ELG00017	ELG220-0004	ELG220		RECORD-ID
DISABILITY-INFORMATION-ELG00017	ELG221-0001	ELG221		SUBMITTING-STATE
DISABILITY-INFORMATION-ELG00017	ELG221-0002	ELG221		SUBMITTING-STATE
DISABILITY-INFORMATION-ELG00017	ELG221-0003	ELG221		SUBMITTING-STATE
DISABILITY-INFORMATION-ELG00017	ELG222-0001	ELG222		RECORD-NUMBER
DISABILITY-INFORMATION-ELG00017	ELG222-0002	ELG222		RECORD-NUMBER
DISABILITY-INFORMATION-ELG00017	ELG222-0003	ELG222		RECORD-NUMBER
DISABILITY-INFORMATION-ELG00017	ELG223-0001	ELG223		MSIS-IDENTIFICATION-NUM

DISABILITY-INFORMATION-ELG00017	ELG223-0002	ELG223		MSIS-IDENTIFICATION-NUM
DISABILITY-INFORMATION-ELG00017	ELG223-0003	ELG223		MSIS-IDENTIFICATION-NUM
DISABILITY-INFORMATION-ELG00017	ELG223-0004	ELG223		MSIS-IDENTIFICATION-NUM
DISABILITY-INFORMATION-ELG00017	ELG223-0005	ELG223		MSIS-IDENTIFICATION-NUM
DISABILITY-INFORMATION-ELG00017	ELG224-0001	ELG224		DISABILITY-TYPE-CODE

DISABILITY-INFORMATION-ELG00017	ELG224-0002	ELG224		DISABILITY-TYPE-CODE
DISABILITY-INFORMATION-ELG00017	ELG224-0003	ELG224		DISABILITY-TYPE-CODE
DISABILITY-INFORMATION-ELG00017	ELG225-0001	ELG225		DISABILITY-TYPE-EFF-DATE
DISABILITY-INFORMATION-ELG00017	ELG225-0002	ELG225		DISABILITY-TYPE-EFF-DATE
DISABILITY-INFORMATION-ELG00017	ELG225-0003	ELG225		DISABILITY-TYPE-EFF-DATE
DISABILITY-INFORMATION-ELG00017	ELG225-0004	ELG225		DISABILITY-TYPE-EFF-DATE
DISABILITY-INFORMATION-ELG00017	ELG225-0005	ELG225		DISABILITY-TYPE-EFF-DATE
DISABILITY-INFORMATION-ELG00017	ELG225-0006	ELG225		DISABILITY-TYPE-EFF-DATE
DISABILITY-INFORMATION-ELG00017	ELG225-0007	ELG225		DISABILITY-TYPE-EFF-DATE
DISABILITY-INFORMATION-ELG00017	ELG225-0008	ELG225		DISABILITY-TYPE-EFF-DATE

DISABILITY-INFORMATION-ELG00017	ELG225-0009	ELG225		DISABILITY-TYPE-EFF-DATE
DISABILITY-INFORMATION-ELG00017	ELG226-0001	ELG226		DISABILITY-TYPE-END-DATE
DISABILITY-INFORMATION-ELG00017	ELG226-0002	ELG226		DISABILITY-TYPE-END-DATE
DISABILITY-INFORMATION-ELG00017	ELG226-0003	ELG226		DISABILITY-TYPE-END-DATE
DISABILITY-INFORMATION-ELG00017	ELG226-0004	ELG226		DISABILITY-TYPE-END-DATE
DISABILITY-INFORMATION-ELG00017	ELG226-0005	ELG226		DISABILITY-TYPE-END-DATE
DISABILITY-INFORMATION-ELG00017	ELG226-0006	ELG226		DISABILITY-TYPE-END-DATE
DISABILITY-INFORMATION-ELG00017	ELG226-0007	ELG226		DISABILITY-TYPE-END-DATE
DISABILITY-INFORMATION-ELG00017	ELG226-0008	ELG226		DISABILITY-TYPE-END-DATE
DISABILITY-INFORMATION-ELG00017	ELG227-0001	ELG227		STATE-NOTATION
DISABILITY-INFORMATION-ELG00017	ELG227-0002	ELG227		STATE-NOTATION
DISABILITY-INFORMATION-ELG00017	ELG228-0001	ELG228		FILLER

1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0001	ELG229		RECORD-ID
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0002	ELG229		RECORD-ID
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0003	ELG229		RECORD-ID
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0004	ELG229		RECORD-ID
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0001	ELG230		SUBMITTING-STATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0002	ELG230		SUBMITTING-STATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0003	ELG230		SUBMITTING-STATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0001	ELG231		RECORD-NUMBER
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0002	ELG231		RECORD-NUMBER
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0003	ELG231		RECORD-NUMBER
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0001	ELG232		MSIS-IDENTIFICATION-NUM
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0002	ELG232		MSIS-IDENTIFICATION-NUM
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0003	ELG232		MSIS-IDENTIFICATION-NUM
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0004	ELG232		MSIS-IDENTIFICATION-NUM

1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0005	ELG232		MSIS-IDENTIFICATION-NUM
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG233-0001	ELG233		1115A-DEMONSTRATION-IND
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG233-0002	ELG233		1115A-DEMONSTRATION-IND
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG233-0003	ELG233		1115A-DEMONSTRATION-IND
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0001	ELG234		1115A-EFF-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0002	ELG234		1115A-EFF-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0003	ELG234		1115A-EFF-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0004	ELG234		1115A-EFF-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0005	ELG234		1115A-EFF-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0006	ELG234		1115A-EFF-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0007	ELG234		1115A-EFF-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0008	ELG234		1115A-EFF-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0001	ELG235		1115A-END-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0002	ELG235		1115A-END-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0003	ELG235		1115A-END-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0004	ELG235		1115A-END-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0005	ELG235		1115A-END-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0006	ELG235		1115A-END-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0007	ELG235		1115A-END-DATE

1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0008	ELG235		1115A-END-DATE
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG236-0001	ELG236		STATE-NOTATION
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG236-0002	ELG236		STATE-NOTATION
1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG237-0001	ELG237		FILLER
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0001	ELG238		RECORD-ID
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0002	ELG238		RECORD-ID
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0003	ELG238		RECORD-ID
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0004	ELG238		RECORD-ID
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0001	ELG239		SUBMITTING-STATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0002	ELG239		SUBMITTING-STATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0003	ELG239		SUBMITTING-STATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0001	ELG240		RECORD-NUMBER

HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0002	ELG240		RECORD-NUMBER
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0003	ELG240		RECORD-NUMBER
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0001	ELG241		MSIS-IDENTIFICATION-NUM
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0002	ELG241		MSIS-IDENTIFICATION-NUM
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0003	ELG241		MSIS-IDENTIFICATION-NUM
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0004	ELG241		MSIS-IDENTIFICATION-NUM
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0005	ELG241		MSIS-IDENTIFICATION-NUM
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG242-0001	ELG242		HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0001	ELG243		HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE

HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0002	ELG243		HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0003	ELG243		HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0004	ELG243		HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG244-0001	ELG244		HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG244-0002	ELG244		HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG244-0003	ELG244		HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG245-0001	ELG245		STATE-NOTATION
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG245-0002	ELG245		STATE-NOTATION
HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG246-0001	ELG246		FILLER
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-0001	ELG248		RECORD-ID
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-0002	ELG248		RECORD-ID

ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-0003	ELG248		RECORD-ID
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-0001	ELG249		SUBMITTING-STATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-0002	ELG249		SUBMITTING-STATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-0003	ELG249		SUBMITTING-STATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-0004	ELG249		SUBMITTING-STATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG250-0001	ELG250		RECORD-NUMBER
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG250-0002	ELG250		RECORD-NUMBER
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG250-0003	ELG250		RECORD-NUMBER
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG250-0004	ELG250		RECORD-NUMBER
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0001	ELG251		MSIS-IDENTIFICATION-NUM
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0002	ELG251		MSIS-IDENTIFICATION-NUM
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0003	ELG251		MSIS-IDENTIFICATION-NUM
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0004	ELG251		MSIS-IDENTIFICATION-NUM
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0005	ELG251		MSIS-IDENTIFICATION-NUM
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG252-0001	ELG252		ENROLLMENT-TYPE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG252-0002	ELG252		ENROLLMENT-TYPE

ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0001	ELG253		ENROLLMENT-EFF-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0002	ELG253		ENROLLMENT-EFF-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0003	ELG253		ENROLLMENT-EFF-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0004	ELG253		ENROLLMENT-EFF-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0005	ELG253		ENROLLMENT-EFF-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0001	ELG254		ENROLLMENT-END-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0002	ELG254		ENROLLMENT-END-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0003	ELG254		ENROLLMENT-END-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0004	ELG254		ENROLLMENT-END-DATE
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG255-0001	ELG255		STATE-NOTATION
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG255-0002	ELG255		STATE-NOTATION
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG256-0001	ELG256		FILLER
ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-0004	ELG248		RECORD-ID

FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-0001	MCR001		RECORD-ID
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-0002	MCR001		RECORD-ID
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-0003	MCR001		RECORD-ID
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-0004	MCR001		RECORD-ID
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR002-0001	MCR002		DATA-DICTIONARY-VERSION
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR003-0001	MCR003		SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR003-0002	MCR003		SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR004-0001	MCR004		FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR004-0002	MCR004		FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR005-0001	MCR005		DATA-MAPPING-DOCUMENT-VERSION
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR005-0002	MCR005		DATA-MAPPING-DOCUMENT-VERSION
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR006-0001	MCR006		FILE-NAME
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR006-0002	MCR006		FILE-NAME
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR007-0001	MCR007		SUBMITTING-STATE
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR007-0002	MCR007		SUBMITTING-STATE
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR007-0003	MCR007		SUBMITTING-STATE
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0001	MCR008		DATE-FILE-CREATED
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0002	MCR008		DATE-FILE-CREATED
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0003	MCR008		DATE-FILE-CREATED
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0004	MCR008		DATE-FILE-CREATED
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0005	MCR008		DATE-FILE-CREATED
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0001	MCR009		START-OF-TIME-PERIOD

FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0002	MCR009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0003	MCR009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0004	MCR009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0005	MCR009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0006	MCR009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0007	MCR009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0001	MCR010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0002	MCR010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0003	MCR010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0004	MCR010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0005	MCR010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0006	MCR010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0007	MCR010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR011-0001	MCR011		FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR011-0002	MCR011		FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR013-0001	MCR013		TOT-REC-CNT
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR013-0002	MCR013		TOT-REC-CNT
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR112-0001	MCR112		SEQUENCE-NUMBER
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR112-0002	MCR112		SEQUENCE-NUMBER
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR014-0001	MCR014		STATE-NOTATION

FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR014-0002	MCR014		STATE-NOTATION
FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR012-0001	MCR012		FILLER
MANAGED-CARE-MAIN-MCR00002	MCR016-0001	MCR016		RECORD-ID
MANAGED-CARE-MAIN-MCR00002	MCR016-0002	MCR016		RECORD-ID
MANAGED-CARE-MAIN-MCR00002	MCR016-0003	MCR016		RECORD-ID
MANAGED-CARE-MAIN-MCR00002	MCR016-0004	MCR016		RECORD-ID
MANAGED-CARE-MAIN-MCR00002	MCR017-0001	MCR017		SUBMITTING-STATE
MANAGED-CARE-MAIN-MCR00002	MCR017-0002	MCR017		SUBMITTING-STATE
MANAGED-CARE-MAIN-MCR00002	MCR017-0003	MCR017		SUBMITTING-STATE
MANAGED-CARE-MAIN-MCR00002	MCR017-0004	MCR017		SUBMITTING-STATE
MANAGED-CARE-MAIN-MCR00002	MCR018-0001	MCR018		RECORD-NUMBER
MANAGED-CARE-MAIN-MCR00002	MCR018-0002	MCR018		RECORD-NUMBER
MANAGED-CARE-MAIN-MCR00002	MCR018-0003	MCR018		RECORD-NUMBER
MANAGED-CARE-MAIN-MCR00002	MCR019-0001	MCR019		STATE-PLAN-ID-NUM
MANAGED-CARE-MAIN-MCR00002	MCR019-0002	MCR019		STATE-PLAN-ID-NUM
MANAGED-CARE-MAIN-MCR00002	MCR019-0003	MCR019		STATE-PLAN-ID-NUM

MANAGED-CARE-MAIN-MCR00002	MCR019-0004	MCR019		STATE-PLAN-ID-NUM
MANAGED-CARE-MAIN-MCR00002	MCR020-0001	MCR020		MANAGED-CARE-CONTRACT-EFF-DATE
MANAGED-CARE-MAIN-MCR00002	MCR020-0002	MCR020		MANAGED-CARE-CONTRACT-EFF-DATE
MANAGED-CARE-MAIN-MCR00002	MCR020-0003	MCR020		MANAGED-CARE-CONTRACT-EFF-DATE
MANAGED-CARE-MAIN-MCR00002	MCR020-0004	MCR020		MANAGED-CARE-CONTRACT-EFF-DATE
MANAGED-CARE-MAIN-MCR00002	MCR021-0001	MCR021		MANAGED-CARE-CONTRACT-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR021-0002	MCR021		MANAGED-CARE-CONTRACT-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR021-0003	MCR021		MANAGED-CARE-CONTRACT-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR021-0004	MCR021		MANAGED-CARE-CONTRACT-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR021-0005	MCR021		MANAGED-CARE-CONTRACT-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR022-0001	MCR022		MANAGED-CARE-NAME
MANAGED-CARE-MAIN-MCR00002	MCR022-0002	MCR022		MANAGED-CARE-NAME
MANAGED-CARE-MAIN-MCR00002	MCR023-0001	MCR023		MANAGED-CARE-PROGRAM
MANAGED-CARE-MAIN-MCR00002	MCR023-0002	MCR023		MANAGED-CARE-PROGRAM
MANAGED-CARE-MAIN-MCR00002	MCR024-0001	MCR024		MANAGED-CARE-PLAN-TYPE
MANAGED-CARE-MAIN-MCR00002	MCR024-0002	MCR024		MANAGED-CARE-PLAN-TYPE
MANAGED-CARE-MAIN-MCR00002	MCR024-0003	MCR024		MANAGED-CARE-PLAN-TYPE
MANAGED-CARE-MAIN-MCR00002	MCR025-0001	MCR025		REIMBURSEMENT-ARRANGEMENT

MANAGED-CARE-MAIN-MCR00002	MCR025-0002	MCR025		REIMBURSEMENT-ARRANGEMENT
MANAGED-CARE-MAIN-MCR00002	MCR025-0003	MCR025		REIMBURSEMENT-ARRANGEMENT
MANAGED-CARE-MAIN-MCR00002	MCR026-0001	MCR026		MANAGED-CARE-PROFIT-STATUS
MANAGED-CARE-MAIN-MCR00002	MCR026-0002	MCR026		MANAGED-CARE-PROFIT-STATUS
MANAGED-CARE-MAIN-MCR00002	MCR026-0003	MCR026		MANAGED-CARE-PROFIT-STATUS
MANAGED-CARE-MAIN-MCR00002	MCR027-0001	MCR027		CORE-BASED-STATISTICAL-AREA-CODE

MANAGED-CARE-MAIN-MCR00002	MCR027-0002	MCR027		CORE-BASED-STATISTICAL-AREA-CODE
MANAGED-CARE-MAIN-MCR00002	MCR027-0003	MCR027		CORE-BASED-STATISTICAL-AREA-CODE
MANAGED-CARE-MAIN-MCR00002	MCR028-0001	MCR028		PERCENT-BUSINESS
MANAGED-CARE-MAIN-MCR00002	MCR028-0002	MCR028		PERCENT-BUSINESS
MANAGED-CARE-MAIN-MCR00002	MCR029-0001	MCR029		MANAGED-CARE-SERVICE-AREA
MANAGED-CARE-MAIN-MCR00002	MCR029-0002	MCR029		MANAGED-CARE-SERVICE-AREA

MANAGED-CARE-MAIN-MCR00002	MCR030-0001	MCR030		MANAGED-CARE-MAIN-REC-EFF-DATE
MANAGED-CARE-MAIN-MCR00002	MCR030-0002	MCR030		MANAGED-CARE-MAIN-REC-EFF-DATE
MANAGED-CARE-MAIN-MCR00002	MCR030-0003	MCR030		MANAGED-CARE-MAIN-REC-EFF-DATE
MANAGED-CARE-MAIN-MCR00002	MCR030-0004	MCR030		MANAGED-CARE-MAIN-REC-EFF-DATE
MANAGED-CARE-MAIN-MCR00002	MCR031-0001	MCR031		MANAGED-CARE-MAIN-REC-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR031-0002	MCR031		MANAGED-CARE-MAIN-REC-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR031-0003	MCR031		MANAGED-CARE-MAIN-REC-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR031-0004	MCR031		MANAGED-CARE-MAIN-REC-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR031-0005	MCR031		MANAGED-CARE-MAIN-REC-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR031-0006	MCR031		MANAGED-CARE-MAIN-REC-END-DATE
MANAGED-CARE-MAIN-MCR00002	MCR032-0001	MCR032		STATE-NOTATION
MANAGED-CARE-MAIN-MCR00002	MCR032-0002	MCR032		STATE-NOTATION
MANAGED-CARE-MAIN-MCR00002	MCR033-0001	MCR033		FILLER
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR034-0001	MCR034		RECORD-ID
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR034-0002	MCR034		RECORD-ID

MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR034-0003	MCR034		RECORD-ID
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR034-0004	MCR034		RECORD-ID
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR035-0001	MCR035		SUBMITTING-STATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR035-0002	MCR035		SUBMITTING-STATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR035-0003	MCR035		SUBMITTING-STATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR035-0004	MCR035		SUBMITTING-STATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR036-0001	MCR036		RECORD-NUMBER
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR036-0002	MCR036		RECORD-NUMBER
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR036-0003	MCR036		RECORD-NUMBER
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR037-0001	MCR037		STATE-PLAN-ID-NUM
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR037-0002	MCR037		STATE-PLAN-ID-NUM
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR037-0003	MCR037		STATE-PLAN-ID-NUM
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR037-0004	MCR037		STATE-PLAN-ID-NUM
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0001	MCR038		MANAGED-CARE-LOCATION-ID
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0002	MCR038		MANAGED-CARE-LOCATION-ID
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0003	MCR038		MANAGED-CARE-LOCATION-ID
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0004	MCR038		MANAGED-CARE-LOCATION-ID
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0005	MCR038		MANAGED-CARE-LOCATION-ID

MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0001	MCR039		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0002	MCR039		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0003	MCR039		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0004	MCR039		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0005	MCR039		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0001	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0002	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0003	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0004	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0005	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0006	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0007	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0008	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0009	MCR040		MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR041-0001	MCR041		MANAGED-CARE-ADDR-TYPE

MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR041-0002	MCR041		MANAGED-CARE-ADDR-TYPE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR042-0001	MCR042		MANAGED-CARE-ADDR-LN1
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR042-0002	MCR042		MANAGED-CARE-ADDR-LN1
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR043-0001	MCR043		MANAGED-CARE-ADDR-LN2
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR043-0002	MCR043		MANAGED-CARE-ADDR-LN2
		MCR043		MANAGED-CARE-ADDR-LN2
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR044-0001	MCR044		MANAGED-CARE-ADDR-LN3
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR044-0002	MCR044		MANAGED-CARE-ADDR-LN3
		MCR044		MANAGED-CARE-ADDR-LN3
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR045-0001	MCR045		MANAGED-CARE-CITY
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR045-0002	MCR045		MANAGED-CARE-CITY
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR046-0001	MCR046		MANAGED-CARE-STATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR046-0002	MCR046		MANAGED-CARE-STATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR046-0003	MCR046		MANAGED-CARE-STATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR046-0004	MCR046		MANAGED-CARE-STATE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR047-0001	MCR047		MANAGED-CARE-ZIP-CODE

MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR047-0002	MCR047		MANAGED-CARE-ZIP-CODE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR047-0003	MCR047		MANAGED-CARE-ZIP-CODE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR048-0001	MCR048		MANAGED-CARE-COUNTY
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR048-0002	MCR048		MANAGED-CARE-COUNTY
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR048-0003	MCR048		MANAGED-CARE-COUNTY
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR048-0004	MCR048		MANAGED-CARE-COUNTY
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR049-0001	MCR049		MANAGED-CARE-TELEPHONE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR049-0002	MCR049		MANAGED-CARE-TELEPHONE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR049-0003	MCR049		MANAGED-CARE-TELEPHONE
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR050-0001	MCR050		MANAGED-CARE-EMAIL
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR050-0002	MCR050		MANAGED-CARE-EMAIL
		MCR050		MANAGED-CARE-EMAIL
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR051-0001	MCR051		MANAGED-CARE-FAX-NUMBER
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR051-0002	MCR051		MANAGED-CARE-FAX-NUMBER
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR051-0003	MCR051		MANAGED-CARE-FAX-NUMBER
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR052-0001	MCR052		STATE-NOTATION
MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR052-0002	MCR052		STATE-NOTATION

MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR053-0001	MCR053		FILLER
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0001	MCR054		RECORD-ID
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0002	MCR054		RECORD-ID
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0003	MCR054		RECORD-ID
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0004	MCR054		RECORD-ID
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0001	MCR055		SUBMITTING-STATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0002	MCR055		SUBMITTING-STATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0003	MCR055		SUBMITTING-STATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0004	MCR055		SUBMITTING-STATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR056-0001	MCR056		RECORD-NUMBER
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR056-0002	MCR056		RECORD-NUMBER
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR056-0003	MCR056		RECORD-NUMBER
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR057-0001	MCR057		STATE-PLAN-ID-NUM
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR057-0002	MCR057		STATE-PLAN-ID-NUM
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR057-0003	MCR057		STATE-PLAN-ID-NUM
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR057-0004	MCR057		STATE-PLAN-ID-NUM
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0001	MCR058		MANAGED-CARE-SERVICE-AREA-NAME

MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0002	MCR058		MANAGED-CARE-SERVICE-AREA-NAME
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0003	MCR058		MANAGED-CARE-SERVICE-AREA-NAME
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0004	MCR058		MANAGED-CARE-SERVICE-AREA-NAME
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0005	MCR058		MANAGED-CARE-SERVICE-AREA-NAME
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0006	MCR058		MANAGED-CARE-SERVICE-AREA-NAME
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0001	MCR059		MANAGED-CARE-SERVICE-AREA-EFF-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0002	MCR059		MANAGED-CARE-SERVICE-AREA-EFF-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0003	MCR059		MANAGED-CARE-SERVICE-AREA-EFF-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0004	MCR059		MANAGED-CARE-SERVICE-AREA-EFF-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0005	MCR059		MANAGED-CARE-SERVICE-AREA-EFF-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0001	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0002	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0003	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0004	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0005	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0006	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0007	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0008	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE

MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0009	MCR060		MANAGED-CARE-SERVICE-AREA-END-DATE
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR061-0001	MCR061		STATE-NOTATION
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR061-0002	MCR061		STATE-NOTATION
MANAGED-CARE-SERVICE-AREA-MCR00004	MCR062-0001	MCR062		FILLER
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR063-0001	MCR063		RECORD-ID
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR063-0002	MCR063		RECORD-ID
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR063-0003	MCR063		RECORD-ID
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR063-0004	MCR063		RECORD-ID
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR064-0001	MCR064		SUBMITTING-STATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR064-0002	MCR064		SUBMITTING-STATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR064-0003	MCR064		SUBMITTING-STATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR064-0004	MCR064		SUBMITTING-STATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR065-0001	MCR065		RECORD-NUMBER
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR065-0002	MCR065		RECORD-NUMBER
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR065-0003	MCR065		RECORD-NUMBER

MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR066-0001	MCR066		STATE-PLAN-ID-NUM
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR066-0002	MCR066		STATE-PLAN-ID-NUM
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR066-0003	MCR066		STATE-PLAN-ID-NUM
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR066-0004	MCR066		STATE-PLAN-ID-NUM
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR067-0001	MCR067		OPERATING-AUTHORITY
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR067-0002	MCR067		OPERATING-AUTHORITY
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR067-0003	MCR067		OPERATING-AUTHORITY
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR068-0001	MCR068		WAIVER-ID
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0001	MCR069		MANAGED-CARE-OP-AUTHORITY-EFF-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0002	MCR069		MANAGED-CARE-OP-AUTHORITY-EFF-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0003	MCR069		MANAGED-CARE-OP-AUTHORITY-EFF-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0004	MCR069		MANAGED-CARE-OP-AUTHORITY-EFF-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0005	MCR069		MANAGED-CARE-OP-AUTHORITY-EFF-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0006	MCR069		MANAGED-CARE-OP-AUTHORITY-EFF-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0001	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0002	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0003	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE

MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0004	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0005	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0006	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0007	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0008	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0009	MCR070		MANAGED-CARE-OP-AUTHORITY-END-DATE
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR071-0001	MCR071		STATE-NOTATION
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR071-0002	MCR071		STATE-NOTATION
MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR072-0001	MCR072		FILLER
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-0001	MCR073		RECORD-ID
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-0002	MCR073		RECORD-ID
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-0003	MCR073		RECORD-ID
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-0004	MCR073		RECORD-ID
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0001	MCR074		SUBMITTING-STATE

MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0002	MCR074		SUBMITTING-STATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0003	MCR074		SUBMITTING-STATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0004	MCR074		SUBMITTING-STATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-0001	MCR075		RECORD-NUMBER
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-0002	MCR075		RECORD-NUMBER
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-0003	MCR075		RECORD-NUMBER
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0001	MCR076		STATE-PLAN-ID-NUM
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0002	MCR076		STATE-PLAN-ID-NUM
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0003	MCR076		STATE-PLAN-ID-NUM
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0004	MCR076		STATE-PLAN-ID-NUM
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0001	MCR077		MANAGED-CARE-PLAN-POP
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0002	MCR077		MANAGED-CARE-PLAN-POP
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0003	MCR077		MANAGED-CARE-PLAN-POP
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0004	MCR077		MANAGED-CARE-PLAN-POP
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0001	MCR078		MANAGED-CARE-PLAN-POP-EFF-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0002	MCR078		MANAGED-CARE-PLAN-POP-EFF-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0003	MCR078		MANAGED-CARE-PLAN-POP-EFF-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0004	MCR078		MANAGED-CARE-PLAN-POP-EFF-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0005	MCR078		MANAGED-CARE-PLAN-POP-EFF-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0001	MCR079		MANAGED-CARE-PLAN-POP-END-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0002	MCR079		MANAGED-CARE-PLAN-POP-END-DATE

MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0003	MCR079		MANAGED-CARE-PLAN-POP-END-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0004	MCR079		MANAGED-CARE-PLAN-POP-END-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0005	MCR079		MANAGED-CARE-PLAN-POP-END-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0006	MCR079		MANAGED-CARE-PLAN-POP-END-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0007	MCR079		MANAGED-CARE-PLAN-POP-END-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0008	MCR079		MANAGED-CARE-PLAN-POP-END-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0009	MCR079		MANAGED-CARE-PLAN-POP-END-DATE
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR080-0001	MCR080		STATE-NOTATION
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR080-0002	MCR080		STATE-NOTATION
MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR081-0001	MCR081		FILLER
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR082-0001	MCR082		RECORD-ID
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR082-0002	MCR082		RECORD-ID
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR082-0003	MCR082		RECORD-ID
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR082-0004	MCR082		RECORD-ID

MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR083-0001	MCR083		SUBMITTING-STATE
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR083-0002	MCR083		SUBMITTING-STATE
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR083-0003	MCR083		SUBMITTING-STATE
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR083-0004	MCR083		SUBMITTING-STATE
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR084-0001	MCR084		RECORD-NUMBER
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR084-0002	MCR084		RECORD-NUMBER
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR084-0003	MCR084		RECORD-NUMBER
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR085-0001	MCR085		STATE-PLAN-ID-NUM
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR085-0002	MCR085		STATE-PLAN-ID-NUM
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR085-0003	MCR085		STATE-PLAN-ID-NUM
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR085-0004	MCR085		STATE-PLAN-ID-NUM
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR086-0001	MCR086		ACCREDITATION-ORGANIZATION

MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR086-0002	MCR086		ACCREDITATION-ORGANIZATION
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0001	MCR087		DATE-ACCREDITATION-ACHIEVED
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0002	MCR087		DATE-ACCREDITATION-ACHIEVED
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0003	MCR087		DATE-ACCREDITATION-ACHIEVED
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0004	MCR087		DATE-ACCREDITATION-ACHIEVED
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0005	MCR087		DATE-ACCREDITATION-ACHIEVED
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0001	MCR088		DATE-ACCREDITATION-END
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0002	MCR088		DATE-ACCREDITATION-END
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0003	MCR088		DATE-ACCREDITATION-END
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0004	MCR088		DATE-ACCREDITATION-END
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0005	MCR088		DATE-ACCREDITATION-END
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0006	MCR088		DATE-ACCREDITATION-END

MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0007	MCR088		DATE-ACCREDITATION-END
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR089-0001	MCR089		STATE-NOTATION
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR089-0002	MCR089		STATE-NOTATION
MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR090-0001	MCR090		FILLER
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR091-0001	MCR091		RECORD-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR091-0002	MCR091		RECORD-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR091-0003	MCR091		RECORD-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR091-0004	MCR091		RECORD-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR092-0001	MCR092		SUBMITTING-STATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR092-0002	MCR092		SUBMITTING-STATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR092-0003	MCR092		SUBMITTING-STATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR092-0004	MCR092		SUBMITTING-STATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR093-0001	MCR093		RECORD-NUMBER
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR093-0002	MCR093		RECORD-NUMBER
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR093-0003	MCR093		RECORD-NUMBER

NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR094-0001	MCR094		STATE-PLAN-ID-NUM
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR094-0002	MCR094		STATE-PLAN-ID-NUM
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR094-0003	MCR094		STATE-PLAN-ID-NUM
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR094-0004	MCR094		STATE-PLAN-ID-NUM
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0001	MCR095		NATIONAL-HEALTH-CARE-ENTITY-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0002	MCR095		NATIONAL-HEALTH-CARE-ENTITY-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0003	MCR095		NATIONAL-HEALTH-CARE-ENTITY-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0004	MCR095		NATIONAL-HEALTH-CARE-ENTITY-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0005	MCR095		NATIONAL-HEALTH-CARE-ENTITY-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0006	MCR095		NATIONAL-HEALTH-CARE-ENTITY-ID
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR096-0001	MCR096		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR096-0002	MCR096		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR096-0003	MCR096		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE

NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0001	MCR097		NATIONAL-HEALTH-CARE-ENTITY-NAME
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0002	MCR097		NATIONAL-HEALTH-CARE-ENTITY-NAME
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0003	MCR097		NATIONAL-HEALTH-CARE-ENTITY-NAME
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0004	MCR097		NATIONAL-HEALTH-CARE-ENTITY-NAME
		MCR097		NATIONAL-HEALTH-CARE-ENTITY-NAME
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0001	MCR098		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0002	MCR098		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0003	MCR098		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0004	MCR098		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0005	MCR098		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0006	MCR098		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0007	MCR098		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0001	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0002	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0003	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0004	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0005	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0006	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE

NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0007	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0008	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0009	MCR099		NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR100-0001	MCR100		STATE-NOTATION
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR100-0002	MCR100		STATE-NOTATION
NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR101-0001	MCR101		FILLER
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0001	MCR102		RECORD-ID
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0002	MCR102		RECORD-ID
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0003	MCR102		RECORD-ID
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0004	MCR102		RECORD-ID
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0001	MCR103		SUBMITTING-STATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0002	MCR103		SUBMITTING-STATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0003	MCR103		SUBMITTING-STATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0004	MCR103		SUBMITTING-STATE

CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR104-0001	MCR104		RECORD-NUMBER
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR104-0002	MCR104		RECORD-NUMBER
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR104-0003	MCR104		RECORD-NUMBER
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0001	MCR105		STATE-PLAN-ID-NUM
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0002	MCR105		STATE-PLAN-ID-NUM
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0003	MCR105		STATE-PLAN-ID-NUM
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0004	MCR105		STATE-PLAN-ID-NUM
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR106-0001	MCR106		CHPID
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR106-0002	MCR106		CHPID
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR107-0001	MCR107		SHPID
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR107-0002	MCR107		SHPID
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0001	MCR108		CHPID-SHPID-RELATIONSHIP-EFF-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0002	MCR108		CHPID-SHPID-RELATIONSHIP-EFF-DATE

CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0003	MCR108		CHPID-SHPID-RELATIONSHIP-EFF-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0004	MCR108		CHPID-SHPID-RELATIONSHIP-EFF-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0005	MCR108		CHPID-SHPID-RELATIONSHIP-EFF-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0006	MCR108		CHPID-SHPID-RELATIONSHIP-EFF-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0001	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0002	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0003	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0004	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0005	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0006	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0007	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0008	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0009	MCR109		CHPID-SHPID-RELATIONSHIP-END-DATE
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR110-0001	MCR110		STATE-NOTATION
CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR110-0002	MCR110		STATE-NOTATION

CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR111-0001	MCR111		FILLER
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0001	PRV001		RECORD-ID
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0002	PRV001		RECORD-ID
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0003	PRV001		RECORD-ID
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0004	PRV001		RECORD-ID
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV002-0001	PRV002		DATA-DICTIONARY-VERSION
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV003-0001	PRV003		SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV003-0002	PRV003		SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV003-0003	PRV003		SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV004-0001	PRV004		FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV004-0002	PRV004		FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV005-0001	PRV005		DATA-MAPPING-DOCUMENT-VERSION

FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV006-0001	PRV006		FILE-NAME
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV006-0002	PRV006		FILE-NAME
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007-0001	PRV007		SUBMITTING-STATE
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007-0002	PRV007		SUBMITTING-STATE
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007-0003	PRV007		SUBMITTING-STATE
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007-0004	PRV007		SUBMITTING-STATE
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0001	PRV008		DATE-FILE-CREATED
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0002	PRV008		DATE-FILE-CREATED
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0003	PRV008		DATE-FILE-CREATED
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0004	PRV008		DATE-FILE-CREATED
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0005	PRV008		DATE-FILE-CREATED
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0001	PRV009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0002	PRV009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0003	PRV009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0004	PRV009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0005	PRV009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0006	PRV009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0001	PRV010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0002	PRV010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0003	PRV010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0004	PRV010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0005	PRV010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV011-0001	PRV011		FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV011-0002	PRV011		FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV011-0003	PRV011		FILE-STATUS-INDICATOR

FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV013-0001	PRV013		TOT-REC-CNT
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV013-0002	PRV013		TOT-REC-CNT
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV138-0001	PRV138		SEQUENCE-NUMBER
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV138-0002	PRV138		SEQUENCE-NUMBER
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV014-0001	PRV014		STATE-NOTATION
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV014-0002	PRV014		STATE-NOTATION
FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV012-0001	PRV012		FILLER
PROV-ATTRIBUTES-MAIN-PRV00002	PRV016-0001	PRV016		RECORD-ID
PROV-ATTRIBUTES-MAIN-PRV00002	PRV016-0002	PRV016		RECORD-ID
PROV-ATTRIBUTES-MAIN-PRV00002	PRV016-0003	PRV016		RECORD-ID
PROV-ATTRIBUTES-MAIN-PRV00002	PRV016-0004	PRV016		RECORD-ID
PROV-ATTRIBUTES-MAIN-PRV00002	PRV017-0001	PRV017		SUBMITTING-STATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV017-0002	PRV017		SUBMITTING-STATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV017-0003	PRV017		SUBMITTING-STATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV017-0004	PRV017		SUBMITTING-STATE

PROV-ATTRIBUTES-MAIN-PRV00002	PRV018-0001	PRV018		RECORD-NUMBER
PROV-ATTRIBUTES-MAIN-PRV00002	PRV018-0003	PRV018		RECORD-NUMBER
PROV-ATTRIBUTES-MAIN-PRV00002	PRV019-0001	PRV019		SUBMITTING-STATE-PROV-ID
PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0001	PRV020		PROV-ATTRIBUTES-EFF-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0002	PRV020		PROV-ATTRIBUTES-EFF-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0003	PRV020		PROV-ATTRIBUTES-EFF-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0004	PRV020		PROV-ATTRIBUTES-EFF-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0005	PRV020		PROV-ATTRIBUTES-EFF-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0001	PRV021		PROV-ATTRIBUTES-END-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0002	PRV021		PROV-ATTRIBUTES-END-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0003	PRV021		PROV-ATTRIBUTES-END-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0004	PRV021		PROV-ATTRIBUTES-END-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0005	PRV021		PROV-ATTRIBUTES-END-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0006	PRV021		PROV-ATTRIBUTES-END-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0007	PRV021		PROV-ATTRIBUTES-END-DATE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV022-0001	PRV022		PROV-DOING-BUSINESS-AS-NAME

PROV-ATTRIBUTES-MAIN-PRV00002	PRV022-0002	PRV022		PROV-DOING-BUSINESS-AS-NAME
		PRV022		PROV-DOING-BUSINESS-AS-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-0001	PRV023		PROV-LEGAL-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-0002	PRV023		PROV-LEGAL-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-0003	PRV023		PROV-LEGAL-NAME
		PRV023		PROV-LEGAL-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0001	PRV024		PROV-ORGANIZATION-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0002	PRV024		PROV-ORGANIZATION-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0003	PRV024		PROV-ORGANIZATION-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0004	PRV024		PROV-ORGANIZATION-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0005	PRV024		PROV-ORGANIZATION-NAME
		PRV024		PROV-ORGANIZATION-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV025-0001	PRV025		PROV-TAX-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV025-0002	PRV025		PROV-TAX-NAME
		PRV025		PROV-TAX-NAME

PROV-ATTRIBUTES-MAIN-PRV00002	PRV026-0001	PRV026		FACILITY-GROUP-INDIVIDUAL-CODE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV026-0002	PRV026		FACILITY-GROUP-INDIVIDUAL-CODE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV026-0003	PRV026		FACILITY-GROUP-INDIVIDUAL-CODE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV027-0001	PRV027		TEACHING-IND
PROV-ATTRIBUTES-MAIN-PRV00002	PRV027-0002	PRV027		TEACHING-IND
PROV-ATTRIBUTES-MAIN-PRV00002	PRV028-0001	PRV028		PROV-FIRST-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV028-0002	PRV028		PROV-FIRST-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV028-0003	PRV028		PROV-FIRST-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV029-0001	PRV029		PROV-MIDDLE-INITIAL
PROV-ATTRIBUTES-MAIN-PRV00002	PRV029-0002	PRV029		PROV-MIDDLE-INITIAL
PROV-ATTRIBUTES-MAIN-PRV00002	PRV029-0003	PRV029		PROV-MIDDLE-INITIAL
PROV-ATTRIBUTES-MAIN-PRV00002	PRV030-0001	PRV030		PROV-LAST-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV030-0002	PRV030		PROV-LAST-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV030-0003	PRV030		PROV-LAST-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV030-0004	PRV030		PROV-LAST-NAME
PROV-ATTRIBUTES-MAIN-PRV00002	PRV031-0001	PRV031		SEX
PROV-ATTRIBUTES-MAIN-PRV00002	PRV031-0002	PRV031		SEX

PROV-ATTRIBUTES-MAIN-PRV00002	PRV032-0001	PRV032		OWNERSHIP-CODE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV032-0002	PRV032		OWNERSHIP-CODE
PROV-ATTRIBUTES-MAIN-PRV00002	PRV033-0001	PRV033		PROV-PROFIT-STATUS
PROV-ATTRIBUTES-MAIN-PRV00002	PRV034-0001	PRV034		DATE-OF-BIRTH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV034-0002	PRV034		DATE-OF-BIRTH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV034-0003	PRV034		DATE-OF-BIRTH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0001	PRV035		DATE-OF-DEATH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0002	PRV035		DATE-OF-DEATH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0003	PRV035		DATE-OF-DEATH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0004	PRV035		DATE-OF-DEATH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0005	PRV035		DATE-OF-DEATH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0006	PRV035		DATE-OF-DEATH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0007	PRV035		DATE-OF-DEATH

PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0008	PRV035		DATE-OF-DEATH
PROV-ATTRIBUTES-MAIN-PRV00002	PRV036-0001	PRV036		ACCEPTING-NEW-PATIENTS-IND
PROV-ATTRIBUTES-MAIN-PRV00002	PRV037-0001	PRV037		STATE-NOTATION
PROV-ATTRIBUTES-MAIN-PRV00002	PRV037-0002	PRV037		STATE-NOTATION
PROV-ATTRIBUTES-MAIN-PRV00002	PRV038-0001	PRV038		FILLER
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0001	PRV039		RECORD-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0002	PRV039		RECORD-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0003	PRV039		RECORD-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0004	PRV039		RECORD-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0001	PRV040		SUBMITTING-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0002	PRV040		SUBMITTING-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0003	PRV040		SUBMITTING-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0004	PRV040		SUBMITTING-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV041-0001	PRV041		RECORD-NUMBER

PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV041-0002	PRV041		RECORD-NUMBER
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV042-0001	PRV042		SUBMITTING-STATE-PROV-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0001	PRV043		PROV-LOCATION-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0002	PRV043		PROV-LOCATION-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0003	PRV043		PROV-LOCATION-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0004	PRV043		PROV-LOCATION-ID
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0001	PRV044		PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0002	PRV044		PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0003	PRV044		PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0004	PRV044		PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0005	PRV044		PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0006	PRV044		PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0001	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0002	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0003	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0004	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0005	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0006	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE

PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0007	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0008	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0009	PRV045		PROV-LOCATION-AND-CONTACT-INFO-END-DATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0001	PRV046		ADDR-TYPE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0002	PRV046		ADDR-TYPE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0003	PRV046		ADDR-TYPE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0001	PRV047		ADDR-LN1
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0002	PRV047		ADDR-LN1
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0003	PRV047		ADDR-LN1
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0001	PRV048		ADDR-LN2
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0002	PRV048		ADDR-LN2
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0003	PRV048		ADDR-LN2

PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0004	PRV048		ADDR-LN2
		PRV048		ADDR-LN2
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0001	PRV049		ADDR-LN3
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0002	PRV049		ADDR-LN3
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0003	PRV049		ADDR-LN3
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0004	PRV049		ADDR-LN3
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0005	PRV049		ADDR-LN3
		PRV049		ADDR-LN3
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0001	PRV050		ADDR-CITY
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0002	PRV050		ADDR-CITY

PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0003	PRV050		ADDR-CITY
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0004	PRV050		ADDR-CITY
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0005	PRV050		ADDR-CITY
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0001	PRV051		ADDR-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0002	PRV051		ADDR-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0003	PRV051		ADDR-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0004	PRV051		ADDR-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0005	PRV051		ADDR-STATE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0001	PRV052		ADDR-ZIP-CODE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0002	PRV052		ADDR-ZIP-CODE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0003	PRV052		ADDR-ZIP-CODE

PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0001	PRV053		ADDR-TELEPHONE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0002	PRV053		ADDR-TELEPHONE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0003	PRV053		ADDR-TELEPHONE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0004	PRV053		ADDR-TELEPHONE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0005	PRV053		ADDR-TELEPHONE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0006	PRV053		ADDR-TELEPHONE
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV054-0001	PRV054		ADDR-EMAIL
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV054-0002	PRV054		ADDR-EMAIL
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV054-0003	PRV054		ADDR-EMAIL
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0001	PRV055		ADDR-FAX-NUM
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0002	PRV055		ADDR-FAX-NUM
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0003	PRV055		ADDR-FAX-NUM
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0004	PRV055		ADDR-FAX-NUM
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0005	PRV055		ADDR-FAX-NUM
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0001	PRV056		ADDR-BORDER-STATE-IND
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0002	PRV056		ADDR-BORDER-STATE-IND
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0003	PRV056		ADDR-BORDER-STATE-IND
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0004	PRV056		ADDR-BORDER-STATE-IND
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV057-0001	PRV057		ADDR-COUNTY
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV057-0002	PRV057		ADDR-COUNTY
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV057-0003	PRV057		ADDR-COUNTY
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV058-0001	PRV058		STATE-NOTATION

PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV058-0002	PRV058		STATE-NOTATION
PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV059-0001	PRV059		FILLER
PROV-LICENSING-INFO-PRV00004	PRV060-0001	PRV060		RECORD-ID
PROV-LICENSING-INFO-PRV00004	PRV060-0002	PRV060		RECORD-ID
PROV-LICENSING-INFO-PRV00004	PRV060-0003	PRV060		RECORD-ID
PROV-LICENSING-INFO-PRV00004	PRV060-0004	PRV060		RECORD-ID
PROV-LICENSING-INFO-PRV00004	PRV061-0001	PRV061		SUBMITTING-STATE
PROV-LICENSING-INFO-PRV00004	PRV061-0002	PRV061		SUBMITTING-STATE
PROV-LICENSING-INFO-PRV00004	PRV061-0003	PRV061		SUBMITTING-STATE
PROV-LICENSING-INFO-PRV00004	PRV061-0004	PRV061		SUBMITTING-STATE
PROV-LICENSING-INFO-PRV00004	PRV062-0001	PRV062		RECORD-NUMBER
PROV-LICENSING-INFO-PRV00004	PRV062-0002	PRV062		RECORD-NUMBER
PROV-LICENSING-INFO-PRV00004	PRV062-0003	PRV062		RECORD-NUMBER
PROV-LICENSING-INFO-PRV00004	PRV063-0001	PRV063		SUBMITTING-STATE-PROV-ID
PROV-LICENSING-INFO-PRV00004	PRV064-0001	PRV064		PROV-LOCATION-ID
PROV-LICENSING-INFO-PRV00004	PRV064-0002	PRV064		PROV-LOCATION-ID
PROV-LICENSING-INFO-PRV00004	PRV064-0003	PRV064		PROV-LOCATION-ID

PROV-LICENSING-INFO-PRV00004	PRV064-0004	PRV064		PROV-LOCATION-ID
PROV-LICENSING-INFO-PRV00004	PRV065-0001	PRV065		PROV-LICENSE-EFF-DATE
PROV-LICENSING-INFO-PRV00004	PRV065-0002	PRV065		PROV-LICENSE-EFF-DATE
PROV-LICENSING-INFO-PRV00004	PRV065-0003	PRV065		PROV-LICENSE-EFF-DATE
PROV-LICENSING-INFO-PRV00004	PRV065-0004	PRV065		PROV-LICENSE-EFF-DATE
PROV-LICENSING-INFO-PRV00004	PRV065-0005	PRV065		PROV-LICENSE-EFF-DATE
PROV-LICENSING-INFO-PRV00004	PRV065-0006	PRV065		PROV-LICENSE-EFF-DATE
PROV-LICENSING-INFO-PRV00004	PRV066-0001	PRV066		PROV-LICENSE-END-DATE
PROV-LICENSING-INFO-PRV00004	PRV066-0002	PRV066		PROV-LICENSE-END-DATE
PROV-LICENSING-INFO-PRV00004	PRV066-0003	PRV066		PROV-LICENSE-END-DATE
PROV-LICENSING-INFO-PRV00004	PRV066-0004	PRV066		PROV-LICENSE-END-DATE
PROV-LICENSING-INFO-PRV00004	PRV066-0005	PRV066		PROV-LICENSE-END-DATE
PROV-LICENSING-INFO-PRV00004	PRV066-0006	PRV066		PROV-LICENSE-END-DATE
PROV-LICENSING-INFO-PRV00004	PRV066-0007	PRV066		PROV-LICENSE-END-DATE
PROV-LICENSING-INFO-PRV00004	PRV066-0008	PRV066		PROV-LICENSE-END-DATE
PROV-LICENSING-INFO-PRV00004	PRV067-0001	PRV067		LICENSE-TYPE
PROV-LICENSING-INFO-PRV00004	PRV067-0002	PRV067		LICENSE-TYPE
PROV-LICENSING-INFO-PRV00004	PRV067-0003	PRV067		LICENSE-TYPE
PROV-LICENSING-INFO-PRV00004	PRV067-0004	PRV067		LICENSE-TYPE

PROV-LICENSING-INFO-PRV00004	PRV068-0001	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0002	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0003	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0004	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0005	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0006	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0007	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0008	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0009	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV068-0010	PRV068		LICENSE-ISSUING-ENTITY-ID
PROV-LICENSING-INFO-PRV00004	PRV069-0001	PRV069		LICENSE-OR-ACCREDITATION-NUMBER
PROV-LICENSING-INFO-PRV00004	PRV069-0002	PRV069		LICENSE-OR-ACCREDITATION-NUMBER
PROV-LICENSING-INFO-PRV00004	PRV070-0001	PRV070		STATE-NOTATION

PROV-LICENSING-INFO-PRV00004	PRV070-0002	PRV070		STATE-NOTATION
PROV-LICENSING-INFO-PRV00004	PRV071-0001	PRV071		FILLER
PROV-IDENTIFIERS-PRV00005	PRV072-0001	PRV072		RECORD-ID
PROV-IDENTIFIERS-PRV00005	PRV072-0002	PRV072		RECORD-ID
PROV-IDENTIFIERS-PRV00005	PRV072-0003	PRV072		RECORD-ID
PROV-IDENTIFIERS-PRV00005	PRV072-0004	PRV072		RECORD-ID
PROV-IDENTIFIERS-PRV00005	PRV073-0001	PRV073		SUBMITTING-STATE
PROV-IDENTIFIERS-PRV00005	PRV073-0002	PRV073		SUBMITTING-STATE
PROV-IDENTIFIERS-PRV00005	PRV073-0003	PRV073		SUBMITTING-STATE
PROV-IDENTIFIERS-PRV00005	PRV073-0004	PRV073		SUBMITTING-STATE
PROV-IDENTIFIERS-PRV00005	PRV074-0001	PRV074		RECORD-NUMBER
PROV-IDENTIFIERS-PRV00005	PRV074-0002	PRV074		RECORD-NUMBER
PROV-IDENTIFIERS-PRV00005	PRV074-0003	PRV074		RECORD-NUMBER
PROV-IDENTIFIERS-PRV00005	PRV075-0001	PRV075		SUBMITTING-STATE-PROV-ID
PROV-IDENTIFIERS-PRV00005	PRV076-0001	PRV076		PROV-LOCATION-ID
PROV-IDENTIFIERS-PRV00005	PRV076-0002	PRV076		PROV-LOCATION-ID
PROV-IDENTIFIERS-PRV00005	PRV076-0003	PRV076		PROV-LOCATION-ID

PROV-IDENTIFIERS-PRV00005	PRV076-0004	PRV076		PROV-LOCATION-ID
PROV-IDENTIFIERS-PRV00005	PRV077-0001	PRV077		PROV-IDENTIFIER-TYPE
PROV-IDENTIFIERS-PRV00005	PRV077-0002	PRV077		PROV-IDENTIFIER-TYPE
PROV-IDENTIFIERS-PRV00005	PRV077-0003	PRV077		PROV-IDENTIFIER-TYPE
PROV-IDENTIFIERS-PRV00005	PRV077-0004	PRV077		PROV-IDENTIFIER-TYPE
PROV-IDENTIFIERS-PRV00005	PRV078-0001	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV078-0002	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV078-0003	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV078-0004	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV078-0005	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV078-0006	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV078-0007	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV078-0008	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV078-0009	PRV078		PROV-IDENTIFIER-ISSUING-ENTITY-ID
PROV-IDENTIFIERS-PRV00005	PRV079-0001	PRV079		PROV-IDENTIFIER-EFF-DATE
PROV-IDENTIFIERS-PRV00005	PRV079-0002	PRV079		PROV-IDENTIFIER-EFF-DATE
PROV-IDENTIFIERS-PRV00005	PRV079-0003	PRV079		PROV-IDENTIFIER-EFF-DATE
PROV-IDENTIFIERS-PRV00005	PRV079-0004	PRV079		PROV-IDENTIFIER-EFF-DATE

PROV-IDENTIFIERS-PRV00005	PRV079-0005	PRV079		PROV-IDENTIFIER-EFF-DATE
PROV-IDENTIFIERS-PRV00005	PRV079-0006	PRV079		PROV-IDENTIFIER-EFF-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0001	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0002	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0003	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0004	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0005	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0006	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0007	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0008	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV080-0009	PRV080		PROV-IDENTIFIER-END-DATE
PROV-IDENTIFIERS-PRV00005	PRV081-0001	PRV081		PROV-IDENTIFIER
PROV-IDENTIFIERS-PRV00005	PRV081-0002	PRV081		PROV-IDENTIFIER
PROV-IDENTIFIERS-PRV00005	PRV081-0003	PRV081		PROV-IDENTIFIER

PROV-IDENTIFIERS-PRV00005	PRV081-0004	PRV081		PROV-IDENTIFIER
PROV-IDENTIFIERS-PRV00005	PRV081-0005	PRV081		PROV-IDENTIFIER
PROV-IDENTIFIERS-PRV00005	PRV082-0001	PRV082		STATE-NOTATION
PROV-IDENTIFIERS-PRV00005	PRV082-0002	PRV082		STATE-NOTATION

PROV-IDENTIFIERS-PRV00005	PRV083-0001	PRV083		FILLER
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV084-0001	PRV084		RECORD-ID
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV084-0002	PRV084		RECORD-ID
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV084-0003	PRV084		RECORD-ID
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV084-0004	PRV084		RECORD-ID
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV085-0001	PRV085		SUBMITTING-STATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV085-0002	PRV085		SUBMITTING-STATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV085-0003	PRV085		SUBMITTING-STATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV085-0004	PRV085		SUBMITTING-STATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV086-0001	PRV086		RECORD-NUMBER
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV086-0002	PRV086		RECORD-NUMBER
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV086-0003	PRV086		RECORD-NUMBER
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV087-0001	PRV087		SUBMITTING-STATE-PROV-ID

PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV088-0001	PRV088		PROV-CLASSIFICATION-TYPE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV088-0002	PRV088		PROV-CLASSIFICATION-TYPE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV088-0003	PRV088		PROV-CLASSIFICATION-TYPE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV089-0001	PRV089		PROV-CLASSIFICATION-CODE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV089-0002	PRV089		PROV-CLASSIFICATION-CODE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV089-0003	PRV089		PROV-CLASSIFICATION-CODE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0001	PRV090		PROV-TAXONOMY-CLASSIFICATION-EFF-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0002	PRV090		PROV-TAXONOMY-CLASSIFICATION-EFF-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0003	PRV090		PROV-TAXONOMY-CLASSIFICATION-EFF-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0004	PRV090		PROV-TAXONOMY-CLASSIFICATION-EFF-DATE

PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0005	PRV090		PROV-TAXONOMY-CLASSIFICATION-EFF-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0006	PRV090		PROV-TAXONOMY-CLASSIFICATION-EFF-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0001	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0002	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0003	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0004	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0005	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0006	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0007	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0008	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0009	PRV091		PROV-TAXONOMY-CLASSIFICATION-END-DATE
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV092-0001	PRV092		STATE-NOTATION
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV092-0002	PRV092		STATE-NOTATION
PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV093-0001	PRV093		FILLER

PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0001	PRV094		RECORD-ID
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0002	PRV094		RECORD-ID
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0003	PRV094		RECORD-ID
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0004	PRV094		RECORD-ID
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0001	PRV095		SUBMITTING-STATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0002	PRV095		SUBMITTING-STATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0003	PRV095		SUBMITTING-STATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0004	PRV095		SUBMITTING-STATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV096-0001	PRV096		RECORD-NUMBER
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV096-0002	PRV096		RECORD-NUMBER
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV096-0003	PRV096		RECORD-NUMBER
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV097-0001	PRV097		SUBMITTING-STATE-PROV-ID
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0001	PRV098		PROV-MEDICAID-EFF-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0002	PRV098		PROV-MEDICAID-EFF-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0003	PRV098		PROV-MEDICAID-EFF-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0004	PRV098		PROV-MEDICAID-EFF-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0005	PRV098		PROV-MEDICAID-EFF-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0001	PRV099		PROV-MEDICAID-END-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0002	PRV099		PROV-MEDICAID-END-DATE

PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0003	PRV099		PROV-MEDICAID-END-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0004	PRV099		PROV-MEDICAID-END-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0005	PRV099		PROV-MEDICAID-END-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0006	PRV099		PROV-MEDICAID-END-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0007	PRV099		PROV-MEDICAID-END-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0008	PRV099		PROV-MEDICAID-END-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0001	PRV100		PROV-MEDICAID-ENROLLMENT-STATUS-CODE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0002	PRV100		PROV-MEDICAID-ENROLLMENT-STATUS-CODE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0003	PRV100		PROV-MEDICAID-ENROLLMENT-STATUS-CODE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0004	PRV100		PROV-MEDICAID-ENROLLMENT-STATUS-CODE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0005	PRV100		PROV-MEDICAID-ENROLLMENT-STATUS-CODE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV101-0001	PRV101		STATE-PLAN-ENROLLMENT
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV102-0001	PRV102		PROV-ENROLLMENT-METHOD
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0001	PRV103		APPL-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0002	PRV103		APPL-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0003	PRV103		APPL-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0004	PRV103		APPL-DATE

PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0005	PRV103		APPL-DATE
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV104-0001	PRV104		STATE-NOTATION
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV104-0002	PRV104		STATE-NOTATION
PROV-MEDICAID-ENROLLMENT-PRV00007	PRV105-0001	PRV105		FILLER
PROV-AFFILIATED-GROUPS-PRV00008	PRV106-0001	PRV106		RECORD-ID
PROV-AFFILIATED-GROUPS-PRV00008	PRV106-0002	PRV106		RECORD-ID
PROV-AFFILIATED-GROUPS-PRV00008	PRV106-0003	PRV106		RECORD-ID
PROV-AFFILIATED-GROUPS-PRV00008	PRV106-0004	PRV106		RECORD-ID
PROV-AFFILIATED-GROUPS-PRV00008	PRV107-0001	PRV107		SUBMITTING-STATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV107-0002	PRV107		SUBMITTING-STATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV107-0003	PRV107		SUBMITTING-STATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV107-0004	PRV107		SUBMITTING-STATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV108-0001	PRV108		RECORD-NUMBER
PROV-AFFILIATED-GROUPS-PRV00008	PRV108-0002	PRV108		RECORD-NUMBER
PROV-AFFILIATED-GROUPS-PRV00008	PRV108-0003	PRV108		RECORD-NUMBER
PROV-AFFILIATED-GROUPS-PRV00008	PRV109-0001	PRV109		SUBMITTING-STATE-PROV-ID

PROV-AFFILIATED-GROUPS-PRV00008	PRV110-0001	PRV110		SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY
PROV-AFFILIATED-GROUPS-PRV00008	PRV110-0002	PRV110		SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY
PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0001	PRV111		PROV-AFFILIATED-GROUP-EFF-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0002	PRV111		PROV-AFFILIATED-GROUP-EFF-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0003	PRV111		PROV-AFFILIATED-GROUP-EFF-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0004	PRV111		PROV-AFFILIATED-GROUP-EFF-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0005	PRV111		PROV-AFFILIATED-GROUP-EFF-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0006	PRV111		PROV-AFFILIATED-GROUP-EFF-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0001	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0002	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0003	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0004	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0005	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0006	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0007	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0008	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0009	PRV112		PROV-AFFILIATED-GROUP-END-DATE
PROV-AFFILIATED-GROUPS-PRV00008	PRV113-0001	PRV113		STATE-NOTATION

PROV-AFFILIATED-GROUPS-PRV00008	PRV113-0002	PRV113		STATE-NOTATION
PROV-AFFILIATED-GROUPS-PRV00008	PRV114-0001	PRV114		FILLER
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115-0001	PRV115		RECORD-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115-0002	PRV115		RECORD-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115-0003	PRV115		RECORD-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115-0004	PRV115		RECORD-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116-0001	PRV116		SUBMITTING-STATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116-0002	PRV116		SUBMITTING-STATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116-0003	PRV116		SUBMITTING-STATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116-0004	PRV116		SUBMITTING-STATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV117-0001	PRV117		RECORD-NUMBER
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV117-0002	PRV117		RECORD-NUMBER
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV117-0003	PRV117		RECORD-NUMBER
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV118-0001	PRV118		SUBMITTING-STATE-PROV-ID

PROV-AFFILIATED-PROGRAMS-PRV00009	PRV119-0001	PRV119		AFFILIATED-PROGRAM-TYPE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV119-0002	PRV119		AFFILIATED-PROGRAM-TYPE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0001	PRV120		AFFILIATED-PROGRAM-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0002	PRV120		AFFILIATED-PROGRAM-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0003	PRV120		AFFILIATED-PROGRAM-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0004	PRV120		AFFILIATED-PROGRAM-ID

PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0005	PRV120		AFFILIATED-PROGRAM-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0006	PRV120		AFFILIATED-PROGRAM-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0007	PRV120		AFFILIATED-PROGRAM-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0008	PRV120		AFFILIATED-PROGRAM-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0009	PRV120		AFFILIATED-PROGRAM-ID
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0001	PRV121		PROV-AFFILIATED-PROGRAM-EFF-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0002	PRV121		PROV-AFFILIATED-PROGRAM-EFF-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0003	PRV121		PROV-AFFILIATED-PROGRAM-EFF-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0004	PRV121		PROV-AFFILIATED-PROGRAM-EFF-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0005	PRV121		PROV-AFFILIATED-PROGRAM-EFF-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0006	PRV121		PROV-AFFILIATED-PROGRAM-EFF-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0001	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0002	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0003	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0004	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0005	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0006	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE

PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0007	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0008	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0009	PRV122		PROV-AFFILIATED-PROGRAM-END-DATE
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV123-0001	PRV123		STATE-NOTATION
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV123-0002	PRV123		STATE-NOTATION
PROV-AFFILIATED-PROGRAMS-PRV00009	PRV124-0001	PRV124		FILLER
PROV-BED-TYPE-INFO-PRV00010	PRV125-0001	PRV125		RECORD-ID
PROV-BED-TYPE-INFO-PRV00010	PRV125-0002	PRV125		RECORD-ID
PROV-BED-TYPE-INFO-PRV00010	PRV125-0003	PRV125		RECORD-ID
PROV-BED-TYPE-INFO-PRV00010	PRV125-0004	PRV125		RECORD-ID
PROV-BED-TYPE-INFO-PRV00010	PRV126-0001	PRV126		SUBMITTING-STATE
PROV-BED-TYPE-INFO-PRV00010	PRV126-0002	PRV126		SUBMITTING-STATE
PROV-BED-TYPE-INFO-PRV00010	PRV126-0003	PRV126		SUBMITTING-STATE
PROV-BED-TYPE-INFO-PRV00010	PRV126-0004	PRV126		SUBMITTING-STATE
PROV-BED-TYPE-INFO-PRV00010	PRV127-0001	PRV127		RECORD-NUMBER
PROV-BED-TYPE-INFO-PRV00010	PRV127-0002	PRV127		RECORD-NUMBER

PROV-BED-TYPE-INFO-PRV00010	PRV127-0003	PRV127		RECORD-NUMBER
PROV-BED-TYPE-INFO-PRV00010	PRV128-0001	PRV128		SUBMITTING-STATE-PROV-ID
PROV-BED-TYPE-INFO-PRV00010	PRV129-0001	PRV129		PROV-LOCATION-ID
PROV-BED-TYPE-INFO-PRV00010	PRV129-0002	PRV129		PROV-LOCATION-ID
PROV-BED-TYPE-INFO-PRV00010	PRV129-0003	PRV129		PROV-LOCATION-ID
PROV-BED-TYPE-INFO-PRV00010	PRV129-0004	PRV129		PROV-LOCATION-ID
PROV-BED-TYPE-INFO-PRV00010	PRV130-0001	PRV130		BED-TYPE-EFF-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV130-0002	PRV130		BED-TYPE-EFF-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV130-0003	PRV130		BED-TYPE-EFF-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV130-0004	PRV130		BED-TYPE-EFF-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV130-0005	PRV130		BED-TYPE-EFF-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV130-0006	PRV130		BED-TYPE-EFF-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV131-0001	PRV131		BED-TYPE-END-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV131-0002	PRV131		BED-TYPE-END-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV131-0003	PRV131		BED-TYPE-END-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV131-0004	PRV131		BED-TYPE-END-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV131-0005	PRV131		BED-TYPE-END-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV131-0006	PRV131		BED-TYPE-END-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV131-0007	PRV131		BED-TYPE-END-DATE
PROV-BED-TYPE-INFO-PRV00010	PRV131-0008	PRV131		BED-TYPE-END-DATE

PROV-BED-TYPE-INFO-PRV00010	PRV134-0001	PRV134		BED-TYPE-CODE
PROV-BED-TYPE-INFO-PRV00010	PRV134-0002	PRV134		BED-TYPE-CODE
PROV-BED-TYPE-INFO-PRV00010	PRV134-0003	PRV134		BED-TYPE-CODE
PROV-BED-TYPE-INFO-PRV00010	PRV135-0001	PRV135		BED-COUNT
PROV-BED-TYPE-INFO-PRV00010	PRV135-0002	PRV135		BED-COUNT
PROV-BED-TYPE-INFO-PRV00010	PRV135-0003	PRV135		BED-COUNT
PROV-BED-TYPE-INFO-PRV00010	PRV136-0001	PRV136		STATE-NOTATION
PROV-BED-TYPE-INFO-PRV00010	PRV136-0002	PRV136		STATE-NOTATION
PROV-BED-TYPE-INFO-PRV00010	PRV137-0001	PRV137		FILLER
FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0001	TPL001		RECORD-ID
FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0002	TPL001		RECORD-ID
FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0003	TPL001		RECORD-ID
FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0004	TPL001		RECORD-ID
FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0005	TPL001		RECORD-ID
FILE-HEADER-RECORD-TPL-TPL00001	TPL002-0001	TPL002		DATA-DICTIONARY-VERSION

FILE-HEADER-RECORD-TPL-TPL00001	TPL003-0001	TPL003		SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-TPL-TPL00001	TPL003-0002	TPL003		SUBMISSION-TRANSACTION-TYPE
FILE-HEADER-RECORD-TPL-TPL00001	TPL004-0001	TPL004		FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-TPL-TPL00001	TPL004-0002	TPL004		FILE-ENCODING-SPECIFICATION
FILE-HEADER-RECORD-TPL-TPL00001	TPL005-0001	TPL005		DATA-MAPPING-DOCUMENT-VERSION
FILE-HEADER-RECORD-TPL-TPL00001	TPL006-0001	TPL006		FILE-NAME
FILE-HEADER-RECORD-TPL-TPL00001	TPL006-0002	TPL006		FILE-NAME
FILE-HEADER-RECORD-TPL-TPL00001	TPL006-0003	TPL006		FILE-NAME
FILE-HEADER-RECORD-TPL-TPL00001	TPL007-0001	TPL007		SUBMITTING-STATE
FILE-HEADER-RECORD-TPL-TPL00001	TPL007-0002	TPL007		SUBMITTING-STATE
FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0001	TPL008		DATE-FILE-CREATED
FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0002	TPL008		DATE-FILE-CREATED
FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0003	TPL008		DATE-FILE-CREATED
FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0004	TPL008		DATE-FILE-CREATED
FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0005	TPL008		DATE-FILE-CREATED
FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0001	TPL009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0002	TPL009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0003	TPL009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0004	TPL009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0005	TPL009		START-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0001	TPL010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0002	TPL010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0003	TPL010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0004	TPL010		END-OF-TIME-PERIOD
FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0005	TPL010		END-OF-TIME-PERIOD

