Cross Reference

Changes to File Layouts from Second to Third Edition
of the KHIIS Technical Manual

Attached you will find a cross reference for changes to file layouts from the second to the third edition of the KHIIS Technical Manual. The file layouts from Appendix B have been used to show visually the additions, deletions, and updates required for conversion to the third edition. Specifications from the second edition manual which will be deleted or replaced have been indicated by a light, patterned shading. Specifications which are additions or replacements in the third edition have a darker shading (see below).

= Deleted/Replaced from Second Edition

= Addition/Replacement in Third Edition

Header Record Layout

VAR.	ELEMENT	NAME	VALID VALUES	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
1	NAIC Number	NAICNO	NAIC Number			5 6	1	5 6	C	L	I,E
2	Filename					10	6 7	15 16	C	L	I
3	Period Beginning Date		CCYYMMDD	January 1, 2000	20000101	8	16 17	23 24	N	R	I,E
4	Period Ending Date		CCYYMMDD	March 31, 2000	20000331	8	24 25	31 32	N	R	I,E
5	Record Count		Blank on header			9	32 33	40 41	N	R	

Membership Record #1 Filename: MBRSHP1

VAR.	ELEMENT	NAME	VALID VALUES	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
1	NAIC Number	NAICNO	NAIC Number			5 6	1	5 6	C	L	I,E
2	Group Number	GRPNO	Group Number			9 30	6 7	14 36	C	L	I
3	Membership ID	MBRID	Unique Member ID			20 32	15 37	34 68	C	L	I
4	Patient ID Number	PATNO	Last 4 digits of SSN			4	35 69	38 72	C	L	I
5	Patient Date of Birth	PATDOB	CCYYMMDD	December 31, 1999	19991231	8	39 73	46 80	N	R	I,E
6	Patient Gender Code	PATSEX	1 = Male 2 = Female M = Male F = Female U = Unknown			1	47 81	47 81	C	L	I,E
7	Member Status Individual Relationship Code	MBRSTS	1 = Active Insured 2 = Spouse 3 = Dependent 18 = Self 01 = Spouse 53 = Life Partner (Domestic Partner) 19 = Child 17 = Step Son/Step Daughter 09 = Adopted Child 24 = Dep. of a Minor Dep. 05 = Grandson/ Granddaughter 07 = Nephew/Niece 08 = Cousin 10 = Foster Child 14 = Brother/Sister 15 = Ward 38 = Collateral Dependent			1 2	48 82	48 83	C	L	I,E
8	Plan Type	PLNTYP	1 = Indemnity 2 = PPO 3 = HMO 4 = POS 5 = Supplemental 6 = Ancillary			1	49 84	49 84	C	L	I,E
9	Product Type	PRDTYP	1 = Medical/ Health 2 = Ancillary Drug 3 = Ancillary Dental 4 = Ancillary Cancer 5 = Ancillary Hospital Confinement 6 = Other			1	50 85	50 85	C	L	I,E
10	Product Description	PRDDES	To Be Defined in Data Dictionary			1	51 86	51 86	C	L	I,E
11	Drug Coverage Indicator	DRGIND	Y = Yes N = No			1	52 87	52 87	C	L	I,E
12	Dental Coverage Indicator	DNTIND	Y = Yes N = No			1	53 88	53 88	C	L	I,E
13	Eligibility Period Starting Date	RPSDTE	CCYYMMDD	1-Jan-00	20000101	8	54 89	61 96	N	R	I,E
14	Eligibility Period Ending Date	RPEDTE	CCYYMMDD	31-Mar-00	20000331	8	62 97	69 104	N	R	I,E
15	Eligible Months in Reporting Period	ELGMOS	1 - 3 months (quarterly data)	calculated Populated by KDHE	calculated Leave Blank	2	70 105	71 106	N	R	I,E
16	Monthly Premium	MONPRM	Actual Dollar Amount	$1,234.56	123456	6.2 11.2	72 107	77 117	N	R	I,E
17	Max Individual Deductible (Fac)	MXIDEF	Actual Dollar Amount	$12,345	12345	5 9	78 118	82 126	N	R	I,E
18	Max Family Deductible (Fac)	MXFDEF	Actual Dollar Amount	$12,345	12345	5 9	83 127	87 135	N	R	I,E

