

**State of Connecticut**  
**Encounter Submission and Reporting Guide**  
**File Naming Conventions — Section 2.1**

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### File Naming Conventions

When submitting a file, the MCOs should name the file using a unique Submission Identification Number, followed by a .txt extension. The Submission Identification Number will consist of the last three digits of the health plan Medicaid identification number followed by an indicator for file type and the date of submission in CCYYMMDD format. For example, if PHS is submitting a pharmacy file on June 1, 2001, the file should be named 589P20010601.txt. This concatenation of the health plan Medicaid identification number, file type, and date of submission will provide DSS' agent and DSS with a means by which to track submissions of claims/encounters.

<i>Health Plan Name</i>	<i>Last three digits of Health Plan Medicaid Identification Number</i>
Health Net	589
FirstChoice	505
CHN	414
Anthem Blue Cross/Blue Shield BlueCare	422

In order to submit multiple monthly files, the following will be used to indicate file type:

- A All (default value)
- B Behavioral Health/Mental Health
- D Dental
- H Home Health
- M Medical
- P Pharmacy
- T Transportation
- V Vision
- Z Physical Therapy

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**Record Type Descriptions — Section 2.2**

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### Record Type Descriptions

All records can be submitted in a single file, each record type shall be identified using a Record Type code. The record type codes are as follows:

<i>Code</i>	<i>Definition</i>
01	Header Record
10	Inpatient/Hospital Header Record
11	Outpatient/Hospital Header Record
15	Inpatient/Hospital Detail Record
16	Outpatient/Hospital Detail Record
20	Professional/Ambulatory Record
30	Pharmacy Record
40	Dental Record
99	Trailer Record

The header and trailer records will contain file identification information only. Pharmacy and Dental records are self-explanatory. Inpatient and Outpatient Hospital Records will, in general, contain encounter information for claims/encounters that were submitted to the MCO via a UB92 claim form. Professional/Ambulatory Records will contain encounter information for claims/encounters that were submitted using a CMS 1500 form.

Since for hospital encounters, most health plans capture payment data at the header-level only, these encounters will be submitted using a header and detail format. However, since the nature of professional, dental, and pharmacy encounters dictates that most relevant data is stored at the detail line level, these claim types will be submitted at the detail-level only.

A detailed layout for each record type can be found in Section 2.3.

### Inpatient vs. Outpatient Hospital Records

The following table should be used to determine records that should be submitted as a record type “10” and those that should be a record type “11.” All corresponding detail records for “10” records should be “15” records, and all corresponding detail records for “11” records should be “16” records.

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<i>First 2 Digits of Bill Type</i>	<i>Bill Type Description</i>	<i>Any One Revenue Code</i>	<i>Use Record Type</i>
11	Hospital — Inpatient (Including Medicare Part A)	Any	10
12	Hospital — Inpatient (Medicare Part B only)	Any	10
13	Hospital — Outpatient	Any	11
14	Hospital — Diagnostic Services	Any	11
15	Hospital — Intermediate Care — Level I	Any	10
16	Hospital — Intermediate Care — Level II	Any	10
17	Hospital — Subacute Inpatient	Any	10
18	Hospital — Swing Beds	Any	10
21	Skilled Nursing Facility — Inpatient (Including Medicare Part A)	Any	10
22	Skilled Nursing Facility — Inpatient (Medicare Part B only)	Any	10
24	Skilled Nursing Facility — Diagnostic Services	Any	11
25	Skilled Nursing Facility — Intermediate Care — Level I	Any	10
26	Skilled Nursing Facility — Intermediate Care — Level II	Any	10
27	Skilled Nursing Facility — Subacute Inpatient	Any	10
28	Skilled Nursing Facility — Swing Beds	Any	10
33	Home Health — Outpatient	Any	11
34	Home Health — No Treatment Plan	Any	11
41	Christian Science Hospital — Inpatient (Including Medicare Part A)	Any	10
42	Christian Science Hospital — Inpatient (Medicare Part B only)	Any	10
43	Christian Science Hospital — Outpatient	Any	11
44	Christian Science Hospital — Diagnostic Services	Any	11
45	Christian Science Hospital — Intermediate Care — Level I	Any	10
46	Christian Science Hospital — Intermediate Care — Level II	Any	10