FILE-HEADER-RECORD-TPL-TPL00001	TPL011-0001	TPL011		FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-TPL-TPL00001	TPL011-0002	TPL011		FILE-STATUS-INDICATOR
FILE-HEADER-RECORD-TPL-TPL00001	TPL012-0001	TPL012		SSN-INDICATOR
FILE-HEADER-RECORD-TPL-TPL00001	TPL012-0002	TPL012		SSN-INDICATOR
FILE-HEADER-RECORD-TPL-TPL00001	TPL012-0003	TPL012		SSN-INDICATOR
FILE-HEADER-RECORD-TPL-TPL00001	TPL013-0001	TPL013		TOT-REC-CNT
FILE-HEADER-RECORD-TPL-TPL00001	TPL013-0002	TPL013		TOT-REC-CNT
FILE-HEADER-RECORD-TPL-TPL00001	TPL088-0001	TPL088		SEQUENCE-NUMBER
FILE-HEADER-RECORD-TPL-TPL00001	TPL088-0002	TPL088		SEQUENCE-NUMBER
FILE-HEADER-RECORD-TPL-TPL00001	TPL014-0001	TPL014		STATE-NOTATION
FILE-HEADER-RECORD-TPL-TPL00001	TPL014-0002	TPL014		STATE-NOTATION

FILE-HEADER-RECORD-TPL-TPL00001	TPL015-0001	TPL015		FILLER
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0001	TPL016		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0002	TPL016		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0003	TPL016		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0004	TPL016		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0005	TPL016		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL017-0001	TPL017		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL017-0002	TPL017		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL017-0003	TPL017		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL018-0001	TPL018		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL018-0002	TPL018		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL018-0003	TPL018		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0001	TPL019		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0002	TPL019		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0003	TPL019		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0004	TPL019		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0005	TPL019		MSIS-IDENTIFICATION-NUM

TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL020-0001	TPL020		TPL-HEALTH-INSURANCE-COVERAGE-IND
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL020-0002	TPL020		TPL-HEALTH-INSURANCE-COVERAGE-IND
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL021-0001	TPL021		TPL-OTHER-COVERAGE-IND
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL022-0001	TPL022		ELIGIBLE-FIRST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL023-0001	TPL023		ELIGIBLE-MIDDLE-INIT
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL024-0001	TPL024		ELIGIBLE-LAST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0001	TPL025		ELIG-PRSN-MAIN-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0002	TPL025		ELIG-PRSN-MAIN-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0003	TPL025		ELIG-PRSN-MAIN-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0004	TPL025		ELIG-PRSN-MAIN-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0005	TPL025		ELIG-PRSN-MAIN-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0006	TPL025		ELIG-PRSN-MAIN-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0001	TPL026		ELIG-PRSN-MAIN-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0002	TPL026		ELIG-PRSN-MAIN-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0003	TPL026		ELIG-PRSN-MAIN-END-DATE

TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0004	TPL026		ELIG-PRSN-MAIN-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL027-0001	TPL027		STATE-NOTATION
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL027-0002	TPL027		STATE-NOTATION
TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL028-0001	TPL028		FILLER
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0001	TPL029		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0002	TPL029		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0003	TPL029		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0004	TPL029		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0005	TPL029		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL030-0001	TPL030		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL030-0002	TPL030		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL030-0003	TPL030		SUBMITTING-STATE

TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL031-0001	TPL031		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL031-0002	TPL031		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL031-0003	TPL031		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0001	TPL032		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0002	TPL032		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0003	TPL032		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0004	TPL032		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0005	TPL032		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL033-0001	TPL033		INSURANCE-CARRIER-ID-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL033-0002	TPL033		INSURANCE-CARRIER-ID-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL034-0001	TPL034		INSURANCE-PLAN-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL034-0002	TPL034		INSURANCE-PLAN-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL034-0003	TPL034		INSURANCE-PLAN-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL035-0001	TPL035		GROUP-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL035-0002	TPL035		GROUP-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL035-0003	TPL035		GROUP-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL035-0004	TPL035		GROUP-NUM

TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL036-0001	TPL036		MEMBER-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL036-0002	TPL036		MEMBER-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL036-0003	TPL036		MEMBER-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL037-0001	TPL037		INSURANCE-PLAN-TYPE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL037-0002	TPL037		INSURANCE-PLAN-TYPE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL089-0001	TPL089		COVERAGE-TYPE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL038-0001	TPL038		ANNUAL-DEDUCTIBLE-AMT
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0001	TPL044		POLICY-OWNER-FIRST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0002	TPL044		POLICY-OWNER-FIRST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0003	TPL044		POLICY-OWNER-FIRST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0004	TPL044		POLICY-OWNER-FIRST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0005	TPL044		POLICY-OWNER-FIRST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0001	TPL045		POLICY-OWNER-LAST-NAME

TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0002	TPL045		POLICY-OWNER-LAST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0003	TPL045		POLICY-OWNER-LAST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0004	TPL045		POLICY-OWNER-LAST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0005	TPL045		POLICY-OWNER-LAST-NAME
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL046-0001	TPL046		POLICY-OWNER-SSN
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL046-0002	TPL046		POLICY-OWNER-SSN
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL046-0003	TPL046		POLICY-OWNER-SSN
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL047-0001	TPL047		POLICY-OWNER-CODE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL047-0002	TPL047		POLICY-OWNER-CODE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0001	TPL048		INSURANCE-COVERAGE-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0002	TPL048		INSURANCE-COVERAGE-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0003	TPL048		INSURANCE-COVERAGE-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0004	TPL048		INSURANCE-COVERAGE-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0005	TPL048		INSURANCE-COVERAGE-EFF-DATE

TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0006	TPL048		INSURANCE-COVERAGE-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0007	TPL048		INSURANCE-COVERAGE-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0001	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0002	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0003	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0004	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0005	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0006	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0007	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0008	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0009	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0010	TPL049		INSURANCE-COVERAGE-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL050-0001	TPL050		STATE-NOTATION
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL050-0002	TPL050		STATE-NOTATION

TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL051-0001	TPL051		FILLER
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0001	TPL052		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0002	TPL052		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0003	TPL052		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0004	TPL052		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0005	TPL052		RECORD-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL053-0001	TPL053		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL053-0002	TPL053		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL053-0003	TPL053		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL054-0001	TPL054		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL054-0002	TPL054		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL054-0003	TPL054		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL055-0001	TPL055		INSURANCE-CARRIER-ID-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL055-0002	TPL055		INSURANCE-CARRIER-ID-NUM
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL056-0001	TPL056		INSURANCE-PLAN-ID

TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL056-0002	TPL056		INSURANCE-PLAN-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL056-0003	TPL056		INSURANCE-PLAN-ID
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL057-0001	TPL057		INSURANCE-PLAN-TYPE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL057-0002	TPL057		INSURANCE-PLAN-TYPE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL058-0001	TPL058		COVERAGE-TYPE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0001	TPL059		INSURANCE-CATEGORIES-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0002	TPL059		INSURANCE-CATEGORIES-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0003	TPL059		INSURANCE-CATEGORIES-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0004	TPL059		INSURANCE-CATEGORIES-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0005	TPL059		INSURANCE-CATEGORIES-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0006	TPL059		INSURANCE-CATEGORIES-EFF-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0001	TPL060		INSURANCE-CATEGORIES-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0002	TPL060		INSURANCE-CATEGORIES-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0003	TPL060		INSURANCE-CATEGORIES-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0004	TPL060		INSURANCE-CATEGORIES-END-DATE

TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0005	TPL060		INSURANCE-CATEGORIES-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0006	TPL060		INSURANCE-CATEGORIES-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0007	TPL060		INSURANCE-CATEGORIES-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0008	TPL060		INSURANCE-CATEGORIES-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0009	TPL060		INSURANCE-CATEGORIES-END-DATE

TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0010	TPL060		INSURANCE-CATEGORIES-END-DATE
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL061-0001	TPL061		STATE-NOTATION
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL061-0002	TPL061		STATE-NOTATION
TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL062-0001	TPL062		FILLER
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0001	TPL063		RECORD-ID

TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0002	TPL063		RECORD-ID
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0003	TPL063		RECORD-ID
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0004	TPL063		RECORD-ID
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0005	TPL063		RECORD-ID
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL064-0001	TPL064		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL064-0002	TPL064		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL064-0003	TPL064		SUBMITTING-STATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL065-0001	TPL065		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL065-0002	TPL065		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL065-0003	TPL065		RECORD-NUMBER
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0001	TPL066		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0002	TPL066		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0003	TPL066		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0004	TPL066		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0005	TPL066		MSIS-IDENTIFICATION-NUM
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL067-0001	TPL067		TYPE-OF-OTHER-THIRD-PARTY-LIABILITY

TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL067-0002	TPL067		TYPE-OF-OTHER-THIRD-PARTY-LIABILITY
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0001	TPL068		OTHER-TPL-EFF-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0002	TPL068		OTHER-TPL-EFF-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0003	TPL068		OTHER-TPL-EFF-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0004	TPL068		OTHER-TPL-EFF-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0005	TPL068		OTHER-TPL-EFF-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0006	TPL068		OTHER-TPL-EFF-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0007	TPL068		OTHER-TPL-EFF-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0001	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0002	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0003	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0004	TPL069		OTHER-TPL-END-DATE

TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0005	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0006	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0007	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0008	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0009	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0010	TPL069		OTHER-TPL-END-DATE
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL070-0001	TPL070		STATE-NOTATION
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL070-0002	TPL070		STATE-NOTATION
TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL071-0001	TPL071		FILLER
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0001	TPL072		RECORD-ID
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0002	TPL072		RECORD-ID
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0003	TPL072		RECORD-ID
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0004	TPL072		RECORD-ID

TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0005	TPL072		RECORD-ID
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL073-0001	TPL073		SUBMITTING-STATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL073-0002	TPL073		SUBMITTING-STATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL073-0003	TPL073		SUBMITTING-STATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL074-0001	TPL074		RECORD-NUMBER
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL074-0002	TPL074		RECORD-NUMBER
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL074-0003	TPL074		RECORD-NUMBER
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL075-0001	TPL075		INSURANCE-CARRIER-ID-NUM
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL075-0002	TPL075		INSURANCE-CARRIER-ID-NUM
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL076-0001	TPL076		TPL-ENTITY-ADDR-TYPE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL076-0002	TPL076		TPL-ENTITY-ADDR-TYPE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL077-0001	TPL077		INSURANCE-CARRIER-ADDR-LN1
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL077-0002	TPL077		INSURANCE-CARRIER-ADDR-LN1
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL077-0003	TPL077		INSURANCE-CARRIER-ADDR-LN1
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL078-0001	TPL078		INSURANCE-CARRIER-ADDR-LN2
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL079-0001	TPL079		INSURANCE-CARRIER-ADDR-LN3
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL080-0001	TPL080		INSURANCE-CARRIER-CITY
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL081-0001	TPL081		INSURANCE-CARRIER-STATE

TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0001	TPL082		INSURANCE-CARRIER-ZIP-CODE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0002	TPL082		INSURANCE-CARRIER-ZIP-CODE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0003	TPL082		INSURANCE-CARRIER-ZIP-CODE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0004	TPL082		INSURANCE-CARRIER-ZIP-CODE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0005	TPL082		INSURANCE-CARRIER-ZIP-CODE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL083-0001	TPL083		INSURANCE-CARRIER-PHONE-NUM
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL083-0002	TPL083		INSURANCE-CARRIER-PHONE-NUM
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL083-0003	TPL083		INSURANCE-CARRIER-PHONE-NUM
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0001	TPL084		TPL-ENTITY-CONTACT-INFO-EFF-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0002	TPL084		TPL-ENTITY-CONTACT-INFO-EFF-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0003	TPL084		TPL-ENTITY-CONTACT-INFO-EFF-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0004	TPL084		TPL-ENTITY-CONTACT-INFO-EFF-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0005	TPL084		TPL-ENTITY-CONTACT-INFO-EFF-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0001	TPL085		TPL-ENTITY-CONTACT-INFO-END-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0002	TPL085		TPL-ENTITY-CONTACT-INFO-END-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0003	TPL085		TPL-ENTITY-CONTACT-INFO-END-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0004	TPL085		TPL-ENTITY-CONTACT-INFO-END-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0005	TPL085		TPL-ENTITY-CONTACT-INFO-END-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0006	TPL085		TPL-ENTITY-CONTACT-INFO-END-DATE

TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0007	TPL085		TPL-ENTITY-CONTACT-INFO-END-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0008	TPL085		TPL-ENTITY-CONTACT-INFO-END-DATE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL086-0001	TPL086		STATE-NOTATION
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL086-0002	TPL086		STATE-NOTATION
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL090-0001	TPL090		INSURANCE-CARRIER-NAIC-CODE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL091-0001	TPL091		INSURANCE-CARRIER-NAME
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL091-0002	TPL091		INSURANCE-CARRIER-NAME
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL091-0003	TPL091		INSURANCE-CARRIER-NAME
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092-0001	TPL092		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092-0002	TPL092		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092-0003	TPL092		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092-0004	TPL092		NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0001	TPL093		NATIONAL-HEALTH-CARE-ENTITY-ID

TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0002	TPL093		NATIONAL-HEALTH-CARE-ENTITY-ID
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0003	TPL093		NATIONAL-HEALTH-CARE-ENTITY-ID
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0004	TPL093		NATIONAL-HEALTH-CARE-ENTITY-ID
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0005	TPL093		NATIONAL-HEALTH-CARE-ENTITY-ID
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL094-0001	TPL094		NATIONAL-HEALTH-CARE-ENTITY-NAME
TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL094-0002	TPL094		NATIONAL-HEALTH-CARE-ENTITY-NAME
		TPL094		NATIONAL-HEALTH-CARE-ENTITY-NAME
TPL-ENTITY-CONTACT-INFORMATION-	TPL087-0001	TPL087		FILLER

C - DEFINITION	E - NECESSITY
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
A data element to denote whether the file is in fixed length line format or pipe-delimited format	Required
A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
The date on which the file was created.	Required

Beginning date of the time period covered by this file.	Required
Last date of the reporting period covered by the file to which this Header Record is attached.	Required
A code to indicate whether the records in the file are test or production records.	Required
Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional
The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to the state's claim adjudication system.	Conditional
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Conditional

An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required
This code denotes the type of hospital on the claim (servicing provider).	Required
Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Conditional
Code indicating type of adjustment record.	Required
Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional

The basic types of admission for Inpatient hospital stays and a code indicating the priority of this admission.	Required
Description of the associated state-specific DRG code. If using standard MS-DRG classification system, leave blank	Conditional

The ICD-9/10-CM Diagnosis Code provided at the time of admission by the physician.	Required
A flag that identifies the coding system used for the ADMITTING-DIAGNOSIS-CODE.	Required
DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Required

DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required
A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Conditional

DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Conditional
A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional

DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional

A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional

A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional

DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional

DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional

DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional

A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional

A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional

DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional

DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional

DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional

A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-6 through DIAGNOSIS-CODE-12: The sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional
DIAGNOSIS-CODE-FLAG-6 through DIAGNOSIS-CODE-FLAG-12: Code flag for the sixth through twelfth ICD-9/10-CM codes that appear on the claim.	Conditional

A flag that indicates “Present on Admission” for DIAGNOSIS CODE 1 - 12. A code to identify conditions that are present at the time the order for inpatient admission occurs; conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
Code representing the Diagnosis Related Group (DRG) that is applicable for the inpatient services being rendered.	Conditional
An indicator identifying the grouping algorithm used to assign Diagnosis Related Group (DRG) values.	Conditional

A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional
The procedure code modifier used with the (Principal) Procedure Code 1. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA

A flag that identifies the coding system used for PROCDURE-CODE-1.	Conditional
The date upon which the PROCEDURE-CODE-1 was performed.	Conditional
A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional

A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA

A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Conditional
The date on which the procedure 2 – 6 was performed.	Conditional

A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional

A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA
A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Conditional
The date on which the procedure 2 – 6 was performed	Conditional

A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional

A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA

A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Conditional
The date on which the procedure 2 – 6 was performed	Conditional

A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional

A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA
A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Conditional
The date on which the procedure 2 – 6 was performed.	Conditional

A procedure code based on ICD-9 and ICD-10 used by the state to identify the procedures performed during the hospital stay referenced by this claim. The principal procedure and related info should be recorded in PROCEDURE-CODE-1, PROCEDURE-CODE-MOD-1, PROCEDURE-CODE-DATE-1, and PROCEDURE-CODE-FLAG-1. The principal procedure is performed for definitive treatment rather than for diagnostic or exploratory purposes. It is closely related to either the principal diagnosis or to complications that arise during other treatments. Use PROCEDURE-CODE-2 through PROCEDURE-CODE-6 (and related data elements) to record secondary, tertiary, etc. procedures.	Conditional

A series of procedure code modifiers used with the corresponding Procedure Codes. For example, some states use modifiers to indicate assistance in surgery or anesthesia services.	NA
A series of flags that identifies the coding system used for the associated procedure codes (PROCDURE-CODE-2 through PROCDURE-CODE-6)	Conditional

The date on which the procedure 2 – 6 was performed.	Conditional
The date on which the recipient was admitted to a hospital or long term care facility.	Required
The time of admission to a hospital or long term care facility.	Conditional
The date on which the recipient was discharged from a hospital or long term care facility.	Conditional

The time of discharge for inpatient claims or end time of treatment for outpatient claims.	Conditional
The date on which the payment status of the claim was finally adjudicated by the state.	Required
The date Medicaid paid on this claim or adjustment.	Required
A code indicating what kind of payment is covered in this claim.	Required

A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (3rd digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Required
The health care claim status codes convey the status of an entire claim.	Required
The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS	Required
The field denotes the claims payment system from which the claim was extracted	Required
The check or EFT number.	Conditional
Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Conditional
These codes indicate how each allowed charge was determined.	Conditional

Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
The total amount charged for this claim at the claim header level as submitted by the provider.	Conditional

The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Conditional
The total amount paid by Medicaid on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid at the detail level for the claim.	Required
The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Conditional
The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary’s Medicare deductible.	Conditional
The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary’s Medicare coinsurance.	Conditional

Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional
The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional
The field denotes whether the insured party is covered under other insurance plan	Conditional
This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary	Conditional
A code to categorize service tracking claims. A “service tracking claim” is used to report lump sum payments that cannot be attributed to a single enrollee. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Conditional
On service tracking claims, the lump sum amount paid to the provider.	Conditional

This indicator indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of $3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined “medical record” associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Conditional
A code to indicate the source of non-federal share funds.	Required
A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required
Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Conditional
Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required

A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Conditional
The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity) at the m	NA
The field denotes whether the claim payment is made at the header level or the detail level.	Required

This code indicates the type of Medicare Reimbursement.	Conditional
The number of days of institutional long-term care not covered by the payer for this sequence as qualified by the payer organization. The number of non-covered days does not refer to days not covered for any other service.	Conditional
The charges for institutional long-term care, which are not reimbursable by the primary payer. The non-covered charges do not refer to charges not covered for any other service.	Conditional
The number of inpatient days covered by Medicaid on this claim. For states that combine delivery/birth services on a single claim, include covered days for both the mother and the neonate in this field.	Conditional
The total number of lines on the claim	Required
This code indicates if the claim was processed by forcing it through a manual override process.	Conditional

This code indicates whether the claim has a Health Care Acquired Condition.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional

A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional

The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional

The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional

The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The weight of a newborn at time of birth in grams (applicable to newborns only).	Conditional
A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment	Conditional
The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Required
The first name of the individual to whom the services were provided.(The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
The middle initial of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
Date of birth of the individual to whom the services were provided.	Required

This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Conditional
Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Conditional
Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Conditional

A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required
The National Provider ID (NPI) of the billing entity responsible for billing a patient for healthcare services. The billing provider can also be servicing, referring, or prescribing provider. Can be admitting provider except for Long Term Care.	Required
For CLAIMIP and CLAIMLT files, the taxonomy code for the institution billing for the beneficiary.	Conditional

A code describing the type of entity billing for the service.	Conditional
This code describes the area of specialty for the billing provider.	Conditional
The National Provider ID (NPI) of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Conditional
The Medicaid ID of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Required
This code describes the area of specialty for the admitting provider.	Conditional
The taxonomy code for the admitting provider.	Conditional
A code describing the type of admitting provider. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional

A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional
The National Provider ID (NPI) of the provider who recommended the servicing provider to the patient.	Conditional
For CLAIMIP and CLAIMLT files, the taxonomy code for the referring provider.	NA
A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	NA
This code indicates the area of specialty of the referring provider.	NA
The additional payment on a claim that is associated with either a cost outlier or length of stay outlier. Outlier payments compensate hospitals paid on a fixed amount per Medicare "diagnosis related group" discharge with extra dollars for patient stays that substantially exceed the typical requirements for patient stays in the same DRG category.	Conditional
The relative weight for the DRG on the claim. Each year CMS assigns a relative weight to each DRG. These weights indicate the relative costs for treating patients during the prior year. The national average charge for each DRG is compared to the overall average. This ratio is published annually in the Federal Register for each DRG. A DRG with a weight of 2.0000 means that charges were historically twice the average; a DRG with a weight of 0.5000 was half the average.	Conditional

Health Insurance Claim (HIC) Number as it appears on the patient’s Medicare card.	Conditional
This code indicates the Type of Outlier Code or DRG Source.	Conditional
This field specifies the number of days paid as outliers under Prospective Payment System (PPS) and the days over the threshold for the DRG	Conditional
A code indicating the Patients status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-04. This is also referred to as DISCHARGE-STATUS.	Required

A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Optional
The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required
An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold determined by the individual state) will be split during processing	Conditional
This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Conditional
The amount of money the beneficiary paid towards coinsurance.	Conditional

The date the beneficiary paid the coinsurance amount.	Conditional
The amount of money the beneficiary paid towards a copayment.	Conditional
The date the beneficiary paid the copayment amount.	Conditional
The amount of money the beneficiary paid towards an annual deductible.	Conditional
The date the beneficiary paid the deductible amount.	Conditional
An indicator to identify a claim that the state refused pay in its entirety.	Conditional
An indicator signifying that the copay was waived by the provider.	Optional

A free-form text field to indicate the health home program that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A “Health Home Entity” can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities’ names are being used instead.	Conditional
The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item	Optional
The date the third party paid the coinsurance amount	Optional
The amount the third party paid the copayment amount.	Optional
The date the third party paid the copayment amount.	Optional
The amount included in the TOT-MEDICAID-PAID-AMT that is attributable to a Disproportionate Share Hospital (DSH) payment, when the state makes DSH payments by claim.	Conditional
The National Provider ID (NPI) of the health home provider.	Conditional
The individual’s Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	NA

The Provider Taxonomy of the provider who performed an operation on the patient.	Conditional
The National Provider ID (NPI) of the provider who directed the care of a patient that another provider administered.	NA
The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	NA
The National Provider ID (NPI) of the provider who supervised another provider.	NA
The Provider Taxonomy of the provider who supervised another provider.	NA
The amount paid by Medicare on this claim or adjustment.	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required

A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Conditional
A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Conditional
A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional
A unique number to identify the transaction line number that is being reported on the original claim.	Required
A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Conditional

Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional
Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional
The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to the state’s claim adjudication system.	Conditional
The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional
For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required

For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required
A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing Manual).	Required
This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Conditional
On facility claim entries, this field is to capture the actual service quantify by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	Required
On facility claim entries, this field is to capture maximum allowable quantity by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	Conditional

The total charge for the related UB-04 Revenue Code (REVENUE-CODE). Total charges include both covered and non-covered charges (as defined by UB-04 Billing Manual)	Required
The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional
Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim detail level paid by the third party.	Conditional
The amount paid by Medicaid on this claim or adjustment at the claim detail level.	Required
The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amt that would have been paid had the services been provided on a FFS basis.	Conditional

Unit of billing that is used for billing services by the facility.	Conditional
A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required
A unique number to identify the provider who treated the recipient.	Required

The NPI of the health care professional who delivers or completes a particulay medical service or non-surgical procedure. The SERVICING-PROV-NPI-NUM is required when rendering provider is different than the attending provider and state or federal regulatory requirements call for a "combined claim" (i.e., a claim that includes both facility and professional components). Examples are Medicaid clinic bills or critical access hospital claims.	Conditional
The taxonomy code for the institution billing/caring for the beneficiary.	Conditional
A code describing the type of provider (i.e. doctor or facility) responsible for treating a patient. This represents the attending physician if available. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional
This code indicates the area of specialty for the servicing provider.	Conditional
The National Provider ID (NPI) of the provider who performed the surgical procedures on the beneficiary	Conditional

This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary	Conditional
The type of facility for the servicing provider using the HIPAA provider taxonomy codes.	Required
The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required
This code indicates if the claim was matched with Title XIX or Title XXI.	Required
A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation.	Conditional
A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional
The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional

A free text field for the submitting state to enter whatever information it chooses	Optional
For inpatient hospital facility claims, the accommodation rate is captured here. This data element is expected to capture data from the HIPAA 837I claim loop 2400 SV206 or UB-04 FL 44 (only if the value represents an accommodation rate).	Conditional
A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Conditional
A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Conditional
This field is to capture the actual quantity of the National Drug Code being prescribed on this in-patient claim.	Conditional

The date on which the payment status of the claim was finally adjudicated by the state.	Required
This data element is not applicable to this file type.	Conditional
A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Conditional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required

A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
A data element to denote whether the file is in fixed length line format or pipe-delimited format.	Required
A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
The date on which the file was created.	Required
Beginning date of the time period covered by this file.	Required
Last date of the reporting period covered by the file to which this Header Record is attached.	Required
A code to indicate whether the records in the file are test or production records.	Required
Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required

To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional
The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Conditional
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Conditional
An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required
Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Conditional

Code indicating type of adjustment record.	Required
Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional
The ICD-9/10-CM Diagnosis Code provided at the time of admission by the physician.	Required

A flag that identifies the coding system used for the ADMITTING-DIAGNOSIS- CODE.	Required
DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Required
A flag that identifies the coding system used for the DIAGNOSIS CODE 1 - 12 DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required

A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Conditional

DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Conditional
A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional

DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional

DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional

A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-3 through DIAGNOSIS-CODE-5: The third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional
DIAGNOSIS-CODE-FLAG-3 through DIAGNOSIS-CODE-FLAG-5: Code flag for the third through fifth ICD-9/10-CM codes that appear on the claim.	Conditional

A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
The date on which the recipient was admitted to a hospital or long term care facility.	Required
The time of admission to a hospital or long term care facility.	Conditional
The date on which the recipient was discharged from a hospital or long term care facility.	Conditional

The time of discharge for inpatient claims or end time of treatment for outpatient claims.	Conditional
For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required
For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required

The date on which the payment status of the claim was finally adjudicated by the state.	Required
The date Medicaid paid on this claim or adjustment.	Required
A code indicating what kind of payment is covered in this claim.	Required
A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (3rd digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Required

The health care claim status codes convey the status of an entire claim.	Required
The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	Required
The field denotes the claims payment system from which the claim was extracted.	Required
The check or EFT number.	Conditional
Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional

Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
The total amount charged for this claim at the claim header level as submitted by the provider.	Conditional
The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Conditional

The total amount paid by Medicaid on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid at the detail level for the claim.	Required
The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Conditional
The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare deductible.	Conditional
The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary's Medicare coinsurance.	Conditional
Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional
The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional
The field denotes whether the insured party is covered under other insurance plan	Conditional

This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional
A code to categorize service tracking claims. A “service tracking claim” is used to report lump sum payments that cannot be attributed to a single enrollee. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Conditional
On service tracking claims, the lump sum amount paid to the provider.	Conditional
This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of $3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined “medical record” associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Conditional

A code to indicate the source of non-federal share funds.	Required
A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required
Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Conditional
Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required
A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Conditional

The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity) at the m	NA
The field denotes whether the claim payment is made at the header level or the detail level.	Required
This code indicates the type of Medicare Reimbursement.	Conditional
The number of days of institutional long-term care not covered by the payer for this sequence as qualified by the payer organization. The number of non-covered days does not refer to days not covered for any other service.	Conditional

The charges for institutional long-term care, which are not reimbursable by the primary payer. The non-covered charges do not refer to charges not covered for any other service.	Conditional
The number of inpatient psychiatric days covered by Medicaid on this claim.	Conditional
The total number of lines on the claim.	Required
This code indicates if the claim was processed by forcing it through a manual override process.	Conditional
This code indicates whether the individual included on the claim has a Health Care Acquired Condition.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional

A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional

A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional

The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional

The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment.	Conditional
The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Required

The first name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
The middle initial of the individual to whom the services were provided.	Conditional
Date of birth of the individual to whom the services were provided.	Required
This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Conditional
Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Conditional

Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Conditional
A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required
The National Provider ID (NPI) of the billing provider responsible for billing for the service on the claim. The billing provider can also be servicing, referring, or prescribing provider; can be admitting provider except for Long Term Care.	Required

For CLAIMIP and CLAIMLT files, the taxonomy code for the institution billing for the beneficiary.	Conditional
A code describing the type of entity billing for the service.	Conditional
This code describes the area of specialty for the billing provider.	Conditional
A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional

The National Provider ID (NPI) of the provider who recommended the servicing provider to the patient.	Conditional
For CLAIMIP and CLAIMLT files, the taxonomy code for the referring provider.	NA
A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	NA
This code indicates the area of specialty of the referring provider.	NA
Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional
A code indicating the patient's status as of the ENDING-DATE-OF-SERVICE. Values used are from UB-04. This is also referred to as discharge status.	Required

A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Optional
The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required
The total amount paid by the patient for services where they are required to use their personal funds to cover part of their care before Medicaid funds can be utilized.	Conditional
The amount a policy will pay per day for a covered service. In some cases for OT claims this is referred to as a flat rate.	Conditional

The number of days of intermediate care for individuals with an intellectual disability that were paid for in whole or in part by Medicaid.	Conditional
The number of days, during the period covered by Medicaid, on which the patient did not reside in the long term care facility.	Conditional
The number of days of nursing care included in this claim that were paid for, in whole or in part, by Medicaid. Includes days during which nursing facility received partial payment for holding a bed during patient leave days.	Conditional

An indicator that denotes that claims in excess of a pre-determined number of claim lines (threshold determined by the individual state) will be split during processing.	Conditional
This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Conditional
The amount of money the beneficiary paid towards coinsurance.	Conditional
The date the beneficiary paid the coinsurance amount.	Conditional
The amount of money the beneficiary paid towards a copayment.	Conditional
The date the beneficiary paid the copayment amount.	Conditional
The amount of money the beneficiary paid towards an annual deductible.	Conditional
The date the beneficiary paid the deductible amount.	Conditional

An indicator to identify a claim that the state refused pay in its entirety.	Conditional
An indicator signifying that the copay was waived by the provider.	Optional
A free-form text field to indicate the health home that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A “Health Home Entity” can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities’ names are being used instead.	Conditional
The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Optional
The date the third party paid the coinsurance amount.	Optional
The amount the third party paid toward the copayment amount.	Optional
The date the third party paid the copayment amount	Optional
The National Provider ID (NPI) of the health home provider.	Conditional

The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	NA
The National Provider ID (NPI) of the provider who directed the care of a patient that another provider administered.	NA
The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	NA
The National Provider ID (NPI) of the provider who supervised another provider.	NA
The Provider Taxonomy of the provider who supervised another provider.	NA
The National Provider ID (NPI) of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Conditional

The Medicaid ID of the doctor responsible for admitting a patient to a hospital or other inpatient health facility.	Required
This code describes the area of specialty for the admitting provider.	Conditional
The taxonomy code for the admitting provider.	Conditional
A code describing the type of admitting provider. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional
The amount paid by Medicare on this claim or adjustment.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Conditional

A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional
A unique number to identify the transaction line number that is being reported on the original claim.	Required
A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Conditional
Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional

Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional
The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Conditional
The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional
For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required
For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required

A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing Manual).	Required
This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Conditional
On facility claim entries, this field is to capture the actual service quantify by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	
On facility claim entries, this field is to capture maximum allowable quantity by revenue code category, e.g., number of days in a particular type of accommodation, pints of blood, etc. However, when HCPCS codes are required for services, the units are equal to the number of times the procedure/service being reported was performed.	
The total charge for the related UB-04 Revenue Code (REVENUE-CODE) for the billing period. Total charges include both covered and non-covered charges (as defined by UB-04 Billing Manual.	Required

The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional
Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim detail level paid by the third party.	Conditional
The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional
The amount paid by Medicaid on this claim or adjustment at the claim detail level.	Required
The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amt that would have been paid had the services been provided on a FFS basis.	Conditional
Unit of billing that is used for billing services by the facility.	Conditional

A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required
A unique number to identify the provider who treated the recipient.	Required

The NPI of the health care professional who delivers or completes a particulay medical service or non-surgical procedure. The SERVICING-PROV-NPI-NUM is required when rendering provider is different than the attending provider and state or federal regulatory requirements call for a "combined claim" (i.e., a claim that includes both facility and professional components). Examples are Medicaid clinic bills or critical access hospital claims.	Conditional
The taxonomy code for the institution billing/caring for the beneficiary.	Conditional
A code describing the type of provider (i.e. doctor or facility) responsible for treating a patient. This represents the attending physician if available. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional
This code indicates the area of specialty for the servicing provider.	Conditional
This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional
The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required
This code indicates if the claim was matched with Title XIX or Title XXI.	Required

The type of facility for the servicing provider using the HIPAA provider taxonomy codes.	Required
A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation	Conditional
A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional
A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Conditional

A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Conditional
This field is to capture the actual quantity of the National Drug Code being prescribed on this long term care claim.	Conditional
For inpatient hospital facility claims, the accommodation rate is captured here. This data element is expected to capture data from the HIPAA 837I claim loop 2400 SV206 or UB-04 FL 44 (only if the value represents an accommodation rate)	Conditional
The date on which the payment status of the claim was finally adjudicated by the state.	Required

This data element is not applicable to this file type.	Conditional
A number, code or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Conditional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
A data element to denote whether the file is in fixed length line format or pipe-delimited format.	Required
A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required

The date on which the file was created.	Required
Beginning date of the time period covered by this file.	Required
Last date of the reporting period covered by the file to which this Header Record is attached.	Required
A code to indicate whether the records in the file are test or production records.	Required
Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
To enable state’s to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional

The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Conditional
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Conditional
An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required
Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Conditional
Code indicating the type of adjustment record.	Required
Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional

DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim.	Required
CLAIMIP, CLAIMLT, CLAIMOT: A flag that identifies the coding system used for the DIAGNOSIS CODE 1 - 12 CLAIMIP, CLAIMOT, CLAIMOT: DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Required

A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
DIAGNOSIS-CODE-1 through DIAGNOSIS-CODE-2: Primary and Second ICD-9/10-CM code found on the claim	Conditional

CLAIMIP, CLAIMOT, CLAIMOT: A flag that identifies the coding system used for the DIAGNOSIS CODE 1 - 12 CLAIMIP, CLAIMOT, CLAIMOT: DIAGNOSIS-CODE-FLAG-1 through DIAGNOSIS-CODE-FLAG-2: Code flag for the Primary and Second ICD-9/10-CM code found on the claim.	Conditional
A code to identify conditions that are present at the time the order for inpatient admission occurs – conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery. POA indicator is used to identify certain preventable conditions that are: (a) high cost or high volume or both, (b) result in the assignment of a case to a Diagnosis Related Group (DRG)* that has a higher payment when present as a secondary diagnosis, and (c) could reasonably have been prevented through the application of evidence-based guidelines. *States that do not use the grouper methodology may use CMS-approved methodology that is prospective in nature.	Conditional
For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, this would be the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required

For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required
The date on which the payment status of the claim was finally adjudicated by the state.	Required

The date Medicaid paid on this claim or adjustment.	Required
A code indicating what kind of payment is covered in this claim	Required
A data element corresponding with UB-04 form locator FL4 that classifies the claim as to the type of facility (2nd digit), type of care (3rd digit) and the billing record's sequence in the episode of care (4th digit). (Note that the 1st digit is always zero.)	Conditional
The health care claim status codes convey the status of an entire claim.	Required
The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	Required

The field denotes the claim payment system from which the claim was adjudicated.	Required
The check or EFT number	Conditional
Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional

Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
The total amount charged for this claim at the claim header level as submitted by the provider.	Conditional
The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Conditional
The total amount paid by Medicaid on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid at the detail level for the claim.	Required
The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Conditional
The amount paid by Medicaid/CHIP, on this claim at the claim header level, toward the beneficiary’s Medicare deductible.	Conditional

The amount paid by Medicaid/CHIP, on this claim, toward the recipient's Medicare coinsurance at the claim detail level.	Conditional
Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional
The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional
The field denotes whether the insured party is covered under other insurance plan.	Conditional
This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional

A code to categorize service tracking claims. A “service tracking claim” is used to report lump sum payments that cannot be attributed to a single enrollee. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Conditional
On service tracking claims, the lump sum amount paid to the provider.	Conditional
This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of $3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined “medical record” associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Conditional
A code to indicate the source of non-federal share funds.	Required

A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required
Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated.	Conditional
Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required
A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Conditional

The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity) at the m	NA
The field denotes whether the claim payment is made at the header level or the detail level.	Required
This code indicates the type of Medicare Reimbursement.	Conditional
The total number of lines on the claim.	Required

This code indicates if the claim was processed by forcing it through a manual override process.	Conditional
This code indicates whether the individual included on the claim has a Health Care Acquired Condition.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional

A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional

A code to describe to describe specific event(s) relating to this billing period covered by the claim. (These are FLs 31, 32, 33, 34, 35, and 36 - Occurrence Codes on the UB04.) These fields can be used for either occurrences or occurrence spans.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional

The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional

The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The start date of the corresponding occurrence code or occurrence span codes.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional

The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
The last date that the corresponding occurrence code or occurrence span code was applicable.	Conditional
A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client’s episode of service within the provider’s system to facilitate retrieval of individual financial and clinical records and posting of payment.	Conditional
The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Required
The first name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional

The middle initial of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
Date of birth of the individual to whom the services were provided.	Required
This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Conditional
Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Conditional

Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Conditional
A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required
The National Provider ID (NPI) of the billing provider responsible for billing for the service on the claim. The billing provider can also be servicing, referring, or prescribing provider; can be admitting provider except for Long Term Care.	Conditional

For CLAIMOT and CLAIMRX files, the taxonomy code for the provider billing for the service.	Conditional
A code describing the type of entity billing for the service.	Conditional
This code describes the area of specialty for the billing provider.	Conditional
A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional

The National Provider ID (NPI) of the provider who recommended the servicing provider to the patient.	Conditional
For CLAIMOT files, the taxonomy code for the provider who referred the beneficiary for treatment.	NA
A code describing the type of provider (i.e. doctor) who referred the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided	NA
This code indicates the area of specialty of the referring provider.	NA
Health Insurance Claim (HIC) Number as it appears on the patient’s Medicare card.	Conditional
A code indicating where the service was performed. CMS 1500 values are used for this data element.	Conditional

A key index for relating a person's body weight to their height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.	Optional
The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required
The amount a policy will pay per day for a covered service. In some cases for OT claims this is referred to as a flat rate.	Conditional
This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Conditional
The amount of money the beneficiary paid towards coinsurance.	Conditional
The date the beneficiary paid the coinsurance amount.	Conditional
The amount of money the beneficiary paid towards a copayment.	Conditional
The date the beneficiary paid the copayment amount.	Conditional

The amount of money the beneficiary paid towards an annual deductible.	Conditional
The date the beneficiary paid the deductible amount.	Conditional
An indicator to identify a claim that the state refused pay in its entirety.	Conditional
An indicator signifying that the copay was waived by the provider.	Conditional
A free-form text field to indicate the health home program that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A “Health Home Entity” can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities’ names are being used instead.	Conditional
The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Optional
The date the third party paid the coinsurance amount.	Optional
The amount the third party paid the copayment amount.	Optional

The date the third party paid the copayment amount.	Optional
The date that the managed care entity submitted the capitated payment bill to the state.	Conditional
The amount of the capitated payment bill submitted by the managed care entity to the state.	Conditional
The National Provider ID (NPI) of the health home provider.	Conditional
The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	NA
The National Provider ID (NPI) of the provider who directed the care of a patient that another provider administered.	NA
The Provider Taxonomy of the provider who directed the care of a patient that another provider administered.	NA

The National Provider ID (NPI) of the provider who supervised another provider.	Conditional
The Provider Taxonomy of the provider who supervised another provider	NA
A free text field for the submitting state to enter whatever information it chooses.	Optional
A code to uniquely identify the geographic location where the provider's services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required

A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Conditional
A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional
A unique number to identify the transaction line number that is being reported on the original claim.	Required
A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Conditional

Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional
Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional
The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state’s claim adjudication system.	Conditional
The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional
For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days or periods of care extending over two or more days, the date on which the service covered by this claim began. For capitation premium payments, the date on which the period of coverage related to this payment began.	Required

For services received during a single encounter with a provider, the date the service covered by this claim was received. For services involving multiple encounters on different days, or periods of care extending over two or more days, the date on which the service covered by this claim ended. For capitation premium payments, the date on which the period of coverage related to this payment ends/ended.	Required
A code which identifies a specific accommodation, ancillary service or billing calculation (as defined by UB-04 Billing Manual).	Conditional
A field to capture the CPT or HCPCS code that describes a service or good rendered by the provider to an enrollee on the specified date of service.	Required

The date upon which the procedure was performed.	Required
A flag that identifies the coding system used for the PROCDURE-CODE.	Required
A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE-CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional
This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Conditional
The amount charged at the claim detail level as submitted by the provider.	Conditional

The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional
The copayment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Conditional
Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim detail level paid by the third party.	Conditional
The amount paid by Medicaid on this claim or adjustment at the claim detail level.	Required
The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amt that would have been paid had the services been provided on a FFS basis.	Conditional
The amount paid by Medicare on this claim or adjustment.	Conditional

The quantity of a drug, service, or product that is rendered/dispensed for a prescription, specific date of service, or billing time span.	Required
The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month. Quantity limits are applied to medications when the majority of appropriate clinical utilizations will be addressed within the quantity allowed.	Conditional

A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required

Codes indicating that the service represents a long-term care home and community based service or support for an individual with chronic medical and/or mental conditions. The codes are to help clearly delineate between acute care and long-term care provided in the home and community setting (e.g. 1915(c), 1915(i), 1915(j), and 1915(k) services).	Conditional
A code that classifies home and community based services listed on the claim into the HCBS taxonomy.	Conditional
A unique number to identify the provider who treated the recipient.	Required

The National Provider ID (NPI) of the rendering/attending provider responsible for the beneficiary.	Conditional
The taxonomy code for the provider who treated the recipient.	Conditional
A code describing the type of provider (i.e. doctor or facility) who treated the patient. If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided.	Conditional
This code indicates the area of specialty for the servicing provider.	Conditional
This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional
A code to identify the tooth numbering system is being used.	Conditional
The tooth number serviced based on the tooth numbering system identified in the TOOTH-DESIGNATION-SYSTEM field.	Conditional

The area of the oral cavity is designated by a two-digit code.	Conditional

A code to identify the tooth's surface on which the service was performed.	Conditional
The street address of the origination point from which a patient is transported either from home or Long term care facility to a health care provider for healthcare services or vice versa.	Conditional
The street address of the origination point from which a patient is transported either from home or Long term care facility to a health care provider for healthcare services or vice versa.	Conditional
The name of the origination city from which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional
The ANSI 2 numeric code of the origination state in which a patient is transported either from home or a long term care facility to a health care provider to a health care provider for healthcare services or vice versa.	Conditional
The zip code of the origination city from which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional

The street address of the destination point to which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional
The street address of the destination point to which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional
The name of the destination city to which a patient is transported either from home or long term care facility to a health care provider for healthcare services or vice versa.	Conditional
The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the destination state in which a patient is transported either from home or a long term care facility to a health care provider for healthcare services or vice versa.	Conditional
The zip code of the destination city to which a patient is transported either from home or long term care facility to a health care provider for healthcare services or vice versa.	Conditional
The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required
This code indicates if the claim was matched with Title XIX or Title XXI.	Required

A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation.	Conditional
A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional
A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional
The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional
A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Conditional

A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE-CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional
A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE-CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional

A field to capture a modifier code associated with the PROCEDURE-CODE field on the OT claim line. If more than one modifier is reported, the additional codes should be captured in fields "PROCEDURE-CODE-MOD-2" through "PROCEDURE-CODE-MOD-4.	Conditional
For outpatient hospital facility claims, HCPCS/CPT is captured here. This data element is expected to capture data from HIPAA 837I claim loop 2400 SV202 or UB-04 FL 44 (only if the value represents a HCPCS/CPT). If HCPCS-RATE is populated then PROCEDURE-CODE should not be populated.	Conditional
The date on which the payment status of the claim was finally adjudicated by the state.	Required

A data element to identify how the beneficiary self-directed the service, i.e. Hiring Authority (the beneficiary has decision-making authority to recruit, hire, train and supervise the individuals who furnish his/her services), Budget Authority (The beneficiary has decision-making authority over how the Medicaid funds in a budget are spent), or both Hiring and Budget Authority.	Conditional
A number, code, or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number).	Conditional
A code to indicate the basis by which the quantity of the National Drug Code is expressed.	Conditional
This field is to capture the actual quantity of the National Drug Code being prescribed on this out-patient claim.	Conditional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required
A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
A data element to denote whether the file is in fixed length line format or delimited format.	Required
A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required

The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
The date on which the file was created.	Required
Beginning date of the time period covered by this file.	Required
Last date of the reporting period covered by the file to which this Header Record is attached.	Required
A code to indicate whether the records in the file are test or production records.	Required
Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A unique number (up to 21 alpha/numeric characters) assigned by the state’s payment system that identifies an original claim.	Required

A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional
The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
An indicator specifying whether the claim is a crossover claim where a portion is paid by Medicare.	Required
Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Conditional
Code indicating the type of adjustment record.	Required

Claim adjustment reason codes communicate why a claim was paid differently than it was billed.	Conditional
The date on which the payment status of the claim was finally adjudicated by the state.	Required
The date Medicaid paid on this claim or adjustment.	Required
A code indicating what kind of payment is covered in this claim.	Required
The health care claim status codes convey the status of an entire claim.	Required

The general category of the claim status (accepted, rejected, pended, finalized, additional information requested, etc.), which is then further detailed in the companion data element CLAIM-STATUS.	Required
The field denotes the claim payment system from which the claim was adjudicated.	Required
The check or EFT number.	Conditional
Date the check is issued to the payee, or if Electronic Funds Transfer (EFT), the date the transfer is made.	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional

Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
Remittance Advice Remark Codes are used to convey information about remittance processing or to provide a supplemental explanation for an adjustment already described by a Claim Adjustment Reason Code. Each Remittance Advice Remark Code identifies a specific message as shown in the Remittance Advice Remark Code List. It is a code set used by the health care industry to convey non-financial information critical to understanding the adjudication of a health care claim for payment. It is an external code set whose use is as mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountably Act of 1996 (P.L.104-191, commonly referred to as HIPAA).	Conditional
The total amount charged for this claim at the claim header level as submitted by the provider.	Conditional
The claim header level maximum amount determined by the payer as being 'allowable' under the provisions of the contract prior to the determination of actual payment.	Conditional

The total amount paid by Medicaid on this claim or adjustment at the claim header level, which is the sum of the amounts paid by Medicaid at the detail level for the claim.	Required
The total amount paid by Medicaid/CHIP enrollee for each office or emergency department visit or purchase of prescription drugs in addition to the amount paid by Medicaid/CHIP.	Conditional
The amount paid by Medicaid/CHIP on this claim at the claim header level toward the beneficiary's Medicare deductible.	Conditional
The amount paid by Medicaid/CHIP on this claim at the claim header level toward the beneficiary's Medicare coinsurance	Conditional
Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional
The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional
The field denotes whether the insured party is covered under other insurance plan.	Conditional

This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional
A code to categorize service tracking claims. A “service tracking claim” is used to report lump sum payments that cannot be attributed to a single enrollee. (Note: Use an encounter record to report services provided under a capitated payment arrangement.)	Conditional
On service tracking claims, the lump sum amount paid to the provider.	Conditional
This code indicates that the reimbursement amount included on the claim is for a fixed payment. Fixed payments are made by the state to insurers or providers for premiums or eligible coverage, not for a particular service. For example, some states have Primary Care Case Management (PCCM) programs where the state pays providers a monthly patient management fee of $3.50 for each eligible participant under their care. This fee is considered a fixed payment. It is very important for states to correctly identify fixed payments. Fixed payments do not have a defined “medical record” associated with the payment; therefore, fixed payments are not subject to medical record request and medical record review.	Conditional

A code to indicate the source of non-federal share funds.	Required
A code to indicate the type of non-federal share used by the state to finance its expenditure to the provider.	Required
Code indicating special Medicaid program under which the service was provided. Refer to Appendix E for information on the various program types.	Required
A unique number, assigned by the state, which represents the health plan under which the non-fee-for-service encounter was provided including through the state plan and a waiver.	Conditional

The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity) at the m	NA
	NA
The field denotes whether the claim payment is made at the header level or the detail level.	Required
This code indicates the type of Medicare Reimbursement.	Conditional
The total number of lines on the claim.	Required
This code indicates if the claim was processed by forcing it through a manual override process.	Conditional

A patient's unique number assigned by the provider agency during claim submission, which identifies the client or the client's episode of service within the provider's system to facilitate retrieval of individual financial and clinical records and posting of payment.	Conditional
The last name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Required
The first name of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
The middle initial of the individual to whom the services were provided. (The patients name should be captured as it appears on the claim record, it does not need to be the same as it appears on the eligibility file. The MSIS-IDENTIFICATION-NUM will be used to associate a claim record with the appropriate eligibility data.)	Conditional
Date of birth of the individual to whom the services were provided.	Required
This code indicates whether the claim is submitted by a provider or provider group enrolled in the Health Home care model. Health home providers provide service for patients with chronic illnesses.	Conditional

Code for specifying waiver type under which the eligible individual is covered during the month and receiving services/under which claim is submitted.	Conditional
Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Conditional
A unique identification number assigned by the state to a provider or capitation plan. This should represent the entity billing for the service.	Required

The National Provider ID (NPI) of the billing provider responsible for billing for the service on the claim. The billing provider can also be servicing, referring, or prescribing provider; can be admitting provider except for Long Term Care.	Required
For CLAIMOT and CLAIMRX files, the taxonomy code for the provider billing for the service.	Conditional
	Conditional
This code describes the area of specialty for the billing provider.	Conditional
A unique identification number assigned by the state to the provider who prescribed the drug, device, or supply. This must be the individual’s ID number, not a group identification number.	Required

The National Provider ID (NPI) of the provider who prescribed a medication to a patient	Required
The taxonomy code for the medical provider writing the prescription	NA
A code describing the type of entity prescribing the drug, device, or supply If the state uses state-specific codes, they should map their internal codes to the CMS standard list provided	NA
This code indicates the area of specialty for the PRESCRIBING PROVIDER.	NA
Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional
The Remittance Advice Number is a sequential number that identifies the current Remittance Advice (RA) produced for a provider. The number is incremented by one each time a new RA is generated. The first five (5) positions are Julian date YYDDD format. The RA is the detailed explanation of the reason for the payment amount. The RA number is not the check number.	Required
This code indicates whether an individual received services or equipment across state borders. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Conditional

The date the drug, device, or supply was prescribed by the physician or other practitioner. This should not be confused with the PRESCRIPTION-FILL-DATE, which represents the date the prescription was actually filled by the provider.	Required
Date the drug, device, or supply was dispensed by the provider.	Required
Indicator to specify if the drug is compound or not.	Conditional
The amount of money the beneficiary paid towards coinsurance.	Conditional
The amount of money the beneficiary paid towards a copayment.	Conditional
The date the beneficiary paid the copayment amount.	Conditional
The date the beneficiary paid the coinsurance amount.	Conditional
The amount of money the beneficiary paid towards an annual deductible.	Conditional
The date the beneficiary paid the deductible amount.	Conditional
An indicator to identify a claim that the state refused pay in its entirety.	Conditional

An indicator signifying that the copay was waived by the provider.	Optional
A free-form text field to indicate the health home that authorized payment for the service on the claim. The name entered should be the name that the state uses to uniquely identify the team. A “Health Home Entity” can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). Because an identification numbering schema has not been established, the entities’ names are being used instead.	Conditional
The amount of money paid by a third party on behalf of the beneficiary towards coinsurance on the claim or claim line item.	Optional
The date the third party paid the coinsurance amount.	Conditional
The amount the third party paid the copayment amount.	Optional
The date the third party paid the copayment amount.	Optional
The National Provider ID (NPI) of the provider responsible for dispensing the prescription drug.	Required
The Provider Taxonomy of the provider responsible for dispensing the prescription drug.	NA

The National Provider ID (NPI) of the health home provider.	Conditional
The individual’s Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	NA
A free text field for the submitting state to enter whatever information it chooses.	Optional
The state-specific provider id of the provider who actually dispensed the prescription medication.	Required

Code indicating that the amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare deductible was combined with their coinsurance amount because the amounts could not be separated	Conditional
A code to uniquely identify the geographic location where the provider’s services were performed. The value should correspond to an active value in the PROV-LOCATION-ID field in the provider subject area.	Required
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the CLAIM-HEADER-RECORD-IP record segment is CIP00002.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
A unique number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies an original claim.	Required
A unique claim number (up to 21 alpha/numeric characters) assigned by the state's payment system that identifies the adjustment claim for an original transaction.	Conditional
A unique number to identify the transaction line number that is being reported on the original claim.	Required
A unique number to identify the transaction line number that identifies the line number on the adjustment ICN.	Conditional
Code indicating type of adjustment record claim/encounter represents at claim detail level.	Conditional

Claim adjustment reason codes communicate why a service line was paid differently than it was billed.	Conditional
The Submitter ID number is the value that identifies the provider/trading partner/clearing house organization to state's claim adjudication system.	Required
The claim line status codes identify the status of a specific detail claim line rather than the entire claim.	Conditional
A code in National Drug Code (NDC) format indicating the drug, device, or medical supply covered by this claim.	Required
The amount charged at the claim detail level as submitted by the provider.	Conditional
The maximum amount displayed at the claim line level as determined by the payer as being "allowable" under the provisions of the contract prior to the determination of actual payment.	Conditional
The copayment amount paid by an enrollee for the service, which does not include the amount paid by the insurance company.	Conditional

Third Party Liability (TPL) refers to the legal obligation of third parties, i.e., certain individuals, entities, or programs, to pay all or part of the expenditures for medical assistance furnished under a state plan. This is the total amount denoted at the claim header level paid by the third party.	Conditional
The amount paid by Medicaid on this claim or adjustment at the claim detail level.	Required
The MEDICAID-FFS-EQUIVALENT-AMT field should be populated with the amt that would have been paid had the services been provided on a FFS basis.	Conditional
The amount paid by Medicaid/CHIP on this claim at the claim line level toward the beneficiary's Medicare deductible.	Conditional
The amount paid by Medicaid/CHIP on this claim toward the recipient's Medicare coinsurance at the claim detail level.	Conditional
The amount paid by Medicare on this claim or adjustment.	Required

The maximum allowable quantity of a drug or service that may be dispensed per prescription per date of service or per month. Quantity limits are applied to medications when the majority of appropriate clinical utilizations will be addressed within the quantity allowed.	Conditional
The quantity of a drug, service, or product that is rendered/dispensed for a prescription, specific date of service, or billing time span.	Required

A code to indicate the basis by which the quantity of the drug or supply is expressed.	Conditional
A code to categorize the services provided to a Medicaid or CHIP enrollee.	Required

Codes indicating that the service represents a long-term care home and community based service or support for an individual with chronic medical and/or mental conditions. The codes are to help clearly delineate between acute care and long-term care provided in the home and community setting (e.g. 1915(c), 1915(i), 1915(j), and 1915(k) services).	Conditional
A code that classifies home and community based services listed on the claim into the HCBS taxonomy.	Conditional
This data element indicates that the claim is for a beneficiary for whom other third party resource development and collection activities are in progress, when the liability is not another health insurance plan for which the eligible is a beneficiary.	Conditional
Number of days supply dispensed.	Required

Indicator showing whether the prescription being filled was a new prescription or a refill. If it is a refill, the indicator will indicate the number of refills.	Required
Indicates whether the drug is a brand name, generic, single-source, or multi-source drug.	Required
The charge to cover the cost of dispensing the prescription. Dispensing costs include overhead, supplies, and labor, etc. to fill the prescription.	Required
The unique identification number assigned by the pharmacy or supplier to the prescription	Required
A code indicating the conflict, intervention and outcome of a prescription presented for fulfillment. The T-MSIS DRUG-UTILIZATION-CODE data element is composite field comprised of three distinct NCPDP data elements: "Reason for Service Code" (439-E4); "Professional Service Code" (44Ø-E5); and "Result of Service Code" (441-E6). All 3 of these NCPDP fields are situationally required and independent of one another. Pharmacists may report none, one, two or all three. NCPDP situational rules call for one or more of these values in situations where the field(s) could result in different coverage, pricing, patient financial responsibility, drug utilization review outcome, or if the information affects payment for, or documentation of, professional pharmacy service. The NCPDP "Results of Service Code" (bytes 1 & 2 of the T-MSIS DRUG-UTILIZATION-CODE) explains whether the pharmacist filled the prescription, filled part of the prescription, etc. The NCPDP "Professional Service Code" (bytes 3 & 4 of the T-MSIS DRUG-UTILIZATION-CODE) describes what the pharmacist did for the patient. The NCPDP "Result of Service Code" (bytes 5 & 6 of the T-MSIS DRUG-UTILIZATION-CODE) describes the action the pharmacist took in response to a conflict or the result of a pharmacist's professional service. Because the T-MSIS DRUG-UTILIZATION-CODE data element is a composite field, it is necessary for the state to populate all six bytes if any of the three NCPDP fields has a value. In such situations, use 'spaces' as placeholders for not applicable codes.	Required
Metric decimal quantity of the product with the appropriate unit of measure (each, gram, or milliliter).	Required
The physical form of a dose of medication, such as a capsule or injection.	Conditional
An indicator to identify claim lines with an NDC that is eligible for the drug rebate program.	Conditional

This field identifies the type of immunization provided in order to track additional detail not currently contained in CPT codes.	Conditional
The benefit category corresponding to the service reported on the claim or encounter record. Note: The code definitions in the valid value list originate from the Medicaid and CHIP Program Data System's (MACPro's) benefit type list. See Appendix H: Benefit Types for descriptions of the categories.	Required
This code indicates if the claim was matched with Title XIX or Title XXI.	Required
A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-64 form that states use to report their expenditures and request federal financial participation	Conditional
A code indicating the category of service for the paid claim. The category of service is the line item from the CMS-21 form that states use to report their expenditures and request federal financial participation. Refer to Attachment 8 for definitions on the various categories of service.	Conditional
The amount paid by insurance other than Medicare or Medicaid on this claim.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

The date on which the payment status of the claim was finally adjudicated by the state.	Required
This data element is not applicable to this file type.	Conditional
A number, code, or other value that indicates the services provided on this claim have been authorized by the payee or other service organization, or that a referral for services has been approved. (Also called Prior Authorization or Referral Number)	Conditional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
A data element to denote whether the file is in fixed length line format or delimited format.	Required
A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
The date on which the file was created.	Required
Beginning day of the month covered by this file.	Required

Last date of the reporting period covered by the file to which this Header Record is attached.	Required
A code to indicate whether the records in the file are test or production records.	Required
Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required

A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
The first name of the individual to whom the services were provided.	Conditional
The last name of the individual to whom the services were provided.	Required
The middle initial of the individual to whom the services were provided.	Conditional

The individual’s biological sex.	Required
Individual’s date of birth.	Required
Individual's date of death.	Conditional
The first day of the time span during which the values in all data elements in the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Required

The last day of the time span during which the values in all data elements in the PRIMARY DEMOGRAPHICS– ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
A code to classify eligible individual’s marital/domestic-relationship status.	Required

A free-text field to capture the description of the marital/domestic-relationship status when MARITAL-STATUS=14 (Other) is selected.	Conditional
The eligible individual's social security number.	Required
	Required
A code describing whether the state has verified the social security number (SSN) with the Social Security Administration (SSA).	Required
A code indicating the family income level.	Required

A flag indicating if the individual served in the active military, naval, or air service.	Required
Indicates if individual is identified as a U.S. Citizen.	Required
Indicates the individual is enrolled in Medicaid pending citizenship verification.	Required
The immigration status of the individual.	Required
Indicates the individual is enrolled in Medicaid pending immigration verification.	Conditional
The date the five-year bar for an individual ends. Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) provides that certain immigrants who enter the United States on or after August 22, 1996 are not eligible to receive federally-funded benefits, including Medicaid and the State Children's Health Insurance Program (SCHIP), for five years from the date they enter the country with a status as a "qualified alien."	Conditional
A code indicating the level of spoken English proficiency by the individual	Conditional

A code indicating the language the individual speaks other than English at home	Conditional
Household Size used in the eligibility determination process	Required
A flag indicating the individual is pregnant	Conditional
Health Insurance Claim (HIC) Number as it appears on the patient's Medicare card.	Conditional
The individual's Medicare Beneficiary Identifier (MBI) Identification Number. Note: MBI replaces the HICN with an entirely new Medicare Beneficiary Identifier (MBI) for purposes of provider billing, if applicable. CMS interfaces with non-payment exchange partners would remain HICN-based, while interfaces with payment partners would use the new MBI.	NA

A code indicating the individual's inclusion in a STATE Only CHIP Program.	Required
The first day of the time span during which the values in all data elements in the VARIABLE DEMOGRAPHICS - ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required

The last day of the time span during which the values in all data elements in the VARIABLE DEMOGRAPHICS - ELIGIBILITY record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
The type of address and contact information for the eligible submitted in the record segment.	Required
The street address for the type of address indicated.	Required

The street address for the type of address indicated.	Conditional
The street address for the type of address indicated.	Conditional
The city for the type of address indicated in ADDR-TYPE.	Required
The ANSI state numeric for the U.S. state, Territory, or the District of Columbia code for where the individual eligible to receive healthcare services resides. (The state for the type of address indicated in ADDR-TYPE.)	Required
	Required
The zip code for the type of address indicated in ADDR-TYPE.	Required
ANSI county numeric code indicating the county for the type of address indicated in ADDR-TYPE.	Required
The telephone number of the type of address indicated.	Required

A free-form text field to describe the type of living arrangement used for the eligibility determination process. The field will remain a free-form text data element until MACPro develops a list of valid values. When it becomes available, T-MSIS will align with MACPro valid values listing.	Conditional
The first day of the time span during which the values in all data elements on an ELIGIBLE-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
The last day of the time span during which the values in all data elements on an ELIGIBLE-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
The state-assigned number which uniquely identifies the Medicaid case to which the enrollee belongs. The definition of a case varies. There are single-person cases (mostly aged and blind/disabled) and multi-person cases (mostly TANF) in which all members of the case have the same case number, but a unique MSIS identification number. A warning for longitudinal research efforts: a person’s case number may change over time.	Required

A code indicating the individual's most recent Medicaid eligibility for the month (not including CHIP). Note: This data element will be phased out in lieu of ELIGIBILITY-GROUP	Conditional

Indicates coverage for individuals entitled to Medicare (Part A and/or B benefits) and eligible for some category of Medicaid benefits.	Conditional

A flag indicating the eligibility record is the primary eligibility in cases where there are multiple eligibility records submitted.	Required
The eligibility group applicable to the individual based on the eligibility determination process. The valid value list of eligibility groups aligns with those being used in the Medicaid and CHIP Program Data System (MACPro).	Conditional
The level of care required to meet an individual's needs and to determine LTSS program eligibility.	Conditional
A flag indicating if the individual is enrolled in Social Security Disability Insurance (SSDI) administered via the Social Security Administration (SSA).	Conditional

A flag indicating if the individual receives Supplemental Security Income (SSI) administered via the Social Security Administration (SSA).	Conditional
Indicates the individual's SSI State Supplemental Status.	Conditional
Indicates the individual's SSI Status.	Conditional
The composite of eligibility mapping factors used to create the corresponding Maintenance Assistance Status (MAS) and Basis of Eligibility (BOE) values. This field should not include information that already appears elsewhere on the Eligible-File record even if it is part of the MAS and BOE algorithm (e.g., age information computed from DATE-OF-BIRTH or COUNTY-CODE).	Required
A flag to identify children eligible through the conception to birth option, which is available only through a separate CHIP Program.	Conditional

The reason for a change in an individual's eligibility status. Report this reason when there is a change in the individual's eligibility status.	Conditional
A code indicating the individual’s maintenance assistance status. See Appendix C for a description of MSIS coding categories. Note: This data element will be phased out in lieu of ELIGIBILITY-GROUP.	Conditional
A flag that indicates the scope of Medicaid or CHIP benefits to which an individual is entitled to.	Required

A flag that indicates whether the individual received Temporary Assistance for Needy Families (TANF) benefits.	Conditional
The start date of an individual's reported Eligibility Status. This date field is necessary when defining a unique row in a database table.	Required

The date that an individual's reported Eligibility Status ended.	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

A free-form text field for the name of the health home program approved by CMS. This name needs to be consistent across files to be used for linking.	Conditional
A field to identify the health home SPA in which an individual is enrolled. Because an identification numbering schema has not been established, the entities' names are being used instead.	Conditional
The date on which the individual's participation in the Health Home Program started. This date field is necessary when defining a unique row in a database table.	Conditional

The date on which the individual's participation in the Health Home Program ended.	Conditional

The date on which the health home entity was approved by CMS to participate in the Health Home Program.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
A free-form text field for the name of the health home program approved by CMS. This name needs to be consistent across files to be used for linking.	Conditional
A field to identify the health home SPA in which an individual is enrolled. Because an identification numbering schema has not been established, the entities' names are being used instead.	Conditional

A unique identification number assigned by the state to the individual's primary care manager for the Health Home in which the individual is enrolled.	Conditional
The date on which the eligible individual's affiliation with the health home entity for the provision of health home services became effective. This date field is necessary when defining a unique row in a database table.	Conditional
The date on which the eligible individual's affiliation with the health home entity for the provision of health home services ended.	Conditional

The date on which the health home entity was approved by CMS to participate in the Health Home Program.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

The chronic condition used to determine the individual's eligibility for the health home provision.	Conditional
A free-text field to capture the description of the other chronic condition (or conditions) when value “H” (Other) appears in the HEALTH-HOME-CHRONIC-CONDITION.	Conditional
The first day of the time span during which the values in all data elements on a HEALTH-HOME-CHRONIC-CONDITIONS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Conditional
The last day of the time span during which the values in all data elements on a HEALTH-HOME-CHRONIC-CONDITIONS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
A unique identification number assigned by the state to a provider furnishing locked-in healthcare services to an individual.	Conditional
A code describing the provider type classification for which the provider/beneficiary lock-in relationship exists.	Conditional

The date on which the lock in period begins for an individual with a healthcare service/provider. This date field is necessary when defining a unique row in a database table.	Conditional
The date on which the lock in period ends for an individual with a healthcare service/provider.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

A code indicating if the individual lives with his/her family or is not a participant in the MFP program.	Conditional
A code describing type of qualified institution at the time of transition to the community for an eligible MFP Demonstration participant.	Conditional
A code indicating the type of qualified residence.	Conditional
A code describing reason why individual's participation in the Money Follows the Person Demonstration ended.	Conditional