Membership Record #1 Filename: MBRSHP1 --- continued

VAR.	ELEMENT	NAME	VALID VALUES	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
19	Copay (Fac)	COPAYF	Actual Dollar Amount	$1,234,567	1234567	7	88	94	N	R	I,E
						9	136	144			
20	Coinsurance (Fac)	COINSF	Actual Percentage	12%	12	3.2	95	97	N	R	I,E
							145	147			
21	Max Individual Coinsurance (Fac)	MXICOF	Actual Dollar Amount	$12,345	12345	5	98	102	N	R	I,E
						9	148	156			
22	Max Family Coinsurance (Fac)	MXFCOF	Actual Dollar Amount	$12,345	12345	5	103	107	N	R	I,E
						9	157	165			
23	Max Individual Deductible (Prof)	MXIDEP	Actual Dollar Amount	$12,345	12345	5	108	112	N	R	I,E
						9	166	174			
24	Max Family Deductible (Prof)	MXFDEP	Actual Dollar Amount	$12,345	12345	5	113	117	N	R	I,E
						9	175	183			
25	Copay (Prof)	COPAYP	Actual Dollar Amount	$1,234,567	1234567	7	118	124	N	R	I,E
						9	184	192			
26	Coinsurance (Prof)	COINSP	Actual Percentage	12%	12	3.2	125	127	N	R	I,E
							193	195			
27	Max Individual Coinsurance (Prof)	MXICOP	Actual Dollar Amount	$12,345	12345	5	128	132	N	R	I,E
						9	196	204			
28	Max Family Coinsurance (Prof)	MXFCOP	Actual Dollar Amount	$12,345	12345	5	133	137	N	R	I,E
						9	205	213			
29	Max Individual Deductible (Other)	MXIDEO	Actual Dollar Amount	$12,345	12345	5	138	142	N	R	I,E
						9	214	222			
30	Max Family Deductible (Other)	MXFDEO	Actual Dollar Amount	$12,345	12345	5	143	147	N	R	I,E
						9	223	231			
31	Copay (Other)	COPAYO	Actual Dollar Amount	$1,234,567	1234567	7	148	154	N	R	I,E
						9	232	240			
32	Coinsurance (Other)	COINSO	Actual Percentage	12%	12	3.2	155	157	N	R	I,E
							241	243			
33	Max Individual Coinsurance (Other)	MXICOO	Actual Dollar Amount	$12,345	12345	5	158	162	N	R	I,E
						9	244	252			
34	Max Family Coinsurance (Other)	MXFCOO	Actual Dollar Amount	$12,345	12345	5	163	167	N	R	I,E
						9	253	261			
35	Max Individual Deductible (Comb)	MXIDEC	Actual Dollar Amount	$12,345	12345	5	168	172	N	R	I,E
						9	262	270			
36	Max Family Deductible (Comb)	MXFDEC	Actual Dollar Amount	$12,345	12345	5	173	177	N	R	I,E
						9	271	279			
37	Copay (Comb)	COPAYC	Actual Dollar Amount	$1,234,567	1234567	7	178	184	N	R	I,E
						9	280	288			
38	Coinsurance (Comb)	COINSC	Actual Percentage	12%	12	3.2	185	187	N	R	I,E
							289	291			
39	Max Individual Coinsurance (Comb)	MXICOC	Actual Dollar Amount	$12,345	12345	5	188	192	N	R	I,E
						9	292	300			
40	Max Family Coinsurance (Comb)	MXFCOC	Actual Dollar Amount	$12,345	12345	5	193	197	N	R	I,E
						9	301	309			
41	Drug Tier Code	DGTCD	Number of Tiers for Co-Pay/Coins.			1	310	310	C	L	I,E
41	Drug Copay Amount- Generic	DGCOPG	Actual Dollar Amount	$12,345	12345	5.0	198	202	N	R	I,E
42	Drug Copay Amount- Generic Formulary	DGCOPGF	Actual Dollar Amount	12345	12345	9	311	319	N	R	I,E
43	Drug Copay Amount - Generic Non-Formulary	DGCOPGN	Actual Dollar Amount	12345	12345	9	320	328	N	R	I,E
42	Drug Copay Amount- Brand Name	DGCOPB	Actual Dollar Amount	$12,345	12345	5.0	203	207	N	R	I,E
44	Drug Copay Amount - Brand Name Formulary	DGCOPBF	Actual Dollar Amount	12345	12345	9	329	337	N	R	I,E
45	Drug Copay Amount - Brand Name Non-Formulary	DGCOPBN	Actual Dollar Amount	12345	12345	9	338	346	N	R	I,E
46	Drug Copay Amount - Other	DGCOPO	Actual Dollar Amount	$12,345	12345	9.0	347	355	N	R	I,E
43	Drug Copay Percent	DGCOPP	Actual Percentage	12%	12	3.2	208	210	N	R	I,E
47	Drug Coinsurance Percent - Generic Formulary	DGCOIGF	Actual Percentage	0.12	12	3.2	356	358	N	R	I,E
48	Drug Coinsurance Percent - Generic Non-Formulary	DGCOIGN	Actual Percentage	0.12	12	3.2	359	361	N	R	I,E
49	Drug Coinsurance Percent - Brand Name Formulary	DGCOIBF	Actual Percentage	0.12	12	3.2	362	364	N	R	I,E
50	Drug Coinsurance Percent - Brand Name Non-Formulary	DGCOIBN	Actual Percentage	0.12	12	3.2	365	367	N	R	I,E
51	Drug Coinsurance Percent - Other	DGCOIO	Actual Percentage	$0	12	3.2	368	370	N	R	I,E