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<i>First 2 Digits of Bill Type</i>	<i>Bill Type Description</i>	<i>Any One Revenue Code</i>	<i>Use Record Type</i>
47	Christian Science Hospital — Subacute Inpatient	Any	10
48	Christian Science Hospital — Swing Beds	Any	10
51	Christian Science Extended Care Hospital — Inpatient (Including Medicare Part A)	Any	10
52	Christian Science Extended Care Hospital — Inpatient (Medicare Part B only)	Any	10
54	Christian Science Extended Care Hospital — Diagnostic Services	Any	11
55	Christian Science Extended Care Hospital — Intermediate Care — Level I	Any	10
56	Christian Science Extended Care Hospital — Intermediate Care — Level II	Any	10
57	Christian Science Extended Care Hospital — Subacute Inpatient	Any	10
58	Christian Science Extended Care Hospital — Swing Beds	Any	10
61	Intermediate Care Facility — Inpatient (Including Medicare Part A)	Any	10
62	Intermediate Care Facility — Inpatient (Medicare Part B only)	Any	10
64	Intermediate Care Facility — Diagnostic Services	Any	11
65	Intermediate Care Facility — Intermediate Care — Level I	Any	10
66	Intermediate Care Facility — Intermediate Care — Level II	Any	10
67	Intermediate Care Facility — Subacute Inpatient	Any	10
68	Intermediate Care Facility — Swing Beds	Any	10
71	Clinic — FQHC/Rural Health	Any	11
72	Clinic — Renal Dialysis Center	Any	11
73	Clinic — Free-Standing Clinic	Any	11
74	Clinic — Outpatient Rehab Facility	Any	11
75	Clinic — Comprehensive Outpatient Rehab Facilities	Any	11
81	Special Facility — Hospice (Non-Hospital Based)	Any	10

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<i>First 2 Digits of Bill Type</i>	<i>Bill Type Description</i>	<i>Any One Revenue Code</i>	<i>Use Record Type</i>
82	Special Facility — Hospice (Hospital Based)	Any	10
83	Special Facility — Ambulatory Surgery Center	Any	11
84	Special Facility — Birthing Center	Any	10
85	Special Facility — Critical Access Hospital	10X-17X or 19X- 21X	10
85	Special Facility — Critical Access Hospital	<>10X-17X and <>19X-21X	11
89	Special Facility — Other	10X-17X or 19X- 21X	10
89	Special Facility — Other	<>10X-17X and <>19X-21X	11

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**Header Record (01 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
1.	1	2	2	A/N	Record Type		Always "01"
2.	3	11	9	A/N	Medicaid Health Plan Identification Number	Plan Identifier	Medicaid identification number assigned to the health plan
3.	12	41	30	A/N	Submitter/Plan Name		Name of the health plan submitting the file
4.	42	66	25	A/N	Contact Name		This is the person to be contacted if there is a problem with the submission. Please use <i>Last Name, First Name</i> format. Please do not use generic department names.
5.	67	81	15	A/N	Contact Phone Number		The phone number of the contact name (this number must be monitored on a daily basis). Use leading zeroes when extension number is less than five digits. (860) 687-XXXX ext. XXXXX would be entered as 860687XXXX.XXXXX.
6.	82	89	8	A/N	File Submission Date		Format – CCYYMMDD; the date the submission is made
7.	90	300	211	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Inpatient/Hospital Header Record (10 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>DSS' Agent Field Name</b>	<b>MedStat Field Name (if different from New)</b>	<b>Contents</b>
1.	1	2	2	A/N	Record Type	Claim Category	Must always be "10"
2.	3	3	1	A/N	Replacement Code	Record Type	A code to indicate whether a record is new, a correction, a replacement or deletion, or to indicate whether a re-submitted record that was previously rejected is a replacement or a deletion
3.	4	12	9	A/N	Recipient Identification Number	Recipient Medicaid ID	Recipient identification number assigned by Medicaid
4.	13	37	25	A/N	Claim Reference Number	Claim ID	Health plan internal claim reference number
5.	38	47	10	A/N	Billing Provider Identification Number		NPI of the provider that submitted the bill. If NPI is not available, Medicaid ID may be used.
6.	48	57	10	A/N	Recipient's Primary Care Provider Identification Number		NPI primary care provider number of recipient's primary care provider
7.	58	60	3	A/N	Bill Type		See section 2.2 for valid Inpatient Bill Types
8.	61	68	8	A/N	Beginning Date of Service	From Service Date	Format – CCYYMMDD
9.	69	76	8	A/N	Ending Date of Service	To Service Date	Format – CCYYMMDD
10.	77	84	8	A/N	Admission Date		Format – CCYYMMDD
11.	85	92	8	A/N	Discharge Date		Format – CCYYMMDD
12.	93	93	1	A/N	Admission Type		Admit type code
13.	94	94	1	A/N	Admission Source	Source Of Admission	Admit source code
14.	95	96	2	A/N	Patient Status Code	Patient Discharge Status	Patient discharge status code

