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DOCUMENT HISTORY LOG

| STATUS ¹ | DOCUMENT REVISION ² | EFFECTIVE DATE | DESCRIPTION ³ |
|---------------------|--------------------------------|-------------------|--|
| Baseline | 1.0 | November 30, 2006 | Initial version of Uniform Managed Care Manual Chapter 6.2.3, Geo-Mapping Provider Layouts. |
| Revision | 1.1 | November 30, 2009 | Chapter 6.2.3 is modified to make the chapter applicable to the STAR Health Program and the CHIP Dental Program and to clarify the purpose. In addition, the layouts have been expanded to bring them into compliance with current requirements, the naming conventions corrected to utilize each interface designator, and, for the G94, the clarification that facility providers are expected has been added. |
| Revision | 1.2 | March 1, 2011 | Chapter 6.2.3 is modified to clarify the Purpose and the delivery location for the G20 CHIP Network file. In addition, all Sections were numbered for ease of reference. |
| Revision | 2.0 | August 15, 2012 | <p>Section I. "Applicability" is modified to add Medicaid Dental Services.</p> <p>Section II. "Purpose" is clarified.</p> <p>Section III. B. "G92 PCP Network File" is modified to remove outdated information.</p> <p>Section IV. B. "G94 Specialist Network File" is modified to remove outdated information.</p> <p>Section IV. E. "G94 Specialist Network File" is modified to add pharmacy to the layout.</p> <p>Section V. B. "G20 Chip Network File" is modified to remove outdated information.</p> <p>Section V. E. "G20 Chip Network File" is modified to add pharmacy and dental to the layout.</p> |
| Revision | 2.1 | November 15, 2015 | <p>Version 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001.</p> <p>Section I. "Applicability" is modified to add the STAR Kids Program.</p> |

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.
² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.
³ Brief description of the changes to the document made in the revision.



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I. Applicability of Chapter 6.2.3

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, CHIP, STAR Kids, or STAR Health Programs, and Dental Contractors providing Texas Medicaid and CHIP Dental Services. In the chapter, references to “CHIP” or the “CHIP Managed Care Program(s)” apply to the CHIP Program and the CHIP Dental Contractors. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR, STAR+PLUS, STAR Kids, and STAR Health Programs and the Medicaid Dental Contractors. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, Dental Contractors, and any other entities licensed or approved by the Texas Department of Insurance.

II. Purpose

HHSC utilizes geo-mapping for a variety of purposes, including, assessing network adequacy. This chapter, in conjunction with Chapter 6.2.4, explains the geo-mapping methodology and provider layout files. HHSC uses three geo-mapping provider layouts: (1) G92 PCP Network File; (2) G94 Specialist Network File; and (3) the G20 CHIP Network File. These three files are explained in this chapter.

III. G92 PCP Network File

A. Purpose: The G92 PCP Network File provides HHSC with a complete listing of the MCO’s Medicaid Managed Care Primary Care Provider (PCP) Network. HHSC uses the Provider information in the geo-mapping process to determine geographical access to care measures. In order to adequately represent the MCO Provider Network, the expectation is that each file submission will be a full refresh of the provider network at the time the file is produced.

B. Frequency: The file is submitted by the MCO on the last business day of the State Fiscal Quarter.

C. Number of Files: A corporate entity operating in multiple Service Areas will have multiple Plan IDs, or Plan Codes, that are used to identify the entity, the area, and the line of business to the various Information Systems. If the MCO has multiple Plan IDs for its Medicaid managed care program, the MCO can send in the data for all Plan IDs on the same file and use just one of the Plan IDs in the name of the file. For example, Texas Health Network, Plan ID 24, may submit a single file with plan IDs 24, 2A, 2C, and 2E on a single file **G9224JJJ.ZIP**.

I. Applicability modified by Versions 1.1, 1.3, and 2.1

II. Purpose modified by Versions 1.1, 1.2, and 2.0

III.A. PCP Network File modified by Version 2.0

III.B. Frequency modified by Version 2.0



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III.D. Method
modified by
Version 1.1

D. Method: MCOs submit the file via TXMEDCENTRAL in the XXXLIB folder where XXX represents the designation for the MCO.

Note (1): Since the intent of this file is to map out the geographical locations of the MCO's Primary Care Provider Network, it is imperative that all locations that render services to Members are represented on the submission file. Every record must be associated with a Texas Provider Identification number (TPI), and it is acceptable to have multiple records with different addresses associated to the same TPI. Providers that do not have at least one TPI cannot be submitted on this interface file and will not be included in the Access to Care Performance Measures.