Membership Record #1 Filename: MBRSHP1 --- continued

VAR.	ELEMENT	NAME	VALID VALUES	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
44	Drug Individual Deductible	DGIDED	Actual Dollar Amount	$12,345	12345	5	211	215	N	R	I,E
52						9	371	379			
45	Drug Family Deductible	DGFDED	Actual Dollar Amount	$12,345	12345	5	216	220	N	R	I,E
53						9	380	388			
46	Drug Individual Coinsurance	DGICOI	Actual Dollar Amount	$12,345	12345	5	221	225	N	R	I,E
54						9	389	397			
47	Drug Family Coinsurance	DGFCOI	Actual Dollar Amount	$12,345	12345	5	226	230	N	R	I,E
55						9	398	406			
48	Dental Individual Deductible (Basic)	DNIDE	Actual Dollar Amount	$12,345	12345	5	231	235	N	R	I,E
56						9	407	415			
49	Dental Family Deductible (Basic)	DNFDE	Actual Dollar Amount	$12,345	12345	5	236	240	N	R	I,E
57						9	416	424			
50	Dental Individual Coinsurance (Basic)	DNICO	Actual Dollar Amount	$12,345	12345	5	241	245	N	R	I,E
58						9	425	433			
51	Dental Family Coinsurance (Basic)	DNFCO	Actual Dollar Amount	$12,345	12345	5	246	250	N	R	I,E
59						9	434	442			
52	Dental Coinsurance Percent (Basic)	DNCOP	Actual Percentage	12%	12	3.2	251	253	N	R	I,E
60							443	445			
53	Dental Individual Deductible (BL A)	DNIDEA	Actual Dollar Amount	$12,345	12345	5	254	258	N	R	I,E
61						9	446	454			
54	Dental Family Deductible	DNFDEA	Actual Dollar Amount	$12,345	12345	5	259	263	N	R	I,E
62						9	455	463			
55	Dental Individual Coinsurance (BL A)	DNICOA	Actual Dollar Amount	$12,345	12345	5	264	268	N	R	I,E
63						9	464	472			
56	Dental Family Coinsurance (BL A)	DNFCOA	Actual Dollar Amount	$12,345	12345	5	269	273	N	R	I,E
64						9	473	481			
57	Dental Coinsurance Percent (BL A)	DNCOPA	Actual Percentage	12%	12	3.2	274	276	N	R	I,E
65							482	484			
58	Dental Individual Deductible (BL B)	DNIDEB	Actual Dollar Amount	$12,345	12345	5	277	281	N	R	I,E
66						9	485	493			
59	Dental Family Deductible (BL B)	DNFDEB	Actual Dollar Amount	$12,345	12345	5	282	286	N	R	I,E
67						9	494	502			
60	Dental Individual Coinsurance (BL B)	DNICOB	Actual Dollar Amount	$12,345	12345	5	287	291	N	R	I,E
68						9	503	511			
61	Dental Family Coinsurance (BL B)	DNFCOB	Actual Dollar Amount	$12,345	12345	5	292	296	N	R	I,E
69						9	512	520			
62	Dental Coinsurance Percent (BL B)	DNCOPB	Actual Percentage	12%	12	3.2	297	299	N	R	I,E
70							521	523			
63	Dental Individual Deductible (BL C)	DNIDEC	Actual Dollar Amount	$12,345	12345	5	300	304	N	R	I,E
71						9	524	532			
64	Dental Family Deductible (BL C)	DNFDEC	Actual Dollar Amount	$12,345	12345	5	305	309	N	R	I,E
72						9	533	541			
65	Dental Individual Coinsurance (BL C)	DNICOC	Actual Dollar Amount	$12,345	12345	5	310	314	N	R	I,E
73						9	542	550			
66	Dental Family Coinsurance (BL C)	DNFCOC	Actual Dollar Amount	$12,345	12345	5	315	319	N	R	I,E
74						9	551	559			
67	Dental Coinsurance- Percent (BL C)	DNCOPC	Actual Percentage	12%	12	3.2	320	322	N	R	I,E
75							560	562			
68	Dental Individual Deductible (BL D)	DNIDED	Actual Dollar Amount	$12,345	12345	5	323	327	N	R	I,E
76						9	563	571			
69	Dental Family Deductible (BL D)	DNFDED	Actual Dollar Amount	$12,345	12345	5	328	332	N	R	I,E
77						9	572	580			
70	Dental Individual Coinsurance (BL D)	DNICOD	Actual Dollar Amount	$12,345	12345	5	333	337	N	R	I,E
78						9	581	589			
71	Dental Family Coinsurance (BL D)	DNFCOD	Actual Dollar Amount	$12,345	12345	5	338	342	N	R	I,E
79						9	590	598			
72	Dental Coinsurance- Percent (BL D)	DNCOPD	Actual Percentage	12%	12	3.2	343	345	N	R	I,E
80							599	601			
73	Benefit Payment per Day	BNPYPD	Actual Dollar Amount	$12,345	12345	5	346	350	N	R	I,E
81						9	602	610			
74	Special Coverage Codes	SPECCD	To Be Defined in Data Dictionary	ABCD123	ABCD123	7	351	357	C	L	I
82							611	617			

Patient Claim Record #1 Filename: CLMREC1 (Summary)

