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Data Extract System (DESY) User Manual (UM) for Release 6.5

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1 Introduction

The Centers for Medicare & Medicaid Services (CMS) collects information on Medicare and Medicaid beneficiaries. Under the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, CMS may disclose this valuable information to internal and external organizations. The Data Extract System (DESY) application retrieves information from CMS' major data sources and provides the files to internal and external customers. Through the DESY application, users can specify targeted CMS data sources, search selection criteria, view selections, and file formats. DESY captures the user's request and submits it to the mainframe for processing. DESY notifies the user of the file names via the session summary and e-mail notification. However, prior to disclosing data, CMS policy requires that the requestor of the data submit a formal request for approval. The formal request consists of a formal letter of request, completion of a Data Use Agreement (DUA), and if applicable, research protocol and payment for processing of data.

The DESY web application and the Data Agreement & Data Shipping Tracking System (DADSS) Web Application are closely connected. After DESY access approval, the DADSS system creates a DUA through for the data you will need to access. A DUA is an agreement between CMS and an external entity regarding the discretionary use of data. It stipulates the responsibilities of the requestor regarding the use of the data. Under the Privacy Act, CMS must maintain disclosures made internally and externally to the agency. The DUA allows CMS to maintain these disclosures. CMS establishes DUAs for identifiable, encrypted, and limited dataset data. The information obtained from the DUA is completed by the requestor, custodian, Federal Representative, CMS project officer, and the Division of Information Security and Privacy Management (DISPM) representative, when applicable. Access to at least one DUA is required for a user to access DESY. Active DUAs are required to submit requests, however a DESY expired DUA still allows the user to access DESY and view previously entered requests for that DUA.

This User Manual (UM) provides the information necessary for effective use of DESY. The intended audience for this UM includes DESY system users. Updates to this document occur with each applicable software release. There are no security or privacy issues related to the use of this document.

2 Referenced Documents

This is a standalone document, unrelated to other documents except as specified in *Table 3 - Referenced Documents*. This table lists documents referenced in this document, or used in the development of this document.

Table 3 - Referenced Documents

Document Name	Document Number	Issuance Date
Electronic and Information Technology Accessibility Standards (Section 508) These standards establish Section 508 compliancy requirements that guided the development of the contents of the UM.	http://www.access-board.gov/sec508/standards.htm	December 21, 2000
User Manual Template The CMS UM template provides the document structure and content guidance for this document. http://www.cms.gov/SystemLifecycleFramework/downloads/UserManual.zip	v1.0	April 16, 2008
DESY System Administration Guide The Administration Guide serves as the source for guidance on the administrative functions (including Miscellaneous/Approval functionality) referenced in this document.	v4.0 DCN:2373	August 26, 2009



3 Overview

The purpose of this manual is to help you understand the DESY application. If you are a new user, this reference will help you learn the system. Use it to determine what information is in each field, row, and column on the various screens. This reference also can help you navigate through the system if you are lost.

This UM is available on the DESY Web site <http://www.cms.hhs.gov/desy/>. You must have Adobe Acrobat Reader installed on your personal computer (PC) to view the online manual. You can install Adobe Reader, for free, by going to <http://www.adobe.com>. Follow the prompts to download and install the reader on your PC.

3.1 Key Features and Major Functions

DESY retrieves information from major source files maintained by CMS and provides the files to internal and external customers. Through the DESY Web Intranet application, users specify targeted CMS data stores, search selection criteria, and view selections, special processing requirements, file formats, and file destinations. DESY captures the user's request and submits it to the mainframe for processing. DESY notifies the user of the file names and locations. DESY consists of a number of DB2 databases to accommodate requests and a number of application programs and processes on the CMS Enterprise Data Center (EDC) Mainframe utilizing the Customer Information Control System (CICS) and DB2 subsystems.

DESY releases request jobs according to the Automated Production Control & Scheduling System (APCSS) schedule after completion of previous jobs.

3.2 System Architecture

DESY is a multi-layered, three-tier architecture. It allows Intranet and Extranet access to authorized CMS and non-CMS users from within the walls of CMS as well as from the Medicare Data Communication Network (MDCN). As such, the DESY uses CMS-provided 128-bit secure socket layer (SSL) encryption, firewalls and a Lightweight Directory Access Protocol (LDAP) repository for authentication. In addition, the DESY system implements a role-based access to all application resources.

DESY has an extract portion of the system that has resided on CMS production mainframes since 2001. The extract portion of the system performs the physical extract of data from the appropriate data stores such as National Claims History (NCH), National Medicare Utilization Database (NMUD), and Medicare Provider Analysis and Review (MEDPAR). Upon completion of the extract process, the final data will either reside on the CMS mainframe for the user to manipulate and use directly, or the files are copied to tape and shipped to the end user per their DUA.

Another system, the Recovery Management and Accounting System (ReMAS) is a user of the DESY system. ReMAS makes requests for data from CMS major data stores by entering a request directly into a single table in the DESY database. DESY extract processing will service that request and will make the extracted data available to the ReMAS system.

3.3 User Access Mode

DESY has a user interface and mid-tier to capture users' requests for information and to obtain the status of those requests. The Web user interface is used solely to capture and provide status about requests for data; no physical data is viewable or retrievable through the user interface.

3.4 System Environment or Special Conditions

The system environment and any special conditions are fully described in *Section 3.1 - Key Features and Major Functions* through *Section 3.3 - User Access Mode*.

3.5 Conventions

The conventions listed in *Table 4 - DESY UM Conventions* apply to this UM.

Table 4 - DESY UM Conventions

Example	Convention Description
Bold	<p>Bold text used within a procedure/process/step identifies specific text to type, the name of a field upon which to perform an action, or a button or option to select.</p> <p>Bold text identifies a Note containing additional information.</p> <p>Bold text identifies table and figure captions.</p>
Click	The word "click" indicates selection of a button, icon, or other object on a web page.
<i>Italic</i>	<p><i>Italic</i> text used within a procedure/process/step identifies text to replace with information applicable to that action.</p> <p><i>Italic</i> text used within a reference to a figure, table, or section within this document identifies an active hyperlink that enables immediate navigation to that item.</p>
Note	The bolded word " Note " indicates information to take note of in reference to the current topic.
Point	The word "point" refers to positioning the mouse cursor on a specific item on a web page.
Press	The word "press" indicates selection of a keyboard key.

3.6 Cautions and Warnings

There are no cautions or warnings associated with this UM.

4 Getting Started

This section presents getting started information for the DESY user.

Before you begin working with DESY, the following tasks must be completed. DESY training covers these steps. After these steps have been completed, you are ready to begin working with DESY.

- Contact your administrator to obtain a CMS User identifier (ID) and password. See the DESY website for more information on gaining a DESY login. <http://www.cms.hhs.gov/desy/>.
- Your administrator assigns you to the appropriate DUAs. See the DESY web site for more information on gaining access to DUAs. <http://www.cms.hhs.gov/desy/>.
- Ensure that the workstation you will be using is set up with the specifications outlined in *Section 4.1 - Set-Up Considerations*.
- To access DESY from a remote location, you must have the AT&T Global Network Services (AGNS) software installed, and you must complete an Application for Access to CMS Computer Services form with a request to add DESYDIAL in the applications area of the form. Send this form to your Computer Access Administrator (CAA)/Resource Access Control Facility (RACF) administrator for entry into the CMS system. The administrator will provide you with the necessary authorization to use AGNS to access DESY, including the role of DESY_P_R_USER.

4.1 Set-Up Considerations

Your workstation must meet the following minimum requirements and have the designated software installed in order to operate DESY successfully:

- Intel Pentium processor with 128 megabytes (MB) of RAM and up to 90MB of available hard-disk space
- Microsoft Windows 2000 with Service Pack 2, Windows XP Professional or Home Edition, or Windows XP Tablet PC Edition
- Microsoft Internet Explorer (IE) 6.0 or higher
- Acrobat Reader 7.0

4.2 User Access Considerations

The administrator assigns the appropriate user role for the user. That user role and its associated rights determine access to the system's features. *Table 5 - DESY User Roles* lists the user roles available in DESY.

Table 5 - DESY User Roles

User Role Name	User Role
Obsolete User	An obsolete user has no access to the system. This role allows system administrators to deactivate a user when the user is no longer authorized to access the system.



User Role Name	User Role
User	A user has access to the Manage Requests menu and can manage requests attached to his/her DUAs.
Approver	An approver has the same rights granted to a user, as well as access to the Manage Approvals menu.
Developer	A developer has the same rights as an approver, as well as access to the Manage Roles and Manage News menus under System Administration. A developer can perform administrator searches, but cannot cancel another user's request or receive email notifications.
System Administrator	A system administrator has the highest authority in the system. This role allows for complete update access to the entire DESYS system, including the ability to cancel any request.

4.3 Accessing the System

Contact your Database or System Administrator for assignment of a role governing your use of the system. The Administrator also provides you with the DESYS Uniform Resource Locator (URL). Upon assignment of a role, submit a request to the Enterprise User Administration (EUA) system for a username and password. Upon submission of a valid request, you receive the username and password via e-mail.

4.3.1 Log in to DESYS

This section presents the procedure for logging in to DESYS.

1. Type the DESYS URL provided by your administrator into the Address bar of your web browser; press **Enter**.

Note: To access this URL quickly each time you access DESYS, add this URL to your Favorites list.

The DESYS login page displays. Refer to *Figure 1 - DESYS Login Page*.

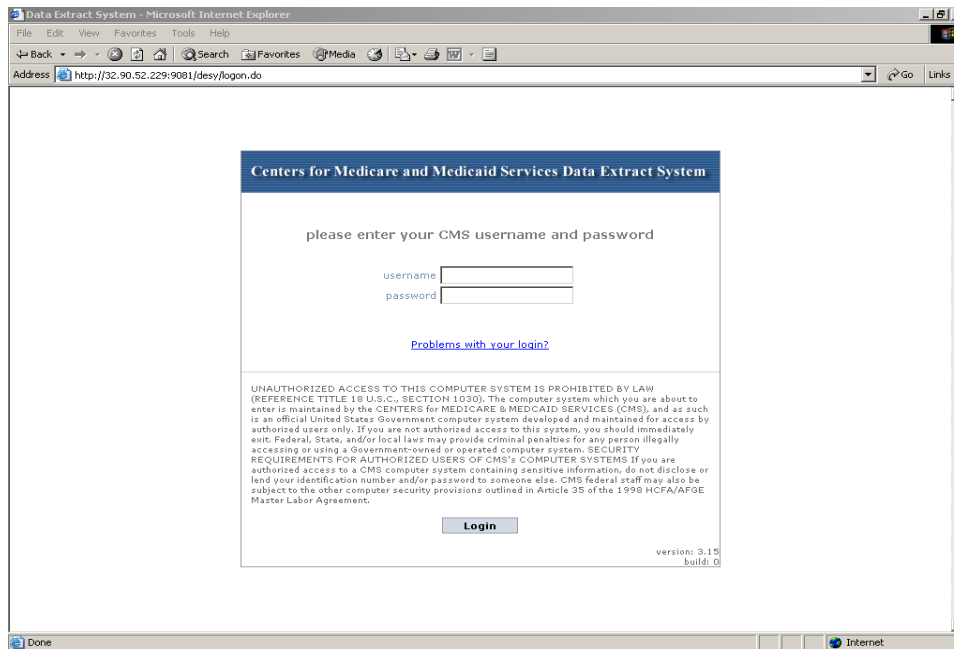


Figure 1 - DESY Login Page

Note: If you have problems with your login, click the **Problems with your login?** link.

2. Type your EUA username and password in the respective fields; click **Login**. The DESY alert message page displays. Refer to *Figure 2 - DESY Alert Message Page*.

Note: The DESY alert message page informs user of the average estimated turn-around time for DESY requests, based on data requested. It also provides them with contact information if they encounter turn-around times that exceed the average estimates.

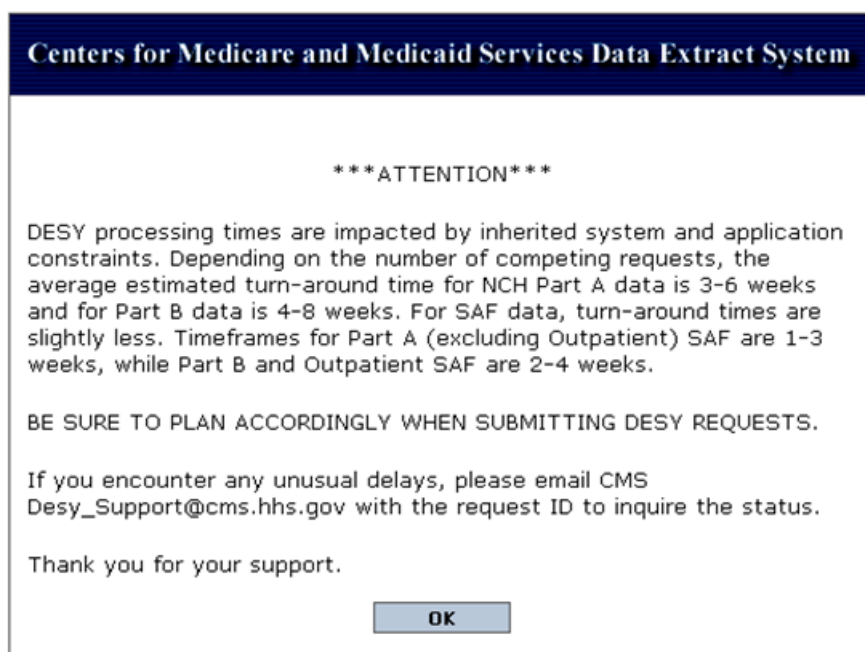


Figure 2 - DESY Alert Message Page

3. Click **OK**.

The DESY home page displays. Refer to *Figure 3 - DESY Home Page Layout*.

4.3.2 Reset a Password

A user may need to request a password reset if any of the following occurs:

- The user forgets his/her password.
- The user attempts to login three times unsuccessfully.
- The user does not change his/her password prior to, or upon, 60 days of password use.
Note: The user receives a notification upon login when the 60-day window of password use nears its end.

To request a password reset, contact the CMS Help Desk via e-mail or phone using the contact information in *Section 6.3 - Support*.

4.4 System Organization and Navigation

This section provides a general description of DESY page organization, and basic system navigation information.

4.4.1 DESY Home Page

The DESY home page is navigationally representational of all pages within DESY. The DESY Home Page consists of the Main Menu Bar across the top, a side menu on the far left, and links to the main work areas in the center of the screen. The user accesses the various work areas by selecting a menu item from any of these areas, provided his/her role has access to the area. The News and Events Area does not have a corresponding left side menu. The most recent news posts to the top of the list.

Refer to *Figure 3 - DESY Home Page Layout* for all subsections in this section.

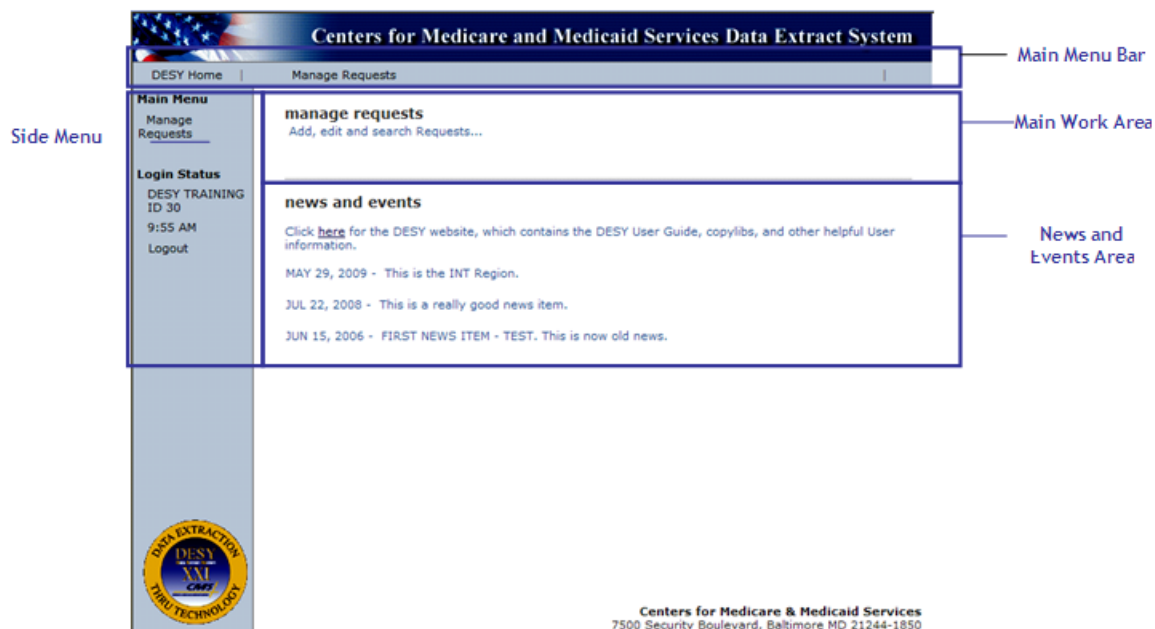


Figure 3 - DESY Home Page Layout

Table 6 - DESY Home Page Functionality describes the functionality of each of the page parts.

Table 6 - DESY Home Page Functionality

Page Part	Functionality
Main Menu Bar	The Main Menu Bar contains navigation buttons used to access various parts of the DESY application.
Side Menu	The Side Menu shows the Main Menu or menu commands for the Main Menu item selected, as well as the Login Status and Logout command.
Main Work Area Links	The Main Work Area Links has links to the main parts of the DESY system.
News and Events Area	The News and Events area contains messages and notifications from the DESY administrators regarding DESY usage, availability, and changes.

The Main Menu near the top of the page provides one way to navigate between the various components of DESY. Table 7 - DESY Main Menu presents and describes each option available from the main menu. The commands will only display if the user role has access to perform the command.

Table 7 - DESY Main Menu

Menu Bar Option	Functionality
DESY Home	Returns the user to the DESY Home Page from any point within the system.
Manage Requests	Allows the user to search/view and create/update Requests.

Menu Bar Option	Functionality
System Admin	Allows the user to manage approvals; update user roles, news and events, and the construction page; and resend an encryption password email. These functions are only available if the user role has access to these areas. These functions display if the user has been assigned the Administrator role.
Misc Function	Allows the user to manage approvals. This function is only available if the user role has access to these areas. The Misc Function menu is a separate menu that displays for those users assigned the role of Approver without Administrator functions.

When the user selects the desired menu item, the sub-menu for that component displays. Select a sub-menu item to open the associated screens in that work area. All commands for that Main Menu item also display in the side menu on the left. Selecting a command from a menu performs an action or displays a submenu or window, as described below. The user may also access the desired screen by selecting the appropriate tab once they display in the main work area. *Table 8 - Manage Request Menu* presents and describes each option available from the manage request menu.

Table 8 - Manage Request Menu

Menu Bar Option	Functionality
Search Requests	Opens the Search Requests tab so the user can enter search criteria
Search Results	Opens the Search Results tab to allow the user to view the request(s) that met the search criteria
Request Entry	Opens the Request Entry tab so the user can enter information regarding a new Request

4.4.2 Page Navigation


This section provides basic DESY navigation instructions:

- Do not use the browser's Back or Next buttons at any time when navigating this application. While it may appear that you are accessing the correct page, you may not be saving the information you enter. Always use the buttons or hyperlinks within the application to move from one page to the next.
- Use the mouse to make selections. Left click to select menu items and tabs, or select from the dropdown boxes on each screen.
- Use the **Tab** key to move forward from one field to the next and to navigate through menus and submenus; use **Shift + Tab** to move back.
- There are also two methods to scroll information. Use the mouse to move up and down the scrollable area using the scroll bar, or the up and down arrows can be used to move up and down the scrollable area, once you have tabbed into the scrollable area.
- Point to ellipses (...) next to names or descriptions to expand a comment or other truncated text.
- Use the keyboard to enter text into the fields as appropriate.

4.4.3 DESY Icons

DESY provides common icons that function identically throughout the system. This section describes those icons and their use.

4.4.3.1 Populate a Date Field using the Calendar Icon

The Calendar icon () appears on various pages throughout the application. In most instances, the user enters dates for a date range (from/to). If the user enters only a From date, all dates including and following that date are included in the range. If the user enters just a To date, all dates including and prior to that date are included in the range. If the user enters both dates, the range is inclusive of the specified dates. Follow the procedure in this section to populate a date field using the calendar icon, or type the date(s).

1. Click .

The Calendar dialog box displays. Refer to *Figure 4 - Calendar Dialog Box*.

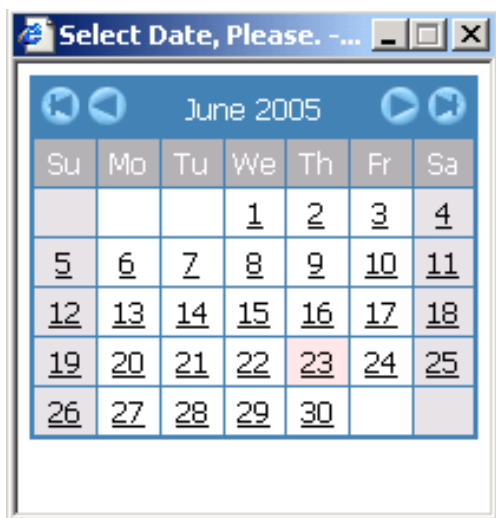







Figure 4 - Calendar Dialog Box

2. Click  to move back through the months and/or  to move forward through the months.
3. Click  to move back through the years and/or  to move forward through the years.
4. Click on the day of the week to make a date selection.
The Calendar dialog box closes and the selected date populates in the associated date field.

4.4.3.2 Print Information using the Printer Icon

The Printer icon () appears on various pages throughout the application. This icon allows the user to display and print a summary of information associated with a DUA or order.

1. Display the information to print.

2. Click .

The Print dialog box displays. Refer to *Figure 5 - Print Dialog Box*.

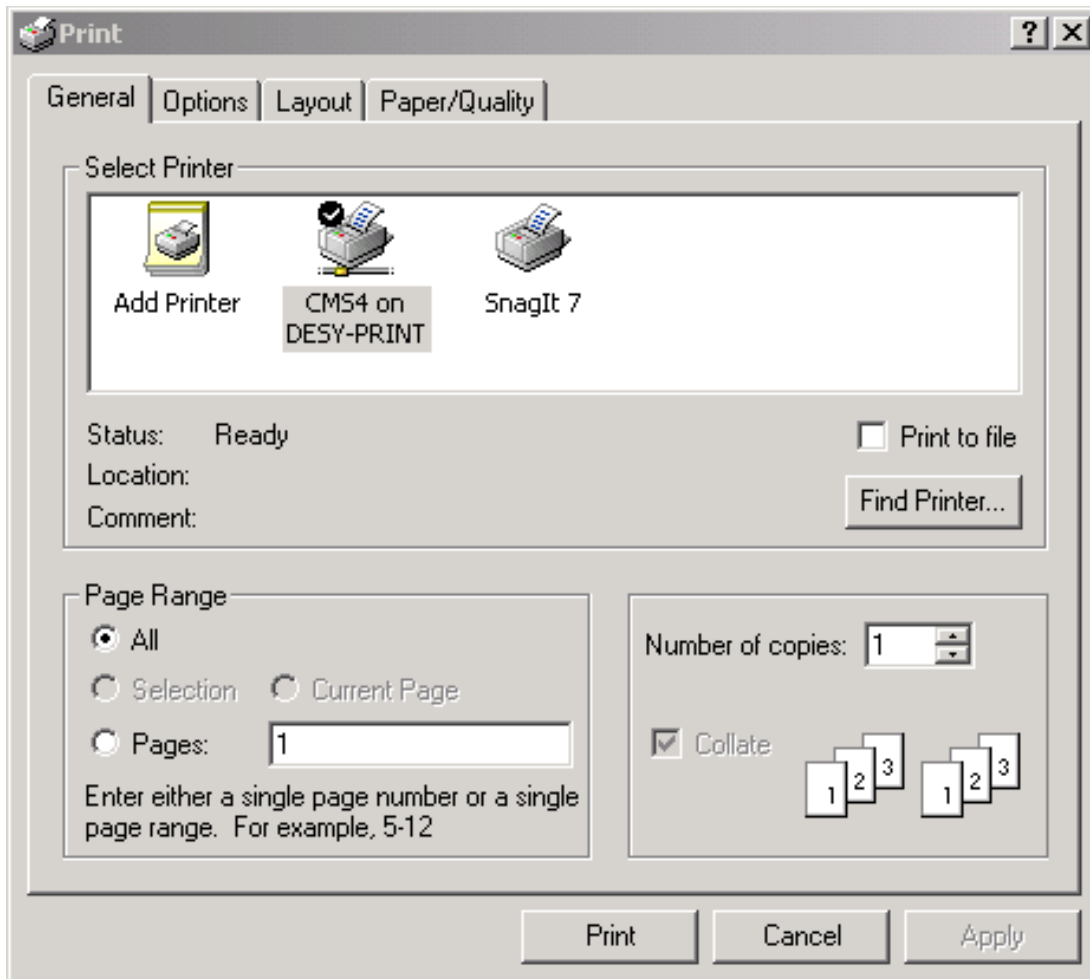




Figure 5 - Print Dialog Box

3. Click a printer in the Select Printer frame.
The selected printer highlights.
4. Click the Pages radio button if you do not want to print all pages (All is the default); then enter a single page number, or a range of page numbers separated with a hyphen, in the Page Range field.
5. Click the up/down arrows in the Number of copies frame to select multiple copies if you want to print more than one copy (one is the default).
6. Click Print.
The information prints.

Note: Click **Cancel** to remove the dialog box. Click **Apply** to apply any changes made to print options for this entire login session.

4.4.3.3 Save Information using the Save Icon

Use the Save icon () to save the summary of information associated with a request to a HTML file.

1. On the Summary page of the Request Entry tab, select the save icon () on the right, just above the scrolling region of the screen.
The Save dialog opens. Refer to *Figure 6 - Save Dialog Box*.

