

Illinois Department of Healthcare and Family Services – Encounter Submission Manual
CHAPTER 6 – FILE LAYOUTS

CHAPTER 6 – FILE LAYOUTS

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CHAPTER 6 – FILE LAYOUTS**

This chapter contains file layouts that are unique to the State of Illinois and are essential to encounter claims submission. These are not published on other webpages and are therefore fully presented below. These are commonly shared with MCOs by the HFS Encounters Team. At the end, there is a link presented to the HFS Care Coordination Claims Data (CCCD) dataset as this link is frequently requested by MCOs.

1. 834 Crosswalk

**BENEFIT ENROLLMENT AND MAINTENANCE
Medicaid Managed Care Program (MMCP) and Medicare Medicaid Program (MMP)
(5010/834)
04/12/18**

Usage	Segment/Element Name	Ref. Des.	Page	HFS Name	Notes
Required	Interchange Control Header				
Required	Authorization Information Qualifier	ISA01	C.4		00
Required	Authorization Information	ISA02	C.4		
Required	Security Information Qualifier	ISA03	C.4		00
Required	Security Information	ISA04	C.4		
Required	Interchange ID Qualifier	ISA05	C.4		30 (Inbound) or ZZ (Outbound)
Required	Interchange Sender ID	ISA06	C.4		Client Enrollment Broker FEIN (Inbound) or 37-1320188 (Outbound)
Required	Interchange ID Qualifier	ISA07	C.5		ZZ
Required	Interchange Receiver ID	ISA08	C.5		37-1320188 (Inbound) or Parent Provider FEIN followed by MMCP, MMP (Outbound)
Required	Interchange Date	ISA09	C.5		Current Date
Required	Interchange Time	ISA10	C.5		Current Time
Required	Repetition Separator	ISA11	C.5		^
Required	Interchange Control Version Number	ISA12	C.5		00501
Required	Interchange Control Number	ISA13	C.5		Sequence number starting with 1
Required	Acknowledgement Requested	ISA14	C.6		1 - Interchange Acknowledgement Requested
Required	Interchange Usage Indicator	ISA15	C.6		P
Required	Component Element Separator	ISA16	C.6		:

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Required	End of Segment Indicator				~
Required	Functional Group Header				
Required	Functional Identifier Code	GS01	C.7		BE
Required	Application Sender's Code	GS02	C.7		Client Enrollment Broker (Inbound) or 37-1320188 (Outbound)
Required	Application Receiver's Code	GS03	C.7		Parent Provider Number (Outbound) or 37-1320188 (Inbound)
Required	Date	GS04	C.7		Current Date
Required	Time	GS05	C.8		Current Time
Required	Group Control Number	GS06	C.8		Sequence Number starting with 1
Required	Responsible Agency Code	GS07	C.8		X
Required	Version/Release/Industry Identifier Code	GS08	C.8		005010X220A1
Required	Transaction Set Header				
Required	Transaction Set Identifier Code	ST01	31		Always 834 (benefit enrollment & maintenance)
Required	Transaction Set Control Number	ST02	31		Sequential number starting with "0001" for Daily Outbound and Monthly Roster
Required	Implementation Convention Reference	ST03	31		005010X220A1
Required	Beginning Segment				
Required	Transaction Set Purpose Code	BGN01	32		Daily Inbound/Outbound - 00 (original), 15 (resubmission); or Monthly Roster - 22 (information copy on request); all will be processed the same way.
Required	Reference Identification	BGN02	33		Parent provider number
Required	Date	BGN03	33		Date file created
Required	Time	BGN04	33		Time file created
Situational	Time Code	BGN05	33		Always CT (central time) for Daily Outbound and Monthly Roster
Situational	Reference Identification	BGN06	35		Parent provider number when HFS creates Daily Outbound or Monthly Roster and BGN01 is 15 or 22

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					2 (change/update) on Daily Inbound/Outbound; 4 (Verify) for Monthly Roster
Required	Action Code	BGN08	35		
Situational	Transaction Set Policy Number				
Required	Reference Identification Qualifier	REF01	36		Always 38 (master policy number)
Required	Reference Identification	REF02	36		Parent provider number
Situational	File Effective Date				
Required	Date/Time Qualifier	DTP01	37		Always 007 (Effective) for Monthly Roster
Required	Date Time Period Format Qualifier	DTP02	37		Always D8 (format CCYYMMDD) for Monthly Roster
Required	Date Time Period	DTP03	37		Effective date will be the next calendar month for Monthly Roster.
Situational	QTY-Transaction Set Control Totals				
Required	Quantity Qualifier	QTY01	38		TO
Required	Quantity	QTY02	38		Number of recipient transactions
Required	Sponsor Name	1000A			
Required	Entity Identifier Code	N101	39		Always P5 (plan sponsor)
Situational	Name	N102	39		ILLINOIS MEDICAID
Required	Identification Code Qualifier	N103	40		Always FI (Federal Taxpayer's ID Number)
Required	Identification Code	N104	40		Fed ID Number for HFS is 37-1320188
Required	Payer	1000B			
Required	Entity Identifier Code	N101	41		Always IN (Insurer)
Situational	Name	N102	41	Parent Provider Name	
Required	Identification Code Qualifier	N103	42		Always FI (Federal Taxpayer's ID Number)
Required	Identification Code	N104	42	FEIN	First nine digits of parent provider number
Situational	TPA/Broker Name	1000C			Not needed
Required	Entity Identifier Code	N101	43		
Required	Name	N102	43		
Required	Identification Code Qualifier	N103	44		
Required	Identification Code	N104	44		
Situational	TPA/Broker Account Information	1100C			Not needed

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Required	Account Number	ACT01	45		
Situational	Account Number	ACT06	46		
Required	Member Level Detail	2000			
Required	Yes/No Condition or Response Code	INS01	48		Always (Y) Yes
Required	Individual Relationship Code	INS02	48		Always 18 (Self)
					For Daily Inbound/Outbound files- 021 (Addition) for enrollments or changes to site begin date, 024 (Cancellation or termination) for disenrollments or changes to site end date, 025 (Reinstatement) for sites that are re-opened; use 030 (Audit or Compare) for Monthly Roster.
Required	Maintenance Type Code	INS03	49		
Situational	Maintenance Reason Code	INS04	49		Chart (see attached)
Required	Benefit Status Code	INS05	51		Always A (Active)
Situational	Medicare Status Code	INS06	51		Not needed
Required	Medicare Plan Code	INS06-1	51		Not needed
Situational	Eligibility Reason Code	INS06-2	52		Not needed
Situational	Consolidated Omnibus Budget Reconciliation Act Qualifying	INS07	52		Not needed
Situational	Employment Status Code	INS08	52		AC (Active) on Monthly Roster; AC or TE (Terminated) on Daily Outbound File
Situational	Student Status Code	INS09	53		Not needed
Situational	Yes/No Condition or Response Code	INS10	53		Not needed
Situational	Date Time Period Format Qualifier	INS11	53		Not needed
Situational	Date Time Period	INS12	54		Not needed
Situational	Confidentiality Code	INS13	54		Not needed
Situational	Number	INS17	54		Not needed
Required	Subscriber Identifier	2000			
Required	Reference Identification Qualifier	REF01	55		Always 0F (subscriber number)
Required	Reference Identification	REF02	55	Recipient ID	
Situational	Member Policy Number	2000			
Required	Reference Identification Qualifier	REF01	56		Always 1L (group or Policy Number)