				DATA EXAMPLES		POSITION			FORMAT		
VAR.	ELEMENT	NAME	Valid Values	DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
1	Membership ID	MBRID	ID number of Member			20 32	1	20 32	C	L	I
2	Claim Number	CLMNO	Claim tracking number			18 20	21 33	38 52	C	L	I
3	Patient ID Number	PATNO	Last 4 digits of Patient Social Security Number			4	39 53	42 56	C	L	I
4	Patient Date of Birth	PATDOB	CCYYMMDD	December 31, 1999	19991231	8	43 57	50 64	N	R	I,E
5	Patient Gender Code	PATSEX	1 = Male 2 = Female M = Male F = Female U = Unknown			1	51 65	51 65	C	L	I,E
6	NAIC Number	NAICNO	NAIC number			5 6	52 66	56 71	C	L	I,E
7	Group Number	GRPNO				9 30	57 72	65 101	C	L	I
8	First Date of Service	FSTDS	CCYYMMDD	January 1, 2000	20000101	8	66 102	73 109	N	R	I,E
9	Last date of service	LSTDS	CCYYMMDD	February 28, 2000	20000228	8	74 110	81 117	N	R	I,E
10	Date paid	PDDTE	CCYYMMDD	March 31, 2000	20000315	8	82 118	89 125	N	R	I,E
11	Discharge Status	DISCHG	01 = Home 02 = to general short term hospital 03 = to skilled nursing facility 04 = to nursing facility 05 = to another type of institution for inpatient or outpatient 06 = to home under care of organized home health service organization 07 = Left Against Medical Advice 08 = Discharged/ transferred to home under care of home IV provider 09 = Admitted as inpatient in this hospital 20 = Expired 30 = Not Discharged 40 = Expired at Home 50 = Hospice – home 51 = Hospice – medical facility 64 = Mass Immunization Center			2	90 126	91 127	C	L	I,E
12	Resident Zip code	RESZIP				5 15	92 128	96 142	C	L	I,E
13	Resident County	RESCOU		Populated by KDHE	Leave Blank	2	97 143	98 144	C	L	I,E

Patient Claim Record #1 Filename: CLMREC1 (Summary) --- continued

				DATA EXAMPLES		POSITION			FORMAT		
VAR.	ELEMENT	NAME	Valid Values	DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
14	Member Status	MBRSTS	1 = Active Insured			1	99	99	C	L	I,E
	Individual Relationship Code		2 = Spouse			2	145	146			
			3 = Dependent								
			18 = Self								
			01 = Spouse								
			53 = Life Partner (Domestic Partner)								
			19 = Child								
			17 = Step Son/Step Daughter								