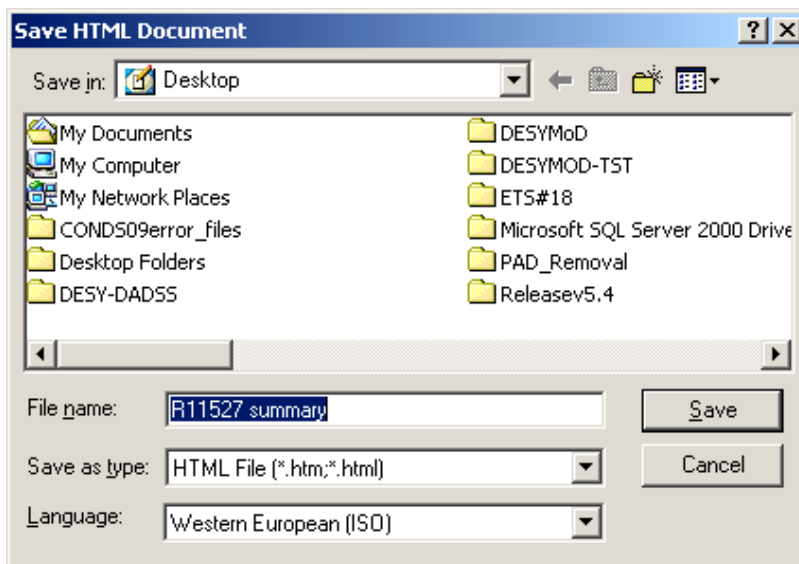


Figure 6 - Save Dialog Box

2. Select the location to save the summary.
3. Change the file name or leave as it was populated.
4. Select Save to send the pages to an HTML file; Cancel to return to the previous screen without saving.

4.5 Exiting the System

This section presents the step to logout of DESY.

1. Click **Logout** at the bottom of the left side menu on any screen.
The DESY login page displays. Refer to *Figure 1 - DESY Login Page*.

5 Using the System


This section provides instruction on how to manage requests, use advanced search criteria, and create and edit custom views in the DESY system.

Note: The System Administration Guide provides information on using System Admin functions. For information on the Miscellaneous Functions “Approver” role, please see Section 9 of the System Administration Guide.

5.1 Managing Requests

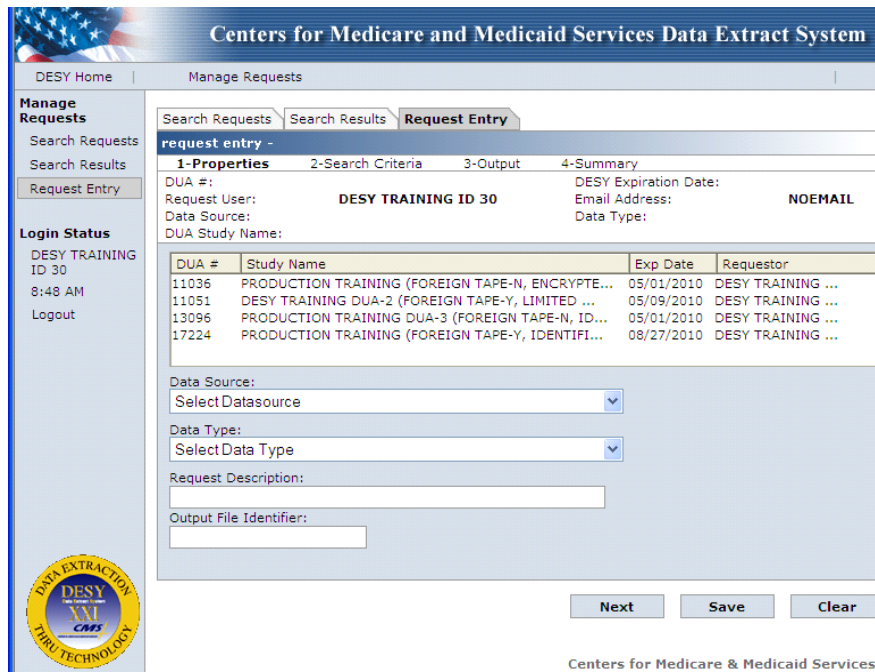
The Manage Requests function of DESY allows a user to add requests and perform searches for existing requests. Also, based on the current status of the request (for example, Submitted or Pending), a user can edit, copy, and view a summary of it. If the user profile does not allow access to a specific function, it will be inactive on the screen (button is gray).

Rolling the mouse over Manage Requests on the Main Menu displays a sub-menu with the following options: Search Requests, Search Results, and Request Entry. Select a choice to open the Manage Requests portion of the application, and the associated tab displays. Note that the Manage Requests menu items now display in the side menu on the left, with your selection highlighted. The user can also access all menu options from within the work area by selecting among the three tabs.

At times, it may be necessary for you switch to another task within the application, such as researching an approval, before entering all information for the request. Provided the user has selected Save () on the Request entry page, it is possible to navigate to another part of the application, perform another task, and then resume working on the incomplete request. The DESY system retains all fields previously completed until the user either submits the request on the Summary screen or selects the Clear button to clear all fields on all screens of the request. If the user works outside of the DESY application for more than 50 seconds and does not save his/her work, the application will log off due to inactivity and any unsaved work will be lost.

5.1.1 Entering a New Request

1. Roll the mouse over Manage Requests on the Main Menu to display the sub-menu.
2. Select Request Entry.
DESY displays the first page of the **Request Entry** tab in the main work area; the **Properties** page. Refer to *Figure 7 - Request Entry (Properties)*.



DUA #	Study Name	Exp Date	Requestor
11036	PRODUCTION TRAINING (FOREIGN TAPE-N, ENCRYPTE...	05/01/2010	DESY TRAINING ...
11051	DESY TRAINING DUA-2 (FOREIGN TAPE-Y, LIMITED ...	05/09/2010	DESY TRAINING ...
13096	PRODUCTION TRAINING DUA-3 (FOREIGN TAPE-N, ID...	05/01/2010	DESY TRAINING ...
17224	PRODUCTION TRAINING (FOREIGN TAPE-Y, IDENTIFI...	08/27/2010	DESY TRAINING ...

Figure 7 - Request Entry (Properties)

The system completes the following fields with default values on the Properties page:

- **Request User** - The name of the user currently logged into the system.
- **Email Address** - The e-mail address of the user currently logged into the system.

The following columns display in the scrolling window on the Properties page:

- **DUA #** - The unique number assigned by CMS for each DUA assigned to the logged-in user to gain access to data.
- **Study Name** - The name given to identify the DUA.
- **Expiration Date** - The date the DUA expires.
- **Requestor** - The name of the person identified as the requestor on the DUA.

3. Select a DUA from the scrolling window.

Note: Only DUAs associated with the currently logged in user display. The selected DUA will remain highlighted, and the **Data Source** field drop-down box populates with the data sources available for that DUA.

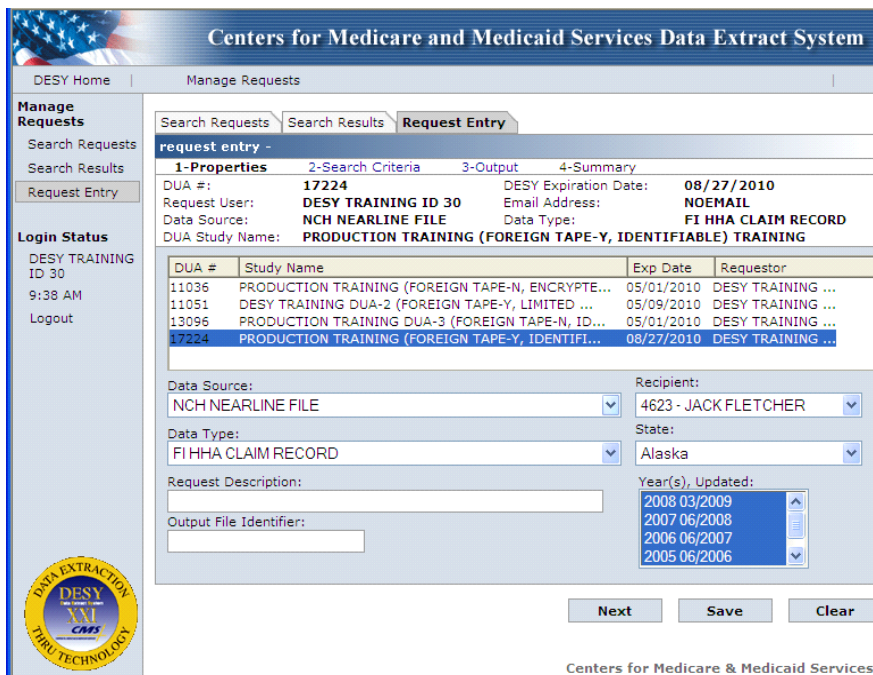
4. Select a Data Source from the drop-down box.

Once the user selects the **Data Source**, the **Recipient** drop-down box displays. Additionally, the **Data Type** field populates with the data types available for the selected **DUA** and **Data Source** combination.

Note: For information on the types of data sources available, see *Appendix D - Quick Reference for All Medicare Claim Data Items*, *Appendix E - Quick Reference for MEDPAR, DENOM, Name & Address, and Vital Statistics*, and *Appendix F - Quick Reference for Cross-Reference Health Insurance Claim Number*.

5. Select the desired Recipient, if applicable.

6. Select the desired Data Type.
Once the user selects the **Data Type**, the **State** selection box populates, if required, for the **Data Type** selected.
7. Select the desired **State**. To run the request for all states, select **All States** (if available).
8. Select the desired **Year**, if applicable.
Note: To select multiple years, hold down the Ctrl key and select each year in turn. To select a range of years, hold down the Shift key and select the first and last years in the range; all years in between will also be highlighted.
9. Type a **Request Description** (a description that is meaningful to you for identifying this request) and **Output File Identifier** (up to seven alphanumeric characters incorporated in the file name to allow for easy identification of the output data). Both of these fields are optional. Refer to *Figure 8 - Request Entry Tab (1 - Properties) - completed*.



Centers for Medicare and Medicaid Services Data Extract System

DESY Home | Manage Requests

Manage Requests

Search Requests | Search Results | **Request Entry**

request entry -

1-Properties | 2-Search Criteria | 3-Output | 4-Summary

DUA #: 17224 | DESY Expiration Date: 08/27/2010
 Request User: DESY TRAINING ID 30 | Email Address: NOEMAIL
 Data Source: NCH NEARLINE FILE | Data Type: FI HHA CLAIM RECORD
 DUA Study Name: PRODUCTION TRAINING (FOREIGN TAPE-Y, IDENTIFIABLE) TRAINING

DUA #	Study Name	Exp Date	Requestor
11036	PRODUCTION TRAINING (FOREIGN TAPE-N, ENCRYPTE...	05/01/2010	DESY TRAINING ...
11051	DESY TRAINING DUA-2 (FOREIGN TAPE-Y, LIMITED ...	05/09/2010	DESY TRAINING ...
13096	PRODUCTION TRAINING DUA-3 (FOREIGN TAPE-N, ID...	05/01/2010	DESY TRAINING ...
17224	PRODUCTION TRAINING (FOREIGN TAPE-Y, IDENTIFI...	08/27/2010	DESY TRAINING ...

Data Source: NCH NEARLINE FILE | Recipient: 4623 - JACK FLETCHER
 Data Type: FI HHA CLAIM RECORD | State: Alaska
 Request Description:
 Output File Identifier:
 Year(s), Updated: 2008 03/2009, 2007 06/2008, 2006 06/2007, 2005 06/2006

Next | Save | Clear

Centers for Medicare & Medicaid Services

Figure 8 - Request Entry Tab (1 - Properties) - completed

10. Select **Save** to commit the information to the database; select **Next** to save and move to the **Search Criteria** screen; select **Clear** to remove the selections from all fields and begin again.
Note: If the user changes the **Data Source** or any other selections on the page, the system prompts a confirmation of the change. The user will also need to remake selections in subsequent fields, as the information with which they are populated may change. Refer to *Figure 9 - Changing Data Source Clear Request Dialog Box*.

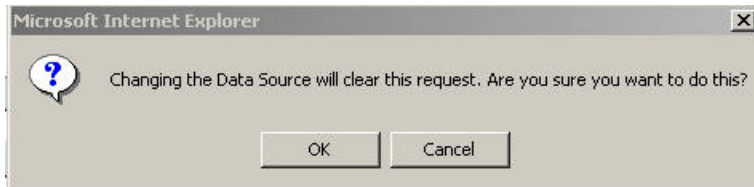


Figure 9 - Changing Data Source Clear Request Dialog Box

Note: Depending on the selections made, you will either continue to the **Search Criteria** screen, or receive a notice that there are no additional acceptable search criteria for those selections. Refer to *Figure 36 - No Additional Search Criteria Notice*. If the system allows no additional search criteria, select **OK** to dismiss the notice and continue with step 18.

11. On the **Search Criteria** screen, select the desired **Field** from the drop-down box. Refer to *Figure 10 - Request Entry Tab (2-Search Criteria) Screen*.

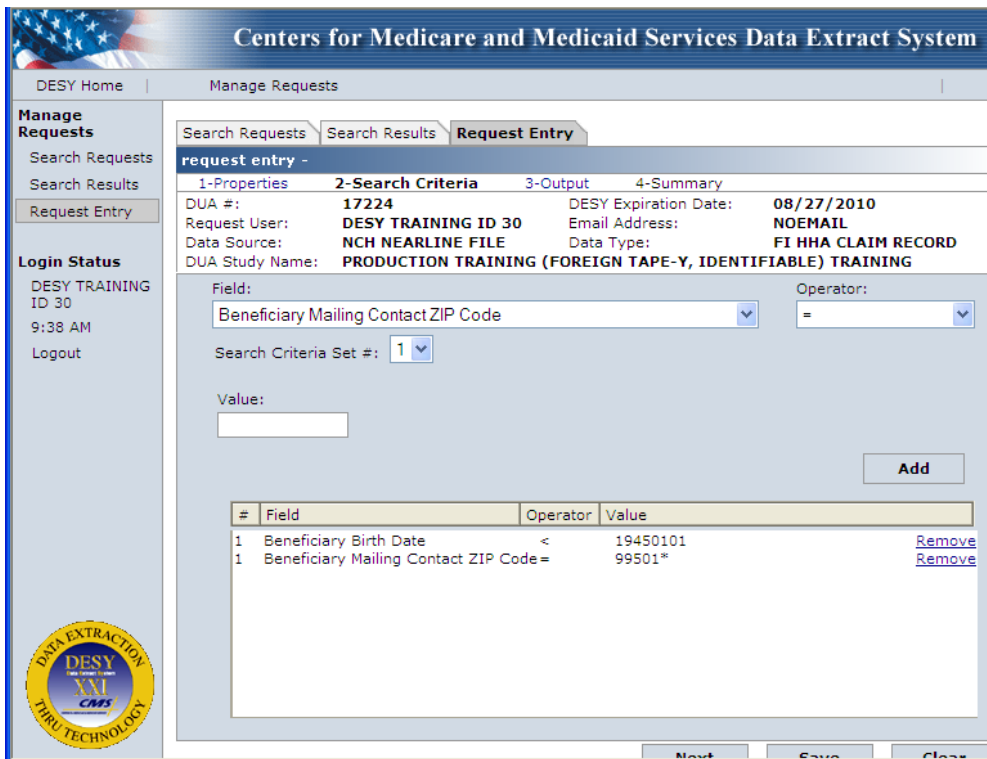


Figure 10 - Request Entry Tab (2-Search Criteria) Screen

12. Select an **Operator**.
Selections in the **Operator** drop down will change depending on the **Field** selected. Valid operators are <, >, =, Range, Not =, and User Input File. For more information on creating searches, see *Section 5.2 - Advanced Search Criteria*.
13. Enter a **Value** for the operator.
The selections made for **Field** and **Operator** determine the format of the field. The **Value** field will be identified as a date, number, range, list selection, or file name, start position, and header position. See *Figure 11 - Alphanumeric Value* through *Figure 14 - User Input File Value* for examples of field format.

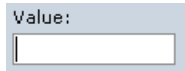


Figure 11 - Alphanumeric Value



Figure 12 - Single Date Value

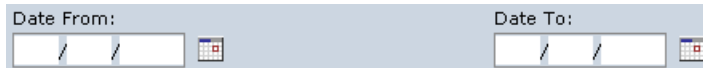


Figure 13 - Date Range Value



Figure 14 - User Input File Value

The DESY system uses the **File Name** field for the mainframe data set name of the user input file. The User Interface verifies the existence of the file on the mainframe.

The **Start Position** is the beginning location of the data in the finder file.

The **Header Start Position** is the beginning location of a 30-byte user defined area, such as an internal control number. The system copies it to the output records to help the recipient of the output identify the data. The header start position is only available when adding a user input file for Claim Locator Number Group (HICN).

Note: When a submitting user input file, consider the following:

- If a record on a user input file is a variable length record and the requested data does not exactly match the record length, data will not be extracted.
- If a record on a user input file is a fixed length record (example 80 bytes) and the requested data does not exactly match the record length and is not greater, data can be extracted.

For examples of error messages that can occur during this process, refer to *Section 6.1 - Error Messages*.

The user may select the lookup value directly from the drop down menu. Refer to *Figure 15 - Request Entry (2-Search Criteria) Lookup Value Field*.

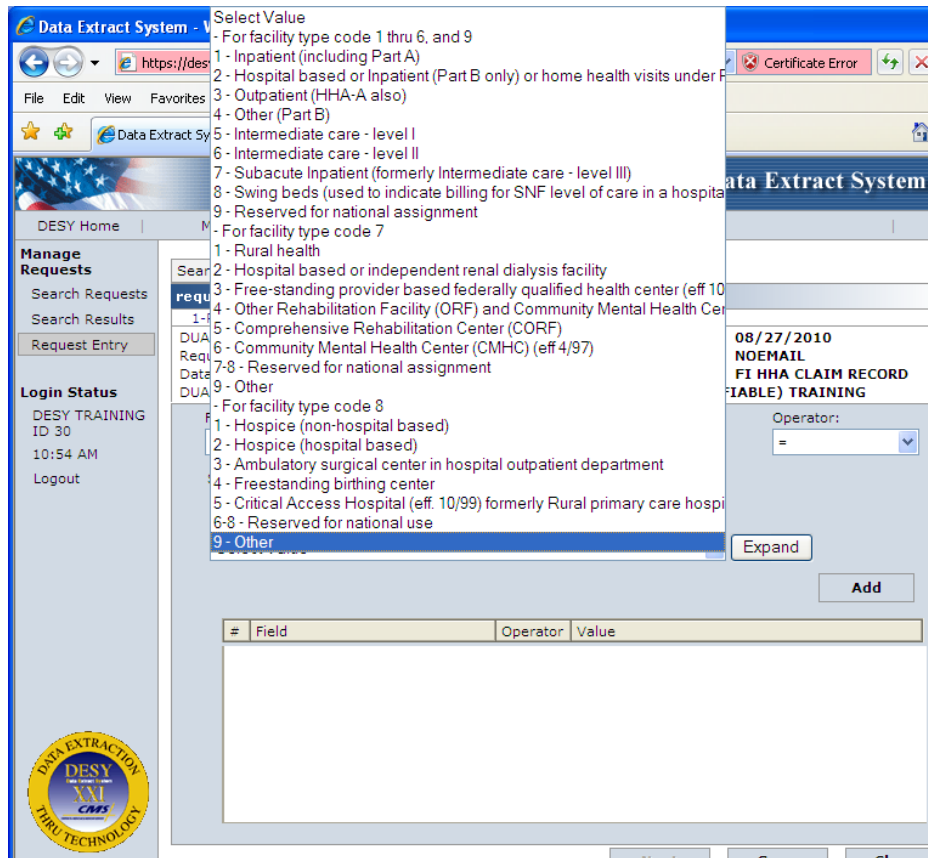


Figure 15 - Request Entry (2-Search Criteria) Lookup Value Field

In some circumstances, the description for the value is too large for the drop down. To read the full descriptions, click the **Expand** button. This will open a new window that will display the entire value description and allow the user to select the desired value. The system will automatically close the window and select the item in the drop down. Refer to *Figure 16 - Request Entry (2-Search Criteria) Lookup Field Expanded*.

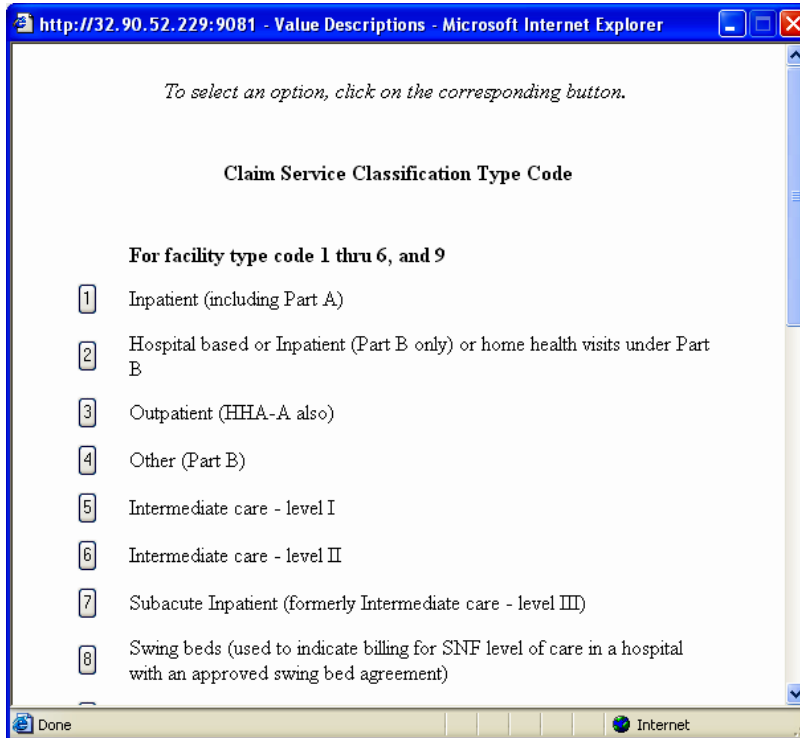


Figure 16 - Request Entry (2-Search Criteria) Lookup Field Expanded

14. Select **Add**.

The search expression displays in the box below the field selection area.

Figure 17 - Request Entry (Search Criteria) Add Dialog Box Warning Message displays when a user has entered selection criteria but presses the **Next** button rather than the **Add** button. This will prevent the selection criteria from being lost.

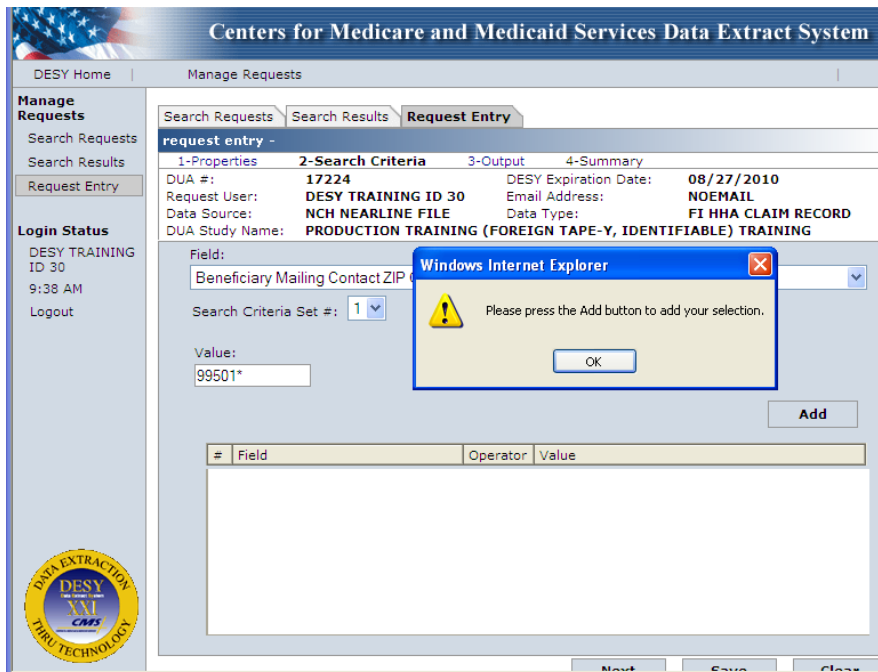


Figure 17 - Request Entry (Search Criteria) Add Dialog Box Warning Message

15. Repeat Steps 11-15 for each search criterion you wish to add. Add up to 20 different elements with up to 10 values each.

Notes:

- If a user uses a **User Input File**, it will be the only value that the user can use for that particular **Data Element**.
 - If a user selects **HICAN Finder File** for search criterion and user input file as the operator, then the user cannot use any other input files in the first or second search criteria set.
 - Except when there is a HICAN, the user can use one to two **User Input File(s)** per **Search Criteria Set**.
16. Upon first display of this screen, the default **Search Criteria Set #** is one. To add a second **Search Criteria Set**, change the number in the associated drop-down box to two. Choose another **Field** and **Operator**, type in a **Value**, and select **Add**. Both search criteria sets will be displayed, separated by “OR”. When two search expressions are used, the search engine processes them as an OR criteria.
 17. To remove a search expression, select the **Remove** link next to the expression you wish to delete.
 18. Once satisfied with the search criteria and sets, select **Save** to commit the information to the database. Select **Next** to save and move to the **3-Output** screen; **Clear** to remove the selections from all fields and begin again.

Note: If the user entered a ZIP code search criterion with a **User Input File**, an alert regarding using wildcard searches for ZIP+4 will pop up. For **User Input Files** that only have five characters, the user must put an asterisk (*) in the sixth position for each zip code in the file. Refer to *Figure 37 - Request Entry (Search Criteria) Zip Code/Finder File Message*.

19. On the **Output** screen, select the desired **Output Type** from the drop-down box. Refer to *Figure 18 - Request Entry (3-Output) Screen*.

