

How to Use the Data Request Field Selection Workbook

Column Header	Instruction
Requested Data Element?	Place the value Y in this field if requesting this data element
Deidentified Dataset	If this cell is gray, the field is not available when selecting de-identified datasets
Data Element	Name of data element
Description of Data	Description of data element
Type	Data Element value type
Length	Data Element value length
Data Element ID	Unique identifier for data element
Format	Data Element value format
Null Values Allowed?	Indicates if null values are allowed in the data element
Submission Requirement	Required - this field is required for submission from all submitting entities. Optional - this field is not required for submission but may be populated. Note, this field does not reflect exceptions that have been granted by individual submitting entities. Submitting entities can request the omission of any field based on data availability.
Justification for Requesting Data Element	Complete with a description of how each data element will be used. This information will be used during the data request approval process.

Requested Data Element?	Deidentified Dataset	Data Element	Description of Data	Type	Length	Data Element ID	Format	Null Values Allowed?	Submission Requirement	Justification for Requesting Data Element
N		Unique Row ID	Each row must contain a unique ID or row number	Integer	10	ME999	unsigned int	No	Required	
N		Submitter	Code representing Submitting Entity category: PRV = Private Carrier data MCR = Medicare data MCD = Medicaid data AWC = Arkansas Worker's Compensation data	Text	6	ME001	varchar	No	Required	
N		National Plan ID	Centers for Medicare and Medicaid Services (CMS) National Plan Identification Number (Plan ID). Do not report any value here until National Plan ID is fully implemented. This is a unique identifier as outlined by CMS for Plans or Sub plans	Integer	30	ME002	unsigned int	Yes	Optional	
N		Insurance Type/Product Code	Insurance type or product identification code that indicates the individual's type of insurance coverage. See Arkansas APCD Data Submission Guide Arkansas APCD Data Submission Guide Appendix A - Insurance Type/Product Code	Text	6	ME003	varchar	Yes	Required	
N		Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded individuals this relates to the purchaser. For the majority of enrollment and claims data the group relates to the employer	Text	30	ME006	varchar	Yes	Required	
N		Coverage Level Code	This field indicates the type of benefit coverage or type of contract CHD = Children Only DEP = Dependents Only ECH = Employee and Children ELF = Employee and Life Partner EMP = Employee Only EPN = Employee with dependents ESP = Employee and Spouse FAM = Family IND = Individual SPC = Spouse and Children SPO = Spouse Only	Text	3	ME007	char	No	Required	
N		Individual Relationship Code	Member's relationship to the subscriber or the insured	Integer	2	ME012	char	Yes	Required	
N		Member Gender	Gender of the member M = Male F = Female U = Unknown	Text	1	ME013	char	No	Required	
N		Member Age	Member's age (Calculated field based on member date of birth and the Arkansas APCD build date)	Integer	3	ME014_Curr_Age	unsigned int	Yes	Required	

N		Member State or Province	State or province of member's residence See Arkansas APCD Data Submission Guide Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	2	ME016	char	Yes	Required	
N		Member ZIP Code	Five-digit USPS ZIP Code of the member's residence See Arkansas APCD Data Submission Guide Arkansas APCD Data Submission Guide Appendix K - External Sources	Integer	5	ME017	char	Yes	Required	
N		Member ZIP3	First 3 digits of USPS ZIP Code of member's residence	Integer	3	ME017-Z3	char			
N		Medical Services Indicator	Medical Coverage provided for this member on this policy 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	ME018	unsigned int	No	Required	
N		Pharmacy Services Indicator	Pharmacy coverage provided for this member on this policy 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	ME019	unsigned int	No	Required	
N		Dental Services Indicator	Dental Coverage provided for this member on this policy 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	ME020	unsigned int	No	Required	
N		Member Race 1	Member's self-disclosed primary race See Arkansas APCD Data Submission Guide Arkansas APCD Data Submission Guide Appendix H - Race	Text	6	ME021	char	Yes	Optional	
N		Member Race 2	Member's self-disclosed Secondary race See Arkansas APCD Data Submission Guide Appendix H - Race	Text	6	ME022	char	Yes	Optional	
N		Member Ethnicity 1	Member's Primary Ethnicity See Arkansas APCD Data Submission Guide Appendix I - Ethnicity	Text	6	ME025	varchar	Yes	Optional	
N		Member Ethnicity 2	Member's Secondary ethnicity See Arkansas APCD Data Submission Guide Appendix I - Ethnicity	Text	6	ME026	varchar	Yes	Optional	
N		Primary Insurance Indicator	Indicates status of insurance N = No, secondary or tertiary insurance Y = Yes, primary insurance U = Unknown	Text	1	ME028	char	No	Optional	

N		Market Category	<p>The code that defines the market, by size and or association, to which the policy is directly sold and issued</p> <p>IND = Individuals (non-group) HMO = Health Maintenance Organization LRG = Large Employer/Group SMG = Small Group/Employer SMM = Small-Group Market SLF = Self-Funded FGP = Federal Government Plan GPL = Government Plan TPA – Third Party Administrator</p> <p>See Arkansas APCD Data Submission Guide Appendix L - Plan and Group Definitions</p>	Text	4	ME030	varchar	No	Required	
N		Group Name	Name of the group under which the member is covered. If an individual plan, populate with the value INDIV	Text	128	ME032	varchar	Yes	Required	
N		Member language preference	<p>Member's self-disclosed verbal language preference</p> <p>See Arkansas APCD Data Submission Guide Appendix G - Language</p>	Text	3	ME033	char	Yes	Optional	
N		Health Care Home EIN/Federal Tax ID Number	Federal tax payer identification number for medical home. An Employer Identification Number (EIN) is used to identify a business entity. This field will be used to create a master provider index for Arkansas providers encompassing medical service providers, prescribing physicians and medical homes. Alpha numeric characters only—omit spaces and hyphens	Text	15	ME034	varchar	Yes	Optional	
N		Health Care Home National Provider ID	<p>National Provider Identification (NPI) number for the entity or individual serving as the medical home. This field will be used to create a master provider index for Arkansas providers encompassing medical service providers, prescribing physicians, and medical homes</p> <p>See Arkansas APCD Data Submission Guide Appendix K - External Sources</p>	Integer	10	ME035	char	Yes	Optional	
N		Health Care Home Name	Full name of the provider - facility, organization, or individual. If the medical home is an individual, report in the format of last name, first name and middle initial with no punctuation	Text	60	ME036	varchar	Yes	Optional	
N		Exchange Offering	<p>Identifies if policy was purchased through the Arkansas Health Insurance Exchange (HIE)</p> <p>Y = Commercial small or non-group purchased through the Exchange N = Commercial small or non-group purchased outside the Exchange U = Not applicable (plan/product is not offered in the commercial small or non-group market)</p>	Text	1	ME045	char	No	Required	

