



# **CONNECTICUT DEPARTMENT OF PUBLIC HEALTH**

## **OUTPATIENT SURGICAL DATA**

### **WEB PORTAL USER GUIDE**

**Release 3.0**

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Department of Public Health  
Office of Health Care Access  
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[www.ct.gov/ohca](http://www.ct.gov/ohca)



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### Document Revision History:

Version	Date	Published By	Version Notes
1.0	05/2015	DPH OHCA	Initial Release
2.0	04/2016	DPH OHCA	Updated ICD-10 diagnosis codes instructions Updated Appendix 2 with retired/new revenue codes Updated Appendix 3 with new payers
3.0	06/2017	DPH OHCA	Updated Appendix 3 with new payers Updated Appendix 4 with new sources of payment

## Welcome

Welcome to the Department of Public Health Outpatient Surgical Data Web Portal User Guide. Connecticut General Statutes Section 19a-654, **Appendix 1**, requires licensed outpatient surgical facilities and hospital outpatient surgical departments to report patient identifiable encounter data beginning July 1, 2015 and thereafter, to the Office of Health Care Access (OHCA), a division of the Department of Public Health (DPH).

OHCA utilizes such data to fulfil its responsibilities such as assessing availability and utilization of health care services; evaluating unmet needs and gaps in services; developing and maintaining a statewide health care facilities and services plan; decision-making in certificate of need; and public health planning. The statute also authorizes OHCA to provide access to the data to qualified entities and individuals.

## Purpose of the User Guide

The goal of this instruction guide is to assist an authorized user to access the web portal/application, register, log on/off, retrieve a password or username, change a password, add/save/edit encounter records, enter and file data semi-annually. DPH grants access to the web portal/application through the State's virtual private network (VPN) and user login credentials.

## Authorized User

An authorized user is a representative(s) of an outpatient surgical facility or hospital outpatient surgical department authorized to provide the facility's or department's patient identifiable data to OHCA. The facility must be DPH licensed and the user, knowledgeable in and having access to one of the following internet browsers (Internet Explorer, Firefox or Google Chrome).

Outpatient Data Web Portal Features	
Outpatient surgical data collection	Provides a simple and convenient method for adding, editing and filing outpatient patient data
Filing outpatient surgical data	Enables filings by January 2 and July 1 of each year
Payer lookup	Provides insurance information and enables adding unlisted payer information
Outpatient Data Web Portal Functionality	
Ability to upload outpatient information to DPH and complete on-line filings	Streamlined process
Access to portal with login credentials	<a href="http://dph-outpatient.ct.gov/">http://dph-outpatient.ct.gov/</a>

Upon completion of the guide, the user will be able to:

- Connect to the State's VPN
- Register as a new user on DPH's web portal/application
- Retrieve and change a password
- Navigate through the application
- Add new encounter records
- Save encounter records
- Edit existing encounter records
- Add/Search for payer information
- Export encounter entries to Excel spread sheet
- File/submit encounter data

## 1. Data Filing Requirements

Section 19a-654 of the Connecticut General Statutes (see Appendix 1) requires that beginning July 1, 2015 certain health care facilities submit patient-identifiable data to OHCA. Facilities must provide six (6) months of historical patient demographic, clinical and financial data twice a year, July 1 and January 2 (or the first business day of the year).

The July data must include encounters that occur 10/1/ - 3/31 and January data must consist of encounters for 4/1 – 9/30.

DPH is providing two pathways for transmitting the data:

1. Secure file transfer protocols (SFTP) for file uploads – for large volume facilities or facilities that have the technical staff or a vendor to create a data file extract or export from the facility's patient medical record and billing system. The facility's authorized representative must upload the file extract onto the State's network using SFTP. Details for this process are provided in a separate document, the "Data File Upload User Guide."
2. Secure web portal for direct entry – for small or low volume facilities that lack the technical resources to create an automated data export. The office administrator or designated staff connects to the State's Virtual Private Network (VPN), registers and logs in to the web portal/application to key in and file the required patient data. All related instructions are provided in this guide.

It may take up to three weeks for the State's technology department, the Department of Administration's Bureau of Enterprise Systems (DAS/BEST), to set up a new user's access to the State's network. For user access to the State's VPN and web portal/application, DPH requires the contact information noted below. The annual fee for a VPN token use is \$22.46.

DPH will utilize the contact information on the following page:

- To facilitate user access to the State's network;
- To confirm the user is the authorized and designated contact for the facility at registration;
- To facilitate securing and protecting the confidential data;
- As a medium for communicating with users regarding correcting errors in the data, system or process changes and updates; and
- To mail or prepare for pick up the VPN token assigned to the user.

**Note: A State assigned VPN is required for a new user to access the State network. Fill out the form on the following page and fax or email it to the following contact:**

Contact	Phone/Fax	Email
DPH Help Desk	Phone: (860) 509-7777 Fax: (860) 418-7053	<a href="mailto:DPH.OSFHelpdesk@ct.gov">DPH.OSFHelpdesk@ct.gov</a>

Upon receiving the VPN token, the authorized user must see other sections on how to set up the VPN connection, access the web portal/application access, and enter and file the data.



# State of Connecticut Department of Public Health

## Outpatient Surgical Facility/Department Contact Information

### Facility Information

Facility Name:	<a href="#">Click here to enter text.</a>		
Address:	<a href="#">Click here to enter text.</a>	<a href="#">Street Address</a>	<a href="#">Click here to enter text.</a>
		<a href="#">City</a>	<a href="#">State</a>
		<a href="#">ZIP Code</a>	<a href="#">Click here to enter text.</a>
Facility Phone:	<a href="#">Click here to enter text.</a>	Facility Fax:	<a href="#">Click here to enter text.</a>
Facility Email:	<a href="#">Click here to enter text.</a>		

### Office Administrator Contact Information

Office Admin:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
	<a href="#">Last</a>	<a href="#">First</a>	<a href="#">M.I.</a>
Admin Phone:	<a href="#">Click here to enter text.</a>		
Admin Email:	<a href="#">Click here to enter text.</a>		

### Primary Data Contact Information

(This refers to the technical staff or vendor responsible for configuring the data extract to be sent to DPH)

Data Contact:	<a href="#">Click here to enter text.</a>		
Address:	<a href="#">Click here to enter text.</a>	<a href="#">Street Address</a>	<a href="#">Click here to enter text.</a>
		<a href="#">City</a>	<a href="#">State</a>
		<a href="#">ZIP Code</a>	<a href="#">Click here to enter text.</a>
Data Phone:	<a href="#">Click here to enter text.</a>		
Data Email:	<a href="#">Click here to enter text.</a>		

### Method of Data Submission (Select One)

**SFTP** - This method applies to larger facilities that have the technical staff or a vendor capable of creating a patient data export from the facility's record keeping system which can be directly uploaded to the Department of Public Health via SFTP.

**VPN/Manual Entry\*** – This method applies to smaller facilities that lack the technical resources to create an automated data export. The office administrator, or other designated staff, would connect to the State's VPN, log in to the online data filing application and key in the patient data for submission.

\*This method requires the facility to obtain a VPN token from the State of Connecticut. The token will be shipped to the facility at their own expense. There is also an annual fee of \$22.56 for the token's use.

Shipper Info:	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
	<a href="#">FedEx or UPS Only</a>	<a href="#">Account Number</a>

## 2. Access to State's Virtual Private Network

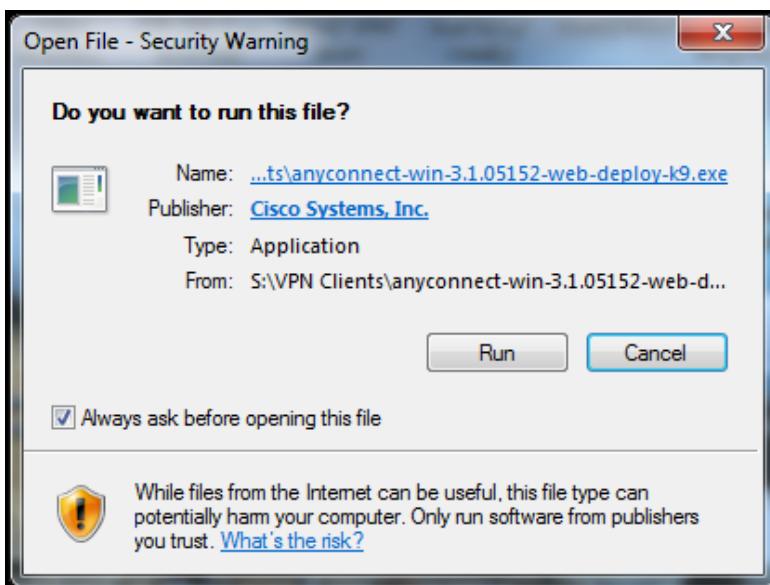
To access the State of Connecticut's Virtual Private Network (VPN) follow the CISCO VPN client installation procedures below.

1. Obtain the Cisco Any Connect client install executable file from the VPN Downloads website at <http://www.ct.gov/best/cwp/view.asp?a=2516&q=320888>.

To start installation click on the link labeled:



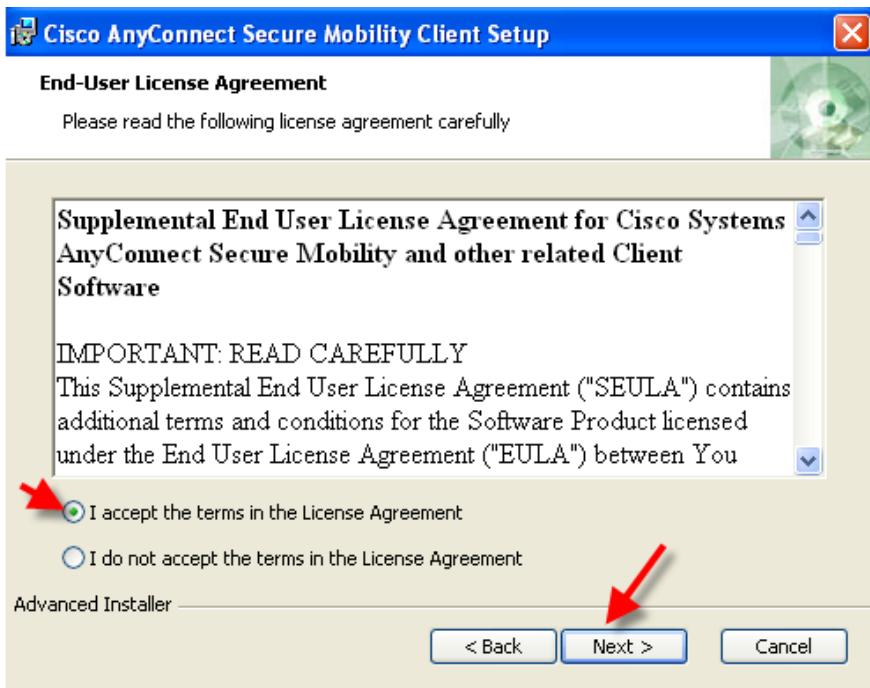
2. Click Run to proceed with the installation.



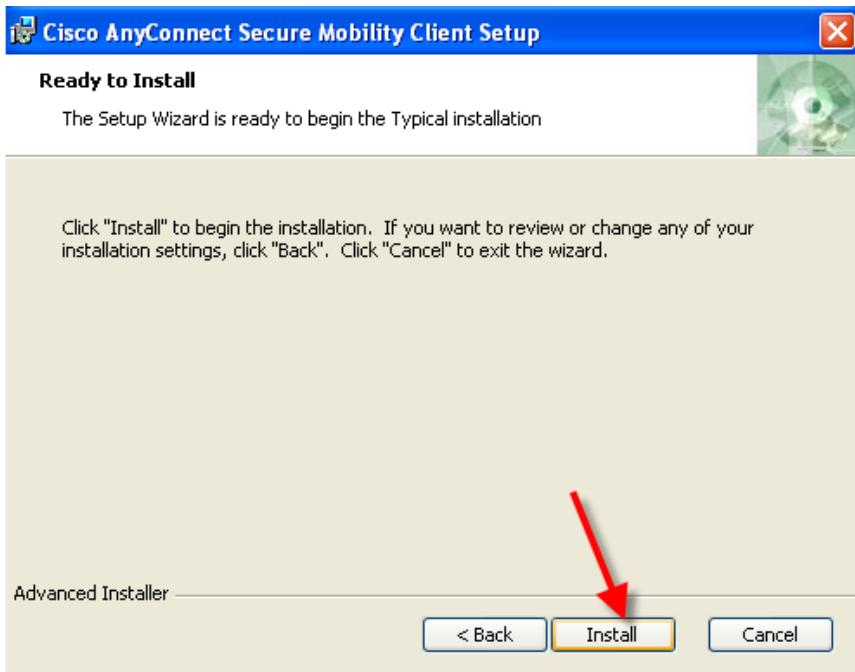
3. Click Next to continue.



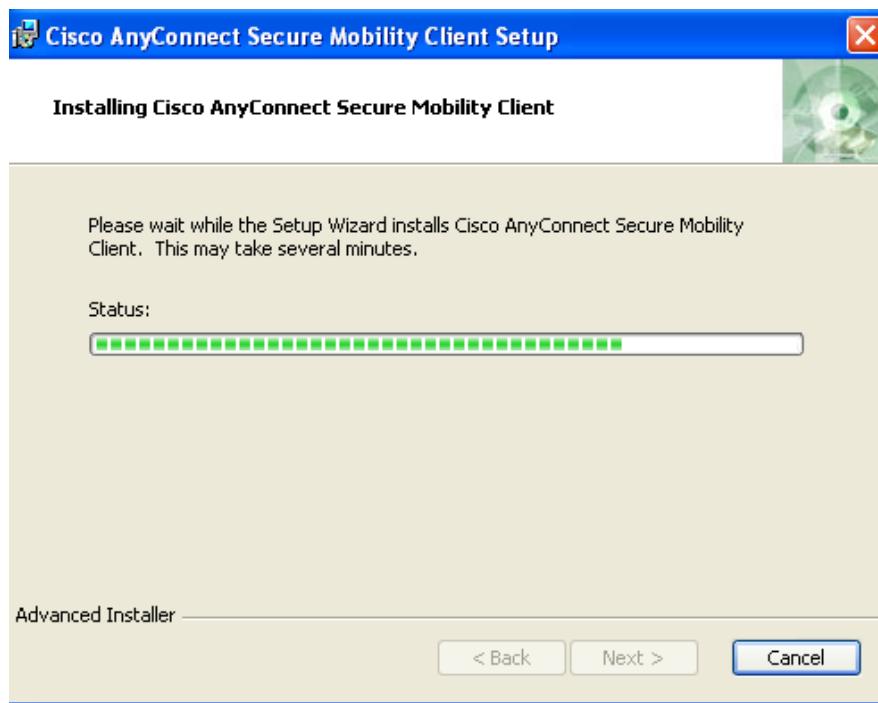
4. Click to accept End-User License Agreement. Click Next to continue.



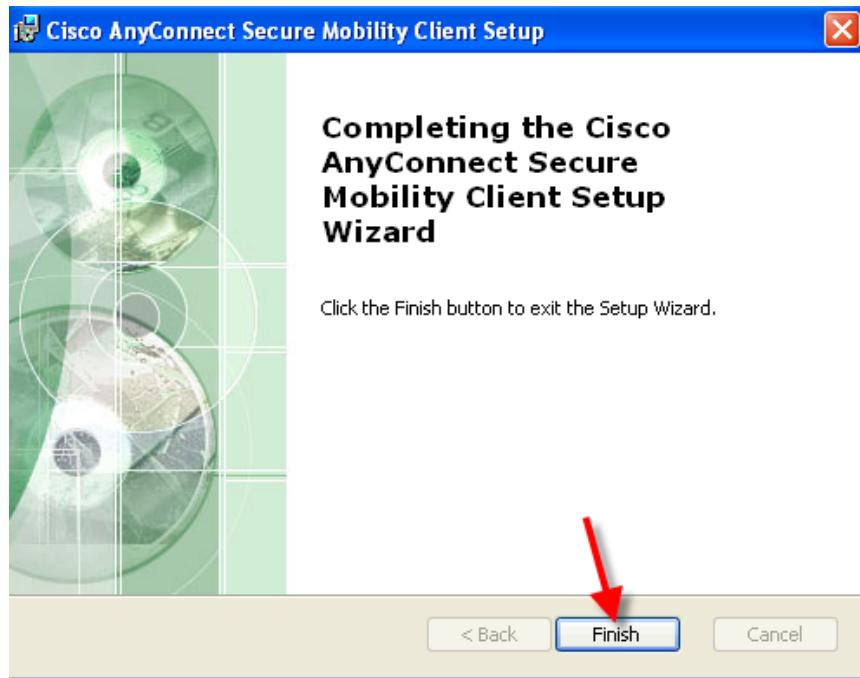
5. Click Install to install VPN Client.



6. Install will start.

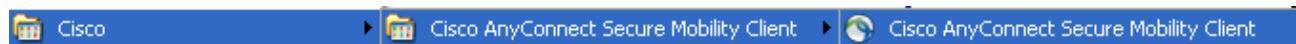


7. Click Finish to complete installation.



## TO RUN VPN

1. Click Start → All Programs → Cisco  
Click Cisco AnyConnect Secure Mobility Client  
Click on Cisco AnyConnect Secure Mobility Client



2. The Cisco Any Connect Secure Mobility Client login will launch. Enter your connection profile in the given format with the group name obtained from your instructions. Then click Connect.

Connection profile: `vpn.ct.gov/cisco group name` (the URL will be supplied, it MUST BE lower case, DO NOT use http or https in front).



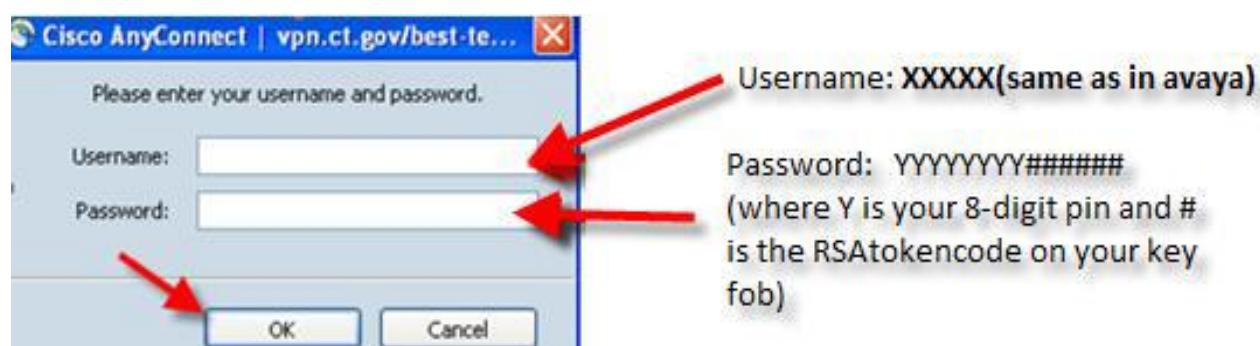
*Note: If by chance you enter the Connection Profile incorrectly (i.e., wrong case or use of protocol in front FQDN, etc.) the first time, you will need to restart your machine to clear the cache.*

3. If the connection profile is correct, you will be prompted for your Username and Password.

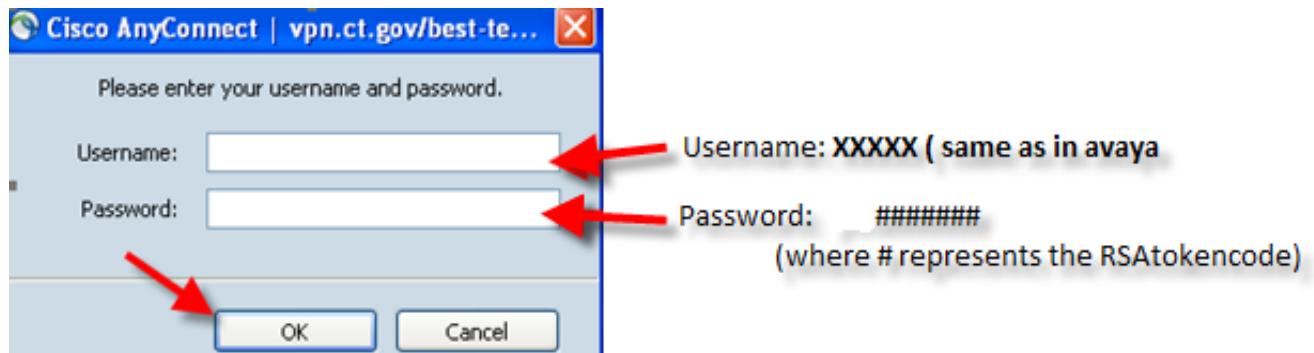
Username: **XXXXX**

Password: **YYYYYYYYYY#####** (where Y is your 8-digit pin and # is the RSA token code on your key fob)

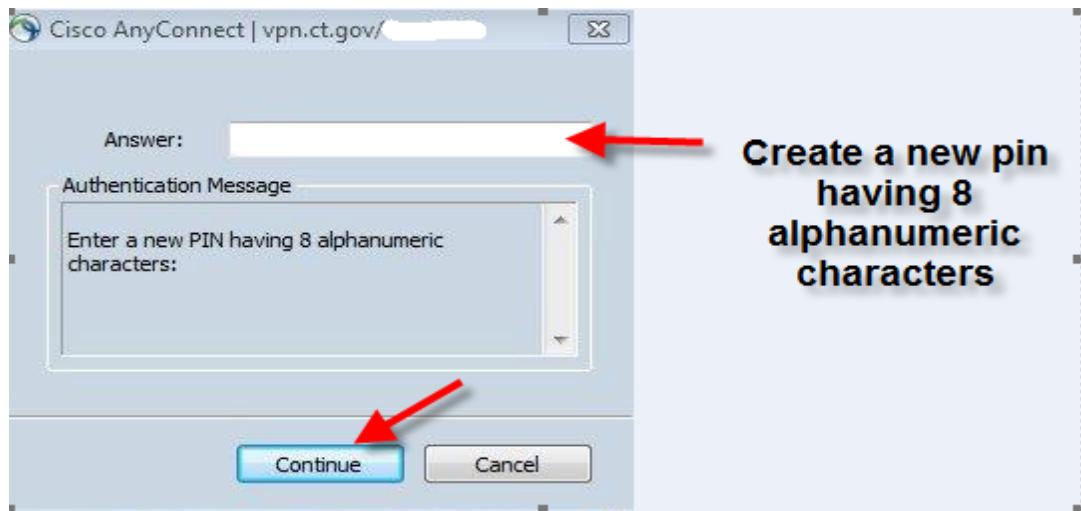
If you had an existing PIN on your Avaya VPN client, enter the information and Click OK and you will be prompted with the dialog box in step 7.



NOTE\*\*\* If you are new user without an existing PIN from the old Avaya/Nortel Client, proceed with the instructions below. There is NO PIN so just enter the RSAtokencode.



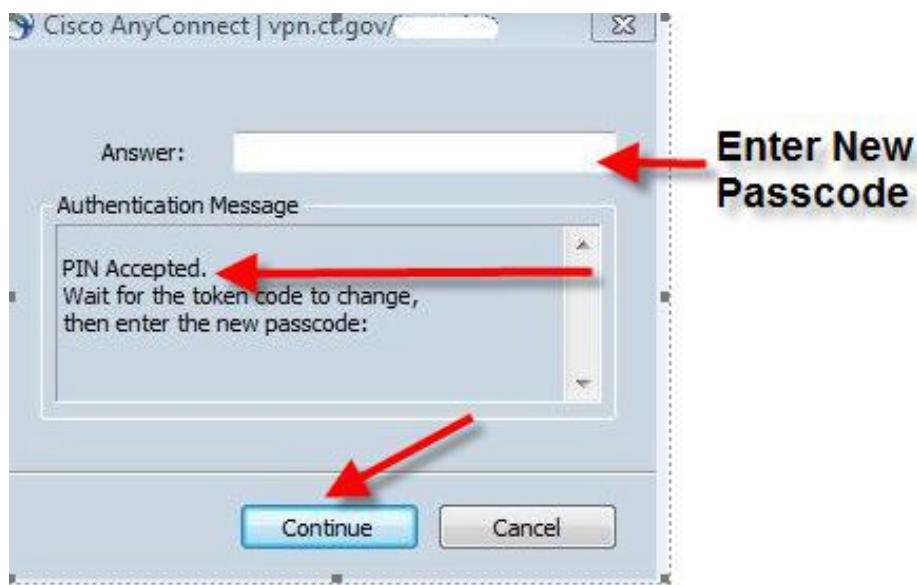
4. Create a PIN (MUST BE EXACTLY 8 alphanumeric characters) and click Continue.



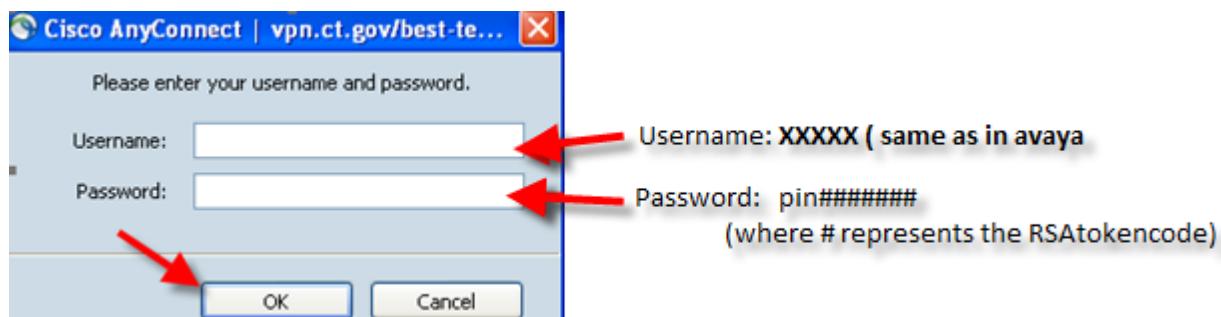
5. Verify PIN by reentering it and clicking Continue.



6. If PIN is successfully created, then you will see the following:  
WAIT UNTIL the TOKEN CHANGES AND ENTER NEW PASSCODE. "Passcode = PIN and Token with no spaces" (example: 12345pin820775)  
Click Continue.



7. Enter both and click OK.



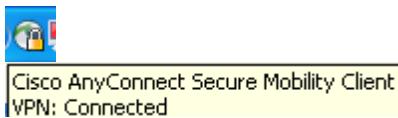
8. VPN connection will be initiated.



