



PROVIDER DEMOGRAPHICS

(Revised July 24, 2003)

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

ÓCOPYRIGHTED

| PROVIDER 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 Unique Key (Unique for each provider, not location) | 11 | 0 | 2 | 12 |
| Provider Office Number | 2 | 0 | 13 | 14 |
| Beech Street Unique Customer Number | 5 | 0 | 15 | 19 |
| Reserved | 3 | 0 | 20 | 22 |
| Reserved | 2 | 0 | 23 | 24 |
| Date of Add/Change/Delete (MMDDYY) (See Replacement Field beginning in 358) | 6 | 0 | 25 | 30 |
| Time of Add/Change/Delete (HHMMSS) | 6 | 0 | 31 | 36 |
| Old Provider License # | 10 | | 37 | 46 |
| Old Provider Federal Tax ID # | 9 | 0 | 47 | 55 |
| Old Provider Social Security # | 9 | 0 | 56 | 64 |
| Old Provider Last Name | 14 | | 65 | 78 |
| Old Provider First Name | 10 | | 79 | 88 |
| Old Provider Middle Initial | 1 | | 89 | 89 |
| Old Provider Title (See Title Listing Section) | 3 | | 90 | 92 |
| Old Office Address Line 1 | 30 | | 93 | 122 |
| Old Office Address Line 2 | 30 | | 123 | 152 |
| Old Office City | 21 | | 153 | 173 |
| Old Office State (Abbreviation) | 2 | | 174 | 175 |
| Old Office Zip | 5 | 0 | 176 | 180 |
| Old Office Phone # | 10 | 0 | 181 | 190 |
| Old Provider Date of Birth (MMDDYY) (See replacement field beginning in 366) | 6 | 0 | 191 | 196 |
| Old Office Region Code | 1 | 0 | 197 | 197 |
| Old Office Area Code | 2 | 0 | 198 | 199 |
| Old Provider Contract Start Date (MMDDYY) (See replacement field beginning in 374) | 6 | 0 | 200 | 205 |
| Old Provider Contract End Date (MMDDYY) (See replacement field beginning in 382) (Active Contract = 123139 or 999999) | 6 | 0 | 206 | 211 |
| Old Provider Specialty 1 Code (See Specialty Listing Section) | 3 | | 212 | 214 |
| Old Provider Specialty 1 Description (See Specialty Listing Section) | 30 | | 215 | 244 |
| Reserved | 2 | | 245 | 246 |
| Old Provider Board 1 Certified Indicator "N" or Blank = no, "Y" = yes | 1 | | 247 | 247 |
| Old Provider Specialty 2 Code | 3 | | 248 | 250 |
| Old Provider Specialty 2 Description | 30 | | 251 | 280 |
| Reserved | 2 | | 281 | 282 |
| Old Provider Board 2 Certified Indicator "N" or Blank = no, "Y" = yes | 1 | | 283 | 283 |
| Old Provider Specialty 3 Code | 3 | | 284 | 286 |
| Old Provider Specialty 3 Description | 30 | | 287 | 316 |

