



**FACILITY 4 DEMOGRAPHIC**

**FILE LAYOUT**

**(Revised 3/5/04)**

**Beech Street Corporation**  
**25500 Commercentre Drive**  
**Lake Forest, CA 92630-8855**  
**800-877-1666**

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FACILITY FIELD DESCRIPTION	LENGTH	DEC. POS.	START POS.	END POS.
Add, Change or Delete indicator Possible values are "A" "C" or "D"	1		1	1
Beech Street Facility Unique Key Beech Street ID number for facility	11	0	2	12
Hospital Reference Id Beech Street facility cross reference number (no longer maintained)	5		13	17
Status Date Date on which data was run (CCYMMDD)	8	0	18	25
Reserved Field 01 Reserved for future use by Beech Street	4		26	29
Old AHA Number Reference number used by American Hospital Association	20		30	49
Old AMA Number Reference number used by American Medical Association	20		50	69
Old Facility Name Previous name being used by facility	30		70	99
Old Address Line 1	30		100	129
Old Address Line 2	30		130	159
Old Address Line 3	30		160	189
Old City	21		190	210
Old State	2		211	212
Old Zip Code	5	0	213	217
Old Zip Code Extension	4	0	218	221
Old License number	20		222	241
Old Tax ID	16		242	257
Old Phone number	10	0	258	267
Old Region number (internal use only)	1	0	268	268
Old Area number (internal use only)	2	0	269	270
Old Start Date First date on which facility became part of the Beech Street network (CCYMMDD)	8	0	271	278
Old End Date Last date on which facility is a participating Beech Street service provider (CCYMMDD)	8	0	279	286
Old Facility Type Indicates code for facility specialty type Example: HOSP=Hospital	6		287	292
Old Type Description	30		293	322
Old Medicare ID	6		323	328

FACILITY FIELD DESCRIPTION	LENGTH	DEC. POS.	START POS.	END POS.
Product Type Code <b>HB</b> =Health Benefits <b>AM</b> =Auto Medical <b>WC</b> =Workers Compensation <b>MW</b> =Memberworks <b>NA</b> =National <b>LT</b> =Long Term Care <b>AP</b> =Accelerated Payment <b>NP</b> =North American Preferred <b>SP</b> =Selectpro	2		329	330
<b>Applicable to HB only</b> Old Financial Incentive Code This can represent either a benefit differential (between in and out of network claims) or some other kind of financial incentive <b>F1</b> - indicates a financial incentive is required from zero to nine percent <b>F2</b> - indicates a financial incentive equating to a ten percent (new) <b>05</b> - indicates a benefit differential of five percent is required <b>10</b> - indicates a benefit differential of ten percent is required <b>15</b> - indicates a benefit differential of fifteen percent is required <b>20</b> - indicates a benefit differential of twenty percent is required	2		331	332
<b>Applicable to WC and AM only</b> Old Inpatient Percent Discount Percent applied to billed charges or mandated state fee schedule	4	0	333	336
<b>Applicable to WC and AM only</b> Old Outpatient Percent Discount Percent applied to billed charges or mandated state fee schedule	4	0	337	340
<b>Applicable to AM and WC only</b> Old Inpatient Lessor of Code Code indicating lessor of agreements for inpatient services <b>M</b> -mandated fee schedule <b>MS</b> -mandated fee schedule or Beech Street schedule <b>BM</b> -lessor of billed charges or mandated fee schedule <b>BMS</b> -billed charges, mandated fee schedule or Beech Street schedule <b>BS</b> -lessor of billed charges or Beech Street fee schedule	6		341	346