9. Click OK after reading the Warning about Security Policies.

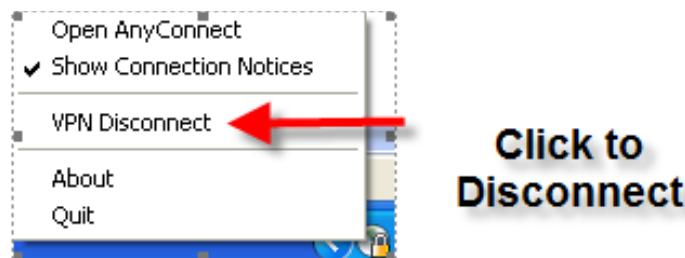


10. Left click on the up arrow (^) on the task bar to display the ICON as depicted below. Hover over it and it will show status. Once connected you can go ahead with your work process.

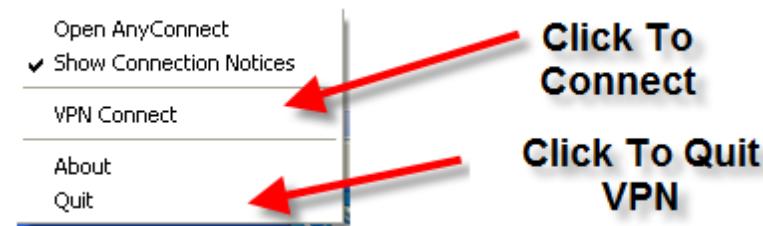


Once you are done with your work on the VPN session (**that is, completed your work on the web portal for the day**), you can disconnect it as follows:

Right click on the ICON (located in lower right hand corner) and it will display options to disconnect the VPN, Connect the VPN or Quit the VPN application entirely. Make sure you always disconnect before shutting down your computer. This will ensure that you do not get locked out.



11. To reconnect or quit, click on the following command.



## Addendum for WINDOW 8

The Icon will appear under



When clicked use exact same configuration defined above.

### Please read below if you have any problems with access:

- If there are questions or issues installing the VPN Client, please call your Desktop Support group according to their procedures or call DPH helpdesk at **860-509-7777** or email [helpdesk.dph@ct.gov](mailto:helpdesk.dph@ct.gov).
- If there are access issues with step 2 on page 6 (see special note for step 2) first ensure proper values were entered and if after reboot access is denied the call DPH helpdesk at **860-509-7777** or email [helpdesk.dph@ct.gov](mailto:helpdesk.dph@ct.gov).
- If there access issues with step 3 on page 6 (please ensure your PIN is 8 alphanumeric characters.) Call the DPH Helpdesk at **860-509-7777** or email [helpdesk.dph@ct.gov](mailto:helpdesk.dph@ct.gov).

### 3. Login into DPH Web Portal/Application

A new user must register in order to gain access to the web portal.

1. To begin registration, click on **Register** and complete all the required fields on the **Create a New Account** questionnaire.



Please enter your user name and password. [Register](#) if you do not have an account.

User name

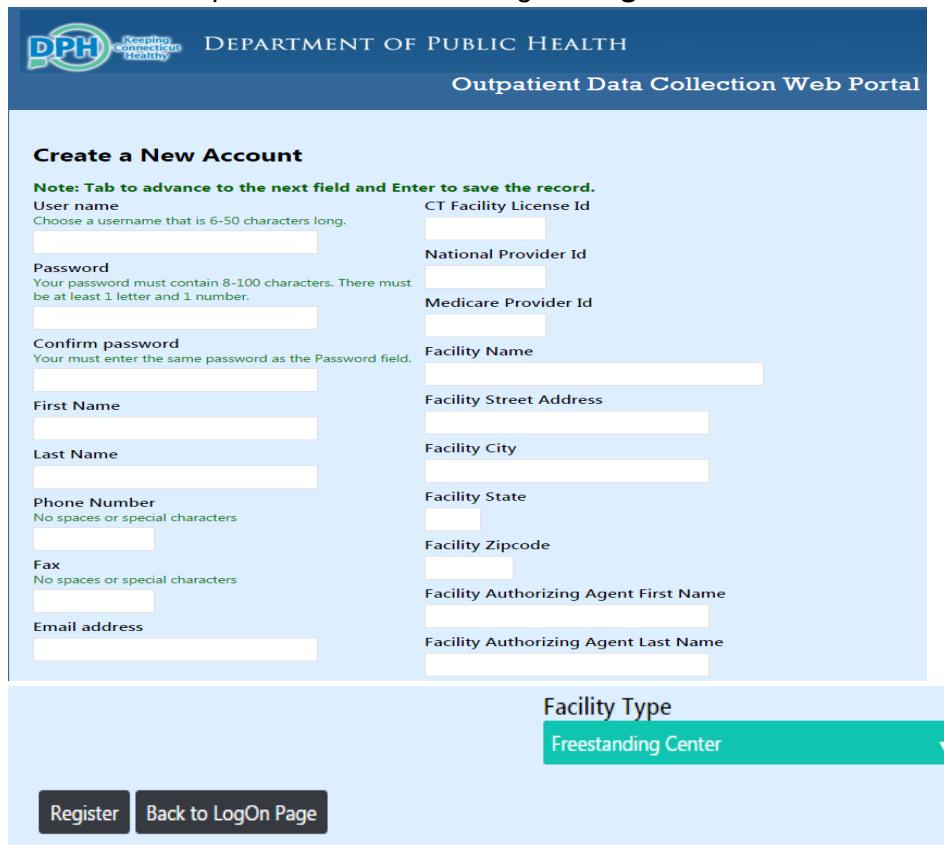
Password

Log On   [Forgot Password](#)

Please contact [DPH Helpdesk](#) or 860 509 7777 for assistance with retrieving username.

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2. It is very important that the user reviews the questionnaire, memorizes or writes down the user name and password before clicking on **Register**.



**Create a New Account**

**Note: Tab to advance to the next field and Enter to save the record.**

User name	CT Facility License Id
Choose a username that is 6-50 characters long.	<input type="text"/>
Password	National Provider Id
Your password must contain 8-100 characters. There must be at least 1 letter and 1 number.	<input type="text"/>
Confirm password	Medicare Provider Id
Your must enter the same password as the Password field.	<input type="text"/>
First Name	Facility Name
<input type="text"/>	<input type="text"/>
Last Name	Facility Street Address
<input type="text"/>	<input type="text"/>
Phone Number	Facility City
No spaces or special characters	<input type="text"/>
Fax	Facility State
No spaces or special characters	<input type="text"/>
Email address	Facility Zipcode
<input type="text"/>	Facility Authorizing Agent First Name
	<input type="text"/>
	Facility Authorizing Agent Last Name

Facility Type

[Freestanding Center](#) ▾

Register   [Back to LogOn Page](#)

3. A welcome email is sent to the registered user email address.



DEPARTMENT OF PUBLIC HEALTH  
Outpatient Data Collection Web Portal

**Registration**

Your DPH outpatient data submission web portal registration request has been received. Your request is being processed. Contact [DPH Helpdesk](#) or 860 509 7777, if you have any questions or do not receive an account activation email within 24 hours.

[Back to LogOn Page](#)

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**From:** [NoReply@ct.gov](mailto>NoReply@ct.gov) [mailto:[NoReply@ct.gov](mailto>NoReply@ct.gov)]  
**Sent:** Friday, March 27, 2015 1:40 PM  
**To:** OHCA-DL Data Submissions  
**Subject:** New User Registration for DPH Outpatient data submission web portal

Dear Administrator,

The following user has registered in the DPH outpatient data submission web portal.

User Name :outpatient

Validate and verify the user credentials with appropriate authorized personal from the respective facility and approve the user.

4. DPH will contact the facility authorizing agent using the contact information given when the user registered. The approval is within 24 hours and a confirmation email is sent to the registered user.

Dear User,

Your DPH outpatient data submission account has been approved.

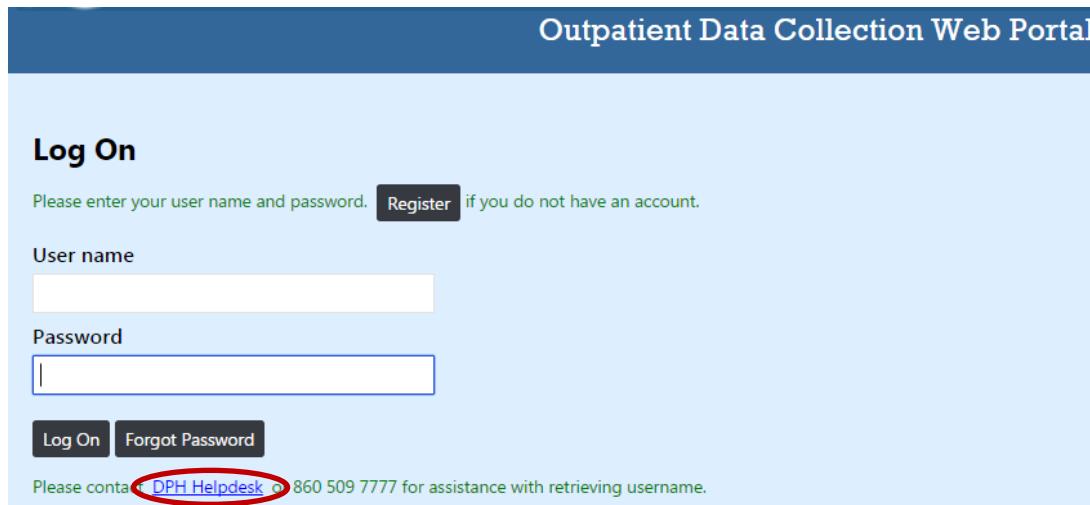
Use <http://dph-outpatient.ct.gov/> for your data submission.

Your Username is :outpatient

Contact [DPH Helpdesk](#) or 860 509 7777, if you have any questions.

#### 4. Forgot User name/Password for Web Portal

1. If the user forgets the **User Name**, click on [DPH.Helpdesk](#).



Please enter your user name and password. [Register](#) if you do not have an account.

User name

Password

Log On   [Forgot Password](#)

Please contact [DPH Helpdesk](#) or 860 509 7777 for assistance with retrieving username.

2. Complete the forgot username questionnaire providing the information used at initial registration. After the email is submitted a work order email is sent to the user confirming DPH has received the request. The username is emailed to the registered user within 24 hours.



To... HelpDesk, DPH

Cc...

Subject: Forgot username Outpatient webportal

\*\*\*\*\*

User full name: |

User contact

phone number:

Facility name:

Facility Address:

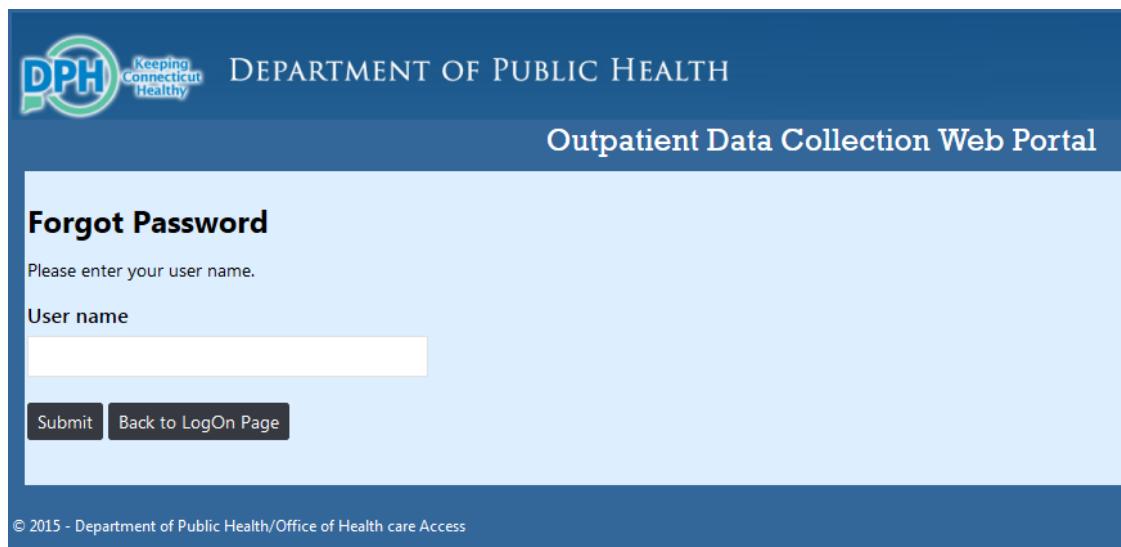
CT facility license ID:

Facility authorizing agent full name:

Facility authorizing agent contact phone number:

\*\*\*\*\*

3. If the user forgets his/her password click **Forgot Password**, enter the user name, and click **Submit**.



DEPARTMENT OF PUBLIC HEALTH

Outpatient Data Collection Web Portal

**Forgot Password**

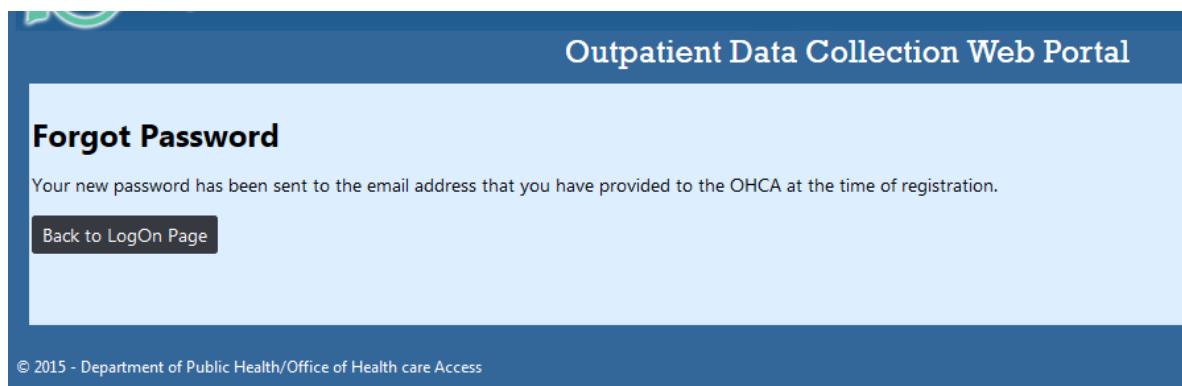
Please enter your user name.

User name

Submit Back to LogOn Page

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a. A temporary password will be emailed to the registered user of the user name entered. Click on **Back to LogOn Page** to be redirected to the logon page.



Outpatient Data Collection Web Portal

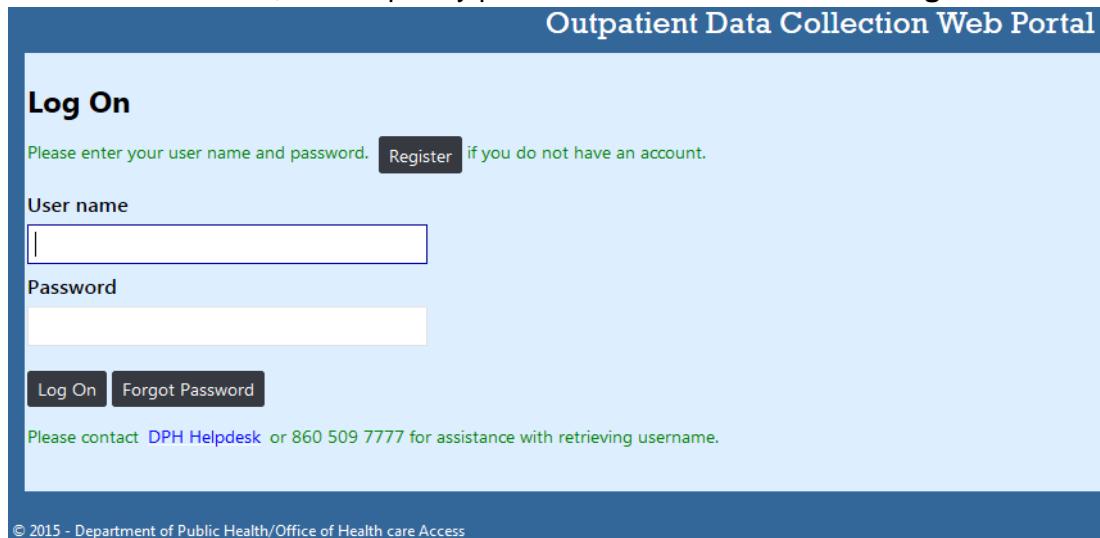
**Forgot Password**

Your new password has been sent to the email address that you have provided to the OHCA at the time of registration.

Back to LogOn Page

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b. Enter the user name, the temporary password emailed and click on **Log On**.



Outpatient Data Collection Web Portal

**Log On**

Please enter your user name and password. [Register](#) if you do not have an account.

User name

Password

Log On Forgot Password

Please contact [DPH Helpdesk](#) or 860 509 7777 for assistance with retrieving username.

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c. Enter the **Current password**, **New password**, **re-type the new password** again to confirm and click **change password**.



DEPARTMENT OF PUBLIC HEALTH

Outpatient Data Collection Web Portal

## Change Password

**Current password**  
Cut and paste the system generated password that you received in the email.

**New password**  
Your password must contain 8-100 characters. There must be at least 1 letter and 1 number.

**Confirm new password**  
You must enter the same password as the Password field.

**Change Password**

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d. The user is logged into the DPH outpatient web portal home page and can now add new or edit existing patient encounter information.



DEPARTMENT OF PUBLIC HEALTH

Outpatient Data Collection Web Portal

Encounter Payer Lookup Filings Change Password Log Off

### New / Edit Encounter Record

**Note:** Tab to advance to the next field and Enter to save the record.

Medical Record Number

Patient Control Number

Date of Service  
(MM/DD/YYYY)

**Notes:**

1. Use this screen to enter a new record or edit an existing record.
2. Data entry may be made and saved on a daily basis.
3. Data submissions or filings are to be made by January 2 and July 1 of each year.
4. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year.
5. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year.

## 5. Adding a New Encounter

1. A new encounter is determined by the patient **Medical Record Number**, **Patient Control Number**, and **Date of Service**. To input the patient's demographic, clinical and charge information for a new encounter click on **New record** to proceed.

**New / Edit Encounter Record**

**Note:** Tab to advance to the next field and Enter to save the record.

Medical Record Number

Patient Control Number

Date of Service  
(MM/DD/YYYY)

New record

**Notes:**

1. Use this screen to enter a new record or edit an existing record.
2. Data entry may be made and saved on a daily basis.
3. Data submissions or filings are to be made by January 2 and July 1 of each year.
4. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year.
5. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year.

2. Complete the following fields before saving **Patient Encounter Information**. When the required fields are full-filled click on **Save**.

Last Name	First Name	DOB
Sex	Ethnicity	Race
Address Line1	City	State
Zip code	Total Charges	Relationship to Insured
Point Of Origin For Visit	Marital Status	Employment Status
Discharge Status	Diagnosis Code 1 *(at least 1 out of 10 diagnosis codes shall be filled in)	

**Add New Patient Encounter Information**

**Note:** Tab to advance to the next field and Enter to save the record.

Medical Record Number: 9999999 Patient Control Number: 9999999 Date of Service: 03/31/2015

Last Name  First Name  MI

Sex  SSN (No spaces or hyphens)

Ethnicity  DOB (MM/DD/YYYY)

Race  Address Line1  Address Line2

Address Line1  Address Line2

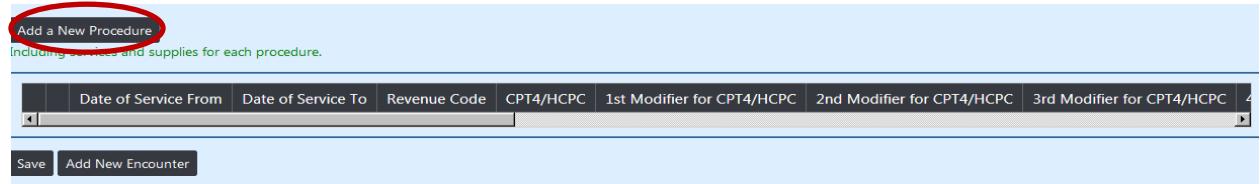
City  State  Zipcode  Ext.

Total Charges  BillType  0831

## 6. Adding a New Encounter Procedure

A procedure is a Current Procedural Terminology (CPT) surgical procedure received during an encounter.

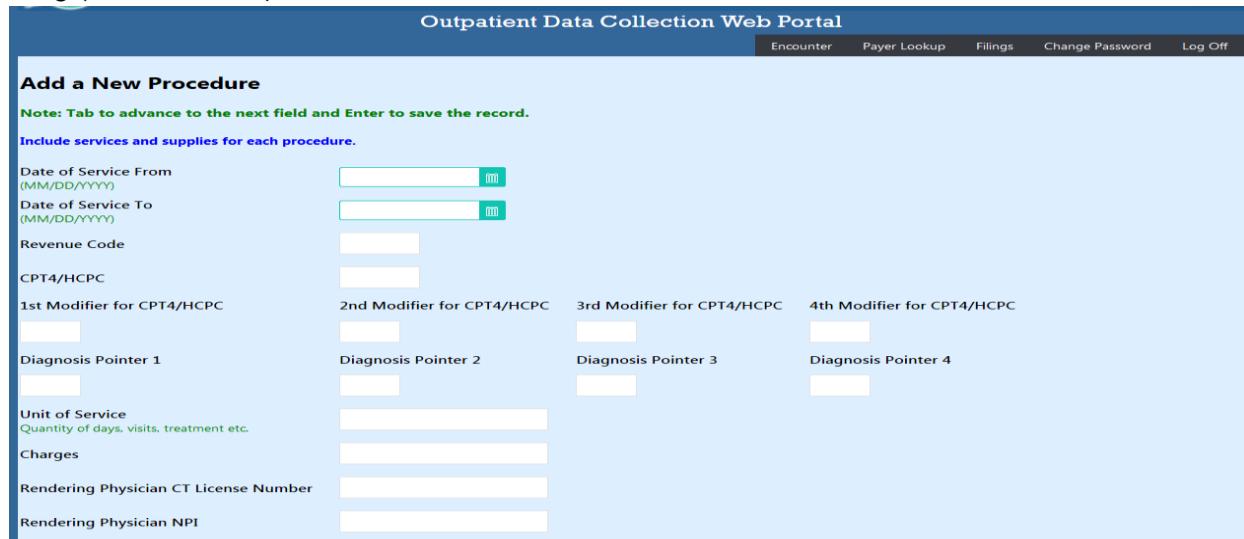
1. Click on **Add a New Procedure** to add the procedures performed on the patient during an encounter.



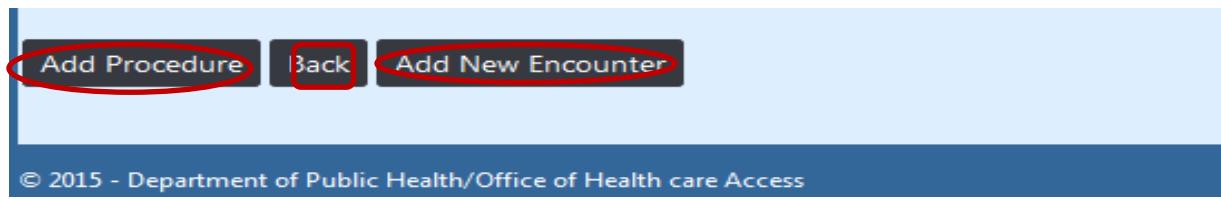
2. Complete the following fields before saving the New Procedure Information.

Date of Service From	Date of Service From	CPT4/HCPC
Unit of Service	Charges	Rendering Physician CT
License Number		
Rendering Physician NPI		

When the required fields are filled, click **Add Procedure** to save the entry. There is no limit on the number of new procedures that may be entered. Each entry is saved to a DPH holding database. DPH cannot access the data until the user clicks on the **Filings** tab and submits a filing (see Section 9).



3. To add another procedure click **Add Procedure**. To go back to the procedure information click **Back**. To begin adding information for another patient encounter click **Add New Encounter**.



## 7. Editing or Deleting Encounter Procedures

### Edit Procedure

**Edit Procedure** is located at the bottom of Patient encounter information page and is applicable to the current record. Edit allows the user to update an existing stored encounter.

ICD Version Ind. 10

ICD9 - Diagnosis codes are 5 character alpha-numeric values without decimal points, e.g. 473.0 becomes 47300 or 066.1 becomes 06610.  
ICD10 - Diagnosis codes are 3-7 alpha-numeric characters without decimal places, e.g. S86.001A becomes S86001A

Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Diagnosis Code 5
S86001A				
Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8	Diagnosis Code 9	Diagnosis Code 10

ICD9 - External Cause must be between E8000 to E9999. E8490 - E8499 and E9390 - E9499 are Invalid External Cause.  
ICD10 - External cause must be between V00-Y99.

External Cause 1	External Cause 2	External Cause 3

**Add a New Procedure**  
Including services and supplies for each procedure.

		Date of Service From	Date of Service To	Revenue Code	CPT4/HCPC	1st Modifier for CPT4/HCPC	2nd Modifier for CPT4/HCPC
Edit	Delete	04/12/2016	04/12/2016	490	45453	t1	r3
1							

1. Click **Edit** to open the procedure page.

**Add a New Procedure**  
Including services and supplies for each procedure.

		Date of Service From	Date of Service To	Revenue Code	CPT4/HCPC	1st Modifier for CPT4/HCPC	2nd Modifier for CPT4/HCPC
Edit	Delete	04/12/2016	04/12/2016	490	45453		
1							

**Save** **Add New Encounter**

2. Update the Edit Procedure page and click on **Save**

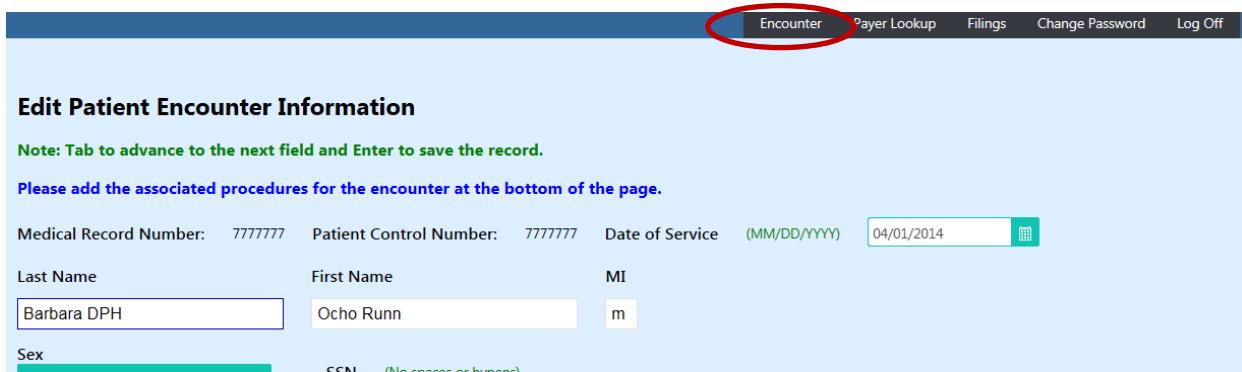
**Edit Procedure**  
Note: Tab to advance to the next field and Enter to save the record.  
Include services and supplies for each procedure.