III.E. File
Layout
modified by
Version 1.1

E. The PCP file is a complete rewrite file.

| PCP File | | | | | |
|----------|-------------------|------|------|-------|---|
| Location | Description | Type | Size | Value | Description |
| 1 – 1 | Reason for Change | C | 1 | | Type of provider update. Edit: Reason For Change. |
| | | | | A- | Add |
| | | | | C- | Change |
| | | | | D- | Delete |
| 2 – 11 | Filler | C | 10 | | |
| 12 – 13 | PCP Plan | C | 2 | | Appendix A of the EB-CHIP JIP Edit: Plan code missing. |
| 14 – 37 | Filler | C | 24 | | |
| 38 – 47 | TPI | C | 10 | | TPI will remain mandatory even after implementation of NPI. Edit: TPI number invalid or missing. TPI submitted does not match crosswalk TPI. |
| 48 – 61 | PCP Last Name | C | 14 | | Edit: PCP Name missing. Obtained from Master Provider file based on TPI the NPI data was crosswalked to. If the Master Provider file does not contain a name, the name will be taken from the P92 as is sent from the plans. |
| 62 – 75 | PCP First Name | C | 14 | | Obtained from Master Provider file based on TPI the NPI data was crosswalked to. |
| 76 – 99 | PCP Address Attn. | C | 24 | | |



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| PCP File | | | | | |
|-----------|---------------------|------|------|-------|---|
| Location | Description | Type | Size | Value | Description |
| 100 – 123 | PCP Address Line 1 | C | 24 | | Edit: PCP address missing. Actual location provider provides services. This is the addressed used to assist clients in selecting a health plan and a PCP. The information is used as is provided by the health plan. |
| 124 – 147 | PCP Address Line 2 | C | 24 | | Actual location provider provides services. |
| 148 – 171 | PCP Address Line 3 | C | 24 | | Actual location provider provides services. |
| 172 – 183 | PCP City | C | 12 | | Edit: PCP City Missing. Actual location provider provides services. |
| 184 – 185 | PCP State | C | 2 | | Actual location provider provides services. |
| 186 – 194 | PCP Zip | N | 9 | | Actual location provider provides services. |
| 195 – 206 | PCP Telephone | C | 12 | | Format: 512-555-1212 |
| 207 – 209 | PCP County Code | C | 3 | | Appendix B of the EB-CHIP JIP Obtained from Master Provider file based on TPI the NPI data was crosswalked to. If the Master Provider file contains a county code of 300, the county will be taken from the P92 as is sent from the plans. Edit: PCP county missing. Edit: Invalid County Code. |
| 210 – 211 | PCP Type | C | 2 | | Appendix C of the EB-CHIP JIP Obtained from Master Provider file based on TPI the NPI data was crosswalked to. Edit: Invalid Provider Type Code. |
| 212 – 213 | PCP Code | C | 2 | | Appendix D of the EB-CHIP JIP Obtained from Master Provider file based on TPI the NPI data was crosswalked to. Edit: (1) Invalid Provider Specialty Code. (2) PCP Specialty is Gynecology or OB/GYN – Service cannot be restricted to Males. (3) PCP Specialty is Pediatrics –Highest age served cannot be over 21. (4) PCP Specialty Is Geriatrics – Lowest age served cannot be 21 or under. |
| 214 – 215 | PCP Language Code 1 | C | 2 | | Appendix F of the EB-CHIP JIP - First code for language spoken by PCP. Edit: Invalid Language Served By Provider (1). |
| 216 – 217 | PCP Language Code 2 | C | 2 | | Appendix F of the EB-CHIP JIP – Second code for |



