

Modified HMO Provider File Layout 2/17/16

Field Order	Field Description	Maximum Field Length	Comments
1	Provider Full Name	50 characters	This is the name of the organization or person who is certified to provide services. If the Provider Name Type is 'P' then the name is formatted as follows: Last Name = positions 1-25 First Name = positions 26-38 Middle Initial = position 39 If the Provider Name Type is 'B' then the full field is the name of business
2	Provider Name Type	1 character	This is an indicator of whether a name is that of a person or an organization. The current valid values are: B - Business Name P - Personal Name
3	Medicaid Provider Number	9 characters	Proprietary provider ID. - A provider ID with eight digits is a legacy MMIS provider ID. - A provider ID with nine digits is an interChange assigned provider ID. Field is right justified with leading space if eight digits.
4	Street Address 1	30 characters	Physical street address line 1 for the practice location of the provider.
5	Street Address 2	30 characters	Physical street address line 2 for the practice location of the provider.
6	City	30 characters	Physical address city for the practice location of the provider
7	State	2 characters	Physical address state for the practice location of the provider.
8	Zip Code	5 characters	Physical address 5 digit ZIP code for the practice location of the provider.
9	Four Digit Zip code extension	4 characters	Physical address 4 digit ZIP code extension for the practice location of the provider
10	County	10 characters	Physical address county code for the practice location of the provider.
11	Contract Code	5 characters	Identifies the medical assistance programs that a provider is certified for.
12	Contract Effective Date	8 characters	The first date the provider contract is effective. Format is MMDDYYYY.

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13	Contract End Date	8 characters	The last date the provider contract is effective. Format is MMDDYYYY
14	Current IRS Number	9 characters	Tax identification number
15	License Number	10 characters	Provider's Wisconsin license number. This value will be space filled if there is no WI license on file
16	Provider Type	2 characters	Interchange assigned provider type code
17	Provider Specialty Code	3 characters	Interchange assigned provider specialty code.
18	Medicare Part A	1 character	Indicator for provider certification for Medicare Part A This field will have a value of A for Medicare Part A
19	Medicare Part B	1 character	Indicator for provider certification for Medicare Part B. This field will have a value of B for Medicare Part B
20	Location Status Indicator	1 character	Indicates whether the provider is in-state or out-of-state. Values are: O - Out of State Y - Out of State Youth E - In-state Emergency I - In-state
21	NPI	10 characters	National Provider Identifier
22	Taxonomy	10 characters	Provider taxonomy code identifying provider type and specialty
23	Taxonomy Effective Date	8 characters	The first date the taxonomy code is effective. Format is MMDDYYYY
24	Taxonomy End Date	8 characters	The last date the taxonomy code is effective. Format is MMDDYYYY
25	Billing Indicator	1 character	Indicates if the provider is allowed to be a valid billing provider, performing provider or both when processed by interChange system. The values are: Y - Biller N - Performer B - Biller and Performer R - Referring/Prescribing/Ordering
26	ACA Effective Date	8 characters	Format is MMDDYYYY
			Effective Date for Suspension of payment by The Office of Inspector General (OIG)

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27	ACA End Date	8 characters	Format is MMDDYYYY Date which the provider was cleared from the suspension of payment.
28	ACA Indicator	1 character	Indicates the outcome of the suspension of payment. 1 character values are: A – ACA suspension is currently active. The HMO must suspend payment based on the effective date for the start of the investigation. C – Provider has been cleared of the suspension. Use the ACA end date for the end of the investigation. T – Indicates the provider has been terminated due to the outcome of the credible allegation investigation. Use the ACA end date for the termination date.
29	XML Indicator	1 character	Indicates whether this provider can be included on the XML provider file created by the HMOs. Y – Yes it can be included N – No it cannot be included
30	ACA Enhancement Eligibility Start Date	8 characters	Format is MMDDYYYY Date which the provider was first eligible to receive enhanced ACA funding.
31	ACA Enhancement Eligibility End Date	8 characters	Format is MMDDYYYY Date which the provider is no longer eligible to receive enhanced ACA funding.
32	Provider Type and Specialty Effective Date	8 characters	The first date the specified Provider Type is effective. Format is MMDDYYYY
33	Provider Type and Specialty End Date	8 characters	The last date the specified provider type is effective. Format is MMDDYYYY