Medical Record Number: 04082016A	Patient Control Number: 04082016A	Date of Service: 04/12/2016	
Date of Service From (MM/DD/YYYY): 04/12/2016	Date of Service To (MM/DD/YYYY): 04/12/2016		
Revenue Code: 490	CPT4/HCPC: 45453		
1st Modifier for CPT4/HCPC: t1	2nd Modifier for CPT4/HCPC: r3	3rd Modifier for CPT4/HCPC: r5	4th Modifier for CPT4/HCPC:
Diagnosis Pointer 1: 9	Diagnosis Pointer 2: 4	Diagnosis Pointer 3: 6	Diagnosis Pointer 4: 7
Unit of Service: Quantity of days, visits, treatment etc.	1		
Charges: 1000			
Rendering Physician CT License Number: 999999999			
Rendering Physician NPI: 999999999			

**Save** **Back**

## Edit Procedures for Multiple Encounters

Click on Encounter tab at top of the page and continue with process described in **Section 8: Editing an Existing encounter** for each encounter.



Medical Record Number: 7777777 Patient Control Number: 7777777 Date of Service: (MM/DD/YYYY) 04/01/2014

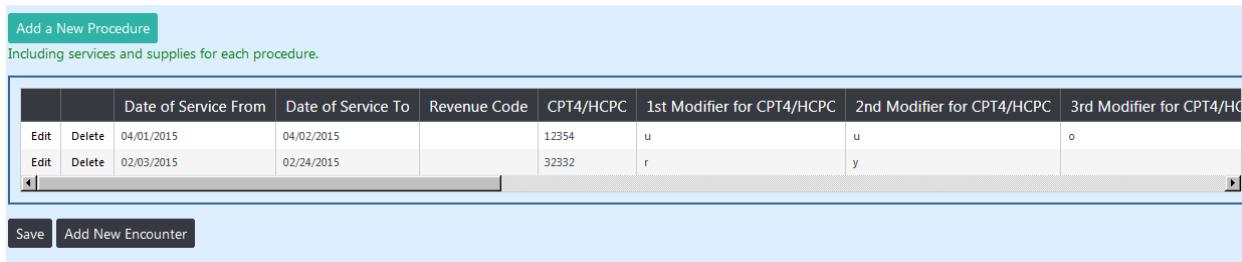
Last Name: Barbara DPH First Name: Ocho Runn MI: m

Sex: SSN: (No spaces or hyphens)

## Delete Procedure

The delete procedure is located at the bottom of Patient encounter information and is applicable to the current record. Delete allows the user to delete an existing stored encounter.

1. Select the procedure from the list and click **Delete**.



		Date of Service From	Date of Service To	Revenue Code	CPT4/HCPC	1st Modifier for CPT4/HCPC	2nd Modifier for CPT4/HCPC	3rd Modifier for CPT4/HCPC
Edit	Delete	04/01/2015	04/02/2015		12354	u	u	o
Edit	Delete	02/03/2015	02/24/2015		32332	r	y	

Save Add New Encounter

2. Click on **Delete** to confirm and remove the procedure off the DPH database. Click **Back** to cancel the delete request.

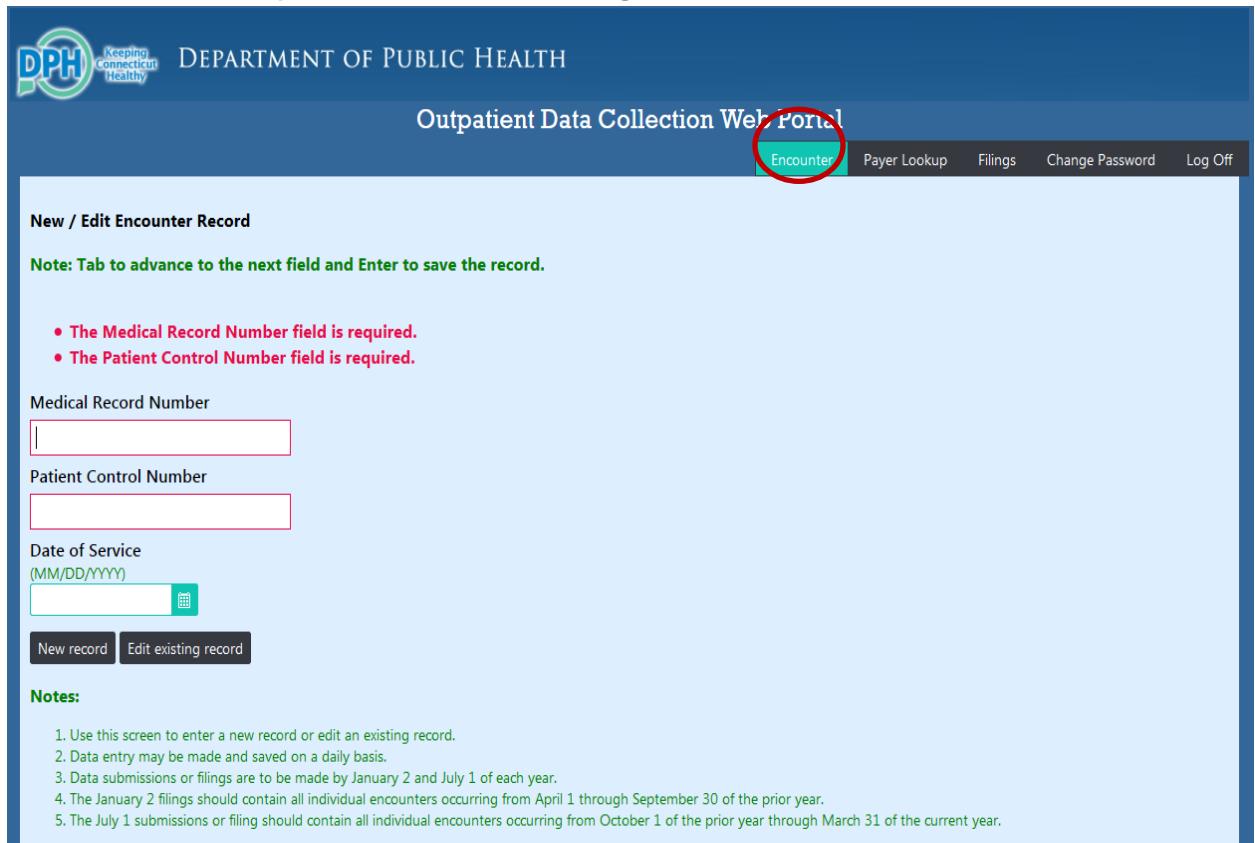
**Edit Procedure****Are you sure you want to delete the following procedure?**

Date of Service From	04/01/2015		
Date of Service To	04/02/2015		
Revenue Code			
CPT4/HCPC	12354		
1st Modifier for CPT4/HCPC	2nd Modifier for CPT4/HCPC	3rd Modifier for CPT4/HCPC	4th Modifier for CPT4/HCPC
u	u	o	l
Diagnosis Pointer 1	Diagnosis Pointer 2	Diagnosis Pointer 3	Diagnosis Pointer 4
9	4	6	7
Unit of Service	2		
Charges	2000.00		
Rendering Physician CT License Number	101010101		
Rendering Physician NPI	1010101010		

**Delete****Back****8. Edit Existing Encounter**

Edit allows the user to update an existing stored patient Encounter Information.

1. Click on **Encounter tab**, fill in the required fields (**Medical Record Number** and **Patient Control Number**) and click on **Edit existing record**.



**DEPARTMENT OF PUBLIC HEALTH**

**Outpatient Data Collection Web Portal**

**Encounter** (highlighted with a red circle)

**Payer Lookup** **Filings** **Change Password** **Log Off**

**New / Edit Encounter Record**

**Note:** Tab to advance to the next field and Enter to save the record.

- The Medical Record Number field is required.
- The Patient Control Number field is required.

**Medical Record Number**

**Patient Control Number**

**Date of Service**  
(MM/DD/YYYY)

**Notes:**

1. Use this screen to enter a new record or edit an existing record.
2. Data entry may be made and saved on a daily basis.
3. Data submissions or filings are to be made by January 2 and July 1 of each year.
4. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year.
5. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year.

2. When the updates have been completed, click **Save** and the patient encounter record is updated.

 DEPARTMENT OF PUBLIC HEALTH

**Outpatient Data Collection Web Portal**

Encounter Payer Lookup Filings Change Password Log Off

### Edit Patient Encounter Information

**Note:** Tab to advance to the next field and Enter to save the record.

**Please add the associated procedures for the encounter at the bottom of the page.**

**Encounter updated successfully.**

Medical Record Number: 4444NYL Patient Control Number: 4444NYL Date of Service (MM/DD/YYYY) 11/25/2014

Last Name	First Name	MI																		
lyn	omar	m																		
Sex	SSN (No spaces or hypens)																			
Male	777777777																			
Ethnicity	Non-Hispanic/Non-Latino																			
Race	DOB (MM/DD/YYYY)																			
Black/African American	03/01/2015																			
Address Line1		Address Line2																		
410 capital ave																				
City	State	Zipcode	Ext.																	
Hartford	CT	06115																		
Total Charges (only positive whole dollar amounts)		BillType																		
1000		0831																		
ICD Version Ind.																				
Diagnosis codes are 5 character alpha-numeric values without decimal points, e.g. 473.0 becomes 47300 or 066.1 becomes 06610.																				
Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	Diagnosis Code 5																
99999																				
Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8	Diagnosis Code 9	Diagnosis Code 10																
<b>Add a New Procedure</b>																				
Including services and supplies for each procedure.																				
<table border="1"> <thead> <tr> <th></th> <th>Date of Service From</th> <th>Date of Service To</th> <th>Revenue Code</th> <th>CPT4/HCPC</th> <th>1st Modifier for CPT4/HCPC</th> <th>2nd Modifier for CPT4/HCPC</th> <th>3rd Modifier for CPT4/HCPC</th> </tr> </thead> <tbody> <tr> <td><input type="button" value="Edit"/></td> <td><input type="button" value="Delete"/></td> <td>02/03/2015</td> <td>03/10/2015</td> <td>56235</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Date of Service From	Date of Service To	Revenue Code	CPT4/HCPC	1st Modifier for CPT4/HCPC	2nd Modifier for CPT4/HCPC	3rd Modifier for CPT4/HCPC	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	02/03/2015	03/10/2015	56235			
	Date of Service From	Date of Service To	Revenue Code	CPT4/HCPC	1st Modifier for CPT4/HCPC	2nd Modifier for CPT4/HCPC	3rd Modifier for CPT4/HCPC													
<input type="button" value="Edit"/>	<input type="button" value="Delete"/>	02/03/2015	03/10/2015	56235																
<input type="button" value="Save"/> <input type="button" value="Add New Encounter"/>																				

## 9. Filing outpatient data

Filings must be submitted by January 2 (or the first business day of the year) and July 1 of each year.

January 2 filings must contain all individual encounters with Date of Service from April 1 through September 30 of the prior year.

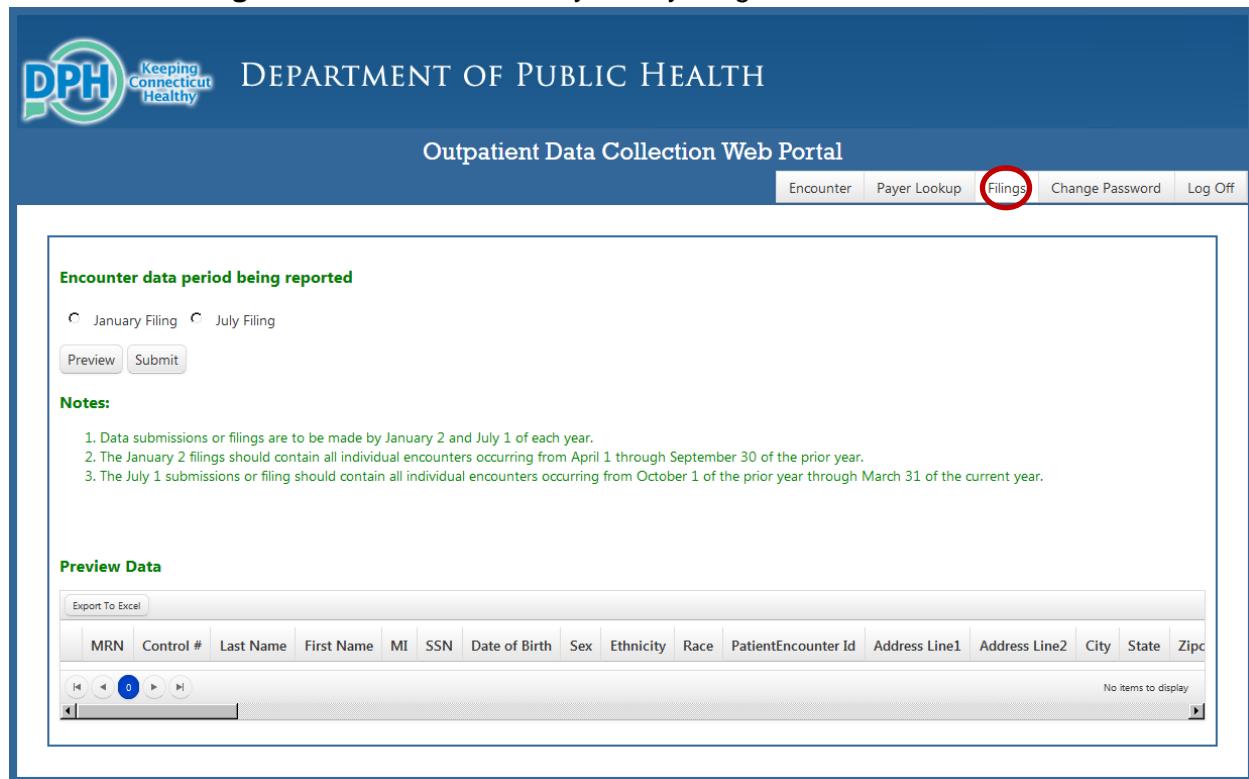
July 1 filings must contain all individual encounters with Date of Service from October 1 of the prior year through March 31 of the current year.

Filing example:

January 2, 2015 filing must contain encounters from April 1, 2014 – September 30, 2014.

July 1, 2015 filing must contain encounters from October 1, 2014 – March 31, 2015.

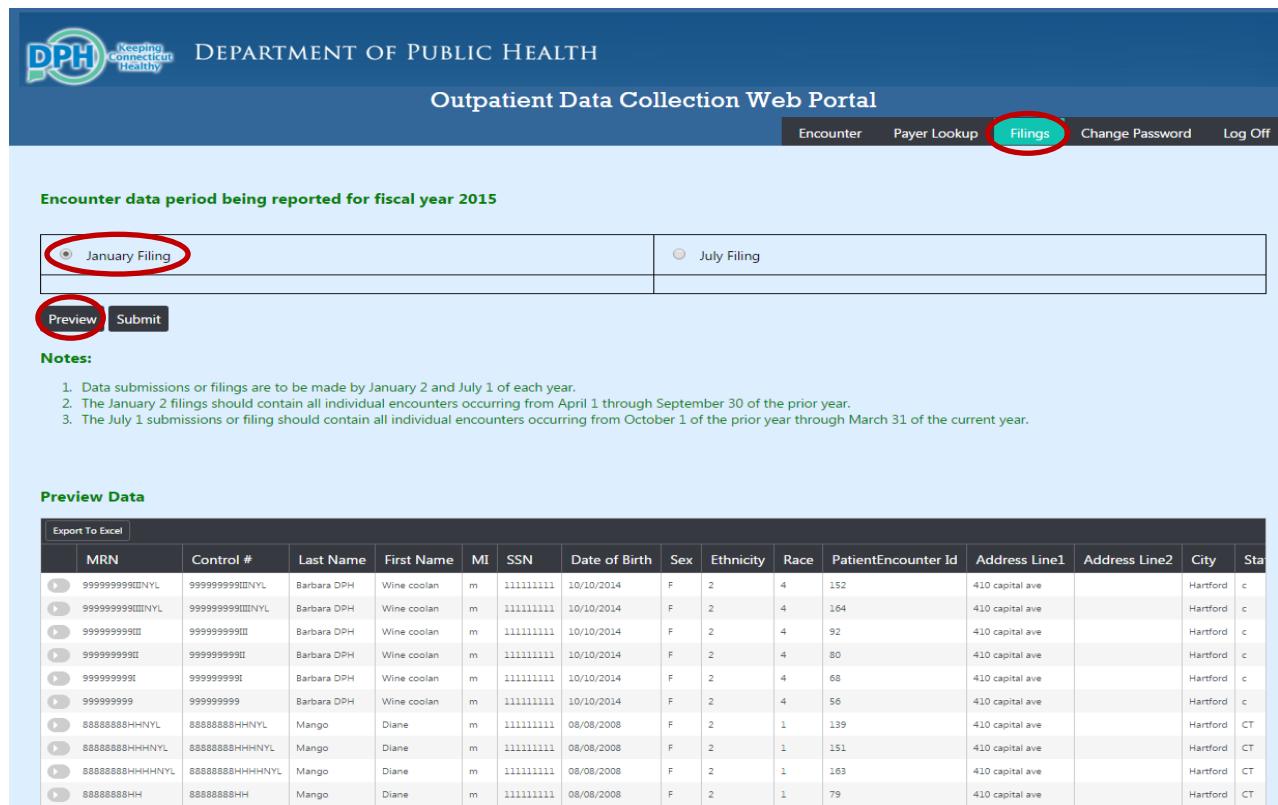
Click on the **Filings** Tab to submit a January or July filing.



The screenshot shows the 'Outpatient Data Collection Web Portal' interface. At the top, the 'DPH Keeping Connecticut Healthy' logo is on the left, and the 'DEPARTMENT OF PUBLIC HEALTH' text is in the center. Below the logo, the title 'Outpatient Data Collection Web Portal' is displayed. A navigation bar at the top right includes 'Encounter', 'Payer Lookup', 'Filings' (which is circled in red), 'Change Password', and 'Log Off'. The main content area is a form titled 'Encounter data period being reported'. It contains two radio buttons: 'January Filing' (selected) and 'July Filing'. Below the radio buttons are 'Preview' and 'Submit' buttons. A 'Notes' section lists three points: 1. Data submissions or filings are to be made by January 2 and July 1 of each year. 2. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year. 3. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year. At the bottom of the form is a 'Preview Data' section with an 'Export To Excel' button. A table header row shows columns for MRN, Control #, Last Name, First Name, MI, SSN, Date of Birth, Sex, Ethnicity, Race, PatientEncounter Id, Address Line1, Address Line2, City, State, and Zipc. Below the header is a data grid with a message 'No items to display'.

## Preview Filings

To preview encounters entered for April 1 through September 30 click on **January Filing** and then **Preview**.



DEPARTMENT OF PUBLIC HEALTH  
Outpatient Data Collection Web Portal  
Encounter Payer Lookup **Filings** Change Password Log Off

Encounter data period being reported for fiscal year 2015

<input checked="" type="radio"/> January Filing	<input type="radio"/> July Filing
---	-----------------------------------

**Preview** **Submit**

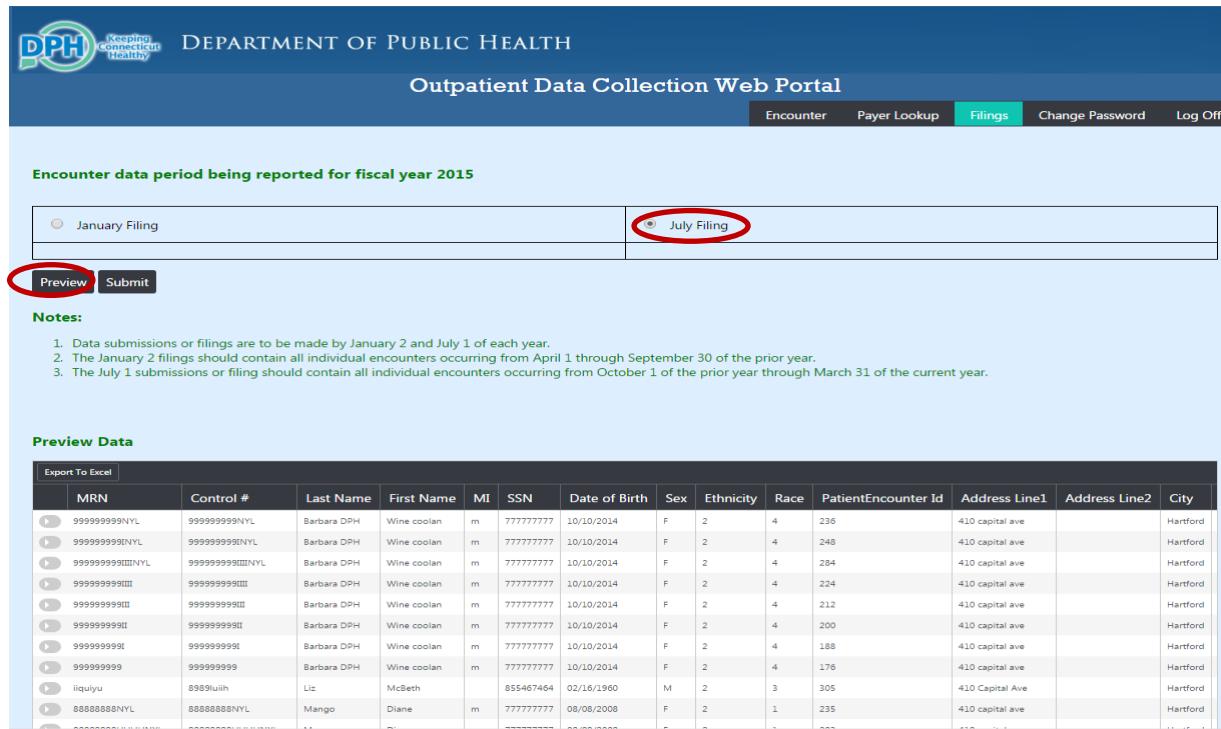
**Notes:**

1. Data submissions or filings are to be made by January 2 and July 1 of each year.
2. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year.
3. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year.

**Preview Data**

MRN	Control #	Last Name	First Name	Mi	SSN	Date of Birth	Sex	Ethnicity	Race	PatientEncounter Id	Address Line1	Address Line2	City	Sta
9999999999IINYL	9999999999IINYL	Barbara DPH	Wine coolan	m	111111111	10/10/2014	F	2	4	152	410 capital ave		Hartford	c
9999999999IIINYL	9999999999IIINYL	Barbara DPH	Wine coolan	m	111111111	10/10/2014	F	2	4	164	410 capital ave		Hartford	c
9999999999III	9999999999III	Barbara DPH	Wine coolan	m	111111111	10/10/2014	F	2	4	92	410 capital ave		Hartford	c
9999999999II	9999999999II	Barbara DPH	Wine coolan	m	111111111	10/10/2014	F	2	4	80	410 capital ave		Hartford	c
9999999998	9999999998	Barbara DPH	Wine coolan	m	111111111	10/10/2014	F	2	4	68	410 capital ave		Hartford	c
999999999	999999999	Barbara DPH	Wine coolan	m	111111111	10/10/2014	F	2	4	56	410 capital ave		Hartford	c
88888888HHNYL	88888888HHNYL	Mango	Diane	m	111111111	08/08/2008	F	2	1	139	410 capital ave		Hartford	CT
88888888HHHNYL	88888888HHHNYL	Mango	Diane	m	111111111	08/08/2008	F	2	1	151	410 capital ave		Hartford	CT
88888888HHHHNYL	88888888HHHHNYL	Mango	Diane	m	111111111	08/08/2008	F	2	1	163	410 capital ave		Hartford	CT
88888888HH	88888888HH	Mango	Diane	m	111111111	08/08/2008	F	2	1	79	410 capital ave		Hartford	CT

To preview encounters entered from October 1 through March 31 click on **July Filing** and then **Preview**.



DEPARTMENT OF PUBLIC HEALTH  
Outpatient Data Collection Web Portal  
Filings

Encounter data period being reported for fiscal year 2015

January Filing  July Filing

**Preview** **Submit**

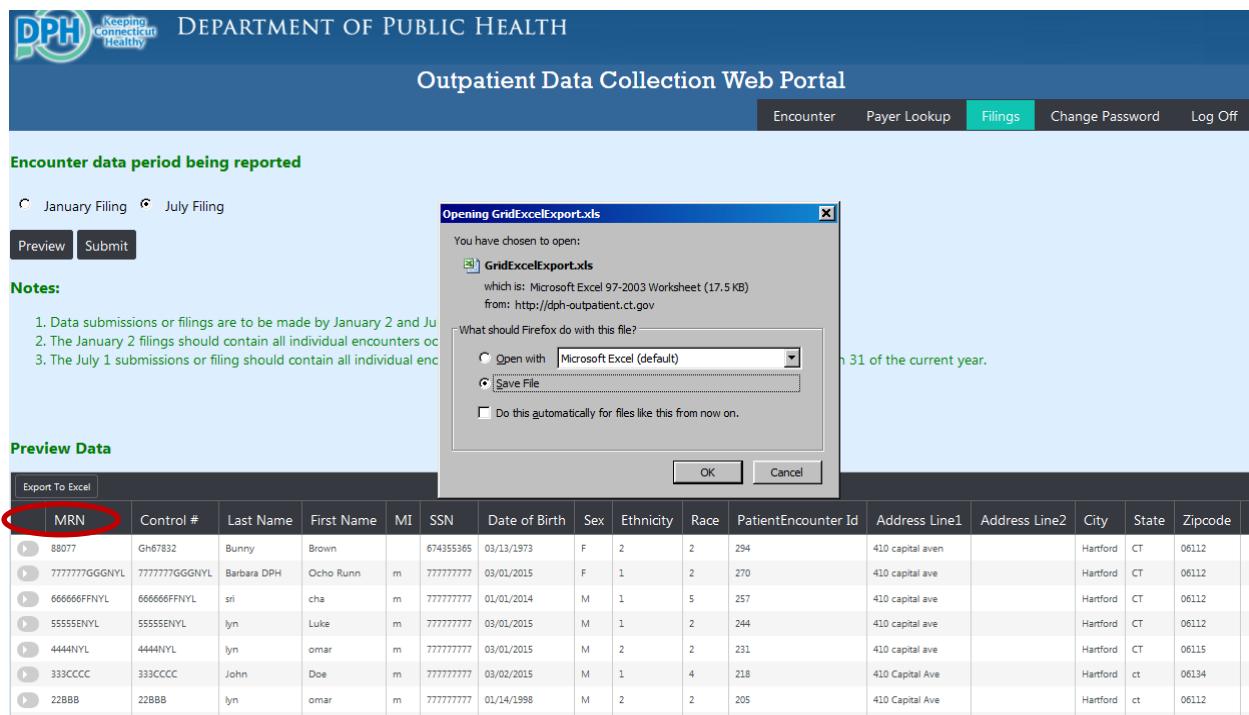
**Notes:**

1. Data submissions or filings are to be made by January 2 and July 1 of each year.
2. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year.
3. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year.