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| PCP File | | | | | |
|-----------|-------------------------|------|------|-------|---|
| Location | Description | Type | Size | Value | Description |
| | | | | | language spoken by PCP. Edit: Invalid Language Served By Provider (2). |
| 218 – 219 | PCP Language Code 3 | C | 2 | | Appendix F of the EB-CHIP JIP - Third code for language spoken by PCP. Edit: Invalid Language Served By Provider (3). |
| 220 – 228 | PCP Tax-Payer ID | N | 9 | | |
| 229 – 233 | PCP Capacity | N | 5 | | Maximum amount of recipients the PCP will accept on panel. If capacity is missing value will be set to 1500. |
| 234 – 242 | Filler | C | 9 | | |
| 243 – 243 | OB indicator | C | 1 | X- | Indicates that the Provider will provide OB services |
| 244 – 244 | Patient Acceptance Code | C | 1 | | Edit: Invalid client acceptance code. Client acceptance that applied to the TPI the NPI data was crosswalked to. |
| | | | | Y- | Yes. Both default and choice enrollments. Only these providers are used for the default process for plan and PCP assignments. |
| | | | | N- | No. No enrollments can be made by the Enrollment Broker to this PCP either through choice or default enrollments. The only assignments to this provider are assigned by the plan; thus, the recipient is referred to the Health Plan for assistance. |
| | | | | M- | Choice enrollments ONLY (no defaults will be given). The Enrollment Broker will assign recipients to this provider based on choice enrollments provided by the recipient through the call center/outreach representatives or mailed forms. |
| | | | | C- | Current patients ONLY (only the plan may assign). The Enrollment Broker is NOT allowed to assign any recipients to this PCP either through choice or default enrollments. The only assignments to this provider are assigned by the plan; thus, the recipient is referred to the Health Plan for assistance. |
| 245 – 245 | PCP Gender Code | C | 1 | | Code for the gender restrictions of TPI the NPI data was crosswalked to. Edit: Invalid Code For Service Restriction To One Gender. |



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| PCP File | | | | | |
|-----------|-----------------------|------|------|-------|---|
| Location | Description | Type | Size | Value | Description |
| | | | | M- | Males Only |
| | | | | F- | Females Only |
| | | | | B- | Both |
| 246 – 247 | Youngest Age | N | 2 | | Youngest age of a patient that the TPI the NPI data was cross walked to will accept: if there are no age restrictions, this field will be empty and Enrollment Broker will set it to zero. Edit: Highest age served must be greater than the lowest age served |
| 248 – 249 | Oldest Age | N | 2 | | Oldest age of a patient that the TPI the NPI data was cross walked to will accept: if there are no age restrictions, this field will be filled in with 999 on the Enrollment Broker's system. If the PCP is a Pediatrician, then this field must be filled in with 21 or younger by the plan or the record will reject. |
| 250 – 259 | NPI | AN | 10 | | National Provider Identifier or Atypical Provider Identifier. Edit: NPI number invalid or missing The data will be taken from the P92 file and compared to see if NPI value is present in Master provider file |
| 260 – 262 | Benefit Code | AN | 3 | | Texas State Program Benefit Code as defined by the State |
| 263 – 272 | Primary Taxonomy | AN | 10 | | Primary Taxonomy Edit: Taxonomy code missing or invalid The data will be taken from P92 and used for crosswalk. The taxonomy code must be a valid code per the list provided by TMHP. |
| 273 – 302 | Street address line 1 | AN | 30 | | Information will be taken from the P92 file and should match to the Master Provider File in Record Id 10 for the TPI. The data will be taken from P92 and used for crosswalk. This may be different from the PCP address provided starting in 100. Edit will be effective once NPI is mandatory Edit: Address 1 missing |
| 303 – 332 | Street address line 2 | AN | 30 | | Information will be taken from the P92 file but should match to the Master Provider File in Record Id 10 for |



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| PCP File | | | | | |
|-----------|--|------|------|-------|--|
| Location | Description | Type | Size | Value | Description |
| | | | | | the TPI. |
| 333 – 352 | City | AN | 20 | | Information will be taken from the P92 file but should match to the Master Provider File in Record Id 10 for the TPI. |
| 353 – 354 | State code | AN | 2 | | Information will be taken from the P92 file but should match to the Master Provider File in Record Id 10 for the TPI |
| 355 – 363 | Zip Code | AN | 9 | | Information will be taken from the P92 file but should match to the Master Provider File in Record Id 10 for the TPI. The data will be taken from P92 and used for crosswalk. Edit: Zip Code missing |
| 364 – 370 | FILLER | C | 7 | | |
| 371 – 371 | PCP Ethnic Code See Note (2) at end | N | 1 | | Ethnic origin of provider Edit: Invalid provider ethnic code |
| | | | | | 1- White, non-Hispanic |
| | | | | | 2- Black, non-Hispanic |
| | | | | | 3- Hispanic |
| | | | | | 4- American Indian or Alaskan |
| | | | | | 5- Asian, Pacific Islander |
| | | | | | 6- Other |
| | | | | | 7- Provider chose not to indicate |
| 372 – 381 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 1 The edit will validate that a valid taxonomy code is provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |
| 382 – 391 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 2 The edit will validate that a valid taxonomy code is provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |
| 392 – 401 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 3 The edit will validate that a valid taxonomy code is |



