



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
Claim	Medical Claims/Encounter	3.5 years
	Vision Claims	2 years
	Mental Health Claims	2 years
Rx	Pharmacy	2.5 years
LAB	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:
<pre><FileType>_<AbbreviatedSourceName>_<DataSourceType>_<Date Submitted (mmddyy)>.txt</pre> <p>FileType: CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx</p> <p>AbbreviatedSourceName: Your abbreviated company name</p> <p>SecondarySourceName (if applicable) Abbreviated sub source, if any, should be placed after PPG Name. Please exclude submitter acronyms that match: file type.</p> <p>DataSourceType: Direct_Data /Standard_Supplemental/Non_Standard_Supplemental</p> <p>txt: Tab delimited files only</p>

Provider Specialty Columns

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

File Naming Convention:

<FileType>_<AbbreviatedSourceName>_<DataSourceType>_<Date Submitted (mmddyy)>.txt

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:	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

Dental Codes

Please use LAB Format and use Column 20						
20	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" from "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 Format	
File Type	Flat File
Delimiter Type	All input data file must be in tab delimited text file (.txt) with headers rows.
Notes	<p>Must remove all single quote (") or double quote(") or additional space after the column name , or special characters(*) within the data.</p> <p>Files need to be in the standard file encoding format UTF_8 not UT-8-BOM.</p> <p>The Quality Performance Management (QPM) Team will provide direct data submission due dates and guidelines on lookback period</p> <p>Required file for Measure computation. Member's Medical Claims</p>
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	<p><FileType>_<AbbreviatedSourceName>_<DataSourceType>_<Date Submitted (mmddyy)>.txt</p> <p>FileType: CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx</p> <p>DataSourceType: Direct_Data /Standard_Supplemental/Non_Standard_Supplemental</p> <p>txt: text delimited files only</p>

Order	Field Header Name	Data Type	Length	Required for HEDIS	Expected Value	Description
1	MemberKey	char	100	Required		<p>Unique member ID that is referenced between General Membership and Enrollment. This is an universal Member ID common across all enrolled plans for the associated member for cases of multiple enrollments with same payer.</p> <p>Blank/Null records will be rejected and reported in error log..</p>
2	Servicing_ProviderKey	char	100	Required		<p>Unique provider ID for Servicing Provider associated with a claim</p> <p>This value should be available in the Provider file. In case of Out of Network Providers or Values unavailable in Provider file, extract program will append this provider to the provider table and default associated provider specialties as "N".</p>
3	Billing_Providerkey	char	100	Required		<p>Unique provider ID as maintained in Health Plan system for depicting Billing Provider for the claim. It may represent a facility (for inpatient claims), physician, group, or billing entity who has billed the services. (May be blank)</p> <p>This is used for Hybrid Chase rules.</p>
4	ClaimNumber	char	100	Required		<p>Claim ID is an unique identifier for a claim</p> <p>Claim ID is used together with Claim Line ID, Member ID and Service date to uniquely identify a service.</p> <p>Blank/Null records will be rejected and reported in error log..</p>
5	ClaimLineID	char	50	Required		<p>Claim Line ID is unique identifier for each service line associated with a claim</p> <p>Claim Line ID is used together with Claim ID, Member ID and Service date to uniquely identify a service.</p> <p>Blank/Null records will be rejected and reported in error log..</p>
6	ClaimStatus	char	2	Required	<p>1 = Paid 2 = Denied 3 = Reversal 4 = Adjusted 5 = Pended for adjudication</p>	<p>Depicts Claim status. This field can accept only supported acceptable values.</p> <p>Blank/Null records will be rejected and reported in error log..</p> <p>Paid claim status will be used for UOS and Risk Measure computation</p>
7	Service_Date	date		Required	YYYY-MM-DD	<p>Date of service for an ambulatory event or admission date for inpatient events.</p> <p>Blank/Null records will be rejected and reported in error log..</p>
8	Discharge_Date	date		Optional	YYYY-MM-DD	<p>Date of Discharge for inpatient events.</p> <p>To be left blank for ambulatory events.</p> <p>It is required for inpatient stay and used for HEDIS inpatient measures, Hybrid Chase Request/Response files</p>
9	Admission_Date	date		Optional	YYYY-MM-DD	<p>Date of admission for inpatient events.</p> <p>To be left blank for ambulatory events.</p> <p>It is required for inpatient stay and used for HEDIS inpatient measures, Hybrid Chase Request/Response files</p>
10	Service_Type	char	4	Optional	<p>01 = Institutional Claim 02 = Professional Claim 03 = Dental Claim 99 = Unknown</p>	Indicates the type of Claim

