

Element #	Name	Direction	Allowed Values	Data Type	Required/O ptional	Length	Start	End
1	Plan_ID#	Organization ID used to submit the IDSS to NCQA. This ID is consistent across all Lines of Business.	#####	VARCHAR	R	6	1	6
2	Product_Line	A member's product line at the end of the measurement period.	1 = MEDICAID 2 = SNP 11 = HARP	NUMBER	R	2	7	8
3	Unique_Member_ID#	Medicaid Client ID Number (CIN) *The field is alphanumeric and should be treated as text field. <b>This</b>		VARCHAR	R	8	9	16
4	County_of_Residence	Enter the 3-digit county FIPS code for each member's residence of county.	###	NUMBER	R	3	17	19
5	Zip_Code_of_Residence		#####	NUMBER	R	5	20	24
6	Practice_Tax_ID#	Populate with valid TINs only. This field is mandatory – do not leave it blank!	#####	NUMBER	R	9	25	33
7	PCMH_Site_ID#	PCMH Site ID# - NCQA generated ID		NUMBER	O	11	34	44
8	Practice_Site_ID#	Internal plan practice site ID#		VARCHAR	O	13	45	57
9	Practice_Name	This field is mandatory – do not leave it blank!		TEXT	R	50	58	107
10	Practice_Address_Line_1			TEXT	R	35	108	142
11	Practice_Address_Line_2			TEXT	O	35	143	177
12	Practice_Address_Line_3			TEXT	O	35	178	212
13	Practice_Address_City			TEXT	R	25	213	237
14	Practice_Address_State			TEXT	R	2	238	239
15	Practice_Address_Zip_Code		#####	NUMBER	R	5	240	244
16	Practice_Telephone_Number		#####	NUMBER	O	10	245	254

Element #	Name	Direction	Allowed Values	Data Type	Required/O ptional	Length	Start	End
17	Provider_NPI	National Provider Identifier – 10 Digit ID	#####	NUMBER	R	10	255	264
18	Provider_First_Name			TEXT	R	15	265	279
19	Provider_Middle_Initial			TEXT	O	1	280	280
20	Provider_Last_Name			TEXT	R	35	281	315
21	VBP_Contractor_Tax_ID#	Populate with <b>valid</b> TINs only. If member is NOT in a VBP level 1 or higher arrangement set to '999999999'.	#####	NUMBER	R	9	316	324
22	VBP_Contractor_DBA_Name	If member is NOT in a VBP level 1 or higher arrangement set to '999999999'.		NUMBER	R	50	325	374
23	VBP_Contractor_Type		1 = Provider/ Hospital 2 = IPA 3 = ACO 9 = Unknown	NUMBER	R	1	375	375
24	VBP_Arrangement_Type	Refer to Section C, #2b of the DOH 4255 – <i>Provider Contract Statement and Certification</i> form.	1 = TCGP 2 = IPC 3 = HARP 4 = HIV/AIDs 5 = Maternity 6 = Off Menu	NUMBER	R	1	376	376
25	DOH_VBP_Contract_ID#	Number provided by DOH in Agreement approval letter, begins with DOH ID ###	####	NUMBER	R	4	377	380
26	MCO_Unique_Contract_ID#	Plan generated ID used to submit contract to DOH; Section A, #3 of the 4255.		VARCHAR	R	50	381	430

Element #	Name	Direction	Allowed Values	Data Type	Required/O ptional	Length	Start	End
27	Prov_Att_start_date	MMDDYYYY – Must be between 1/1/2019 and 12/31/2019	MMDDYYYY	DATE	R	8	431	438
28	Prov_Att_end_date	MMDDYYYY – Must be between 1/1/2019 and 12/31/2019	MMDDYYYY	DATE	R	8	439	446

