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. This		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	0	11	34	44
8	Practice_Site_ID#	Internal plan practice site ID#		VARCHAR	0	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	0	35	143	177
12	Practice_Address_Line_3			TEXT	0	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	0	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	0	1	280	280
20	Provider_Last_Name			TEXT	R	35	281	315
21	VBP_Contractor_Tax_ID#	Populate with valid 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</i> Contract Statement and Certification 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

Enter your Organization ID used to submit the IDSS to NCQA. This ID is consistent across all lutes of Business. Enter the member's product line at the end of the measurement period. Enter the corresponding number (1) Medicald, (2) SNP, (11) HARP. Enter member's Medicaid Client Identification Number (ICIN, 11) Fidel is alpha-numeric and should be treated as a text field. This field is alpha-numeric and should be treated as a text field. This field is alpha-numeric and should be treated as a text field. This field is alpha-numeric and should be treated as a text field. This field is mandatory – do not leave it blank! 4	#	Field Name	Description/Specifications
Consistent across all Lines of Business.	1	Plan ID#	•
2 Product_Line Product_Line Product_Line Product_Line		11011_15#	
HARP. 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			
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alpha-numeric and should be treated as a text field. This field is mandatory — do not leave it blank! 4			
mandatory – do not leave it blank! 1 County_of_Residence Enter the Federal Information Processing Standard (FIPS) code for the member's county of residence. Please refer to Appendix IV, Table 5. 5 Zip_Code_of_Residence Enter the 5-digit zip code of the member's residence. Enter the 9-digit Federally assigned Tax Identification number for the 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 two internal site ID assigned by the plan. 10 Practice_Name Enter the complete name of the provider's practice. This field is required, do not leave blank. 11 Practice_Address_Line_1 12 Practice_Address_Line_2 13 Practice_Address_Line_3 14 Practice_Address_City Enter the physical address of the practice location. (Enter up to 3 lines) 17 Practice_Address_City Enter the city in which the practice is located. Enter the 2-digit abbreviation for the state in which the practice is located. Enter the 5-digit zip code in which the practice is located. Enter the practice's main phone line, it should be in the format of ###################################	3	Unique_Member_ID#	····
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19 Provider_Middle_Initial Enter the provider's middle initial.			
	18	Provider_First_Name	Enter the provider full first name
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20 Provider_Last_Name Enter the provider's last name.	19	riovidei_iviiddie_ifiitiai	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 contactor 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 DOH 4255 – Provider Contract Statement and Certification 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 ####. *You must populate either field 25 or 26, preferably both fields should be populated.
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. *You must populate either field 25 or 26, preferably both fields should be populated.
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		Ρl	an	_ID	#	I	Pro	duc	t_L	ine		U	niqu	ıe_l	Me	mbe	er_l	D#		Cou	inty_c	of_Res	idence	Zip_	Cod	e_of_	Res	iden	ce			Pra	ctic	e_T	ax_l	D#						P	CMI	-I_Sit	te_II	D#			_
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Data Example 1														S	u	i	t	е		6	3	2															
Data Example 2														S	u	i	t	е		6	3	2															
(same member as																																					
example one but																																					
attributed to a																																					
different provider)																																					

Field Name																							Pr	actice	_Add	ress_	City										
Column Number	202 2	203	204	205	206	20	7 20	08 2	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
Data Example 1													Υ	0	u	r		Т	0	W	n																
Data Example 2													Υ	0	u	r		Т	0	W	n																
(same member as																																					
example one but																																					
attributed to a																																					
different provider)																																					

Field Name	Practice_Add	ress_State	Pra	ctice_A	Address	_Zip_C	ode			Pra	ctice_	Telepl	hone	Num	ber						Р	rovid	er_NF	ગ								
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	Υ	1	2	3	4	5	5	1	8	9	6	3	4	5	8	2	Ν	9	8	7	6	5	4	3	2	1	Α	d	d	i	S
Data Example 2	N	Υ	1	2	3	4	5	5	1	8	9	6	3	4	5	8	2	Ν	1	2	3	4	5	6	7	8	9	Α	d	d	i	S
(same member as																																
example one but																																
attributed to a																																
different provider)																																

Field Name	Pr	ovide	er_Firs	t_Nar	ne						Provider_Middle_Initial																Pro	ovide	r_Last	:_Nam	ne	
Column Number	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301
Data Example 1	0	n									М	J	0	h	n	S	0	n	-	W	i	-		i	а	m	S					
Data Example 2	0	n									M	J	0	h	n	S	0	n	-	W	i	1	-	i	а	m	S					
(same member as																																
example one but																																
attributed to a																																
different provider)																																

Field Name																	VBP_	Contr	actor	_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
Data Example 1															1	2	3	4	5	6	7	8	9	Н	е	а	1	t	h		С	ı	i	n	i	С
Data Example 2															1	2	3	4	5	6	7	8	9	Н	е	а	1	t	h		С	- 1	i	n	i	С
(same member as																																				
example one but																																				
attributed to a																																				
different provider)																																				

Field Name										VBF	_Con	tract	or_DB	SA_Na	me																					
Column Number	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373
Data Example 1		Ν	Υ																																	
Data Example 2		Ν	Υ																																	
(same member as example one but attributed to a different provider)																																				

Field Name		VBP_Contractor_Type	VBP_Arrangement_Type	D	OH_VBP_C	ontract_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
Data Example 1		1	1	0	9	8	3	Α	В	С		Н	е	а	- 1	t	h	С		i	n	i	С	4	
Data Example 2		1	1	0	9	8	3	Α	В	С		Н	e	а	1	t	h	С	- 1	i	n	i	С	4	
(same member as																									
example one but																									
attributed to a																									
different provider)																									

Field Name					M	co_u	nique	_Cont	ract_	ID#																								P	rov_
Column Number	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428 4	29 4	30 431	L 43	433	3 43
Data Example 1	1	2		1	8																											0	1	0	
Data Example 2	1	2		1	8																											0	5	0	
same member as																																			
xample one but																																			
attributed to a																																			
ifferent provider)																																			

Field Name	ırt_da	ate					Pr	ov_er	nd_da	te		
Column Number	435	436	437	438	439	440	441	442	443	444	445	446
Data Example 1	2	0	1	9	0	4	3	0	2	0	1	9
Data Example 2	2	0	1	9	1	2	3	1	2	0	1	9
(same member as example one but attributed to a different provider)												