11	Claim_Created_Date	datetime		Required	YYYY-MM-DD HH:MM:SS	Date of claim created. Date without time stamp is accepted as 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 stamp is accepted as 2017-01-01 00:00:00.
13	Days_Covered	integer		Optional		Total number of days covered for a particular admission (same number will appear on every claim line and will be blank for ambulatory services) Remove or subtract the denied days & report the days for which the plan is responsible. If Days_covered is null, Difference of admission and discharge would be considered for days covered excluding denied days.
14	DischargeStatus	char	4	Optional		Indicates the status of the patient when discharged. It denotes Form Locator 22 values. If the value is 20, it indicates the patient was not alive during discharge. To ensure accurate inpatient stay calculations, if a patient was not discharged alive, set the patient status to 20 on the last claim for the inpatient stay.
15	ProviderSpecialty	char	4	Optional		Provider Specialty as associated with Servicing Provider of the claim. This field can accept only supported acceptable values. Include the specialty code found in the LA Care Specialty Reference tab only
16	RRUUnitsofService	numeric	(20,4)	Optional		Quantity of service or number of units billed for each claim service line are used for evaluating Procedure cost in the RRU Measures
17	DRG_Identifier_Code	char	1	Optional	C = CMS DRG M = MS DRG A = APR DRG	DRG Code Type as associated with Institutional/Facility claim. May be left blank if unavailable. This field can accept only supported acceptable values.
18	DRG_Code	char	16	Optional		Valid DRG codes suggested for Institutional/Facility claims. HEDIS excepts the MS DRG code for Measure computation. In case of other DRG code, equivalent MS DRG code cross walk is required in order to consider for measure computation. This is used for IPU Measure computation. DRG Code should be populated along with DRG Type Identifier. Extract program will reject all occurrences of DRG Code without DRG Type Identifier and vice versa.
19	HCFAPOS	char	4	Optional		Place of Service Codes associated with Institutional/Facility claims.
20	TOB	char	16	Optional		Type of Bill Codes associated with Institutional/Facility claims. In case of three digit Bill Type Code, leading zero will be appended to match the NCQA requirement of four digit code.
21	UBRevenueCode	char	16	Optional		Revenue Codes associated with Institutional/Facility claim service lines. In case of three digit Revenue Code, leading zero will be appended to match the NCQA requirement of four digit code. This field is used for Hybrid Chase Request/Response files
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)
29	ICD_Diag_Identifier_Flag	char	1	Required	9-ICD9 Diag X-ICD10Diag	Identifies the given diagnosis claims that belong to ICD 9 or ICD 10 code set. This field can accept only supported acceptable values. ICD Diagnosis Identifier must be populated prior to Diagnosis code value.

30	ICD_Diag_1	char	16	Required	Valid Primary ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02 Primary Diagnosis codes should not be repeated for Secondary Diagnosis codes (ICD_Diag_2 to ICD_Diag_25)
31	ICD_Diag_2	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
32	ICD_Diag_3	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
33	ICD_Diag_4	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
34	ICD_Diag_5	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
35	ICD_Diag_6	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
36	ICD_Diag_7	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
37	ICD_Diag_8	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
38	ICD_Diag_9	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
39	ICD_Diag_10	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
40	ICD_Diag_11	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02

41	ICD_Diag_12	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
42	ICD_Diag_13	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
43	ICD_Diag_14	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
44	ICD_Diag_15	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
45	ICD_Diag_16	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
46	ICD_Diag_17	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
47	ICD_Diag_18	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
48	ICD_Diag_19	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
49	ICD_Diag_20	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
50	ICD_Diag_21	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
51	ICD_Diag_22	char	16	Optional	Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02

