

NEBRASKA MEDICAID PROVIDER FILE

STATE MEDICAID PROVIDER DATA LAYOUT

February, 2014

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TABLE OF CONTENTS

TABLE OF CONTENTS	I	
DOCUMENT SUMMARY	2	
PROVIDER DATA RECORD LAYOUT	3	
NOTES FOR PROVIDER NETWORK ENROLLMENT FILE DATA RECORD	5	
FIELD 000	NEBRASKA MEDICAID PROVIDER FILE RECORD	5
FIELD 001	PROGRAM TYPE	5
FIELD 002	PROVIDER IDENTIFICATION NUMBER	5
FIELD 003	PROVIDER NAME.....	5
FIELD 004	PROVIDER BUSINESS NAME	5
FIELD 005	PROVIDER OFFICE ADDRESS - LINE 1	5
FIELD 006	PROVIDER OFFICE ADDRESS - LINE 2	6
FIELD 007	PROVIDER OFFICE ADDRESS - LINE 3	6
FIELD 008	PROVIDER OFFICE CITY	6
FIELD 009	PROVIDER OFFICE COUNTY.....	6
FIELD 010	PROVIDER OFFICE STATE	6
FIELD 011	PROVIDER OFFICE ZIP CODE – LINE 1	6
FIELD 012	PROVIDER OFFICE ZIP CODE – LINE 2	6
FIELD 013	PROVIDER PHONE NUMBER	7
FIELD 014	PROVIDER ALTERNATE PHONE NUMBER	7
FIELD 015	PAY TO PROVIDER OFFICE ADDRESS - LINE 1	7
FIELD 016	PAY TO PROVIDER OFFICE ADDRESS - LINE 2	7
FIELD 017	PAY TO PROVIDER OFFICE ADDRESS – LINE3	7
FIELD 018	PAY TO PROVIDER OFFICE CITY	7
FIELD 019	PAY TO PROVIDER OFFICE COUNTY	7
FIELD 020	PAY TO PROVIDER OFFICE STATE	8
FIELD 021	PAY TO PROVIDER OFFICE ZIP CODE – LINE1	8
FIELD 022	PAY TO PROVIDER OFFICE ZIP CODE – LINE2	8
FIELD 023	PROVIDER ELIGIBILITY FROM DATE	8
FIELD 024	PROVIDER ELIGIBILITY TO DATE	8
FIELD 025	PROVIDER TYPE	8
FIELD 026	PROVIDER SPECIALTY CODE	10
FIELD 027	PROVIDER NPI DETAIL	12
FIELD 028	PROVIDER END RECORD	12

DOCUMENT SUMMARY

This document describes the Nebraska Medicaid Provider file record layout used by the State of Nebraska to send weekly information related to all Nebraska Medicaid Providers

This document defines the field name, purpose, required (Yes/No), and valid values.

The available method for sending the file is electronically using SFTP via a direct line between the State of Nebraska and the Vendor.

The file characteristics are:

- a. EBCDIC format
- b. LRECL = 701, RECFM = FB,
- c. All date fields must be in 'CCYY-MM-DD' format.