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<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>DSS' Agent Field Name</b>	<b>MedStat Field Name (if different from New)</b>	<b>Contents</b>
15.	97	106	10	A/N	Rendering Provider/Facility Identification Number	Servicing Provider ID	NPI number of provider/facility providing services. If NPI is not available Medicaid ID may be sued.
16.	107	112	6	A/N	Diagnosis Code (Primary)	Primary Diagnosis	Primary diagnosis code (ICD-9); decimal point should be included where valid
17.	113	118	6	A/N	Diagnosis Code (Additional - 2 )	Secondary Diagnosis	Additional diagnosis code (ICD-9); decimal point should be included where valid
18.	119	124	6	A/N	Diagnosis Code (Additional - 3)	Tertiary Diagnosis	Additional diagnosis code (ICD-9); decimal point should be included where valid
19.	125	130	6	A/N	Diagnosis Code (Additional - 4)	Other Diagnosis 4	Additional diagnosis code (ICD-9); decimal point should be included where valid
20.	131	136	6	A/N	Diagnosis Code (Additional - 5)	Other Diagnosis 5	Additional diagnosis code (ICD-9); decimal point should be included where valid
21.	137	141	5	A/N	Procedure Code (Primary)	Procedure Code	Primary procedure code (Level 3 ICD-9); decimal point should be included
22.	142	146	5	A/N	Procedure Code (Additional - 2)		Additional procedure code (Level 3 ICD-9); decimal point should be included
23.	147	151	5	A/N	Procedure Code (Additional - 3)		Additional procedure code (Level 3 ICD-9); decimal point should be included
24.	152	156	5	A/N	Procedure Code (Additional - 4)		Additional procedure code (Level 3 ICD-9); decimal point should be included
25.	157	161	5	A/N	Procedure Code (Additional - 5)		Additional procedure code (Level 3 ICD-9); decimal point should be included
26.	162	166	5	A/N	Procedure Code (Additional - 6)		Additional procedure code (Level 3 ICD-9); decimal point should be included

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**Inpatient/Hospital Header Record (10 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
27.	167	175	9	Numeric	Total Billed Amount	Billed Charge	Total amount billed on entire claims, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
28.	176	184	9	Numeric	Total Allowed/ Contracted Amount		Total amount allowed or contracted on entire bill, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
29.	185	193	9	Numeric	Total COB/TPL/ Other Paid Amount	TPL Amount	Total COB amount paid on entire bill, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
30.	194	202	9	Numeric	Total Medicare Paid Amount	Medicare Amount	Total amount paid by Medicare on entire bill, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>

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Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
31.	203	211	9	Numeric	Total Paid Amount	Net Payment	Total amount paid by the MCO for the entire bill, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., - \$75.00 = -00007500). <i>Do not submit packed characters.</i>
32.	212	219	8	A/N	Claim Received Date		Format – CCYYMMDD
33.	220	227	8	A/N	Claim Paid Date	Process/Paid Date	Format – CCYYMMDD
34.	228	228	1	A/N	Payment Type	Record Indicator	Insert “1” if capitated, “2” if FFS, or “3” if informational
35.	229	248	20	A/N	Patient Account Number		The provider’s account or medical record number, if available
36.	249	300	52	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Outpatient/Hospital Header Record (11 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>DSS' Agent Field Name</b>	<b>MedStat Field Name (if different from New)</b>	<b>Contents</b>
1.	1	2	2	A/N	Record Type	Claim Category	Must always be "11"
2.	3	3	1	A/N	Replacement Code	Record Type	A code to indicate whether a record is new, a correction, a replacement or deletion, or to indicate whether a re-submitted record that was previously rejected is a replacement or a deletion
3.	4	12	9	A/N	Recipient Identification Number	Recipient Medicaid ID	Recipient identification number assigned by Medicaid
4.	13	37	25	A/N	Claim Reference Number	Claim ID	Health plan internal claim reference number.
5.	38	47	10	A/N	Billing Provider Identification Number		NPI number of the provider who submitted the bill. Medicaid ID may be used if NPI is unavailable.
6.	48	57	10	A/N	Recipient's Primary Care Provider Identification Number		NPI number of recipient's primary care provider. Medicaid ID may be used if NPI is unavailable.
7.	58	60	3	A/N	Bill Type		See section 2.2 for valid Outpatient Bill Types
8.	61	68	8	A/N	Beginning Date of Service	From Service Date	Format – CCYYMMDD
9.	69	76	8	A/N	Ending Date of Service	To Service Date	Format – CCYYMMDD
10.	77	77	1	A/N	Admission Source	Source Of Admission	Admit Source
11.	78	79	2	A/N	Patient Status Code	Patient Discharge Status	Code representing the patient status as of the ending date of service

