Office of Vermont Health Access
Institutional Claim Files

Database Name	Description	Type	Length	Key
re_unique_id	Recipient Unique ID	char	11	
cl_from_dte_svc	Claim From Date of Service	char	11	
cl_to_dte_svc	Claim To Date of Service	char	11	
cl_pd_dte	Paid Date	char	11	
cl_unit_of_svc	Units	char	11 *	
cl_dtl_bill_amt	Detail Billed Amount	char	11 *	
cl_allow_chrg	Detail Allowed Amount	char	11 *	
cl_copay	Detail Copay Amount	char	11 *	
cl_bill_amt	Total Claim Billed Amount	char	11 *	
cl_allow_chrg	Header Allowed Amount	char	11 *	
cl_pd_amt	Claim Paid Amount	char	11 *	
cl_copay	Header Copayment	char	11 *	
cl_othr_ins_amt	Other Insurance Payment	char	11	
cl_adm_dte	Admission Date	char	11	
cl_patnt_liab_amt	Liability Amount	char	11 *	
cl_hdr_ver_num	Claim Header Version Number	char	6	
ctg_of_svc	Category of Service	char	6	
cl_re_age	Recipient Age (time of claim)	char	6	
cl_dtl_num	Claim Detail Number	char	6	2
cl_adm_cde	Admission Code	char	1	
fund_src_cde	Funding Source Code	char	1	
rev_cde	Revenue Code	char	3	
proc_cde	Procedure Code	char	5	
proc_cde_mod_1	Modifier Code (1)	char	2	
proc_cde_mod_2	Modifier Code (2)	char	2	
proc_cde_mod_3	Modifier Code (3)	char	2	
proc_cde_mod_4	Modifier Code (4)	char	2	
typ_svc_cde	Type of Service	char	1	
cl_typ_cde	Claim Type Code	char	1	
txn_typ_cde	Transaction Type	char	1	
icn	Internal Control Number	char	15	1
cl_atnd_pr	Attending Provider Number	char	7	
cl_ref_pr_id	Referring Provider Number	char	7	
cl_bill_pr_id	Vermont Medicaid Provider Nunber	char	7	
plc_svc_cde	Place of Service Code	char	2	
newline	Newline Character	char	1	

TOTAL 247 bytes

* Indicates implied 2 decimal places

Office of Vermont Health Access
Professional Claim Files

Database Name	Description	Type	Length	Key
re_unique_id	Recipient Medicaid ID	char	11	
cl_from_dte_svc	Detail From Date of Service	char	11	
cl_to_dte_svc	Detail To Date of Service	char	11	
cl_allow_chrg	Allowed Amount	char	11 *	
cl_dtl_bill_amt	Detail Billed Amount	char	11 *	
cl_bill_amt	Header Billed Amount	char	11 *	
cl_pd_amt	Paid Amount	char	11 *	
cl_pd_dte	Paid Date	char	11	
cl_ded	Medicare Deductible Amount	char	11 *	
cl_othr_ins_amt	Other Insurance	char	11 *	
cl_disp_fee	Dispensing Fee	char	11 *	
cl_unit_of_svc	Units	char	11 *	
cl_dtl_num	Claim Detail Number	char	6	2
cl_re_age	Recipient Age (at time of claim)	char	6	
ctg_of_svc	Category of Service	char	6	
cl_hdr_ver_num	Header Version Number	char	6	
drug_day_of_supply	Number of Days Supply	char	6	
icn	Internal Control Number	char	15	1
cl_bill_pr_id	Vermont Medicaid Provider Number	char	7	
cl_atnd_pr	Attending Provider ID	char	7	
cl_ref_pr_id	Referring Provider ID	char	7	
diag_cde	Diagnosis Code	char	5	
proc_cde	Procedure Code	char	5	
proc_cde_mod_1	Modifier (1)	char	2	
proc_cde_mod_2	Modifier (2)	char	2	
proc_cde_mod_3	Modifier (3)	char	2	
proc_cde_mod_4	Modifer(4)	char	2	
plc_svc_cde	Place of Service	char	2	
cl_typ_cde	Claim Type Code	char	1	
drug_thera_class	Therapeutic Class	char	3	
cl_brand_cert_ind	Brand Certified Indicator	char	1	
cl_prescr_pr	Prescribing Provider Number	char	7	
drug_mfg_cde	Manufacturer Code	char	5	
drug_cde	Drug Code	char	4	
drug_pkg_sz	Drug Package Size	char	2	
typ_svc_cde	Type of Service	char	1	
txn_typ_cde	Transaction Type	char	1	
pgm_ind_cde	Program Indicator	char	1	
fed_cost_shr_ind	Family Planning Indicator	char	1	
cl_preg_ind	Pregnancy Indicator	char	1	
ep_ind	EPSDT Indicator	char	1	
fund_src_cde	Funding Source Code	char	1	
newline	Newline Character	char	1	

TOTAL 249 Bytes

* Indicates implied 2 decimal places

Office of Vermont Health Access
TPL Data

Database Name	Description	Position	Type	Length	Key
re_unique_id	Recipient Unique ID	1-9	numeric	9	1
carr_cde	Carrier Code	10-12	char	3	
carr_nam	Carrier Name	13-14	char	2	
re_tp_start_dte	TPL Start Date	15-22	numeric	8	
re_tp_stop_dte	TPL Stop Date	23-30	numeric	8	
tp_stat	TPL Status	31-31	char	1	
coverage_typ	Coverage Type	32-33	char	2	
hmo_lvl_cde	HMO Level Code	34-35	char	2	
tp_assignment_cde	TPL Assignment Code	36-36	char	1	
tp_subrogation_cde	TPL Subrogation Code	37-39	char	3	
tp_int_num	TPL Int Number	40-51	char	12	
empr_cde	Employer Code	52-60	numeric	9	
empr_nam	Employer Name	61-85	char	25	
empr_addr_str1	Employer Street Addres	86-110	char	25	
empr_addr_str2	Employer Street Addres	111-135	char	25	
empr_addr_city	Employer City	136-155	char	20	
empr_addr_st	Employer Address State	156-157	char	2	
empr_addr_zip	Employer Address Zip	158-166	numeric	9	
pr_id	HMO Provider Number	167-176	char	10	
newline	Newline Character	177-177	char	1	