FACILITY FIELD DESCRIPTION	LENGTH	DEC. POS.	START POS.	END POS.
<b>Applicable to AM and WC only</b> Old Outpatient Lessor of Code Code indicating lessor of agreements for outpatient services <b>OM</b> -mandated fee schedule <b>OMS</b> - mandated fee schedule or Beech Street schedule <b>OBM</b> -lessor of billed charges or mandated fee schedule <b>OBMS</b> -billed charges mandated fee schedule or Beech Street schedule <b>OBS</b> -lessor of billed charges or Beech Street fee schedule	6		347	352
Old Contract Generation Code Number of generation of contracts between facility and Beech Street. The first contract date range would be generation 001	3		353	355
First date rates are available for this contract generation (CCYYMMDD)	8	0	356	363
Old Contract End Date Last date rates are available for this contract generation (CCYYMMDD)	8	0	364	371
Old Reimbursement Fee Code Fee Schedule identifier, if the facility uses CPT based contracts, the identifier will be included	2		372	373
Old Reimbursement Zone Fee Schedule identifier, if the facility uses CPT based contracts, the zone identifier will be included	2		374	375
Fee Schedule Effective Date If facility uses CPT based contracts the effective date of this schedule will be included (CCYYMMDD)	8	0	376	383
Reserved Field 02 Reserved for future use by Beech Street	19		384	402
New AHA Number Reference number used by American Hospital Association	20		403	422
New AMA Number Reference number used by American Medical Association	20		423	442
New Facility Name Current name being used by facility	30		443	472
New Address Line 1	30		473	502
New Address Line 2	30		503	532
New Address Line 3	30		533	562
New City	21		563	583
New State	2		584	585
New Zip Code	5	0	586	590
New Zip Code Extension	4	0	591	594
New License number	20		595	614

FACILITY FIELD DESCRIPTION	LENGTH	DEC. POS.	START POS.	END POS.
New Tax Id (when a new TIN is added to a facility record, please add this new TIN using the same contract effective and end dates, found at starting positions 727 and 735 for the record as the existing TIN and maintain all TIN numbers for matching purposes)	16		615	630
New Phone number	10	0	631	640
New Region number (internal use only)	1	0	641	641
New Area number (internal use only)	2	0	642	643
New Start Date First date on which facility became part of the Beech Street network (CCYMMDD)	8	0	644	651
New End Date Last date on which facility is a participating Beech Street service provider (CCYMMDD)	8	0	652	659
New Facility Type Indicates code for facility specialty type Example: HOSP=Hospital	6		660	665
New Type Description Description of facility specialty	30		666	695
New Medicare Id Number by which facility is identified by Medicare	6		696	701
<b>Applicable to HB only</b> New Financial Incentive Code This can represent either a benefit differential (between in and out of network claims) or some other kind of financial incentive <b>F1</b> - indicates a financial incentive is required from zero to nine percent <b>F2</b> - indicates a financial incentive equating to a ten percent (new) <b>05</b> - indicates a benefit differential of five percent is required <b>10</b> - indicates a benefit differential of ten percent is required <b>15</b> - indicates a benefit differential of fifteen percent is required <b>20</b> - indicates a benefit differential of twenty percent is required	2		702	703
<b>Applicable to AM and WC only</b> New Inpatient Percent Discount Percent applied to billed charges or mandated state fee schedule	4	0	704	707
<b>Applicable to AM and WC only</b> New Outpatient Percent Discount Percent applied to billed charges or mandated state fee schedule	4	0	708	711

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<b>Applicable to AM and WC only</b> New Outpatient Lessor of Code Code indicating lessor of agreements for outpatient services <b>OM</b> -mandated fee schedule <b>OMS</b> -mandated fee schedule or Beech Street schedule <b>OBM</b> -lessor of billed charges or mandated fee schedule <b>OBMS</b> -billed charges, mandated fee schedule or Beech Street schedule <b>OBS</b> -lessor of billed charges or Beech Street fee schedule	6		718	723
New Contract Generation Code Number of generation of contracts between facility and Beech Street The first contract date range would be generation 001	3		724	726
New Contract Effective Date First date rates are available for this contract generation	8	0	727	734
New Contract End Date Last date rates are available for this contract generation	8	0	735	742
Hospital Affiliation Represents Hospital Affiliation or Leased Network blank = direct with Beech Street	101		743	843
New Reimbursement Fee Code If the facility uses CPT based contracts, the identifier will be included	2		844	845
New Reimbursement Zone If the facility uses CPT based contracts, the identifier will be included	2		846	847
New Fee Schedule Effective Date If the facility uses CPT based contracts the effective date of this schedule will be included (CCYYMMDD)	8	0	848	855
<b>Note for full loads, all records will be listed as "A" for Add</b>				

**MEDIA OPTIONS: WEX or FTP**  
Character Set : ASCII