Medicare Shared Savings Program

CLAIM AND CLAIM LINE FEED FILE DATA ELEMENTS

Resource

April 2021
Version #2

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
MEDICARE SHARED SAVINGS PROGRAM

Revision History (From Version 1 to Version 2)

VERSION	DATE	REVISION/CHANGE DESCRIPTION	AFFECTED AREA
2	April 2021	Updated the Part A and Part B Claims Benefit Enhancement and Demonstration Codes Files with Care Management Home Visits benefit enhancement.	Table 10, Table 11
2	April 2021	Updated the description of Claim Outpatient Service Type Code.	All
2	April 2021	Added filename convention for Shared Savings Program run-out CCLFs.	All
2	April 2021	Updated the NGACO Suppression process from Quarterly to Monthly.	All
2	April 2021	Updated NGACO and VTAPM run-out file names.	All
2	April 2021	Added Note to Executive Summary: “To comply with the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the Health Information Claim Number (HICN) value will no longer be displayed. CMS will include blanks for the HICN, Beneficiary Equitable Beneficiary Identification Code (BIC) HICN, and Beneficiary Railroad Board Number (RRB) fields in CCLFs generated effective January 1, 2020 onwards.”	All

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1 Executive Summary

Purpose:

The following is the list of data elements present on the Claim and Claim Line Feed (CCLF) files as referred to in 42 CFR § 425 Subpart H. Please note that these are subject to change. These tables are maintained as part of an appendix in the CCLF Information Packet (IP) that can be found in the Program Resources section of the Knowledge Library tab in the ACO Management System (ACO-MS).

Notes:

Where applicable in the file layouts, a minus "-" in the beginning of the format description indicates that if the value is negative, the first character will display as "-". For all other values, a blank will display as the first character.

Fields where data are not available from the data source will be left blank.

Data Fields marked with an [I] contain Personally Identifiable Information (PII). Data Fields marked with an [H] contain Protected Health Information (PHI).

To comply with the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the Health Information Claim Number (HICN) value will no longer be displayed. CMS will include blanks for the HICN, Beneficiary Equitable Beneficiary Identification Code (BIC) HICN, and Beneficiary Railroad Board Number (RRB) fields in CCLFs generated effective January 1, 2020 onwards.

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2 CCLF File Layouts

The filename convention for the Medicare Shared Savings Program in Table 1 is:

- For regular CCLFs: P.A****.ACO.ZC1Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC1R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 1. Part A Claims Header File (CCLF1)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	PRVDR_OSCAR_NUM	Provider OSCAR Number	14	19	6	X(06)	A facility’s Medicare/Medicaid identification number. It is also known as a Medicare/Medicaid Provider Number, or CCN. This number verifies that a provider has been Medicare certified for a particular type of service. [H]
3	BENE_MBI_ID	Medicare Beneficiary Identifier	20	30	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
4	BENE_HIC_NUM	Beneficiary HIC Number	31	41	11	X(11)	[I]Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
5	CLM_TYPE_CD	Claim Type Code	42	43	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type code include: 10 = HHA claim 20 = Non swing bed SNF claim 30 = Swing bed SNF claim 40 = Outpatient claim 50 = Hospice claim 60 = Inpatient claim 61 = Inpatient “Full-Encounter” claim
6	CLM_FROM_DT	Claim From Date	44	53	10	YYYY-MM-DD	The first day on the billing statement that covers services rendered to the beneficiary. [H] Also known as “Statement Covers From Date.”
7	CLM_THRU_DT	Claim Thru Date	54	63	10	YYYY-MM-DD	The last day on the billing statement that covers services rendered to the beneficiary. [H] Also known as the “Statement Covers Through Date.”

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
8	CLM_BILL_FAC_TYPE_CD	Claim Bill Facility Type Code	64	64	1	X(01)	The first digit of the type of bill (TOB1) is used to identify the type of facility that provided care to the beneficiary (e.g., hospital or SNF). [H] Claim Facility Type Code include: 1 = Hospital 2 = SNF 3 = HHA 4 = Religious non-medical (hospital) 5 = Religious non-medical (extended care) 6 = Intermediate care 7 = Clinic or hospital-based renal dialysis facility 8 = Specialty facility or Ambulatory Surgical Center (ASC) surgery 9 = Reserved
9	CLM_BILL_CLSFCTN_CD	Claim Bill Classification Code	65	65	1	X(01)	The second digit of the type of bill (TOB2) is used to indicate with greater specificity where the service was provided (e.g., a department within a hospital).[H] Find Claim Service Classification Code at the ResDAC website.
10	PRNCPL_DGNS_CD	Principal Diagnosis Code	66	72	7	X(07)	The ICD-9/10 diagnosis code identifies the beneficiary's principal illness or disability. [H]
11	ADMTG_DGNS_CD	Admitting Diagnosis Code	73	79	7	X(07)	The ICD-9/10 diagnosis code identifies the illness or disability for which the beneficiary was admitted. [H]

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
12	CLM_MDCR_NPMT_RSN_CD	Claim Medicare Non-Payment Reason Code	80	81	2	X(02)	Indicates the reason payment on an institutional claim is denied. Find Medicare Non-Payment Reason Code at the ResDAC website.
13	CLM_PMT_AMT	Claim Payment Amount	82	98	17	-9(13).99	Amount that Medicare paid on the claim. [H]
14	CLM_NCH_PRMRY_PYR_CD	Claim NCH Primary Payer Code	99	99	1	X(01)	If a payer other than Medicare has primary responsibility for payment of the beneficiary's health insurance bills, this code indicates the responsible primary payer. [H] If this field is blank, Medicare is the primary payer for the beneficiary. Find NCH Primary Payer Code at the ResDAC website.
15	PRVDR_FAC_FIPS_ST_CD	Federal Information Processing Standards (FIPS) State Code	100	101	2	X(02)	Identifies the state where the facility providing services is located.
16	BENE_PTNT_STUS_CD	Beneficiary Patient Status Code	102	103	2	X(02)	Indicates the patient's discharge status as of the Claim Through Date. For example, it may indicate where a patient was discharged to (e.g., home, another facility) or the circumstances of a discharge (e.g., against medical advice, or patient death). [I H] Find Patient Discharge Status Code at the ResDAC website.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
17	DGNS_DRG_CD	Diagnosis Related Group Code	104	107	4	X(04)	Indicates the diagnostic related group to which a hospital claim belongs for prospective payment purposes. [I H]
18	CLM_OP_SRVC_TYPE_CD	Claim Outpatient Service Type Code	108	108	1	X(01)	A code reported by the provider that indicates the specific type of claim (Inpatient, Outpatient, etc.). [I H] Claim Outpatient Service Type Code include: 0 = Blank 1 = Emergency (The patient required immediate medical intervention because of severe life threatening or potentially disabling conditions. Generally, the patient was admitted through the emergency room) 2 = Urgent (The patient required immediate attention for the care and treatment of a physical or mental disorder. Generally, the patient was admitted to the available and suitable accommodation) 3 = Elective (The patient's condition permitted adequate time to schedule the availability of suitable accommodations) 5 = Reserved 6 = Reserved 7 = Reserved 8 = Reserved 9 = Unknown (Information not available)

