

HEDIS L.A. Care Data Submissions

Implementation Guide

Quality Performance Management July 2023



Requirements for LA Care HEDIS Data Submissions

Quality Performance Management 2023 Contact: HEDISOPS@lacare.org

We appreciate your direct (and supplemental) data submission. By following these guidelines, your files are likely to be accepted on the first submission. Contact us at HEDISOps@lacare.org if you have questions. Thank you for adhering to these guidelines and requirements.

File Type	File Name	History to Load
	Medical Claims/Encounter	3.5 years
<u>Claim</u>	Vision Claims	2 years
	Mental Health Claims	2 years
<u>Rx</u>	Pharmacy	2.5 years
<u>LAB</u>	LAB	2 years

Data Type	Description
Provider Info	List the provider's demographic information and provider specialties

Data Type	Description				
Codes Crosswalk	Lacare specialty crosswalk to tables				

File Name	
1. Filename is a varchar datatype, with a length of 255.	
2. Please adhere to the file naming convention to streamline data tracking and processing.	
3. File Naming Convention:	-
<filetype>_<abbreviatedsourcename>_<datasourcetype>_<date (mmddyy)="" submitted="">.txt</date></datasourcetype></abbreviatedsourcename></filetype>	
FileType:	
CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx	
AbbreviatedSourceName:	
Your abbreviated company name	
SecondarySourceName (if applicable)	
Abbreviated sub source, if any, should be placed after PPG Name.	
Please exclude submitter acronyms that match: file type.	
DataSourceType:	
Direct_Data /Standard_Supplemental/Non_Standard_Supplemental	
txt:	
Tab delimited files only	

Provider Specialty Columns

Γ	Provider Info Tab:	Provider_Specialty_1 through Provider_Specialty_10 - Include the specialty code found in the LA Care Specialty Reference tab
	Claim Tab:	ProviderSpecialty - Include the specialty code found in the LA Care Specialty Reference tab

Important Note:

Files need to be in the standard file encoding format UTF_8 not UT-8-BOM, and must remove all single quote (") or double quote ("") or additional space after the column name , or special characters(*) within the data.

RX Tab:

We need to have at least one of the below fields to be populated in order for members to become compliant:

NDC
CVX
Rx_Norm

Note: Please populate valid code with standard format in the above fields



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Implementation Guide Changes for 2023

<pre>FileType>_<abbreviatedsour< b=""></abbreviatedsour<></pre>	ceName>_ <datasourcetype>_<date (mmddyy)="" submitted="">.txt</date></datasourcetype>
	FileType:
	CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx
	AbbreviatedSourceName:
	Your abbreviated company name
	SecondarySourceName (if applicable)
	Abbreviated sub source, if any, should be placed after PPG Name.
	Please exclude submitter acronyms that match: file type.
	DataSourceType:
	Direct_Data /Standard_Supplemental/Non_Standard_Supplemental
	txt:
	Tab delimited files only

Provider Specialty Columns

Provider Info Tab: Claim Tab: **Provider_Specialty_1 through Provider_Specialty_10** - Include the specialty code found in the LA Care Specialty Reference tab **ProviderSpecialty** - Include the specialty code found in the LA Care Specialty Reference tab

Dental Codes					
Please use LAB Format and use Column 20					
20 Drovidor Tovonomy Codo	LabClaimAltID1	char	120	Optional	Current Dental Terminology (CDT) codes This field can accept any Dental Codes, if any
Provider Taxonomy Code Please use Claim Format and supply the Provider Taxonomy Code as applicable.					
99	Provider_Taxonomy_Code	char	10	Optional	The Health Care Provider Taxonomy code set is a collection of unique alphanumeric codes, ten characters in length. The code set is structured and maintained by NUCC into three distinct Levels including Provider Type, Classification, and Area of Specialization. This is a required field for HEDIS and should have values If there are more than one taxonomy code present in a claim, then health plan can decide on which provider taxonomy code to be consigned in the claim. This field is used only for OED measure computation. Blank/Null values are allowed for this field.
Provider Taxonomy Code					
Please help in sharing the Taxonomy Code for all the Providers as this field is changed to "Required" fro "Optional"					
35	Provider_Taxonomy_Code	char	10	Required	The Health Care Provider Taxonomy code set is a collection of unique alphanumeric codes, ten characters in length. The code set is structured and maintained by NUCC into three distinct Levels including Provider Type, Classification, and Area of Specialization. This is a required field for HEDIS and should have values. This field is used only for HEDIS OED measure and PA State measures computation. Blank/Null values are allowed for this field.

LACARE Claim For	rmat
File Type	Flat File
Delimiter Type	All input data file must be in tab delimited text file (.txt) with headers rows.
Notes	Must remove all single quote (") or double quote("") or additional space after the column name, or special characters(*) within the data. Files need to be in the standard file encoding format UTF_8 not UT-8-BOM. The Quality Performance Management (QPM) Team will provide direct data submission due dates and guidelines on lookback period Required file for Measure computation. Member's Medical Claims
File Header	Required (The column name should be same as the Field header name given in the column B. It should be in same order and names are case sensitive.)
File Name	<pre><filetype>_<abbreviatedsourcename>_<datasourcetype>_<date (mmddyy)="" submitted="">.txt FileType: CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx DataSourceType: Direct_Data /Standard_Supplemental/Non_Standard_Supplemental txt: text delimited files only</date></datasourcetype></abbreviatedsourcename></filetype></pre>

Order	Field Header Name	Data Type	Length	Required for HEDIS	Expected Value	
						Unique member ID that is referenced betwee
						common across all enrolled plans for the asso
1	MemberKey	char	100	Required		Blank/Null records will be rejected and report
						Unique provider ID for Servicing Provider asso
						This value should be available in the Provider
2	Servicing_ProviderKey	char	100	Required		file, extract program will append this provide
						Unique provider ID as maintained in Health P
						facility (for inpatient claims), physician, group
3	Billing_Providerkey	char	100	Required		This is used for Hybrid Chase rules.
						Claim ID is an unique identifier for a claim
						Claim ID is used together with Claim Line ID,
4	ClaimNumber	char	100	Required		Blank/Null records will be rejected and report
						Claim Line ID is unique identifier for each serv
						Claim Line ID is used together with Claim ID,
5	ClaimLineID	char	50	Required		Blank/Null records will be rejected and report
					1 = Paid	
					2 = Denied	Depicts Claim status. This field can accept onl
					3 = Reversal	
					4 = Adjusted	Blank/Null records will be rejected and report
6	ClaimStatus	char	2	Required	5 = Pended for adjudication	Paid claim status will be used for UOS and Ris
						Date of service for an ambulatory event or ad
7	Service_Date	date		Required	YYYY-MM-DD	Blank/Null records will be rejected and report
						Date of Discharge for inpatient events.
						To be left blank for ambulatory events.
8	Discharge_Date	date		Optional	YYYY-MM-DD	It is required for inpatient stay and used for H
						Date of admission for inpatient events.
						To be left blank for ambulatory events.
9	Admission_Date	date		Optional	YYYY-MM-DD	It is required for inpatient stay and used for H
					01 = Institutional Claim	
					02 = Professional Claim	
		1.			03 = Dental Claim	
10	Service_Type	char	4	Optional	99 = Unknown	Indicates the type of Claim

Description

een General Membership and Enrollment. This is an universal Member ID sociated member for cases of multiple enrollments with same payer.

orted in error log..

ssociated with a claim

er file. In case of Out of Network Providers or Values unavailable in Provider der to the provider table and default associated provider specialties as "N".