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					Daily Client Enrollment Broker Inbound and all Outbound Files – When BGN08 is 2, old site number/new site number: 1)For voluntary enrollments, only the new site, the old site will be “E” (choice) followed by 5 zeros; 2)for mandatory managed care enrollments, new site, and the old site will be“A” or “E” in the first position, “M” in the second position followed by 4 zeros; 3)for MMP pre-edit enrollments, the old site will be “P00000” and the new site will be “XX8888” where “XX” is the two digit plan number; 4)for MMP opt-outs, the new site will be “X00000” and the old site will be “888888”. 5)For disenrollments, the old site will be included and the new site will be zeros. 6)When BGN08 is 4, only the current site will be included.
Required	Reference Identification	REF02	56		
Situational	Member Supplemental Identifier	2000			Multiple identifiers may be included
Required	Reference Identification Qualifier	REF01	57		Always 17 (Client reporting category)
Required	Reference Identification	REF02	58		Either 19 (Title XIX/Medicaid); 21 (Title XXI/CHIP); or SF (state funded)
Required	Reference Identification Qualifier	REF01	57		Always 3H (Case number)
Required	Reference Identification	REF02	58	Case ID Number	
Required	Reference Identification Qualifier	REF01	57		Can be F6 (Medicare Beneficiary Identifier (MBI) number) for MMP only
Required	Reference Identification	REF02	58	MBI	
Required	Reference Identification Qualifier	REF01	57		Can be 60 (Cross reference number)
Required	Reference Identification	REF02	58		Two-digit plan code of previous MCO (If "blank" then previously fee for service)
Situational	Member Level Dates	2000			
Required	Date/Time Qualifier	DTP01	59		Always 473 (Medicaid begin) and 474 (Medicaid end); both segments included
Required	Date Time Period Format Qualifier	DTP02	60		Always D8 (format CCYYMMDD)
Required	Date Time Period	DTP03	61		Most current Medicaid eligibility begin and end dates for the MCO site; 12/31/9999 for an open end date

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Required	Member Name	2100A			
Required	Entity Identifier Code	NM101	62		IL (Insured or Subscriber) or 74 (Corrected Insured)
Required	Entity Type Qualifier	NM102	63		Always 1 (Person)
Required	Name Last or Organization Name	NM103	63	Recipient Last Name	
Required	Name First	NM104	63	Recipient First Name	
Situational	Name Middle	NM105	63		Not needed
Situational	Name Prefix	NM106	63		Not needed
Situational	Name Suffix	NM107	63		Not needed
Situational	Identification Code Qualifier	NM108	64		Not needed
Situational	Identification Code	NM109	64		Not needed
Situational	Member Communications Numbers	2100A			
Required	Contact Function Code	PER01	66		Always IP (Insured party)
Required	Communication Number Qualifier	PER03	66		Always TE (Telephone)
Required	Communication Number	PER04	66		Telephone number from RDB
Situational	Communication Number Qualifier	PER05	66		Not needed
Situational	Communication Number	PER06	67		Not needed
Situational	Communication Number Qualifier	PER07	67		Not needed
Situational	Communication Number	PER08	67		Not needed
Situational	Member Residence Street Address	2100A			From RDB
Required	Address Information	N301	68	Case address	
Situational	Address Information	N302	68		If available
Situational	Member City, State, Zip Code	2100A			From RDB
Required	City Name	N401	69	Case city	
Situational	State or Province Code	N402	69	Case state	
Situational	Postal Code	N403	70	Case zip code	
Situational	Country Code	N404	70		Not needed
Situational	Location Qualifier	N405	70		Not needed
Situational	Location Identifier	N406	70		Not needed
Situational	Country Subdivision Code	N407	70		Not needed
Situational	Member Demographics	2100A			
Required	Date Time Period Format Qualifier	DMG01	71		Always D8 (format CCYYMMDD)
Required	Date Time Period	DMG02	71	Recipient birthdate	

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Required	Gender Code	DMG03	72		F (Female), M (Male), U (Unknown)
Situational	Marital Status Code	DMG04	72		Not needed
Situational	Composite Race or Ethnicity Info.	DMG05	72		Not needed
Situational	Race or Ethnicity Code	DMG05-1	73		See Chart
Situational	Code List Qualifier Code	DMG05-2	73		Not needed
Situational	Industry Code	DMG05-3	74		Not needed
Situational	Citizenship Status Code	DMG06	74		Not needed
Situational	Code List Qualifier Code	DMG10	74		Not needed
Situational	Industry Code	DMG 11	75		Not needed
Situational	Employment Class	2100A	76		Not available
Required	Employment Class Code	EC01	76		
Situational	Employment Class Code	EC02	77		
Situational	Employment Class Code	EC03	77		
Situational	Member Income	2100A			Not available
Required	Frequency Code	ICM01	79		
Required	Monetary Amount	ICM02	80		
Situational	Quantity	ICM03	80		
Situational	Location Identifier	ICM04	80		
Situational	Salary Grade	ICM05	80		
Situational	Member Policy Amounts	2100A			Not needed
Required	Amount Qualifier Code	AMT01	81		
Required	Monetary Amount	AMT02	81		
Situational	Member Health Information	2100A			Not available
Required	Health Related Code	HLH01	82		
Situational	Height	HLH02	82		
Situational	Weight	HLH03	83		
Situational	Member Language	2100A			
Situational	Identification Code Qualifier	LUI01	84		Always LD (NISO Z39, 53 Language Codes)
Situational	Identification Code	LUI02	85		SPA (Spanish)
Situational	Description	LUI03	85		Not needed
Situational	Use of Language Indicator	LUI04	85		See Chart