**Preview Data**

MRN	Control #	Last Name	First Name	MI	SSN	Date of Birth	Sex	Ethnicity	Race	PatientEncounter Id	Address Line1	Address Line2	City
999999999NYL	999999999NYL	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	236	410 capital ave		Hartford
999999999NYL	999999999NYL	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	248	410 capital ave		Hartford
999999999III NYL	999999999III NYL	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	284	410 capital ave		Hartford
999999999III	999999999III	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	224	410 capital ave		Hartford
999999999III	999999999III	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	212	410 capital ave		Hartford
999999999III	999999999III	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	200	410 capital ave		Hartford
999999999III	999999999III	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	188	410 capital ave		Hartford
999999999	999999999	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	176	410 capital ave		Hartford
iiiquyu	88888888NYL	Liz	McBeth		855467464	02/16/1980	M	2	3	305	410 Capital Ave		Hartford
88888888NYL	88888888NYL	Mango	Diane	m	777777777	08/08/2008	F	2	1	235	410 capital ave		Hartford

The previewed encounters may be exported into an Excel spread sheet. To export, click on **Export To Excel** and save the file. It is recommended to export the encounters before submitting your filing.



DEPARTMENT OF PUBLIC HEALTH  
Outpatient Data Collection Web Portal  
Filings

Encounter data period being reported

January Filing  July Filing

**Preview** **Submit**

**Notes:**

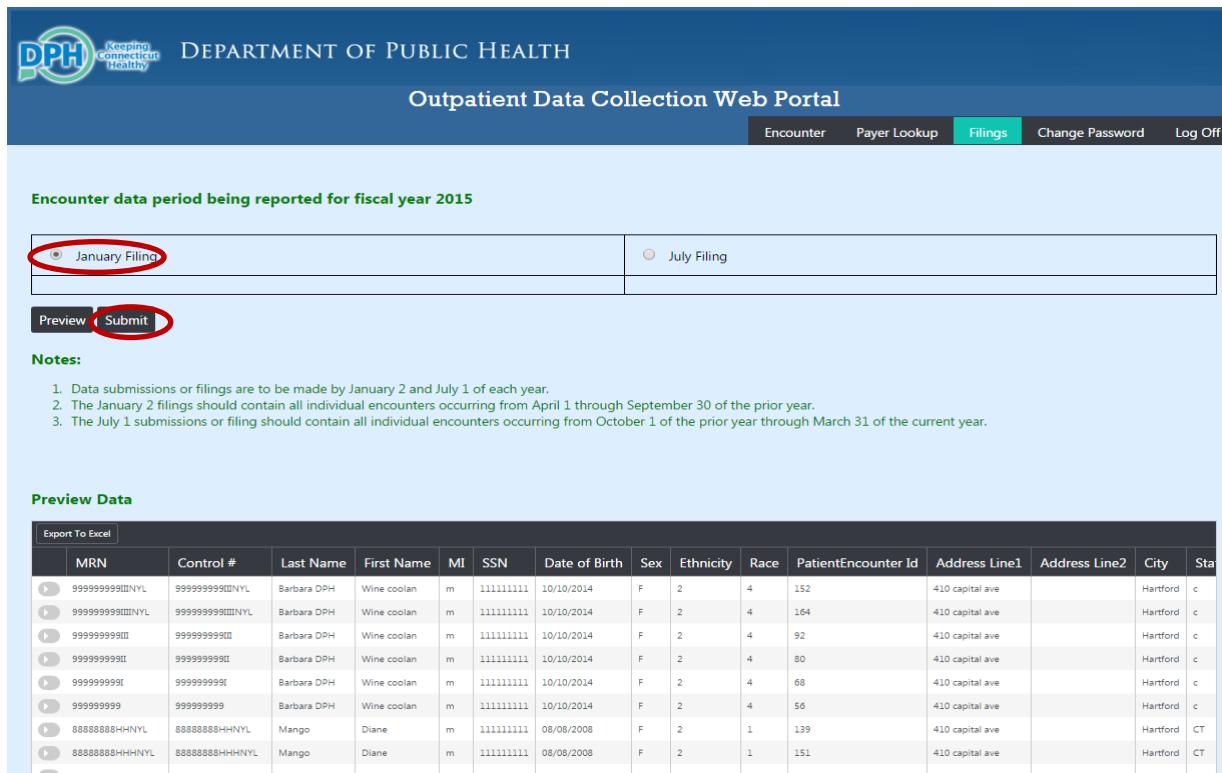
1. Data submissions or filings are to be made by January 2 and July 1 of each year.
2. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year.
3. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year.

**Preview Data**

MRN	Control #	Last Name	First Name	MI	SSN	Date of Birth	Sex	Ethnicity	Race	PatientEncounter Id	Address Line1	Address Line2	City	State	Zipcode
88077	Gh67832	Bunny	Brown		674355365	03/13/1973	F	2	2	294	410 capital ave		Hartford	CT	06112
7777777GGGNYL	7777777GGGNYL	Barbara DPH	Ocho Runn	m	777777777	03/01/2015	F	1	2	270	410 capital ave		Hartford	CT	06112
666666FFNYL	666666FFNYL	sri	cha	m	777777777	01/01/2014	M	1	5	257	410 capital ave		Hartford	CT	06112
55555ENYL	55555ENYL	lyn	Luke	m	777777777	03/01/2015	M	1	2	244	410 capital ave		Hartford	CT	06112
4444NYL	4444NYL	lyn	omar	m	777777777	03/01/2015	M	2	2	231	410 capital ave		Hartford	CT	06115
333CCCC	333CCCC	John	Doe	m	777777777	03/02/2015	M	1	4	218	410 Capital Ave		Hartford	ct	06134
22BBB	22BBB	lyn	omar	m	777777777	01/14/1998	M	2	2	205	410 Capital Ave		Hartford	ct	06112

## Submitting January Filing

1. Submit the January filing by selecting **January filing** and clicking **Submit**.



The screenshot shows the Outpatient Data Collection Web Portal. At the top, there is a logo for the Department of Public Health (DPH) with the tagline 'Keeping Connecticut Healthy'. The main title is 'Outpatient Data Collection Web Portal'. Below the title, there is a navigation bar with links: 'Encounter', 'Payer Lookup', 'Filings' (which is highlighted in green), 'Change Password', and 'Log Off'. A sub-header says 'Encounter data period being reported for fiscal year 2015'. Below this, there is a radio button selection for 'January Filing' (which is selected and circled in red) and 'July Filing'. At the bottom of the form, there are 'Preview' and 'Submit' buttons, with 'Submit' also circled in red. A 'Notes' section provides instructions for data submissions.

**Notes:**

1. Data submissions or filings are to be made by January 2 and July 1 of each year.
2. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year.
3. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year.

**Preview Data**

MRN	Control #	Last Name	First Name	MI	SSN	Date of Birth	Sex	Ethnicity	Race	PatientEncounter Id	Address Line1	Address Line2	City	Sta
999999999111NYL	999999999111NYL	Barbara DPH	Wine coolan	m	1111111111	10/10/2014	F	2	4	152	410 capital ave		Hartford	c
999999999111NYL	999999999111NYL	Barbara DPH	Wine coolan	m	1111111111	10/10/2014	F	2	4	164	410 capital ave		Hartford	c
999999999111	999999999111	Barbara DPH	Wine coolan	m	1111111111	10/10/2014	F	2	4	92	410 capital ave		Hartford	c
999999999111	999999999111	Barbara DPH	Wine coolan	m	1111111111	10/10/2014	F	2	4	80	410 capital ave		Hartford	c
999999999111	999999999111	Barbara DPH	Wine coolan	m	1111111111	10/10/2014	F	2	4	68	410 capital ave		Hartford	c
999999999111	999999999111	Barbara DPH	Wine coolan	m	1111111111	10/10/2014	F	2	4	56	410 capital ave		Hartford	c
88888888HHNYL	88888888HHNYL	Mango	Diane	m	1111111111	08/08/2008	F	2	1	139	410 capital ave		Hartford	CT
88888888HHNYL	88888888HHNYL	Mango	Diane	m	1111111111	08/08/2008	F	2	1	151	410 capital ave		Hartford	CT

2. The January filing has successfully been filed with DPH, which will notify the outpatient facility with the results for any required error corrections, fifteen (15) business days from when filings closed.



The screenshot shows the Outpatient Data Collection Web Portal. At the top, there is a logo for the Department of Public Health (DPH) with the tagline 'Keeping Connecticut Healthy'. The main title is 'Outpatient Data Collection Web Portal'. Below the title, there is a navigation bar with links: 'Encounter', 'Payer Lookup', 'Filings' (which is highlighted in green), 'Change Password', and 'Log Off'. A sub-header says 'Submit Summary'. Below this, there is a message: 'Outpatient data filing successful. DPH will notify you with data review results within 15 business days. Thank you for the filing.'

3. The following confirmation email will be sent to the registered user confirming the filing.

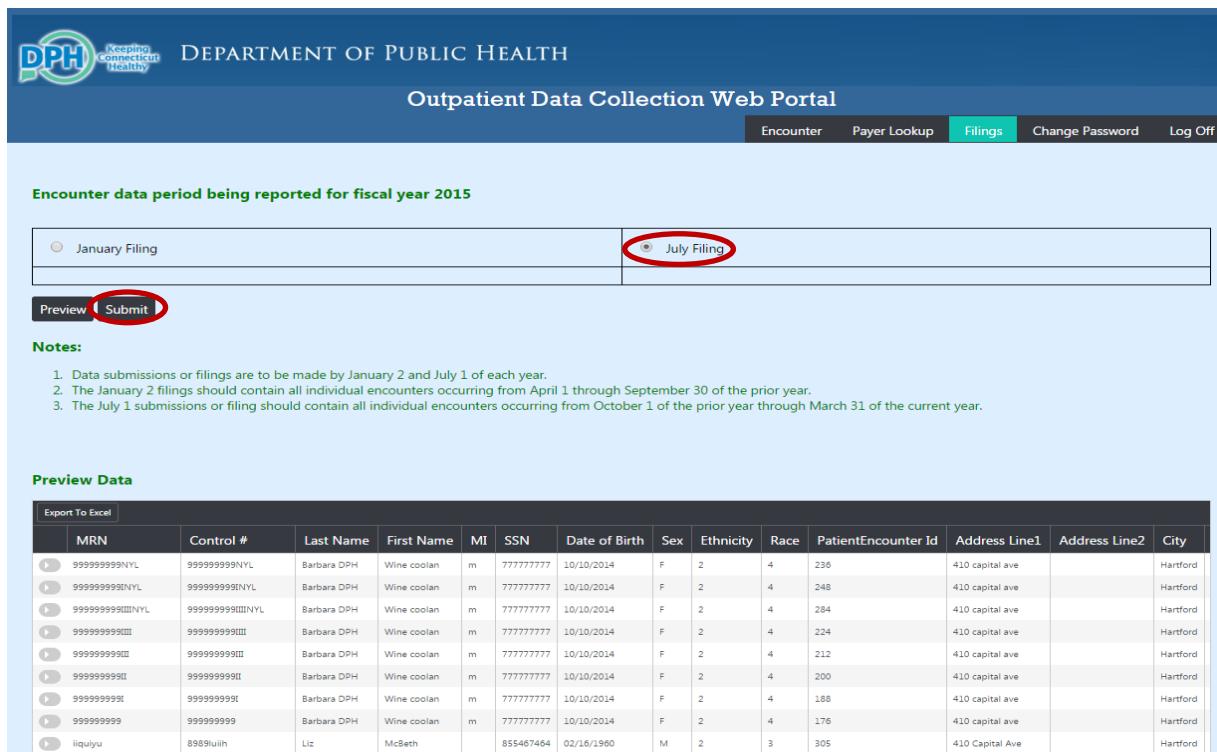
**From:** NoReply@ct.gov [mailto:NoReply@ct.gov]  
**Sent:** Monday, April 13, 2015 11:54 AM  
**To:** Lyn, Omar  
**Subject:** Outpatient data filing process

Dear User,

Outpatient filing for the period from 4/1/2014 and 9/30/2014 has been submitted to DPH/OHCA successfully.

## Submitting July Filing

1. Submit the July filing by selecting **July filing** and clicking **Submit**.



DEPARTMENT OF PUBLIC HEALTH  
Outpatient Data Collection Web Portal  
Encounter Payer Lookup Filings Change Password Log Off

Encounter data period being reported for fiscal year 2015

<input type="radio"/> January Filing	<input checked="" type="radio"/> July Filing
--------------------------------------	--

**Notes:**

1. Data submissions or filings are to be made by January 2 and July 1 of each year.
2. The January 2 filings should contain all individual encounters occurring from April 1 through September 30 of the prior year.
3. The July 1 submissions or filing should contain all individual encounters occurring from October 1 of the prior year through March 31 of the current year.

**Preview Data**

MRN	Control #	Last Name	First Name	MI	SSN	Date of Birth	Sex	Ethnicity	Race	PatientEncounter Id	Address Line1	Address Line2	City
999999999NYL	999999999NYL	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	236	410 capital ave		Hartford
999999999NYL	999999999NYL	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	248	410 capital ave		Hartford
999999999NYL	999999999NYL	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	284	410 capital ave		Hartford
999999999III	999999999III	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	224	410 capital ave		Hartford
999999999III	999999999III	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	212	410 capital ave		Hartford
999999999III	999999999III	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	200	410 capital ave		Hartford
999999999III	999999999III	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	188	410 capital ave		Hartford
999999999	999999999	Barbara DPH	Wine coolan	m	777777777	10/10/2014	F	2	4	176	410 capital ave		Hartford
iiquyu	8989uiuh	Liz	McBeth		855467454	02/16/1960	M	2	3	305	410 Capital Ave		Hartford

2. The July filing has successfully been filed with DPH, which will notify the outpatient facility with the results for any required error corrections, fifteen (15) business days from when filings closed.



DEPARTMENT OF PUBLIC HEALTH  
Outpatient Data Collection Web Portal  
Encounter Payer Lookup Filings Change Password Log Off

**Submit Summary**

Outpatient data filing successful. DPH will notify you with data review results within 15 business days. Thank you for the filing.

3. A confirmation email is sent to the registered user confirming the filing has been received by DPH.

**From:** NoReply@ct.gov [mailto:NoReply@ct.gov]  
**Sent:** Monday, April 13, 2015 11:54 AM  
**To:** Lyn, Omar  
**Subject:** Outpatient data filing process

Dear User,

Outpatient filing for the period from 10/1/2014 and 3/31/2015 has been submitted to DPH/OHCA successfully.

## 10. Adding a New Payer

### Payer Lookup

1. The payer lookup provides the identification and description of insurance companies. Click on **Payer Lookup** to display the list.



DEPARTMENT OF PUBLIC HEALTH  
Outpatient Data Collection Web Portal

Encounter Payer Lookup Filings Change Password Log Off

**Payers Lookup**

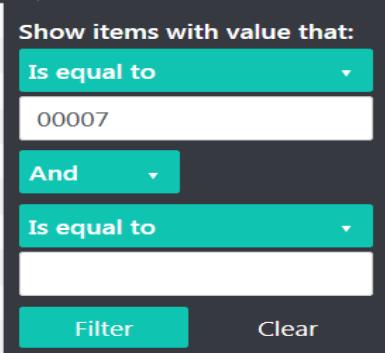
Close the window to go back to the encounter data entry screen.  
To search for payer click on the right hand corner of the header column to get the filter popup screen.

Payer_ID	Payer_Description
00000	NOT APPLICABLE
00005	AETNA CASUAL & SURETY OF AMER
00006	AETNA CASUAL & SURETY OF ILL
00007	AETNA INSURANCE COMPANY
00008	AETNA INC.
00009	AETNA LIFE INSURANCE CO
00012	AGWAY INSURANCE CO
00013	AID ASSOC FOR LUTHERANS
00014	ALEX HAMILTON LIFE INS OF AMER
00016	ALL AMERICAN LIFE INS CO
00018	ALLSTATE INSURANCE CO.
00019	ALLSTATE LIFE INSURANCE CO
00021	AMALGAMATED LIFE

1 - 13 of 1486 items

2. Each column has a search filter to search the payer's table. Click on the funnel icon  to display the search options within the columns (e.g. is equal to, is not equal to, start with, contains, does not contain or ends with). Use And/Or if there are multiple conditions and are they inclusive or exclusive.

The results are filtered by clicking on **Filter** to display the results list. The filter is cleared by clicking on **Clear** to reset filter.



Show items with value that:

Is equal to 00007

And

Is equal to

Filter Clear

3. If the payer information is not found in the drop down menu of the **Primary Payer ID & Description** when adding an encounter, the user may add the Primary, Secondary, or Tertiary payer information to the payer table. The entered data is stored for future usage. It is required to provide a valid **identification number**, the **insured name**, and **national health plan number** for an unlisted payer.

<b>Primary Payer ID &amp; Description</b> 00012-AGWAY INSURANCE CO	<b>Secondary Payer ID &amp; Description</b> 00000-NOT APPLICABLE	<b>Tertiary Payer ID &amp; Description</b> 00000-NOT APPLICABLE
<b>Payer Lookup</b> ; If the payer does not exist in the Lookup table select "00999 - OTHER (UNLISTED INSURANCE)" and provide Payer ID and Payer Description as follows:		
ID <input type="text"/>	ID <input type="text"/>	ID <input type="text"/>
Description <input type="text"/>	Description <input type="text"/>	Description <input type="text"/>
National Health Plan ID1 <input type="text"/>	National Health Plan ID2 <input type="text"/>	National Health Plan ID3 <input type="text"/>

## 11. Data Edits, Error Notification and Correction

1. Data fields definitions and error checking adopted in the web portal/application conform to current standards and definitions, as from time to time amended, of the following:
  - a. National Uniform Billing Committee (NUBC) UB-04 or CMS 1450 Uniform Billing Manual;
  - b. National Uniform Claim Committee (NUCC) 1500 Claim Form Instruction Manual;
  - c. Accredited Standards Committee X12 (ASC X12) Health Care Claim: Professional (837P);
  - d. Accredited Standards Committee X12 (ASC X12) Health Care Claim: Institutional (837I);
  - e. **Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS) International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM);**
  - f. Physician's Current Procedural Terminology (CPT®) of the American Medical Association;
  - g. Centers for Medicare and Medicaid (CMS) Common Procedure Coding System (HCPCS)
  - h. NCHS, Centers for Disease Control and Prevention (CDC) Source of Payment Typology Codes;
  - i. **ICD-10-CM Official Guidelines for Coding and Reporting;**
  - j. CMS Medicare Code Editor (MCE) Guidelines;
  - k. CMS Medicare Outpatient Code Editor (OCE);
  - l. CMS National Correct Coding Initiative Policy Manual for Medicare Services; and
  - m. The Health Insurance Portability and Accountability Act (HIPAA).

### 2. Rules for diagnosis coding<sup>1</sup>

Adhere to the Official Guidelines, a summary of which is as follows:

- a. Record reported diagnosis and complications according to the conventions governing the coding of diagnoses for same day or outpatient surgeries and as contained in the most current version of the International Classification of Diseases, **10th Revision, Clinical Modification ("ICD-10-CM")** and general and disease specific guidelines.
- b. **Identify diagnoses, symptoms, conditions, problems, complaints and other reason(s) for the encounter/visit with the appropriate code(s) from A00.0 through T88.9, Z00-Z99.**
- c. First listed condition or principal diagnosis and complications refer to diagnoses that affect the encounter.
- d. The first listed condition or principal diagnosis refers to the reason the patient presented for surgery even if the surgery was not performed due to a contraindication.

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<sup>1</sup> ICD-10-CM Official Guidelines for Coding and Reporting

- e. Complications or secondary diagnoses refer to those conditions, exclusive of the principal diagnosis which exist at the time of the encounter or develop after the patient presents for outpatient surgery and require admission to observation.
- f. For a confirmed diagnosis, if the postoperative diagnosis is different from the preoperative diagnosis, then report the postoperative diagnosis as the principal diagnosis.
- g. Code diagnoses in the most specific category available for that diagnosis at the time of the encounter. Do not assign a less specific diagnosis if a more specific code is available for that diagnosis.
- h. Diagnosis codes must be the unique and valid highest number of characters ICD-10-CM codes. Enter diagnosis codes as a 3-7 character code. The 1<sup>st</sup> is always alpha and uses all letters except U; the 2<sup>nd</sup> character is numeric; and the 3<sup>rd</sup> to 7<sup>th</sup> characters can be alpha or numeric; alpha characters are not case sensitive and decimal points are to be implied, not explicit.**
- i. Record all diagnoses consistent with what is on the patient's bill or medical record for the encounter. For a given encounter if there are more than nine unique secondary diagnoses on either the bill or medical record, then report nine diagnoses on the data record. If there are fewer than nine unique secondary diagnoses on both the patient's bill and encounter abstract, then leave the unused space reserved for the additional diagnoses blank.

### 3. Rules for procedure coding<sup>2</sup>

Adhere to the official guidelines, a summary of which is as follows:

- a. Procedure means a significant procedure that is surgical in nature; carries a procedural or anesthetic risk; or requires specialized training or special facilities or equipment.
- b. Principal procedure means that procedure most closely related to the principal diagnosis which is performed for the definitive treatment of the patient.
- c. The principal procedure cannot be a procedure performed for a diagnostic or exploratory purpose only or to resolve a complication, unless these are the only types of procedures performed on the patient for the encounter.
- d. Other procedures are other significant procedures in addition to the principal procedure.
- e. Enter procedure codes as a 5-digit CPT or HCPCs code. Leave other procedure fields blank if not applicable.
- f. If a procedure has been reported to diagnose or treat a complication, then report the complication as a secondary diagnosis.

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<sup>2</sup> American Medical Association Official Coding Guidelines

- g. Report procedures consistently with those contained on the patient's bill and medical record for the encounter or visit.
- h. The first two other procedures must be consistent with those contained on the patient's CMS 1500 bill for the encounter being recorded. The remaining seven procedures must be taken from either the patient bill or the patient encounter abstract.
- i. Record all procedures consistent with what is on the patient's bill or medical record for the encounter. For a given encounter if there are more than nine unique secondary procedures on either the bill or medical record, then report nine procedures on the data record. If there are fewer than nine unique secondary procedures on both the patient's bill and encounter abstract, then leave the unused space reserved for the additional procedure blank.
- j. Report the date on which the procedure was performed for each procedure. Leave a procedure date field blank if there is no corresponding procedure.
- k. The service or procedure may be further described by using the 2-position CPT/HCPCS modifiers.

#### **4. Revenue data elements coding for procedures, services and supplies**

- a. For two or more surgical procedures, include an itemized charge for each procedure or roll up surgery charges to one line and indicate zero charges for line items included in the global charge.
- b. For multiple procedures itemized separately, repeat revenue codes with respective CPT codes, unit of service and charges.
- c. If you "roll up" the charges for multiple surgeries to the primary surgical procedure, report zero charges for the other procedures performed in the same surgical setting. Do not report greater than one unit on each surgery procedure.
- d. If grouping services, the place of service, procedure code, charges, and individual provider for each line must be identical for that service line. Group services only if the services were on consecutive days.
- e. Report revenue codes to the fourth digit within the 0200-0999 range of the UB-04 billing manual maintained by the National Uniform Billing Committee (NUBC), **Appendix 2**. Report total units of service and total charges corresponding to individual CPT/HCPCS for an encounter as reported on the CMS 1500 claim form.
- f. Report billing (or revenue) data elements, units of service and accrued charges consistent with CPT/HCPCS codes reporting.
- g. The combination of a revenue code and a CPT code must be unique for each encounter type 4 data records. Aggregate charges and units of services at the revenue/CPT code combination level.

## 5. Payer and Source of Payment Coding

- a. Report payer name or identification and code using **Appendix 3**. Report HIPAA National Plan Identifier instead when the federal mandate becomes effective.
- b. Report the expected source of payment code using **Appendix 4** and the greatest level of detail, if the information exists. **Appendix 5** is the crosswalk between payer typology and the source of payments codes OHCA currently utilizes.

## 6. OHCA Data Review

OHCA will review each data set submitted and notify a health care facility whose filed data does not satisfy the following standards for any filing period:

- a. Values or codes for each data element in the filing are consistent with the values or codes provided by OHCA;
- b. Data elements related to other data elements within an individual record are consistent in substantive content;
- c. Coding values indicating “not available,” “unknown,” or any other such value or term indicating that the valid code, value or range of values for a particular data element is not available or missing are not used unless permitted by the office; and
- d. The number of individual records in the filing containing errors specified do not exceed one percent of the total number of individual records filed.

## 7. The notification from OHCA will:

- a. Indicate if the data is unusable because it was corrupted or failed to conform to specifications;
- b. Identify the data elements for any encounter which are in error, suspected of being in error, or otherwise do not satisfy the standards set by the office; and
- c. Indicate if the facility has to submit a new data file for the period or make corrections to specific records or data fields in error.

8. The notified health care facility must correct the errors according to the standards set by the office using the “Edit an Existing Encounter” feature of the web portal/application (Section 8 of this guide). The health care facility must make the corrections not later than twenty business days after the notification.

9. If OHCA finds errors not discovered during the initial review of the filing, the health care facility must file revisions as OHCA requests not later than twenty business days after the notification.

## 12. Glossary

### Terms and Abbreviations

Term	Meaning
CT-DPH	State of Connecticut Department of Public Health
CPT	Current Procedural Terminology
OHCA	Office of Health Care Access a division of DPH
SFTP	Secure file transfer protocols for facilities with IT resources to automate data filing
VPN	Virtual Private Network
VPN key	Facilitates access to the State's VPN
Web portal	The secure web application that enables keying in the required data directly

## 13. Appendices

### Appendix 1: Connecticut General Statutes Section 19a-654

Sec. 19a-654. (Formerly Sec. 19a-167k). Data submission requirements. Memorandum of understanding. Regulations.

