

**MARYLAND HEALTH CARE COMMISSION  
CENTER FOR HOSPITAL SERVICES**

**BID BOARD NOTICE**

**Procurement ID Number: MHCC- 13-011**

**Issue Date: October 3, 2012**

**Title: Data Processing Services to Support  
Collection and Management of the  
Freestanding Medical Facilities Data Set**

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**I. PROCUREMENT OVERVIEW**

**A. Introduction**

The Maryland Health Care Commission (MHCC) is a public, regulatory commission. The 15 Commissioners are appointed by the Governor with the advice and consent of the Maryland Senate. The Commission is organized around six major topic areas: Center for Hospital Services; Center for Long-term Care and Community-Based Services; Center for Financing and Health Policy; Center for Information Services and Analysis; and Center for Health Information Technology. The Center for Hospital Services is responsible for: developing the State Health Plan for Health Care Facilities and Services; administering the Certificate of Need program; and Hospital Quality Initiatives, including the Hospital Performance Evaluation Guide.

During the 2005 session of the General Assembly, House Bill 426 (Chapters 549 and 550, Acts of 2005) was passed creating a pilot project. The bill (Freestanding Medical Facilities-Licensing and Pilot Project) requires the Department of Health and Mental Hygiene to adopt regulations for licensing freestanding medical facilities; establishes a freestanding medical facilities pilot project in Montgomery County; and requires the Department to issue a freestanding medical facility license to one pilot project under certain circumstances. The pilot project facility, the Germantown Emergency Center, began serving patients in August 2006. In 2007, the General Assembly adopted legislation modifying the pilot Freestanding Medical Facility project to include a second site in Queen Anne's County on the Eastern Shore.

The freestanding medical facility pilot is required to provide the Maryland Health Care Commission with information on the operation and utilization of the facility. The Commission, in consultation with HSCRC, is required to conduct a study of the operations, utilization, and financing of freestanding medical facilities, using information from the pilot project and report

its findings to the Senate Finance Committee and House Health and Government Operations Committee on or before December 31, 2007. The Commission, in consultation with the Department and the Health Services Cost Review Commission, is also required to propose emergency regulations by July 1, 2008 to establish a review process to approve facilities in the State that may seek licensure as a freestanding medical facility.

In 2010, the General Assembly passed legislation requiring the Health Services Cost Review Commission to set rates for the Queen Anne's Emergency Center and the Germantown Emergency Center. This legislation (Chapters 505 and 506, acts of 2010) also requires the Commission, in consultation with the Health Services Cost Review Commission, to conduct a study of the effect of the rates established for freestanding medical facility pilot projects by the Health Services Cost Review Commission and report its findings to the Senate Finance Committee and House Health and Government Operations Committee on or before December 21, 2014. In addition, the Commission is required to establish review criteria and standards for issuing a certificate of need required to establish a freestanding medical facility after July 1, 2015. An additional freestanding medical facility may not be established without a certificate of need issued after July 1, 2015.

### **Data Reporting Requirements for Freestanding Medical Facilities**

Under Health-General Article §19-3A-07(c), the freestanding medical facility pilot project is required to provide to the Maryland Health Care Commission information, as specified by the Commission, on the configuration, location, operation, and utilization, including patient-level utilization, of the pilot project. In addition, Health-General Article §19-131 requires other facilities that may be approved as freestanding medical facilities to provide information to the Commission. To implement the data reporting requirements of the law, the Commission has adopted *COMAR 10.24.06 Data Reporting by Freestanding Medical Facilities* (Refer to Attachment 1). The regulation, consistent with the law, identifies the two major categories of data to be reported to the Commission: facility-level or aggregate data; and, patient-level data. Within each category, the general types of information to be reported are described. (The data elements included in the patient-level data set are provided in Attachment 2.)

#### **B. Summary of Procurement**

MHCC seeks a contractor to provide data processing services to support the collection and management of the Freestanding Medical Facilities Data Set and the analysis of data required for the pilot project study. The data processing services required to support the collection and management of the Freestanding Medical Facilities Data Set include: developing protocols for receipt of quarterly data submissions from facilities; verifying data submissions for valid values and completeness; preparing error reports for use by participating facilities; and preparing public use and confidential data files quarterly and annualized (i.e., calendar and fiscal year periods). For the data analysis required for the pilot project study and related studies, the contractor will provide summary data tabulations from the Freestanding Medical Facilities Data Set and two related data sets, the Hospital Inpatient Discharge Data Set and Hospital Ambulatory Care Data Set-Emergency Department. The summary tabulations will support the study of freestanding medical facility operations, utilization, and financing that the Commission is

required to submit to the General Assembly and other studies undertaken by the Commission to support policy development in the area of emergency medical services.