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Situational	Incorrect Member Name	2100B			Only used on the Daily Outbound File when there is a change in name, birthdate, or gender; not sent if current site is closed.
Required	Entity Code Identifier	NM101	86		Always 70 (Prior Incorrect Insured)
Required	Entity Type Qualifier	NM102	87		Always 1 (person)
Required	Name Last or Organization Name	NM103	87	Recipient Last Name	Include the "old" name
Situational	Name First	NM104	87	Recipient First Name	Include the "old" name
Situational	Name Middle	NM105	87		Not needed
Situational	Name Prefix	NM106	87		Not needed
Situational	Name Suffix	NM107	87		Not needed
Situational	Identification Code Qualifier	NM108	87		Not needed
Situational	Identification Code	NM109	87		Not needed
Situational	Incorrect Member Demographics	2100B	88		Only used on the Daily Outbound File when there is a change to birthdate or gender, not race or ethnicity
Situational	Date Time Period Format Qualifier	DMG01	89		Always D8 (Date CCYYMMDD)
Situational	Date Time Period	DMG02	90	Recipient Birthdate	Include the "old" birthdate
Situational	Gender Code	DMG03	90		Either F (Female), M (Male), or U (Unknown); include the "old" gender code
Situational	Marital Status Code	DMG04	90		Not available
Situational	Composite Race or Ethnicity Info.	DMG05	90		Not needed
Situational	Race or Ethnicity Code	DMG05-1	90		Not needed
Situational	Code List Qualifier Code	DMG05-2	90		Not needed
Situational	Industry Code	DMG05-3	91		Not needed
Situational	Citizenship Status Code	DMG06	91		Not needed
Situational	Code List Qualifier Code	DMG10	91		Not needed
Situational	Industry Code	DMG11	91		Not needed
Situational	Member Mailing Address	2100C			Not needed
Required	Entity Identifier Code	NM101	92		
Required	Entity Type Qualifier	NM102	92		
Required	Member Mail Street Address	2100C			Not needed

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Required	Address Information	N301	94		
Situational	Address Information	N302	94		
Required	Member Mail City, State, Zip Code	2100C			Not needed
Required	City Name	N401	95		
Situational	State or Province Code	N402	95		
Situational	Postal Code	N403	96		
Situational	Country Code	N404	96		
Situational	Country Subdivision Code	N407	96		
Situational	Member Employer	2100D			Not needed
Required	Entity Identifier Code	NM101	97		
Required	Entity Type Qualifier	NM102	98		
Situational	Name Last or Organization Name	NM103	98		
Situational	Name First	NM104	98		
Situational	Name Middle	NM105	98		
Situational	Name Prefix	NM106	98		
Situational	Name Suffix	NM107	98		
Situational	Identification Code Qualifier	NM108	99		
Situational	Identification Code	NM109	99		
Situational	Member Employer Communications Numbers	2100D			Not needed
Required	Contact Function Code	PER01	101		
Situational	Name	PER02	101		
Required	Communication Number Qualifier	PER03	101		
Required	Communication Number	PER04	101		
Situational	Communication Number Qualifier	PER05	101		
Situational	Communication Number	PER06	102		
Situational	Communication Number Qualifier	PER07	102		
Situational	Communication Number	PER08	102		
Situational	Member Employer Street Address	2100D			Not needed
Required	Address Information	N301	103		
Situational	Address Information	N302	103		
Situational	Member Employer, City, State, Zip Code	2100D			Not needed
Required	City Name	N401	104		
Situational	State or Province Code	N402	105		

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Situational	Postal Code	N403	105		
Situational	Country Code	N404	105		
Situational	Country Subdivision Code	N407	105		
Situational	Member School	2100E			Not needed
Required	Entity Identifier Code	NM101	106		
Required	Entity Type Qualifier	NM102	106		
Required	Name Last or Organization Name	NM103	107		
Situational	Member School Communications Numbers	2100E			Not needed
Required	Contact Function Code	PER01	109		
Situational	Name	PER02	109		
Required	Communication Number Qualifier	PER03	109		
Required	Communication Number	PER04	109		
Situational	Communication Number Qualifier	PER05	109		
Situational	Communication Number	PER06	109		
Situational	Communication Number Qualifier	PER07	110		
Situational	Communication Number	PER08	110		
Situational	Member School Street Address	2100E			Not needed
Required	Address Information	N301	111		
Situational	Address Information	N302	111		
Situational	Member School City, State, Zip Code	2100E			Not needed
Required	City Name	N401	112		
Situational	State or Province Code	N402	113		
Situational	Postal Code	N403	113		
Situational	Country Code	N404	113		
Situational	Country Subdivision Code	N407	113		
Situational	Custodial Parent	2100F	113		Not needed
Required	Entity Identifier Code	NM101	114		
Required	Entity Type Qualifier	NM102	115		
Required	Name Last or Organization Name	NM103	115		
Required	Name First	NM104	115		
Situational	Name Middle	NM105	115		
Situational	Name Prefix	NM106	115		
Situational	Name Suffix	NM107	115		

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Situational	Identification Code Qualifier	NM108	115		
Situational	Identification Code	NM109	116		
Situational	Custodial Parent Communciations Numbers	2100F			Not needed
Required	Contact Function Code	PER01	118		
Required	Communication Number Qualifier	PER03	118		
Required	Communication Number	PER04	118		
Situational	Communication Number Qualifier	PER05	118		
Situational	Communication Number	PER06	119		
Situational	Communication Number Qualifier	PER07	119		
Situational	Communication Number	PER08	119		
Situational	Custodial Parent Street Address	2100F			Not needed
Required	Address Information	N301	120		
Situational	Address Information	N302	120		
Situational	Custodial Parent City, State, Zip Code	2100F			Not needed
Required	City Name	N401	121		
Situational	State or Province Code	N402	122		
Situational	Postal Code	N403	122		
Situational	Country Code	N404	122		
Situational	Country Subdivison Code	N407	122		
Situational	Responsible Person	2100G			Daily Outbound File and Monthly Roster; Exclude for recipient who is caseholder
Required	Entity Identifier Code	NM101	123		Always QD (Responsible party)
Required	Entity Type Qualifier	NM102	123		1 (Person)
Required	Name or Last Organization Name	NM103	124	Case last name	
Situational	Name First	NM104	124	Case first name	
Situational	Name Middle	NM105	124		Not needed
Situational	Name Prefix	NM106	124		Not needed
Situational	Name Suffix	NM107	125		Not needed
Situational	Identification Code Qualifier	NM108	125		Not needed
Situational	Identification Code	NM109	125		Not needed
Situational	Responsible Person Communications Numbers	2100G			Exclude for caseholder
Required	Contact Function Code	PER01	127		Always RP (Responsible person)

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Required	Communication Number Qualifier	PER03	127		Always TE (Telephone)
Required	Communication Number	PER04	127		Telephone number from RDB
Situational	Communication Number Qualifier	PER05	127		Not needed
Situational	Communication Number	PER06	128		Not needed
Situational	Communication Number Qualifier	PER07	128		Not needed
Situational	Communication Number	PER08	128		Not needed
Situational	Responsible Person Street Address	2100G	129		Exclude for caseholder
Required	Address Information	N301	129	Case address	
Situational	Address Information	N302	129		If available
Situational	Responsible Person, City, State, Zip Code	2100G			Exclude for caseholder
Required	City Name	N401	130	Case city from RDB	
Situational	State or Province Code	N402	131	Case state from RDB	
Situational	Postal Code	N403	131	Case zip from RDB	
Situational	Country Code	N404	131		Not needed
Situational	Country Subdivision Code	N407	131		Not needed
Situational	Drop Off Location	2100H	132		Not needed
Required	Entity Identifier Code	NM101	132		
Required	Entity Type Qualifier	NM102	132		
Situational	Name Last or Organization Name	NM103	133		
Situational	Name First	NM104	133		
Situational	Name Middle	NM105	133		
Situational	Name Prefix	NM106	133		
Situational	Name Suffix	NM107	133		
Situational	Drop Off Location Street Address	2100H	134		Not needed
Required	Address Information	N301	134		
Situational	Address Information	N302	134		
Situational	Drop Off Location City, State, Zip Code	2100H	135		Not needed
Required	City Name	N401	135		
Situational	State or Province Code	N402	136		
Situational	Postal Code	N403	136		
Situational	Country Code	N404	136		