(a) As used in this section:

- (1) "Patient-identifiable data" means any information that identifies or may reasonably be used as a basis to identify an individual patient; and
- (2) "De-identified patient data" means any information that meets the requirements for de-identification of protected health information as set forth in 45 CFR 164.514.

(b) Each short-term acute care general or children's hospital shall submit patient-identifiable inpatient discharge data and emergency department data to the Office of Health Care Access division of the Department of Public Health to fulfill the responsibilities of the office. Such data shall include data taken from patient medical record abstracts and bills. The office shall specify the timing and format of such submissions. Data submitted pursuant to this section may be submitted through a contractual arrangement with an intermediary and such contractual arrangement shall (1) comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191 (HIPAA), and (2) ensure that such submission of data is timely and accurate. The office may conduct an audit of the data submitted through such intermediary in order to verify its accuracy.

(c) An outpatient surgical facility, as defined in section 19a-493b, a short-term acute care general or children's hospital, or a facility that provides outpatient surgical services as part of the outpatient surgery department of a short-term acute care hospital shall submit to the office the data identified in subsection (c) of section 19a-634. The office shall convene a working group consisting of representatives of outpatient surgical facilities, hospitals and other individuals necessary to develop recommendations that address current obstacles to, and proposed requirements for, patient-identifiable data reporting in the outpatient setting. On or before February 1, 2012, the working group shall report, in accordance with the provisions of section 11-4a, on its findings and recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to public health and insurance and real estate. Additional reporting of outpatient data as the office deems necessary shall begin not later than July 1, 2015. On or before July 1, 2012, and annually thereafter, the Connecticut Association of Ambulatory Surgery Centers shall provide a progress report to the Department of Public Health, until such time as all ambulatory surgery centers are in full compliance with the implementation of systems that allow for the reporting of outpatient data as required by the commissioner. Until such additional reporting requirements take effect on July 1, 2015, the department may work with the Connecticut Association of Ambulatory Surgery Centers and the Connecticut Hospital Association on specific data reporting initiatives provided that no penalties shall be assessed under this chapter or any other provision of law with respect to the failure to submit such data.

(d) Except as provided in this subsection, patient-identifiable data received by the office shall be kept confidential and shall not be considered public records or files subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The office may release de-identified patient data or aggregate patient data to the public in a manner consistent with the provisions of 45 CFR 164.514. Any de-identified patient data released by the office shall exclude provider, physician and payer organization names or codes and shall be kept confidential by the recipient. The office may release patient-identifiable data (1) as provided for in section 19a-25 and regulations adopted pursuant to section 19a-25, and (2) to (A) a state agency for the purpose of improving health care service delivery, (B) a federal agency or the office of the Attorney General for the purpose of investigating hospital mergers and acquisitions, or (C) another state's health data collection agency with which the office has entered into a reciprocal data-sharing agreement for the purpose of certificate of need review or evaluation of health care services, upon receipt of a request from such agency, provided, prior to the release of such patient-identifiable data, such agency enters into a written agreement with the office pursuant to which such agency agrees to protect the confidentiality of such patient-identifiable data and not to use such patient-identifiable data as a basis for any decision concerning a patient. No individual or entity receiving patient-identifiable data may release such data in any manner that may result in an individual patient, physician, provider or payer being identified. The office shall impose a reasonable, cost-based fee for any patient data provided to a nongovernmental entity.

(e) Not later than October 1, 2011, the Office of Health Care Access shall enter into a memorandum of understanding with the Comptroller that shall permit the Comptroller to access the data set forth in subsections (b) and (c) of this section, provided the Comptroller agrees, in writing, to keep individual patient and provider data identified by proper name or personal identification code and submitted pursuant to this section confidential.

(f) The Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this section.

(g) The duties assigned to the Department of Public Health under the provisions of this section shall be implemented within available appropriations.

## Appendix 2: Revenue Codes and Description

Revenue Code	Description	
0001	Total Charge	
0091	Chronic Disease Hospital (General Assistance)	
0092	HealthTrack Screening - Initial or Periodic	
0093	HealthTrack Screening with Referral - Initial or Periodic	
0094	HealthTrack Screening with Treatment - Initial or Periodic	
0099	Inpatient Acute Care Rehabilitation	
0100	All-Inclusive Room and Board Plus Ancillary	
0101	All-Inclusive Room and Board	
0110	Room & Board - Private(Medical or General) - General classification	
0111	Room & Board - Private(Medical or General) - Medical/Surgical/Gyn	
0112	Room & Board - Private(Medical or General) - OB	
0113	Room & Board - Private(Medical or General) - Pediatric	
0114	Room & Board - Private(Medical or General) - Psychiatric	
0115	Room & Board - Private(Medical or General) - Hospice	
0116	Room & Board - Private(Medical or General) - Detoxification	
0117	Room & Board - Private(Medical or General) - Oncology	
0118	Room & Board - Private(Medical or General) - Rehabilitation	
0119	Room & Board - Private(Medical or General) - Other	
0120	Room & Board - Semi-private Two Bed(Medical or General) - General classification	
0121	Room & Board - Semi-private Two Bed(Medical or General) - Medical/Surgical/Gyn	
0122	Room & Board - Semi-private Two Bed(Medical or General) - OB	
0123	Room & Board - Semi-private Two Bed(Medical or General) - Pediatric	
0124	Room & Board - Semi-private Two Bed(Medical or General) - Psychiatric	
0125	Room & Board - Semi-private Two Bed(Medical or General) - Hospice	
0126	Room & Board - Semi-private Two Bed(Medical or General) - Detoxification	
0127	Room & Board - Semi-private Two Bed(Medical or General) - Oncology	
0128	Room & Board - Semi-private Two Bed(Medical or General) - Rehabilitation	
0129	Room & Board - Semi-private Two Bed(Medical or General) - Other	
0130	Semi-Private - Three and Four Beds - General classification	
0131	Semi-Private - Three and Four Beds - Medical/Surgical/Gyn	
0132	Semi-Private - Three and Four Beds - OB	
0133	Semi-Private - Three and Four Beds - Pediatric	
0134	Semi-Private - Three and Four Beds - Psychiatric	
0135	Semi-Private - Three and Four Beds - Hospice	
0136	Semi-Private - Three and Four Beds - Detoxification	
0137	Semi-Private - Three and Four Beds - Oncology	
0138	Semi-Private - Three and Four Beds - Rehabilitation	
0139	Semi-Private - Three and Four Beds - Other	
0140	Private (Deluxe)- General classification	
0141	Private (Deluxe)- Medical/Surgical/Gyn	
0142	Private (Deluxe)- OB	
0143	Private (Deluxe)- Pediatric	
0144	Private (Deluxe)- Psychiatric	
0145	Private (Deluxe)- Hospice	
0146	Private (Deluxe)- Detoxification	
0147	Private (Deluxe)- Oncology	
0148	Private (Deluxe)- Rehabilitation	
0149	Private (Deluxe)- Other	
0150	Room & Board Ward (Medical or General) - General classification	
0151	Room & Board Ward (Medical or General) - Medical/Surgical/Gyn	
0152	Room & Board Ward (Medical or General) - OB	
0153	Room & Board Ward (Medical or General) - Pediatric	
0154	Room & Board Ward (Medical or General) - Psychiatric	
0155	Room & Board Ward (Medical or General) - Hospice	
0156	Room & Board Ward (Medical or General) - Detoxification	
0157	Room & Board Ward (Medical or General) - Oncology	
0158	Room & Board Ward (Medical or General) - Rehabilitation	
0159	Room & Board Ward (Medical or General) - Other	
0160	Other Room & Board - General Classification	
0164	Other Room & Board - Sterile Environment	
0167	Other Room & Board - Self Care	
0169	Other Room & Board - Other	
0170	Nursery - General Classification	
0171	Newborn - Level I	
0172	Newborn - Level II	
0173	Newborn - Level III	
0174	Newborn - Level IV	
0175	Nursery – Neo Natal ICU	
0179	Nursery - Other	

0180	Leave of Absence - General Classification
0181	Leave of Absence - RESERVED
0182	Leave of Absence - Patient Convenience
0183	Leave of Absence - Therapeutic Leave
0184	Leave of Absence - ICF/MR - any reason
0185	Leave of Absence - Nursing home ( for hospitalization)
0189	Leave of Absence - Other
0190	Sub Acute - General Classification
0200	Intensive Care - General Classification
0201	Intensive Care - Surgical
0202	Intensive Care - Medical
0203	Intensive Care - Pediatric
0204	Intensive Care - Psychiatric
0206	Intensive Care - Post ICU
0207	Intensive Care - Burn Care
0208	Intensive Care - Trauma
0210	General classification
0211	Myocardial Infarction
0212	Pulmonary Care
0213	Heart Transplant
0214	Post-CCU
0219	Other Coronary Care
0220	Special Charges - General classification
0221	Special Charges - Admission Charge
0222	Special Charges - Technical Support Charge
0223	Special Charges - U.R. Service Charge
0224	Special Charges - Late Discharge, medically necessary
0229	Special Charges - Other Special Charges
0230	Incremental Nursing Charge Rate - General Classification
0231	Incremental Nursing Charge Rate - Nursery
0232	Incremental Nursing Charge Rate - OB
0233	Incremental Nursing Charge Rate - ICU
0234	Incremental Nursing Charge Rate - CCU
0235	Incremental Nursing Charge Rate - Hospice
0239	Incremental Nursing Charge Rate - Other
0240	All Inclusive Ancillary - General Classification
0249	All Inclusive Ancillary - Other Inclusive Ancillary
0250	Pharmacy - General Classification
0251	Pharmacy - Generic Drugs
0252	Pharmacy - Non-generic Drugs
0253	Pharmacy - Take Home Drugs
0254	Pharmacy - Drugs Incident to other Diagnostic Services
0255	Pharmacy - Drugs incident to Radiology
0256	Pharmacy - Experimental Drugs

0257	Pharmacy - Non-prescription
0258	Pharmacy - IV Solutions
0259	Pharmacy - Other Pharmacy
0260	IV Therapy - General classification
0261	IV Therapy - Infusion Pump
0262	IV Therapy - Pharmacy Svcs
0263	IV Therapy - Drug/Supply Delivery
0264	IV Therapy - Supplies
0269	IV Therapy - Other
0270	Medical/Surgical Supplies and Devices - General Classification
0271	Medical/Surgical Supplies and Devices - Non Sterile
0272	Medical/Surgical Supplies and Devices - Sterile
0273	Medical/Surgical Supplies and Devices - Take Home
0274	Medical/Surgical Supplies and Devices - Prosthetic/Orthotic Devices
0275	Medical/Surgical Supplies and Devices - Pace Maker
0276	Medical/Surgical Supplies and Devices - Intraocular Lens
0277	Medical/Surgical Supplies and Devices - Oxygen-Take Home
0278	Medical/Surgical Supplies and Devices - Other Implants
0279	Medical/Surgical Supplies and Devices - Other Supplies/Devices
0280	Oncology - General Classification
0289	Oncology - Other
0290	Durable Medical Equipment - General Classification
0291	Durable Medical Equipment - Rental
0292	Durable Medical Equipment - Purchase of new DME
0293	Durable Medical Equipment - Purchase of used DME
0294	Durable Medical Equipment - Supplies/Drugs for DME Effectiveness
0299	Durable Medical Equipment - Other Equipment
0300	Laboratory - General Classification
0301	Laboratory - Chemistry
0302	Laboratory - Immunologu
0303	Laboratory - Renal Patient(Home)
0304	Laboratory - Non-Routine Dialysis
0305	Laboratory - Hematology
0306	Laboratory - Bacteriology and Microbiology
0307	Laboratory - Urology
0309	Laboratory - Other
0310	Laboratory Pathological - General Classification
0311	Laboratory Pathological - Cytology
0312	Laboratory Pathological - Histology
0314	Laboratory Pathological - Biopsy

0319	Laboratory Pathological - Other
0320	Radiology - Diagnostic - General Classification
0321	Radiology - Diagnostic - Angiocardiography
0322	Radiology - Diagnostic - Arthography
0323	Radiology - Diagnostic - Arteriography
0324	Radiology - Diagnostic - Chest X-Ray
0329	Radiology - Diagnostic - Other
0330	Radiology - Therapeutic - General Classification
0331	Radiology - Therapeutic - Chemotherapy - Injected
0332	Radiology - Therapeutic - Chemotherapy - Oral
0333	Radiology - Therapeutic - Radiation Therapy
0335	Radiology - Therapeutic - Chemotherapy - IV
0339	Radiology - Therapeutic - Other
0209	Intensive Care - Other Intensive Care
0340	Nuclear Medicine - General Classification
0341	Nuclear Medicine - Diagnostic
0342	Nuclear Medicine - Therapeutic
0343	Nuclear Medicine - Diagnostic RadioPharmaceuticals
0344	Nuclear Medicine - Therapeutic RadioPharmaceuticals
0349	Nuclear Medicine - Other
0350	CT Scan - General Classification
0351	CT Scan - Head Scan
0352	CT Scan - Body Scan
0359	CT Scan - Other CT Scans
0360	Operating Room Services - General Classification
0361	Operating Room Services - Minor Surgery
0362	Operating Room Services - Organ transplant other than Kidney
0367	Operating Room Services - Kidney transplant
0369	Operating Room Services - Other Operating Room Services
0370	Anesthesia - General Classification
0371	Anesthesia - Incident to Radiology
0372	Anesthesia - Incident to other Diagnostic Services
0374	Anesthesia - Acupuncture
0379	Anesthesia - Other Anesthesia
0380	Blood - General classification
0381	Blood - Packed Red Cells
0382	Blood - Whole Blood
0383	Blood - Plasma
0384	Blood - Platelets
0385	Blood - Leucocytes
0386	Blood - Other components
0387	Blood - Other derivatives (Cryoprecipitates)
0389	Blood - Other Blood

0390	Blood Storage and Processing - General Classification
0391	Blood Storage and Processing - Blood Administration
0399	Blood Storage and Processing - Other
0400	Other Imaging Services - General classification
0401	Other Imaging Services - Diagnostic Mammography
0402	Other Imaging Services - Ultrasound
0403	Other Imaging Services - Screening Mammography
0404	Other Imaging Services - Positron Emission Tomography
0409	Other Imaging Services - Other
0410	Respiratory Services - General Classification
0412	Respiratory Services - Inhalation Services
0413	Respiratory Services - Hyperbaric Oxygen Therapy
0419	Respiratory Services - Other
0420	Physical Therapy - General classification
0421	Physical Therapy - Visit charge
0422	Physical Therapy - Hourly charge
0423	Physical Therapy - Group rate
0424	Physical Therapy - Evaluation or Re-evaluation
0429	Physical Therapy - Other
0430	Occupational Therapy - General classification
0431	Occupational Therapy - Visit charge
0432	Occupational Therapy - Hourly charge
0433	Occupational Therapy - Group rate
0434	Occupational Therapy - Evaluation or Re-evaluation
0439	Occupational Therapy - Other
0440	Speech-Language Pathology Therapy - General classification
0441	Speech-Language Pathology Therapy - Visit charge
0442	Speech-Language Pathology Therapy - Hourly charge
0443	Speech-Language Pathology Therapy - Group rate
0444	Speech-Language Pathology Therapy - Evaluation or Re-evaluation
0449	Speech-Language Pathology Therapy - Other
0450	Emergency Room - General Classification
0451	EMTALA Emergency Medical Screening Services
0452	ER Beyond EMTALA Screening
0456	Urgent Care
0459	Emergency Room - Other
0460	Pulmonary Function - General Classification
0469	Pulmonary Function - Other
0470	Audiology - General Classification
0471	Audiology - Diagnostic

0472	Audiology - Treatment
0479	Audiology - Other
0480	Cardiology - General Classification
0481	Cardiology - Cardiac Cath Lab
0482	Cardiology - Stress Test
0483	Echocardiology
0489	Cardiology - Other
0490	Ambulatory Surgical Care - General Classification
0499	Ambulatory Surgical Care - Other
0500	Outpatient Services - General Classification
0509	Outpatient Services - Other
0510	Clinic - General Classification
0511	Clinic - Chronic Pain Center
0512	Clinic - Dental Clinic
0513	Clinic - Psychiatric Clinic
0514	Clinic - OB-GYN Clinic
0515	Clinic - Pediatric Clinic
0516	Urgent Care Clinic
0519	Clinic - Other Clinic
0520	Free-Standing Clinic - General Classification
0521	Free-Standing Clinic - Rural Health-Clinic
0522	Free-Standing Clinic - Rural Health-Home
0523	Free-Standing Clinic - Family Practice
0529	Free-Standing Clinic - Other Freestanding Clinic
0530	Osteopathic Services - General Classification
0531	Osteopathic Services - Osteopathic Therapy
0539	Osteopathic Services - Other
0540	Ambulance - General Classification
0541	Ambulance - Supplies
0542	Ambulance - Medical Transport
0543	Ambulance - Heart Mobile
0544	Ambulance - Oxygen
0545	Ambulance - Air
0546	Ambulance - Neonatal Ambulance Services
0547	Ambulance - Pharmacy
0548	Ambulance - Telephone Transmission EKG
0549	Ambulance - Other
0550	Skilled Nursing - General Classification
0551	Skilled Nursing - Visit Charge
0552	Skilled Nursing - Hourly Charge
0559	Skilled Nursing - Other
0560	Medical Social Services - General Classification
0561	Medical Social Services - Visit Charge
0562	Medical Social Services - Hourly Charge
0569	Medical Social Services - Other
0570	Home Health Aide - General Classification

0571	Home Health Aide - Visit Charge
0572	Home Health Aide - Hourly Charge
0579	Home Health Aide - Other
0580	Other Visits (Home Health) - General Classification
0581	Other Visits (Home Health) - Visit Charge
0582	Other Visits (Home Health) - Hourly Charge
0589	Other Visits (Home Health) - Other
0590	Units of Service (Home Health) - General Classification
0599	Units of Service (Home Health) - Other Units
0600	Oxygen (Home Health) - General Classification
0601	Oxygen (Home Health) - State/Equip/Suppl/or Cont
0602	Oxygen (Home Health) - State/Equip/Suppl/Under 1 LPM
0603	Oxygen (Home Health) - State/Equip/Over 4 LPM
0604	Oxygen (Home Health) - Portable add-on
0610	MRI - General Classification
0611	MRI - Brain (including Brainstem)
0612	MRI - Spinal Cord (including Spine)
0614	MRI - Other
0615	MRA - Head and Neck
0616	MRA - Lower Extremities
0618	MRA - Other
0619	MRI - Other
0621	Medical/Surgical Supplies - Incident to radiology
0622	Medical/Surgical Supplies - Incident to other diagnostic services
0623	Itemized charges for surgical dressings
0624	Medical/Surgical Supplies - Investigational Device
0630	Drugs Identification - General Classification
0631	Drugs Identification - Single Source Drug
0632	Drugs Identification - Multiple Source Drug
0633	Drugs Identification - Restrictive Prescription
0634	Drugs Identification - Erythropoietin (EPO) less than 10,000 units
0635	Drugs Identification - Erythropoietin (EPO) more than 10,000 units
0636	Drugs Identification - Drugs Requiring Detailed Coding
0637	Drugs Identification - Self-administrable Drugs
0640	Home IV Therapy - General Classification
0641	Home IV Therapy - Nonroutine Nursing, Central Line
0642	Home IV Therapy - IV Site Care, Central Line
0643	Home IV Therapy - IV Start/Change, Peripheral Line
0644	Home IV Therapy - Nonroutine Nursing, Peripheral Line
0645	Home IV Therapy - Training Patient/Caregiver, Central Line

0646	Home IV Therapy - Training Disabled Patient, Central Line
0647	Home IV Therapy - Training, Patient/ Caregiver, Peripheral Line
0648	Home IV Therapy - Training Disabled Patient, Peripheral Line
0649	Home IV Therapy - Other IV Therapy Services
0650	Hospice Service - General Classification
0651	Hospice Service - Routine Home Care
0652	Hospice Service - Continuous Home Care
0653	Hospice Service - RESERVED
0654	Hospice Service - RESERVED
0655	Hospice Service - Impatient Respite Care
0656	Hospice Service - General Inpatient Care (Non-respite)
0657	Hospice Service - Physician Services
0659	Hospice Service - Other
0660	Respite Care (HHA only) - General Classification
0661	Respite Care (HHA only) - Hourly Charge/Skilled Nursing
0662	Respite Care (HHA only) - Hourly Charge/Home Health Aide/Homemaker
0681	Trauma Response,Level I,TRAUMA LEVEL I,Y
0682	Trauma Response, Level II
0683	Trauma Response: Level III
0700	Cast Room - General Classification
0709	Cast room - Other
0710	Recovery room - General Classification
0719	Recovery room - Other
0720	Labor Room/Delivery - General Classification
0721	Labor Room/Delivery - Labor
0722	Labor Room/Delivery - Delivery
0723	Labor Room/Delivery - Circumcision
0724	Labor Room/Delivery - Birthing Centre
0725	Fetal Monitoring
0729	Labor Room/Delivery - Other
0730	EKG/ECG - General Classification
0731	EKG/ECG - Holter monitor
0732	EKG/ECG - Telemetry
0739	EKG/ECG - Other
0740	EEG - General classification
0749	EEG - Other
0750	Gastro Intestinal Services - General Classification
0759	Gastro Intestinal Services - Other
0760	Treatment/Observation Room - General Classification
0761	Treatment/Observation Room - Treatment Room
0762	Treatment/Observation Room - Observation Room

0769	Treatment/Observation Room - Other
0770	Preventive Care Services - General
0771	Vaccine Administration
0779	Other preventive care services
0780	Telemedicine - General
0789	Other Telemedicine
0790	Lithotripsy - General Classification
0799	Lithotripsy - Other
0800	Inpatient Renal Dialysis - General Classification
0801	Inpatient Renal Dialysis - Inpatient Hemodialysis
0802	Inpatient Renal Dialysis - Inpatient Peritoneal (Non-CAPD)
0803	Inpatient Renal Dialysis - Inpatient Continuous Ambulatory Peritoneal Dialysis
0804	Inpatient Renal Dialysis - Inpatient Continuous Cycling Peritoneal Dialysis
0809	Inpatient Renal Dialysis - Other
0810	Organ Acquisition - General Classification
0811	Organ Acquisition - Living Donor-Kidney
0812	Organ Acquisition - Cadaver Donor-Kidney
0813	Organ Acquisition - Unknown Donor -Kidney
0814	Organ Acquisition - Other Kidney Acquisition
0815	Organ Acquisition - Cadaver Donor-Heart
0817	Donor - Liver
0819	Organ Acquisition - Other Organ Acquisition
0820	Hemodialysis - Outpatient or Home - General Classification
0821	Hemodialysis - Outpatient or Home - Hemodialysis/Composite or other rate
0825	Hemodialysis - Outpatient or Home - Support Services
0829	Hemodialysis - Outpatient or Home - Other
0830	Peritoneal Dialysis - Outpatient or Home - General Classification
0831	Peritoneal Dialysis - Outpatient or Home - Peritoneal Composite or other rate
0832	Peritoneal Dialysis - Outpatient or Home - Home Supplies
0833	Peritoneal Dialysis - Outpatient or Home - Home Equipment
0834	Peritoneal Dialysis - Outpatient or Home - Maintenance/100%
0835	Peritoneal Dialysis - Outpatient or Home - Support Services
0839	Peritoneal Dialysis - Outpatient or Home - Other
0840	CAPD - Outpatient or Home - General Classification
0841	CAPD - Outpatient or Home - CAPD/Composite or other rate
0842	CAPD - Outpatient or Home - Home Supplies
0843	CAPD - Outpatient or Home - Home Equipment
0844	CAPD - Outpatient or Home - Maintenance/100%
0987	Professional Fees -Hospital Visit

0988	Professional Fees - Consultation
0989	Professional Fees - Private Duty Nurse
0990	Patient Convenience Items - General Classification
0991	Patient Convenience Items - Cafeteria/Guest Tray
0992	Patient Convenience Items - Private Linen Service
0993	Patient Convenience Items - Telephone/Telegraph
0994	Patient Convenience Items - TV/Radio

0995	Patient Convenience Items – Non patient Room Rentals
0996	Patient Convenience Items - Late Discharge Charge
0997	Patient Convenience Items - Admission Kits
0998	Patient Convenience Items - Beauty Shop/Barber
0999	Patient Convenience Items - Other Patient convenience Items
9999	No revenue data

