Administrative Uniformity Committee

Date:	March 30, 2016
To:	Heather Petermann, Minnesota Department of Human Services (DHS)
From:	Tony Rinkenberger, Co-chair, Minnesota Administrative Uniformity Committee (AUC)
Re.:	AUC Recommendations: ACO-Attributed Member and Provider Data Elements and Data Formats

Ms. Petermann:

We are pleased to submit the attached AUC recommendations regarding ACO-Attributed Member and Provider Data Elements and Data Formats. The recommendations are in response to DHS's request of the AUC to convene a new Technical Advisory Group (TAG) to suggest best practices for sharing ACO member files, including the data content and format of the files.

The AUC created the ACO Data Analytics TAG in October 2015. The TAG had nearly 20 members, including the 2015 AUC co-chair, Ann Hale, as well as other interested parties, representing several health care provider and payer organizations. The TAG chair was Vicky Swanson of Ridgeview Medical Center.

The TAG met four times and reviewed several resources and examples, including enrollee-related data content and format standards adopted for HIPAA-mandated health care administrative transactions. At its January 2016 meeting, the TAG unanimously adopted a set of recommendations based primarily on existing HIPAA standards, and forwarded the recommendations to the full AUC for review at its regularly scheduled quarterly meeting on March 8, 2016. The AUC reviewed the recommendations at the meeting and subsequently approved them via an email vote with no opposing votes and two abstentions.

Thank you for the opportunity to develop the attached recommendations. Please contact us if you have questions or if you would like to discuss the AUC's recommendations.

Visit the AUC website at: http://www.health.state.mn.us/auc/index.htm

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AUC Recommendations: ACO-Attributed Member and Provider Data Elements and Data Formats

Approved by the AUC ACO Data Analytics TAG January 14, 2016.

Approved by the AUC Operations Committee March 17, 2016.

Instructions for exchanging the ACO-attributed data elements shown in the accompanying list

- **Provide the data elements in the order listed in the table below, in a pipe-delimited text file.**

  - Note:

    - Provider data is for the attributed provider.

    - Send situational elements that are available.

    - Payers may send additional data beyond the 20 data elements above, but the data must be sent in a pipe-delimited file format.

- **Name the data file according to the following four-part naming convention:** payer abbreviation.product/provider.member.date. "Payer abbreviation" is a short acronym for the name of the payer. "Product/provider" is the name of the ACO product/provider. "Member" indicates that the data file is a member file (use the abbreviation "mbr.") "Date" is the date the file was created (YYYYMMDD format).

  - Example filename: BCBSM.WellcareACO.mbr.20160114

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Provide the data elements in the order listed below. Provider data is for the attributed provider. Send situational elements that are available.

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Data Element Name	Element Order	Data "sub-element" if applicable	Format	Usage	Field length (min/max)	Required (R) or Situational (aka Optional) (S)	Notes
Patient Name	1	Patient Last Name		AN	1/60	R	Individual last name
	2	Patient First Name		AN	1/35	S	Individual first name
	3	Patient Middle Name or Initial		AN	1/25	S	Individual middle name or initial
	4	Patient Name Suffix		AN	1/10	S	Suffix to individual name
Patient Date of Birth	5	Patient Date of Birth	CCYYMMDD	AN	1/35	R	Patient's date of birth
Patient ID	6	Patient ID		AN	2/80	S	This is the unique number that the payer uses to identify the insured. The information desired from the payer is for the patient.
Patient Gender	7	Patient Gender	F, M, or U	ID	1/1	R	F = Female M = Male U = Unknown Unknown is to be used only when the gender is unknown or when it cannot be sent due to reporting restrictions.
Patient Address	8	Patient Street Address 1		AN	1/55	R	Address information
	9	Patient Street Address 2		AN	1/55	S	Address information

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Data Element Name	Element Order	Data "sub-element" if applicable	Format	Usage	Field length (min/max)	Required (R) or Situational (aka Optional) (S)	Notes
	10	Patient City Name	Free form text	AN	2/30	R	Free form text for city name
	11	Patient State	Use source code 22: States and Provinces (from US Post Office)	ID	2/2	S	Required when address is in US or Canada.
	12	Patient Postal Code	Exclude punctuation and blanks. Use source code 51	ID	3/15	S	Code defining international postal zone code excluding punctuation and blanks (zip code for United States)
[Attributed] Provider Name	13	Provider Last Name		AN	1/60	S	Individual last name
	14	Provider First Name		AN	1/35	S	Individual first name
	15	Provider Middle Name or initial		AN	1/25	S	Individual middle name or initial
	16	Provider name Suffix		AN	1/10	S	Suffix to individual name
[Attributed] Provider ID	17	National Provider Identifier (NPI)		AN	10	S	Code identifying a party. Use Type 1 NPI. This is the individual provider such as a MD, PA, NP.
[Attributed] Provider Clinic Information	18	National Provider Identifier (NPI)		AN	10	S	Code identifying a party. Use NPI Type 2. Situational Field - This field represents a single clinic or in some cases a grouping of Type 2 NPIs. In the case of a grouping of

Data Element Name	Element Order	Data "sub-element" if applicable	Format	Usage	Field length (min/max)	Required (R) or Situational (aka Optional) (S)	Notes
							Type 2 NPIs, no single identifier exists that reflects this relationship so the field will often be blank.

Supplemental (optional) data elements -- also send if available

Data Element Name	Element Order	Data "sub-element" if applicable	Format	Usage	Field length (min/max)	Required (R) or Situational (aka Optional) (S)	Notes
Patient county of residence	19			AN	1/17	Optional	Free form text
Clinic name	20			AN	1/60	Optional	

Note: Payers may send additional data beyond the 20 data elements above, but the data must be sent in a pipe-delimited file format.