Plan system for depicting Billing Provider for the claim. It may represent a up, or billing entity who has billed the services. (May be blank)

D, Member ID and Service date to uniquely identify a service.

orted in error log..

ervice line associated with a claim D, Member ID and Service date to uniquely identify a service.

orted in error log..

only supported acceptable values.

orted in error log.. Risk Measure computation admission date for inpatient events.

orted in error log..

r HEDIS inpatient measures, Hybrid Chase Request/Response files

HEDIS inpatient measures, Hybrid Chase Request/Response files

11	Claim_Created_Date	datetime		Required	YYYY-MM-DD HH:MM:SS	Date of claim created. Date without time state 2017-01-01 00:00:00.
12	Claim_LastModified_Date	datetime		Required	YYYY-MM-DD HH:MM:SS	Last modified claim date. Date without time
						Total number of days covered for a particular
						for ambulatory services)
						Remove or subtract the denied days & report
						If Days_covered is null, Difference of admissi
13	Days_Covered	integer		Optional		days.
						Indicates the status of the patient when discl
						If the value is 20, it indicates the patient was
14	DischargeStatus	char	4	Optional		a patient was not discharged alive, set the pa
						Provider Specialty as associated with Servicir
						values.
15	ProviderSpecialty	char	4	Optional		Include the specialty code found in the LA Ca
						Quantity of service or number of units billed
10			(20.4)	Ontional		RRU Measures
16	RRUUnitsofService	numeric	(20,4)	Optional	C = CMS DRG	
					C = CIVIS DRG M = MS DRG	DRG Code Type as associated with Institution
					A = APR DRG	Drd Code Type as associated with institution
17	DRG_Identifier_Code	char	1	Optional		This field can accept only supported acceptal
17				Optional		Valid DRG codes suggested for Institutional/F
						HEDIS excepts the MS DRG code for Measure
						In case of other DRG code, equivalent MS DR
						computation. This is used for IPU Measure co
						DRG Code should be populated along with DI
18	DRG_Code	char	16	Optional		without DRG Type Identifier and vice versa.
19	HCFAPOS	char	4	Optional		Place of Service Codes associated with Institu
						Type of Bill Codes associated with Institution
						la seco of these disit Dill Type Code looding.
20	тов	char	16	Optional		In case of three digit Bill Type Code, leading z
20		char	10	Optional		
						Revenue Codes associated with Institutional/
						In case of three digit Revenue Code,leading
21	UBRevenueCode	char	16	Optional		This field is used for Hybrid Chase Request/R
22	HCPCSPx	char	16	Required		Procedure Identifier(HCPCS)
23	CPT_Code	char	16	Required		Procedure Identifier(CPT)
24	CPT2_Code	char	16	Required		Procedure Identifier(CPT II)
25	CPTMod1	char	16	Optional	e.g. 50(No decimal point)	Procedure Modifier (CPT/CPT II)
26	CPTMod2	char	16	Optional	e.g. 50(No decimal point)	Procedure Modifier (CPT/CPT II)
27	CPTMod3	char	16	Optional	e.g. 50(No decimal point)	Procedure Modifier (CPT/CPT II)
28	CPTMod4	char	16	Optional	e.g. 50(No decimal point)	Procedure Modifier (CPT/CPT II)
						Identifies the given diagnosis claims that belo
						acceptable values.
29	ICD Diag Identifier Flag	char	1	Required	9-ICD9 Diag X-ICD10Diag	ICD Diagnosis Identifier must be populated p
29	ICD_Diag_Identifier_Flag	char	1	Required		agnosis identilier must be populated p

tamp is accepted as
e stamp is accepted as 2017-01-01 00:00:00.
lar admission (same number will appear on every claim line and will be blank
ort the days for which the plan is responsible.
sion and discharge would be considered for days covered excluding denied
scharged. It denotes Form Locator 22 values.
as not alive during discharge. To ensure accurate inpatient stay calculations, in patient status to 20 on the last claim for the inpatient stay. cing Provider of the claim. This field can accept only supported acceptable
Care Specialty Reference tab only
d for each claim service line are used for evaluating Procedure cost in the
onal/Facility claim. May be left blank if unavailable.
able values.
l/Facility claims.
ire computation. DRG code cross walk is required in order to consider for measure computation.
DRG Type Identifier. Extract program will reject all occurrences of DRG Code
itutional/Facility claims.
onal/Facility claims.
zero will be appended to match the NCQA requirment of four digit code.
al/Facility claim service lines.
g zero will be appended to match the NCQA requirment of four digit code.
Response files
elong to ICD 9 or ICD 10 code set. This field can accept only supported

d prior to Diagnosis code value.

					Valid Primary ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
					ICD10 -E36.02
30	ICD_Diag_1	char	16	Required	Primary Diagnosis codes should not be repeated f
					Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
31	ICD_Diag_2	char	16	Optional	ICD10 -E36.02
					Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
32	ICD_Diag_3	char	16	Optional	ICD10 -E36.02
					Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
33	ICD_Diag_4	char	16	Optional	ICD10 -E36.02
					Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
34	ICD_Diag_5	char	16	Optional	ICD10 -E36.02
				optional	Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
35	ICD_Diag_6	char	16	Optional	ICD10 -E36.02
		Cildi	10	Optional	Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
26		ah a r	10	Ontinual	ICD9 - 618.9
36	ICD_Diag_7	char	16	Optional	ICD10 -E36.02
					Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
37	ICD_Diag_8	char	16	Optional	ICD10 -E36.02
					Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
38	ICD_Diag_9	char	16	Optional	ICD10 -E36.02
					Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
39	ICD_Diag_10	char	16	Optional	ICD10 -E36.02
					Valid ICD Diagnosis Code.
					Expected to receive decimal points for ICD Diagno
					For Example:
					ICD9 - 618.9
	1			1	ICD10 -E36.02

r ICD Diagnosis Code
e repeated for Secondary Diagnosis codes (ICD_Diag_2 to ICD_Diag_25)
r ICD Diagnosis Code