## II. PROCUREMENT SPECIFICATIONS

### A. Collection and Management of Freestanding Medical Facilities Data Set

The vendor will be responsible for providing data processing services to support the collection and management of the Freestanding Medical Facilities Data Set. The data set is currently reported by two facilities, Germantown Emergency Center affiliated with Shady Grove Adventist Hospital, and Bowie Health Center affiliated with Dimensions Healthcare System. The Queen Anne’s Emergency Center, which is affiliated with the University of Maryland Medical System, opened in October 2010 and will initiate reporting in the first quarter of 2011. The vendor will be responsible for developing a protocol for receipt of quarterly data submission from freestanding medical facilities, reviewing data submissions for valid entry of data and completeness, and notifying hospitals regarding required corrections. The processing of the data set will be according to the following quarterly production schedule.

#### Freestanding Medical Facilities Production Schedule: Fiscal Year 2013

<b><u>3rd Quarter 2012 (July 1 – September 30)</u></b>		<b>Submission deadline November 14, 2012</b>
Error Report	Mail to hospital	November 21
	Return Data	December 16
Reconciliation Report	Mail to hospital	December 23
	Return Data	December 30
3rd Quarter 2012 Close Date		February 17, 2013
<b><u>4th Quarter 2012 (October 1 – December 31)</u></b>		<b>Submission deadline February 17, 2013</b>
Error Report	Mail to hospital	February 24
	Return Data	March 16
Reconciliation Report	Mail to hospital	March 23
	Return Data	April 2
4th Quarter 2012 Close Date		May 18, 2013
<b><u>1st Quarter 2013 (January 1 – March 31)</u></b>		<b>Submission deadline May 16, 2013</b>
Error Report	Mail to hospital	May 23
	Return Data	June 13
Reconciliation Report	Mail to hospital	June 17
	Return Data	July 1
1st Quarter 2013 Close Date		August 15, 2013

<b>2<sup>nd</sup> Quarter 2013 (April 1 – June 30)</b>		<b>Submission deadline August 15, 2013</b>
Error Report	Mail to hospital	August 22
	Return Data	September 12
Reconciliation Report	Mail to hospital	September 16
	Return Data	September 30
2nd Quarter 2013 Close Date		November 14, 2013

## **B. Pilot Project Data Analysis and Related Studies**

The contractor will be responsible for providing timely summary data tabulations according to Data Request Specifications issued by the Commission on issues pertaining to the utilization of emergency care services provided in freestanding medical facilities and acute care hospitals. For the data analysis required for the pilot project study and related studies, the contractor will provide summary data tabulations from the Freestanding Medical Facilities Data Set and two related data sets, the Hospital Inpatient Discharge Data Set and Hospital Ambulatory Care Data Set-Emergency Department.

Data Request Specifications will be issued to the contractor throughout the year. The time frame for completing Data Requests will typically be short (i.e., 1 to 3 days). It is possible that the Contractor will be working on more than one Data Request simultaneously. The Contractor shall complete Data Requests that are issued throughout the course of the contract within the time specified for each. MHCC shall determine the number of Data Requests to be completed by the contractor. Telephone consultations and meetings between the contractor and MHCC staff may occur as necessary to review the specifications. MHCC will require the Contractor to submit reports in Excel spreadsheet format and complete supporting documentation in an electronic medium.

The Contractor will submit a separate cost statement for each Data Request. Each Data Request work plan must have a qualified person assigned as overall manager of the project. MHCC will be responsible for providing access to the data sets required to complete the analysis of each Task Order.

For additional information about the specifications, please contact Paul E. Parker, Director, Center for Hospital Services, Maryland Health Care Commission at:

Phone: 410-764-3261  
 FAX: 410-358-1311  
 E-Mail: [pparker@mhcc.state.md.us](mailto:pparker@mhcc.state.md.us)

## **B. Term of Contract**

The contract will begin on or about November 1, 2012 and will end November 30, 2013.

### **C. Issuing Office**

The issuing office for this solicitation is the Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215; Attention: Ms. Sharon Wiggins, Procurement Officer.

### **D. Submission Deadline**

In order to be eligible for consideration, an original bid *must* be received at the Commission office as referenced in Section I. C. above by **4:00 p.m. Eastern Standard Time on October 12, 2012** in order to be considered. **All bids must include Federal Identification Tax Numbers.** Vendors mailing bids should allow sufficient time to ensure timely receipt by the Commission. Vendors may also e-mail the bid to [swiggins@mhcc.state.md.us](mailto:swiggins@mhcc.state.md.us) by the specified deadline.

### **E. eMarylandMarketplace**

Each Bidder must indicate their eMaryland Marketplace (eMM) vendor number in the Transmittal Letter (cover letter) submitted at the time of their Technical submission to this bid.

eMM is an electronic commerce system administered by the Maryland Department of General Services. In addition to using the state web site (<http://www.mhcc.maryland.gov>), DHMH web site (<http://www.dhmh.md.gov/procumnt/procopps.html>) and other means for transmitting the bid and associated materials. Bidder's questions and the Procurement Officer's responses, addenda, and other solicitation related information will be provided via eMaryland Marketplace.