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**Outpatient/Hospital Header Record (11 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>DSS' Agent Field Name</b>	<b>MedStat Field Name (if different from New)</b>	<b>Contents</b>
12.	80	89	10	A/N	Rendering Provider/Facility Identification Number	Servicing Provider ID	NPI number of provider/facility providing services. If NPI is not available Medicaid ID may be used.
13.	90	95	6	A/N	Diagnosis Code (Primary)	Primary Diagnosis	Primary diagnosis code (ICD-9); decimal point should be included where valid
14.	96	101	6	A/N	Diagnosis Code (Additional – 2 )	Secondary Diagnosis	Additional diagnosis code (ICD-9); decimal point should be included where valid
15.	102	107	6	A/N	Diagnosis Code (Additional – 3)	Tertiary Diagnosis	Additional diagnosis code (ICD-9); decimal point should be included where valid
16.	108	113	6	A/N	Diagnosis Code (Additional – 4)	Other Diagnosis 4	Additional diagnosis code (ICD-9); decimal point should be included where valid
17.	114	119	6	A/N	Diagnosis Code (Additional – 5)	Other Diagnosis 5	Additional diagnosis code (ICD-9); decimal point should be included where valid
18.	120	124	5	A/N	Procedure Code (Primary)	Procedure Code	Primary procedure code (Level 3 ICD-9); decimal point should be included.
19.	125	129	5	A/N	Procedure Code (Additional – 2)		Additional procedure code (Level 3 ICD-9); decimal point should be included
20.	130	134	5	A/N	Procedure Code (Additional – 3)		Additional procedure code (Level 3 ICD-9); decimal point should be included
21.	135	139	5	A/N	Procedure Code (Additional – 4)		Additional procedure code (Level 3 ICD-9); decimal point should be included
22.	140	144	5	A/N	Procedure Code (Additional – 5)		Additional procedure code (Level 3 ICD-9); decimal point should be included
23.	145	149	5	A/N	Procedure Code (Additional – 6)		Additional procedure code (Level 3 ICD-9); decimal point should be included

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**Outpatient/Hospital Header Record (11 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>DSS' Agent Field Name</b>	<b>MedStat Field Name (if different from New)</b>	<b>Contents</b>
24.	150	158	9	Numeric	Total Billed Amount	Billed Charge	Total amount billed on entire claims, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
25.	159	167	9	Numeric	Total Allowed/ Contracted Amount		Total amount allowed or contracted on entire bill, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
26.	168	176	9	Numeric	Total COB/TPL/ Other Paid Amount	TPL Amount	Total COB amount paid on entire bill, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
27.	177	185	9	Numeric	Total Medicare Paid Amount	Medicare Amount	Total amount paid by Medicare on entire bill, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>

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Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
28.	186	194	9	Numeric	Total Paid Amount	Net Payment	Total amount paid by the MCO for the entire bill, all lines. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., - \$75.00 = -00007500). <i>Do not submit packed characters.</i>
29.	195	202	8	A/N	Claim Received Date		Format – CCYYMMDD
30.	203	210	8	A/N	Claim Paid Date	Process/Paid Date	Format – CCYYMMDD
31.	211	211	1	A/N	Payment Type	Record Indicator	Insert “1” if capitated, “2” if FFS, or “3” if informational
32.	212	231	20	A/N	Patient Account Number		The provider’s account or medical record number, if available
33.	232	300	69	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Inpatient/Hospital Detail Record (15 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
1.	1	2	2	A/N	Record Type		Must always be "15"
2.	3	3	1	A/N	Replacement Code	Record Type	A code to indicate whether a record is new, a correction, a replacement or deletion, or to indicate whether a re-submitted record that was previously rejected is a replacement or a deletion
3.	4	28	25	A/N	Claim Reference Number	Claim ID	Health plan internal claim reference number
4.	29	31	3	A/N	Claim Line Number	Claim Suffix	Detail line number of claim
5.	32	39	8	A/N	Beginning Date of Service		Format – CCYYMMDD
6.	40	47	8	A/N	Ending Date of Service		Format – CCYYMMDD
7.	48	51	4	A/N	Revenue Code		UB92 revenue code
8.	52	55	4	Numeric	Units of Service	Quantity	Number of units/days associated with revenue code. Zero-fill field (e.g., 65 = 0065). Use first digit for sign if a negative number is reported (e.g., -12 = -012). <i>Do not submit packed characters.</i>
9.	56	64	9	Numeric	Billed Amount	Billed Charge	Billed charges for this claim line. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>