A code describing reason why individual was re-institutionalized after participation in the Money Follows the Person Demonstration.	Conditional
The date on which the individual's participation in the Money Follows the Person Demonstration started. This date field is necessary when defining a unique row in a database table.	Conditional
The date on which the individual's participation in the Money Follows the Person Demonstration ended.	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
This field specifies the State Plan Options in which the individual is enrolled. Use on occurrence for each State Plan Option enrollment.	Conditional
The date on which the individual’s participation in the State Plan Option Type began. This date field is necessary when defining a unique row in a database table.	Conditional

The date on which the individual's participation in the State Plan Option Type ended.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Conditional
Codes for specifying waiver types under which the eligible individual is covered during the month.	Conditional
Date an individual's enrollment under a particular waiver began. This date field is necessary when defining a unique row in a database table.	Conditional

Date an individual's enrollment under a particular waiver ended.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

The level of care provided to the individual by the long term care facility.	Conditional
A unique identification number assigned by the state to the long term care facility furnishing healthcare services to the individual.	Conditional
The date on which the individual's eligibility for long term care nursing home service began. (This field should use the onset date of the eligibility period and not the service span.) This date field is necessary when defining a unique row in a database table.	Conditional
The date on which the individual's eligibility for long term care nursing home service ended. (This field should use the end date of the eligibility period and not the service span.)	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

The managed care plan identification number under which the eligible individual is enrolled. Use the state's own identifier. If the state uses the national health plan identifier as its internal number, enter that value in this field as well as the NATIONAL-HEALTH-CARE-ENTITY-ID field.	Conditional
The type of managed care plan that corresponds to the MANAGED-CARE-PLAN-ID.	Conditional

The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity) at the most granular sub-health plan level of the Medicaid or CHIP health plan in which an individual is enrolled. (See 45 CFR 162 Subpart E. http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf)	NA
The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishes “controlling” health plan identifiers (CHPIDs)	NA
The effective date of an individual's enrollment in a managed care plan. Each instance corresponds to a MANAGED-CARE-PLAN-ID This date field is necessary when defining a unique row in a database table.	Conditional

The date an individual's enrollment in a managed care plan ends. Each instance corresponds to a MANAGED-CARE-PLAN-ID	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

A code indicating that the individual's ethnicity is Hispanic, Latino/a, or Spanish.	Conditional
The first day of the time span during which the values in all data elements on an ETHNICITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Conditional

The last day of the time span during which the values in all data elements on an ETHNICITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

A code indicating the individual’s race either in accordance with requirements of Section 4302 of the Affordable Care Act classifications	Conditional

A freeform field to document the race of the beneficiary when the beneficiary identifies themselves as Other Asian, Other Pacific Islander (race codes 010 or 015).	Conditional
Indicates that the individual is an American Indian or Alaskan Native whose race status is certified and therefore the state is eligible to receive 100% FFP. To be considered a certified American Indian or Alaskan Native, the individual has completed the Bureau of Indian Affairs certificate process and has received the Certificate of Degree of Indian or Alaska Native Blood (CDIB).	Conditional

The first day of the time span during which the values in all data elements on a RACE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional
The last day of the time span during which the values in all data elements on a RACE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

A code to identify disability status in accordance with requirements of Section 4302 of the Affordable Care Act.	Conditional

The first day of the time span during which the values in all data elements on a DISABILITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional

The last day of the time span during which the values in all data elements on a DISABILITY-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

Indicates that the individual participates in an 1115(A) demonstration. 1115(A) is a Center for Medicare and Medicaid Innovation (CMMI) demonstration.	Conditional
The date on which the individual's participation in 1115A demonstration began. 1115(A) is a Center for Medicare and Medicaid Innovation demonstration. This date field is necessary when defining a unique row in a database table.	Conditional
The date on which the individual's participation in 1115A demonstration ended.	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
The chronic condition for which the eligible person is receiving non-Health-Home home and community based care.	Conditional
The date that the state considers to be the onset date for the eligible person to have the chronic condition. This date field is necessary when defining a unique row in a database table.	Conditional

The last date on which the state considers the eligible person to have the chronic condition.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
Identify the type of enrollment that the eligible person has been enrolled into as either Medicaid or CHIP..	Required

The first day of enrollment for the ENROLLMENT-TYPE and MSIS-IDENTIFICATION-NUM being reported in the ENROLLMENT-TIME-SPAN-SEGMENT record segment. This date field is necessary when defining a unique row in a database table.	Required
The last day of enrollment for the ENROLLMENT-TYPE and MSIS-IDENTIFICATION-NUM being reported in the ENROLLMENT-TIME-SPAN-SEGMENT record segment.	Required
A free text field for the submitting state to enter whatever information it chooses	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
A data element to denote whether the file is in fixed length line format or delimited format.	Required
A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
The date on which the file was created.	Required
Beginning date of the Month covered by this file.	Required

Last date of the reporting period covered by the file to which this Header Record is attached.	Required
A code to indicate whether the records in the file are test or production records.	Required
A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
Contains the ID number the state issued to the managed care entity.	Required

The start date of the managed care contract period with the state.	Required
The expiration date of the managed care contract period with the state.	Required
The name of the managed care entity under contract with the State Medicaid Agency. The name should be as it appears on the contract.	Required
The state program through which a managed care plan is approved to operate.	Required
The type of managed care plan that corresponds to the MANAGED-CARE-PLAN-ID.	Required
A code indicating the how the managed care entity is reimbursed.	Required

A code denoting the profit status of managed care entity.	Required
A code signifying whether the MCO's service area falls into one or more metropolitan or micropolitan statistica	Required

The percentage of the managed care entity's total revenue that is derived from contracts with Medicare (Part C and D) in the state and State Medicaid agency contract(s) prior calendar year. Include Medicaid and Medicare in calculation of percentage of business in public programs for IRS health insurer tax exemption as required in ACA.	Required
The area under which the managed care entity is under contract to provide services.	Required

The first day of the time span during which the values in all data elements in the MANAGED-CARE-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
The last day of the time span during which the values in all data elements in the MANAGED-CARE-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
Contains the ID number the state issued to the managed care entity.	Required
A field to differentiate a managed care entity’s service locations through adding a sequential number in this data element identifier field.	Required

The first day of the time span during which the values in all data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
The last day of the time span during which the values in all data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
A code to distinguish various addresses that a managed care entity may have.	Required

The managed care entity’s address listed on the contract with the state.	Required
The managed care entity’s address listed on the contract with the state.	Conditional
The managed care entity’s address listed on the contract with the state.	Conditional
The city of the managed care entity’s address as listed on the contract with the state.	Required
The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the of the managed care entity’s address as listed on the contract with the state.	Required
The zip code of the managed care entity as it appears in the address listed on the contract with the state.	Required

The ANSI County numeric code for the county or county equivalent.	Required
The telephone number, including area code, of the managed care entity as listed on the contract with the state.	Optional
The email address of the managed care entity as listed on the contract with the state.	Optional
A fax number, including area code, as listed on the contract with the state	Optional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
Contains the ID number the state issued to the managed care entity.	Required
The specific identifiers for the counties, cities, regions, zip codes and/or other geographic areas that the managed care entity serves.	Required

The first day of the time span during which the values in all data elements in the MANAGED-CARE-SERVICE-AREA record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
The last day of the time span during which the values in all data elements in the MANAGED-CARE-SERVICE-AREA record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

Contains the ID number the state issued to the managed care entity.	Required
The type of operating authority through which the managed care entity receives its contract authority.	Required
Field specifying the waiver or demonstration which authorized payment for a claim. These IDs must be the approved, full federal waiver ID number assigned during the state submission and CMS approval process. The categories of demonstration and waiver programs include: 1915(b)(1); 1915(b)(2); 1915(b)(3), and 1915(b)(4) managed care waivers; 1915(c) home and community based services waivers; combined 1915(b) and 1915(c) managed home and community based services waivers and 1115 demonstrations.	Required
The date that the state obtains the authority to operate their managed care program to allow them to contract with various types of managed care plans at the time of the reporting period. This date field is necessary when defining a unique row in a database table.	Required
The date that state authority ends, to operate their managed care program to allow them to contract with various types of managed care plans at the time of the reporting period.	Required

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required

A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
Contains the ID number the state issued to the managed care entity.	Required
The eligibility group(s) the state authorizes the managed care entity to enroll.	Required
The effective date that the managed care plan began enrolling the eligibility group(s) that the state authorized. This date field is necessary when defining a unique row in a database table.	Required
The ending date that the managed care plan stopped enrolling the eligibility group(s) that the state authorized.	Required

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
Contains the ID number the state issued to the managed care entity.	Required
Identify the accreditation awarded to the managed care entity.	Conditional

The date the organization achieved accreditation. This date field is necessary when defining a unique row in a database table.	Conditional
The date when organization’s accreditation ends.	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

Contains the ID number the state issued to the managed care entity.	Required
The national health plan identifier(s) or other entity identifier(s) assigned to a managed care entity in accordance with 45 CFR 162 Subpart E. All of the entity's national health care entity identifiers should be reported using the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO and CHPID-SHPID-RELATIONSHIPS record segments.	NA
The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishes "controlling" health plan identifiers (CHPIDs), "subhealth" health plan identifiers (SHPIDs), and other entity identifiers (OEIDs) from one another. See 45 CFR 162 Subpart E. http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf	NA

The legal name of the health care entity identified by the corresponding value in the NATIONAL-HEALTH-CARE-ENTITY-ID field.	NA
The first day of the time span during which the values in all data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	NA
The first day of the time span during which the values in all data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	NA

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required

A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
Contains the ID number the state issued to the managed care entity.	Required
A data element to capture the Controlling Health Plan Identifier (CHPID) on the CHPID-SHPID-RELATIONSHIPS record. The CHPID-SHPID-RELATIONSHIPS record links a controlling health plan with its associated sub-health plans. (Sub-health plans are identified by SHPIDs.)	NA
A data element to capture the Subhealth Plan Identifier (SHPID) on the CHPID-SHPID-RELATIONSHIPS record. The CHPID-SHPID-RELATIONSHIPS records link controlling health plans with their associated sub-health plans. (Controlling health plans are identified by CHPIDs.)	NA
The first day that the state submitting the CHPID-SHPID-RELATIONSHIPS record segment considers the data therein to be valid and active. The purpose of the effective and end dates on the CHPID-SHPID-RELATIONSHIPS record segment is to permit the submitting state show the span of time during which they consider the CHP ID to SHP ID relationship to be valid. This date field is necessary when defining a unique row in a database table.	NA

The last day that the state submitting the CHPID-SHPID-RELATIONSHIPS record segment considers the data therein to be valid and active. The purpose of the effective & end dates on the CHPID-SHPID-RELATIONSHIPS record segment is to permit the submitting state show the span of time during which they consider the CHP ID to SHP ID relationship to be valid.	NA
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required
A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
A data element to denote whether the file is in fixed length line format or delimited format.	Required
A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required

The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
The date on which the file was created.	Required
Beginning date of the Month covered by this file.	Required
Last date of the reporting period covered by the file to which this Header Record is Attached.	Required
A code to indicate whether the records in the file are test or production records.	Required

A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required

A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
The first day of the time span during which the values in all data elements in the PROV-ATTRIBUTES-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Required
The last day of the time span during which the values in all data elements in the PROV-ATTRIBUTES-MAIN record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
The provider's name that is commonly used by the public when the "doing-business-as" (`) name is different than the legal name. DBA is an abbreviation for "doing business as." Registering a DBA is required to operate a business under a name that differs from the company's legal name.	Required

The name as it appears on the provider agreement between the state and the entity. Both persons and other entities can have a legal name.	Required
The name of the provider when the provider is an organization.	Required
The name that the provider entity uses on IRS filings.	Required

A code to identify whether the SUBMITTING-STATE-PROV-ID is assigned to an individual, a group of providers, or a facility.	Required
A code indicating if the provider's organization is a teaching facility.	Conditional
The first name of the provider when the provider is a person.	Conditional
The middle initial of the provider when the provider is a person.	Conditional
The last name of the provider when the provider is a person. Use PROV-ORGANIZATION-NAME when the provider is an organization.	Conditional
The individual's biological sex.	Conditional

A code denoting the ownership interest and/or managing control information. The valid values list is a Medicare standard list.	Required
A code denoting the profit status of the provider.	Required
Date of birth of the provider. Applicable to individual providers only.	Conditional
Date of death of the provider, if applicable. Applicable to individual providers only.	Conditional
	Conditional

An indicator to identify providers who are accepting new patients	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and –RX record segments	Required
The first day of the time span during which the values in all data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
The last day of the time span during which the values in all data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required

The type of address that is stored in the remaining address fields. The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider. Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	Required
The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Conditional

The street address, including the street name, street number, and room/suite number or letter, for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Conditional
The city name for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required

The two letter ANSI state numeric code for each U.S. state, territory, and the District of Columbia for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
The Zip Code for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required

The telephone number for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Optional
The email address of the provider for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record	Optional
The fax number of the provider for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Optional
A code indicating that the location is outside of state boundaries for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record. (The provider location is out of state, but for payment purposes the provider is treated as an in-state provider.)	Required
The ANSI county code for the location being captured on the PROV-LOCATION-AND-CONTACT-INFO record.	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Conditional
A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and –RX record segments	Conditional

The first day of the time span during which the values in all data elements in the PROV-LICENSING-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.) This date field is necessary when defining a unique row in a database table.	Conditional
The last day of the time span during which the values in all data elements in the PROV-LICENSING-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created)	Conditional
A code to identify the kind of license or accreditation number that is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element.	Conditional
	Conditional

A free text field to capture the identity of the entity issuing the license or accreditation.	Conditional
A data element to capture the license or accreditation number issued to the provider by the licensing entity or accreditation body identified in the LICENSE-ISSUING-ENTITY-ID data element.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and –RX record segments	Required

A code to identify the kind of provider identifier that is captured in the PROV-IDENTIFER data element.	Required
A free text field to capture the identity of the entity that issued the provider identifier in the PROV-IDENTIFER data element.	Required
The first day of the time span during which the values in all data elements in the PROV-IDENTIFIERS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required

The last day of the time span during which the values in all data elements in the PROV-IDENTIFIERS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Required
A data element to capture the various ways used to distinguish providers from one another on claims and other interactions between providers and other entities. The specific type of identifier is shown in the corresponding value in the IDENTIFIER-TYPE data element.	Required

A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required

A code to identify the schema used in the PROV-CLASSIFICATION-CODE field to categorize providers.	Required
The code values from the categorization schema identified in the PROV-CLASSIFICATION-TYPE data element. Valid value lists for each PROV-CLASSIFICATION-TYPE code are listed. Note: States should apply these classification schemas consistently across all providers.	Required
The first day of the time span during which the values in all data elements in the PROV-TAXONOMY-CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required

The last day of the time span during which the values in all data elements in the PROV-TAXONOMY-CLASSIFICATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Required
The first day of the time span during which the values in all data elements on a PROV-MEDICAID record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
The last day of the time span during which the values in all data elements on a PROV-MEDICAID record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required

A code representing the provider's Medicaid and/or CHIP enrollment status for the time span specified by the PROV-MEDICAID-EFF-DATE and PROV-MEDICAID-END-DATE data elements. Note: The STATE-PLAN-ENROLLMENT data element identifies whether the provider is enrolled in Medicaid, CHIP, or both.	Required
The state plan with which a provider has an affiliation and is able to provide services to the state's fee for service enrollees.	Required
Process by which a provider was enrolled in Medicaid or CHIP.	Required
The date on which the provider applied for enrollment into the State's Medicaid and/or CHIP program.	Required

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Conditional

The unique, state-assigned identification number for the group or subpart with which the individual or subpart is associated. (The submitting state's unique identifier for the group. (Note: The group will also in the provider data set as a provider (i.e., the group-as-a-provider).)	Conditional
The first day of the time span during which the values in all data elements in the PROV-AFFILIATED-GROUPS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional
The last day of the time span during which the values in all data elements in the PROV-AFFILIATED-GROUPS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Conditional

A code to identify the category of program that the provider is affiliated.	Conditional
A data element to identify the Medicaid/CHIP programs, waivers and demonstrations in which the provider participates.	Conditional

The first day of the time span during which the values in all data elements in the PROV-AFFILIATED-PROGRAMS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional
The last day of the time span during which the values in all data elements in the PROV-AFFILIATED-PROGRAMS record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required

The state-assigned unique identifier for the provider entity. Note that all individuals, practice groups, facilities, and other entities that provide Medicaid/CHIP goods or services to the state's Medicaid/CHIP enrollees should be reflected in the T-MSIS provider data set.	Conditional
A code to uniquely identify the geographic locations where the provider performs services. These codes will also be reported in the PROV-LOCATION-ID field on CLAIM-HEADER-RECORD-IP, -LT, -OT, and –RX record segments	Conditional
The first day of the time span during which the values in all data elements in the PROV-BED-TYPE-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional
The last day of the time span during which the values in all data elements in the PROV-BED-TYPE-INFO record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional

A code to classify beds available at a facility.	Conditional
A count of the number of beds available at the facility for the category of bed identified in the BED-TYPE-CODE data element.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001.	Required
A data element to capture the version of the T-MSIS data dictionary that was used to build the file.	Required

A data element to identify the whether the transactions in the file are original submissions of the data, a resubmission of a previously submitted file, or corrections of edit rejects.	Required
A data element to denote whether the file is in fixed length line format or delimited format.	Required
A data element to identify the version of the T-MSIS data mapping document used to build the file.	Required
The name identifying the subject area to which the records in its file relate. Each T-MSIS submission file should only contain records for one subject area (i.e., Eligible, Third-party Liability, Provider, Managed Care Plan Information, IP claims, LT claims, Rx claims, or OT claims).	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
The date on which the file was created.	Required
Beginning date of the month covered by this file.	Required
Last date of the reporting period covered by the file to which this Header Record is attached.	Required

A code to indicate whether the records in the file are test or production records.	Required
Indicates whether the state uses the eligible person's social security number (SSN) instead of an MSIS identification number as the unique, unchanging eligible person identifier.	Required
A count of all records in the file except for the file header record. This count will be used as a control total to help assure that the file did not become corrupted during transmission.	Required
To enable state's to sequentially number files, when related, follow-on files are necessary (i.e., update files, replacement files). This should begin with 1 for the original Create submission type and be incremented by one for each Replacement or Update submission for the same reporting period and file type (subject area).	Required
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required

A flag to indicate that the Medicaid/CHIP eligible person has some form of third party insurance coverage.	Conditional
A flag to indicate that the Medicaid/CHIP eligible person has some other form of third party funding besides insurance coverage.	Conditional
The first name of the individual to whom the services were provided.	Conditional
The middle initial of the individual to whom the services were provided.	Conditional
The last name of the individual to whom the services were provided.	Conditional
The first day of the time span during which the values in all data elements in the ELIG-PRSN-MAIN-EFF-DATE record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Required
The last day of the time span during which the values in all data elements in the ELIG-PRSN-MAIN-EFF-DATE record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Required

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required

A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
The state's internal identification number of the Third Party Liability (TPL) Insurance carrier.	Conditional
The ID number issued by the Insurance carrier providing third party liability insurance coverage to beneficiaries. Typically the Plan ID/Plan Num is on the beneficiaries' insurance card.	Conditional
The group number of the Third Party Liability (TPL) health insurance policy.	Conditional

Member identification number as it appears on the card issued by the TPL insurance carrier.	Conditional
Code to classify the type of insurance plan providing TPL coverage.	Conditional
Code indicating the level of coverage being provided under this policy for the insured by the TPL carrier.	Conditional
Annual amount paid each year by the enrollee in the plan before a health plan benefit begins.	Conditional
The first name of the owner of the insurance policy. For example, the owner of this may be the Medicaid/CHIP beneficiary.	Conditional
The last name of the owner of the insurance policy. For example, the owner of this may be the Medicaid/CHIP beneficiary.	Conditional

The policy owner’s social security number.	Conditional
This code identifies the relationship of the policy holder to the Medicaid/CHIP beneficiary.	Conditional
The first day of the time span during which the Medicaid enrollee is covered under the policy. This date field is necessary when defining a unique row in a database table.	Conditional

The last day of the time span during which the Medicaid enrollee is covered under the policy.	Conditional
A free text field for the submitting state to enter whatever information it chooses.	Optional

An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required
The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state's internal identification number of the Third Party Liability (TPL) Insurance carrier.	Required
The ID number issued by the Insurance carrier providing third party liability insurance coverage to beneficiaries. Typically the Plan ID/Plan Num is on the beneficiaries' insurance card.	Required

Code to classify the entity providing TPL coverage.	Optional
Code indicating the level of coverage being provided under this policy for the insured by the TPL carrier.	Conditional
The first day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional
The last day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
A state-assigned unique identification number used to identify a Medicaid/CHIP enrolled individual.	Required
This code identifies the other types of liabilities an individual may have which are not necessarily defined as a health insurance plan listed INSURANCE-TYPE-PLAN.	Conditional

The first day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Conditional
The last day of the time span during which the values in all data elements in the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created.)	Conditional

A free text field for the submitting state to enter whatever information it chooses.	Optional
An identifier assigned to each record segment. The first 3 characters identify the subject area. The last 5 bytes are an integer with leading zeros. For example, the RECORD-ID for the PRIMARY DEMOGRAPHICS – ELIGIBILITY record segment is ELG00001	Required

The ANSI numeric state code for the U.S. state, territory, or the District of Columbia that has submitted the data.	Required
A sequential number assigned by the submitter to identify each record segment row in the submission file. The RECORD-NUMBER, in conjunction with the RECORD-ID, uniquely identifies a single record within the submission file.	Required
The state's internal identification number of the Third Party Liability (TPL) Insurance carrier.	Required
A code to distinguish various addresses that a TPL entity may have. The state should report whatever types of address they have.	Optional
The street address, including the street name, street number, and room/suite number or letter, for the location for the Third Party Liability (TPL) Insurance carrier.	Optional
The street address, including the street name, street number, and room/suite number or letter, for the location for the Third Party Liability (TPL) Insurance carrier.	Optional
The street address, including the street name, street number, and room/suite number or letter, for the location for the Third Party Liability (TPL) Insurance carrier.	Optional
The city of the Third Party Liability (TPL) Insurance carrier.	Optional
The ANSI state numeric code for the U.S. state, Territory, or the District of Columbia code of the Third Party Liability (TPL) Insurance carrier.	Optional

The Zip Code of the Third Party Liability (TPL) Insurance carrier.	Optional
The telephone number of the Third Party Liability (TPL) Insurance carrier.	Optional
The first day of the time span during which the values in all data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created). This date field is necessary when defining a unique row in a database table.	Optional
The last day of the time span during which the values in all data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment are in effect (i.e., the values accurately reflect reality as it is understood to be at the time the record is created).	Optional

A free text field for the submitting state to enter whatever information it chooses.	Optional
The National Association of Insurance Commissioners (NAIC) code of the Third Party Liability (TPL) Insurance carrier.	Optional
The name of the Third Party Liability (TPL) Insurance carrier.	Optional
The NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE distinguishes “controlling” health plan identifiers (CHPIDs)	NA
The national identifier of the health care entity (controlling health plan, subhealth plan, or other entity) at the most granular sub-health plan level of the Medicaid or CHIP health plan in which an individual is enrolled. (See 45 CFR 162 Subpart E. http://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-21238.pdf)	NA

The legal name of the health care entity identified by the corresponding value in the NATIONAL-HEALTH-CARE-ENTITY-ID field.	NA

F - CODING_REQUIREMENT	K - VALID_VALUE
Value must be equal to a valid value.	CIP00001 - FILE-HEADER-RECORD-IP
Must be populated on every record	
Must be in correct format as shown in definition	
Use the version number specified on the title page of the data dictionary	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	FLF The file follows a fixed length format. PSV The file follows a pipe-delimited format.
Use the version number specified on the title page of the data mapping document	
Value must be equal to a valid value.	CLAIM-IP - Inpatient Claim/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 001, 058, 084, 086, 090, 091, 092, 093, 123, or 132. (Note: In CLAIMIP, TYPE-OF-SERVICE 086 and 084 refer only to services received on an inpatient basis.)
Value must be numeric	http://www.census.gov/geo/reference/ansi_
Value must be equal to a valid value.	
Must be populated on every record.	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	

Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Value must be equal to a valid value.	P Production File T Test File
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER
A state's SSN/Non-SSN designation on the eligibility file should match on the claims files.	
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.	
An integer value with no commas	
Field is required on all 'C', 'U', and 'R' record files.	
Must be numeric and > 0	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	CIP00002 - CLAIM-HEADER-RECORD-IP

Must be populated on every record	
Must be in correct format as shown in definition	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Must be populated on every record	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Value must not be null	
MSIS Identification Number must be reported	
For non-SSN States, this field must contain an identification number assigned by the State. The format of the State ID numbers must be supplied to CMS.	
For TYPE-OF-CLAIM = 4 or D or X (lump sum adjustments), this field must begin with an '&'.	

For SSN States, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	
Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim 9 Unknown
If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).	
Detail records should be created for all crossover claims.	
Value must be equal to a valid value.	00 Not a hospital 01 Inpatient Hospital 02 Outpatient Hospital 03 Critical Access Hospital 04 Swing Bed Hospital 05 Inpatient Psychiatric Hospital 06 IHS Hospital 07 Children's Hospital 08 Other 99 Unknown
Value must be equal to a valid value.	0 No 1 Yes
If 1115A-DEMONSTRATION-IND set to Yes on claim then there must be a 1115A-DEMONSTRATION-IND set to Yes (1115 participant) in the T-MSIS Eligible file with the same MSIS ID and/or SSN, an 1115A-EFF-DATE < the begin date of service and an 1115A-END-DATE > the end date of service on the claim.	
Value must be equal to a valid value.	0 Original Claim / Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown
Value must be equal to a valid value.	http://www.wpc-edi.com/refere
If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE). If claim record does not represent an adjustment, 8-fill	

Value must be equal to a valid value.	1 EMERGENCY The patient requires immediate medical intervention as a result of severe, life threatening or potentially disabling conditions. Generally, the patient is admitted through the emergency room. 2 URGENT The patient requires immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient is admitted to the first available and suitable accommodation. 3 ELECTIVE The patient's condition permits adequate time to schedule the availability of a suitable accommodation. 4 NEWBORN The patient is a newborn delivered either inside the admitting hospital (UB04 FL 15 value 5 [A baby born inside the admitting hospital] or outside of the hospital (UB04 FL 15 value "6" [A baby born outside the admitting hospital]). 5 TRAUMA The patient visits a trauma center (A trauma center means a facility licensed or designated by the State or local government authority authorized to do so, or as verified by the American College of surgeons and involving a trauma activation.) 8 NOT AVALIABLE 9 UNKNOWN
Value as it is reported in FL 14 - Type of Admission/Visit on the UB04.	
Value must originate from the DRGS list or be blank.	http://www.cms.gov/Medicare/M
States using the federal code should leave DRG-description blank; otherwise they should use a code that legitimately belongs to their code set.	

Code full valid ICD 9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ". Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	http://www.cms.gov/Medicare/Coding/ICD
E-codes are not valid as Admitting Diagnosis Codes.	
The diagnosis provided by the physician at the time of admission which describes the patient's condition upon admission to the hospital. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.	
Enter invalid codes exactly as they appear in the State system. Do not 8- or 9-fill.	
CMS is not expecting ADMITTING-DIAGNOSIS-CODE-FLAG "2" (ICD-10) to be used until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Value must be equal to a valid value.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
The state must use a code that belongs to the code set that they report they are using.	
CMS is not expecting ADMITTING-DIAGNOSIS-CODE-FLAG "2" (ICD-10) to be used until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Provide diagnosis coding as submitted on bill.	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	

The primary diagnosis code goes into DIAGNOSIS-CODE1	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Value must be equal to a valid value.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	

Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.

All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown

For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	

Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	

Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.

All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown

For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	

Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses. All UNUSED diagnosis and occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	

Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.

All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 12.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown

For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter DRG used by the state	
If DRGs are not used, 8-fill.	
Only a state that pays the claim by DRG should report this information	
Values are generated by combining two types of information: **Position 1-2**, State/Group generating DRG: If state specific system, fill with two digit US postal code representation for state. If CMS Grouper, fill with “HG”. If any other system, fill with “XX”. **Position 3-4**, fill with the number that represents the DRG version used (01-98). For example, “HG15" would represent CMS Grouper version 15. If version is unknown, fill with “99".	
If Value is unknown, fill the field with “9999".	
This field is required if DIAGNOSIS-RELATED-GROUP is populated.	

This field is required if DIAGNOSIS-RELATED-GROUP is populated.	
This field is required if DIAGNOSIS-RELATED-GROUP is populated.	
This field is required if DIAGNOSIS-RELATED-GROUP is populated.	
If a non-DRG paying state, set field to "8888"	
Value must be equal to a valid value.	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.
If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If no Principal Procedure (procedure-code-1) was performed, 8-fill	
Value must be 8-filled if corresponding procedure code is 8-filled.	
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.	

Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown
If no Principal Procedure (procedure-code-1) was performed, 8-fill	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.	
Date must occur before the ENDING-DATE-OF-SERVICE.	
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	
This date must occur on or before the DATE-OF-DEATH in the Eligible file.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Value must be equal to a valid value.	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.

Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	
If PROCDURE-CODE-FLAG-2 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:	
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	
Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").	
If no PROCEDURE-CODE-2 was performed, 8-fill	
Note: An eighth character is provided for future expansion of this field.	
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.	
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled	
Value must be different from the preceding procedure code values.	
Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill	
Value must be 8-filled if corresponding procedure code is 8-filled.	

Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.	
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown
If no second procedure was performed, 8-fill.	
Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.	
Date must occur before the ENDING-DATE-OF-SERVICE.	
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	

Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.
Value must be equal to a valid value.	
If PROCDURE-CODE-FLAG-3 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:	
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	
Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").	
If no PROCEDURE-CODE-3 was performed, 8-fill	
Note: An eighth character is provided for future expansion of this field.	
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.	
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled.	
Value must be different from the preceding procedure code values.	

Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
Value must be 8-filled if corresponding procedure code is 8-filled	
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill	
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.	
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown
If no third procedure was performed, 8-fill.	
Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	

If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.	
Date must occur before the ENDING-DATE-OF-SERVICE.	
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	
This date must occur on or before the DATE-OF-DEATH in the Eligible file.	
Do not use multiple instances of PROCEDURE-CODE-DATE if the preceding PROCEDURE-CODE-DATE element is not populated. (i.e. if PROCEDURE-CODE-DATE-2 is populated, but PROCEDURE-CODE-DATE-3 is blank-filled, then PROCEDURE-CODE-DATE-4 must also not be valued.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.
Value must be equal to a valid value.	
If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:	
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	

Value can include both National and Local (Regional) codes. For National codes (position 1="A"-"V") positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., "X1234" or "WW234").	
If no PROCEDURE-CODE-4 was performed, 8-fill	
Note: An eighth character is provided for future expansion of this field.	
If PROCEDURE-CODE-2 AND PROCEDURE-CODE-3 = "88888888", then PROCEDURE-CODE-4 must = "88888888".	
Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.	
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.	
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.	
Value must be different from the preceding procedure code values.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
Value must be 8-filled if corresponding procedure code is 8-filled.	
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled.	
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill	
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.	

Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown
If no fourth procedure was performed, 8-fill.	
Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.	
Date must occur before the ENDING-DATE-OF-SERVICE.	
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	
This date must occur on or before the DATE-OF-DEATH in the Eligible file.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	

Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.
Value must be equal to a valid value.	
If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:	
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	
Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").	
If no PROCEDURE-CODE-5 was performed, 8-fill	
Note: An eighth character is provided for future expansion of this field.	
Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.	
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.	
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled.	

Value must be different from the preceding procedure code values.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
A list of valid codes must be supplied by the state prior to submission of any file data.	Valid values are supplied by the state.
Value must be 8-filled if corresponding procedure code is 8-filled.	
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill	
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.	
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown
If no fifth procedure was performed, 8-fill.	
Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.	

Date must occur before the ENDING-DATE-OF-SERVICE.	
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	
This date must occur on or before the DATE-OF-DEATH in the Eligible file.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Enter as many procedures as are reported after the principal procedure up to five additional codes. Remaining fields should be 8-filled (e.g., if claim contains two additional procedures, they would be reported in PROCDURE-CODE-2 and PROCDURE-CODE-3. Remaining fields PROCDURE-CODE-4 through PROCDURE-CODE-6 would all be 8-filled.)	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.
Value must be equal to a valid value.	
If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats:	
o ICD-9/10-CM (corresponding PROCDURE-CODE-FLAG = 02/07): Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-8 must be blank.	
Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").	
If no PROCEDURE-CODE-6 was performed, 8-fill	
Note: An eighth character is provided for future expansion of this field.	

Do not use multiple instances of PROCEDURE-CODE if the preceding PROCEDURE-CODE element is not populated. (i.e. if PROCEDURE-CODE-2 is populated, but PROCEDURE-CODE-3 is blank-filled, then PROCEDURE-CODE-4 must also not be valued.	
If the corresponding procedure code flag is 8-filled, then this procedure code should be 8-filled.	
If the corresponding procedure code flag is not 8-filled, then this procedure code must not be 8-filled.	
Value must be different from the preceding procedure code values.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
Value must be 8-filled if corresponding procedure code is 8-filled.	
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill	
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.	
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-CM PCS (Will be implemented on 10/1/2014) 10-87 Other Systems 88 Not Applicable 99 Unknown
If no sixth procedure was performed, 8-fill.	

Do not use multiple instances of PROCEDURE-CODE-FLAG if the preceding PROCEDURE-CODE-FLAG element is not populated. (i.e. if PROCEDURE-CODE-FLAG-2 is populated, but PROCEDURE-CODE-FLAG-3 is blank-filled, then PROCEDURE-CODE-FLAG-4 must also not be valued.	
Value must be 8-filled if there are no MEDICAID-COV-INPATIENT-DAYS.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.	
Date must occur before the ENDING-DATE-OF-SERVICE.	
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	
This date must occur on or before the DATE-OF-DEATH in the Eligible file.	
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
ADMISSION-DATE must occur on or before the ADJUDICATION-DATE	
ADMISSION-DATE must occur on or before the DISCHARGE-DATE	
ADMISSION-DATE must occur on or after the DATE-OF-BIRTH listed in Eligible Record.	
ADMISSION-DATE must occur on or before the DATE-OF-DEATH listed in Eligible Record.	
Value must be a valid hour in military time format (00 to 23).	See Appendix A for listing of valid values.
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If a complete, valid date of discharge is not available or is unknown, fill with 99999999	
This date must occur on or after the ADMISSION-DATE.	
This date must occur on or after the ADJUDICATION-DATE.	

This field is required if TYPE-OF-SERVICE does not equal a capitated payment (Valid values for capitated payment include 119, 120, 122).	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record.	
This date must occur on or before the DATE-OF-DEATH in the Eligible record	
Value must be a valid hour in military time format (00 to 23).	See Appendix A for listing of valid values.
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	
If a complete, valid date is not available or is unknown, 9-fil	
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
States should only submit CHIP claims for CHIP eligibles	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.	

Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction/Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO) 99 Unknown source
Limit characters to alphabet (A-Z, a-z), numerals (0-9),, dashes (-), and spaces.	
If there is a valid check date there should also be a valid check number.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Could be the same as Remittance Date.	
If there is a valid check number, there should also be a valid check date.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Claims records for an eligible individual should not indicate Medicare as the source to indicate how an allowed charge was determined on the claim, if the eligible individual is not a dual eligible.	

Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
This data element must include a valid dollar amount.	
The total amount should be the sum of each of the billed amounts submitted at the claim detail level.	
If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000".	

If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.	
This data element must include a valid dollar amount.	
The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code space in TOT-MEDICARE-COINS-AMT	
The total medicare deductible amount must be less than or equal the total billed amount.	
If TOT-MEDICARE-COINS-AMT = "88888", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "88888".	
If TOT-MEDICARE-COINS-AMT = "99999", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "99999".	
This data element must include a valid dollar amount.	
Value should be reported as not applicable if the TYPE-OF-CLAIM is an encounter (valid values = 3, C, W)	
Value must be less than TOT-BILLED-AMT.	
Value must be 8-filled if 'TOT-MEDICARE-DEDUCTIBLE-AMT' is 8-filled.	
If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code space in TOT-MEDICARE-COINS-AMT	

This data element must include a valid dollar amount.	
The absolute value of TOT-TPL-AMT must be < The absolute value of (TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).	
This data element must include a valid dollar amount.	
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown
Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other 99 Unknown
This data element must include a valid dollar amount.	
Required on service tracking records	
Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT.	
For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	
If there is a service tracking type, then there must also be a service tracking payment amount.	

If SERVICE-TRACKING-TYPE <> "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE<> 000000000000.	
Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment
Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other
Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations
Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount 9 Unknown
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”	
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.	

If PROGRAM-TYPE=1915(i) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Use the number as it is carried in the state's system. (TYPE-OF-CLAIM=3, C, W)	
This data element must equal the BILLING-PROV-NUM if the TYPE-OF-SERVICE is a capitation payment.	
The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Large health plans are required to obtain national health plan identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.	
This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	
NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area	
Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments
Payment fields at either the claim header or line on encounter records should be left blank.	

Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS 04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS 06 IPFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model
If this is a crossover Medicare claim, the claim must have a MEDICARE-REIM-TYPE.	
Must contain number of non-covered days.	
The sum of Non-Covered Days and Covered Days must not exceed Total Length of Stay (Statement Covers Period - Thru Date minus Admission Date\Start of Care) for any payer sequence.	
This data element must include a valid dollar amount.	
Must contain number of covered days.	
This field is applicable when: - A CLAIMIP record includes at least one accommodation revenue code = (values 100-219) in REVENUE-CODE-(1-23) fields.	
This total must not be greater than double the duration between the DISCHARGE-DATE and the ADMISSION-DATE, plus one day.	
This field is required if the Type of Service is 001, 058, 084, 086, 090, 091, 092, 093, 123, 132.	
This field is required if the value for UB-REV-CODE is between 100-219.	
Must be populated on every record	
If the number of claim lines is above the state-approved limit, the record will be split and the split-claim-ind will equal 1.	
The claim line count should equal the sum of the claim lines for this record.	
Value must be equal to a valid value.	0 No 1 Yes

Value must be equal to a valid value.	0 No 1 Yes 9 Unknown
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	

All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1104cp.pdf
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Gui
Required if reported on the claim.	

All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	

All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	

All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	

Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	

If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	

Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Required for a claim involving child birth	
Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
Value must be an alphabetic character, or a blank (A-Z, a-z,)	
Leave blank if not available. When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	

The numeric form for days and months from 1 to 9 must have a zero as the first digit.	
The patient's date of birth shall be reported in numeric form as follows – 2 digit month, 2 digit day, and 4 digit year	
A patient's age should not be greater than 112 years.	
Value must be equal to a valid value.	0 No 1 Yes 8 Not Applicable 9 Unknown
If a state has not yet begun collecting this information, HEALTH-HOME-PROV-IND, this field should be defaulted to the value "8."	
If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.	
States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.	
States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.	
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.
Value must correspond to associated WAIVER-ID	
An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02)	
~~If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.~~ (coding requirement deprecated)	
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)	
~~States supply waiver IDs to CMS~~ (coding requirement deprecated)	Valid values are supplied by the state.
Report the full federal waiver identifier.	

~~Enter the WAIVER-ID number assigned by the state, and approved by CMS~~ (coding requirement deprecated)	
If the goods & services rendered do not fall under a waiver, leave this field blank.	
If there's a waiver type, there should be a corresponding waiver id.	
~~Enter the WAIVER-ID number approved by CMS.~~ (coding requirement deprecated)	
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)	
~~If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.~~ (coding requirement deprecated)	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system.	
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122)	
Billing Provider must not be an individual or group on inpatient hospital claims.	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made expenditures that do not flow through the usual claim adjudication/adjustment process or encounter record reporting process), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity to which the financial transaction was addressed, unless the transaction is a payment/recoupment made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank.	
~~Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID).~~ (coding requirement is deprecated)	
Billing Provider must be enrolled	
Billing Provider must not be an individual or group on inpatient hospital claims.	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	

8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
For encounter records (TYPE-OF-CLAIM= 3, C, W), this represents the entity billing (or reporting) to the Managed Care Plan (see PLAN-ID-NUMBER for reporting capitation plan-ID). CAPITATION-PLAN-ID should be used in this field only for premium payments (TYPE-OF-SERVICE=119, 120, 122).	
The state should use Taxonomy Crosswalk.pdf to crosswalk state codes to CMS codes	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Valid characters include only numbers (0-9)	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
IF TYPE-OF-SERVICE= "119", "120", "121", or "122", then ADMITTING-PROV-NPI-NUM should be blank.	
A list of valid codes must be supplied by the state prior to submission of any file data.	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system	
Note: Once a national provider ID numbering system is in place, the national number should be used. If the State's legacy ID number is also available then that number can be entered in this field.	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.

A list of valid codes must be supplied by the state prior to submission of any file data.	Valid values are supplied by the state.
If Value is invalid, record it exactly as it appears in the State system.	
If the referring provider number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the State file, then the State should use the DEA ID for this data element.	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
Value must be equal to a valid value.	http://www.wpc-edi.com/refere
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
This data element must include a valid dollar amount.	
If there is an outlier-code then there must be an outlier amount.	
State specific	

Limit characters to alphabet (A-Z, a-z), numerals (0-9)	
"Railroad Retirees" - Railroad Retirement Board (RRB) HIC numbers generally have two alpha characters as a prefix to the number.	
If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.	
States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.	
Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.	
Value must be equal to a valid value.	00 No Outlier 01 Day Outlier 02 Cost Outlier 06 Valid DRG Received from the intermediary 07 CMS Developed DRG 08 CMS Developed DRG Using Patient Status Code 09 Not Group able 10 Composite of cost outliers
If there is an outlier-amount, then there is an outlier-code.	
Must be numeric	
Used in conjunction with OUTLIER-CODE field. The field identifies two mutually exclusive conditions. The first, for PPS providers (codes 0, 1, and 2), classifies stays of exceptional cost or length (outliers). The second, for non-PPS providers (codes 6, 7, 8, and 9), denotes the source for developing the DRG.	
If the unit of the outlier is days, then the outlier-days should not be missing.	
Value must be equal to a valid value.	http://www.cms.hhs.gov/MLNMattersArtic
If the date of death is valued, then the patient status should indicate that the patient has expired.	

Obtain the Patient Discharge Status valid value set which is published in the UB-04 Data Specifications Manual. To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.dhtml American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60606 Phone: 312-422-3000 Fax: 312-422-4500	To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.dhtml American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60606 Phone: 312-422-3000 Fax: 312-422-4500
SI units: BMI = mass (kg) / (height(m))2 **Imperial/US Customary units:** BMI = mass (lb) * 703/ (height(in))2 BMI = mass (lb) * 4.88/ (height(ft))2 BMI = mass (st) * 9840/ (height(in))2	
CMS is relieving states of the responsibility to: (a) Provide these data. (b) Document a mitigation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the data elements cannot be populated all of the time. However if a state determines that it can populate one or more of these fields and wishes to do so, they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9)..	
Value must not be null	
If there is a remittance date, then there must also be a remittance number.	
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown
If the claim has been split, the Transaction Handling Code indicator will indicate a Split Payment and Remittance (1000 BPR01 = U).	
Value must be equal to a valid value.	0 No 1 Yes
This data element must include a valid dollar amount.	

If no coinsurance is applicable enter 0.00	
If it is unknown whether coinsurance was paid, 9 fill	
Date format should be CCYYMMDD (National Data Standard)	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
This data element must include a valid dollar amount.	
If no copayment is applicable enter 0.00	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
This data element must include a valid dollar amount.	
If no deductible is applicable enter 0.00	
If it is unknown whether a deductible was paid, 9 fill	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.
It is expected that states will submit all denied claims to CMS.	
If the Type of Claim indicates the claim was denied, then this indicator must also indicate the claim was denied.	
Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment 8 Not Applicable: The benefit plan does not have a copay in this circumstance

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	
This data element must include a valid dollar amount.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
This data element must include a valid dollar amount.	
If the field is not applicable, 8-fill	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
This data element must include a valid dollar amount.	
The value must be a valid NPI	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
Valid characters in the text string are limited to alpha characters (A-Z, a-z) and numbers (0-9)	
If individual is NOT enrolled in Medicare, 8-fill field	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).	

Value must be equal to a valid value.	http://www.wpc-edi.com/refere
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
Left-fill unused bytes with spaces.	
~~NPI must be valid~~ (coding requirement deprecated)	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the "Under-Supervision-of-Prov-NPI" field and as such do not need to be populated.	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	
Left-fill unused bytes with spaces	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the "Under-Supervision-of-Prov-Taxonomy" field and as such do not need to be populated.	
~~NPI must be valid~~ (coding requirement deprecated)	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	
Left-fill unused bytes with spaces	
This data element must include a valid dollar amount.	
If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.	

For claims where Medicare payment is only available at the header level, report the entire payment amount the T-MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other T-MSIS records created from the original claim.	
Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
The value should correspond with one of the location identifiers recorded in the provider’s demographic records in the T-MSIS data set.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	CIP00003 - CLAIM-LINE-RECORD-IP
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	

SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS	
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.	
Record the value exactly as it appears in the state system. Do not pad	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.	

Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown
If there is a line adjustment number, then there must be a line-adjustment indicator.	
If there is a line adjustment reason, then there must be a line adjustment indicator.	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE)	
Value must not be null	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
The beginning date of service must occur before or be the same as the end of time period	
Date must occur before or be the same as Ending Date of Service	
Date must occur before or be the same as adjudication date.	
Date must occur on or before Date of Death.	
The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .	
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	

A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	
ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.	
Date must occur on or before the Date of Death.	
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH	
Date must occur before or be the same as End of Time Period.	
Only valid codes as defined by the “National Uniform Billing Committee” should be used.	Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.
Enter all UB-04 Revenue Codes listed on the claim	
Value must be a valid code	
If value invalid, record it exactly as it appears in the state system	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Must be numeric	
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled	
For use with CLAIMIP and CLAIMLT claims.	
Must be numeric	

This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled	
For use with CLAIMIP and CLAIMLT claims.	
This data element must include a valid dollar amount.	
Enter charge for each UB-04 Revenue Code listed on the claim	
The total amount should be the sum of each of the charged amounts submitted at the claim detail level	
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount **paid** by the plan to the provider. If TYPE-OF-SERVICE =119, 120, 121 or 122, this field should be “00000000" filled.”	
The absolute value of the sum of claim line charges (REVENUE-CHARGE) must be less than or equal to the absolute value of the TOT-BILLED-AMT	
Value must be 8-filled if the revenue code is 8-filled.	
Value must not be 8-filled if the revenue code is not 8-filled.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	
For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid-Amount-Paid as $0	
This data element must include a valid dollar amount.	

Required when TYPE-OF-CLAIM = C, 3, or W	
Value must be equal to a valid value.	01 Per Day 02 Per Hour 03 Per Case 04 Per Encounter 05 Per Week 06 Per Month 07 Other Arrangements 99 Unknown
Value must be equal to a valid value.	See Appendix A for listing of valid values.
All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMIP file.	
Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: o The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. o Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. o Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.	
See Appendix D for information on the various types of service.	
Inpatient Claim/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 001, 058, 060, 084, 086, 090, 091, 092, 093, 123, 132, or 135. (Note: In CLAIMIP, TYPE-OF-SERVICE 086 and 084 refer only to services received on an inpatient basis.)	
Males cannot receive midwife services or other pregnancy-related procedures.	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system.	
For institutional providers and other providers operating as a group, The SERVICING-PROV-NUM should be for the individual who rendered the service.	

If “Servicing” provider and the “Billing” provider are the same then use the same number in both fields.	
Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state’s legacy ID number is available then that number can be entered in this field.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
Valid characters include only numbers (0-9)	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Valid characters include only numbers (0-9)	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	

Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown
A value is required for CLAIMIP records	See Appendix A for listing of valid values. See Appendix N for Crosswalk of Provider Taxonomy Codes to Provider Facility Type Categories.
Value must be equal to a valid value.	See Appendix H for listing of valid values.
Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation
If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.	
If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.	
Value must be equal to a valid value.	See Appendix I for listing of valid values.
Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".	
Value must be equal to a valid value.	See Appendix J for listing of valid values.
This data element must include a valid dollar amount.	

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
Position 10-12 must be Alpha Numeric or blank	
Position 1-5 must be Numeric	
Position 6-9 must be Alpha Numeric	
Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., {5, 4, 2} or {5, 4} as defined in the National Drug Code Directory).	
If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.	
If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.	
This field is applicable for pharmacy/drug and DME services that are provided to Medicaid/CHIP in an in-patient facility/setting.	
Value must be equal to a valid value. Valid Value Definition: F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit	F2 International Unit ML Milliliter GR Gram UN Unit
Enter the unit of measure for each corresponding quantity value.	
Must be numeric	

This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/refill that were filled.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	
If a complete, valid date is not available or is unknown, 9-fil	
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	
Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority 999 Type of Authority Is Unknown
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	CLT00001 - FILE-HEADER-RECORD-LT
Must be populated on every record	
Must be in correct format as shown in definition	
Use the version number specified on the title page of the data dictionary	

Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.
Use the version number specified on the title page of the data mapping document.	
Value must be equal to a valid value.	CLAIM-LT - Long Term Care Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE 009, 044, 045, 046, 047, 048, 059, or 133 (all mental hospital, and NF services). (Note: Individual services billed by a long-term care facility belong in this file regardless of service type.)
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Value must be equal to a valid value.	P Production File T Test File
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER
A state's SSN/Non-SSN designation on the eligibility file should match on the claims files.	
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.	
An integer value with no commas	

Field is required on all 'C', 'U', and 'R' record files.	
Must be numeric and > 0	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	CLT00002- CLAIM-HEADER-RECORD-LT
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	

Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Value must not be null	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS	
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	
Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim 9 Unknown
If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).	
Detail records should be created for all crossover claims.	
Value must be equal to a valid value.	0 No 1 Yes

If 1115A-DEMONSTRATION-IND set to Yes on claim then there must be a 1115A-DEMONSTRATION-IND set to Yes (1115 participant) in the T-MSIS Eligible file with the same MSIS ID and/or SSN, an 1115A-EFF-DATE < the begin date of service and an 1115A-END-DATE > the end date of service on the claim.	
Value must be equal to a valid value.	0 Original Claim / Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE). If claim record does not represent an adjustment, 8-fill	
Code full valid ICD 9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ". Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	http://www.cms.gov/Medicare/Coding/ICD
E-codes are not valid as Admitting Diagnosis Codes.	
The diagnosis provided by the physician at the time of admission which describes the patient's condition upon admission to the hospital. Since the Admitting Diagnosis is formulated before all tests and examinations are complete, it may be stated in the form of a problem or symptom and it may differ from any of the final diagnoses recorded in the medical record.	
CMS is not expecting ADMITTING-DIAGNOSIS-CODE-FLAG "2" (ICD-10) to be used until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Enter invalid codes exactly as they appear in the State system. Do not 8- or 9-fill.	

Value must be equal to a valid value.	01 ICD-9 02 ICD-10 03 Other 99 Unknown
The state must use a code that belongs to the code set that they report they are using.	
CMS is not expecting ADMITTING-DIAGNOSIS-CODE-FLAG "2" (ICD-10) to be used until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
The primary diagnosis code goes into DIAGNOSIS-CODE1	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	

All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	

If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10 CM codes without a decimal point. For example: 210.5 is coded as "2105 ".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMLT/CLAIMIP: Provide diagnosis coding as submitted on bill.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 - 5.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either ‘9’ or ‘0’.	1 ICD-9 2 ICD-10 3 Other 9 Unknown

For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. 1 Exempt from POA reporting. This code is the equivalent of a blank on the UB-04. BLANK Exempt from POA reporting.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
ADMISSION-DATE must occur on or before the ADJUDICATION-DATE	
ADMISSION-DATE must occur on or before the DISCHARGE-DATE	
ADMISSION-DATE must occur on or after the DATE-OF-BIRTH listed in Eligible Record.	
ADMISSION-DATE must occur on or before the DATE-OF-DEATH listed in Eligible Record.	
Value must be a valid hour in military time format (00 to 23).	See Appendix A for listing of valid values.
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
This date must occur on or after the ADMISSION-DATE.	
This date must occur on or before the ADJUDICATION-DATE.	

This field is required if TYPE-OF-SERVICE does not equal a capitated payment (Valid values for capitated payment include 119, 120, 122).	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record.	
This date must occur on or before the DATE-OF-DEATH in the Eligible record	
Value must be a valid hour in military time format (00 to 23).	See Appendix A for listing of valid values.
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
The beginning date of service must occur before or be the same as the end of time period	
Date must occur before or be the same as Ending Date of Service	
Date must occur before or be the same as adjudication date.	
Date must occur on or before Date of Death.	
The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .	
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	
A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	
ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.	

Date must occur on or before Date of Death.	
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH	
Date must occur before or be the same as End of Time Period.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	
If a complete, valid date is not available or is unknown, 9-fil	
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
States should only submit CHIP claims for CHIP eligibles	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.

Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction/Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO) 99 Unknown source
Limit characters to alphabet (A-Z, a-z), numerals (0-9),, dashes (-), and spaces.	
If there is a valid check date there should also be a valid check number.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Could be the same as Remittance Date.	
If there is a valid check number, there should also be a valid check date.	
Value must be equal to a valid value.	Use the Remittance Advice Remark Code

Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	Use the Remittance Advice Remark Code
This data element must include a valid dollar amount.	
The total amount should be the sum of each of the billed amounts submitted at the claim detail level.	
If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000".	
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.	
This data element must include a valid dollar amount.	
The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT	

This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
The total medicare deductible amount must be less than or equal the total billed amount.	
If TOT-MEDICARE-COINS-AMT = "88888", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "88888".	
If TOT-MEDICARE-COINS-AMT = "99999", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "99999".	
This data element must include a valid dollar amount.	
Value should be reported as not applicable if the TYPE-OF-CLAIM is an encounter (valid values = 3, C, W)	
Value must be less than TOT-BILLED-AMT.	
Value must be 8-filled if TOT-MEDICARE-DEDUCTIBLE-AMT is 8-filled.	
This data element must include a valid dollar amount.	
The absolute value of TOT-TPL-AMT must be < the absolute value of ((TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT))	
This data element must include a valid dollar amount.	
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown

Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown
Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other 99 Unknown
This data element must include a valid dollar amount.	
Required on service tracking records	
Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT.	
For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	
If there is a service tracking type, then there must also be a service tracking payment amount.	
If SERVICE-TRACKING-TYPE <> "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE<> 000000000000.	
Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment

Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other
Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations
Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount 9 Unknown
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”	
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.	
If PROGRAM-TYPE=1915(i) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Use the number as it is carried in the state’s system. (TYPE-OF-CLAIM=3, C, W OR TYPE-OF-SERVICE=119, 120, 122)	
If TYPE-OF-CLAIM <> Encounter or Capitation Payment, 8-fill.	
This data element must equal the BILLING-PROV-NUM if the TYPE-OF-SERVICE is a capitation payment.	

The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Large health plans are required to obtain national health plan identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.	
This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	
NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area	
Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments
Payment fields at either the claim header or line on encounter records should be left blank.	
Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS 04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS 06 IPFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model
If this is a crossover Medicare claim, the claim must have a MEDICARE-REIM-TYPE.	
Must contain number of non-covered days.	

The sum of Non-Covered Days and Covered Days must not exceed Total Length of Stay (Statement Covers Period - Thru Date minus Admission Date\Start of Care) for any payer sequence.	
This data element must include a valid dollar amount.	
Populate this field with a valid numeric entry.	
This field is applicable when: - A CLAIMLT record has TYPE-OF-SERVICE = 048, 044, 045, or 50 (inpatient mental health/psychiatric services).	
This total must not be greater than double the duration between the DISCHARGE-DATE and the ADMISSION-DATE, plus one day.	
This field is required if the Type of Service is 046 or 009.	
Must be populated on every record	
If the number of claim lines is above the state-approved limit, the record will be split and the split-claim-ind will equal 1.	
The claim line count should equal the sum of the claim lines for this record.	
Value must be equal to a valid value.	0 No 1 Yes
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guic
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guic
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guic
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guic
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guic
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	

Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	

Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	

Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	

If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	

Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
Value must be an alphabetic character, or a blank (A-Z, a-z,)	
Leave blank if not available When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than use the eligible person's name from the T-MSIS Eligible File.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
The numeric form for days and months from 1 to 9 must have a zero as the first digit.	
The patient's date of birth shall be reported in numeric form as follows – 2 digit month, 2 digit day, and 4 digit year	
A patient's age should not be greater than 112 years.	
Value must be equal to a valid value.	0 No 1 Yes 8 Not Applicable 9 Unknown
If a state has not yet begun collecting this information, HEALTH-HOME-PROV-IND, this field should be defaulted to the value "8."	
If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.	
States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.	
States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.	
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.

Value must correspond to associated WAIVER-ID	
An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02)	
~~If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.~~ (coding requirement deprecated)	
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)	
~~States supply waiver IDs to CMS~~ (coding requirement deprecated)	Valid values are supplied by the state.
Report the full federal waiver identifier.	
~~Enter the WAIVER-ID number assigned by the state, and approved by CMS~~ (coding requirement deprecated)	
If the goods & services rendered do not fall under a waiver, leave this field blank.	
If there's a waiver type, there should be a corresponding waiver id.	
~~Enter the WAIVER-ID number approved by CMS.~~ (coding requirement deprecated)	
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)	
~~If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.~~ (coding requirement deprecated)	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system.	
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	

~~Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID).~~ (coding requirement is deprecated)	
For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made expenditures that do not flow through the usual claim adjudication/adjustment process or encounter record reporting process), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity to which the financial transaction was addressed, unless the transaction is a payment/recoupment made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank. For financial transactions with managed care plans, the plan's ID should be reported in the PLAN-ID-NUMBER field and the BILLING-PROV-NPI-NUM should be left blank.	
Billing Provider must be enrolled	
Value must be in the set of valid values	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
For encounter records (TYPE-OF-CLAIM= 3, C, W), this represents the entity billing (or reporting) to the Managed Care Plan (see PLAN-ID-NUMBER for reporting capitation plan-ID). CAPITATION-PLAN-ID should be used in this field only for premium payments (TYPE-OF-SERVICE=119, 120, 122).	
The state should use Taxonomy Crosswalk.pdf to crosswalk state codes to CMS codes	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the State system.	
If the Referring Provider Number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the state should use the DEA ID for this data element.	

NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Limit characters to alphabet (A-Z, a-z), numerals (0-9)	
"Railroad Retirees" - Railroad Retirement Board (RRB) HIC numbers generally have two alpha characters as a prefix to the number.	
If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.	
States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.	
Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.	
Value must be equal to a valid value.	To order the current edition of th

If the date of death is valued, then the patient status should indicate that the patient has expired.	
Obtain the Patient Discharge Status valid value set which is published in the UB-04 Data Specifications Manual. To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.dhtml American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60606 Phone: 312-422-3000 Fax: 312-422-4500	
SI units: BMI = mass (kg) / (height(m))2 **Imperial/US Customary units:** BMI = mass (lb) * 703/ (height(in))2 BMI = mass (lb) * 4.88/ (height(ft))2 BMI = mass (st) * 9840/ (height(in))2	
CMS is relieving states of the responsibility to: (a) Provide this data element. (b) Document a mitigation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the data element cannot be populated all of the time. However if a state determines that it can populate the field and wishes to do so, they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9).	
Value must not be null	
If there is a remittance date, then there must also be a remittance number.	
This data element must include a valid dollar amount.	
The absolute value of the remaining long term care liability must be less than the absolute value of the sum of the other payments on a claim.	
This data element must include a valid dollar amount.	

Populate this field with a valid numeric entry.	
If value exceeds 99998 days, code as 99998. (e.g., code 100023 as 99998)	
ICF-IID-DAYS include every day of intermediate care facility services for individuals with an intellectual disability that is at least partially paid for by the State, even if private or third party funds are used for some portion of the payment.	
The absolute value must be less than or equal to the absolute value of length of stay.	
ICF-IID-DAYS is applicable only for TYPE-OF-SERVICE = 046.	
If TYPE-OF-SERVICE = Mental Hospital Services for the Aged, Inpatient Psychiatric Facility Services for Individuals <22, or Nursing Facility services, then ICF-IID-DAYS must = “88888”.	
For all claims for psychiatric services or nursing facility care services (TYPE-OF-SERVICE = 009, 044, 045, 047, 048, or 050), 8-fill.	
ICF-IID-DAYS is applicable only for TYPE-OF-SERVICE = 046.	
If ICF-IID-DAYS is greater than zero and less than 88887 then LEVEL-OF-CARE-STATUS in ELIGIBLE for the associated MSIS-IDENTIFIER (or SSN depending on which value is used as the unique identifier for enrollees) must be ICF/IID for the same month as the begin and end date of service.	
Populate this field with a valid numeric entry.	
LEAVE-DAYS is applicable only for TYPE-OF-SERVICE = 046, 009, 047, 045, or 050 - Intermedicate Care Facility for Individuals with Intellectual Disabilities, or Nursing Facility services.	
If TYPE-OF-SERVICE = Nursing Facility then LEAVE-DAYS must be < NURSING-FACILITY-DAYS.	
Populate this field with a valid numeric entry.	
NURSING-FACILITY-DAYS include every day of nursing care services that is at least partially paid for by the state, even if private or third party funds are used for some portion of the payment.	
If value exceeds 99998 days, code as 99998	

For all claims for psychiatric services or intermediate care services for individuals with intellectual disabilities (TYPE-OF-SERVICE = 044, 045, 046, 048, 050), 8-fill	
The value for NURSING-FACILITY-DAYS must be less than or equal to the difference between the dates of service.	
This field is required where the Type of Services indicates it is a Nursing Facility (048, 044, or 046).	
If TYPE-OF-SERVICE = Nursing Facility services (048, 044, or 046), then NURSING-FACILITY-DAYS must be greater than LEAVE-DAYS.	
If NURSING-FACILITY-DAYS is greater than zero and less than 88887 then LEVEL-OF-CARE-STATUS in EL for the associated MSIS-IDENTIFIER must be Nursing Facility for the same month as the begin and end date of service.	
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown
If the claim has been split, the Transaction Handling Code indicator will indicate a Split Payment and Remittance (1000 BPR01 = U).	
Value must be equal to a valid value.	0 No 1 Yes
This data element must include a valid dollar amount.	
If no coinsurance is applicable enter 0.00	
Date format is CCYYMMDD (National Data Standard)	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
This data element must include a valid dollar amount.	
If no copayment is applicable enter 0.00	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
This data element must include a valid dollar amount.	
If no deductible is applicable enter 0.00	
Date format is CCYYMMDD (National Data Standard).	

Value must be a valid date	
If no coinsurance is applicable, 8-fill	
Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.
It is expected that states will submit all denied claims to CMS.	
If the Type of Claim indicates the claim was denied, then this indicator must also indicate the claim was denied.	
Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment 8 Not Applicable: The benefit plan does not have a copay in this circumstance
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	
This data element must include a valid dollar amount.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
This data element must include a valid dollar amount.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
The value must be a valid NPI	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	

Valid characters in the text string are limited to alpha characters (A-Z, a-z) and numbers (0-9)	
If individual is NOT enrolled in Medicare, 8-fill field	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).	
The value must be a valid NPI	http://www.cms.gov/Regulations-and-Guid
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the "Under-Supervision-of-Prov-NPI" field and as such do not need to be populated.	
Must be in the set of valid values	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	
Left-fill unused bytes with spaces	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the "Under-Supervision-of-Prov-Taxonomy" field and as such do not need to be populated.	
~~NPI must be valid~~ (coding requirement deprecated)	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	
Left-fill unused bytes with spaces	
Valid characters include only numbers (0-9)	

NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
IF TYPE-OF-SERVICE= "119", "120", "121", or "122", then ADMITTING-PROV-NPI-NUM should be blank.	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system	
Note: Once a national provider ID numbering system is in place, the national number should be used. If the State's legacy ID number is also available then that number can be entered in this field.	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values
This data element must include a valid dollar amount.	
If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.	
For claims where Medicare payment is only available at the header level, report the entire payment amount the T-MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other T-MSIS records created from the original claim.	
Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
Limit characters to alphabet (A-Z), numerals (0-9)..	
The value should correspond with one of the location identifiers recorded in the provider’s demographic records in the T-MSIS data set	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	CLT00003- CLAIM-LINE-RECORD-LT
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS	

For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.	
Record the value exactly as it appears in the state system. Do not pad	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0. Otherwise, if there is a line adjustment indicator, then there should be a line adjustment number.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.	
Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown
If there is a line adjustment number, then there must be a line-adjustment indicator.	

If there is a line adjustment reason, then there must be a line adjustment indicator.	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE)	
Value must not be null	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
The beginning date of service must occur before or be the same as the ending date of service.	
The beginning date of service must occur before or be the same as the end of time period.	
Date must occur before or be the same as adjudication date.	
Date must occur on or before Date of Death.	
Date must occur on or after Date of Birth	
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	
A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	

ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.	
Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.	
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH	
Date must occur before or be the same as End of Time Period.	
Only valid codes as defined by the “National Uniform Billing Committee” should be used.	Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.
Enter all UB-04 Revenue Codes listed on the claim	
Value must be a valid code	
If value invalid, record it exactly as it appears in the state system	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Must be numeric	
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled	
For use with CLAIMIP and CLAIMLT claims. For CLAIMOT and CLAIMRX claims/encounter records, use the OT-RX-CLAIM-QUANTITY-ACTUAL field	
Must be numeric	
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled	
For use with CLAIMIP and CLAIMLT claims. For CLAIMOT and CLAIMRX claims/encounter records, use the OT-RX-CLAIM-QUANTITY-ACTUAL field	
This data element must include a valid dollar amount.	
Enter charge for each UB-04 Revenue Code listed on the claim	

The total amount should be the sum of each of the charged amounts submitted at the claim detail level	
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount **paid** by the plan to the provider. If TYPE-OF-SERVICE =119, 120, or 122, this field should be “00000000" filled.”	
The absolute value of the sum of claim line charges (REVENUE-CHARGE) must be less than or equal to absolute value of TOT-BILLED-AMT.	
Value must be 8-filled if the revenue code is 8-filled.	
Value must not be 8-filled if the revenue code is not 8-filled.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	
For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid-Paid-Amt as $0	
This data element must include a valid dollar amount.	
Required when TYPE-OF-CLAIM = C, 3, or W	
Value must be equal to a valid value.	01 Per Day 02 Per Hour 03 Per Case 04 Per Encounter 05 Per Week 06 Per Month 07 Other Arrangements 99 Unknown

Value must be equal to a valid value.	See Appendix A for listing of valid values.
All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMLTfile.	
Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.	
See Appendix D for information on the various types of service.	
Long Term Care Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 009, 044, 045, 046, 047, 048, 050, 059, or 133 (all mental hospital, and NF services). (Note: Individual services billed by a long-term care facility belong in this file regardless of service type.)	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system.	
If “Servicing” provider and the “Billing” provider are the same then use the same number in both fields.	
Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state’s legacy ID number is available then that number can be entered in this field.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	

Valid characters include only numbers (0-9)	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation

If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.	
If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.	
A value is required for CLAIMLT records	See Appendix A for listing of valid values. See Appendix N for Crosswalk of Provider Taxonomy Codes to Provider Facility Type Categories.
Value must be equal to a valid value.	See Appendix I for listing of valid values.
Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".	
Value must be equal to a valid value.	See Appendix J for listing of valid values.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
Position 10-12 must be Alpha Numeric or blank	
Position 1-5 must be Numeric	
Position 6-9 must be Alpha Numeric	
Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., {5, 4, 2} or {5, 4} as defined in the National Drug Code Directory).	
If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.	