### Appendix 3: Payer identification code, name and description

Payer Code	Payer Description	
01074	AETNA CASUAL & SURETY OF AMER	00090 BENEFICIAL STANDARD LIFE INS
00005	AETNA CASUAL & SURETY OF AMER	00091 BENEFIT TRUST LIFE INSURANCE
00006	AETNA CASUAL & SURETY OF ILL	00092 BERKSHIRE LIFE INS CO
00007	AETNA INSURANCE COMPANY	00093 BIRMINGHAM FIRE INS OF PENN
00008	AETNA LIFE & CASUALTY CO.	00096 BOSTON MUTUAL LIFE INSUR CO
00009	AETNA LIFE INSURANCE CO	00097 BOSTON OLD COLONY INSUR CO
00012	AGWAY INSURANCE CO	000SW STONE AND WEBSTER, INC (CBA)
00013	AID ASSOC FOR LUTHERANS	00100 BUSINESS MENS ASSUR CO OF AMER
00014	ALEX HAMILTON LIFE INS OF AMER	00105 CALIFORNIA-WESTERN STATES LIFE
00016	ALL AMERICAN LIFE INS CO	00106 CANADA LIFE ASSURANCE CO
00018	ALLSTATE INSURANCE CO.	00107 CAPITAL LIFE
00019	ALLSTATE LIFE INSURANCE CO	00108 CAPP CARE OHIO BRICK LAYERS
00021	AMALGAMATED LIFE	00110 CENTENNIAL LIFE INS CO
00023	AMER AMICABLE LIFE INS	00112 CENTRAL NAT'L INS CO OF OMAHA
00026	AMERICAN BANKERS INS OF FLA	00116 CNTRL STATES HLTH & LIFE OMAHA
00027	AMERICAN CASUALTY OF READING	00119 CHARTER NATIONAL LIFE INS CO
00035	AMERICAN GENERAL GR INS	00120 C H C S
00042	AMERICAN HARDWARE MUTUAL	00123 CITIZENS INS CO OF AMERICA
00043	AMER HEALTH AND LIFE INS CO	00126 CNA INSURANCE COS MAILHANDLRS
00044	AMERICAN HERITAGE LIFE	00130 COLONIAL LIFE & ACCIDENT INS
00045	AMERICAN HOME ASSURANCE CO	00131 COLONIAL LIFE INS CO OF AMER
00048	AMER INS OF TEXAS	00132 COLONIAL PENN FRANKLIN INS CO
00056	AMERICAN MOTORISTS INS CO	00133 CONSECO DIRECT (COLONIAL PENN)
00057	AMERICAN MUTUAL	00136 COLUMBIAN MUTUAL LIFE INS CO
00058	AMERICAN MUTUAL	00139 COMBINED INSURANCE CO OF AMER
00059	AMERICAN NATIONAL INS	00142 COMMERCIAL INSUR CO OF NEWARK
00060	ANTHEM BLUE CROSS	00144 COMMERCIAL TRAVELERS MUTUAL IN
00061	AMERICAN POLICYHOLDER'S INS	00146 COMMERCIAL UNION INSUR CO
00062	AMERICAN PROGRESSIVE	00147 COMMERCIAL UNION LIFE OF AMER
00063	AMERICAN REPUBLIC INS CO	00150 COMPANION LIFE INS CO
00064	AMER RESERVE LIFE INS	00151 CONFEDERATION LIFE INSURANCE
00066	BLUE CROSS 65 PLAN	00152 COMPARATIVE INSURANCE
00068	AMERICAN STATES INSURANCE CO	00156 CONN GENERAL IN
00069	AMERICAN UNITED LIFE INS CO	00157 CIGNA (CT GEN LIFE)
00070	AMERICAN UNDERWRITERS	00158 CONN IDEMNITY CO
00074	ASSOCIATED INDEMNITY CORP	00159 CONN MUTUAL LIFE INSURANCE
00075	ASSOCIATION LIFE INSURANCE CO	00160 CONSTITUTION LIFE INS CO
00078	AULTCARE	00163 CONTINENTAL ASSURANCE CO
00082	BANKERS LIFE & CASUALTY	00164 CONTINENTAL ASSURANCE
00083	PRINCIPAL MUTUAL LIFE	00166 CONTINENTAL CASUALTY CO
00085	BANKERS MULTIPLE LIFE INS CO	00169 CONTINENTAL INSURANCE
00086	BANKERS NATIONAL LIFE INS CO	00171 CONTINENTAL LIFE INS CO
00087	BANKERS SECURITY LIFE INS SOC	00178 CROWN LIFE INS CO
		00179 CUNA MUTUAL INS SOCIETY
		00180 DELAWARE AMERICAN LIFE INS CO

00182	DOMINION LIFE ASSURANCE
00183	DURHAM LIFE
00185	EDUCATORS MUTUAL LIFE INS CO
00187	EMPIRE STATE MUT LIFE
00190	EMPLOYERS FIRE INS CO
00191	EMPLOYERS INS OF WAUSAU
00192	WAUSAU INSURANCE COMPANY
00193	EMPLOYERS MUTUAL CASUALTY CO
00194	EUROPE ASSISTANTS
00197	EQUITABLE LIFE ASSURANCE
00201	FAMILY LIFE INS CO
00203	FARM FAMILY LIFE INS CO
00205	FARMERS & TRADERS LIFE INS CO
00207	FEDERAL INS CO
00213	FIDELITY BANKERS LIFE INS
00214	FIDELITY AND CASUALTY OF NY
00215	FIDELITY INTERSTATE LIFE
00216	FIDELITY MUTUAL LIFE INS CO
00217	FIDELITY SECURITY LIFE INS CO
00218	FIRE & CASUALTY INS CO OF CT
00219	FIREMAN'S FUN AMERICA
0021H	21ST CENTURY HEALTH
00221	FIREMAN'S FUND INS CO
00223	FIREMAN'S INS CO OF NEWARK NJ
00224	FIRST COLONY LIFE INS CO
00225	FIRST PROVIDIAN
00231	FOREMOST LIFE INS CO
00232	FORTIS BENEFIT
00234	FRANKLIN LIFE INS CO
00235	G E MEDICAL BENEFITS
00236	GENERAL AMERICAN LIFE INS CO
00239	GEORGIA INTERNATIONAL LIFE
00241	GERBER LIFE INS CO
00243	GLEN FALLS INS CO (THE)
00245	GLOBE LIFE & ACCIDENT INS CO
00246	GLOBE LIFE INS CO
00247	GOLDEN RULE INS CO
00250	GOVERNMENT EMPLOYEES INS CO
00252	GRAND VALLEY HEALTH PLAN
00253	GREAT AMERICAN INS CO
00254	GREAT AMERICAN LIFE INS CO
00258	GREAT SOUTHERN LIFE
00259	GREAT-WEST LIFE ASSURANCE CO
00261	GUARANTEE RESERVE LIFE INS CO
00263	GUARDIAN LIFE INS OF AMER THE

00264	HARDEN AND CO
00265	HARRINGTON/BROOKFIELD
00268	HANOVER LIFE
00269	HARTFORD ACCIDENT & INDEMNITY
00270	HARTFORD LIFE & ACCIDENT INS
00271	HARTFORD LIFE INSURANCE CO
00272	HEALTH PLAN SERVICES
00273	HEALTH DIRECT
00275	HOME INS CO
00276	HOME LIFE INSURANCE CO OF AMER
00277	ANTHEM HEALTH & LIFE(HOME LIFE
00278	HOME OWNERS LIFE INS CO
00280	HORACE MANN LIFE INS CO
00282	IDS LIFE INS CO
00286	INA LIFE CO OF CALIF
00287	INA LIFE INS CO / NEW YORK
00288	INDEPENDENCE LIFE/ACCIDENT
00292	INDIANAPOLIS LIFE INS CO
00296	INSURANCE CO OF NORTH AMERICA
00297	INS CO OF THE STATE OF PENNSYL
00303	EMPIRE BLUE CROSS
00308	EMPIRE BLUE CROSS(MEDICARE)
00309	ITT LIFE INS CORP
00311	J.C. PENNEY LIFE INS CO
00312	JEFFERSON LIFE
00313	JOHN HANCOCK MUTUAL LIFE INS
00316	KEMPER MUTUAL
00318	KENTUCKY CENTRAL LIFE INS CO
00320	KEY BENEFIT ADMINISTRATORS
00322	LAMAR LIFE INS CO
00325	LIBERTY LIFE ASSUR CO OF BOST.
00326	LIBERTY LIFE INSUR CO
00327	LIBERTY MUTUAL INS CO
00332	LIFE INS CO OF GEORGIA
00334	LIFE INS CO OF NORTH AMERICA
00335	LIFE INS CO OF THE SOUTHWEST
00336	LIFE OF THE SOUTH
00339	LINCOLN BENEFIT LIFE CO
00342	LINCOLN NATIONAL LIFE INS CO
00343	LONDON ASSUR OF LONDON, ENG.
00344	LONDON GUARANTEE & ACCIDENT NY
00348	LOYAL AMER LIFE INS CO
00349	LUMBERMENS MUTUAL CASUALTY CO
00350	M S C H HELATH PLAN
00351	MACCABEES MUT LIFE INS
00352	MCC BEHAVIORIAL HEALTH

00355	MANUFACTURERS LIFE INS CO
00357	MARYLAND CASUALTY CO
00358	MASS CASUALTY INS CO
00359	MASS GEN LIFE INS CO
00360	MASS INDEMNITY & LIFE INS CO
00361	UNICARE LIFE & HEALTH INS CO
00362	MASTERCARE
00364	METROPOLITAN LIFE INSURANCE CO
00365	METRA-HEALTH
00372	MIDLAND NATIONAL LIFE INS CO
00377	HEALTH PARTNERS
00378	MID WEST BENEFIT CORP
00379	MINISTERS LIFE-MUTUAL LIFE INS
00383	MONARCH LIFE INS CO
00384	MONTGOMERY WARD LIFE INS CO
00385	MONUMENTAL LIFE INS CO
00386	MUTUAL BENEFIT LIFE INS CO
00387	MUTUAL LIFE INS CO OF NY
00388	MUTUAL OF OMAHA INSURANCE CO
00390	LOCAL 390
00394	NATIONAL BENEFIT LIFE
00395	NATIONAL CASUALTY CO
00397	NATIONAL FIDELITY LIFE INS CO
00398	NATIONAL FIRE INS CO OF HTFD
00399	NATIONAL FOUNDATION
00401	NATIONAL HOME LIFE ASSUR CO
00412	NAT'L UNION FIRE INS OF PITTSB
00413	NATIONWIDE INSURANCE
00414	NATIONWIDE LIFE INS CO
00415	NATIONWIDE MUTUAL INS CO
00416	NEW ENGLAND MUTUAL LIFE INS CO
00417	NYLCARE(FORM.NEW YORK LIFE)
00418	NIAGARA FIRE INS CO
00420	NO AMERICAN ASSURANCE
00421	NORTH AMER CO FOR FIRE & HLTH
00422	NORTH AMER LIFE & CASUALTY CO
00423	NORTH AMER LIFE ASSUR CO
00425	NORTH CENTRAL LIFE INS CO
00426	NORTH RIVER INS CO
00427	NORTHERN ASSUR CO OF AMER
00429	NORTHWESTERN MUTUAL LIFE INS
00430	NORTHWESTERN NATIONAL INS CO
00431	NORTHWESTERN NATIONAL LIFE INS
00433	PROVIDENT/OCCIDENTAL LIFE
00435	OHIO CASUALTY INS CO (THE)

00438	OHIO NATIONAL LIFE INS CO
00440	OLD AMERICAN INS CO
00443	OLD REPUBLIC INS CO
00444	OLD REPUBLIC LIFE INS CO
00450	OXFORD
00451	PPP INTERNATIONAL
00452	PACIFIC INDEMNITY CO
00454	PACIFIC MUTUAL LIFE INS. CO.
00456	PAN AMERICAN LIFE INSURANCE
00458	PAUL REVERE LIFE INS CO
00459	PEERLESS INS CO
00460	PCA HEALTH PLAN OF FLORIDA
00461	PENN WESTERN
00463	PENN MUTUAL LIFE INS CO
00470	PHILADELPHIA LIFE INS CO
00471	PHOENIX ASSUR CO OF NEW YORK
00472	PHOENIX MUTUAL LIFE INS CO
00474	PILGRIM HEALTH
00477	PILOT LIFE INS
00478	PIONEER LIFE/ILLNESS
00479	PIONEER MUTUAL LIFE INS CO
00480	PIONEER MANAGEMENT SYSTEMS
00482	PREFERRED RISK MUTUAL INS CO
00485	PROTECTIVE LIFE INS CO
00488	PROVIDENT LIFE & ACCIDENT
00489	PROVIDENT LIFE & CASUALTY INS
00490	PROVIDENT MUTUAL LIFE OF PHIL
00491	PRUDENTIAL INS OF AMERICA
00498	RELIANCE LIFE INS CO
00499	RELIANCE STANDARD LIFE INS CO
00500	REPUBLIC INS CO
00501	REPUBLIC NATIONAL LIFE INS CO
00504	ROYAL GLOBE LIFE
00505	SAGAMORE
00506	SAFECO LIFE INS CO
00507	ST PAUL FIRE & MARINE
00508	ST PAUL LIFE
00509	SECURITY BENEFIT LIFE INS CO
00513	SECURITY LIFE OF DENVER INS
00516	SECURITY MUTUAL LIFE OF NY
00518	SENTRY INS A MUTUAL CO
00519	SENTRY LIFE INS CO
00520	SHEET METAL WORKERS PLUS
00524	SOUTHLAND LIFE INS CO
00527	SPRINGFIELD LIFE INS CO, INC.
00528	STANDARD INS CO

00530	STANDARD LIFE & ACCIDENT INS
00535	STATE FARM MUTUAL AUTOMOBILE
00536	STATE MUTUAL LIFE ASSURANCE
00538	SUN LIFE ASSUR OF CANADA
00539	SUN LIFE INS CO OF AMERICA
00543	SURETY LIFE INS CO
00545	TEACHERS INS & ANNUITY ASSOC
00548	TIME INS CO
00551	TRANSCONTINENTAL INS CO
00554	TRANSPORT LIFE INS CO
00555	TRANSPORTATION INS CO
00557	TRAVELERS INDEMNITY CO OF RI
00558	UNITED HEALTH CARE - CT
00559	TRAVELERS INS CO OF ILL (THE)
00564	UNION CENTRAL LIFE CO
00565	UNION FIDELITY LIFE INS CO
00566	UNION LABOR LIFE INS CO
00571	UNION SECURITY LIFE INS CO
00572	UNITED AMERICAN INS CO
00574	UNITED BENEFIT LIFE INS
00575	UNITED COMMERCIAL TRAVELERS
00577	UNITED FAMILY LIFE INS CO
00578	U H C MANAGED CARE
00579	UNITED FIDELITY
00580	UNITED HEALTH CARE PLAN OF FLA
00583	UNITED INS CO OF AMERICA
00584	UNITED LIFE AND ACCIDENT INS
00585	UNITED PACIFIC LIFE INS CO
00586	U S FIDELITY AND GUARANTEE
00587	UNITED STATES FIRE INSURANCE
00588	UNITED STATES LIFE INS
00589	UNITED SECURITIES LIFE INSURAN
00592	UNIVERSAL UNDERWRITERS INC CO
00594	USA HEALTH SERVICE
00595	U S A A
00596	US LIFE INSURANCE OF CALIF
00597	VALLEY FORGE INS CO
00598	VALLEY FORGE LIFE INS CO
00599	VALUE BEHAVIORIAL HEALTH
00600	WASHINGTON NATIONAL INS CO
00601	VALUE HEALTH CARE
00603	WESTERN UNION
00604	WESTERN LIFE INS CO
00605	WEYCO
00609	WISCONSIN NATIONAL LIFE INS CO

00613	WORLD INS CO
00618	ZURICH AMERICAN LIFE INS CO
00622	AFFILIATED INSURANCE
00623	LOCAL 371 - AMAL. WEL/TRUST
00626	AMER POSTAL WKRS UNION HLTH PL
00630	BENEFIT PLAN ADM
00631	EMPIRE BLUE CROSS SENIOR CARE
00632	BLUE CROSS OF NE NY
00633	EMPIRE BLUE CROSS
00634	BLUE CROSS OF WESTERN NY
00637	BLUE CROSS OF MASS
00638	BLUE CROSS OF RHODE ISLAND
00639	BLUE CROSS OF NEW JERSEY
00640	BLUE SHIELD OF NEW JERSEY
00641	BLUE CROSS/BLUE SHIELD OF ME
00642	BLUE CROSS/BLUE SHIELD OF PA
00643	BLUE CROSS/BLUE SHIELD OF DC
00644	BLUE CROSS/BLUE SHIELD OF MICH
00645	BLUE CROSS OF NH & VT
00650	LOCAL 67 CARP HEALTH/WELF
00652	CENTURY LIFE OF AMERICA
00654	Cheesborough Ponds
00656	CHUBB LIFE INS CO OF AMERICA
00660	COMBUSTION ENGINEERING
00662	CONN LABORERS HEALTH/WELFARE
00664	CONN NATIONAL LIFE INS CO
00665	CT STATE DENTAL ASSOC
00669	CORPORATE HEALTH INS
00670	CROUSE HINDS CO
00673	HARRINGTON BEN SVC(DIVERSIFIED
00675	ELECTRIC BOAT DIVISION
00685	GOVT EMPLOYEES HEALTH ASSOC
00686	GROUP HEALTH INC
00688	HEALTH AND WELFARE FUND
00689	HEALTH INSURANCE OF VERMONT
00690	HEALTH REINSURANCE ASSOCIATION
00692	LOCAL 325 - IBEW
00698	INT UNION OPER ENGINEERS 478
00700	STATE WELFARE
00701	CHAMPUS
00703	JOHNSON ADMINISTRATORS
00709	MAIL HANDLERS BENEFIT PLAN
00710	MEDICAL CLAIMS
00711	MED WEST COMMERCIAL HEALTH
00712	MEDPAC
00713	MED TAC

00714	MOUNT VERNON GROUP
00716	LOCAL 321 NATL ASSOC LTR CARR
00717	NATIONAL BENEFIT FUND
00725	PENN GENERAL
00729	PILLSBURY HEALTH
00731	POSTMASTERS BENEFIT FUND
00732	PROGRAMMED BENEFITS
00740	RETAIL CLERKS LOCAL 919
00745	SELF FUNDING ADMINISTRATION
00751	STIRLING AND STIRLING
00755	LOCAL 145 - TEAMSTERS
00756	LOCAL 191 - TEAMSTERS
00757	LOCAL 443 - TEAMSTERS
00758	LOCAL 536 - TEAMSTERS
00759	LOCAL 559 - TEAMSTERS
00371	MIDLAND MUTUAL LIFE INS CO THE
00760	LOCAL 617 - TEAMSTERS
00761	LOCAL 671
00762	LOCAL 677 - TEAMSTERS
00763	LOCAL 798 - TEAMSTERS
00764	LOCAL 1035 - TEAMSTERS
00765	LOCAL 1040 - TEAMSTERS
00766	LOCAL 1150 - TEAMSTERS
00768	TR PAUL
00769	LOCAL 777 PIPEFITTERS
00776	UNITED ILLUMINATING
00777	UNIVERSAL MFG CO
00778	UTICA MUTUAL INS CO
00787	SOUTHWIRE AFFIL/WYRE WYND
00788	CONNECTICARE
00789	YALE HEALTH PLAN
00790	KAISER FOUNDATION HEALTH PLAN
00809	COMPREHENSIVE BENEFIT SERVICE
00811	FIRESTONE INS.
00812	CHAMPUS
00813	AARP INSURANCE PROGRAM
00814	FIRST HEALTH ALTA/STRATEGIES
00815	ALTA HEALTH STRATEGIES
00816	BLUE CROSS GENERIC CODE
00818	EASTERN BENEFIT
00819	LOCAL 38, 40 - SHEET METAL
00820	LOCAL 282 / LOCAL 173
00824	W.J. JONES ADMINISTRATION
00826	PHYSICIANS HEALTH SERVICES
00840	LOCAL 493 - HLTH SER PLAN

00842	NEW ENGLAND HEALTH CARE-NJ
00843	OLIN DIRECT CLAIMS
00844	PHILADELPHIA AMERICAN LIFE
00845	ROBERT S WEISS CO.
00846	ZEBA TRUST
00847	NCAS - R.I.
00848	PARTNERS NATIONAL
00851	NESTLES FOOD/NESTLES USA
00855	PACIFIC FIDELITY
00861	UNITED CHAMBERS INS
00862	LOCAL 90 IBEW
00863	HEALTH CORP OF AMERICA
00864	BENEFIT PLAN NEW ENGLAND
00866	CELTIC LIFE INS
00870	LOCAL 155
00872	BLUE CROSS OF ALABAMA
00877	UNITED PLANS
00879	SUBURBAN HEALTH PLAN
00880	PROFESSIONAL PENSIONS INC.
00881	BAYSTATE HEALTH PLAN
00883	WESTERN GENERAL SERVICES
00884	WILLSE & ASSOCIATES INC
00892	BX ILLINOIS
00894	CENTRAL MASS HEALTH CARE
00895	BX FLORIDA
00897	JOHN ALDEN INS CO
00898	COMPLETE CARE CONTROL
00903	NEW ENGLAND HEALTH CARE
00905	INTERACTIVE BENEFIT CORP
00908	SUNRISE HEALTHCARE CORP.
00910	EMPLOYEE BENEFIT PLAN
00911	ASSOC PLAN ADMINISTRATORS
00916	AMERICA'S HEALTH PLAN
00921	ARBOR ACRES
00926	JOHN DEERE INS. CO.
00928	HEALTH NEW ENGLAND
00929	MCDONOUGH CAPERTON
00936	TPA ARIZONA
00940	HEALTH CHOICE
00941	FEDERAL EXPRESS
00947	EQUIFAX(HEALTH ECONOMICS CORP)
00949	LOCAL 481 - TEAMSTERS
00955	LOCAL 363 - TEAMSTERS
00956	LOCAL 106 - TEAMSTERS
00958	MED SPAN INC
00965	HEALTH PLAN ADMIN.

00966	UNION MUTUAL MEDICAL FUND
00968	BLUE CROSS/BLUE SHIELD WEST PA
00970	POMPCO
00973	BLUE CROSS/BLUE SHIELD OREGON
00974	LOCAL 15/424 - TEAMSTERS
00975	OXFORD HEALTH PLAN
00977	LOCAL 24 - TEAMSTERS
00982	ABA/PGT EMPLOYEE MED TRUST
00984	UNITED MEDICAL RESOURCES
00990	HOSPICE
00991	PPO - OTHER
00992	HMO - OTHER
00993	NO CHARGE
00994	TITLE V
00995	COMMERCIAL
00996	OTHER FEDERAL
00997	WORKMAN'S COMPENSATION
00998	SELF PAY
00999	OTHER (UNLISTED INSURANCE)
00A-B	BX AMERICAN BOAT BUILDERS
00A-L	BX ALLEGHENY LUD STL HOURLY
00A-T	BX ALGONQUIN GAS TRANSMISS CO
00A-W	BX AUTOMO WHOLESALERS ASSOC NE
00A01	MEGA LIFE
00A05	CHESTERFIELD RESOURCES
00A08	STRATEGIC RESOURCE CO.
00A10	BX ALLEGHENY LUD RETIREES
00A11	BX ALLEGHENY LUDLUM
00A24	FALLON COMM. HEALTH PLAN
00A53	BAKERS CHOICE PRODUCTS
00A54	BLAIR MILL ADMINISTRATORS
00A68	MASHANTUCKET PEQUOT
00A83	AFTRA HEALTH FUND
00A84	MOHAWK VALLEY PHYSICIANS
00A89	COTTER MEMBER INS.
00A97	MUTUAL HEALTH AGENCY
00AAA	AAA LIFE INS
00AB1	BX AMERICAN BOAT BUILDERS
00ABH	ADVANCED BEHAVIORAL HEALTH
00ABS	BX AMERICNA BUREAU OF SHIPPING
00ACB	BX CITIBANK N.A.
00ACN	AMERICAN CANCER SOCIETY
00ACP	AMERICAN COLLEGE OF PHYSICIANS
00ACR	ALICARE
00ACS	AMER COLLEGE SURGEONS INS

00ADI	ADVANCED INSURANCE
00ADM	ADMINISTRATIVE SERVICES
00ADS	ADMINISTAR DEFENSE SERVICES
00ADT	BX AMERICAN DISTRICT TELEGRAPH
00AFC	BX ALLIED FEDERATED CO-OPS INC
00AFF	AFFORDABLE
00AGI	BX NAT AGRIMARK
00AGL	AMER GUARANTY LIFE INS CO
00AGW	BX AGWAY
00AHC	AFFILIATED HEALTHCARE
00AHP	SELECT CHOICE(AETNA HP SNE)
00AIA	AIA BENEFIT TRUST
00AIC	BX AIR COND CONTRACTORS AMER
00AIG	COMP:AIG INTL
00AIL	AMERICAN INTERNATIONAL LIFE
00AIN	AIU NORTH AMERICA
00AIS	BX AMERICAN INST FOR RESEARCH
00AIU	BX ATLANTIC INDEPENDENT UNION
00AJF	ALLEN J FLOOD INS
00AKB	ARKANSAS BEST
00AL1	BX ALLEGHENY LUD STL HRLY PRE
00AL2	BX ALLEGHENY LUD STL SALARIED
00AL3	BX ALLEGHENY LUD STL NON EXEMP
00AL5	BX ALLEGHENY LUD STL SALESMEN
00AL6	BX ALLEGHENY LUDLUM STEEL CORP
00AL8	BX ALLEGHENY LUDLUM STEEL
00AL9	BX ALLEGHENY LUDLUM
00ALB	BX ST ALBANS MILK COOPERATIVE
00ALC	BX ALLING AND CORY
00ALI	BX AMALGAMATED LIFE INS (REG)
00ALO	BX AMALGAMATED LIFE INS (EXEC)
00ALP	ALLIED PILOTS ASSOCIATION
00ALS	BX ALLIED STORES CORP READS
00AMA	AMA INS CO
00AMC	AMICA MUTUAL INS. CO.
00AMD	AMD
00AMF	AMERICAN FAMILY
00AMG	AMERICAN GROUP
00AMH	AV MED HEALTH
00AMI	AMERICAN INS.
00AMK	BX AMETEK, INCORPORATED
00AMN	AMERIPLAN
00AMP	BX ASSOC MSTR TRSTE OF NJ FUEL
00AMR	AMERICARES
00AMS	AMS HEALTH BENEFITS
00ANA	BX ANIMED INC

00ANG	ANGELOVIK INSURANCE
00APA	BX PENNWALT - API
00APH	APHA
00APN	AMERICAN PIONEER
00APO	BX ASSOC PRESS (GUILD EMPLOYEE
00APR	BX ASSOCIATED PRESS
00APS	BX ASSOC PRESS (ADMIN STAFF)
00APT	BX ASSOC PRESS (ADMIN STF RET
00ARA	ARA PLAN
00ARD	BX ARGON MEDICAL CORP
00ARO	BX IUE AFL-CIO HEALTH FUND
00ARS	AON RISK SERVICES
00ASO	BX ALLIED-SIGNAL CORP
00ASU	BX ALLIED-SIGNAL CORP
00ASY	AMERICAN MANAGEMENT SYSTEMS
00AT1	BX AMER TEL & TEL SME GROUPS
00ATA	APTA
00ATG	BX AMER TEL/TEL GENERAL DEPTS
00ATI	BX AMER TEL & TEL INTERNAT'L
00ATT	BX NAT AT&T
00AUD	BX AUDIOVOX
00AUT	BX AUTOMATED CONCEPTS, INC
00AWN	AWANE
00AWT	BX N Y ST AUTOMOTIVE WHL SALES
00B-D	BX BENDIX CORP INSTRUMENT PROD
00B-I	BX BUTCHER & CO INC
00B-S	BX BROCKWAY SMITH
00B08	DALY AND LEE AGENCY, INC.
00B23	CHICKERING GROUP
00B32	CAREMARK
00B38	First Fortis
00B51	ACCORDIA
00B65	CONFED. ADMIN. SERVICES INC.
00B70	GROUP RESOURCES
00B92	CHAMPVA CENTER
00BAA	BX BELL ATLANTIC MGMNT SVCS
00BAC	BACKUS EMPLOYEE HEALTH PLAN
00BAP	BX BELL ATLANTIC PENSIONERS
00BBI	BNAI BRITH INS
00BCB	BX CITIBANK N.A.
00BCL	BX BARCLAYS BANK INT'L LTD
00BCN	BX BANK ON NY CO, INC THE
00BDD	BX BROOME TIoga DEL HLTH CNSRT
00BEA	BEACON BENEFITS SERVICES
00BEE	BEECH STREET CORPORATION