Office of Vermont Health Access
PCP Data

Database Name	Description	Position	Type	Length	Key
re_unique_id	Recipient Unique ID	0 - 9	Numeric	9	1
pcp_prim_phys	Primary Care Provider Medicaid ID	10 - 16	Char	7	
pcp_start_dte	Primary Care Start Date	17 - 24	Numeric	8	
pcp_stop_dte	Primary Care Stop Date	25 - 32	Numeric	8	
pcp_group_phys	Primary Care Provider Group ID	33 - 39	Char	7	
newline	Newline Character	40	Char	1	

Office of Vermont Health Access
Recipient Base

Database Name	Description	Position	Type	Length	Key
re_medcd_id_num	Recipient Medicaid ID	1-9	numeric	9	
re_birth_dte	Recipient Date of Birth	10-17	char	8	
re_unique_id	Recipient Unique ID	18-26	numeric	9	1
re_sex_cde	Recipient Sex	27-27	char	1	
re_race_cde	Recipient Race	28-28	char	1	
re_death_dte	Recipient Date of Death	29-36	char	8	
re_medcr_id_num	Recipient Medicare ID Number	37-48	char	12	
re_addr_zip	Recipient Zip Code	49-57	numeric	9	
dist_cde	Recipient District Code	58-58	char	1	
cnty_cde	Recipient County Code	59-64	numeric	6	
twn_cde	Recipient Town Code	65-67	char	3	
newline	Newline Character	68-68	char	1	

Office of Vermont Health Access
Recipient Eligibility

Database Name	Description	Position	Type	Length	Key
re_unique_id	Recipient Unique ID	1-9	numeric	9	1
elig_stat_cde	Eligibility Status Code	10-10	char	1	
aid_ctg_cde	Aid Category Code	11-12	char	2	
elig_start_dte	Eligibility Start Date	13-20	numeric	8	
elig_stop_dte	Eligibility Stop Date	21-28	numeric	8	
newline	Newline Character	29-29	char	1	

Office of Vermont Health Access
Provider

Database Name	Description	Position	Type	Length	Key
pr_id	Provider ID	1-7	char	7	
pr_id_sak	Provider ID Sak	8-16	numeric	9	
pr_addr_cty	Provider City	17-36	char	20	
pr_addr_zip	Provider Zip Code	37-45	numeric	9	
pr_typ_cde	Provider Type Code	46-48	char	3	
pr_spclt_cde	Provider Specialty	49-51	char	3	
pr_typ_eff_dte	Provider Type Start Date	52-59	numeric	8	
pr_typ_end_dte	Provider Type Stop Date	60-67	numeric	8	
newline	Newline Character	68-68	char	1	

Office of Vermont Health Access
Provider Group

Database Name	Description	Position	Type	Length	Key
pr_id_sak	Provider Unique ID	1-9	numeric	9	1
pr_grp_sak	Provider Group Unique ID	10-18	numeric	9	2
pr_grp_eff_dte	Provider Group Effective Date	19-26	numeric	8	3
pr_grp_stat_cde	Provider Group Status Code	27-27	char	1	4
pr_grp_typ_cde	Provider Group Type Code	28-28	char	1	
pr_grp_id	Provider Group ID	29-38	char	10	
pr_grp_end_date	Provider Group End Date	39-46	numeric	8	
newline	Newline Character	47-47	char	1	

Office of Vermont Health Access
Recipient Demographic

Database Name	Description	Position	Type	Length	Key
re_unique_id	Recipient Unique ID	1-9	numeric	9	1
re_demgrp_mod	Demographic Modifier	10-11	char	2	
re_dem_start_dte	Demographic Modifier Start Date	12-19	char	8	
re_dem_stop_dte	Demogrpahic Modifier Stop Date	20-27	char	8	
newline	Newline Character	28	char	1	

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Office of Vermont Health Access
Recipient LTC Data

Database Name	Description	Position	Type	Length	Key
re_unique_id	Recipient Unique_id	1-9	numeric	9	1
re_placement_lvl	Recipient Placement Level	10-12	char	3	
care_eff_dte	Care Effective Date	13-20	numeric	8	
care_end_dte	Care End Date	21-28	numeric	8	
pr-id	Vermont Medicaid Provider Number	29-35	char	7	
lvl_status	Nursing Home Authorization Status	36-39	char	3	
newline	Newline Character	40	char	1	

Office of Vermont Health Access
Inst. Surg-Proc File

ICN - Diagnosis Data File

Database Name	Description	Position	Type	Length	Key
icn	Internal Control Number	1 - 15	char	15	1
diag_cde	Diagnosis Code	16 - 20	char	5	
cl_diag_priority	Priority	21 - 22	long int	2	
newline	Newline Character	23 - 23	char	1	

ICN - Procedure Data File

Database Name	Description	Position	Type	Length	Key
icn	Internal Control Number	1 - 15	char	15	1
proc_cde	Procedure Code	16 - 20	char	5	
cl_surg_priority	Priority	21 - 22	long int	2	
newline	Newline Character	23 - 23	char	1	