If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.	
This field is applicable for pharmacy/drug and DME services that are provided to Medicaid/CHIP recipients living in a long-term care facility.	
Value must be equal to a valid value. Valid Value Definition: F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit	F2 International Unit ML Milliliter GR Gram UN Unit
Enter the unit of measure for each corresponding quantity value.	
Must be numeric	
This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/refill that were filled.	
Must be numeric	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	
If a complete, valid date is not available or is unknown, 9-fil	
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record.	
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	

Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority 999 Type of Authority Is Unknown
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	COT00001 - FILE-HEADER-RECORD-OT
Must be populated on every record	
Must be in correct format as shown in definition	
Use the version number specified on the title page of the data dictionary	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.
Use the version number specified on the title page of the data mapping document	
Value must be equal to a valid value.	CLAIM-OT - Other Claims/Encounters File - Claims/encounters with any TYPE-OF-SERVICE code 002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 025, 026, 027, 028, 029, 030, 031, 032, 035, 036, 037, 039, 040, 041, 043, 051, 052, 053, 054, 056, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 087, 115, 119, 120, 121, 122, or 134.
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	

SUBMITTING-STATE must be equal across all record segments for a given record.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Value must be equal to a valid value.	P Production File T Test File
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER
A state's SSN/Non-SSN designation on the eligibility file should match on the claims files.	
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.	
An integer value with no commas	
Field is required on all 'C', 'U', and 'R' record files.	
Must be numeric and > 0	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	COT00002 - CLAIM-HEADER-RECORD-OT
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0	

Value must not be null	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS	
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	
Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim 9 Unknown
If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).	
Detail records should be created for all crossover claims.	
Value must be equal to a valid value.	0 No 1 Yes
If 1115A-DEMONSTRATION-IND set to Yes on claim then there must be a 1115A-DEMONSTRATION-IND set to Yes (1115 participant) in the T-MSIS Eligible file with the same MSIS ID and/or SSN, an 1115A-EFF-DATE < the begin date of service and an 1115A-END-DATE > the end date of service on the claim.	
Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
If there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE).	

Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed.	
The primary diagnosis code goes into DIAGNOSIS-CODE-1	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items	
CLAIMOT: Code Specific ICD-9/10-CM code. There are many types of claims that aren't expected to have diagnosis codes, such as transportation, DME, lab, etc. Do not add vague and unspecified diagnosis codes to those claims.	
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 2 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). The POA (present on admission) flag is only applicable on inpatient claims/encounters.	
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Code valid ICD-9/10-CM codes without a decimal point. For example: 210.5 is coded as "2105".	http://www.cms.gov/Medicare/Coding/ICD
Limit characters to alphabet (A-Z, a-z), numerals (0-9) and spaces.	
Include all digits where applicable. ICD-9 codes are up to 5 positions long. ICD-10 codes are up to 7 positions long. Both ICD-9-CM and ICD-10-CM have a minimum length of 3 positions. Embedded blanks are not allowed	
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Enter invalid codes exactly as they appear in the State system. Do not 8-fill or 9-fill these items.	
CLAIMOT: Code Specific ICD-9/10-CM code. There are many types of claims that aren’t expected to have diagnosis codes, such as transportation, DME, lab, etc. Do not add vague and unspecified diagnosis codes to those claims.	
Do not report duplicate diagnosis codes across DIAGNOSIS-CODE data elements 1 -2.	

CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 2 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
If the diagnosis code is blank-filled, then the corresponding diagnosis code flag should also be blank-filled. Any diagnosis code that IS NOT blank MUST have a diagnosis code flag that is either '9' or '0'.	1 ICD-9 2 ICD-10 3 Other 9 Unknown
For implementation date edits, Beginning Date of Service will be used for OT claims, and Ending Date of Service will be used for IP and LT claims. This is to be in alignment with the Medicare requirements.	
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).	
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
NOTE: The code "1" is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.	Y Diagnosis was present at time of inpatient admission N Diagnosis was not present at time of inpatient admission U Documentation insufficient to determine if condition was present at the time of inpatient admission W Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission. BLANK Exempt from POA reporting.
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). The POA (present on admission) flag is only applicable on inpatient claims/encounters.	
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	

Value must be a valid date	
The beginning date of service must occur before or be the same as the end of time period	
Date must occur before or be the same as Ending Date of Service	
Date must occur before or be the same as adjudication date.	
Date must occur on or before Date of Death.	
The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .	
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	
A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	
ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.	
Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.	
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH	
Date must occur before or be the same as End of Time Period.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	

ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
States should only submit CHIP claims for CHIP eligibles	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis

Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction/Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO) 99 Unknown source
Limit characters to alphabet (A-Z, a-z), numerals (0-9),, dashes (-), and spaces.	
If there is a valid check date there should also be a valid check number.	
Date format should be CCYYMMDD (National Data Standard).	
Value must be a valid date	
Could be the same as Remittance Date	
If there is a valid check number, there should also be a valid check date.	
Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	Use the Remittance Advice Remark Code

Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	Use the Remittance Advice Remark Code
This data element must include a valid dollar amount.	
The total amount should be the sum of each of the billed amounts submitted at the claim detail level.	
If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000".	
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.	
This data element must include a valid dollar amount.	
The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
The total medicare deductible amount must be less than or equal the total billed amount.	

If TOT-MEDICARE-COINS-AMT = "88888", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "8888".	
If TOT-MEDICARE-COINS-AMT = "9999", then TOT-MEDICARE-DEDUCTIBLE-AMT must = "0999".	
This data element must include a valid dollar amount.	
Value should be reported as not applicable if the TYPE-OF-CLAIM is an encounter (valid values = 3, C, W)	
Value must be less than TOT-BILLED-AMT.	
Value must be 8-filled if TOT-MEDICARE-DEDUCTIBLE-AMT is 8-filled.	
If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code space in TOT-MEDICARE-COINS-AMT.	
This data element must include a valid dollar amount.	
Absolute value of TOT-TPL-AMT must be < Absolute value of (TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).	
This data element must include a valid dollar amount.	
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown

Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other 99 Unknown
This data element must include a valid dollar amount.	
Required on service tracking records	
Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT	
For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	
If there is a service tracking type, then there must also be a service tracking payment amount.	
If SERVICE-TRACKING-TYPE <> "00" or "99", then SERVICE-TRACKING-PAYMENT-AMT must BE<> 000000000000.	
Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment
Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other

Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations
Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount 9 Unknown
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”	
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”	
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.	
If PROGRAM-TYPE=1915(i) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Use the number as it is carried in the state’s system. (TYPE-OF-CLAIM=3, C, W OR TYPE-OF-SERVICE=119, 120, 122).	
If TYPE-OF-CLAIM<>3, C, W (Encounter Record) AND TYPE-OF-SERVICE<> {119, 120, 121, 122), 8-fill	
If TYPE-OF-CLAIM <> Encounter or Capitation Payment, 8-fill.	
This data element must equal the BILLING-PROV-NUM if the TYPE-OF-SERVICE is a capitation payment.	

The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Large health plans are required to obtain national health plan identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.	
This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above	
NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area.	
Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments
Payment fields at either the claim header or line on encounter records should be left blank	
Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS 04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS 06 IPFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model
If this is a crossover Medicare claim, the claim must have a MEDICARE-REIM-TYPE.	
Must be populated on every record	
If the number of claim lines is above the state-approved limit, the record will be split and the split-claim-ind will equal 1.	

The claim line count should equal the sum of the claim lines for this record.	
Value must be equal to a valid value.	0 No 1 Yes
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown
For additional coding information refer to the following site : https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/index.html?redirect=/hospitalacqcond/05_Coding.asp#TopOfPage	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	

All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	

All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Required if reported on the claim.	
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	

All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	

All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be less than or equal to the corresponding OCCURRENCE-CODE-END-DATE field	
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	

Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	

If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	

Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the occurrence date span is a single day, then populate the OCCURRENCE-CODE-EFF-DATE and OCCURRENCE-CODE-END-DATE fields with the same date	
Required when the corresponding OCCURRENCE-CODE field is populated	
Value must correspond to the OCCURRENCE-CODE value	
Value must be greater than or equal to the corresponding OCCURRENCE-CODE-EFF-DATE field	
Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	

Value must be an alphabetic character, or a blank (A-Z, a-z,)	
Leave blank if not available When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
The numeric form for days and months from 1 to 9 must have a zero as the first digit.	
The patient's date of birth shall be reported in numeric form as follows – 2 digit month, 2 digit day, and 4 digit year	
A patient's age should not be greater than 112 years.	
Value must be equal to a valid value.	0 No 1 Yes 8 Not Applicable 9 Unknown
If a state has not yet begun collecting this information, HEALTH-HOME-PROVIDER-IND, this field should be defaulted to the value "8."	
If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.	
States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.	
States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.	
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.
Value must correspond to associated WAIVER-ID	
An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02)	
~~If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.~~ (coding requirement deprecated)	

~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)	
~~States supply waiver IDs to CMS~~ (coding requirement deprecated)	Valid values are supplied by the state.
Report the full federal waiver identifier.	
~~Enter the WAIVER-ID number assigned by the state, and approved by CMS~~ (coding requirement deprecated)	
If the goods & services rendered do not fall under a waiver, leave this field blank.	
If there's a waiver type, there should be a corresponding waiver id.	
~~Enter the WAIVER-ID number approved by CMS.~~ (coding requirement deprecated)	
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)	
~~If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.~~ (coding requirement deprecated)	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system.	
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations
Valid characters include only numbers (0-9)	

For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made expenditures that do not flow through the usual claim adjudication/adjustment process or encounter record reporting process), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity to which the financial transaction was addressed, unless the transaction is a payment/recoupment made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank. For financial transactions with managed care plans, the plan's ID should be reported in the PLAN-ID-NUMBER field and the BILLING-PROV-NPI-NUM should be left blank.	
If legacy identifiers are available for providers, then report the legacy IDs in the Provider ID field and the NPI in this field. If only the legacy Provider ID is available, then 9-fill the National Provider ID and enter the legacy IDs in the Provider ID fields.	
~~Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID).~~ (coding requirement is deprecated)	
Billing Provider must be enrolled	
Value must be in the set of valid values	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
For encounter records (TYPE-OF-CLAIM= 3, C, W), this represents the entity billing (or reporting) to the Managed Care Plan (see PLAN-ID-NUMBER for reporting capitation plan-ID). CAPITATION-PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE=119, 120, 122).	
The state should use Taxonomy Crosswalk.pdf to crosswalk state codes to CMS codes	
Must be in the set of valid values	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If Value is invalid, record it exactly as it appears in the state system	

If the Referring Provider Number is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the state should use the DEA ID for this data element.	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Limit characters to alphabet (A-Z, a-z), numerals (0-9)	
"Railroad Retirees" - Railroad Retirement Board (RRB) HIC numbers generally have two alpha characters as a prefix to the number.	
If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.	
States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.	
Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.	
Value must be equal to a valid value.	http://www.cms.gov/Regulations-and-Guid
Note: Value 99 will be counted as error	

If there are new valid CMS 1500 PLACE-OF-SERVICE codes that are not listed in this dictionary, these codes may be used and will not trigger an error	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
SI units: BMI = mass (kg) / (height(m))2 **Imperial/US Customary units:** BMI = mass (lb) * 703/ (height(in))2 BMI = mass (lb) * 4.88/ (height(ft))2 BMI = mass (st) * 9840/ (height(in))2	
CMS is relieving states of the responsibility to: (a) Provide these data. (b) Document a mitigation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the data elements cannot be populated all of the time. However if a state determines that it can populate one or more of these fields and wishes to do so, they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9)..	
Value must not be null	
If there is a remittance date, then there must also be a remittance number.	
This data element must include a valid dollar amount.	
Value must be equal to a valid value.	0 - No 1 - Yes
This data element must include a valid dollar amount.	
If no coinsurance is applicable enter 0.00	
Date format should be CCYYMMDD (National Data Standard)	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
This data element must include a valid dollar amount.	
If no copayment is applicable enter 0.00	
Date format should be CCYYMMDD (National Data Standard)	

Value must be a valid date	
If no coinsurance is applicable, 8-fill	
This data element must include a valid dollar amount.	
If no deductible is applicable enter 0.00	
Date format should be CCYYMMDD (National Data Standard)	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
Value must be equal to a valid value.	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or all of the claim.
It is expected that states will submit all denied claims to CMS.	
If the Type of Claim indicates the claim was denied, then this indicator must also indicate the claim was denied.	
Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment 8 Not Applicable: The benefit plan does not have a copay in this circumstance
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	Field contains invalid characters - HEALTH-HOME-ENTITY-NAME
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	
This data element must include a valid dollar amount.	
Date format should be CCYYMMDD (National Data Standard)	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
This data element must include a valid dollar amount.	

Date format should be CCYYMMDD (National Data Standard)	
Value must be a valid date	
If no coinsurance is applicable, 8-fill	
Date format should be CCYYMMDD (National Data Standard)	
Value must be a valid date	
This data element must include a valid dollar amount.	
The value must be a valid NPI	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
Valid characters in the text string are limited to alpha characters (A-Z, a-z) and numbers (0-9)	
If individual is NOT enrolled in Medicare, 8-fill field.	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).	
~~NPI must be valid~~ (coding requirement deprecated)	http://www.cms.gov/Regulations-and-Guid
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the “Under-Supervision-of-Prov-NPI” field and as such do not need to be populated.	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	
Left-fill unused bytes with spaces	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the “Under-Supervision-of-Prov-Taxonomy” field and as such do not need to be populated.	

NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion	
Left-fill unused bytes with spaces	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
Limit characters to alphabet (A-Z), numerals (0-9)..	
The value should correspond with one of the location identifiers recorded in the provider’s demographic records in the T-MSIS data set	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	COT00003 - CLAIM-LINE-RECORD-OT
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	

Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS	
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted	
Record the value exactly as it appears in the state system. Do not pad	

This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.	
Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown
If there is a line adjustment number, then there must be a line-adjustment indicator.	
If there is a line adjustment reason, then there must be a line adjustment indicator.	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE)	
Value must not be null	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
The beginning date of service must occur before or be the same as the ending date of service.	
Date must occur before or be the same as adjudication date.	
Date must occur on or before Date of Death.	
The beginning date of service must occur before the DATE-OF-BIRTH when the person is eligible as an unborn CHIP child or beginning date of service must occur on or after the DATE-OF-BIRTH when the person is eligible through Medicaid or is eligible as a non-unborn CHIP child .	
A Medicaid claim record for an eligible individual, if applicable, cannot have a Beginning Date of Service after the eligible individual's Medicaid enrollment has ended.	

A CHIP claim record for an individual eligible for separate CHIP cannot have a Beginning Date of Service after the eligible individual's CHIP enrollment has ended.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
ENDING-DATE-OF-SERVICE must occur after or be the same as the BEGINNING-DATE-OF-SERVICE.	
ENDING-DATE-OF-SERVICE must be on or before the ADJUDICATION-DATE.	
Date must occur on or before Date of Death, when a DATE-OF-DEATH is not unknown or not applicable.	
ENDING-DATE-OF-SERVICE must be on or after DATE-OF-BIRTH	
Date must occur before or be the same as End of Time Period.	
Only valid codes as defined by the “National Uniform Billing Committee” should be used.	Revenue code is a data set that health care providers or insurers usually pay for to use. These values will change annually.
Enter all UB-04 Revenue Codes listed on the claim	
Value must be a valid code	
If value invalid, record it exactly as it appears in the state system	
Value must be a valid code. If PROCDURE-CODE-FLAG-1 = {10 through 87, state-specific coding systems} valid codes must be supplied by the State. For national coding systems, code should conform to the nationally recognized formats: CPT (PROC-CD-FLAG-1=01): Positions 1-5 should be numeric and position 6-7 must be blank. HCPCS (PROC-CD-FLAG-1=06): Position 1 must be an alpha character (“A”-“Z”) and position 6-7 must be blank.. Value can include both National and Local (Regional) codes. For National codes (position 1=“A”-“V”) positions 2-5 must be numeric; for Local (Regional) codes, positions 2-5 must be alphanumeric (e.g., “X1234" or “WW234").	http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/codes.html http://www.cms.gov/Medicare/Coding/ICD9ProviderDiagnosticCodes/ICD10.html http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html?redirect=/medhcpcsgeninfo/ http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx Additional CPT codes are available for a fee through professional organizations.

If no PROCEDURE-CODE was performed, 8-fill	
ICD-9/10-CM codes are the HIPAA standard for procedure codes on inpatient claims. When ICD-9/10-CM coding is used, the PROCDURE-CODE-FLAG-1=02/07) Positions 1-2 must be numeric, positions 3-4 must be numeric or blank, positions 5-7 must be blank. When ICD-10-PCS coding is used starting 10/1/2014, the PROCDURE-CODE-FLAG-1=07. Positions 1-7 must be alpha or numeric. Position 8 must be blank.	
Note: An eighth character is provided for future expansion of this field	
Eligible individuals who are not pregnant cannot have claims with procedures pertaining to labor and delivery.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
If the corresponding procedure code is 8-filled, then this procedure code date must be 8-filled.	
Date must occur before the ENDING-DATE-OF-SERVICE.	
Date must occur on or after the BEGINNING-DATE-OF-SERVICE.	
This date must occur on or before the DATE-OF-DEATH in the Eligible file.	
Value must be equal to a valid value.	01 CPT 4 02 ICD-9 CM 06 HCPCS (Both National and Regional HCPCS) 07 ICD-10-PCS (Will be implemented on 10/1/2014) 10 87 Other Systems 88 Not Applicable 99 Unknown
If no principal procedure was performed, 8-fill	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
~~If no Principal Procedure was performed, 8-fill~~ (coding requirement deprecated)	
All UNUSED procedure code modifier fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
This data element must include a valid dollar amount.	

If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	
For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid-Amount-Paid as $0	
This data element must include a valid dollar amount.	
Required when TYPE-OF-CLAIM = C, 3, or W	
This data element must include a valid dollar amount.	
If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.	
For claims where Medicare payment is only available at the header level, report the entire payment amount the MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other MSIS records created from the original claim.	
Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.	

Must be numeric	
For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMOT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.	
Left-fill field with zeros if value is less than 9 bytes long.	
NOTE: One prescription for 100 250 milligram tablets results in QUANTITY OF SERVICE=100.	
The value in OT-RX-CLAIM-QUANTITY-ACTUAL must correspond with the value in UNIT-OF-MEASURE.	
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.	
Must be numeric	
For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMOT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.	
Left-fill field with zeros if value is less than 9 bytes long.	
NOTE: One prescription for 100 250 milligram tablets results in OT-RX-CLAIM-QUANTITY-ALLOWED =100.	
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.	
The value in OT-RX-CLAIM-QUANTITY-ALLOWED must correspond with the value in UNIT-OF-MEASURE.	

Value must be equal to a valid value.	See Appendix A for listing of valid values.
All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMOT file.	
Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.	
See Appendix D for information on the various types of service.	
Other Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE= 002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031, 032, 035, 036, 037, 038, 039, 040, 041, 042, 043, 049, 050, 051, 052, 053, 054, 055, 056, 057, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 085, 087, 088, 089, 115, 119, 120, 121, 122, 123, 127, 131, 134, or 135.	
Males cannot receive midwife services or other pregnancy-related procedures.	

Value must be equal to a valid value.	1 The HCBS service was provided under 1915(i) 2 The HCBS service was provided under 1915(j) 3 The HCBS service was provided under 1915(k) 4 The HCBS service was provided under a 1915(c) HCBS Waiver 5 The HCBS service was provided under an 1115 waiver 6 The HCBS service was not provided under the statutes identified above and was of an acute care nature 7 The HCBS service was not provided under the statutes identified above and was of a long term care nature 8 The service is not an HCBS service (i.e. the HCBS classification is not applicable) 9 Unknown
Value must be equal to a valid value.	See Appendix A for listing of valid values.
If HCBS-SERVICE-CODE = 1 through 8, then populate HCBS-TAXONOMY with one of the values from the list in Appendix B.	
If HCBS-SERVICE-CODE = 9 (It is unknown what authority the HCBS service was provided), then populate HCBS-TAXONOMY based on the assumption that the services is not a 1915(j), 1915(k), 1915(c) waiver, or 1115 waiver service. (See “If HCBS-SERVICE-CODE = 1 through 8” above.)	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system.	
For institutional providers (TYPE-OF-SERVICE = 002,003, 004 028) and other providers operating as a group, The SERVICING-PROV-NUM should be for the individual who rendered the service.	
If “Servicing” provider and the “Billing” provider are the same then use the same number in both fields.	
Note: Once a national provider ID numbering system is in place, the national number should be used. If only the state’s legacy ID number is available then that number can be entered in this field.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	

The value must consist of digits 0 through 9 only	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown
Enter the value that corresponds to the tooth designation system used to populate the TOOTH-NUMBER, AREA-OF-ORAL-CAVITY, and TOOTH-SURFACE-CODE data elements.	JO ANSI/ADA/ISO Specification No. 3950 JP ADA's Universal/National Tooth Designation system
Value must be equal to a valid value.	See Appendix A for listing of valid values.

If JO tooth designation system is used: Permanent Upper right quad medial to distal: 11-18 Permanent Upper left quad medial to distal: 22-28 Permanent lower right quad medial to distal: 41-48 Permanent lower left quad medial to distal: 31-38 Primary/Deciduous upper right quad medial to distal: 51-55 Primary/Deciduous upper left quad medial to distal: 61-65 Primary/Deciduous lower left quad medial to distal: 71-75 Primary/Deciduous lower right quad medial to distal: 81-85	
If JP tooth designation system is used: (Source: "Current Dental Terminology, CDT 2009 - 2010", American Dental Association).	
If the first character of TOOTH-NUM is A through T then beneficiary age must be < 15. (Deciduous teeth are usually all gone by age 12.)	
If TOOTH-NUM <> missing then TYPE-OF-SERVICE must = Dental	
Value must be equal to a valid value.	00 Entire Oral Cavity 01 Maxillary Area 02 Mandibular Area 03 Upper Right Sextant 04 Upper Anterior Sextant 05 Upper Left Sextant 06 Lower Left Sextant 07 Lower Anterior Sextant 08 Lower Right Sextant 09 Other Area of Oral Cavity (An area specified in an annexed document or further explanation available.) 10 Upper Right Quadrant (Right Refers to the oral and skeletal structures on the right side.) 20 Upper Left Quadrant (Left Refers to the oral and skeletal structures on the left side.) 30 Lower Left Quadrant 40 Lower Right Quadrant
IF TOOTH-QUAD-CODE <> missing then TYPE-OF-SERVICE must = Dental	

Value must be equal to a valid value.	B Buccal – The surface of the tooth which is closest to the cheek. D Distal – The surface of the tooth facing away from an invisible line drawn vertically through the center of the face. F Facial – The surface of a tooth that is directed towards the face. I Incisal – The cutting edges of the anterior teeth. L Lingual – The surface of the tooth that is directed towards the tongue. M Mesial – The surface of a tooth which faces toward an invisible line drawn vertically through the center of the face. O Occlusa – The surfaces of the posterior (back) teeth which provides the chewing function.
IF TOOTH-SURFACE-CODE <> missing then TYPE-OF-SERVICE must = Dental	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
For transportation claims, this is only required if state has captured this information, otherwise it is conditional	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For transportation claims, this is only required if state has captured this information, otherwise it is conditional	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
For transportation claims, this is only required if state has captured this information, otherwise it is conditional	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ans
A value is required transportation claims	
The value must consist of digits 0 through 9 only	

This is only required if state has captured this information, otherwise it is conditional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
For transportation claims only. Required if state has captured this information, otherwise it is conditional.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For transportation claims only. Required if state has captured this information, otherwise it is conditional.	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
For transportation claims only. This field is required if state has captured this information, otherwise it is conditional.	
Value must be in the set of valid values	http://www.census.gov/geo/reference/ansi
For transportation claims only. This field is required if state has captured this information, otherwise it is conditional.	
The value must consist of digits 0 through 9 only	
This field is required if state has captured this information, otherwise it is conditional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation

If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.	
If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.	
Value must be equal to a valid value.	See Appendix I for listing of valid values.
Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".	
Value must be equal to a valid value.	See Appendix J for listing of valid values.
Value must be equal to a valid value.	See Appendix J for listing of valid values.
This data element must include a valid dollar amount.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
Position 10-11 must be Alpha Numeric or blank	
Position 1-5 must be Numeric	
Position 6-9 must be Alpha Numeric	
Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., {5, 4, 2} or {5, 4} as defined in the National Drug Code Directory).	

If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.	
If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.	
This field is applicable only for TYPE-OF-SERVICE = 035, 036, 077, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 033, 034.	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
~~If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill~~ (coding requirement deprecated)	
Value must be "Not Applicable" if PROCEDURE-CODE is "Not Applicable".	
~~If PROCEDURE-CODE-2 <> "88888888", then PROCEDURE-CODE-MOD-2 must <> "88".~~	
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
Value must be "Not Applicable" if PROCEDURE-CODE is "Not Applicable".	
~~If PROCEDURE-CODE-3 <> "88888888", then PROCEDURE-CODE-MOD-3 must <> "88".~~	
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	
~~If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill~~ (coding requirement deprecated)	

A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.
Value must be "Not Applicable" if PROCEDURE-CODE is "Not Applicable".	
~~If PROCEDURE-CODE-4 <> "88888888", then PROCEDURE-CODE-MOD-4 must <> "88".~~	
Do not use multiple instances of PROCEDURE-CODE-MOD if the preceding PROCEDURE-CODE-MOD element is not populated. (i.e. if PROCEDURE-CODE-MOD-2 is populated, but PROCEDURE-CODE-MOD-3 is blank-filled, then PROCEDURE-CODE-MOD-4 must also not be valued.	
~~If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill~~ (coding requirement deprecated)	
Value must be equal to a valid value.	http://www.cms.gov/Medicare/Coding/Medl
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	

Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority 999 Type of Authority Is Unknown
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Value must be equal to a valid value. Valid Value Definition: F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit	F2 International Unit ML Milliliter GR Gram UN Unit
Enter the unit of measure for each corresponding quantity value.	
Must be numeric	
This field is only applicable when the NDC code being billed can be quantified in discrete units, e.g., the number of units of a prescription/refill that were filled.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	CRX00001 FILE-HEADER-RECORD-RX
Must be populated on every record	
Must be in correct format as shown in definition	
Use the version number specified on the title page of the data dictionary	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.
Use the version number specified on the title page of the data mapping document	

Value must be equal to a valid value.	CLAIM-RX - Pharmacy Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE 033 or 034.
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Date format is CCYYMMDD (National Data Standard)	
Value must be a valid date	
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	
Date format is CCYYMMDD (National Data Standard)	
Value must be a valid date	
Date format is CCYYMMDD (National Data Standard)	
Value must be a valid date	
Value must be equal to a valid value.	P Production File T Test File
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER
A state's SSN/Non-SSN designation on the eligibility file should match on the claims files.	
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.	
An integer value with no commas	
Field is required on all 'C', 'U', and 'R' record files.	
Must be numeric and > 0	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	CRX00002 CLAIM-HEADER-RECORD-RX
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the state system. Do not pad.	
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	

This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Value must not be null	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	
Value must be equal to a valid value.	0 Not Crossover Claim 1 Crossover Claim 9 Unknown
If Crossover Indicator is Yes, there must be Medicare enrollment in the Eligible file for the same time period (by date of service).	
Detail records should be created for all crossover claims.	
Value must be in the set of valid values	0 No 1 Yes
If 1115A-DEMONSTRATION-IND set to Yes on claim then there must be a 1115A-DEMONSTRATION-IND set to Yes (1115 participant) in the T-MSIS Eligible file with the same MSIS ID and/or SSN, an 1115A-EFF-DATE < the begin date of service and an 1115A-END-DATE > the end date of service on the claim.	
Value must be in the set of valid values	0 Original Claim / Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown

Value must be in the set of valid values	http://www.wpc-edi.com/reference/codelis
if there is no adjustment to a claim, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE).	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
States should only submit CHIP claims for CHIP eligibles	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the basis of eligibility.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the maintenance assistance status.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the restricted benefits code.	
States should not submit any Medicaid claims records for individuals who were not eligible for Medicaid according to the TANF code.	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis

Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
Value must be equal to a valid value.	01 MMIS 02 Non-MMIS CHIP Payment System 03 Pharmacy Benefits Manager (PBM) Vendor 04 Dental Benefits Manager Vendor 05 Transportation Provider System 06 Mental Health Claims Payment System 07 Financial Transaction/Accounting System 08 Other State Agency Claims Payment System 09 County/Local Government Claims Payment System 10 Other Vendor/Other Claims Payment System 20 Managed Care Organization (MCO) 99 Unknown source
Limit characters to alphabet (A-Z, a-z), numerals (0-9),, dashes (-), and spaces.	
If there is a valid check date there should also be a valid check number.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Could be the same as Remittance Date.	
If there is a valid check number, there should also be a valid check date.	
Value must be equal to a valid value.	Use the Remittance Advice Remark Code

Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	Use the Remittance Advice Remark Code
Value must be equal to a valid value.	Use the Remittance Advice Remark Code
TOT-BILLED-AMT must be a valid dollar amount.	
The total amount should be the sum of each of the billed amounts submitted at the claim detail level.	
If TYPE-OF-CLAIM = "4", then TOT-BILLED-AMT must = "00000000".	
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.	
TOT-ALLOWED-AMT must be a valid dollar amount.	
The sum of the allowed amounts at the detailed levels must equal TOT-ALLOWED-AMT	

TOT-MEDICAID-PAID-AMT must be a valid dollar amount	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
if the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code 0 in TOT-MEDICARE-COINS-AMT.	
The total medicare deductible amount must be less than or equal the total billed amount.	
This data element must include a valid dollar amount.	
If the Medicare coinsurance amount can be identified separately from Medicare deductible payments, code that amount in this field. If Medicare coinsurance and deductible payments cannot be separated, fill this field with 99998 and code the combined payment amount in TOT-MEDICARE-DEDUCTIBLE-AMT.	
For TYPE-OF-CLAIM = 3, C, W (encounter record), 8-fill.	
This data element must include a valid dollar amount.	
Absolute value of TOT-TPL-AMT must be < Absolute value of (TOT-BILLED-AMT - (minus) TOT-MEDICARE-COINS-AMT + (plus) TOT-MEDICARE-DEDUCTIBLE-AMT).	
This data element must include a valid dollar amount.	
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown

Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker's Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown
Value must be equal to a valid value.	00 Not a Service Tracking Claim 01 Drug Rebate 02 DSH Payment 03 Lump Sum Payment 04 Cost Settlement 05 Supplemental 06 Other 99 Unknown
This data element must include a valid dollar amount.	
Amount paid for services received by an individual patient, when the state accepts a lump sum form a provider that covered similar services delivered to more than one patient, such as a group screening for EPSDT.	
Required on service tracking records	
If there is a service tracking type, then there must also be a service tracking payment amount.	
For service tracking payments, ensure that the TOT-MEDICAID-PAID-AMOUNT is 0 filled and provide payment amount in SERVICE-TRACKING-PAYMENT-AMT only.	
Value must be equal to a valid value.	0 Not Fixed Payment 1 FFS Fixed Payment

Value must be equal to a valid value.	A Medicaid Agency B CHIP Agency C Mental Health Service Agency D Education Agency E Child and Family Services Agency F County G City H Providers I Other
Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.	01 State appropriations to the Medicaid agency 02 Intergovernmental transfers (IGT) 03 Certified public expenditures (CPE) 04 Provider taxes 05 Donations
Value must be equal to a valid value.	See Appendix A for listing of valid values.
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.	
If PROGRAM-TYPE=Community First Choice (11) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 01 for the same time period.	
If PROGRAM-TYPE=1915(i) (value=13) then [T-MSIS ELIGIBLE FILE] STATE-PLAN-OPTION-TYPE must = 02 for the same time period.	
Value for 1915 (c) waiver must correspond to the values for 1915(c) waiver in the Waiver Type.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
use the number as it is carried in the state's system. (TYPE-OF-CLAIM=3, C, W OR TYPE-OF-SERVICE=119, 120, 122).	
if TYPE-OF-CLAIM<>3, C, W (Encounter Record) AND TYPE-OF-SERVICE<> {119, 120, 121, 122), 8-fill	
If TYPE-OF-CLAIM <> Encounter or Capitation Payment, 8-fill.	
This data element must equal the BILLING-PROV-NUM if the TYPE-OF-SERVICE is a capitation payment.	
The managed care ID on the individual's eligible record must match that which is included on any claims records for the eligible individual.	

Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Large health plans are required to obtain national health plan identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.	
This field is required for all managed care claims and encounters with dates of service on or after the mandated dates above.	
NATIONAL-HEALTH-CARE-ENTITY-IDs on managed care claims and encounters must match NATIONAL-HEALTH-CARE-ENTITY-IDs on file for the individual in the eligibility subject area or the TPL subject area.	
Value must be equal to a valid value.	1 Claim Header – Sum of Line Item payments 2 Claim Detail – Individual Line Item payments
Payment fields at either the claim header or line on encounter records should be left blank.	
Value must be equal to a valid value.	01 IPPS - Acute Inpatient PPS 02 LTCHPPS - Long-term Care Hospital PPS 03 SNFPPS - Skilled Nursing Facility PPS 04 HHPPS - Home Health PPS 05 IRFPPS - Inpatient Rehabilitation Facility PPS 06 IPFPPS - Inpatient Psychiatric Facility PPS 07 OPPS - Outpatient PPS 08 Fee Schedules (for physicians, DME, ambulance, and clinical lab) 09 Part C Hierarchical Condition Category Risk Assessment (CMS-HCC RA) Capitation Payment Model
If this is a crossover Medicare claim, the claim must have a MEDICARE-REIM-TYPE.	
Must be populated on every record	
The claim line count should equal the sum of the claim lines for this record.	
Value must be equal to a valid value.	0 No 1 Yes

Must be numeric (0-9) and/or alphabetic (A-Z). Special characters are invalid entries	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.	
Value must be an alphabetic character, or a blank (A-Z, a-z,)	
Leave blank if not available When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than use the eligible person's name from the T-MSIS Eligible File.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
The numeric form for days and months from 1 to 9 must have a zero as the first digit.	
The patient's date of birth shall be reported in numeric form as follows – 2 digit month, 2 digit day, and 4 digit year	
A patient's age should not be greater than 112 years.	
Value must be equal to a valid value.	0 No 1 Yes 8 Not Applicable 9 Unknown
if a state has not yet begun collecting this information, HEALTH-HOME-PROVIDER-IND, this field should be defaulted to the value "8."	
If there is a HEALTH-HOME-ENTITY-NAME then HEALTH-HOME-PROV-IND must indicate yes.	

States should not submit claim records for an eligible individual that indicate the claim was submitted by a provider or provider group enrolled in a health home model if the eligible individual is not enrolled in the health home program.	
States that do not specify an eligible individual's health home provider number, if applicable, should not report claims that indicate the claim is submitted by a provider or provider group enrolled in the health home model.	
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.
Value must correspond to associated WAIVER-ID	
WAIVER-TYPE on claim must match [T-MSIS ELIGIBLE FILE]WAIVER-TYPE for the enrollee for the same time period (by date of service).	
An ineligible individual cannot have a category for federal reimbursement for Medicaid or CHIP (CMS-64-CATEGORY-FOR-FEDERAL-REIMBURSEMENT <> 01,02)	
~~If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.~~ (coding requirement deprecated)	
~~States supply waiver IDs to CMS~~ (coding requirement deprecated)	Valid values are supplied by the state.
If the goods & services rendered do not fall under a waiver, leave this field blank.	
Report the full federal waiver identifier.	
~~Enter the WAIVER-ID number assigned by the state, and approved by CMS.~~ (coding requirement deprecated)	
If there's a waiver type, there should be a corresponding waiver id.	
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)	
~~If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.~~ (coding requirement deprecated)	
A list of valid codes must be supplied by the state prior to submission of any file data	Valid values are supplied by the state.

For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).	
if value is invalid, record it exactly as it appears in the state system.	
Valid characters include only numbers (0-9)	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made expenditures that do not flow through the usual claim adjudication/adjustment process or encounter record reporting process), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity to which the financial transaction was addressed, unless the transaction is a payment/recoupment made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank. For financial transactions with managed care plans, the plan's ID should be reported in the PLAN-ID-NUMBER field and the BILLING-PROV-NPI-NUM should be left blank.	
Billing Provider must be enrolled	
Value must be in the set of valid values	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Valid formats must be supplied by the state in advance of submitting file data.	Valid values are supplied by the state.
if value is invalid, record it exactly as it appears in the state system.	

if the prescribing physician provider ID is not available, but the physician's Drug Enforcement Agency (DEA) ID is on the state file, then the State should use the DEA ID for this data element	
NPI must be valid. If provider does not have an NPI, leave the field blank.	http://www.cms.gov/Regulations-and-Guid
Valid characters include only numbers (0-9)	
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/
Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #3 for a listing of valid values.
Value must be equal to a valid value.	See Appendix A under PROV-CLASSIFICATION-CODE #2 for a listing of valid values.
Limit characters to alphabet (A-Z, a-z), numerals (0-9)	
if individual is NOT enrolled in Medicare, 8-fill field.	
If this is a crossover Medicare claim, the Bene must have a MEDICARE-HIC-Num.	
States should not submit records for an eligible individual where the eligible's Medicare HIC Number does not match in the associated claim record, if applicable.	
Claims records for an eligible individual should not indicate a valid Medicare HIC number, if the eligible individual is not a dual eligible.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9)..	
If there is a remittance date, then there must also be a remittance number.	
Value must be equal to a valid value.	0 No 1 Yes

Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
Date must occur on or after Date of Birth	
Date must on or before Prescription Fill Date.	
DATE-PRESCRIBED must occur on or before ADJUDICATION-DATE.	
Date must occur on or before Date of Death.	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
PRESCRIPTION-FILL-DATE must occur on or before END-OF-TIME-PERIOD	
PRESCRIPTION-FILL-DATE must occur on or after START-OF-TIME-PERIOD	
PRESCRIPTION-FILL-DATE must occur on or after DATE-PRESCRIBED	
Date must occur on or after Date of Birth	
Date must occur on or before Date of Death.	
Value must be in the set of valid values	0 Not Compound 1 Compound 9 Unknown
This data element must include a valid dollar amount.	
if no coinsurance is applicable enter 0.00.	
This data element must include a valid dollar amount.	
if no copayment is applicable enter 0.00.	
Date format is CCYYMMDD (National Data Standard).	
Date format should be CCYYMMDD (National Data Standard)	
Value must be a valid date	
This data element must include a valid dollar amount.	
if no deductible is applicable enter 0.00.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
if no coinsurance is applicable, 8-fill.	
Value must be in the set of valid values	0 Denied: The payment of claim in its entirety was denied by the state. 1 Not Denied: The state paid some or the all of the claim.

it is expected that states will submit all denied claims to CMS	
If the Type of Claim indicates the claim was denied, then this indicator must also indicate the claim was denied.	
Value must be equal to a valid value.	0 Not Waived: The provider did not waive the beneficiary's copayment 1 Waived: The provider waived the beneficiary's copayment 8 Not Applicable: The benefit plan does not have a copay in this circumstance
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	
States should not submit records for an eligible individual where the eligible's health home entity name does not match in the associated claim record, if applicable.	
This data element must include a valid dollar amount.	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
This data element must include a valid dollar amount.	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Valid characters include only numbers (0-9)	
The value must be a valid NPI.	http://www.cms.gov/Regulations-and-Guid
Value must be in the set of valid values	http://www.wpc-edi.com/refere

Generally, the provider taxonomy requires 10 bytes. However, two additional bytes have been provided for future expansion.	
Left-fill unused bytes with spaces.	
Valid characters include only numbers (0-9)	
The value must be a valid NPI.	http://www.cms.gov/Regulations-and-Guid
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
if individual is NOT enrolled in Medicare, 8-fill field.	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
Valid formats must be supplied by the state in advance of submitting file data.	Valid values are supplied by the state.
If value is invalid, record it exactly as it appears in the state system.	
Note: Once a national provider ID numbering system is in place, the national number should be used. If the state’s legacy ID number is only available, then that number can be entered in this field.	

Value must be equal to a valid value.	0 Amount not combined with coinsurance amount 1 Amount combined with coinsurance amount 9 Unknown
If claim is not a Crossover claim, or if a type of claim is “3,” “C” or “W” (an encounter claim), set value to “0”.	
Claims records for an eligible individual should not indicate Medicare paid any combined deductible amount on the claim, if the eligible individual is not a dual eligible.	
Limit characters to alphabet (A-Z), numerals (0-9)..	
The value should correspond with one of the location identifiers recorded in the provider’s demographic records in the T-MSIS data set	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	CRX00003 CLAIM-LINE-RECORD-RX
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	

For non-SSN states, this field must contain an identification number assigned by the state. The format of the state ID numbers must be supplied to CMS.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain that number.	
For TYPE-OF-CLAIM = 4 or D (lump sum adjustments), this field must begin with an '&'.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the state system. Do not pad.	
This field should always be populated with the claim identification number assigned to the original paid/denied claim. This identification number should remain constant and be carried forward onto any adjustment claims. The intention is for this earliest claim identification number to be the link that ties the original claim and all adjustment claims together.	
This field should not be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Record the value exactly as it appears in the State system. Do not pad	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0	
Record the value exactly as it appears in the State system. Do not pad. This field should also be completed on adjustment claims to reflect the LINE-NUMBER of the INTERNAL-CONTROL-NUMBER on the claim that is being adjusted.	
Record the value exactly as it appears in the state system. Do not pad.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.	
This field should be 8-filled if the ADJUSTMENT-INDICATOR = 0.	
Value must be equal to a valid value.	0 Original Claim/Encounter 1 Void of a prior submission 2 Re-submittal 3 Credit Adjustment (negative supplemental) 4 Debit Adjustment (positive supplemental) 5 Credit Gross Adjustment. 6 Debit Gross Adjustment 9 Unknown

If there is a line adjustment number, then there must be a line-adjustment indicator.	
If there is a line adjustment reason, then there must be a line adjustment indicator.	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
If there is no adjustment to a line, then there is no adjustment reason code. (Also see: CLAIM-PYMT-REM-CODE)	
Value must not be null	
Value must be equal to a valid value.	http://www.wpc-edi.com/reference/codelis
Position 10-11 must be Alpha Numeric or blank	
Position 1-5 must be Numeric	
Position 6-9 must be Alpha Numeric	
Drug code formats must be supplied by State in advance of submitting any file data. States must inform CMS of the NDC segments used and their size (e.g., {5, 4, 2} or {5, 4} as defined in the National Drug Code Directory).	
If the Drug Code is less than 11 characters in length, the value must be left justified and padded with spaces.	
If Durable Medical Equipment or supply is prescribed by a physician and provided by a pharmacy then HCPCS or state specific codes can be put in the NDC field.	
This field is applicable only for TYPE-OF-SERVICE = 035, 036, 077, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 033, 034.	
This data element must include a valid dollar amount.	
If TYPE-OF-CLAIM = 3, C, W (encounter record) this field should either be zero-filled or contain the amount paid by the plan to the provider.	
This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	

This data element must include a valid dollar amount.	
This data element must include a valid dollar amount.	
For claims where Medicaid payment is only available at the header level, report the entire payment amount on the MSIS record corresponding to the line item with the highest charge. Zero fill Medicaid Amount Paid on all other MSIS records created from the original claim.	
For Crossover claims with Medicare Coinsurance and/or Deductibles, enter the sum of those amounts in the Medicaid-Amount-Paid field, if the providers were reimbursed by Medicaid for them. If the Coinsurance and Deductibles were not paid by the state, then report the Medicaid-Amount-Paid as $0.	
This data element must include a valid dollar amount.	
Required when TYPE-OF-CLAIM = C, 3, or W	
This data element must include a valid dollar amount.	
If claim is not a Crossover claim, or if a TYPE-OF-CLAIM = 3, C, W (encounter claim), 8-fill.	
If the Medicare deductible amount can be identified separately from Medicare coinsurance payments, code that amount in this field. If the Medicare coinsurance and deductible payments cannot be separated, fill this field with the combined payment amount and code space in MEDICARE-COINSURANCE-PAYMENT.	
Claims records for an eligible individual should not indicate Medicare paid any deductible amount on the claim, if the eligible individual is not a dual eligible.	
This data element must include a valid dollar amount.	
If the Medicare coinsurance amount can be identified separately from Medicare deductible payments, code that amount in this field. If Medicare coinsurance and deductible payments cannot be separated, fill this field with 99998 and code the combined payment amount in MEDICARE-DEDUCTIBLE-AMT.	
This data element must include a valid dollar amount.	

If the service was covered by Medicare but Medicare had no liability for the bill, zero-fill. MEDICARE-PAID-AMT should reflect the actual amount paid by Medicare.	
For claims where Medicare payment is only available at the header level, report the entire payment amount the T-MSIS record corresponding to the line item with the highest charge. Zero fill Medicare Amount Paid on all other T-MSIS records created from the original claim.	
Claims records for an eligible individual should not indicate Medicare paid any amount on the claim, if the eligible individual is not a dual eligible.	
Must be numeric	
This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.	
NOTE: One prescription for 100 250 milligram tablets results in OT-RX-CLAIM-QUANTITY-ALLOWED =100.	
The value in OT-RX-CLAIM-QUANTITY-ALLOWED must correspond with the value in UNIT-OF-MEASURE.	
Left-fill field with zeros if value is less than 9 bytes long.	
For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMLT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.	
Must be numeric	

This field is only applicable when the service being billed can be quantified in discrete units, e.g., a number of visits or the number of units of a prescription/refill that were filled. For prescriptions/refills, use the Medicaid Drug Rebate definition of a unit, which is the smallest unit by which the drug is normally measured; e.g. tablet, capsule, milliliter, etc. For drugs not identifiable or dispensed by a normal unit, e.g. powder filled vials, use 1 as the number of units.	
NOTE: One prescription for 100 250 milligram tablets results in QUANTITY OF SERVICE=100.	
The value in OT-RX-CLAIM-QUANTITY-ACTUAL must correspond with the value in UNIT-OF-MEASURE.	
Left-fill field with zeros if value is less than 9 bytes long.	
For use with CLAIMOT and CLAIMRX claims. For CLAIMIP and CLAIMLT claims/encounter records, use the IP-LT-QUANTITY-OF-SERVICE field.	
Value must be equal to a valid value.	F2 International Unit ML Milliliter GR Gram UN Unit
Enter the unit of measure for each corresponding quantity value.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Pharmacy Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE= 011, 018, 033, 034, 036, 085, 089, 127, or 131.	
Experience has demonstrated there can be instances when more than one service area category could be applicable for a provided service. The following hierarchy rules apply to these instances: o The specific service categories of sterilizations and other pregnancy-related procedures take precedence over provider categories, such as inpatient hospital or outpatient hospital. o Services of a physician employed by a clinic are reported under clinic services if the clinic is the billing entity. X-rays processed by the clinic in the course of treatment, however, are reported under X-ray services. o Services of a registered nurse attending a resident in a NF are reported (if they qualified under the coverage rules) under home health services if they were not billed as part of the NF bill.	
See Appendix D for information on the various types of service.	

All claims for inpatient psychiatric care provided in a separately administered psychiatric wing or psychiatric hospital are included in the CLAIMLT file.	
Value must be equal to a valid value.	1 The HCBS service was provided under 1915(i) 2 The HCBS service was provided under 1915(j) 3 The HCBS service was provided under 1915(k) 4 The HCBS service was provided under a 1915(c) HCBS Waiver 5 The HCBS service was provided under an 1115 waiver 6 The HCBS service was not provided under the statutes identified above and was of an acute care nature 7 The HCBS service was not provided under the statutes identified above and was of a long term care nature 8 The service is not an HCBS service (i.e. the HCBS classification is not applicable) 9 Unknown
Value must be equal to a valid value.	See Appendix A for listing of valid values.
If HCBS-SERVICE-CODE = 1 through 8, then populate HCBS-TAXONOMY with one of the values from the list in Appendix B.	
If HCBS-SERVICE-CODE = 9 (It is unknown what authority the HCBS service was provided), then populate HCBS-TAXONOMY based on the assumption that the services is not a 1915(j), 1915(k), 1915(c) waiver, or 1115 waiver service. (See “If HCBS-SERVICE-CODE = 1 through 8” above.)	
Value must be equal to a valid value.	000 Not Applicable 001 Third Party Resource is Casualty/Tort 002 Third Party Resource is Estate 003 Third Party Resource is Lien (TEFRA) 004 Third Party Resource is Lien (Other) 005 Third Party Resource is Worker’s Compensation 006 Third Party Resource is Medical Malpractice 007 Third Party Resource is Other 999 Classification of Third Party Resource is Unknown
Values should be between -365 and 365.	

For Prescription Drugs, value should be between -365 and 365.	
Value must be equal to a valid value.	00 New Prescription 01-98 Number of Refill(s) 99 Unknown
Value must be in the set of valid values	0 Non-Drug 1 Generic 2 Brand 3 Multi-Source 4 Single-Source
This data element must include a valid dollar amount.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Must be numeric	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	0 NDC is not eligible for drug rebate program. (Manufacturer does not have a rebate agreement.) 1 NDC is eligible for drug rebate program 2 NDC is exempt from the drug rebate program (biological and medical devices) 9 The drug rebate eligibility of the is unknown

Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	01 Federal funding under Title XIX 02 Federal funding under Title XXI 03 Federal funding under ACA 04 Federal funding under other legislation
If an individual is not eligible for S-CHIP, then any associated claims records should not have reimbursed with federal funding under Title XXI.	
If an individual is not eligible for Medicaid, then any associated claims records should not have reimbursed with federal funding under Title XIX.	
Value must be equal to a valid value.	See Appendix I for listing of valid values.
Males cannot receive services where the category of service is "Other Pregnancy-related Procedures", "Nurse Mid-wife", "Freestanding Birth Center" or "Tobacco Cessation for Pregnant Women".	
Value must be equal to a valid value.	See Appendix J for listing of valid values.
This data element must include a valid dollar amount.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
Date format is CCYYMMDD (National Data Standard).	
Value must be a valid date	
For Encounter Records (TYPE-OF-CLAIM=3, C, W); use date the encounter was processed by the state.	
For Adjustment Records (ADJUSTMENT-INDICATOR<> 0), use date of final adjudication when possible.	
ADJUDICATION-DATE must occur on or before END-OF-TIME-PERIOD included in the T-MSIS HEADER RECORD	
ADJUDICATION-DATE must occur on or after the ADMISSION-DATE	
This date must occur on or after the DATE-OF-BIRTH in the Eligible Record when the eligible is not a CHIP unborn child.	
A Medicaid or CHIP eligible individual should not have had a claim adjudicated before their five-year immigration ineligible status has expired, except when the eligible is an unborn child in the CHIP program.	
Value must be equal to a valid value.	000 Not Applicable 001 Hiring Authority 002 Budget Authority 003 Hiring and Budget Authority 999 Type of Authority Is Unknown
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	

Value must be in the required format	
Value must be in the set of valid values	ELG00001 - FILE-HEADER-RECORD-ELIGIBILITY
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Use the version number specified on the title page of the data dictionary	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	FLF The file follows a fixed length format. PSV The file follows a pipe-delimited format.
Use the version number specified on the title page of the data mapping document	
Required on every file header	
Value must be equal to a valid value.	ELIGIBLE - Eligible file
The file name must exist in the File Label Internal Dataset Name.	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	
Required on every file header	
Date must be equal or less than current date	
Date format is CCYYMMDD (National Data Standard)	
Value in DD must equal 01.	
Date must be less than END-OF-TIME-PERIOD	
Value must occur on or before the date the file was created.	
Value must be equal or less than current date.	

Value must be a valid date	
Date format is CCYYMMDD (National Data Standard)	
Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, September, or November; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.	
Value must be equal or less than DATE-FILE-CREATED.	
Value must be greater than START-OF-TIME-PERIOD	
Value must be equal or less than current date.	
Value must be equal to a valid value.	P Production file T Test file
The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = 'T'	
Non-SSN States will assign each eligible only one permanent MSIS-ID in his or her lifetime. When reporting eligibility records it is important that the SSN-INDICATOR in the Header record be set to 0 and the MSIS-ID for each record be provided in the MSIS-IDENTIFICATION-NUMBER field; if the MSIS-IDENTIFICATION-NUMBER is not known then this field should be filled with nines. The MSIS-ID identifies the individual and any claims submitted to the system	
Provide the SSN in the SOCIAL-SECURITY-NUMBER field; if the SSN is not available the SOCIAL-SECURITY-NUMBER field should be filled with nines. Set the SSN-INDICATOR in the header record to 0. This setting indicates the manner in which the state assigns IDs for the validation program	
SSN States will use the SOCIAL-SECURITY-NUMBER field to provide the MSIS-ID when a permanent SSN is available for the individual. For these states the SSN-Indicator in the header record will be set to 1 and the MSIS-IDENTIFICATION-NUMBER in the eligible record should be blank.	
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.	
Value must be equal to a valid value.	0 State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 State uses SSN as MSIS-IDENTIFICATION-NUMBER

States that are SSN states must submit MSIS Identification Numbers and SSNs that match for eligible individuals.	
An integer value with no commas.	
Value must equal the count of all records excluding the header record	
The total number of records a state submits in the Eligible file should not increase or decrease more than 10% from one month to another.	
Field is required on all 'C', 'U', and 'R' record files.	
Must be numeric and > 0	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in the required format	
Value must be equal to a valid value.	ELG00002 - PRIMARY-DEMOGRAPHICS-ELIGIBILITY
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	

Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Leave blank if not available	
Value must be an alphabetic character, or a blank (A-Z, a-z,)	

Value must be equal to a valid value.	F Female M Male U Unknown
If an eligible individual is a male, he cannot be pregnant.	
Date format is CCYYMMDD (National Data Standard)	
Children enrolled in the Separate CHIP prenatal program option must not have a date of birth	
The value must consist of digits 0 through 9 only	
The date must be a valid date, unless a complete valid date is not available.	
An eligible individual's date of birth must not be after his/her date of death.	
An eligible individual's date of birth must be on or before the end of time period for the submission. Revise Edit Definition: DATE-OF-BIRTH must be <= END-OF-TIME-PERIOD	
An eligible individual's date of birth must be on or before the date the file was created.	
Date format is CCYYMMDD (National Data Standard)	
If individual is not deceased, 8-fill.	
The value must consist of digits 0 through 9 only	
The date must be a valid date, unless a complete valid date is not available or the eligible individual is not deceased.	
The eligible individual's date of death cannot occur earlier than his/her date of birth.	
The eligible individual's date of death indicate that an eligible individual was greater than 125 years old at the time of death.	
Value cannot be > DATE-FILE-CREATED in Header Record	
For records for an eligible individual across time periods, the eligible individual's Date of Death should not vary.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	

Whenever the value in one or more of the data elements in the PRIMARY DEMOGRAPHICS–ELIGIBILITY record segment changes, a new record segment must be created	
The effective date of the PRIMARY-DEMOGRAPHICS-ELIGIBILITY record segment must occur on or before the end date for the record segment.	
Overlapping coverage not allowed for same file segment	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)	
Whenever the value in one or more of the data elements in the PRIMARY DEMOGRAPHICS–ELIGIBILITY record segment changes, a new record segment must be created	
The end date of the PRIMARY-DEMOGRAPHICS-ELIGIBILITY record segment must occur on or after the effective date for the record segment.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	

Value must be in the required format	
Value must be equal to a valid value.	ELG00003 - VARIABLE-DEMOGRAPHICS-ELIGIBILITY
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
This element should be reported by the state when the information is material to eligibility (i.e., institutionalization).	

Value must be equal to a valid value.	See Appendix A for listing of valid values.
An eligible individual who is younger than 12 years must have a marital status of never married or unknown.	
Conditional (required when value “14 (Other) appears in MARITAL-STATUS	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), apostrophes (‘).	
For SSN States, value for MSIS Identification Number must = individual's valid Social Security Number and SSN-INDICATOR = 1.	
If known, this field is to be populated with numeric digits.	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligible File so that T-MSIS can associated the temporary MSIS identification number and the social security number.	
For NON-SSN States, all states must provide available SSNs on the ELIGIBLE FILE, regardless of the use of this field as the unique MSIS identifier.	
For records for an eligible individual across time periods in an SSN state, the eligible individual's SSN should not vary.	
If the SSN is not available and a temporary identification number has been assigned in the MSIS-IDENTIFICATION-NUMBER field, the SSN field must blank-filled.	
Value must be equal to a valid value.	0 SSN not verified 1 SSN vsuccessfully verified by SSA 2 SSN is pending SSA verification 9 Unknown
Value must be equal to a valid value.	See Appendix A for listing of valid values.

Value must be equal to a valid value.	0 NO 1 YES 9 Unknown
An eligible individual who is younger than 17 years cannot be a veteran.	
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown
All eligible individuals flagged as non-citizens with IMMIGRATION-STATUS should also be flagged as non-citizens with CITIZENSHIP-IND	
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown
Value must be equal to a valid value.	1 Qualified non-citizen 2 Lawfully present under CHIPRA 214 3 Eligible only for payment for emergency services 8 Not Applicable (U.S. citizen) 9 Unknown
All eligible individuals flagged as non-citizens with CITIZENSHIP-IND should also be flagged as non-citizens with IMMIGRATION-STATUS	
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown
Date format is CCYYMMDD (National Data Standard)	
If not applicable (U.S. Citizen), enter all 8s	
If the individual is not a U.S. citizen, then his/her Immigration Status Five Year Bar End Date cannot be designated as not applicable (8-filled)	
The value must consist of digits 0 through 9 only	
Value must be a valid date	
Value must be equal to a valid value.	0 Very Well 1 Well 2 Not well 3 No spoken proficiency 9 Unknown
Report this information for individuals 5 years old or older	

Value must be equal to a valid value.	See language codes in Appendix G for a list of all valid language codes
See language codes in Appendix G for a list of all valid language codes	
Report this information for individuals 5 years old or older	
Value must be equal to a valid value.	01 1 person 02 2 people 03 3 people 04 4 people 05 5 people 06 6 people 07 7 people 08 8 or more people 99 Unknown number of people
Use this code to indicate Household Size used in the eligibility determination process	
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown
If an eligible individual is pregnant, she must be a female.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9)	
If individual's dual eligibility code indicates he/she is NOT enrolled in Medicare, then Medicare HIC number must be 8-filled.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9)	
If individual is NOT enrolled in Medicare, 8-fill field	
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).	

Value must be equal to a valid value.	0 Individual was not Medicaid eligible and not eligible for separate CHIP for the month 1 Individual was Medicaid eligible, but was not included in either Medicaid-Expansion CHIP or a separate title XXI CHIP) program for the month 2 Individual was included in the Medicaid-Expansion CHIP program and subject to enhanced Federal matching for the month 3 Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program for the month. 4 Individual was both Medicaid-Eligible and Separate CHIP eligible during the same month 9 CHIP status unknown
Value is unknown	
If the individual was both Medicaid-Eligible and Separate CHIP eligible during the same month, CHIP-ENROLLMENT and MEDICAID-ENROLLMENT dates must not overlap for the same month	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
Whenever the value in one or more of the data elements in the VARIABLE DEMOGRAPHICS–ELIGIBILITY record segment changes, a new record segment must be created	
Overlapping coverage not allowed for same file segment	

For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
The value must consist of digits 0 through 9 only	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)	
Whenever the value in one or more of the data elements in the VARIABLE DEMOGRAPHICS–ELIGIBILITY record segment changes, a new record segment must be created	
The VARIABLE-DEMOGRAPHIC-ELEMENT-END-DATE must occur on or after the VARIABLE-DEMOGRAPHIC-ELEMENT-EFF-DATE	

For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in the required format	
Value must be equal to a valid value.	ELG0004 - ELIGIBILE-CONTACT-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	

Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Value must be equal to a valid value.	01 Primary home address and contact information, used for the eligibility determination process 02 Primary work address and contact information 03 Secondary residence and contact information 04 Secondary work address and contact information 05 Other category of address and contact information 06 Eligible person's official mailing address
This data element must be populated on every ELIGIBLE-CONTACT-INFORMATION record.	
Line 1 is required and the other two lines can be blank	
The first line of the address must not be the same as the second or third line of the address (if applicable)	

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
The second line of the address must not be the same as the first or third line of the address (if applicable)	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Line 1 is required and the other two lines can be blank	
The third line of the address must not be the same as the first or second line of the address (if applicable)	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
The city for the eligible individual's address must be reported.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
The state for the eligible individual's address must be reported.	
The field must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi
First 5 bytes (i.e., the 5-digit zip code) is required	
Last 4 bytes are optional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.	
The value must consist of digits 0 through 9 only	
Dependent value must be equal to a valid value.	http://www.census.gov/geo/refe
The county for the eligible individual's address must be reported.	
Value must be numeric.	
The phone number for the eligible individual must be reported.	

Enter digits only (i.e., no parentheses, dashes, periods, commas, spaces, etc.)	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Date format is CCYYMMDD (National Data Standard)	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than END-OF-TIME-PERIOD in the header record	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)	
Whenever the value in one or more of the data elements on the ELIGIBLE-CONTACT-INFORMATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in the required format	
Value must be equal to a valid value.	ELG0005 - ELIGIBILITY-DETERMINANTS
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	

RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

This field must contain the Medicaid case identification number assigned by the state. The format of the Medicaid case identification number must be supplied to CMS.	
If multiple MSIS-CASE-NUMs exist at the state-level, and T-MSIS only allows one Case Number in current T-MSIS DD, please enter the Case Number with the longest eligibility days in that particular month.	
Value must be equal to a valid value.	00 Individual was not eligible for Medicaid at any time during the month 01 Aged Individual 02 Blind/Disabled Individual 03 Not used 04 Child (not Child of Unemployed Adult, not Foster Care Child) 05 Adult (not based on unemployed status) 06 Child of Unemployed Adult (optional) 07 Unemployed Adult (optional) 08 Foster Care Child 10 Refugee Medical Assistance (45 CFR Sub-part G) 11 Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000 99 Eligibility status unknown
Submit records only for people who were eligible for Medicaid for at least one day during the FEDERAL FISCAL YEAR MONTH.	
For people enrolled in non-Medicaid separate CHIP only for the month, MEDICAID-BASIS-OF-ELIGIBILITY must indicate the individual was not eligible for Medicaid during the month.	
If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Foster Care Child, then MAINTENANCE-ASSISTANCE-STATUS must be designated as Other.	
If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Child of an Unemployed Adult or Unemployed Adult, then MAINTENANCE-ASSISTANCE STATUS must be designated as Receiving Cash or eligible under section 1931 of the Act	

If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Individual covered under the Breast and Cervical Cancer Prevention and Treatment Act of 2000, then MAINTENANCE-ASSISTANCE-STATUS must be designated as Poverty Related.	
If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Aged individual, then his/her date of birth must imply the Recipient was over 64 on the first day of the month	
If an eligible individual has a MEDICAID-BASIS-OF-ELIGIBILITY of Child (not Child of Unemployed Adult, not Foster Care) or Child of an Unemployed Adult, then his/her date of birth must imply the Recipient was under 21 on the first day of the month	
The MEDICAID-BASIS-OF-ELIGIBILITY and MAINTENANCE-ASSISTANCE-STATUS fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) for enrollment periods encompassing January 1, 2014 and beyond.	
Value must be equal to a valid value.	00 Eligible is not a Medicare beneficiary 01 Eligible is entitled to Medicare- QMB only 02 Eligible is entitled to Medicare- QMB AND Medicaid coverage 03 Eligible is entitled to Medicare- SLMB only 04 Eligible is entitled to Medicare- SLMB AND Medicaid coverage 05 Eligible is entitled to Medicare- QDWI 06 Eligible is entitled to Medicare- Qualifying individuals 08 Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) 09 Eligible is entitled to Medicare – Other (This code is to be used only with specific CMS approval.) 10 Separate CHIP Eligible is entitled to Medicare 99 Eligible's Medicare status is unknown.
This field should be populated from the same data that were used to populate the State's submission of the Medicare Modernization Act ("State MMA File") monthly file to CMS. In other words, the data values from the State MMA File should match this dual eligible data element.	

If the eligible individual is a partial dual eligible, then he/she must have a MAINTENANCE-ASSISTANCE-STATUS of Poverty-related	
If the eligible individual is not a dual eligible, he/she must not have a Medicare Beneficiary Identifier	
If the eligible individual is not a dual eligible, he/she must not have a Medicare Benficiary Identifier	
If the eligible individual is a dual eligible or enrolled in separate CHIP, then he/she cannot have a maintenance assistance status indicating that he/she is not eligible for Medicaid.	
If the eligible individual is a dual eligible or enrolled in separate CHIP, then he/she cannot have a basis of eligibility indicating that he/she is not eligible for Medicaid.	
Value must be equal to a valid value.	0 NO 1 YES
A person enrolled in Medicaid/CHIP should always have a primary eligibility group classification for any given day of enrollment. (There may or may not be a secondary eligibility group classification for that same day.) It is expected that an enrollee's eligibility group assignment (ELG087 - ELIGIBILITY-GROUP) will change over time as his/her situation changes. Whenever the eligibility group assignment changes (i.e., ELG087 has a different value), a separate ELIGIBILITY-DETERMINANTS record segment should be created. In such situations, there would be multiple active ELIGIBILITY-DETERMINANTS record segments, each covering a different effective time span. In such situations, the value in ELG087 would be the primary eligibility group for the effective date span of its respective ELIGIBILITY-DETERMINANTS record segment, and the PRIMARY-ELIGIBILITY-GROUP-IND data element on each of these segments would be set to '1' (YES).	
Should a situation arise where a Medicaid/CHIP enrollee has been assigned both a primary and a secondary eligibility group, there would be two ELIGIBILITY-DETERMINANTS record segments with overlapping effective time spans - one segment containing the primary eligibility group and the other for the secondary eligibility group. The PRIMARY-ELIGIBILITY-GROUP-IND data element on each of the segments is used to differentiate the primary eligibility group from the secondary.	
Value must be equal to a valid value.	See Appendix F – Eligibility Group Table
Value must be equal to a valid value.	001 Hospital as defined in 42 CFR §440.10 002 Inpatient psychiatric facility for individuals under age 21 as provided in 42 CFR § 440.160 003 Nursing Facility 004 ICF/IDD 005 Other Type of Facility 888 Not Applicable (Not in LTSS program) 999 Unknown
Value must be equal to a valid value.	0 No 1 Yes 9 Unknown

Value must be equal to a valid value.	0 No 1 Yes 9 Unknown
If an eligible individual is receiving SSI, then his/her SSI Status cannot be considered not applicable.	
Value must be equal to a valid value.	000 Not Applicable 001 Mandatory 002 Optional 999 Unknown
An eligible individual cannot receive SSI State Supplements if they are not receiving SSI.	
Value must be equal to a valid value.	000 Not Applicable 001 SSI 002 SSI Eligible Spouse 003 SSI Pending a Final Determination of Disposal of Resources Exceeding SSI Dollar Limits 999 Unknown
An eligible individual cannot have an SSI Status if they are not receiving SSI or if his/her SSI status is pending decision.	
Concatenate alpha numeric representations of the eligibility mapping factors used to create monthly MAS and BOE. State needs to provide composite code reflecting the contents of this field (e.g., bytes 1-2 = aid category; bytes 3 = money code; bytes 4-5 = person code). If six bytes is insufficient to accommodate all of the eligibility factors, the state should select the most critical factors and include them in this field.	
If the value for State Specific Eligibility Group is between 000000 and 999999, then DATE-OF-DEATH cannot be before the start of the reporting month.	
Value must be one of the valid codes submitted by the State. (States must submit lists of valid State specific eligibility factor codes to CMS in advance of transmitting T-MSIS files, and must update those lists whenever changes occur.)	
For this field, always report whatever is present in the State system, even if it is clearly invalid. Fill this field with "9"s only when the State system contains no information	
Value > 000000 and < 999999, DATE-OF-DEATH cannot be less than the reporting month.	
Value must be equal to a valid value.	0 NO 1 YES 9 Unknown

If the individual is a child eligible through the conception to birth option, then the individual must have his/her eligibility indicate that he/she is eligible only through a separate CHIP program	
If an individual is eligible through the conception to birth option, then any associated claims for the individual must indicate the program type for the claim as State Plan -CHIP	
The CHIP-CODE must equal “3” (Individual was not Medicaid-Expansion CHIP eligible, but was included in a separate title XXI CHIP program) or “4” (Individual was both Medicaid eligible and Separate CHIP eligible.)	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	0 Individual was not eligible for Medicaid this month 1 Receiving Cash or eligible under section 1931 of the Act 2 Medically Needy 3 Poverty Related 4 Other 5 1115 - Demonstration expansion eligible 9 Status is unknown
If the individual has a Maintenance Assistance Status indicating he/she is eligible for Medicaid, then his/her DATE-OF-DEATH cannot have occurred before the start of the time period for the file submission.	
If an eligible individual's Medicaid Basis of Eligibility indicates he/she is not eligible, then their Maintenance Assistance Status must also indicate he/she is not eligible.	
If an eligible individual's Medicaid Basis of Eligibility indicates he/she is eligible, then their Maintenance Assistance Status must also indicate he/she is eligible.	
If an eligible individual is not eligible, then he/she must have a populated Medicaid Enrollment End Date.	
The MEDICAID-BASIS-OF-ELIGIBILITY and MAINTENANCE-ASSISTANCE-STATUS fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) for enrollment periods encompassing January 1, 2014 and beyond.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.