			09 = Adopted Child								
			24 = Dep of a Minor Dependent								
			05 = Grandson/ Granddaughter								
			07 = Nephew/Niece								
			08 = Cousin								
			10 = Foster Child								
			14 = Brother/Sister								
			15 = Ward								
			38 = Collateral Dep.								
15	Total Charges	TOTCHG	Actual Dollar Amount	$1,234,567.89	1234568790	10.2	100	109	N	R	I,E
						11.2	147	157			
16	Total Allowed	ALLCHG	Actual Dollar Amount	$1,234,567.89	1234568790	10.2	110	119	N	R	I,E
						11.2	158	168			
17	Total Paid	PDCHG	Actual Dollar Amount	$1,234,567.89	1234568790	10.2	120	129	N	R	I,E
						11.2	169	179			
18	ICD-9 Diagnosis Code	DIACDE	Primary Diagnosis Code	123.45	12345	5	130	134	C	L	I,E
18	Primary Diagnosis	DIAG1	ICD-9 Code	123.45	12345	6	180	185	C	L	I,E
19	Second Diagnosis	DIAG2	ICD-9 Code	123.45	12345	6	186	191	C	L	I,E
20	Third Diagnosis	DIAG3	ICD-9 Code	123.45	12345	6	192	197	C	L	I,E
21	Fourth Diagnosis	DIAG4	ICD-9 Code	123.45	12345	6	198	203	C	L	I,E
22	Fifth Diagnosis	DIAG5	ICD-9 Code	123.45	12345	6	204	209	C	L	I,E
23	Sixth Diagnosis	DIAG6	ICD-9 Code	123.45	12345	6	210	215	C	L	I,E
24	Seventh Diagnosis	DIAG7	ICD-9 Code	123.45	12345	6	216	221	C	L	I,E
25	Eighth Diagnosis	DIAG8	ICD-9 Code	123.45	12345	6	222	227	C	L	I,E
26	Ninth Diagnosis	DIAG9	ICD-9 Code	123.45	12345	6	228	233	C	L	I,E
19	ICD-9 Procedure Code	PRCCDE		12.34	1234	4	135	138	C	L	I,E
27	First Procedure Code	PRCCDE1	ICD-9-CM Code	12.34	1234	6	234	239	C	L	I,E
28	Second Procedure Code	PRCCDE2	ICD-9-CM Code	12.34	1234	6	240	245	C	L	I,E
29	Third Procedure Code	PRCCDE3	ICD-9-CM Code	12.34	1234	6	246	251	C	L	I,E
30	Fourth Procedure Code	PRCCDE4	ICD-9-CM Code	12.34	1234	6	252	257	C	L	I,E
31	Fifth Procedure Code	PRCCDE5	ICD-9-CM Code	12.34	1234	6	258	263	C	L	I,E
32	Diagnostic Related Group	DRG	Diagnostic Related Group	123	123	3	264	266	C	L	I,E
20	Coordination of Benefits	CBENF	1 = Primary			1	139	139	C	L	I,E
33			2 = Secondary				267	267			
			3 = Other								
21	Claim line of Business	LOB	1 = Hospital Inpatient			1	140	140	C	L	I,E
34			2 = Hospital Outpatient				268	268			
			3 = Professional								
			D = Drug								