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Situational	Country Subdivision Code	N407	136		
Situational	Disability Information	2200			Not available
Required	Disability Type Code	DSB01	137		
Situational	Product/Service ID Qualifier	DSB07	138		
Situational	Medical Code Value	DSB08	138		
Situational	Disability Eligibility Dates	2200			Not available
Required	Date/Time Qualifier	DTP01	139		
Required	Date Time Period Qualifier	DTP02	139		
Required	Date Time Period	DTP03	139		
Situational	Health Coverage	2300			
Required	Maintenance Type Code	HD01	140		On Daily Inbound/Outbound Files - use 021 (Addition) for enrollments, 024 (Termination) for disenrollments, 025 (Reinstatement) for changes to open site end dates, and 026 (Correction) for gender, name, and birthdate changes; use 030 (Audit or Compare) for Monthly Roster.
Required	Insurance Line Code	HD03	141		Always HMO (HMO) or EPO (Exclusive Provider Organization) for MCCNs
Situational	Plan Coverage Description	HD04	141		Rate procedure code (8 positions) on Monthly Roster only. The following fields will be on the Daily and Monthly roster if applicable: up to 8 HCBS waiver/other program codes (2 positions each); estimated date of delivery (4 positions); "LTC" (3 positions); HFS LTC/SLF provider number (12 positions); LTSS (4 positions); Cert Date (4 positions)
Situational	Coverage Level Codes	HD05	142		Not needed
Situational	Yes/No Condition or Response Code	HD09	142		On the Daily Outbound File, if maintenance type is 021 and MCO begin date is less than or equal to the current month, the value should be Y (e.g. newborn); otherwise N
Required	Health Coverage Dates	2300			
Required	Date/Time Qualifier	DTP01	143		Always send both 348 (Benefit Begin) and 349 (Benefit End); 12/31/9999 for an open end

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					date
Required	Date Time Period Format Qualifier	DTP02	144		Always D8 (Date CCYYMMDD)
Required	Date Time Period	DTP03	144		Use site begin and end date for Daily Outbound File.
Situational	Health Coverage Policy	2300			Not needed
Required	Amount Qualifier Code	AMT01	145		
Required	Monetary Amount	AMT02	145		
Situational	Health Coverage Policy Number	2300			Not needed
Required	Reference Identification Qualifier	REF01	146		
Required	Reference Identification	REF02	147		
Situational	Prior Coverage Months	2300			Not needed
Required	Reference Identification Qualifier	REF01	148		
Required	Reference Identification	REF02	148		
Situational	Identification Card	2300			Not needed
Required	Plan Coverage Description	IDC01	150		
Required	Identification Card Type Code	IDC02	150		
Situational	Quantity	IDC03	151		
Situational	Action Code	IDC04	151		
Situational	Provider Information	2310			Inbound only - Not needed by HFS
Required	Assigned Number	LX01	152		
Required	Provider Name	2310			Inbound only - Not needed by HFS
Required	Entity Identifier Code	NM101	153		
Required	Entity Type Qualifier	NM102	154		
Situational	Name Last or Organization Name	NM103	154		
Situational	Name First	NM104	154		
Situational	Name Middle	NM105	154		
Situational	Name Prefix	NM106	154		
Situational	Name Suffix	NM107	155		
Situational	Identification Code Qualifier	NM108	155		
Situational	Identification Code	NM109	155		
Required	Entity Relationship Code	NM110	155		
Situational	Provider Address	2310			Inbound Only - Not needed by HFS
Required	Address Information	N301	156		
Situational	Address Information	N302	156		

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Situational	Provider City, State, Zip Code	2310			Inbound only - Not needed by HFS
Required	City Name	N401	157		
Situational	State or Province Code	N402	157		
Situational	Postal Code	N403	158		
Situational	Country Code	N404	158		
Situational	Country Subdivision Code	N407	158		
Situational	Provider Communication Numbers	2310			Inbound only - Not needed by HFS
Required	Contact Function Code	PER01	160		
Required	Communication Number Qualifier	PER03	160		
Required	Communication Number	PER04	160		
Situational	Communication Number Qualifier	PER05	160		
Situational	Communication Number	PER06	161		
Situational	Communication Number Qualifier	PER07	161		
Situational	Communication Number	PER08	161		
Situational	Provider Change Reason	2310			Inbound only - Not needed by HFS
Required	Action Code	PLA01	162		
Required	Entity Identifier Code	PLA02	162		
Required	Date	PLA03	162		
Required	Maintenance Reason Code	PLA05	163		
Situational	Coordination of Benefits	2320			Inbound only - To be determined
Required	Payer Responsibility Sequence Number Code	COB01	164		
Situational	Reference Identification	COB02	164		
Required	Coordination of Benefits Code	COB03	164		
Situational	Service Type Code	COB04	165		
Situational	Additional Coordination of Benefits Identifiers	2320			
Required	Reference Identification Qualifier	REF01	166		
Required	Reference Identification	REF02	167		
Situational	Coordination of Benefits Eligibility, Dates	2320			
Required	Date/Time Qualifier	DTP01	168		
Required	Date Time Period Format Qualifier	DTP02	168		
Required	Date Time Period	DTP03	168		

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Situational	Coordination of Benefits Related, Entity	2330			
Required	Entity Identifier Code	NM101	169		
Required	Entity Type Qualifier	NM102	170		
Situational	Name Last or Organization Name	NM103	170		
Situational	Identification Code Qualifier	NM108	170		
Situational	Identification Code	NM109	170		
Situational	Coordination of Benefits Related Entity Address	2330			
Required	Address Information	N301	171		
Situational	Address Information	N302	171		
Situational	Coordination of Benefits Other Insurance Company, Ctiy, State, Zip Code	2330			
Required	City Name	N401	172		
Situational	State or Province Code	N402	173		
Situational	Postal Code	N403	173		
Situational	Country Code	N404	173		
Situational	Country Subdivision Code	N407	173		
Situational	Administrative Communications Contact	2330			
Required	Contact Function Code	PER01	174		
Required	Communication Number Qualifier	PER03	175		
Required	Communication Number	PER04	175		
Situational	Additional Reporting Categories	2000			Not needed
Required	Loop Identifier Code	LS01	176		
Situational	Member Reporting Categories	2700			Not needed
Required	Assigned Number	LX01	177		
Situational	Reporting Category	2750			Not needed
Required	Entity Identifier Code	N101	178		
Required	Name	N102	178		
Situational	Reporting Category Reference	2750			Not needed
Required	Reference Identification Qualifier	REF01	179		
Required	Refence Identification	REF02	180		
Situational	Reporting Category Date	2750			Not needed