In order to receive a contract award, a vendor must be registered on eMaryland Marketplace (eMM). Registration is free. Go here to register: <https://ebidmarketplace.com/>. Click on "Registration" to begin the process and follow the prompts.

### **F. Procurement Method**

The procurement method for this solicitation is a small procurement as described in the Code of Maryland Regulations (COMAR) 21.05.07. The maximum award allowed under these regulations is \$25,000.

## **III. BASIS FOR AWARD**

**A.** The vendor with the most advantageous offer to the State will be awarded the contract.

**B.** Procurement Method: This contract is solicited in accordance with COMAR 21.05.07, Small Procurement.

## IV. SELECTION PROCESS

### A. Evaluation Committee

An Evaluation Committee appointed by the Issuing Office will evaluate all bids received by the closing deadline. The Evaluation Committee may request additional technical assistance from any source.

### B. Evaluation Criteria

The evaluation criteria set forth below are arranged in descending order of importance. (Therefore, 1 is more important than 2 and 2 is more important than 3) Within each criteria the subcriteria are also arranged in descending order of importance. (In other words, 2.A is more important than 2.B; and 3.A, is more important than 3.B., and 3.B. is more important than 3.C., etc.) In addition, it would be improper to assume that 2.A. is either less important or more important than 3.A., 3.B., etc. A bidder can only conclude that criteria 3 as a whole is less important than criteria 2 as a whole.

#### Evaluation Criteria

1. Experience and Qualifications of the Proposed Staff
  - a. Experience with the collection and management of large hospital administrative data bases
  - b. Knowledge and experience in developing approaches to analyzing and tabulating hospital discharge data to address health planning and policy issues
  - c. Experience with the analysis of Maryland hospital administrative data bases (i.e., Maryland Hospital Discharge Abstract Data Base, Maryland Hospital Ambulatory Care Data Base)
2. Corporate Qualifications
  - a. Sufficient facilities and personnel to meet bid requirements and time frames
  - b. Demonstrated commitment to providing quality services.
3. Proposed Work Plan
  - a. Ability of work plan to successfully meet the requirements and timeframes
  - b. Approach to overall and task specific management.
4. Statement of Problem

## C. Evaluation Process

The Evaluation Committee will evaluate each technical submission using the evaluation criteria set forth above. Only those technical bids deemed reasonably susceptible of being selected for an award and whose bidder is initially judged to be “responsible” shall be considered.

In recommending a bid for award, the Evaluation Committee will give more weight to the bidder’s technical specifications than to its financial price. The Committee shall recommend the award of the bid that provides the most advantageous offer to the State considering price and the evaluation criteria.

## V. INFORMATION REQUIRED IN BIDS

### A. Transmittal Letter

A transmittal letter prepared on the bidder’s business stationery is to accompany the original bid. The purpose of this letter is to transmit the bid; therefore, it should be brief. The letter **MUST** be signed by an individual who is authorized to bind his/her firm to all statements, including services and prices contained in the bid.

### B. Technical Submission

This part should be prepared in a clear and precise manner. It **MUST** address all appropriate points of this bid. This volume consists of, and **MUST** contain the following sections for each part of the technical requirements for which a bid is being submitted:

- 
- Statement of the Problem
  - Proposed Work Plan
  - Corporate Qualifications
  - Experience and Qualifications of the Proposed Staff
- 

The **Statement of the Problem** should demonstrate clearly that the bidder understands MHCC objectives and goals. The bidder should also demonstrate an understanding of the uses that will be made of the data.

The **Proposed Work Plan** section is to contain a brief description of the bidder's proposed plan to meet the requirements. It should include a detailed description of the firm's methodology, techniques and work plan for addressing the requirements outlined in subsection IV.B.

The **Corporate Qualifications** section should describe the overall capabilities of the organization to meet the requirements and time-frames. It should include descriptions of selected engagements for other clients involving services similar to those requested by this bid which were successfully performed by the bidder, as well as the process the organization used to ensure that delivered products met customer needs.

A minimum of three references from firms, organizations, etc., for whom work of a similar or related nature to this bid was completed should be included. Each reference should identify the name of each organization, point of contact, and telephone number. The MHCC shall have the right to contact these or any other references of its choosing as part of the evaluation and selection process, or not to contact some or all references if deemed appropriate.

The bidder must also explain how it will be able to maintain its independence and objective in carrying out the requirements of this bid.

The **Experience and Qualifications of the Proposed Staff** section should describe how the proposed staff experience and qualifications relate to their specific responsibilities as detailed in the work plan for this procurement.

The section is also to include individual resumes for the key personnel who are to be assigned to the project if the bidder is awarded a contract. Subcontractors, if any, must be identified, and a detailed description of their contributing role relative to the requirements of the bid should be included in the bid. Each resume should include the amount of experience the individual has had relative to the work called for in this solicitation. Letters of intended commitment to work on the project from all key personnel, including subcontractors, should be included with the bid.