PROVIDER DATA RECORD LAYOUT

----- FIELD LEVEL/NAME -----	Required/ Optional	FIELD	-NUMBER	START	END	LENGTH
MMIS-PROVIDER			000	1	701	701
5 PROGRAM-TYPE	X	R	001	1	1	1
5 PROV-NBR	X(11)	R	002	2	12	11
5 PROV-NME	X(50)	R	003	13	62	50
5 PROV-BUS-NME	X(50)	R	004	63	112	50
5 PROV-PH-ADDR1	X(50)	R	005	113	162	50
5 PROV-PH-ADDR2	X(50)	O	006	163	212	50
5 PROV-PH-ADDR3	X(50)	O	007	213	262	50
5 PROV-PH-CITY	X(30)	R	008	263	292	30
5 PROV-PH-CNTY	X(75)	R	009	293	367	75
5 PROV-PH-ST	XX	R	010	368	369	2
5 PROV-PH-ZIP	X(5)	R	011	370	374	5
5 PROV-PH-ZIP4	X(4)	O	012	375	378	4
5 PROV-PHONE	X(10)	R	013	379	388	10
5 PROV-PHONE-ALT	X(10)	O	014	389	398	10
5 PROV-ML-ADDR1	X(50)	R	015	399	448	50
5 PROV-ML-ADDR2	X(50)	O	016	449	498	50
5 PROV-ML-ADDR3	X(50)	O	017	499	548	50
5 PROV-ML-CITY	X(30)	R	018	549	578	30
5 PROV-ML-CNTY	X(75)	R	019	579	653	75
5 PROV-ML-ST	XX	R	020	654	655	2
5 PROV-ML-ZIP	X(5)	R	021	656	660	5
5 PROV-ML-ZIP4	X(4)	O	022	661	664	4
5 PROV-FROM-DATE	X(10)	R	023	665	674	10
5 PROV-TO-DATE	X(10)	R	024	675	684	10
5 PROV-TYPE	XX	R	025	685	686	2
5 PROV-SPEC	X(4)	R	026	687	690	4
5 PROVIDER-NPI	X(10)	O	027	691	700	10
5 PROV-END	X	R	028	701	701	1

**STATE MEDICAID PROVIDER
DATA DESCRIPTIONS**

Field 006 Provider Office Address - Line 2

Field Name: PROV-PH-ADDR2 PIC X(50).
Purpose: This field contains the second line of the providers office address as related to the State of Nebraska Medicaid number.
REQUIRED: NO

Field 007 Provider Office Address - Line 3

Field Name: PROV-PH-ADDR3 PIC X(50).
Purpose: This field contains the third line of the providers office address as related to the State of Nebraska Medicaid number.
REQUIRED: NO

Field 008 Provider Office City

Field Name: PROV-PH-CITY PIC X(30).
Purpose: This field contains the city where the provider's office is located as related to the State of Nebraska Medicaid number.
REQUIRED: YES

Field 009 Provider Office County

Field Name: PROV-PH-CNTY PIC X(75).
Purpose: This field contains the county where the provider's office is located as related to the State of Nebraska Medicaid number.
REQUIRED: YES

Field 010 Provider Office State

Field Name: PROV-PH-ST PIC X(02)
Purpose: This field contains a two-digit code indicating the state where the provider's office is located as related to the State of Nebraska Medicaid number.
REQUIRED: YES

Field 011 Provider Office Zip Code – Line 1

Field Name: PROV-PH-ZIP PIC X(05)
Purpose: This field contains the five digit postal zip code of the provider's office location as related to the State of Nebraska Medicaid number.
REQUIRED: YES

Field 012 Provider Office Zip Code – Line 2

Field Name: PROV-PH-ZIP4 PIC X(04)
Purpose: This field contains the four digit postal zip code of the provider's office location as related to the State of Nebraska Medicaid number.
REQUIRED: NO

Field 013 Provider Phone number

Field Name: PROV-PHONE PIC X(10)
Purpose: This field contains the ten digit contact number of the provider's office location as related to the State of Nebraska Medicaid number.
REQUIRED: YES

Field 014 Provider Alternate Phone number

Field Name: PROV-PHONE-ALT PIC X(10)
Purpose: This field contains the ten digit alternate contact number of the provider's office location as related to the State of Nebraska Medicaid number.
REQUIRED: NO

Field 015 Pay To Provider Office Address - Line 1

Field Name: PROV-ML-ADDR1 PIC X(50)
Purpose: This field contains the first line of the address as related to the State of Nebraska Medicaid number where payment/mailing is to be sent.
REQUIRED: YES

Field 016 Pay To Provider Office Address - Line 2

Field Name: PROV-ML-ADDR2 PIC X(50)
Purpose: This field contains the second line of the address as related to the State of Nebraska Medicaid number where payment/mailing is to be sent.
REQUIRED: NO