Available output types include:

- Whole Record
- Finder File View
- Whole Record View
- Predefined View
- Select from a list of available fields
- Previously saved custom views

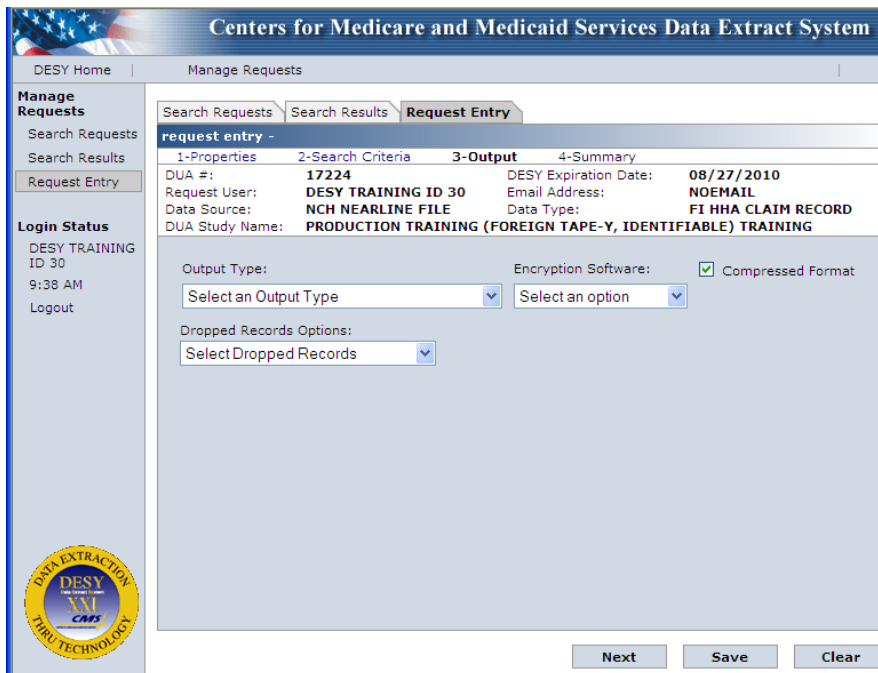


Figure 18 - Request Entry (3-Output) Screen

Note: The following **Data Types** produce finder file output under the **Enrollment** Data Source:

- Cross Reference
- Railroad Retirement Board (RRB) conversion to Health Insurance Claim Account Number (HICAN, also referred to as Claim Locator Number Group)
- HICAN conversion to RRB
- Social Security Number (SSN) conversion to Claim Locator Number Group (HICAN)

For SSN conversion to HICAN search criteria, select one of the following elements (each element represents a different user input file format):

- 18-Byte SSN (SSN + Birth Date + Sex Code)
- 9-Byte SSN (SSN only)

Note: The selections available, as well as the fields displayed on this screen, depend on the selections on previous pages. This example, Select Available Fields output type, displays many

more fields and options on the screen than other output type selections. This is just one example of what displays on the screen for output type.

20. If the DUA selected for the request indicates non-identifiable data, or the data is not being shipped on foreign media, N/A will display in the **Encryption Software** field. If the selected DUA does indicate identifiable data will be shipped on foreign media, select the appropriate **Encryption Software** from the drop-down box:
 - PKWARE - With this option, DESY will encrypt the file(s)
 - IBM Z/OS - With this option, DESY will encrypt the file(s)
 - USER ENCRYPTED - With this option, the user is responsible for encrypting the file(s)

Notes:

- Prior to submitting a request that requires the selection of **Encryption Software**, the user confirms the encryption method with the recipient of the file to ensure that the recipient will be able to decrypt the file. See *Appendix A - Encryption Rules* for information regarding encryption methods by data type.
 - If the recipient's email address is missing in DADSS, and PKWARE or IBM Z/OS is selected, the message "Recipient Email address must be entered in DADSS" will display. No user can submit the request for this recipient until the recipient's email address is entered in DADSS. See *Appendix G - Emails Sent from DESY* for a list of emails DESY generates.
21. Select to check **Comma Delimited** and/or **Compressed Format**, if applicable (available only for certain output types.)
 22. Select **Include Dropped Records** or **Do Not Include Dropped Records**, if applicable. (This field will not be displayed for HICAN User Input file for years prior to 1998.)
Note: Selecting **Include Dropped Records** will provide a separate output file for the dropped records.
 23. For the **Select Available Fields** view option, select **Fields** to be included in the output. Refer to *Figure 19 - Request Entry (3-Output) - Completed*.
 - Hold down the Ctrl key to make multiple selections when selecting entries in **Available Fields** and **Selected Fields** boxes.
 - Select **Add** to move the selected **Available Fields** to the **Selected Fields** box.
 - Select **Remove** to move the selected **Selected Fields** to the **Available Fields** box.
 - Select **Save View** to retain the created layout. When saving a custom view, a **Custom View Name** is required.

For more information on working with custom views, see *Section 5.3 - Custom Views*.

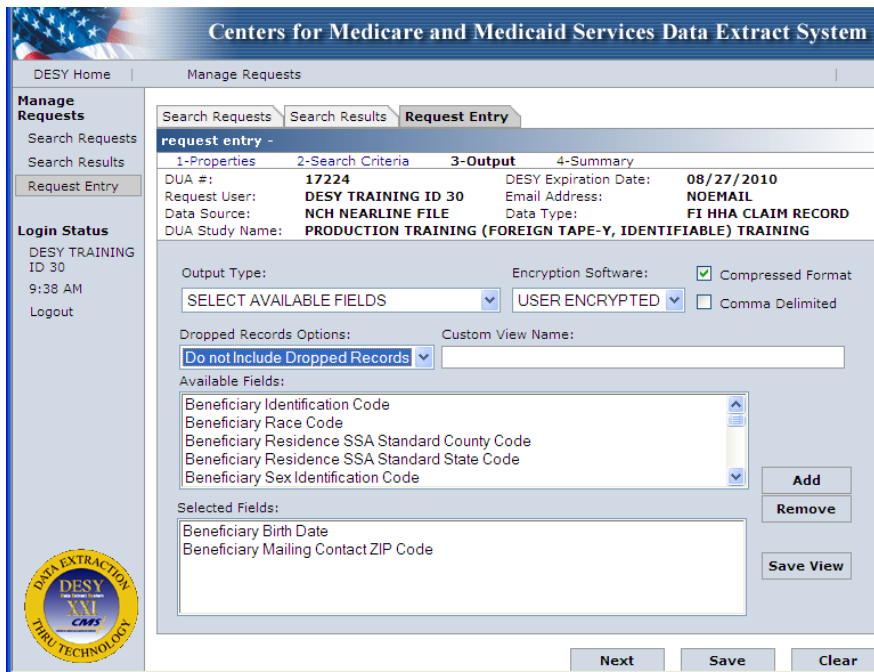



Figure 19 - Request Entry (3-Output) - Completed

24. Select **Save** to commit the information to the database; **Next** to save and move to the **Summary** screen; **Clear** to remove the selections from all fields and begin again.
25. On the **Summary** screen, refer to *Figure 20 - Request Entry (4-Summary) Screen*, all information entered on the previous three screens displays as read only. To make changes, select the link for the appropriate page, edit the appropriate entry, and select the **Save** button to save the changes. Select the summary hyperlink to view the changes. **Note:** Depending on what fields are changed, the user may be required to reenter data for subsequent fields. For example, if the user changes a DUA in the **Properties**, the user must reenter the entire request.



Figure 20 - Request Entry (4-Summary) Screen

26. Select the **Printer** icon () to print a printout of your summary. See *Section 4.4.3.2 - Print Information using the Printer Icon* for more information.
27. Select **Submit** to prepare the request for processing.
 DESY validates all pages of the request information and commits the entries to the database.

5.1.2 Searching for a Request

A user can only search for and retrieve those requests that he/she has entered.

1. Roll the mouse over **Manage Requests** on the **Main Menu** to display the sub-menu.
2. Select **Search Requests**.
 DESY opens the **Search Requests** tab in the main work area. Refer to *Figure 21 - Search Requests Tab*.

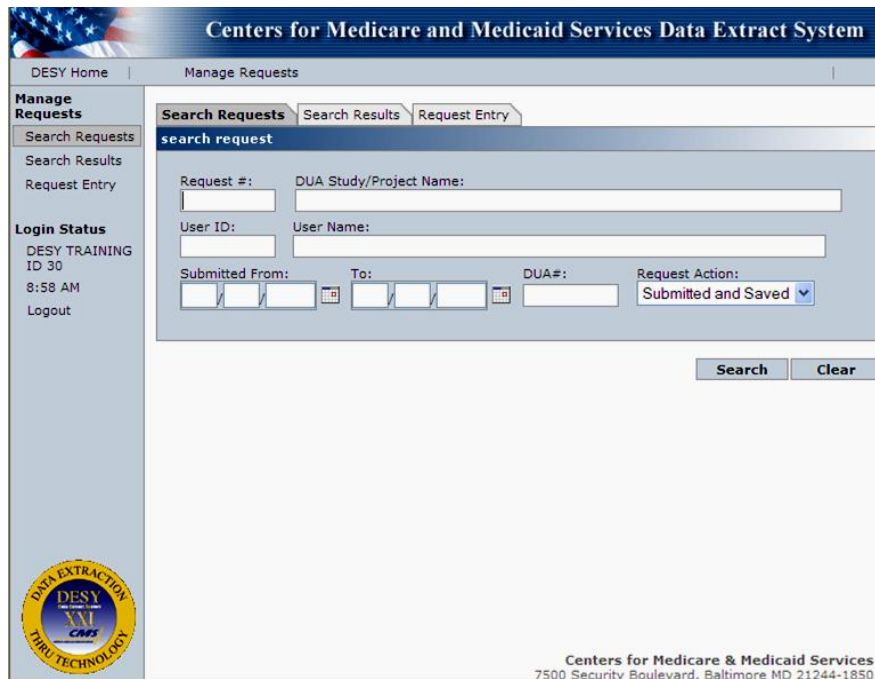


Figure 21 - Search Requests Tab

3. Complete at least one of the following fields:
 - **Request #** – the numerical value DESY assigns to a request when it is submitted. The number must match exactly to meet the criteria for a search.
 - **DUA Study/Project Name** – name assigned to the DUA in DADSS. Use a minimum of two characters to execute a wildcard search.
 - **User ID** – ID of the person who submitted the request.
 - **User Name** – name of the person who submitted the request. Use a minimum of two characters to execute a wildcard search.
 - **Submitted (From/To)** – date range describing when a request was submitted. Search is inclusive of the date entered in the range. Use the calendar icon or enter the date in the field(s) to select the dates.
 - **DUA #** – The numerical value assigned to a DUA. The number must match exactly to meet search criteria.
 - **Request Action** – specify whether to include requests that are Submitted, Saved, or Submitted and Saved in the search.
4. Select **Search** to perform the search using the criteria you provide; **Clear** to remove entries from all fields and begin again.
5. After the DESY system performs the search, the **Search Results** tab displays, showing the **Search Criteria** used and a scrolling area listing the following columns:
 - **Request #** - the numerical value DESY assigns to a request when it is submitted.
 - **DUA#** - The numerical value assigned to a DUA.
 - **User ID** – ID of the person who submitted the request.
 - **Submitted** – date of request submission.

Note: This field will be blank if the request was saved but has not yet been submitted.

- **Status** – status of request at the time of the search. Possible statuses are Saved, Cancel Requested, Pending Approval, Submitted, and Super.
 - **Desc Cd** – the Data Description Code assigned to the particular Data Type.
 - **Request Description** – description of the request entered by the user when the request was saved or submitted.
6. Select any of the column titles to sort the search results in ascending order on that column. Select the column again to sort in descending order. Scroll to locate the desired request.
 7. Select the radio button in the checkmark column to select a request. Additional information for that request (**Recipient, Requestor, Year**) displays. Refer to *Figure 22 - Search Results with Request Details Displayed*.

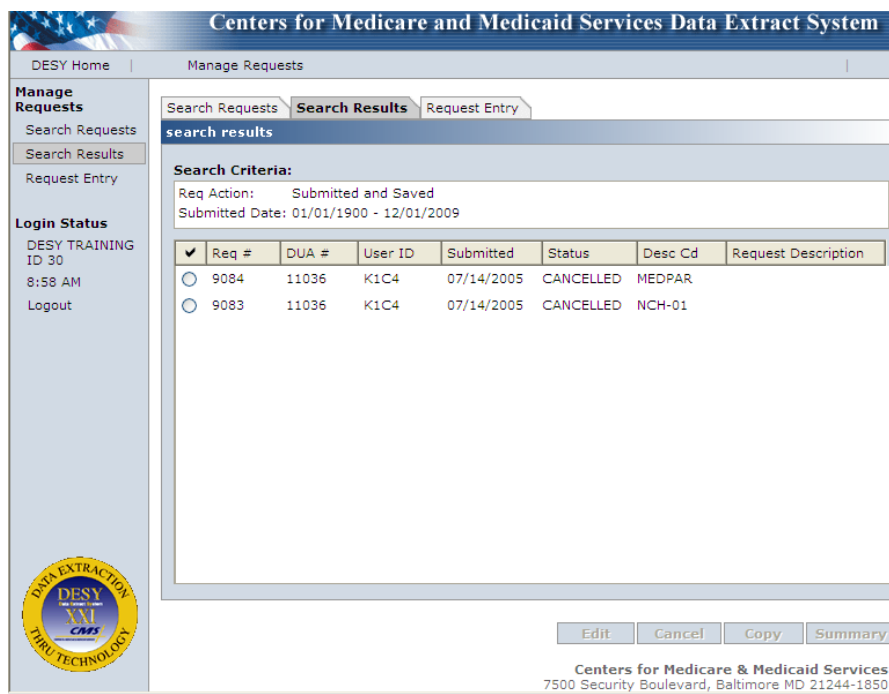


Figure 22 - Search Results with Request Details Displayed

8. The buttons at the bottom of the screen activate depending on your user role and the functions available for the selected request.

5.1.3 Editing a Stored Request

This function is only available for previously saved requests.

Tip: To easily locate a request, select any of the column headers on the **Search Results** tab to change the sort order of the list.

1. From the **Search Results** tab, select the radio button in the checkmark column for the request to edit. Refer to *Figure 23 - Selected Search Results with Request Details Displayed*.

Note: If you created and saved the selected request, the **Edit** button will activate. Requests that have already been submitted may not be edited.

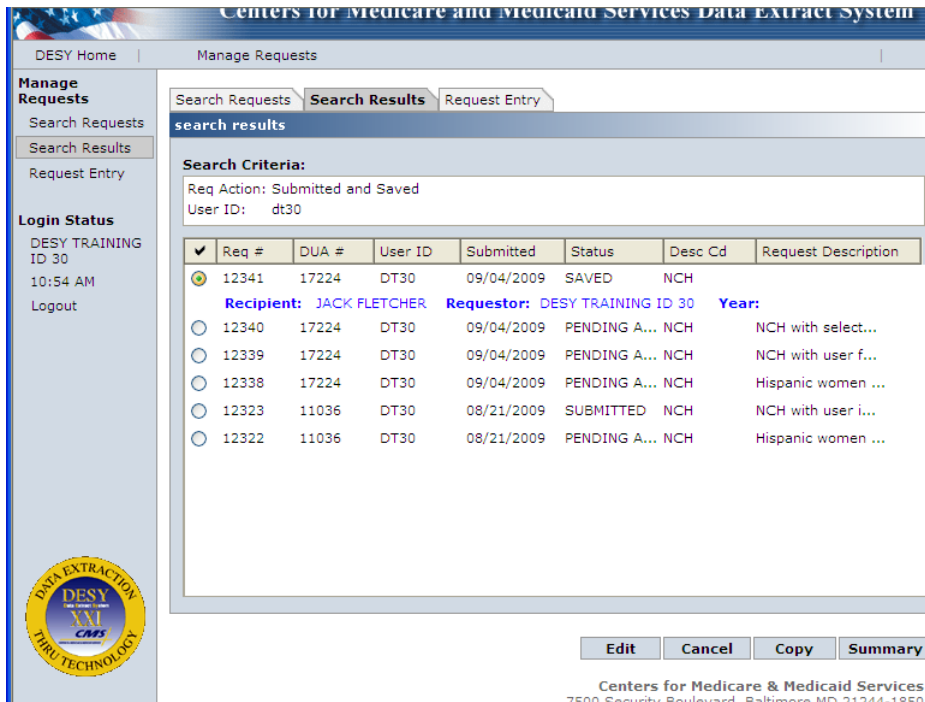


Figure 23 - Selected Search Results with Request Details Displayed

2. Select **Edit**.

The **Request Entry** screen displays at the **1-Properties** tab, similar to adding a new request. Refer to *Figure 24 - Request Entry Tab (1-Properties)*.

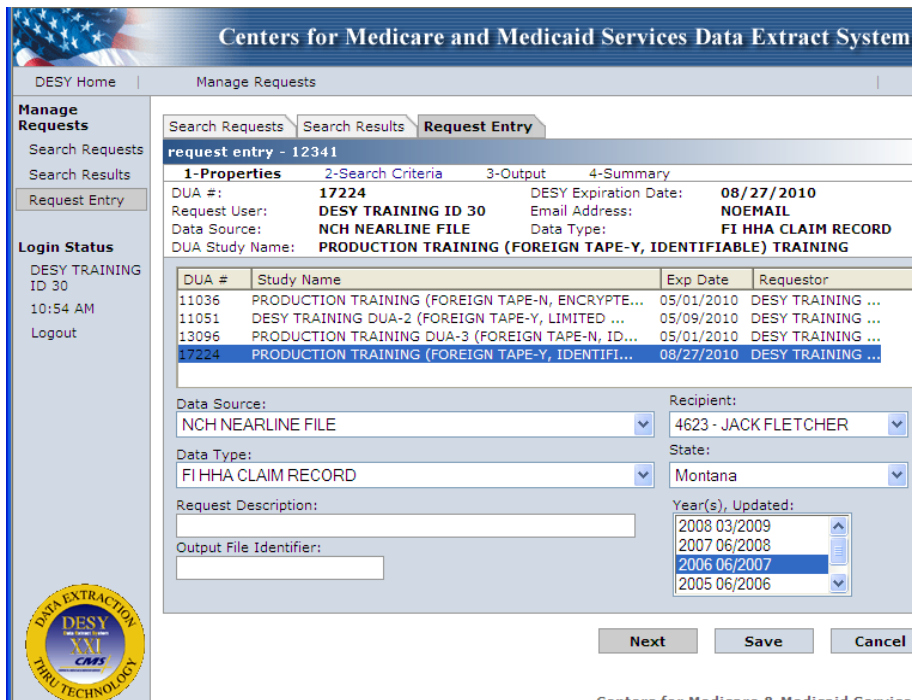


Figure 24 - Request Entry Tab (1-Properties) Screen

3. Make changes to the fields as desired, selecting any of the four screen links under the tabs to move from screen to screen, or using the **Next** button.

4. Select **Save** to save changes or **Cancel** to return to the **Search Results** screen without saving.
5. When you have finished making changes, select the **4-Summary** link to display the updated request. Refer to *Figure 25 - Request Entry Tab (4-Summary) Screen*.
Note: Depending on what fields are changed, the user may be required to reenter data for subsequent fields. For example, if the user changes a DUA in the **Properties**, the user must reenter the entire request.



Figure 25 - Request Entry Tab (4-Summary) Screen

6. Select the **Printer** icon () to print a copy for your records.

5.1.4 Copying an Existing Request

This section details how to copy an existing request, which a user can then modify into a new request if needed.

Tip: To easily locate a request, select any of the column headers on the **Search Results** tab to change the sort order of the list.

1. From the **Search Results** tab, select the radio button in the checkmark column for the request to copy. Refer to *Figure 26 - Selected Search Results with Request Details Displayed*.
 If you have user access to copy the selected request, the **Copy** button will activate.

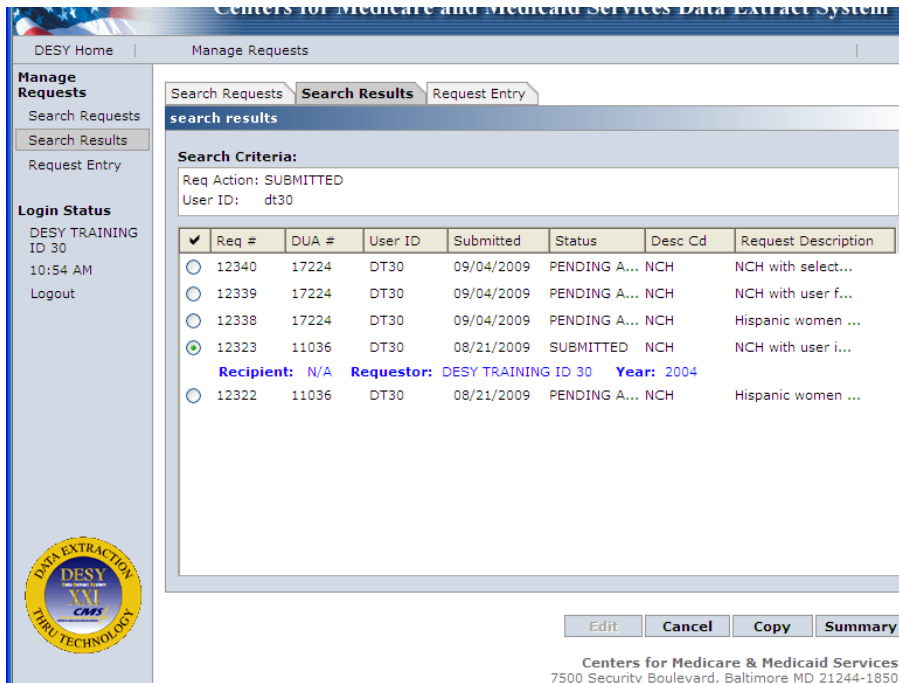


Figure 26 - Selected Search Results with Request Details Displayed

2. Select **Copy**.

The **Request Entry** screen displays at the **1-Properties** tab, similar to adding a new request. Refer to *Figure 27 - Request Entry Tab (1-Properties)*.

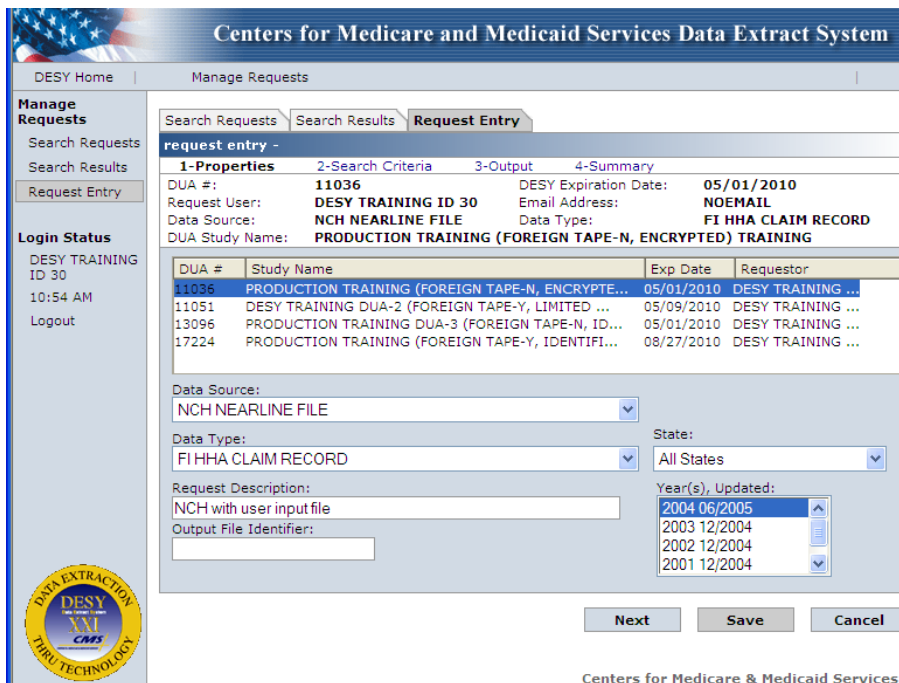


Figure 27 - Request Entry Tab (1-Properties) Screen

3. Make changes to the fields as desired, selecting any of the four screen links under the tabs to move from screen to screen, or using the **Next** button.

4. Select **Save** to save changes or **Cancel** to return to the **Search Results** screen without saving.
Note: Depending on what fields are changed, the user may be required to reenter data for subsequent fields. For example, if the user changes a DUA in the **Properties**, the user must reenter the entire request.
5. When changes are complete, select the **4-Summary** link to display the new request. Refer to *Figure 28 - Request Entry Tab (4-Summary) Screen*.
Note: The DESY system assigns the request a new **Request #** if it is submitted or saved.

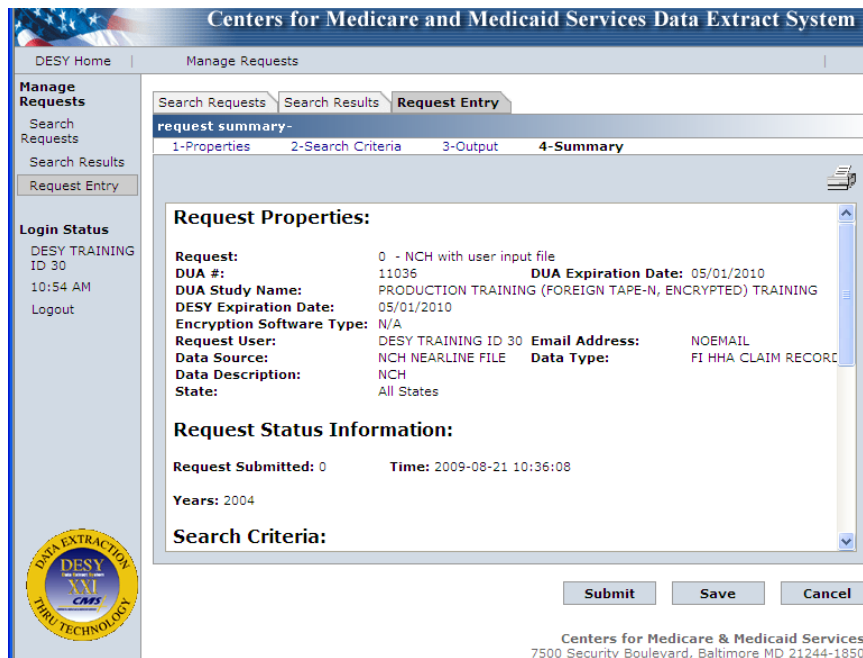


Figure 28 - Request Entry Tab (4-Summary) Screen

6. Select the **Printer** icon () to print a copy for your records.

5.1.5 Submitting a Saved Request

This section details the steps to submit a request that is already complete and in saved status.