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Required	Date/Time Qualifier	DTP01	181		
Required	Date Time Period Format Qualifier	DTP02	181		
Required	Date Time Period	DTP03	182		
Situational	Additional Reporting Categories Loop Termination	2000	183		Not needed
Required	Loop Identifier Code	LE01	183		
Required	Transaction Set Trailer				
Required	Number of Included Segments	SE01	184		
Required	Transaction Set Control Number	SE02	184		Sequential number starting with "0001"; must match ST02
Required	Functional Group Trailer		C.9		
Required	Number of Transaction Sets Included	GE01	C.9		Always 1
Required	Group Control Number	GE02	C.9		Must match GS06
Required	Interchange Control Trailer				
Required	Number of Included Functional Groups	IEA01	C.10		Always 1
Required	Interchange Control Number	IEA02	C.10		Sequence number starting with 1; must match ISA13

**Acceptable Values for INS03 and INS04 on Member Level Detail (Loop 2000)
12/27/11**

INS03	Maintenance Type Code	Acceptable INS04 Values		Maintenance Reason Code
		Values	Files	
001	Change	25	I/O	Change in identifying data elements (name, age and gender)
		XT	I/O	Transfer (site transfer)
021	Addition	AI	O	No reason given (Output Files with no data only)
		02	O	Birth (systematic enrollment of newborn)
		28	O	Initial enrollment (systematic enrollment of all others)
024	Cancellation or Termination	03	O	Death
		07	O	Termination of benefits (no longer eligible due to exclusion criteria or case cancellation)

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		14	I	Voluntary withdrawal (all other disenrollments)
		43	O	Change of location (change to noncovered county)
		AI	O	No reason given (all other disenrollments)
025	Reinstatement	41	O	Re-enrollment
030	Audit or Compare	XN	M	Notification only

Acceptable Values for DMG05 on Member Demographics Detail (Loop 2100A)

Race Code on RDB	Description	DMG05 Code	Description
0	N/A	8	Not applicable
1 or W	Caucasian	C	Caucasian
2 or B	African-American	B	Black
3 or N	American Indian/Alaskan	I	American Indian or Alaskan Native
4	N/A	8	Not applicable
5	Obsolete	8	Not applicable
6 or Y (ethnicity)	Hispanic	H	Hispanic
7 or P	Asian/Pacific Islander	A	Asian/Pacific Islander
8	Other	E	Other Race or Ethnicity
9 or D	Not available	7	Not provided

Acceptable Values for LUI04 on Member Language (Loop 2100A) when LUI02 is SPA (Spanish)

Language Code on CIS (Item 21)	Description	LUI04 Code	Description
02	Speaks English - cannot read English	5	Language reading
03	Reads English - cannot speak English	7	Language speaking
04	Cannot read or speak English	8	Native Language

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2. HFS Proprietary Remittance Layout

Remittance Layout w/ Data Descriptions

Last Updated 10/24/2017

PYT - DATA - NAME	LENGTH	TYPE	POS FROM	POS TO	DATA DICTIONARY FIELD NAMES	FIELD DEFINITION
EXTR-REC	2000	GROUP	1	2000		
REC-TYPE	1	N	1	1	Record Type	A numeric character in a record that identifies the type of record on the PYMTEXTR file. Valid codes are 1,2,3, and 4. 1 = claim record 2 = debit adjustment 3 = credit adjustment - posted 4 = credit adjustment - applied
CLAIM-ADJUST-COMMON-DATA	243	GROUP	2	244		
PAYEE-ID-NUM	16	X	2	17	Payee Identification Number	Indicates which of the up to 9 payees the provider has identified to receive the payments or from whom a recoupment will be taken. Sub elements are Payee(FEIN or SSN-Num) Zip-Code Vendor-Id-Cd
PROV-NAME	30	X	18	47	Provider Name	The name of the provider performing the service.
PROV-X-KEY	12	X	48	59	Provider Identification Number	A unique identification number assigned by HFS to each provider. Normally it's the FEIN, AMA number, or Provider's SS#.
PROV-TYPE-CD	3	N	60	62	Provider Type	Identifies the specific classification of providers under Illinois MMIS System.
RECIP-NAME	31	X	63	93	Recipient Name	Name of the Recipient receiving the service.

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RECIP-ID-NUM	9	N	94	102	Recipient Identification Number	A unique number assigned by HFS to identify a recipient.
DOC-CNTL-NUM	15	X	103	117	Document Control Number	Document Control Number - The number used by HFS to identify an individual transaction form (claim or adjustment).
DCN-SER-SECTION-NUM	2	N	118	119	Service Section Number	Indicates which service section a claim on the MADJ relates back to.
PROC-CD	8	X	120	127	Procedure Code	A code used to identify the service that has been rendered by a provider.
CLM-REJ-IND	1	X	128	128	Claim Reject Ind	If the document has a rejectable error this field is set to one of three codes(x or y or z) x=rejected in initial program run of claim into system; y=rejected on-line correction z=rejected during adjudication
ERROR-CODES	4	Group (Occurs 20 times)	129	132		
ERR-CD	3	X	129	131	Error Code	A code identifying the reason for failure of an edit.
ERR-CD-TYPE	1	X	132	132	Error Status Code	This field reflects the highest status of each error code associated with the error. Valid types are 0 and 1. 0=accepted error (still able to process claim) 1=rejected error (unable to process claim)
VCH-NUM	11	X	209	219	Voucher Number	Voucher number of the original claim document.
DATA-ENTRY-SRCE	1	X	220	220	Source of Data	Claims document data base identifies source of input. Valid codes are C, D, E, I, K, S, V, and Z. D = direct tape K = keyed E = electronic S = OCR scan I = IDPA generated V = IDPA void