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
19	FAC_PRVDR_NPI_NUM	Facility Provider NPI Number	109	118	10	X(10)	Identifies the facility associated with the claim. Each facility is assigned its own unique NPI.
20	OPRTG_PRVDR_NPI_NUM	Operating Provider NPI Number	119	128	10	X(10)	Identifies the operating provider associated with the claim. Each provider is assigned its own unique NPI.
21	ATNDG_PRVDR_NPI_NUM	Attending Provider NPI Number	129	138	10	X(10)	Identifies the attending provider associated with the claim. Each provider is assigned its own unique NPI.
22	OTHR_PRVDR_NPI_NUM	Other Provider NPI Number	139	148	10	X(10)	Identifies the other providers associated with the claim. Each provider is assigned its own unique NPI.
23	CLM_ADJSMT_TYPE_CD	Claim Adjustment Type Code	149	150	2	X(02)	Indicates whether the claim is an original, cancellation, or adjustment claim. Claim Adjustment Type Code include: 0 = Original Claim 1 = Cancellation Claim 2 = Adjustment Claim
24	CLM_EFCTV_DT	Claim Effective Date	151	160	10	YYYY-MM-DD	Date the claim was processed and added to the NCH. Also referred to as the NCH Weekly Processing Date. [H]
25	CLM_IDR_LD_DT	Claim IDR Load Date	161	170	10	YYYY-MM-DD	When the claim was loaded into the IDR.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
26	BENE_EQTBL_BIC_HICN_NUM	Beneficiary Equitable BIC HICN Number	171	181	11	X(11)	Legacy Beneficiary Equitable BIC HICN Number. ***Note**: To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, MBI will be accepted on claims, and the HICN value/ Beneficiary Equitable BIC HICN Number will no longer be displayed. The Beneficiary Equitable BIC HICN Number will be blank in CCLFs generated effective January 1, 2020 onwards.*
27	CLM_ADMSN_TYPE_CD	Claim Admission Type Code	182	183	2	X(2)	Indicates the type and priority of inpatient services. [I H] Claim Admission Type Code include: 0 = Blank 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn 5 = Trauma Center 6-8 = Reserved 9 = Unknown
28	CLM_ADMSN_SRC_CD	Claim Admission Source Code	184	185	2	X(2)	Indicates the source of the beneficiary's referral for admission or visit (e.g., a physician or another facility). Find Admission Source Code at the ResDAC website.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
29	CLM_BILL_FREQ_CD	Claim Bill Frequency Code	186	186	1	X(1)	The third digit of the type of bill (TOB3) code. It indicates the sequence of the claim in the beneficiary's current episode of care (e.g., interim or voided). Find Claim Frequency Code at the ResDAC website.
30	CLM_QUERY_CD	Claim Query Code	187	187	1	X(1)	Indicates the type of claim record being processed with respect to payment (e.g., debit/credit indicator or interim/final indicator). Claim Query Code include: 0 = Credit adjustment 1 = Interim bill 2 = HHA benefits exhausted 3 = Final bill 4 = Discharge notice 5 = Debit adjustment
31	DGNS_PRCDR_ICD_IND	ICD Version Indicator	188	188	1	X(1)	9 = ICD-9 0 = ICD-10 U = any value other than “9” or “0” in the source data.
32	CLM_MDCR_INSTNL_TOT_CHRG_AMT	Total Claim Charge Amount	189	203	15	-9(11).99	Effective with NCH Version G, the total charges for all services included on the institutional claim. This field is redundant with revenue center code 0001/total charges.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
33	CLM_MDCR_IP_PPS_CPTL_IME_AMT	Claim Capital Indirect Medical Education Amount	204	218	15	-9(11).99	The amount of the indirect medical education (IME) (reimbursable amount for teaching hospitals only; an added amount passed by Congress to augment normal Prospective Payment System [PPS] payments for teaching hospitals to compensate them for higher patient costs resulting from medical education programs for interns and residents) portion of the PPS payment for capital. ***Note:*** *Applicable for claim type = 60 and total calculated based on debit credit methodology.*
34	CLM_OPRTNL_IME_AMT	Claim Operational Indirect Medical Education Amount	219	240	22	-9(18).99	The indirect medical education amount applicable to the bill. (Do not include PPS capital IME adjustment in this entry). ***Note:*** *Applicable for claim type = 60 and total calculated based on debit credit methodology.*
35	CLM_MDCR_IP_PPS_DSPRPRTNT_AMT	Claim Capital Disproportionate Amount	241	255	15	-9(11).99	Effective 3/2/92, the amount of disproportionate share (rate reflecting indigent population served) portion of the PPS payment for capital. [NCH] ***Note:*** *Applicable for claim type = 60 and total calculated based on debit credit methodology.*
36	CLM_HIPPS_UNCOMPD_CARE_AMT	Claim Health Insurance Prospective Payment System Uncompensated Care Amount	256	270	15	-9(11).99	This is a payment for DSH hospitals as part of Section 3133 of ACA. It represents the uncompensated care amount of the payment. ***Note:*** *Applicable for claim types = (10, 20, 30, 40, 50, 60) and total calculated based on debit credit methodology.*

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
37	CLM_OPRTNL_DSPRPRTNT_AMT	Claim Operational Disproportionate Amount	271	292	22	-9(18).99	The disproportionate share amount applicable to the bill. Use the amount provided by the disproportionate share field in PRICER. (Do not include any PPS capital DSH adjustment in this entry). ***Note:*** *Applicable for claim type = 60 and total calculated based on debit credit methodology.*

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The filename convention for the Medicare Shared Savings Program in Table 2 is:

- For regular CCLFs: P.A****.ACO.ZC2Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC2R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 2. Part A Claims Revenue Center Detail File (CCLF2)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	CLM_LINE_NUM	Claim Line Number	14	23	10	9(10)	A sequential number that identifies a specific claim line.
3	BENE_MBI_ID	Medicare Beneficiary Identifier	24	34	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
4	BENE_HIC_NUM	Beneficiary HIC Number	35	45	11	X(11)	Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
5	CLM_TYPE_CD	Claim Type Code	46	47	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type code include: 10 = HHA claim 20 = Non swing bed SNF claim 30 = Swing bed SNF claim 40 = Outpatient claim 50 = Hospice claim 60 = Inpatient claim 61 = Inpatient “Full-Encounter” claim
6	CLM_LINE_FROM_DT	Claim Line From Date	48	57	10	YYYY-MM-DD	The date the service associated with the line item began. [H]
7	CLM_LINE_THRU_DT	Claim Line Thru Date	58	67	10	YYYY-MM-DD	The date the service associated with the line item ended. [H]
8	CLM_LINE_PROD_REV_CTR_CD	Product Revenue Center Code	68	71	4	X(04)	The number a provider assigns to the cost center to which a particular charge is billed (e.g., accommodations or supplies). A cost center is a division or unit within a hospital (e.g., radiology, emergency room, pathology). Find Revenue Center Code at the ResDAC website. Revenue center code 0001 represents the total of all revenue centers included on the claim.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
9	CLM_LINE_INSTNL_REV_CTR_DT	Claim Line Institutional Revenue Center Date	72	81	10	YYYY-MM-DD	The date that applies to the service associated with the Revenue Center code.
10	CLM_LINE_HCPCS_CD	HCPCS Code	82	86	5	X(05)	The HCPCS code representing the procedure, supply, product, and/or service provided to the beneficiary. ***Note***: *Health Insurance Prospective Payment System (HIPPS) code may be available when the Product Revenue Center Code is "0022" (SNF Prospective Payment System).*
11	BENE_EQTBL_BIC_HICN_NUM	Beneficiary Equitable BIC HICN Number	87	97	11	X(11)	Legacy Beneficiary Equitable BIC HICN Number. ***Note****: To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value/ Beneficiary Equitable BIC HICN Number will no longer be displayed. The Beneficiary Equitable BIC HICN Number will be blank in CCLFs generated effective January 1, 2020 onwards.*
12	PRVDR_OSCAR_NUM	Provider OSCAR Number	98	103	6	X(6)	A facility's Medicare/Medicaid identification number, also known as a Medicare/Medicaid Provider Number, or CCN. This number verifies that a provider has been Medicare certified for a particular type of services. [H]