Patient Claim Record #2 Filename: CLMREC2 (Detail)

VAR.	ELEMENT	NAME	Valid Values	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
1	Membership ID	MBRID	ID Number of member			20 32	1	20 32	C	L	I
2	Claim Number	CLMNO	Claim tracking number			18 20	21 33	38 52	C	L	I
3	Patient ID	PATNO	Last 4 digits of Patient SSN			4	39 53	42 56	C	L	I
4	Patient Date of Birth	PATDOB	CCYYMMDD	December 31, 1999	19991231	8	43 57	50 64	N	R	I,E
5	Patient Gender Code	PATSEX	1 = Male 2 = Female M = Male F = Female U = Unknown			1	51 65	51 65	C	L	I,E
6	NAIC Number	NAICNO	NAIC Number			6	66	71	C	L	I,E
7	Group Number	GRPNO				30	72	101	C	L	I
6 8	Provider Type Code	PRVTYP	1 = Professional 2 = Institutional			1	52 102	52 102	C	L	I,E
7 9	Provider Number	PRVNUM	Hospital Medicare number; others assigned by payers			10 12	53 103	62 114	C	L	I,E
8 10	Provider Location	PRVLOC	Primary practice Zip Code			5 15	63 115	67 129	C	L	I,E
9 11	Provider Specialty (If PRVTYP=1)	PRVSPC	Code Table 1A – 1D See Code Table 2 Appendix F: Code Tables 1A - 1D			3	68 130	70 132	C	L	I,E
12	Taxonomy (If PRVTYP=1)	TAX	Appendix F: Code Table 2			10	133	142			
10	Primary Diagnosis	PRIDIA	Left justified, no decimal point ICD-9-CM code. Right blank filled	123.45	12345	5	71	75	C	L	I,E
11	Secondary Diagnosis	SECDIA		123.45	12345	5	76	80	C	L	I,E
12	Third Diagnosis	THIDIA		123.45	12345	5	81	85	C	L	I,E
13	Increment/Line Item Number	LINENO	01-999			3	86 143	88 145	N	R	I,E
14	Revenue/Procedure Code	REVCDE	CPT-4 Codes HCPC Codes NDC codes for Pharmacy Revenue Codes CDT4 Dental Codes			15	89 146	103 160	C	L	I,E
15	Modifier	REVMOD	1 = CPT - 4 Codes 2 = Revenue Codes 3 = HCPC Codes 4 = NDC Codes 5 = CDT4 Dental Codes			1	104 161	104 161	C	L	I,E
16	Service Date	SERDTE	CCYYMMDD	January 2, 2000	20000102	8	105 162	112 169	N	R	I,E
17	Place of Service	SERPLC	See Code Table 2 Appendix F: Code Table 3			2	113 170	114 171	C	L	I,E
18	Units of Service	SERUNT	days for inpatients, service units for other claim types			5.2 7.2	115 172	119 178	N	R	I,E
19	Type of Unit of Service	SERTYP	1 = minutes 2 = hours 3 = days 4 = quantity			1 2	120 179	120 180	C	L	I,E

