

| HEADER | #  | STAR | END | LEN | DESCRIPTION                   | TYPE    | FORMAT   | NOTES   | O/R/S | Source Table Name  | Source Column Name              | Source Data Type         | Business Mapping Description  | Join Criteria   | Technical Mapping Description | Default Value if blank or spaces | Date Modified   | Mapping Status | Comments            | Access Level        | Attachments |
|--------|----|------|-----|-----|-------------------------------|---------|----------|---|-------|--------------------|---------------------------------|--------------------------|---|---|-------------------------------|----------------------------------|---|----------------|---------------------|---------------------|-------------|
|        | 1  | 1    | 25  | 25  | Sender Code                   | A/N     | LIBF     | Value = BCBSRI  | R     |                    |                                 |                          |   |   |                               | Default is 'BCBSRI'              |   |                |                     |                     |             |
|        | 2  | 26   | 33  | 8   | Run Date                      | Numeric | CCYYMMDD | The date the extract was run  | R     |                    |                                 |                          |   |   |                               | The date the extract was run     |   |                |                     |                     |             |
|        | 3  | 34   | 631 | 558 | Filler                        |         |          | Blank Fill  | R     |                    |                                 |                          |   |   |                               | Default is blanks                |   |                |                     |                     |             |
| DATA   | #  | STAR | END | LEN | DESCRIPTION                   | TYPE    | FORMAT   | NOTES   | O/R/S | Source Table Name  | Source Column Name              | Source Data Type         | Business Mapping Description  | Join Criteria   | Technical Mapping Description | Default Value if blank or spaces | Date Modified   | Mapping Status | Comments            | Access Level        | Attachments |
|        | 1  | 1    | 20  | 20  | Sender Claim Number           | A/N     | LIBF     | Claim will be rejected if claim number is missing. Examples: 12345, 134AD056789   | R     | CMC_CLCL_CLAIM     | CLCL_ID                         | char(12)                 |   |   |                               |                                  |   |                |                     |                     |             |
|        | 2  | 21   | 25  | 5   | Claim Line Number             | Numeric | RZF      | Claim will be rejected if claim line number is missing. Examples: 00001, 00010, 00100, 01000, 10000   | R     | CMC_CDML_CL_LINE   | CDML_SEQ_NO                     | smallint                 |   |   | CLCL_ID                       |                                  |   |                |                     |                     |             |
|        | 3  | 26   | 37  | 12  | Member ID                     | A/N     | LIBF     | Must match the Member ID sent on the Eligibility file. Claim will be rejected if Member ID is missing. Examples: 1234DLL453   | R     | CMC_CLCL_CLAIM     | MEME_CK                         | char(12)                 |   |   | MEME_CK                       |                                  | Null  |                |                     |                     |             |
|        | 4  | 38   | 52  | 15  | Patient First Name            | A/N     | LIBF     | Claim will be rejected if Patient First Name is missing   | R     | CMC_MEME_MEMBER    | MEME_FIRST_NAME                 | Char(15)                 |   |   |                               |                                  |   |                |                     |                     |             |
|        | 5  | 53   | 67  | 15  | Patient Middle Name           | A/N     | LIBF     | Populate if present   | O     | CMC_MEME_MEMBER    | MEME_MID_INIT                   | Char(1)                  |   |   |                               |                                  |   |                |                     |                     |             |
|        | 6  | 68   | 92  | 25  | Patient Last Name             | A/N     | LIBF     | Claim will be rejected if Patient Last Name is missing  | R     | CMC_MEME_MEMBER    | MEME_LAST_NAME                  | Char(25)                 | Pass the first 25 characters of the Last Name to Prime.   |   | MEME_CK                       |                                  |   |                |                     |                     |             |
|        | 7  | 93   | 100 | 8   | Patient Date of Birth         | Numeric | CCYYMMDD | Claim will be rejected if Patient Date of Birth is missing  | R     | CMC_MEME_MEMBER    | MEME_BIRTH_DT                   | datetime                 | Pass the 'date' only to Prime with the format CCYYMMDD  |   | MEME_CK                       |                                  |   |                |                     |                     |             |