N		Member Deductible	Annual maximum out of pocket Member Deductible for benefit type represented by member record. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	ME049	± decimal	Yes	Required	
N		Member Deductible Used	Member deductible amount used from member deductible (ME049). This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	ME050	± decimal	Yes	Optional	
N		Disability Indicator	Member's disability status 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	ME059	unsigned int	No	Optional	
N		Employment Status	Employment status of member A = Active I = Involuntary Leave P = Pending R = Retiree S = Student Z = Unemployed U = Unknown	Text	1	ME060	char	No	Required	
N		Marital Status	Marital status code S = Single D = Divorced M = Married P = Domestic Partnership N = Never Married W = Widowed X = Legally Separated U = Unknown C = Child	Text	1	ME062	char	No	Optional	
N		Benefit Status	Code that defines status of benefits for the member A = Active C = COBRA R = Retiree U = Unknown	Text	1	ME063	char	No	Required	
N		Covered Individuals	Number of individuals covered under the policy/contract of the subscriber Minimum value 1	Integer	2	ME072	unsigned int	Yes	Required	
N		Member SIC Code	Subscriber/Member Standard Industrial Classification (SIC) code See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	4	ME077	char	Yes	Optional	
N		Carrier Specific Unique Member ID	Member's Unique ID. This value is masked during extract creation.	Text	50	ME107	varchar	No	Required	
N		Subscriber State or Province	State or province of the Subscriber's residence	Text	2	ME109	char	Yes	Required	

N		Subscriber ZIP Code of Residence	Five digit USPS ZIP Code of Subscriber's residence See Arkansas APCD Data Submission Guide Appendix K - External Sources	Integer	5	ME110	char	Yes	Required	
N		Subscriber ZIP3	First 3 digits of USPS ZIP Code for Subscriber	Integer	3	ME110-Z3	char	Yes	Required	
N		Pharmacy Deductible	Annual maximum out of pocket amount of member's deductible applied to pharmacy coverage. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	ME112	± decimal	Yes	Optional	
N		Medical Deductible	Annual maximum out of pocket amount of member's deductible applied to Medical coverage. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	ME113	± decimal	Yes	Optional	
N		Carrier Specific Unique Subscriber ID	Subscriber's Unique ID. This value is masked during extract creation.	Text	50	ME117	varchar	Yes	Required	
N		Actuarial Value	Actuarial value of grandfathered plan. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value Required as of January 1, 2014 for small group and non-group (individual) plans sold inside or outside the Exchange. Use values provided in the most recent version of the HHS Actuarial Value Calculator available at : http://ccio.cms.gov/resources/regulations/index.html	Numeric	10,2	ME120	± decimal	Yes	Required	
N		Metallic Value	Metal Level (percentage of Actuarial Value) as subject to or aligned with federal regulations. 1 = Platinum 2 = Gold 3 = Silver 4 = Bronze 0 = Not Applicable	Integer	1	ME121	unsigned int	No	Required	
N		Grandfather Status	See definition of "grandfathered plans" in HHS rules CFR 147.140 Y = Yes (if ME030 = IND, SMG) N = No Required as of January 1, 2014 for small group and non-group (individual) plans sold inside or outside the Exchange	Text	1	ME122	char	No	Required	

N		Monthly Premium	The amount the subscriber is responsible for on a monthly basis to maintain this line of eligibility. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	ME123	± decimal	Yes	Required	
N		Total Monthly Premium	Employer + subscriber's total contribution to monthly premium. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	ME132	± decimal	Yes	Optional	
N		Subscriber Age	Subscriber's age (Calculated field based on subscriber date of birth and the Arkansas APCD build date)	Integer	3	ME150A-Age	unsigned int	Yes	Required	
N		Subscriber Gender	Subscriber gender M = Male F = Female U = Unknown	Text	1	ME151A	char	No	Required	
N		Subscriber County	County Name of Subscriber's residence	Text	25	ME153A	varchar	Yes	Required	
N		Subscriber Race 1	Primary race of Subscriber See Arkansas APCD Data Submission Guide Appendix H - Race	Text	6	ME154A	char	Yes	Optional	
N		Subscriber Race 2	Secondary race of Subscriber See Arkansas APCD Data Submission Guide Appendix H - Race	Text	6	ME155A	char	Yes	Optional	
N		Subscriber Ethnicity 1	Primary ethnicity of Subscriber See Arkansas APCD Data Submission Guide Appendix I - Ethnicity	Text	6	ME156A	varchar	Yes	Optional	
N		Subscriber Language	Subscriber's self-disclosed verbal language preference See Arkansas APCD Data Submission Guide Appendix G - Language	Text	3	ME157A	char	Yes	Optional	
N		Consumer Directed Health Plan (CDHP) with HSA or HRA Indicator	Member participates in a Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA) or Health Resources Account (HRA) indicator 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	ME161A	unsigned int	No	Required	
N		Date of First Enrollment	The date of that the member was enrolled	Date	10	ME162A	YYYY-MM-DD	Yes	Required	
N		Year and Month of First Enrollment	Year and month the member was enrolled in plan	Date	6	ME162A-YYYYMM	YYYYMM	Yes	Required	
N		Date of Disenrollment	End date of enrollment for the member in this delivery system (in this data submission time period)	Date	10	ME163A	YYYY-MM-DD	Yes	Required	
N		Year and Month of Disenrollment	Year and month of enrollment end for member in this plan	Date	6	ME163A-YYYYMM	YYYYMM	Yes	Required	
N		Health Plan	Health Plan Name	Text	100	ME164A	varchar	Yes	Required	
N		Subscriber Ethnicity 2	Secondary ethnicity of Subscriber See Arkansas APCD Data Submission Guide Appendix I - Ethnicity	Text	6	ME166A	varchar	Yes	Optional	
N		Member County	County of Member's residence FIPS county code or name	Text	25	ME173A	varchar	Yes	Required	