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<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>DSS' Agent Field Name</b>	<b>MedStat Field Name (if different from New)</b>	<b>Contents</b>
10.	65	73	9	Numeric	Paid Amount		Amount paid by the MCO for this claim line. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
11.	74	300	227	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Outpatient/Hospital Detail Record (16 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
1.	1	2	2	A/N	Record Type		Must always be "16"
2.	3	3	1	A/N	Replacement Code	Record Type	A code to indicate whether a record is new, a correction, a replacement or deletion, or to indicate whether a re-submitted record that was previously rejected is a replacement or a deletion
3.	4	28	25	A/N	Claim Reference Number	Claim ID	Health plan internal claim reference number
4.	29	31	3	A/N	Claim Line Number	Claim Suffix	Detail line number of claim
5.	32	39	8	A/N	Beginning Date of Service		Format – CCYYMMDD
6.	40	47	8	A/N	Ending Date of Service		Format – CCYYMMDD
7.	48	52	5	A/N	Revenue/ Procedure Code		UB92 revenue code or CPT/HCPCS procedure code
8.	53	54	2	A/N	Procedure Code Modifier		CPT or HCPCS procedure code modifier
9.	55	58	4	Numeric	Units of Service	Quantity	Number of units/days associated with revenue code. Zero-fill field (e.g., 65 = 0065). Use first digit for sign if a negative number is reported (e.g., -12 = -012). <i>Do not submit packed characters.</i>
10.	59	67	9	Numeric	Billed Amount	Billed Charge	Billed charges for this claim line. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>

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**Outpatient/Hospital Detail Record (16 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
11.	68	76	9	Numeric	Allowed/ Contracted Amount		Allowed amount for this claim line. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
12.	77	85	9	Numeric	COB/TPL/Other Paid Amount		COB Amount for this claim line. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
13.	86	94	9	Numeric	Medicare Paid Amount		Amount Medicare paid on this claim line. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
14.	95	103	9	Numeric	Paid Amount		Amount paid for this claim line. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
15.	104	300	197	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Professional/Ambulatory Record (20 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
1.	1	2	2	A/N	Record Type		Must always be "20"
2.	3	3	1	A/N	Replacement Code	Record Type	A code to indicate whether a record is new, a correction, a replacement or deletion, or to indicate whether a re-submitted record that was previously rejected is a replacement or a deletion
3.	4	12	9	A/N	Recipient Identification Number	Recipient Medicaid ID	Recipient identification number assigned by Medicaid
4.	13	37	25	A/N	Claim Reference Number	Claim ID	Health plan internal claim reference number
5.	38	40	3	A/N	Claim Line Number	Claim Suffix	Detail line number of claim
6.	41	50	10	A/N	Billing Provider Identification Number		NPI number of the provider who submitted the bill. Medicaid ID may be used if NPI is unavailable.
7.	51	60	10	A/N	Recipient's Primary Care Provider Identification Number		NPI number of recipient's primary care provider. Medicaid ID may be used if NPI is unavailable.
8.	61	70	10	A/N	Rendering Provider/Facility Identification Number	Servicing Provider ID	NPI number of rendering provider/facility providing services. Medicaid ID may be used if NPI is unavailable.
9.	71	72	2	A/N	Place of Service		Place of service code
10.	73	78	6	A/N	Diagnosis Code (Primary)	Primary Diagnosis	Primary diagnosis code (ICD-9); decimal point should be included where valid
11.	79	84	6	A/N	Diagnosis Code (Additional – 2)	Secondary Diagnosis	Additional diagnosis code (ICD-9); decimal point should be included where valid
12.	85	90	6	A/N	Diagnosis Code (Additional – 3)	Tertiary Diagnosis	Additional diagnosis code (ICD-9); decimal point should be included where valid

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**Professional/Ambulatory Record (20 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
13.	91	96	6	A/N	Diagnosis Code (Additional – 4)	Other Diagnosis 4	Additional diagnosis code (ICD-9); decimal point should be included where valid
14.	97	104	8	A/N	Beginning Date of Service	From Service Date	Format – CCYYMMDD
15.	105	112	8	A/N	Ending Date of Service	To Service Date	Format – CCYYMMDD
16.	113	117	5	A/N	Procedure Code		Procedure code (CPT or HCPCS)
17.	118	119	2	A/N	Procedure Code Modifier		Procedure code modifier (CPT or HCPCS)
18.	120	123	4	Numeric	Units of Service	Quantity	The number of units. Used for multiple visits, units of supplies, anesthesia minutes, or oxygen volume. Zero-fill field (e.g., 65 = 0065). Use first digit for sign if a negative number is reported (e.g., -12 = -012). <i>Do not submit packed characters.</i>
19.	124	132	9	Numeric	Billed Amount	Billed Charge	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
20.	133	141	9	Numeric	Allowed/ Contracted Amount		Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
21.	142	150	9	Numeric	COB/TPL/Other Paid Amount	TPL Amount	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>

