CARES Act Provider Relief Fund - Medicaid Provider Distribution Minimum Data Set Specifications and Instructions

States are requested to submit the following set of data elements:

Provider Identifiers, consisting of:
a. Provider Name and associated addresses used for billing.
   i. If reporting an Organization/Facility, use the field for LName.
b. TIN(s) for each, as well as any of the provider's subsidiary organizations.
c. NPI(s) used for billing purposes.
   i. If a Provider does not have a NPI, please enter the Unique ID the SMA used to direct the payment.
d. Total of all Medicaid paid amounts per NPI or TIN;
   i. One total for payment in calendar Year 2018
   ii. One total for payment in calendar Year 2019
e. Is the Provider a Retail Pharmacy?

States will be requested to submit the information in the encrypted form of either a Tab Delimited File or as a Comma Separated Value (CSV) file. For definition:

LName=Provider Last Name; if submitting a Facility/Organization, enter that name here.

FName=Provider First Name

MI=Provider Middle Initial (if have one)

TEL=Provider Telephone Number

Address=Street Number and Name used as the Billing Address

Address2=Additional Location information, as needed

City, State and ZIP are as named

NPI=National Provider Identifier, one record per each; *If no NPI exists, use the Unique ID the SMA used to direct the payment.*

BA=Bank Account number

RT=Routing Number

TIN=Tax Identification Number

CY18=Total Medicaid fee-for-service and managed care payments, including Medicaid supplemental and other payments not directly tied to health care utilization (e.g., per member per month care management payments), to the associated NPI received in Calendar Year 2018

CY19=Total Medicaid fee-for-service and managed care payments, including Medicaid supplemental and other payments not directly tied to health care utilization (e.g., per member per month care management payments), to the associated NPI received in Calendar Year 2019

RP=Indicate "Y" if the Provider is a Retail Pharmacy, and "N" if they are not

LU=Date information was last updated

O1=Optional data field for SMA to include additional identifying information

CL=Indicate "C" if the Provider is closed/no longer providing Medicaid Services.

For example, a CSV file would resemble:

LName, FName,MI,TEL,Address,Address2,City,State,Zip,NPI,TIN,CY18,CY19,RP,LU,O1,O2
Doe,Jane,A,2125550001,42 Apple Court,,Baltimore,MD,21124,1234567890,900000001,100.50,200.50,N,01/01/2020,Dental,,,
Doe,Jane,A,2125550001,42 Apple Court,,Baltimore,MD,21124,0987654321,900000001,200.50,200.50,N,01/01/2020,BH,,,
Smith,John,B,2025556789,13 B Street,Suite 100,Washington,DC,20001,3214567890,900000002,100.50,150.50,Y,12/01/2019,,,C,

In table format the same file would resemble:

LName	FName	MI	TEL	Address	Address2	City	State	Zip	NPI	BA	RT	TIN	CY18	CY19	RP	LU	O1	CL
Doe	Jane	A	212555 0001	42 Apple Court		Baltimore	MD	2124 4	12345678 90	12 3	32 1	9000000 01	100.5 0	200. 50	N	01/0 1/20 20	Dental	
Doe	Jane	A	212555 0001	42 Apple Court		Baltimore	MD	2124 4	09876543 21	12 3	32 1	9000000 01	200.5 0	200. 50	N	01/0 1/20 20	BH	
Smit h	Joh n	B	2025 5567 89	13 B Street	Suite 100	Washingt on	DC	2000 1	32145678 90	45 6	67 8	9000000 02	100.5 0	150. 50	Y	12/0 1/20 19		C

In both examples, as Provider Doe has two (2) NPI numbers, a record should be submitted for each.

Please contact ████████████████████ if you have any questions or need clarification related to this minimum data set.