#	Field Name	Description/Specifications
1	Plan_ID#	Enter your Organization ID used to submit the IDSS to NCQA. This ID is consistent across all Lines of Business.
2	Product_Line	Enter the member's product line at the <u>end of the measurement period</u> . Enter the corresponding number (1) Medicaid, (2) SNP, (11) HARP.
3	Unique_Member_ID#	Enter member's Medicaid Client Identification Number (CIN). The field should be continuous without any spaces or hyphens. The field is alpha-numeric and should be treated as a text field. This field is mandatory – do not leave it blank!
4	County_of_Residence	Enter the Federal Information Processing Standard (FIPS) code for the member's county of residence. Please refer to <b>Appendix IV, Table 5 -</b>
5	Zip_Code_of_Residence	Enter the 5-digit zip code of the member's residence.
6	Practice_Tax_ID#	Enter the 9-digit Federally assigned Tax Identification number for the Practice of the member's provider. Populate with valid TINs only. This field is mandatory – do not leave it blank!
7	PCMH_Site_ID#	Enter the NCQA assigned number associated with your Patient-Centered Medical Home (PCHM.)
8	Practice_Site_ID#	Enter your internal site ID assigned by the plan.
9	Practice_Name	Enter the complete name of the provider's practice. This field is required, do not leave blank.
10	Practice_Address_Line_1	Enter the physical address of the practice location. (Enter up to 3 lines)
11	Practice_Address_Line_2	
12	Practice_Address_Line_3	
13	Practice_Address_City	Enter the city in which the practice is located.
14	Practice_Address_State	Enter the 2-digit abbreviation for the state in which the practice is located.
15	Practice_Address_Zip_Code	Enter the 5-digit zip code in which the practice is located.
16	Practice_Telephone_Number	Enter the practice's main phone line, it should be in the format of ##### with no intervening “-”.
17	Provider_NPI	This is the unique 10-digit National Provider Identifier (NPI) of the provider the member was serviced by during the reporting period. This should be a provider organization which had frequent contact with the member and, therefore, could potentially affect the need for hospitalization or not. <b>A member may be serviced by multiple providers during the same time period (provide one row of data for every provider a member was serviced by).</b>
18	Provider_First_Name	Enter the provider full first name
19	Provider_Middle_Initial	Enter the provider's middle initial.
20	Provider_Last_Name	Enter the provider's last name.

#	Field Name	Description/Specifications
21	VBP_Contractor_Tax_ID#	This is the unique 9-digit tax identification number of the VBP Contractor (not the provider) that the member is assigned to for a Level 1 or higher VBP arrangement during the reporting period. A member can only be assigned to one VBP contractor at a time. If not applicable, fill with 999999999.
22	VBP_Contractor_DBA_Name	The "Doing Business As" (DBA) name is the operating name of a company, as opposed to the legal name of the company. The VBP Contractor may be an ACO, IPA, individual provider or hospital.
23	VBP_Contractor_Type	In this field, enter '1' if the contractor is a provider (provider includes hospitals), '2' if the contractor is an IPA, '3' if the contractor is an ACO, '9' if Unknown
24	VBP_Arrangement_Type	In this field, enter "1" if the VBP arrangement type is a TCGP arrangement, "2" if it is an IPC arrangement, "3" if it is a HARP arrangement, "4" if it is an HIV/AIDs arrangement, "5" if it is a Maternity arrangement, "6" if it is an Off Menu arrangement. This information can be found in Section C, #2b of the <b>DOH 4255 – Provider Contract Statement and Certification</b> form.
25*	DOH_VBP_Contract_ID#	This is the number provided by DOH in the Agreement approval letter for your VBP arrangement, it begins with DOH ID #####. <b>*You must populate either field 25 or 26, preferably both fields should be populated.</b>
26*	MCO_Unique_Contract_ID#	This is the contract identifier created by your plan, which is a required component of all contracts submitted for review (it can be found in Section A, #3 of the DOH 4255, it is also typically in the footer of your contract documents. <b>*You must populate either field 25 or 26, preferably both fields should be populated.</b>
27	Prov_Att_start_date	This is the attribution start date with the provider, when the member was first attributed to the provider. This date must be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.
28	Prov_Att_end_date	This is the attribution end date with the provider, when the member was last attributed to the provider. This date must be during the reporting period. It should be in the format of MMDDYYYY with no intervening "-" or "/". The format is the same if data is submitted via a fixed-width file or CSV.