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**Professional/Ambulatory Record (20 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
22.	151	159	9	Numeric	Medicare Paid Amount	Medicare Amount	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
23.	160	168	9	Numeric	Paid Amount	Net Payment	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
24.	169	176	8	A/N	Claim Received Date		Format – CCYYMMDD
25.	177	184	8	A/N	Claim Paid Date	Process/Paid Date	Format – CCYYMMDD
26.	185	185	1	A/N	Payment Type	Record Indicator	Insert “1” if capitated, “2” if FFS, or “3” if informational
27.	186	205	20	A/N	Patient Account Number		The provider’s account or medical record number, if available
28.	206	300	95	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Pharmacy Record (30 Record)**

<b>Ref. #</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Length</b>	<b>Field Type</b>	<b>DSS' Agent Field Name</b>	<b>MedStat Field Name (if different from New)</b>	<b>Contents</b>
1.	1	2	2	A/N	Record Type		Must always be "30"
2.	3	3	1	A/N	Replacement Code	Record Type	A code to indicate whether a record is new, a correction, a replacement or deletion, or to indicate whether a re-submitted record that was previously rejected is a replacement or a deletion
3.	4	12	9	A/N	Recipient Identification Number	Recipient Medicaid ID	Recipient identification number assigned by Medicaid
4.	13	37	25	A/N	Claim Reference Number	Claim ID	Health plan internal claim reference number
5.	38	47	10	A/N	Billing Provider Identification Number		NPI number of the provider who submitted the bill. Medicaid ID may be used if NPI is unavailable.
6.	48	57	10	A/N	Recipient's Primary Care Provider Identification Number		NPI number of recipient's primary care provider. Medicaid ID may be used if NPI is unavailable.
7.	58	67	10	A/N	Dispensing Provider/Facility Identification Number	Servicing Provider ID	NPI number of dispensing provider/facility providing services. Medicaid ID may be used if NPI is unavailable.
8.	68	77	10	A/N	Prescribing Provider Identification Number	Prescribing Provider ID	NPI number of prescribing provider. If NPI is unavailable, DEA number may be used.
9.	78	88	11	A/N	National Drug Code (NDC)	NDC Number	National drug code of the drug dispensed

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**Pharmacy Record (30 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
10.	89	92	4	Numeric	Days Supply		Number of days the drug supply is for. Zero-fill field (e.g., 65 = 0065). Use first digit for sign if a negative number is reported (e.g., -12 = -012). <i>Do not submit packed characters.</i>
11.	93	100	8	Numeric	Quantity	Metric Quantity	Amount of drug/supply issued. Zero-fill field (e.g., 65 = 0000065). Use first digit for sign if a negative number is reported (e.g., -12 = -000012). <i>Do not submit packed characters.</i>
12.	101	108	8	A/N	Prescription Written Date		Format – CCYYMMDD
13.	109	116	8	A/N	Prescription Filled Date		Format – CCYYMMDD
14.	117	117	1	A/N	Refill Indicator		0, 1, 2, 3, ... Use 0 for the original prescription, 1 for the first refill, etc.
15.	118	126	9	Numeric	Billed Amount	Billed Charge	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
16.	127	135	9	Numeric	Allowed/ Contracted Amount		Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
17.	136	144	9	Numeric	COB/TPL/Other Paid Amount	TPL Amount	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>