41 C0. Dag. 12 that 16 Optical Papetent to receive decimal points for ICD Dagrosis Code for Lisrangia 41 C0. Dag. 12 that 16 Optical Visit CD Dagrosis Code for Lisrangia 42 C0. Dag. 13 char 16 Optical Visit CD Dagrosis Code for Lisrangia 42 C0. Dag. 13 char 16 Optical Visit CD Dagrosis Code for Lisrangia 43 CD, Dag. 13 char 16 Optical Visit CD Dagrosis Code for Lisrangia 43 CD, Dag. 14 char 16 Optical Visit CD Dagrosis Code for Lisrangia 44 CD, Dag. 15 char 16 Optical Visit CD Dagrosis Code for Lisrangia 45 CD, Dag. 15 char 16 Optical Visit CD Dagrosis Code for Lisrangia 46 CD, Dag. 15 char 16 Optical Visit CD Dagrosis Code for Lisrangia 47 CD, Dag. 16 char 16 Optical Visit CD Dagrosis Code for Lisrangia 48 CD, Dag. 16 char 16 Optical Visit CD Dagrosis Code for Lisrangia 49 CD, Dag. 16 char 16 Optical Visit CD Dagrosis Code for Lisrangia 41 CD, Dag. 16 char 16 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
41 CD_Dag_12 char 16 Optional CDD-06.8 CDD-06.8 41 CD_Dag_12 char 16 Optional CDD-06.8 CDD-06.8 42 CD_Dag_13 char 16 Optional CDD-06.8 CDD-06.8 42 CD_Dag_113 char 16 Optional CDD-06.8 CDD-06.8 43 ICD_Dag_14 char 16 Optional CDD-06.8 CDD-06.8 43 ICD_Dag_15 char 16 Optional CDD-06.8 CDD-06.8 44 CD_Dag_15 char 16 Optional CDD-06.8 CDD-06.8 44 CD_Dag_15 char 16 Optional CDD-06.8 CDD-06.8 45 ICD_Dag_15 char 16 Optional CDD-06.8 CDD-06.8 46 CD_Dag_16 char 16 Optional CDD-06.8 CDD-06.8 47 ICD_Dag_17 char 16 Optional CDD-06.8 CDD-06.8 47 ICD_Dag_17 char 16 Optional CDD-06.8 CDD-06.8 48 ICD_Dag_18 char 16 Optional CDD-06.8 CDD-06.8 47 ICD_						Valid ICD Diagnosis Code.
41 ICD_Diag_12 char 12 Optional ICD_Diag CD_Diag CD_Di						Expected to receive decimal points for ICD Diagnosis Code
41 ICD_Diag.12 ohar 26 Detonal ICD_Diag.05 Code 42 ICD_Diag.13 char 16 Optional Visit ICD Diagnois Code. For Example: (CD) 0.63.0 For Example: (CD) 0.63.0 43 ICD_Diag.13 char 16 Optional Visit ICD Diagnois Code. For Example: (CD) 0.63.0 43 ICD_Diag.14 char 16 Optional Visit ICD Diagnois Code. For Example: (CD) 0.63.0 44 ICD_Diag.14 char 16 Optional CD10 43.6.0 43 ICD_Diag.14 char 16 Optional CD10 43.6.0 44 ICD_Diag.15 char 16 Optional CD10 43.6.0 45 ICD_Diag.15 char 16 Optional CD10 43.6.0 46 ICD_Diag.15 char 16 Optional Visit ICD Diagnois Code. For Example: (CD - Code. Code Example: Code. 47 ICD_Diag.17 char 16 Optional CD10 43.6.0 48 ICD_Diag.18 char 16 Optional CD10						For Example:
42 ICD_Diag_13 char 16 Optional 43 ICD_Diag_14 char 16 Optional Charles Expected to receive decimal points for ICD Diagnost Code. 44 ICD_Diag_15 char 16 Optional Charles Expected to receive decimal points for ICD Diagnost Code. 44 ICD_Diag_15 char 16 Optional Charles Expected to receive decimal points for ICD Diagnost Code. 44 ICD_Diag_15 char 16 Optional Charles Expected to receive decimal points for ICD Diagnost Code. 44 ICD_Diag_15 char 16 Optional Charles Expected to receive decimal points for ICD Diagnost Code. 44 ICD_Diag_15 char 16 Optional Charles Expected to receive decimal points for ICD Diagnost Code. 44 ICD_Diag_15 char 16 Optional Charles Expected to receive decimal points for ICD Diagnost Code. 45 ICD_Diag_16 char 16 Optional Charles Expected to receive decimal points for ICD Diagnost Code. <td< td=""><td></td><td></td><td></td><td></td><td></td><td>ICD9 - 618.9</td></td<>						ICD9 - 618.9
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42 ICD_ Digg_13 char 16 Optional Expected to receive decimal points for ICD Diagnosis Code For Example: CD9 - 618.9 43 ICD_ Digg_14 char 16 Optional CD10 - 76.8.2 43 ICD_ Digg_15 char 16 Optional CD10 - 76.8.2 44 ICD_ Digg_15 char 16 Optional CD10 - 76.8.2 44 ICD_ Digg_15 char 16 Optional CD10 - 76.8.2 44 ICD_ Digg_15 char 16 Optional CD10 - 76.8.2 44 ICD_ Digg_16 char 16 Optional CD10 - 76.8.2 44 ICD_ Digg_16 char 16 Optional CD10 - 76.8.2 44 ICD_ Digg_16 char 16 Optional CD10 - 76.8.2 45 ICD_ Digg_16 char 16 Optional CD10 - 76.8.2 46 ICD_ Digg_17 char 16 Optional CD10 - 76.8.2 47 ICD_ Digg_18 char 16 Optional						
42 ICD_Diag_13 char 15 Optional ICD_F168 > ICD_F168 > ICD						-
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42 CD, Diag, 13 thar 16 Optional Inclusion 2004 43 ICD_Diag, 14 thar 16 Optional Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD - 68.9 43 ICD_Diag, 14 thar 16 Optional Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD - 68.9 44 ICD_Diag, 15 thar 16 Optional Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD - 68.9 45 ICD_Diag, 16 thar 16 Optional Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD - 68.9 46 ICD_Diag, 16 thar 16 Optional Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD - 618.9 47 ICD_Diag, 17 thar 16 Optional Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD - 618.9 48 ICD_Diag, 18 thar 16 Optional Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD - 618.9 Valid ICD Diagnosis Code For Example						·
43 ICD_Diag_14 char 16 Optional Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 44 ICD_Diag_15 char 16 Optional ICD10 - 85.6.2 45 ICD_Diag_15 char 16 Optional ICD10 - 85.6.2 45 ICD_Diag_16 char 16 Optional ICD10 - 85.6.2 46 ICD_Diag_17 char 16 Optional ICD10 - 85.6.2 46 ICD_Diag_17 char 16 Optional ICD10 - 85.6.2 47 ICD_Diag_18 char 16 Optional ICD10 - 85.6.2 48 ICD_Diag_18 char 16 Optional ICD10 - 85.6.2 49 ICD_Diag_19 char 16 Optional ICD10 - 85.6.2 49 ICD_Diag_19 char 16	12		- h - n	10	Ontional	
43 (DDiag_1A char 16 optional (CD_0102_114) (CD_0102_015)	42	ICD_Diag_13	cnar	16	Optional	
43 ICD_Deg_14 char 16 Optional For Example: ICD_0-618.9 43 ICD_Deg_14 char 16 Optional Valid ICD Dagnosis Code. Expected for creabe decimal points for ICD Diagnosis Code For Example: ICD_0-618.9 44 ICD_Deg_15 char 16 Optional Valid ICD Dagnosis Code. Expected for creabe decimal points for ICD Diagnosis Code For Example: ICD_0-618.9 45 ICD_Deg_16 char 16 Optional Valid ICD Dagnosis Code. For Example: ICD_0-618.9 45 ICD_Deg_17 char 16 Optional Valid ICD Dagnosis Code. For Example: ICD_0-618.9 46 ICD_Deg_17 char 16 Optional Valid ICD Dagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD_0-618.9 47 ICD_Deg_18 char 16 Optional Valid ICD Dagnosis Code. For Example: ICD_0-618.9 48 ICD_Delsg_18 char 16 Optional Valid ICD Dagnosis Code For Example: ICD_0-618.9 49 ICD_Delsg_19 char 16 Optional Valid ICD Dagnosis Code For Example: ICD_0-618.9 49 ICD_Delsg_20 char						
43 (CD_Diag_14 rhar 16 Optional (CD) - 036.02 43 (CD_Diag_14 rhar 16 Optional Valid (CD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code for Example: (CD) - 618.9 44 (CD_Diag_15 rhar 16 Optional Valid (CD Diagnosis Code. For Example: (CD) - 618.9 45 (CD_Diag_16 rhar 16 Optional Valid (CD Diagnosis Code. For Example: (CD) - 618.0 45 (CD_Diag_16 rhar 16 Optional (CD) - 618.0 46 (CD_Diag_17 rhar 16 Optional Valid (CD Diagnosis Code. For Example: (CD) - 618.9 46 (CD_Diag_17 rhar 16 Optional Valid (CD Diagnosis Code. For Example: (CD) - 618.3 47 (CD_Diag_18 rhar 16 Optional Valid (CD Diagnosis Code. For Example: (CD) - 618.3 48 (CD_Diag_19 rhar 16 Optional Valid (CD Diagnosis Code. For Example: (CD) - 618.9 49 (CD_Diag_19 rhar 16 Optional Valid (CD Diagnosis Code. For Example: (CD) - 618.9 49 (CD_Diag_19 rhar 16 Optional Valid (CD Diagnosis Code. For Example: (CD) - 618.9 50 (CD_Diag_20 rhar 16 Optional Vali						
43 ICD_DBag_14 ehar 16 Optional ICD_D1636.02 44 ICD_DBag_15 char 16 optional Expected to receive decimal points for ICD Diagnosis Code For Foxample: 44 ICD_DBag_15 char 16 Optional ICDD-0126.02 44 ICD_DBag_15 char 16 Optional ICDD-0126.02 45 ICD_DBag_16 char 16 Optional ICDD-0126.02 45 ICD_DBag_16 char 16 Optional ICDD-0126.02 46 ICD_DBag_17 char 16 Optional ICDD-0126.02 47 ICD_DBag_17 char 16 Optional ICDD-0126.02 47 ICD_DBag_18 char 16 Optional ICDD-0126.02 48 ICD_DBag_18 char 16 Optional ICDD-0126.02 47 ICD_DBag_19 char 16 Optional ICDD-0126.02 48 ICD_DBag_19 char 16 Optional ICDD-0126.02						· ·
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						For Example:
						ICD9 - 618.9
52	ICD_Diag_23	char	16	Optional		ICD10 -E36.02
						Valid ICD Diagnosis Code.
						Expected to receive decimal points for ICD Diagno
						For Example:
						ICD9 - 618.9
53	ICD_Diag_24	char	16	Optional		ICD10 -E36.02
						Valid ICD Diagnosis Code.
						Expected to receive decimal points for ICD Diagno
						For Example:
						ICD9 - 618.9
54	ICD_Diag_25	char	16	Optional		ICD10 -E36.02
54			10	optional	9-ICD9 Procedure	Identifies the given Procedure claims that belong
					X-ICD10 Procedure	identifies the given riocedure claims that belong
55	ICD Proc Identifier Flag	char	1	Ontional		It is required if ICD Presedure sodes are given. Th
55		char	1	Optional	U-Not Applicable	It is required if ICD Procedure codes are given. Th Valid ICD Primary Procedure Code .
						Expected to receive decimal points for ICD 9 Proc
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decimal poi
56	ICD_Proc_1	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does not car
						Valid ICD Procedure Code .
						Expected to receive decimal points for ICD 9 Proc
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decimal poi
57	ICD_Proc_2	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does not car
						Valid ICD Procedure Code.
						Expected to receive decimal points for ICD Proce
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decimal poi
58	ICD_Proc_3	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does not car
50		chai	10	Optional		Valid ICD Procedure Code.
						Expected to receive decimal points for ICD Proceed
						For Example:
			10			ICD9 - 68.41(ICD9 procedures carries decimal poi
59	ICD_Proc_4	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does not car
						Valid ICD Procedure Code.
			1			Expected to receive decimal points for ICD Procee
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decimal poi
60	ICD_Proc_5	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does not car
						Valid ICD Procedure Code
			1			Expected to receive decimal points for ICD 9 Proc
						For Example:
			1			ICD9 - 68.41(ICD9 procedures carries decimal poi
		char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does not car
61	ICD Proc 6		1 10	Sprional		· · · · ·
61	ICD_Proc_6	СПАГ				Valid ICD Procedure Code
61	ICD_Proc_6					Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Proc
61	ICD_Proc_6					Expected to receive decimal points for ICD 9 Proc
61	ICD_Proc_6					Expected to receive decimal points for ICD 9 Proc For Example:
						Expected to receive decimal points for ICD 9 Proc For Example: ICD9 - 68.41(ICD9 procedures carries decimal poi
61	ICD_Proc_6 ICD_Proc_7	char	16	Optional		Expected to receive decimal points for ICD 9 Proc For Example: ICD9 - 68.41(ICD9 procedures carries decimal poi ICD10 - 0DV64CZ (ICD10 procedures does not car
			16	Optional		Expected to receive decimal points for ICD 9 Proc For Example: ICD9 - 68.41(ICD9 procedures carries decimal poi ICD10 - 0DV64CZ (ICD10 procedures does not car Valid ICD Procedure Code .
			16	Optional		Expected to receive decimal points for ICD 9 Proc For Example: ICD9 - 68.41(ICD9 procedures carries decimal poi ICD10 - 0DV64CZ (ICD10 procedures does not car
			16	Optional		Expected to receive decimal points for ICD 9 Proc For Example: ICD9 - 68.41(ICD9 procedures carries decimal poi ICD10 - 0DV64CZ (ICD10 procedures does not car Valid ICD Procedure Code .
			16	Optional		Expected to receive decimal points for ICD 9 Proc For Example: ICD9 - 68.41(ICD9 procedures carries decimal poi ICD10 - 0DV64CZ (ICD10 procedures does not car Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Proc