### **C. Financial Submission**

The bid should provide: (1) an hourly rate data programming rate for preparation of summary tabulations; and (2) an estimate of the cost of processing the freestanding medical facilities data set assuming three participating facilities for calendar year 2011. The information will be used for evaluation purposes and bid comparisons.



Category	Hourly Rate
Data Programmer	\$

Processing of FMF Data Set	\$
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Bill under the contract will be for actual hours worked by each individual up to a maximum total annual billing of \$25,000 for the contract. The contractor may not bill for work unless and until such work is specifically requested by the Contractor Monitor.

**D. Termination Clause**

The contract may be terminated at any time and/or for any reason at the convenience of the State. Bidders must acknowledge this statement in their response to this Bid Board Notice,

**MINORITY BUSINESS ENTERPRISES ARE ENCOURAGED TO RESPOND TO THIS SOLICITATION**

**Attachment 1**

**COMAR 10.24.06  
Data Reporting by Freestanding Medical Facilities**

## **Subtitle 24 MARYLAND HEALTH CARE COMMISSION**

### ***10.24.06 Data Reporting by Freestanding Medical Facilities***

*Authority: Health-General Article, §9-131.  
Annotated Code of Maryland*

#### **Notice of Proposed Action**

I06-153-PI

The Maryland Health Care Commission proposes to adopt new Regulations **.01- .04** under a new chapter, **COMAR 10.24.06 Data Reporting by Freestanding Medical Facilities**. This action was considered by the Commission at an open meeting held on May 18, 2006, notice of which was given through publication in the Maryland Register, under State Government Article, § 10-506, Annotated Code of Maryland.

#### **Statement of Purpose**

The purpose of this action is to implement data reporting requirements for freestanding medical facilities established by the Maryland General Assembly. During the 2005 session of the General Assembly, Ch. 549 and 550, Acts 01'2005 became law creating a pilot project. This law, Freestanding Medical Facilities Licensing and Pilot Project, requires the freestanding medical facility pilot to provide the Maryland Health Care Commission with information on the operation and utilization of the facility. The Commission, in consultation with the Health Services Cost Review Commission (HSCRC), is required to conduct a study of the operations, utilization, and financing of freestanding medical facilities, using information from the pilot project. In addition, the Commission, in consultation with the Department and HSCRC, is also required to propose emergency regulations by July 1, 2008, to establish a review process to approve facilities in the State that may seek licensure as a freestanding medical facility.

#### **Comparison to Federal Standards**

There is no corresponding federal standard to this proposed action.

#### **Estimate of Economic Impact**

The proposed action has no economic impact.

#### **Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

#### **Impact on Individuals with Disabilities**

The proposed action has no impact on individuals with disabilities.

#### **Opportunity for Public Comment**

Comments may be sent to Pamela Barclay, Deputy Director of Health Resources, Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215, or call (410) 764-3460, or fax to (410) 358-8811. These comments must be received not later than 4:30 p.m., July 24, 2006.

## Open Meeting

Action on the proposal will be considered by the Commission at a public meeting to be held September 21, 2006 at 1 p.m., at 4160 Patterson Avenue, Baltimore, Maryland 21215 .

### **. 01 Definitions.**

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Commission" means the Maryland Health Care Commission.

(2) "Freestanding medical facility" has the meaning stated in Health-General Article, §19-3A-01, Annotated Code of Maryland, and COMAR 10.07.08.

(3) "Freestanding medical facility pilot project" means one freestanding medical facility pilot project under Health-General Article, §19-3A-07, Annotated Code of Maryland .

### **. 02 Collection and Reporting of Data.**

A. A freestanding medical facility shall submit accurate, timely, and complete data which the Commission considers to be necessary for planning and analysis purposes, as requested by the Commission.

B. The information requested by the Commission may include, but is not limited to, the following types of information:

(1) Aggregate facility data as follows:

(a) Service configuration;

(b) Location;

(c) Operational characteristics; and

(d) Utilization; and

(2) Patient-level data as follows:

(a) Demographic characteristics;

(b) Admission, discharge, and disposition data;

(c) Diagnosis and treatment data; and

(d) Payment source and charges.

C. The Commission shall provide notice of the form, format, and schedule for data reporting by freestanding medical facilities.

D. Failure to report the data required under this regulation may subject a Freestanding medical facility to penalties under COJ, §A R 10.25.12.

E. Extension.

(1) A Freestanding medical facility, by letter to the Executive Director of the Commission, may request an extension of its data submission date.

(2) The Executive Director of the Commission, for good cause shown, may grant an extension of a data submission date.

**. 03 Freestanding Medical Facility Pilot Project.**

The Freestanding medical facility pilot project shall report data to the Commission as specified under Regulation .02 of this chapter.

**. 04 Summary Studies, Reports, and Compilations.**

A. Subject to §B of this regulation, summary studies, reports, or other compilations developed by the Commission from the data submitted in accordance with this chapter, are public information.

B. Disclosure under §A of this regulation may not be made in such a way that the data furnished for a specific patient can be identified.