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| PCP File | | | | | |
|-----------|--------------------|------|------|-------|--|
| Location | Description | Type | Size | Value | Description |
| | | | | | provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |
| 402 – 411 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 4 The edit will validate that a valid taxonomy code is provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |
| 412 - 421 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 5 The edit will validate that a valid taxonomy code is provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |
| 422 – 431 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 6 The edit will validate that a valid taxonomy code is provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |
| 432 – 441 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 7 The edit will validate that a valid taxonomy code is provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |
| 442 – 451 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 8 The edit will validate that a valid taxonomy code is provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |
| 452 – 461 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy 9 The edit will validate that a valid taxonomy code is provided if one is present. The taxonomy code must be a valid code per the list provided by TMHP. |

Note (2): Please be aware that the Provider ethnicity must be completed. Enrollment Broker's system interprets blanks here as no field, which will in turn reject the record because of invalid file format (too few fields). If the PCP is a clinic, or the information likewise does not pertain, then enter "6" for Other.



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IV.G94 Specialist Network File

IV.A. Purpose
modified by
Version 1.1

A. Purpose: The G94 Specialist Network File provides HHSC with a complete listing of the MCO's Medicaid Managed Care Specialist/Facilities Network. HHSC uses the Provider information in the geo-mapping process to determine geographical access to care measures. In order to adequately represent the MCO Provider Network the expectation is that each file submission will be a full refresh of the provider network at the time the file is produced.

IV.B. Frequency
modified by
Version 2.0

B. Frequency: The file is submitted by the MCO on the last business day of the State Fiscal Quarter.

IV.C. Number
of Files
modified by
Version 1.1

C. Number of Files: A corporate entity operating in multiple service areas will have multiple Plan IDs, or Plan Codes, that are used to identify the entity, the area, and the line of business to the various Information Systems. If the MCO has multiple Plan IDs for its Medicaid Managed Care program, the MCO can send in the data for all Plan IDs on the same file and use just one of the Plan IDs in the name of the file. For example, Texas Health Network, Plan ID 24, may submit a single file with plan IDs 24, 2A, 2C, and 2E on a single file **G9424JJJ.ZIP**.

IV.D. Method
modified by
Version 1.1

D. Method: MCOs submit the file via TXMEDCENTRAL in the XXXLIB folder where XXX represents the designation for the Managed Care Organization.

Note (1): Since the intent of this file is to map out the geographical locations of the Specialist Network, it is imperative that all locations that render Specialty services to Members are represented on the submission file. Every record must be associated with a Texas Provider Identification number (TPI), and it is acceptable to have multiple records with different addresses associated to the same TPI. Providers that do not have at least one TPI cannot be submitted on this interface file and will not be included in the Access to Care Performance Measures.

IV.E. File
Layout
modified by
Versions 1.1
and 2.0

E. The Specialist Network file is a complete rewrite file.

| Specialist Network File | | | | | |
|-------------------------|-------------|------|------|-------|-------------|
| Location | Description | Type | Size | Value | Description |
| 1 – 1 | Filler | C | 1 | | |
| 2 – 11 | Filler | C | 10 | | |