Tip: To easily locate a request, select any of the column headers on the **Search Results** tab to change the sort order of the list.

1. From the **Search Results** tab, select the radio button in the checkmark column for the request you would like to submit. Refer to *Figure 29 - Selected Search Results with Request Details Displayed*.

Note: Requests available for submission will be marked **SAVED** in the **Status** column. If you have user access to submit the selected request, the **Edit** button will activate.

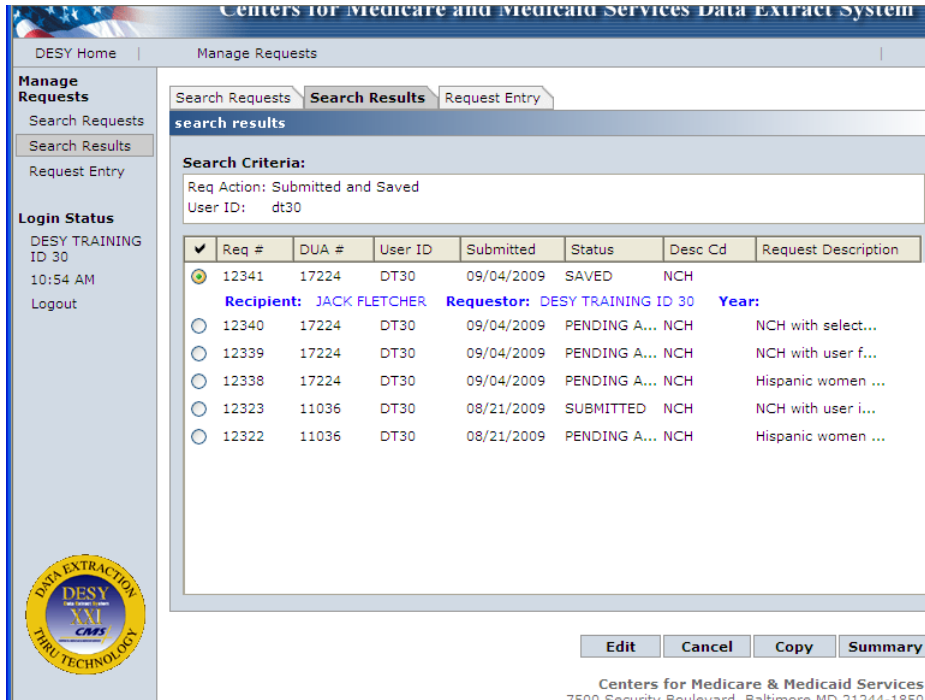


Figure 29 - Selected Search Results with Request Details Displayed

2. Select **Edit**.

The **Request Entry** screen displays at the **1-Properties** tab, similar to adding a new request. Refer to *Figure 30 - Request Entry Tab (1-Properties)*.

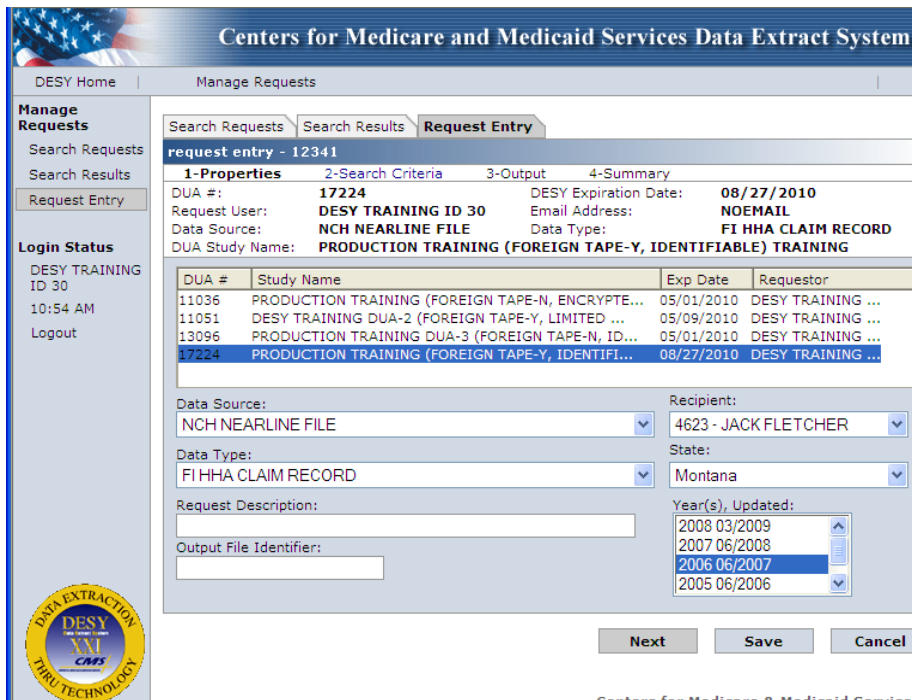


Figure 30 - Request Entry Tab (1-Properties) Screen

3. Make changes to the fields as desired, selecting any of the four screen links under the tabs to move from screen to screen, or using the **Next** button.

4. Select **Save** to save changes or **Cancel** to return to the **Search Results** screen without saving.
Note: Depending on what fields are changed, the user may be required to reenter data for subsequent fields. For example, if the user changes a DUA in the **Properties**, the user must reenter the entire request.
5. When changes are complete, select the **4-Summary** link to display the updated request. Refer to *Figure 31 - Request Entry (4-Summary) Screen*.

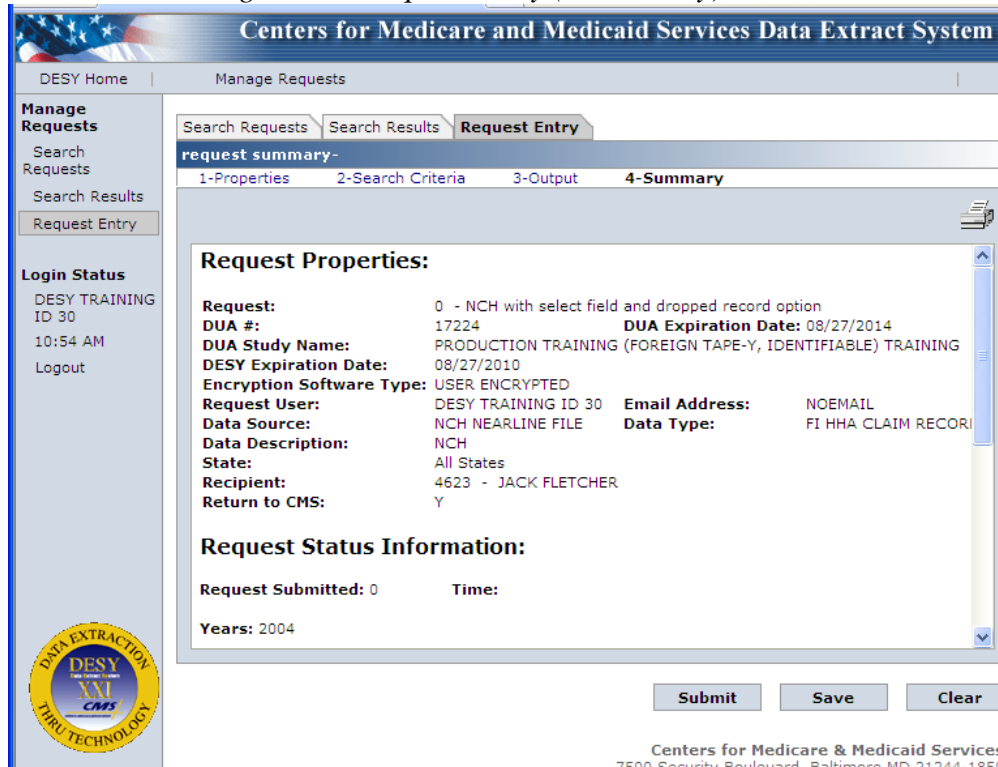



Figure 31 - Request Entry (4-Summary) Screen

6. Select **Submit**.
The DESY system submits the request.
7. Select the **Printer** icon () to print a copy for your records, if desired.

5.1.6 Canceling a Request

This section details how to cancel a request in the DESY system.

Tip: To easily locate a request, select any of the column headers on the **Search Results** tab to change the sort order of the list.

1. From the **Search Requests** tab, select the radio button in the checkmark column for the request you would like to cancel. Refer to *Figure 32 - Selected Search Results with Request Details Displayed*.
Note: A user can only cancel requests marked **Pending Approval** or **Submitted** in the **Status** column. A user can cancel a request only if he/she created it.

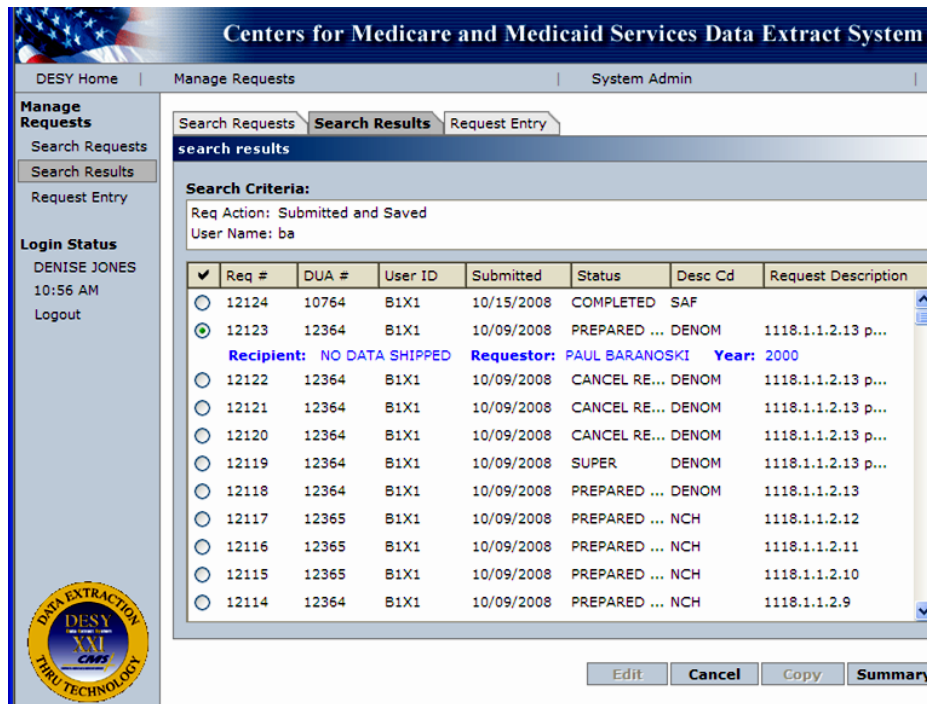


Figure 32 - Selected Search Results with Request Details Displayed

2. Select **Cancel**.
The Status will change to **Cancel Requested**. The DESY system retains the request in the system and it can be copied or a summary can be printed.

5.2 Advanced Search Criteria

DESY uses both wildcard and Boolean logic when performing searches. Be aware of the rules noted in this section governing each type of search when creating search expressions. See *Appendix C - Searchable Fields by Claim Type* for searchable fields and descriptions.

5.2.1 Wild Card Searches

To search for a specific value, type the exact value in the Value field.

To search for a group of values, type the first few numbers of the value followed by an asterisk (*). For example, to search for Claim Diagnosis Codes related to nontoxic nodular goiters, use a value of 241*.

For a larger selection, such as all Claim Diagnosis Codes related to disorders of the thyroid gland, use fewer beginning digits of the associated value (24*).

User input file values can use wildcards, as well as in values entered directly. Only one user input file may be selected for each criteria set. If you select a user input file, no additional values may be selected for that element.

Only one wildcard (*) is permitted per value. The system will ignore any characters after the first wild card. For example, the same records would be selected for Claim Diagnosis Code = 24*1 as would be for Claim Diagnosis Code = 24*.

HICAN values do not permit wildcards. The system only allows one search expression when searching on the HICAN field.

If a five-digit ZIP code is the search criterion, DESY adds an asterisk at the end so that nine-digit ZIP codes are included in the search automatically. For example, if the user selects ZIP Code as the Field, = as the Operator, and type 21244 as the value, DESY changes the value to 21244*. The output will contain records with ZIP code 21244, as well as records with ZIP codes 21244-0001 through 21244-9999.

Note: DESY does not append asterisks to zip codes on a User Input File. If a User Input File is used for zip codes, DESY will look for exact matches only unless the user manually adds asterisks to the end of each zip code less than 9 digits.

The Not Equal operator permits only one value at a time.

5.2.2 Boolean (“OR”) Logic

In DESY, Boolean logic relates to using “OR” to connect two sets of searchable data elements. Boolean logic allows a user to specify a second set of search criteria to be run so that the DESY system returns a match on data that meets either set of search criteria. For example, select all diagnosis codes equal to 1 OR 2 would return any record that had a diagnosis code of 1 or a diagnosis code of 2. Whereas an AND statement would cause only those records that met both conditions (diagnosis code of 1 AND 2) to be returned.

5.3 Custom Views

This section describes how to create and edit custom views to increase user efficiency.

5.3.1 Creating Custom Views

Create a custom view when by selecting the **Select Available Fields** option in the **Request Entry Output** page. After selecting all desired fields, select **Save View**. Refer to *Figure 33 - Create Custom View*. See *Appendix B - Viewable Fields by Claim Type* for a list of viewable fields and descriptions.



Figure 33 - Create Custom View

5.3.2 Editing Custom Views

Previously created views are available only when signed in with the User ID that created them. Only the custom views associated with the selected **DUA**, **Data Source**, and **Data Type** will be available as an output selection.

1. Go to request entry and select a **DUA**, **Data Source**, and **Data Type** combination for which there is a custom view. Select the link to open the **Output** screen.
2. Select the name of a custom view from the **Output Type** drop-down box. The fields included in the view display in the **Selected Fields** window near the bottom of the screen.
3. Select **Edit View**. Refer to *Figure 34 - Edit Custom View*. The **Available Fields** display.




Figure 34 - Edit Custom View

4. Select a field name(s) in **Available Fields** and select **Add** to move it to **Selected Fields**.
5. Select a field name(s) in **Selected Fields** and select **Remove** to return it to the **Available Fields** list.
6. To rename this view, enter a new name in the **Custom View Name** field.
7. When you are satisfied with the view you have created, select **Save View**.
The **Selected Fields** will be included in the output.

6 Troubleshooting and Support

This section provides information on common error messages, special considerations, and support for the DESY system.

6.1 Error Messages

If a user does not have the authority to access a page, links to that page are not active or the user will receive a warning that the user does not have access to that portion of the application. Refer to *Figure 35 - Unauthorized Access Screen*.



Figure 35 - Unauthorized Access Screen

When entering a new request, if the system allows no additional search criteria the dialog box shown in *Figure 36 - No Additional Search Criteria Notice* will display. Select **OK** to dismiss the notice.

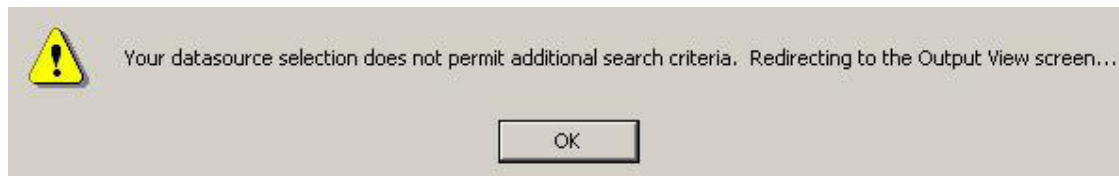


Figure 36 - No Additional Search Criteria Notice

When the user enters search criteria for a new request and a Zip Code filed that requires operator **User Input File**, the **Zip Code/Finder File Message** displays. Refer to *Figure 37 - Request Entry (Search Criteria) Zip Code/Finder File Message*.

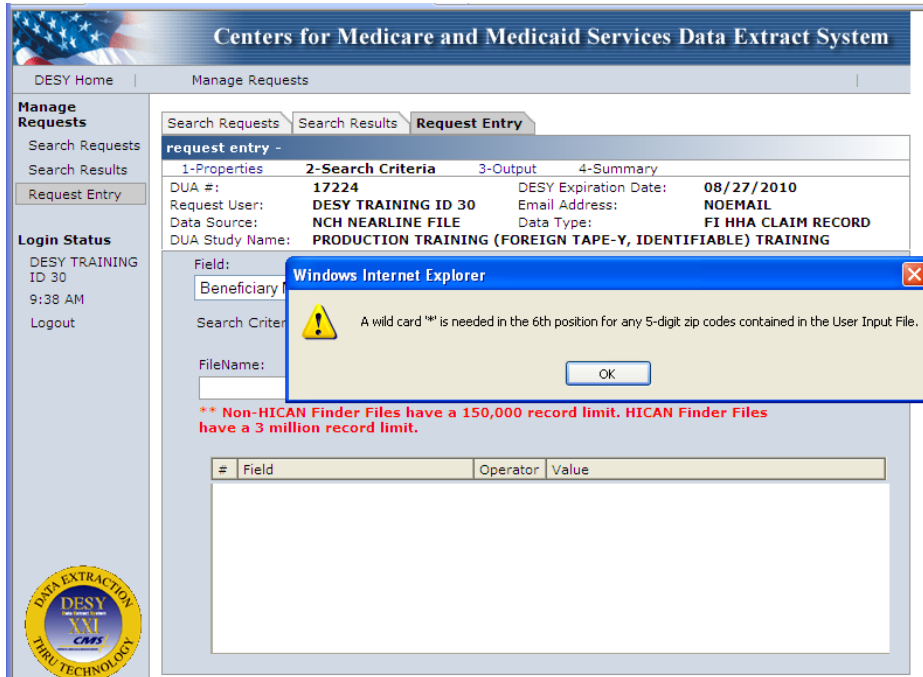
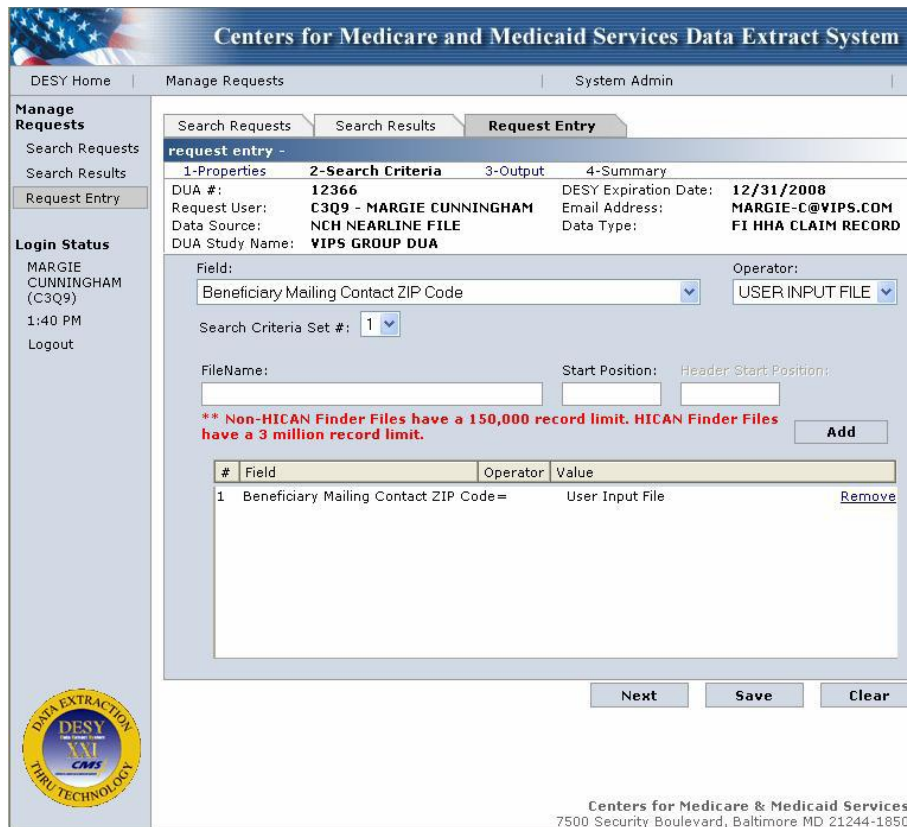


Figure 37 - Request Entry (Search Criteria) Zip Code/Finder File Message

When the user enters search criteria for a new request and a selected field requires an operator **User Input File**, the **Finder File Message** displays. Refer to *Figure 38 - Request Entry (Search Criteria) Finder File Message*.



Centers for Medicare and Medicaid Services Data Extract System

DESY Home | Manage Requests | System Admin

Manage Requests

Search Requests | Search Results | **Request Entry**

request entry -

1-Properties 2-Search Criteria 3-Output 4-Summary

DUA #: 12366 DESY Expiration Date: 12/31/2008
 Request User: C3Q9 - MARGIE CUNNINGHAM Email Address: MARGIE-C@VIPS.COM
 Data Source: NCH NEARLINE FILE Data Type: FI HHA CLAIM RECORD
 DUA Study Name: VIPS GROUP DUA

Field: Beneficiary Mailing Contact ZIP Code Operator: USER INPUT FILE

Search Criteria Set #: 1

FileName: Start Position: Header Start Position:

**** Non-HICAN Finder Files have a 150,000 record limit. HICAN Finder Files have a 3 million record limit.**

Add

#	Field	Operator	Value
1	Beneficiary Mailing Contact ZIP Code	=	User Input File Remove

Next Save Clear

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore MD 21244-1850

Figure 38 - Request Entry (Search Criteria) Finder File Message

The message shown in *Figure 38 - Request Entry (Search Criteria) Finder File Message* will only display when the user selects a **User Input File**. The message will not display when entering a file for Conversion or Cross-Referencing.

6.2 Special Considerations

There are no special considerations for the 6.5 release of DESY.

6.3 Support

Contact the DESY hotline at 410-786-0159 or desy_support@cms.hhs.gov for technical and production support with DESY. *Table 9 - Support Personnel Contact Information* provides additional support personnel and their contact information.

Table 9 - Support Personnel Contact Information

Component/Group/Team	Contact Name and Title	Contact Information	Area of Responsibility
CMS IT Service Desk	Person on desk	410-786-2580 Cms_it_service_desk@cms.hhs.gov	DESY 1st level support. Receive, log and track trouble tickets from DESY. Provide trouble ticket number to DESY. Communicate with system personnel on system status.
CMS GTL (Primary)	David Will, GTL	(410) 786-3675 David Will@cms.hhs.gov	DESY GTL
DESY Support Team	DESY Support Team	desydadss@maricom.com	DESY 2nd level support
DESY Support – Functional & Technical (Maricom)	Jeff Nichols, Project Manager (Maricom)	443-470-4500 x4048 jnichols@maricom.com desydadss@maricom.com	DESY 2nd level support
DESY Support – Functional & Technical (ViPS)	Cheryl Mitchell (ViPS)	410-832-8300 x8244 Cheryl@vips.com	DESY 2nd level support
CMS Central Database Administrator(s) (EDCG)	Mohan Golagani Secondary – Deb Hanley	(410) 298-2770 x 236 DB2_DBA@cms.hhs.gov (410) 298-2770 x 226 DB2_DBA@cms.hhs.gov	Primary support of CMS mainframe's DESY DB2 files.

7 Glossary of Acronyms, Terms, and Definitions

Table 10 - *Glossary of Acronyms, Terms, and Definitions* provides acronyms, terms, and associated definitions for acronyms and terms used in this document.

Table 10 - Glossary of Acronyms, Terms, and Definitions

Term	Acronym	Definition
AT&T Global Network Services	AGNS	AGNS is responsible for managing a worldwide data network with presence on six continents.
Automated Production Control and Scheduling System	APCSS	APCSS is a CMS production environment, automated job scheduling system; APCSS handles the data processing within the OMBDW.
Beneficiary	BENE	A beneficiary is a person who has health care insurance through the Medicare or Medicaid program.
Centers for Medicare & Medicaid Services	CMS	CMS is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program, and health insurance portability standards.
CMS Access Administrator	CAA	The CAA is a CMS network and system administrator who controls access to CMS computer systems.
CMSNet	CMSNet	CMSNet, formerly known as the Medicare Data Communications Network (MDCN), is a CMS network connecting the CMS headquarters to CMS Regional Offices.
Comma Separated Value	CSV	A CSV file is a simple, text format for a database table. Each record in the table is one line of the text file. A character (typically a comma, but some European countries use a semi-colon as a value separator instead) separates each field value of a record from the next character.
Common Working File	CWF	The CWF is a single data source for Fiscal Intermediaries and Carriers to verify beneficiary eligibility and conduct prepayment review and approval of claims from a national perspective.
Customer Information Control System	CICS	A CICS is a transaction server that runs primarily on IBM mainframe systems under z/OS and z/VSE. It is a transaction manager designed for rapid, high-volume, online processing.
Data Agreement & Data Shipping Tracking System	DADSS	DADSS provides for the tracking of DUAs and Data Shipping Orders for CMS, and the associated re-writing and enhancement of the existing FTAPE.
Data Extraction System	DESY	DESY is the primary access tool for the NCH/NMUD and MSIS databases and various files derived from these databases, as well as enrollment data files. DESY is an auditable, Web-based tool. It links to the privacy authorization system and the privacy accountability tracking system, which authorizes user access levels and monitors releases of data to external users. All users must enter into Orders negotiated with the CMS privacy staff and which control their access to the data.