ICD Diagnosis Code
· ICD Diagnosis Code
· ICD Diagnosis Code
hat belong to ICD 9 or ICD 10 code set
re given. This field can accept only supported acceptable values.
ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code
decimal points) oes not carry decimal points).
ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code
decimal points) oes not carry decimal points).
ICD Procedure Code
decimal points) oes not carry decimal points)
ICD Procedure Code
decimal points) oes not carry decimal points)
ICD Procedure Code
decimal points) oes not carry decimal points)
ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code
decimal points) oes not carry decimal points).
ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code
decimal points) oes not carry decimal points).
ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code
decimal points) oes not carry decimal points).

					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
64	ICD_Proc_9	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
65	ICD_Proc_10	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
66	ICD_Proc_11	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
67	ICD_Proc_12	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures decima
		Cildi	10	Optional	Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
68	ICD_Proc_13	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
69	ICD_Proc_14	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
70	ICD_Proc_15	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
71	ICD_Proc_16	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
, 1					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
72	ICD Drog 17	char	16	Ontional	
12	ICD_Proc_17	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
_					ICD9 - 68.41(ICD9 procedures carries decima
73	ICD_Proc_18	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no
					Valid ICD Procedure Code .
					Expected to receive decimal points for ICD 9
					For Example:
					ICD9 - 68.41(ICD9 procedures carries decima
74	ICD_Proc_19	char	16	Optional	ICD10 - 0DV64CZ (ICD10 procedures does no

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

nal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

nal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

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nal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

nal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

nal points) not carry decimal points).

				-		
						Valid ICD Procedure Code .
						Expected to receive decimal points for ICD 9
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decima
75	ICD_Proc_20	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does no
						Valid ICD Procedure Code
						Expected to receive decimal points for ICD 9
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decima
76	ICD_Proc_21	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does no
, 0		citat	10	optional		Valid ICD Procedure Code .
						Expected to receive decimal points for ICD 9
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decima
77	ICD Brog 22	char	16	Ontional		
//	ICD_Proc_22	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does no Valid ICD Procedure Code .
						Expected to receive decimal points for ICD 9
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decima
78	ICD_Proc_23	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does no
						Valid ICD Procedure Code .
						Expected to receive decimal points for ICD 9
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decima
79	ICD_Proc_24	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does no
						Valid ICD Procedure Code .
						Expected to receive decimal points for ICD 9
						For Example:
						ICD9 - 68.41(ICD9 procedures carries decima
80	ICD_Proc_25	char	16	Optional		ICD10 - 0DV64CZ (ICD10 procedures does no
81	CVX	char	3	Required		A standard CVX code denoting a vaccination
82	Allowed	numeric	(16,4)	Optional		Allowable Amount is the contracted dollar ar
						Amount Billed on the claim for the provided
83	Billed	numeric	(16,4)	Optional		This is required for Analytics and Reporting.
						Fixed amount to be paid by member for the
84	Сорау	numeric	(16,4)	Optional		Reporting.
85	Paid	numeric	(16,4)	Optional		Amount adjudicated and paid by the plan for
86	РОА	char	1	Optional		Flag to identify if the Diagnosis codes claimed
					For example,	
					01 - Admin Data	
					02 - Immunization	
					03 - EHR files	Indicates the Data source of the claims. Exam
						files, Encounter data files from behavioral he
					05 - Encounter Data files from	
					behavioral health care vendors	Blank/Null records will be rejected and repor
			1		06 - Vision Care	Bianty wan records win be rejected and repor
Q7	DataSource ID	char	50	Required		
87	DataSource_ID	char	50	Required		Tupo of data source
87	DataSource_ID	char	50	Required	01- Admin Claim	Type of data source.
					01- Admin Claim 02- Standard supplemental Data	
88	DataSource_Type	char	2	Required	01- Admin Claim	Blank/Null records will be rejected and report
88 89	DataSource_Type ClaimAltID1	char char	2 120	Required Optional	01- Admin Claim 02- Standard supplemental Data	Blank/Null records will be rejected and repor To capture additional information for Health
88 89 90	DataSource_Type ClaimAltID1 ClaimAltID2	char char char	2 120 120	Required Optional Optional	01- Admin Claim 02- Standard supplemental Data	Blank/Null records will be rejected and repor To capture additional information for Health To capture additional information for Health
88 89 90 91	DataSource_Type ClaimAltID1 ClaimAltID2 ClaimAltID3	char char char char char	2 120 120 120	Required Optional Optional Optional	01- Admin Claim 02- Standard supplemental Data	Blank/Null records will be rejected and repor To capture additional information for Health To capture additional information for Health To capture additional information for Health
88 89 90 91 92	DataSource_Type ClaimAltID1 ClaimAltID2 ClaimAltID3 ClaimAltID4	char char char char char char	2 120 120 120 120 120	Required Optional Optional Optional Optional	01- Admin Claim 02- Standard supplemental Data	Blank/Null records will be rejected and repor To capture additional information for Health To capture additional information for Health To capture additional information for Health To capture additional information for Health
88 89 90 91 92 93	DataSource_Type ClaimAltID1 ClaimAltID2 ClaimAltID3 ClaimAltID4 ClaimAltID5	char char char char char char char char	2 120 120 120 120 120 120	Required Optional Optional Optional Optional Optional	01- Admin Claim 02- Standard supplemental Data	Blank/Null records will be rejected and repor To capture additional information for Health To capture additional information for Health
88 89 90 91 92	DataSource_Type ClaimAltID1 ClaimAltID2 ClaimAltID3 ClaimAltID4	char char char char char char	2 120 120 120 120 120	Required Optional Optional Optional Optional	01- Admin Claim 02- Standard supplemental Data	Blank/Null records will be rejected and repor To capture additional information for Health To capture additional information for Health To capture additional information for Health To capture additional information for Health
88 89 90 91 92 93	DataSource_Type ClaimAltID1 ClaimAltID2 ClaimAltID3 ClaimAltID4 ClaimAltID5	char char char char char char char char	2 120 120 120 120 120 120	Required Optional Optional Optional Optional Optional	01- Admin Claim 02- Standard supplemental Data	Blank/Null records will be rejected and repor To capture additional information for Health To capture additional information for Health