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PROV-REF-NUM	10	X	221	230	Provider Reference Number	Patient's unique alpha-numeric number assigned by the provider to facilitate retrieval of individual financial records and posting of the payment (same as patient_control_number). For pharmacy encounter data, this is the Prescription Number.
NUM-OF-UNITS-BILLED [9 (07) V999]	11	NE	231	241	Number Of Unit Billed	The number of units billed. The units depend on the type of claim record. If the first position is blank it is a positive amount. If the first position is a (-) the amount is negative.
NUM-OF-UNITS-BILLED-RED [S9 (07) V999] REDIFINES NUM-OF-UNITS-BILLED	10	SNE	231	240	Number Of Unit Billed	
CATG-OF-SERV	3	N	242	244	Category Of Service	Code of the type of service received.
CLAIM-DATA	300	GROUP	245	544		
BILL-FROM-DTE	8	X	245	252	Bill From Date	The beginning service date of the period included on this bill.
BILL-THRU-DTE	8	X	253	260	Bill Thru Date	The ending service date of the period included on this bill.
CLM-CHRG-TOT-AMT [9 (09) v99]	12	NE	261	272	Claim Total Charge Amount	Total amount of charges for all services for a single claim. If the first position is blank it is positive amount. If the first position is a (-) the amount is negative.
CLM-CHRG-TOT-AMT-RED [S9 (10) V99] REDIFINES CLM-CHRG-TOT-AMT	12	SNE	261	272	Claim Total Charge Amount	
TPL-PYT-P-GRP	12	Group (Occurs 10 times)	273	284		

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TPL-PYT-P-AMT [9 (09) v99]	12	NE	273	284	Tpl Amount	Amount Third Party Liability will cover or amount received by Provider from a Third Party Liability Source on a NIPS or Pharmacy claim. If the first position is blank it is positive amount. If the first position is a (-) the amount is negative.
TPL-PYT-P-AMT-RED [S9 (10) V99]	12	SNE	273	284	Tpl Amount	
CLM-PYT-P-AMT	12	NE	393	404	Claim Payable Amount	The computed net payable amount of a claim. If the first position is blank it is positive amount. If the first position is a (-) the amount is negative.
CLM-PYT-P-AMT-RED [S9 (10) V99]	12	SNE	393	404	Claim Payable Amount	
PER-DIEM-GRP	28	Group (Occurs 5 times)	405	432		
PER-DIEM-BEG-P-DTE	8	X	405	412	Per Diem Begin Date	The date of service on a claim for which a particular per diem rate is in effect. This can occur multiple times for a claim, depending on the number of different rates that the dates of service span.
PER-DIEM-END-P-DTE	8	X	413	420	Per Diem End Date	The ending date of one of the periods of service on a claim for which a particular per diem rate was in effect. A claim can have multiple occurrence of this date, depending on the number of rate periods that the dates of service span.
CLM-PER-DIEM-RATE-P-AMT [9 (09) V99]	12	NE	421	432	Per Diem Rate Amount	Amount paid to the hospital per day for inpatient services. If the first position is blank it is a positive amount. If the first position is a (-) the amount is negative.
CLM-PER-DIEM-RATE-P-AMT-RED [s9 (10) v99]	12	SNE	421	432	Per Diem Rate Amount	
ADJUST-DATA	50	GROUP	545	594		

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ADJUST-P-DCN	15	X	545	559	Original Document Control Number	The Document Control Number of the claim to be voided or adjusted.
SERV-P-DTE	8	X	560	567	Date Of Service	The date the service was rendered.
PRCS-TYPE	3	X	568	570	S Type	A three byte field containing the code for the type of adjustment being processed The third position is always a C (Credit) or D (Debit)
MO-ADJUD-ADJUST-DR-AMT [9 (09) V99]	12	NE	571	582	Adjustment Debit Amount	Amount authorized by IDPA to pay the initial underpayment. If the first position is blank it is a positive amount. If the first position is a (-) the amount is negative.
MO-ADJUD-ADJUST-DR-AMT-RED [S9 (10) V99]	12	SNE	571	582	Adjustment Debit Amount	
MO-ADJUD-ADJUST-CR-AMT [9 (09) V99]	12	NE	583	594	Adjustment Credit Amount	Money amount being or to be recouped from provider/payee because of a previous overpayment. If the first position is blank it is a positive amount. If the first position is a (-) the amount is negative.
MO-ADJUD-ADJUST-CR-AMT-RED [S9 (10) V99]	12	SNE	583	594	Adjustment Credit Amount	
RECIP-SS-NUM	9	N	595	603	Recipients Social Security Number	
DOC-CNTL-NUM-SUF	2	N	604	605	Two Digit Code after DCN in Service Line	A two byte numeric field that helps give each monthly adjudicated record an unique key. This is required on any void otherwise it will reject.
ALLOW-UNITS-QUAN	7	N	606	612	Allowed Units Quantity	For a NIPS claim it is the number of allowed units for which reimbursement will be paid.
ALLOW-SERV-CHRG [9 (09) V99]	12	NE	613	624	Service Allowed Amount	Amount calculated based on the procedure or drug. If the first position is blank it is a positive amount. If the

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ALLOW-SERV-CHRG-RED [S9 (10) V99] REDIFINES ALLOW-SERV-CHRG	12	SNE	613	624	Service Allowed Amount	first position is a (-) the amount is negative.
ADD-ON-GRP	13	Group (Occurs 9 times)	625	637		
ADD-ON-AMOUNT [9 (09) V99]	12	NE	625	636	Add On Amount	An additional payment amount above the normal reimbursement rate calculated and included in the claim payment because of special criteria. If the first position is blank it is a positive amount. If the first position is a (-) the amount is negative.
ADD-ON-AMOUNT-RED [S9 (10) V99] REDEFINES PYT-ADD-ON-AMOUNT	12	SNE	625	636	Add On Amount	
TYPE-ADD-ON-IND	1	X	637	637	Add On Type Ind	Code which indicates the type of special criteria in which an increase in payment (add on amount) is due.
TPL-DATA	207	GROUP (Occurs 3 times)	742	948		
TPL-SRCE-CD	7	GROUP	742	748		
TPL-SRCE-ID-CD	3	N	742	744	TPL Source Identification Number	
TPL-SRCE-COV-CD	2	X	745	746	Tpl Source Covered Code	A alphabetic two character indication of insurance coverage. Type of coverage recipient receives (validated TPL).
TPL-SRCE-LOC-CD	2	X	747	748	Tpl Source Location Code	A code used to identify the address to which claims should be sent for benefit recovery.
TPL-PLCY-NAME	31	GROUP	749	779		

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TPL-PLCY-LST-NAME	20	X	749	768	Policyholders Last Name	The last name of the third party indicated in the policy.
TPL-PLCY-FST-NAME	10	X	769	778	Policyholders First Name	The first name of the third party indicated in the policy.
TPL-PLCY-MI-NAME	1	X	779	779	Policyholders Middle Initial	The middle initial of the third party indicated in the policy.
TPL-BILLING-NAME	30	X	780	809	Policyholders Full Name	The billing name of the third party.
TPL-BILLING-ADR	70	GROUP	810	879		
TPL-BILLING-STR-ADR	37	X	810	846	Policyholders Street Address	The billing street address for the third party.
TPL-BILLING-CITY-ADR	26	X	847	872	Policyholders City	The billing city address for the third party.
TPL-BILLING-ST-ADR	2	X	873	874	Policyholders State	The billing state address for the third party.
TPL-BILLING-ZIP-CD-ADR	5	N	875	879	Policyholders Zip Code	The billing zip code for the third party.
TPL-PLCY-NUM	24	GROUP	880	903		
TPL-GRP-NUM	9	X	880	888	Tpl Group Number	If the members of a case are covered by a group insurance policy, this number identifies the group. This field is blank for individual policies. Data element is required for group health insurance TPL sources for cost avoidance.
TPL-CERT-NUM	15	X	889	903	Tpl Certification Number	TPL policy number.
TPL-INS-GRP-NAME	30	X	904	933	Tpl Group Insurance Name	Name of the group or plan according to IDPA records through which the insurance is provided to the insured.
TPL-FILLER	15	X	934	948		