STEPHEN J. SALAMON Chairman Maryland  
Health Care Commission

**Attachment 2**

**COMAR 10.24.06**

**Freestanding Medical Facilities: Patient-Level Data Set  
Record Layout, Data Items and Code Descriptions**

## MARYLAND HEALTH CARE COMMISSION

### Freestanding Medical Facilities: Patient-Level Data Set

#### Record Layout and Data Item and Code Description

##### Record Type 1

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
1	1-6	6	FMF Provider Number 210087
2	7-17	11	Medical Record Number xxxxxxxxxx Patient's medical record number.
3	18-37	20	Patient Account Number
4	38-45	8	From Date of Service MMDDYYYY month, day, year
5	46-53	8	Thru Date of Service MMDDYYYY month, day, year
6	54	1	Record Type
7	55-56	2	Encounter Type 02 Freestanding Medical Facility <i>(Changed to reflect Freestanding Medical Facility)</i>
8	57-58	2	Reserved for Future Use

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
9	59-66	8	Date of Birth 01 through 12 Months 99 Unknown 01 through 31Days 99 Unknown xxxx Year 9999 Unknown
10	67	1	Sex 1 Male 2 Female 9 Unknown
11	68	1	Race 1 White 2 African American 3 Asian or Pacific Islander 4 American Indian/Eskimo Aleut 5 Other 6 Biracial 9 Unknown
12	69	1	Reserved for Future Use
13	70	1	Reserved for Future Use
14	71-72	2	Area of Residence (County Code) 01 Allegany 02 Anne Arundel 03 Baltimore County 04 Calvert 05 Caroline 06 Carroll 07 Cecil 08 Charles 09 Dorchester 10 Frederick 11 Garrett 12 Harford 13 Howard



<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			14 Kent
			15 Montgomery
			16 Prince George's
			17 Queen Anne's
			18 St. Mary's
			19 Somerset
			20 Talbot
			21 Washington
			22 Wicomico
			23 Worcester
			29 Unidentified Maryland
			30 Baltimore City (Independent City)
			39 Delaware
			49 Pennsylvania
			59 West Virginia
			69 Virginia
			79 District of Columbia
			89 Foreign
			98 Other States
			99 Unknown
15	73-77	5	Residence Zip Code xxxxx Residence zip code 77777 Foreign 99999 Unknown
16	78-79	2	Primary Health Plan Payer <u>HMO/POS</u> 30 Aetna Health Plans 31 CareFirst Blue Choice 32 Cigna Healthcare of Mid-Atlantic 33 Coventry Health Plan of Delaware 34 Kaiser Permanente 35 MAMSI 36 United Healthcare 37 Other HMO/POS  <u>Medicaid MCO/HMO</u> 42 Amerigroup 43 Coventry Health Plan of Delaware (Diamond Plan)

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>	
Inc			44 Helix Family Choice, Inc.	
			45 JAI Medical Group	
			46 Medicaid/Uninsured APS-Maryland (psychiatric payer)	
			47 Maryland Physicians Care	
			48 Priority Partners	
			49 United Healthcare (Americhoice)	
			50 Other Medicaid MCO/HMO Medicare HMO	
			55 Aetna (Golden Choice)	
			56 ElderHealth	
			57 United Healthcare (Evercare)	
			58 Other Medicare HMO Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs)	
			65 Aetna	
			66 CareFirst- CareFirst of Maryland, (BC/BS Plan #190/690)	
			67 CareFirst- Group Hospitalization and Medical Services, Inc (Non HMO) (BC/BS Plan #080/580) (Federal Employee Program)	
			68 CCN/First Health	
			69 Cigna	
			70 Employer Health Plan (EHP)	
			71 Fidelity Benefits Administrator	
			72 Great West One Plan	
			73 Kaiser Permanente	
			74 MAMSI (that is, Alliance PPO and MAMSI Life and Health)	
			75 National Capital PPO (NCPPO)	
			76 Private Health Care Systems (PHCS)	
			77 Other Commercial, PPO, PPN, TPA	
				<u>Behavioral Health</u>
				85 American Psychiatric Systems (APS)
				86 Cigna Behavioral Health
			87 ComPsych	
			88 Magellan	
			89 Managed Health Network	

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			90 United Behavioral Health
			91 Value Options
			92 Other Behavioral Health
			<u>Other Government Programs</u>
			93 MD Health Insurance Plan (MHIP) EPO
			94 MD Health Insurance Plan (MHIP) PPO
			95 Tricare - example:Health Net
			96 Uniformed Services Family Health Plan (USFHP)
			97 Other miscellaneous government programs
			<u>Other</u>
			00 Not Applicable
			99 Unknown
16-1	80-81	2	Secondary Health Plan Payer <u>HMO/POS</u>
			30 Aetna Health Plans
			31 CareFirst Blue Choice
			32 Cigna Healthcare of Mid-Atlantic
			33 Coventry Health Plan of Delaware
			34 Kaiser Permanente
			35 MAMSI
			36 United Healthcare
			37 Other HMO/POS
			<u>Medicaid MCO/HMO</u>
			42 Amerigroup
			43 Coventry Health Plan of Delaware (Diamond Plan)
			44 Helix Family Choice, Inc.
			45 JAI Medical Group
			46 Medicaid/Uninsured APS - (psychiatric payer)
Maryland			47 Maryland Physicians Care
			48 Priority Partners

