RECORD NAME: MMIS PROVIDER MASTER

COPY MEMB. SB510001 SB510002 SB510010

FILE ID: VS.SB510010 TP.SB510020

LENGTH: 1542 BLKSZE: XFIXED _VAR. | ADABAS NO: 154

ISSUED BY: BILL SWENSON DATE ISSUED: 10/10/90
UPDATED BY: HIPAA DATE UPDATED: 04/24/03

ITEM NO.	FIELD DESCRIPTION	DEC. PLC.	NUMBER OF CHAR	NUMBER OF BYTES	REL. POS.	P	N	S
0100	PROVIDER NUMBER		9	9	1			
0101	PROVIDER NAME MATCH		2	2	10			
	PROVIDER PRIMARY ADDRESS							
102	PROVIDER NAME		30	30	12			
	LAST NAME		12	12	(12)			
	FIRST NAME		12	12	(24)			
	INITIAL		1	1	(36)			
	TITLE		5	5	(37)			
103	NAME TYPE		1	1	42			
104	ADDITIONAL ADDRESS		20	20	43			
105	STREET NUMBER		6	6	63			
106	STREET NAME		20	20	69			
107	CITY		18	18	89			
108	STATE		2	2	107			
109	ZIP CODE		9	9	109			
4005	PROVIDER BILLING ADDRESS							
	PROVIDER NAME		30	30	118			
	LAST NAME		12	12	(118)			
	FIRST NAME		12	12	(130)			
	INITIAL		1	1	(142)			
	TITLE		5	5	(143)			
	NAME TYPE		1	1	148			
	ADDITIONAL ADDRESS		20	20	149			
	STREET NUMBER		6	6	169			
	STREET NAME		20	20	175			
	CITY		18	18	195			
	STATE		2	2	213			
	ZIP CODE		9	9	215			
0110	PROVIDER PRICING NUMBER		9	9	224			
0111	SUSPECT VENDOR FLAG		1	1	233			
4001	PRIMARY ADDRESS BAR CODE DIGITS		2	2	234			
	(FIELD IS PIC 9(3) COMP-3 FOR							
	BAR CODE DIGITS)							
0145	MEDICARE FLAG		1	1	236			
4006	MEDICARE NUMBER		9	9	237			
0112	TAX SOCIAL SECURITY NUMBER		9	9	246			

P=PACKED N=NUMERIC S=SIGNED

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ITEM NO.	FIELD DESCRIPTION	DEC. PLC.	NUMBER OF CHAR	BYTES	REL. POS.	P	N	S
4007	EMPLOYER ID NUMBER		9	9	255			
0113	LOCALITY CODE		2	2	264			
0114	COUNTY CODE		3	2	266	P	N	
0149	PSRO REGION		2	2	268			
4004	PSRO FLAG		1	1	270			
4008	PSRO EFFECTIVE DATE		8	5	271	P	N	
0118	GROUP NUMBER ONE		9	9	276			
0118	GROUP NUMBER TWO		9	9	285			
0123	NUMBER IN GROUP		2	2	294			
0120	PROVIDER TYPE CODE		2	2	296			
0121	PROVIDER SPECIALTY CODE		2	2	298			
0193	SURS CATEGORY OF SERVICE		2	2	300			
0126	FISCAL YEAR END DATE		5	3	302	P	N	
0127	NUMBER OF BEDS CERTIFIED		5	3	305	P	N	
0134	TYPE OF PRACTICE ORGANIZATION		1	1	308			
0148	PROVIDER PHONE NUMBER		11	6	309	P	N	
0150	PROVIDER LICENSE NUMBER		10	10	315			
0195	LAST CHANGE DATE		8	5	325	P	N	
0147	LAST CHANGE FIELD CODE		3	2	330	P	N	
	PROVIDER ENROLLMENT DATA Occurs 5 times			60				
	(OLDEST TO MOST CURRENT)							
0115	ENROLLMENT STATUS CODE		2	2	332			
0116	ENROLLMENT START DATE		8	5	334	P	N	
0117	ENROLLMENT STOP DATE		8	5	339	P	N	
	PROVIDER PAY DATA Occurs 2 times			22				
4011	PROVIDER PAY CODE		1	1	392			
4022	PAY CODE BEGIN DATE		8	5	393	P	N	
4023	PAY CODE END DATE		8	5	398	P	N	
	PROVIDER ACCOMMODATION DATA Occurs 66 times			528				
0128	ACCOMMODATION RATE PERCENT	2	5	3	414	P	N	S
0129	RATE EFFECTIVE DATE		8	5	417	P	N	

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ITEM NO.	FIELD DESCRIPTION	DEC. PLC.	NUMBER OF CHAR	BYTES	REL. POS.	P	N	S
	PROVIDER AUTHORIZED SERVICES DATA Occurs 44 times			264				
0130	AUTHORIZED SERVICE		1	1	942			
0131	AUTHORIZED SERVICE DATE		8	5	943	P	N	S
	PROVIDER PROF. FEE DATA Occurs 2 times			16				
4018	REGULAR PROFESSIONAL FEE	2	5	3	1206	P	N	S
4019	FEE EFFECTIVE DATE		8	5	1209	P	N	
	PROVIDER DOSE FEE DATA Occurs 2 times			16				
4012	UNIT PROFESSIONAL DOSE FEE	2	5	3	1222	P	N	S
4013	DOSE FEE EFFECTIVE DATE		8	5	1225	P	N	
	PROVIDER INPATIENT RATE DATA Occurs 2 times			16				
0132	INP. REIMBURSEMENT RATE	2	5	3	1238	P	N	S
0133	INP. RATE EFFECTIVE DATE		8	5	1241	P	N	
	PROVIDER OUTPATIENT RATE DATA Occurs 2 times			16				
4016	OUTP. REIMBURSEMENT RATE	2	5	3	1254	P	N	S
4017	OUTP. RATE EFFECTIVE DATE		8	5	1257	P	N	
	PROVIDER REVIEW DATA Occurs 5 times			100				
0141	BEGINNING PROCEDURE NUMBER		5	5	1270			
0142	ENDING PROCEDURE NUMBER		5	5	1275			
4020	REVIEW BEGIN DATE		8	5	1280	P	N	
4021	REVIEW END DATE		8	5	1285	P	N	
4075	NUMBER OF SNF LICENSED BEDS		3	2	1370	P	N	
4076	NUMBER OF ICF LICENSED BEDS		3	2	1372	P	N	
4080	GROUP NUMBER THREE		9	9	1374			
4090	GROUP NUMBER FOUR		9	9	1383			

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	PROVIDER							
	DRG DATA Occurs 6 times			126				
4025	EFFECTIVE DATE		8	5	1392	P	N	S
4026	BASE RATE	2	7	4	1397	P	N	S
4027	CAPITAL AMOUNT	2	7	4	1401	P	N	S
4028	EDUCATION AMOUNT	2	7	4	1405	P	N	S
4029	INSURANCE AMOUNT	2	7	4	1409	P	N	S
4100	BAR CODE DIGITS		2	2	1518			
	(FIELD IS PIC 9(3) COMP-3 FOR BAR CODE DIGITS)							
4101	PROVIDER CONTRACTOR CODE		2	2	1520			
	PROVIDER HMO COUNTIES Occurs 10 times			20				
4102	HMO COUNTY		2	2	1522			
4103	PAPER/ELECTRONIC IND		1	1	1542			
					1543			

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