N		File Creation Date	Date extract was pulled from Arkansas APCD.	Date	10	Value Add	YYYY-MM-DD	Yes	Required	
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Requested Data Element?	Deidentified Dataset	Data Element	Description of Data	Type	Length	Data Element ID	Format	Null Values Allowed?	Submission Requirement
		Unique Row ID	Each row must contain a unique ID or row number	Integer	10	MC999	unsigned int	No	Required
Y		Submitter	Code representing Submitting Entity category: PRV = Private Carrier data MCR = Medicare data MCD = Medicaid data AWC = Arkansas Worker's Compensation data	Text	6	MC001	varchar	No	Required
Y		National Plan ID	Centers for Medicare and Medicaid Services (CMS) National Plan Identification Number (Plan ID). Do not report any value here until National Plan ID is fully implemented. This is a unique identifier as outlined by CMS for Plans or Sub plans	Integer	30	MC002	unsigned int	Yes	Optional
N		Insurance Type/Product Code	Insurance type or product identification code that indicates the individual's type of insurance coverage. See Arkansas APCD Data Submission Guide Appendix A - Insurance Type/Product Code	Text	6	MC003	varchar	No	Required
Y		Payer Claim Control Number	Masked Claim number used by the submitting entity to internally track the claim. In general the claim number is associated with all service lines of the bill. It must apply to the entire claim and be unique within the submitting entity's system	Text	35	MC004	varchar	No	Required
Y		Line Number	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. This field is used in algorithms to determine the final payment for the service. If the submitting entity's processing system assigns an internal line counter for the adjudication process, that number may be submitted in place of the line number submitted by the provider	Integer	4	MC005	unsigned int	No	Required
Y		Insured Group or Policy Number	The alpha numeric group or policy number associated with the entity that has purchased the insurance. For self-funded individuals this relates to the subscriber. For the majority of eligibility and claims data the group relates to the employer	Text	30	MC006	varchar	Yes	Required
N		Individual Relationship Code	Member's relationship to the subscriber or the insured See Arkansas APCD Data Submission Guide Appendix B - Relationship Code	Integer	2	MC011	char	Yes	Required
Y		Member Gender	Gender of the member M = Male F = Female U = Unknown	Text	1	MC012	char	No	Required

Y		Member Age	Member's age (Calculated field based on member date of birth and the Arkansas APCD build date)	Integer	3	MC013_Curr_Age	unsigned int	Yes	Required
Y		Member State or Province	State or province of member's residence See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	2	MC015	char	Yes	Required
Y		Member ZIP Code	Five digit USPS ZIP Code of member's residence See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	5	MC016	char	Yes	Required
N		Member ZIP3	First 3 digits of USPS ZIP Code of member's residence	Integer	3	MC016-Z3	char	Yes	Required
Y		Paid Date	Date the record was approved for payment	Date	10	MC017	YYYY-MM-DD	No	Required
Y		Paid Year	Year record was approved for payment	Text	4	MC017_Year	YYYY	No	Required
Y		Paid Month	Month record was approved for payment	Text	2	MC017_Mth	MM	No	Required
Y		Admission Date	Date of the inpatient admission	Date	10	MC018	YYYY-MM-DD	Yes	Required
Y		Admission Year	Year of the inpatient admission	Text	4	MC018_Year	YYYY	Yes	Required
Y		Admission Month	Month of inpatient admission	Text	2	MC018_Mth	MM	Yes	Required
N		Admission Hour	Hour the inpatient was admitted to the hospital. Required for all inpatient claims. Time is expressed in military time - HHMM. If only the hour is known, code the minutes as 00. 4 PM would be reported as 1600	Integer	4	MC019	char	Yes	Required
Y		Admission Type	Represents admission type for inpatient stay. 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma 9 = Information not available	Integer	1	MC020	unsigned int	No	Required
Y		Discharge Hour	Hour the inpatient was Discharged from the hospital. Time expressed in military time - HHMM. If only the hour is known, code the minutes as 00. 4 PM would be reported as 1600	Integer	4	MC022	char	Yes	Required
Y		Discharge Status	Status for the patient discharged from the hospital	Integer	2	MC023	char	Yes	Required
Y		Service Provider Number	Submitting entity's assigned or legacy rendering/attending provider number. Submitting facility for institutional claims; physician or healthcare professional for professional claims	Text	30	MC024	varchar	Yes	Optional

N		Service Provider EIN/Federal Tax ID Number	Federal tax payer's identification number for rendering/attending provider. An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number, and is used to identify a business entity. Alpha numeric characters only—omit spaces and hyphens	Text	15	MC025	varchar	Yes	Optional
Y		National Service Provider ID	National Provider Identification (NPI) number for the entity or rendering/attending provider directly providing the service. If not known, leave blank. Do not populate with associated servicing organization NPI (MC134)	Integer	10	MC026	char	Yes	Required
Y		Service Provider Entity Type Qualifier	HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as "Person" 1 = Person 2 = Non-Person entity	Integer	1	MC027	unsigned int	Yes	Required
N		Service Provider Specialty	Code defining provider specialty. Provide look-up tables for every field containing non-standard codes.	Text	10	MC032	varchar	Yes	Required
Y		Service Provider State	State or province of service provider's address See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	2	MC034	char	Yes	Required
Y		Service Provider ZIP Code	Five digit USPS ZIP Code of the servicing provider's address, preferably the practice location See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	5	MC035	char	Yes	Required
N		Service Provider ZIP3	First 3 digits of USPS ZIP Code of Service Provider's location	Integer	3	MC035-Z3	char	Yes	Required
Y		Facility Type	For professional claims, this field records the type of facility where the service was performed. The field should be set to blank for institutional claims See Arkansas APCD Data Submission Guide Appendix E - Facility Type/Place	Integer	2	MC037	unsigned int	Yes	Required

N		COB Status	<p>This field contains the benefit coordination status of claim</p> <p>01 = Processed as primary 02 = Processed as secondary 03 = Processed as tertiary 19 = Processed as primary, forwarded to additional payer(s) 20 = Processed as secondary, forwarded to additional payer(s) 21 = Processed as tertiary, forwarded to additional payer(s) 22 = Reversal of previous payment 25 = Predetermination pricing only – no payment</p>	Integer	2	MC038	char	No	Required
N		Coordination of Benefits (COB) flag	<p>Indicates if claim was Coordination of Benefits (COB) claim</p> <p>1 = Yes 2 = No</p>	Integer	1	MC038A	unsigned int	No	Required
Y		Admitting Diagnosis	<p>This field contains the ICD-9-CM or ICD-10-CM diagnosis code indicating the reason for the inpatient admission. Decimal point is not coded</p> <p>See Arkansas APCD Data Submission Guide Appendix K - External Code Sources</p>	Text	7	MC039	varchar	Yes	Required
Y		E-Code	<p>This field describes an injury, poisoning or adverse effect using an ICD-9-CM or ICD-10-CM E-code diagnosis. Decimal point is not coded. Additional E-Codes may be reported in other diagnosis fields MC041 - MC053</p> <p>See Arkansas APCD Data Submission Guide Appendix K - External Code Sources</p>	Text	7	MC040	varchar	Yes	Optional
Y		Principal Diagnosis	<p>This field contains the ICD-9-CM or ICD-10-CM diagnosis code for the principal diagnosis. Decimal point is not coded</p> <p>See Arkansas APCD Data Submission Guide Appendix K - External Code Sources</p>	Text	7	MC041	varchar	No	Required
Y		Procedure Code	<p>HCPCS or CPT code for the procedure performed. It is one of three fields used to report the service. Health Care Common Procedural Coding System (HCPCS), including CPT codes of the American Medical Association, are accepted.</p> <p>See Arkansas APCD Data Submission Guide Appendix K - External Code Sources</p>	Text	5	MC055	varchar	No	Required