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
		50	49 United Healthcare (Americhoice) Other Medicaid MCO/HMO
		56	<u>Medicare HMO</u> 55 Aetna (Golden Choice) ElderHealth 57 United Healthcare (Evercare) 58 Other Medicare HMO Commercial (Indemnity), PPO/PPN/Third Party Administrators (TPAs) 65 Aetna 66 CareFirst- CareFirst of Maryland, (BC/BS Plan #190/690) 67 CareFirst- Group Hospitalization and Medical Services Inc (Non HMO) (BC/BS Plan #080/580) (Federal Employee Program) 68 CCN/First Health 69 Cigna 70 Employer Health Plan (EHP) 71 Fidelity Benefits Administrator 72 Great West One Plan 73 Kaiser Permanente 74 MAMSI (that is, Alliance PPO and MAMSI Life and Health) 75 National Capital PPO (NCPPO) 76 Private Health Care Systems (PHCS) 77 Other Commercial, PPO, PPN, TPA
Inc			
			<u>Behavioral Health</u> 85 American Psych Systems (APS) 86 Cigna Behavioral Health 87 ComPsych 88 Magellan 89 Managed Health Network 90 United Behavioral Health 91 Value Options 92 Other Behavioral Health

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
			<u>Other Government Programs</u>
			93 MD Health Insurance Plan (MHIP) EPO
			94 MD Health Insurance Plan (MHIP) PPO
			95 Tricare - example: Health Net
			96 Uniformed Services Family Health Plan (USFHP)
			97 Other miscellaneous government programs
			<u>Other</u>
			00 Not Applicable
			99 Unknown
17	82-83	2	Reserved for Future Use
18	84-85	2	Expected Payer for Most of This Bill
			01 Medicare - Only Fee for Service
			02 Medicaid - Only Fee for Service
			03 Title V
			04 Blue Cross of Maryland
			05 Commercial insurance/PPO
			06 Other government program
			07 Workers= Compensation
			08 Self-pay
			09 Charity/no charge
			10 Other
			11 Donor
			12 Managed care payer
			13 Do not use
			14 Medicaid managed care payer
			15 Medicare managed care payer
			16 Blue Cross- NCA
			17 Blue Cross- other state
			99 Unknown

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
19	86-87	2	Secondary Payer 01 Medicare - Only Fee for Service 02 Medicaid - Only Fee for Service 03 Title V 04 Blue Cross of Maryland 05 Commercial insurance/PPO 06 Other government program 07 Workers= Compensation 08 Self-pay 09 Charity/no charge 10 Other 11 Donor 12 Managed care payer 13 Do not use 14 Medicaid managed care payer 15 Medicare managed care payer 16 Blue Cross- NCA 17 Blue Cross- other state (77 <i>Not Applicable</i> ) 99 Unknown
20	88-93	6	Reserved for Future Use
21	94-113	20	Reserved for Future Use
22*	114-120	7	Principal Diagnosis xxxxxxxx ICD-9-CM code bbbbbb Not applicable
23	121-127	7	Other Diagnosis I xxxxxxxx ICD-9-CM code bbbbbb Not applicable
24	128-134	7	Other Diagnosis II xxxxxxxx ICD-9-CM code bbbbbb Not applicable
25	135-141	7	Other Diagnosis III xxxxxxxx ICD-9-CM code bbbbbb Not applicable

<b><u>Data Item</u></b>	<b><u>Tape Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Item and Code Description</u></b>
26	142-148	7	Other Diagnosis IV xxxxxxx ICD-9-CM code bbbbbbb Not applicable
27	149-155	7	Other Diagnosis V xxxxxxx ICD-9-CM code bbbbbbb Not applicable
28	156-162	7	Other Diagnosis VI xxxxxxx ICD-9-CM code bbbbbbb Not applicable
29	163-169	7	Other Diagnosis VII xxxxxxx ICD-9-CM code bbbbbbb Not applicable
30	170-176	7	Other Diagnosis VIII xxxxxxx ICD-9-CM code bbbbbbb Not applicable
31	177-183	7	Other Diagnosis IX xxxxxxx ICD-9-CM code bbbbbbb Not applicable
32	184-190	7	Other Diagnosis X xxxxxxx ICD-9-CM code bbbbbbb Not applicable
33	191-197	7	Other Diagnosis XI xxxxxxx ICD-9-CM code bbbbbbb Not applicable
34	198-204	7	Other Diagnosis XII xxxxxxx ICD-9-CM code bbbbbbb Not applicable
35	205-211	7	Other Diagnosis XIII xxxxxxx ICD-9-CM code bbbbbbb Not applicable
36	212-218	7	Other Diagnosis XIV xxxxxxx ICD-9-CM code bbbbbbb Not applicable