If the individual is eligible for Medicaid but only entitled to restricted benefits based on Medicare dual-eligibility status, then his/her dual eligible status must indicate he/she is a partial dual eligible (QMB only, SLMB only, QDWI, or QI)	
If the individual is eligible for Medicaid or CHIP but only entitled to restricted benefits for pregnancy-related services, then SEX must equal “F”	
If an individual is not eligible then his/her restricted benefits status must also indicate that he/she is not eligible.	
If an individual receives restricted benefits based on his/her alien status, then he/she must not be a U.S. citizen	
If an individual's restricted benefits status indicates that they are entitled to any level of Medicaid or CHIP benefits, then his/her Maintenance Assistance Status and Basis of Eligibility cannot indicate he/she is not eligible.	
If an individual's restricted benefits status indicated they are entitled to benefits under Money Follows the Person, then he/she must not have an MFP Enrollment End date before the effective date for the Eligibility Determinant record segment.	
Value must be equal to a valid value.	0 Individual was not eligible for Medicaid. 1 Individual did not receive TANF benefits. 2 Individual did receive TANF benefits (States should only use this value if they can accurately separate eligible receiving TANF benefits from other 1931 eligible reported into MAS 1) 9 Individual’s TANF status is unknown
If an individual's TANF Cash Code indicates he/she was not eligible for Medicaid, then his/her Restricted Benefits Code must also indicate he/she was not eligible for Medicaid.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If it is unknown when eligibility status became effective OR if a complete, valid date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	

The date must be a valid date	
Value must be equal or less than ELIGIBILITY-DETERMINANT-END-DATE	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If it is unknown when eligibility status ended OR if a complete, valid date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Whenever the value in one or more of the data elements on the ELIGIBLE-DETERMINATES record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00006 - HEALTH-HOME-SPA-PARTICIPATION-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Left justify and right-fill unused bytes with spaces	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Required on every HEALTH-HOME-SPA-PARTICIPATION-INFORMATION record	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Right-fill unused bytes if name is less than 100 bytes long	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than HEALTH-HOME-SPA-PARTICIPATION-END-DATE	

If an individual is not eligible for Medicaid, then he/she should not have a Health Home SPA Participation Effective Date indicating the he/she started participation in the Health Home Program.	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Whenever the value in one or more of the data elements on the HEALTH-HOME-SPA-PARTICIPATION-INFORMATION record segment changes, a new record segment must be created	
Value must be equal or greater than HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE	

For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
Value must be equal or less than START-OF-TIME-PERIOD.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00007 - HEALTH-HOME-SPA-PROVIDERS
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	

Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Left justify and right-fill unused bytes with spaces	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Required on every HEALTH-HOME-SPA-PARTICIPATION-INFORMATION record	
Right-fill unused bytes in name is less than 100 bytes long	

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Valid formats must be supplied by the state in advance of submitting file data	Valid values are supplied by the state.
Required on every HEALTH-HOME-SPA-PROVIDERS record	
Value must exist in the state's submitted provider information	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than HEALTH-HOME-SPA-PROVIDER-END-DATE	
If an individual is not eligible for Medicaid, then he/she should not have a Health Home SPA Provider Effective Date indicating the he/she started affiliation with a provider entity in the Health Home Program.	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	

Whenever the value in one or more of the data elements on the HEALTH-HOME-SPA-PROVIDERS record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
Value must be equal or less than START-OF-TIME-PERIOD.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00008 - HEALTH-HOME-CHRONIC-CONDITIONS

The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	

Value must be equal to a valid value.	A Mental health B Substance abuse C Asthma D Diabetes E Heart disease F Overweight (BMI of >25) G HIV/AIDS H Other
If value H (Other) is selected, identify the chronic condition in HEALTH-HOME-CHRONIC-CONDITION-OTHER-EXPLANATION.	
Conditional (required when value “H” (Other) appears in HEALTH-HOME-CHRONIC-CONDITION	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than HEALTH-HOME-CHRONIC-CONDITION-END-DATE	
Whenever the value in one or more of the data elements on the HEALTH-HOME-CHRONIC-CONDITIONS record segment changes, a new record segment must be created	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	

If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)	
Whenever the value in one or more of the data elements on the HEALTH-HOME-CHRONIC-CONDITIONS record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00009 - LOCK-IN-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	

Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Valid formats must be supplied by the state in advance of submitting file data	
The LOCKIN-PROV-TYPE value must exist as an active valid value for the provider in the provider subject area (i.e., the LOCKIN-PROV-TYPE must exist as an active value for the provider in the PROV-CLASSIFICATION-CODE field, where PROV-CLASSIFICATION-TYPE = 3 (Provider Type Code)).	See Appendix A for listing of valid values.

Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than LOCKIN-END-DATE	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Whenever the value in one or more of the data elements on the LOCK-IN-INFORMATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00010 - MFP-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number.	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Value must be equal to a valid value.	0 NO 1 YES 2 Non Participation 9 Unknown
Value must be equal to a valid value.	00 Default- Non Participation 01 Nursing Facility 02 ICF/IID (Intermediate Care Facilities for individuals with Intellectual Disabilities) 03 IMD (Institution for Mental Diseases) 04 Hospital 05 Other 99 Unknown
Value must be equal to a valid value.	00 Default - Non Participation 01 Home owned by participant 02 Home owned by family member 03 Apartment leased by participant, not assisted living 04 Apartment leased by participant, assisted living 05 Group home of no more than 4 people 99 Unknown
Value must be equal to a valid value.	00 Default – No Participation 01 Completed 365 days of participation 02 Suspended eligibility 03 Re-institutionalized 04 Died 05 Moved 06 No longer needed services 07 Other 99 Unknown

If an eligible individual's participation in MFP has ended, then MFP Enrollment End Date cannot be designated as not applicable	
Value must be equal to a valid value.	00 Default- Non Participation 01 Acute care hospitalization followed by long term rehabilitation 02 Deterioration in cognitive functioning 03 Deterioration in health 04 Deterioration in mental health 05 Loss of housing 06 Loss of personal care giver 07 By request of participant or guardian 08 Lack of sufficient community services 99 Unknown
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than MFP-ENROLLMENT-END-DATE	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Whenever the value in one or more of the data elements on the MFP-INFORMATION record segment changes, a new record segment must be created	

For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00011 - STATE-PLAN-OPTION-PARTICIPATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	

Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Value must be equal to a valid value.	00 Not Applicable 01 Community First Choice 02 1915(i) 03 1915(j) 04 1932(a) 05 1915(a) 06 1937 (Alternative Benefit Plans) 99 Unknown
If an individual is not eligible, then he/she cannot have a State Plan Option Type.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	

Value must be equal or less than STATE-PLAN-OPTION-END-DATE	
If an individual is not eligible, then he/she cannot participate in a State Plan Option.	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid effective date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Whenever the value in one or more of the data elements on the STATE-PLAN-OPTION-PARTICIPATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00012 - WAIVER-PARTICIPATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Create as many WAIVER-PARTICIPATION (ELG00012) record segments as necessary to record all waivers that are applicable.	
Report the full federal waiver identifier.	Valid values are supplied by the state.
Value must correspond to the WAIVER-TYPE	
Please fill in the WAIVER-TYPE fields in sequence (e.g., if an individual is enrolled in two waivers, only the first and second should be used; if only enrolled in one waiver, code WAIVER-TYPE1	
Enter the WAIVER-TYPE assigned	See Appendix A for listing of valid values.
If individual was eligible for Medicaid or CHIP but not eligible for a waiver, 8-fill	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid start date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	

Value must be equal or less than WAIVER-ENROLLMENT-END-DATE	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid end date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Whenever the value in one or more of the data elements on the WAIVER-PARTICIPATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	

Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00013 - LTSS-PARTICIPATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	

Value must be equal to a valid value.	1 Skilled Care 2 Intermediate Care 3 Custodial Care 9 Unknown
Valid formats must be supplied by the state in advance of submitting file data	Valid values are supplied by the state.
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid start date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than LTSS-ELIGIBILITY-END-DATE	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid date is not available fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Whenever the value in one or more of the data elements on the LTSS-PARTICIPATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00014 - MANAGED-CARE-PARTICIPATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
If individual is not enrolled in any managed care plan, 8-fill	
If the MANAGED-CARE-PLAN-ID field is not applicable, then MANAGED-CARE-PLAN-TYPE must be designated as not applicable	
Please fill in the MANAGED-CARE-PLAN-TYPE in sequence (e.g., if an individual is enrolled in two managed care plans, only the first and second fields should be used; if only enrolled in one managed care plan, code MANAGED-CARE-PLAN-TYPE1 and 8-fill MANAGED-CARE-PLAN-TYPE2 through MANAGED-CARE-PLAN-TYPE4)	
Value is not included in the valid code list	See Appendix A for listing of valid values.
Values must correspond to associated MANAGE-CARE-PLAN-ID in state-provided crosswalk	
If individual is not enrolled in any managed care plan, 8-fill	
	Valid values are supplied by the state.

Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available	
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016	
Value must be equal to a valid value.	
This field is required for all eligible persons enrolled in managed care on or after the mandated dates above.	
Field cannot be spaces if MANAGED-CARE-PLAN-TYPE not = '88' or '99'	
If the eligible person is not enrolled in managed care, fill the field with spaces	
Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015	
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016	
Value must be in the set of valid values	1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Identifier (OEID)
If the type HEALTH-CARE-ENTITY-ID-TYPE is unknown, populate the field with a space	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
If not applicable enter all 8s	
The value must consist of digits 0 through 9 only	
Value must be equal or less than MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	

Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
If not applicable enter all 8s	
If it is unknown when the person's enrollment in the managed care plan ends, enter all 9s	
The value must consist of digits 0 through 9 only	
Whenever the value in one or more of the data elements on the MANAGED-CARE-PARTICIPATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00015 - ETHNICITY-INFORMATION

The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number	
A child record must have a parent record.	

Value must be equal to a valid value.	0 Not of Hispanic or, Latino/a, or Spanish origin 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino, or Spanish origin 5 Hispanic or Latino Unknown 6 Ethnicity Unspecified 9 Ethnicity Unknown
ETHNICITY-CODE clarifications: • If state has beneficiaries coded in their database as “Hispanic” or “Latino,” then code them in T-MSIS as “Hispanic or Latino Unknown” (valid value “5”). DO NOT USE “Another Hispanic, Latino, or Spanish Origin,” “Ethnicity Unknown” or “Ethnicity Unspecified.” NOTE 1: The “Ethnicity Unspecified” category in T-MSIS (valid value “6”) should be used with an individual who explicitly did not provide information or refused to answer a question. NOTE 2: The “Ethnicity Unknown” category in T-MSIS (valid value “9”) should be used when there is no information contained / available in the state database about a person’s race, ethnicity, or other category.	
Use this code to indicate if the eligible’s demographics include an ethnicity of Hispanic or Latino	
This determination is independent of indication of RACE-CODE.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than ETHNICITY-DECLARATION-END-DATE	
Whenever the value in one or more of the data elements on the ETHNICITY-INFORMATION record segment changes, a new record segment must be created	

Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If it is unknown when the person's enrollment in the managed care plan ends, enter all 9s	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).	
Whenever the value in one or more of the data elements on the ETHNICITY-INFORMATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00016 - RACE-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	

In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number	
A child record must have a parent record.	
Value must be in the set of valid values	001 White 002 Black or African American 003 American Indian or Alaskan Native 004 Asian Indian 005 Chinese 006 Filipino 007 Japanese 008 Korean 009 Vietnamese 010 Other Asian 011 Asian Unknown 012 Native Hawaiian 013 Guamanian or Chamorro 014 Samoan 015 Other Pacific Islander 016 Native Hawaiian or Other Pacific Islander Unknown 017 Unspecifed 999 Unknown

RACE code clarifications: • If state has beneficiaries coded in their database as "Asian" with no additional detail, then code them in T-MSIS as "Asian Unknown" (valid value "011"). DO NOT USE "Other Asian," "Unspecified" or "Unknown." • If state has beneficiaries coded in their database as "Native Hawaiian or Other Pacific Islander" with no additional detail, then code them in T-MSIS as "Native Hawaiian and Other Pacific Islander Unknown" (valid value "016"). DO NOT USE "Native Hawaiian," "Other Pacific Islander," "Unspecified" or "Unknown." NOTE 1: The "Other Asian" category in T-MSIS (valid value "010") should be used in situations in which an individual's specific Asian subgroup is not available in the code set provided (e.g., Malaysian, Burmese). NOTE 2: The "Unspecified" category in T-MSIS (valid value "017") should be used with an individual who explicitly did not provide information or refused to answer a question. NOTE 3: The "Unknown" category in T-MSIS (valid value "999") should be used when there is no information contained / available in the state database about a person's race, ethnicity, or other category.	
Use this field only if the RACE is reported as Other Asian (race code 010) or Other Pacific Islander (race code 015).	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
Value must be equal to a valid value.	0 Not applicable 1 No, Individual does not have CDIB 2 Yes, Individual does have CDIB 9 Applicable but unknown

Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than RACE-DECLARATION-END-DATE	
Whenever the value in one or more of the data elements on the RACE-INFORMATION record segment changes, a new record segment must be created	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)	
Whenever the value in one or more of the data elements on the RACE-INFORMATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00017 - DISABILITY-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	

For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number	
A child record must have a parent record.	
Must be populated on every record	

Value must be equal to a valid value.	01 Individual is deaf or has serious difficulty hearing. 02 Individual is blind or has serious difficulty seeing, even when wearing glasses. 03 Individual has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition. (Applicable only to people who are 5 years old or older.) 04 Individual has serious difficulty walking or climbing stairs. (Applicable only to people who are 5 years old or older.) 05 Individual has difficulty dressing or bathing. (Applicable only to people who are 5 years old or older.) 06 Individual has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. (Applicable only to people who are 15 years old or older.) 07 Other 08 None 99 Unknown
Report all that apply.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
Value must be equal or less than DISABILITY-TYPE-END-DATE	
Whenever the value in one or more of the data elements on the DISABILITY-INFORMATION record segment changes, a new record segment must be created	
Overlapping coverage not allowed for same file segment	

For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
If not applicable enter all 8s	
If a complete, valid date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The date must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231)	
Whenever the value in one or more of the data elements on the DISABILITY-INFORMATION record segment changes, a new record segment must be created	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	

Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00018 - 1115A-DEMONSTRATION-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	
Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, this field, ***as well as*** the SSN field should be populated with the eligible person's social security number	

A child record must have a parent record.	
Field is required on all records	
Value must be equal to a valid value.	0 No 1 Yes
If an individual is not participating in an 1115A demonstration, then 1115A effective date should be designated as not applicable.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
If individual is NOT enrolled in a CMMI 1115A, the field should be 8-filled	
If a complete, valid date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
Value must be equal or less than 1115A-END-DATE	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
If individual is NOT enrolled in CHIP, the field should be 8-filled	
If a complete, valid date is not available or is unknown, fill with 99999999	
The value must consist of digits 0 through 9 only	
The field should be populated with the “end-of-time” date (i.e., 99991231) for individuals who are currently enrolled	
Whenever the value in one or more of the data elements on the 1115A-DEMONSTRATION record segment changes, a new record segment must be created	

For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	
Value must be equal to a valid value.	ELG00020 - HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be the same on all record segments	
Must be numeric	

Must be populated on every record	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
Value must be equal to a valid value.	001 Aged 002 Physical Disabilities 003 Intellectual Disabilities 004 Autism Spectrum Disorder 005 Developmental Disabilities 006 Mental Illness and/or Serious Emotional Disturbance 007 Brain Injury 008 HIV/AIDS 009 Technology Dependent or Medically Fragile 010 Disabled (other)
Date format is CCYYMMDD (National Data Standard)	

Value must be a valid date.	
Overlapping coverage not allowed for same file segment	
For parent and child file segments, the effective date of a child record segment must occur before or be concurrent with the effective date of the parent file segment, where submitting state and file segment-specific identifying number match one another in both record segments.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date	
For parent and child file segments, the end date of a child record segment must occur before or be concurrent with the end date of the parent record segment, where submitting state and record segment-specific identifying number match one another in both record segments.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value is required on all record segments	
Value must be in required format	

Value must be equal to a valid value.	ELG00021 - ENROLLMENT-TIME-SPAN
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record.	
Value must be numeric	
SUBMITTING-STATE must be equal across all record segments for a given record.	
Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
MSIS Identification Number must be reported	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the state MSIS-ID numbers must be supplied to CMS with the state's MSIS application	
In instances where the social security number is not known and a temporary MSIS identification number is used, the MSIS-IDENTIFICATION-NUM field should be populated with the temporary MSIS identification number and the SSN field should be space-filled. When the social security number becomes known, the MSIS-IDENTIFICATION-NUM field should continue to be populated with the temporary MSIS identification number and the SSN field should be populated with the newly acquired social security number for at least one monthly submission of the Eligibility File so that T-MSIS can associated the temporary MSIS identification number and the social security number	
For SSN states, the MSIS Identifier ***and*** SSN fields should be populated with the eligible person's social security number.	
A child record must have a parent record.	
Value must be equal to a valid value.	1 Medicaid 2 CHIP 9 Unknown
This data element must be completed for every individual enrolled in the State's Medicaid or CHIP program.	

The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only	
Value must be a valid date	
Whenever the value in one or more of the data elements in the ENROLLMENT-TIME-SPAN-SEGMENT record segment changes, a new record segment must be created.	
Date cannot be greater than ENROLLMENT-END-DATE.	
The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only	
Value must be a valid date	
Whenever the value in one or more of the data elements in the ENROLLMENT-TIME-SPAN-SEGMENT record segment changes, a new record segment must be created.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	

Must be populated on every record	
Must be in correct format as shown in definition	
Value must be in the set of valid values	MCR00001 - FILE-HEADER-RECORD-MANAGED-CARE
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Use the version number specified on the title page of the data dictionary.	
Must be populated on every record	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Must be populated on every record	
Value must be equal to a valid value.	FLF - The file follows a fixed length format. PSV - The file follows a pipe-delimited format.
Must be populated on every record	
Use the version number specified on the title page of the data mapping document	
Must be populated on every record	
Value must be equal to a valid value.	MNGDCARE Managed Care Plan Information file
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Must be populated on every record	
Date must be a valid date	
Date format is CCYYMMDD (National Data Standard).	
Date must be equal to or greater than the date entered in the START-OF-TIME-PERIOD field	
Date must be less than or equal to current date	
Must be populated on every record	

Date format is CCYYMMDD (National Data Standard).	
Date must be valid Date	
Value in DD must equal 01.	
Date must be less then current date	
Date must be equal to or less than the date in the DATE-FILE-CREATED field.	
Value must be a valid date based on the calendar year	
Must be populated on every record	
Date must be valid Date	
Date format is CCYYMMDD (National Data Standard).	
Value in DD (must be 30 when the MM=04, 06, 09, 11) OR (must be 31 when the MM=01, 03, 05, 07, 08, 10, 12) OR (must be 28 or 29 when the MM=02)	
Date must be less then current date	
Value must be equal to or greater than START-OF-TIME-PERIOD.	
Value must be a valid date based on the calendar year	
Must be populated on every record	
Value must be equal to a valid value.	P Production File T Test File
An integer value with no commas.	
Value must equal the sum of all records excluding the header record	
Field is required on all 'C', 'U', and 'R' record files.	
Must be numeric and > 0	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be in the set of valid values	MCR00002 - MANAGED-CARE-MAIN
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Value must be the same as Header Record in all records	
Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	
Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	

If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Date must be less then current date	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Date must be equal to or greater than MANAGED-CARE-CONTRACT-EFF-DATE	
Must be populated on every record	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Must be populated on every record	
Value must be equal to a valid value.	1 Medicaid State Plan 2 CHIP State Plan 3 Both Medicaid and CHIP
Must be populated on every record	
Value is not included in the valid code list	See Appendix A for listing of valid values.
Left fill with zeros if number is less than 2 bytes long.	
Must be populated on every record	

Value must be equal to a valid value.	01 Risk-based Capitation, no incentives or risk-sharing 02 Risk-based Capitation with Incentive Arrangements 03 Risk-based Capitation with other risk-sharing Arrangements 04 Non-Risk Capitation 05 Fee-For-Service 06 Primary Care Case Management Payment 07 Other 08 Primary Care Case Management Payment plus Fee-For-Service 88 Not Applicable 99 Unknown
See Appendix A for definitions of T-MSIS coding categories.	
Must be populated on every record	
Value must be equal to a valid value.	01 501(C)(3) NON-PROFIT 02 FOR-PROFIT, CLOSELY HELD 03 FOR-PROFIT, PUBLICLY TRADED 04 OTHER 99 Unknown
Left fill with zeros if number is less than 2 bytes long.	
Must be populated on every record	

Value is not included in the valid code list	1 = The MCO's service area falls partially or entirely inside one or more metropolitan areas. 2 = The MCO's service area falls partially or entirely inside one or more micropolitan areas, but not within any metropolitan areas. 3 = The MCO's service area falls entirely outside of all metropolitan and micropolitan areas.
Whenever a service area straddles two types of areas (e.g., metropolitan & micropolitan, metropolitan & non-CBSA area) classify the service area based on the denser classification.	
Please enter a percent of zero through 100.	
Must be numeric	
Must be populated on every record	
Value must be equal to a valid value.	1 Statewide – The managed care entity provides services to beneficiaries throughout the entire state. 2 County – The managed care entity provides services to beneficiaries in specified counties. 3 City – The managed care entity provides services to beneficiaries in specified cities. 4 Region – The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state ("region" is state-defined). 5 Zip Code – The managed care entity program provides services to beneficiaries in specified zip codes. 6 Other – The managed care entity provides services to beneficiaries in "other" area(s), not Statewide, County, City, or Region.

Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Date must be equal to or less than MANAGED-CARE-MAIN-REC-END-DATE	
Must be populated on every record	
The date must be in “ccyymmdd” format.	
The date must be a valid date.	
Date must be equal to or greater than MANAGED-CARE-MAIN-REC-EFF-DATE	
Overlapping coverage not allowed for same Submitting state & Plan ID	
Managed Care coverage dates must be within Managed Care Contract Date	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Must be populated on every record	
Must be in correct format as shown in definition	

Value must be equal to a valid value.	MCR00003 - MANAGED-CARE-LOCATION-AND-CONTACT-INFO
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Value must be the same as Header Record in all records	
Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	
Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
State plan ID num must match a State plan ID num on the MCR-MAIN segment	
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	
Must be populated on every record	
Each of an managed care entity's locations must have a unique MANAGED-CARE-LOCATION-ID	
This data element should be populated if MANAGED-CARE-ADDR-TYPE is 3 (Managed care entity's service location address)	
Use sequential numbers to indicate additional services locations	
Right-fill the field if the value is less than 15 bytes long.	

Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Date must be equal to or greater than MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE	
Overlapping date spans should not exist for a given combination of state/state plan ID/Location ID/Address Type	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active MCR-CARE-MAIN record must exist in T-MSIS database or contained in the current submission	
Whenever the value in one or more of the data elements in the MANAGED-CARE-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.	
This data element must be populated on every MANAGED-CARE-LOCATION-AND-CONTACT-INFO record.	

Value must be equal to a valid value.	1 MCO's corporate address and contact information 2 MCO's mailing address 3 MCO's service location address 4 MCO's Billing address and contact information 5 CEO's address and contact information 6 CFO's address and contact information 7 Other
Line 1 is required. Lines 2 through 3 can be blank.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes ("-"), commas (","), periods ("."), single quotes ('), and spaces.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Line 1 is required. Lines 2 through 3 can be blank.	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Line 1 is required. Lines 2 through 3 can be blank.	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes ("-"), commas (","), periods ("."), single quote ('), and spaces.	
Must be populated on every record	
Must be numeric	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi
Use the ANSI state code	
Must be populated on every record	

The value must consist of digits 0 through 9 only	
The first five characters are needed. If the four-digit extention is available, that may be filled in using the last four byes. Otherwise, if the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.	
Must be populated on every record	
Value must be numeric.	
Dependent value must be equal to a valid value.	http://www.census.gov/geo/refe
One county code should be captured for each of a managed care entity’s locations (MANAGED-CARE-LOCATION-IDs).	
Must be populated on every record	
Must be numeric	
Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	
Must be populated on every record	
Must contain @	
Must have XXXX@YYYY.ZZZ format	
Must be populated on every record	
Must be numeric	
Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be in the set of valid values	MCR00004 - MANAGED-CARE-SERVICE-AREA
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Value must be the same as Header Record in all records	
Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	
Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
State plan ID num must match a State plan ID num on the MCR-MAIN segment	
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	
Must be populated on every record	http://www.census.gov/geo/refe

If Managed-care-service-area is 2, 3, 4, 5, or 6 please create/submit a managed-care-service-area-record for each service area.	
Use ANSI county codes when service area is defined by counties or cities.	
Put each zip code, city, county, region, or other area descriptor on a separate record.	
Use 5 digit zip codes when service area definition is zip code based.	
When entering other area descriptors, valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Whenever the value in one or more of the data elements in the MANAGED-CARE-SERVICE-AREA record segment changes, a new record segment must be created.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Date must be equal to or greater than MANAGED-CARE-SERVICE-AREA-EFF-DATE	
Overlapping date spans should not exist for a given combination of state/state plan ID/Service Area Name	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission	

Whenever the value in one or more of the data elements in the MANAGED-CARE-SERVICE-AREA record segment changes, a new record segment must be created	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be in the set of valid values	MCR00005 - MANAGED-CARE-OPERATING-AUTHORITY
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Value must be the same as Header Record in all records	
Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	

Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
State plan ID num must match a State plan ID num on the MCR-MAIN segment	
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	
Must be populated on every record	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Please fill in the Operating-Authorities that plan is operating under.	
Report the full federal waiver identifier.	Valid values are supplied by the state.
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Date must be equal to or less than MANAGED-CARE-OP-AUTHORITY-END-DATE	
Whenever the value in one or more of the data elements in the MANAGED-CARE-OPERATING-AUTHORITY record segment changes, a new record segment must be created.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	

The date must be a valid date.	
Date must be equal to or greater than MANAGED-CARE-OP-AUTHORITY-EFF-DATE	
Overlapping date spans should not exist for a given combination of state/state plan ID/Operating Authority/Waiver ID	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission	
Whenever the value in one or more of the data elements in the MANAGED-CARE-OPERATING-AUTHORITY record segment changes, a new record segment must be created.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be in the set of valid values	MCR00006 - MANAGED-CARE-PLAN-POPULATION-ENROLLED
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	

Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Value must be the same as Header Record in all records	
Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	
Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
State plan ID num must match a State plan ID num on the MCR MAIN segment	
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	
Must be populated on every record	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Must be numeric	
Please submit all Managed Care Plan Populations using the Managed Care Plan Population Enrolled Record-ID 6 (MCR00006).	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Whenever the value in one or more of the data elements in the MANAGED-CARE-OPERATING-AUTHORITY record segment changes, a new record segment must be created.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	

The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Date must be equal to or greater than MANAGED-CARE-PLAN-POP-EFF-DATE	
Overlapping date spans should not exist for a given combination of state/state plan ID/managed care plan pop	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission	
Whenever the value in one or more of the data elements in the MANAGED-CARE-OPERATING-AUTHORITY record segment changes, a new record segment must be created.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be in the set of valid values	MCR00007 - MANAGED-CARE-ACCREDITATION-ORGANIZATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	

Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Value must be the same as Header Record in all records	
Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	
Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
State plan ID num must match a State plan ID num on the MCR-MAIN segment	
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	
Must be populated on every record	

Value must be equal to a valid value.	01 National committee for quality assurance – excellent 02 National committee for quality assurance – commendable 03 National committee for quality assurance – provisional 05 URAC - full 06 URAC - conditional 07 URAC – provisional 08 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) – 3 years 11 Not accredited 12 Other 13 National committee for quality assurance – accredited 14 National committee for quality assurance – interim 15 National committee for quality assurance – denied
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Date must be less then current date	
Date must be equal to or less then DATE-ACCREDITATION-END	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Date must be equal to or less then DATE-ACCREDITATION-ACHIEVED	
Overlapping date spans should not exist for a given combination of state/state plan ID/accreditation organization	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	

Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be in the set of valid values	MCR00008 - NATIONAL-HEALTH-CARE-ENTITY-ID-INFO
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Value must be the same as Header Record in all records	
Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	

Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
State plan ID num must match a State plan ID num on the MCR-MAIN segment	
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	
Large health plans are required to obtain HPIDs by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016.	
This field is required for all eligible persons enrolled in managed care on or after the mandated dates above. If the eligible person is not enrolled in managed care, fill the field with spaces.	
National identifiers in the eligible file must match either a controlling health plan (CHP) identifier or subhealth plan (SHP) identifier in the Managed Care subject area.	
States should not submit records for an eligible individual where the national managed care entity ID for the eligible does not match in the associated managed care record.	
Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015.	1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Identifier (OEID)
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016.	
States should not submit records for an eligible individual where the national managed care entity ID for the eligible does not match in the associated managed care record.	

Must be populated on every record	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote (')	
Use the descriptive name assigned by the state as it exists in the state's MMIS.	
If a name is not associated with the NATIONAL-HEALTH-CARE-ENTITY-ID in the state's MMIS, fill the field with 8s.	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Date must be less then current date	
Date must be equal to or less then NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE	
Whenever the value in one or more of the data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment changes, a new record segment must be created.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Date must be equal to or greater then NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	
Overlapping date spans should not exist for a given combination of state/state plan ID/ National Health Care Entity ID/National Health Care Entity ID type	

Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active MCR-MAIN record must exist in T-MSIS database or contained in the current submission	
Whenever the value in one or more of the data elements in the NATIONAL-HEALTH-CARE-ENTITY-ID-INFO record segment changes, a new record segment must be created.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Must be populated on every record	
Must be in correct format as shown in definition	
Value must be in the set of valid values	MCR00009 - CHPID-SHPID-RELATIONSHIPS
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Value must be numeric	
Value must be the same as Header Record in all records	

Must be populated on every record	
Must be numeric	
Duplicate record number should not exist with in same file	
Must be populated on every record	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
State plan ID num must match a State plan ID num on the MCR-MAIN segment	
If the National Health Plan Identifier is available, please enter the number in this field and the NATIONAL-HEALTH-CARE-ENTITY-ID field. If not available, please enter the state's internal plan ID. Please fill in the PLAN-ID-NUM depending on the value selected for the associated PLAN-ID-NUM-INDICATOR.	
Must be populated on every record	
Every CHPID must have an active record in the state's NATIONAL-HEALTH-CARE-ENTITY-ID-INFO data set in T-MSIS.	
Must be populated on every record	
Every SHPID must have an active record in the state's NATIONAL-HEALTH-CARE-ENTITY-ID-INFO data set in T-MSIS.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	

The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Date must be less then current date	
Date must be equal to or less then CHPID-SHPID-RELATIONSHIP-END-DATE	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The value must consist of digits 0 through 9 only.	
The date must be a valid date.	
Date must be equal to or greater then CHPID-SHPID-RELATIONSHIP-EFF-DATE	
Overlapping date spans should not exist for a given combination of state/state plan ID/CHPID/SHPID	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active MCR-MAIN & MCR-NATIONAL-ENTITY-ID record must exist in T-MSIS database or contained in the current submission	
If the time span is open-ended (i.e., there is no end date), then populate the field with “99991231” (end-of-time).	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	PRV00001 FILE-HEADER-RECORD-PROVIDER
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Use the version number specified on the title page of the data dictionary.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Must be populated on every record	
Note: The records in an Update File are not generated as a result of a change processed in the state's Medicaid or Medicaid-related systems during the current reporting month. These Update File record segments may be unchanged from the ones submitted previously for various reasons (For example, the state may be unable to process a change record in their Medicaid/Medicaid-related systems to correct the issue because the state is simply passing through to T-MSIS data that originated outside of the state's systems.) Conversely, the records may be different from those previously submitted, but the change is the result of a fix whose root cause problem was an issue in the T-MSIS file creation process. Regardless, the record was not generated from a change that occurred in the state's source data.	
Value must be in the set of valid values	FLF The file follows a fixed length format. PSV The file follows a pip-delimited format.
Must be populated on every record	
Use the version number specified on the title page of the data mapping document	

Required on every file header record	
Value must be equal to a valid value.	PROVIDER - Provider file
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Must be populated on every record	
Date must be equal to or greater than the date entered in the START-OF-TIME-PERIOD field.	
Date must be less than or equal to current date	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Must be populated on every record	
Date must be less then current date	
Value must be less than or equal to END-OF-TIME-PERIOD	
Date must be equal to or less than the date in the DATE-FILE-CREATED field.	
The date must be a valid date.	
Date format is CCYYMMDD (National Data Standard).	
Must be populated on every record	
Date must be less then current date	
Value must be equal to or greater than START-OF-TIME-PERIOD.	
Value must be equal to a valid value.	P Production T Test
Must be populated on every record	
The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = 'T'	

An integer value with no commas	
Value must equal the sum of all records excluding the header record	
Field is required on all 'C', 'U', and 'R' record files.	
Must be numeric and > 0	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	PRV00002 PROV-ATTRIBUTES-MAIN
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	

Value must be an 11-digit integer with no commas.	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only	
Whenever the value in one or more of the data elements in the PROV-ATTRIBUTES-MAIN record segment changes, a new record segment must be created.	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Must be populated on every record	
Must be equal to or greater then eff date	
Whenever the value in one or more of the data elements in the PROV-ATTRIBUTES-MAIN record segment changes, a new record segment must be created.	
Overlapping coverage not allowed for same Submitting state, Prov ID, and Record ID.	
The Date must be less then or equal to DATE-OF-DEATH	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

Leave the field empty when the DBA name equals the legal name (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Must be populated on every record	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Every provider is expected to have a legal name. When the data element is not populated or used, the data element should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Must be populated on every record	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Provider Organization Name should be same as last name when provider is an individual	
Enter the first 60 characters if the provider organization name exceeds 60 characters Enter the first 35 characters if the last name exceeds 35 bytes	
Use PROV-LAST-NAME when the provider is a person.	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Must be populated on every record.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	

Value must be equal to a valid value.	01 Facility – The entity identified by the associated SUBMITTING-STATE-PROV-ID is a facility. 02 Group – The entity identified by the associated SUBMITTING-STATE-PROV-ID is a group of individual practitioners. 03 Individual – The entity identified by the associated SUBMITTING-STATE-PROV-ID is an individual practitioner.
Must be populated on every record	
Every SUBMITTING-STATE-PROV-ID must be classified using the codes in the valid values list	
Value must be equal to a valid value.	0 No 1 Yes
Must be populated on every record	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Leave blank if the provider is not a person.	
Enter the first 35 characters if the first name exceeds 35 bytes	
Value must be an alphabetic character, or a blank (A-Z, a-z,)	
Leave blank if not available	
Leave blank when the provider is not an individual.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Leave blank if the provider is not a person.	
Enter the first 35 characters if the first name exceeds 35 bytes	
If the provider is an organization, populate the provider organization name through using the PROV-ORGANIZATION-NAME data element	
If populated, the value must be in the list of valid values.	F Female M Male U Unknown
Must be populated when provider is an individual	

Value must be equal to a valid value.	01 Voluntary – Non-Profit – Religious Organizations 02 Voluntary – Non-Profit – Other 03 Voluntary – multiple owners 04 Proprietary – Individual 05 Proprietary – Corporation 06 Proprietary – Partnership 07 Proprietary – Other 08 Proprietary – multiple owners 09 Government – Federal 10 Government – State 11 Government – City 12 Government – County 13 Government – City-County 14 Government – Hospital District 15 Government – State and City/County 16 Government – other multiple owners 17 Voluntary /Proprietary 18 Proprietary/Government 19 Voluntary/Government 88 N/A – The individual only practices as part of a group, e.g., as an employee
Must be populated on every record	
Value must be equal to a valid value.	01 501(C)(3) NON-PROFIT 02 FOR-PROFIT, CLOSELY HELD 03 FOR-PROFIT, PUBLICLY TRADED 04 OTHER 88 N/A – The individual only practices as part of a group 99 Unknown
Must be populated when provider is an individual	
Date format is CCYYMMDD (National Data Standard).	
Date must be less than or equal to current date	
Date format is CCYYMMDD (National Data Standard).	
The date must be a valid date.	
Date of Death is greater than 0 when provider is not an individual	
Date must be less then current date	
Date is less then DATE-OF-BIRTH	
A provider with a date of death before the submission cannot be listed as a health home provider for an eligible individual.	
A provider with a date of death before the submission cannot be listed as a lockin provider for an eligible individual.	

Value must be equal to a valid value.	
Value must be equal to a valid value.	0 No 1 Yes 8 N/A – The individual only practices as a member of a group.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	PRV00003 PROV-LOCATION-AND-CONTACT-INFO
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Value must be an 11-digit integer with no commas.	

RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	
Must be numeric	
Must be populated on every record	
Each of a provider entity's locations must have a unique PROV-LOCATION-ID	
If a particular license is applicable to all locations, use the value '000' value to represent 'all' locations.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only	
Must be equal to or less then end date	
Whenever the value in one or more of the data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Whenever the value in one or more of the data elements in the PROV-LOCATION-AND-CONTACT-INFO record segment changes, a new record segment must be created.	
Must be equal to or greater then eff date	

Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, Address Type	
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Value must be equal to a valid value.	1 Billing Provider 2 Provider Mailing 3 Provider Practice 4 Provider Service Location
Must be populated on every record	
The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
Must be populated on every record	
Line 1 is required and the other two lines can be blank.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	
Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	

The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
The third line of the address must not be the same as the first or second line of the address (if applicable)	
The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	
Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	
The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
Must be populated on every record	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	

The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	
Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	
The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi
The data elements in the PROV-LOCATION-AND-CONTACT-INFO record are intended to capture the physical address and other contact information related to a provider.	
Each PROV-LOCATION-AND-CONTACT-INFO record represents the set of contact information for a single provider location.	
The state can enter as many sets of contact information (i.e., multiple PROV-LOCATION-AND-CONTACT-INFO records) as it considers necessary. The value selected for the ADDR-TYPE field describes the type of contact information on that particular record (e.g., provider service location, provider billing address, etc.). The PROV-LOCATION-ID differentiates one PROV-LOCATION-AND-CONTACT-INFO record from another when the ADDR-TYPE value on both records is the same.	
Value must be numeric	
Must be populated on every record	
If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.	

Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	
Must be populated on every record	
Value must be numeric	
Enter 10-digit telephone number (includes area code)	
If unknown, can be filled using 9's	
Enter numerals only (no parentheses, dashes, periods, etc.)	
Must contain @	
Must have XXXX@YYYY.ZZZ format	
Must be populated on every record	
Enter the digits only (i.e., without parentheses, brackets, dashes, periods, spaces, etc.)	
Must be populated on every record	
Value must be numeric	
Valid fax number including the area code.	
If unknown, can be filled using 9's	
Value must be equal to a valid value	0 No 1 Yes 8 State does not distinguish "border state providers".
Must be populated on every record	
Value must be numeric	
If unknown, can be filled using 9s	
Dependent value must be equal to a valid value.	http://www.census.gov/geo/refe
Must be populated on every record	
Value must be numeric	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	PRV00004 PROV-LICENSING-INFO
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Value must be an 11-digit integer with no commas.	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	
Must be numeric	
Must be populated on every record	
Each of a provider entity’s locations must have a unique PROV-LOCATION-ID	

If a particular license is applicable to all locations, use the value '000' value to represent 'all' locations.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Must be equal to or less then end date	
Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	
Must be equal to or greater then eff date	
Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, License Type, License Issuing Entity ID	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active PRV-ATTRIBUTES-MAIN & PRV-LOCATION-CONTACT-INFO record must exist in T-MSIS database or contained in the current submission	
Value must be equal to a valid value.	1 State, county, or municipality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other
Must be populated on every record	
Required whenever a Medicaid/CHIP provider is required by the state's Medicaid/CHIP agency requires one in order to be a Medicaid/CHIP provider.	
If unknown, enter "9.".	

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
(Enter the applicable state code, county code, municipality name, "DEA", professional society's name, or the CLIA accreditation body's name.)	
Required whenever a value is captured in the LICENSE-OR-ACCREDITATION-NUMBER data element.	
If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a state, then enter the applicable ANSI state numeric code.	
If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a county, then enter a 5-digit, concatenated code consisting of the ANSI state numeric code plus the ANSI county numeric code of the applicable.	
If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a municipality, then enter a text string with the name of the municipality.	
If LICENSE-TYPE = 1 (State, county, or municipality professional or business license) and the license-issuing entity is a municipality, then enter a text string with the name of the municipality.	
If LICENSE-TYPE = 2 (DEA license), then enter the text string “DEA”.	
If LICENSE-TYPE = 3 (Professional society accreditation), then enter the text string identifying the professional society issuing the accreditation	
If LICENSE-TYPE = 4 (CLIA accreditation), then enter the text string identifying the CLIA accreditation body’s name	
Required whenever the LICENSE-TYPE and LICENSE-ISSUING-ENTITY-ID data elements are populated	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be in the set of valid values	PRV00005 PROV-IDENTIFIERS
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be in the set of valid values	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Value must be an 11-digit integer with no commas.	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	
Must be numeric	
Must be populated on every record	
Each of a provider entity’s locations must have a unique PROV-LOCATION-ID	

If a particular license is applicable to all locations, use the value '000' value to represent 'all' locations.	
Value must be equal to a valid value.	1 State-specific Medicaid Provider ID 2 NPI 3 Medicare ID 4 NCPDP ID 5 Federal Tax ID 6 State Tax ID 7 SSN 8 Other
Required whenever a value is captured in the PROV-IDENTIFER data element.	
The state should provide the identifiers associated with the provider for identifier types 1 through 7 whenever it is applicable to the provider.	
The state should submit updates to T-MSIS whenever an identifier is retired or issued.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
Required whenever a value is captured in the PROV-IDENTIFER data element.	
If PROV-IDENTIFIER-TYPE = 1 (State-specific Medicaid Provider ID), then enter the applicable ANSI state numeric code.	
If PROV-IDENTIFIER-TYPE = 2 (NPI), then enter "CMS."	
If PROV-IDENTIFIER-TYPE = 3 (Medicare). Then enter "CMS"	
If PROV-IDENTIFIER-TYPE = 4 (NCPDP ID) then enter "NCPDP"	
If PROV-IDENTIFIER-TYPE = 5 (Federal Tax ID), then enter the text string "IRS".	
If PROV-IDENTIFIER-TYPE = 6 (State Tax ID), then text string of the name of the state's taxation division..	
If PROV-IDENTIFIER-TYPE = 8 (Other), then enter the name of the entity.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	

Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	
Must be equal to or less then end date	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	
Must be equal to or greater then eff date	
Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, Prov Identifier Type, Prov Identifier	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active PRV-ATTRIBUTES-MAIN & PRV-LOCATION-CONTACT-INFO record must exist in T-MSIS database or contained in the current submission	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
The value in the PROV-IDENTIFIER data element should be a valid value in the enumeration entity's identification schema.	
The state should submit updates to T-MSIS whenever an identifier is retired or issued	

The state should provide the identifiers associated with the provider for identifier types 1 through 7 whenever it is applicable to the provider Conditions When CMS Expects a PROV-IDENTIFIER Value: • State-specific Medicaid Provider ID (the state should supply this identifier for every provider, since it is the state itself that is using the identifier in its MMIS.) • NPI (the state should supply this identifier for every provider who is issued an NPI). • Medicare ID (the state should supply this identifier for every provider who is issued a Medicare ID) • NCPDP ID (The state should supply this for every pharmacy.) • Federal Tax ID (the state should supply this identifier for every provider who uses a federal TIN as its identifier with the IRS.) • State Tax ID (the state should supply this identifier for every provider who uses a state TIN as its identifier with the state tax authority.) • SSN (the state should supply this identifier for every provider who uses a social security number as his/her identifier with the IRS and/or the state tax authority.) • Other (whenever the state uses an identifier type other than those listed above that it believes would be useful to analysts using the state's Medicaid/CHIP data.)	
The PROV-IDENTIFIER data element must be populated whenever the PROV-IDENTIFIER-TYPE is populated	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	PRV00006 PROV-TAXONOMY-CLASSIFICATION
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Value must be an 11-digit integer with no commas.	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	

Value must be equal to a valid value.	1 Taxonomy code 2 Provider specialty code 3 Provider type code 4 Authorized category of service code *NOTE: The valid value code '47' in the PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code) can be used now. "47" = Independent Diagnostic Testing Facility (IDTF)"*
Required on every PROV-TAXONOMY-CLASSIFICATION record	
Provide a value for all 4 provider classification types. Each provider should have a separate PROV-TAXONOMY-CLASSIFICATION-PRV00006 record segment for each of the values – Taxonomy Code, Provider Specialty Code, Provider Type Code, & Authorized Category of Service Code – unless one of the values is not applicable to that provider.	
Dependent value must be equal to a valid value.	See Appendix A for listing of valid values.
Required on every PROV-TAXONOMY-CLASSIFICATION segment.	
The value in the PROV-CLASSIFICATION-CODE data element must correspond to the valid values set identified in the PROV-CLASSIFICATION-TYPE data element.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	

Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	
Must be equal to or less then end date	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Whenever the value in one or more of the data elements in the PROV-LICENSING-INFO record segment changes, a new record segment must be created.	
Must be equal to or greater then eff date	
Overlapping coverage not allowed for same Submitting state & Prov ID, Classification Type, Classification Code	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	

Value must be equal to a valid value.	PRV00007 PROV-MEDICAID-ENROLLMENT
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Value must be an 11-digit integer with no commas.	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
Must be numeric	
Must be equal to or less then end date	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	

Must be populated on every record	
Must be numeric	
Must be equal to or greater then eff date	
Overlapping coverage not allowed for same Submitting state & Prov ID, Enrollment Status Code	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Must be populated on every record	
A health home provider must be active to be an eligible individual's primary care manager for the health home in which the individual is enrolled.	
A lockin provider must be active to be a provider furnishing locked-in healthcare services to an individual.	
A LTSS provider must be active to be a long term care facility furnishing healthcare services to an individual.	
Value must be equal to a valid value.	1 Medicaid 2 CHIP 3 Both Medicaid and CHIP 4 Not state plan affiliated
Value must be equal to a valid value.	1 Enrolled through use of Medicare enrollment system (State did not require that provider submit application. Rather Provider is active Medicare provider and state Medicaid program accepted these credentials as sufficient to participate as state Medicaid provider.) 2 Enrolled through use of state-based provider application 3 Other
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
Must be numeric	

APPL-DATE cannot be greater then PROV-MEDICAID-EFF-DATE	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	PRV00008 PROV-AFFILIATED-GROUPS
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Must be numeric	
Value must be an 11-digit integer with no commas.	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	

Must be populated on every record	
Right-fill with spaces if the value is not 12 bytes long.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Whenever the value in one or more of the data elements in the PROV-AFFILIATED-GROUPS record segment changes, a new record segment must be created.	
Must be equal to or less then end date	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Whenever the value in one or more of the data elements in the PROV-AFFILIATED-GROUPS record segment changes, a new record segment must be created.	
Must be equal to or greater then eff date	
Overlapping coverage not allowed for same state & Prov ID, Prov ID of Affiliated Entity	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	PRV00009 PROV-AFFILIATED-PROGRAMS
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Value must be an 11-digit integer with no commas.	
Must be numeric	
RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	

Value must be equal to a valid value.	1 Health Plan (NHP-ID) – The value in the AFFILIATED-PROGRAM-ID data element contains the National Health Plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver. 2 Health Plan (state-assigned health plan ID) – The value in the AFFILIATED-PROGRAM-ID data element contains the state-assigned health plan Identifier of health plan in which the provider is enrolled to provide services including through the state plan and a waiver. 3 Waiver – The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for the waiver in which a provider is allowed to deliver services to eligible beneficiaries. 4 Health Home Entity – The value in the AFFILIATED-PROGRAM-ID data element contains the name of the health home in which a provider is participating. The health home entity is responsible for providing health home services to the patient in conformance with the Health Home SPA. This is the name that the state uses to uniquely identify the health home team. This entity can be a designated provider (e.g., physician, clinic, behavioral health organization), a health team which links to a designated provider, or a health team (physicians, nurses, behavioral health professionals). 5 Other – The value in the AFFILIATED-PROGRAM-ID data element contains an identifier for something other than a health plan, waiver, or health home entity
Required on every PROV-AFFILIATED-PROGRAMS record.	
If AFFILIATED-PROGRAM-TYPE <> spaces, then AFFILIATED-PROGRAM-ID must be <> spaces.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
If AFFILIATED-PROGRAM-TYPE = 1 (Health Plan NHP-ID), then the value in AFFILIATED-PROGRAM-ID is the National Health Plan ID of the health plan in which a provider is enrolled to provide services.	
If AFFILIATED-PROGRAM-TYPE = 2 (Health Plan State-assigned health plan ID), then the value in AFFILIATED-PROGRAM-ID is the state-assigned plan ID of the health plan in which a provider is enrolled to provide services.	

If AFFILIATED-PROGRAM-TYPE = 3 (Waiver), then the value in AFFILIATED-PROGRAM-ID is an identifier for a waiver in which a provider is allowed to deliver services to eligible beneficiaries.	
If AFFILIATED-PROGRAM-TYPE = 4 (Health Home Entity), then the value in AFFILIATED-PROGRAM-ID is the name of a health home in which a provider is participating.	
If AFFILIATED-PROGRAM-TYPE = 5 (Other), then the value in AFFILIATED-PROGRAM-ID is an identifier for something other than a health plan, waiver, or health home entity.	
If the value entered into the AFFILIATED-PROGRAM-ID is less than 50 bytes long, right-pad with spaces.	
If the value entered into the AFFILIATED-PROGRAM-ID is more than 50 bytes long, truncate the bytes.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Whenever the value in one or more of the data elements in the PROV-AFFILIATED-PROGRAMS record segment changes, a new record segment must be created.	
Must be equal to or less then end date	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
The value must consist of digits 0 through 9 only.	
Whenever the value in one or more of the data elements in the PROV-AFFILIATED-PROGRAMS record segment changes, a new record segment must be created.	
Must be equal to or greater then eff date	

Overlapping coverage not allowed for same state & Prov ID, Affiliated Program Type, Affiliated Program ID	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active PRV-ATTRIBUTES-MAIN record must exist in T-MSIS database or contained in the current submission	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Value must be equal to a valid value.	PRV00010 PROV-BED-TYPE-INFO
Value is required on all record segments	
Value must be in the required format	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Must be populated on every record	
Value must be numeric	
Value must be the same on all records	
Value must be an 11-digit integer with no commas.	
Must be numeric	

RECORD-ID/RECORD-NUMBER combinations should be unique within a state's submission.	
Must be populated on every record	
Must be numeric	
Must be populated on every record	
Each of a provider entity's locations must have a unique PROV-LOCATION-ID	
If a particular license is applicable to all locations, use the value '000' value to represent 'all' locations.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
Must be equal to or less then end date	
The value must consist of digits 0 through 9 only.	
Whenever the value in one or more of the data elements in the PROV-BED-TYPE-INFO record segment changes, a new record segment must be created.	
Date format is CCYYMMDD (National Data Standard)	
The date must be a valid date.	
Must be populated on every record	
Must be equal to or greater then eff date	
Whenever the value in one or more of the data elements in the PROV-BED-TYPE-INFO record segment changes, a new record segment must be created.	
Overlapping coverage not allowed for same Submitting state & Prov ID, Location ID, Bed Type Code	
Coverage span date must be fully contained within in the set of effective date spans of all active parent records	
Active PRV-ATTRIBUTES-MAIN & PRV-LOCATION-CONTACT-INFO record must exist in T-MSIS database or contained in the current submission	

Value must be equal to a valid value.	1 Intermediate Care Facility for the Intellectually Disabled 2 Inpatient 3 Nursing Facility 4 Title 18 Skilled Nursing Facility (T18 SNF) 8 Not Applicable
Must be populated on every record	
Report all that apply.	
Value must be numeric	
Must be greater then zero	
Left-fill with zeros if value is less than 5 bytes long	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Field is required on all records.	TPL00001 FILE-HEADER-RECORD-TPL
Value must meet the required format.	
Value must be equal to a valid value.	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
The record ID must be the same on all records within this segment.	
Use the version number specified on the title page of the data dictionary	

Value must be equal to a valid value.	See Appendix A for listing of valid values.
Field is required on all header records.	
Value must be equal to a valid value.	FLF The file follows a fixed length format. PSV The file follows a pipe-delimited format.
Field is required on all header records.	
Use the version number specified on the title page of the data mapping document	
Required on every file header record	
Value must be equal to a valid value.	TPL-FILE - Third-party Liaibility file
Right-fill with spaces if name is less than 8 bytes long	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
Date format is CCYYMMDD (National Data Standard)	
Value must be a valid date	
Date must be equal to or later than the date entered in the END-OF-TIME-PERIOD field.	
Required on every file header record	
Date must be equal or less than current date	
Date format is CCYYMMDD (National Data Standard)	
Value must be a valid date based on the calendar year.	
DD must always be the 1st day of the month.	
Value for START-OF-TIME-PERIOD must be <= END-OF-TIME-PERIOD	
Value for END-OF-TIME-PERIOD must be < Current Date	
Date format is CCYYMMDD (National Data Standard)	
Value must be a valid date	
Value for the Date in the End of Time Period (last 2 bytes of the value) must equal "30" in April, June, September, or November; "31" in January, March, May, July, August, October, or December, and "28" or "29" in February.	
Value must be equal or less than the DATE-FILE-CREATED	
Value must be less than the current system date.	

Value must be equal to a valid value.	P - Production T - Test
The dataset name and the value in this field must be consistent (i.e., the production dataset name cannot have a FILE-STATUS-INDICATOR = 'T'	
Value must be equal to a valid value.	0 - State does not use SSN as MSIS-IDENTIFICATION-NUMBER 1 - State uses SSN as MSIS-IDENTIFICATION-NUMBER
Non-SSN States will assign each eligible only one permanent MSIS-ID in his or her lifetime. When reporting eligibility records it is important that the SSN-INDICATOR in the Header record be set to 0 and the MSIS-ID for each record be provided in the MSIS-IDENTIFICATION-NUMBER field; if the MSIS-IDENTIFICATION-NUMBER is not known then this field should be filled with nines. The MSIS-ID identifies the individual and any claims submitted to the system	
States that are non SSN states must not submit MSIS Identification Numbers and SSNs that match for eligible individuals.	
An integer value with no commas.	
Value must equal the sum of all records excluding the header record	
Field is required on all 'C', 'U', and 'R' record files.	
Must be numeric and > 0	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Field is required on all records.	TPL00002 TPL-MEDICAID-ELIGIBLE-PERSON-MAIN
Value must meet the required format.	
Value must be equal to a valid value.	
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
The record ID must be the same on all records within this segment.	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001	
Must be populated on every record	
The value must consist of digits 0 through 9 only	
Value must be distinct (non duplicative within segment for same field).	
The Medicare/CHIP enrollee's MSIS-IDENTIFICATION-NUM must exist in the T-MSIS Eligibility file or in the T-MSIS data repository.	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain temporary number.	
If the field value is missing, keep the default value of spaces.	
MSIS Identification Number must be reported	

Value must be equal to a valid value.	0 Eligible individual has no TPL insurance coverage 1 Eligible individual does have TPL insurance coverage
If the value is “1,” then there must be one or more instances where the eligible person has some form of third party insurance coverage. (The records for this coverage can exist either in the T-MSIS data repository, or be on one or more TPL-MEDICAID-ELIGIBLE-INSURANCE-COVERAGE-INFO record segments in the current THIRD PARTY LIABILITY (TPL) FILE submission.	
Value must be equal to a valid value.	0 Eligible individual has no other TPL funding available 1 Eligible individual does have other TPL funding available
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Use only alphabetic characters, (A-Z, a-z) or space ( ).	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only	
Value must be a valid date	
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-MAIN record segment changes, a new record segment must be created.	
Date cannot be greater than ELIG-PRSN-MAIN-END-DATE.	
An eligible individual cannot have relevant record segments effective in the Third Party Liability file after he/she has died.	
The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only	
The date must be a valid date	

Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-MAIN record segment changes, a new record segment must be created.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Field is required on all records.	
Value must meet the required format.	
Value must be equal to a valid value.	TPL00003 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
The record ID must be the same on all records within this segment.	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001	

Must be populated on every record	
The value must consist of digits 0 through 9 only	
Value must be distinct (non duplicative within segment for same field).	
The Medicare/CHIP enrollee’s MSIS-IDENTIFICATION-NUM must exist in the T-MSIS Eligibility file or in the T-MSIS data repository.	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain temporary number.	
If the field value is missing, keep the default value of spaces.	
MSIS Identification Number must be reported	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Left justify and pad unused bytes with spaces.	
Enter the insurance plan identification number assigned by the state.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
If the field value is missing, keep the default value of spaces.	
Left justify and pad unused bytes with spaces.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
If the field value is missing, keep the default value of spaces.	
If this field is not applicable, 8-fill.	

Use only alphabetic characters, (A-Z, a-z), numerals (0-9), spaces ( ), dashes (-), periods (.), forward slashes (/), single quote(‘).	
Left justify and pad with trailing spaces.	
If the field value is missing, keep the default value of spaces.	
Values must correspond to associated INSURANCE-PLAN-ID.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	See Appendix A for listing of valid values.
The value must consist of digits 0 through 9 only	
If the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, the liability policy owner information is not needed and 8-fill the POLICY-OWNER field.	
'If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required' to match coding requirement for POLICY-OWNER-LAST-NAME.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
Left justify and pad with trailing spaces.	
If the field value is missing, keep the default value of spaces.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	

Left justify and pad with trailing spaces.	
If the field value is missing, keep the default value of spaces.	
If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	
If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, 8-fill the field.	
If known, this field is to be populated with numeric digits.	
If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	
If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, 8-fill the field.	
If the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, the liability policy owner information is not applicable, 8-fill the POLICY-OWNER-CODE field.	
Value must be equal to a valid value.	01 Self 02 Spouse 03 Custodial Parent 04 Noncustodial Parent (Child Support Enforcement in effect) 05 Noncustodial Parent without child support enforcement in effect 06 Grandparent 07 Guardian 08 Domestic Partner 09 Other 99 Unknown
The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only.	
Value must be a valid date	
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO record segment changes, a new record segment must be created.	
Date cannot be greater than INSURANCE-COVERAGE-END-DATE.	

If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	
An eligible individual cannot have relevant record segments effective in the Third Party Liability file after he/she has died.	
The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only.	
Value must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231).	
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO record segment changes, a new record segment must be created.	
If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, 8-fill the field.	
If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	
Overlapping coverage not allowed for same Submitting state, MSIS Identification number, Insurance plan ID, Group number, and Member ID.	
Active TPL-MEDICAID-ELIGIBLE-MAIN record with a TPL-HEALTH-INSURANCE-COVERAGE-IND = 1 must exist in T-MSIS database or contained in the current submission	
Coverage date span must be fully contained within the set of effective date spans of all active parent records.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Field is required on all records.	
Value must meet the required format.	
Value must be equal to a valid value.	TPL00004 TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
The record ID must be the same on all records within this segment.	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001	
Must be populated on every record	
The value must consist of digits 0 through 9 only	
Value must be distinct (non duplicative within segment for same field).	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Field is required on all record segments.	
Enter the insurance plan identification number assigned by the state.	

Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
If the field value is missing, keep the default value of spaces.	
Values must correspond to associated INSURANCE-PLAN-ID.	
Value must be equal to a valid value.	See Appendix A for listing of valid values.
Value must be equal to a valid value.	See Appendix A for listing of valid values.
The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only.	
Value must be a valid date	
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment changes, a new record segment must be created.	
INSURANCE-CATEGORIES-EFF-DATE must be <= INSURANCE-CATEGORIES-END-DATE	
If TPL-HEALTH-INSURANCE-COVERAGE-IND = '1', then INSURANCE-COVERAGE-EFF-DATE must be <> 11111111, 22222222, 33333333, 44444444, 55555555, 66666666, 77777777, 88888888, 99999999.	
Date format should be CCYYMMDD (National Data Standard)	
The value must consist of digits 0 through 9 only.	
Value must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231).	

Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES record segment changes, a new record segment must be created.	
If the field is not applicable or the TPL insurance is noted under OTHER-THIRD-PARTY-LIABILITY, 8-fill the field.	
If the HEALTH-INSURANCE-COVERAGE-IND equals '1', this field is required.	
If SUBMITTING-STATE, MSIS-IDENTIFICATION-NUM, INSURANCE-CARRIER-ID, INSURANCE-PLAN-ID, and COVERAGE-TYPE in this file segment = the same values of another TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004 file segment, then (INSURANCE-COVERAGE-EFF-DATE [segment 1] must be < INSURANCE-CATEGORIES-END-DATE [segment 1]) AND (INSURANCE-CATEGORIES-END-DATE [segment 1] must be < INSURANCE-CATEGORIES-EFF-DATE [segment 2]) AND (INSURANCE-CATEGORIES-EFF-DATE [segment 2] must be < INSURANCE-CATEGORIES-END-DATE [segment 2].	
If SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM = SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM on the file segment TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 and on TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003, then (INSURANCE-CATEGORIES-END-DATE must be >= ELIG-PRSN-MAIN-END-DATE) AND (INSURANCE-CATEGORIES-END-DATE must be >= ELIG-PRSN-MAIN-EFF-DATE) AND (INSURANCE-CATEGORIES-END-DATE >= INSURANCE-COVERAGE-END-DATE) AND (INSURANCE-CATEGORIES-END-DATE<=INSURANCE-COVERAGE-EFF-DATE). The segment must have both, a matching, active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN record and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO record and the INSURANCE-CATEGORIES-EFF-DATE must be >= ELIG-PRSN-MAIN-EFF-DATE and INSURANCE-COVERAGE-EFF-DATE and INSURANCE-CATEGORIES-END-DATE must be <= ELIG-PRSN-MAIN-END-DATE and INSURANCE-COVERAGE-END-DATE.	

If SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM = SUBMITTING-STATE and MSIS-IDENTIFICATION-NUM on the file segment TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002 and on TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003, then (INSURANCE-CATEGORIES-END-DATE must be >= ELIG-PRSN-MAIN-END-DATE) AND (INSURANCE-CATEGORIES-END-DATE must be >= ELIG-PRSN-MAIN-EFF-DATE) AND (INSURANCE-CATEGORIES-END-DATE >= INSURANCE-COVERAGE-END-DATE) AND (INSURANCE-CATEGORIES-END-DATE<=INSURANCE-COVERAGE-EFF-DATE). The segment must have both, a matching, active TPL-MEDICAID-ELIGIBLE-PERSON-MAIN record and a TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO record and the INSURANCE-CATEGORIES-EFF-DATE must be >= ELIG-PRSN-MAIN-EFF-DATE and INSURANCE-COVERAGE-EFF-DATE and INSURANCE-CATEGORIES-END-DATE must be <= ELIG-PRSN-MAIN-END-DATE and INSURANCE-COVERAGE-END-DATE.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Field is required on all records.	

Value must meet the required format.	
Value must be equal to a valid value.	TPL00005 TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	
The record ID must be the same on all records within this segment.	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001	
Must be populated on every record	
The value must consist of digits 0 through 9 only	
Value must be distinct (non duplicative within segment for same field).	
The Medicare/CHIP enrollee's MSIS-IDENTIFICATION-NUM must exist in the T-MSIS Eligibility file or in the T-MSIS data repository.	
For non-SSN states, this field must contain an identification number assigned by the state. The format of the State ID numbers must be supplied to CMS.	
For SSN states, this field must contain the Eligible's Social Security Number. If the SSN is unknown and a temporary number is assigned, this field will contain temporary number.	
If the field value is missing, keep the default value of spaces.	
MSIS Identification Number must be reported	
Required	

Value must be equal to a valid value.	1 Tort/Casualty Claim 2 Medical Malpractice 3 Estate (an estate, annuity or designated trust) 4 Liens 5 Worker's Compensation 6 Payments from an individual or group who has either voluntarily or been assigned legal responsibility for the health care of one or more Medicaid recipients; fraternal groups; unions 7 Other – unidentified 9 Unknown
The date must be in "ccyymmdd" format	
The value must consist of digits 0 through 9 only.	
Value must be a valid date	
Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment changes, a new record segment must be created.	
Date cannot be greater than OTHER-TPL-END-DATE.	
If the TPL-OTHER-COVERAGE-IND equals '1', this field is required.	
An eligible individual cannot have relevant record segments effective in the Third Party Liability file after he/she has died.	
The date must be in "ccyymmdd" format	
The value must consist of digits 0 through 9 only.	
Value must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the "end-of-time" date (99991231).	

Whenever the value in one or more of the data elements in the TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION record segment changes, a new record segment must be created.	
If the field is not applicable or the TPL-OTHER-COVERAGE-IND = 0, 8-fill the field.	
If the TPL-OTHER-COVERAGE-IND equals '1', this field is required.	
Overlapping coverage not allowed for same Submitting state , MSIS ID and Type of other third party.	
Active TPL-MEDICAID-ELIGIBLE-MAIN record with TPL-OTHER-COVERAGE-IND = 1 must exist in T-MSIS database or contained in the current submission	
Coverage categories date span must be fully contained within the set of effective date spans of all active parent records.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.	
Field is required on all records.	
Value must meet the required format.	
Value must be equal to a valid value.	TPL00006 TPL-ENTITY-CONTACT-INFORMATION
The record ID and file name must be consistent (i.e., the file cannot have a FILE-NAME of CLAIMRX, but RECORD-IDs associated with eligible file record layouts)	

The record ID must be the same on all records within this segment.	
Must be populated on every record	
Value must be equal to a valid value.	http://www.census.gov/geo/reference/ansi_
SUBMITTING-STATE in this file segment must = SUBMITTING-STATE in the file segment FILE-HEADER-RECORD-TPL-TPL00001	
Must be populated on every record	
The value must consist of digits 0 through 9 only	
Value must be distinct (non duplicative within segment for same field).	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
Left justify and pad unused bytes with spaces.	
This data element must be populated on every record within the TPL-ENTITY-CONTACT-INFORMATION record segment.	
Value must be equal to a valid value.	06 TPL-Entity Corporate Location 07 TPL-Entity Mailing 08 TPL-Entity Satellite Location 09 TPL-Entity Billing 10 TPL-Entity Correspondence 11 TPL-Other
Address Line 1 is required and the other two lines can be blank.	
If the field value is missing, keep the default value of spaces.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.	
Value must be equal to a valid value.	

