

**Appendix A**

**Connecticut APCD -- Data Submission Categories and Items**

The following table provides a list of the types of data that will be submitted to the APCD. The technical submission guide will provide detailed information about the format, file layout and reference tables for the required files

<b>Category</b>	<b>Item</b>
Member Eligibility	Payer Name/Code
Member Eligibility	National Plan ID
Member Eligibility	Insurance Type /Product/Plan Code
Member Eligibility	Year, Month of eligibility
Member Eligibility	Insured Group or Policy Number
Member Eligibility	Coverage Level Code – such as individual, family, employee plus spouse
Member Eligibility	Plan Specific Contract Number
Member Eligibility	Unique Subscriber ID (Usually SSN)
Member Eligibility	Individual Relationship Code
Member Eligibility	Unique Member ID (Usually SSN)
Member Eligibility	Member Name
Member Eligibility	Member Gender
Member Eligibility	Member Date of Birth
Member Eligibility	Member Address
Member Eligibility	Medical Coverage Flag (yes/no)
Member Eligibility	Prescription Drug Coverage Flag (yes/no)
Member Eligibility	Dental Coverage Flag (yes/no)

Draft for Discussion Purposes Only

<b>Category</b>	<b>Item</b>
Member Eligibility	Race and Ethnicity – six categories plus Hispanic indicator
Member Eligibility	Primary Insurance Indicator Flag (yes/no)
Member Eligibility	Coverage Type –such as self- funded and underwritten plans
Member Eligibility	Market Category Code – the market the policy is sold into
Member Eligibility	Special Coverage – such as whether the plan was sold in the Exchange or provided through another non-traditional source
Member Eligibility	Placeholder fields for information such as primary care clinician; enrollment in an ACO – may not be needed at outset
Claims	Payer
Claims	National Plan ID
Claims	Insurance Type/Product/Plan Code
Claims	Payer Claim Control Number
Claims	Line Counter
Claims	Version Number
Claims	Insured Group or Policy Number
Claims	Coverage Level Code
Claims	Plan Specific Contract Number
Claims	Unique Subscriber ID (Usually SSN)
Claims	Individual Relationship Code
Claims	Unique Member ID (Usually SSN)
Claims	Member Name
Claims	Member Gender
Claims	Member Date of Birth

Draft for Discussion Purposes Only

Category	Item
Claims	Date Service Approved/Accounts Payable Date/Actual Paid Date
Claims	Admission Date (for inpatient claims)
Claims	Type of Bill – shows whether this is an inpatient claim
Claims	Admission Hour (for inpatient claims)
Claims	Admission Type (for inpatient claims)
Claims	Place of Service for Professional Claims
Claims	Admitting Diagnosis (inpatient only)
Claims	E-Code (hospital claims only)
Claims	Diagnosis present on Admission (1-25) (inpatient claims only)
Claims	Principal Diagnosis (1)
Claims	Other Diagnosis (2-25)
Claims	Revenue Code (hospital /facility claims only)
Claims	Procedure Code (HCPCS; includes CPT)
Claims	Procedure Modifier – 1 through 4
Claims	ICD-9 or ICD-10 CM Procedure Code (1 through 25)
Claims	ICD Version Flag
Claims	Date of Service – From
Claims	Date of Service – Thru
Claims	Quantity
Claims	Charge Amount
Claims	Paid Amount
Claims	Prepaid Amount

Draft for Discussion Purposes Only

Category	Item
Claims	Co-pay Amount
Claims	Coinsurance Amount
Claims	Coordination of Benefits Paid Amount
Claims	Deductible Amount
Claims	Patient Account/Control Number
Claims	Discharge Date (inpatient claims only)
Claims	DRG (inpatient claims only)
Claims	DRG Version (inpatient claims only)
Claims	APC (outpatient claims only)
Claims	APC Version (outpatient claims only)
Claims	Drug Code
Claims	Service Provider Number
Claims	Service Provider Tax ID Number
Claims	Service National Provider ID
Claims	Service Provider Entity Type Qualifier
Claims	Service Provider Name or Organization Name
Claims	Service Provider Specialty
Claims	Service Provider Address
Claims	Billing Provider Number
Claims	National Billing Provider ID
Claims	Billing Provider Name or Organization Name
Provider	Payer
Provider	National Provider ID/Plan Provider ID

Draft for Discussion Purposes Only

Category	Item
Provider	Tax Id
Provider	UPIN Id
Provider	DEA ID
Provider	State License Id
Provider	Medicaid Id
Provider	Provider Name
Provider	Provider's Group or Facility Name
Provider	Provider's Group or Facility Code
Provider	Provider Address (site of service)
Provider	Taxonomy
Provider	Mailing Address
Provider	Primary Specialty Code
Pharmacy	Payer
Pharmacy	Plan ID
Pharmacy	Insurance Type/Product/Plan Code
Pharmacy	Payer Claim Control Number
Pharmacy	Line Counter
Pharmacy	Insured Group or Policy Number
Pharmacy	Coverage Level Code
Pharmacy	Plan Specific Contract Number
Pharmacy	Unique Subscriber ID (Usually SSN)
Pharmacy	Individual Relationship Code
Pharmacy	Unique Member ID (Usually SSN)

Draft for Discussion Purposes Only

Category	Item
Pharmacy	Member Name
Pharmacy	Member Gender
Pharmacy	Member Date of Birth
Pharmacy	Member Address
Pharmacy	Date Service Approved (AP Date)
Pharmacy	Pharmacy Number
Pharmacy	Pharmacy Tax ID Number
Pharmacy	Pharmacy Name
Pharmacy	National Provider ID Number
Pharmacy	Pharmacy Address
Pharmacy	Claim Status
Pharmacy	Drug Code
Pharmacy	Drug Name
Pharmacy	New Prescription or Refill
Pharmacy	Generic Drug Indicator
Pharmacy	Dispense as Written Code
Pharmacy	Compound Drug Indicator
Pharmacy	Date Prescription Filled
Pharmacy	Quantity Dispensed
Pharmacy	Days Supply
Pharmacy	Charge Amount
Pharmacy	Paid Amount
Pharmacy	Co-pay Amount

<b>Category</b>	<b>Item</b>
Pharmacy	Coinsurance Amount
Pharmacy	Coordination of Benefits Paid Amount
Pharmacy	Deductible Amount
Pharmacy	Prescribing Provider ID
Pharmacy	Prescribing Physician Name
Pharmacy	Prescribing Physician DEA No.
Pharmacy	Prescribing Physician Lic No.
Pharmacy	Prescribing Physician Address
Pharmacy	Mail Order Pharmacy