Y		Principal ICD-9-CM or ICD-10-CM Procedure Code	Principal inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. This is one of three fields used to report type of service See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	7	MC058	varchar	Yes	Required
Y		Date of Service - From	First date of service for this service line.	Date	10	MC059	YYYY-MM-DD	No	Required
N		Date of Service From Year	Year of first date of service for this service line	Text	4	MC059_Year	YYYY	No	Required
N		Date of Service From Month	Month of first date of service for this service line	Text	2	MC059_Mth	MM	No	Required
N		Date of Service From Day	Day of first date of service for this service line	Text	2	MC059-D	DD	No	Required
Y		Date of Service - Thru	Last date of service for this service line. Future dates are acceptable	Date	10	MC060	YYYY-MM-DD	No	Required
N		Date of Service Thru Year	Year of Last date of service for this service line	Text	4	MC060_Year	YYYY	No	Required
N		Date of Service Thru Month	Month of last date of service for this service line	Text	2	MC060_Mth	MM	No	Required
N		Date of Service Thru Day	Day of last date of service for this service line	Text	2	MC060-D	DD	No	Required
Y		Quantity	Count of Services rendered.	Integer	3	MC061	unsigned int	Yes	Required
N		Charge Amount	Total Charges for the services rendered.. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC062	± decimal	Yes	Required
Y		Paid Amount	Amount paid for claim. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC063	± decimal	No	Required
Y		Header/ Line Payment Indicator	Flag indicating whether the payment is reported on the header or line level H = Header level - If H, populate all lines of the claim with H. Put the payment on the header record and populate the paid amount on eachline after the first line \$0 L = Line level - If L, populate each line as necessary	Text	1	MC063A	char	Yes	Required
N		Withhold Amount	Amount withheld from payment to a provider by a submitting entity, which may be paid at a later date. If no amount withheld, populate with \$0.00. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC063C	± decimal	Yes	Required

N		Capitation Amount	Fee for service equivalent that would have been paid by the health care claims processor for a specific service if the service had not been capitated. "Capitated services" means services rendered by a provider through a contract where payments are based upon a fixed dollar amount for each member on a periodic basis. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC064	± decimal	Yes	Required
Y		Copay Amount	Pre-set, fixed dollar amount of copay payable by a member/patient and paid to the service provider. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC065	± decimal	Yes	Required
Y		Coinsurance Amount	Member's Coinsurance amount. Patient's share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC066	± decimal	Yes	Required
Y		Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC067	± decimal	Yes	Required
Y		Discharge Date	Date patient discharged. Required for all inpatient claims	Date	10	MC069	YYYY-MM-DD	Yes	Required
N		Discharge Date Year	Year patient discharged	Text	4	MC069_Year	YYYY	Yes	Required
N		Discharge Date Month	Month patient discharged	Text	2	MC069_Month	MM	Yes	Required
N		Service Provider Country Code	Country code of the Service Provider. Use 3-digit ISO Country Codes See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	3	MC070	char	Yes	Required
Y		DRG	Diagnostic Related Group Code: DRG paid by payer. If not available send billed DRG. Not applicable to Medicaid.	Text	3	MC071	char	Yes	Required
Y		DRG Version	Diagnostic Related Group Version Number: Version of DRG (inpatient) grouper used	Text	2	MC072	char	Yes	Required
N		APC	Ambulatory Payment Classification Number: Carriers and health care claims processors shall code using CMS methodology.	Text	4	MC073	char	Yes	Optional
N		APC Version	Ambulatory Payment Classification Version: Version of APC (outpatient) grouper used	Text	2	MC074	char	Yes	Optional

Y		Drug Code	National Drug Code (NDC): Used only when a medication is paid for as part of a medical claim or when a DME device has an NDC code. J codes should be submitted under procedure code (MC055), and have a procedure code type of 'HCPCS'. Drug Code as defined by the FDA in 11 character format (5-4-2) without hyphenation	Text	11	MC075	varchar	Yes	Optional
Y		Billing Provider Number	Payer assigned billing provider number. This number should be the identifier used by the payer for internal identification purposes, and does not routinely change. Required if National Billing Provider ID is not filled	Text	30	MC076	varchar	Yes	Required
Y		National Billing Provider ID	National Provider Identification (NPI) number for the billing provider. The NPI is mandated for use under HIPAA Required if Billing Provider Number is not filled	Integer	10	MC077	char	Yes	Required
N		LOINC Code	Logical Observation Identifiers, Names and Codes (LOINC)	Text	7	MC090	varchar	Yes	Optional
Y		Covered Days	Covered Inpatient Days	Integer	4	MC092	unsigned int	Yes	Required
Y		Non Covered Days	Non-covered Inpatient Days	Integer	4	MC093	unsigned int	Yes	Optional
Y		Type of Claim	Type of Claim Indicator 001 = Professional 002 = Facility 003 = Encounter	Integer	3	MC094	char	No	Required
N		Coordination of Benefits/TPL Liability Amount	Amount paid by the primary carrier. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC095	± decimal	Yes	Required
N		Allowed amount	Maximum amount allowed for a particular procedure or service. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value.	Numeric	10,2	MC098	± decimal	Yes	Required
N		Non-Covered Amount	Amount of claim line charge not covered. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC099	± decimal	Yes	Required
Y		Payment Arrangement Type	Value for contracted payment methodology at the claim level 01 = Capitation 02 = Fee for Service 03 = Percent of Charges 04 = DRG 05 = Pay for Performance 06 = Global Payment 07 = Other 08 = Bundled Payment 09 = Payment Amount Per Episode	Integer	2	MC113	char	No	Required

N		PCP Indicator	PCP Rendered Service indicator 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	MC119	unsigned int	No	Optional
Y		DRG Level	APR Diagnostic Related Group Code Severity Level 1 = Minor 2 = Moderate 3 = Major 4 = Extreme	Integer	1	MC120	unsigned int	No	Optional
Y		Patient Total Out of Pocket Amount	The sum of copay, coinsurance, and deductible representing the total amount the member is responsible to pay to the provider as part of their costs for services on this claim. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	MC121	≠ decimal	Yes	Required
N		Global Payment Flag	Global Payment Indicator 1 = Yes 0 = not applicable	Integer	1	MC122	unsigned int	No	Required
N		Accident Indicator	Accident Related indicator 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	MC126	unsigned int	No	Optional
N		Out-of-Network Indicator	Network Rate Applied indicator 1 = Yes 2 = No	Integer	1	MC131	unsigned int	No	Required
N		National Service Organization Provider ID	National Provider Identification (NPI) number for the organization with which the rendering/attending provider directly providing the service is associated.	Integer	10	MC134	char	Yes	Required
Y		Discharge Diagnosis	ICD-9 or ICD-10 Discharge Diagnosis Code See Arkansas APCD Data Submission Guide Appendix K – External Code Source	Text	7	MC136	varchar	Yes	Optional
Y		Carrier Specific Unique Member ID	Member's Unique ID. This value is masked during extract creation.	Text	50	MC137	varchar	No	Required