<b><u>Data Item</u></b>	<b><u>Tape Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Item and Code Description</u></b>
37	219-225	7	Other Diagnosis XV xxxxxxx ICD-9-CM code bbbbbbb Not applicable
38	226-232	7	E-Code xxxxxxx ICD-9-CM code bbbbbbb Not applicable
39	233-236	4	Recurring Patient Number of Visits ( <i>Minimum Value=0001, No Maximum Value</i> )
40	237-243	7	Admitting Diagnosis xxxxxxx ICD-9-CM code bbbbbbb Not applicable
41a	244-245	2	Condition Code 1 xx Condition code bb Not applicable
41b	246-247	2	Condition Code 2 xx Condition code bb Not applicable
41c	248-249	2	Condition Code 3 xx Condition code bb Not applicable
41d	250-251	2	Condition Code 4 xx Condition code bb Not applicable
41e	252-253	2	Condition Code 5 xx Condition code bb Not applicable
42	254-263	10	Occurrence Spancode and Date xxmmddyyyy code, month day and year. bbbbbbbbbb Not applicable
43	264-267	4	Value Code xx Value code xx If accident, enter accident hour code bbbb Not applicable



<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
44	268-270	3	Bill Type xxx Bill type
45	271-274	4	Registration Time xxxx Use Military (24-Hour) Clock
46	275-278	4	Discharge Time xxxx Use Military (24-Hour) Clock
47	279	1	Mode of Arrival 1 Walk In 2 Public Safety Ground Ambulance 3 Commercial Ground Ambulance 4 Police 9 Unknown
48	280	8	Maryland Ambulance Information System Number (Code if Mode of Arrival = code 2 or 3) (77777777 Not Applicable))
49	288	1	Priority Status for Fire Department Ambulance Transports to Facility 1 Priority I 2 Priority II 3 Priority III 4 Priority IV 7 Not Applicable 9 Unknown
50	289	1	Mode of Departure from Facility 1 Walk Out 2 Public Safety Ground Ambulance 3 Commercial Ground Ambulance 4 Police 5 Public Safety Air Ambulance 6 Commercial Air Ambulance (7 Death) 9 Unknown

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
51	290-293	4	Time of Request for Ground or Air Ambulance Transportation from Facility xxxx Use Military (24-Hour) Clock (7777 Not Applicable)
52	294-297	4	Time of Departure from Facility Following Request for Ground or Air Ambulance Transportation xxxx Use Military (24-Hour) Clock (7777 Not Applicable) (Should not default to discharge time)
53	298-299	2	Patient Disposition at End of Visit 01 Discharge to Home or Self Care 02 Discharge to Home under Care of Home Health Agency (Includes Hospice Care in Home) 03 Transfer to Acute Care Hospital 04 Transfer to Other Health Care Facility 05 Left Prior to Treatment 06 Died 99 Unknown
54	300-305	6	Hospital Transfer Site ID (Code Six-digit Medicare Provider Number Assigned to the Hospital-HSCRC Codes) Enter 777777 If Not Applicable Enter 999999 If Unknown
55	306-307	2	Type of Service 01 ECG Monitoring 02 Extended Observation (03 ECG Monitoring and Extended Observation) (77 Other) (99 Unknown)
56	308-550		Reserved for Future Use

## Record Type 2.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
1	1-6	6	Medicare Provider Number xxxxxx Medicare provider number.
2	7-17	11	Medical Record Number xxxxxxxxxxx Patient's medical record number.
3	18-37	20	Patient Account Number
4	38-45	8	From Date of Service MMDDYYYY month, day, year
5	46-53	8	Thru Date of Service MMDDYYYY month, day, year
6	54	1	Record Type
46.1a	55-58	4	xxxx UB-92 Revenue Code (The last occurrence of revenue shall always be the total charge.)
46.1b	59-65	7	xxxxxxx Units of Service
46.1c	66-74	9	xxxxxxxxx Charges in dollars and cents. (Note: Do not use decimal points.)
46.1d	75-79	5	xxxxx CPT/HCPCS Code
46.1e	80-81	2	xx Modifier 1 (Note: Can be alpha or numeric characters.)
46.1f	82-83	2	xx Modifier 2 (Note: Can be alpha or numeric characters.)
46.1g	84-85	2	xx Modifier 3 (Note: Can be alpha or numeric characters.)
46.1h	86-87	2	xx Modifier 4 (Note: Can be alpha or numeric characters.)
46.1i	88-89	2	xx Modifier 5 (Note: Can be alpha or numeric characters.)
46.1j	90-97	8	xxxxxxx Date of Service, MMDDYYYY, month, day, year
46.2a	98-101	4	Revenue Code
46.2b	102-108	7	Units of Service
46.2c	109-117	9	Charges in dollars and cents.