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

mal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

mal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

mal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

mal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

mal points) not carry decimal points).

9 Procedure Code and Non decimal values for ICD 10 Procedure Code

mal points) not carry decimal points).

on used by the HEDIS 2017 CIS and IMA measures

amount for the claimed services. This is required for Analytics and Reporting.

e claimed services as per the plan benefits. This is required for Analytics and

for the claimed services. This is required for Analytics and Reporting. ned are Present on Admission

ample: Immunization registry, Current or historic state encounter files, EHR health care vendors, etc.

ported in error log..

borted in error log.. th Plans reference th Plans reference

97	ClaimAltID9	char	120	Optional	To capture additional information for Health
98	ClaimAltID10	char	120	Optional	To capture additional information for Health
					The Health Care Provider Taxonomy code set is a
					structured and maintained by NUCC into three dis
					This is a required field for HEDIS and should have
	Provider_Taxonomy_Code	char	10	Optional	plan can decide on which provider taxonomy code
					This field is used only for OED measure computati
99					Blank/Null values are allowed for this field.

th Plans reference

th Plans reference

s a collection of unique alphanumeric codes, ten characters in length. The code set is distinct Levels including Provider Type, Classification, and Area of Specialization.

ve values. If there are more than one taxonomy code present in a claim, then health ode to be consigned in the claim.

tation.

LACARE Pharmad	zy Format
File Type	Flat File
Delimiter Type	All input data file must be in tab delimited text file (.txt) with headers rows.
Notes	Must remove all single quote (") or double quote("") or additional space after the column name, or special characters(*) within the data. Files need to be in the standard file encoding format UTF_8 not UT-8-BOM. The Quality Performance Management (QPM) Team will provide direct data submission due dates and guidelines on lookback period Required file for Measure computation. Member's Pharmacy Claims
File Header	Required only the recent/final claim of the specific service (The column name should be same as the Field header name given in the column A. It should be in same order and
File Name	<pre><filetype>_<abbreviatedsourcename>_<datasourcetype>_<date (mmddyy)="" submitted="">.txt FileType: CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx DataSourceType: Direct_Data /Standard_Supplemental/Non_Standard_Supplemental txt: text delimited files only</date></datasourcetype></abbreviatedsourcename></filetype></pre>

Order	Field Header Name	Data Type	Length	Required for HEDIS	Expected Value	
						Unique member ID that is referenced b
						for the associated member for cases of
1	MemberKey	char	100	Required		Blank/Null records will be rejected and
2	Prescribing_ProviderKey	char	100	Optional		Unique provider ID for Prescribing Prov
3	Dispensing_Providerkey	char	100	Optional		Unique provider ID as maintained in He
						Unique provider ID as maintained in He
4	Billing_ProviderKey	char	100	Optional		This is used for Hybrid Chase rules.
						Claim ID is an unique identifier for a cla
						Claim ID is used together with Claim Lir
5	ClaimNumber	char	100	Required		Blank/Null records will be rejected and
						Claim Line ID is unique identifier for ea
						Claim Line ID is used together with Clai
6	ClaimLineID	char	50	Required		Blank/Null records will be rejected and
					1 = Paid	
					2 = Denied	Depicts Claim status. This field can acce
					3 = Reversal	
					4 = Adjusted	Blank/Null records will be rejected and
7	ClaimStatus	char	2	Required	5 = Pended for adjudication	Paid claim status will be used for UOS a
						Medication dispensed date
8	Service_Date	date		Required	YYYY-MM-DD	Blank/Null records will be rejected and
						Indicates the drug code of the medication
						Drug code related code flag is mandate
9	Drug_Code	char	16	Required		Drug Code Type should be populated a
10	NDC	char	160	Optional		Text Description of Code Type for Code
11	CVX	char	160	Optional		Text Description of Code Type for Code
12	Rx_Norm	char	160	Optional		Text Description of Code Type for Code
						Indicates if the prescribed drug is brand
13	Generic_Branded_Flag	char	1	Optional	B/G	This is used for analytics reporting
14	 DaysSupply	integer		Required		Indicates the Days of Supply for the dis
						Indicates the quantity of pills or liquid of
15	QuantityDispensed	numeric	(20,4)	Required		This field is used in AMR and DAE meas
						Indicates the measurement metric of t
						(e.g. milliliter for liquid, number of pills
16	MetricQuantity	numeric	(20,4)	Required		This field is used in NCQA RRU measure
	/					Identifies if the given diagnosis claims b
					9-ICD9 Diag	
17	ICD_Identifier_Flag	char	1	Optional	X-ICD10Diag	This field can accept only supported ac

d names are case sensitive.)

Description

d between General Membership and Enrollment. This is an universal Member ID common across all enrolled plans s of multiple enrollments with same payer.

nd reported in error log.

ovider associated with a claim

Health Plan system for depicting Dispensing Pharmacy for the claim. Health Plan system for depicting Billing Pharmacy for the claim.

claim

Line ID, Member ID and Service date to uniquely identify a service.

nd reported in error log. each service line associated with a claim claim ID, Member ID and Service date to uniquely identify a service.

nd reported in error log.

ccept only supported acceptable values.

nd reported in error log.. S and Risk Measure computation

nd reported in error log.

ation prescribed.

atory to identify the type of drug code in this field.

along with Drug Code.Blank/Null records will be rejected and reported in error log.

des falling outside of standard Code Type. des falling outside of standard Code Type. des falling outside of standard Code Type.

nded or generic.

lispensed prescription. This is used in HEDIS Medication management measures and PDC measures.

d or cream dispensed. asures

f the dispensed drug for each claim service line. ills for pills, and grams for cream).

ures

s belong to ICD9 or ICD 10

acceptable values.