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| Specialist Network File | | | | | |
|-------------------------|--|------|------|-------|---|
| Location | Description | Type | Size | Value | Description |
| 12 – 13 | Specialist Plan | C | 2 | | Appendix A of the EB-CHIP JIP Edit: Plan Code Missing. |
| 14 – 37 | Specialist Plan Name | C | 24 | | |
| 38 – 47 | Specialist TPI HHSC Vendor ID for Pharmacy (Right justified with leading blanks as necessary) | C | 10 | | Edit: TPI number invalid or missing. TPI submitted does not match crosswalk TPI. |
| 48 – 61 | Specialist Last Name | C | 14 | | Obtained from Master Provider file based on TPI the NPI was crosswalked to. Obtained from Pharmacy records on Master Provider. |
| 62 – 75 | Specialist First Name | C | 14 | | Obtained from Master Provider file based on TPI the NPI was crosswalked to. Obtained from Pharmacy records on Master Provider. |
| 76 – 99 | Specialist Address Attn. | C | 24 | | Actual location provider provides services. |
| 100 – 123 | Specialist Address Line 1 | C | 24 | | Actual location provider provides services. |
| 124 – 147 | Specialist Address Line 2 | C | 24 | | Actual location provider provides services. |
| 148 – 171 | Specialist Address Line 3 | C | 24 | | Actual location provider provides services. |
| 172 – 183 | Specialist City | C | 12 | | Actual location provider provides services. |
| 184 – 185 | Specialist State | C | 2 | | Actual location provider provides services. |
| 186 – 194 | Specialist Zip | N | 9 | | Actual location provider provides services. |
| 195 – 206 | Specialist Telephone | C | 12 | | Format: 512-555-1212 |
| 207 – 209 | Specialist County Code | C | 3 | | Appendix B of the EB-CHIP JIP Obtained from Master Provider file based on TPI the NPI was cross walked to. Obtained from Pharmacy records on Master Provider. |
| 210 – 211 | Specialist Type Pharmacy can use 2-digit P1 – P9 | C | 2 | | Appendix C of the EB-CHIP JIP Obtained from Master Provider file based on TPI the NPI was crosswalked to. Obtained from Pharmacy records on Master Provider. |
| 212 – 213 | Specialist Code Pharmacy can use 2-digit P1 – P9 | C | 2 | | Appendix D of the EB-CHIP JIP Edit: Invalid Provider Specialty Code. Obtained from Master Provider file based on TPI |



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| Specialist Network File | | | | | |
|-------------------------|--|------|------|-------|--|
| Location | Description | Type | Size | Value | Description |
| | | | | | the NPI was crosswalked to. Obtained from Pharmacy records on Master Provider. |
| 214 – 215 | Specialist Language Code 1 | C | 2 | | Appendix F of the EB-CHIP JIP - First code for language spoken by Specialist. |
| 216 – 217 | Specialist Language Code 2 | C | 2 | | Appendix F of the EB-CHIP JIP - Second code for language spoken. |
| 218 – 219 | Specialist Language Code 3 | C | 2 | | Appendix F of the EB-CHIP JIP - Third code for language spoken. |
| 220 – 228 | Specialist Tax-Payer ID | C | 9 | | |
| 229 – 233 | Filler | C | 5 | | |
| 234 – 242 | Filler State License Number for Pharmacy (Right justified with leading blanks as necessary) | C | 9 | | |
| 243 – 243 | Filler | C | 1 | | |
| 244 – 244 | Filler | C | 1 | | |
| 245 – 245 | Specialist Gender Code | C | 1 | | Code for the sex restrictions of a Specialist |
| | | | | M- | Males Only |
| | | | | F- | Females Only |
| | | | | B- | Both (Pharmacy) |
| 246 – 247 | Youngest Age | N | 2 | | Youngest age of a patient that the Specialist will accept: if there are no age restrictions, this field will be empty. |
| 248 – 249 | Oldest Age | N | 2 | | Oldest age of a patient that the Specialist will accept: if there are no age restrictions, this field will be empty. |
| 250 – 259 | NPI Pharmacy has a 10-digit NPI | AN | 10 | | National Provider Identifier or Atypical Provider Identifier. Edit: NPI number invalid or missing The data will be taken from the P94 file and compared to see if NPI value is present in Master provider file Obtained from Pharmacy records on Master Provider. |
| 260 – 262 | Benefit Code | AN | 3 | | Texas State Program Benefit Code as defined by |