52	ICD_Diag_23	char	16	Optional		Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
53	ICD_Diag_24	char	16	Optional		Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
54	ICD_Diag_25	char	16	Optional		Valid ICD Diagnosis Code. Expected to receive decimal points for ICD Diagnosis Code For Example: ICD9 - 618.9 ICD10 -E36.02
55	ICD_Proc_Identifier_Flag	char	1	Optional	9-ICD9 Procedure X-ICD10 Procedure U-Not Applicable	Identifies the given Procedure claims that belong to ICD 9 or ICD 10 code set It is required if ICD Procedure codes are given. This field can accept only supported acceptable values.
56	ICD_Proc_1	char	16	Optional		Valid ICD Primary Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
57	ICD_Proc_2	char	16	Optional		Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
58	ICD_Proc_3	char	16	Optional		Valid ICD Procedure Code. Expected to receive decimal points for ICD Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points)
59	ICD_Proc_4	char	16	Optional		Valid ICD Procedure Code. Expected to receive decimal points for ICD Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points)
60	ICD_Proc_5	char	16	Optional		Valid ICD Procedure Code. Expected to receive decimal points for ICD Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points)
61	ICD_Proc_6	char	16	Optional		Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
62	ICD_Proc_7	char	16	Optional		Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
63	ICD_Proc_8	char	16	Optional		Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).

75	ICD_Proc_20	char	16	Optional	Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
76	ICD_Proc_21	char	16	Optional	Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
77	ICD_Proc_22	char	16	Optional	Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
78	ICD_Proc_23	char	16	Optional	Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
79	ICD_Proc_24	char	16	Optional	Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
80	ICD_Proc_25	char	16	Optional	Valid ICD Procedure Code . Expected to receive decimal points for ICD 9 Procedure Code and Non decimal values for ICD 10 Procedure Code For Example: ICD9 - 68.41(ICD9 procedures carries decimal points) ICD10 - 0DV64CZ (ICD10 procedures does not carry decimal points).
81	CVX	char	3	Required	A standard CVX code denoting a vaccination used by the HEDIS 2017 CIS and IMA measures
82	Allowed	numeric	(16,4)	Optional	Allowable Amount is the contracted dollar amount for the claimed services. This is required for Analytics and Reporting.
83	Billed	numeric	(16,4)	Optional	Amount Billed on the claim for the provided services. This is required for Analytics and Reporting.
84	Copay	numeric	(16,4)	Optional	Fixed amount to be paid by member for the claimed services as per the plan benefits. This is required for Analytics and Reporting.
85	Paid	numeric	(16,4)	Optional	Amount adjudicated and paid by the plan for the claimed services. This is required for Analytics and Reporting.
86	POA	char	1	Optional	Flag to identify if the Diagnosis codes claimed are Present on Admission
87	DataSource_ID	char	50	Required	For example, 01 - Admin Data 02 - Immunization 03 - EHR files 04 - Current or historic state encounter 05 - Encounter Data files from behavioral health care vendors 06 - Vision Care Indicates the Data source of the claims. Example: Immunization registry, Current or historic state encounter files, EHR files, Encounter data files from behavioral health care vendors, etc. Blank/Null records will be rejected and reported in error log..
88	DataSource_Type	char	2	Required	01- Admin Claim 02- Standard supplemental Data 03- Non standard supplemental Data Type of data source. Blank/Null records will be rejected and reported in error log..
89	ClaimAltID1	char	120	Optional	To capture additional information for Health Plans reference
90	ClaimAltID2	char	120	Optional	To capture additional information for Health Plans reference
91	ClaimAltID3	char	120	Optional	To capture additional information for Health Plans reference
92	ClaimAltID4	char	120	Optional	To capture additional information for Health Plans reference
93	ClaimAltID5	char	120	Optional	To capture additional information for Health Plans reference
94	ClaimAltID6	char	120	Optional	To capture additional information for Health Plans reference
95	ClaimAltID7	char	120	Optional	To capture additional information for Health Plans reference
96	ClaimAltID8	char	120	Optional	To capture additional information for Health Plans reference