<u>Data Item</u>	<u>Tape Record Position</u>	<u>Field Length</u>	<u>Data Item and Code Description</u>
46.2d	118-122	5	CPT/HCPCS Code
46.2e	123-124	2	Modifier 1
46.2f	125-126	2	Modifier 2
46.2g	127-128	2	Modifier 3
46.2h	129-130	2	Modifier 4
46.2i	131-132	2	Modifier 5
46.2j	133-140	8	Date of Service, MMDDYYYY
46.3a	141-144	4	Revenue Code
46.3b	145-151	7	Units of Service
46.3c	152-160	9	Charges in dollars and cents.
46.3d	161-165	5	CPT/HCPCS Code
46.3e	166-167	2	Modifier 1
46.3f	168-169	2	Modifier 2
46.3g	170-171	2	Modifier 3
46.3h	172-173	2	Modifier 4
46.3i	174-175	2	Modifier 5
46.3j	176-183	8	Date of Service, MMDDYYYY
46.4a	184-187	4	Revenue Code
46.4b	188-194	7	Units of Service
46.4c	195-203	9	Charges in dollars and cents.
46.4d	204-208	5	CPT/HCPCS Code
46.4e	209-210	2	Modifier 1
46.4f	211-212	2	Modifier 2
46.4g	213-214	2	Modifier 3
46.4h	215-216	2	Modifier 4
46.4i	217-218	2	Modifier 5
46.4j	219-226	8	Date of Service, MMDDYYYY
46.5a	227-230	4	Revenue Code
46.5b	231-237	7	Units of Service
46.5c	238-246	9	Charges in dollars and cents.
46.5d	247-251	5	CPT/HCPCS Code
46.5e	252-253	2	Modifier 1
46.5f	254-255	2	Modifier 2
46.5g	256-257	2	Modifier 3
46.5h	258-259	2	Modifier 4
46.5i	260-261	2	Modifier 5
46.5j	262-269	8	Date of Service, MMDDYYYY
46.6a	270-273	4	Revenue Code
46.6b	274-280	7	Units of Service
46.6c	281-289	9	Charges in dollars and cents.
46.6d	290-294	5	CPT/HCPCS Code

<b><u>Data Item</u></b>	<b><u>Tape Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Item and Code Description</u></b>
46.6e	295-296	2	Modifier 1
46.6f	297-298	2	Modifier 2
46.6g	299-300	2	Modifier 3
46.6h	301-302	2	Modifier 4
46.6i	303-304	2	Modifier 5
46.6j	305-312	8	Date of Service, MMDDYYYY
46.7a	313-316	4	Revenue Code
46.7b	317-323	7	Units of Service
46.7c	324-332	9	Charges in dollars and cents.
46.7d	333-337	5	CPT/HCPCS Code
46.7e	338-339	2	Modifier 1
46.7f	340-341	2	Modifier 2
46.7g	342-343	2	Modifier 3
46.7h	344-345	2	Modifier 4
46.7i	346-347	2	Modifier 5
46.7j	348-355	8	Date of Service, MMDDYYYY
46.8a	356-359	4	Revenue Code
46.8b	360-366	7	Units of Service
46.8c	367-375	9	Charges in dollars and cents.
46.8d	376-380	5	CPT/HCPCS Code
46.8e	381-382	2	Modifier 1
46.8f	383-384	2	Modifier 2
46.8g	385-386	2	Modifier 3
46.8h	387-388	2	Modifier 4
46.8i	389-390	2	Modifier 5
46.8j	391-398	8	Date of Service, MMDDYYYY
46.9a	399-402	4	Revenue Code
46.9b	403-409	7	Units of Service
46.9c	410-418	9	Charges in dollars and cents.
46.9d	419-423	5	CPT/HCPCS Code
46.9e	424-425	2	Modifier 1
46.9f	426-427	2	Modifier 2
46.9g	428-429	2	Modifier 3
46.9h	430-431	2	Modifier 4
46.9i	432-433	2	Modifier 5
46.9j	434-441	8	Date of Service, MMDDYYYY
46.10a	442-445	4	Revenue Code
46.10b	446-452	7	Units of Service

<b><u>Data Item</u></b>	<b><u>Tape Record Position</u></b>	<b><u>Field Length</u></b>	<b><u>Data Item and Code Description</u></b>
46.10c	453-461	9	Charges in dollars and cents. (Note: The revenue code for the last occurrence (total charges) should be 001 or 9999. The units for the last occurrence should be 9999.)
46.10d	462-466	5	CPT/HCPCS Code
46.10e	467-468	2	Modifier 1
46.10f	469-470	2	Modifier 2
46.10g	471-472	2	Modifier 3
46.10h	473-474	2	Modifier 4
46.10i	475-476	2	Modifier 5
46.10j	477-484	8	Date of Service, MMDDYYYY
47	485-550	66	Reserved for Future Use

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\* All diagnosis codes should be left justified, with no decimal point including the primary diagnosis.