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
13	CLM_FROM_DT	Claim From Date	104	113	10	YYYY-MM-DD	The first day on the billing statement that covers services rendered to the beneficiary. [H] Also known as the “Statement Covers From Date.”
14	CLM_THRU_DT	Claim Thru Date	114	123	10	YYYY-MM-DD	The last day on the billing statement that covers services rendered to the beneficiary. [H] Also known as the “Statement Covers Through Date.”
15	CLM_LINE_SRVC_UNIT_QTY	Claim Line Service Unit Quantity	124	147	24	-9(18).9999	Count of total units, at the line-item level, associated with services needing unit reporting (e.g., anesthesia time units and blood units). [H]
16	CLM_LINE_CVRD_PD_AMT	Claim Line Covered Paid Amount	148	164	17	-9(13).99	The amount Medicare reimbursed the provider for covered services associated with the claim-line. [H]
17	HCPCS_1_MDFR_CD	HCPCS First Modifier Code	165	166	2	X(2)	The first code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]
18	HCPCS_2_MDFR_CD	HCPCS Second Modifier Code	167	168	2	X(2)	The second code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]
19	HCPCS_3_MDFR_CD	HCPCS Third Modifier Code	169	170	2	X(2)	The third code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]

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20	HCPCS_4_MDFR_CD	HCPCS Fourth Modifier Code	171	172	2	X(2)	The fourth code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]
21	HCPCS_5_MDFR_CD	HCPCS Fifth Modifier Code	173	174	2	X(2)	The fifth code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]
22	CLM_REV_APC_HIPPS_CD	Claim Revenue APC HIPPS Code	175	179	5	X(5)	APC group for outpatient claim type.

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The filename convention for the Medicare Shared Savings Program in Table 3 is:

- For regular CCLFs: P.A****.ACO.ZC3Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC3R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 3. Part A Procedure Code File (CCLF3)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	BENE_MBI_ID	Medicare Beneficiary Identifier	14	24	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
3	BENE_HIC_NUM	Beneficiary HIC Number	25	35	11	X(11)	Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
4	CLM_TYPE_CD	Claim Type Code	36	37	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type codes are: 10 = HHA claim 20 = Non swing bed SNF claim 30 = Swing bed SNF claim 40 = Outpatient claim 50 = Hospice claim 60 = Inpatient claim 61 = Inpatient “Full-Encounter” claim
5	CLM_VAL_SQNC_NUM	Claim Value Sequence Number	38	39	2	9(2)	An arbitrary sequential number that uniquely identifies a procedure code record within the claim.
6	CLM_PRCDR_CD	Procedure Code	40	46	7	X(07)	The ICD-9/10 code that indicates the procedure performed during the period covered by the claim. [H]
7	CLM_PRCDR_PRFRM_DT	Procedure Performed Date	47	56	10	YYYY-MM-DD	The date the indicated procedure was performed. [H]

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
8	BENE_EQTBL_BIC_HICN_NUM	Beneficiary Equitable BIC HICN Number	57	67	11	X(11)	Legacy Beneficiary Equitable BIC HICN Number. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value/ Beneficiary Equitable BIC HICN Number will no longer be displayed. The Beneficiary Equitable BIC HICN Number will be blank in CCLFs generated effective January 1, 2020 onwards.*
9	PRVDR_OSCAR_NUM	Provider OSCAR Number	68	73	6	X(6)	A facility's Medicare/Medicaid identification number. It is also known as a Medicare/Medicaid Provider Number, or CCN. This number verifies that a provider has been Medicare certified for a particular type of services. [H]
10	CLM_FROM_DT	Claim From Date	74	83	10	YYYY-MM-DD	The first day on the billing statement that covers services rendered to the beneficiary. [H] Also known as "Statement Covers From Date."
11	CLM_THRU_DT	Claim Thru Date	84	93	10	YYYY-MM-DD	The last day on the billing statement that covers services rendered to the beneficiary. [H] Also known as the "Statement Covers Through Date."
12	DGNS_PRCDR_ICD_IND	ICD Version Indicator	94	94	1	X(1)	9 = ICD-9 0 = ICD-10 U = any value other than "9" or "0" in the source data.

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The filename convention for the Medicare Shared Savings Program in Table 4 is:

- For regular CCLFs: P.A****.ACO.ZC4Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC4R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 4. Part A Diagnosis Code File (CCLF4)

ELEMENT #	ELEMENT NAME	DATA DESCRIPTION	START POSITION	END POSITION	DATA LENGTH	FORMAT	COMMENTS
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	BENE_MBI_ID	Medicare Beneficiary Identifier	14	24	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
3	BENE_HIC_NUM	Beneficiary HIC Number	25	35	11	X(11)	Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*

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ELEMENT #	ELEMENT NAME	DATA DESCRIPTION	START POSITION	END POSITION	DATA LENGTH	FORMAT	COMMENTS
4	CLM_TYPE_CD	Claim Type Code	36	37	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type code include: 10 = HHA claim 20 = Non swing bed SNF claim 30 = Swing bed SNF claim 40 = Outpatient claim 50 = Hospice claim 60 = Inpatient claim 61 = Inpatient “Full-Encounter” claim
5	CLM_PROD_TYPE_CD	Claim Product Type Code	38	38	1	X(01)	Code classifying the diagnosis category. [H] Category code include: E = Accident diagnosis code 1 = First diagnosis E code D = Other diagnosis code
6	CLM_VAL_SQNC_NUM	Claim Value Sequence Number	39	40	2	9(2)	An arbitrary sequential number that uniquely identifies a procedure code record within the claim.
7	CLM_DGNS_CD	Diagnosis Code	41	47	7	X(07)	The ICD-9/10 diagnosis code identifying the beneficiary’s illness or disability. [I H]

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ELEMENT #	ELEMENT NAME	DATA DESCRIPTION	START POSITION	END POSITION	DATA LENGTH	FORMAT	COMMENTS
8	BENE_EQTBL_BIC_HICN_NUM	Beneficiary Equitable BIC HICN Number	48	58	11	X(11)	Legacy Beneficiary Equitable BIC HICN Number. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims and the HICN value/ Beneficiary Equitable BIC HICN Number will no longer be displayed. The Beneficiary Equitable BIC HICN Number will be blank effective January 1, 2020.*
9	PRVDR_OSCAR_NUM	Provider OSCAR Number	59	64	6	X(6)	The OSCAR is a facility's Medicare/Medicaid identification number. It is also known as a Medicare/Medicaid Provider Number, or CCN. This number verifies that a provider has been Medicare certified for a particular type of services. [H]
10	CLM_FROM_DT	Claim From Date	65	74	10	YYYY-MM-DD	The first day on the billing statement that covers services rendered to the beneficiary. [H] Also known as the "Statement Covers From Date."
11	CLM_THRU_DT	Claim Thru Date	75	84	10	YYYY-MM-DD	The last day on the billing statement that covers services rendered to the beneficiary. [H] Also known as the "Statement Covers Through Date."
12	CLM_POA_IND	Claim Present-on-Admission Indicator	85	91	7	X(7)	Indicates whether a patient had the condition listed on the claim line at the time of admission to the facility. [I H] Find Present-on-Admission values at the ResDAC website.

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ELEMENT #	ELEMENT NAME	DATA DESCRIPTION	START POSITION	END POSITION	DATA LENGTH	FORMAT	COMMENTS
13	DGNS_PRCDR_ICD_IND	ICD Version Indicator	92	92	1	X(1)	9 = ICD-9 0 = ICD-10 U = any value other than “9” or “0” in the source data.