97	ClaimAltID9	char	120	Optional		To capture additional information for Health Plans reference
98	ClaimAltID10	char	120	Optional		To capture additional information for Health Plans reference
99	Provider_Taxonomy_Code	char	10	Optional		<p>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.</p> <p>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.</p> <p>This field is used only for OED measure computation.</p> <p>Blank/Null values are allowed for this field.</p>

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

Order	Field Header Name	Data Type	Length	Required for HEDIS	Expected Value	Description
1	MemberKey	char	100	Required		Unique member ID that is referenced between General Membership and Enrollment. This is an universal Member ID common across all enrolled plans for the associated member for cases of multiple enrollments with same payer. Blank/Null records will be rejected and reported in error log.
2	Prescribing_ProviderKey	char	100	Optional		Unique provider ID for Prescribing Provider associated with a claim
3	Dispensing_Providerkey	char	100	Optional		Unique provider ID as maintained in Health Plan system for depicting Dispensing Pharmacy for the claim.
4	Billing_ProviderKey	char	100	Optional		Unique provider ID as maintained in Health Plan system for depicting Billing Pharmacy for the claim. This is used for Hybrid Chase rules.
5	ClaimNumber	char	100	Required		Claim ID is an unique identifier for a claim Claim ID is used together with Claim Line ID, Member ID and Service date to uniquely identify a service. Blank/Null records will be rejected and reported in error log.
6	ClaimLineID	char	50	Required		Claim Line ID is unique identifier for each service line associated with a claim Claim Line ID is used together with Claim ID, Member ID and Service date to uniquely identify a service. Blank/Null records will be rejected and reported in error log.
7	ClaimStatus	char	2	Required	1 = Paid 2 = Denied 3 = Reversal 4 = Adjusted 5 = Pended for adjudication	Depicts Claim status. This field can accept only supported acceptable values. Blank/Null records will be rejected and reported in error log.. Paid claim status will be used for UOS and Risk Measure computation
8	Service_Date	date		Required	YYYY-MM-DD	Medication dispensed date Blank/Null records will be rejected and reported in error log.
9	Drug_Code	char	16	Required		Indicates the drug code of the medication prescribed. Drug code related code flag is mandatory to identify the type of drug code in this field. Drug Code Type should be populated along with Drug Code.Blank/Null records will be rejected and reported in error log.
10	NDC	char	160	Optional		Text Description of Code Type for Codes falling outside of standard Code Type.
11	CVX	char	160	Optional		Text Description of Code Type for Codes falling outside of standard Code Type.
12	Rx_Norm	char	160	Optional		Text Description of Code Type for Codes falling outside of standard Code Type.
13	Generic_Branded_Flag	char	1	Optional	B/G	Indicates if the prescribed drug is branded or generic. This is used for analytics reporting
14	DaysSupply	integer		Required		Indicates the Days of Supply for the dispensed prescription. This is used in HEDIS Medication management measures and PDC measures.
15	QuantityDispensed	numeric	(20,4)	Required		Indicates the quantity of pills or liquid or cream dispensed. This field is used in AMR and DAE measures
16	MetricQuantity	numeric	(20,4)	Required		Indicates the measurement metric of the dispensed drug for each claim service line. (e.g. milliliter for liquid, number of pills for pills, and grams for cream). This field is used in NCQA RRU measures
17	ICD_Identifier_Flag	char	1	Optional	9-ICD9 Diag X-ICD10Diag	Identifies if the given diagnosis claims belong to ICD9 or ICD 10 This field can accept only supported acceptable values.