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REC-ID-CD	1	X	1363	1363	Record Id Code	An alpha character that identifies the type of record on the MADJ the PYMTEXTR record was made from D=Drug claim (Pharmacy) I=Inpatient claim (UB92) O=Outpatient claim (UB92) N=Noninstitutional claim (HCFA)
DOC-CD	2	N	1364	1365	Document Code	Contained in processing information identifies the claim document codes used in claims processing Indicates type of document within the batch.
APPR-ALPHA-CD-GRP	2	GROUP	1366	1367		
APPR-ALPHA-CD	1	X	1366	1366	Appropriation Alpha Code	Represents the fiscal account budget line item from which payments and adjustments are made.
APPR-ALPHA-SUB-CD	1	X	1367	1367		The second byte of the non-converted appropriation code.
Filler	13	X	1368	1380	Filler	
ORIG-DATA-SOURCE-CD	2	X	1381	1382	Data Source Code	Two byte code identifying the sender of the data.
PROV-REF-NUM-GRP	20	X	1383	1402	Provider Reference Number	Unique number entered by provider. For a Pharmacy claim, this is the Prescription Number.
ORIG-RECIP-ID-NUM	9	X	1403	1411	Recipient Number	Recipient number from the original claim to be voided.
FILLER - 04	4	X	1412	1415		
PROC-MODFR1	2	X	1416	1417	Procedure Code Modifier	1st procedure code modifiers
PROC-MODFR2	2	X	1418	1419	Procedure Code Modifier	2nd procedure code modifiers
PROC-MODFR3	2	X	1420	1421	Procedure Code Modifier	3rd procedure code modifiers
PROC-MODFR4	2	X	1422	1423	Procedure Code Modifier	4th procedure code modifiers

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OGP-MATCH-AMT [S9 (09) V99]	11	SNE	1424	1434	Other Government Payor Amount	Amount of Other Government Payor used to collect Federal Match.
OGP-ID	4	X	1435	1438	Other Government Payor identifier	Code used to identify each individual Other Government Payor.
PROV-NPI-NUMBER	10	X	1439	1448	NPI Number	Providers unique NPI number
PAYEE-NPI-NUMBER	10	X	1449	1458	Payee NPI Number	Providers unique payee NPI number
RECIP-BRTH-DTE	8	X	1459	1466	Recipients Date of Birth	Date of Birth of the person receiving the services.
TYPE-OF-DATA	1	X	1467	1467	Type Of Data	E-Encounter Data F-Fee for service
CLM-PMT-DTE	8	X	1468	1475	Claim Payment Date	Date claim paid
PROC-CD-GRP	8	X	1476	1483	Procedure Code Indicator	Indicates the program code open on our system for the procedure code.
INIT-CR-IND	1	X	1484	1484	Adjustment Type	Type of adjustment applied.
ADJUST-APRV-DTE	8	X	1485	1492	Adjustment Date	Date the adjustment was processed and approved.
SERV-LINE-NUM	2	X	1493	1494	Service Section Number	Cronological number for the service section on a claim.
SISTER-AGENCY-FUND-CODE	4	X	1495	1498	Payment Fund	Fund code that the payment to the provider was made from.
FILLER - 66	2	X	1499	1500		
PGM-FUND-CD	4	X	1501	1504	Fund Code	This is the Program Code that HFS processes the claim under.
STD-POS-CD	2	X	1505	1506	Place Of Service	The physical location for the place of service on the claim. 11-Office 12-Patients Home 99-Other

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CLM-FREQ-TYPE	1	X	1507	1507	Claim Type	1-New claim 7-Void/Rebill 8-Void
ORIG-DOC-CNTL-NUM	15	X	1508	1522	Original Document Control Number	Used if a void/rebill claim. This is the where the original DCN to be voided would be entered.
DIAG-PREF-CD-1	1	X	1523	1523	Prefix Indicator	Indicates the prefix code used on the PDDB for the diagnosis code on the claim.
DIAG-CD-1	8	X	1524	1531	Primary Diagnosis Code	First Diagnosis code on the claim
DIAG-PREF-CD-2	1	X	1532	1532	Prefix Indicator	Procedure code prefix in the PDDB
DIAG-CD-2	8	X	1533	1540	2nd Diagnosis Code	2nd diagnosis code on the claim
DIAG-PREF-CD-3	1	X	1541	1541	Prefix Indicator	Procedure code prefix in the PDDB
DIAG-CD-3	8	X	1542	1549	3rd Diagnosis Code	3rd diagnosis code on the claim
DIAG-PREF-CD-4	1	X	1550	1550	Prefix Indicator	Procedure code prefix in the PDDB
DIAG-CD-4	8	X	1551	1558	4th Diagnosis Code	4th diagnosis on the claim
GRP-POLICY-NUM	4	X	1559	1562	Fund Code	Fund source that the provider submits.
FILLER - 16	16	X	1563	1578		
RECIP-SEX-CD	1	X	1579	1579	Recipient Sex/Gender Code	1-Male 2 Female
AUTH-NUM	20	X	1580	1599	Prior Authorization Number	Vendors' authorization number.
PRIOR-APPR-NUM	10	X	1600	1609	Prior Approval Number	HFS prior approval number.
SERV-LINE-NOTES	80	X	1610	1689	Service Line Note Field	This will be returned to the submitter in the same format as when it's received from the providers, with the addition of the right 17 characters (qualified staff info) from the claim level note.

