

**Mental Health & Substance Abuse Program for the Empire Plan, Excelsior Plan, Student Employee Health Plan
Shared Accumulator file layout**

Header Record

Seq	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Required?	Outbound (From UHG)	Inbound (To UHG)
1	Record Code	N	1	1	1	Always a zero (0) - indicating file header record.	9(1)		Yes	'1'	'1'
2	Sender ID	A/N	2	11	10	Indicates sender of file	X(10)	Left Justified	Yes	UHG	
3	Processor Name	A/N	12	31	20	Vendor Name	X(20)	Left Justified	Yes	UNITEDHEALTH GROUP	
4	Processor Address	A/N	32	51	20	Vendor Address	X(20)	Left Justified	Yes	9900 BREN ROAD EAST	
5	Processor City	A/N	52	69	18	Vendor City	X(18)	Left Justified	Yes	HOPKINS	
6	Processor State	A/N	70	71	2	Vendor State	X(2)	Left Justified	Yes	MN	
7	Processor Zip	A/N	72	80	9	Vendor Zip Code	X(9)	Left Justified	Yes	55343	
8	Processor Phone	N	81	90	10	Format: AAEEEEENNNN	AAEEEEENNNN	Right Justified	Yes	9529361300	
9	Receiver ID	A/N	91	100	10	Indicates receiver of file. (Vendor assigned Id to indicate UHG)	X(10)	Left Justified	Yes	TBD	UHG
10	Run Date	N	101	108	8	Date on which File was generated by processor.	CCYYMMDD		Yes	Date as of the beginning of processing	Date as of the beginning of processing
11	Run Time	A/N	109	116	8	Time the file was generated by processor.	HH:MM:SS		Yes	Time as of the beginning of processing	Time as of the beginning of processing
12	File Content Type	A/N	117	117	1	T - Test, P - Production	X(1)		Yes	'T' OR 'P'	'T' OR 'P'
13	Version Number	A/N	118	120	3	Indicates the Claim Detail Layout version number of the file. (Current verion = 001)	X(3)		Yes	Always 001	Always 001

14	Filler	A/N	121	600	480	Filler		Yes	
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Detail Record

Seq #	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Required	Outbound (From UHG)	Inbound (To UHG)
1	Record Code	N	1	1	1	Always a four (4) - indicates that this record is a detail record.	9(1)		Yes	'4'	
2	Batch Number	N	2	6	5	Assigned by the processor, Julian Date Format YYDDD.	YYDDD		Yes	For a weekly file, the batch number will be the end of the week date in Julian format.	
3	Transaction ID	A/N	7	26	20	Number assigned by vendor to uniquely identify the transaction.	x(20)	Right Justified	NO		
4	Record Type Code	A/N	27	27	1	Identifies the type of Claim 1 - Pharmacy Claim 2 - Medical Claim 3 - Mental Health/Substance Abuse Claim 4 - Durable Medical Equipment Claim 5 - Dental Claim 6 - Vision Claim ? - Future Values	X(1)		Yes		
5	Carrier Number	A/N	28	35	8	Account Number assigned by vendor during installation.	X(8)	Left Justified - Trailing Spaces	Yes	UHG POLICY NUMBER (FIRST 6 POSITIONS POPULATED)	
6	Adjustment Type	A/N	36	36	1	Type of adjustment: 1 - Claim 2 - Adjustment	X(1)		Yes	If adjustment is negative, the claim amounts sent need to be negative.	

Seq #	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Required	Outbound (From UHG)	Inbound (To UHG)
7	Adjustment Code	A/N	37	38	2	A two position field representing the type of adjustment: AJ - Supplement CR - Credit	X(2)		NO	BLANK	
8	Adjustment Reason Code	A/N	39	41	3	Reason for adjustment Values TBD - Future Reporting	X(3)	Left Justified	NO	BLANK	
9	Group ID	A/N	42	57	16	To indicate which Plan Eligibility/Benefit is applicable for the claim.	X(16)	Left Justified with trailing spaces.	NO	BLANK	
10	Prescription/Service Reference Number	A/N	58	66	9	Number assigned to uniquely identify the claim.	X(9)	Left Justified with trailing spaces.	NO	BLANK	
11	Fill Number	N	67	68	2	Code identifying whether the prescription is an original (00) or by refill number (01-99) 00 - New 01-99 - Refill Number This field represents the Fill Number as submitted by the pharmacy. The "Fill Number Calculated" field provides the Fill Number	9(2)	Right Justified	NO	BANK	
12	Adjudication Date	N	69	76	8	Indicates the date the transaction was processed by vendor.	CCYYMMDD		NO		
13	First Date Of Service	N	77	84	8	Indicates the first date that the prescription/service was dispensed/provided as submitted by the dispensing pharmacy, or source documents for direct claims.	CCYYMMDD		Yes		