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| Specialist Network File | | | | | |
|-------------------------|-----------------------|------|------|-------|--|
| Location | Description | Type | Size | Value | Description |
| | | | | | the State The data will be taken from P94 and used for crosswalk. |
| 263 – 272 | Primary Taxonomy | AN | 10 | | Primary Taxonomy Edit: Taxonomy code missing The data will be taken from P94 and used for crosswalk. For Pharmacy, verify value is present, no other validation. |
| 273 – 302 | Street address line 1 | AN | 30 | | Information will be taken from the P92 file but should match to the Master Provider File in Record Id 10 for the TPI This may be different from the PCP address provided starting in bytes 100. Edit: Address 1 missing The data will be taken from P94 and used for crosswalk. Obtained from Pharmacy records on Master Provider. |
| 303 – 332 | Street address line 2 | AN | 30 | | Information will be taken from the P94 file but should match to the Master Provider File in Record Id 10 for the TPI. Obtained from Pharmacy records on Master Provider. |
| 333 - 352 | City | AN | 20 | | Information will be taken from the P94 file but should match to the Master Provider File in Record Id 10 for the TPI. Obtained from Pharmacy records on Master Provider. |
| 353 – 354 | State code | AN | 2 | | Information will be taken from the P94 file but should match to the Master Provider File in Record Id 10 for the TPI. Obtained from Pharmacy records on Master Provider. |
| 355 – 363 | Zip Code | AN | 9 | | Information will be taken from the P94 file but should match to the Master Provider File in Record Id 10 for the TPI. Edit: Zip Code missing The data will be taken from P94 and used for crosswalk. Obtained from Pharmacy records on Master |



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|-------------------------|------------------------|------|------|-------|---|
| Location | Description | Type | Size | Value | Description |
| | | | | | Provider. |
| 364 – 370 | FILLER | C | 7 | | |
| 371 – 371 | Specialist Ethnic Code | N | 1 | | Ethnic Origin of Specialist |
| | | | | | 1- White, non-Hispanic |
| | | | | | 2- Black, non-Hispanic |
| | | | | | 3- Hispanic |
| | | | | | 4- American Indian or Alaskan |
| | | | | | 5- Asian, Pacific Islander |
| | | | | | 6- Other |
| | | | | | 7- Provider Chose Not to Indicate (Pharmacy will use this code) |
| 372 – 381 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 1 The edit will validate that a valid taxonomy code is provided if one is present. |
| 382 – 391 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 2 The edit will validate that a valid taxonomy code is provided if one is present. |
| 392 – 401 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 3 The edit will validate that a valid taxonomy code is provided if one is present. |
| 402 – 411 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 4 The edit will validate that a valid taxonomy code is provided if one is present. |
| 412 – 421 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 5 The edit will validate that a valid taxonomy code is provided if one is present. |
| 422 – 431 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 6 The edit will validate that a valid taxonomy code is provided if one is present. |



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| Specialist Network File | | | | | |
|-------------------------|--------------------|------|------|-------|---|
| Location | Description | Type | Size | Value | Description |
| 432 – 441 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 7 The edit will validate that a valid taxonomy code is provided if one is present. |
| 442 – 451 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 8 The edit will validate that a valid taxonomy code is provided if one is present. |
| 452 – 461 | Secondary Taxonomy | AN | 10 | | Secondary Taxonomy Edit: Invalid Secondary Taxonomy Code 9 The edit will validate that a valid taxonomy code is provided if one is present. |

Note (2): Please be aware that the Provider ethnicity must be completed. Enrollment Broker’s system interprets blanks here as no field, which will in turn reject the record because of invalid file format (too few fields). If the PCP is a clinic, or the information likewise does not pertain, then enter “6” for Other.

V. G20 CHIP Network File

A. Purpose: The G20 CHIP Network File provides HHSC with a complete listing of the MCO’s CHIP Provider Network. This file includes all Providers in the MCO Provider Network, including PCPs, Specialists, or any Provider that can file a claim that is reported to the State as an encounter. HHSC uses the Provider information in the geo-mapping process to determine geographical access to care measures. In order to adequately represent the MCO Provider Network the expectation is that each file submission will be a full refresh of the provider network at the time the file is produced.

B. Frequency: The file is submitted by the MCO on the last business day of the State Fiscal Quarter.

C. Number of Files: A corporate entity operating in multiple service areas will have multiple Plan IDs, or Plan Codes, that are used to identify the entity, the area, and the line of business to the various Information Systems. If the MCO has multiple Plan IDs for its CHIP Managed Care, the MCO can send in the data for all Plan IDs on the same file and use just one of the Plan IDs in the name of the

V.B.
Frequency
modified by
Version 2.0

V.C. Number
of Files
modified by
Version 1.1



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file. For example, Texas Health Network, Plan ID 24, may submit a single file with plan IDs 24, 2A, 2C, and 2E on a single file **G2024JJJ.ZIP**.