18	ICD_Diag_1	char	16	Optional		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 This is used for Analytics and Reporting.
19	Cost	numeric	(16,4)	Optional		Ingredient cost in dollars as quoted by the Pharmacy. E.g. 100.25 This is used for Cost/Risk Analytics.
20	Allowed	numeric	(16,4)	Optional		Amount allowed in dollars for medical services or supplies as covered by a health care product. E.g. 100.25 This is used for Cost/Risk Analytics.
21	Billed	numeric	(16,4)	Optional		Amount submitted in dollars by the provider for reimbursement of health care services. E.g. 100.25 This is used for Cost/Risk Analytics.
22	Copay	numeric	(16,4)	Optional		Copay amount in dollars paid by the member. E.g. 100.25 This is used for Cost/Risk Analytics.
23	Paid	numeric	(16,4)	Optional		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 This is used for Cost/Risk Analytics.
24	DataSource_ID	char	50	Required	01 - Admin Data 02 - Pharmacy data Feeds 03 - EHR files 07 - Clinical Data(ECDS)	Indicates the Data source of the claims. Example: Pharmacy data feeds and EHR files. Blank/Null records will be rejected and reported in error log.
25	DataSource_Type	char	2	Required	01- Admin Claim 02- Standard supplemental Data 03- Non standard supplemental Data	Type of data source of the Rx claims to indicate whether a claim record originated from Admin or Supplemental data source. This field can accept only supported acceptable values.Blank/Null records will be rejected and reported in error log.
26	RxClaimAltID1	char	120	Optional		To capture additional information for Health Plans reference
27	RxClaimAltID2	char	120	Optional		To capture additional information for Health Plans reference
28	RxClaimAltID3	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	RxClaimAltID9	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 Format	
File Type	Flat File
Delimiter Type	All input data file must be in tab delimited text file (.txt) with headers rows.
Notes	<p>Must remove all single quote (") or double quote(") or additional space after the column name , or special characters(*) within the data.</p> <p>Files need to be in the standard file encoding format UTF_8 not UT-8-BOM.</p> <p>The Quality Performance Management (QPM) Team will provide direct data submission due dates and guidelines on lookback period</p> <p>Required file for Measure computation. Member's Lab Claims</p>
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	<p><FileType>_<AbbreviatedSourceName>_<DataSourceType>_<Date Submitted (mmddyy)>.txt</p> <p>FileType: CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx</p> <p>DataSourceType: Direct_Data /Standard_Supplemental/Non_Standard_Supplemental</p> <p>txt: text delimited files only</p>

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

10	CPTPx	char	16	Optional		CPT/CPT II code for lab test (may be blank). The value for either Procedure_code or Test should be present in the file. Records without Procedure_Code or Test value will be rejected by the system during Data Intake.
11	HCPCSPx	char	16	Optional		HCPCS code for lab test (may be blank). The value for either Procedure_code or Test should be present in the file. Records without Procedure_Code or Test value will be rejected by the system during Data Intake.
12	LOINC	char	16	Optional		Code for Test done. It can be LOINC codes for the test. If test is present, Code flag should be present (e.g HEDIS measure DMS can expect this Test field to be"44261-6". In this case CPT code field can be blank) The value for either Procedure_Code or Test should be present in the file. Records without Procedure_Code or Test value will be rejected by the system during Data Intake.
13	SNOMED	char	16	Optional		Code for Test done. It can be SNOMED codes for the test. If test is present, Code flag should be present (e.g HEDIS measure DMS can expect this Test field to be"44261-6". In this case CPT code field can be blank) The value for either Procedure_Code or Test should be present in the file. Records without Procedure_Code or Test value will be rejected by the system during Data Intake.
14	Lab_Value	numeric	(20,4)	Optional		Lab result value or test result, i.e. "8.2" for HbA1c.PHQ-9 total score, populate the lab result value or test result in the "Lab_Value" field and corresponding code value in the "LOINC" field as applicable.
15	Result_Flag	char	1	Optional	P = Positive N = Negative	Binary field to indicate lab test result as Positive/Negative. (e.g. Diabetes Retinal Screening test result) It is used for CDC measure, Hybrid Chase Request/Response files
16	Measuring_Unit	char	20	Optional		Unit of measurement for lab test value. (e.g. ml,gm,mmol/mol)
17	Measuring_Unit_Desc	char	120	Optional		Description of the unit of measure for lab test value. (e.g. Milliliter. Grams, millimole to a mole)
18	DataSource_ID	char	50	Required	01 - Admin Data 02 - Lab Result file 03 - EHR files	Indicates the Data source of the claims. (e.g. Laboratory result files and EHR files.). This field can accept only supported acceptable values. Blank/Null records will be rejected and reported in error log.
19	DataSource_Type	char	2	Required	01- Admin Claim 02- Standard supplemental Data 03- Non standard supplemental Data	Type of data source of the Lab claims to indicate whether a claim record originated from Admin or Supplemental data source. This field can accept only supported acceptable values.Blank/Null records will be rejected and reported in error log.
20	LabClaimAltID1	char	120	Optional		Current Dental Terminology (CDT) codes This field can accept any Dental Codes, if any
21	LabClaimAltID2	char	120	Optional		To capture additional information for Health Plans reference
22	LabClaimAltID3	char	120	Optional		To capture additional information for Health Plans reference
23	LabClaimAltID4	char	120	Optional		To capture additional information for Health Plans reference
24	LabClaimAltID5	char	120	Optional		To capture additional information for Health Plans reference
25	LabClaimAltID6	char	120	Optional		To capture additional information for Health Plans reference
26	LabClaimAltID7	char	120	Optional		To capture additional information for Health Plans reference
27	LabClaimAltID8	char	120	Optional		To capture additional information for Health Plans reference
28	LabClaimAltID9	char	120	Optional		To capture additional information for Health Plans reference
29	LabClaimAltID10	char	120	Optional		To capture additional information for Health Plans reference