Seq #	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Required	Outbound (From UHG)	Inbound (To UHG)
14	Last Date Of Service	N	85	92	8	Indicates the last date that the prescription/service was dispensed/provided as submitted by the dispensing pharmacy, or source documents for direct claims.	CCYYMMDD		Yes		
15	Cardholder ID	A/N	93	112	20	Cardholder Id number as submitted by vendor or provided on direct claim.	X(20)	Left Justified	Yes	ID USED TO ADJUDICATE THE CLAIM. COULD BE ALT ID OR SSN.	
16	Cardholder Id Qualifier	A/N	113	114	2	Code qualifying the 'Cardholder ID' field. Values: Blank - Not Specified 01 - Social Security Number 99 - Other	X(2)	Left Justified	NO		
17	Patient Id	A/N	115	134	20	ID assigned to the patient as provided in eligibility.	X(20)	Left Justified	NO	BLANK	
18	Patient First Name	A/N	135	159	25	Patient's first name as it appears in eligibility data provided to vendor.	X(25)	Left Justified	Yes		
19	Patient Middle Initial	A/N	160	184	25	Patient's middle name as it appears in eligibility or submitted by member for direct claims.	X(25)	Left Justified	NO	BLANK	
20	Patient Last Name	A/N	185	219	35	Patient's last name as provided in eligibility data if available.	X(35)	Left Justified	Yes		
21	Patient Gender	N	220	220	1	Gender of patient based on eligibility data Values: 0 - Unknown 1 - Male 2 - Female	9(1)		Yes		

Seq #	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Required	Outbound (From UHG)	Inbound (To UHG)
22	Patient Date of Birth	N	221	228	8	Patient's birth date as provided in eligibility data.	CCYYMM DD		Yes		
23	Patient Relationship Code	A/N	229	229	1	The relationship code as defined by NCPDP indicating the patient's relationship to the subscriber. Values: 1 - Cardholder 2 - Spouse 3 - Child 4 - Other	X(1)		Yes		
24	Service Provider ID Qualifier	A/N	230	231	2	Identifies the type of data being submitted in the Service Provider ID field. Values: Blank - Not Specified 01 - National Provider Identifier (NPI) 02 - Blue Cross 03 - Blue Shield 04 - Medicare 05 - Medicaid 06 - UPIN 07 - NCPDP Provider ID 08 - State	X(2)	Left Justified	NO	BLANK	
25	Service Provider ID	A/N	232	241	10	Code assigned to identify the provider as qualified by the Service Provider ID Qualifier.	X(10)	Left Justified	NO	BLANK	
26	Pharmacy Chain/Region	A/N	242	245	4	PBM assigned number used to link pharmacies that are part of a chain.	X(4)	Left Justified	NO	BLANK	
27	Provider Name	A/N	246	280	35	Name of Provider	X(35)	Left Justified	NO		

Seq #	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Required	Outbound (From UHG)	Inbound (To UHG)
28	Provider Address	A/N	281	335	55	Address of Provider	X(55)	Left Justified	NO		
29	Provider City	A/N	336	365	30	City of Provider	X(30)	Left Justified	NO		
30	Provider State	A/N	366	367	2	State Abbreviation of Provider	X(2)	Left Justified	NO		
31	Provider Zip	A/N	368	382	15	Zip code of Provider	X(15)	Left Justified	NO		
32	Provider Phone Number	A/N	383	392	10	Phone Number of Provider	X(10)	Left Justified	NO		
33	Provider TAX ID Number	A/N	393	401	9	Provider Tax ID Number	X(9)	Left Justify	NO		
34	Pharmacy County Code	A/N	402	404	3	Indicates the county of the pharmacy using the FIPS codeset (Federal Information Processing Standards). Values: A full list of values can be found at: http://www.itl.nist.gov/fipspubs/codes/states.txt	X(3)	Left Justified	NO	BLANK	
35	Pharmacy Class Code	A/N	405	405	1	Indicates class of the pharmacy: Values: 1 - Class 1 Pharmacy 2 - Class 2 Pharmacy 3 - Mail Service Pharmacy 4 - Home Health Care (Class 1) 5 - Home Health Care (Class 2) 6 - Nursing Home (Class 1) 7 - Nursing Home (Class 2) 8 - Medicaid Agency 9 - Dept	X(1)		NO	BLANK	
36	IN/OUT of Network Indicator	A/N	406	406	1	Indicates whether the amount was applied to the In or Out of Network benefits. Values: I - In Network O - Out of Network	X(1)	Left Justified	Yes		

