



HHSC UNIFORM MANAGED CARE MANUAL

CHAPTER
5.3.5.4

DSP FILE SPECIFICATIONS

EFFECTIVE DATE
July 1, 2016
Version 2.1

DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	1.0	November 15, 2005	Initial version Uniform Managed Care Manual Chapter 5.3.5.4 DSP File Specifications
Revision	1.1	January 2, 2009	Chapter 5.3.5.4 has been modified to make data elements be consistent with DSP File Submission Instructions
Revision	2.0	June 1, 2016	Chapter 5.3.5.4 has been modified to make data elements be consistent with DSP File Submission Instructions. Version 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001 and 529-12-0002.
Revision	2.1	July 1, 2016	Chapter 5.3.5.4 has been modified to make data elements be consistent with DSP File Submission Instructions.

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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions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 in accordance 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.

Format for Supplemental Payment Data Submission

File Format: Excel

No headers

Begin data in A1

In column A of the row following the last record, enter a "X"

Naming format: The file name should be "C" & the contract_id & MM & YY & ".xls or.xlsx."

Example: the name for contract_id 62 for September, 16: C620916.xls

Column	Data Element	Description	Data Type	Format or size	Note
A	Health Plan Code	Contract_id	Text	2	
B	ICN Number/Claim Number	ICN or claim number assigned to claim by MCO	Text	20	
C	Member Medicaid/CHIP ID		Text	9	
D	Member Last Name	Mother's last name as appears on eligibility file	Text	25	
E	Member First Name	Mother's first name as appears on eligibility file	Text	25	
F	Member Date of Birth	Mother's date of birth. Format = MM/DD/YYYY	Date	10	
G	Member Risk Code	Mother's risk code	Numeric	3	
H	Enrollment Effective date with Plan	Enrollment date with this MCO.	Date	10	If more than one date, use most recent. If more than one date, use the date preceding the member's delivery date
I	Disenrollment date from Plan	Date of member disenrollment from MCO, if pertinent	Date	10	
J	Diagnosis Code #1	Upto to 8 character alpha-numeric diagnosis code	Text	8	
K	Diagnosis Code #2	Upto to 8 character alpha-numeric diagnosis code	Text	8	
L	Diagnosis Code #3	Upto to 8 character alpha-numeric diagnosis code	Text	8	
M	Diagnosis Code #4	Upto to 8 character alpha-numeric diagnosis code	Text	8	
N	Diagnosis Code #5	Upto to 8 character alpha-numeric diagnosis code	Text	8	
O	Diagnosis Code #6	Upto to 8 character alpha-numeric diagnosis code	Text	8	
P	Diagnosis Code #7	Upto to 8 character alpha-numeric diagnosis code	Text	8	
Q	Diagnosis Code #8	Upto to 8 character alpha-numeric diagnosis code	Text	8	
R	Diagnosis Code #9	Upto to 8 character alpha-numeric diagnosis code	Text	8	
S	Diagnosis Code #10	Upto to 8 character alpha-numeric diagnosis code	Text	8	
T	Procedure Code	Procedure CPT code	Text	5	If HCFA-1500 is used
U	DRG Code	DRG Code	Text	5	
V	Admission Date to Hospital	Date of admission (in-patient claims). Format MM/DD/YYYY	Date	10	
W	Discharge Date from Hospital	Date of discharge (in-patient claims). Format MM/DD/YYYY	Date	10	
X	Delivery Date	Delivery date related to this service Format MM/DD/YYYY	Date	10	
Y	Institution/Billing Provider Last Name	Institution name or Last name of the billing provider	Text	25	
Z	Billing Provider First Name	First name of the billing provider	Text	25	
AA	Billing Provider Medicaid/CHIP Number	Billing provider's Medicaid or CHIP number	Text	9	
AB	Claim Receipt Date from Provider	Date that claim was received from the Provider by the MCO Format MM/DD/YYYY	Date	10	
AC	Claim Paid Date	Date that the claim was paid by MCO. Format MM/DD/YYYY	Date	10	if FFS claim
AD	Check Number		Text	10	if FFS claim
AE	Paid Amount	Amount that is paid to Provider in \$	Numeric	9	if FFS claim
AF	Capitated or FFS service	If Service is Capitated or FFS	Text	1	(C or F)
AG	Override Field		Text	12	Note: For HHSC use only - Appeals accept status.