						Principal Diagnosis condition for which the prescription is dispensed.
						Valid Primary ICD Diagnosis Code.
						Expected to receive decimal points for ICD Diagnosis Code
						For Example:
						ICD9 - 618.9
						ICD10 -E36.02
18	ICD_Diag_1	char	16	Optional		This is used for Analytics and Reporting.
						Ingredient cost in dollars as quoated by the Pharmacy. E.g. 100.25
19	Cost	numeric	(16,4)	Optional		This is used for Cost/Risk Analytics.
						Amount allowed in dollars for medical services or supplies as covered by a health care product. E.g. 100.25
20	Allowed	numeric	(16,4)	Optional		This is used for Cost/Risk Analytics.
						Amount submitted in dollars by the provider for reimbursement of health care services. E.g. 100.25
21	Billed	numeric	(16,4)	Optional		This is used for Cost/Risk Analytics.
	billeu	numenc	(10,4)	Optional		Copay amount in dollars paid by the member. E.g. 100.25
						Copay amount in donars paid by the member. E.g. 100.25
22	Сорау	numeric	(16,4)	Optional		This is used for Cost/Risk Analytics.
			(, , ,			Total dollar amount in dollars paid by insurance carriers for covered services. This amount does not include any member liability for ineligible charges,
						deductibles, or copayments. E.g. 100.25
23	Paid	numeric	(16,4)	Optional		This is used for Cost/Risk Analytics.
					01 - Admin Data	
					02 - Pharmacy data Feeds	
					03 - EHR files	Indicates the Data source of the claims. Example: Pharmacy data feeds and EHR files.
24	DataSource_ID	char	50	1	07 - Clinical Data(ECDS)	Blank/Null records will be rejected and reported in error log.
					01- Admin Claim	
					02- Standard supplemental	Turne of data secure of the Du data to indicate whether a slater second existent of from Adusta on Coundary whether sources
					Data	Type of data source of the Rx claims to indicate whether a claim record originated from Admin or Supplemental data source.
25	DataSource_Type	char	2	Required	03- Non standard supplemental Data	This field can accept only supported acceptable values.Blank/Null records will be rejected and reported in error log.
25	RxClaimAltID1	char	120	Optional		To capture additional information for Health Plans reference
20		char	120	Optional		To capture additional information for Health Plans reference
28		char	120	Optional		To capture additional information for Health Plans reference
29	RxClaimAltID4	char	120	Optional		To capture additional information for Health Plans reference
30	RxClaimAltID5	char	120	Optional		To capture additional information for Health Plans reference
31	RxClaimAltID6	char	120	Optional		To capture additional information for Health Plans reference
32	RxClaimAltID7	char	120	Optional		To capture additional information for Health Plans reference
33	RxClaimAltID8	char	120	Optional		To capture additional information for Health Plans reference
34		char	120	Optional		To capture additional information for Health Plans reference
35	RxClaimAltID10	char	120	Optional		To capture additional information for Health Plans reference

LACARE Lab Form	nat
File Type	Flat File
Delimiter Type	All input data file must be in tab delimited text file (.txt) with headers rows.
Notes	Must remove all single quote (") or double quote("") or additional space after the column name , or special characters(*) within the data. Files need to be in the standard file encoding format UTF_8 not UT-8-BOM. The Quality Performance Management (QPM) Team will provide direct data submission due dates and guidelines on lookback period Required file for Measure computation. Member's Lab Claims
File Header	Required(The column name should be same as the Field header name given in the column A . It should be in same order and names are case sensitive.)
File Name	<pre><filetype>_<abbreviatedsourcename>_<datasourcetype>_<date (mmddyy)="" submitted="">.txt FileType: CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx DataSourceType: Direct_Data /Standard_Supplemental/Non_Standard_Supplemental txt: text delimited files only</date></datasourcetype></abbreviatedsourcename></filetype></pre>

Order	Field Header Name	Data Type	Length	Required for HEDIS	Expected Value	Des
						Unique member ID that is referenced between Gener
						Member ID common across all enrolled plans for the
						with same payer.
1	MemberKey	char	100	Required		Blank/Null records will be rejected and reported in error
						Unique provider ID for Ordering Provider associated v
						This value should be available in the Provider file. In ca
						Provider file, extract program will append this provide
						specialties as "N".
2	Ordering_ProviderKey	char	100	Optional		This is used for Hybrid Chase Request/Response files
						Ordering Provider NPI
						In case of in-network providers or If not present on cla
3	Ordering_Provider_NPI	char	15	Optional		referenced from Provider Id field in Provider Info file.
4	Ordering_Provider_Tax_ID	char	20	Optional		Ordering Provider Tax ID. This is used for Hybrid Chase
						Claim ID is an unique identifier for a claim
						Claim ID is used together with Claim Line ID, Member
5	ClaimNumber	char	100	Required		Blank/Null records will be rejected and reported in er
						Claim Line ID is unique identifier for each service line
						Claim Line ID is used together with Claim ID, Member
6	ClaimLineID	char	50	Required		Blank/Null records will be rejected and reported in er
					1 = Paid	
					2 = Denied	
					3 = Reversal	Depicts Claim status. This field can accept only support
					4 = Adjusted	
					5 = Pended for	Blank/Null records will be rejected and reported in error
7	ClaimStatus	char	2	Optional	adjudication	Paid claim status will be used for UOS and Risk Measu
						Date on which Lab Test is ordered.
8	DOS	date		Required	YYYY-MM-DD	Blank/Null records will be rejected and reported in error
9	DOSThru	date		Optional	YYYY-MM-DD	End date for lab Service (may be left blank)

escription

neral Membership and Enrollment. This is an universal ne associated member for cases of multiple enrollments

error log..

with a claim

n case of Out of Network Providers or Values unavailable in ider to the provider table and default associated provider

claim, NPI of the Ordering provider ID field will be le.

ase Request/Response files

ber ID and Service date to uniquely identify a service

error log.

ne associated with a claim ber ID and Service date to uniquely identify a service.

error log.

ported acceptable values.

error log.. asure computation

error log..

						CPT/CPT II code for lab test (may be blank).
						The value for either Procedure_code or Test should
10	СРТРх	char	16	Optional		or Test value will be rejected by the system during D
						HCPCS code for lab test (may be blank).
						The value for either Procedure_code or Test should
11	HCPCSPx	char	16	Optional		or Test value will be rejected by the system during D
						Code for Test done. It can be LOINC codes for the test
						(e.g HEDIS measure DMS can expect this Test field to
						The value for either Procedure_Code or Test should
12	LOINC	char	16	Optional		or Test value will be rejected by the system during D
						Code for Test done. It can be SNOMED codes for the
						(e.g HEDIS measure DMS can expect this Test field to
						The value for either Dresedure. Code or Test, should
12	SNOMED	char	16	Ontional		The value for either Procedure_Code or Test should
13	SNOWED	char	16	Optional		or Test value will be rejected by the system during D Lab result value or test result, i.e. "8.2" for HbA1c.PH
14	Lab Value	numeric	(20.4)	Optional		result in the "Lab_Value" field and corresponding co
14	Lab_Value	numeric	(20,4)	Optional		Binary field to indicate lab test result as Positive/Neg
					P = Positive	(e.g. Diabetes Retinal Screening test result)
15	Result_Flag	char	1	Optional	N = Negative	It is used for CDC measure, Hybrid Chase Request/Re
15	Measuring_Unit	char	20	Optional		Unit of measurement for lab test value. (e.g. ml,gm,r
10	Measuring_Unit_Desc	char	120	Optional		Description of the unit of measure for lab test value.
17			120		01 - Admin Data	Indicates the Data source of the claims. (e.g. Laborat
					02 - Lab Result file	supported acceptable values.
18	DataSource_ID	char	50	Required	03 - EHR files	Blank/Null records will be rejected and reported in e
					01- Admin Claim	Type of data source of the Lab claims to indicate whe
					02- Standard	Supplemental data source.
					supplemental Data	
					03- Non standard	This field can accept only supported acceptable value
19	DataSource_Type	char	2	Required	supplemental Data	error log.
						Current Dental Terminology (CDT) codes
20	LabClaimAltID1	char	120	Optional		This field can accept any Dental Codes, if any
21	LabClaimAltID2	char	120	Optional		To capture additional information for Health Plans re
22	LabClaimAltID3	char	120	Optional		To capture additional information for Health Plans re
23	LabClaimAltID4	char	120	Optional		To capture additional information for Health Plans re
24	LabClaimAltID5	char	120	Optional		To capture additional information for Health Plans re
25	LabClaimAltID6	char	120	Optional		To capture additional information for Health Plans re
26	LabClaimAltID7	char	120	Optional		To capture additional information for Health Plans re
27	LabClaimAltID8	char	120	Optional		To capture additional information for Health Plans re
28	LabClaimAltID9	char	120	Optional		To capture additional information for Health Plans re
29	LabClaimAltID10	char	120	Optional		To capture additional information for Health Plans re

Id be present in the file. Records without Procedure_Code Data Intake.