00BEN	BENECORP
00BFC	BROWN FORMAN CORP
00BHB	BRADLEY HEALTHCARE FOR BUSINES
00BHF	BRIDGEPORT HOSP. FAMILY HEALTH
00BHR	BECKWITH HIGHTOWER & RENB
00BHS	BX BARGIN HAROLD'S USA, INC
00BIB	BETTER BABIES IN BRIDGEPORT
00BLI	BANKERS COMM LIFE INS CO
00BLL	BX PENNWALT - BELLEVILLE
00BMA	BX BELL ATLANTIC MANAGEMENT
00BMO	BX BOOK OF THE MONTH CLUB
00BNF	BENEFIT CONCEPTS
00BNM	BENEFIT MANAGEMENT OF ME
00BNP	BENEFIT PLANNERS
00BNS	BENEFIT SERVICES
00BOD	BUREAU OF DISABILITY
00BOP	BOARD OF PENSIONS
00BRK	BERKLEY ASSOC
00BRS	BROKERAGE SERVICES
00BSC	BX BUILDERS SQUARE, INC
00BSS	BX BUILDERS SQUARE, INC
00BST	BX BEAR STEARNS & CO
00BSY	BENEFIT SYSTEM SER
00BTD	BX BROOME TIoga DELAWARE HLTH
00BTT	DMR-CT SW REGION(FORM.BIRTH-3)
00BVO	BX BIG Y FOODS
00BXN	BX NATIONAL - GENERIC
00C-E	BX CHUBB LIFE AMERICA
00C-F	BX CUMBERLAND FARMS
00C-H	BX CARTEN/SHERWOOD DIV HARSC
00C-K	BX CUSHMAN & WAKEFIELD
00C-S	BX C.C. COWLES & COMPANY
00C01	GENERAL ACCIDENT
00C02	HEALTH RISK MANAGEMENT
00C03	CONSOLIDATED GROUP TRUST
00C04	HOME INDEMNITY
00C22	WESTPORT BENEFITS(GENELCO)
00C26	PHS - CARE FREE
00C32	ALLIANCE AFFORDABLE HEALTH
00C74	CAPITAL DIST. PHYSICIAN HEALTH
00C83	LOCAL 1430
00C99	CITY WELFARE
00CAB	CA BS
00CAC	CRAWFORD & CO
00CAF	CAREFLORIDA
00CAI	CONFERENCE ASSOCIATES INSURANC

00CAS	CREATE A SCAPE
00CBA	BX PHARMACY - CIBA GEIGY CORP
00CBN	CHARTER BENEFITS
00CBS	BX CBS INCORPORATED
00CCC	BX CHASE/CLARK CREDIT CO
00CCM	BX CNTRL SQUARE SCHL DIS MEDCR
00CCN	COMMUNITY CARE NETWORK
00CCR	CHOICE CARE CORP CTR
00CCS	CC SYSTEMS CORP
00CCW	BX AMALGAMATED CTN & ALL INDS
00CEN	CENTRA BENEFIT SERVICES
00CEX	BX MEMBERS & CLREKS INS PLAN
00CFE	BX I.U.E. HEALTH FUND
00CFG	BX CUMBERLAND FARMS
00CFL	CT FIRST LIFE
00CFV	BX CBS/FOX COMPANY
00CFX	BX AMALGAMATED COTTON GARMENT
00CGA	CATHOLIC GOLDEN AGE
00CHB	CHUBB FIRST
00CHC	COMMUNITY HEALTH CARE PLAN INC
00CHI	CHAMPION INTERNATIONAL
00CHL	CT HOSP LABORATORY NTWRK CHLN
00CHN	CONSTITUTION HEALTH CARE
00CHP	CIGNA HEALTH PLAN
00CHS	BX CHUBB CORPORATION
00CHW	CONN HOSP ASSOC WORKERS COMP
00CIB	CIBA GEIGY
00CIN	BX CIS CORPORATION
00CJC	BX CJ CLARK - AMERICA INC
00CKO	BX CLARKSON IND, INC
00CLF	BX AMALGAMATED INS FUND CLOTH
00CLI	CHESAPEAKE LIFE INS. CO
00CMB	BX BANKERS TRUST COMPANY
00CMG	BX TRSTS CPNTRS & MLWHTS L 31
00CMH	CMG HEALTH
00CMS	CLAIMS MANAGEMENT SERVICE
00CNG	CONCORD GROUP
00CNH	CONCENTRA HEALTH PLAN
00CNL	BX COOPERS AND LYBRAND
00CNS	CONSTITUTION HEALTH CARE
00CNT	COMMUNITY HEALTH NETWORK
00COC	COSTCARE
00COK	BX PENNWALT CORPORATION
00COM	COMMUNITY HEALTH PLAN
00COR	CORESOURCE

00CRE	BX CRESTAR FINANCIAL
00CRG	BX CBS RECORDS INC
00CRS	COMP:RENAISSANCE STONE
00CRV	BX W R GRACE CO CRYOVAC DIV
00CSA	CORPORATE BUSINESS SERV ASSOC.
00CSE	BX CHARMING SHOPPES NON EXECUT
00CSG	BX CBS RECORDS INC
00CSH	CONSUMER HEALTH NETWORK
00CSI	BX COATED SALES
00CSN	BX CHARMING SHOPPES EXECUTIVES
00CSW	CENTRAL AND SOUTHWEST
00CT1	BX CARPENTER TECH (RETIREES)
00CT2	BX CARPENTER TECH (RETIREES)
00CTC	CONNECTICOMP
00CTF	BX AMALGAMATED CTN & ALL INDS
00CTH	CONNECTICUT HEALTH PLAN
00CUD	CENTRAL UNITED
00CV1	BX CONSUMER VALUE (MARK STEVEN
00CV2	BX CONSUMER VALUE (RETAIL)
00CVL	COVENANT LIFE INS.
00CVS	BX CONSUMER VALUE STORES
00CWI	BX CHILD WORLD INCORPORATED
00CWL	BX COWLES COMMUNICATION
00CYT	CYTEC
00D-A	BX D'ANGELO'S INCORPORATED
00D-F	BX TRW DOT DIV MARLIN ROCKWELL
00D-M	BX MORDECAI CHASE ASSOCIATES
00D18	PROFESSIONAL BENEFITS INSURANC
00D45	FHP
00D71	CONSOLIDATED HEALTH
00DAB	DUNN & BRADSTREET
00DBL	BX DREXEL BURNHAM LAMBERT, INC
00DBP	DENTAL BENEFIT PLAN
00DCB	BX CITIBANK N.A.
00DCC	BX DICTAPHONE CORPORATION
00DCF	BX DCF FOOD INDUSTRIES
00DCH	BX ALAMDEIA MOTORS INC
00DDA	BX DUNKIN DONUTS OF AMERICA
00DDC	BX ILC DATA DEVICE CORP
00DEL	DELTA DENTAL
00DGD	DIRECTORS GUILD
00DIS	DISNEY WORLDWIDE SERVICES
00DLG	BX DAIRYLEA COOPERATIVE
00DMB	D M B A
00DMR	STATE OF CT-DEPT MENTAL RETARD
00DNB	BX DUN & BRADSTREET CORP, THE

00DOC	CT DEPT OF CORRECTIONS
00DOL	US DEPARTMENT OF LABOR
00DPM	BX DIRECT PRESS/MODERN LITHO
00DRO	BX DRAVO CORP - HOURLY
00DRV	BX DRAVO CORP - SALARIED
00DSY	BX DIOCESE OF SYRACUSE
00DVA	DEPARTMENT OF VETERAN AFFAIRS
00DVT	DARIEN VETERNARIAN
00EAC	EASTERN CASUALTY
00EAF	MEDICAID - EMER. ASSIST. FAMLY
00EBA	EMPLOYEE BENEFIT ADM
00EBC	EBAM CORP
00EBI	EBI
00EBN	EMPLOYEE MEDICAL BENEFITS
00EBP	EMPLOYEE BENEFIT PLAN
00EBS	BX EBASCO SVRCS INC (RETIREES)
00EBT	EMPLOYERS BENEFIT TRUST
00EEB	EAGLE EMPLOYEE BENEFITS
00EEH	EMPHESYS EMPLOYERS HEALTH
00EGB	EMPERION/GALLAGER-BASSETT
00EGY	BX EGYPTN CULTRL & EDU BUR STU
00EHR	BX OPER ENGIN LOCAL 66 RETIREE
00EHW	BX OPER ENGIN LOCAL 66 HJWF
00EKC	BX EASTMAN KODAK
00ELB	ELI LILLY EMP BENEFITS ADM
00ELC	ELDORADO CLAIM
00ELD	ELDERPLAN
00EMB	BX MUTUAL BEN LIFE INS CO
00EMC	BX EASTERN MILK PRODUCERS
00EMH	EMERALD HEALTH
00EMO	BX EDINN MANAGEMENT CORP
00EMS	BX EM INDUSTRIES
00EPM	BX EDAN PARK
00EQU	EQUICOR
00ERS	BX E R SQUIBB & SONS INCORP
00ERV	BX ERVING PAPER MILLS
00ESI	BX EBASCO SRVCS INC (ACTIVE)
00EWC	BX EDWARD WECK AND COMP
00EXB	EXTENDED BENEFITS
00EXX	EXXON ANNUITANT
00FAB	BX FIRST AMER BANKSHARE, INC.
00FAR	BX FARM CREDIT BANKS
00FBM	BX NEW YORK FARM BUREAU
00FBS	FRINGE BENEFIT SERVICES
00FCC	FIRST CHOICE

00FCL	FIRST CONNECTICUT LIFE
00FCR	BX FARM CREDIT ADMINISTRATION
00FDA	FEDERAL ASSIST
00FDC	BX FED DEPOSIT INSURANCE CORP
00FEP	BS NAT FEDERAL GOV'T
00FHA	FOUNTAINHEAD ADMIN
00FIA	FIRST AMERICAN
00FIS	BX FISCHBACH CORPORATION
00FLF	FEDERATED LIFE
00FLM	BX JOINT BD FUR LEATHER MACHIN
00FNL	FIRST NATIONAL LIFE
00FNY	BX FIRST AMER BANK OF NEW YORK
00FOH	FIRST OPTION HEALTH PLAN
00FRA	FLEET RESERVE ASSOC
00FRB	BX FED RESERVE BANK OF BOSTON
00FRI	AM FRIDAYS, INC.
00FSC	FIRST CHICAGO
00FSH	BX M H FISHMAN CO INC
00FSU	FIRST UNITED
00FXL	BX CBS (OPTION CO-PAY)
00G-M	BX GMAC MORTGAGE CORP
00GAP	MEDIGAP
00GCR	BX CULBRO CORPORATION
00GDU	GRAND UNION
00GEC	BX GENERAL ELECTRIC
00GHC	GROUP HEALTH COOPERATIVE
00GHP	GRIFFIN HEALTH PLAN
00GIB	GOVERNMENT IND. BENEFITS
00GNM	GREATER NY MUTUAL
00GOL	BX GOLDMAN SACHS & COMP
00GRW	BX GOLUB CORP - SPECIAL GROUP
00GSV	GRANITE SERVICES
00GT1	BX THREADING TOOLS
00GT2	BX GEOMETRIC TL DIV M RKWL SAL
00GT3	BX THREADING TLS M ROCKWL 39 W
00GT4	BX THREADING TOOL <65 SAL RETS
00GT5	BX THREADING TOOL HRLY SAL <65
00GT6	BX THREADING TOOL >65 TRW INC
00GT7	BX THREADING TOOL >65 TRW INC
00GT8	BX THREADING TOOL >65 TRW INC
00GTI	BX GREEN THUMB, INC
00GUH	BX SCHENLEY IND EST 87 HRLY
00GUS	BX GUINNESS DISTILLER, INC
00GWI	BX SIMON & SCHUSTER INC
00GWU	GEORGE WASHINGTON UNIVERSITY
00GYT	GOODYEAR TIRE

00H-H	BX HANDY & HARMAN
00H-I	BX HALSTED INDUSTRIES, INC
00H-L	BX HOWARD JOHNSON MOTOR LODGES
00HAC	HOLDEN AND CO
00HAS	BX DELOITTE HASKINS AND SELLS
00HAV	HEALTHADVANTAGE
00HBA	BX HISCOCK & BARCLAY
00HBL	HOME BENEFICIAL LIFE INS.
00HBN	HEALTH BENEFITS
00HCC	HEALTH CHOICE OF CT
00HCI	HEALTH CARE INC.
00HCO	HUGHES CLAIM OFFICE
00HCS	HEALTH CLAIM SERVICES
00HCV	HEALTH CARE VALUE MANAGEMENT
00HEA	HEALTHNET
00HH1	BX HANDY & HARMAN
00HH2	BX HANDY AND HARMAN COBRA
00HHL	HARBOR HEALTH
00HHP	HIP HEALTH PLAN
00HKP	HEALTH KEEPERS
00HLA	BX HOFFMAN LA ROCHE
00HLE	BX HOFFMAN LA ROCHE, INC.
00HLJ	HERBERT L. JAMISON
00HLK	HEALTHLINK
00HMC	HEALTH MANAGEMENT CORP
00HNA	HEALTH NETWORK AMERICA
00HNH	HEALTH SOURCE NH
00HPS	HEALTHPLUS
00HRB	HARRINGTON BENEFIT
00HRE	BX HOFFMAN LA ROCHE RETIREES
00HRI	BX HEALTH RESEARCH, INC
00HRT	HEALTH RIGHT
00HRZ	HERTZ
00HSA	BX HOWLAND STEINBACH/HOCHSCHIL
00HSC	HEALTHSOURCE CONN
00HSI	BX BROOKS DRUGS
00HSL	HOME SECURITY LIFE INS
00HSO	HEALTH SOURCE
00HSS	BX SUPERMARKET GEN RETIREES
00HSU	HOSP OF SPECIAL SURGERY
00HTC	BX HELME TOBACCO COMPANY
00HUM	HUMANA
00HUS	BX HUGIN SWEDA, INC
00HVD	HARVARD COMM HEALTH PLAN
00HYD	BX HYDRO LAWN, INC

00IBA	INT'L BENEFIT ADMIN
00IBC	BX IRVING BANK CORP IRVING TRS
00IBM	BX IBM
00ICI	ICI HEALTH CLAIMS
00IDC	IHC DIRECT CARE
00IDD	BX ILC DATA DEVICE (EXECUTIVES
00IDX	INDEX
00IEW	BX I.U.E. HEALTH FUND
00IGA	ISLAND GROUP ADMINISTRATION
00IHC	BX INTERST HOTELS CORP (MARRI
00IMG	INTERNATIONAL MEDICAL GROUP
00IMP	BX INST OF MODERN PROCEDURES
00IND	INDECS OF EBASCO
00ING	INTEGRA
00INT	INTERCONTINENTAL CORP
00IRI	BX INTERSTATE RESOURCES
00IRQ	BX CULTURE OFF OF IRAQ STUDENT
00ISV	INSERVCO
00ITA	BX ITAL GOVT HLTH INS NATL PGM
00IWO	BX IRON WRS DIST COUNCIL W NY
00J-F	BX JOSEPH A BANK CLOTHIERS
00JFM	JF MALLOY & ASSOC
00JFP	JEFFERSON PILOT
00JLA	BX JONES & LAUGHLIN STL ACTIVE
00JLR	BX JONES & LAUGHLIN STL RETIRE
00JMC	BX JORDAN MARSH CO
00JMH	JMH EMPLOYEE HEALTH
00JPA	JOHN PEARL ASSOC.
00JWF	BX JOINT WELFARE ADMIN FUND
00K-A	BX KEYES ASSOCIATES
00K-C	BX KEDS CORP DIV OF STRIDE RIT
00K-I	BX KNOLL INTERNATIONAL INC
00KAI	KANAWHA INS
00KAY	BX KAY JEWELERS INC
00KCC	BX EASTMAN KODAK COBRA
00KCI	BX KOOPERS CO INC
00KEY	BX KEY CORP
00KIC	KIMBERLY-CLARK
00KM2	BX KENNAMETAL INC
00KMC	BX K-MART CORP (STANDARD)
00KNS	KEMPER NATIONAL SERVICES
00KOP	BX KOOPERS CO INC (SALARY)
00KRE	BX S H KRESS
00KS1	BX KELLY SRVCS INC LICENSEES
00KS2	BX KELLY SRVCS INC (COBRA ONLY
00KSM	BX K-MART CORP (COST SHARING)

00KSO	BX KELLY SRVCS INC ACTIVE EMPL
00KVI	KVI
00KWT	BX CULTURAL DIV OF THE EMBASSY
00KYH	KEYSTONE HEALTH
00L-D	BX NE DEPTS ILGWU DEPENDENTS
00L-F	BX LOCAL 413 WLFARE TRST FUND
00L-W	BX NE DEPTS ILGWU WORKERS
00L00	LOCAL UNION INS. - MISC
00L02	LOCAL 2
00L16	LOCAL 16 BRICKLAYERS
00L19	LOCAL 191
00L20	LOCAL 958
00L21	LOCAL 210 - CARPENTERS
00L23	LOCAL 230 - CT LABORERS
00L39	LOCAL 39
00L43	LOCAL 43 - CARPENTERS
00L44	LOCAL 44 - BRICKLAYER'S FUND
00L47	LOCAL 478 - OPERATING ENGINEER
00L53	LOCAL 919
00L99	LOCAL 1199 - HEALTH CARE EMPL
00LAB	BX BELL TEL LABORATORIES, INC
00LAT	LORD AND TAYLORS
00LFN	BX LINCOLN FIRST BANK
00LHC	LAWRENCE HEALTHCARE
00LMH	LIFE L&M
00LMS	LOOMIS COMPANY
00LRA	BX LTV - STL RETIRED HOURLY
00LRB	BX LTV - STL RET HRLY >071686
00LRD	BX LTV - STL RET HRLY >071686
00LRG	BX LTV - STL /RETIRED HOURLY
00LRL	BX LTV STL/UMWA ACT RET/SUR SP
00LTE	BX LTV - STL SALARIED ACTIVE
00LTF	BX LTV - STL HRLY PENSIONERS
00LTG	BX LTV - STL SALAR'D PENSIONER
00LTH	BX LTV - STL REP STL CORP MINI
00LTK	BX LTV - STL SALAR ACT <10 YRS
00LTL	BX LTV - STL SALAR ACT >10 YRS
00LTM	BX LTV - STL SALAR'D RETIREES
00LTS	BX LTV - STL HOURLY/SAL <10 YR
00LTT	BX LTV - STL HRLY/SALAR >10 YR
00LUK	BX PENNWALT - LUCIDOL
00LWD	BX LOCAL 734 WLFARE FND PA EMP
00LXA	BX LOCAL 734 WLFARE FND NJ EMP
00M-A	BX ROBERT A MAIN & SNS
00M-C	BX MAIN HURDMAN & CRANSTOUN
00M-G	BX MAC-GRAY, INC.

00M-L	BX MILES LABORATORIES (HOURLY)
00M-S	BX E & B MARINE SUPPLY, INC
00MAA	MUTUAL ASSOCIATION ADM
00MAE	BX METCALF AND EDDY
00MAL	BX METROMAIL CORP
00MAN	BX MANTECH INTERNATIONAL CORP
00MBA	BX MUTUAL BEN LIFE INS (AGENTS)
00MBB	BX MUTUAL BEN LIFE - HOME OFF
00MBC	MAGELLAN BEHAVIORAL HEALTH
00MBD	BX METROPOLITAN BROADCASTING
00MBE	BX MUTUAL BEN LIFE INS OFF EMP
00MBH	BX MUTUAL BEN LIFE HM OFF CMM
00MBI	BX MUTUAL BUSINESS CENTER INC
00MBN	MANAGED BENEFIT ADMIN
00MBS	BX MONROE SYS FOR BUSINESS
00MCD	MCDOWELL AGENCY
00MCO	BX METAL IMPROVEMENT CO
00MCR	BX METRO NORTH COMMUTER RAILRD
00MCS	BX MC GREGOR SPTSWEAR RAPID AM
00MDA	MEDICA
00MDC	MEDCO (MBC)-PSYCHIATRY
00MDD	MEDICAID MGD CARE - OTHER
00MDH	MD HEALTH PLAN
00MDP	MEDIPLAN
00MDR	MEDICARE MGD CARE
00MDS	MAY DEPARTMENT STORES
00MDV	MEDVIEW
00MED	MEDCO BEHAVIORAL HEALTH
00MEP	MEDI PLUS
00MET	BX METROMEDIA INC
00MGC	MAGNACARE
00MGL	BX GLEN ALDEN
00MHC	BX MANUFACTURES HANOVER CORP
00MIC	BX METAL IMPROVEMENT CO INC
00MIE	BX MID ATLANTIC IND ELEC CNTRC
00MIP	MEMBER INSURANCE PROGRAM
00ML1	BX MILES LABORATORIES COBRA
00MLB	MAJOR LEAGUE BASEBALL
00MLF	MILFORD EMPLOYEE HEALTH PLAN
00MLP	MULTI PLAN
00MMB	MONTANA MEDICAL BENEFITS
00MMG	BX G MC NEW (RAPID AMERICAN)
00MMO	MEDICAL MUTUAL OHIO
00MMP	MASTERS MATES & PILOTS
00MNB	BX MELLON BANK N. A.
00MNC	BX METRO N CMTR RR COBRA SUBSC

00MNH	MINNESOTA HEALTH CARE
00MOR	BX MORSE/DIESEL
00MOT	MOTOROLA BENEFITS
00MPC	BX MILLIPORE CORP
00MPH	BX G.C. MURPHY
00MRR	BX MORRISON, INC.
00MS1	BX E & B MARINE SUPPLY, INC
00MS2	BX E & B MARINE SUPPLY, INC
00MSC	BX MELLON-STUART CO
00MSH	MASS HEALTH
00MSI	MED SPAN INC.
00MSO	BX E & B MARINE SUPPLY, INC
00MSP	MED SPAN
00MST	MASTERCARE
00MTH	UNITEDHEALTHCARE(METRA-HEALTH)
00MVA	MOTOR VEHICLE ADMINISTRATION
00MVM	GROUP BENEFIT SERVICES (MEDCO)
00MVP	MVP HEALTH PLAN
00MXM	MIDDLESEX MUTUAL
00N-J	BX NORTH & JUDD, INC HOURLY
00N-K	BX ANDAL CORP FRM NAT'L KINNEY
00N-O	BX N ENG COUNCIL OF OPTOMETRIS
00N01	BX N ENG COUNCIL OF OPTOMETRIS
00NAA	NORTH AMERICAN ADMINISTRATOR
00NAL	NALC(NATL ASSN LTR CARR)
00NAM	NAMIC
00NAS	NATIONAL AUTO SPRINKLER
00NAT	BX ATT - BELL LABS
00NBC	NEW YORK BUS CO
00NBG	NBGH EMPLOYEE PLAN
00NBK	NORTHBROOK
00NCA	NCAS
00NCJ	BX NAT'L CONF OF CHRSTNS & JEW
00NDC	NORTHEAST DIRECT HEALTH
00NEB	BX NEBRASKA
00NEH	NEW ENGLAND HEALTHCARE EFW
00NEP	NEW ENGLAND BENEFIT PLAN
00NEU	NORTHEAST UTILITIES
00NFT	NO FAULT INSURANCE
00NFU	BX NAVY FEDERAL CREDIT UNION
00NGP	NJADA GROUP
00NGS	NGS
00NHE	NATIONAL HEALTH
00NHI	NATIONAL HEALTH INS
00NJ2	BX NORTH & JUDD, INC
00NJ3	BX NORTH & JUDD RET COBRA

00NJ4	BX NORTH & JUDD RET COBRA
00NJC	BX N J CARPENTERS WELFARE FUND
00NMH	NEW MILFORD EMPLOYEE HLTH PLAN
00NOR	BX NORSTAR-BANCORP INC.
00NPD	NORWALK POLICE DEPARTMENT
00NPL	NIPPON LIFE
00NPN	NPPN
00NRL	NATIONAL RURAL LTR CARRIERS
00NSE	NASE
00NSF	NORTHWESTERN SECURITY LIFE
00NSI	NATIONAL STUDENT INS
00NVF	BX NVF CO (DIV SHARON STEEL)
00NVT	BX BANKING & FIN INSTIT. NY
00NWB	BX NATIONAL WESTMINSTER BANK
00NWK	BX NEWSWEEK INC
00NWR	BX NATIONAL WESTMINSTER BANK
00NYB	BX NEW YORK STATE BAR ASSOC
00NYE	NYEDA HEALTH
00NYL	NYL CARE HEALTH PLANS OF CONN
00NYM	NEW YORK MEDICAID
00NYN	BX NYNEX
00NYR	NYLACOR
00NYW	WELLCARE OF NY
00OCT	BX OFF OF THE COMPT OF THE CUR
00OGA	OHIO GRAPHIC ARTS HLTH
00OGI	BX OSSMONN GROUP
00OGL	BX OGILVY & MATHER INC
00OHO	BX STATE OF OHIO
00OLY	BX OLYMPUS CAMERA
00OMN	BX STUDENTS (SULTANATE OF OMAN
00OPC	OPTIMUM CHOICE
00OPE	BX INT. UN OF OPER ENG PA & DE
00OTU	BX OUTLET COMPANY, THE
00P-C	BX PALL CORPORATION
00P-G	BX PR0CTOR & GAMBLE (COBRA)
00P-S	BX MERITOR CREDIT CORP
00PAS	PREFERRED ASSURANCE
00PBH	PROBEHAVIORAL HEALTH
00PCA	BX GOLUB CORP - MAIN GROUP
00PCB	PACIFIC BENEFIT
00PCC	BX PITTSBURG CORNING CORP
00PCF	PACIFIC HOUSE
00PCH	PACIFIC HERITAGE
00PCI	BX PARK COMMUNICATIONS
00PDG	BX PEOPLES DRUG STORE
00PDI	PLAN DATA INC.