| PROVIDER FIELD DESCRIPTION | LENGTH | DEC. POS. | START POS. | END POS. |
|---|--------|-----------|------------|----------|
| Reserved | 2 | | 317 | 318 |
| Old Provider Board 3 Certified Indicator "N" or Blank = no, "Y" = yes | 1 | | 319 | 319 |
| Old Current Format Medicare ID (Blank if Customer not Medicare) | 10 | | 320 | 329 |
| Old Medicare UPIN (Blank if Customer not Medicare) | 6 | | 330 | 335 |
| Reserved | 4 | | 336 | 339 |
| Old Office Status "A" = Active, "I" = Inactive | 1 | | 340 | 340 |
| Old Provider Contract Status "A" = Active, "I" = Inactive | 1 | | 341 | 341 |
| Old Provider Group Number or Leased Network Code Group Numbers are alpha-numeric Leased Network Codes are alpha only | 8 | | 342 | 349 |
| Old Patient Acceptance Indicator "Y" = Accepts new patients "N" = Does not accept new patients | 1 | | 350 | 350 |
| Old Reimbursement Zone (A value of zero indicates that a reimbursement zone has not been determined) | 5 | 0 | 351 | 355 |
| Old Internal Contract Type | 1 | | 356 | 356 |
| Old Billing Office Status "B" = Billing Only "C" = Combined Billing and Service "S" = Service Only | 1 | | 357 | 357 |
| Date of Add/Change/Delete (CCYYMMDD) | 8 | | 358 | 365 |
| Old Provider Date of Birth (CCYYMMDD) | 8 | | 366 | 373 |
| Old Provider Contract Start (CCYYMMDD) | 8 | | 374 | 381 |
| Old Provider Contract End (CCYYMMDD) | 8 | | 382 | 389 |
| Old Reimbursement Fee Code (A value of zero indicates that a reimbursement zone has not been determined) | 2 | | 390 | 391 |
| Product Type Code "HB" = Health Benefits "WC" = Workers' Compensation "AM" = Auto Medical "LT" = Long Term Care "MW" = Memberworks "AP" = Accelerated Payment "NP" = North American Preferred "SP" = Select Pro | 2 | | 392 | 393 |

| PROVIDER FIELD DESCRIPTION | LENGTH | DEC. POS. | START POS. | END POS. |
|---|--------|-----------|------------|----------|
| Applicable to HB only Old Financial Incentive Code This represents either a benefit differential (between in and out of network) or some other kind of financial incentive 0 = No incentive requirements This is the default for most provider contracts 1 = Minimum incentives or direction are required Logo is on the ID card, and the member received a directory or some material directing them to network providers 5 = Some financial incentive for the patient to utilize network providers is required Logo is on the ID card, member received a directory, and there is a financial incentive (deductible, copay, coinsurance up to a nine percent difference) 10 = A financial incentive equating to ten percent (new) 40 = A ten percent benefit differential or better is required This is the default for most customers 50 = A fifteen percent benefit differential or better is required 60 = A twenty percent benefit differential or better is required | 2 | | 394 | 395 |
| Applicable to WC and AM only Old Percent Discount | 4 | 0 | 396 | 399 |
| Applicable to WC and AM only Old Lessor of Rule Code | 6 | | 400 | 405 |
| Reserved | 23 | | 406 | 428 |
| Alt Unique Key | 8 | | 429 | 436 |
| New Provider License # | 10 | | 437 | 446 |
| New Provider Federal Tax ID # | 9 | 0 | 447 | 455 |
| New Provider Social Security # | 9 | 0 | 456 | 464 |
| New Provider Last Name | 14 | | 465 | 478 |
| New Provider First Name | 10 | | 479 | 488 |
| New Provider Middle Initial | 1 | | 489 | 489 |
| New Provider Title (See Appendix) | 3 | | 490 | 492 |
| New Office Address Line 1 | 30 | | 493 | 522 |
| New Office Address Line 2 | 30 | | 523 | 552 |
| New Office City | 21 | | 553 | 573 |
| New Office State (Abbreviation) | 2 | | 574 | 575 |
| New Office Zip | 5 | 0 | 576 | 580 |
| New Office Phone # | 10 | 0 | 581 | 590 |
| New Provider Date of Birth (MMDDYY) (See replacement field beginning in 764) | 6 | 0 | 591 | 596 |
| New Office Region Code | 1 | 0 | 597 | 597 |
| New Office Area Code | 2 | 0 | 598 | 599 |
| New Provider Contract Start (MMDDYY) (See replacement field beginning in 772) | 6 | 0 | 600 | 605 |