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The filename convention for the Medicare Shared Savings Program in Table 5 is:

- For regular CCLFs: P.A****.ACO.ZC5Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC5R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 5. Part B Physicians File (CCLF5)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	CLM_LINE_NUM	Claim Line Number	14	23	10	9(10)	A sequential number that identifies a specific claim line within a given claim.
3	BENE_MBI_ID	Medicare Beneficiary Identifier	24	34	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
4	BENE_HIC_NUM	Beneficiary HIC Number	35	45	11	X(11)	Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The HICN field will be blank effective January 1, 2020.*
5	CLM_TYPE_CD	Claim Type Code	46	47	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type code include: 71 = RIC O local carrier non-DMEPOS claim 72 = RIC O local carrier DMEPOS claim

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
6	CLM_FROM_DT	Claim From Date	48	57	10	YYYY-MM-DD	The first day on the billing statement that covers services rendered to the beneficiary. [H] Also known as the “Statement Covers From Date.”
7	CLM_THRU_DT	Claim Thru Date	58	67	10	YYYY-MM-DD	The last day on the billing statement that covers services rendered to the beneficiary. [H] Also known as the “Statement Covers Through Date.”

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
8	RNDRG_PRVDR_TYPE_CD	Rendering Provider Type Code	68	70	3	X(03)	Indicates the type of provider who provided the service associated with this line item on the claim. Provider Type Code include: 0=Clinics, groups, associations, partnerships, or other entities 1 = Physicians or suppliers reporting as solo practitioners 2 = Suppliers (other than sole proprietorship) 3 = Institutional provider 4 = Independent laboratories 5 = Clinics (multiple specialties) 6 = Groups (single specialty) 7 = Other entities 8 = Family Practice UI = UPIN Identification N2 = National Council for Prescription Drug Programs D = National Supplier Clearinghouse BP = PIN Individual BG = PIN Group A = Online Survey, Certification and Reporting
9	RNDRG_PRVDR_FIPS_ST_CD	Rendering Provider FIPS State Code	71	72	2	X(02)	Identifies the state that the provider providing the service is located in.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
10	CLM_PRVDR_SPCLTY_CD	Claim-Line Provider Specialty Code	73	74	2	X(02)	Indicates the CMS specialty code associated with the provider of services. CMS used this number to price the service on the line-item. Find Provider Specialty Code at CMS.gov or the Research Data Assistance Center.
11	CLM_FED_TYPE_SRVC_CD	Claim Federal Type Service Code	75	75	1	X(01)	Indicates the type of service (e.g., consultation, surgery) provided to the beneficiary. Types of Service Code are defined in the Medicare Carrier Manual. Find Types of Service Code at the ResDAC website.
12	CLM_POS_CD	Claim Place of Service Code	76	77	2	X(02)	Indicates the place where the indicated service was provided (e.g., ambulance, school). Places of service are defined in the Medicare Carrier Manual. Find Place of Service Code at the ResDAC website.
13	CLM_LINE_FROM_DT	Claim Line From Date	78	87	10	YYYY-MM-DD	The date the service associated with the line item began.
14	CLM_LINE_THRU_DT	Claim Line Thru Date	88	97	10	YYYY-MM-DD	The date the service associated with the line item ended.
15	CLM_LINE_HCPCS_CD	HCPCS Code	98	102	5	X(05)	The HCPCS code representing the procedure, supply, product, and/or service provided to the beneficiary. [I H]
16	CLM_LINE_CVRD_PD_AMT	Claim Line NCH Payment Amount	103	117	15	X(15)	The amount of payment made by Medicare on behalf of the beneficiary for the indicated service after deductible and coinsurance amounts have been paid.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
17	CLM_LINE_PRMRY_PYR_CD	Claim Primary Payer Code	118	118	1	X(01)	If a payer other than Medicare has primary responsibility for payment of the service indicated on the claim line, this code indicates the primary payer. This field is also known as the Line Beneficiary Primary Payer Code. [I H] If this field is blank, Medicare is the primary payer for the beneficiary. Find Primary Payer Code at the ResDAC website.
18	CLM_LINE_DGNS_CD	Diagnosis Code	119	125	7	X(07)	The ICD-9/10 diagnosis code identifying the beneficiary's principal illness or disability. [I H]
19	CLM_RNDRG_PRVDR_TAX_NUM	Claim Provider Tax Number	126	135	10	X(10)	The SSN or Employee Identification Number (EIN) of the provider of the indicated service. This number identifies who receives payment for the indicated service. [I]
20	RNDRG_PRVDR_NPI_NUM	Rendering Provider NPI Number	136	145	10	X(10)	A number that identifies the provider rendering the indicated service on the claim line. Each provider is assigned its own unique NPI.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
21	CLM_CARR_PMT_DNL_CD	Claim Carrier Payment Denial Code	146	147	2	X(02)	Indicates to whom payment was made (e.g., physician, beneficiary), or if the claim was denied. Find Carrier Payment Denial Code in the CMS Manual System, Publication 100-04 Medicare Claims Processing. Additionally, the following code may be available: G = MSP Cost Avoided - Secondary Claims Investigation H = MSP Cost Avoided - Self Reports J = MSP Cost Avoided - 411.25 T = MSP Cost Avoided - IEQ contractor (eff. 7/96) X = MSP Cost Avoided - generic Y = MSP Cost Avoided - IRS/SSA data match project

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
22	CLM_PRCSG_IND_CD	Claim-Line Processing Indicator Code	148	149	2	X(02)	Indicates whether the service indicated on the claim line was allowed or the reason it was denied. Find Processing Indicator Code at the ResDAC website. Additionally, the following code may be available: G = MSP Cost Avoided - Secondary Claims Investigation H = MSP Cost Avoided - Self Reports J = MSP Cost Avoided - 411.25 19 = MSP Cost Avoided - Worker's Compensation Set Aside 41 = MSP Cost Avoided - Next Generation Desktop
23	CLM_ADJSMT_TYPE_CD	Claim Adjustment Type Code	150	151	2	X(02)	Indicates whether the claim is an original, cancellation, or adjustment claim. Claim Adjustment Type Code include: 0 = Original Claim 1 = Cancellation Claim 2 = Adjustment claim
24	CLM_EFCTV_DT	Claim Effective Date	152	161	10	YYYY-MM-DD	The date the claim was processed and added to the NCH. This is also referred to as the NCH Weekly Processing Date.
25	CLM_IDR_LD_DT	Claim IDR Load Date	162	171	10	YYYY-MM-DD	When the claim was loaded into the IDR.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
26	CLM_CNTL_NUM	Claim Control Number	172	211	40	X(40)	A unique number assigned to a claim by the Medicare carrier. This number allows CMS to associate each line item with its respective claim.
27	BENE_EQTBL_BIC_HICN_NUM	Beneficiary Equitable BIC HICN Number	212	222	11	X(11)	Legacy Beneficiary Equitable BIC HICN Number. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value/ Beneficiary Equitable BIC HICN Number will no longer be displayed. The Beneficiary Equitable BIC HICN Number will be blank effective January 1, 2020.*
28	CLM_LINE_ALOWD_CHRG_AMT	Claim Line Allowed Charges Amount	223	239	17	X(17)	The amount Medicare approved for payment to the provider.
29	CLM_LINE_SRVC_UNIT_QTY	Claim Line Service Unit Quantity	240	263	24	-9(18).9999	Count of total units, at the line-item level, associated with services needing unit reporting (e.g., anesthesia time units and blood units).
30	HCPCS_1_MDFR_CD	HCPCS First Modifier Code	264	265	2	X(2)	The first code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]
31	HCPCS_2_MDFR_CD	HCPCS Second Modifier Code	266	267	2	X(2)	The second code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
32	HCPCS_3_MDFR_CD	HCPCS Third Modifier Code	268	269	2	X(2)	The third code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]
33	HCPCS_4_MDFR_CD	HCPCS Fourth Modifier Code	270	271	2	X(2)	The fourth code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]
34	HCPCS_5_MDFR_CD	HCPCS Fifth Modifier Code	272	273	2	X(2)	The fifth code to modify the HCPCS procedure code associated with the claim-line. This provides more specific procedure identification for the line item service. [H]
35	CLM_DISP_CD	Claim Disposition Code	274	275	2	X(2)	Information regarding payment actions on the claim. Claim Disposition Code include: 01 = Debit accepted 02 = Debit accepted (automatic adjustment) 03 = Cancel accepted
36	CLM_DGNS_1_CD	Claim Diagnosis First Code	276	282	7	X(7)	The first of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
37	CLM_DGNS_2_CD	Claim Diagnosis Second Code	283	289	7	X(7)	The second of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
38	CLM_DGNS_3_CD	Claim Diagnosis Third Code	290	296	7	X(7)	The third of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
39	CLM_DGNS_4_CD	Claim Diagnosis Fourth Code	297	303	7	X(7)	The fourth of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
40	CLM_DGNS_5_CD	Claim Diagnosis Fifth Code	304	310	7	X(7)	The fifth of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
41	CLM_DGNS_6_CD	Claim Diagnosis Sixth Code	311	317	7	X(7)	The sixth of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
42	CLM_DGNS_7_CD	Claim Diagnosis Seventh Code	318	324	7	X(7)	The seventh of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
43	CLM_DGNS_8_CD	Claim Diagnosis Eighth Code	325	331	7	X(7)	The eighth of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
44	DGNS_PRCDR_ICD_IND	ICD Version Indicator	332	332	1	X(1)	9 = ICD-9 0 = ICD-10 U = any value other than "9" or "0" in the source data.
45	CLM_DGNS_9_CD	Claim Diagnosis Ninth Code	333	339	7	X(7)	The ninth of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
46	CLM_DGNS_10_CD	Claim Diagnosis Tenth Code	340	346	7	X(7)	The tenth of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
47	CLM_DGNS_11_CD	Claim Diagnosis Eleventh Code	347	353	7	X(7)	The eleventh of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
48	CLM_DGNS_12_CD	Claim Diagnosis Twelfth Code	354	360	7	X(7)	The twelfth of 12 allowable ICD-9/10 diagnosis code identifying the beneficiary's illness or disability. [I H]
49	HCPCS_BETOS_CD	HCPCS BETOS Code	361	363	3	X(3)	A code representing a clinical category. The Berenson-Eggers Type of Service (BETOS) code.