Y		Claim Line Type	Status of the claim header or claim line O = Original D = Delete/Drop R = Replacement See Exhibit D: Adjustments/Versioning Requirements	Text	1	MC138	char	No	Optional
Y		Former Claim Number	Previous Claim Number. Report the Claim Control Number (MC004) that was originally sent in a prior filing that this line corresponds to. When reported, this data cannot equal its own MC004.	Text	35	MC139	varchar	Yes	Required
N		Carrier Specific Unique Subscriber ID	Subscriber's Unique ID. This value is masked during extract creation.	Text	50	MC141	varchar	Yes	Required
N		Present on Admission Code (POA) Primary	Code indicating the primary diagnosis was present at the time of admission 3 = Unknown 1 = Exempt from POA reporting (Use if POA reporting is not required by carrier) (Use if POA reporting is not required by carrier) N = Other Diagnosis was not present at time of inpatient admission U = Documentation insufficient to determine if condition was present at time of inpatient admission W = Clinically undetermined Y = Diagnosis was present at time of inpatient admission	Text	1	MC154	char	No	Required
Y		ICD-9-CM or ICD-10-CM Procedure Date	Date the principle inpatient procedure was performed.	Date	10	MC205	YYYY-MM-DD	Yes	Required
N		ICD-9-CM or ICD-10-CM Procedure Date Year	Year the principle inpatient procedure was performed	Text	4	MC205_Year	YYYY	Yes	Required
N		ICD-9-CM or ICD-10-CM Procedure Date Month	Month the principle inpatient procedure was performed	Text	2	MC205_Mth	MM	Yes	Required
N		ICD-9-CM or ICD-10-CM Procedure Date Day	Day the principle inpatient procedure was performed	Text	2	MC205-D	DD	Yes	Required
N		Capitated Service Indicator	Payment arrangement where a physician or group of physicians is paid a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care Y = services are paid under a capitated arrangement N = services are not paid under a capitated arrangement U = unknown	Text	1	MC206	char	No	Required

N		Billing Provider State	State or province of Billing provider's address See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	2	MC209	char	Yes	Required
N		Billing Provider ZIP Code	Five digit USPS ZIP Code of the billing provider's address, preferably the practice location See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	5	MC210	char	Yes	Required
N		Billing Provider ZIP3	First 3 digits of USPS ZIP Code for Billing Provider	Integer	3	MC210-R	char	Yes	Required
N		Billing Provider Country Code	Country of the Billing Provider. Use 3-digit ISO Country Codes See Arkansas APCD Data Submission Guide Appendix K - External Sources	Integer	3	MC211	unsigned int	Yes	Required
N		Billing Provider Specialty	Code defining provider specialty. Provide lookup tables for every field containing non-standard codes	Text	10	MC212	varchar	Yes	Required
N		Capitation Flag	Periodicity of Capitation Amount Y = Yearly M = Monthly	Text	1	MC214	char	Yes	Required
Y		ICD Indicator	Indicates use of ICD-9 or ICD-10 code sets. Code sets cannot be mixed on a record 9 = ICD-9 Diagnosis and procedure codes 0 = ICD-10 Diagnosis and procedure codes	Integer	1	MC915A	unsigned int	Yes	Required
Y		Subscriber State	State or province of subscriber's residence See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	2	MC986	char	Yes	Required
Y		Subscriber ZIP Code	Five digit USPS ZIP Code of subscriber's residence See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	5	MC987	char	Yes	Required
Y		Subscriber ZIP3	First 3 digits of USPS ZIP Code for Subscriber	Integer	3	MC987-Z3	char	Yes	Required
Y		Subscriber Age	Subscriber's age (Calculated field based on subscriber date of birth and the Arkansas APCD build date)	Integer	3	MC990	unsigned int	Yes	Required

Y		HIOS ID	Identifier representing submitting entities within in the Health Insurance Oversight System, the federal government's primary data collection vehicle for the health insurance 'Exchanges' Marketplaces. HIOS collects data from health plan issuers that want to become certified health plan (QHP) issuers.	Text	30	MC992	varchar	Yes	Required
Y		File Creation Date	Date extract was pulled from Arkansas APCD.	Date	10	Value Add	YYYY-MM-DD	Yes	Required

Justification for Requesting Data Element
QHP data for Medicaid expansion population. Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
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Requested Data Element?	Deidentified Dataset	Data Element	Description of Data	Type	Length	Data Element ID	Format	Null Values Allowed?	Submission Requirement	Justification for Requesting Data Element
		Unique Row ID	Each row must contain a unique ID or row number	Integer	10	PC999	unsigned int	No	Required	
Y		Submitter	Code representing Submitting Entity category: PRV = Private Carrier data MCR = Medicare data MCD = Medicaid data AWC = Arkansas Worker's Compensation data	Text	6	PC001	varchar	No	Required	Only asking for data for QHPs for expansion population. Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		National Plan ID	Centers for Medicare and Medicaid Services (CMS) National Plan Identification Number (Plan ID). Do not report any value here until National Plan ID is fully implemented. This is a unique identifier as outlined by CMS for Plans or Sub plans.	Integer	30	PC002	unsigned int	Yes	Optional	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Insurance Type/Product Code	Insurance type or product identification code that indicates the type of insurance coverage the individual has. See Arkansas APCD Data Submission Guide Appendix A - Insurance Type/Product Code	Text	6	PC003	varchar	No	Required	
Y		Payer Claim Control Number	Masked Claim number used by the submitting entity to internally track the claim. In general, the claim number is associated with all service lines of the claim. It must apply to the entire claim and be unique within the submitting entity's system	Text	35	PC004	varchar	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Line Number	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. This field is used in algorithms to determine the final payment for the service. If the submitting entity's processing system assigns an internal line counter for the adjudication process, that number may be submitted in place of the line number submitted by the provider	Integer	4	PC005	unsigned int	No	Optional	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Insured Group Number or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer	Text	30	PC006	varchar	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Individual Relationship Code	Member's relationship to the subscriber or the insured See Arkansas APCD Data Submission Guide Appendix B - Relationship Code	Integer	2	PC011	char	Yes	Required	
Y		Member Gender	Gender of the member M = Male F = Female U = Unknown	Text	1	PC012	char	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.