| PROVIDER FIELD DESCRIPTION | LENGTH | DEC. POS. | START POS. | END POS. |
|--|--------|-----------|------------|----------|
| New Provider Contract End (MMDDYY) (See replacement field beginning in 780) (Active Contract = 123139 or 999999) | 6 | 0 | 606 | 611 |
| New Provider Specialty 1 Code (See Appendix) | 3 | | 612 | 614 |
| New Provider Specialty 1 Description | 30 | | 615 | 644 |
| Reserved | 2 | | 645 | 646 |
| New Provider Board 1 Certified Indicator ("N" or Blank = no, "Y" = yes) | 1 | | 647 | 647 |
| New Provider Specialty 2 Code | 3 | | 648 | 650 |
| New Provider Specialty 2 Description | 30 | | 651 | 680 |
| Reserved | 2 | | 681 | 682 |
| New Provider Board 2 Certified Indicator ("N" or Blank = no, "Y" = yes) | 1 | | 683 | 683 |
| New Provider Specialty 3 Code | 3 | | 684 | 686 |
| New Provider Specialty 3 Description | 30 | | 687 | 716 |
| Reserved | 2 | | 717 | 718 |
| New Provider Board 3 Certified Indicator ("N" or Blank = no, "Y" = yes) | 1 | | 719 | 719 |
| New Current Format Medicare ID (Blank if Customer not Medicare) | 10 | | 720 | 729 |
| New Medicare UPIN (Blank if Customer not Medicare) | 10 | | 730 | 739 |
| New Office Status ("A" = Active, "I" = Inactive) | 1 | | 740 | 740 |
| New Provider Contract Status ("A" = Active, "I" = Inactive) | 1 | | 741 | 741 |
| New Provider Group Number or Leased Network Code Group Numbers are alpha-numeric Leased Network Codes are alpha only | 8 | | 742 | 749 |
| New Patient Acceptance Indicator "Y" = Accepts new patients "N" = Does not accept new patients | 1 | | 750 | 750 |
| New Reimbursement Zone (A value of zero indicates that a reimbursement zone has not been determined) | 5 | 0 | 751 | 755 |
| New Internal Contract Type | 1 | | 756 | 756 |
| New Billing Office Status "B" = Billing Only "C" = Combined Billing and Service "S" = Service Only | 1 | | 757 | 757 |
| Effective Date of Reimbursement Zone Change (MMDDYY) (See replacement field beginning in 788) | 6 | | 758 | 763 |
| New Provider Date of Birth (CCYYMMDD) | 8 | | 764 | 771 |
| New Provider Contract Start (CCYYMMDD) | 8 | | 772 | 779 |
| New Provider Contract End (CCYYMMDD) | 8 | | 780 | 787 |
| Effective Date of Reimbursement Zone Change (CCYYMMDD) | 8 | | 788 | 795 |

| PROVIDER FIELD DESCRIPTION | LENGTH | DEC. POS. | START POS. | END POS. |
|--|--------|-----------|------------|----------|
| New Reimbursement Fee Code (A value of zero indicates that a reimbursement zone has not been determined) | 2 | | 796 | 797 |
| Applicable to HB only New Financial Incentive Code 0 = No incentive requirements This is the default for most provider contracts 1 = Minimum incentives or direction are required Logo is on the ID card, and the member received a directory or some material directing them to network providers 5 = Some financial incentive for the patient to utilize network providers is required Logo is on the ID card, member received a directory, and there is a financial incentive (deductible, copay, coinsurance up to a nine percent difference) 10 = A financial incentive equating to ten percent (new) 40 = A ten percent benefit differential or better is required This is the default for most customers 50 = A fifteen percent benefit differential or better is required 60 = A twenty percent benefit differential or better is required | 2 | | 798 | 799 |
| Applicable to WC and AM only New Percent Discount | 4 | 0 | 800 | 803 |
| Applicable to WC and AM only New Lessor of Rule Code | 6 | | 804 | 809 |
| Reserved | 27 | | 810 | 836 |
| Note for full loads, all records will be listed as "A" for Add | | | | |

MEDIA OPTIONS: WEX or FTP
Character Set : ASCII