Id be present in the file. Records without Procedure_Code Data Intake.

test. If test is present, Code flag should be present to be"44261-6". In this case CPT code field can be blank)

Id be present in the file. Records without Procedure_Code Data Intake.

he test. If test is present, Code flag should be present to be"44261-6". In this case CPT code field can be blank)

Id be present in the file. Records without Procedure_Code Data Intake.

PHQ-9 total score, populate the lab result value or test code value in the "LOINC" field as applicable. egative.

Response files

n,mmol/mol)

e. (e.g. Milliliter. Grams, millimole to a mole)

ratory result files and EHR files.). This field can accept only

error log.

hether a claim record originated from Admin or

ues.Blank/Null records will be rejected and reported in

reference reference reference reference reference reference reference reference reference

LACARE Provide	r Demographic Information
File Type	Flat File
Delimiter Type	All input data file must be in tab delimited text file (.txt) with headers rows.
Notes	Must remove all single quote (") or double quote("") or additional space after the column name , or special characters(*) within the data. Files need to be in the standard file encoding format UTF_8 not UT-8-BOM. The Quality Performance Management (QPM) Team will provide direct data submission due dates and guidelines on lookback period 1. Each record denotes an Individual provider or IPA or Group or facility. If an Individual provider is associated to a IPA/group or Group associated to an IPA with multiple dates then 2. For provider ID do not provide the Common provider ID. For each hierarchy provide the unique provider identifier which is maintained in system.
File Header	Required (The column name should be same as the Field header name given in the column A. It should be in same order and names are case sensitive.)
File Name	<pre><filetype>_<abbreviatedsourcename>_<datasourcetype>_<date (mmddyy)="" submitted="">.txt FileType: CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx DataSourceType: Direct_Data /Standard_Supplemental/Non_Standard_Supplemental txt: text delimited files only</date></datasourcetype></abbreviatedsourcename></filetype></pre>

Order	Field Header Name	Datatype	Length	Required for HEDIS	Expected Value	
						Unique identifier for each Provider a
						In scenarios where a Provider is asso
						system to depict each relationship d
						IPA- Provider's Independent Practiti
						internal provider ID to identify the I
						internal provider ib to identify the r
1	PROVIDERKEY	char	100	Required		Group ID - Provider's Group Identify
_				,		If the Provider category is Group, pr
						Practitioner - If Provider is an individ
						Facility/Hospital ID - Provide the Fac
						Pharmacy)
						Blank/Null records will be rejected a
						Physician's last name.
2	ProviderLastName	char	60	Optional		This field is mandatory for Individua
						If provider is Organization or Facility
						It is used for Hybrid Chase Request/
						Physician's first name.
3	ProviderFirstName	char	60	Optional		This field is mandatory for Individua If provider is Organization or Facility
						It is used for Hybrid Chase Request/
4	ProviderMiddleName	char	20	Optional	1	Physician's middle initial
4	Trovidentificalientame	criai	20	Optional	M = Male	Physician's middle middle middle
5	Gender	char	1	Required	F = Female	This field can accept only supported
5	Sender	criai	1	nequireu	U=Unknown	It is used for Hybrid Chase Request/
6	Date_Of_Birth	date		Optional	YYYY-MM-DD	Physician's date of birth.
7	ProviderNPI	char	15	Required		Physician's National Provider Identif
8	Federal_Tax_ID	char	20	Required		Federal Tax Identification Number.
						Physician's primary spoken language
9	Language_Spoken	char	100	Optional		it is used for the analysis on Patient-
						Provider Organization Name
10	Organization_Name	char	120	Optional		If provider is Individual practitioner,
						It is used for Hybrid Chase Request/
11	ProviderAddress	char	160	Poquirod		Provider's practice location street a
11	FroviderAddress	CITAL	100	Required		It is required for Hybrid Chase Requ
12	ProviderCity	char	30	Required		Provider's location city.
						It is required for Hybrid Chase Requ
13	LocationKey	char	10	Optional		Provider's location code. It is used for
14	ProviderState	char	2	Required		Provider's location state
15	County_Code	char	50	Optional		Provider's location FIPS County code
16	ProviderZip	char	16	Required		Provider's location zip code
17	ProviderPhone1	char	16	Required		Provider's location primary phone/r
18	ProviderPhone2	char	16	Optional		Provider's location secondary phone
19	PRoviderFax	char	16	Optional		Provider's location Fax number
20	Email_ID	char	120	Required	1	Provider's practice primary email ID

en provided in separate record for each start and termination date.

Description r as maintained by the Health Plan. ssociated with multiple IPA or Group, provide the unique Provider identifier as maintained in the o differently. itioner Association Identifying Number. If the Provider category is IPA, provide the actual IPA ID or the e IPA information. ifying Number. provide the actual Group ID or the internal provider ID to identify the Group information. vidual practitioner, provide the internal provider ID used in system. Facility/Hospital ID used in internal system to identify the Facility/Hospital information. (also include and reported in error log ual practitioner. lity, this field can be blank. t/Response files and Analytics ual practitioner. lity, this field can be blank. t/Response files and Analytics ed acceptable values. t/Response files and Analytics tifier. ige nt-Provider concordance er, this field can be blank. t/Response files and Analytics address. uest/Response files. uest/Response files. for Hybrid Chase Request/Response files. de /mobile number ne/mobile number

21	Secondary_Email_ID	char	120	Optional		Provider's practice secondary email ID
					Y = Yes	Provider's primary address.
22	Primary_Address_Flag	char	1	Required	N = No	All providers should have atleast one add
23	Provider_Category	char	4	Required	IPA- Provider's Independent Practitioner Association G - Provider Group P - Practitioner/Individual Physician F - Facility/Organization ACN=Accountable Care Network PG = Practice Group R = Region Contractors 00-Unknown	Provider records with Primary_Address- Provider category captures the matching This field can accept only supported acce
						Denotes the parent hierarchy of the pro
24	Provider_Associated_ID	char	100	Optional		IPA- Provider's Independent Practitioner Group ID - Provider's Group Identifying Facility -Hospital ID which is the internal
						Example: If an individual practitioner is a
25	Provider_Associated_Name	char	120	Optional		Name of the IPA, Provider Group, or Fac To be left blank for individual provider
26	Provider_Associated_Type	char	4	Optional	IPA- Provider's Independent Practitioner Association Identifying Number G - Provider Group F - Facility ACN=Accountable Care Network PG = Practice Group R = Region Contractors	Hierarchy type to which the provider is a Provider_Associated_ID and Provider_As without Provider_Associated_Type and This field can accept only supported acce To be left blank for individual physical w
27	Effective_Date	date		Optional	YYYY-MM-DD	The date on which the provider and Inde
28	Termination_Date	date		Optional	YYYY-MM-DD	The date on which the provider and Inde
29	Termination_ReasonCode	char	4	Optional		Termination reason code of the provide
30	Termination_ReasonDesc	char	60	Optional		Reason description of the termination
31	Chart_Retrieval_Indicator	char	1	Required	Y = Yes N = No	"Y" is default unless Health Plan specifies "N" is set for providers who are not be c ER, Ambulance, Pharmacy, lab, X-ray, an
32	Provider_In_Out_Network	char	4	Required	IN = In network provider OUT = Out of network provider	It is used for Hybrid Chase Request file.Specifies if the provider operates within
33	BoardCertification	char	1	Optional	Y = Yes N = No	Indicates whether the provider is board
34	Hospital_ID	char	50	Optional		The hospital ID for the facility If Provider Category is facility then hospi https://data.medicare.gov/Hospital-com This is a required field for HEDIS and sho Blank/Null values are allowed for this fie
35	Provider_Taxonomy_Code	char	10	Required		The Health Care Provider Taxonomy cod structured and maintained by NUCC into This is a required field for HEDIS and sho
36	Attribution_Inclusion_Indicator	char	1	Required	Y = Yes N = No	"Y" is default, unless specified not to use "N" is set for a provider who should not It is required for Hybrid Chase Request/
37	Provider_Specialty_1	char	120	Required		To capture additional information for He Include the specialty code found in the L
38	Provider_Specialty_2	char	120	Optional		To capture additional information for He Include the specialty code found in the L
						To capture additional information for He