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PYT-NDC-DRUG-CD	11	X	1690	1700	National Drug Code (NDC) Code	NDC submitted on claim.
PYT-U-DRG-CD	3	X	1701	1703	Diagnosis Related Grouping (DRG)	DRG derived from claims processing by HFS.
PYT-APR-PAYABLE-SOI	1	X	1704	1704		
PYT-APR-GROUPER-VERSION	3	X	1705	1707		
PYT-DIAG-TYPE-CD	1	X	1708	1708	ICD Code Version Identifier	Identifies ICD9 vs ICD-10 code ICD-10 VALUE 'A' ICD-9 VALUE '9'
FILLER	4	X	1709	1712	Filler	
CASE-ID-NUM	14	X	1713	1726	Case Id Number	A set of numbers that uniquely identifies a Public Assistance case A case maybe an individual or a household group who are eligible for assistance.
FILLER-67	274	X	1727	2000	Filler	

3. Provider Extract File Layout

1. REC TYPE 00 - Provider Details

Descriptive Name	LENGTH	START	END	TYPE	DETAILS
RECORD-TYPE	2	1	2	char	00
NPI	10	3	12	char	
IMPACT PROVIDER NUMBER	7	13	19	char	
LEGACY PROVIDER NUMBER	15	20	34	char	
FIRST NAME	30	35	64	char	
MIDDLE NAME	10	65	74	char	

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LAST NAME	30	75	104	char	
LICENSE NUMBER	10	105	114	char	
STATE	2	115	116	char	
REVALIDATION END DATE	8	117	124	date	mmddccyy
BUSINESS STATUS START DATE	8	125	132	date	mmddccyy
BUSINESS STATUS END DATE	8	133	140	date	mmddccyy
BUSINESS STATUS	1	141	141	char	
LEGAL ENTITY NAME	100	142	241	char	
BUSINESS NAME	100	242	341	char	
EIN/TIN	9	342	350	char	
GENDER	50	351	400	char	
SSN	9	401	409	char	
DATE OF BIRTH	8	410	417	date	mmddccyy
HFS PROVIDER NUMBER	12	418	429	char	
PROVIDER NAME	30	430	459	char	
PROVIDER STREET 1	30	460	489	char	
PROVIDER STREET 2	30	490	519	char	
PROVIDER CITY	15	520	534	char	
PROVIDER STATE	2	535	536	char	
PROVIDER ZIP 1-5	5	537	541	number	
PROVIDER ZIP 6-9	4	542	545	char	
PROVIDER ZIP 10-11	2	546	547	char	
PROVIDER LICENSE NUMBER	9	548	556	char	
PROVIDER TYPE	3	557	559	char	
ENROLLMENT STATUS	1	560	560	char	
MATERNAL & CHILD HEALTH PROV	1	561	561	char	
CATEGORIES OF SERVICE	3	562	636	number	occurs 25 times
ELIGIBILITY BEGIN DATE	8	637	644	date	mmddccyy
ELIGIBILITY END DATE	8	645	652	date	mmddccyy
PROVIDER FAX NUMBER	10	653	662	char	
MEDICARE PART A NUMBER	6	663	668	number	
PROVIDER DEA NUMBER	9	669	677	char	
UNIQUE PHYSICIAN IDENTIFIER	6	678	683	char	
PROVIDER AMA OR ADA	10	684	693	char	
ENROLLMENT BEGIN DATE	8	694	701	date	mmddccyy
ENROLLMENT END DATE	8	702	709	date	mmddccyy

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NPI NUMBER	10	710	719	number	
UC-P-AMT	9	720	764	number	occurs 5 times
PROCEDURE CODE	9	765	809	number	occurs 5 times
PROCEDURE CODE BEGIN DATE	8	810	849	date	mmddccyy occurs 5 times
PROCEDURE CODE END DATE	8	850	889	date	mmddccyy occurs 5 times
FILLER	111	890	1000	char	

2. REC TYPE 10 - Location Details

Descriptive Name	LENGTH	START	END	TYPE	DETAILS
RECORD-TYPE	2	1	2	char	10
NPI	10	3	12	char	
IMPACT PROVIDER NUMBER	7	13	19	char	
LOCATION CODE	2	20	21	number	
LEGACY PROVIDER NUMBER	15	22	36	char	
ACCEPTING NEW CLIENTS	1	37	37	char	
HANDICAP ACCESSIBLE	1	38	38	char	
LANGUAGES SPOKEN 1	50	39	88	char	
LANGUAGES SPOKEN 2	50	89	138	char	
LANGUAGES SPOKEN 3	50	139	188	char	
LANGUAGES SPOKEN 4	50	189	238	char	
LANGUAGES SPOKEN 5	50	239	288	char	
LANGUAGES SPOKEN 6	50	289	338	char	
LANGUAGES SPOKEN 7	50	339	388	char	
FILLER	112	389	500	char	

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3. REC TYPE 20 - Specialties

Descriptive Name	LENGTH	START	END	TYPE	DETAILS
RECORD-TYPE	2	1	2	char	20
NPI	10	3	12	char	
IMPACT PROVIDER NUMBER	7	13	19	char	
LEGACY PROVIDER NUMBER	15	20	34	char	
PROVIDER TYPE	50	35	84	char	
SPECIALTY TYPE	100	85	184	char	
SUBSPECIALTY	203	185	387	char	
END DATE	8	388	395	date	mmddccyy
FILLER	105	396	500	char	

4. REC TYPE 30 - License/Certification/Other

Descriptive Name	LENGTH	START	END	TYPE	DETAILS
RECORD-TYPE	2	1	2	char	30
NPI	10	3	12	char	
IMPACT PROVIDER NUMBER	7	13	19	char	
LEGACY PROVIDER NUMBER	15	20	34	char	
LICENSE CERTIFICATION TYPE	40	35	74	char	
LICENSE CERTIFICATION NUMBER	20	75	94	char	
BOARD CERT SPECIALTY	100	95	194	char	
BOARD CERT SUB SPECIALTY	203	195	397	char	
STATE	2	398	399	char	
EFFECTIVE DATE	8	400	407	date	mmddccyy
END DATE	8	408	415	date	mmddccyy
VALID FLAG	1	416	416	char	
FILLER	84	417	500	char	

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5. REC TYPE 40 - Taxonomy Details

Descriptive Name	LENGTH	START	END	TYPE	DETAILS
RECORD-TYPE	2	1	2	char	40
NPI	10	3	12	char	
IMPACT PROVIDER NUMBER	7	13	19	char	
LEGACY PROVIDER NUMBER	15	20	34	char	
TAXONOMY CODE	10	35	44	char	
DESCRIPTION	100	45	144	char	
START DATE	8	145	152	date	mmddccyy
END DATE	8	153	160	date	mmddccyy
FILLER	100	161	260	char	

6. REC TYPE 50 - Malpractice Insurance

Descriptive Name	LENGTH	START	END	TYPE	DETAILS
RECORD-TYPE	2	1	2	char	50
NPI	10	3	12	char	
IMPACT PROVIDER NUMBER	7	13	19	char	
LEGACY PROVIDER NUMBER	15	20	34	char	
ANSWER	13	35	47	char	
COMMENTS	200	48	247	char	
FILLER	100	248	347	char	

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4. Institutional Void Submission Format

Recip Mi Name (1X)	Recip Last Name (14X)	HFS DCN (15X)	Patient Control Number (20X)	Service From Date (7N - Julian)	Service Thru Date (7N - Julian)	MCO Payment Amt (12-NE)

5. CCCD File Layouts

An explanation of the Care Coordination Claims Data (CCCD) dataset and related file layouts are presented through the following link:
<https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ClaimsData.aspx>.

Note that CCCD file layouts are provided as part of the CCCD Data Dictionary.