00OPEN	PENSION ASSOCIATES
00PFC	PROFESSIONAL CLAIMS
00PFE	PACIFICARE (SECURE HORIZONS)
00PFI	PREFERRED WORKS
00PFL	PFL LIFE
00PFR	PREFERRED INS
00PG1	BX PROCTOR & GAMBLE (RETIREES)
00PGI	PATRIOT GENERAL INSR
00PGS	PROGRESSIVE INS.
00PHC	PRUDENTIAL HEALTH CARE OF CT
00PHH	PREFERRED HEALTH
00PHM	PATHMARK
00PHS	PRIVATE HEALTH CARE SYSTEMS
00PIK	BX PICKWICK INTERNATIONAL
00PKF	BX PANNELL KERR FORSTER
00PMA	PIEDMONT ADMINISTRATORS
00PMI	PHYSICIANS MUTUAL INS CO
00PNA	BX PNC FINANCIAL CORP
00PNC	BX PNC FINANCIAL CORPORATION
00PND	BX IUE AFL-CIO HEALTH FUND PRO
00PNR	PIONEER ADJUSTMENT
00PNT	PAINTERS DISTR.
00POL	BX POLYMER CORPORATION
00PPI	PRO PSYCH, INC.
00PRA	PREMIER ASSIST
00PRC	BX COMMONWEALTH OF PUERTO RICO
00PRE	BX PREMIER INDUSTRIAL CORP
00PRF	BX PREMIER INDUSTRIAL CORP
00PRG	BX PREMIER INDUSTRIAL CORP
00PRH	BX PREMIER INDUSTRIAL CORP
00PRI	BX PARISIAN, INCORPORATED
00PRJ	BX PREMIER INDUSTRIAL CORP
00PRL	PROVIDIAN LIFE
00PRO	PROAMERICA
00PRU	PRUCARE
00PRV	PROVIDENCE-MCR
00PSG	BX PURITY SUPREME SUPERMARKETS
00PSI	PLAN SERVICES INC.
00PSK	BX PENSKE CORP
00PSL	PACIFIC STANDARD LIFE INS
00PSY	PSYCHOLOGICAL RESOURCES
00PTH	PATHWISE BEHAVIORAL HEALTH
00PYR	PYRAMID LIFE
00R-H	BX ROHM & HAAS CO
00R-L	BX ROHM & HAAS CO
00R-W	BX RAND-WHITNEY ROBERTSON

00RAA	BX WORLD WIDE COMP & COMMUNICA
00RAD	BX ADAP (DIV OF RITE AID)
00RAI	BX RAPID AMER INDUSTRIES
00RAL	RALSTON PURINA
00RAX	BX RAXTON CORP DIV STOP & SHOP
00RCB	RURAL CARRIER BENEFITS
00RCN	BX REGIONAL DATA CENTER INC
00RCU	BX UNITED FOOD COM WKRS LOC 23
00REB	BX ENCORE BOOKS DIV RITE AID
00RES	BX N Y STATE RESTURANT ASSOC
00RET	BX ALLIED-SIGNAL, INC
00RFF	BX RESEARCH FUND OF SUNY
00RFR	BX RESEARCH FUND OF SUNY
00RGI	BX ROYAL INSURANCE
00RHD	BX REUBEN H DONNELLEY CORP
00RHS	BX ROHM & HAAS CO (SALES GROUP
00RHX	BX RANDOM HOUSE
00RIF	BX AMALGAMATED RETAIL INS FUND
00RIP	BX AMALGAMATED RETAIL INS PTM
00RIR	BX RITE AID (ROME DIV)
00RIT	BX RITE AID CORPORATION
00RJR	BX R. J. REYNOLDS
00RKL	BX RICKEL HOME CENTERS
00RMC	BX RIVERSIDE MEM CHAPELS & AFF
00ROY	ROYAL INSURANCE
00RPD	BX RAPID AMER CORP ETAL
00RPE	BX RAPID AMER CORP COM EXEC ME
00RPI	BX RHONE-POULEC INC
00RRS	ROTO ROOTER SERVICES
00RSC	BX RITE AID
00RSD	BX REPUB STL HRLY & N/EXM <10Y
00RSE	BX REPUB STL HRLY & N/EXM SALA
00RSF	BX REPUB STL HRLY & N/EXM SAL
00RSG	BX REP STL EXEMPT SALARIED
00RSH	BX REPUB STL SPEC MED PLAN
00RSL	BX REPUB STL (REDUCED BENEFITS
00RSP	BX REPUB STL SALARY PENSION
00RST	BX SERA - TEC DIV OF RITE AID
00RTZ	BX RITZ CAMERA CENTERS, INC
00RW1	BX RAND-WHITNEY ROBERTSON PW
00RW2	BX RAND-WHITNEY ROBERTSON
00RW3	BX RAND-WHITNEY ROBERTSON
00RW4	BX RAND-WHITNEY ROBERTSON
00RW5	BX RAND-WHITNEY ROBERTSON
00RW6	BX RAND-WHITNEY ROBERTSON
00RW7	BX RAND-WHITNEY ROBERTSON

00RW8	BX RAND-WHITNEY ROBERTSON
00S-A	BX SEALED AIR CORP
00S-E	BX STV ENGINEERS INC
00S-I	BX STOWE WOODWARD INDUSTRIES
00S-J	BX ST JOE MINERALS CORP
00S-L	BX SMITHKLINE BECKMAN CORP
00S-S	BX SERVICE STATION DEALERS AME
00S00	OTHER STATE AGENCIES
00S01	STATE SERVICES FOR THE BLIND
00SA1	BX SERVICE STATION DEALERS AME
00SA2	BX SERVICE STATION DEALERS
00SA3	SAS
00SAG	SAG PRODUCERS HEALTH FUND
00SAM	SAMBA
00SAO	BX SERVICE STATION DEALERS
00SAS	BX STOP AND SHOP
00SBA	BX SABENA BELGIAN WORLD AIRLIN
00SBD	SUNDANCE BENEFITS DEPT
00SCE	SMITH CORONA EMPLOYEE
00SCI	STATE COMP INS FUND
00SCS	BX CNTRL SQUARE SCHL NON MEDCR
00SEL	SELECTPRO
00SEN	BX S E NICHOLS, INC
00SFU	STATE INS. FUND
00SGL	BX SUPERMARKET GEN PATHMARK EM
00SGO	BX SWIFT GLASS CO
00SHA	BX SHARON STL CORP ACTIVE SALA
00SHH	BX SCHENLEY INDS INC HOURLY
00SHP	SUBURBAN HEALTH PLAN
00SHR	BX SHARETECH
00SHS	STRATEGIC HEALTH SVC
00SID	BX SID HARVEY INDUSTRIES
00SIF	SECONDARY INQUIRY FUND
00SIG	SHELBY INSURANCE GROUP
00SIL	SILVER HILL HOSPITAL
00SKD	BX S KLEIN DEPT STRS RAPID AME
00SLS	BX ST LAWRENCE SEAWAY DEV CORP
00SMA	BX SECURITY MUTUAL LIFE INS CO
00SMB	BX MUTUAL BEN LIFE INS CO
00SND	S.S. OF NOTRE DAME
00SNE	SNET
00SNL	SNL ADMINISTRATORS
00SNT	BX SONAT INC
00SOM	SHEFFIELD OLSON & MCQUEEN
00SQC	BX SQUIBB CORP
00SQH	BX E R SQUIBB & SONS HOURLY

00SRW	BX SHERWOOD MEDCL PRODUCTD DIV
00SSA	BX SECRET SRVC EMP HLTH ASSOC
00SSC	SHAWMUT SELECT CARE
00STH	SNAP ON TOOLS HEALTH
00STI	STUDENT INSURANCE
00STM	BX AMER TEL & TEL INFO SYSTEM
00STR	STAR ADMINISTRATION
00STU	STUDENT HEALTH
00STW	BX STANWICK CORP
00SWA	BX SWANK INC
00SWJ	SEDGWICK JAMES
00SWO	BX STONE & WEBSTER
00SWS	SWSCHP
00T-I	BX TELEDYNE INC
00TAG	BX ANDERSEN
00TBC	CONNECTICUT TB CONTROL PGM
00TBE	TRAILBLAZER HEALTH ENTERPRISES
00TDR	TOWN OF DARIEN
00TDS	BX TDS VENTURA, INC
00TEA	BX EASTERN RAILROAD
00TEB	BX TRKNG WLFAR FND NJ LOC 560
00TEC	TOTAL EMPLOYEE CARE
00TEE	BX TMSTERS WLFAR FUND LOC 614
00TEG	BX TRKNG WLFAR FND NJ LOC 560
00TEL	BX NEW YORK TELEPHONE
00TER	BX TERADYNE INC
00TEW	BX TMSTRS LOC 617 HLTH & WEL F
00TFS	TUFTS HEALTH PLAN
00THC	TOTAL HEALTH CHOICE
00TIS	TRAVEL INSURANCE SERVICES
00TJM	TJ MAXX
00TKC	TAKE CARE
00TKH	BX TEK HUGHES DIV OF INT PLTEX
00TKP	TAKECARE PREFERRED
00TLA	BX N Y ST TRIAL LAWYER ASSOC
00TLC	BX JAMES TALCOTT FACTORS, INC
00TLE	BX TIME INCORPORATED
00TLP	TED L PARKER & ASSOC
00TLW	BX TMSTERS WLFAR FUND LOC 84
00TMB	BX MUTUAL BEN LIFE INS CO
00TME	BX TIME INCORPORATED
00TMK	TRUSTMARK
00TMP	TOWN OF MILFORD POLICE COMP
00TNE	THE NEW ENGLAND
00TNW	BX TILLINGHAST NELSON & WARREN
00TOW	TOWER LIFE/ACCIDENT INS

00TPA	TPA OF PA
00TPC	UNITED HEALTHCARE ADM(TPA-CT)
00TPH	BX TUSCARORA PLASTICS
00TPL	TOTAL PLAN ADMIN
00TPP	TPCM THREE PARTY PLAN
00TPS	BX TUSCARORA PLASTICS SALARIED
00TRI	TRIAD
00TRP	TRAVELER'S PREFERRED
00TRS	TRI-STATE
00TSB	BX SERVICE BUREAU CORP
00TVA	TRAVELERS PROTECTIVE ASSO
00TWU	BX ACTWU TEXTILE WKRS HLTH PLN
00TWW	BX ACTWU TEXTILE WKRS HLTH PLN
00TWX	BX ACTWU TEXTILE WRKS HLTH PLN
00TWY	BX ACTWU TEXTILE WRKS HLTH PLN
00TYC	THIRD PARTY CLAIMS
00U-D	BX UDDEHOML STEEL CORP
00U-P	BX UNITED PARCEL SERVICE
00U-S	BX UNITED STATES STEEL
00U10	BX U S STEEL RETIREES
00U11	BX U S STEEL RETIREES
00U12	BX U S STEEL RETIREES
00U13	BX UNITED STATES STEEL
00U14	BX US STL USX N/EXM SAL RETIRE
00U99	BX U S STEEL ACT NON EXM SAL
00UAI	US ASSIST-APRI INS.
00UAW	BX UNITED AUTO WORKERS
00UBH	UNITED BEHAVIORAL HEALTH
00UBT	BX TMSTERS LOC 641 W F
00UCC	UCC CLAIMS
00UFW	BX UNITED FOOD & COMM WORKERS
00UHN	UTC HEALTHCARE NETWORK
00UMC	BX WEST OHIO UNITED METHODIST
00UMW	UNITED MINE WORKER
00UNB	UNISYS BENEFIT
00UNC	USA HEALTH NETWORK CO., INC.
00UNE	UNITED HEALTH PLANS OF NE
00UNL	UNUM LIFE
00UNW	LOCAL 208-UNITED WIRE
00UPP	UNITED PAYORS & PROVIDERS
00UPS	BX UNITED PARCEL SERVICE
00US2	BX UNITED STATES STEEL
00US3	BX UNITED STATES STEEL
00US4	BX UNITED STATES STEEL
00USA	USSA
00USC	BX UNITED STATE STL MINE WRKS

00USH	US HEALTHCARE, INC. (AETNA)
00USO	BX UNITED STATES STEEL
00USP	BX U.S. STEEL CORP SAL RETIREE
00USS	BX USS CORP SAL N/REPRSNTE EMP
00USW	BX UNITED STEELWRKS OF AMERICA
00UTI	UNITED TRANSPORTATION INS
00UTV	BX ASSOC PRESS (UTW RETIREES)
00UTW	BX ASSOC PRESS (UTW)
00V-A	BX GTE VALERON CORP (ACTIVE)
00V-R	BX GTE VALERON CORP (RETIREES)
00V10	BX VALASSIS INSERTS
00VAS	VA SURETY
00VEB	VEBA TRUST FUND
00VET	VETERANS ADMINISTRATION
00VIS	BX ACTION VISTA VOLUNTEERS
00VYT	VYTRA HEALTHCARE
00W99	STATE WELFARE - MISC
00WAB	STATE WELFARE - ALABAMA
00WAL	WALMART BENEFIT
00WBH	WHEELER/BRISTOL HOSPITAL
00WCM	WELLCARE OF CONNECTICUT, INC.
00WCN	WILLIS CORROON
00WCP	WORLD COLOR PRESS INS
00WDB	BX WALDEN BOOKS
00WDC	WALGREEN DRUG CO
00WEF	BX TMSTERS LOC 641 WLFARE FUND
00WER	BX WESTERN ELECTRIC
00WEW	BX WILLIAM E WRIGHT CO
00WFS	WOODFIELD FAMILY SERVICES
00WLT	BX PENNWALT CORPORATION
00WMA	STATE WELFARE - MASSACHUSETTS
00WMB	WHATCOM MEDICAL BUREAU
00WME	STATE WELFARE - MAINE
00WMS	STATE WELFARE - MISSISSIPPI
00WNH	STATE WELFARE - NEW HAMPSHIRE
00WNJ	STATE WELFARE - NEW JERSEY
00WNY	STATE WELFARE - NY
00WOL	BX AMALGAMATED INS FUND (WOOL)
00WPA	STATE WELFARE - PA
00WPR	BX W PA TMSTRS & MOTOR CAR E R
00WPT	BX W PA TMSTRS & MOTOR CAR WLF
00WRG	WRITERS GUILD
00WRI	STATE WELFARE - RHODE ISLAND
00WRS	BX WESTINGHOUSE RADIOL SVC DIV
00WSC	STATE WELFARE - SOUTH CAROLINA
00WSH	BX AMALGAMATED WASHABLE CLOTHI

00WSU	BX WOLTERS, SAMSOM, US CORP
00WTX	STATE WELFARE - TEXAS
00WVT	STATE WELFARE - VERMONT
00WXB	BX WESTINGHOUSE ELECTRIC
00XPS	EXPRESS SCRIPTS
00YPH	YALE PREFERRED HEALTH PLAN
00YSM	CSHCN-YALE SCHOOL OF MEDICINE
01000	PLAN ADMINISTRATORS
01001	MARRIOTT NE REGIONAL
01002	UTICA FIRST
01003	CLIENT SERVICES GROUP
01004	PREFERRED HEALTH NET(PHN/MD)
01005	GROUP & PENSION ADMIN
01006	NAT'L ORG OF INDUS TRADES
01008	PURINA BENEFIT ASSO
01009	BOISE CASCADE CORP
01010	FOX-EVERETT
01011	BORDEN MEDICAL PLAN
01012	NAT'L ASSO UNIFORMED SVCS
01013	CRUM & FORSTER
01014	ELITE BENEFIT SYSTEMS
01015	MUTUAL PROTECTIVE
01016	GROUP INS SERVICE CENTER
01017	TUCKER & CLARK
01018	AFSPA-AMER FOREIGN SVCS
01019	STATE OF CT-SMHA
01020	HEALTHSOURCE PPO PRODUCT
01021	THOMAS E. FAY INS. ADJ
01022	NEIGHBORHOOD HEALTH PART
01023	ALLIED NATIONAL
01024	BORDEL CORP.
01025	LOWER HUDSON VALLEY EAP
01026	DUNLAP CLAIMS MGMT
01027	AMERIHEALTH-MEDICARE
01028	GROUP ADMINISTRATORS LTD
01029	UNITED HEALTHCARE
01030	FARMERS INS GROUP
01031	MAXON COMPANY
01032	RAND INS.
01033	SAFECO
01034	SOUTHCARE
01035	PREFERRED ONE
01037	MOUNTAIN STATE ADM
01039	CIRMA
01040	HEALTH AMERICA RE
01041	MANAGED HEALTH NETWORK

01042	SAGA BEHAVIORAL HEALTH
01043	ACCESS BEHAVIORAL HEALTH
01044	MOHEGAN SUN TRIBAL
01045	MAGELLAN BEHAVIORAL HEALTH
01046	TPA OF CT
01047	SAGA-GENERAL
01048	INSURANCE PROGRAMMERS
01049	WOMAN & HEALTH
01050	EVOLUTIONS HEALTHCARE SYSTEMS
01051	ONE HEALTH PLAN
01052	ASSOC HOSP SERVICE OF MAINE
01053	NATIONAL HERITAGE INSURANCE CO
01054	PSYCH MANAGEMENT INC.
01055	BLUE CROSS TEAMSTERS
01056	USI ADMINISTRATORS
01057	VALUE OPTIONS
01058	NORWALK, CITY OF BENEFIT PLAN
01059	WOMAN & HEALTH/BC OF CT
01060	PSYCH MANAGEMENT INC (PMI)
01061	HMC PPO, INC(S&S HC STRATEGIES)
01062	DIVERSIFIED INSURANCE
01063	YNHH Senior Assurance
01064	EMPLOYEE ASSISTANCE PROGRAM
01065	PERFORMAX
01067	CORESTAR
01068	MIDWEST NATIONAL LIFE
01069	BENESIGHT
01070	HEALTH CONNECTICUT PPO
01071	BEHAVIORAL HEALTH CT
01073	Northeast Healthcare Alliance
01074	MHN INC.
01076	EVERCARE CHOICE
01077	BEHAVIORAL HEALTH PARTNERSHIP
01078	AETNA GOLDEN MEDICARE
01079	EVERCARE PLAN
01080	COVENTRY HEALTHCARE INC.
01081	HUMANA INSURANCE COMPANY
01082	WELLCARE OF CONNECTICUT, INC
01089	SENIOR WHOLE HEALTH LLC
01090	LOCAL 155 BAKERY & CONFECTION
0HUSA	HUSKY A PROGRAM
0HUSB	HUSKY B PROGRAM
0MCSI	MANAGED CARE STRATEGIES, INC.
0TRCR	TRICARE
13101	NATIONAL GOVT. SERVS. MEDICARE
14163	PREFERRED ONE WELLCARE

23225	AETNA BETTER HEALTH
39064	CIGNA BEHAVIORAL HEALTH
39075	ANTHEM BEHAVIORAL HEALTH
39085	AETNA BEHAVIORAL HEALTH
60054	AETNA BETTER HEALTH
87726	AMERICHOICE OF CONNECTICUT
OOLGW	BX ILGWU CHICAGO REGION
SH999	VNA NORTHWEST INC.
00HPM	Harvard Pilgrim
00CTE	Connecticcare Employee
00ABM	Anthem BCBS Medicare
00USL	USAA Life
00ATS	Aetna Secondary
00UHI	United Healthcare Integrated
00CGS	Cigna Secondary
00DGP	Diversified Group
00RMI	Retiree Medical Insurance Plan
00LHS	Liberty Healthshare
00TWH	Town of West Hartford
00CBT	Comprehensive Benefits
00WHC	Wellnet Healthcare
00GTL	Guarantee Trust Life Insurance Co
00ABS	Allied Benefit Systems Inc
00ASI	Association & Society Insurance Co
0GEHA	GEHA
0RRMC	Railroad Medicare
00DAC	Diversified Administrative Corp
0CCHF	Connecticcare Carpenters Health Fund
00AME	Ameriben
0GEAS	GEHA-ASA
0CADM	Claims Administration
00388	Mutual of Omaha Companies
0PHCS	PHCS Network
00POM	POMCO Group
00BGR	Bristol GI Research
00HPS	Healthplus Insurance Company
00NEE	New England Electrical Workers
00AMA	AMA Insurance
00RCB	Rural Carrier Benefit
00CPT	CT Pipe Trades Benefit Funds
00IHB	Innovative Health Plan
00CRX	Collect RX
00EGB	Gallagher Bassett Services Inc.
0HPHC	HPHC
0HTFD	The Hartford

## Appendix 4: Source of Payment Codes and Descriptions

Code	Description
<b>1</b>	<b>MEDICARE</b>
11	Medicare (Managed Care)
111	Medicare HMO
112	Medicare PPO
113	Medicare POS
119	Medicare Managed Care Other
12	Medicare (Non-managed Care)
121	Medicare FFS
122	Medicare Drug Benefit
123	Medicare Medical Savings Account (MSA)
129	Medicare Non-managed Care Other
<b>13</b>	<b>Medicare Hospice</b>
19	Medicare Other
<b>2</b>	<b>MEDICAID</b>
21	Medicaid (Managed Care)
211	Medicaid HMO
212	Medicaid PPO
213	Medicaid PCCM (Primary Care Case Management)
219	Medicaid Managed Care Other
22	Medicaid (Non-managed Care Plan)
23	Medicaid/SCHIP
24	Medicaid Applicant
25	Medicaid - Out of State
29	Medicaid Other
<b>291</b>	<b>Medicaid Pharmacy Benefit Manager</b>
<b>3</b>	<b>OTHER GOVERNMENT (Federal/State/Local excluding Department of Corrections)</b>
31	Department of Defense
3223	Children of Women Vietnam Veterans (CWVV)

Code	Description
311	TRICARE (CHAMPUS)
3111	TRICARE Prime--HMO
3112	TRICARE Extra--PPO
3113	TRICARE Standard - Fee For Service
3114	TRICARE For Life--Medicare Supplement
3115	TRICARE Reserve Select
3116	Uniformed Services Family Health Plan (USFHP) -- HMO
3119	Department of Defense - (other)
312	Military Treatment Facility
3121	Enrolled Prime--HMO
3122	Non-enrolled Space Available
3123	TRICARE For Life (TFL)
313	Dental --Stand Alone
32	Department of Veterans Affairs
321	Veteran care--Care provided to Veterans
3211	Direct Care--Care provided in VA facilities
3212	Indirect Care--Care provided outside VA facilities
32121	Fee Basis
32122	Foreign Fee/Foreign Medical Program(FMP)
32123	Contract Nursing Home/Community Nursing Home
32124	State Veterans Home
32125	Sharing Agreements
32126	Other Federal Agency
322	Non-veteran care
3221	Civilian Health and Medical Program for the VA (CHAMPVA)
3221	Civilian Health and Medical Program for the VA (CHAMPVA)
3222	Spina Bifida Health Care Program (SB)

3229	Other non-veteran care
33	Indian Health Service or Tribe
331	Indian Health Service - Regular
332	Indian Health Service - Contract
333	Indian Health Service - Managed Care
334	Indian Tribe - Sponsored Coverage
34	HRSA Program
341	Title V (MCH Block Grant)
342	Migrant Health Program
343	Ryan White Act
349	Other
35	Black Lung
36	State Government
361	State SCHIP program (codes for individual states)
362	Specific state programs (list/ local code)
369	State, not otherwise specified (other state)
37	Local Government
371	Local - Managed care
3711	HMO
3712	PPO
3713	POS
372	FFS/Indemnity
379	Local, not otherwise specified (other local, county)
521	Commercial Indemnity
522	Self-insured (ERISA) Administrative Services Only (ASO) plan
523	Medicare supplemental policy (as second payer)
529	Private health insurance—other commercial Indemnity
53	Managed Care (private) or private health insurance (indemnity), not otherwise specified

38	Other Government (Federal, State, Local not specified)
381	Federal, State, Local not specified managed care
3811	Federal, State, Local not specified - HMO
3812	Federal, State, Local not specified - PPO
3813	Federal, State, Local not specified - POS
3819	Federal, State, Local not specified - not specified managed care
382	Federal, State, Local not specified - FFS
389	Federal, State, Local not specified - Other
39	Other Federal
4	<b>DEPARTMENTS OF CORRECTIONS</b>
41	Corrections Federal
42	Corrections State
43	Corrections Local
44	Corrections Unknown Level
5	<b>PRIVATE HEALTH INSURANCE</b>
51	Managed Care (Private)
511	Commercial Managed Care - HMO
512	Commercial Managed Care - PPO
513	Commercial Managed Care - POS
514	Exclusive Provider Organization
515	Gatekeeper PPO (GPPO)
519	Managed Care, Other (non HMO)
52	Private Health Insurance - Indemnity
81	Self-pay
82	No Charge
821	Charity
822	Professional Courtesy
823	Research/Clinical Trial

54	Organized Delivery System		83	Refusal to Pay/Bad Debt
55	Small Employer Purchasing Group		84	Hill Burton Free Care
56	<b>Specialized Stand Alone Plan</b>		85	Research/Donor
561	Dental		89	No Payment, Other
562	Vision		9	<b>MISCELLANEOUS/OTHER</b>
59	Other Private Insurance		91	Foreign National
6	<b>BLUE CROSS/BLUE SHIELD</b>		92	Other (Non-government)
61	BC Managed Care		93	Disability Insurance
611	BC Managed Care - HMO		94	Long-term Care Insurance
612	BC Managed Care - PPO		95	Worker's Compensation
613	BC Managed Care - POS		951	Worker's Comp HMO
619	BC Managed Care - Other		953	Worker's Comp Fee-for-Service
62	BC Indemnity		954	Worker's Comp Other Managed Care
63	BC (Indemnity or Managed Care) - Out of State		959	Worker's Comp, Other unspecified
64	BC (Indemnity or Managed Care) - Unspecified		96	Auto Insurance (no fault)
69	BC (Indemnity or Managed Care) - Other		98	Other specified (includes Hospice - Unspecified plan)
7	<b>MANAGED CARE, UNSPECIFIED(to be used only if one can't distinguish public from private)</b>		99	No Typology Code available for payment source
71	HMO		ZZZ	<b>Unavailable / Unknown</b>
72	PPO			
73	POS			
79	<b>Other Managed Care</b>			
8	<b>NO PAYMENT from an Organization/Agency/Program/Private Payer Listed</b>			

Source: *Public Health Data Standards Consortium, Source of Payment Typology (V6.0)*  
<http://www.phdsc.org/standards/pdfs/SourceofPaymentTypologyVersion6FINALSeptember2015.pdf>

## Appendix 5: Prior OHCA Source of Payment Codes Mapping with Payer Typology

Payercode	Payercode description	Typology Code	Typology Description
A	Self Pay	81	Self Pay
B	Workers Compensation	95	Workers' Compensation
C	Medicare	1	Medicare
D	Medicaid	2	Medicaid
E	Other Federal Program	3 or 4	Other Government or Corrections
F	Commercial Insurance Company	5	Private Health Insurance
G	Blue Cross	6	Blue Cross/Blue Shield
H	CHAMPUS	311	TRICARE (Champus)
I	Other	92	Other (non-Government)
Q	Title V	341	Title V (MCH Block Grant)
R	No Charge	82	No Charge
S	HMO	511	Commercial managed care - HMO
T	PPO	512	Commercial managed care - PPO
U	Charter Oak	362	State specific program - Charter Oak

Source: *CT DPH Office of Health Care Access Acute Care Discharge Database and Public Health Data Standards Consortium, Source of Payment Typology (V3.0)*