LACARE Provider Demographic Information	
File Type	Flat File
Delimiter Type	All input data file must be in tab delimited text file (.txt) with headers rows.
Notes	<p>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.</p> <p>The Quality Performance Management (QPM) Team will provide direct data submission due dates and guidelines on lookback period</p> <ol style="list-style-type: none"> 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 provided in separate record for each start and termination date. 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	<p><FileType>_<AbbreviatedSourceName>_<DataSourceType>_<Date Submitted (mmddyy)>.txt</p> <p>FileType: CLAIM or CLAIMS or VISIT/PROV or PROVIDER or PRV(capital letters) /Lab/Rx</p> <p>DataSourceType: Direct_Data /Standard_Supplemental/Non_Standard_Supplemental</p> <p>txt: text delimited files only</p>

Order	Field Header Name	Datatype	Length	Required for HEDIS	Expected Value	Description
1	PROVIDERKEY	char	100	Required		<p>Unique identifier for each Provider as maintained by the Health Plan.</p> <p>In scenarios where a Provider is associated with multiple IPA or Group, provide the unique Provider identifier as maintained in the system to depict each relationship differently.</p> <p>IPA- Provider's Independent Practitioner Association Identifying Number. If the Provider category is IPA, provide the actual IPA ID or the internal provider ID to identify the IPA information.</p> <p>Group ID - Provider's Group Identifying Number. If the Provider category is Group, provide the actual Group ID or the internal provider ID to identify the Group information.</p> <p>Practitioner - If Provider is an individual practitioner, provide the internal provider ID used in system.</p> <p>Facility/Hospital ID - Provide the Facility/Hospital ID used in internal system to identify the Facility/Hospital information. (also include Pharmacy)</p> <p>Blank/Null records will be rejected and reported in error log</p>
2	ProviderLastName	char	60	Optional		<p>Physician's last name. This field is mandatory for Individual practitioner. If provider is Organization or Facility, this field can be blank. It is used for Hybrid Chase Request/Response files and Analytics</p>
3	ProviderFirstName	char	60	Optional		<p>Physician's first name. This field is mandatory for Individual practitioner. If provider is Organization or Facility, this field can be blank. It is used for Hybrid Chase Request/Response files and Analytics</p>
4	ProviderMiddleName	char	20	Optional		Physician's middle initial
5	Gender	char	1	Required	M = Male F = Female U=Unknown	<p>Physician's gender This field can accept only supported acceptable values. It is used for Hybrid Chase Request/Response files and Analytics</p>
6	Date_Of_Birth	date		Optional	YYYY-MM-DD	Physician's date of birth.
7	ProviderNPI	char	15	Required		Physician's National Provider Identifier.
8	Federal_Tax_ID	char	20	Required		Federal Tax Identification Number.
9	Language_Spoken	char	100	Optional		<p>Physician's primary spoken language it is used for the analysis on Patient-Provider concordance</p>
10	Organization_Name	char	120	Optional		<p>Provider Organization Name If provider is Individual practitioner, this field can be blank. It is used for Hybrid Chase Request/Response files and Analytics</p>
11	ProviderAddress	char	160	Required		<p>Provider's practice location street address. It is required for Hybrid Chase Request/Response files.</p>
12	ProviderCity	char	30	Required		<p>Provider's location city. It is required for Hybrid Chase Request/Response files.</p>
13	LocationKey	char	10	Optional		Provider's location code. It is used for Hybrid Chase Request/Response files.
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/mobile number
18	ProviderPhone2	char	16	Optional		Provider's location secondary phone/mobile number
19	PRoviderFax	char	16	Optional		Provider's location Fax number
20	Email_ID	char	120	Required		Provider's practice primary email ID