email ID
st one address marked as primary. _Address-Flag as Y are considered Active providers and are considered for Hybrid Chase Request file.
matching provider type for the provider record.
orted acceptable values.
of the provider record.
actitioner Association Identifying Number.
entifying Number.
e internal provide ID from the system. It is the location where individual physician provides services.
tioner is associated with an IPA, provide the IPA ID as applicable for the provider record.
up, or Facility. provider
ovider is associated.
ovider_Associated_Type should be populated in conjunction. Records with Provider_Associated_ID
Type and vice versa will be error out.
orted acceptable values.
hysical who does not belongs to ipa/group .
r and Independent Practice Association/Provider Group/Facility became effective. r and Independent Practice Association/Provider Group/Facility terminated from each other.
e provider with IPA/Group/Facility
ination
n specifies not to use this provider for Chase.
e not be chased for Medical Record required for Hybrid measure evaluation. The providers such as type
X-ray, and Radiology are few suggestive examples.
uest file.
es within the plans network or out of network
is board certified (may be blank)
han been taken to present. He entrolled should match with provider ID present in the riven link.
hen hospital id may be present, Hospital Id should match with provider ID present in the given link: pital-compare/Hospital-General-information/xubh-q36u
S and should have values.
or this field.
nomy code set is a collection of unique alphanumeric codes, ten characters in length. The code set is
NUCC into three distinct Levels including Provider Type, Classification, and Area of Specialization.
S and should have values.
not to use this provider for PCP attribution.
nould not be included for PCP attribution. Request/Response files.
ion for Health Plans reference
Id in the LA Care Specialty Reference tab only
ion for Health Plans reference Id in the LA Care Specialty Reference tab only
ion for Health Plans reference
nd in the LA Care Specialty Reference tab only

40	40 Provider_Specialty_4	char	120	Optional	To capture additional information for Health Plans reference
	/ _				Include the specialty code found in the LA Care Specialty Reference tab only
41	Provider_Specialty_5	char	120	Optional	To capture additional information for Health Plans reference
		end:	120	optional	Include the specialty code found in the LA Care Specialty Reference tab only
42	Provider_Specialty_6	char	120	Optional	To capture additional information for Health Plans reference
		end:	120	optional	Include the specialty code found in the LA Care Specialty Reference tab only
43	Provider_Specialty_7	char	120	Optional	To capture additional information for Health Plans reference
	······································	end.	120	optional	Include the specialty code found in the LA Care Specialty Reference tab only
44	Provider_Specialty_8	char	120	Optional	To capture additional information for Health Plans reference
		end.	120	optional	Include the specialty code found in the LA Care Specialty Reference tab only
45	Provider_Specialty_9	char	120	Optional	To capture additional information for Health Plans reference
	rionael_opeolatty_s	enar	120	optional	Include the specialty code found in the LA Care Specialty Reference tab only
46	Provider_Specialty_10	char	120	Optional	To capture additional information for Health Plans reference
					Include the specialty code found in the LA Care Specialty Reference tab only
47	ProviderAltID1	char	120	Optional	To capture additional information for Health Plans reference
48	ProviderAltID2	char	120	Optional	To capture additional information for Health Plans reference
49	ProviderAltID3	char	120	Optional	To capture additional information for Health Plans reference
50	ProviderAltID4	char	120	Optional	To capture additional information for Health Plans reference
51	ProviderAltID5	char	120	Optional	To capture additional information for Health Plans reference
52	ProviderAltID6	char	120	Optional	To capture additional information for Health Plans reference
53	ProviderAltID7	char	120	Optional	To capture additional information for Health Plans reference
54	ProviderAltID8	char	120	Optional	To capture additional information for Health Plans reference
55	ProviderAltID9	char	120	Optional	To capture additional information for Health Plans reference
56	ProviderAltID10	char	120	Optional	To capture additional information for Health Plans reference
57	ProviderAltID11	char	120	Optional	To capture additional information for Health Plans reference
58	ProviderAltID12	char	120	Optional	To capture additional information for Health Plans reference
59	ProviderAltID13	char	120	Optional	To capture additional information for Health Plans reference
60	ProviderAltID14	char	120	Optional	To capture additional information for Health Plans reference
61	ProviderAltID15	char	120	Optional	To capture additional information for Health Plans reference

LACare Specialty Code	Description
01	General Practice
02	General Surgery
03	Allergy
04	Otology, Laryngology, Rhinology
05	Anesthesiology
06	Cardiovascular Disease (Md Only)
07	Dermatology
08	Family Practice
09	Gynecology (Do Only)
10	Gastroenterology (Md Only)
11	AVIATION (MD ONLY)
12	MANIPULATIVE THERAPY (DO ONLY)
13	Neurology (Md Only)
14	Neurological Surgery
15	Obstetrics (Do Only)
16	Obstetrics - Gynecology (Md Only)
17	Opthalmology, Otolaryngology, Rhinology (DO)
18	Ophthalmology
19	Dentist (Dmd)
20	Orthopedic Surgery
21	Pathologic Anotomy; Clinical Pathology (MD)
22	Pathology (MD)
23	Peripheral Vascular Disease Or Surgery (DO)
24	Plastic Surgery
25	Physical Medicine And Rehabilitation
26	Pediatric Psychiatry- Child
27	Psychiatry Neurology
28	Proctology (Colon And Rectal)
29	Pulmonary Diseases (Md Only)
30	Radiology
31	Roentgenology, Radiology (MD)
32	Radiation Therapy (DO)
33	Thoracic Surgery
34	Urology; Urological Surgery
35	Pediatric Cardiology (Md Only)
36	Psychiatry
37	Certified Nurse Midwife
38	Geriatrics
39	Preventive (Md Only)
40	Pediatrics
41	Internal Medicine
42	Nuclear Medicine
43	Pediatric Allergy Public Health
44	Public Health
45	Nephrology
46	Hand Surgery

47	Miscellaneous Medicine
48	Physician Assistant
49	Certified Nurse Practitioner
50	Pediatric Nephrology
51	Hospital
52	MEDICAL GROUP
53	Pharmacy
54	TRANSPORATION
55	Dme
56	Lab
57	Incorporated Physician
58	Radiological Services
60	Ipa
61	Perinatology
62	Accupuncture
63	Audiology
64	CHIROPRACTOR
65	Dialysis Facility
66	Emergency Medicine
67	Endocrinology
68	Hematology
69	Hematology/Oncology (Mhc Nurse Anesthetist)
70	CLINIC (MIXED SPECIALITY)
71	Family Planning Center
72	HOME HEALTH
73	Mental Health Facility
74	Optometry
75	Orthotics/Prosthetics
76	Physical Therapist
77	Infectious Disease
78	Neoplastic Diseases
79	Pediatric Neurology
80	Neonatology
81	Oral Surgery
82	Oncology
83	Rheumatology
84	Surgery-Head And Neck
85	Surgery-Pediatric
86	Rehab Facility
87	Snf
88	SPEECH THERAPY
89	Surgery- Traumatic
90	PATHOLOGY-FORENSIC
91	Pharmacology-Clinical
92	Cardiology
93	Radiation Oncology
94	Pediatric Orthopedics

95	Ambulatory Surgical Center
96	Urgent Care Facility
97	Other- Ancillary
98	Podiatry
101	Adolescent Medicine
102	Occupational Medicine
103	Cardiothoracic Surgery
104	Intensive Care
105	Genetics
107	Cardiovascular Surgery
108	Colon & Rectal Surgery
109	Pediatric Gastroenterology
110	Pediatric Endocrinology
111	Pediatric Hematology- Oncology
112	Pediataric Infectious Disease
113	Pediatric Critical Care Medicine
114	Child Development
115	Pediatric Pulmonary
116	Pediatric Sports Medicine
B1	Marriage and Family Therapist/Licensed Marriage and Family Therapist
B2	Master of Social Work/Licensed Clinical Social Worker
В3	Psychologist - PHD-Level
B4	Qualified Autism Services Provider
В5	Nurse Practitioner/Physician Assistant/Advanced/Masters RN
B6	Qualified Autism Services Paraprofessional
В7	Community Behavioral/Mental Health Center/Clinic
P1	Local Education Agency