CLAIMS STANDARDIZED DATA REQUEST
Long-Term Care Line of Business

Contents: This file should be downloaded from company system(s) and contain one record for any and all [examination state] claims which were submitted, reviewed or processed during the examination period.

Uses: Data will be used to determine if the company follows appropriate procedures with respect to the adjudication of claims by the company during the scope of examination:

- Cross-reference to MCAS claims data (record count) to ensure completeness of exam data submitted.

Field Name	Start	Length	Type	Decimals	Description
CoCode	1	5	A		NAIC company code
ConClmNo	6	15	A		Number assigned by the company to identify an entire episode of care
ClmNo	21	15	A		Number assigned by the company to identify specific claim
PolPre	36	3	A		Policy prefix (**Blank if NONE**)
PolNo	39	20	A		Policy number
PolSuf	59	3	A		Policy suffix (**Blank if NONE**)
CertNo	62	10	A		Certificate number, if applicable
GroupNo	72	5	A		Group number, if applicable
PolForm	77	10	A		Policy form number as filed with the insurance department
PlanCode	87	6	A		System plan code **Please provide a list of system plan codes and their descriptions**
InsFirst	93	15	A		First name of insured
InsMid	108	15	A		Middle name of insured
InsLast	123	20	A		Last name of insured
InsAddr	143	100	A		Insured street address
InsCity	243	20	A		Insured city
InsSt	263	2	A		Insured state
InsZip	265	5	A		Insured ZIP code
InsDOB	270	10	D		Date of birth of insured [MM/DD/YYYY]
InsIDNo	280	10	A		Number assigned to individual insured by the company **If more than one insured is covered under the contract, repeat this field as necessary. (Ex: InsIDNo1, INsIDNo2, etc.)**
IssSt	290	2	A		State abbreviation where policy was issued
PolEffDt	292	10	D		Policy effective date [MM/DD/YYYY]
PolTermDt	302	10	D		If policy was terminated during the exam period, date of termination [MM/DD/YYYY]
BenDesCd	312	3	A		Benefit description code assigned to the claim (e.g. HHC, NH, ALF, etc.) **Please provide a list of codes used along with their meanings**

Field Name	Start	Length	Type	Decimals	Description
Dup	315	1	A		Is the current claim a duplicate of a previous claim? (Y/N)
OrClmNo	316	10	A		If this was a duplicate claim, enter the claim number of the original/first submission
ClmSubTp	326	1	A		How was the claim submitted? **P=Paper, E=Electronic**
CertFDt	327	10	D		Date services are certified "from" [MM/DD/YYYY]
CertTDt	337	10	D		Date services are certified "to" [MM/DD/YYYY]
DxCode	347	15	A		Please provide the ICD-10 codes submitted with the claim **If more than one diagnosis code was submitted with the claim, repeat this field as needed**
PSCode	362	10	A		Place of service code **If an internal system code is used, please provide a list of codes used along with their meanings**
ProvNam	363	100	A		Name of provider or facility
ProvID	463	10	A		Number assigned to provider or provider Tax ID
ProvTyp	473	3	A		Type of provider **Please provide a list of system codes and their meanings**
BegDOS	476	10	D		Beginning date of service on the claim [MM/DD/YYYY]
EndDOS	486	10	D		Ending date of service on the claim [MM/DD/YYYY])
ClmNtDt	496	10	D		Date the company or producer received notification of claim [MM/DD/YYYY]
DateEnt	506	10	D		Date claim was entered into the company's claim payment system [MM/DD/YYYY]
ClmAckDt	516	10	D		Date company or its producer acknowledged the claim [MM/DD/YYYY]
ClmAdjDt	526	10	D		Claim adjudication/process date [MM/DD/YYYY]
ClmPndRn	536	3	A		Reason for claim pending **Please provide a list to explain any codes used**
DlyRsn	539	3	A		Reason for claim delay **Please provide a list to explain any codes used**
DlyLtrDt	542	10	D		Date when delay letter was sent [MM/DD/YYYY]
ClmPdDt	552	10	D		Claim paid date [MM/DD/YYYY]
BillAmt	562	10	N	2	Total amount charged for service
AlwdAmt	572	10	N	2	Total amount allowed for service
ClmPdAmt	582	10	N	2	Amount of claim payment
InterestPd	592	10	N	2	Amount of interest applied to the claim payment, if applicable
ClmDenDt	602	10	D		Claim denial date [MM/DD/YYYY]
ClmDnRn	612	3	A		Reason for claim denial **Please provide a list to explain any codes used**
ElimAcc	615	3	N		Days accrued toward the applicable elimination period
ElimTyp	618	15	A		Type of elimination period for this kind of service
EndRec	633	1	A		End of record marker. Please place an asterisk in this field to indicate the end of the record. This must be in the same character position for every record in this table.

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