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The filename convention for the Medicare Shared Savings Program in Table 6 is:

- For regular CCLFs: P.A****.ACO.ZC6Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC6R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 6. Part B DME File (CCLF6)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	CLM_LINE_NUM	Claim Line Number	14	23	10	9(10)	A sequential number that identifies a specific claim line.
3	BENE_MBI_ID	Medicare Beneficiary Identifier	24	34	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
4	BENE_HIC_NUM	Beneficiary HIC Number	35	45	11	X(11)	Legacy Beneficiary HICN field. ***Note**: To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*
5	CLM_TYPE_CD	Claim Type Code	46	47	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type code include: 81 = RIC M DMERC non-DMEPOS claim 82 = RIC M DMERC DMEPOS claim

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
17	CLM_CARR_PMT_DNL_CD	Claim Carrier Payment Denial Code	132	133	2	X(02)	Indicates to whom payment was made (e.g., physician, beneficiary) or if the claim was denied. Find Carrier Payment Denial Code at the ResDAC website. Additionally, the following code may be available: G = Secondary Claims Investigation H = Self Reports J = 411.25 T = MSP Cost Avoided - IEQ contractor (eff. 7/96) X = MSP Cost Avoided - generic Y = MSP Cost Avoided - IRS/SSA data match project

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
18	CLM_PRCSG_IND_CD	Claim Processing Indicator Code	134	135	2	X(02)	Indicates whether the service indicated on the claim line was allowed or the reason it was denied. Find Processing Indicator Code at the ResDAC website. Additionally, the following code may be available: G = MSP Cost Avoided - Secondary Claims Investigation H = MSP Cost Avoided - Self Reports J = MSP Cost Avoided - 411.25 19 = MSP Cost Avoided - Worker's Compensation Set Aside 41 = MSP Cost Avoided - Next Generation Desktop
19	CLM_ADJSMT_TYPE_CD	Claim Adjustment Type Code	136	137	2	X(02)	Indicates whether the claim an original, cancellation, or adjustment claim. Claim Adjustment Type Code include: 0 = Original Claim 1 = Cancellation Claim 2 = Adjustment claim
20	CLM_EFCTV_DT	Claim Effective Date	138	147	10	YYYY-MM-DD	The date the claim was processed and added to the NCH. This is also referred to as the NCH Weekly Processing Date. [H]
21	CLM_IDR_LD_DT	Claim IDR Load Date	148	157	10	YYYY-MM-DD	When the claim was loaded into the IDR.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
22	CLM_CNTL_NUM	Claim Control Number	158	197	40	X(40)	A unique number assigned to a claim by the Medicare carrier. This number allows CMS to associate each line item with its respective claim.
23	BENE_EQTBL_BIC_HICN_NUM	Beneficiary Equitable BIC HICN Number	198	208	11	X(11)	Legacy Beneficiary Equitable BIC HICN Number. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value/ Beneficiary Equitable BIC HICN Number will no longer be displayed. The Beneficiary Equitable BIC HICN Number will be blank in CCLFs generated effective January 1, 2020 onwards.*
24	CLM_LINE_ALOWD_CHRG_AMT	Claim Line Allowed Charges Amount	209	225	17	-9(14).99	The amount Medicare approved for payment to the provider.
25	CLM_DISP_CD	Claim Disposition Code	226	227	2	X(2)	Contains information regarding payment actions on the claim. Claim Disposition Code include: 01 = Debit accepted 02 = Debit accepted (automatic adjustment) 03 = Cancel accepted

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The filename convention for the Medicare Shared Savings Program in Table 7 is:

- For regular CCLFs: P.A****.ACO.ZC7Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC7R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out

Table 7. Part D File (CCLF7)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	BENE_MBI_ID	Medicare Beneficiary Identifier	14	24	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
3	BENE_HIC_NUM	Beneficiary HIC Number	25	35	11	X(11)	Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*
4	CLM_LINE_NDC_ CD	NDC Code	36	46	11	X(11)	A universal unique product identifier for human drugs. [H]

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
5	CLM_TYPE_CD	Claim Type Code	47	48	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type code include: 01 = Part D - Original without resubmitted PDE 02 = Part D - Adjusted PDE 03 = Part D - Deleted Claims 04 = Part D - Resubmitted PDE
6	CLM_LINE_FROM_DT	Claim Line From Date	49	58	10	YYYY-MM-DD	The date the service associated with the line item began (i.e., the date upon which the prescription was filled).
7	PRVDR_SRVC_ID_QLFYR_CD	Provider Service Identifier Qualifier Code	59	60	2	X(02)	Indicates the type of number used to identify the pharmacy providing the services: 01 = NPI Number 06 = Unique Physician Identification Number (UPIN) 07 = National Council for Prescription Drug Programs (NCPDP) Number 08 = State License Number 11 = TIN 99 = Other mandatory for Standard Data Format
8	CLM_SRVC_PRVDR_GNRC_ID_NUM	Claim Service Provider Generic ID Number	61	80	20	X(20)	The number associated with the indicated code in the Provider Service Identification Qualifier Code field.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
9	CLM_DSPNSNG_STUS_CD	Claim Dispensing Status Code	81	81	1	X(01)	Indicates the status of prescription fulfillment. Dispensing Code include: P = Partially filled C = Completely filled
10	CLM_DAW_PROD_SLCTN_CD	Claim Dispense as Written (DAW) Product Selection Code	82	82	1	X(01)	Indicates the prescriber's instructions regarding generic substitution or how those instructions were followed. DAW Product Selection Code include: 0 = No product selection indicated 1 = Substitution not allowed by prescriber 2 = Substitution allowed – Patient requested that brand be dispensed 3 = Substitution allowed – Pharmacist selected product dispensed 4 = Substitution allowed – Generic not in stock 5 = Substitution allowed – Brand drug dispensed as generic 6 = Override 7 = Substitution not allowed – Brand drug mandated by law 8 = Substitution allowed – Generic drug not available in marketplace 9 = Other