Redefined as X(05) and X(04)	
If the field is reported, Zip 5 is required.	
The value must consist of digits 0 through 9 only.	
If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.	
If the entire zip code field is missing, keep the default value of spaces.	
Enter numeric characters only (i.e., do not include parentheses, dashes, periods, spaces, etc.)	
The value must consist of digits 0 through 9 only.	
If the field value is missing, keep the default value of spaces.	
The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only.	
Value must be a valid date	
Whenever the value in one or more of the data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment changes, a new record segment must be created.	
Date cannot be greater than TPL-ENTITY-CONTACT-INFO-END-DATE.	
The date must be in “ccyymmdd” format.	
The value must consist of digits 0 through 9 only.	
Value must be a valid date	
If there is no end date (i.e., the record is good into the indefinite future) use the “end-of-time” date (99991231).	
Whenever the value in one or more of the data elements in the TPL-ENTITY-CONTACT-INFORMATION record segment changes, a new record segment must be created.	
Overlapping coverage not allowed for same Submitting state , Insurance carrier ID num and TPL entity address type.	

Active TPL-MEDICAID-ELIGIBLE-MAIN with TPL-HEALTH-INSURANCE-COVERAGE-IND = 1 and TPL-MEDICAID-ELIGIBLE-INSURANCE-COVERAGE-INFO records must exist in T-MSIS database or contained in the current submission	
Coverage date span must be fully contained within the set of effective date spans of all active parent records.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.	
Use only alphabetic characters, (A-Z, a-z), numerals (0-9), spaces ( ), dashes (-), periods (.), forward slashes (/), single quotes (‘).	
Field is required on all records.	
Use only alphabetic characters, (A-Z, a-z), numerals (0-9), spaces ( ), dashes (-), periods (.), forward slashes (/), single quotes (‘).	
If the field value is missing, keep the default value of spaces.	
Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015	
Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016	
Value must be in the set of valid values	1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Identifier (OEID)
If the type HEALTH-CARE-ENTITY-ID-TYPE is unknown, populate the field with a space	
Large health plans are required to obtain national identifiers by November 5, 2014, small health plans by November 5, 2015. States may report prior to these dates if available.	

Covered entities must use the national identifiers in the standard transactions on or after November 7, 2016.	
This field is required for all eligible persons enrolled in managed care on or after the mandated dates above. If the eligible person is not enrolled in managed care, fill the field with spaces.	
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9)	
National identifiers in the TPL file must match either a controlling health plan (CHP) identifier or subhealth plan (SHP) identifier in the Managed Care subject area.	
Use the descriptive name assigned by the state as it exists in the state's MMIS.	
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).	
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).	
For pipe-delimited files, FILLER that is shown at the end of each record	

L - LAST_UPDATE_ DATE	M - FILENAME	N - FILE_SEGMENT (with RECORD-ID)	O - CR_NO
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP001-0001
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP001-0002
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP001-0003
2/25/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP002-0001
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP003-0001
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP004-0001
2/25/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP005-0001
10/10/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP006-0001
10/10/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP007-0001
2/25/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP007-0002
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP007-0003
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP007-0004
2/25/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP008-0001
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP008-0002

10/10/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP008-0003
2/25/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP009-0001
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP009-0002
2/25/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP010-0001
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP010-0002
2/25/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP011-0001
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP012-0001
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP012-0002
4/30/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP012-0003
10/10/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP013-0001
10/10/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP275-0001
10/10/2013	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP275-0002
9/23/2015	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP014-0001
9/23/2015	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP014-0002
9/23/2015	CLAIMIP	FILE-HEADER-RECORD-IP-CIP00001	CIP015-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP016-0001

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP016-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP016-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP017-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP018-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP018-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP018-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP019-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP020-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP020-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP020-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP021-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0003

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP022-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP023-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP024-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP025-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP025-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP026-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP027-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP027-0002

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP028-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP028-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP029-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP029-0002

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0004
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP030-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP031-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP031-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP031-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0005

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0006
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP032-0008
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP033-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP034-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP034-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0002

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0006
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP035-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP036-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP036-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP036-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP036-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP037-0001

9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP037-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP038-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00003	CIP038-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP039-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP039-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP039-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP039-0004

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP040-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP040-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP041-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP042-0001

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP042-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP042-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP042-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP043-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP043-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0006

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP044-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP045-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP046-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP046-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0002

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP047-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP048-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP049-0001

9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP049-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP050-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP051-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP051-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP051-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP051-0004

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP052-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP052-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP053-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0001

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP054-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP055-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP055-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0006

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP056-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP057-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP058-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP058-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0002

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP059-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP060-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP060-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP060-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP060-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP061-0001

9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP061-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP062-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP063-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP063-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP063-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP063-0004

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP064-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP064-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP065-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP066-0001

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP066-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP066-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP066-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP067-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP067-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP068-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP068-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP068-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0003

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0006
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP069-0007
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP070-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP070-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP070-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP071-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP071-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP071-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP071-0004

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP072-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP072-0002
9/23/2015		CLAIM-HEADER-RECORD-IP-CIP00002	CIP072-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0005
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0006
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP073-0007
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0001

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0005
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0006
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0007
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0008
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0009
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0010
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0011
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP074-0012
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0003

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0004
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP075-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP076-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP077-0006

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0005
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0006
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0007
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0008
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0009
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0010

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0011
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP078-0012
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0004
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP079-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP080-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0002

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0005
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0006
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0007
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP081-0008
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0004

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0005
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0006
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0007
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0008
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0009
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0010
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0011
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0012
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP082-0013
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP083-0006

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP084-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0006
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP085-0007

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0005
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0006
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0007
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0008
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0009
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0010

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0011
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP086-0012
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0004
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP087-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP088-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0003

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0006
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP089-0007
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0005
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0006
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0007

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0008
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0009
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0010
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0011
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP090-0012
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0004
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP091-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0002

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0004
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP092-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0006
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP093-0007
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP094-0006
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP095-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0005

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0006
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0007
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP096-0008
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP097-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0006
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0007
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0008
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP098-0009
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP099-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP099-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0005
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP100-0006

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP101-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP102-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP103-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP104-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP105-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP105-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP106-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP107-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP107-0002

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP108-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP109-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP110-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP111-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0003

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP112-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP113-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP113-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP114-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP115-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP116-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP117-0005

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP118-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP118-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP119-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP121-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP122-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP123-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0005

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP124-0006
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP125-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP126-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP127-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP128-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP128-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP128-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP129-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP129-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP129-0003

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP129-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP130-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP131-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP131-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP131-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP131-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP132-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP132-0002

10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP133-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP133-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP134-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP134-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP135-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0004
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP136-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP137-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP137-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP137-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP138-0001

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP139-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP140-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP140-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP140-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP141-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP141-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP141-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP142-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP142-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP142-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP143-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP143-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP143-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP144-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP144-0002

9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP144-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP145-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP145-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP145-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP146-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP146-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP146-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP147-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP147-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP147-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP148-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP148-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP148-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP149-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP149-0002

9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP149-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP150-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP151-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP152-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0005

9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP153-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP154-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP155-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP156-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0005

9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP157-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP158-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0005
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP159-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP160-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0003

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP161-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP162-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP163-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP164-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0002

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP165-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP166-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP167-0006
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP168-0006

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0004
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0005
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP169-0006
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP170-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP171-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP172-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP172-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP173-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP173-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP174-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP174-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0002

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP175-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP176-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0003
11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0004
11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP177-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0001
11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0002

11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0003
11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0005
11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0006
11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0007
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP178-0008
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP179-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0005
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP180-0006
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP181-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP181-0002

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP181-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP182-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP182-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP182-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP183-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP184-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP184-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP184-0003
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP184-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP185-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP185-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP185-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP186-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP187-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP187-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP188-0001

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP189-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP189-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP189-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP190-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP190-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP190-0003
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP190-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP191-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP191-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP191-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP192-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP193-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP194-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP194-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP195-0001

4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0004
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP196-0005
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP197-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP197-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP198-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP198-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP198-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP199-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP199-0002

9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00003	CIP199-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP201-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP201-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP202-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP203-0001
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP203-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP204-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-0001

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP206-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP207-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP208-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP208-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP209-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP210-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP210-0002
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP210-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP211-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP212-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP212-0002
10/10/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP212-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP213-0001

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP214-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP214-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP216-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP217-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP217-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP218-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP218-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP219-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP219-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP220-0001
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP221-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP221-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP222-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP222-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP222-0003

11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP223-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP224-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP224-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP224-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0003
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP225-0004
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP226-0001
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP226-0002
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP227-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP227-0002
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP227-0003
11/3/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0001
2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0002

2/25/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0003
4/30/2013	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP228-0004
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP229-0001
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP229-0002
11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP289-0001
11/9/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP289-0002
9/23/2015	CLAIMIP	CLAIM-HEADER-RECORD-IP-CIP00002	CIP230-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP231-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP231-0002
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP231-0003
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0002
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0003

4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP232-0004
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP233-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP233-0002
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP233-0003
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0002
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0003
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP234-0004
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0003
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP235-0004
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP236-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP236-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP236-0003
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP237-0001
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP238-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP238-0002

11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP239-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP239-0002
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP239-0003
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP240-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP240-0002
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP241-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP242-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0002
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0003
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0004
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0005
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0006
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0007
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0008

4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP243-0009
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0002
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0003
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0004
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0005
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0006
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP244-0007
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0003
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP245-0004
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP248-0001
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP249-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP249-0002
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP249-0003
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0001

4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0002
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP250-0003
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0003
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0004
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0005
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0006
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP251-0007
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP252-0001
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP253-0001
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP254-0003
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP255-0001

2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP255-0002
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP256-0001
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0003
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0004
9/23/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0005
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP257-0006
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0003

2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0004
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0005
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP260-0006
11/9/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0003
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP261-0004
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP262-0001
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP262-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP262-0003
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP263-0001
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP264-0001
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP265-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP265-0002
2/25/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP265-0003

11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP266-0001
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP267-0001
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP268-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0002
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP269-0003
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP270-0001
4/30/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP270-0002
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP271-0001
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP272-0001

9/23/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP273-0001
9/23/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP273-0002
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP279-0001
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0001
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0002
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0003
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0004
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0005
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0006
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP284-0007
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP285-0001
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP285-0002
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP278-0001

10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP278-0002
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0001
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0002
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0003
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0004
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0005
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0006
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0007
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0008
10/10/2013	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP286-0009
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP287-0001
11/3/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP288-0001
9/23/2015	CLAIMIP	CLAIM-LINE-RECORD-IP-CIP00003	CIP274-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT001-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT001-0002
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT001-0003
2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT002-0001

4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT003-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT004-0001
2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT005-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT006-0001
10/10/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT007-0001
2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT007-0002
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT007-0003
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT007-0004
2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT008-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT008-0002
10/10/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT008-0003
2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT009-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT009-0002
2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT010-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT010-0002
2/25/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT011-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT012-0001
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT012-0002
4/30/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT012-0003
10/10/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT013-0001

10/10/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT227-0001
10/10/2013	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT227-0002
9/23/2015	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT014-0001
9/23/2015	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT014-0002
9/23/2015	CLAIMLT	FILE-HEADER-RECORD-LT-CLT00001	CLT015-0001
11/9/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT016-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT016-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT016-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT017-0004
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT018-0004

10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT019-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT020-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT021-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT022-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT023-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT023-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT023-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT024-0001

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT024-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT025-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT026-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT026-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT027-0004

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT028-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT028-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT028-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0006
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0007
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT029-0008
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT030-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT030-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT030-0003

9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT030-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT031-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT031-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0006
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0007
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT032-0008

11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT033-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT034-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT034-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0004

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0007
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT035-0008
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT036-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT037-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT037-0002

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0007
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT038-0008
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT039-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT039-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT039-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT039-0004

11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT040-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT040-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0007
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT041-0008
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT042-0001

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT042-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT042-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT042-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT043-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT043-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0005
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT044-0006
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT045-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0004

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0005
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0006
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT046-0007
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT047-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0005
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0006
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0007
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0008
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT048-0009
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0004

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0005
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0006
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT049-0007
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0005
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0006
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0007
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0008
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT050-0009
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT051-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT051-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0004
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0005
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT052-0006
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT053-0001

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT054-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT055-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT056-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT057-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT057-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT058-0004
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT059-0001

10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT060-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT061-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT062-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT063-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT064-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT064-0002

10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT065-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT066-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT067-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT068-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT068-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT068-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT068-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT069-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT069-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT070-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT071-0001

11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT072-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT073-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0005
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT074-0006
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT075-0001

10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT076-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT077-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT078-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT078-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT078-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT079-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0004

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT080-0005
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT081-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT082-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT082-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT083-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT083-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT084-0001

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT084-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT085-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT086-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT087-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT090-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT091-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT092-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT092-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT092-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT093-0003

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT094-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT094-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT094-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT095-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT095-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT095-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT096-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT096-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT096-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT097-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT097-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT097-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT098-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT098-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT098-0003

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT099-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT099-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT099-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT100-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT100-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT100-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT101-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT101-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT101-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT102-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0004

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT103-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT104-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT105-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT106-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0004

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT107-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT108-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT109-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT110-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0004

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT111-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT112-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT113-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT114-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0002

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT115-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT116-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT117-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT118-0006

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT119-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT120-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0005
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT121-0006
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT122-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT123-0001

9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT123-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT124-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT124-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT125-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT125-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT126-0005
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT127-0005
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0001

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0003
11/9/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0004
11/9/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT128-0005
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0001
11/9/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0002
11/9/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0003
11/9/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0005
11/9/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0006
11/9/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0007
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT129-0008
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT130-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT130-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT130-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0002

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT131-0005
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT132-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT132-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT132-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT133-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT133-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT133-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT134-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT135-0003

11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0003
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT136-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT137-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT137-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT137-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT138-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT139-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT140-0005
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT141-0001

10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT141-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT141-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT143-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT143-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT144-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT144-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT144-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT145-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT145-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT146-0001

10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0004
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0005
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0006
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0007
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0008
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT147-0009
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT148-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT148-0002
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT148-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0003

2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0004
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0005
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0006
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0007
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT149-0008
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT150-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT150-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT151-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT153-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT153-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT154-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT154-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT154-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT155-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT155-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT156-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT156-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT156-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT157-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT157-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0001

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT158-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT159-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT160-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT161-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT161-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT163-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT164-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT164-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT165-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT166-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT166-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT167-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT167-0002

11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT168-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT168-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT168-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT169-0001
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT169-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0003
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT170-0004
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT171-0001
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT171-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT172-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0001

4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0003
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT174-0004
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT175-0003
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT176-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT177-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT177-0002
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT178-0001
11/3/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0001
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0002
2/25/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0003
4/30/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT179-0004
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT173-0001

9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT173-0002
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT237-0001
10/10/2013	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT237-0002
9/23/2015	CLAIMLT	CLAIM-HEADER-RECORD-LT-CLT00002	CLT183-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT184-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT184-0002
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT184-0003
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT185-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT185-0002
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT185-0003
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT185-0004
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT186-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT186-0002
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT186-0004
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0002

4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0003
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT187-0004
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0003
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT188-0004
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT189-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT189-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT189-0003
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT190-0001
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT191-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT191-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT191-0003
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT192-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT192-0002

4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT192-0003
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT193-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT193-0002
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT194-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT195-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0002
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0003
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0004
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0005
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0006
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0007
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0008
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT196-0009
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0002
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0003

4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0004
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0005
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0006
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT197-0007
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0003
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT198-0004
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT201-0001
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT202-0003
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT203-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT203-0002
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT203-0003
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0002

2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0003
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0004
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0005
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0006
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT204-0007
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT205-0001
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT206-0001
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT207-0001
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT208-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT208-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT208-0003
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT209-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT209-0002
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT210-0001

10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0003
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0004
9/23/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT211-0005
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0003
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0004
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT212-0005

11/9/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0003
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT213-0004
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT214-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT214-0002
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT214-0003
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT215-0001
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT216-0001
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT217-0001
2/25/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT218-0001
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0001

4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0002
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT219-0003
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT221-0001
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT224-0001
4/30/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT224-0002
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT225-0001
9/23/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT226-0001
9/23/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT226-0002
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0001
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0002
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0003
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0004
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0005

10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0006
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT228-0007
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT229-0001
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT229-0002
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT230-0001
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT230-0002
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT231-0001
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0001
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0002
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0003
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0004
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0005
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0006
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0007
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0008
10/10/2013	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT233-0009

11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT234-0001
11/3/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT235-0001
9/23/2015	CLAIMLT	CLAIM-LINE-RECORD-LT-CLT00003	CLT238-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT001-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT001-0002
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT001-0003
2/25/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT002-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT003-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT004-0001
2/25/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT005-0001
10/10/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT006-0001
10/10/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT007-0001
2/25/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT007-0002
2/25/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT007-0003

2/25/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT007-0004
2/25/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT008-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT008-0002
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT008-0003
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT009-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT009-0002
2/25/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT010-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT010-0002
2/25/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT011-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT012-0001
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT012-0002
4/30/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT012-0003
10/10/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT013-0001
10/10/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT216-0001
10/10/2013	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT216-0002
9/23/2015	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT014-0001
9/23/2015	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT014-0002

9/23/2015	CLAIMOT	FILE-HEADER-RECORD-OT-COT00001	COT015-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT016-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT016-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT016-0003
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT017-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT017-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT017-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT017-0004
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT018-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT018-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT018-0004
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT019-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT019-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT019-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT019-0004
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT020-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT020-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT020-0003

11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT021-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT022-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT022-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT022-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT022-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT023-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT023-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT023-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT024-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT024-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT025-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT026-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT026-0002

11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-0004
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-0007
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT027-0008
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT028-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT028-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT028-0003
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT028-0004

11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT029-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT029-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT029-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT030-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT030-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT030-0003
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT030-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT030-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT030-0006
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT030-0007

9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT030-0008
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT031-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT031-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT031-0003
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT031-0004
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT032-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT032-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT032-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0001

4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0005
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0006
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0007
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0008
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT033-0009
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0004
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0005
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0006
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT034-0007
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0004

4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0005
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0006
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT035-0007
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT036-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT036-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0003
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0004
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0005
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT037-0006
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT038-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT039-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT040-0001

4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT041-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT042-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT042-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT043-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT043-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT043-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT043-0004
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT044-0001
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT045-0001

10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT046-0001
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT047-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT048-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT048-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT048-0003
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT048-0004
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT049-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT049-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT050-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT051-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT052-0001
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT052-0002

4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT052-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT052-0004
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT053-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT053-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT053-0003
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT053-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT053-0005
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT054-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT054-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT056-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT057-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT058-0001

11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT059-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT060-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT060-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT060-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT060-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT060-0005
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT060-0006
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT061-0001
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT062-0001

9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT063-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT064-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT064-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT064-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT064-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT064-0005
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT065-0001
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT065-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT065-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT065-0004
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0003
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0005

4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT066-0006
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT067-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT067-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT067-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT067-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT068-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT068-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT069-0001
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT069-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT070-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT070-0002

4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT070-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT072-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT073-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT073-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT074-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT074-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT074-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT075-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT075-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT075-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT076-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT076-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT076-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT077-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT077-0002

9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT077-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT078-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT078-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT078-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT079-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT079-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT079-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT080-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT080-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT080-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT081-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT081-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT081-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT082-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT082-0002

9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT082-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT083-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT083-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT083-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT084-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT084-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT084-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT084-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT084-0005
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT084-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT085-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT085-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT085-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT085-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT085-0005
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT085-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT086-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT086-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT086-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT086-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT086-0005

9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT086-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT087-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT087-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT087-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT087-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT087-0005
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT087-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT088-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT088-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT088-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT088-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT088-0005
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT088-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT089-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT089-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT089-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT089-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT089-0005
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT089-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT090-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT090-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT090-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT090-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT090-0005

9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT090-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT091-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT091-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT091-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT091-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT091-0005
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT091-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT092-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT092-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT092-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT092-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT092-0005
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT092-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT093-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT093-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT093-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT093-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT093-0005
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT093-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT094-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT094-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT094-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT094-0004

2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT094-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT094-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT095-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT095-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT095-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT095-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT095-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT095-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT096-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT096-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT096-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT096-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT096-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT096-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT097-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT097-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT097-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT097-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT097-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT097-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-0002

2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT098-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT099-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT099-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT099-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT099-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT099-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT099-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT100-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT100-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT100-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT100-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT100-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT100-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT101-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT101-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT101-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT101-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT101-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT101-0006

2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT102-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT102-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT102-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT102-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT102-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT102-0006
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT103-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT103-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT103-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT103-0004
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT103-0005
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT103-0006
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT104-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT105-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT105-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT106-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT106-0002

4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT107-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT107-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT108-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT108-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT108-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT108-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT108-0005
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT109-0005
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT110-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT110-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT110-0003
11/9/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT110-0004

11/9/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT110-0006
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0001
11/9/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0002
11/9/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0003
11/9/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0005
11/9/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0006
11/9/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0007
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT111-0008
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT112-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT112-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT112-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT113-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT113-0002

2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT113-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT113-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT113-0005
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT113-0006
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT114-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT114-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT114-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT115-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT115-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT115-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT116-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT117-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT117-0002

2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT117-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT118-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT118-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT118-0003
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT118-0004
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT119-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT119-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT119-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT120-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT121-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT122-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT122-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT122-0003
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT122-0004
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT122-0005
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT123-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT123-0002

2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT123-0003
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT123-0004
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT125-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT125-0002
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT126-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT126-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT126-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT127-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT128-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT130-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT130-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT131-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT131-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT131-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT132-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT132-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT133-0001

4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT133-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT133-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT134-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT134-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT135-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT135-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT135-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT136-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT136-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT136-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT137-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT138-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT138-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT140-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT141-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT141-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT141-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT142-0001

11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT143-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT143-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT143-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT144-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT144-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT145-0001
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT146-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT146-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT147-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT147-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT147-0003
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT148-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT148-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT149-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT149-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT149-0003
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT149-0004

11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT150-0001
4/30/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT150-0002
11/3/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT151-0001
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT151-0002
2/25/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT151-0003
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT152-0001
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT152-0002
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT226-0001
10/10/2013	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT226-0002
9/23/2015	CLAIMOT	CLAIM-HEADER-RECORD-OT-COT00002	COT153-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT154-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT154-0002
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT154-0003
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT155-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT155-0002

4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT155-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT155-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT156-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT156-0002
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT156-0004
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT157-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT157-0002
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT157-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT157-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT158-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT158-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT158-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT158-0004
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT159-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT159-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT159-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT160-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT161-0001

2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT161-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT162-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT162-0002
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT162-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT163-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT163-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT164-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT165-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0004
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0005
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0006
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0007

4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT166-0008
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0005
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0006
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT167-0007
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT168-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT168-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT168-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT168-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0001

2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0004
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT169-0005
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT170-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT170-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT170-0003
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT170-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT170-0005
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT170-0006
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT171-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT171-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT172-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT172-0002
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT172-0003
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT173-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT174-0001

10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT174-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT175-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT176-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT177-0001
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT178-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT178-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT178-0003
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT179-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT179-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT182-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT182-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT182-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT182-0004

9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0005
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT183-0006
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0004
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0005
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT184-0006

10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0004
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0005
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT186-0006

11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT187-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT188-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT188-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT188-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0004
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0005
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT189-0006

11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT190-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT190-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT190-0003
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT190-0004
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT191-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT191-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT191-0003
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT192-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT193-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT194-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT195-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT196-0001

2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT196-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT196-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT196-0004
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT196-0005
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT197-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT197-0002

11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT198-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT198-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT199-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT199-0002
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT200-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT200-0002
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT200-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT201-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT201-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT202-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT202-0002
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT203-0001

9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT203-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT204-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT204-0002
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT205-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT205-0002
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT205-0003
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT206-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT206-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT207-0001
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT207-0002
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT208-0001
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT208-0002
2/25/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT209-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT210-0001

4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT210-0002
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT210-0003
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT211-0001
4/30/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT211-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT212-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT212-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT213-0001
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT214-0001
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT214-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0001
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0003
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0004

10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0005
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0006
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT217-0007
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT227-0001
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT227-0002
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT227-0003
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	~~COT227-0004~~
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT227-0005
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT218-0001
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT218-0002
~~10/10/2013~~	~~CLAIMOT~~	~~CLAIM-LINE-RECORD-OT-COT00003~~	~~COT218-0003~~
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT218-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT218-0005

10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT219-0001
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT219-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	~~COT219-0003~~
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT219-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT219-0005
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT220-0001
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0001
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0002
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0003
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0004
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0005
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0006
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0007
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT221-0008

11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT222-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT223-0001
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT224-0001
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT224-0002
11/3/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT225-0001
10/10/2013	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT225-0002
9/23/2015	CLAIMOT	CLAIM-LINE-RECORD-OT-COT00003	COT215-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX001-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX001-0002
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX001-0003
2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX002-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX003-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX004-0001
2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX005-0001

10/10/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX006-0001
10/10/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX007-0001
2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX007-0002
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX007-0003
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX007-0004
2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX008-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX008-0002
2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX008-0003
2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX009-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX009-0002
2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX010-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX010-0002
2/25/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX011-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX012-0001
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX012-0002
4/30/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX012-0003
10/10/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX013-0001
10/10/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX155-0001
10/10/2013	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX155-0002
9/23/2015	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX014-0001

9/23/2015	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX014-0002
9/23/2015	CLAIMRX	FILE-HEADER-RECORD-RX-CRX00001	CRX015-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX016-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX016-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX016-0003
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX017-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX017-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX017-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX017-0004
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX018-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX018-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX018-0004
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX019-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX019-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX019-0003

4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX019-0004
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX020-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX020-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX020-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX021-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX022-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX022-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX022-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX023-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX023-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX023-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX024-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX024-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX025-0001

4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX026-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX026-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0003
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0005
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0006
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX027-0007
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX028-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX028-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0005
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX029-0006
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX030-0001

11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX031-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX032-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX033-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX033-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX034-0004
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX035-0001

10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX036-0001
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX037-0001
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX038-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0003
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX039-0004
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX040-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX040-0002

10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX041-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX042-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX043-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX043-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX043-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX044-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX044-0002
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX044-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX045-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX045-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX047-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX048-0001

11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX049-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX050-0001
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0004
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX051-0005
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX052-0001

10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX053-0001
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX054-0001
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX055-0005
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0003
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0005
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX056-0006

11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0003
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX057-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX058-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX058-0002
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX059-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX059-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX060-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX060-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX061-0001

11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX062-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX063-0001
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX063-0002
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX064-0001
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX064-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX065-0001
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX065-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX066-0005
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0003

4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX067-0005
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0004
11/9/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX068-0005
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0001
11/9/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0002
11/9/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0003
11/9/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0005
11/9/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0006
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX069-0007
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX070-0001

2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX070-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX070-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX071-0004
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX072-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX072-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX072-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX073-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0002

2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX074-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX075-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX075-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX075-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX076-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX076-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX077-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX078-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX079-0005
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX081-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX081-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX082-0001

2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0005
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX084-0006
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0003
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0004
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0005
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0006
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX085-0007
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX086-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX087-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX087-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX089-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX089-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX090-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX088-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX088-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX092-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX092-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX093-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX093-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX093-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX094-0001

2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX094-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX094-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX095-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX096-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX096-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX096-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX098-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX099-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX099-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX100-0001
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX101-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX101-0002
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX102-0001
4/30/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX102-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX103-0001

2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX103-0002
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX103-0003
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX104-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX104-0002
11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX105-0001
2/25/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX105-0002
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX105-0003
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX106-0001
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX106-0002
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX156-0001
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX156-0002
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX156-0003

11/3/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX160-0001
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX160-0002
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX160-0003
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX161-0001
10/10/2013	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX161-0002
9/23/2015	CLAIMRX	CLAIM-HEADER-RECORD-RX-CRX00002	CRX107-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX108-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX108-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX108-0003
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0002
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0003
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX109-0004
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX110-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX110-0002
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX110-0004
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0001

2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0003
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX111-0004
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX112-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX112-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX112-0003
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX112-0004
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX113-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX113-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX113-0003
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX114-0001
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX115-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX115-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX115-0003
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX116-0001

4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX116-0002
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX116-0003
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX117-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX117-0002
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX118-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX119-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0003
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0004
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0005
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0006
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX120-0007
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX121-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX121-0002
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX122-0001
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX123-0001

11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX124-0001
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX125-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX125-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX125-0003
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX126-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX126-0002
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX127-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX127-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX127-0003
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX127-0004
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX128-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX128-0002
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX129-0001

2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX129-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX129-0003
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX129-0004
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0003
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0004
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0005
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX131-0006
9/23/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0001

2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0003
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0004
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0005
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX132-0006
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX133-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX133-0002
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0001
9/23/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0003
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0004

2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX134-0005
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX135-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX136-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX136-0002
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX136-0003
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX137-0001
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX138-0001

10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX138-0002
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX139-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX140-0001
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX141-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX142-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX143-0001
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX144-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX145-0001
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX146-0001

11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX147-0001
2/25/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX148-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX149-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX149-0002
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX149-0003
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX150-0001
4/30/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX150-0002
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX151-0001
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX152-0001
9/23/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX153-0001

9/23/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX153-0002
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0001
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0002
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0003
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0004
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0005
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0006
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0007
10/10/2013	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX157-0008
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX158-0001
11/3/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX159-0001
9/23/2015	CLAIMRX	CLAIM-LINE-RECORD-RX-CRX00003	CRX154-0001
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0001

4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0002
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0003
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG001-0004
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG002-0001
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG003-0001
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG004-0001
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG005-0001
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG006-0001
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG006-0002
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG006-0003
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0001
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0002
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG007-0003
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0001
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0002
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0003
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0004
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG008-0005
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0001
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0002
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0003
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0004
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG009-0005

2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0001
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0002
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0003
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0004
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0005
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG010-0006
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG011-0001
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG011-0002
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0001
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0002
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0003
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0004
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0005

10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG012-0006
4/30/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG013-0001
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG013-0002
2/25/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG013-0003
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG247-0001
10/10/2013	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG247-0002
9/23/2015	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG014-0001
9/23/2015	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG014-0002
9/23/2015	ELIGIBLE	FILE-HEADER-RECORD-ELIGIBILITY-ELG00001	ELG015-0001
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG016-0001
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG016-0002
10/10/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG016-0003
10/10/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG016-0004

2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0001
10/10/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0002
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG017-0003
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0001
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0002
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG018-0005
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0001
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0002
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0003
10/10/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0004
10/10/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG019-0005
9/23/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG020-0001
9/23/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG021-0001
11/3/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG022-0001
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG022-0002

4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG023-0001
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG023-0002
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0001
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0002
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0003
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0004
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0005
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0006
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG024-0007
11/3/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0001
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0002
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0003
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0004
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0005
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0006
4/30/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0007
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG025-0008
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0001
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0002

2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0003
10/10/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0004
10/10/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG026-0005
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0001
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0002
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0003
2/25/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0004
10/10/2013	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG027-0005
9/23/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG028-0001
9/23/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG028-0002
9/23/2015	ELIGIBLE	PRIMARY-DEMOGRAPHICS-ELIGIBILITY-ELG00002	ELG029-0001
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0001

4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0002
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0003
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG030-0004
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0001
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0002
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG031-0003
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0001
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0002
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG032-0003
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0002
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0003
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0004
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG033-0005
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0001

4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0002
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG034-0003
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG035-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG035-0002
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0001
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0002
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0003
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0004
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0005
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG036-0006
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG037-0001
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG038-0001

4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG039-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG039-0002
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG040-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG040-0002
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG041-0001
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG042-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG042-0002
11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG043-0001
11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0002
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0003
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0004
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG044-0005
11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG045-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG045-0002

11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0002
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG046-0003
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG047-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG047-0002
11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG049-0001
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG049-0002
11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG050-0001
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG050-0002
11/3/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG051-0001
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG051-0002
9/23/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG051-0003

4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG054-0001
4/30/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG054-0002
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG054-0003
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0002
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0003
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0004

10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG057-0005
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0001
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0002
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0003
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0004
2/25/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0005
10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0006

10/10/2013	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG058-0007
9/23/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG059-0001
9/23/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG059-0002
9/23/2015	ELIGIBLE	VARIABLE-DEMOGRAPHICS-ELIGIBILITY-ELG00003	ELG060-0001
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG061-0001
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG061-0002
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG061-0003
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG061-0004
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG062-0001
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG062-0002
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG062-0003
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG063-0001

4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG063-0002
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG063-0003
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0001
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0002
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0003
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0004
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG064-0005
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG065-0001
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG065-0002
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG066-0001
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG066-0002

4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG066-0003
11/3/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG067-0001
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG067-0002
9/23/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG067-0003
11/3/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG068-0001
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG068-0002
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG068-0003
9/23/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG068-0004
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG069-0001
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG069-0002
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG070-0001
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG070-0002
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG070-0003
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG071-0001
9/23/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG071-0002
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG071-0003
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG072-0001
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG072-0002
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG072-0003
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG073-0001

2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG073-0002
11/3/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG074-0001
9/23/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG074-0002
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0001
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0002
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0003
4/30/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0004
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0005
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG075-0006
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0001
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0002
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0003
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0004
2/25/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0005
10/10/2013	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG076-0006

9/23/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG077-0001
9/23/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG077-0002
9/23/2015	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELG078-0001
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0001
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0002
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0003
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG079-0004
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG080-0001
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG080-0002
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG080-0003
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG081-0001
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG081-0002

2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG081-0003
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0001
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0002
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0003
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0004
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG082-0005
9/23/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG083-0001

2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG083-0002
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG083-0003
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0001
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0002
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0003
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0004
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0005

10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0006
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0007
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0008
9/23/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG084-0009
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0001
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0002

4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0003
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0004
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0005
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0006
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG085-0007
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG086-0001
11/12/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG086-0002
11/12/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG086-0003
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG087-0001
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG088-0001
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG089-0001

11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG090-0001
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG090-0002
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG091-0001
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG091-0002
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG092-0001
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG092-0002
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0001
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0002
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0003
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0004
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG093-0005
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0001

10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0002
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0003
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG094-0004
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG095-0001
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0001
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0002
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0003
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0004
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0005
9/23/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG096-0006
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0001

4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0002
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0003
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0004
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0005
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0006
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG097-0007
11/3/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG098-0001
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG098-0002
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0001
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0002
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0003
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0004

4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0005
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0006
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0007
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG099-0008
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0001
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0002
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0003
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0004
4/30/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0005
2/25/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0006
10/10/2013	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG100-0007
9/23/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG101-0001
9/23/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG101-0002

9/23/2015	ELIGIBLE	ELIGIBILITY-DETERMINANTS-ELG00005	ELG102-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0002
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0003
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG103-0004
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0001
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0002
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG104-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG105-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG105-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG105-0003
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0002

2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0003
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0004
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG106-0005
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG107-0001
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG107-0002
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG107-0003
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG108-0001
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG108-0002
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG108-0003
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0004
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0005
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0006

2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0007
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0008
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG109-0009
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0004
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0005
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0006
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0007

10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG110-0008
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0003
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0004
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0005
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG111-0006
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG112-0001
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG112-0002
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PARTICIPATION-INFORMATION-ELG00006	ELG113-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG114-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG114-0002
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG114-0003
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG114-0004

2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG115-0001
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG115-0002
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG115-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG116-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG116-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG116-0003
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0003
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0004
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG117-0005
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG118-0001
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG118-0002
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0002

9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0003
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG119-0004
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG120-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG120-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG120-0003
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0004
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0005
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0006
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0007
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0008
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG121-0009
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0004
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0005

2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0006
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG122-0007
11/3/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0003
2/25/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0004
4/30/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0005
10/10/2013	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG123-0006
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG124-0001
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG124-0002
9/23/2015	ELIGIBLE	HEALTH-HOME-SPA-PROVIDERS-ELG00007	ELG125-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0002
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0003

10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG126-0004
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG127-0001
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG127-0002
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG127-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG128-0003
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0003
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0004
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG129-0005

11/3/2015	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG130-0001
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG130-0002
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG131-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG131-0002
11/3/2015	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0002
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0004
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0005
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0006
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0007
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0008
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG132-0009
11/3/2015	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0001
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0002

4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0003
4/30/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0004
2/25/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0005
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0006
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0007
10/10/2013	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG133-0008
9/23/2015	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG134-0001
9/23/2015	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG134-0002
9/23/2015	ELIGIBLE	HEALTH-HOME-CHRONIC-CONDITIONS-ELG00008	ELG135-0001
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG136-0001
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG136-0002
10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG136-0003
10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG136-0004

2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG137-0001
10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG137-0002
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG137-0003
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG138-0001
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG138-0002
2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG138-0003
2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0001
2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0002
2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0003
10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0004
10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG139-0005
11/3/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG140-0001
11/3/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG141-0001

11/3/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0001
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0002
2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0003
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0004
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0005
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0006
10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0007
10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG142-0008
11/3/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0001
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0002
2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0003
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0004
4/30/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0005
2/25/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0006
10/10/2013	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG143-0007
9/23/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG144-0001
9/23/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG144-0002

9/23/2015	ELIGIBLE	LOCK-IN-INFORMATION-ELG00009	ELG145-0001
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG146-0001
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG146-0002
10/10/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG146-0003
10/10/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG146-0004
2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG147-0001
10/10/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG147-0002
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG147-0003
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG148-0001
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG148-0002
2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG148-0003
2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0001
2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0002

2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0003
10/10/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0004
10/10/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG149-0005
11/3/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG150-0001
11/3/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG151-0001
11/3/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG152-0001
11/3/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG153-0001

2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG153-0002
11/3/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG154-0001
11/3/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0001
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0002
2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0003
2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0004
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0005
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0006
10/10/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0007
10/10/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG155-0008
11/3/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG156-0001
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG156-0002
2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG156-0003
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG156-0004
4/30/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG156-0005
2/25/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG156-0006

10/10/2013	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG156-0007
9/23/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG157-0001
9/23/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG157-0002
9/23/2015	ELIGIBLE	MFP-INFORMATION-ELG00010	ELG158-0001
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0001
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0002
10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0003
10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG159-0004
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG160-0001
10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG160-0002
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG160-0003
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG161-0001

4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG161-0002
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG161-0003
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0001
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0002
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0003
10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0004
10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG162-0005
11/3/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG163-0001
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG163-0002
11/3/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0001
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0002
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0003
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0004
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0005

4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0006
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0007
10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0008
10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG164-0009
11/3/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0001
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0002
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0003
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0004
4/30/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0005
2/25/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0006
10/10/2013	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG165-0007
9/23/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG166-0001
9/23/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG166-0002

9/23/2015	ELIGIBLE	STATE-PLAN-OPTION-PARTICIPATION-ELG00011	ELG167-0001
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG168-0001
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG168-0002
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG168-0003
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG168-0004
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG169-0001
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG169-0002
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG169-0003
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG170-0001
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG170-0002
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG170-0005
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG171-0001
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG171-0002

2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG171-0003
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG171-0004
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG171-0005
11/3/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG172-0001
11/9/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG172-0002
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG172-0003
11/3/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG173-0001
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG173-0002
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG173-0003
11/3/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-0001
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-0002
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-0003
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-0004
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-0005

4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-0006
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-0007
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG174-0008
11/3/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-0001
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-0002
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-0003
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-0004
4/30/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-0005
2/25/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-0006
10/10/2013	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG175-0007
9/23/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG176-0001
9/23/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG176-0002
9/23/2015	ELIGIBLE	WAIVER-PARTICIPATION-ELG00012	ELG177-0001

4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG178-0001
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG178-0002
10/10/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG178-0003
10/10/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG178-0004
2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG179-0001
10/10/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG179-0002
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG179-0003
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG180-0001
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG180-0002
2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG180-0003
2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG181-0001
2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG181-0002
2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG181-0003
10/10/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG181-0004
10/10/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG181-0005

11/3/2015	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG182-0001
11/3/2015	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG183-0001
11/3/2015	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG184-0001
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG184-0002
2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG184-0003
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG184-0004
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG184-0005
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG184-0006
10/10/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG184-0007
10/10/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG184-0008
11/3/2015	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG185-0001
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG185-0002
2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG185-0003
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG185-0004
4/30/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG185-0005
2/25/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG185-0006
10/10/2013	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG185-0007
9/23/2015	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG186-0001

9/23/2015	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG186-0002
9/23/2015	ELIGIBLE	LTSS-PARTICIPATION-ELG00013	ELG187-0001
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0001
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0002
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0003
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG188-0004
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0001
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0002
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG189-0003
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0001
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0002
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG190-0003
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0001
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0002

2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0003
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0004
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG191-0005
11/3/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0001
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0002
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0003
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG192-0004
11/3/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0001
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0002
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0003
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0004
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG193-0005

11/3/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0001
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0002
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0003
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0004
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0005
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG194-0006
11/3/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0001
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0002
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0003
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG195-0004
11/3/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0001
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0002
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0003
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0004
4/30/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0005
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0006
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG196-0007

11/3/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0001
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0002
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0003
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0004
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0005
2/25/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0006
10/10/2013	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG197-0007
9/23/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG198-0001
9/23/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG198-0002
9/23/2015	ELIGIBLE	MANAGED-CARE-PARTICIPATION-ELG00014	ELG199-0001
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG200-0001
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG200-0002
10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG200-0003

10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG200-0004
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG201-0001
10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG201-0002
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG201-0003
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG202-0001
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG202-0002
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG202-0003
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0001
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0002
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0003
10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0004
10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG203-0005

11/3/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG204-0001
9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG204-0002
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG204-0002
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG204-0003
11/3/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0001
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0002
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0003
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0004
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0005
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0006
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0007

10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0008
10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG205-0009
11/3/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0001
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0002
4/30/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0003
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0004
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0005
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0006
2/25/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0007
10/10/2013	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG206-0008
9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG207-0001
9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG207-0002

9/23/2015	ELIGIBLE	ETHNICITY-INFORMATION-ELG00015	ELG208-0001
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG209-0001
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG209-0002
10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG209-0003
10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG209-0004
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG210-0001
10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG210-0002
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG210-0003
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG211-0001
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG211-0002
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG211-0005
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0001
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0002

2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0003
10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0004
10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG212-0005
11/3/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG213-0001

9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG213-0002
11/3/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG214-0001
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG214-0002
11/3/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG215-0001

11/3/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0001
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0002
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0003
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0004
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0005
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0006
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0007
10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0008
10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG216-0009
11/3/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0001
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0002
4/30/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0003
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0004
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0005
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0006
2/25/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0007
10/10/2013	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG217-0008

9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG218-0001
9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG218-0002
9/23/2015	ELIGIBLE	RACE-INFORMATION-ELG00016	ELG219-0001
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG220-0001
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG220-0002
10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG220-0003
10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG220-0004
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG221-0001
10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG221-0002
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG221-0003
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG222-0001
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG222-0002
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG222-0003
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223-0001

2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223-0002
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223-0003
10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223-0004
10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG223-0005
11/3/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG224-0001

4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG224-0002
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG224-0003
11/3/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0001
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0002
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0003
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0004
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0005
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0006
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0007
10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0008

10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG225-0009
11/3/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0001
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0002
4/30/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0003
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0004
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0005
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0006
2/25/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0007
10/10/2013	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG226-0008
9/23/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG227-0001
9/23/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG227-0002
9/23/2015	ELIGIBLE	DISABILITY-INFORMATION-ELG00017	ELG228-0001

4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0001
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0002
10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0003
10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG229-0004
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0001
10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0002
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG230-0003
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0001
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0002
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG231-0003
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0001
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0002
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0003
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0004

10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG232-0005
11/3/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG233-0001
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG233-0002
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG233-0003
11/3/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0001
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0002
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0003
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0004
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0005
10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0006
10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0007
10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG234-0008
11/3/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0001
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0002
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0003
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0004
4/30/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0005
2/25/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0006
10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0007

10/10/2013	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG235-0008
9/23/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG236-0001
9/23/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG236-0002
9/23/2015	ELIGIBLE	1115A-DEMONSTRATION-INFORMATION-ELG00018	ELG237-0001
4/30/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0001
4/30/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0002
10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0003
10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG238-0004
2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0001
10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0002
4/30/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG239-0003
4/30/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0001

4/30/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0002
2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG240-0003
2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0001
2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0002
2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0003
10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0004
10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG241-0005
11/3/2015	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG242-0001
11/3/2015	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0001

2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0002
10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0003
10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG243-0004
11/3/2015	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG244-0001
2/25/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG244-0002
10/10/2013	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG244-0003
9/23/2015	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG245-0001
9/23/2015	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG245-0002
9/23/2015	ELIGIBLE	HCBS-CHRONIC-CONDITIONS-NON-HEALTH-HOME-ELG00020	ELG246-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-0002

10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-0003
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-0002
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-0003
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG249-0004
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG250-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG250-0002
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG250-0003
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG250-0004
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0002
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0003
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0004
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG251-0005
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG252-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG252-0002

10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0002
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0003
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0004
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG253-0005
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0002
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0003
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG254-0004
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG255-0001
9/23/2015	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG255-0002
9/23/2015	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG256-0001
10/10/2013	ELIGIBLE	ENROLLMENT-TIME-SPAN-SEGMENT-ELG00021	ELG248-0004

4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-0001
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-0002
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-0003
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR001-0004
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR002-0001
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR003-0001
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR003-0002
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR004-0001
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR004-0002
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR005-0001
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR005-0002
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR006-0001
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR006-0002
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR007-0001
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR007-0002
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR007-0003
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0001
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0002
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0003
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0004
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR008-0005
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0001

2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0002
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0003
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0004
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0005
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0006
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR009-0007
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0001
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0002
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0003
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0004
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0005
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0006
2/25/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR010-0007
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR011-0001
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR011-0002
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR013-0001
4/30/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR013-0002
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR112-0001
10/10/2013	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR112-0002
9/23/2015	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR014-0001

9/23/2015	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR014-0002
9/23/2015	MNGDCARE	FILE-HEADER-RECORD-MANAGED-CARE-MCR00001	MCR012-0001
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR016-0001
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR016-0002
10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR016-0003
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR016-0004
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR017-0001
10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR017-0002
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR017-0003
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR017-0004
10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR018-0001
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR018-0002
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR018-0003
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR019-0001
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR019-0002
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR019-0003

2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR019-0004
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR020-0001
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR020-0002
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR020-0003
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR020-0004
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR021-0001
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR021-0002
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR021-0003
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR021-0004
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR021-0005
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR022-0001
9/23/2015	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR022-0002
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR023-0001
10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR023-0002
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR024-0001
10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR024-0002
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR024-0003
10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR025-0001

10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR025-0002
10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR025-0003
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR026-0001
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR026-0002
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR026-0003
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR027-0001

10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR027-0002
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR027-0003
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR028-0001
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR028-0002
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR029-0001
10/10/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR029-0002

4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR030-0001
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR030-0002
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR030-0003
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR030-0004
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0001
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0002
2/25/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0003
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0004
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0005
4/30/2013	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR031-0006
9/23/2015	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR032-0001
9/23/2015	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR032-0002
9/23/2015	MNGDCARE	MANAGED-CARE-MAIN-MCR00002	MCR033-0001
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR034-0001
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR034-0002

4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR034-0003
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR034-0004
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR035-0001
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR035-0002
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR035-0003
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR035-0004
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR036-0001
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR036-0002
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR036-0003
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR037-0001
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR037-0002
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR037-0003
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR037-0004
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0001
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0002
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0003
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0004
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR038-0005

4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0001
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0002
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0003
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0004
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR039-0005
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0001
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0002
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0003
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0004
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0005
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0006
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0007
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0008
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR040-0009
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR041-0001

10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR041-0002
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR042-0001
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR042-0002
11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR043-0001
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR043-0002
9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR043-0003
11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR044-0001
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR044-0002
9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR044-0003
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR045-0001
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR045-0002
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR046-0001
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR046-0002
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR046-0003
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR046-0004
9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR047-0001

2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR047-0002
9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR047-0003
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR048-0001
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR048-0002
10/10/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR048-0003
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR048-0004
11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR049-0001
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR049-0002
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR049-0003
11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR050-0001
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR050-0002
9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR050-0003
11/3/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR051-0001
4/30/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR051-0002
2/25/2013	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR051-0003
9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR052-0001
9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR052-0002

9/23/2015	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MCR053-0001
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0001
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0002
10/10/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0003
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR054-0004
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0001
10/10/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0002
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0003
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR055-0004
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR056-0001
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR056-0002
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR056-0003
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR057-0001
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR057-0002
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR057-0003
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR057-0004
10/10/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0001

2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0002
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0003
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0004
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0005
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR058-0006
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0001
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0002
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0003
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0004
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR059-0005
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0001
10/10/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0002
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0003
2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0004
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0005
10/10/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0006
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0007
4/30/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0008

2/25/2013	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR060-0009
9/23/2015	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR061-0001
9/23/2015	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR061-0002
9/23/2015	MNGDCARE	MANAGED-CARE-SERVICE-AREA-MCR00004	MCR062-0001
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR063-0001
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR063-0002
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR063-0003
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR063-0004
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR064-0001
10/10/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR064-0002
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR064-0003
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR064-0004
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR065-0001
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR065-0002
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR065-0003

4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR066-0001
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR066-0002
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR066-0003
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR066-0004
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR067-0001
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR067-0002
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR067-0003
11/9/2015	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR068-0001
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0001
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0002
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0003
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0004
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0005
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR069-0006
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0001
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0002
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0003

2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0004
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0005
10/10/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0006
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0007
4/30/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0008
2/25/2013	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR070-0009
9/23/2015	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR071-0001
9/23/2015	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR071-0002
9/23/2015	MNGDCARE	MANAGED-CARE-OPERATING-AUTHORITY-MCR00005	MCR072-0001
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-0001
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-0002
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-0003
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR073-0004
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0001

10/10/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0002
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0003
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR074-0004
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-0001
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-0002
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR075-0003
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0001
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0002
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0003
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR076-0004
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0001
10/10/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0002
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0003
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR077-0004
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0001
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0002
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0003
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0004
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR078-0005
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0001
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0002

2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0003
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0004
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0005
10/10/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0006
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0007
4/30/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0008
2/25/2013	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR079-0009
9/23/2015	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR080-0001
9/23/2015	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR080-0002
9/23/2015	MNGDCARE	MANAGED-CARE-PLAN-POPULATION-ENROLLED-MCR00006	MCR081-0001
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR082-0001
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR082-0002
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR082-0003
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR082-0004

2/25/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR083-0001
10/10/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR083-0002
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR083-0003
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR083-0004
10/10/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR084-0001
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR084-0002
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR084-0003
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR085-0001
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR085-0002
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR085-0003
2/25/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR085-0004
11/3/2015	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR086-0001

9/23/2015	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR086-0002
11/3/2015	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0001
2/25/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0002
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0003
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0004
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR087-0005
11/3/2015	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0001
2/25/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0002
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0003
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0004
10/10/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0005
4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0006

4/30/2013	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR088-0007
9/23/2015	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR089-0001
9/23/2015	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR089-0002
9/23/2015	MNGDCARE	MANAGED- CARE-ACCREDITATION-ORGANIZATION-MCR00007	MCR090-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR091-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR091-0002
10/10/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR091-0003
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR091-0004
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR092-0001
10/10/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR092-0002
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR092-0003
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR092-0004
10/10/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR093-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR093-0002
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR093-0003

2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR094-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR094-0002
4/30/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR094-0003
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR094-0004
11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0002
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0003
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0004
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0005
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR095-0006
11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR096-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR096-0002
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR096-0003

11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0002
9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0003
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0004
9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR097-0005
11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0002
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0003
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0004
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0005
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0006
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR098-0007
11/3/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0001
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0002
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0003
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0004
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0005
10/10/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0006

2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0007
4/30/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0008
2/25/2013	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR099-0009
9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR100-0001
9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR100-0002
9/23/2015	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	MCR101-0001
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0001
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0002
10/10/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0003
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR102-0004
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0001
10/10/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0002
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0003
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR103-0004

10/10/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR104-0001
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR104-0002
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR104-0003
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0001
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0002
4/30/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0003
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR105-0004
11/3/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR106-0001
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR106-0002
11/3/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR107-0001
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR107-0002
11/3/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0001
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0002

2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0003
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0004
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0005
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR108-0006
11/3/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0001
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0002
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0003
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0004
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0005
10/10/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0006
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0007
4/30/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0008
2/25/2013	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR109-0009
9/23/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR110-0001
9/23/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR110-0002

9/23/2015	MNGDCARE	CHPID-SHPID-RELATIONSHIPS-MCR00009	MCR111-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0002
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0003
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV001-0004
2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV002-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV003-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV003-0002
2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV003-0003
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV004-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV004-0002
2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV005-0001

4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV006-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV006-0002
10/10/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007-0001
2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007-0002
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007-0003
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV007-0004
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0002
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0003
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0004
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV008-0005
2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0002
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0003
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0004
2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0005
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV009-0006
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0001
2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0002
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0003
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0004
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV010-0005
2/25/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV011-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV011-0002
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV011-0003

4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV013-0001
4/30/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV013-0002
10/10/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV138-0001
10/10/2013	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV138-0002
9/23/2015	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV014-0001
9/23/2015	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV014-0002
9/23/2015	PROVIDER	FILE-HEADER-RECORD-PROVIDER-PRV00001	PRV012-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV016-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV016-0002
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV016-0003
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV016-0004
10/10/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV017-0001
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV017-0002
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV017-0003
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV017-0004

10/10/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV018-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV018-0003
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV019-0001
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0001
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0002
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0003
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0004
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV020-0005
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0001
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0002
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0003
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0004
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0005
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0006
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV021-0007
11/3/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV022-0001

9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV022-0002
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV022-0003
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-0001
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-0002
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-0003
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV023-0004
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0001
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0002
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0003
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0004
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0005
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV024-0006
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV025-0001
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV025-0002
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV025-0003

4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV026-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV026-0002
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV026-0003
11/3/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV027-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV027-0002
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV028-0001
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV028-0002
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV028-0003
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV029-0001
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV029-0002
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV029-0003
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV030-0001
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV030-0002
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV030-0003
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV030-0004
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV031-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV031-0002

10/10/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV032-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV032-0002
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV033-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV034-0001
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV034-0002
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV034-0003
2/25/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0001
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0002
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0003
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0004
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0005
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0006
4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0007

4/30/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV035-0008
10/10/2013	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV036-0001
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV037-0001
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV037-0002
9/23/2015	PROVIDER	PROV-ATTRIBUTES-MAIN-PRV00002	PRV038-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0003
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV039-0004
10/10/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0001
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0003
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV040-0004
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV041-0001

4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV041-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV042-0001
10/10/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0002
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0003
9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV043-0004
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0001
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0003
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0004
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0005
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV044-0006
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0001
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0003
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0004
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0005
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0006

4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0007
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0008
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV045-0009
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV046-0003
10/10/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0002
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV047-0003
11/3/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0003

4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0004
9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV048-0005
11/3/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0003
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0004
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0005
9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV049-0006
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0002

4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0003
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0004
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV050-0005
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0001
10/10/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0003
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0004
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV051-0005
9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0002
9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV052-0003

4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0001
11/3/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0003
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0004
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0005
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV053-0006
11/3/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV054-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV054-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV054-0003
11/3/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0003
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0004
2/25/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV055-0005
9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0001
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0003
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV056-0004
10/10/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV057-0001
10/10/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV057-0002
4/30/2013	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV057-0003
9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV058-0001

9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV058-0002
9/23/2015	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PRV059-0001
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV060-0001
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV060-0002
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV060-0003
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV060-0004
10/10/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV061-0001
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV061-0002
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV061-0003
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV061-0004
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV062-0001
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV062-0002
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV062-0003
11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV063-0001
11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV064-0001
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV064-0002
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV064-0003

9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV064-0004
11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0001
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0002
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0003
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0004
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0005
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV065-0006
11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0001
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0002
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0003
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0004
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0005
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0006
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0007
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV066-0008
11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV067-0001
11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV067-0002
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV067-0003
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV067-0004

11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0001
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0002
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0003
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0004
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0005
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0006
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0007
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0008
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0009
2/25/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV068-0010
11/3/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV069-0001
4/30/2013	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV069-0002
9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV070-0001

9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV070-0002
9/23/2015	PROVIDER	PROV-LICENSING-INFO-PRV00004	PRV071-0001
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV072-0001
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV072-0002
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV072-0003
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV072-0004
10/10/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0001
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0002
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0003
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV073-0004
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV074-0001
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV074-0002
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV074-0003
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV075-0001
10/10/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0001
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0002
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0003

9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV076-0004
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0001
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0002
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0003
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV077-0004
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0001
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0002
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0003
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0004
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0005
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0006
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0007
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0008
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV078-0009
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0001
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0002
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0003
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0004

2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0005
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV079-0006
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0001
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0002
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0003
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0004
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0005
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0006
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0007
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0008
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV080-0009
9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0001
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0002
2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0003

2/25/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0004
4/30/2013	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV081-0005
9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV082-0001
9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV082-0002

9/23/2015	PROVIDER	PROV-IDENTIFIERS-PRV00005	PRV083-0001
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV084-0001
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV084-0002
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV084-0003
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV084-0004
10/10/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV085-0001
2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV085-0002
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV085-0003
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV085-0004
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV086-0001
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV086-0002
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV086-0003
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV087-0001

9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV088-0001
2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV088-0002
10/10/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV088-0003
9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV089-0001
10/10/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV089-0002
2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV089-0003
2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0001
2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0002
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0003
2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0004

2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0005
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV090-0006
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0001
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0002
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0003
2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0004
2/25/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0005
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0006
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0007
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0008
4/30/2013	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV091-0009
9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV092-0001
9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV092-0002
9/23/2015	PROVIDER	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PRV093-0001

4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0001
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0002
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0003
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV094-0004
10/10/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0001
2/25/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0002
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0003
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV095-0004
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV096-0001
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV096-0002
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV096-0003
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV097-0001
2/25/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0001
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0002
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0003
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0004
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV098-0005
2/25/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0001
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0002

4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0003
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0004
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0005
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0006
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0007
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV099-0008
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0001
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0002
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0003
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0004
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV100-0005
10/10/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV101-0001
10/10/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV102-0001
10/10/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0001
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0002
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0003
4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0004

4/30/2013	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV103-0005
9/23/2015	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV104-0001
9/23/2015	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV104-0002
9/23/2015	PROVIDER	PROV-MEDICAID-ENROLLMENT-PRV00007	PRV105-0001
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV106-0001
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV106-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV106-0003
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV106-0004
10/10/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV107-0001
2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV107-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV107-0003
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV107-0004
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV108-0001
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV108-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV108-0003
11/3/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV109-0001

11/3/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV110-0001
2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV110-0002
11/3/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0001
2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0003
2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0004
2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0005
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV111-0006
11/3/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0001
2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0003
2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0004
2/25/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0005
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0006
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0007
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0008
4/30/2013	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV112-0009
9/23/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV113-0001

9/23/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV113-0002
9/23/2015	PROVIDER	PROV-AFFILIATED-GROUPS-PRV00008	PRV114-0001
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115-0001
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115-0003
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV115-0004
10/10/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116-0001
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116-0003
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV116-0004
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV117-0001
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV117-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV117-0003
11/3/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV118-0001

11/3/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV119-0001
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV119-0002
11/3/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0001
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0002
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0003
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0004

2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0005
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0006
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0007
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0008
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV120-0009
11/3/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0001
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0003
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0004
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0005
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV121-0006
11/3/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0001
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0002
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0003
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0004
2/25/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0005
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0006

4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0007
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0008
4/30/2013	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV122-0009
9/23/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV123-0001
9/23/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV123-0002
9/23/2015	PROVIDER	PROV-AFFILIATED-PROGRAMS-PRV00009	PRV124-0001
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV125-0001
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV125-0002
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV125-0003
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV125-0004
10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV126-0001
2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV126-0002
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV126-0003
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV126-0004
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV127-0001
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV127-0002

4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV127-0003
11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV128-0001
11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV129-0001
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV129-0002
2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV129-0003
9/23/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV129-0004
11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0001
2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0002
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0003
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0004
10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0005
2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV130-0006
11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0001
2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0002
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0003
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0004
10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0005
10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0006
10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0007
10/10/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV131-0008

11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV134-0001
2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV134-0002
2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV134-0003
11/3/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV135-0001
4/30/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV135-0002
2/25/2013	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV135-0003
9/23/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV136-0001
9/23/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV136-0002
9/23/2015	PROVIDER	PROV-BED-TYPE-INFO-PRV00010	PRV137-0001
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0001
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0002
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0003
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0004
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL001-0005
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL002-0001

4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL003-0001
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL003-0002
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL004-0001
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL004-0002
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL005-0001
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL006-0001
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL006-0002
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL006-0003
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL007-0001
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL007-0002
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0001
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0002
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0003
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0004
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL008-0005
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0001
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0002
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0003
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0004
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL009-0005
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0001
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0002
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0003
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0004
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL010-0005

2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL011-0001
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL011-0002
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL012-0001
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL012-0002
2/25/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL012-0003
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL013-0001
4/30/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL013-0002
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL088-0001
10/10/2013	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL088-0002
9/23/2015	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL014-0001
9/23/2015	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL014-0002

9/23/2015	TPL	FILE-HEADER-RECORD-TPL-TPL00001	TPL015-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0003
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL016-0005
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL017-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL017-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL017-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL018-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL018-0002
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL018-0003
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL019-0005

11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL020-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL020-0002
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL021-0001
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL022-0001
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL023-0001
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL024-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0005
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL025-0006
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0003

2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL026-0004
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL027-0001
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL027-0002
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-MAIN-TPL00002	TPL028-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0003
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL029-0005
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL030-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL030-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL030-0003

2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL031-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL031-0002
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL031-0003
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL032-0005
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL033-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL033-0002
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL034-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL034-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL034-0003
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL035-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL035-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL035-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL035-0004

11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL036-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL036-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL036-0003
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL037-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL037-0002
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL089-0001
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL038-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0002
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0004
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL044-0005
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0001

2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0003
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL045-0005
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL046-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL046-0002
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL046-0003
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL047-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL047-0002
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0005

4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0006
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL048-0007
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0004
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0005
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0006
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0007
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0008
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0009
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL049-0010
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL050-0001
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL050-0002

9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-INFO-TPL00003	TPL051-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0003
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL052-0005
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL053-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL053-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL053-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL054-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL054-0002
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL054-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL055-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL055-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL056-0001

4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL056-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL056-0003
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL057-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL057-0002
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL058-0001
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0004
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0005
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL059-0006
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0003
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0004

2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0005
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0006
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0007
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0008
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0009

10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL060-0010
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL061-0001
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL061-0002
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-PERSON-HEALTH-INSURANCE-COVERAGE-CATEGORIES-TPL00004	TPL062-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0001

4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0003
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL063-0005
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL064-0001
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL064-0002
10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL064-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL065-0001
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL065-0002
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL065-0003
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL066-0005
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL067-0001

10/10/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL067-0002
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0004
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0005
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0006
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL068-0007
11/3/2015	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0001
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0002
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0003
2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0004

2/25/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0005
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0006
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0007
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0008
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0009
4/30/2013	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL069-0010
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL070-0001
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL070-0002
9/23/2015	TPL	TPL-MEDICAID-ELIGIBLE-OTHER-THIRD-PARTY-COVERAGE-INFORMATION-TPL00005	TPL071-0001
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION- TPL00006	TPL072-0001
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0002
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0003
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0004

4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL072-0005
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL073-0001
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL073-0002
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL073-0003
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL074-0001
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL074-0002
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL074-0003
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL075-0001
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL075-0002
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL076-0001
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL076-0002
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL077-0001
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL077-0002
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL077-0003
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL078-0001
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL079-0001
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL080-0001
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL081-0001

11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0001
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0002
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0003
9/23/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0004
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL082-0005
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL083-0001
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL083-0002
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL083-0003
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0001
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0002
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0003
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0004
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL084-0005
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0001
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0002
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0003
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0004
2/25/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0005
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0006

4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0007
4/30/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL085-0008
9/23/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL086-0001
9/23/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL086-0002
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL090-0001
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL091-0001
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL091-0002
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL091-0003
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092-0001
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092-0002
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092-0003
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL092-0004
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0001

10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0002
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0003
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0004
10/10/2013	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL093-0005
11/3/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL094-0001
9/23/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL094-0002
9/23/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL094-0003
9/23/2015	TPL	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	TPL087-0001

Changes in Definitions

RowNo	V1#1 - A - DE_NO	V1#1 - B - DATA_ELEMENT_NAME
916	CIP261	SERVICING-PROV-NPI-NUM
1620	CLT213	SERVICING-PROV-NPI-NUM
2679	CRX143	DRUG-UTILIZATION-CODE

3445 ELG214 RACE-OTHER

V1#1 - C - DEFINITION

The National Provider ID (NPI) of the rendering/attending provider responsible for the beneficiary.

The National Provider ID (NPI) of the rendering/attending provider responsible for the beneficiary.

A code indicating the conflict, intervention and outcome of a prescription presented for fulfillment.

A DUR response consists of three components. The conflict code is a two-digit entry that contains the same two letters of the alert that the pharmacist wants to override. The intervention code describes what action the pharmacist took - whether he or she consulted the prescriber (M0), the patient (P0) or another source (R0), including the provider's own knowledge. Finally, the outcome code describes the intended outcome of the claim. This includes a number of codes that show the prescription was filled (1A through 1G) and two codes showing the prescription was not filled (2A and 2B).

A freeform field to document the race of the beneficiary when the beneficiary identifies themselves as Other Asian, Other Pacific Islander, or Other (race codes 010, 014, or 015).

V2#0 - C - DEFINITION
The NPI of the health care professional who delivers or completes a particulay medical service or non-surgical procedure. The SERVICING-PROV-NPI-NUM is required when rendering provider is different than the attending provider and state or federal regulatory requirements call for a "combined claim" (i.e., a claim that includes both facility and professional components). Examples are Medicaid clinic bills or critical access hospital claims.
The NPI of the health care professional who delivers or completes a particulay medical service or non-surgical procedure. The SERVICING-PROV-NPI-NUM is required when rendering provider is different than the attending provider and state or federal regulatory requirements call for a "combined claim" (i.e., a claim that includes both facility and professional components). Examples are Medicaid clinic bills or critical access hospital claims.
A code indicating the conflict, intervention and outcome of a prescription presented for fulfillment. The T-MSIS DRUG-UTILIZATION-CODE data element is composite field comprised of three distinct NCPDP data elements: "Reason for Service Code" (439-E4); "Professional Service Code" (44Ø-E5); and "Result of Service Code" (441-E6). All 3 of these NCPDP fields are situationally required and independent of one another. Pharmacists may report none, one, two or all three. NCPDP situational rules call for one or more of these values in situations where the field(s) could result in different coverage, pricing, patient financial responsibility, drug utilization review outcome, or if the information affects payment for, or documentation of, professional pharmacy service. The NCPDP "Results of Service Code" (bytes 1 & 2 of the T-MSIS DRUG-UTILIZATION-CODE) explains whether the pharmacist filled the prescription, filled part of the prescription, etc. The NCPDP "Professional Service Code" (bytes 3 & 4 of the T-MSIS DRUG-UTILIZATION-CODE) describes what the pharmacist did for the patient. The NCPDP "Result of Service Code" (bytes 5 & 6 of the T-MSIS DRUG-UTILIZATION-CODE) describes the action the pharmacist took in response to a conflict or the result of a pharmacist's professional service. Because the T-MSIS DRUG-UTILIZATION-CODE data element is a composite field, it is necessary for the state to populate all six bytes if any of the three NCPDP fields has a value. In such situations, use 'spaces' as placeholders for not applicable codes.