Term	Acronym	Definition
Data Use Agreement	DUA	A DUA is a written agreement between a health care component and a person requesting a disclosure of PHI contained in a limited data set. Data use agreements must meet the requirements of limited data set procedure.
Decision Support Access Facility	DSAF	DSAF provides users with a single access path to a wide array of Medicare data. Through DSAF, users can extract Medicare enrollment, entitlement, and utilization databases and files.
Disproportionate Share Hospital	DSH	A DSH is a hospital with a disproportionately large share of low-income patients. Under Medicaid, States augment payment to these hospitals. Medicare inpatient hospital payments also adjust for this added burden.
Division of Privacy Compliance Data Development	DPCDD	DPCDD is part of the EDG of the OIS. It serves as the principal advisor and technical authority for CMS data release and Privacy Act policies, processes, procedures, templates, and guidance. DPCDD develops and implements agency-wide data use policies and procedures to ensure the confidentiality of CMS data and the privacy of the Medicare and Medicaid populations. DPCDD also develops, implements, and maintains the CMS online-automated Privacy Accountability Database.
Durable Medical Equipment	DME	DME refers to equipment prescribed by a physician and used in the course of treatment or home care, including such items as crutches, knee braces, wheelchairs, hospital beds, prostheses, etc.
Durable Medical Equipment Regional Carrier	DMERC	A DMERC is a private company that contracts with Medicare to pay bills for durable medical equipment.
Enterprise Data Center	EDC	The EDC collects and stores high-quality data in a unified repository to meet the demands of the new Medicare prescription drug plan, accelerated Medicare claims processing, and more use of Internet-based applications.
Enterprise User Administration	EUA	EUA is a system CMS uses to manage enterprise user IDs and passwords. It provides centralized administration of user IDs on the entire CMS enterprise including the mainframe systems, mid-tier devices such as AIX or Sun systems, network operating systems such as Netware or Windows, and database platforms such as Oracle, Sybase, and MS SQL. The system utilizes online data to automate the approval process for access requests, and provides logging and auditing support.
Fiscal Intermediary	FI	An FI is a private company that has a contract with Medicare to pay Part A and some Part B bills (e.g., bills from hospitals).
Front-End	N/A	A front-end application is one that application users interact with directly.
Government Task Leader	GTL	The GTL is a CMS technical representative responsible for monitoring the contractor's technical progress in accordance with the SOW.
Health Care Financing Administration	HCFA	HCFA is the previous name for CMS. See CMS.
Health Insurance Claim	HIC	An HIC is a bill for health care services that health care providers turn in to the insurer.
Health Insurance Claim Number	HICN	CMS assigns an HICN number to each Medicare beneficiary. This claim number is for identification purposes when processing Medicare claims.

Term	Acronym	Definition
Health Insurance Portability and Accountability Act	HIPAA	<p>HIPAA, enacted in 1996, consists of two sections:</p> <ul style="list-style-type: none"> • HIPAA Title I requires protection of health insurance coverage for people who lose or change jobs. • HIPAA Title II includes an administrative simplification section that deals with the standardization of healthcare-related information systems. In the information technology industries, this section is what most people mean when they refer to HIPAA. <p>HIPAA establishes mandatory regulations that require extensive changes to the way that health providers conduct business.</p>
Health Insurance Prospective Payment System	HIPPS	<p>HIPPS rate codes represent specific sets of patient characteristics (or case-mix groups) on which payment determinations are made under several prospective payment systems. Case-mix groups are developed based on research into utilization patterns among various provider types. Institutional providers use HIPPS codes on claims in association with special revenue codes. One revenue code is defined for each prospective payment system that requires HIPPS codes.</p>
Healthcare Common Procedure Coding System	HCPCS	<p>HCPCS is a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (commonly pronounced Hick-Picks).</p>
Home Health Agency	HHA	<p>An HHA is public agency or private organization, or sub-division of such agency or organization, which is primarily engaged in providing skilled nursing services and at least one other therapeutic service in the residence of the client.</p>
Home Health Prospective Payment System	HH PPS	<p>Under the HH PPS, Medicare pays HHAs a predetermined base payment. The payment adjusts for the health condition and care needs of the beneficiary. The payment also adjusts for the geographic differences in wages for HHAs across the country.</p>
Hospice	N/A	<p>Hospice is supportive care given to a terminally ill client and their family. The focus of this care is to enable the client to remain in the familiar surroundings of their home for as long as they can. Hospice care may be either inpatient or outpatient.</p>
Identifier	ID	<p>An ID is a unique identifying set of characters assigned to a person or persons to ensure privacy and security on a computer system or network.</p>
Job Control Language	JCL	<p>JCL is a scripting language used on IBM mainframe operating systems to instruct the system on how to run a batch job or start a subsystem.</p>
Lightweight Directory Access Protocol	LDAP	<p>LDAP is an application protocol for querying and modifying data using directory services running over TCP/IP.</p>
Low Utilization Payment Adjustment	LUPA	<p>The proposed home health prospective payment system has a LUPA for beneficiaries whose episodes during a 60-day period consist of four or fewer visits. These episodes are paid the standardized, service-specific per-visit amount multiplied by the number of visits actually provided during the episode.</p>
Managed Care Organization	MCO	<p>An MCO attempts to reduce the cost of providing health benefits and improve the quality of care for organizations that use those techniques or provide them as services to other organizations.</p>

Term	Acronym	Definition
Medicare Data Communications Network	MDCN	See CMSNet.
Medicare Part A	N/A	Medicare Part A is the part of Medicare that covers hospice care, home health care, skilled nursing facilities, and inpatient hospital stays.
Medicare Part B	N/A	Medicare Part B is the part of Medicare that covers doctors' services, outpatient hospital care, and other medical services that Part A does not cover such as physical and occupational therapy. Other examples include X-rays, medical equipment, or limited ambulance service.
Medicare Part C	N/A	Medicare Part C is open to most people who have Medicare Part A and Medicare Part B plans. It provides medical and other benefits. Health plan companies approved by the federal government provide these benefits. The coverage is through Medicare Advantage plans.
Medicare Part D	N/A	Medicare Part D is a federal program to subsidize the costs of prescription drugs for Medicare beneficiaries in the United States.
Medicare Provider Analysis & Review File	MEDPAR File	The MEDPAR file is the source for developing the CMS payment policy, published in the CMS Annual Statistical Supplement.
National Claims History	NCH	NCH is a CMS data reporting system that combines both Part A and Part B claims in a common file.
National Drug Codes	NDC	The NDC is a code set that identifies the vendor (manufacturer), product and package size of all drugs and biologics recognized by the FDA.
National Medicare Utilization Database	NMUD	NMUD is a relational database built in DB2 that houses the NCH claims from 1997 through the present.
National Provider Identifier	NPI	An NPI is a unique 10-digit identification number issued to health care providers in the United States by CMS. Covered health care providers and all health plans and health care clearinghouses must use the NPI in the administrative and financial transactions adopted under HIPAA.
Order	N/A	An Order is a written agreement between a health care component and a person requesting a disclosure of Protected Health Information (PHI) contained in a limited data set. Data use agreements must meet the requirements of limited data set procedure.
Peer Review Organization	PRO	The PRO program ensures the medical necessity and reasonableness, appropriate setting, and professionally recognized standards of health care for medical care furnished to Medicare beneficiaries.
Portable Document Format	PDF	PDF is an open standard for document exchange. The file format represents two-dimensional documents in a manner independent of the application software, hardware, and operating system. Each PDF file encapsulates a complete description of a fixed-layout document that includes the text, fonts, images, and vector graphics that compose the documents.
Protected Health Information	PHI	PHI, under HIPAA, is any information about health status, provision of health care, or payment for health care that may link to a specific individual. The interpretation of this is broad and includes any part of a patient's medical record or payment history.

Term	Acronym	Definition
Railroad Retirement Board	RRB	The RRB is an agency of the United States government that administers a social insurance program providing retirement benefits to the country's railroad workers.
Rational Agent Controller	RAC	RAC is a daemon process that provides the mechanism by which client applications either launch new host processes or attach to agents that coexist within existing host processes. WebSphere Message Broker uses RAC to provide debugging facilities for message flows that are deployed to a running broker.
Recovery Management and Accounting System	ReMAS	ReMAS identifies instances where Medicare made a mistake or conditional primary payment when it should have been the secondary payer.
Remote Access Control Facility	RACF	RACF is a security system that controls access to z/OS resources by assigning privileges to users.
Section 508	N/A	Section 508, of the American Rehabilitation Act, is a federal law mandating electronic and information technology (including documents) developed, procured, maintained, or used by the federal government be accessible to people with disabilities.
Skilled Nursing Facility	SNF	An SNF is a facility that provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but do not require the level of care provided in a hospital.
Social Security Administration	SSA	The SSA is an independent government agency responsible for the Social Security system.
Secure Sockets Layer	SSL	SSL is a security protocol that prevents eavesdropping, tampering, or message forgery with HTTP transmissions based on server-side public/private key pairs and provides support for client-side public/private key usage.
Social Security Number	SSN	An SSN is a nine-digit number issued to U.S. citizens, permanent residents, and temporary (working) residents
Uniform Resource Locator	URL	The URL is a global address of documents and other resources on the World Wide Web.
Unique Physician Identification Number	UPIN	UPIN is a six-position identifier with a suffix, assigned by the UPIN Registry, submitted on Part A, Part B, and DMEPOS claims to identify physicians, physician groups, non-physician practitioners, and referring or ordering physician/practitioners on Medicare claims. Assignment of UPINs ceased on June 29, 2007.
User Manual	UM	A UM is a technical communication document that assists people using a particular system.

Appendix A - Encryption Rules

NOTE: This section does not apply to PKWARE or IBM z/OS encryption processing.

Encryption methods must be used in order to protect private information. The DESY system uses these encryption methods:

- **Age Range:** The beneficiary birth date converts first to the beneficiary's entitled eligible date (the first of the month or the first of the prior month if born on the first day of a month). The age is then calculated against the CLM-FROM-DT field of the claim record, and then grouped into an age category as follows:
 - 00000000 = Unknown
 - 00000001 = < 65
 - 00000002 = 65 through 69
 - 00000003 = 70 through 74
 - 00000004 = 75 through 79
 - 00000005 = 80 through 84
 - 00000006 = > 84
- **Blank:** All data is blanked out.
- **Encrypt:** The value passes to the encryption routine. All numerical bytes are encrypted to another numerical value in the byte-by-byte encryption process. Alphabetical bytes are not encrypted and remain the same value.
- **Year/Qtr:** All designated dates are converted to the calendar year and quarter that encompass that date using YYYYQ000 format.
- **Zero:** All data is converted to zeroes.

The following tables present which encryption methods are use for the fields used in the DESY system.

Table 11 - DESY Claims Encryption Rules

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Beneficiary Birth Date	All	Date	Age Range
Beneficiary Claim Account Number	All	Character	Encrypt
Beneficiary Identification Code (BIC)	All	Character	Encrypt
Beneficiary Mailing Contact Zip Code	All	Character	Blank
Carrier Claim Control Number	Carrier DMERC	Character	Blank
Carrier Claim Receipt Date	Carrier DMERC	Date	Zero
Carrier Claim Referring Physician National Provider Identifier (NPI) Number	Carrier	Character	Encrypt
Carrier Claim Referring Physician Unique Physician Identification Number (UPIN) Number	Carrier	Character	Encrypt

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Carrier Claim Referring Personal Identification Number (PIN - Profiling) Number	Carrier	Character	Blank
Carrier Claim Scheduled Payment Date	Carrier DMERC	Date	Zero
Carrier Line Drop Off Zip Code	Carrier	Number	Blank
Carrier Line Performing UPIN Number	Carrier	Character	Encrypt
Carrier Line Performing NPI Number	Carrier	Character	Encrypt
Carrier Line Performing PIN (Profiling) Number	Carrier	Character	Blank
Carrier Line Performing Provider Zip Code	Carrier	Character	Blank
Claim Admission Date	Inpatient	Date	Year/Qtr
Claim Attending Physician Given Name	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Attending Physician Middle Initial Name	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Attending Physician NPI Number	HHA Hospice Inpatient Outpatient	Character	Encrypt
Claim Attending Physician Surname	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Attending Physician UPIN Number	HHA Hospice Inpatient Outpatient	Character	Encrypt
Claim Demonstration Identification Number	All	Character	Blank
Claim From Date	All	Date	Zero
Claim Home Health Agency (HHA) Care Start Date	HHA	Date	Year/Qtr
Claim Hospice Start Date	Hospice	Date	Year/Qtr
Claim Locator Number Group (HICAN)	All	Character	Encrypt

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Claim Medical Record Number	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Operating Physician Given Name	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Operating Physician Middle Initial Name	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Operating Physician NPI Number	HHA Hospice Inpatient Outpatient	Character	Encrypt
Claim Operating Physician Surname	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Operating Physician UPIN Number	HHA Hospice Inpatient Outpatient	Character	Encrypt
Claim Other Physician Given Name	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Other Physician Middle Initial Name	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Other Physician NPI Number	HHA Hospice Inpatient Outpatient	Character	Encrypt
Claim Other Physician Surname	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Other Physician UPIN Number	HHA Hospice Inpatient Outpatient	Character	Encrypt
Claim Patient 1st Initial Given Name	All	Character	Blank

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Claim Patient Six Position Surname	All	Character	Blank
Claim Patient First Initial Middle Name	All	Character	Blank
Claim Peer Review Organization (PRO) Control Number	HHA Hospice Inpatient Outpatient	Character	Blank
Claim Procedure Performed Date	Hospice Inpatient Outpatient	Date	Year/Qtr
Claim Related Occurrence Date	HHH Hospice Inpatient Outpatient	Date	Year/Qtr
Claim Service Facility Zip Code	HHA Hospice Inpatient Outpatient	Number	Blank
Claim Through Date	All	Date	Year/Qtr
Common Working File (CWF) Claim Accretion Date	All	Date	Year/Qtr
CWF Claim Accretion Number	All	Number	Zero
CWF Claim Assigned Number	All	Character	Blank
Durable Medical Equipment Regional Center (DMERC) Claim Ordering Physician NPI Number	DMERC	Character	Encrypt
DMERC Claim Ordering Physician UPIN Number	DMERC	Character	Encrypt
DMERC Line Beneficiary Mailing State Code	DMERC	Character	Blank
DMERC Line Supplier NPI Number	DMERC	Character	Encrypt
Fiscal Intermediary (FI) Claim Process Date	HHA Hospice Inpatient Outpatient	Date	Zero
FI Claim Receipt Date	HHA Hospice Inpatient Outpatient	Date	Zero
FI Claim Scheduled Payment Date	HHA Hospice Inpatient Outpatient	Date	Zero

Data Element Name	Claim Type(s)	Field Type	Encryption Method
FI Document Claim Control Number	HHA Hospice Inpatient Outpatient	Character	Blank
FI Original Claim Control Number	HHA Hospice Inpatient Outpatient	Character	Blank
Line First Expense Date	Carrier DMERC	Date	Zero
Line Last Expense Date	Carrier DMERC	Date	Year/Qtr
Line Provider Tax Number	Carrier DMERC	Character	Blank
NCH Beneficiary Discharge Date	Inpatient HHA Hospice	Date	Year/Qtr
NCH Category Equitable Beneficiary Identification Code	All	Character	Encrypt
NCH Inpatient PRO Approval Grace Day Count	Inpatient	Number	Zero
NCH Inpatient PRO Approval Service From Date	Inpatient	Date	Zero
NCH Inpatient PRO Approval Service Thru Date	Inpatient	Date	Zero
NCH Qualified Stay From Date	HHA	Date	Zero
NCH Qualified Stay Through Date	HHA	Date	Year/Qtr
NCH Weekly Claim Processing Date	All	Date	Zero
Patient Control Number	HHA Hospice Inpatient Outpatient	Character	Blank
Revenue Center Date	HHA Hospice Inpatient Outpatient	Date	Year/Qtr
Revenue Center Rendering Physician NPI Number	HHA Hospice Inpatient Outpatient	Character	Encrypt

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Revenue Center Rendering Surname Name	HHA Hospice Inpatient Outpatient	Character	Blank

Table 12 - MEDPAR Encryption Rules

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Admission Date	MEDPAR	Date	Blank
Beneficiary Age Count	MEDPAR	Number	Age Range
Beneficiary Claim Account Number	MEDPAR	Character	Encrypt
Beneficiary Death Date	MEDPAR	Date	Blank
Beneficiary Mailing Contact Zip Code	MEDPAR	Character	Blank
Discharge Date	MEDPAR	Date	Zero
Original Claim Locator Group	MEDPAR	Character	Encrypt
Skilled Nursing Facility (SNF) Qualify through Date	MEDPAR	Date	Encrypt
SNF Qualify from Date	MEDPAR	Date	Zero
Surgical Procedure Perform Date	MEDPAR	Date	Blank

Table 13 - DENOM Encryption Rules

Data Element Name	Claim Type(s)	Field Type	Encryption Method
Claim Control Number (HIC)	DENOM	Character	Encrypt
Beneficiary Zip Code	DENOM	Character	Blank
Beneficiary Date of Birth	DENOM	Date	Zero
Beneficiary Date of Death	DENOM	Date	Zero

Appendix B - Viewable Fields by Claim Type

Table 14 - Viewable Fields by Claim Type

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
APC Return Buffer Flag	N	N	Y	Y	Y	Y
Beneficiary Birth Date	Y	Y	Y	Y	Y	Y
Beneficiary Identification Code	Y	Y	Y	Y	Y	Y
Beneficiary Lifetime Reserve Days (LRD) Used Count	N	N	N	N	Y	N
Beneficiary Mailing Contact ZIP Code	Y	Y	Y	Y	Y	Y
Beneficiary Race Code	Y	Y	Y	Y	Y	Y
Beneficiary Residence Social Security Administration (SSA) Standard County Code	Y	Y	Y	Y	Y	Y
Beneficiary Residence SSA Standard State Code	Y	Y	Y	Y	Y	Y
Beneficiary Sex Identification Code	Y	Y	Y	Y	Y	Y
Beneficiary Total Coinsurance Days Count	N	N	N	N	Y	N
Beneficiary's Hospice Period Count	N	N	N	Y	N	N
Care Plan Oversight (CPO) Provider Number	Y	N	N	N	N	N
Carrier Claim Beneficiary Paid Amount	Y	Y	N	N	N	N
Carrier Claim Cash Deductible Applied Amount	Y	Y	N	N	N	N
Carrier Claim Control Number	Y	Y	N	N	N	N
Carrier Claim Demonstration ID Count	Y	N	N	N	N	N
Carrier Claim Diagnosis Code Count	Y	N	N	N	N	N
Carrier Claim Entry Code	Y	N	N	N	N	N
Carrier Claim Health PlanID Count	Y	N	N	N	N	N
Carrier Claim Healthcare Common Procedure Coding System (HCPCS) Year Code	Y	Y	N	N	N	N
Carrier Claim Line Count	Y	N	N	N	N	N
Carrier Claim Payment Denial Code	Y	Y	N	N	N	N
Carrier Claim Primary Payer Paid Amount	Y	Y	N	N	N	N
Carrier Claim Provider Assignment Indicator Switch	Y	Y	N	N	N	N
Carrier Claim Receipt Date	Y	Y	N	N	N	N
Carrier Claim Referring Physician NPI Number	Y	N	N	N	N	N
Carrier Claim Referring PIN Number	Y	N	N	N	N	N
Carrier Claim Referring UPIN Number	Y	N	N	N	N	N

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
Carrier Claim Scheduled Payment Date	Y	Y	N	N	N	N
Carrier Line Anesthesia Base Unit Count	Y	N	N	N	N	N
Carrier Line Blood Deductible Pints Quantity	Y	N	N	N	N	N
Carrier Line CLIA Alert Indicator Code	Y	N	N	N	N	N
Carrier Line Clinical Lab Charge Amount	Y	N	N	N	N	N
Carrier Line Clinical Lab Number	Y	N	N	N	N	N
Carrier Line DME Medical Necessity Month Count	Y	N	N	N	N	N
Carrier Line Drop Off Zip Code	Y	N	N	N	N	N
Carrier Line Durable Medical Equipment (DME) Coverage Period Start Date	Y	N	N	N	N	N
Carrier Line HPSA/Scarcity Indicator Code	Y	N	N	N	N	N
Carrier Line Miles/Time/Units/Services Count	Y	N	N	N	N	N
Carrier Line Miles/Time/Units/Services Indicator Code	Y	N	N	N	N	N
Carrier Line Performing Group NPI Number	Y	N	N	N	N	N
Carrier Line Performing NPI Number	Y	N	N	N	N	N
Carrier Line Performing PIN Number	Y	N	N	N	N	N
Carrier Line Performing Provider ZIP Code	Y	N	N	N	N	N
Carrier Line Performing UPIN Number	Y	N	N	N	N	N
Carrier Line Point of Pickup Zip Code	Y	N	N	N	N	N
Carrier Line Pricing Locality Code	Y	N	N	N	N	N
Carrier Line Provider Specialty Code	Y	N	N	N	N	N
Carrier Line Provider Type Code	Y	N	N	N	N	N
Carrier Line Psychiatric, Occupational Therapy, Physical Therapy Limit Amount	Y	N	N	N	N	N
Carrier Line Reduced Payment Physician Assistant Code	Y	N	N	N	N	N
Carrier Line Rx Number	Y	N	N	N	N	N
Carrier Line Type Service Code	Y	N	N	N	N	N
Carrier NCH Edit Code Count	Y	N	N	N	N	N
Carrier NCH Patch Code Count	Y	N	N	N	N	N
Carrier Number	Y	Y	N	N	N	N
Claim Admission Date	N	N	N	N	Y	N
Claim Admitting Diagnosis Code	N	N	N	N	Y	N

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
Claim Attending Physician NPI Number	N	N	Y	Y	Y	Y
Claim Attending Physician UPIN Number	N	N	Y	Y	Y	Y
Claim Blood Deductible Pints Quantity	Y	N	N	N	N	N
Claim Blood Pints Furnished Quantity	Y	N	N	N	N	N
Claim Clinical Trial Number	Y	Y	N	N	N	N
Claim Cost Report Days Count	N	N	N	N	Y	N
Claim Demonstration Identification Number	Y	Y	Y	Y	Y	Y
Claim Demonstration Information Text	Y	Y	Y	Y	Y	Y
Claim Diagnosis Code	Y	Y	Y	Y	Y	Y
Claim Diagnosis E Code	N	N	Y	Y	Y	Y
Claim Diagnosis Related Group Code	N	N	N	N	Y	N
Claim Diagnosis Related Group Outlier Stay Code	N	N	N	N	Y	N
Claim Disposition Code	Y	Y	Y	Y	Y	Y
Claim Excepted/Non-excepted Medical Treatment Code	Y	Y	Y	Y	Y	Y
Claim Facility Type Code	N	N	Y	Y	Y	Y
Claim Frequency Code	N	N	Y	Y	Y	Y
Claim From Date	Y	Y	Y	Y	Y	Y
Claim Health PlanID Code	Y	Y	Y	Y	Y	Y
Claim Health PlanID Number	Y	Y	Y	Y	Y	Y
Claim HHA Care Start Date	N	N	Y	N	N	N
Claim HHA Low Utilization Payment Adjustment (LUPA) Indicator Code	N	N	Y	N	N	N
Claim HHA Referral Code	N	N	Y	N	N	N
Claim HHA Total Visit Count	N	N	Y	N	N	N
Claim Hospice Start Date	N	N	N	Y	N	N
Claim Inpatient Admission Type Code	N	N	N	N	Y	N
Claim KRON Indicator Code	N	N	N	N	Y	N
Claim Locator Number Group (HICAN)	Y	Y	Y	Y	Y	Y
Claim Managed Care Organization (MCO) Paid Switch	N	N	Y	Y	Y	Y
Claim Medicaid Information Code	N	N	Y	Y	Y	Y
Claim Medical Record Number	N	N	Y	Y	Y	Y
Claim Medicare Non Payment Reason Code	N	N	Y	Y	Y	Y

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
Claim Non Utilization Days Count	N	N	N	N	Y	N
Claim Occurrence Span Code	N	N	Y	Y	Y	Y
Claim Occurrence Span From Date	N	N	Y	Y	Y	Y
Claim Occurrence Span Through Date	N	N	Y	Y	Y	Y
Claim Operating Physician NPI Number	N	N	Y	Y	Y	Y
Claim Operating Physician UPIN Number	N	N	Y	Y	Y	Y
Claim Other Physician NPI Number	N	N	Y	Y	Y	Y
Claim Other Physician UPIN Number	N	N	Y	Y	Y	Y
Claim Outpatient Beneficiary Interim Deductible Amount	N	N	N	N	N	Y
Claim Outpatient Beneficiary Payment Amount	N	N	N	N	N	Y
Claim Outpatient ESRD Method of Reimbursement Code	N	N	N	N	N	Y
Claim Outpatient Provider Payment Amount	N	N	N	N	N	Y
Claim Outpatient Referral Code	N	N	N	N	N	Y
Claim Outpatient Service Type Code	N	N	N	N	N	Y
Claim Outpatient Transaction Type Code	N	N	N	N	N	Y
Claim Pass Thru Per Diem Amount	N	N	N	N	Y	N
Claim Patient Reason for Visit Code	N	N	N	N	N	Y
Claim Payment Amount	Y	Y	Y	Y	Y	Y
Claim Prospective Payment System (PPS) Capital Discharge Fraction Percent	N	N	N	N	Y	N
Claim PPS Capital Disproportionate Share Amount	N	N	N	N	Y	N
Claim PPS Capital DRG Weight Number	N	N	N	N	Y	N
Claim PPS Capital Exception Amount	N	N	N	N	Y	N
Claim PPS Capital FSP Amount	N	N	N	N	Y	N
Claim PPS Capital HSP Amount	N	N	N	N	Y	N
Claim PPS Capital IME Amount	N	N	N	N	Y	N
Claim PPS Capital Outlier Amount	N	N	N	N	Y	N
Claim PPS Indicator Code	N	N	Y	Y	Y	Y
Claim PPS Old Capital Hold Harmless Amount	N	N	N	N	Y	N
Claim Pricer Return Code	N	N	Y	Y	Y	Y
Claim Principal Diagnosis Code	Y	Y	Y	Y	Y	Y
Claim PRO Control Number	N	N	Y	Y	Y	Y