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
11	CLM_LINE_SRVC_UNIT_QTY	Claim Line Service Unit Quantity	83	106	24	-9(18).9999	Count of total units, at the line-item level, associated with services needing unit reporting (e.g., anesthesia time units and blood units).
12	CLM_LINE_DAYS_SUPLY_QTY	Claim Line Days' Supply Quantity	107	115	9	9(09)	The number of days the supply of medication dispensed by the pharmacy will cover.
13	PRVDR_PRSBNG_ID_QLFYR_CD	Provider Prescribing ID Qualifier Code	116	117	2	X(02)	Indicates the type of number used to identify the prescribing provider: 01 = NPI Number 06 = UPIN 07 = NCPDP Number 08 = State License Number 11 = TIN 12 = DEA 99 = Other mandatory for Standard Data Format
14	CLM_PRSBNG_PRVDR_GNRC_ID_NUM	Claim Prescribing Provider Generic ID Number	118	137	20	X(20)	The number associated with the indicated code in the Provider Prescribing Service Identification Qualifier Code field.
15	CLM_LINE_BENE_PMT_AMT	Claim Line Beneficiary Payment Amount	138	150	13	-9(9).99	The dollar amount paid by the beneficiary that is not reimbursed by a third party (e.g., copayments, coinsurance, deductible, or other patient pay amounts). [H]

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
16	CLM_ADJSMT_TYPE_CD	Claim Adjustment Type Code	151	152	2	X(02)	Indicates whether the claim is an original, cancellation, or adjustment claim. Claim Adjustment Type Code include: 0 = Original Claim 1 = Cancellation Claim 2 = Adjustment claim
17	CLM_EFCTV_DT	Claim Effective Date	153	162	10	YYYY-MM-DD	The date the claim was processed and added to the NCH. This is also referred to as the NCH Weekly Processing Date. H
18	CLM_IDR_LD_DT	Claim IDR Load Date	163	172	10	YYYY-MM-DD	When the claim was loaded into the IDR.
19	CLM_LINE_RX_SRVC_RFRNC_NUM	Claim Line Prescription Service Reference Number	173	184	12	9(12)	Identifies a prescription dispensed by a particular service provider on a particular service date.
20	CLM_LINE_RX_FILL_NUM	Claim Line Prescription Fill Number	185	193	9	X(09)	Assigned to the current dispensed supply by the pharmacy. It designates the sequential order of the original fill or subsequent refills of a prescription.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
21	CLM_PHRMCY_SRVC_TYPE_CD	Claim Pharmacy Service Type Code	194	195	2	X(02)	A unique identifier of a type of service being performed by a pharmacy when different contractual terms exist between a payer and the pharmacy or when benefits are based upon the type of service performed. 1 = Community/Retail Pharmacy Services 2 = Compounding Pharmacy Services 3 = Home Infusion Therapy Provider Services 4 = Institutional Pharmacy Services 5 = Long Term Care Pharmacy Services 6 = Mail Order Pharmacy Services 7 = Managed Care Organization Pharmacy Services 8 = Specialty Care Pharmacy Services 99 = Other

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The filename convention for the Medicare Shared Savings Program in Table 8 is:

- For regular CCLFs: P.A****.ACO.ZC8Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC8R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 8. Beneficiary Demographics File (CCLF8)

ELEMENT #	BENEFICIARY FIELD LABEL	BENEFICIARY FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	BENEFICIARY FIELD DESCRIPTION
1	BENE_MBI_ID	Medicare Beneficiary Identifier	1	11	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
2	BENE_HIC_NUM	Beneficiary HIC Number	12	22	11	X(11)	Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*
3	BENE_FIPS_STATE_CD	Beneficiary FIPS State Code	23	24	2	9(02)	Identifies the state where the beneficiary receiving services resides. [I H]
4	BENE_FIPS_CNTY_CD	Beneficiary FIPS County Code	25	27	3	9(03)	Identifies the county where the beneficiary receiving services resides. [I H]
5	BENE_ZIP_CD	Beneficiary ZIP Code	28	32	5	X(05)	The beneficiary’s ZIP code as indicated in their Medicare enrollment record. [I H]
6	BENE_DOB	Beneficiary Date of Birth	33	42	10	YYYY-MM-DD	The month, day, and year of the beneficiary’s birth. [I H]

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ELEMENT #	BENEFICIARY FIELD LABEL	BENEFICIARY FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	BENEFICIARY FIELD DESCRIPTION
7	BENE_SEX_CD	Beneficiary Sex Code	43	43	1	X(01)	The beneficiary's sex. [I H] Code include: 1 = Male 2 = Female 0 = Unknown
8	BENE_RACE_CD	Beneficiary Race Code	44	44	1	X(01)	The beneficiary's race. [I H] Code include: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = North American Native
9	BENE_AGE	Beneficiary Age	45	47	3	9(03)	The beneficiary's current age, as calculated by subtracting the beneficiary's date of birth from the current date. [I H]

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ELEMENT #	BENEFICIARY FIELD LABEL	BENEFICIARY FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	BENEFICIARY FIELD DESCRIPTION
10	BENE_MDCR_STUS_CD	Beneficiary Medicare Status Code	48	49	2	X(02)	Indicates the reason for a beneficiary's entitlement to Medicare benefits as of a particular date, broken down by the following categories: I H Old Age & Survivors Insurance (OASI), Disabled, and ESRD, and by appropriate combinations of these categories: 10 = Aged without ESRD 11 = Aged with ESRD 20 = Disabled without ESRD 21 = Disabled with ESRD 31 = ESRD only
11	BENE_DUAL_STUS_CD	Beneficiary Dual Status Code	50	51	2	X(02)	Identifies the most recent entitlement status of beneficiaries eligible for a program(s) in addition to Medicare (e.g., Medicaid). I H Find Dual Status Code at the ResDAC website.
12	BENE_DEATH_DT	Beneficiary Death Date	52	61	10	YYYY-MM-DD	The month, day, and year of a beneficiary's death. I H
13	BENE_RNG_BGN_DT	Date beneficiary enrolled in Hospice	62	71	10	YYYY-MM-DD	The date the beneficiary enrolled in hospice. I H
14	BENE_RNG_END_DT	Date beneficiary ended Hospice	72	81	10	YYYY-MM-DD	The date the beneficiary is enrolled in hospice. I H
15	BENE_1ST_NAME	Beneficiary First Name	82	111	30	X(30)	The first name of the beneficiary. I H
16	BENE_MIDL_NAME	Beneficiary Middle Name	112	126	15	X(15)	The middle name of the beneficiary. I H

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ELEMENT #	BENEFICIARY FIELD LABEL	BENEFICIARY FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	BENEFICIARY FIELD DESCRIPTION
17	BENE_LAST_NAME	Beneficiary Last Name	127	166	40	X(40)	The last name of the beneficiary. [I H]
18	BENE_ORGNL_ENTLMT_RSN_CD	Beneficiary Original Entitlement Reason Code	167	167	1	X(01)	The reason for the beneficiary's original entitlement to Medicare benefits. [I H] 0 = Old Age and Survivors Insurance (OASI) 1 = Disability Insurance Benefits (DIB) 2 = ESRD 3 = Both DIB and ESRD 4 = Unknown
19	BENE_ENTLMT_BUYIN_IND	Beneficiary Entitlement Buy-in Indicator	168	168	1	X(01)	Indicates for each month of the denominator reference year, the entitlement of the beneficiary to Medicare Part A, Medicare Part B, or Medicare Parts A and B both, as well as whether or not the beneficiary's state of residence was liable and paid for the beneficiary's Medicare Part B monthly premiums. [I H] 0 = Not Entitled 1 = Part A Only 2 = Part B Only 3 = Part A and Part B A = Part A, State Buy-In B = Part B, State Buy-In C = Parts A and B, State Buy-In
20	BENE_PART_A_ENRLMT_BGN_DT	Bene Entitlement Part A Begin Date	169	178	10	YYYY-MM-DD	The date that a beneficiary is entitled for Medicare Part A benefits.