A freeform field to document the race of the beneficiary when the beneficiary identifies themselves as Other Asian, Other Pacific Islander (race codes 010 or 015).

Changes in Necessity

RowNo	V1#1 - A - DE_NO	V1#1 - B - DATA_ELEMENT_NAME	V1#1 - E - NECESSITY
45	CIP020	ICN-ADJ	Required
48	CIP021	SUBMITTER-ID	Required
49	CIP022	MSIS-IDENTIFICATION-NUM	Required
57	CIP025	1115A-DEMONSTRATION-IND	Required
74	CIP032	DIAGNOSIS-CODE-1	Conditional
86	CIP034	DIAGNOSIS-POA-FLAG-1	Required
96	CIP036	DIAGNOSIS-CODE-FLAG-2	Required
100	CIP037	DIAGNOSIS-POA-FLAG-2	Required
110	CIP039	DIAGNOSIS-CODE-FLAG-3	Required
114	CIP040	DIAGNOSIS-POA-FLAG-3	Required
124	CIP042	DIAGNOSIS-CODE-FLAG-4	Required
128	CIP043	DIAGNOSIS-POA-FLAG-4	Required
138	CIP045	DIAGNOSIS-CODE-FLAG-5	Required
142	CIP046	DIAGNOSIS-POA-FLAG-5	Required
152	CIP048	DIAGNOSIS-CODE-FLAG-6	Required
156	CIP049	DIAGNOSIS-POA-FLAG-6	Required
166	CIP051	DIAGNOSIS-CODE-FLAG-7	Required
170	CIP052	DIAGNOSIS-POA-FLAG-7	Required
180	CIP054	DIAGNOSIS-CODE-FLAG-8	Required
184	CIP055	DIAGNOSIS-POA-FLAG-8	Required
194	CIP057	DIAGNOSIS-CODE-FLAG-9	Required
198	CIP058	DIAGNOSIS-POA-FLAG-9	Required
208	CIP060	DIAGNOSIS-CODE-FLAG-10	Required
212	CIP061	DIAGNOSIS-POA-FLAG-10	Required
222	CIP063	DIAGNOSIS-CODE-FLAG-11	Required
226	CIP064	DIAGNOSIS-POA-FLAG-11	Required
236	CIP066	DIAGNOSIS-CODE-FLAG-12	Required
240	CIP067	DIAGNOSIS-POA-FLAG-12	Required
252	CIP070	PROCEDURE-CODE-1	Required
255	CIP071	PROCEDURE-CODE-MOD-1	Required
259	CIP072	PROCEDURE-CODE-FLAG-1	Required
262	CIP073	PROCEDURE-CODE-DATE-1	Required
281	CIP075	PROCEDURE-CODE-MOD-2	Conditional
286	CIP076	PROCEDURE-CODE-FLAG-2	Required
290	CIP077	PROCEDURE-CODE-DATE-2	Required
308	CIP079	PROCEDURE-CODE-MOD-3	Conditional
313	CIP080	PROCEDURE-CODE-FLAG-3	Required
317	CIP081	PROCEDURE-CODE-DATE-3	Required
338	CIP083	PROCEDURE-CODE-MOD-4	Conditional
344	CIP084	PROCEDURE-CODE-FLAG-4	Required
348	CIP085	PROCEDURE-CODE-DATE-4	Required
367	CIP087	PROCEDURE-CODE-MOD-5	Conditional
372	CIP088	PROCEDURE-CODE-FLAG-5	Required
376	CIP089	PROCEDURE-CODE-DATE-5	Required

395	CIP091	PROCEDURE-CODE-MOD-6	Conditional
400	CIP092	PROCEDURE-CODE-FLAG-6	Required
405	CIP093	PROCEDURE-CODE-DATE-6	Required
418	CIP095	ADMISSION-HOUR	Required
427	CIP097	DISCHARGE-HOUR	Required
446	CIP102	CLAIM-STATUS	Conditional
447	CIP103	CLAIM-STATUS-CATEGORY	Conditional
449	CIP105	CHECK-NUM	Required
451	CIP106	CHECK-EFF-DATE	Required
455	CIP107	ALLOWED-CHARGE-SRC	Required
461	CIP112	TOT-BILLED-AMT	Required
465	CIP113	TOT-ALLOWED-AMT	Required
468	CIP115	TOT-COPAY-AMT	Required
469	CIP116	TOT-MEDICARE-DEDUCTIBLE-AMT	Required
474	CIP117	TOT-MEDICARE-COINS-AMT	Required
479	CIP118	TOT-TPL-AMT	Required
481	CIP119	TOT-OTHER-INSURANCE-AMT	Required
482	CIP121	OTHER-INSURANCE-IND	Required
483	CIP122	OTHER-TPL-COLLECTION	Required
484	CIP123	SERVICE-TRACKING-TYPE	Required
485	CIP124	SERVICE-TRACKING-PAYMENT-AMT	Required
491	CIP125	FIXED-PAYMENT-IND	Required
494	CIP128	MEDICARE-COMB-DED-IND	Required
501	CIP130	PLAN-ID-NUMBER	Required
505	CIP131	NATIONAL-HEALTH-CARE-ENTITY-ID	Required
516	CIP136	MEDICAID-COV-INPATIENT-DAYS	Required
524	CIP138	FORCED-CLAIM-IND	Required
525	CIP139	HEALTH-CARE-ACQUIRED-CONDITION-IND	Required
678	CIP172	ELIGIBLE-LAST-NAME	Conditional
684	CIP175	DATE-OF-BIRTH	Conditional
689	CIP176	HEALTH-HOME-PROV-IND	Required
694	CIP177	WAIVER-TYPE	Required
699	CIP178	WAIVER-ID	Required
717	CIP181	BILLING-PROV-TAXONOMY	Required
720	CIP182	BILLING-PROV-TYPE	Required
723	CIP183	BILLING-PROV-SPECIALTY	Required
724	CIP184	ADMITTING-PROV-NPI-NUM	Required
731	CIP186	ADMITTING-PROV-SPECIALTY	Required
732	CIP187	ADMITTING-PROV-TAXONOMY	Required
734	CIP188	ADMITTING-PROV-TYPE	Required
735	CIP189	REFERRING-PROV-NUM	Required
738	CIP190	REFERRING-PROV-NPI-NUM	Required
742	CIP191	REFERRING-PROV-TAXONOMY	Required
745	CIP192	REFERRING-PROV-TYPE	Required
746	CIP193	REFERRING-PROV-SPECIALTY	Required
755	CIP197	OUTLIER-CODE	Required
763	CIP201	BMI	Required
768	CIP203	SPLIT-CLAIM-IND	Required

770	CIP204	BORDER-STATE-IND	Required
771	CIP206	BENEFICIARY-COINSURANCE-AMOUNT	Required
774	CIP207	BENEFICIARY-COINSURANCE-DATE-PAID	Required
777	CIP208	BENEFICIARY-COPAYMENT-AMOUNT	Required
779	CIP209	BENEFICIARY-COPAYMENT-DATE-PAID	Required
782	CIP210	BENEFICIARY-DEDUCTIBLE-AMOUNT	Required
785	CIP211	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Required
788	CIP212	CLAIM-DENIED-INDICATOR	Required
791	CIP213	COPAY-WAIVED-IND	Required
792	CIP214	HEALTH-HOME-ENTITY-NAME	Required
794	CIP216	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Required
795	CIP217	THIRD-PARTY-COINSURANCE-DATE-PAID	Required
797	CIP218	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Required
799	CIP219	THIRD-PARTY-COPAYMENT-DATE-PAID	Required
801	CIP220	MEDICAID-AMOUNT-PAID-DSH	Required
802	CIP221	HEALTH-HOME-PROVIDER-NPI	Required
804	CIP222	MEDICARE-BENEFICIARY-IDENTIFIER	Conditional
807	CIP223	OPERATING-PROV-TAXONOMY	Required
810	CIP224	UNDER-DIRECTION-OF-PROV-NPI	Required
813	CIP225	UNDER-DIRECTION-OF-PROV-TAXONOMY	Required
817	CIP226	UNDER-SUPERVISION-OF-PROV-NPI	Required
819	CIP227	UNDER-SUPERVISION-OF-PROV-TAXONOMY	Required
822	CIP228	MEDICARE-PAID-AMT	Required
841	CIP234	MSIS-IDENTIFICATION-NUM	Required
845	CIP235	ICN-ORIG	Required
849	CIP236	ICN-ADJ	Required
853	CIP238	LINE-NUM-ADJ	Required
855	CIP239	LINE-ADJUSTMENT-IND	Required
860	CIP241	SUBMITTER-ID	Required
878	CIP245	REVENUE-CODE	Conditional
882	CIP248	IMMUNIZATION-TYPE	Required
883	CIP249	IP-LT-QUANTITY-OF-SERVICE-ACTUAL	Conditional
889	CIP251	REVENUE-CHARGE	Conditional
896	CIP252	ALLOWED-AMT	Required
897	CIP253	TPL-AMT	Required
901	CIP255	MEDICAID-FFS-EQUIVALENT-AMT	Required
903	CIP256	BILLING-UNIT	Required
916	CIP261	SERVICING-PROV-NPI-NUM	Required
920	CIP262	SERVICING-PROV-TAXONOMY	Required
923	CIP263	SERVICING-PROV-TYPE	Required
924	CIP264	SERVICING-PROV-SPECIALTY	Required
925	CIP265	OPERATING-PROV-NPI-NUM	Required
928	CIP266	OTHER-TPL-COLLECTION	Required
934	CIP270	XIX-MBESCBES-CATEGORY-OF-SERVICE	Required
936	CIP271	XXI-MBESCBES-CATEGORY-OF-SERVICE	Required
937	CIP272	OTHER-INSURANCE-AMT	Required
940	CIP279	HCPCS-RATE	Required
941	CIP284	NATIONAL-DRUG-CODE	Required

948	CIP285	NDC-UNIT-OF-MEASURE	Required
950	CIP278	NDC-QUANTITY	Required
961	CIP287	SELF-DIRECTION-TYPE	Required
962	CIP288	PRE-AUTHORIZATION-NUM	Required
1007	CLT020	ICN-ADJ	Required
1010	CLT021	SUBMITTER-ID	Required
1011	CLT022	MSIS-IDENTIFICATION-NUM	Required
1018	CLT024	1115A-DEMONSTRATION-IND	Required
1031	CLT029	DIAGNOSIS-CODE-1	Conditional
1043	CLT031	DIAGNOSIS-POA-FLAG-1	Required
1053	CLT033	DIAGNOSIS-CODE-FLAG-2	Required
1057	CLT034	DIAGNOSIS-POA-FLAG-2	Required
1067	CLT036	DIAGNOSIS-CODE-FLAG-3	Required
1071	CLT037	DIAGNOSIS-POA-FLAG-3	Required
1081	CLT039	DIAGNOSIS-CODE-FLAG-4	Required
1085	CLT040	DIAGNOSIS-POA-FLAG-4	Required
1095	CLT042	DIAGNOSIS-CODE-FLAG-5	Required
1099	CLT043	DIAGNOSIS-POA-FLAG-5	Required
1107	CLT045	ADMISSION-HOUR	Required
1115	CLT047	DISCHARGE-HOUR	Required
1153	CLT057	CHECK-NUM	Required
1155	CLT058	CHECK-EFF-DATE	Required
1163	CLT063	TOT-BILLED-AMT	Required
1167	CLT064	TOT-ALLOWED-AMT	Required
1170	CLT066	TOT-COPAY-AMT	Required
1171	CLT067	TOT-MEDICARE-DEDUCTIBLE-AMT	Required
1175	CLT068	TOT-MEDICARE-COINS-AMT	Required
1179	CLT069	TOT-TPL-AMT	Required
1181	CLT070	TOT-OTHER-INSURANCE-AMT	Required
1182	CLT071	OTHER-INSURANCE-IND	Required
1183	CLT072	OTHER-TPL-COLLECTION	Required
1184	CLT073	SERVICE-TRACKING-TYPE	Required
1185	CLT074	SERVICE-TRACKING-PAYMENT-AMT	Required
1191	CLT075	FIXED-PAYMENT-IND	Required
1194	CLT078	MEDICARE-COMB-DED-IND	Required
1201	CLT080	PLAN-ID-NUMBER	Required
1206	CLT081	NATIONAL-HEALTH-CARE-ENTITY-ID	Required
1217	CLT086	MEDICAID-COV-INPATIENT-DAYS	Required
1224	CLT090	FORCED-CLAIM-IND	Required
1225	CLT091	HEALTH-CARE-ACQUIRED-CONDITION-IND	Required
1377	CLT123	ELIGIBLE-LAST-NAME	Conditional
1383	CLT126	DATE-OF-BIRTH	Conditional
1388	CLT127	HEALTH-HOME-PROV-IND	Required
1393	CLT128	WAIVER-TYPE	Required
1398	CLT129	WAIVER-ID	Required
1414	CLT132	BILLING-PROV-TAXONOMY	Required
1417	CLT133	BILLING-PROV-TYPE	Required
1420	CLT134	BILLING-PROV-SPECIALTY	Required

1421	CLT135	REFERRING-PROV-NUM	Required
1424	CLT136	REFERRING-PROV-NPI-NUM	Required
1428	CLT137	REFERRING-PROV-TAXONOMY	Required
1431	CLT138	REFERRING-PROV-TYPE	Required
1432	CLT139	REFERRING-PROV-SPECIALTY	Required
1441	CLT143	BMI	Required
1446	CLT145	LTC-RCP-LIAB-AMT	Required
1448	CLT146	DAILY-RATE	Required
1461	CLT149	NURSING-FACILITY-DAYS	Required
1469	CLT150	SPLIT-CLAIM-IND	Required
1471	CLT151	BORDER-STATE-IND	Required
1472	CLT153	BENEFICIARY-COINSURANCE-AMOUNT	Required
1474	CLT154	BENEFICIARY-COINSURANCE-DATE-PAID	Required
1477	CLT155	BENEFICIARY-COPAYMENT-AMOUNT	Required
1479	CLT156	BENEFICIARY-COPAYMENT-DATE-PAID	Required
1482	CLT157	BENEFICIARY-DEDUCTIBLE-AMOUNT	Required
1484	CLT158	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Required
1487	CLT159	CLAIM-DENIED-INDICATOR	Required
1490	CLT160	COPAY-WAIVED-IND	Required
1491	CLT161	HEALTH-HOME-ENTITY-NAME	Optional
1493	CLT163	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Required
1494	CLT164	THIRD-PARTY-COINSURANCE-DATE-PAID	Required
1496	CLT165	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Required
1497	CLT166	THIRD-PARTY-COPAYMENT-DATE-PAID	Required
1499	CLT167	HEALTH-HOME-PROVIDER-NPI	Required
1501	CLT168	MEDICARE-BENEFICIARY-IDENTIFIER	Conditional
1504	CLT169	UNDER-DIRECTION-OF-PROV-NPI	Required
1506	CLT170	UNDER-DIRECTION-OF-PROV-TAXONOMY	Required
1510	CLT171	UNDER-SUPERVISION-OF-PROV-NPI	Required
1512	CLT172	UNDER-SUPERVISION-OF-PROV-TAXONOMY	Required
1515	CLT174	ADMITTING-PROV-NPI-NUM	Required
1522	CLT176	ADMITTING-PROV-SPECIALTY	Required
1523	CLT177	ADMITTING-PROV-TAXONOMY	Required
1525	CLT178	ADMITTING-PROV-TYPE	Required
1526	CLT179	MEDICARE-PAID-AMT	Required
1545	CLT187	MSIS-IDENTIFICATION-NUM	Required
1553	CLT189	ICN-ADJ	Required
1557	CLT191	LINE-NUM-ADJ	Required
1560	CLT192	LINE-ADJUSTMENT-IND	Required
1565	CLT194	SUBMITTER-ID	Required
1583	CLT198	REVENUE-CODE	Conditional
1587	CLT201	IMMUNIZATION-TYPE	Required
1594	CLT204	REVENUE-CHARGE	Conditional
1601	CLT205	ALLOWED-AMT	Required
1602	CLT206	TPL-AMT	Required
1603	CLT207	OTHER-INSURANCE-AMT	Required
1609	CLT210	BILLING-UNIT	Required
1620	CLT213	SERVICING-PROV-NPI-NUM	Required

1624	CLT214	SERVICING-PROV-TAXONOMY	Required
1627	CLT215	SERVICING-PROV-TYPE	Required
1628	CLT216	SERVICING-PROV-SPECIALTY	Required
1629	CLT217	OTHER-TPL-COLLECTION	Required
1635	CLT224	XIX-MBESCBES-CATEGORY-OF-SERVICE	Required
1637	CLT225	XXI-MBESCBES-CATEGORY-OF-SERVICE	Required
1640	CLT228	NATIONAL-DRUG-CODE	Required
1647	CLT229	NDC-UNIT-OF-MEASURE	Required
1649	CLT230	NDC-QUANTITY	Required
1651	CLT231	HCPCS-RATE	Required
1661	CLT234	SELF-DIRECTION-TYPE	Required
1662	CLT235	PRE-AUTHORIZATION-NUM	Required
1707	COT020	ICN-ADJ	Required
1710	COT021	SUBMITTER-ID	Required
1711	COT022	MSIS-IDENTIFICATION-NUM	Required
1718	COT024	1115A-DEMONSTRATION-IND	Required
1723	COT027	DIAGNOSIS-CODE-1	Conditional
1735	COT029	DIAGNOSIS-POA-FLAG-1	Required
1746	COT031	DIAGNOSIS-CODE-FLAG-2	Required
1750	COT032	DIAGNOSIS-POA-FLAG-2	Required
1784	COT038	TYPE-OF-BILL	Required
1788	COT042	CHECK-NUM	Required
1790	COT043	CHECK-EFF-DATE	Required
1798	COT048	TOT-BILLED-AMT	Required
1802	COT049	TOT-ALLOWED-AMT	Required
1805	COT051	TOT-COPAY-AMT	Required
1806	COT052	TOT-MEDICARE-DEDUCTIBLE-AMT	Required
1810	COT053	TOT-MEDICARE-COINS-AMT	Required
1815	COT054	TOT-TPL-AMT	Required
1817	COT056	TOT-OTHER-INSURANCE-AMT	Required
1818	COT057	OTHER-INSURANCE-IND	Required
1819	COT058	OTHER-TPL-COLLECTION	Required
1820	COT059	SERVICE-TRACKING-TYPE	Required
1821	COT060	SERVICE-TRACKING-PAYMENT-AMT	Required
1827	COT061	FIXED-PAYMENT-IND	Required
1830	COT064	MEDICARE-COMB-DED-IND	Required
1839	COT066	PLAN-ID-NUMBER	Required
1845	COT067	NATIONAL-HEALTH-CARE-ENTITY-ID	Required
1851	COT069	MEDICARE-REIM-TYPE	Required
1856	COT072	FORCED-CLAIM-IND	Required
1857	COT073	HEALTH-CARE-ACQUIRED-CONDITION-IND	Required
2012	COT106	ELIGIBLE-FIRST-NAME	Required
2016	COT108	DATE-OF-BIRTH	Conditional
2021	COT109	HEALTH-HOME-PROV-IND	Required
2026	COT110	WAIVER-TYPE	Required
2031	COT111	WAIVER-ID	Required
2042	COT113	BILLING-PROV-NPI-NUM	Required
2048	COT114	BILLING-PROV-TAXONOMY	Required

2051	COT115	BILLING-PROV-TYPE	Required
2054	COT116	BILLING-PROV-SPECIALTY	Required
2055	COT117	REFERRING-PROV-NUM	Required
2058	COT118	REFERRING-PROV-NPI-NUM	Required
2062	COT119	REFERRING-PROV-TAXONOMY	Required
2065	COT120	REFERRING-PROV-TYPE	Required
2066	COT121	REFERRING-PROV-SPECIALTY	Required
2072	COT123	PLACE-OF-SERVICE	Required
2076	COT125	BMI	Required
2081	COT127	DAILY-RATE	Required
2082	COT128	BORDER-STATE-IND	Required
2083	COT130	BENEFICIARY-COINSURANCE-AMOUNT	Required
2085	COT131	BENEFICIARY-COINSURANCE-DATE-PAID	Required
2088	COT132	BENEFICIARY-COPAYMENT-AMOUNT	Required
2090	COT133	BENEFICIARY-COPAYMENT-DATE-PAID	Required
2093	COT134	BENEFICIARY-DEDUCTIBLE-AMOUNT	Required
2095	COT135	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Required
2098	COT136	CLAIM-DENIED-INDICATOR	Required
2101	COT137	COPAY-WAIVED-IND	Required
2102	COT138	HEALTH-HOME-ENTITY-NAME	Required
2104	COT140	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Required
2105	COT141	THIRD-PARTY-COINSURANCE-DATE-PAID	Required
2108	COT142	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Required
2109	COT143	THIRD-PARTY-COPAYMENT-DATE-PAID	Required
2112	COT144	DATE-CAPITATED-AMOUNT-REQUESTED	Required
2114	COT145	CAPITATED-PAYMENT-AMT-REQUESTED	Required
2115	COT146	HEALTH-HOME-PROVIDER-NPI	Required
2117	COT147	MEDICARE-BENEFICIARY-IDENTIFIER	Optional
2120	COT148	UNDER-DIRECTION-OF-PROV-NPI	Required
2122	COT149	UNDER-DIRECTION-OF-PROV-TAXONOMY	Required
2126	COT150	UNDER-SUPERVISION-OF-PROV-NPI	Required
2128	COT151	UNDER-SUPERVISION-OF-PROV-TAXONOMY	Required
2146	COT157	MSIS-IDENTIFICATION-NUM	Required
2154	COT159	ICN-ADJ	Required
2158	COT161	LINE-NUM-ADJ	Required
2160	COT162	LINE-ADJUSTMENT-IND	Required
2165	COT164	SUBMITTER-ID	Required
2199	COT172	PROCEDURE-CODE-MOD-1	Required
2202	COT173	IMMUNIZATION-TYPE	Required
2203	COT174	BILLED-AMT	Required
2205	COT175	ALLOWED-AMT	Required
2206	COT176	COPAY-AMT	Required
2207	COT177	TPL-AMT	Required
2213	COT182	MEDICARE-PAID-AMT	Required
2223	COT184	OT-RX-CLAIM-QUANTITY-ALLOWED	Required
2235	COT187	HCBS-SERVICE-CODE	Required
2245	COT190	SERVICING-PROV-NPI-NUM	Required
2249	COT191	SERVICING-PROV-TAXONOMY	Required

2252	COT192	SERVICING-PROV-TYPE	Required
2253	COT193	SERVICING-PROV-SPECIALTY	Required
2254	COT194	OTHER-TPL-COLLECTION	Required
2256	COT196	TOOTH-NUM	Required
2261	COT197	TOOTH-QUAD-CODE	Required
2263	COT198	TOOTH-SURFACE-CODE	Required
2291	COT211	XIX-MBESCBES-CATEGORY-OF-SERVICE	Required
2293	COT212	XXI-MBESCBES-CATEGORY-OF-SERVICE	Required
2294	COT212	XXI-MBESCBES-CATEGORY-OF-SERVICE	Required
2295	COT213	OTHER-INSURANCE-AMT	Required
2298	COT217	NATIONAL-DRUG-CODE	Required
2320	COT220	HCPCS-RATE	Required
2329	COT222	SELF-DIRECTION-TYPE	Required
2330	COT223	PRE-AUTHORIZATION-NUM	Required
2331	COT224	NDC-UNIT-OF-MEASURE	Required
2333	COT225	NDC-QUANTITY	Required
2379	CRX020	ICN-ADJ	Required
2389	CRX024	1115A-DEMONSTRATION-IND	Required
2409	CRX030	CLAIM-STATUS	Conditional
2410	CRX031	CLAIM-STATUS-CATEGORY	Conditional
2412	CRX033	CHECK-NUM	Required
2414	CRX034	CHECK-EFF-DATE	Required
2422	CRX039	TOT-BILLED-AMT	Required
2426	CRX040	TOT-ALLOWED-AMT	Required
2429	CRX042	TOT-COPAY-AMT	Required
2430	CRX043	TOT-MEDICARE-DEDUCTIBLE-AMT	Required
2433	CRX044	TOT-MEDICARE-COINS-AMT	Required
2436	CRX045	TOT-TPL-AMT	Required
2438	CRX047	TOT-OTHER-INSURANCE-AMT	Required
2439	CRX048	OTHER-INSURANCE-IND	Required
2440	CRX049	OTHER-TPL-COLLECTION	Required
2441	CRX050	SERVICE-TRACKING-TYPE	Required
2447	CRX052	FIXED-PAYMENT-IND	Required
2455	CRX056	PLAN-ID-NUMBER	Required
2461	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID	Required
2462	CRX057	NATIONAL-HEALTH-CARE-ENTITY-ID	Conditional
2471	CRX061	FORCED-CLAIM-IND	Required
2473	CRX063	ELIGIBLE-LAST-NAME	Conditional
2479	CRX066	DATE-OF-BIRTH	Conditional
2484	CRX067	HEALTH-HOME-PROV-IND	Required
2489	CRX068	WAIVER-TYPE	Required
2494	CRX069	WAIVER-ID	Required
2508	CRX072	BILLING-PROV-TAXONOMY	Required
2510	CRX072	BILLING-PROV-TAXONOMY	Required
2511	CRX073	BILLING-PROV-SPECIALTY	Required
2518	CRX076	PRESCRIBING-PROV-TAXONOMY	Required
2520	CRX077	PRESCRIBING-PROV-TYPE	Required
2521	CRX078	PRESCRIBING-PROV-SPECIALTY	Required

2529	CRX082	BORDER-STATE-IND	Required
2544	CRX087	BENEFICIARY-COINSURANCE-AMOUNT	Required
2546	CRX089	BENEFICIARY-COPAYMENT-AMOUNT	Required
2548	CRX090	BENEFICIARY-COPAYMENT-DATE-PAID	Required
2549	CRX088	BENEFICIARY-COINSURANCE-DATE-PAID	Required
2551	CRX092	BENEFICIARY-DEDUCTIBLE-AMOUNT	Required
2553	CRX093	BENEFICIARY-DEDUCTIBLE-DATE-PAID	Required
2556	CRX094	CLAIM-DENIED-INDICATOR	Required
2559	CRX095	COPAY-WAIVED-IND	Required
2560	CRX096	HEALTH-HOME-ENTITY-NAME	Required
2563	CRX098	THIRD-PARTY-COINSURANCE-AMOUNT-PAID	Required
2564	CRX099	THIRD-PARTY-COINSURANCE-DATE-PAID	Required
2566	CRX100	THIRD-PARTY-COPAYMENT-AMOUNT-PAID	Required
2567	CRX101	THIRD-PARTY-COPAYMENT-DATE-PAID	Required
2571	CRX103	DISPENSING-PRESCRIPTION-DRUG-PROV-TAXONOMY	Required
2574	CRX104	HEALTH-HOME-PROVIDER-NPI	Required
2576	CRX105	MEDICARE-BENEFICIARY-IDENTIFIER	Required
2584	CRX160	MEDICARE-COMB-DED-IND	Required
2608	CRX113	ICN-ADJ	Required
2612	CRX115	LINE-NUM-ADJ	Required
2615	CRX116	LINE-ADJUSTMENT-IND	Required
2618	CRX117	LINE-ADJUSTMENT-REASON-CODE	Required
2629	CRX121	BILLED-AMT	Required
2631	CRX122	ALLOWED-AMT	Required
2632	CRX123	COPAY-AMT	Required
2633	CRX124	TPL-AMT	Required
2639	CRX127	MEDICARE-DEDUCTIBLE-AMT	Required
2643	CRX128	MEDICARE-COINS-AMT	Required
2649	CRX131	OT-RX-CLAIM-QUANTITY-ALLOWED	Required
2661	CRX133	UNIT-OF-MEASURE	Required
2668	CRX135	HCBS-SERVICE-CODE	Required
2672	CRX137	OTHER-TPL-COLLECTION	Required
2682	CRX146	REBATE-ELIGIBLE-INDICATOR	Required
2683	CRX147	IMMUNIZATION-TYPE	Required
2688	CRX150	XIX-MBESCBES-CATEGORY-OF-SERVICE	Required
2690	CRX151	XXI-MBESCBES-CATEGORY-OF-SERVICE	Required
2691	CRX152	OTHER-INSURANCE-AMT	Required
2702	CRX158	SELF-DIRECTION-TYPE	Required
2703	CRX159	PRE-AUTHORIZATION-NUM	Required
2768	ELG022	ELIGIBLE-MIDDLE-INIT	Optional
2779	ELG025	DATE-OF-DEATH	Required
2835	ELG043	IMMIGRATION-VERIFICATION-FLAG	Required
2836	ELG044	IMMIGRATION-STATUS-FIVE-YEAR-BAR-END-DATE	Required
2841	ELG045	PRIMARY-LANGUAGE-ENGL-PROF-CODE	Required
2843	ELG046	PRIMARY-LANGUAGE-CODE	Required
2848	ELG049	PREGNANCY-IND	Required
2850	ELG050	MEDICARE-HIC-NUM	Optional
2852	ELG051	MEDICARE-BENEFICIARY-IDENTIFIER	Required

2893	ELG067	ELIGIBLE-ADDR-LN2	Optional
2896	ELG068	ELIGIBLE-ADDR-LN3	Optional
2913	ELG074	TYPE-OF-LIVING-ARRANGEMENT	Required
2948	ELG084	MEDICAID-BASIS-OF-ELIGIBILITY	Required
2957	ELG085	DUAL-ELIGIBLE-CODE	Required
2967	ELG087	ELIGIBILITY-GROUP	Required
2968	ELG088	LEVEL-OF-CARE-STATUS	Required
2969	ELG089	SSDI-IND	Required
2970	ELG090	SSI-IND	Required
2972	ELG091	SSI-STATE-SUPPLEMENT-STATUS-CODE	Required
2974	ELG092	SSI-STATUS	Required
2981	ELG094	CONCEPTION-TO-BIRTH-IND	Required
2985	ELG095	ELIGIBILITY-CHANGE-REASON	Required
2986	ELG096	MAINTENANCE-ASSISTANCE-STATUS	Required
2999	ELG098	TANF-CASH-CODE	Required
3034	ELG107	HEALTH-HOME-SPA-NAME	Required
3037	ELG108	HEALTH-HOME-ENTITY-NAME	Required
3040	ELG109	HEALTH-HOME-SPA-PARTICIPATION-EFF-DATE	Required
3049	ELG110	HEALTH-HOME-SPA-PARTICIPATION-END-DATE	Required
3057	ELG111	HEALTH-HOME-ENTITY-EFF-DATE	Required
3081	ELG118	HEALTH-HOME-SPA-NAME	Required
3083	ELG119	HEALTH-HOME-ENTITY-NAME	Required
3087	ELG120	HEALTH-HOME-PROV-NUM	Required
3090	ELG121	HEALTH-HOME-SPA-PROVIDER-EFF-DATE	Required
3099	ELG122	HEALTH-HOME-SPA-PROVIDER-END-DATE	Required
3106	ELG123	HEALTH-HOME-ENTITY-EFF-DATE	Required
3130	ELG130	HEALTH-HOME-CHRONIC-CONDITION	Required
3134	ELG132	HEALTH-HOME-CHRONIC-CONDITION-EFF-DATE	Required
3143	ELG133	HEALTH-HOME-CHRONIC-CONDITION-END-DATE	Required
3169	ELG140	LOCKIN-PROV-NUM	Required
3170	ELG141	LOCKIN-PROV-TYPE	Required
3171	ELG142	LOCKIN-EFF-DATE	Required
3179	ELG143	LOCKIN-END-DATE	Required
3204	ELG150	MFP-LIVES-WITH-FAMILY	Required
3205	ELG151	MFP-QUALIFIED-INSTITUTION	Required
3206	ELG152	MFP-QUALIFIED-RESIDENCE	Required
3207	ELG153	MFP-REASON-PARTICIPATION-ENDED	Required
3209	ELG154	MFP-REINSTITUTIONALIZED-REASON	Required
3210	ELG155	MFP-ENROLLMENT-EFF-DATE	Required
3218	ELG156	MFP-ENROLLMENT-END-DATE	Required
3243	ELG163	STATE-PLAN-OPTION-TYPE	Required
3245	ELG164	STATE-PLAN-OPTION-EFF-DATE	Required
3254	ELG165	STATE-PLAN-OPTION-END-DATE	Required
3279	ELG172	WAIVER-ID	Required
3282	ELG173	WAIVER-TYPE	Required
3285	ELG174	WAIVER-ENROLLMENT-EFF-DATE	Required
3293	ELG175	WAIVER-ENROLLMENT-END-DATE	Required
3318	ELG182	LTSS-LEVEL-CARE	Required

3319	ELG183	LTSS-PROV-NUM	Required
3320	ELG184	LTSS-ELIGIBILITY-EFF-DATE	Required
3328	ELG185	LTSS-ELIGIBILITY-END-DATE	Required
3353	ELG192	MANAGED-CARE-PLAN-ID	Required
3357	ELG193	MANAGED-CARE-PLAN-TYPE	Required
3362	ELG194	NATIONAL-HEALTH-CARE-ENTITY-ID	Required
3368	ELG195	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Required
3372	ELG196	MANAGED-CARE-PLAN-ENROLLMENT-EFF-DATE	Required
3379	ELG197	MANAGED-CARE-PLAN-ENROLLMENT-END-DATE	Required
3404	ELG204	ETHNICITY-CODE	Required
3408	ELG205	ETHNICITY-DECLARATION-EFF-DATE	Required
3417	ELG206	ETHNICITY-DECLARATION-END-DATE	Required
3443	ELG213	RACE	Required
3445	ELG214	RACE-OTHER	Required
3447	ELG215	CERTIFIED-AMERICAN-INDIAN/ALASKAN-NATIVE-INDICATOR	Required
3448	ELG216	RACE-DECLARATION-EFF-DATE	Required
3457	ELG217	RACE-DECLARATION-END-DATE	Required
3483	ELG224	DISABILITY-TYPE-CODE	Required
3486	ELG225	DISABILITY-TYPE-EFF-DATE	Required
3495	ELG226	DISABILITY-TYPE-END-DATE	Required
3521	ELG233	1115A-DEMONSTRATION-IND	Required
3524	ELG234	1115A-EFF-DATE	Required
3532	ELG235	1115A-END-DATE	Required
3558	ELG242	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-CODE	Required
3559	ELG243	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-EFF-DATE	Required
3563	ELG244	HCBS-CHRONIC-CONDITION-NON-HEALTH-HOME-END-DATE	Required
3739	MCR043	MANAGED-CARE-ADDR-LN2	Optional
3742	MCR044	MANAGED-CARE-ADDR-LN3	Optional
3758	MCR049	MANAGED-CARE-TELEPHONE	Required
3761	MCR050	MANAGED-CARE-EMAIL	Required
3764	MCR051	MANAGED-CARE-FAX-NUMBER	Required
3896	MCR086	ACCREDITATION-ORGANIZATION	Required
3898	MCR087	DATE-ACCREDITATION-ACHIEVED	Required
3903	MCR088	DATE-ACCREDITATION-END	Required
3928	MCR095	NATIONAL-HEALTH-CARE-ENTITY-ID	Required
3934	MCR096	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Required
3937	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME	Required
3942	MCR098	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE	Required
3949	MCR099	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE	Required
3976	MCR106	CHPID	Required
3978	MCR107	SHPID	Required
3980	MCR108	CHPID-SHPID-RELATIONSHIP-EFF-DATE	Required
3986	MCR109	CHPID-SHPID-RELATIONSHIP-END-DATE	Required
4064	PRV022	PROV-DOING-BUSINESS-AS-NAME	Conditional
4083	PRV027	TEACHING-IND	Required
4151	PRV048	ADDR-LN2	Optional
4156	PRV049	ADDR-LN3	Optional
4176	PRV053	ADDR-TELEPHONE	Required

4181	PRV054	ADDR-EMAIL	Required
4184	PRV055	ADDR-FAX-NUM	Required
4210	PRV063	SUBMITTING-STATE-PROV-ID	Required
4211	PRV064	PROV-LOCATION-ID	Required
4215	PRV065	PROV-LICENSE-EFF-DATE	Required
4221	PRV066	PROV-LICENSE-END-DATE	Required
4229	PRV067	LICENSE-TYPE	Required
4230	PRV067	LICENSE-TYPE	Required
4233	PRV068	LICENSE-ISSUING-ENTITY-ID	Required
4243	PRV069	LICENSE-OR-ACCREDITATION-NUMBER	Required
4387	PRV109	SUBMITTING-STATE-PROV-ID	Required
4388	PRV110	SUBMITTING-STATE-PROV-ID-OF-AFFILIATED-ENTITY	Required
4390	PRV111	PROV-AFFILIATED-GROUP-EFF-DATE	Required
4396	PRV112	PROV-AFFILIATED-GROUP-END-DATE	Required
4419	PRV118	SUBMITTING-STATE-PROV-ID	Required
4420	PRV119	AFFILIATED-PROGRAM-TYPE	Required
4422	PRV120	AFFILIATED-PROGRAM-ID	Required
4431	PRV121	PROV-AFFILIATED-PROGRAM-EFF-DATE	Required
4437	PRV122	PROV-AFFILIATED-PROGRAM-END-DATE	Required
4460	PRV128	SUBMITTING-STATE-PROV-ID	Required
4461	PRV129	PROV-LOCATION-ID	Required
4465	PRV130	BED-TYPE-EFF-DATE	Required
4471	PRV131	BED-TYPE-END-DATE	Required
4479	PRV134	BED-TYPE-CODE	Required
4482	PRV135	BED-COUNT	Required
4547	TPL020	TPL-HEALTH-INSURANCE-COVERAGE-IND	Required
4549	TPL021	TPL-OTHER-COVERAGE-IND	Required
4551	TPL023	ELIGIBLE-MIDDLE-INIT	Optional
4552	TPL024	ELIGIBLE-LAST-NAME	Required
4582	TPL033	INSURANCE-CARRIER-ID-NUM	Required
4584	TPL034	INSURANCE-PLAN-ID	Required
4587	TPL035	GROUP-NUM	Optional
4591	TPL036	MEMBER-ID	Required
4594	TPL037	INSURANCE-PLAN-TYPE	Required
4596	TPL089	COVERAGE-TYPE	Required
4597	TPL038	ANNUAL-DEDUCTIBLE-AMT	Required
4608	TPL046	POLICY-OWNER-SSN	Required
4611	TPL047	POLICY-OWNER-CODE	Required
4613	TPL048	INSURANCE-COVERAGE-EFF-DATE	Required
4620	TPL049	INSURANCE-COVERAGE-END-DATE	Required
4649	TPL057	INSURANCE-PLAN-TYPE	Required
4651	TPL058	COVERAGE-TYPE	Required
4652	TPL059	INSURANCE-CATEGORIES-EFF-DATE	Required
4658	TPL060	INSURANCE-CATEGORIES-END-DATE	Required
4687	TPL067	TYPE-OF-OTHER-THIRD-PARTY-LIABILITY	Required
4689	TPL068	OTHER-TPL-EFF-DATE	Required
4696	TPL069	OTHER-TPL-END-DATE	Required
4722	TPL076	TPL-ENTITY-ADDR-TYPE	Required

4724	TPL077	INSURANCE-CARRIER-ADDR-LN1	Required
4729	TPL080	INSURANCE-CARRIER-CITY	Required
4730	TPL081	INSURANCE-CARRIER-STATE	Required
4731	TPL082	INSURANCE-CARRIER-ZIP-CODE	Required
4736	TPL083	INSURANCE-CARRIER-PHONE-NUM	Required
4739	TPL084	TPL-ENTITY-CONTACT-INFO-EFF-DATE	Required
4744	TPL085	TPL-ENTITY-CONTACT-INFO-END-DATE	Required
4754	TPL090	INSURANCE-CARRIER-NAIC-CODE	Required
4755	TPL091	INSURANCE-CARRIER-NAME	Required
4758	TPL092	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	Required
4762	TPL093	NATIONAL-HEALTH-CARE-ENTITY-ID	Required
4767	TPL094	NATIONAL-HEALTH-CARE-ENTITY-NAME	Required

V2#0 - E - NECESSITY
Conditional
Conditional
Conditional
Conditional
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
NA
Conditional
Conditional
NA
Conditional
Conditional
NA
Conditional
Conditional
NA
Conditional
Conditional
NA
Conditional
Conditional

NA
Conditional
Conditional
Conditional
Conditional
Required
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
NA
Conditional
Conditional
Conditional
Required
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
NA
NA
NA
Conditional
Optional
Conditional

Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Optional
Conditional
Optional
Optional
Optional
Optional
Conditional
Conditional
NA
Conditional
NA
NA
NA
NA
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Required
Conditional
Required
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional

Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
NA
Conditional
Conditional
Conditional
Required
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional

Conditional
Conditional
NA
NA
NA
Optional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Optional
Conditional
Optional
Optional
Optional
Optional
Conditional
NA
NA
NA
NA
NA
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Required
Conditional
Required
Conditional
Conditional
Conditional
Conditional
Conditional

Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
NA
Conditional
Conditional
Conditional
Conditional
Required
Conditional
Conditional
Conditional
Conditional
Conditional

Conditional
Conditional
Conditional
Conditional
NA
NA
NA
Conditional
Optional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Optional
Optional
Optional
Optional
Conditional
Conditional
Conditional
NA
NA
NA
Conditional
NA
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional

Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Required
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
NA
NA
Conditional
Required
Required
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
NA
NA
NA

Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Optional
Conditional
Optional
Conditional
Optional
Optional
NA
Conditional
NA
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
NA

Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional

Conditional
Conditional
Conditional
Conditional
Conditional
NA
NA
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Optional
Optional
Optional
Conditional
Conditional
Conditional
NA
NA
NA
NA
NA
NA
NA
NA
NA
Required
Conditional
Conditional
Conditional
Optional

Optional
Optional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Optional
Conditional
Conditional
Conditional
Conditional
Conditional
Conditional
Optional

Optional
Optional
Optional
Optional
Optional
Optional
Optional
Optional
Optional
NA
NA
NA

Changes in Coding Requirements

RowNo	A - DE_NO	A - DE_NO	B - DATA_ELEMENT_NAME
28	CIP014	CIP014	STATE-NOTATION
29	CIP014	CIP014	STATE-NOTATION
30	CIP015	CIP015	FILLER
70		CIP030	
73		CIP031	
80	CIP032	CIP032	DIAGNOSIS-CODE-1
81		CIP032	
84		CIP033	
85		CIP033	
87		CIP034	

91	CIP035	CIP035	DIAGNOSIS-CODE-2
95		CIP035	
98		CIP036	
99		CIP036	
101		CIP037	
105	CIP038	CIP038	DIAGNOSIS-CODE-3
109		CIP039	
112		CIP039	
113		CIP039	
115		CIP040	
119	CIP041	CIP041	DIAGNOSIS-CODE-4
123		CIP041	
126		CIP042	
127		CIP042	

129		CIP043	
133	CIP044	CIP044	DIAGNOSIS-CODE-5
137		CIP044	
140		CIP045	
141		CIP045	
143		CIP046	
147	CIP047	CIP047	DIAGNOSIS-CODE-6
151		CIP047	
154		CIP048	
155		CIP048	
157		CIP049	
161	CIP050	CIP050	DIAGNOSIS-CODE-7
165		CIP050	
168		CIP051	

169		CIP051	
171		CIP052	
175	CIP053	CIP053	DIAGNOSIS-CODE-8
179		CIP053	
182		CIP054	
183		CIP054	
185		CIP055	
189	CIP056	CIP056	DIAGNOSIS-CODE-9
193		CIP056	
196		CIP057	
197		CIP057	
198	CIP058	CIP058	DIAGNOSIS-POA-FLAG-9

199		CIP058	
203	CIP059	CIP059	DIAGNOSIS-CODE-10
207		CIP059	
210		CIP060	
211		CIP060	
213		CIP061	
217	CIP062	CIP062	DIAGNOSIS-CODE-11
221		CIP062	
224		CIP063	
225		CIP063	
227		CIP064	
231	CIP065	CIP065	DIAGNOSIS-CODE-12
235		CIP065	
238		CIP066	

239		CIP066	
241		CIP067	
254		CIP070	
258		CIP071	
261		CIP072	
268		CIP073	
280		CIP074	
285		CIP075	
289		CIP076	
295		CIP077	
307		CIP078	
312		CIP079	

316		CIP080	
324		CIP081	
337		CIP082	
343		CIP083	
347		CIP084	
354		CIP085	
366		CIP086	
371		CIP087	
375		CIP088	
382		CIP089	
394		CIP090	
399		CIP091	

404		CIP092	
411		CIP093	
493	CIP127	CIP127	FUNDING-SOURCE-NONFEDERAL-SHARE
528		CIP140	
531		CIP141	
534		CIP142	
537		CIP143	
540		CIP144	
543		CIP145	
546		CIP146	
549		CIP147	
552		CIP148	
555		CIP149	
561		CIP150	

567		CIP151	
573		CIP152	
579		CIP153	
585		CIP154	
591		CIP155	
597		CIP156	
603		CIP157	
609		CIP158	
615		CIP159	
678	CIP172	CIP172	ELIGIBLE-LAST-NAME
679		CIP172	
680	CIP173	CIP173	ELIGIBLE-FIRST-NAME
681		CIP173	
683	CIP174	CIP174	ELIGIBLE-MIDDLE-INIT
697	CIP177	CIP177	WAIVER-TYPE

698	CIP177	CIP177	WAIVER-TYPE
699	CIP178	CIP178	WAIVER-ID
700	CIP178	CIP178	WAIVER-ID
701	CIP178	CIP178	WAIVER-ID
702	CIP178	CIP178	WAIVER-ID
704	CIP178	CIP178	WAIVER-ID
705	CIP178	CIP178	WAIVER-ID
706	CIP178	CIP178	WAIVER-ID
711	CIP180	CIP180	BILLING-PROV-NPI-NUM
713	CIP180	CIP180	BILLING-PROV-NPI-NUM
714	CIP180	CIP180	BILLING-PROV-NPI-NUM
725	CIP184	CIP184	ADMITTING-PROV-NPI-NUM
726	CIP184	CIP184	ADMITTING-PROV-NPI-NUM

727	CIP184	CIP184	ADMITTING-PROV-NPI-NUM
738	CIP190	CIP190	REFERRING-PROV-NPI-NUM
740	CIP190	CIP190	REFERRING-PROV-NPI-NUM
741	CIP190	CIP190	REFERRING-PROV-NPI-NUM
762		CIP199	
764		CIP201	
792	CIP214	CIP214	HEALTH-HOME-ENTITY-NAME
806		CIP222	
810	CIP224	CIP224	UNDER-DIRECTION-OF-PROV-NPI
812		CIP224	
816		CIP225	

817	CIP226	CIP226	UNDER-SUPERVISION-OF-PROV-NPI
826	CIP229	CIP229	STATE-NOTATION
827	CIP229	CIP229	STATE-NOTATION
828	CIP289	CIP289	PROV-LOCATION-ID
829	CIP289	CIP289	PROV-LOCATION-ID
830	CIP230	CIP230	FILLER
908	CIP257	CIP257	TYPE-OF-SERVICE
917	CIP261	CIP261	SERVICING-PROV-NPI-NUM
918	CIP261	CIP261	SERVICING-PROV-NPI-NUM
919	CIP261	CIP261	SERVICING-PROV-NPI-NUM
926	CIP265	CIP265	OPERATING-PROV-NPI-NUM
927	CIP265	CIP265	OPERATING-PROV-NPI-NUM
938	CIP273	CIP273	STATE-NOTATION

939	CIP273	CIP273	STATE-NOTATION
940	CIP279	CIP279	HCPCS-RATE
941	CIP284	CIP284	NATIONAL-DRUG-CODE
948	CIP285	CIP285	NDC-UNIT-OF-MEASURE
963	CIP274	CIP274	FILLER
990	CLT014	CLT014	STATE-NOTATION
991	CLT014	CLT014	STATE-NOTATION
992	CLT015	CLT015	FILLER
993	CLT016	CLT016	RECORD-ID

1026		CLT027	
1030		CLT028	
1037	CLT029	CLT029	DIAGNOSIS-CODE-1
1038		CLT029	
1041		CLT030	
1042		CLT030	
1044		CLT031	
1048	CLT032	CLT032	DIAGNOSIS-CODE-2
1052		CLT032	
1055		CLT033	
1056		CLT033	
1058		CLT034	
1062	CLT035	CLT035	DIAGNOSIS-CODE-3
1066		CLT035	

1069		CLT036	
1070		CLT036	
1072		CLT037	
1076	CLT038	CLT038	DIAGNOSIS-CODE-4
1080		CLT038	
1083		CLT039	
1084		CLT039	
1086		CLT040	
1090	CLT041	CLT041	DIAGNOSIS-CODE-5
1094		CLT041	
1097		CLT042	
1098		CLT042	
1100		CLT043	
1193	CLT077	CLT077	FUNDING-SOURCE-NONFEDERAL-SHARE

1228		CLT092	
1231		CLT093	
1234		CLT094	
1237		CLT095	
1240		CLT096	
1243		CLT097	
1246		CLT098	
1249		CLT099	
1252		CLT100	
1255		CLT101	
1261		CLT102	
1267		CLT103	
1273		CLT104	
1279		CLT105	
1285		CLT106	
1291		CLT107	

1297		CLT108	
1303		CLT109	
1309		CLT110	
1315		CLT111	
1377	CLT123	CLT123	ELIGIBLE-LAST-NAME
1378		CLT123	
1379	CLT124	CLT124	ELIGIBLE-FIRST-NAME
1380		CLT124	
1382	CLT125	CLT125	ELIGIBLE-MIDDLE-INIT
1396	CLT128	CLT128	WAIVER-TYPE
1397	CLT128	CLT128	WAIVER-TYPE
1398	CLT129	CLT129	WAIVER-ID
1399	CLT129	CLT129	WAIVER-ID
1400	CLT129	CLT129	WAIVER-ID
1401	CLT129	CLT129	WAIVER-ID
1403	CLT129	CLT129	WAIVER-ID

1404	CLT129	CLT129	WAIVER-ID
1405	CLT129	CLT129	WAIVER-ID
1409	CLT131	CLT131	BILLING-PROV-NPI-NUM
1411	CLT131	CLT131	BILLING-PROV-NPI-NUM
1412	CLT131	CLT131	BILLING-PROV-NPI-NUM
1424	CLT136	CLT136	REFERRING-PROV-NPI-NUM
1426	CLT136	CLT136	REFERRING-PROV-NPI-NUM
1427	CLT136	CLT136	REFERRING-PROV-NPI-NUM
1440		CLT141	

1442		CLT143	
1491	CLT161	CLT161	HEALTH-HOME-ENTITY-NAME
1503		CLT168	
1505		CLT169	
1509		CLT170	
1510	CLT171	CLT171	UNDER-SUPERVISION-OF-PROV-NPI
1516	CLT174	CLT174	ADMITTING-PROV-NPI-NUM
1517	CLT174	CLT174	ADMITTING-PROV-NPI-NUM
1518	CLT174	CLT174	ADMITTING-PROV-NPI-NUM
1530	CLT173	CLT173	STATE-NOTATION
1531		CLT173	

1534	CLT183	CLT183	FILLER
1614	CLT211	CLT211	TYPE-OF-SERVICE
1621	CLT213	CLT213	SERVICING-PROV-NPI-NUM
1622	CLT213	CLT213	SERVICING-PROV-NPI-NUM
1623	CLT213	CLT213	SERVICING-PROV-NPI-NUM
1638	CLT226	CLT226	STATE-NOTATION
1639	CLT226	CLT226	STATE-NOTATION
1640	CLT228	CLT228	NATIONAL-DRUG-CODE
1647	CLT229	CLT229	NDC-UNIT-OF-MEASURE
1663	CLT238	CLT238	FILLER

1690	COT014	COT014	STATE-NOTATION
1691	COT014	COT014	STATE-NOTATION
1692	COT015	COT015	FILLER
1727	COT027	COT027	DIAGNOSIS-CODE-1
1730		COT027	
1733		COT028	
1734		COT028	
1736		COT029	
1737		COT029	
1741	COT030	COT030	DIAGNOSIS-CODE-2
1745		COT030	

1748		COT031	
1749		COT031	
1751		COT032	
1752		COT032	
1829	COT063	COT063	FUNDING-SOURCE-NONFEDERAL-SHARE
1861		COT074	
1864		COT075	
1867		COT076	
1870		COT077	
1873		COT078	
1876		COT079	
1879		COT080	
1882		COT081	
1885		COT082	

1888		COT083	
1894		COT084	
1900		COT085	
1906		COT086	
1912		COT087	
1918		COT088	
1924		COT089	
1930		COT090	
1936		COT091	
1942		COT092	
1948		COT093	
2010	COT105	COT105	ELIGIBLE-LAST-NAME
2011		COT105	
2012	COT106	COT106	ELIGIBLE-FIRST-NAME
2013		COT106	

2015	COT107	COT107	ELIGIBLE-MIDDLE-INIT
2029	COT110	COT110	WAIVER-TYPE
2030	COT110	COT110	WAIVER-TYPE
2031	COT111	COT111	WAIVER-ID
2032	COT111	COT111	WAIVER-ID
2033	COT111	COT111	WAIVER-ID
2034	COT111	COT111	WAIVER-ID
2036	COT111	COT111	WAIVER-ID
2037	COT111	COT111	WAIVER-ID
2038	COT111	COT111	WAIVER-ID
2042	COT113	COT113	BILLING-PROV-NPI-NUM
2044	COT113	COT113	BILLING-PROV-NPI-NUM

2046	COT113	COT113	BILLING-PROV-NPI-NUM
2058	COT118	COT118	REFERRING-PROV-NPI-NUM
2060	COT118	COT118	REFERRING-PROV-NPI-NUM
2061	COT118	COT118	REFERRING-PROV-NPI-NUM
2077		COT125	
2102	COT138	COT138	HEALTH-HOME-ENTITY-NAME
2119		COT147	
2120	COT148	COT148	UNDER-DIRECTION-OF-PROV-NPI
2121		COT148	
2125		COT149	
2126	COT150	COT150	UNDER-SUPERVISION-OF-PROV-NPI
2131	COT152	COT152	STATE-NOTATION

2132	COT152	COT152	STATE-NOTATION
2135	COT153	COT153	FILLER
2200	COT172	COT172	PROCEDURE-CODE-MOD-1
2201	COT172	COT172	PROCEDURE-CODE-MOD-1
2233	COT186	COT186	TYPE-OF-SERVICE
2246	COT190	COT190	SERVICING-PROV-NPI-NUM
2247	COT190	COT190	SERVICING-PROV-NPI-NUM
2248	COT190	COT190	SERVICING-PROV-NPI-NUM
2267	COT200	COT200	ORIGINATION-ADDR-LN2
2269		COT200	
2275	COT203	COT203	ORIGINATION-ZIP-CODE
2278	COT205	COT205	DESTINATION-ADDR-LN2

2280		COT205	
2286	COT208	COT208	DESTINATION-ZIP-CODE
2296	COT214	COT214	STATE-NOTATION
2297	COT214	COT214	STATE-NOTATION
2306	COT227	COT227	PROCEDURE-CODE-MOD-2
2307	COT227	COT227	PROCEDURE-CODE-MOD-2
2311	COT218	COT218	PROCEDURE-CODE-MOD-3
2314	COT218	COT218	PROCEDURE-CODE-MOD-3
2316	COT219	COT219	PROCEDURE-CODE-MOD-4
2319	COT219	COT219	PROCEDURE-CODE-MOD-4
2331	COT224	COT224	NDC-UNIT-OF-MEASURE

2335	COT215	COT215	FILLER
2362	CRX014	CRX014	STATE-NOTATION
2363	CRX014	CRX014	STATE-NOTATION
2364	CRX015	CRX015	FILLER
2449	CRX054	CRX054	FUNDING-SOURCE-NONFEDERAL-SHARE
2473	CRX063	CRX063	ELIGIBLE-LAST-NAME
2474		CRX063	
2475	CRX064	CRX064	ELIGIBLE-FIRST-NAME
2476		CRX064	

2478	CRX065	CRX065	ELIGIBLE-MIDDLE-INIT
2493	CRX068	CRX068	WAIVER-TYPE
2494	CRX069	CRX069	WAIVER-ID
2495	CRX069	CRX069	WAIVER-ID
2496	CRX069	CRX069	WAIVER-ID
2497	CRX069	CRX069	WAIVER-ID
2499	CRX069	CRX069	WAIVER-ID
2500	CRX069	CRX069	WAIVER-ID
2505	CRX071	CRX071	BILLING-PROV-NPI-NUM
2506	CRX071	CRX071	BILLING-PROV-NPI-NUM
2515	CRX075	CRX075	PRESCRIBING-PROV-NPI-NUM
2517	CRX075	CRX075	PRESCRIBING-PROV-NPI-NUM

2560	CRX096	CRX096	HEALTH-HOME-ENTITY-NAME
2578		CRX105	
2579	CRX106	CRX106	STATE-NOTATION
2580	CRX106	CRX106	STATE-NOTATION
2589	CRX107	CRX107	FILLER
2664	CRX134	CRX134	TYPE-OF-SERVICE
2692	CRX153	CRX153	STATE-NOTATION
2693	CRX153	CRX153	STATE-NOTATION
2704	CRX154	CRX154	FILLER

2748	ELG014	ELG014	STATE-NOTATION
2749	ELG014	ELG014	STATE-NOTATION
2750	ELG015	ELG015	FILLER
2766	ELG020	ELG020	ELIGIBLE-FIRST-NAME
2767	ELG021	ELG021	ELIGIBLE-LAST-NAME
2797	ELG028	ELG028	STATE-NOTATION
2798	ELG028	ELG028	STATE-NOTATION
2799	ELG029	ELG029	FILLER
2854		ELG051	

2870	ELG059	ELG059	STATE-NOTATION
2871	ELG059	ELG059	STATE-NOTATION
2872	ELG060	ELG060	FILLER
2893	ELG067	ELG067	ELIGIBLE-ADDR-LN2
2895		ELG067	
2896	ELG068	ELG068	ELIGIBLE-ADDR-LN3
2899		ELG068	
2906	ELG071	ELG071	ELIGIBLE-ZIP-CODE
2913	ELG074	ELG074	TYPE-OF-LIVING-ARRANGEMENT
2914		ELG074	
2927	ELG077	ELG077	STATE-NOTATION

2928	ELG077	ELG077	STATE-NOTATION
2929	ELG078	ELG078	FILLER
2945	ELG083	ELG083	MSIS-CASE-NUM
2956		ELG084	
2965	ELG086	ELG086	PRIMARY-ELIGIBILITY-GROUP-IND
2966	ELG086	ELG086	PRIMARY-ELIGIBILITY-GROUP-IND

2991		ELG096	
3016	ELG101	ELG101	STATE-NOTATION
3017	ELG101	ELG101	STATE-NOTATION
3018	ELG102	ELG102	FILLER
3035	ELG107	ELG107	HEALTH-HOME-SPA-NAME
3036		ELG107	
3038	ELG108	ELG108	HEALTH-HOME-ENTITY-NAME
3063	ELG112	ELG112	STATE-NOTATION
3064	ELG112	ELG112	STATE-NOTATION

3065	ELG113	ELG113	FILLER
3082	ELG118	ELG118	HEALTH-HOME-SPA-NAME
3085	ELG119	ELG119	HEALTH-HOME-ENTITY-NAME
3086		ELG119	
3112	ELG124	ELG124	STATE-NOTATION
3113	ELG124	ELG124	STATE-NOTATION
3114	ELG125	ELG125	FILLER
3151	ELG134	ELG134	STATE-NOTATION
3152	ELG134	ELG134	STATE-NOTATION

3153	ELG135	ELG135	FILLER
3186	ELG144	ELG144	STATE-NOTATION
3187	ELG144	ELG144	STATE-NOTATION
3188	ELG145	ELG145	FILLER
3225	ELG157	ELG157	STATE-NOTATION
3226	ELG157	ELG157	STATE-NOTATION
3227	ELG158	ELG158	FILLER
3261	ELG166	ELG166	STATE-NOTATION

3262	ELG166	ELG166	STATE-NOTATION
3263	ELG167	ELG167	FILLER
3279	ELG172	ELG172	WAIVER-ID
3280	ELG172	ELG172	WAIVER-ID
3300	ELG176	ELG176	STATE-NOTATION
3301	ELG176	ELG176	STATE-NOTATION
3302	ELG177	ELG177	FILLER
3335	ELG186	ELG186	STATE-NOTATION

3336	ELG186	ELG186	STATE-NOTATION
3337	ELG187	ELG187	FILLER
3386	ELG198	ELG198	STATE-NOTATION
3387	ELG198	ELG198	STATE-NOTATION
3388	ELG199	ELG199	FILLER

3405		ELG204	
3425	ELG207	ELG207	STATE-NOTATION
3426	ELG207	ELG207	STATE-NOTATION
3427	ELG208	ELG208	FILLER

3444		ELG213	
3445	ELG214	ELG214	RACE-OTHER
3465	ELG218	ELG218	STATE-NOTATION
3466	ELG218	ELG218	STATE-NOTATION
3467	ELG219	ELG219	FILLER

3503	ELG227	ELG227	STATE-NOTATION
3504	ELG227	ELG227	STATE-NOTATION
3505	ELG228	ELG228	FILLER
3540	ELG236	ELG236	STATE-NOTATION
3541	ELG236	ELG236	STATE-NOTATION
3542	ELG237	ELG237	FILLER
3566	ELG245	ELG245	STATE-NOTATION

3567	ELG245	ELG245	STATE-NOTATION
3568	ELG246	ELG246	FILLER
3597	ELG255	ELG255	STATE-NOTATION
3598	ELG256	ELG256	FILLER
3641	MCR014	MCR014	STATE-NOTATION
3642	MCR014	MCR014	STATE-NOTATION
3643	MCR012	MCR012	FILLER

3669	MCR022	MCR022	MANAGED-CARE-NAME
3698	MCR032	MCR032	STATE-NOTATION
3699	MCR032	MCR032	STATE-NOTATION
3700	MCR033	MCR033	FILLER
3739	MCR043	MCR043	MANAGED-CARE-ADDR-LN2
3741		MCR043	
3742	MCR044	MCR044	MANAGED-CARE-ADDR-LN3
3744		MCR044	
3753	MCR047	MCR047	MANAGED-CARE-ZIP-CODE
3763		MCR050	
3767	MCR052	MCR052	STATE-NOTATION

3768	MCR052	MCR052	STATE-NOTATION
3769	MCR053	MCR053	FILLER
3805	MCR061	MCR061	STATE-NOTATION
3806	MCR061	MCR061	STATE-NOTATION
3807	MCR062	MCR062	FILLER
3826	MCR068	MCR068	WAIVER-ID
3842	MCR071	MCR071	STATE-NOTATION
3843	MCR071	MCR071	STATE-NOTATION

3844	MCR072	MCR072	FILLER
3878	MCR080	MCR080	STATE-NOTATION
3879	MCR080	MCR080	STATE-NOTATION
3880	MCR081	MCR081	FILLER
3910	MCR089	MCR089	STATE-NOTATION
3911	MCR089	MCR089	STATE-NOTATION
3912	MCR090	MCR090	FILLER
3939	MCR097	MCR097	NATIONAL-HEALTH-CARE-ENTITY-NAME
3941		MCR097	

3958	MCR100	MCR100	STATE-NOTATION
3959	MCR100	MCR100	STATE-NOTATION
3960	MCR101	MCR101	FILLER
3995	MCR110	MCR110	STATE-NOTATION
3996	MCR110	MCR110	STATE-NOTATION
3997	MCR111	MCR111	FILLER
4038	PRV014	PRV014	STATE-NOTATION

4039	PRV014	PRV014	STATE-NOTATION
4040	PRV012	PRV012	FILLER
4064	PRV022	PRV022	PROV-DOING-BUSINESS-AS-NAME
4065	PRV022	PRV022	PROV-DOING-BUSINESS-AS-NAME
4066		PRV022	
4068	PRV023	PRV023	PROV-LEGAL-NAME
4069	PRV023	PRV023	PROV-LEGAL-NAME
4070		PRV023	
4072	PRV024	PRV024	PROV-ORGANIZATION-NAME
4076		PRV024	
4077	PRV025	PRV025	PROV-TAX-NAME
4078	PRV025	PRV025	PROV-TAX-NAME

4079		PRV025	
4085	PRV028	PRV028	PROV-FIRST-NAME
4091	PRV030	PRV030	PROV-LAST-NAME
4112	PRV037	PRV037	STATE-NOTATION
4113	PRV037	PRV037	STATE-NOTATION
4114	PRV038	PRV038	FILLER
4129	PRV043	PRV043	PROV-LOCATION-ID
4151	PRV048	PRV048	ADDR-LN2
4155		PRV048	
4156	PRV049	PRV049	ADDR-LN3
4161		PRV049	
4174	PRV052	PRV052	ADDR-ZIP-CODE
4189	PRV056	PRV056	ADDR-BORDER-STATE-IND

4196	PRV058	PRV058	STATE-NOTATION
4197	PRV058	PRV058	STATE-NOTATION
4198	PRV059	PRV059	FILLER
4214	PRV064	PRV064	PROV-LOCATION-ID
4245	PRV070	PRV070	STATE-NOTATION
4246	PRV070	PRV070	STATE-NOTATION
4247	PRV071	PRV071	FILLER
4263	PRV076	PRV076	PROV-LOCATION-ID
4297	PRV082	PRV082	STATE-NOTATION

4298	PRV082	PRV082	STATE-NOTATION
4299	PRV083	PRV083	FILLER
4333	PRV092	PRV092	STATE-NOTATION
4334	PRV092	PRV092	STATE-NOTATION
4335	PRV093	PRV093	FILLER
4373	PRV104	PRV104	STATE-NOTATION
4374	PRV104	PRV104	STATE-NOTATION

4375	PRV105	PRV105	FILLER
4405	PRV113	PRV113	STATE-NOTATION
4406	PRV113	PRV113	STATE-NOTATION
4407	PRV114	PRV114	FILLER
4446	PRV123	PRV123	STATE-NOTATION
4447	PRV123	PRV123	STATE-NOTATION
4448	PRV124	PRV124	FILLER
4464	PRV129	PRV129	PROV-LOCATION-ID

4485	PRV136	PRV136	STATE-NOTATION
4486	PRV136	PRV136	STATE-NOTATION
4487	PRV137	PRV137	FILLER
4528	TPL014	TPL014	STATE-NOTATION
4529	TPL014	TPL014	STATE-NOTATION
4530	TPL015	TPL015	FILLER
4550	TPL022	TPL022	ELIGIBLE-FIRST-NAME
4552	TPL024	TPL024	ELIGIBLE-LAST-NAME
4563	TPL027	TPL027	STATE-NOTATION