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**Pharmacy Record (30 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
18.	145	153	9	Numeric	Medicare Paid Amount	Medicare Amount	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
19.	154	162	9	Numeric	Paid Amount	Net Payment	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
20.	163	170	8	A/N	Claim Received Date		Format – CCYYMMDD
21.	171	178	8	A/N	Claim Paid Date	Process/Paid Date	Format – CCYYMMDD
22.	179	179	1	A/N	Payment Type	Record Indicator	Insert “1” if capitated, “2” if FFS, or “3” if informational
23.	180	189	10	A/N	Prescription Number		Enter a valid prescription number.
24.	190	300	111	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Dental Record (40 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
1.	1	2	2	A/N	Record Type		Must always be "40"
2.	3	3	1	A/N	Replacement Code	Record Type	A code to indicate whether a record is new, a correction, a replacement or deletion, or to indicate whether a re-submitted record that was previously rejected is a replacement or a deletion
3.	4	12	9	A/N	Recipient Identification Number	Recipient Medicaid ID	Recipient identification number assigned by Medicaid
4.	13	37	25	A/N	Claim Reference Number	Claim ID	Health plan internal claim reference number
5.	38	40	3	A/N	Claim Line Number	Claim Suffix	Line number of claim
6.	41	50	10	A/N	Billing Provider Identification Number		NPI number of the provider who submitted the bill. Medicaid ID may be used if NPI is unavailable.
7.	51	60	10	A/N	Recipient's Primary Care Provider Identification Number		NPI number of recipient's primary care provider. Medicaid ID may be used if NPI is unavailable.
8.	61	70	10	A/N	Rendering Provider/Facility Identification Number	Servicing Provider ID	NPI number of rendering provider/facility providing services. Medicaid ID may be used if NPI is unavailable.
9.	71	76	6	A/N	Diagnosis Code (Primary)	Primary Diagnosis	Primary diagnosis code (ICD-9) for this stay; decimal point should be included
10.	77	84	8	A/N	Beginning Date of Service		Format – CCYYMMDD
11.	85	92	8	A/N	Ending Date Of Service		Format – CCYYMMDD
12.	93	97	5	A/N	Procedure Code		ADA or HCPCS procedure code

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**Dental Record (40 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
13.	98	101	4	Numeric	Units of Service	Quantity	The numbers of units. Used for multiple visits or units of supplies. Zero-fill field (e.g., 65 = 0065). Use first digit for sign if a negative number is reported (e.g., -12 = -012). <i>Do not submit packed characters.</i>
14.	102	103	2	A/N	Oral Cavity		Code that identifies the section of the mouth on which the service was performed
15.	104	105	2	A/N	Tooth Number		The number or letter assigned to the tooth on which the service was performed as specified by the ADA
16.	106	106	1	A/N	Tooth Surface (1)		Code identifying a tooth surface on which the service was performed
17.	107	107	1	A/N	Tooth Surface (2)		Code identifying an additional tooth surface on which the service was performed
18.	108	108	1	A/N	Tooth Surface (3)		Code identifying an additional tooth surface on which the service was performed
19.	109	109	1	A/N	Tooth Surface (4)		Code identifying an additional tooth surface on which the service was performed
20.	110	110	1	A/N	Tooth Surface (5)		Code identifying an additional tooth surface on which the service was performed
21.	111	111	1	A/N	Tooth Surface (6)		Code identifying an additional tooth surface on which the service was performed
22.	112	120	9	Numeric	Billed Amount	Billed Charge	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>

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**Dental Record (40 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
23.	121	129	9	Numeric	Allowed/ Contracted Amount		Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
24.	130	138	9	Numeric	COB/TPL/Other Paid Amount	TPL Amount	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
25.	139	147	9	Numeric	Medicare Paid Amount	Medicare Amount	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
26.	148	156	9	Numeric	Paid Amount	Net Payment	Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -00007500). <i>Do not submit packed characters.</i>
27.	157	164	8	A/N	Claim Received Date		Format – CCYYMMDD
28.	165	172	8	A/N	Claim Paid Date	Process/Paid Date	Format – CCYYMMDD
29.	173	173	1	A/N	Payment Type	Record Indicator	Insert “1” if capitated, “2” if FFS, or “3” if informational
30.	174	300	127	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Trailer Record (99 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	DSS' Agent Field Name	MedStat Field Name (if different from New)	Contents
1.	1	2	2	A/N	Record Type		Must always be "99"
2.	3	9	7	Numeric	Total Record Count		The total number of records contained within the file. Zero-fill field (e.g., 65 = 0000065). Use first digit for sign if a negative number is reported (e.g., -75 = -000075). <i>Do not submit packed characters.</i>
3.	10	25	16	Numeric	Total Dollars Billed		Total dollars billed for all records submitted. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 0000000000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -000000000007500). <i>Do not submit packed characters.</i>
4.	26	41	16	Numeric	Total Dollars Paid		Total dollars paid for all records submitted. Do not include a decimal. Zero-fill field (e.g., \$65.00 = 000000000006500). Use first digit for sign if a negative number is reported (e.g., -\$75.00 = -000000000007500). <i>Do not submit packed characters.</i>
5.	42	300	259	A/N	Filler		Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank

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**Header Record (01 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name	Comments
1.	1	2	2	A/N	Record Type	Must always be "01"
2.	3	32	30	A/N	Contact Name	Person to contact regarding questions on provider file
3.	33	47	15	A/N	Contact Phone Number	The phone number of the contact name. Leading zeros are used when extension number is less than five digits. (860) 687-XXXX ext. XXXXX would be entered as 860687XXXXXXXXXX.
4.	48	55	8	A/N	File Creation Date	Format – CCYYMMDD; the date the file is created
5.	56	400	345	A/N	Filler	Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**NPI Provider (92 Record)**

*Highlighted Ref #'s are required fields.*

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name	Comments
1	1	2	2	A/N	Record Type	Must always be "92"
2	3	3	1	A/N	Replacement Code	N = New R = Replacement D = Delete
3	4	13	10	A/N	Provider ID	National Provider identifier number, Medicaid ID, or other ID if not a health care provider
4	14	15	2	A/N	Provider ID Type	Type of provider ID. This field must be filled. NPI will be "11"
5	16	50	35	A/N	Provider Last Name	Provider's last name or entire name of Institutional Provider. Do not include titles (i.e., MD). Do not start this field with special characters.
6	51	65	15	A/N	Provider First Name	Provider's first name. This field must be blank for Institutional Providers
7	66	66	1	A/N	Provider Middle Initial	Provider's middle initial. This field must be blank for Institutional Providers
8	67	69	3	A/N	Provider Suffix	Additional Provider name information such as JR, SR, III, IV. Do not put initials or credentials in this field. No special characters. All capital letters.
9	70	77	8	A/N	Provider Date of Birth	Provider's date of birth. Format – CCYYMMDD. This field must be blank for Institutional Providers
10	78	78	1	A/N	Provider Gender	F=Female M=Male U=Unknown. This field must be blank for Institutional Providers.
11	79	128	50	A/N	Provider Address 1	Provider's mailing address
12	129	158	30	A/N	Provider Address 2	Additional address, i.e., Suite #
13	159	183	25	A/N	Provider City	Provider's City
14	184	185	2	A/N	Provider State	Provider's State. Use the two digit USPS code
15	186	195	10	A/N	Provider Zip Code	Provider's Zip. Can use the five digit zip code or the 5+4.
16	196	210	15	A/N	Provider Telephone	Provider's Phone. Include area code
17	211	260	50	A/N	Provider Primary Location Address 1	Primary location street address
18	261	290	30	A/N	Provider Primary Location Address 2	Additional primary location address information (i.e., Suite #)

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Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name	Comments
19	291	315	25	A/N	Provider Primary Location City	Primary location city
20	316	317	2	A/N	Provider Primary Location State	Primary location state. Use the two digit USPS code
21	318	327	10	A/N	Provider Primary Location Zip Code	Primary location zip. Can use five digit zip code or 5+4
22	328	337	10	A/N	Provider Primary Location Telephone	Primary location telephone. Include area code
23	338	347	10	A/N	Provider Primary Taxonomy	Provider's specialty code using the national provider taxonomy codes. If unknown, use XXXXXXXXXXXX. Organizations should have a single primary code only
24	348	357	10	A/N	Provider Secondary Taxonomy	Provider's secondary specialty as identified on their NPI application using the national provider taxonomy codes
25	358	367	10	A/N	Provider Other Taxonomy	Provider's other specialty as identified on their NPI application using the national provider taxonomy codes
26	368	375	8	A/N	Provider's Effective Date with MCO	Date the provider became effective. If provider termed and is effective for second time, they should have a termination date and a new effective date. Format – CCYYMMDD
27	376	383	8	A/N	Provider's Termination Date with MCO	Date the provider ends their contract with the MCO. If they subsequently re-enroll, a new effective date should be sent in. This field will remain blank as long as the provider is still enrolled
28	384	384	1	A/N	Participating vs Non-Participating Provider	Indicates whether this provider is a participating provider with the health plan. P = Participating N = Non-Participating
29	385	393	9	A/N	Medicaid Health Plan Identification Number	Medicaid identification number assigned to the health plan
30	394	394	1	A/N	NPI Type	1 = Individual 2 = Organization

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.

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**Trailer Record (99 Record)**

Ref. #	Starting Position	Ending Position	Length	Field Type	Field Name	Comments
1	1	2	2	A/N	Record Type	Must always be “99”
2	3	12	10	Numeric	Total number of records	Total number of provider records included in file
3	13	400	388	A/N	Filler	Space fill

- A/N field types — left justify, leave blank (space-fill) if unknown or not present.
- Numeric field types — use leading zeros to fill entire field length, zero fill if value is zero or unknown, do *not* leave blank.