Patient Claim Record #2 Filename: CLMREC2 (Detail) --- continued

VAR.	ELEMENT	NAME	Valid Values	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
20	Therapeutic Class Code	THRCLS	Assigned by KDHE	Leave blank	Leave blank	7	121 181	127 187	C	L	I
21	Brand Name Indicator	BRNDNM	1 = Brand Name 2 = Generic B = Brand Name G = Generic	Leave blank	Leave blank	1	128 188	128 188	C	L	I,E
22	Claim Action Type	CLMTYPE	PA = Positive Adjustment NA = Negative Adjustment RP = Regular Payment ZP = Zero Payment			2	189	190	C	L	I,E
22 23	Line Item Charge	LNCHG	Actual Dollar Amount	$132,456.78	13245678	8.2 11.2	129 191	136 201	N	R	I,E
23 24	Line Item Allowed	LNALL	Actual Dollar Amount	$132,456.78	13245678	8.2 11.2	137 202	144 212	N	R	I,E
24 25	Line Item Paid	LNPAID	Actual Dollar Amount	$132,456.78	13245678	8.2 11.2	145 213	152 223	N	R	I,E
25 26	Date Paid	DTPAID	CCYYMMDD	March 15, 2000	20000315	8	153 224	160 231	N	R	I,E
26 27	Capitation Indicator	CAPITN	Y = Yes N = No			1	161 232	161 232	C	L	I,E
27 28	Attending/Prescribing Provider	APPROV	Provider ID Number			10 12	162 233	171 244	C	L	I
28 29	Provider Type Code Attending/Prescribing Provider Classification	APPTYP	1 = Attending Physician 2 = Prescribing Physician 3 = Pharmacy			1	172 245	172 245	C	L	I,E
29 30	Deductible	DEDUCT	Actual Dollar Amount	$1,234,567.89	123456789	9.2 11.2	173 246	181 256	N	R	I,E
30 31	Co-Insurance	COINS	Actual Dollar Amount	$1,234,567.89	123456789	9.2 11.2	182 257	190 267	N	R	I,E
32	Co-Payment	COPAY	Actual Dollar Amount	$1,234,567.89	123456789	11.2	268	278	N	R	I,E

Trailer File - Payer Name and Address Record Filename: Payer

				DATA EXAMPLES		POSITION			FORMAT		
VAR.	ELEMENT	NAME	Valid Values	DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST,	CONS.
1	NAIC Number	NAICNO	NAIC Number			5 6	1	5 6	C	L	I,E
2	Payer Name					50 60	6 7	55 66	C	L	I
3	Address Line 1					50 55	56 67	105 121	C	L	I
4	Address Line 2					50 55	106 122	155 176	C	L	I
5	City					25 30	156 177	180 206	C	L	I
6	State					2	181 207	182 208	C	L	I
7	Zip Code					5 15	183 209	187 223	C	L	I
8	Payer Type		B = Blue Cross C =Commercial H = HMO S = Self Insured O = Other			1	188 224	188 224	C	L	I