Field 017 Pay To Provider Office Address – Line3

Field Name: PROV-ML-ADDR3 PIC X(50)
Purpose: This field contains the third line of the address as related to the State of Nebraska Medicaid number where payment/mailing is to be sent.
REQUIRED: NO

Field 018 Pay To Provider Office City

Field Name: PROV-ML-CITY PIC X(30)
Purpose: This field contains the city name as related to the State of Nebraska Medicaid number where payment/mailing is to be sent.
REQUIRED: YES

Field 019 Pay To Provider Office County

Field Name: PROV-ML-CNTY PIC X(75)
Purpose: This field contains the county name as related to the State of Nebraska Medicaid number where payment/mailing is to be sent.
REQUIRED: YES

Field 020 Pay To Provider Office State

Field Name: PROV-ML-ST PIC X(02)
Purpose: This field contains a two-digit code indicating the state as related to the State of Nebraska Medicaid number where payment is to be sent.
REQUIRED: YES

Field 021 Pay To Provider Office Zip Code – Line1

Field Name: PROV-ML-ZIP PIC X(05)
Purpose: This field contains the five digit postal zip code as related to the State of Nebraska Medicaid number where payment is to be sent.
REQUIRED: YES

Field 022 Pay To Provider Office Zip Code – Line2

Field Name: PROV-ML-ZIP4 PIC X(04)
Purpose: This field contains the four digit postal zip code as related to the State of Nebraska Medicaid number where payment is to be sent.
REQUIRED: NO

Field 023 Provider Eligibility From Date

Field Name: PROV-FROM-DATE PIC X(10).
Purpose: These fields contain beginning date that show the provider's latest enrollment status in the Nebraska Medicaid system
REQUIRED: YES

Field 024 Provider Eligibility To Date

Field Name: PROV-TO-DATE PIC X(10).
Purpose: These fields contain date that shows the provider's latest disenrollment status in the Nebraska Medicaid system.
REQUIRED: YES

Field 025 Provider Type

Field Name: PROV-TYPE PIC X(02)
Purpose: This field contains the code indicating the classification of the type of provider rendering health and medical services as approved under the Nebraska State Medicaid Plan or as licensed by the applicable state licensing agency.
REQUIRED: YES

Valid Values : For a provider to be a Primary Care Provider , the provider type must be one of the followings:
01 = Physicians
02 = Doctors Of Osteopathy
04 = Doctors Of Surgical Chiropractic
05 = Doctors Of Chiropractic Medicine
06 = Optometrists

07 = Doctors Of Podiatric Medicine
09 = Ambulatory Surgical Centers
10 = Hospitals

11 = Nursing Homes
12 = Clinic
13 = Professional Clinic
14 = Home Health Agency
15 = Anesthesiologist
16 = Laboratory (Independent)
17 = Federally Qualified Health Center
18 = MR Waiver Habilitation And Case Management Provider
19 = Rural Health Clinic-Provider Based
20 = Rural Health Clinic-Independent
21 = Dispensing Physician
22 = Physician Assistant
23 = Rural Health Clinic-Provider Based
24 = Home Health Agency Supplier
25 = Indian Health Hospital Clinic
26 = Tribal 638 Clinic
28 = Nurse Midwife
29 = Nurse Practitioner
30 = Registered Nurse
31 = Licensed Practical Nurse
32 = Registered Physical Therapist
33 = Personal Care Aide
34 = Mental Health Personal Care Aide
35 = Mental Health Home Health Care Provider
36 = Licensed Mental Health Practitioner
37 = Mental Health Professional/Masters Level Equivalent
38 = PhD Candidate
39 = Licensed Independent Mental Health Practitioner
40 = Doctor Of Dental Surgery - Dentist
41 = Assertive Community Treatment
42 = Licensed Dental Hygienist
44 = Community Support
45 = Day Rehabilitation
46 = Residential Rehabilitation
47 = Substance Abuse Treatment Center
48 = Substance Abuse Provider
49 = Pharmacists
50 = Pharmacy
51 = Pharmacy Special Rate
52 = Medical Transportation
57 = Provisionally Licensed PhD
58 = Provisionally Licensed Drug & Alcohol Counselors
59 = Hospice
60 = Hearing Aid Dealer
61 = Ambulance
62 = Rental And Retail Supplier
63 = Licensed Medical Nutrition Therapist
64 = Specially Licensed PhD/Psychology Resident
65 = Orthopedic Device Supplier
66 = Optical Supplier
67 = Licensed Psychologist
68 = Speech Therapy Health Service
69 = Occupational Therapy Health Services
70 = Qualified Health Maintenance Organization

