

2016 MCDB Demographics File Format Specifications

Ver. 4/8/16

Demographics File Format Specifications

Each PNUM-Source System combination must have a distinct demographics file, corresponding to the MCDB Eligibility Data Report for the same time period. Demographics files must be pipe-delimited text files. Each submission will be a *full replacement file* and include all members who were enrolled in the date range specified by MHCC (e.g. 1/1/2016 – 3/31/2016 for 2016Q1). All submissions for 2016 files must be made on the MCDB Portal.

Attributes to be included in the demographics file(s):

*Note that files not meeting the following thresholds will likely require correction and resubmission. A waiver from the threshold may be approved if there is appropriate justification.

| Index | Field Name | Max. Length (char) | Required | Threshold | Comments |
|-------|--|--------------------|----------|-----------|--|
| 1 | PNUM | 4 | Yes | 100% | Business/service line identifier |
| 2 | Member ID | 60 | Yes | 100% | This is the patient identifier from the carrier's internal patient EHR system. This is <u>not</u> the UUID generated using MHCC's number generator software. **Notify MHCC/CRISP if Member ID / EHR system changes for the current submission, compared to the previous submission(s). |
| 3 | Encrypted Enrollee's IdentifierP (payer encrypted) | 12 | Yes | 100% | This field must be identical to the "Encrypted Enrollee's IdentifierP" field submitted in the MCDB Eligibility Data Report to MHCC. This field could be the same as Member ID if Member ID does not contain identifiable information e.g. SSN; otherwise, it should be a number generated by the carrier to de-identify their |

| Index | Field Name | Max. Length (char) | Required | Threshold | Comments |
|-------|-------------------------|--------------------|----------|-----------|--|
| | | | | | member ID. This is also <u>not</u> the UUID. |
| 4 | Last Name | 75 | Yes | 100% | |
| 5 | First Name | 75 | Yes | 100% | |
| 6 | Middle Name | 50 | | | |
| 7 | Suffix | 10 | | | |
| 8 | Group ID | 128 | Yes | 100% | |
| 9 | Plan ID | 128 | Yes | 100% | Plan name or unique plan identifier |
| 10 | Date Coverage Initiated | 10 | Yes | 100% | <i>Format: YYYY-MM-DD</i> Member's initial date of enrollment. |
| 11 | Date Coverage Ended | 10 | | | <i>Format: YYYY-MM-DD</i> Indicates the date the member's coverage was discontinued. |
| 12 | Gender | 1 | Yes | 100% | <i>Format: Only values of M, F, or U are acceptable.</i> |
| 13 | Date of Birth | 10 | Yes | 100% | <i>Format: YYYY-MM-DD</i> This must be the DOB of the person him/herself and NOT the DOB of the primary insured person of the family. |
| 14 | SSN | 11 | Yes | 90% | <i>Format: ###-##-#### or #####</i> This must be the SSN of the person him/herself and NOT the |

| Index | Field Name | Max. Length (char) | Required | Threshold | Comments |
|-------|-----------------------------------|--------------------|----------|-----------|--|
| | | | | | SSN of the primary insured person of the family. |
| 15 | Home Address Line 1 | 75 | Yes | 90% | |
| 16 | Home Address Line 2 | 75 | | | |
| 17 | Home Address City | 50 | Yes | 90% | |
| 18 | Home Address State | 15 | Yes | 90% | |
| 19 | Home Address County | 50 | | | |
| 20 | Home Address ZIP Code | 10 | Yes | 90% | Format: ##### or #####-#### or ##### |
| 21 | Home Address Country (if foreign) | 50 | | | Required if foreign |
| 22 | Work Address Line 1 | 75 | | | |
| 23 | Work Address Line 2 | 75 | | | |
| 24 | Work Address City | 50 | | | |
| 25 | Work Address State | 15 | | | |
| 26 | Work Address County | 50 | | | |
| 27 | Work Address ZIP Code | 10 | | | Format: ##### or #####-#### or ##### |
| 28 | Work Address Country (if foreign) | 50 | | | Required if foreign |
| 29 | Primary Telephone # | 20 | Yes | 90% | Format: ###-###-#### For US numbers, this should be a 10-digit phone number. For foreign numbers, this should include the country code. |

| Index | Field Name | Max. Length (char) | Required | Threshold | Comments |
|-------|-------------------------------------|--------------------|----------|-----------|--|
| 30 | Secondary Telephone # | 20 | | | Format: ###-###-#### For US numbers, this should be a 10-digit phone number. For foreign numbers, this should include the country code. |
| 31 | Source System | 1 | Yes | 100% | Format: single uppercase alphabetic character A – Z Source System code must correspond to MCDB eligibility file Source System code covering the same time period. If only reporting for one source system, use the default value of “A”. |
| 32 | Reporting Calendar Year and Quarter | 6 | Yes | 100% | Format: YYYYQ# Example: for January 1, 2016 thru March 31, 2016, use 2016Q1 |
| 33 | Record Identifier | 1 | Yes | 100% | This value identifies the submitted file type. For Demographics File, report the value 7 for every record. |

Details

- The filename must be in the format: <PNUM> <Source System><Date Range> <Date Sent>
 - For example: **P020 B 2016010120160331 20160415.txt**.
 - The *Source System* indicates the source system from which the member records were pulled. It should match the source system indicated within the file.
 - The *Date Range* indicates the time period for which member records are being submitted. The starting date will be followed by the ending date. Both dates will be in the format YYYYMMDD. For example, when submitting members who had coverage between January 1, 2016 and March 31, 2016, the *Date Range* will be **2016010120160331**.

- The *Date Sent* will indicate the date at which the Demographics File was generated by the carrier. It will be in the format YYYYMMDD. For example, for a file generated on April 15, 2016, the *Date Sent* will be **20160415**.
- Demographics File submissions should include all members who are submitted in the MCDB Eligibility File for the same reporting period.
- *Date Coverage Initiated* will be the date that the member initially enrolled for coverage. It indicates the first day of continuous coverage.
- *Date Coverage Ended* should only be populated if a member has discontinued coverage. If coverage is continuing (i.e., through the end of the date range), this field should be left blank.
- Multiple records for the same member should only be submitted if the member had non-consecutive coverage within the date range.
 - If a member changes plans or groups in the date range, it is considered non-consecutive coverage.
- If a Demographics File does not conform to the file specification, the carrier will be notified, and a new submission for the date range will be expected. The new Demographics File submission should have the same filename, except with a different *Date Sent*.
- Each member record (row) should include all the listed fields (33 fields) separated by a single pipe (|). As such, each member record should contain exactly 32 pipes.
- Rows must not contain extra spaces (space characters) at the end of each row after the final field.
- Rows must not have extra blank rows between them.
- For optional fields where the carrier has no data for a member, the field should be empty. That is, if a carrier does not have member data for an optional field, the pipe for that field should still be included. In this case, there should be two consecutive pipes (| |).

Sample Pipe Delimited Row (although in the .txt file this should all be on one line for each member record)

P020|UHC6789|ABC224466880|Doe|John|Philip|Jr|GRP1357|PLN2468|2010-10-01||M|1987-05-03|111-22-3333|12 Main Street|Apt 42|Rockville|MD|Montgomery|20850||34 Oak Street|Suite 55|Annapolis|MD|Anne Arundel|21402||301-555-1212|443-555-1221|A|2016Q1|7