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
Claim PRO Process Date	N	N	Y	Y	Y	Y
Claim Procedure Code	N	N	N	Y	Y	Y
Claim Procedure Performed Date	N	N	N	Y	Y	Y
Claim Query Code	N	N	Y	Y	Y	Y
Claim Related Condition Code	N	N	Y	Y	Y	Y
Claim Related Occurrence Code	N	N	Y	Y	Y	Y
Claim Related Occurrence Date	N	N	Y	Y	Y	Y
Claim Service Classification Type Code	N	N	Y	Y	Y	Y
Claim Service Facility Zip Code	N	N	Y	Y	Y	Y
Claim Source Inpatient Admission Code	N	N	N	N	Y	N
Claim Through Date	Y	Y	Y	Y	Y	Y
Claim Total Charge Amount	N	N	Y	Y	Y	Y
Claim Total PPS Capital Amount	N	N	N	N	Y	N
Claim Transaction Code	N	N	Y	Y	Y	Y
Claim Treatment Authorization Number	N	N	Y	Y	Y	Y
Claim Utilization Day Count	N	N	N	Y	N	N
Claim Value Amount	N	N	Y	Y	Y	Y
Claim Value Code	N	N	Y	Y	Y	Y
Claim Worker's Compensation Indicator Code	N	N	Y	Y	Y	Y
CPO Organization NPI Number	Y	N	N	N	N	N
CWF Beneficiary Medicare Status Code	Y	Y	Y	Y	Y	Y
CWF Claim Accretion Date	Y	Y	Y	Y	Y	Y
CWF Claim Accretion Number	Y	Y	Y	Y	Y	Y
CWF Transmission Batch Number	Y	Y	Y	Y	Y	Y
DMERC Claim Demonstration ID Count	N	Y	N	N	N	N
DMERC Claim Diagnosis Code Count	N	Y	N	N	N	N
DMERC Claim Health PlanID Count	N	Y	N	N	N	N
DMERC Claim Line Count	N	Y	N	N	N	N
DMERC Claim Ordering Physician NPI Number	N	Y	N	N	N	N
DMERC Claim Ordering Physician UPIN Number	N	Y	N	N	N	N
DMERC Line Beneficiary Mailing State Code	N	Y	N	N	N	N

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
DMERC Line Decision Indicator Switch	N	Y	N	N	N	N
DMERC Line HCPCS Fourth Modifier Code	N	Y	N	N	N	N
DMERC Line HCPCS Third Modifier Code	N	Y	N	N	N	N
DMERC Line Item Supplier NPI Number	N	Y	N	N	N	N
DMERC Line Miles/Time/Units/Services Count	N	Y	N	N	N	N
DMERC Line Miles/Time/Units/Services Indicator Code	N	Y	N	N	N	N
DMERC Line Not Otherwise Classified HCPCS Code Text	N	Y	N	N	N	N
DMERC Line Pricing State Code	N	Y	N	N	N	N
DMERC Line Pricing Zip Code	N	Y	N	N	N	N
DMERC Line Provider State Code	N	Y	N	N	N	N
DMERC Line Screen Result Indicator Code	N	Y	N	N	N	N
DMERC Line Screen Savings Amount	N	Y	N	N	N	N
DMERC Line Screen Suspension Indicator Code	N	Y	N	N	N	N
DMERC Line Supplier Provider Number	N	Y	N	N	N	N
DMERC Line Supplier Type Code	N	Y	N	N	N	N
DMERC Line Waiver Of Provider Liability Switch	N	Y	N	N	N	N
DMERC NCH Edit Code Count	N	Y	N	N	N	N
DMERC NCH Patch Code Count	N	Y	N	N	N	N
End of Record Code	Y	Y	Y	Y	Y	Y
FI Claim Action Code	N	N	Y	Y	Y	Y
FI Claim Process Date	N	N	Y	Y	Y	Y
FI Claim Receipt Date	N	N	Y	Y	Y	Y
FI Claim Scheduled Payment Date	N	N	Y	Y	Y	Y
FI Document Claim Control Number	N	N	Y	Y	Y	Y
FI Number	N	N	Y	Y	Y	Y
FI Original Claim Control Number	N	N	Y	Y	Y	Y
FI Requested Claim Cancel Reason Code	N	N	Y	Y	Y	Y
HHA Claim Demonstration ID Count	N	N	Y	N	N	N
HHA Claim Diagnosis Code Count	N	N	Y	N	N	N
HHA Claim Health PlanID Count	N	N	Y	N	N	N
HHA Claim Occurrence Span Code Count	N	N	Y	N	N	N

Field Name	Carrier	DMERC	HHH	Hospice	Inpatient	Outpatient
HHH Claim Related Condition Code Count	N	N	Y	N	N	N
HHH Claim Related Occurrence Code Count	N	N	Y	N	N	N
HHH Claim Value Code Count	N	N	Y	N	N	N
HHH NCH Edit Code Count	N	N	Y	N	N	N
HHH NCH Patch Code Count	N	N	Y	N	N	N
HHH Revenue Center Code Count	N	N	Y	N	N	N
Hospice Claim Demonstration ID Count	N	N	N	Y	N	N
Hospice Claim Diagnosis Code Count	N	N	N	Y	N	N
Hospice Claim Health PlanID Count	N	N	N	Y	N	N
Hospice Claim Occurrence Span Code Count	N	N	N	Y	N	N
Hospice Claim Procedure Code Count	N	N	N	Y	N	N
Hospice Claim Related Condition Code Count	N	N	N	Y	N	N
Hospice Claim Related Occurrence Code Count	N	N	N	Y	N	N
Hospice Claim Value Code Count	N	N	N	Y	N	N
Hospice NCH Edit Code Count	N	N	N	Y	N	N
Hospice NCH Patch Code Count	N	N	N	Y	N	N
Hospice Revenue Center Code Count	N	N	N	Y	N	N
Inpatient/SNF Claim Demonstration ID Count	N	N	N	N	Y	N
Inpatient/SNF Claim Diagnosis Code Count	N	N	N	N	Y	N
Inpatient/SNF Claim Health PlanID Count	N	N	N	N	Y	N
Inpatient/SNF Claim Occurrence Span Code Count	N	N	N	N	Y	N
Inpatient/SNF Claim Procedure Code Count	N	N	N	N	Y	N
Inpatient/SNF Claim Related Condition Code Count	N	N	N	N	Y	N
Inpatient/SNF Claim Related Occurrence Code Count	N	N	N	N	Y	N
Inpatient/SNF Claim Value Code Count	N	N	N	N	Y	N
Inpatient/SNF NCH Edit Code Count	N	N	N	N	Y	N
Inpatient/SNF NCH Patch Code Count	N	N	N	N	Y	N
Inpatient/SNF Revenue Center Code Count	N	N	N	N	Y	N
Line 10% Penalty Reduction Amount	Y	Y	N	N	N	N
Line Additional Claim Documentation Indicator Code	Y	Y	N	N	N	N
Line Allowed Charge Amount	Y	Y	N	N	N	N

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
Line Beneficiary Part B Deductible Amount	Y	Y	N	N	N	N
Line Beneficiary Payment Amount	Y	Y	N	N	N	N
Line Beneficiary Primary Payer Code	Y	Y	N	N	N	N
Line Beneficiary Primary Payer Paid Amount	Y	Y	N	N	N	N
Line Coinsurance Amount	Y	Y	N	N	N	N
Line Consolidated Billing Indicator Code	Y	Y	N	N	N	N
Line Diagnosis Code	Y	Y	N	N	N	N
Line DME Purchase Price Amount	Y	Y	N	N	N	N
Line Duplicate Claim Check Indicator Code	Y	Y	N	N	N	N
Line First Expense Date	Y	Y	N	N	N	N
Line HCFA Type Service Code	Y	Y	N	N	N	N
Line HCPCS Code	Y	Y	N	N	N	N
Line HCPCS Fourth Modifier Code	Y	N	N	N	N	N
Line HCPCS Initial Modifier Code	Y	Y	N	N	N	N
Line HCPCS Second Modifier Code	Y	Y	N	N	N	N
Line HCPCS Third Modifier Code	Y	N	N	N	N	N
Line Health Care Financing Administration (HCFA) Provider Specialty Code	Y	Y	N	N	N	N
Line Hematocrit/Hemoglobin Result Number	Y	Y	N	N	N	N
Line Hematocrit/Hemoglobin Test Type Code	Y	Y	N	N	N	N
Line Interest Amount	Y	Y	N	N	N	N
Line Investigational Device Exemptions (IDE) Number	Y	Y	N	N	N	N
Line Last Expense Date	Y	Y	N	N	N	N
Line National Drug Code	Y	Y	N	N	N	N
Line NCH BETOS Code	Y	Y	N	N	N	N
Line NCH Payment Amount	Y	Y	N	N	N	N
Line NCH Provider State Code	Y	N	N	N	N	N
Line Payment 80%/100% Code	Y	Y	N	N	N	N
Line Payment Indicator Code	Y	Y	N	N	N	N
Line Place Of Service Code	Y	Y	N	N	N	N
Line Primary Payer Allowed Charge Amount	Y	Y	N	N	N	N
Line Processing Indicator Code	Y	Y	N	N	N	N

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
Line Provider Participating Indicator Code	Y	Y	N	N	N	N
Line Provider Payment Amount	Y	Y	N	N	N	N
Line Provider Tax Number	Y	Y	N	N	N	N
Line Service Count	Y	Y	N	N	N	N
Line Service Deductible Indicator Switch	Y	Y	N	N	N	N
Line Submitted Charge Amount	Y	Y	N	N	N	N
Line Worker's Compensation Indicator Code	Y	Y	N	N	N	N
Medicaid Provider Identification Number	N	N	Y	Y	Y	Y
NCH Active or Covered Level Care Thru Date	N	N	N	N	Y	N
NCH Beneficiary Blood Deductible Liability Amount	N	N	N	N	Y	Y
NCH Beneficiary Discharge Date	N	N	Y	Y	Y	N
NCH Beneficiary Inpatient Deductible Amount	N	N	N	N	Y	N
NCH Beneficiary Medicare Benefits Exhausted Date	N	N	N	Y	Y	N
NCH Beneficiary Part A Coinsurance Liability Amount	N	N	N	N	Y	N
NCH Beneficiary Part B Coinsurance Amount	N	N	N	N	N	Y
NCH Beneficiary Part B Deductible Amount	N	N	N	N	N	Y
NCH Blood Deductible Pints Quantity	N	N	N	N	Y	Y
NCH Blood Non-Covered Charge Amount	N	N	N	N	Y	N
NCH Blood Pints Furnished Quantity	N	N	N	N	Y	Y
NCH Blood Pints Not Replaced Quantity	N	N	N	N	Y	Y
NCH Blood Pints Replaced Quantity	N	N	N	N	Y	Y
NCH Blood Total Charge Amount	N	N	N	N	Y	N
NCH Carrier Claim Allowed Charge Amount	Y	Y	N	N	N	N
NCH Carrier Claim Submitted Charge Amount	Y	Y	N	N	N	N
NCH Category Equitable Beneficiary Identification Code	Y	Y	Y	Y	Y	Y
NCH Claim Beneficiary Payment Amount	Y	Y	N	N	N	N
NCH Claim Provider Payment Amount	Y	Y	N	N	N	N
NCH Claim Type Code	Y	Y	Y	Y	Y	Y
NCH Daily Process Date	Y	Y	Y	Y	Y	Y
NCH DRG Outlier Approved Payment Amount	N	N	N	N	Y	N
NCH Edit Code	Y	Y	Y	Y	Y	Y

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
NCH Inpatient Non-covered Charge Amount	N	N	N	N	Y	N
NCH Inpatient PRO Approval Grace Day Count	N	N	N	N	Y	N
NCH Inpatient PRO Approval Service From Date	N	N	N	N	Y	N
NCH Inpatient PRO Approval Service Thru Date	N	N	N	N	Y	N
NCH Inpatient Pro Approval Type Code	N	N	N	N	Y	N
NCH Inpatient Total Deduction Amount	N	N	N	N	Y	N
NCH Near Line Record Identification Code	Y	Y	Y	Y	Y	Y
NCH Near-Line Record Version Code	Y	Y	Y	Y	Y	Y
NCH Patch Applied Date	Y	Y	Y	Y	Y	Y
NCH Patch Code	Y	Y	Y	Y	Y	Y
NCH Patient Status Indicator Code	N	N	N	Y	Y	N
NCH Payment and Edit Record Identification Code	N	N	Y	Y	Y	Y
NCH Primary Payer Claim Paid Amount	N	N	Y	Y	Y	Y
NCH Primary Payer Code	N	N	Y	Y	Y	Y
NCH Professional Component Charge Amount	N	N	N	N	Y	Y
NCH Provider Guaranteed Payment Start Date	N	N	N	N	Y	N
NCH Provider State Code	N	N	Y	Y	Y	Y
NCH Qualified Stay From Date	N	N	Y	N	Y	N
NCH Qualify Stay Through Date	N	N	Y	N	Y	N
NCH Segment Link Number	Y	Y	Y	Y	Y	Y
NCH Utilization Review Notice Received Date	N	N	N	N	Y	N
NCH Verified Non-covered Stay From Date	N	N	N	N	Y	N
NCH Verified Non-covered Stay Through Date	N	N	N	N	Y	N
NCH Weekly Claim Processing Date	Y	Y	Y	Y	Y	Y
Organization NPI Number	N	N	Y	Y	Y	Y
Outpatient Claim Demonstration ID Count	N	N	N	N	N	Y
Outpatient Claim Diagnosis Code Count	N	N	N	N	N	Y
Outpatient Claim Health PlanID Count	N	N	N	N	N	Y
Outpatient Claim Occurrence Span Code Count	N	N	N	N	N	Y
Outpatient Claim Procedure Code Count	N	N	N	N	N	Y
Outpatient Claim Related Condition Code Count	N	N	N	N	N	Y

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
Outpatient Claim Related Occurrence Code Count	N	N	N	N	N	Y
Outpatient Claim Value Code Count	N	N	N	N	N	Y
Outpatient NCH Edit Code Count	N	N	N	N	N	Y
Outpatient NCH Patch Code Count	N	N	N	N	N	Y
Outpatient Revenue Center Code Count	N	N	N	N	N	Y
Patient Control Number	N	N	Y	Y	Y	Y
Patient Discharge Status Code	N	N	Y	Y	Y	Y
Provider Number	N	N	Y	Y	Y	Y
Recovery Audit Contractor (RAC) Adjustment Indicator Code	Y	Y	Y	Y	Y	Y
Revenue Center 1st ANSI Code	N	N	Y	Y	Y	Y
Revenue Center 1st Medicare Secondary Payer Paid Amount	N	N	Y	Y	Y	Y
Revenue Center 2nd Medicare Secondary Payer Paid Amount	N	N	Y	Y	Y	Y
Revenue Center APC/Health Insurance Prospective Payment System (HIPPS) Code	N	N	Y	Y	Y	Y
Revenue Center Beneficiary Payment Amount	N	N	Y	Y	Y	Y
Revenue Center Blood Deductible Amount	N	N	Y	Y	Y	Y
Revenue Center Cash Deductible Amount	N	N	Y	Y	Y	Y
Revenue Center Code	N	N	Y	Y	Y	Y
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount	N	N	Y	Y	Y	Y
Revenue Center Consolidated Billing Code	N	N	Y	Y	Y	Y
Revenue Center Date	N	N	Y	Y	Y	Y
Revenue Center Deductible Coinsurance Code	N	N	Y	Y	Y	Y
Revenue Center Discount Indicator Code	N	N	Y	Y	Y	Y
Revenue Center Duplicate Claim Check Indicator Code	N	N	Y	Y	Y	Y
Revenue Center HCFA Common Procedure Coding System Code	N	N	Y	Y	Y	Y
Revenue Center HCPCS Fifth Modifier Code	N	N	Y	Y	Y	Y
Revenue Center HCPCS Fourth Modifier Code	N	N	Y	Y	Y	Y
Revenue Center HCPCS Initial Modifier Code	N	N	Y	Y	Y	Y
Revenue Center HCPCS Second Modifier Code	N	N	Y	Y	Y	Y
Revenue Center HCPCS Third Modifier Code	N	N	Y	Y	Y	Y
Revenue Center IDE, National Drug Code (NDC), Universal Product Code (UPC) Number	N	N	Y	Y	Y	Y

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient
Revenue Center NDC Quantity	N	N	Y	Y	Y	Y
Revenue Center NDC Quantity Qualifier	N	N	Y	Y	Y	Y
Revenue Center Non-Covered Charge Amount	N	N	Y	Y	Y	Y
Revenue Center Obligation to Accept As Full (OTAF) Payment Code	N	N	Y	Y	Y	Y
Revenue Center Packaging Indicator Code	N	N	Y	Y	Y	Y
Revenue Center Patient Responsibility Payment Amount	N	N	Y	Y	Y	Y
Revenue Center Payment Amount	N	N	Y	Y	Y	Y
Revenue Center Payment Method Indicator Code	N	N	Y	Y	Y	Y
Revenue Center Pricing Indicator Code	N	N	Y	Y	Y	Y
Revenue Center Professional Component Amount	N	N	Y	Y	Y	Y
Revenue Center Provider Payment Amount	N	N	Y	Y	Y	Y
Revenue Center Rate Amount	N	N	Y	Y	Y	Y
Revenue Center Reduced Coinsurance Amount	N	N	Y	Y	Y	Y
Revenue Center Rendering Physician NPI Number	N	N	Y	Y	Y	Y
Revenue Center Status Indicator Code	N	N	Y	Y	Y	Y
Revenue Center Total Charge Amount	N	N	Y	Y	Y	Y
Revenue Center Unit Count	N	N	Y	Y	Y	Y

Appendix C - Searchable Fields by Claim Type

An asterisk (*) indicates elements for which a user input file can be used.

Table 15 - Searchable Fields by Claim Type

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient	Name & Address	DENOM	MEDPAR
Any Diagnosis Code*	Y	Y	Y	Y	Y	Y	N	N	N
Any HCPCS Modifier Code	Y	Y	Y	Y	Y	Y	N	N	N
Beneficiary Birth Date	Y	Y	Y	Y	Y	Y	Y	N	N
Beneficiary Claim Number Group	N	N	N	N	N	N	Y	N	N
Beneficiary Death Date	N	N	N	N	N	N	Y	N	N
Beneficiary Identification Code	Y	Y	Y	Y	Y	Y	N	N	N
Beneficiary Mailing Contact ZIP Code*	Y	Y	Y	Y	Y	Y	Y	Y	Y
Beneficiary Race Code	Y	Y	Y	Y	Y	Y	Y	N	N
Beneficiary Residence SSA Standard County Code*	Y	Y	Y	Y	Y	Y	Y	Y	Y
Beneficiary Residence SSA Standard State Code	Y	Y	Y	Y	Y	Y	Y	Y	Y
Beneficiary Sex Identification Code	Y	Y	Y	Y	Y	Y	Y	N	N
Carrier Claim Control Number*	Y	Y	N	N	N	N	N	N	N
Carrier Claim Demonstration ID Count	Y	N	N	N	N	N	N	N	N
Carrier Claim Referring Physician NPI Number*	Y	N	N	N	N	N	N	N	N
Carrier Claim Referring PIN Number*	Y	N	N	N	N	N	N	N	N
Carrier Claim Referring UPIN Number*	Y	N	N	N	N	N	N	N	N
Carrier Line Clinical Lab Number*	Y	N	N	N	N	N	N	N	N
Carrier Line Performing Group NPI Number*	Y	N	N	N	N	N	N	N	N
Carrier Line Performing NPI Number*	Y	N	N	N	N	N	N	N	N
Carrier Line Performing PIN Number*	Y	N	N	N	N	N	N	N	N
Carrier Line Performing Provider ZIP Code*	Y	N	N	N	N	N	N	N	N
Carrier Line Performing UPIN Number*	Y	N	N	N	N	N	N	N	N
Carrier Line Point of Pickup Zip Code	Y	N	N	N	N	N	N	N	N
Carrier Line Pricing Locality Code	Y	N	N	N	N	N	N	N	N
Carrier Line Provider Specialty Code	Y	N	N	N	N	N	N	N	N
Carrier Line Provider Type Code	Y	N	N	N	N	N	N	N	N
Carrier Line RX Number*	Y	N	N	N	N	N	N	N	N

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient	Name & Address	DENOM	MEDPAR
Carrier Line Type Service Code	Y	N	N	N	N	N	N	N	N
Carrier Number*	Y	Y	N	N	N	N	N	N	N
Claim Admitting Diagnosis Code*	N	N	N	N	Y	N	N	N	N
Claim Attending Physician NPI Number*	N	N	Y	Y	Y	Y	N	N	N
Claim Attending Physician UPIN Number*	N	N	Y	Y	Y	Y	N	N	N
Claim Bill Type Group	N	N	Y	Y	Y	Y	N	N	N
Claim Clinical Trial Number	Y	Y	N	N	N	N	N	N	N
Claim Demonstration Identification Number	Y	Y	Y	Y	Y	Y	N	N	N
Claim Diagnosis Code*	Y	Y	Y	Y	Y	Y	N	N	Y
Claim Diagnosis E Code*	N	N	Y	Y	Y	Y	N	N	N
Claim Diagnosis Related Group Code	N	N	N	N	Y	N	N	N	Y
Claim Facility Type Code	N	N	Y	Y	Y	Y	N	N	N
Claim Frequency Code	N	N	Y	Y	Y	Y	N	N	N
Claim From Date	Y	Y	Y	Y	Y	Y	N	N	N
Claim Inpatient Admission Type Code	N	N	N	N	Y	N	N	N	N
Claim Locator Number Group (HICAN)*	Y	Y	Y	Y	Y	Y	N	Y	Y
Claim Occurrence Span Code*	N	N	Y	Y	Y	Y	N	N	N
Claim Operating Physician NPI Number*	N	N	Y	Y	Y	Y	N	N	N
Claim Operating Physician UPIN Number*	N	N	Y	Y	Y	Y	N	N	N
Claim Other Physician NPI Number*	N	N	Y	Y	Y	Y	N	N	N
Claim Other Physician UPIN Number*	N	N	Y	Y	Y	Y	N	N	N
Claim Outpatient Service Type Code	N	N	N	N	N	Y	N	N	N
Claim Payment Amount	Y	Y	Y	Y	Y	Y	N	N	N
Claim Principal Diagnosis Code*	Y	Y	Y	Y	Y	Y	N	N	N
Claim Procedure Code	N	N	N	Y	Y	Y	N	N	Y
Claim Related Condition Code*	N	N	Y	Y	Y	Y	N	N	N
Claim Related Occurrence Code*	N	N	Y	Y	Y	Y	N	N	N
Claim Service Classification Type Code	N	N	Y	Y	Y	Y	N	N	N
Claim Service Facility Zip Code	N	N	Y	Y	Y	Y	N	N	N
Claim Through Date	Y	Y	Y	Y	Y	Y	N	N	N
Claim Value Code*	N	N	Y	Y	Y	Y	N	N	N

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient	Name & Address	DENOM	MEDPAR
CPO Organization NPI Number*	Y	N	N	N	N	N	N	N	N
CWF Beneficiary Medicare Status Code	Y	Y	Y	Y	Y	Y	N	N	N
DMERC Claim Demonstration ID Count	N	Y	N	N	N	N	N	N	N
DMERC Claim Ordering Physician NPI Number*	N	Y	N	N	N	N	N	N	N
DMERC Claim Ordering Physician UPIN Number*	N	Y	N	N	N	N	N	N	N
DMERC Line Beneficiary Mailing State Code	N	Y	N	N	N	N	N	N	N
DMERC Line Item Supplier NPI Number*	N	Y	N	N	N	N	N	N	N
DMERC Line Pricing State Code	N	Y	N	N	N	N	N	N	N
DMERC Line Pricing Zip Code	N	Y	N	N	N	N	N	N	N
DMERC Line Provider State Code	N	Y	N	N	N	N	N	N	N
DMERC Line Supplier Provider Number*	N	Y	N	N	N	N	N	N	N
DMERC Line Supplier Type Code	N	Y	N	N	N	N	N	N	N
FI Number*	N	N	Y	Y	Y	Y	N	N	N
HHA Claim Demonstration ID Count	N	N	Y	N	N	N	N	N	N
Hospice Claim Demonstration ID Count	N	N	N	Y	N	N	N	N	N
Inpatient/SNF Claim Demonstration ID	N	N	N	N	Y	N	N	N	N
Line Beneficiary Primary Payer Code	Y	Y	N	N	N	N	N	N	N
Line Diagnosis Code*	Y	Y	N	N	N	N	N	N	N
Line HCFA Provider Specialty Code	Y	Y	N	N	N	N	N	N	N
Line HCFA Type Service Code	Y	Y	N	N	N	N	N	N	N
Line HCPCS Code*	Y	Y	N	N	N	N	N	N	N
Line Hematocrit/Hemoglobin Test Type Code	Y	Y	N	N	N	N	N	N	N
Line IDE Number	Y	Y	N	N	N	N	N	N	N
Line National Drug Code*	Y	Y	N	N	N	N	N	N	N
Line NCH BETOS Code*	Y	Y	N	N	N	N	N	N	N
Line NCH Provider State Code	Y	N	N	N	N	N	N	N	N
Line Place Of Service Code	Y	Y	N	N	N	N	N	N	N
Line Provider Tax Number*	Y	Y	N	N	N	N	N	N	N
Medicaid Provider Identification Number*	N	N	Y	Y	Y	Y	N	N	N
NCH Claim Type Code	Y	Y	Y	Y	Y	Y	N	N	N
NCH Primary Payer Code	N	N	Y	Y	Y	Y	N	N	N

Field Name	Carrier	DMERC	HHA	Hospice	Inpatient	Outpatient	Name & Address	DENOM	MEDPAR
NCH Provider State Code	N	N	Y	Y	Y	Y	N	N	Y
NCH State Segment Code	Y	Y	Y	Y	Y	Y	N	N	N
NCH Weekly Claim Processing Date	Y	Y	Y	Y	Y	Y	N	N	N
Organization NPI Number*	N	N	Y	Y	Y	Y	N	N	N
Provider Number*	N	N	Y	Y	Y	Y	N	N	Y
Revenue Center 1st ANSI Code	N	N	Y	Y	Y	Y	N	N	N
Revenue Center Code*	N	N	Y	Y	Y	Y	N	N	N
Revenue Center Consolidated Billing Code	N	N	Y	Y	Y	Y	N	N	N
Revenue Center HCFA Common Procedure Coding System Code*	N	N	Y	Y	Y	Y	N	N	N
Revenue Center IDE, NDC, UPC Number	N	N	Y	Y	Y	Y	N	N	N
Revenue Center Rendering Physician NPI Number	N	N	Y	Y	Y	Y	N	N	N
State/County*	Y	Y	Y	Y	Y	Y	Y	Y	Y