Y		Member Age	Member's age (Calculated field based on member date of birth and the Arkansas APCD build date)	Date	10	PC013-Curr_Age	unsigned int	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Member State or Province	State or province of member's residence See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	2	PC015	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Member ZIP Code	Five digit USPS ZIP Code of member's residence See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	5	PC016	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Member ZIP3	First 3 digits of USPS ZIP Code of member's residence	Integer	3	PC016-Z3	char	Yes	Required	
Y		Paid Date	Paid date of the claim line. Report the date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment	Date	10	PC017	YYYY-MM-DD	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Paid Year	Year record was approved for payment	Text	4	PC017_Year	YYYY	No	Required	
N		Paid Month	Month record was approved for payment	Text	2	PC017_Mth	MM	No	Required	
Y		Pharmacy Number	Pharmacy Number - National Council for Prescription Drug Programs (NCPDP) or the National Association of Boards of Pharmacy (NABP) number of the dispensing pharmacy See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	30	PC018	varchar	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		National Provider ID Number - Service Provider	National Provider Identification (NPI) number for the entity or individual directly providing the service. This field will be used to create a master provider index for Arkansas medical service and prescribing providers See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	10	PC021	varchar	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Pharmacy Location State	State or province of Pharmacy location See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	2	PC023	char	Yes	Required	
N		Pharmacy ZIP Code	Five digit USPS ZIP Code of Pharmacy location See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	5	PC024	char	Yes	Required	
N		Pharmacy Country Code	ISO Country Code of the Pharmacy location See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	3	PC024A	unsigned int	Yes	Required	

Y		Drug Code	National Drug Code (NDC)	Text	11	PC026	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Drug Name	Name of the drug as supplied	Text	80	PC027	varchar	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Fill Number	Prescription Status Indicator. For example, 00 = new prescription, 01 = first refill, etc.	Integer	2	PC028	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Generic Drug Indicator	Generic Drug indicator 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	PC029	unsigned int	No	Required	
N		Dispense as Written Code	Drug dispense code 1 = Physician dispense as written 2 = Member dispense as written 3 = Pharmacy dispense as written 4 = No generic available 5 = Brand dispensed as generic 6 = Override 7 = Substitution not allowed, brand drug mandated by law 8 = Substitution allowed, generic drug not available in marketplace 9 = Other 0 = Not dispensed as written	Integer	1	PC030	unsigned int	No	Required	
N		Compound Drug Indicator	Compound Drug indicator 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	PC031	unsigned int	No	Required	
Y		Date Prescription Filled	Date the pharmacy filled and dispensed prescription to the patient	Date	10	PC032	YYYY-MM-DD	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Year Prescription Filled	Date the pharmacy filled and dispensed prescription to the patient	Date	4	PC032_Year	YYYY	Yes	Required	
N		Month Prescription Filled	Date the pharmacy filled and dispensed prescription to the patient	Date	2	PC032_Mth	DD	Yes	Required	
Y		Quantity Dispensed	Number of metric units dispensed	Numeric	20	PC033	int	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Days Supply	Number of days the prescription will last if taken as prescribed	Integer	4	PC034	unsigned int	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Charge Amount	Total charges for the service as reported by the provider. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	PC035	± decimal	Yes	Required	
Y		Paid Amount	Amount paid by the submitting entity for the claim line as reported by the provider. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	PC036	± decimal	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.

N		Ingredient Cost/List Price	Amount defined as the List Price or Ingredient Cost. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	PC037	± decimal	Yes	Required	
N		Dispensing Fee	Amount of dispensing fee for the claim line. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	PC039	± decimal	Yes	Required	
Y		Copay Amount	Amount of Copay member/patient is responsible to pay. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	PC040	± decimal	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Coinsurance Amount	Amount of coinsurance member/patient is responsible to pay. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	PC041	± decimal	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	PC042	± decimal	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Prescribing Provider ID	Prescribing Provider Number from submitting entity	Text	30	PC043	varchar	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		National Provider ID - Prescribing	National Provider Identification (NPI) number for the entity or individual directly prescribing drug. This field will be used to create a master provider index for Arkansas medical service and prescribing providers See Arkansas APCD Data Submission Guide Appendix K - External Sources	Integer	10	PC048	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Mail Order Pharmacy Indicator	Mail Order Option indicator 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	PC057	unsigned int	No	Required	
N		Script number	Unique Prescription Number	Text	20	PC058	varchar	No	Required	
N		Single/Multiple Source Indicator	Drug Source Indicator. Defines the availability of the pharmaceutical 1 = Multi-source brand 2 = Multi-source brand with generic equivalent 3 = Single source brand 4 = Single source brand with generic equivalent 5 = Unknown	Integer	1	PC060	unsigned int	No	Required	
Y		Date Prescription Written	Date prescription was prescribed as indicated by date on prescription or date called-in by physician's office	Date	10	PC064	YYYY-MM-DD	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.

N		Year Prescription Written	Year prescription was prescribed as indicated by date on prescription or date called-in by physician's office	Text	4	PC064_Year	YYYY	Yes	Required	
N		Month Prescription Written	Month prescription was prescribed as indicated by date on prescription or date called-in by physician's office	Text	2	PC064_Mth	MM	Yes	Required	
Y		Member Total Out of Pocket Amount	The sum of copay, coinsurance, and deductible representing the total amount the member is responsible to pay to the provider as part of their costs for services on this claim. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value.	Numeric	10,2	PC069	± decimal	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Rebate Indicator	Drug Rebate Eligibility indicator for Medicaid, Medicare Managed Care plans 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	PC070	unsigned int	No	Optional	
N		Formulary Indicator	Formulary inclusion identifier 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	PC073	unsigned int	No	Required	
N		Route of Administration	Pharmaceutical Route of Administration Indicator that defines method of drug administration 01 = Buccal 02 = Dental 03 = Inhalation 04 = Injection 05 = Intraperitoneal 06 = Irrigation 07 = Mouth/Throat 08 = Mucous Membrane 09 = Nasal 10 = Ophthalmic 11 = Oral 12 = Other/Misc 13 = Otic 14 = Perfusion 15 = Rectal 16 = Sublingual 17 = Topical 18 = Transdermal 19 = Translingual 20 = Urethral 21 = Vaginal 22 = Enteral 99 = Other 00 = Not Specified	Integer	2	PC074	char	No	Required	
N		Drug Unit of Measure	Units of Measure for drug dispensed. EA = Each F2 = International Units GM = Grams ML = Milliliters	Text	2	PC075	char	No	Optional	

Y		Carrier Specific Unique Member ID	Member's Unique ID. This value is masked during extract creation.	Text	50	PC107	varchar	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Carrier Specific Unique Subscriber ID	Subscriber's Unique ID. This value is masked during extract creation.	Text	50	PC108	varchar	Yes	Required	
Y		Subscriber State	State or province of subscriber's residence See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	2	PC953	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Subscriber ZIP Code	Five digit USPS ZIP Code of the subscriber's residence See Arkansas APCD Data Submission Guide Appendix K - External Sources	Integer	5	PC954	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Subscriber ZIP3	First 3 digits of USPS ZIP Code for Subscriber	Integer	3	PC954-Z3	char	Yes	Required	
Y		Subscriber Age	Subscriber's age (Calculated field based on subscriber's date of birth and the Arkansas APCD build date)	Integer	10	PC955	unsigned int	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Subscriber Gender	Gender of the subscriber M = Male F = Female U = Unknown	Text	1	PC956	char	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Dispensing Status	Partial fill or the completion of a partial fill indicator P = Partial fill C = Completion of fill	Text	1	PC963	char	No	Optional	
N		Drug Strength	Drug Strength (e.g. 500MG, 0.5% etc.)	Text	20	PC964	varchar	Yes	Optional	
N		USC Code	USC Code (Universal System of Classification)	Text	5	PC965	varchar	Yes	Optional	
Y		File Creation Date	Date extract was pulled from Arkansas APCD.	Date	10	Value Add	YYYY-MM-DD	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.