Seq #	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Required	Outbound (From UHG)	Inbound (To UHG)
37	Client Amount Due	N	407	414	8	Amount to be paid to the provider representing the cost of the product/service less patient/other payer amounts.	s9(6)v9(2)	Right Justified	NO	For future expansion.	
38	Other Payer Amount Paid	N	415	422	8	Amount paid by another payer (Primary, coupon, major medical, Medicare, Medicaid). If multiple other payers exist, this field represents the total of all payments.	s9(6)v9(2)	Right Justified	NO	For future expansion.	
39	COINS	N	423	430	8	Amount to be collected from the patient that is included in 'Patient Paid Amount' that is due to a per prescription copay/coinsurance.	s9(6)v9(2)	Right Justified	YES	COINSURANCE	
40	Deductible	N	431	438	8	Portion of Patient Paid Amount applied to deductible.	s9(6)v9(2)	Right Justified	Yes	DEDUCT ATTACHED TO THE CLAIM	
41	Deductible Total Remaining Amount	N	439	448	10	Indicates the updated accumulated deductible total amount for the patient.	s9(8)v9(2)	Right Justified	NO	TOTAL DEDUCT FOR THE PROCESS DATE	
42	Deductible Remaining Amount/Limit	N	449	458	10	From UHG to the vendor, indicates amount of deductible remaining until deductible limit is reached for the patient. From vendor to UHG, indicates the deductible limit.	s9(8)v9(2)	Right Justified	NO	TOTAL REMAINING DEDUCT (LIMIT – YTD DEDUCT DOLLARS)	
43	Out Of Pocket Apply Amount	N	459	466	8	Amount applied to out of pocket expense.	s9(6)v9(2)	Right Justified	Yes	OOP ATTACHED TO THE CLAIM	

Seq #	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Required	Outbound (From UHG)	Inbound (To UHG)
44	Out of Pocket Total Accumulated Amount	N	467	476	10	Indicates the updated accumulated out of pocket total amount for the patient.	s9(8)v9(2)	Right Justified	NO	TOTAL OOP FOR THE PROCESS DATE	
45	Out of Pocket Remaining Amount/Limit	N	477	486	10	From UHG to the vendor, indicates the amount of OOP remaining until out of pocket maximum is reached for the patient. From vendor to UHG, indicates the OOPM limit.	s9(8)v9(2)	Right Justified	NO	TOTAL REMAINING OOP (LIMIT – YTD OOP DOLLARS)	
46	Plan Year	N	487	494	8	Plan year in which the claim is effective.	CCYYMMD D		Yes	EFFECTIVE DATE	
47	Filler	A/N	495	600	106	Default to Spaces	X(106)	Left Justified - Trailing Spaces	Optional	For future expansion - default to spaces.	

Trailer Record

Seq	Field Name	Data Type	Start	End	Length	Description	Format	Justification	Outbound (From UHG)	Inbound (To UHG)
1	Record Code	N	1	1	1	Always an eight (8) - indicating a file trailer record.	9(1)		'8'	'8'
2	Sender ID	A/N	2	11	10	Indicates sender of file	X(10)	Left Justified	UHG	
	Transaction Count		12	21	10	Sum of all Record Code "4" transactions included on file.	9(10)	Right Justified	9999999999	
3	Total Record Count	N	22	31	10	Sum of all records (including header, detail and trailer) on file.	9(10)	Right Justified	9999999999	
4	Filler	N	32	600	569	Filler		Right Justified		