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- 30 = Radiology - X-Ray
 - 32 = Radiation Therapy
 - 33 = Thoracic Surgery
 - 34 = Urology
 - 35 = Chiropractors (Licensed Effective July, 1973)
 - 36 = Nuclear Medicine (For MDs Only)
 - 37 = Pediatrics
 - 38 = Endocrinology, Diabetes
 - 39 = Gerontology
 - 40 = Hand Surgery
 - 41 = Oncology/Hematology
 - 42 = Epidemiology/Infectious Disease
 - 43 = Certified Registered Nurse Anesthetist (CRNA)
 - 44 = Nephrology
 - 45 = Neonatology
 - 46 = Rheumatology
 - 47 = Physiological Labs (Independent)
 - 48 = Podiatrist - Surgical Chiropodist
 - 49 = Miscellaneous
 - 51 = Medical Supply Company with Certified Orthotics (CO) Certification
 - 52 = Medical Supply Company with Certified Prosthetics (CP) Certification
 - 53 = Medical Supply Company with Certified Orthotist-Prosthetist (CPO) Certification
 - 54 = Medical Supply Company not included in 51, 52, or 53.
 - 55 = Individual Certified Orthotist (CO)
 - 56 = Individual Certified Prosthetist (CP)
 - 57 = Individual Certified Orthotist-Prosthetist (CPO)
 - 58 = Individual Not Included in 55, 56, or 57.
 - 59 = Ambulance
 - 60 = Public Health or Welfare Agencies (Federal, State, and Local)
 - 61 = Voluntary Health or Charitable Agencies (e.g., National Cancer Society, National Heart Association, etc.)
 - 62 = Licensed Psychologist (Clinical)
 - 63 = Portable X-Ray Supplier (Billing Independently)
 - 64 = Audiologists (Billing Independently)
 - 65 = Physical Therapist (Billing Independently)
 - 66 = Hospitals (Defined by Department of Social Services)
 - 67 = Urgent Cared Health Plan (OPHP)
 - 68 = Dialysis
 - 69 = Independent Laboratory (Billing Independently)
 - 70 = Clinic
 - 71 = Diagnostic X-Ray Clinic
 - 72 = Diagnostic Laboratory Clinic
 - 73 = Physiotherapy
 - 74 = Occupational Therapy
 - 75 = Assisted Living Services
 - 76 = Other Physician Specialist for HEALTH CHECK Follow-up
 - 77 = Other Provider (non-MD) For HEALTH CHECK Follow-up
 - 78 = Screening Physician & Other Physician Specialist for HEALTH CHECK Follow-up
 - 79 = Adult Day Care
 - 80 = Rehab Providers (MRO) (DPI)
 - 81 = Rehab Acute Hospital
 - 82 = Hospice
 - 83 = Autism
 - 87 = All Other
 - 88 = Unknown - Suppliers
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89 = Chemical Dependency
90 = Nurse Midwife
91 = Nurse Practitioner
94 = PSC Exempt
95 = Commercial NET
96 = Individual NET
99 = Unknown - Practitioners

Field 027 **Provider NPI Detail**

Field Name: PROVIDER-NPI PIC X(10)
Purpose: These fields contain the 10 digit NPI Number that identifies the provider at the location of service indicated in the record.
REQUIRED: NO
Valid Values: 10 digit NPI number.

Field 028 **Provider End Record**

Field Name: PROV-END PIC X(01)
Purpose: This field indicates logical end of a provider record.
REQUIRED: YES
Valid Values: This field always has a value of 'x'.

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