4564	TPL027	TPL027	STATE-NOTATION
4565	TPL028	TPL028	FILLER
4600	TPL044	TPL044	POLICY-OWNER-FIRST-NAME
4603	TPL045	TPL045	POLICY-OWNER-LAST-NAME
4630	TPL050	TPL050	STATE-NOTATION
4631	TPL050	TPL050	STATE-NOTATION
4632	TPL051	TPL051	FILLER
4668	TPL061	TPL061	STATE-NOTATION

4669	TPL061	TPL061	STATE-NOTATION
4670	TPL062	TPL062	FILLER
4706	TPL070	TPL070	STATE-NOTATION
4707	TPL070	TPL070	STATE-NOTATION
4708	TPL071	TPL071	FILLER
4734	TPL082	TPL082	INSURANCE-CARRIER-ZIP-CODE
4752	TPL086	TPL086	STATE-NOTATION
4753	TPL086	TPL086	STATE-NOTATION

4768	TPL094	TPL094	NATIONAL-HEALTH-CARE-ENTITY-NAME
4769		TPL094	
4770	TPL087	TPL087	FILLER

B - DATA_ELEMENT_NAME	O - CR_NO	O - CR_NO
STATE-NOTATION	CIP014-0001	CIP014-0001
STATE-NOTATION	CIP014-0002	CIP014-0002
FILLER	CIP015-0001	CIP015-0001
ADMITTING-DIAGNOSIS-CODE		CIP030-0005
ADMITTING-DIAGNOSIS-CODE-FLAG		CIP031-0003
DIAGNOSIS-CODE-1	CIP032-0007	CIP032-0007
DIAGNOSIS-CODE-1		CIP032-0008
DIAGNOSIS-CODE-FLAG-1		CIP033-0003
DIAGNOSIS-CODE-FLAG-1		CIP033-0004
DIAGNOSIS-POA-FLAG-1		CIP034-0002

DIAGNOSIS-CODE-2	CIP035-0004	CIP035-0004
DIAGNOSIS-CODE-2		CIP035-0008
DIAGNOSIS-CODE-FLAG-2		CIP036-0003
DIAGNOSIS-CODE-FLAG-2		CIP036-0004
DIAGNOSIS-POA-FLAG-2		CIP037-0002
DIAGNOSIS-CODE-3	CIP038-0004	CIP038-0004
DIAGNOSIS-CODE-4		CIP038-0008
DIAGNOSIS-CODE-FLAG-3		CIP039-0003
DIAGNOSIS-CODE-FLAG-3		CIP039-0004
DIAGNOSIS-POA-FLAG-3		CIP040-0002
DIAGNOSIS-CODE-4	CIP041-0004	CIP041-0004
DIAGNOSIS-CODE-4		CIP041-0008
DIAGNOSIS-CODE-FLAG-4		CIP042-0003
DIAGNOSIS-CODE-FLAG-4		CIP042-0004

DIAGNOSIS-POA-FLAG-4		CIP043-0002
DIAGNOSIS-CODE-5	CIP044-0004	CIP044-0004
DIAGNOSIS-CODE-5		CIP044-0008
DIAGNOSIS-CODE-FLAG-5		CIP045-0003
DIAGNOSIS-CODE-FLAG-5		CIP045-0004
DIAGNOSIS-POA-FLAG-5		CIP046-0002
DIAGNOSIS-CODE-6	CIP047-0004	CIP047-0004
DIAGNOSIS-CODE-6		CIP047-0008
DIAGNOSIS-CODE-FLAG-6		CIP048-0003
DIAGNOSIS-CODE-FLAG-6		CIP048-0004
DIAGNOSIS-POA-FLAG-6		CIP049-0002
DIAGNOSIS-CODE-7	CIP050-0004	CIP050-0004
DIAGNOSIS-CODE-7		CIP050-0008
DIAGNOSIS-CODE-FLAG-7		CIP051-0003

DIAGNOSIS-CODE-FLAG-7		CIP051-0004
DIAGNOSIS-POA-FLAG-7		CIP052-0002
DIAGNOSIS-CODE-8	CIP053-0004	CIP053-0004
DIAGNOSIS-CODE-8		CIP053-0008
DIAGNOSIS-CODE-FLAG-8		CIP054-0003
DIAGNOSIS-CODE-FLAG-8		CIP054-0004
DIAGNOSIS-POA-FLAG-8		CIP055-0002
DIAGNOSIS-CODE-9	CIP056-0004	CIP056-0004
DIAGNOSIS-CODE-9		CIP056-0008
DIAGNOSIS-CODE-FLAG-9		CIP057-0003
DIAGNOSIS-CODE-FLAG-9		CIP057-0004
DIAGNOSIS-POA-FLAG-9	CIP058-0001	CIP058-0001

DIAGNOSIS-POA-FLAG-9		CIP058-0002
DIAGNOSIS-CODE-10	CIP059-0004	CIP059-0004
DIAGNOSIS-CODE-10		CIP059-0008
DIAGNOSIS-CODE-FLAG-10		CIP060-0003
DIAGNOSIS-CODE-FLAG-10		CIP060-0004
DIAGNOSIS-POA-FLAG-10		CIP061-0002
DIAGNOSIS-CODE-11	CIP062-0004	CIP062-0004
DIAGNOSIS-CODE-11		CIP062-0008
DIAGNOSIS-CODE-FLAG-11		CIP063-0003
DIAGNOSIS-CODE-FLAG-11		CIP063-0004
DIAGNOSIS-POA-FLAG-11		CIP064-0002
DIAGNOSIS-CODE-12	CIP065-0004	CIP065-0004
DIAGNOSIS-CODE-12		CIP065-0008
DIAGNOSIS-CODE-FLAG-12		CIP066-0003

DIAGNOSIS-CODE-FLAG-12		CIP066-0004
DIAGNOSIS-POA-FLAG-12		CIP067-0002
PROCEDURE-CODE-1		CIP070-0003
PROCEDURE-CODE-MOD-1		CIP071-0004
PROCEDURE-CODE-FLAG-1		CIP072-0003
PROCEDURE-CODE-DATE-1		CIP073-0007
PROCEDURE-CODE-2		CIP074-0012
PROCEDURE-CODE-MOD-2		CIP075-0005
PROCEDURE-CODE-FLAG-2		CIP076-0004
PROCEDURE-CODE-DATE-2		CIP077-0006
PROCEDURE-CODE-3		CIP078-0012
PROCEDURE-CODE-MOD-3		CIP079-0005

PROCEDURE-CODE-FLAG-3		CIP080-0004
PROCEDURE-CODE-DATE-3		CIP081-0008
PROCEDURE-CODE-4		CIP082-0013
PROCEDURE-CODE-MOD-4		CIP083-0006
PROCEDURE-CODE-FLAG-4		CIP084-0004
PROCEDURE-CODE-DATE-4		CIP085-0007
PROCEDURE-CODE-5		CIP086-0012
PROCEDURE-CODE-MOD-5		CIP087-0005
PROCEDURE-CODE-FLAG-5		CIP088-0004
PROCEDURE-CODE-DATE-5		CIP089-0007
PROCEDURE-CODE-6		CIP090-0012
PROCEDURE-CODE-MOD-6		CIP091-0005

PROCEDURE-CODE-FLAG-6		CIP092-0005
PROCEDURE-CODE-DATE-6		CIP093-0007
FUNDING-SOURCE-NONFEDERAL-SHARE	CIP127-0001	CIP127-0001
OCCURRENCE-CODE-01		CIP140-0003
OCCURRENCE-CODE-02		CIP141-0003
OCCURRENCE-CODE-03		CIP142-0003
OCCURRENCE-CODE-04		CIP143-0003
OCCURRENCE-CODE-05		CIP144-0003
OCCURRENCE-CODE-06		CIP145-0003
OCCURRENCE-CODE-07		CIP146-0003
OCCURRENCE-CODE-08		CIP147-0003
OCCURRENCE-CODE-09		CIP148-0003
OCCURRENCE-CODE-10		CIP149-0003
OCCURRENCE-CODE-EFF-DATE-01		CIP150-0006

OCCURRENCE-CODE-EFF-DATE-02		CIP151-0006
OCCURRENCE-CODE-EFF-DATE-03		CIP152-0006
OCCURRENCE-CODE-EFF-DATE-04		CIP153-0006
OCCURRENCE-CODE-EFF-DATE-05		CIP154-0006
OCCURRENCE-CODE-EFF-DATE-06		CIP155-0006
OCCURRENCE-CODE-EFF-DATE-07		CIP156-0006
OCCURRENCE-CODE-EFF-DATE-08		CIP157-0006
OCCURRENCE-CODE-EFF-DATE-09		CIP158-0006
OCCURRENCE-CODE-EFF-DATE-10		CIP159-0006
ELIGIBLE-LAST-NAME	CIP172-0001	CIP172-0001
ELIGIBLE-LAST-NAME		CIP172-0002
ELIGIBLE-FIRST-NAME	CIP173-0001	CIP173-0001
ELIGIBLE-FIRST-NAME		CIP173-0002
ELIGIBLE-MIDDLE-INIT	CIP174-0002	CIP174-0002
WAIVER-TYPE	CIP177-0004	CIP177-0004

WAIVER-TYPE	CIP177-0005	CIP177-0005
WAIVER-ID	CIP178-0001	CIP178-0001
WAIVER-ID	CIP178-0002	CIP178-0002
WAIVER-ID	CIP178-0003	CIP178-0003
WAIVER-ID	CIP178-0004	CIP178-0004
WAIVER-ID	CIP178-0006	CIP178-0006
WAIVER-ID	CIP178-0007	CIP178-0007
WAIVER-ID	CIP178-0008	CIP178-0008
BILLING-PROV-NPI-NUM	CIP180-0001	CIP180-0001
BILLING-PROV-NPI-NUM	CIP180-0003	CIP180-0003
BILLING-PROV-NPI-NUM	CIP180-0004	CIP180-0004
ADMITTING-PROV-NPI-NUM	CIP184-0002	CIP184-0002
ADMITTING-PROV-NPI-NUM	CIP184-0003	CIP184-0003

ADMITTING-PROV-NPI-NUM	CIP184-0004	CIP184-0004
REFERRING-PROV-NPI-NUM	CIP190-0001	CIP190-0001
REFERRING-PROV-NPI-NUM	CIP190-0003	CIP190-0003
REFERRING-PROV-NPI-NUM	CIP190-0004	CIP190-0004
PATIENT-STATUS		CIP199-0003
BMI		CIP201-0002
HEALTH-HOME-ENTITY-NAME	CIP214-0001	CIP214-0001
MEDICARE-BENEFICIARY-IDENTIFIER		CIP222-0003
UNDER-DIRECTION-OF-PROV-NPI	CIP224-0001	CIP224-0001
UNDER-DIRECTION-OF-PROV-NPI		CIP224-0003
UNDER-DIRECTION-OF-PROV-TAXONOMY		CIP225-0004

UNDER-SUPERVISION-OF-PROV-NPI	CIP226-0001	CIP226-0001
STATE-NOTATION	CIP229-0001	CIP229-0001
STATE-NOTATION	CIP229-0002	CIP229-0002
PROV-LOCATION-ID	CIP289-0001	CIP289-0001
PROV-LOCATION-ID	CIP289-0002	CIP289-0002
FILLER	CIP230-0001	CIP230-0001
TYPE-OF-SERVICE	CIP257-0005	CIP257-0005
SERVICING-PROV-NPI-NUM	CIP261-0002	CIP261-0002
SERVICING-PROV-NPI-NUM	CIP261-0003	CIP261-0003
SERVICING-PROV-NPI-NUM	CIP261-0004	CIP261-0004
OPERATING-PROV-NPI-NUM	CIP265-0002	CIP265-0002
OPERATING-PROV-NPI-NUM	CIP265-0003	CIP265-0003
STATE-NOTATION	CIP273-0001	CIP273-0001

STATE-NOTATION	CIP273-0002	CIP273-0002
HCPCS-RATE	CIP279-0001	CIP279-0001
NATIONAL-DRUG-CODE	CIP284-0001	CIP284-0001
NDC-UNIT-OF-MEASURE	CIP285-0001	CIP285-0001
FILLER	CIP274-0001	CIP274-0001
STATE-NOTATION	CLT014-0001	CLT014-0001
STATE-NOTATION	CLT014-0002	CLT014-0002
FILLER	CLT015-0001	CLT015-0001
RECORD-ID	CLT016-0001	CLT016-0001

ADMITTING-DIAGNOSIS-CODE		CLT027-0004
ADMITTING-DIAGNOSIS-CODE-FLAG		CLT028-0003
DIAGNOSIS-CODE-1	CLT029-0007	CLT029-0007
DIAGNOSIS-CODE-1		CLT029-0008
DIAGNOSIS-CODE-FLAG-1		CLT030-0003
DIAGNOSIS-CODE-FLAG-1		CLT030-0004
DIAGNOSIS-POA-FLAG-1		CLT031-0002
DIAGNOSIS-CODE-2	CLT032-0004	CLT032-0004
DIAGNOSIS-CODE-2		CLT032-0008
DIAGNOSIS-CODE-FLAG-2		CLT033-0003
DIAGNOSIS-CODE-FLAG-2		CLT033-0004
DIAGNOSIS-POA-FLAG-2		CLT034-0002
DIAGNOSIS-CODE-3	CLT035-0004	CLT035-0004
DIAGNOSIS-CODE-3		CLT035-0008

DIAGNOSIS-CODE-FLAG-3		CLT036-0003
DIAGNOSIS-CODE-FLAG-3		CLT036-0004
DIAGNOSIS-POA-FLAG-3		CLT037-0002
DIAGNOSIS-CODE-4	CLT038-0004	CLT038-0004
DIAGNOSIS-CODE-4		CLT038-0008
DIAGNOSIS-CODE-FLAG-4		CLT039-0003
DIAGNOSIS-CODE-FLAG-4		CLT039-0004
DIAGNOSIS-POA-FLAG-4		CLT040-0002
DIAGNOSIS-CODE-5	CLT041-0004	CLT041-0004
DIAGNOSIS-CODE-5		CLT041-0008
DIAGNOSIS-CODE-FLAG-5		CLT042-0003
DIAGNOSIS-CODE-FLAG-5		CLT042-0004
DIAGNOSIS-POA-FLAG-5		CLT043-0002
FUNDING-SOURCE-NONFEDERAL-SHARE	CLT077-0001	CLT077-0001

OCCURRENCE-CODE-01		CLT092-0003
OCCURRENCE-CODE-02		CLT093-0003
OCCURRENCE-CODE-03		CLT094-0003
OCCURRENCE-CODE-04		CLT095-0003
OCCURRENCE-CODE-05		CLT096-0003
OCCURRENCE-CODE-06		CLT097-0003
OCCURRENCE-CODE-07		CLT098-0003
OCCURRENCE-CODE-08		CLT099-0003
OCCURRENCE-CODE-09		CLT100-0003
OCCURRENCE-CODE-10		CLT101-0003
OCCURRENCE-CODE-EFF-DATE-01		CLT102-0006
OCCURRENCE-CODE-EFF-DATE-02		CLT103-0006
OCCURRENCE-CODE-EFF-DATE-03		CLT104-0006
OCCURRENCE-CODE-EFF-DATE-04		CLT105-0006
OCCURRENCE-CODE-EFF-DATE-05		CLT106-0006
OCCURRENCE-CODE-EFF-DATE-06		CLT107-0006

OCCURRENCE-CODE-EFF-DATE-07		CLT108-0006
OCCURRENCE-CODE-EFF-DATE-08		CLT109-0006
OCCURRENCE-CODE-EFF-DATE-09		CLT110-0006
OCCURRENCE-CODE-EFF-DATE-10		CLT111-0006
ELIGIBLE-LAST-NAME	CLT123-0001	CLT123-0001
ELIGIBLE-LAST-NAME		CLT123-0002
ELIGIBLE-FIRST-NAME	CLT124-0001	CLT124-0001
ELIGIBLE-FIRST-NAME		CLT124-0002
ELIGIBLE-MIDDLE-INIT	CLT125-0002	CLT125-0002
WAIVER-TYPE	CLT128-0004	CLT128-0004
WAIVER-TYPE	CLT128-0005	CLT128-0005
WAIVER-ID	CLT129-0001	CLT129-0001
WAIVER-ID	CLT129-0002	CLT129-0002
WAIVER-ID	CLT129-0003	CLT129-0003
WAIVER-ID	CLT129-0004	CLT129-0004
WAIVER-ID	CLT129-0006	CLT129-0006

WAIVER-ID	CLT129-0007	CLT129-0007
WAIVER-ID	CLT129-0008	CLT129-0008
BILLING-PROV-NPI-NUM	CLT131-0001	CLT131-0001
BILLING-PROV-NPI-NUM	CLT131-0003	CLT131-0003
BILLING-PROV-NPI-NUM	CLT131-0004	CLT131-0004
REFERRING-PROV-NPI-NUM	CLT136-0001	CLT136-0001
REFERRING-PROV-NPI-NUM	CLT136-0003	CLT136-0003
REFERRING-PROV-NPI-NUM	CLT136-0004	CLT136-0004
PATIENT-STATUS		CLT141-0003

BMI		CLT143-0002
HEALTH-HOME-ENTITY-NAME	CLT161-0001	CLT161-0001
MEDICARE-BENEFICIARY-IDENTIFIER		CLT168-0003
UNDER-DIRECTION-OF-PROV-NPI		CLT169-0002
UNDER-DIRECTION-OF-PROV-TAXONOMY		CLT170-0004
UNDER-SUPERVISION-OF-PROV-NPI	CLT171-0001	CLT171-0001
ADMITTING-PROV-NPI-NUM	CLT174-0002	CLT174-0002
ADMITTING-PROV-NPI-NUM	CLT174-0003	CLT174-0003
ADMITTING-PROV-NPI-NUM	CLT174-0004	CLT174-0004
STATE-NOTATION	CLT173-0001	CLT173-0001
STATE-NOTATION		CLT173-0002

FILLER	CLT183-0001	CLT183-0001
TYPE-OF-SERVICE	CLT211-0005	CLT211-0005
SERVICING-PROV-NPI-NUM	CLT213-0002	CLT213-0002
SERVICING-PROV-NPI-NUM	CLT213-0003	CLT213-0003
SERVICING-PROV-NPI-NUM	CLT213-0004	CLT213-0004
STATE-NOTATION	CLT226-0001	CLT226-0001
STATE-NOTATION	CLT226-0002	CLT226-0002
NATIONAL-DRUG-CODE	CLT228-0001	CLT228-0001
NDC-UNIT-OF-MEASURE	CLT229-0001	CLT229-0001
FILLER	CLT238-0001	CLT238-0001

STATE-NOTATION	COT014-0001	COT014-0001
STATE-NOTATION	COT014-0002	COT014-0002
FILLER	COT015-0001	COT015-0001
DIAGNOSIS-CODE-1	COT027-0005	COT027-0005
DIAGNOSIS-CODE-1		COT027-0008
DIAGNOSIS-CODE-FLAG-1		COT028-0003
DIAGNOSIS-CODE-FLAG-1		COT028-0004
DIAGNOSIS-POA-FLAG-1		COT029-0002
DIAGNOSIS-POA-FLAG-1		COT029-0003
DIAGNOSIS-CODE-2	COT030-0004	COT030-0004
DIAGNOSIS-CODE-2		COT030-0008

DIAGNOSIS-CODE-FLAG-2		COT031-0003
DIAGNOSIS-CODE-FLAG-2		COT031-0004
DIAGNOSIS-POA-FLAG-2		COT032-0002
DIAGNOSIS-POA-FLAG-2		COT032-0003
FUNDING-SOURCE-NONFEDERAL-SHARE	COT063-0001	COT063-0001
OCCURRENCE-CODE-01		COT074-0003
OCCURRENCE-CODE-02		COT075-0003
OCCURRENCE-CODE-03		COT076-0003
OCCURRENCE-CODE-04		COT077-0003
OCCURRENCE-CODE-05		COT078-0003
OCCURRENCE-CODE-06		COT079-0003
OCCURRENCE-CODE-07		COT080-0003
OCCURRENCE-CODE-08		COT081-0003
OCCURRENCE-CODE-09		COT082-0003

OCCURRENCE-CODE-10		COT083-0003
OCCURRENCE-CODE-EFF-DATE-01		COT084-0006
OCCURRENCE-CODE-EFF-DATE-02		COT085-0006
OCCURRENCE-CODE-EFF-DATE-03		COT086-0006
OCCURRENCE-CODE-EFF-DATE-04		COT087-0006
OCCURRENCE-CODE-EFF-DATE-05		COT088-0006
OCCURRENCE-CODE-EFF-DATE-06		COT089-0006
OCCURRENCE-CODE-EFF-DATE-07		COT090-0006
OCCURRENCE-CODE-EFF-DATE-08		COT091-0006
OCCURRENCE-CODE-EFF-DATE-09		COT092-0006
OCCURRENCE-CODE-EFF-DATE-10		COT093-0006
ELIGIBLE-LAST-NAME	COT105-0001	COT105-0001
ELIGIBLE-LAST-NAME		COT105-0002
ELIGIBLE-FIRST-NAME	COT106-0001	COT106-0001
ELIGIBLE-FIRST-NAME		COT106-0002

ELIGIBLE-MIDDLE-INIT	COT107-0002	COT107-0002
WAIVER-TYPE	COT110-0004	COT110-0004
WAIVER-TYPE	COT110-0006	COT110-0006
WAIVER-ID	COT111-0001	COT111-0001
WAIVER-ID	COT111-0002	COT111-0002
WAIVER-ID	COT111-0003	COT111-0003
WAIVER-ID	COT111-0004	COT111-0004
WAIVER-ID	COT111-0006	COT111-0006
WAIVER-ID	COT111-0007	COT111-0007
WAIVER-ID	COT111-0008	COT111-0008
BILLING-PROV-NPI-NUM	COT113-0001	COT113-0001
BILLING-PROV-NPI-NUM	COT113-0003	COT113-0003

BILLING-PROV-NPI-NUM	COT113-0005	COT113-0005
REFERRING-PROV-NPI-NUM	COT118-0001	COT118-0001
REFERRING-PROV-NPI-NUM	COT118-0003	COT118-0003
REFERRING-PROV-NPI-NUM	COT118-0004	COT118-0004
BMI		COT125-0002
HEALTH-HOME-ENTITY-NAME	COT138-0001	COT138-0001
MEDICARE-BENEFICIARY-IDENTIFIER		COT147-0003
UNDER-DIRECTION-OF-PROV-NPI	COT148-0001	COT148-0001
UNDER-DIRECTION-OF-PROV-NPI		COT148-0002
UNDER-DIRECTION-OF-PROV-TAXONOMY		COT149-0004
UNDER-SUPERVISION-OF-PROV-NPI	COT150-0001	COT150-0001
STATE-NOTATION	COT152-0001	COT152-0001

STATE-NOTATION	COT152-0002	COT152-0002
FILLER	COT153-0001	COT153-0001
PROCEDURE-CODE-MOD-1	COT172-0002	COT172-0002
PROCEDURE-CODE-MOD-1	COT172-0003	COT172-0003
TYPE-OF-SERVICE	COT186-0005	COT186-0005
SERVICING-PROV-NPI-NUM	COT190-0002	COT190-0002
SERVICING-PROV-NPI-NUM	COT190-0003	COT190-0003
SERVICING-PROV-NPI-NUM	COT190-0004	COT190-0004
ORIGINATION-ADDR-LN2	COT200-0001	COT200-0001
ORIGINATION-ADDR-LN2		COT200-0003
ORIGINATION-ZIP-CODE	COT203-0002	COT203-0002
DESTINATION-ADDR-LN2	COT205-0001	COT205-0001

DESTINATION-ADDR-LN2		COT205-0003
DESTINATION-ZIP-CODE	COT208-0002	COT208-0002
STATE-NOTATION	COT214-0001	COT214-0001
STATE-NOTATION	COT214-0002	COT214-0002
PROCEDURE-CODE-MOD-2	COT227-0002	COT227-0002
PROCEDURE-CODE-MOD-2	COT227-0003	COT227-0003
PROCEDURE-CODE-MOD-3	COT218-0002	COT218-0002
PROCEDURE-CODE-MOD-3	COT218-0005	COT218-0005
PROCEDURE-CODE-MOD-4	COT219-0002	COT219-0002
PROCEDURE-CODE-MOD-4	COT219-0005	COT219-0005
NDC-UNIT-OF-MEASURE	COT224-0001	COT224-0001

FILLER	COT215-0001	COT215-0001
STATE-NOTATION	CRX014-0001	CRX014-0001
STATE-NOTATION	CRX014-0002	CRX014-0002
FILLER	CRX015-0001	CRX015-0001
FUNDING-SOURCE-NONFEDERAL-SHARE	CRX054-0001	CRX054-0001
ELIGIBLE-LAST-NAME	CRX063-0001	CRX063-0001
ELIGIBLE-LAST-NAME		CRX063-0002
ELIGIBLE-FIRST-NAME	CRX064-0001	CRX064-0001
ELIGIBLE-FIRST-NAME		CRX064-0002

ELIGIBLE-MIDDLE-INIT	CRX065-0002	CRX065-0002
WAIVER-TYPE	CRX068-0005	CRX068-0005
WAIVER-ID	CRX069-0001	CRX069-0001
WAIVER-ID	CRX069-0002	CRX069-0002
WAIVER-ID	CRX069-0003	CRX069-0003
WAIVER-ID	CRX069-0004	CRX069-0004
WAIVER-ID	CRX069-0006	CRX069-0006
WAIVER-ID	CRX069-0007	CRX069-0007
BILLING-PROV-NPI-NUM	CRX071-0002	CRX071-0002
BILLING-PROV-NPI-NUM	CRX071-0003	CRX071-0003
PRESCRIBING-PROV-NPI-NUM	CRX075-0001	CRX075-0001
PRESCRIBING-PROV-NPI-NUM	CRX075-0003	CRX075-0003

HEALTH-HOME-ENTITY-NAME	CRX096-0001	CRX096-0001
MEDICARE-BENEFICIARY-IDENTIFIER		CRX105-0003
STATE-NOTATION	CRX106-0001	CRX106-0001
STATE-NOTATION	CRX106-0002	CRX106-0002
FILLER	CRX107-0001	CRX107-0001
TYPE-OF-SERVICE	CRX134-0002	CRX134-0002
STATE-NOTATION	CRX153-0001	CRX153-0001
STATE-NOTATION	CRX153-0002	CRX153-0002
FILLER	CRX154-0001	CRX154-0001

STATE-NOTATION	ELG014-0001	ELG014-0001
STATE-NOTATION	ELG014-0002	ELG014-0002
FILLER	ELG015-0001	ELG015-0001
ELIGIBLE-FIRST-NAME	ELG020-0001	ELG020-0001
ELIGIBLE-LAST-NAME	ELG021-0001	ELG021-0001
STATE-NOTATION	ELG028-0001	ELG028-0001
STATE-NOTATION	ELG028-0002	ELG028-0002
FILLER	ELG029-0001	ELG029-0001
MEDICARE-BENEFICIARY-IDENTIFIER		ELG051-0003

STATE-NOTATION	ELG059-0001	ELG059-0001
STATE-NOTATION	ELG059-0002	ELG059-0002
FILLER	ELG060-0001	ELG060-0001
ELIGIBLE-ADDR-LN2	ELG067-0001	ELG067-0001
ELIGIBLE-ADDR-LN2		ELG067-0003
ELIGIBLE-ADDR-LN3	ELG068-0001	ELG068-0001
ELIGIBLE-ADDR-LN3		ELG068-0004
ELIGIBLE-ZIP-CODE	ELG071-0002	ELG071-0002
TYPE-OF-LIVING-ARRANGEMENT	ELG074-0001	ELG074-0001
TYPE-OF-LIVING-ARRANGEMENT		ELG074-0002
STATE-NOTATION	ELG077-0001	ELG077-0001

STATE-NOTATION	ELG077-0002	ELG077-0002
FILLER	ELG078-0001	ELG078-0001
MSIS-CASE-NUM	ELG083-0001	ELG083-0001
MEDICAID-BASIS-OF-ELIGIBILITY		ELG084-0009
PRIMARY-ELIGIBILITY-GROUP-IND	ELG086-0002	ELG086-0002
PRIMARY-ELIGIBILITY-GROUP-IND	ELG086-0003	ELG086-0003

MAINTENANCE-ASSISTANCE-STATUS		ELG096-0006
STATE-NOTATION	ELG101-0001	ELG101-0001
STATE-NOTATION	ELG101-0002	ELG101-0002
FILLER	ELG102-0001	ELG102-0001
HEALTH-HOME-SPA-NAME	ELG107-0002	ELG107-0002
HEALTH-HOME-SPA-NAME		ELG107-0003
HEALTH-HOME-ENTITY-NAME	ELG108-0002	ELG108-0002
STATE-NOTATION	ELG112-0001	ELG112-0001
STATE-NOTATION	ELG112-0002	ELG112-0002

FILLER	ELG113-0001	ELG113-0001
HEALTH-HOME-SPA-NAME	ELG118-0002	ELG118-0002
HEALTH-HOME-ENTITY-NAME	ELG119-0003	ELG119-0003
HEALTH-HOME-ENTITY-NAME		ELG119-0004
STATE-NOTATION	ELG124-0001	ELG124-0001
STATE-NOTATION	ELG124-0002	ELG124-0002
FILLER	ELG125-0001	ELG125-0001
STATE-NOTATION	ELG134-0001	ELG134-0001
STATE-NOTATION	ELG134-0002	ELG134-0002

FILLER	ELG135-0001	ELG135-0001
STATE-NOTATION	ELG144-0001	ELG144-0001
STATE-NOTATION	ELG144-0002	ELG144-0002
FILLER	ELG145-0001	ELG145-0001
STATE-NOTATION	ELG157-0001	ELG157-0001
STATE-NOTATION	ELG157-0002	ELG157-0002
FILLER	ELG158-0001	ELG158-0001
STATE-NOTATION	ELG166-0001	ELG166-0001

STATE-NOTATION	ELG166-0002	ELG166-0002
FILLER	ELG167-0001	ELG167-0001
WAIVER-ID	ELG172-0001	ELG172-0001
WAIVER-ID	ELG172-0002	ELG172-0002
STATE-NOTATION	ELG176-0001	ELG176-0001
STATE-NOTATION	ELG176-0002	ELG176-0002
FILLER	ELG177-0001	ELG177-0001
STATE-NOTATION	ELG186-0001	ELG186-0001

STATE-NOTATION	ELG186-0002	ELG186-0002
FILLER	ELG187-0001	ELG187-0001
STATE-NOTATION	ELG198-0001	ELG198-0001
STATE-NOTATION	ELG198-0002	ELG198-0002
FILLER	ELG199-0001	ELG199-0001

ETHNICITY-CODE		ELG204-0002
STATE-NOTATION	ELG207-0001	ELG207-0001
STATE-NOTATION	ELG207-0002	ELG207-0002
FILLER	ELG208-0001	ELG208-0001

RACE		ELG213-0002
RACE-OTHER	ELG214-0001	ELG214-0001
STATE-NOTATION	ELG218-0001	ELG218-0001
STATE-NOTATION	ELG218-0002	ELG218-0002
FILLER	ELG219-0001	ELG219-0001

STATE-NOTATION	ELG227-0001	ELG227-0001
STATE-NOTATION	ELG227-0002	ELG227-0002
FILLER	ELG228-0001	ELG228-0001
STATE-NOTATION	ELG236-0001	ELG236-0001
STATE-NOTATION	ELG236-0002	ELG236-0002
FILLER	ELG237-0001	ELG237-0001
STATE-NOTATION	ELG245-0001	ELG245-0001

STATE-NOTATION	ELG245-0002	ELG245-0002
FILLER	ELG246-0001	ELG246-0001
STATE-NOTATION	ELG255-0002	ELG255-0002
FILLER	ELG256-0001	ELG256-0001
STATE-NOTATION	MCR014-0001	MCR014-0001
STATE-NOTATION	MCR014-0002	MCR014-0002
FILLER	MCR012-0001	MCR012-0001

MANAGED-CARE-NAME	MCR022-0002	MCR022-0002
STATE-NOTATION	MCR032-0001	MCR032-0001
STATE-NOTATION	MCR032-0002	MCR032-0002
FILLER	MCR033-0001	MCR033-0001
MANAGED-CARE-ADDR-LN2	MCR043-0001	MCR043-0001
MANAGED-CARE-ADDR-LN2		MCR043-0003
MANAGED-CARE-ADDR-LN3	MCR044-0001	MCR044-0001
MANAGED-CARE-ADDR-LN3		MCR044-0003
MANAGED-CARE-ZIP-CODE	MCR047-0003	MCR047-0003
MANAGED-CARE-EMAIL		MCR050-0003
STATE-NOTATION	MCR052-0001	MCR052-0001

STATE-NOTATION	MCR052-0002	MCR052-0002
FILLER	MCR053-0001	MCR053-0001
STATE-NOTATION	MCR061-0001	MCR061-0001
STATE-NOTATION	MCR061-0002	MCR061-0002
FILLER	MCR062-0001	MCR062-0001
WAIVER-ID	MCR068-0001	MCR068-0001
STATE-NOTATION	MCR071-0001	MCR071-0001
STATE-NOTATION	MCR071-0002	MCR071-0002

FILLER	MCR072-0001	MCR072-0001
STATE-NOTATION	MCR080-0001	MCR080-0001
STATE-NOTATION	MCR080-0002	MCR080-0002
FILLER	MCR081-0001	MCR081-0001
STATE-NOTATION	MCR089-0001	MCR089-0001
STATE-NOTATION	MCR089-0002	MCR089-0002
FILLER	MCR090-0001	MCR090-0001
NATIONAL-HEALTH-CARE-ENTITY-NAME	MCR097-0003	MCR097-0003
NATIONAL-HEALTH-CARE-ENTITY-NAME		MCR097-0005

STATE-NOTATION	MCR100-0001	MCR100-0001
STATE-NOTATION	MCR100-0002	MCR100-0002
FILLER	MCR101-0001	MCR101-0001
STATE-NOTATION	MCR110-0001	MCR110-0001
STATE-NOTATION	MCR110-0002	MCR110-0002
FILLER	MCR111-0001	MCR111-0001
STATE-NOTATION	PRV014-0001	PRV014-0001

STATE-NOTATION	PRV014-0002	PRV014-0002
FILLER	PRV012-0001	PRV012-0001
PROV-DOING-BUSINESS-AS-NAME	PRV022-0001	PRV022-0001
PROV-DOING-BUSINESS-AS-NAME	PRV022-0002	PRV022-0002
PROV-DOING-BUSINESS-AS-NAME		PRV022-0003
PROV-LEGAL-NAME	PRV023-0002	PRV023-0002
PROV-LEGAL-NAME	PRV023-0003	PRV023-0003
PROV-LEGAL-NAME		PRV023-0004
PROV-ORGANIZATION-NAME	PRV024-0002	PRV024-0002
PROV-ORGANIZATION-NAME		PRV024-0006
PROV-TAX-NAME	PRV025-0001	PRV025-0001
PROV-TAX-NAME	PRV025-0002	PRV025-0002

PROV-TAX-NAME		PRV025-0003
PROV-FIRST-NAME	PRV028-0001	PRV028-0001
PROV-LAST-NAME	PRV030-0001	PRV030-0001
STATE-NOTATION	PRV037-0001	PRV037-0001
STATE-NOTATION	PRV037-0002	PRV037-0002
FILLER	PRV038-0001	PRV038-0001
PROV-LOCATION-ID	PRV043-0004	PRV043-0004
ADDR-LN2	PRV048-0001	PRV048-0001
ADDR-LN2		PRV048-0005
ADDR-LN3	PRV049-0001	PRV049-0001
ADDR-LN3		PRV049-0006
ADDR-ZIP-CODE	PRV052-0003	PRV052-0003
ADDR-BORDER-STATE-IND	PRV056-0001	PRV056-0001

STATE-NOTATION	PRV058-0001	PRV058-0001
STATE-NOTATION	PRV058-0002	PRV058-0002
FILLER	PRV059-0001	PRV059-0001
PROV-LOCATION-ID	PRV064-0004	PRV064-0004
STATE-NOTATION	PRV070-0001	PRV070-0001
STATE-NOTATION	PRV070-0002	PRV070-0002
FILLER	PRV071-0001	PRV071-0001
PROV-LOCATION-ID	PRV076-0004	PRV076-0004
STATE-NOTATION	PRV082-0001	PRV082-0001

STATE-NOTATION	PRV082-0002	PRV082-0002
FILLER	PRV083-0001	PRV083-0001
STATE-NOTATION	PRV092-0001	PRV092-0001
STATE-NOTATION	PRV092-0002	PRV092-0002
FILLER	PRV093-0001	PRV093-0001
STATE-NOTATION	PRV104-0001	PRV104-0001
STATE-NOTATION	PRV104-0002	PRV104-0002

FILLER	PRV105-0001	PRV105-0001
STATE-NOTATION	PRV113-0001	PRV113-0001
STATE-NOTATION	PRV113-0002	PRV113-0002
FILLER	PRV114-0001	PRV114-0001
STATE-NOTATION	PRV123-0001	PRV123-0001
STATE-NOTATION	PRV123-0002	PRV123-0002
FILLER	PRV124-0001	PRV124-0001
PROV-LOCATION-ID	PRV129-0004	PRV129-0004

STATE-NOTATION	PRV136-0001	PRV136-0001
STATE-NOTATION	PRV136-0002	PRV136-0002
FILLER	PRV137-0001	PRV137-0001
STATE-NOTATION	TPL014-0001	TPL014-0001
STATE-NOTATION	TPL014-0002	TPL014-0002
FILLER	TPL015-0001	TPL015-0001
ELIGIBLE-FIRST-NAME	TPL022-0001	TPL022-0001
ELIGIBLE-LAST-NAME	TPL024-0001	TPL024-0001
STATE-NOTATION	TPL027-0001	TPL027-0001

STATE-NOTATION	TPL027-0002	TPL027-0002
FILLER	TPL028-0001	TPL028-0001
POLICY-OWNER-FIRST-NAME	TPL044-0003	TPL044-0003
POLICY-OWNER-LAST-NAME	TPL045-0001	TPL045-0001
STATE-NOTATION	TPL050-0001	TPL050-0001
STATE-NOTATION	TPL050-0002	TPL050-0002
FILLER	TPL051-0001	TPL051-0001
STATE-NOTATION	TPL061-0001	TPL061-0001

STATE-NOTATION	TPL061-0002	TPL061-0002
FILLER	TPL062-0001	TPL062-0001
STATE-NOTATION	TPL070-0001	TPL070-0001
STATE-NOTATION	TPL070-0002	TPL070-0002
FILLER	TPL071-0001	TPL071-0001
INSURANCE-CARRIER-ZIP-CODE	TPL082-0004	TPL082-0004
STATE-NOTATION	TPL086-0001	TPL086-0001
STATE-NOTATION	TPL086-0002	TPL086-0002

NATIONAL-HEALTH-CARE-ENTITY-NAME	TPL094-0002	TPL094-0002
NATIONAL-HEALTH-CARE-ENTITY-NAME		TPL094-0003
FILLER	TPL087-0001	TPL087-0001

F - CODING_REQUIREMENT
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
If less than 12 diagnosis codes are used, blank fill the unused fields

If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.

If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.

If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses.

If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.

Value must be equal to a valid value.

Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Leave blank if not available
If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.

States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.
States supply waiver IDs to CMS
Fill in the WAIVER-ID applicable for this service rendered/claim submitted
Enter the WAIVER-ID number assigned by the state, and approved by CMS
If individual is not enrolled in a waiver or service does not fall under a waiver, 8-fill
Enter the WAIVER-ID number approved by CMS.
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.
If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.
NPI must be valid
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122)
Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID).
NPI must be valid
Record the value exactly as it appears in the state system.

IF TYPE-OF-SERVICE= "119", "120", "121", or "122", then ADMITTING-PROV-NPI-NUM must = '8888888888'
NPI must be valid
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)
Record the value exactly as it appears in the State system
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
NPI must be valid

NPI must be valid
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z), numerals (0-9)..
The value should correspond with one of the location identifiers recorded in the provider's demographic records in the T-MSIS data set
CLAIMIP Files may contain TYPE-OF-SERVICE Values: 001, 058, 084, 086, 090, 091, 092, 093, 123, 132.
NPI must be valid
Record the value exactly as it appears in the state system
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)
NPI must be valid
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
Must be numeric
Position 10-11 must be Alpha Numeric or blank
Value must be equal to a valid value.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Value must be equal to a valid value.

If less than 12 diagnosis codes are used, blank fill the unused fields
If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.

If less than 12 diagnosis codes are used, blank fill the unused fields.
If less than 12 diagnosis codes are used, blank fill the unused fields.
Value must be equal to a valid value.

Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Leave blank if not available
If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.
States supply waiver IDs to CMS
Fill in the WAIVER-ID applicable for this service rendered/claim submitted
Enter the WAIVER-ID number assigned by the state, and approved by CMS
If individual is not enrolled in a waiver or service does not fall under a waiver, 8-fill
Enter the WAIVER-ID number approved by CMS.

States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.
If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.
NPI must be valid
Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID) .
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122)
NPI must be valid
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)
Record the value exactly as it appears in the State system

Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
NPI must be valid
NPI must be valid
Record the value exactly as it appears in the state system.
IF TYPE-OF-SERVICE= "119", "120", "121", or "122", then ADMITTING-PROV-NPI-NUM must = '8888888888'
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses ((), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

CLAIMLT Files must contain TYPE-OF-SERVICE Values: 009, 044, 045, 046, 047, 048, 059, 133.
NPI must be valid
Record the value exactly as it appears in the state system
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Position 10-11 must be Alpha Numeric or blank
Value must be equal to a valid value.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
If less than 12 diagnosis codes are used, blank fill the unused fields
If less than 12 diagnosis codes are used, blank fill the unused fields

Value must be equal to a valid value.

Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.

Leave blank if not available
If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.
States supply waiver IDs to CMS
Fill in the WAIVER-ID applicable for this service rendered/claim submitted
Enter the WAIVER-ID number assigned by the state, and approved by CMS
If individual is not enrolled in a waiver or service does not fall under a waiver, 8-fill
Enter the WAIVER-ID number approved by CMS.
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.
If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.
NPI must be valid
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).

Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan-ID) .
NPI must be valid
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)
Record the value exactly as it appears in the State system
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
NPI must be valid
NPI must be valid
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses ((()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
If no Principal Procedure was performed, 8-fill
Value must be 8-filled if corresponding procedure code is 8-filled.
CLAIMOT Files may contain TYPE-OF-SERVICE Values: 002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 015, 016, 017, 018, 019, 020, 021, 022, 025, 026, 027, 028, 029, 030, 031, 032, 035, 036, 037, 039, 040, 041, 043, 051, 052, 053, 054, 056, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 087, 115, 119, 120, 121, 122, 134.
NPI must be valid
Record the value exactly as it appears in the state system
8-fill field for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122)
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
This is only required if state has captured this information, otherwise it is conditional
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

This field is required if state has captured this information, otherwise it is conditional.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill
If PROCEDURE-CODE-2 = "88888888", then PROCEDURE-CODE-MOD-2 must = "88".
If PROCEDURE-CODE-3 = "88888888", then PROCEDURE-CODE-MOD-3 must = "88".
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill
If PROCEDURE-CODE-4 = "88888888", then PROCEDURE-CODE-MOD-4 must = "88".
If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill
Value must be equal to a valid value.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses ((()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Value must be equal to a valid value.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.

Leave blank if not available
If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88
States supply waiver IDs to CMS
if individual is not enrolled in a waiver or service does not fall under a waiver, 8-fill
Fill in the WAIVER-ID applicable for this service rendered/claim submitted.
Enter the WAIVER-ID number assigned by the state, and approved by CMS.
States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.
If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.
NPI must be valid
For encounter records (TYPE-OF-CLAIM = 3, C, W), this represents the entity billing (or reporting) to the managed care plan (See PLAN-ID-NUMBER for reporting capitation plan-ID). Capitation PLAN-ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122).
NPI must be valid
Record the value exactly as it appears in the state system.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
CLAIMRX Files may contain TYPE-OF-SERVICE Value: 033, 034.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Last 4 bytes are optional. If unknown, zero-fill
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,)
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
MSIS-CASE-NUM must be numeric.
If only one eligibility record is submitted for an individual, value must equal '1.
If more than one eligibility record is submitted for an individual, value can only equal '1' on one record. All remaining records must equal '0'.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
Please fill in the WAIVER-ID fields in sequence (e.g., if an individual is enrolled in two waivers, only the first and second fields should be used—8 fill the WAIVER-ID3 and WAIVER-ID4 fields. If only enrolled in one waiver, code WAIVER-ID1 and 8-fill WAIVER-ID2 through WAIVER-ID4).
States supply waiver IDs to CMS
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Use this field only if the RACE is reported as Other Asian, Other Pacific Islander, or Other (race codes 010, 014, or 015).
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), numbers (0-9), dashes (“-“), commas (“,”), periods (“.”), single quotes ('), and spaces.
The first five characters are needed. If the four-digit extention is available, that may be filled in using the last four byes. Otherwise, zero-fill the last four bytes.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
States supply waiver IDs to CMS
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
Use the descriptive name assigned by the state as it exists in the state's MMIS

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Leave the field empty when the DBA name equals the legal name.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Every provider is expected to have a legal name.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Must be populated on every record
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
If a particular license is applicable to all locations, create an identifier that signifies "All Locations"
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Redefined as X(05) and X(04) X(05) is needed If value is unknown fill with 99999 X(04) could be zero filled
Value must be equal to a valid value.

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
If a particular license is applicable to all locations, create an identifier that signifies "All Locations"
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
If a particular license is applicable to all locations, create an identifier that signifies "All Locations"
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
If a particular license is applicable to all locations, create an identifier that signifies "All Locations"

Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Valid characters in the text string are limited to alpha characters (A-Z, a-z), dashes (“-“), periods (“.”), single quote ('), and spaces.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.

Right-fill unused bytes when using the fix-length file format.
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.
If zip 4 is unknown, zero fill
Limit characters to alphabet (A-Z, a-z), numerals (0-9), parentheses (()), forward slash (/), dashes (-), periods (.), commas (,), single quote ('), and spaces.
Right-fill unused bytes when using the fix-length file format.

Use only alphabetic characters, (A-Z, a-z), numerals (0-9), spaces ( ), dashes (-), periods (.), forward slashes (/), single quote(‘).

F - CODING_REQUIREMENT
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
CMS is not expecting ADMITTING-DIAGNOSIS-CODE-FLAG "2" (ICD-10) to be used until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting ADMITTING-DIAGNOSIS-CODE-FLAG "2" (ICD-10) to be used until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).

All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).

All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).

All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
NOTE: The code “1” is no longer valid on claims submitted under the version 5010 format, effective January 1, 2011. The POA field will instead be left blank for codes exempt from POA reporting. See http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R756OTN.pdf for a listing of exempt diagnoses. All UNUSED diagnosis and occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).

All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).

All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.

CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
Always leave blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). Modifiers do not exist for ICD-9/10 procedure codes for claims/encounters and will never be applicable.

CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting PROCEDURE-CODE-FLAG-1 through 6 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).

<table>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).</td></tr>
<tr><td>The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).</td></tr>
<tr><td>When populating the eligible person’s name on T-MSIS Claim Files, use the patient’s name from the claim transaction rather than the eligible person’s name from the T-MSIS Eligible File.</td></tr>
<tr><td>The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).</td></tr>
<tr><td>When populating the eligible person’s name on T-MSIS Claim Files, use the patient’s name from the claim transaction rather than the eligible person’s name from the T-MSIS Eligible File.</td></tr>
<tr><td>Leave blank if not available.
When populating the eligible person’s name on T-MSIS Claim Files, use the patient’s name from the claim transaction rather than the eligible person’s name from the T-MSIS Eligible File.</td></tr>
<tr><td>~~If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.~~ (coding requirement deprecated)</td></tr>
</table>

~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)
~~States supply waiver IDs to CMS~~ (coding requirement deprecated)
Report the full federal waiver identifier.
~~Enter the WAIVER-ID number assigned by the state, and approved by CMS~~ (coding requirement deprecated)
If the goods & services rendered do not fall under a waiver, leave this field blank.
~~Enter the WAIVER-ID number approved by CMS.~~ (coding requirement deprecated)
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)
~~If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.~~ (coding requirement deprecated)
NPI must be valid. If provider does not have an NPI, leave the field blank.
For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made expenditures that do not flow through the usual claim adjudication/adjustment process or encounter record reporting process), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity to which the financial transaction was addressed, unless the transaction is a payment/recoupment made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank. For financial transactions with managed care plans, the plan's ID should be reported in the PLAN-ID-NUMBER field and the BILLING-PROV-NPI-NUM should be left blank.
~~Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan ID).~~ (coding requirement is deprecated)
NPI must be valid. If provider does not have an NPI, leave the field blank.
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)

IF TYPE-OF-SERVICE= "119", "120", "121", or "122", then ADMITTING-PROV-NPI-NUM should be blank.
NPI must be valid. If provider does not have an NPI, leave the field blank.
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)
Obtain the Patient Discharge Status valid value set which is published in the UB-04 Data Specifications Manual. To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.dhtml American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60606 Phone: 312-422-3000 Fax: 312-422-4500
CMS is relieving states of the responsibility to: (a) Provide these data. (b) Document a mitigation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the data elements cannot be populated all of the time. However if a state determines that it can populate one or more of these fields and wishes to do so, they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).
~~NPI must be valid~~ (coding requirement deprecated)
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the “Under-Supervision-of-Prov-NPI” field and as such do not need to be populated.
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the “Under-Supervision-of-Prov-Taxonomy” field and as such do not need to be populated.

~~NPI must be valid~~ (coding requirement deprecated)
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
The value should correspond with one of the location identifiers recorded in the provider’s demographic records in the T-MSIS data set.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
Inpatient Claim/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 001, 058, 060, 084, 086, 090, 091, 092, 093, 123, 132, or 135. (Note: In CLAIMIP, TYPE-OF-SERVICE 086 and 084 refer only to services received on an inpatient basis.)
NPI must be valid. If provider does not have an NPI, leave the field blank.
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).
NPI must be valid. If provider does not have an NPI, leave the field blank.
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
Position 10-12 must be Alpha Numeric or blank
Value must be equal to a valid value. Valid Value Definition: F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

CMS is not expecting ADMITTING-DIAGNOSIS-CODE-FLAG "2" (ICD-10) to be used until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting ADMITTING-DIAGNOSIS-CODE-FLAG "2" (ICD-10) to be used until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).

If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 12 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.

All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).

All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.
Leave blank if not available When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than use the eligible person's name from the T-MSIS Eligible File.
~~If WAIVER ID = 8 fill, then WAIVER TYPE must equal 88.~~ (coding requirement deprecated)
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)
~~States supply waiver IDs to CMS~~ (coding requirement deprecated)
Report the full federal waiver identifier.
~~Enter the WAIVER ID number assigned by the state, and approved by CMS~~ (coding requirement deprecated)
If the goods & services rendered do not fall under a waiver, leave this field blank.
~~Enter the WAIVER ID number approved by CMS.~~ (coding requirement deprecated)

~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)
~~If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.~~ (coding requirement deprecated)
NPI must be valid. If provider does not have an NPI, leave the field blank.
~~Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan ID).~~ (coding requirement is deprecated)
For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made expenditures that do not flow through the usual claim adjudication/adjustment process or encounter record reporting process), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity to which the financial transaction was addressed, unless the transaction is a payment/recoupment made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank. For financial transactions with managed care plans, the plan's ID should be reported in the PLAN-ID-NUMBER field and the BILLING-PROV-NPI-NUM should be left blank.
NPI must be valid. If provider does not have an NPI, leave the field blank.
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)
Obtain the Patient Discharge Status valid value set which is published in the UB-04 Data Specifications Manual. To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.dhtml American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60606 Phone: 312-422-3000 Fax: 312-422-4500

CMS is relieving states of the responsibility to: (a) Provide this data element. (b) Document a mitigation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the data element cannot be populated all of the time. However if a state determines that it can populate the field and wishes to do so, they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the “Under-Supervision-of-Prov-NPI” field and as such do not need to be populated.
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the “Under-Supervision-of-Prov-Taxonomy” field and as such do not need to be populated.
~~NPI must be valid~~ (coding requirement deprecated)
NPI must be valid. If provider does not have an NPI, leave the field blank.
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)
IF TYPE-OF-SERVICE= "119", "120", "121", or "122", then ADMITTING-PROV-NPI-NUM should be blank.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
Long Term Care Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE = 009, 044, 045, 046, 047, 048, 050, 059, or 133 (all mental hospital, and NF services). (Note: Individual services billed by a long-term care facility belong in this file regardless of service type.)
NPI must be valid. If provider does not have an NPI, leave the field blank.
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
Position 10-12 must be Alpha Numeric or blank
Value must be equal to a valid value. Valid Value Definition: F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 2 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). The POA (present on admission) flag is only applicable on inpatient claims/encounters.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
CMS is not expecting DIAGNOSIS-CODE-FLAG-1 through 2 to be populated with valid value "2" (ICD-10) until until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).

If DIAGNOSIS-CODE-FLAG-1 through 12 = "2" (ICD-10) should not be used until the ICD-10 coding schema is implemented (currently targeted for 10/1/2015).
All UNUSED diagnosis code flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). The POA (present on admission) flag is only applicable on inpatient claims/encounters.
All UNUSED diagnosis code POA flag fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).

All UNUSED occurrence code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
All UNUSED occurrence code effective date fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When populating the eligible person’s name on T-MSIS Claim Files, use the patient’s name from the claim transaction rather than the eligible person’s name from the T-MSIS Eligible File.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When populating the eligible person’s name on T-MSIS Claim Files, use the patient’s name from the claim transaction rather than the eligible person’s name from the T-MSIS Eligible File.

Leave blank if not available When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than the eligible person's name from the T-MSIS Eligible File.
~~If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.~~ (coding requirement deprecated)
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)
~~States supply waiver IDs to CMS~~ (coding requirement deprecated)
Report the full federal waiver identifier.
~~Enter the WAIVER-ID number assigned by the state, and approved by CMS~~ (coding requirement deprecated)
If the goods & services rendered do not fall under a waiver, leave this field blank.
~~Enter the WAIVER-ID number approved by CMS.~~ (coding requirement deprecated)
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)
~~If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.~~ (coding requirement deprecated)
NPI must be valid. If provider does not have an NPI, leave the field blank.
For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made expenditures that do not flow through the usual claim adjudication/adjustment process or encounter record reporting process), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity to which the financial transaction was addressed, unless the transaction is a payment/recoupment made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank. For financial transactions with managed care plans, the plan's ID should be reported in the PLAN-ID-NUMBER field and the BILLING-PROV-NPI-NUM should be left blank.

~~Capitation plan ID should be used in this field only for capitation payments (TYPE-OF-SERVICE = 119, 120, 122). (See PLAN-ID-NUMBER for reporting capitation plan ID).~~ (coding requirement is deprecated)
NPI must be valid. If provider does not have an NPI, leave the field blank.
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)
CMS is relieving states of the responsibility to: (a) Provide these data. (b) Document a mitigation plan in the Source-to-Target-Mapping Matrix Addendum B whenever the data elements cannot be populated all of the time. However if a state determines that it can populate one or more of these fields and wishes to do so, they are encouraged to do so and will not incur any Addendum B mitigation plan documentation expectations.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).
~~NPI must be valid~~ (coding requirement deprecated)
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the “Under-Supervision-of-Prov-NPI” field and as such do not need to be populated.
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files). This data element is a duplicate of the “Under-Supervision-of-Prov-Taxonomy” field and as such do not need to be populated.
NPI must be valid. If provider does not have an NPI, leave the field blank.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
~~If no Principal Procedure was performed, 8-fill~~ (coding requirement deprecated)
All UNUSED diagnosis code fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
Other Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE= 002, 003, 004, 005, 006, 007, 008, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031, 032, 035, 036, 037, 038, 039, 040, 041, 042, 043, 049, 050, 051, 052, 053, 054, 055, 056, 057, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 085, 087, 088, 089, 115, 119, 120, 121, 122, 123, 127, 131, 134, or 135.
NPI must be valid. If provider does not have an NPI, leave the field blank.
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)
The field should be blank if the transaction is for capitation or premium payments (TYPE-OF-SERVICE = 119, 120, 121, 122).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
This is only required if state has captured this information, otherwise it is conditional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
This field is required if state has captured this information, otherwise it is conditional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
~~If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill~~ (coding requirement deprecated)
Value must be "Not Applicable" if PROCEDURE-CODE is "Not Applicable".
Value must be "Not Applicable" if PROCEDURE-CODE is "Not Applicable".
~~If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill~~ (coding requirement deprecated)
Value must be "Not Applicable" if PROCEDURE-CODE is "Not Applicable".
~~If no corresponding procedure (PROCDURE-CODE-2 through PROCDURE-CODE-6) was performed, 8-fill~~ (coding requirement deprecated)
Value must be equal to a valid value. Valid Value Definition: F2 International Unit GR Gram ME Milligram ML Milliliter UN Unit

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
Value must be equal to a valid value. When states have multiple sources of FUNDING-SOURCE-NONFEDERAL-SHARE, States are to report the portion which represents the largest proportion as the FUNDING-SOURCE-NONFEDERAL-SHARE.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When populating the eligible person’s name on T-MSIS Claim Files, use the patient’s name from the claim transaction rather than the eligible person’s name from the T-MSIS Eligible File.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When populating the eligible person’s name on T-MSIS Claim Files, use the patient’s name from the claim transaction rather than the eligible person’s name from the T-MSIS Eligible File.

Leave blank if not available When populating the eligible person's name on T-MSIS Claim Files, use the patient's name from the claim transaction rather than use the eligible person's name from the T-MSIS Eligible File.
~~If WAIVER-ID = 8-fill, then WAIVER-TYPE must equal 88.~~ (coding requirement deprecated)
~~States supply waiver IDs to CMS~~ (coding requirement deprecated)
If the goods & services rendered do not fall under a waiver, leave this field blank.
Report the full federal waiver identifier.
~~Enter the WAIVER-ID number assigned by the state, and approved by CMS.~~ (coding requirement deprecated)
~~States should not submit records for an eligible individual where the waivers the eligible is participating in do not match in the associated claim record, if applicable.~~ (coding requirement deprecated)
~~If WAIVER-TYPE = 88 (not applicable), then WAIVER-ID must be 8-filled.~~ (coding requirement deprecated)
NPI must be valid. If provider does not have an NPI, leave the field blank.
For encounter records (TYPE-OF-CLAIM = 3, C, W), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity billing (or reporting) to the managed care plan. For financial transactions (i.e., expenditure transactions or recoupments of previously made expenditures that do not flow through the usual claim adjudication/adjustment process or encounter record reporting process), the BILLIN-PROV-NPI-NUM field should be populated with the NPI of the provider or entity to which the financial transaction was addressed, unless the transaction is a payment/recoupment made-to/received-from a managed care plan, in which case the BILLING-PROV-NPI-NUM should be left blank. For financial transactions with managed care plans, the plan's ID should be reported in the PLAN-ID-NUMBER field and the BILLING-PROV-NPI-NUM should be left blank.
NPI must be valid. If provider does not have an NPI, leave the field blank.
~~Record the value exactly as it appears in the State system~~ (coding requirement deprecated)

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
Pharmacy Claims/Encounters File - Claims/encounters with TYPE-OF-SERVICE= 011, 018, 033, 034, 036, 085, 089, 127, or 131.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
Field should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) until such time as the Medicare Beneficiary Identifier is implemented (no target date has been established).

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
Last 4 bytes are optional. If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The MEDICAID-BASIS-OF-ELIGIBILITY and MAINTENANCE-ASSISTANCE-STATUS fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) for enrollment periods encompassing January 1, 2014 and beyond.
A person enrolled in Medicaid/CHIP should always have a primary eligibility group classification for any given day of enrollment. (There may or may not be a secondary eligibility group classification for that same day.) It is expected that an enrollee's eligibility group assignment (ELG087 - ELIGIBILITY-GROUP) will change over time as his/her situation changes. Whenver the eligibility group assignment changes (i.e., ELG087 has a different value), a seperate ELIGIBILITY-DETERMINANTS record segment should be created. In such situations, there would be multiple active ELIGIBILITY-DETERMINANTS record segments, each covering a different effective time span. In such situations, the value in ELG087 would be the primary eligibility group for the effective date span of its respective ELIGIBILITY-DETERMINANTS record segment, and the PRIMARY-ELIGIBILITY-GROUP-IND data element on each of these segments would be set to '1' (YES).
Should a situation arise where a Medicaid/CHIP enrollee has been assigned both a primary and a secondary eligibility group, there would be two ELIGIBILITY-DETERMINANTS record segments with overlapping effective time spans - one segment containing the primary eligibility group and the other for the secondary eligibility group. The PRIMARY-ELIGIBILITY-GROUP-IND data element on each of the segments is used to differentiate the primary eligibility group from the secondary.

The MEDICAID-BASIS-OF-ELIGIBILITY and MAINTENANCE-ASSISTANCE-STATUS fields should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files) for enrollment periods encompassing January 1, 2014 and beyond.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
Create as many WAIVER-PARTICIPATION (ELG00012) record segments as necessary to record all waivers that are applicable.
Report the full federal waiver identifier.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.

ETHNICITY-CODE clarifications:

- If state has beneficiaries coded in their database as “Hispanic” or “Latino,” then code them in T-MSIS as “Hispanic or Latino Unknown” (valid value “5”). DO NOT USE “Another Hispanic, Latino, or Spanish Origin,” “Ethnicity Unknown” or “Ethnicity Unspecified.”

NOTE 1: The “Ethnicity Unspecified” category in T-MSIS (valid value “6”) should be used with an individual who explicitly did not provide information or refused to answer a question.

NOTE 2: The “Ethnicity Unknown” category in T-MSIS (valid value “9”) should be used when there is no information contained / available in the state database about a person’s race, ethnicity, or other category.

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments.

For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files.
For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.

RACE code clarifications:

- If state has beneficiaries coded in their database as "Asian" with no additional detail, then code them in T-MSIS as "Asian Unknown" (valid value "011"). DO NOT USE "Other Asian," "Unspecified" or "Unknown."

- If state has beneficiaries coded in their database as "Native Hawaiian or Other Pacific Islander" with no additional detail, then code them in T-MSIS as "Native Hawaiian and Other Pacific Islander Unknown" (valid value "016"). DO NOT USE "Native Hawaiian," "Other Pacific Islander," "Unspecified" or "Unknown."

NOTE 1: The "Other Asian" category in T-MSIS (valid value "010") should be used in situations in which an individual's specific Asian subgroup is not available in the code set provided (e.g., Malaysian, Burmese).

NOTE 2: The "Unspecified" category in T-MSIS (valid value "017") should be used with an individual who explicitly did not provide information or refused to answer a question.

NOTE 3: The "Unknown" category in T-MSIS (valid value "999") should be used when there is no information contained / available in the state database about a person's race, ethnicity, or other category.

Use this field only if the RACE is reported as Other Asian (race code 010) or Other Pacific Islander (race code 015).

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with "n/a," "n.a." or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments.

For fixed-length files, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files.
For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The first five characters are needed. If the four-digit extention is available, that may be filled in using the last four byes. Otherwise, if the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.
Must have XXXX@YYYY.ZZZ format
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
Report the full federal waiver identifier.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
Use the descriptive name assigned by the state as it exists in the state’s MMIS.
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
Leave the field empty when the DBA name equals the legal name (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
Every provider is expected to have a legal name. When the data element is not populated or used, the data element should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
Must be populated on every record.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
If a particular license is applicable to all locations, use the value ‘000’ value to represent ‘all’ locations.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.
Value must be equal to a valid value

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
If a particular license is applicable to all locations, use the value ‘000’ value to represent ‘all’ locations.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
If a particular license is applicable to all locations, use the value ‘000’ value to represent ‘all’ locations.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
If a particular license is applicable to all locations, use the value ‘000’ value to represent ‘all’ locations.

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).

For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.
If the last 4 digits are not populated or used, then the 4-digit extended zip code should be recorded as “0000”.
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
For pipe-delimited files, states can populate the STATE-NOTATION field with “n/a,” “n.a.” or leave the field blank (i.e., submitted as "pipe pipe" with nothing in between (||)) when not using the field to record specific comments. **For fixed-length files**, states should space-fill the STATE-NOTATION field when not using the field to record specific comments, and right-pad the field with spaces when the field does contain verbiage.

The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
When this data element is not populated or used, it should be left blank (i.e., submitted as "pipe pipe" with nothing in between (||) on PSV files and space-filled on FLF files).
For pipe-delimited files, FILLER that is shown at the end of each record layout is applicable only to fixed-length files and therefore should be ignored in pipe-delimited files. For fixed-length files, FILLER that is shown at the end of each record layout should be space-filled in fixed-length files.

Changes in Valid Values

RowNo	V1#1 - A - DE_NO	V2#0 - A - DE_NO	V1#1 - B - DATA_ELEMENT_NAME
762		CIP199	
792	CIP214	CIP214	HEALTH-HOME-ENTITY-NAME
1438	CLT141	CLT141	PATIENT-STATUS
3897	MCR086	MCR086	ACCREDITATION-ORGANIZATION
4189	PRV056	PRV056	ADDR-BORDER-STATE-IND

4312	PRV088	PRV088	PROV-CLASSIFICATION-TYPE

V2#0 - B - DATA_ELEMENT_NAME	V1#1 - O - CR_NO	V2#0 - O - CR_NO
PATIENT-STATUS		CIP199-0003
HEALTH-HOME-ENTITY-NAME	CIP214-0001	CIP214-0001
PATIENT-STATUS	CLT141-0001	CLT141-0001
ACCREDITATION-ORGANIZATION	MCR086-0002	MCR086-0002
ADDR-BORDER-STATE-IND	PRV056-0001	PRV056-0001

PROV-CLASSIFICATION-TYPE	PRV088-0001	PRV088-0001

V1#1 - K - VALID_VALUE
http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0
01 National committee for quality assurance – excellent 02 National committee for quality assurance – commendable 03 National committee for quality assurance – provisional 04 National committee for quality assurance – new plan 05 URAC - full 06 URAC - conditional 07 URAC – provisional 08 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) – 3 years 09 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) – 1 year 10 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) – 6 months 11 Not accredited 12 Other
0 Yes 1 No 8 State does not distinguish “border state providers”.

1 Taxonomy code
2 Provider specialty code
3 Provider type code
4 Authorized category of service code

V2#0 - K - VALID_VALUE
To order the current edition of the UB-04 Data Specifications Manual go to: http://www.nubc.org/subscriber/index.dhtml American Hospital Association 155 North Wacker Drive, Suite 400 Chicago, IL 60606 Phone: 312-422-3000 Fax: 312-422-4500
The field can contain any alphanumeric charaters, digits or symbols except the "pipe" (|).
To order the current edition of the UB-04 Data Specifications M
01 National committee for quality assurance – excellent 02 National committee for quality assurance – commendable 03 National committee for quality assurance – provisional 05 URAC - full 06 URAC - conditional 07 URAC – provisional 08 Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) – 3 years 11 Not accredited 12 Other 13 National committee for quality assurance – accredited 14 National committee for quality assurance – interim 15 National committee for quality assurance – denied
0 No 1 Yes 8 State does not distinguish “border state providers”.

1 Taxonomy code
2 Provider specialty code
3 Provider type code
4 Authorized category of service code

NOTE: The valid value code '47' in the PROV-CLASSIFICATION-TYPE = 2 (Provider Specialty Code) can be used now.
"47" = Independent Diagnostic Testing Facility (IDTF)"