21	Secondary_Email_ID	char	120	Optional		Provider's practice secondary email ID
22	Primary_Address_Flag	char	1	Required	Y = Yes N = No	Provider's primary address. All providers should have atleast one address marked as primary. Provider records with Primary_Address-Flag as Y are considered Active providers and are considered for Hybrid Chase Request file.
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 category captures the matching provider type for the provider record. This field can accept only supported acceptable values.
24	Provider_Associated_ID	char	100	Optional		Denotes the parent hierarchy of the provider record. IPA- Provider's Independent Practitioner Association Identifying Number. Group ID - Provider's Group Identifying Number. Facility -Hospital ID which is the internal provide ID from the system. It is the location where individual physician provides services. Example: If an individual practitioner is associated with an IPA, provide the IPA ID as applicable for the provider record.
25	Provider_Associated_Name	char	120	Optional		Name of the IPA, Provider Group, or Facility. 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 associated. Provider_Associated_ID and Provider_Associated_Type should be populated in conjunction. Records with Provider_Associated_ID without Provider_Associated_Type and vice versa will be error out. This field can accept only supported acceptable values. To be left blank for individual physical who does not belongs to ipa/group .
27	Effective_Date	date		Optional	YYYY-MM-DD	The date on which the provider and Independent Practice Association/Provider Group/Facility became effective.
28	Termination_Date	date		Optional	YYYY-MM-DD	The date on which the provider and Independent Practice Association/Provider Group/Facility terminated from each other.
29	Termination_ReasonCode	char	4	Optional		Termination reason code of the provider with IPA/Group/Facility
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 not to use this provider for Chase. "N" is set for providers who are not be chased for Medical Record required for Hybrid measure evaluation. The providers such as type ER, Ambulance, Pharmacy, lab, X-ray, and Radiology are few suggestive examples. It is used for Hybrid Chase Request file.
32	Provider_In_Out_Network	char	4	Required	IN = In network provider OUT = Out of network provider	Specifies if the provider operates within the plans network or out of network
33	BoardCertification	char	1	Optional	Y = Yes N = No	Indicates whether the provider is board certified (may be blank)
34	Hospital_ID	char	50	Optional		The hospital ID for the facility If Provider Category is facility then hospital id may be present, Hospital Id should match with provider ID present in the given link: https://data.medicare.gov/Hospital-compare/Hospital-General-information/xubh-q36u This is a required field for HEDIS and should have values. Blank/Null values are allowed for this field.
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.
36	Attribution_Inclusion_Indicator	char	1	Required	Y = Yes N = No	"Y" is default, unless specified not to use this provider for PCP attribution. "N" is set for a provider who should not be included for PCP attribution. It is required for Hybrid Chase Request/Response files.
37	Provider_Specialty_1	char	120	Required		To capture additional information for Health Plans reference Include the specialty code found in the LA Care Specialty Reference tab only
38	Provider_Specialty_2	char	120	Optional		To capture additional information for Health Plans reference Include the specialty code found in the LA Care Specialty Reference tab only
39	Provider_Specialty_3	char	120	Optional		To capture additional information for Health Plans reference Include the specialty code found in the LA Care Specialty Reference tab only

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 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 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 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 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 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	Ophthalmology, 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
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	Pediatric 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
B3	Psychologist - PHD-Level
B4	Qualified Autism Services Provider
B5	Nurse Practitioner/Physician Assistant/Advanced/Masters RN
B6	Qualified Autism Services Paraprofessional
B7	Community Behavioral/Mental Health Center/Clinic
P1	Local Education Agency