Requested Data Element?	Deidentified Dataset	Data Element	Description of Data	Type	Length	Data Element ID	Format	Null Values Allowed?	Submission Requirement	Justification for Requesting Data Element
N		Unique Row ID	Each row must contain a unique ID or row number	Integer	10	DC999	unsigned int	No	Required	
Y		Submitter	Code representing Submitting Entity category: PRV = Private Carrier data MCR = Medicare data MCD = Medicaid data AWC = Arkansas Worker's Compensation data	Text	6	DC001	varchar	No	Required	Only asking for data for QHPs for expansion population. Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		National Plan ID	Centers for Medicare and Medicaid Services (CMS) National Plan Identification Number (Plan ID). Do not report any value here until National Plan ID is fully implemented. This is a unique identifier as outlined by CMS for Plans or Sub plans.	Numeric	30	DC002	unsigned int	Yes	Optional	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Insurance Type/Product Code	Insurance type or product identification code that indicates the type of insurance coverage the individual has. See Arkansas APCD Data Submission Guide Appendix A - Insurance Type/Product Code	Text	6	DC003	varchar	No	Required	
Y		Payer Claim Control Number	Masked claim number used by the submitting entity to internally track the claim. In general the claim number is associated with all service lines of the bill. It must apply to the entire claim and be unique within the submitting entity's system	Text	35	DC004	varchar	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Line Counter	Line number for this service. The line counter begins with 1 and is incremented by 1 for each additional service line of a claim. This field is used in algorithms to determine the final payment for the service. If the submitting entity's processing system assigns an internal line counter for the adjudication process, that number may be submitted in place of the line number submitted by the provider	Integer	4	DC005	unsigned int	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Insured Group or Policy Number	The alpha numeric group or policy number is associated with the entity that has purchased the insurance. For self-funded plans this relates to the employer paying for claims where the carrier acts as TPA. For the majority of enrollment and claims data the group relates to the employer	Text	30	DC006	varchar	Yes	Required	
N		Individual Relationship Code	Member's relationship to the subscriber or the insured See Arkansas APCD Data Submission Guide Appendix B - Relationship Code	Integer	2	DC011	char	Yes	Required	
Y		Member Gender	Gender of the member M = Male F = Female U = Unknown	Text	1	DC012	char	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Member Age	Member's age (Calculated field based on member date of birth and the Arkansas APCD build date)	Integer	3	013-CURR_A	unsigned int	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.

Y		Member ZIP Code	Five digit USPS ZIP Code of member's residence See Arkansas APCD Data Submission Guide Appendix K - External Sources	Integer	5	DC016	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Member ZIP3	First 3 digits of USPS ZIP Code of member's residence	Integer	3	DC016-Z3	char			
Y		Paid Date	Paid date of the claim line. Report the date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment	Date	10	DC017	YYYY-MM-DD	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Paid Year	Year record was approved for payment	Text	4	DC017_Year	YYYY	No	Required	
N		Paid Month	Month record was approved for payment	Text	2	PC017_Mth	MM	No	Required	
Y		Service Provider Number	Submitting entity assigned or legacy rendering/attending provider number. This field will be used to create a master provider index for Arkansas providers encompassing both medical service providers and prescribing providers. Submit facility for institutional claims; physician or healthcare professional for professional claims	Text	30	DC018	varchar	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		National Service Provider ID	National Provider Identification (NPI) number for the entity or individual directly providing the service. This field will be used to create a master provider index for medical service and prescribing providers See Arkansas APCD Data Submission Guide Appendix K - External Sources	Integer	10	DC020	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Service Provider Entity Type Qualifier	HIPAA provider taxonomy classifies provider groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one provider) as "Person" 1 = Person 2 = Non-Person entity	Integer	1	DC021	unsigned int	Yes	Required	
Y		Service Provider Taxonomy	Taxonomy Code - Standard code that defines this provider for this line of service. Taxonomy values allow for the reporting of hygienists, assistants and laboratory technicians, where applicable, as well as Dentists, Orthodontists, etc. See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	10	DC026	varchar	Yes	Optional	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Service Provider State or Province	State or province of the Service Provider's address See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	2	DC028	char	Yes	Required	
N		Service Provider ZIP Code	Five digit USPS ZIP Code of Service Provider's address See Arkansas APCD Data Submission Guide Appendix K - External Sources	Integer	5	DC029	char	Yes	Required	

Y		Facility Type - Professional	Type of professional facility where the service was performed. The field should be set to blank for institutional claims See Arkansas APCD Data Submission Guide Appendix E - Facility Type	Integer	2	DC030	unsigned int	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		HCPCS/CDT Code	Common Dental Terminology Code See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	5	DC032	varchar	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Procedure Modifier - 1	Common Dental Terminology Code Modifier - Report a valid Procedure modifier when a modifier clarifies/improves the reporting accuracy of the associated procedure code. See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	2	DC033	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Procedure Modifier - 2	Common Dental Terminology Code Modifier - Report a valid Procedure modifier when a modifier clarifies/improves the reporting accuracy of the associated procedure code See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	2	DC034	char	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Date of Service From	Date of Service for this service line	Date	10	DC035	YYYY-MM-DD	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Date of Service From Year	Year of first date of service for this service line	Text	4	DC035_Year	YYYY	No	Required	
N		Date of Service From Month	Month of first date of service for this service line	Text	2	DC035_Mth	MM	No	Required	
N		Date of Service From Day	Day of first date of service for this service line	Text	2	DC035-D	DD	No	Required	
Y		Date of Service Thru	Last date of service for this service line. It can equal Date of Service From when a single date of service is reported	Date	10	DC036	YYYY-MM-DD	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Date of Service Thru Year	Year of Last date of service for this service line	Text	4	DC036_Year	YYYY	No	Required	
N		Date of Service Thru Month	Month of last date of service for this service line	Text	2	DC036_Mth	MM	No	Required	
N		Date of Service Thru Day	Day of last date of service for this service line	Text	2	DC036-D	DD	No	Required	
N		Charge Amount	Total charges for the service line as reported by the provider. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	DC037	± decimal	Yes	Required	
N		Paid Amount	Total paid for the service line as reported by the provider. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	DC038	± decimal	No	Required	
Y		Copay Amount	Pre-set, fixed dollar amount payable by a member, often on a per visit/service basis. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	DC039	± decimal	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.