Field Name	Plan_ID#						Product_Line		Unique_Member_ID#								County_of_Residence			Zip_Code_of_Residence					Practice_Tax_ID#									PCMH_Site_ID#										
Column Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Data Example 1	1	2	3	4	5	6	0	1	W	A	3	6	4	5	3	X	1	2	3	1	2	1	1	0	1	2	3	4	5	6	7	8	9	A	B	C	0	0	1	2	3	4	-	5
Data Example 2 (same member as example one but attributed to a different provider)	1	2	3	4	5	6	0	1	W	A	3	6	4	5	3	X	1	2	3	1	2	1	1	0	1	2	3	4	5	6	7	8	9	A	B	C	0	0	1	2	3	4	-	5

Field Name	Practice_Site_ID#														Practice_Name																																	
Column Number	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92
<u>Data Example 1</u>	A	B	C	1	2	3	4	5	6	7	-	8	9	A	B	C		H	e	a	l	t	h		C	l	i	n	i	c		W	e	s	t													
<u>Data Example 2</u> (same member as example one but attributed to a different provider)	A	B	C	1	2	3	4	5	6	7	-	8	9	A	B	C		H	e	a	l	t	h		C	l	i	n	i	c		W	e	s	t													

Field Name															Practice_Address_Line_1																														
Column Number	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129								
<u>Data Example 1</u>															1	2	3		H	e	a	l	t	h					H	i	g	h	w	a	y										
<u>Data Example 2</u> (same member as example one but attributed to a different provider)															1	2	3		H	e	a	l	t	h					H	i	g	h	w	a	y										





Field Name	Practice_Address_Line_3																																							
Column Number	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201				
<u>Data Example 1</u>													S	u	i	t	e				6	3	2																	
<u>Data Example 2</u> (same member as example one but attributed to a different provider)													S	u	i	t	e				6	3	2																	

Field Name	Practice_Address_City																																			
Column Number	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237
<u>Data Example 1</u>												Y	o	u	r			T	o	w	n															
<u>Data Example 2</u> (same member as example one but attributed to a different provider)												Y	o	u	r			T	o	w	n															

Field Name	Practice_Address_State		Practice_Address_Zip_Code					Practice_Telephone_Number									Provider_NPI															
Column Number	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269
Data Example 1	N	Y	1	2	3	4	5	5	1	8	9	6	3	4	5	8	2	N	9	8	7	6	5	4	3	2	1	A	d	d	i	s
Data Example 2 (same member as example one but attributed to a different provider)	N	Y	1	2	3	4	5	5	1	8	9	6	3	4	5	8	2	N	1	2	3	4	5	6	7	8	9	A	d	d	i	s



Field Name															VBP_Contractor_Tax_ID_#																						
Column Number	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	
<u>Data Example 1</u>															1	2	3	4	5	6	7	8	9	H	e	a	l	t	h			C	l	i	n	i	c
<u>Data Example 2</u> (same member as example one but attributed to a different provider)															1	2	3	4	5	6	7	8	9	H	e	a	l	t	h			C	l	i	n	i	c



Field Name	VBP_Contractor_Type	VBP_Arrangement_Type	DOH_VBP_Contract_ID#																						
Column Number	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398
<u>Data Example 1</u>	1	1	0	9	8	3	A	B	C	.	H	e	a	l	t	h	C	l	i	n	i	c	4	.	
<u>Data Example 2</u> (same member as example one but attributed to a different provider)	1	1	0	9	8	3	A	B	C	.	H	e	a	l	t	h	C	l	i	n	i	c	4	.	





Field Name	art_date				Prov_end_date							
Column Number	435	436	437	438	439	440	441	442	443	444	445	446
<u>Data Example 1</u>	2	0	1	9	0	4	3	0	2	0	1	9
<u>Data Example 2</u> (same member as example one but attributed to a different provider)	2	0	1	9	1	2	3	1	2	0	1	9

---