Appendix D - Quick Reference for All Medicare Claim Data Items

*KEY

H - Header T - Trailer S - System Y - Yes N - No N/A - Not Applicable

Table 16 - Medicare Claim Data Items

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Search	User Input File	Output View	Encryption
Any Diagnosis Code	S	S	S	S	S	S	Y	Y	N	N/A
Any HCPCS Modifier Code	S	S	S	S	S	S	Y	N	N	N/A
APC Return Buffer Flag	T	T	T	T	N/A	N/A	N	N	Y	N/A
Beneficiary Birth Date	H	H	H	H	H	H	Y	N	Y	Age Range
Beneficiary Claim Account Number	H	H	H	H	H	H	N	N	N	Encrypt
Beneficiary CWF Location Code	H	H	H	H	H	H	N	N	N	N/A
Beneficiary Identification Code	H	H	H	H	H	H	Y	N	Y	Encrypt
Beneficiary LRD Used Code	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Beneficiary Mailing Contact ZIP Code	H	H	H	H	H	H	Y	Y	Y	Blank
Beneficiary Prior Psychiatric Day Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Beneficiary Race Code	H	H	H	H	H	H	Y	N	Y	N/A
Beneficiary Residence SSA Standard County Code	H	H	H	H	H	H	Y	Y	Y	N/A
Beneficiary Residence SSA Standard State Code	H	H	H	H	H	H	Y	N	Y	N/A
Beneficiary Sex Identification Code	H	H	H	H	H	H	Y	N	Y	N/A
Beneficiary Total Coinsurance Days Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Beneficiary's Hospice Period Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Carrier Claim Beneficiary Paid Amount	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
Carrier Claim Cash Deductible Applied Amount	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
Carrier Claim Control Number	N/A	N/A	N/A	N/A	H	H	Y	Y	Y	Blank
Carrier Claim Demonstration ID Count	N/A	N/A	N/A	N/A	H	N/A	Y	N	Y	N/A
Carrier Claim Diagnosis Code J Count	N/A	N/A	N/A	N/A	H	N/A	N	N	Y	N/A
Carrier Claim Entry Code	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
Carrier Claim HCPCS Year Code	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
Carrier Claim Hospice Override Indicator Code	N/A	N/A	N/A	N/A	H	H	N	N	N	N/A
Carrier Claim Line Count	N/A	N/A	N/A	N/A	H	N/A	N	N	Y	N/A
Carrier Claim MCO Override Indicator Code	N/A	N/A	N/A	N/A	H	H	N	N	N	N/A
Carrier Claim Payment Denial Code	N/A	N/A	N/A	N/A	H	H	Y	N	Y	N/A
Carrier Claim Primary Payer Paid Amount	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
Carrier Claim Provider Assignment Indicator Switch	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
Carrier Claim Receipt Date	N/A	N/A	N/A	N/A	H	H	N	N	Y	Zero
Carrier Claim Referring Physician NPI Number	N/A	N/A	N/A	N/A	H	N/A	Y	Y	Y	Encrypt
Carrier Claim Referring PIN Number	N/A	N/A	N/A	N/A	H	N/A	Y	Y	Y	Encrypt
Carrier Claim Referring UPIN Number	N/A	N/A	N/A	N/A	H	N/A	Y	Y	Y	Encrypt
Carrier Claim Scheduled Payment Date	N/A	N/A	N/A	N/A	H	H	N	N	Y	Zero
Carrier Line Anesthesia Base Unit Count	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line Blood Deductible Pints Quantity	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line CLIA Alert Indicator Code	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line Clinical Lab Charge Amount	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line Clinical Lab Number	N/A	N/A	N/A	N/A	T	N/A	Y	Y	Y	N/A
Carrier Line DME Coverage Period Start Date	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line DME Medical Necessity Month Count	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line Drop Off Zip Code	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	Blank
Carrier Line HPSA/Scarcity Indicator Code	N/A	N/A	N/A	N/A	T	N/A	N	N	N	N/A
Carrier Line Miles/Time/Units/Services Count	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line Miles/Time/Units/Services Indicator Code	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line Performing Group NPI Number	N/A	N/A	N/A	N/A	T	N/A	Y	Y	Y	N/A
Carrier Line Performing NPI Number	N/A	N/A	N/A	N/A	T	N/A	Y	Y	Y	Encrypt

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Search	User Input File	Output View	Encryption
Carrier Line Performing PIN Number	N/A	N/A	N/A	N/A	T	N/A	Y	Y	Y	Blank
Carrier Line Performing Provider ZIP Code	N/A	N/A	N/A	N/A	T	N/A	Y	Y	Y	Blank
Carrier Line Performing UPIN Number	N/A	N/A	N/A	N/A	T	N/A	Y	Y	Y	Encrypt
Carrier Line Point of Pickup Zip Code	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line Pricing Locality Code	N/A	N/A	N/A	N/A	T	N/A	Y	N	Y	N/A
Carrier Line Provider Specialty Code	N/A	N/A	N/A	N/A	T	N/A	Y	N	Y	N/A
Carrier Line Provider Type Code	N/A	N/A	N/A	N/A	T	N/A	Y	N	Y	N/A
Carrier Line Psychiatric, Occupational Therapy, Physical Therapy Limit Amount	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line Reduced Payment Physician Assistant Code	N/A	N/A	N/A	N/A	T	N/A	N	N	Y	N/A
Carrier Line RX Number	N/A	N/A	N/A	N/A	T	N/A	Y	Y	Y	N/A
Carrier Line Type Service Code	N/A	N/A	N/A	N/A	T	N/A	Y	N	Y	N/A
Carrier MCO Period Count	N/A	N/A	N/A	N/A	H	N/A	N	N	N	N/A
Carrier NCH Edit Code Count	N/A	N/A	N/A	N/A	H	N/A	N	N	Y	N/A
Carrier NCH Patch Code Count	N/A	N/A	N/A	N/A	H	N/A	N	N	Y	N/A
Carrier Number	N/A	N/A	N/A	N/A	H	H	Y	Y	Y	N/A
Claim 1st Diagnosis E Code	H	H	H	H	N/A	N/A	Y	Y	Y	N/A
Claim 1st Diagnosis E Version Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim Admission Date	N/A	N/A	H	N/A	N/A	N/A	Y	N	Y	Year/Qtr
Claim Admitting Diagnosis Version Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim Attending Physician Given Name	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Attending Physician Middle Initial Name	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Attending Physician NPI Number	H	H	H	H	N/A	N/A	Y	Y	Y	Encrypt
Claim Attending Physician Surname	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Attending Physician UPIN Number	H	H	H	H	N/A	N/A	Y	Y	Y	Encrypt
Claim Bill Type Group	H	H	H	H	N/A	N/A	Y	N	N	N/A
Claim Blood Deductible Pints Quantity	N/A	N/A	N/A	N/A	H	N/A	N	N	Y	N/A
Claim Blood Pints Furnished Quantity	N/A	N/A	N/A	N/A	H	N/A	N	N	Y	N/A
Claim Business Segment Identifier Code	H	H	H	H	H	H	N	N	N	N/A
Claim Clinical Trial Number (08 Level)	N/A	N/A	N/A	N/A	H	H	N	N	N	N/A
Claim Coinsurance Year 1 Day Count	N/A	N/A	H	N/A	N/A	N/A	N	N	N	N/A
Claim Coinsurance Year 2 Day Count	N/A	N/A	H	N/A	N/A	N/A	N	N	N	N/A
Claim Cost Report Days Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim Demonstration Identification Number	T	T	T	T	T	T	Y	N	Y	Blank
Claim Demonstration Information Text	T	T	T	T	T	T	N	N	Y	N/A
Claim Diagnosis Code	T	T	T	T	T	T	Y	Y	Y	N/A
Claim Diagnosis E Version Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim Diagnosis Related Group Code	N/A	N/A	H	N/A	N/A	N/A	Y	N	Y	N/A
Claim Diagnosis Related Group Outlier Stay Code	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim Diagnosis Version Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim Disposition Code	H	H	H	H	H	H	N	N	Y	N/A
Claim Excepted/Non-excepted Medical Treatment Code	H	H	H	H	H	H	N	N	Y	N/A
Claim Facility Type Code	H	H	H	H	N/A	N/A	Y	N	Y	N/A
Claim Frequency Code	H	H	H	H	N/A	N/A	Y	N	Y	N/A
Claim From Date	H	H	H	H	H	H	Y	N	Y	Zero
Claim HHA Care Start Date	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	Year/Qtr
Claim HHA Referral Code	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Claim HHA Total Visit Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Claim Hospice Start Date	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	Year/Qtr
Claim Inpatient Admission Type Code	N/A	N/A	H	N/A	N/A	N/A	Y	N	Y	N/A
Claim KRON Indicator Code	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim MCO Paid Switch	H	H	H	H	N/A	N/A	N	N	Y	N/A
Claim Medicaid Information Code	H	H	H	H	N/A	N/A	N	N	Y	N/A
Claim Medical Record Number	H	H	H	H	N/A	N/A	N	N	Y	Blank
Claim Medicare Non Payment Reason Code	H	H	H	H	N/A	N/A	Y	N	Y	N/A
Claim Non Utilization Days Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim Occurrence Span Code	T	T	T	T	N/A	N/A	Y	Y	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Search	User Input File	Output View	Encryption
Claim Occurrence Span From Date	T	T	T	T	N/A	N/A	N	N	Y	N/A
Claim Occurrence Span Through Date	T	T	T	T	N/A	N/A	N	N	Y	N/A
Claim Operating Physician Given Name	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Operating Physician Middle Initial Name	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Operating Physician NPI Number	H	H	H	H	N/A	N/A	Y	Y	Y	Encrypt
Claim Operating Physician Surname	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Operating Physician UPIN Number	H	H	H	H	N/A	N/A	Y	Y	Y	Encrypt
Claim Other Physician Given Name	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Other Physician Middle Initial Name	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Other Physician NPI Number	H	H	H	H	N/A	N/A	Y	Y	Y	Encrypt
Claim Other Physician Surname	H	H	H	H	N/A	N/A	N	N	N	Blank
Claim Other Physician UPIN Number	H	H	H	H	N/A	N/A	Y	Y	Y	Encrypt
Claim Outpatient Beneficiary Interim Deductible Amount	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Claim Outpatient Beneficiary Payment Amount	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Claim Outpatient ESRD Method of Reimbursement Code	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Claim Outpatient Provider Payment Amount	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Claim Outpatient Referral Code	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Claim Outpatient Service Type Code	N/A	N/A	N/A	H	N/A	N/A	Y	N	Y	N/A
Claim Outpatient Transaction Type Code	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Claim Pass Thru Per Diem Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim Patient 1st Initial Given Name	H	H	H	H	H	H	N	N	N	Blank
Claim Patient 6 Position Surname	H	H	H	H	H	H	N	N	N	Blank
Claim Patient First Initial Middle Name	H	H	H	H	H	H	N	N	N	Blank
Claim Patient Reason Visit Code	N/A	N/A	N/A	N/A	N/A	N/A	N	Y	Y	N/A
Claim Patient Reason Visit Version Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim Payment Amount	H	H	H	H	H	H	Y	N	Y	N/A
Claim Plan of Action (POA) Diagnosis E Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim POA Diagnosis Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim PPS Capital Discharge Fraction Percent	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital Disproportionate Share Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital DRG Weight Number	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital Exception Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital FSP Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital HSP Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital IME Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim PPS Capital Outlier Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim PPS Indicator Code	H	H	H	H	N/A	N/A	N	N	Y	N/A
Claim PPS Old Capital Hold Harmless Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim Pricer Return Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Claim Principal Diagnosis Code	H	H	H	H	H	H	Y	Y	Y	N/A
Claim Principal Diagnosis Version Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim PRO Control Number	H	H	H	H	N/A	N/A	N	N	Y	Blank
Claim PRO Process Date	H	H	H	H	N/A	N/A	N	N	Y	N/A
Claim Procedure Code	N/A	T	T	T	N/A	N/A	Y	Y	Y	N/A
Claim Procedure Performed Date	N/A	T	T	T	N/A	N/A	N	N	Y	Year/Qtr
Claim Procedure Version Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Claim Query Code	H	H	H	H	N/A	N/A	N	N	Y	N/A
Claim RAC Adjustment Code	H	H	H	H	H	H	N	N	N	N/A
Claim Related Condition Code	T	T	T	T	N/A	N/A	Y	Y	Y	N/A
Claim Related Occurrence Code	T	T	T	T	N/A	N/A	Y	Y	Y	N/A
Claim Related Occurrence Date	T	T	T	T	N/A	N/A	N	N	Y	Year/Qtr
Claim Segment Line Count	H	H	H	H	H	H	N	N	N	N/A
Claim Segment Number	H	H	H	H	H	H	N	N	N	N/A
Claim Service Classification Type Code	H	H	H	H	N/A	N/A	Y	N	Y	N/A
Claim Service Facility Zip Code	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Blank
Claim Source Inpatient Admission Code	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim Through Date	H	H	H	H	H	H	Y	N	Y	Year/Qtr

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Search	User Input File	Output View	Encryption
Claim Total Charge Amount	H	H	H	H	N/A	N/A	N	N	Y	N/A
Claim Total Line Count	H	H	H	H	H	H	N	N	N	N/A
Claim Total PPS Capital Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Claim Total Segment Count	H	H	H	H	H	H	N	N	N	N/A
Claim Transaction Code	H	H	H	H	N/A	N/A	N	N	Y	N/A
Claim Treatment Authorization Number	H	H	H	H	N/A	N/A	N	N	Y	N/A
Claim Utilization Day Count	N/A	H	H	N/A	N/A	N/A	N	N	Y	N/A
Claim Value Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Claim Value Code	T	T	T	T	N/A	N/A	Y	Y	Y	N/A
Claim Worker's Compensation Indicator Code	H	H	H	H	N/A	N/A	N	N	N	N/A
CPO Organization NPI Number	N/A	N/A	N/A	N/A	H	N/A	Y	Y	Y	N/A
CPO Provider Number	N/A	N/A	N/A	N/A	H	N/A	N	N	Y	N/A
CWF Beneficiary Medicare Status Code	H	H	H	H	H	H	Y	N	Y	N/A
CWF Claim Accretion Date	H	H	H	H	H	H	N	N	Y	Year/Qtr
CWF Claim Accretion Number	H	H	H	H	H	H	N	N	Y	Zero
CWF Claim Assigned Number	H	H	H	H	N/A	N/A	N	N	N	Blank
CWF Forwarded Date	H	H	H	H	H	H	N	N	N	N/A
CWF Transmission Batch Number	H	H	H	H	H	H	N	N	Y	N/A
DMERC Claim Demonstration ID Count	N/A	N/A	N/A	N/A	N/A	H	Y	N	Y	N/A
DMERC Claim Diagnosis Code J Count	N/A	N/A	N/A	N/A	N/A	H	N	N	Y	N/A
DMERC Claim Line Count	N/A	N/A	N/A	N/A	N/A	H	N	N	Y	N/A
DMERC Claim Ordering Physician NPI Number	N/A	N/A	N/A	N/A	N/A	H	Y	Y	Y	Encrypt
DMERC Claim Ordering Physician UPIN Number	N/A	N/A	N/A	N/A	N/A	H	Y	Y	Y	Encrypt
DMERC Line Beneficiary Mailing State Code	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Blank
DMERC Line Decision Indicator Switch	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line HCPCS Fourth Modifier Code	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line HCPCS Third Modifier Code	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line Item Supplier NPI Number	N/A	N/A	N/A	N/A	N/A	T	Y	Y	Y	Encrypt
DMERC Line Miles/Time/Units/Services Count	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line Miles/Time/Units/Services Indicator Code	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line Not Otherwise Classified HCPCS Code Text	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line Pricing State Code	N/A	N/A	N/A	N/A	N/A	T	Y	N	Y	N/A
DMERC Line Pricing Zip Code	N/A	N/A	N/A	N/A	N/A	T	N	N	N	N/A
DMERC Line Provider State Code	N/A	N/A	N/A	N/A	N/A	T	Y	N	Y	N/A
DMERC Line Screen Result Indicator Code	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line Screen Savings Amount	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line Screen Suspension Indicator Code	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC Line Supplier Provider Number	N/A	N/A	N/A	N/A	N/A	T	Y	Y	Y	N/A
DMERC Line Supplier Type Code	N/A	N/A	N/A	N/A	N/A	T	Y	N	Y	N/A
DMERC Line Waiver Of Provider Liability Switch	N/A	N/A	N/A	N/A	N/A	T	N	N	Y	N/A
DMERC MCO Period Count	N/A	N/A	N/A	N/A	N/A	H	N	N	N	N/A
DMERC NCH Edit Code Count	N/A	N/A	N/A	N/A	N/A	H	N	N	Y	N/A
DMERC NCH Patch Code Count	N/A	N/A	N/A	N/A	N/A	H	N	N	Y	N/A
End of Record Code	T	T	T	T	T	T	N	N	Y	N/A
FI Claim Action Code	H	H	H	H	N/A	N/A	N	N	Y	N/A
FI Claim Process Date	H	H	H	H	N/A	N/A	N	N	Y	Zero
FI Claim Receipt Date	H	H	H	H	N/A	N/A	N	N	Y	Zero
FI Claim Scheduled Payment Date	H	H	H	H	N/A	N/A	N	N	Y	Zero
FI Document Claim Control Number	H	H	H	H	N/A	N/A	N	N	Y	Blank
FI Number	H	H	H	H	N/A	N/A	Y	Y	Y	N/A
FI Original Claim Control Number	H	H	H	H	N/A	N/A	N	N	Y	Blank
FI Requested Claim Cancel Reason Code	H	H	H	H	N/A	N/A	N	N	Y	N/A
HHA Claim Demonstration ID Count	H	N/A	N/A	N/A	N/A	N/A	Y	N	Y	N/A
HHA Claim Diagnosis E Code Count	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N	N/A
HHA Claim Diagnosis Code J Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
HHA Claim Occurrence Span Code Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
HHA Claim Related Condition Code Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Search	User Input File	Output View	Encryption
HHA Claim Related Occurrence Code Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
HHA Claim Value Code Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
HHA MCO Period Count	H	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
HHA NCH Edit Code Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
HHA NCH Patch Code Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
HHA Revenue Center Code Count	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Claim Locator Number Group (HICAN)	H	H	H	H	H	H	Y	Y	Y	N/A
Hospice Claim Demonstration ID Count	N/A	H	N/A	N/A	N/A	N/A	Y	N	Y	N/A
Hospice Claim Diagnosis Code J Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Hospice Claim Diagnosis E Code Count	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N	N/A
Hospice Claim Occurrence Span Code Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Hospice Claim Procedure Code J Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Hospice Claim Related Condition Code Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Hospice Claim Related Occurrence Code Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Hospice Claim Value Code Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Hospice MCO Period Count	N/A	H	N/A	N/A	N/A	N/A	N	N	N	N/A
Hospice NCH Edit Code Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Hospice NCH Patch Code Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Hospice Revenue Center Code Count	N/A	H	N/A	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Demonstration ID	N/A	N/A	H	N/A	N/A	N/A	Y	N	Y	N/A
Inpatient/SNF Claim Diagnosis Code J Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Diagnosis E Code Count	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N	N/A
Inpatient/SNF Claim Occurrence Span Code Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim POA Diagnosis Code Count	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N	N/A
Inpatient/SNF Claim POA Diagnosis E Code Count	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N	N/A
Inpatient/SNF Claim Procedure Code J Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Related Condition Code Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Related Occurrence Code Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Claim Value Code Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF MCO Period Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF NCH Edit Code Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF NCH Patch Code Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Inpatient/SNF Revenue Center Code Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
Line 10% Penalty Reduction Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Additional Claim Documentation Indicator Code	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Allowed Charge Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Beneficiary Part B Deductible Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Beneficiary Payment Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Beneficiary Primary Payer Code	N/A	N/A	N/A	N/A	T	T	Y	N	Y	N/A
Line Beneficiary Primary Payer Paid Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Coinsurance Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Consolidated Billing Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Line Diagnosis Code	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A
Line Diagnosis Version Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
Line DME Purchase Price Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Duplicate Claim Check Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Line First Expense Date	N/A	N/A	N/A	N/A	T	T	Y	N	Y	Zero
Line HCFA Provider Specialty Code	N/A	N/A	N/A	N/A	T	T	Y	N	Y	N/A
Line HCFA Type Service Code	N/A	N/A	N/A	N/A	T	T	Y	N	Y	N/A
Line HCPCS Code	N/A	N/A	N/A	N/A	T	T	Y	Y	Y	N/A
Line HCPCS Fourth Modifier Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Line HCPCS Initial Modifier Code	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line HCPCS Second Modifier Code	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line HCPCS Third Modifier Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Line Hematocrit/Hemoglobin Result Number	N/A	N/A	N/A	N/A	T	T	N	N	N	N/A
Line Hematocrit/Hemoglobin Test Type Code (08 level)	N/A	N/A	N/A	N/A	T	T	N	N	N	N/A
Line IDE Number	N/A	N/A	N/A	N/A	T	T	Y	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Search	User Input File	Output View	Encryption
Line Interest Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Last Expense Date	N/A	N/A	N/A	N/A	T	T	Y	N	Y	Year/Qtr
Line National Drug Code	N/A	N/A	N/A	N/A	T	T	Y	Y	Y	N/A
Line NCH BETOS Code	N/A	N/A	N/A	N/A	T	T	Y	Y	Y	N/A
Line NCH Payment Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line NCH Provider State Code	N/A	N/A	N/A	N/A	T	N/A	Y	N	Y	N/A
Line Payment 80%/100% Code	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Payment Indicator Code	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Place Of Service Code	N/A	N/A	N/A	N/A	T	T	Y	N	Y	N/A
Line Primary Payer Allowed Charge Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Processing Indicator Code	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Provider Participating Indicator Code	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Provider Payment Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Provider Tax Number	N/A	N/A	N/A	N/A	T	T	Y	Y	Y	Blank
Line Service Count	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Service Deductible Indicator Switch	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Submitted Charge Amount	N/A	N/A	N/A	N/A	T	T	N	N	Y	N/A
Line Worker's Compensation Indicator Code	N/A	N/A	N/A	N/A	T	T	N	N	N	N/A
LUPA Indicator Code	H	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
MCO Contract Number	T	T	T	T	T	T	N	N	N	N/A
MCO Health PLANID Number	T	T	T	T	T	T	N	N	N	N/A
MCO Option Code	T	T	T	T	T	T	N	N	N	N/A
MCO Period Effective Date	T	T	T	T	T	T	N	N	N	N/A
MCO Period Termination Date	T	T	T	T	T	T	N	N	N	N/A
Medicaid Provider Identification Number	H	H	H	H	N/A	N/A	Y	Y	Y	N/A
NCH Active or Covered Level Care Thru Date	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Beneficiary Blood Deductible Liability Amount	N/A	N/A	H	H	N/A	N/A	N	N	Y	N/A
NCH Beneficiary Discharge Date	H	H	H	N/A	N/A	N/A	N	N	Y	Year/Qtr
NCH Beneficiary Inpatient Deductible Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Beneficiary Medicare Benefits Exhausted Date	N/A	H	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Beneficiary Part A Coinsurance Liability Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Beneficiary Part B Coinsurance Amount	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
NCH Beneficiary Part B Deductible Amount	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
NCH Blood Deductible Pints Quantity	N/A	N/A	H	H	N/A	N/A	N	N	Y	N/A
NCH Blood Non-Covered Charge Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Blood Pints Furnished Quantity	N/A	N/A	H	H	N/A	N/A	N	N	Y	N/A
NCH Blood Pints Not Replaced Quantity	N/A	N/A	H	H	N/A	N/A	N	N	Y	N/A
NCH Blood Pints Replaced Quantity	N/A	N/A	H	H	N/A	N/A	N	N	Y	N/A
NCH Blood Total Charge Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Carrier Claim Allowed Charge Amount	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
NCH Carrier Claim Submitted Charge Amount	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
NCH Category Equitable Beneficiary Identification Code	H	H	H	H	H	H	N	N	Y	Encrypt
NCH Claim Beneficiary Payment Amount	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
NCH Claim BIC Modify H Code	H	H	H	H	H	H	N	N	N	N/A
NCH Claim Provider Payment Amount	N/A	N/A	N/A	N/A	H	H	N	N	Y	N/A
NCH Claim Type Code	H	H	H	H	H	H	Y	N	Y	N/A
NCH Coinsurance Year 1 Rate Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	N	N/A
NCH Coinsurance Year 2 Rate Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	N	N/A
NCH Condition Trailer Indicator Code	T	T	T	T	N/A	N/A	N	N	N	N/A
NCH Daily Process Date	H	H	H	H	H	H	N	N	Y	N/A
NCH Demonstration Trailer Indicator Code	T	T	T	T	T	T	N	N	N	N/A
NCH Diagnosis E Trailer Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N	N/A
NCH Diagnosis Trailer Indicator Code	T	T	T	T	T	T	N	N	N	N/A
NCH DRG Outlier Approved Payment Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Edit Code	T	T	T	T	T	T	N	N	Y	N/A
NCH Edit Disposition Code	H	H	H	H	H	H	N	N	N	N/A
NCH Edit Trailer Indicator Code	T	T	T	T	T	T	N	N	N	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Search	User Input File	Output View	Encryption
NCH Inpatient Non-covered Charge Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Inpatient PRO Approval Grace Day Count	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	Zero
NCH Inpatient PRO Approval Service From Date	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	Zero
NCH Inpatient PRO Approval Service Thru Date	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	Zero
NCH Inpatient Pro Approval Type Code	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Inpatient Total Deduction Amount	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Line Item Trailer Indicator Code	N/A	N/A	N/A	N/A	T	T	N	N	N	N/A
NCH MCO Trailer Indicator Code	T	T	T	T	T	T	N	N	N	N/A
NCH MQA Query Patch Code	H	H	H	H	N/A	N/A	N	N	N	N/A
NCH MQA RIC Code	H	H	H	H	H	H	N	N	N	N/A
NCH Near Line Record Identification Code	H	H	H	H	H	H	N	N	Y	N/A
NCH Near-Line Record Version Code	H	H	H	H	H	H	N	N	Y	N/A
NCH Occurrence Trailer Indicator Code	T	T	T	T	N/A	N/A	N	N	N	N/A
NCH Patch Applied Date	T	T	T	T	T	T	N	N	Y	N/A
NCH Patch Code	T	T	T	T	T	T	N	N	Y	N/A
NCH Patch Trailer Indicator Code	T	T	T	T	T	T	N	N	N	N/A
NCH Patient Status Indicator Code	N/A	H	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Payment and Edit Record Identification Code	H	H	H	H	N/A	N/A	N	N	Y	N/A
NCH POA Diagnosis E Trailer Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
NCH POA Diagnosis Trailer Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	N/A
NCH Primary Payer Claim Paid Amount	H	H	H	H	N/A	N/A	N	N	Y	N/A
NCH Primary Payer Code	N/A	T	T	T	N/A	N/A	N	N	N	N/A
NCH Procedure Trailer Indicator Code	N/A	T	T	T	N/A	N/A	N	N	N	N/A
NCH Professional Component Charge Amount	N/A	N/A	H	H	N/A	N/A	N	N	Y	N/A
NCH Provider Guaranteed Payment Start Date	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Provider State Code	H	H	H	H	N/A	N/A	Y	N	Y	N/A
NCH Qualified Stay From Date	H	N/A	H	N/A	N/A	N/A	N	N	Y	Zero
NCH Qualify Stay Through Date	H	N/A	H	N/A	N/A	N/A	N	N	Y	Year/Qtr
NCH Revenue Center Trailer Indicator Code	T	T	T	T	N/A	N/A	N	N	N	N/A
NCH Segment Link Number	H	H	H	H	H	H	N	N	Y	N/A
NCH Span Trailer Indicator Code	T	T	T	T	N/A	N/A	N	N	N	N/A
NCH State Segment Code	H	H	H	H	H	H	Y	N	N	N/A
NCH Utilization Review Notice Received Date	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Value Trailer Indicator Code	T	T	T	T	N/A	N/A	N	N	N	N/A
NCH Verified Non-covered Stay From Date	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Verified Non-covered Stay Through Date	N/A	N/A	H	N/A	N/A	N/A	N	N	Y	N/A
NCH Weekly Claim Processing Date	H	H	H	H	H	H	Y	N	Y	Zero
Organization NPI Number	H	H	H	H	N/A	N/A	Y	Y	Y	N/A
Outpatient Claim Demonstration ID Count	N/A	N/A	N/A	H	N/A	N/A	Y	N	Y	N/A
Outpatient Claim Diagnosis Code J Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Outpatient Claim Diagnosis E Code Count	N/A	N/A	N/A	N/A	N/A	N/A	N	N/A	N	N/A
Outpatient Claim Occurrence Span Code Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Outpatient Claim Procedure Code J Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Outpatient Claim Related Condition Code Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Outpatient Claim Related Occurrence Code Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Outpatient Claim Value Code Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Outpatient MCO Period Count	N/A	N/A	N/A	H	N/A	N/A	N	N	N	N/A
Outpatient NCH Edit Code Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Outpatient NCH Patch Code Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Outpatient Revenue Center Code Count	N/A	N/A	N/A	H	N/A	N/A	N	N	Y	N/A
Patient Control Number	H	H	H	H	N/A	N/A	N	N	Y	Blank
Patient Discharge Status Code	H	H	H	H	N/A	N/A	N	N	Y	N/A
Provider Number	H	H	H	H	N/A	N/A	Y	Y	Y	N/A
RAC Adjustment Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Record Length Count	H	H	H	H	H	H	N	N	N	N/A
Revenue Center 1st ANSI Code	T	T	T	T	N/A	N/A	Y	N	Y	N/A
Revenue Center 1st Medicare Secondary Payer Paid Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A