Y		Coinsurance Amount	Patient's share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. The patient pays coinsurance plus any deductibles owed. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and the patient has met the deductible, the coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	DC040	± decimal	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Deductible Amount	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0.00 if no Deductible applies to service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	DC041	± decimal	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
N		Product ID Number	Submitter-assigned product identifier for type of coverage/product purchased.	Text	30	DC042	varchar	Yes	Required	
N		Allowed Amount	The maximum amount contractually allowed, and that a submitting entity will pay to a provider for a particular procedure or service. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. \$0.00 is a valid value	Numeric	10,2	DC046	± decimal	Yes	Required	
N		Tooth Number/Letter	Tooth Number or Letter Identification See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	20	DC047	varchar	Yes	Required	
N		Dental Quadrant	Dental Quadrant See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	2	DC048	char	Yes	Required	
N		Tooth Surface	Tooth Surface Identification See Arkansas APCD Data Submission Guide Appendix K - External Sources	Text	10	DC049	varchar	Yes	Required	
Y		Carrier Specific Unique Member ID	Member's Unique ID. This value is masked during extract creation.	Text	50	DC056	varchar	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		Carrier Specific Unique Subscriber ID	Subscriber's Unique ID. This value is masked during extract creation.	Text	50	DC057	varchar	No	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.
Y		File Creation Date	Date extract was pulled from Arkansas APCD.	10	Value Add	Date	YYYY-MM-DD	Yes	Required	Element to be used to evaluate utilization as part of CMS 1115 waiver demonstration evaluation.

Requested Data Element?	Deidentified Dataset	Data Element	Description of Data	Type	Length	Data Element ID	Format	Null Values Allowed?	Submission Requirement	Justification for Requesting Data Element
N		Unique Row ID	Each row must contain a unique ID or row number	Integer	10	PV999	unsigned int	No	Required	
N		Submitter	Code representing Submitting Entity category: PRV = Private Carrier data MCR = Medicare data MCD = Medicaid data AWC = Arkansas Worker's Compensation data	Text	6	PV114	varchar	No	Required	
N		Provider ID	Unique identified identifier for the provider as assigned by the reporting entity/carrier	Text	30	PV001	varchar	Yes	Required	
N		Provider EIN / Federal Tax ID	Federal Tax ID for provider. An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number, and is used to identify a business entity. Alpha numeric characters only—omit spaces and hyphens	Text	15	PV002	varchar	Yes	Required	
N		Entity Type	Entity Type Report the value that defines type of entity associated with PV002. The value reported here drives intake edits for quality purposes 0 = Other; any type of entity not otherwise defined that performs health care services 1 = Person; physician, clinician, orthodontist, and any individual that is licensed/certified to perform health care services 2 = Facility; hospital, health center, long term care, rehabilitation and any building that is licensed to transact health care services 3 = Professional Group; collection of licensed/certified health care professionals that are practicing health care services under the same entity name and Federal Tax Identification Number 4 = Retail Site; brick-and-mortar licensed/certified place of transaction that is not solely a health care entity, i.e., pharmacies, independent laboratories, vision services 5 = E-Site; internet-based order/logistic system of health care services, typically in the form of durable medical equipment, pharmacy or vision services. Address assigned should be the address of the company delivering services or order fulfillment 6 = Financial parent; financial governing body that does not perform health care services itself but directs and finances health	Integer	1	PV003	unsigned int	No	Required	
N		Provider Office State	State or province of provider practice physical location for NPI in PV023 See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	2	PV011	char	Yes	Required	

N		Provider Office ZIP Code	Five digit USPS ZIP Code of provider practice physical address for NPI in PV023 See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	5	PV012	char	Yes	Required	
N		Provider Specialty	Primary specialty associated with provider. Use CMS provider specialty codes See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	10	PV019	varchar	No	Required	
N		Provider second specialty	Second specialty associated with provider. Use CMS provider specialty codes See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	10	PV020	varchar	Yes	Required	
N		Provider third specialty	Third specialty identified for provider. Use CMS provider specialty codes See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	10	PV021	varchar	Yes	Required	
N		National Provider ID	Record the National Provider Identification (NPI) number for the entity or individual. This field will be used to create a master provider index for Arkansas medical service and prescribing providers	Integer	10	PV023	char	No	Required	
N		Provider State License Number	Arkansas specific license number.	Text	20	PV024	varchar	Yes	Optional	
N		Provider Degree	Contains academic credentials (e.g., LCSW, DO, MD) for the individual and is populated based on information from the payer or licensure files. This is a practitioner identifiable field	Text	10	PV025	varchar	Yes	Optional	
N		Taxonomy Code	This field is used to standardize the specialty coding of provider records See Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Text	10	PV026	varchar	No	Optional	
N		Unique Physician Identifier	This field contains the UPIN code used by CMS. Report the UPIN for the Provider identified in PV001.	Text	20	PV027	varchar	Yes	Required	
N		Provider Type	Provider type code Report the value that defines the provider type. See Arkansas APCD Data Submission Guide Appendix J - Provider Entity Codes	Integer	2	PV031	char	No	Required	

N		Provider Gender Code	Gender of Provider identified in PV001. Does not apply if provider is not an individual M = Male F = Female O = Other U = Unknown	Text	1	PV032	char	No	Required	
N		Provider Age	Provider's age (Calculated field based on provider date of birth and the Arkansas APCD build date)	Integer	6	PV033	unsigned int	Yes	Required	
N		Provider Country Code	Country code of origin for provider. Use 3-digit ISO Country CodesSee Arkansas APCD Data Submission Guide Appendix K - External Code Sources	Integer	3	PV034	unsigned int	Yes	Required	
N		Begin Date	Begin Date Provider Start Date Report the date the provider or facility becomes eligible/contracted to perform any services for the submitting entity.	Date	10	PV038	YYYY-MM-DD	Yes	Required	
N		End Date	Provider End Date Report the Date the provider or facility is no longer eligible to perform services for the submitting entity. Do not report any value here for providers that are still actively eligible to provide services	Date	10	PV039	YYYY-MM-DD	Yes	Required	
N		Offers e-Visits	eVisit Option indicator. 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	PV045	unsigned int	No	Optional	
N		Medical/Healthcare Home ID	Medical Home Identification Number Report the identifier of the patient-centered medical home the provider is linked-to here.	Text	15	PV047	varchar	Yes	Optional	
N		PCP Flag	Provider is a PCP indicator Required when PV003 = 1 1 = Yes 2 = No 3 = Unknown 4 = Other 5 = Not Applicable	Integer	1	PV048	unsigned int	No	Required	
N		File Creation Date	Date extract was pulled from Arkansas APCD.	10	Value Add	Date	YYYY-MM-DD	Yes	Required	