V.D. Method
modified by
Versions 1.1
and 1.2

D. Method: MCOs submit the file via TXMEDCENTRAL in the XXXCHIP folder where XXX represents the designation for the Managed Care Organization.

Note: Since the intent of this file is to map out the geographical locations of the CHIP Provider Network, it is imperative that all locations that render CHIP services to Members are represented on the submission file. Every record must have a CHIP Provider ID as assigned by the MCO, and it is acceptable to have multiple records with different addresses associated to the same CHIP Provider ID. Providers that do not have a CHIP Provider ID cannot be submitted on this interface file and will not be included in the Access to Care Performance Measures.

V.E. File
Layout
modified by
Versions 1.1
and 2.0

E. The CHIP Network file is a complete rewrite file.

| CHIP Network File | | | | | |
|-------------------|------------------------------------|------|------|---------------------|---|
| Location | Name | Type | Size | Value | Description |
| 1 – 1 | Transaction Type | AN | 1 | | Type of Provider update |
| | | | | A – | Add |
| | | | | C – | Change/Edit |
| | | | | D – | Delete |
| | | | | Blank – | Existing Provider, no change |
| 2 – 7 | Period - Current Month | AN | 6 | YYYYMM | Month for which transaction applies |
| 8 – 9 | Provider Plan | N | 2 | | Value designating the Plan, Service Area, and CHIP Line of Business Must be a valid Plan ID. See Appendix A of the EB-CHIP JIP under Active CHIP Health Plans. |
| 10 – 33 | Provider Plan Name | AN | 24 | | Name of Plan associated to Provider Plan value. |
| 34 – 35 | Provider CSA Code | AN | 2 | Default value 00 | Service Area of operation |
| 36 – 50 | Provider CHIP ID (Provider Number) | AN | 15 | | Provider ID assigned by the MCO Use the space for the HHSC Vendor Number (right justified with leading blanks as necessary). |
| 51 – 64 | Provider Last Name | AN | 14 | | Provider Last Name on MCOs records |



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| CHIP Network File | | | | | |
|-------------------|--------------------------|------|------|---------------------|---|
| Location | Name | Type | Size | Value | Description |
| 65 – 78 | Provider First Name | AN | 14 | | Provider First Name on MCOs records |
| 79 – 102 | Provider Address Attn. | AN | 24 | | Attention Line of Provider's Address |
| 103 – 126 | Provider Address Line 1 | AN | 24 | | Provider Street Address on MCOs records |
| 127 – 150 | Provider Address Line 2 | AN | 24 | | Provider Street Address on MCOs records |
| 151 – 174 | Provider Address Line 3 | AN | 24 | | Provider Street Address on MCOs records |
| 175 – 186 | Provider City | AN | 12 | | Provider City Address on MCOs records |
| 187 – 188 | Provider State | AN | 2 | | Provider State Address on MCOs records |
| 189 – 197 | Provider Zip | N | 9 | | Provider Zip Code on MCOs records |
| 198 – 209 | Provider Telephone | AN | 12 | Format XXX-XXX-XXXX | Provider Telephone Number on MCOs records. Format: 512-444-4444 |
| 210 – 212 | Provider County Code | N | 3 | | Provider County Code on MCOs records |
| 213 – 214 | Provider Degree Code | AN | 2 | | Value designates the Type of Provider. Pharmacy Types P1 – P9 Must be one found in Appendix C of the EB-CHIP JIP. |
| 215 – 216 | Provider Specialty Code | AN | 2 | | Value designates a specific Specialty. Pharmacy Sub-Types P1 – P4 Must be one found in Appendix D of the EB-CHIP JIP. |
| 217 – 218 | Provider Language Code 1 | AN | 2 | | Value designates Language spoken by Provider. Must be a valid code as listed in Appendix F of the EB-CHIP JIP. |
| 219 – 220 | Provider Language Code 2 | AN | 2 | | Value designates Language spoken by Provider. May be blank, if provided must be a valid code as listed in Appendix F of the EB-CHIP JIP. |
| 221 – 222 | Provider Language Code 3 | AN | 2 | | Value designates Language spoken |