Data Element Name	HHA	Hospice	Inpatient	Outpatient	Carrier	DMERC	Search	User Input File	Output View	Encryption
Revenue Center 2nd ANSI Code	T	T	T	T	N/A	N/A	N	N	N	N/A
Revenue Center 2nd Medicare Secondary Payer Paid Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center 3rd ANSI Code	T	T	T	T	N/A	N/A	N	N	N	N/A
Revenue Center 4th ANSI Code	T	T	T	T	N/A	N/A	N	N	N	N/A
Revenue Center APC Buffer Code	T	T	T	T	N/A	N/A	N	N	N	N/A
Revenue Center APC/HIPPS Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Beneficiary Payment Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Blood Deductible Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Cash Deductible Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Code	T	T	T	T	N/A	N/A	Y	Y	Y	N/A
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Consolidated Billing Code	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	N/A
Revenue Center Date	T	T	T	T	N/A	N/A	N	N	Y	Year/Qtr
Revenue Center Deductible Coinsurance Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Discount Indicator Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Duplicate Claim Check Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Revenue Center Duplicate Claim Check Indicator Code	T	T	T	T	N/A	N/A	N	N	N	N/A
Revenue Center HCFA Common Procedure Coding System Code	T	T	T	T	N/A	N/A	Y	Y	Y	N/A
Revenue Center HCPCS Fifth Modifier Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center HCPCS Fourth Modifier Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center HCPCS Initial Modifier Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center HCPCS Second Modifier Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center HCPCS Third Modifier Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center IDE, NDC, UPC Number	T	T	T	T	N/A	N/A	Y	N	Y	N/A
Revenue Center NDC Quantity	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Revenue Center NDC Quantity Qualifier Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Revenue Center Non-Covered Charge Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center OTAF Indicator Code	S	S	S	S	N/A	N/A	N	N	N	N/A
Revenue Center Packaging Indicator Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Patient Responsibility Payment Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Payment Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Payment Method Indicator Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Pricing Indicator Code	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Provider Payment Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Rate Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Reduced Coinsurance Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Rendering Physician NPI Number	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Encrypt
Revenue Center Rendering Surname Name	N/A	N/A	N/A	N/A	N/A	N/A	N	N	N	Blank
Revenue Center Status Indicator Code	N/A	N/A	N/A	N/A	N/A	N/A	N	N	Y	N/A
Revenue Center Total Charge Amount	T	T	T	T	N/A	N/A	N	N	Y	N/A
Revenue Center Unit Count	T	T	T	T	N/A	N/A	N	N	Y	N/A
State/County	S	S	S	S	S	S	Y	Y	N	N/A

***KEY**

H - Header T - Trailer S - System Y - Yes N - No N/A - Not Applicable

Appendix E - Quick Reference for MEDPAR, DENOM, Name & Address, and Vital Statistics

An asterisk (*) indicates elements for which a user input file can be used.

Note: DESY cross references HICAN finder files for MEDPAR and DENOM requests when a HICAN finder file is used.

Table 17 - Quick Reference for MEDPAR, DENOM, Name & Address, and Vital Statistics

Data Element Name	MEDPAR	DENOM	Name & Address	Vital Statistics
Beneficiary Birth Date	N	N	Y	Y
Beneficiary Claim Number Group*	N	N	Y	Y
Beneficiary Death Date	N	N	Y	Y
Beneficiary Mailing Contact ZIP Code*	Y	Y	Y	Y
Beneficiary Race Code	N	N	Y	Y
Beneficiary Residence SSA Standard County Code*	Y	Y	Y	Y
Beneficiary Residence SSA Standard State Code	Y	Y	Y	Y
Beneficiary Sex Identification Code	N	N	Y	Y
Claim Diagnosis Code*	Y	N	N	N
Claim Locator Number Group (HICAN)*	Y	Y	N	N
Claim Procedure Code*	Y	N	N	N
NCH Provider State Code	Y	N	N	N
Provider Number*	Y	N	N	N
State/County*	Y	Y	Y	Y

Appendix F - Quick Reference for Cross-Reference Health Insurance Claim Number

Table 18 - Quick Reference for Cross-Reference Input Record

Name	Type	Length	Beginning Position	End Position	Contents
**** CROSS-REFERENCE HEALTH INSURANCE CLAIM NUMBER INPUT RECORD	REC	14	1	14	Input finder record System alias: XREF1 Da1 alias: XREF1@
**** HEALTH INSURANCE CLAIM ACCOUNT NUMBER	GROUP	11	1	11	This number identifies a Medicare beneficiary in an input finder Standard alias: INP_BENE_CLM_NUM_GRP Common alias: HIC
1. INPUT BENEFICIARY ACCOUNT NUMBER	CHAR	9	1	9	The number identifying the wage earner on a finder record submitted. Standard alias: INP_BENE_CLM_ACNT_NUM Common alias: CAN Source: User
2. INPUT BENEFICIARY IDENTIFICATION CODE	CHAR	2	10	11	The beneficiary identification code supplied by the user on an input finder record. Standard alias: INP_BENE_IDENT_CD Common alias: BIC Source: User
3. INPUT USER REFERENCE CODE	CHAR	2	12	13	Optional user supplied reference code Standard alias: INP_USER_RFRNC_CD Source: User
4. INPUT SEX CODE	CHAR	1	14	14	Beneficiary's gender per the input finder Standard alias: INP_SEX_CD Edit-rules: Optional Codes: 1 = male 2 = female Source: User

Table 19 - Quick Reference for Cross-Reference Output Record

Name	Type	Length	Beginning Position	End Position	Contents
**** CROSS-REFERENCE HEALTH INSURANCE CLAIM NUMBER OUTPUT RECORD	REC	30	1	30	A cross-reference health insurance claim number (HIC) output record in response to an input finder cross-reference hic input record. System alias: XREF2 Da1 alias: XREF2@

Name	Type	Length	Beginning Position	End Position	Contents
**** HEALTH INSURANCE CLAIM ACCOUNT NUMBER (HIC)	GROUP	11	1	11	This number uniquely identifies a Medicare beneficiary. Standard alias: BENE_CLM_NUM_GRP Common alias: HIC Cobol alias: BENE_CLM_NUM
1. BENEFICIARY ACCOUNT NUMBER	CHAR	9	1	9	The number identifying the wage earner under the SSA or RRB programs submitted. Standard alias: BENE_CLM_ACNT_NUM Common alias: CAN Title alias: CAN Sas alias: CAN Sql-info: Char(9) not null Source: SSA, RRB Limitations: RRB-issued numbers contain an overpunch in the first position that may appear as a Plus, Zero, or A-G. RRB-formatted numbers may cause matching problems on non-IBM machines.
2. INPUT BENEFICIARY IDENTIFICATION CODE	CHAR	2	10	11	The beneficiary identification code supplied by the user on an input finder record. Standard alias: INP_BENE_IDENT_CD Common alias: BIC Source: User
3. INPUT USER REFERENCE CODE	CHAR	2	12	13	Optional user supplied reference code Standard alias: INP_USER_RFRNC_CD Source: User
4. FILLER	CHAR	1	14	14	Standard alias: FILLER Sas alias: FILLER
5. EQUATED BENEFICIARY IDENTIFICATION CODE (BIC)	CHAR	2	15	16	This code specifies the type of beneficiary for cash payment programs and identifies the type of relationship between the individual and primary beneficiary when the individual is qualified under another's account. The code equates to a common BIC. For example, the records for a wife (BIC B) who becomes a widow (BIC D) in the file year would have all records coded to the first BIC. Common alias: BIC Codes: Social security administration: <ul style="list-style-type: none"> • A = primary claimant • B = aged wife, age 62 or over (1st claimant) • B1 = aged husband, age 62 or over (1st claimant)

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (BIC) (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> • B2 = young wife, with a child in her care (1st claimant) • B3 = aged wife (2nd claimant) • B4 = aged husband (2nd claimant) • B5 = young wife (2nd claimant) • B6 = divorced wife, age 62 or over (1st claimant) • B7 = young wife (3rd claimant) • B8 = aged wife (3rd claimant) • B9 = divorced wife (2nd claimant) • BA = aged wife (4th claimant) • BD = aged wife (5th claimant) • BG = aged husband (3rd claimant) • BH = aged husband (4th claimant) • BJ = aged husband (5th claimant) • BK = young wife (4th claimant) • BL = young wife (5th claimant) • BN = divorced wife (3rd claimant) • BP = divorced wife (4th claimant) • BQ = divorced wife (5th claimant) • BR = divorced husband (1st claimant) • BT = divorced husband (2nd claimant) • BW = young husband (2nd claimant) • BY = young husband (1st claimant) • C1-C9,CA-CK = child (includes minor, student or disabled child) • D = aged widow, 60 or over (1st claimant) • D1 = aged widower, age 60 or over (1st claimant) • D2 = aged widow (2nd claimant) • D3 = aged widower (2nd claimant) • D4 = widow (remarried after attainment of age 60) (1st claimant) • D5 = widower (remarried after attainment of age 60) (1st claimant) • D6 = surviving divorced wife, age 60 or over (1st claimant) • D7 = surviving divorced wife (2nd claimant) • D8 = aged widow (3rd claimant) • D9 = remarried widow (2nd claimant) • DA = remarried widow (3rd claimant) • DD = aged widow (4th claimant) • DG = aged widow (5th claimant) • DH = aged widower (3rd claimant) • DJ = aged widower (4th claimant) • DK = aged widower (5th claimant) • DL = remarried widow (4th claimant) • DM = surviving divorced husband (2nd claimant) • DN = remarried widow (5th claimant) • DP = remarried widower (2nd claimant) • DQ = remarried widower (3rd claimant) • DR = remarried widower (4th claimant) • DS = surviving divorced husband (3rd claimant) • DT = remarried widower (5th claimant) • DV = surviving divorced wife (3rd claimant) • DW = surviving divorced wife (4th claimant)

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (BIC) (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> • DX = surviving divorced husband (4th claimant) • DY = surviving divorced wife (5th claimant) • DZ = surviving divorced husband (5th claimant) • E = mother (widow) (1st claimant) • E1 = surviving divorced mother (1st claimant) • E2 = mother (widow) (2nd claimant) • E3 = surviving divorced mother (2nd claimant) • E4 = father (widower) (1st claimant) • E5 = surviving divorced father (widower) (1st claimant) • E6 = father (widower) (2nd claimant) • E7 = mother (widow) (3rd claimant) • E8 = mother (widow) (4th claimant) • E9 = surviving divorced father (widower) (2nd claimant) • EA = mother (widow) (5th claimant) • EB = surviving divorced mother (3rd claimant) • EC = surviving divorced mother (4th claimant) • ED = surviving divorced mother (5th claimant) • EF = father (widower) (3rd claimant) • EG = father (widower) (4th claimant) • EH = father (widower) (5th claimant) • EJ = surviving divorced father (3rd claimant) • EK = surviving divorced father (4th claimant) • EM = surviving divorced father (5th claimant) • F1 = father • F2 = mother • F3 = stepfather • F4 = stepmother • F5 = adopting father • F6 = adopting mother • F7 = second alleged father • F8 = second alleged mother • J1 = primary prouty entitled to hib (less than 3 q.c.) (general fund) • J2 = primary prouty entitled to hib (over 2 q.c.) (RSI trust fund) • J3 = primary prouty not entitled to hib (less than 3 q.c.) (general fund) • J4 = primary prouty not entitled to hib (over 2 q.c.) (RSI trust fund) • K1 = prouty wife entitled to hib (less than 3 q.c.) (general fund) (1st claimant) • K2 = prouty wife entitled to hib (over 2 q.c.) (rsi trust fund) (1st claimant) • K3 = prouty wife not entitled to hib (less than 3 q.c.) (general fund) (1st claimant) • K4 = prouty wife not entitled to hib (over 2 q.c.) (rsi trust fund) (1st claimant) • K5 = prouty wife entitled to hib (less than 3 q.c.) (general fund) (2nd claimant)

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (BIC) (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> • K6 = prouty wife entitled to hib (over 2 q.c.) (rsi trust fund) (2nd claimant) • K7 = prouty wife not entitled to hib (less than 3 q.c.) (general fund) (2nd claimant) • K8 = prouty wife not entitled to hib (over 2 q.c.) (rsi trust fund) (2nd claimant) • K9 = prouty wife entitled to hib (less than 3 q.c.) (general fund) (3rd claimant) • KA = prouty wife entitled to hib (over 2 q.c.) (rsi trust fund) (3rd claimant) • KB = prouty wife not entitled to hib (less than 3 q.c.) (general fund) (3rd claimant) • KC = prouty wife not entitled to hib (over 2 q.c.) (rsi trust fund) (3rd claimant) • KD = prouty wife entitled to hib (less than 3 q.c.) (general fund) (4th claimant) • KE = prouty wife entitled to hib (over 2 q.c) (4th claimant) • KF = prouty wife not entitled to hib (less than 3 q.c.)(4th claimant) • KG = prouty wife not entitled to hib (over 2 q.c.)(4th claimant) • KH = prouty wife entitled to hib (less than 3 q.c.)(5th claimant) • KJ = prouty wife entitled to hib (over 2 q.c.) (5th claimant) • KL = prouty wife not entitled to hib (less than 3 q.c.)(5th claimant) • KM = prouty wife not entitled to hib (over 2 q.c.) (5th claimant) • M = uninsured-not qualified for deemed hib • M1 = uninsured-qualified but refused hib • T = uninsured-entitled to hib under deemed or renal provisions • TA = mqge (primary claimant) • TB = mqge aged spouse (first claimant) • TC = mqge disabled adult child (first claimant) • TD = mqge aged widow(er) (first claimant) • TE = mqge young widow(er) (first claimant) • TF = mqge parent (male) • TG = mqge aged spouse (second claimant) • TH = mqge aged spouse (third claimant) • TJ = mqge aged spouse (fourth claimant) • TK = mqge aged spouse (fifth claimant) • TL = mqge aged widow(er) (second claimant) • TM = mqge aged widow(er) (third claimant) • TN = mqge aged widow(er) (fourth claimant) • TP = mqge aged widow(er) (fifth claimant) • TQ = mqge parent (female) • TR = mqge young widow(er) (second claimant) • TS = mqge young widow(er) (third claimant)

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (BIC) (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> • TT = mqge young widow(er) (fourth claimant) • TU = mqge young widow(er) (fifth claimant) • TV = mqge disabled widow(er) fifth claimant • TW = mqge disabled widow(er) first claimant • TX = mqge disabled widow(er) second claimant • TY = mqge disabled widow(er) third claimant • TZ = mqge disabled widow(er) fourth claimant • T2-T9 = disabled child (second to ninth claimant) • W = disabled widow, age 50 or over (1st claimant) • W1 = disabled widower, age 50 or over (1st claimant) • W2 = disabled widow (2nd claimant) • W3 = disabled widower (2nd claimant) • W4 = disabled widow (3rd claimant) • W5 = disabled widower (3rd claimant) • W6 = disabled surviving divorced wife (1st claimant) • W7 = disabled surviving divorced wife (2nd claimant) • W8 = disabled surviving divorced wife (3rd claimant) • W9 = disabled widow (4th claimant) • WB = disabled widower (4th claimant) • WC = disabled surviving divorced wife (4th claimant) • WF = disabled widow (5th claimant) • WG = disabled widower (5th claimant) • WJ = disabled surviving divorced wife (5th claimant) • WR = disabled surviving divorced husband (1st claimant) • WT = disabled surviving divorced husband (2nd claimant) <p>Railroad Retirement Board:</p> <p>Note: Employee: A Medicare beneficiary who is still working or a worker who died before retirement</p> <p>Annuitant: A person who retired under the railroad retirement act after 03/01/37</p> <p>Pensioner: A person who retired prior to 03/01/37 and was included in the Railroad retirement act</p> <ul style="list-style-type: none"> • 10 = retirement - employee or annuitant • 80 = RR pensioner (age or disability) • 14 = spouse of RR employee or annuitant (husband or wife) • 84 = spouse of RR pensioner • 43 = child of RR employee

Name	Type	Length	Beginning Position	End Position	Contents
5. EQUATED BENEFICIARY IDENTIFICATION CODE (BIC) (continued)	CHAR	2	15	16	<ul style="list-style-type: none"> • 13 = child of RR annuitant • 17 = disabled adult child of RR annuitant • 46 = widow/widower of RR employee • 16 = widow/widower of RR annuitant • 86 = widow/widower of RR pensioner • 43 = widow of employee with a child in her care • 13 = widow of annuitant with a child in her care • 83 = widow of pensioner with a child in her care • 45 = parent of employee • 15 = parent of annuitant • 85 = parent of pensioner • 11 = survivor joint annuitant (reduced benefits taken to insure benefits for surviving spouse) <p>Source: EDB</p>
6. CROSS REFERENCE CLAIM NUMBER	CHAR	11	17	27	<p>The health insurance claim number from the input finder record or a located cross-reference claim account with an equated beneficiary identification code.</p> <p>Standard alias: XREF_BENE_CLM_NUM Common alias: XREF_HIC</p>
7. FILLER	CHAR	3	28	30	<p>Standard alias: FILLER Sas alias: FILLER</p>



Appendix G - Emails Sent from DESYS

This appendix contains samples of emails sent by the DESYS system to DESYS users.

List of VOLSERS for Foreign Media Output

This e-mail contains the list of VOLSERS for foreign media output.

From: DESYS@CMS.HHS.GOV
 Sent: Wednesday, July 20, 2005 2:23 PM
 To: DESYS System User
 Subject: DESYS processing has finished for request 000009104.
 Number of records in your output file - 100.
 Name of your output file - FOREIGN.DMCART.WC85.@-----R0009104.OUT.VOLSERS - DM4528
 Number of records in your dropped file - 500.
 Name of your dropped file - FOREIGN.DMCART.WC85.@-----R0009104.OUTD.VOLSERS - DM4529
 This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

Completed Request – Media In-House

The system sends this email to the user when a request is complete and their media is in house.

From: DESYS@CMS.HHS.GOV
 Sent: Friday, July 22, 2005 3:40 PM
 To: DESYS System User
 Subject: DESYS processing has finished for request 000005729.
 Number of records in your output file - 922.
 Name of your output file - P#DSY.@AAA2049.WC85.@-----R0005729.OUT.
 Number of records in your dropped file - 71.
 Name of your dropped file - P#DSY.@AAA2049.WC85.@-----R0005729.OUTD.
 PLEASE NOTE: These output datasets will be DELETED at the DUA expiration date (07/21/2008) UNLESS you do the following:

1. Extend the DUA for the project. This allows you to use the data you already created and qualifies you for extending DESYS access privileges. Please contact Maribel Franey (MARIBEL.FRANEY@CMS.HHS.GOV, 410-786-0757) to extend your DUA.
2. Extend the tape expiration date. To do this, send an e-mail to TAPELIB@CMS.HHS.GOV containing the dataset names and VOLSERS, and request an extension of the dataset expiration date by one year.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

Encryption Password - PKWARE or IBM Z/OS Encrypted Files

The system sends this email to the file recipient after the DADSS order has been flagged for shipment. The encryption password must be used to decrypt the file.

From: DESYS@CMS.HHS.GOV
 Sent: Friday, April 25, 2008 9:55 AM
 To: DESYS File Recipient
 Subject: Order Number 000001435 - Keys.
 You have received, or soon will receive the following file(s) shipped to you by CMS. For security reasons, these files were automatically encrypted when they were created. Before the data contained on these file(s) can be used by you, the file(s) must be decrypted. Along with each file listed, there is an encryption password that you will need for decrypting the file.
 Please retain this email until your data files have been received.
 Name of your output file - FOREIGN.DMCART.C3Q9.@TEST---R0012684.OUT Encryption password - 1sVfCSpzZ

Name of your output file - FOREIGN.DMCART.C3Q9.@TEST---.R0012685.OUT Encryption password - 1sVfCSpzZ

Name of your output file - FOREIGN.DMCART.C3Q9.@TEST---.R0012698.OUT Encryption password - JBQjRkGkpkp5y1P

This message is confidential, intended only for the named recipient(s) and may contain information that is privileged or exempt from disclosure under applicable laws. If you are not the intended recipient(s), you are being notified that the dissemination, distribution, or copying of this message is strictly prohibited.

This e-mail was generated by the system.

Please do not respond to this e-mail. Thank you.

New Beneficiary Encrypted Files/Public Use Files (BEF/PUF) File Requested

The system sends this email to the DESY user to alert him/her when a new BEF/PUF file has been requested so s/he can create the file.

From: DESY@CMS.HHS.GOV

Sent: Wednesday, July 20, 2005 5:21 PM

To: DESY System User

Subject: A new BEF/PUF file has been requested.

Please run job DSY#BPMT and its generated Job Control Language (JCL) to create the files requested.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

Encryption Password Resend – PKWARE or IBM Z/OS Encrypted Files

The system generates this email and sends to the recipient of a file when the P/W Email function is utilized. This email is based on the request number.

From: DESY@cms.hhs.gov

Sent: Tuesday, April 01, 2008 1:33 PM

To: Margie Cunningham

Subject: Request 000012586 - Keys.

You have received, or soon will receive the following file(s) shipped to you by CMS. For security reasons, these files were automatically encrypted when they were created. Before the data contained on these file(s) can be used by you, the file(s) must be decrypted. Along with each file listed, there is an encryption password that you will need for decrypting the file.

Please retain this email until your data files have been received.

Name of your output file - FOREIGN.DMCART.B1X1.@-----.R0012586.OUT Encryption password - y0RfZpv4K1M

This message is confidential, intended only for the named recipient(s) and may contain information that is privileged or exempt from disclosure under applicable laws. If you are not the intended recipient(s), you are being notified that the dissemination, distribution, or copying of this message is strictly prohibited.

This e-mail was generated by the system.

Please do not respond to this e-mail. Thank you.

No Records Selected

The system sends this email when a request completes with no records selected.

From: DESY@CMS.HHS.GOV

Sent: Wednesday, July 20, 2005 5:19 PM

To: DESY System User

Subject: DESY processing has finished for request 000005231.

No records were selected for your request.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.



Request Canceled

The system sends this email when a request has been cancelled by the system.

From: DESYS@CMS.HHS.GOV

Sent: Wednesday, July 20, 2005 5:19 PM

To: DESYS System User

Subject: DESYS Request 000005231 has been cancelled.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.

Empty User Input File

The system sends this email when the user enters an empty user input file.

From: DESYS@CMS.HHS.GOV

Sent: Wednesday, July 20, 2005 5:20 PM

To: DESYS System User

Subject: DESYS Request 000005231 has been cancelled due to an empty user input file.

This e-mail was generated by the system. Please do not respond to this e-mail. Thank you.