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ELEMENT #	BENEFICIARY FIELD LABEL	BENEFICIARY FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	BENEFICIARY FIELD DESCRIPTION
21	BENE_PART_B_ENRLMT_BGN_DT	Bene Entitlement Part B Begin Date	179	188	10	YYYY-MM-DD	The date that a beneficiary is entitled for Medicare Part B benefits.
22	BENE_LINE_1_ADR	Beneficiary Derived Mailing Line One Address	189	233	45	X(45)	The first line of the street address. [I]
23	BENE_LINE_2_ADR	Beneficiary Derived Mailing Line Two Address	234	278	45	X(45)	The second line of the street address. [I]
24	BENE_LINE_3_ADR	Beneficiary Derived Mailing Line Three Address	279	318	40	X(40)	The third line of the street address. [I]
25	BENE_LINE_4_ADR	Beneficiary Derived Mailing Line Four Address	319	358	40	X(40)	The fourth line of the street address. [I]
26	BENE_LINE_5_ADR	Beneficiary Derived Mailing Line Five Address	359	398	40	X(40)	The fifth line of the street address. [I]
27	BENE_LINE_6_ADR	Beneficiary Derived Mailing Line Six Address	399	438	40	X(40)	The sixth line of the street address. [I]
28	GEO_ZIP_PLC_NAME	Beneficiary City	439	538	100	X(100)	The name of the city. [I]
29	GEO_USPS_STATE_CD	Beneficiary State	539	540	2	X(2)	State code used by the United States Postal Service to identify a state. [I]
30	GEO_ZIP5_CD	Beneficiary Zip Code	541	545	5	X(5)	The US Postal Service code that is associated with a geographical area. [I]
31	GEO_ZIP4_CD	Beneficiary Zip Code Ext.	546	549	4	X(4)	A four-digit extension to a ZIP Code that represents a subdivision for mailing purposes of the ZIP Code. [I]

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The filename convention for the Medicare Shared Savings Program in Table 9 is:

- For regular CCLFs: P.A****.ACO.ZC9Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC9R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 9. Beneficiary XREF File (CCLF9)

ELEMENT #	BENEFICIARY FIELD LABEL	BENEFICIARY FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	BENEFICIARY FIELD DESCRIPTION
…	HICN_MBI_XREF_IND…	HICN/MBI XREF Indicator…	…	…	…	X(1)…	M = MBI ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*
2	CRNT_NUM	Current Beneficiary Identifier	2	12	11	X(11)	Current Beneficiary MBI will denote the MBI. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed.* *The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*

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ELEMENT #	BENEFICIARY FIELD LABEL	BENEFICIARY FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	BENEFICIARY FIELD DESCRIPTION
3	PRVS_NUM	Previous Beneficiary Identifier	13	23	11	X(11)	Previous Beneficiary MBI. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed.* *The HICN field will be blank in CCLFs generated effective January 1, 2020 onwards.*
4	PRVS_ID_EFCTV_DT	Previous Identifier Effective Date	24	33	10	YYYY- MM-DD	The date the previous identifier became active.
5	PRVS_ID_OBSLT_DT	Previous Identifier Obsolete Date	34	43	10	YYYY- MM-DD	The date the previous identifier ceased to be active.
6	BENE_RRB_NUM	Beneficiary Railroad Board Number	44	55	12	X(12)	Legacy RRB number. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the Medicare Beneficiary Identifier (MBI) will be accepted on claims, and the HICN and RRB will no longer be displayed. These fields will be blank effective January 1, 2020 in CCLF files.*

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The filename convention for the Medicare Shared Savings Program in Table 10 is:

- For regular CCLFs: P.A****.ACO.ZCAY**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZCAR**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 10. Part A Claims Benefit Enhancement and Demonstration Code File (CCLFA)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	BENE_MBI_ID	Medicare Beneficiary Identifier	14	24	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
3	BENE_HIC_NUM	Beneficiary HIC Number	25	35	11	X(11)	Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
4	CLM_TYPE_CD	Claim Type Code	36	37	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs. [H] Claim type code include: 10 = HHA claim 20 = Non swing bed SNF claim 30 = Swing bed SNF claim 40 = Outpatient claim 50 = Hospice claim 60 = Inpatient claim 61 = Inpatient “Full-Encounter” claim
5	CLM_ACTV_CARE_FROM_DT	Claim Admission Date	38	47	10	YYYY-MM-DD	On an institutional claim, the date the beneficiary was admitted to the hospital, skilled nursing facility, or Christian science sanatorium. [I H]
6	CLM_NGACO_PBPMT_SW	PBP Benefit Enhancement Indicator	48	48	1	X(1)	A single character code of “Y” or “N” that indicates whether a particular claim is tied to a PBP benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*
7	CLM_NGACO_PDSCHRG_HCBS_SW	Post Discharge Home Visit Benefit Enhancement Indicator	49	49	1	X(1)	A single character code of “Y” or “N” that indicates whether a particular claim is tied to a Post Discharge Home Visit benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
8	CLM_NGACO_SNF_WVR_SW	SNF 3-Day Waiver Benefit Enhancement Indicator	50	50	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim is tied to a SNF 3-Day Waiver benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*
9	CLM_NGACO_TLHLTH_SW	Telehealth Benefit Enhancement Indicator	51	51	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim is tied to a Telehealth benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*
10	CLM_NGACO_CPTATN_SW	AIPBP Benefit Enhancement Indicator	52	52	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim is tied to an AIPBP benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*
11	CLM_DEMO_1ST_NUM	First Program Demonstration Number	53	54	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a first demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
12	CLM_DEMO_2ND_NUM	Second Program Demonstration Number	55	56	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a second demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.
13	CLM_DEMO_3RD_NUM	Third Program Demonstration Number	57	58	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a third demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.
14	CLM_DEMO_4TH_NUM	Fourth Program Demonstration Number	59	60	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a fourth demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.
15	CLM_DEMO_5TH_NUM	Fifth Program Demonstration Number	61	62	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a fifth demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
16	CLM_PBP_INCLSN_AMT	PBP/AIPBP Inclusion Amount	63	81	19	-9(15).99	The amount that would have been paid in the absence of PBP/AIPBP Reduction. The value for the PBP/AIPBP Inclusion Amount is derived from the table and column called "CMS_VIEW_CLM_PRD.CLM_VAL_AMT" when the value code within the field called "CLM_VAL_CD" equals "Q0."
17	CLM_PBP_RDCTN_AMT	PBP/AIPBP Reduction Amount	82	100	19	-9(15).99	The PBP/AIPBP Reduction Amount withheld from payment to the Provider. The value for the PBP/AIPBP Reduction Amount is derived from the table and column called "CMS_VIEW_CLM_PRD.CLM_VAL_AMT" when the value code within the field called "CLM_VAL_CD" equals "Q1."
18	CLM_NGACO_CMG_WVR_SW	Care Management Home Visits	101	101	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim is tied to a Care Management Home Visits benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*

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The filename convention for the Medicare Shared Savings Program in Table 11 is:

- For regular CCLFs: P.A****.ACO.ZCBY**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZCBR**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 11. Part B Claims Benefit Enhancement and Demonstration Code File (CCLFB)

ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
1	CUR_CLM_UNIQ_ID	Current Claim Unique Identifier	1	13	13	9(13)	A unique identification number assigned to the claim. [I H]
2	CLM_LINE_NUM	Claim Line Number	14	23	10	9(10)	A sequential number that identifies a specific claim line within a given claim.
3	BENE_MBI_ID	Medicare Beneficiary Identifier	24	34	11	X(11)	A Medicare Beneficiary Identifier assigned to a beneficiary. [I H]
4	BENE_HIC_NUM	Beneficiary HIC Number	35	45	11	X(11)	Legacy Beneficiary HICN field. ***Note:*** *To comply with MACRA of 2015, after the end of the New Medicare Card Transition Period in December 2019, only the MBI will be accepted on claims, and the HICN value will no longer be displayed. The Beneficiary HIC Number will be blank in CCLFs generated effective January 1, 2020 onwards.*

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
5	CLM_TYPE_CD	Claim Type Code	46	47	2	9(02)	Signifies the type of claim being submitted through the Medicare or Medicaid programs Claim type code include: 71 = RIC O local carrier non-DMEPOS claim 72 = RIC O local carrier DMEPOS claim
6	CLM_LINE_NGACO_PBPMT_SW	PBP Benefit Enhancement Indicator	48	48	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim line is tied to a PBP benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*
7	CLM_LINE_NGACO_PDSCHRG_HCBS_SW	Post Discharge Home Visit Benefit Enhancement Indicator	49	49	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim line is tied to a Post Discharge Home Visit benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*
8	CLM_LINE_NGACO_SNF_WVR_SW	SNF 3-Day Waiver Benefit Enhancement Indicator	50	50	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim line is tied to a SNF 3-Day Waiver benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
9	CLM_LINE_NGACO_TLHLTH_SW	Telehealth Benefit Enhancement Indicator	51	51	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim line is tied to a Telehealth benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*
10	CLM_LINE_NGACO_CPTATN_SW	AIPBP Benefit Enhancement Indicator	52	52	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim line is tied to an AIPBP benefit enhancement. Blank if no data are available. ***Note:*** *This field will be used for both NGACO and VT APM models.*
11	CLM_DEMO_1ST_NUM	First Program Demonstration Number	53	54	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a first demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.
12	CLM_DEMO_2ND_NUM	Second Program Demonstration Number	55	56	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a second demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
13	CLM_DEMO_3RD_NUM	Third Program Demonstration Number	57	58	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a third demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.
14	CLM_DEMO_4TH_NUM	Fourth Program Demonstration Number	59	60	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a fourth demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.
15	CLM_DEMO_5TH_NUM	Fifth Program Demonstration Number	61	62	2	X(2)	Medicare Demonstration Special Processing Number (SPN). This is a fifth demonstration number. This field will be used to hold the 2-byte number for future use with the Bundled Payments for Care Improvement initiative.

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ELEMENT #	CLAIM FIELD LABEL	CLAIM FIELD NAME	START POSITION	END POSITION	DATA LENGTH	FORMAT	CLAIM FIELD DESCRIPTION
16	CLM_PBP_INCLSN_AMT	PBP/AIPBP Inclusion Amount	63	77	15	-9(11).99	The amount that would have been paid in the absence of PBP/AIPBP Reduction. The value for the PBP/AIPBP Inclusion Amount is derived from the table and column called "CMS_VIEW_CLM_PRD.CLM_LINE_OTHR_APLD_AMT" when the value code within the field called "CLM_LINE_OTHR_APLD_CD" equals "J."
17	CLM_PBP_RDCTN_AMT	PBP/AIPBP Reduction Amount	78	92	15	-9(11).99	The PBP/AIPBP Reduction Amount withheld from payment to the Provider. The value for the PBP/AIPBP Reduction Amount is derived from the table and column called "CMS_VIEW_CLM_PRD.CLM_LINE_OTHR_APLD_AMT" when the value code within the field called "CLM_LINE_OTHR_APLD_CD" equals "L."
18	CLM_NGACO_CMG_WVR_SW	Care Management Home Visits	93	93	1	X(1)	A single character code of "Y" or "N" that indicates whether a particular claim is tied to a Care Management Home Visits benefit enhancement. Blank if no data are available. ***Note*:** This field will be used for both NGACO and VT APM models.

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The filename convention for the Medicare Shared Savings Program in Table 12 and Table 13 is:

- For regular CCLFs: P.A****.ZC0Y**.Dyymmdd.Thhmmsst.
- For run-out CCLFs: P.A****.ACO.ZC0R**.Dyymmdd.Thhmmsst, “R” instead of “Y” indicating run-out.

Table 12. Summary Statistics Header Record (CCLF0)

ELEMENT #	ELEMENT NAME	DATA DESCRIPTION	START POSITION	END POSITION	DATA LENGTH	FORMAT	COMMENTS
1	File Number Label	Title	1	13	13	X(13)	“File Number” This field will be left-justified and right-padded with spaces.
2	Delimiter	Delimiter	14	14	1	X(1)	“|”
3	File Description Label	Title	15	34	20	X(20)	“File Description” This field will be left-justified and right-padded with spaces.
4	Delimiter	Delimiter	35	35	1	X(1)	“|”
5	Total Records Count Label	Title	36	55	20	X(20)	“Total Records Count” This field will be left-justified and right-padded with spaces.
6	Delimiter	Delimiter	56	56	1	X(1)	“|”
7	Record Length Label	Title	57	69	13	X(13)	“Record Length” This field will be left-justified and right-padded with spaces.

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Table 13. Summary Statistics Detail Records

ELEMENT #	ELEMENT NAME	DATA DESCRIPTION	START POSITION	END POSITION	DATA LENGTH	FORMAT	COMMENTS
1	File Type	Type of CCLF file	1	7	7	X(7)	Field will contain either “CCLF1”, “CCLF2”, “CCLF3”, “CCLF4”, “CCLF5”, “CCLF6”, “CCLF7”, “CCLF8”, “CCLF9”, “CCLFA”, or “CCLFB”. This field will be left-justified and right-padded with spaces.
2	Delimiter	Delimiter	8	8	1	X(1)	“|”

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ELEMENT #	ELEMENT NAME	DATA DESCRIPTION	START POSITION	END POSITION	DATA LENGTH	FORMAT	COMMENTS
3	File Name	Name of CCLF file	9	51	43	X(43)	For file CCLF1, this field will contain “Part A Claims Header File”. For file CCLF2, this field will contain “Part A Claims Revenue Center Detail File”. For file CCLF3, this field will contain “Part A Procedure Code File”. For file CCLF4, this field will contain “Part A Diagnosis Code File”. For file CCLF5, this field will contain “Part B Physicians File”. For file CCLF6, this field will contain “Part B DME File”. For file CCLF7, this field will contain “Part D File”. For file CCLF8, this field will contain “Beneficiary Demographics File”. For file CCLF9, this field will contain “BENE XREF File”. For file CCLFA, this field will contain “Part A BE and Demo Codes File”. For file CCLFB, this field will contain “Part B BE and Demo Codes File”. This field will be left-justified and right-padded with spaces.

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ELEMENT #	ELEMENT NAME	DATA DESCRIPTION	START POSITION	END POSITION	DATA LENGTH	FORMAT	COMMENTS
4	Delimiter	Delimiter	52	52	1	X(1)	"|"
5	Number of records	Contains the number of records in the file	53	63	11	X(11)	This field will be right-justified and left-padded with spaces.
6	Delimiter	Delimiter	64	64	1	X(1)	"|"
7	Length of record	Contains the length of the record in the file.	65	69	5	X(5)	This field will be right-justified and left-padded with spaces.
8	Filler	Filler	70	70	1	X(1)	Blank

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