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| Location | Name | Type | Size | Value | Description |
|-----------|-----------------------------|------|------|-------|---|
| | | | | | by Provider. May be blank, if provided must be a valid code as listed in Appendix F of the EB-CHIP JIP. |
| 223-223 | Patient Acceptance Code | AN | 1 | | Value designates if Provider is accepting patients. |
| | | | | Y – | Yes |
| | | | | N – | No (Default Pharmacy) |
| | | | | S – | Specialist accepts Special Needs Children |
| | | | | C – | Current Patients Only |
| 224 – 224 | Provider Gender Served Code | AN | 1 | | Code for Gender restrictions for a Provider's patients |
| | | | | M – | Males Only |
| | | | | F – | Females Only |
| | | | | B – | Both (Pharmacy) |
| 225 – 226 | Youngest Age | N | 2 | | Youngest Patient the Provider will accept. If there are no age restrictions, this field will be empty. |
| 227 – 228 | Oldest Age | N | 2 | | Oldest Patient the Provider will accept. If there are no age restrictions, this field will be empty. |
| 229 – 229 | Provider Gender | AN | 1 | | Value designates the gender of the Provider. |
| | | | | M – | Male |
| | | | | F – | Female |
| | | | | U – | Unknown (Pharmacy) |
| 230 – 230 | Provider Ethnic Code | N | 1 | | Ethnic Origin of the Provider. Must be one found in Appendix O of the EB-CHIP JIP. 6 - (Pharmacy default) |
| 231 – 242 | Provider License Number | AN | 12 | | Provider's License Number Pharmacy – use State License (right justified with leading blanks as |



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| CHIP Network File | | | | | |
|-------------------|------------------|------|------|--|---|
| Location | Name | Type | Size | Value | Description |
| | | | | | necessary). |
| 243 – 251 | Provider Tax ID | AN | 9 | | Provider's Federal Tax ID |
| 252 – 252 | OB/GYN Indicator | AN | 1 | Y N – Pharmacy Default | If Provider is authorized by MCO to perform services applicable to OB, then populate with a Y (Yes), otherwise populate with N (No). |
| 253 – 253 | PCP Indicator | AN | 1 | Y – Dental Default N – Pharmacy Default | MCO Network Provider functioning as a Primary Care Physician |
| 254 – 263 | Provider NPI | AN | 10 | Required | National Provider ID assigned to the Provider |
| 264 – 271 | Effective Date | AN | 8 | YYYYMMDD | Date the Provider became effective as a network provider. |
| 272 – 279 | Termination Date | AN | 8 | YYYYMMDD Default value 99991231 | Date the Provider was terminated as a network provider. |
| 280 – 280 | Program Flag | AN | 1 | Required | Value designates the provider type. |
| | | | | C – | CHIP Traditional Only |
| | | | | P – | CHIP Perinatal Only |
| | | | | B – | Both. Any provider rendering services to a Traditional CHIP or CHIP Perinatal designated member. |
| 281 – 285 | PCP Capacity | AN | 5 | Required | Estimated number of members that a PCP can adequately serve If this is a PCP then a PCP capacity value is required, otherwise value is (00000). Dental/Pharmacy default is 00000. |
| 286 – 295 | Taxonomy (1) | AN | 10 | Required | Primary Taxonomy Code Pharmacy—may use value of 333600000X. |
| 296 – 305 | Taxonomy (2) | AN | 10 | | If available, else spaces |
| 306 – 315 | Taxonomy (3) | AN | 10 | | If available, else spaces |
| 316 – 325 | Taxonomy (4) | AN | 10 | | If available, else spaces |



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| Location | Name | Type | Size | Value | Description |
|-----------|---------------|------|------|-------|---------------------------|
| 326 – 335 | Taxonomy (5) | AN | 10 | | If available, else spaces |
| 336 – 345 | Taxonomy (6) | AN | 10 | | If available, else spaces |
| 346 – 355 | Taxonomy (7) | AN | 10 | | If available, else spaces |
| 356 – 365 | Taxonomy (8) | AN | 10 | | If available, else spaces |
| 366 – 375 | Taxonomy (9) | AN | 10 | | If available, else spaces |
| 376 – 385 | Taxonomy (10) | AN | 10 | | If available, else spaces |