|        | 8  | 101  | 101 | 1   | Primary Coverage Indicator    | A/N     |          | Only required when COB claims are sent to PRIME. COB claims accidentally sent to Prime can be rejected back to client. Valid values: Y=Yes, this is a COB claim N=No, this is not a COB claim COB claims will not be sent and will populate with N. | S     | CMC_MECB_COB       | MECB_INSUR_ORDER                | Char(1)                  | Valid values: Y=Yes, this is a COB claim N=No, this is not a COB claim  |   | MEME_CK                       |                                  | Default is 'N'.   |                |                     |                     |             |
|        | 9  | 102  | 111 | 10  | Provider Tax ID Number        | A/N     | LIBF     | Claim will be rejected if the TIN is missing. Strip dashes prior to sending to PRIME. Example: 123456789  | R     | CMC_CLPE_PROV_DATA | CLPE_TAX_ID                     | varchar(9)               | Remove dashes before passing to Prime.  |   | CLCL_ID                       |                                  |   |                |                     |                     |             |
|        | 10 | 112  | 147 | 36  | Rendering Provider Name       | A/N     | LIBF     | The Rendering Provider Name must be on the claim  | R     | CMC_CLPE_PROV_DATA | CLPE_LAST_NAME, CLPE_FIRST_NAME | VarChar(25), VarChar(10) | Pass the first 25 characters of the Provider Last Name and pass the first 10 characters of the Provider First Name to Prime.                    |   | CLCL_ID                       |                                  | Populated after concatenation of CLPE_LAST_NAME, CLPE_FIRST_NAME with space (CLPE_LAST_NAME (25)+ ' ' + CLPE_FIRST_NAME (10)) |                |                     |                     |             |
|        | 11 | 148  | 183 | 36  | Rendering Provider Address 1  | A/N     | LIBF     | The Provider Address must be on the claim   | R     | CMC_PRAD_ADDRESS   | PRAD_ADDR1                      | char(40)                 | Pass the first 36 characters of the Address 1 to Prime.   |   | PRPR_ID                       |                                  | Where PRAD_TYPE='P'   |                |                     | PRAD_TYPE (value P) |             |
|        | 12 | 184  | 219 | 36  | Rendering Provider Address 2  | A/N     | LIBF     | Populate if present   | O     | CMC_PRAD_ADDRESS   | PRAD_ADDR2                      | char(40)                 | Pass the first 36 characters of the Address 2 to Prime.   |   | PRPR_ID                       |                                  |   |                |                     |                     |             |
|        | 13 | 220  | 243 | 24  | Rendering Provider City       | A/N     | LIBF     | The Provider City must be on the claim  | R     | CMC_PRAD_ADDRESS   | PRAD_CITY                       | char(19)                 |   |   | PRPR_ID                       |                                  |   |                |                     |                     |             |
|        | 14 | 245  | 245 | 2   | Rendering Provider State      | A/N     | LIBF     | The Provider State must be on the claim   | R     | CMC_PRAD_ADDRESS   | PRAD_STATE                      | char(2)                  |   |   | PRPR_ID                       |                                  |   |                |                     |                     |             |
|        | 15 | 246  | 255 | 10  | Rendering Provider Zip        | A/N     | LIBF     | The Provider Zip must be on the claim   | R     | CMC_PRAD_ADDRESS   | PRAD_ZIP                        | char(11)                 | Pass the first 10 characters of the Zip to Prime.   |   | PRPR_ID                       |                                  |   |                |                     |                     |             |
|        | 16 | 256  | 267 | 12  | Rendering Provider NPI #      | A/N     | LIBF     | Rendering provider's National Provider Identifier   | S     | CMC_CLPE_PROV_DATA | CLPE_NPI                        | VarChar(10)              |   |   | CLCL_ID                       |                                  |   |                |                     |                     |             |
|        | 17 | 268  | 303 | 36  | Pay To Provider Name          | A/N     | LIBF     | If Rendering and Pay To are the same, populate both sections with the same information  | R     | CMC_CLPE_PROV_DATA | CLPE_LAST_NAME, CLPE_FIRST_NAME | VarChar(25), VarChar(10) | Pass the first 25 characters of the Provider Last Name and pass the first 10 characters of the Provider First Name to Prime.                    |   | PRPR_ID                       |                                  | Rendering and Pay To are the same, populate both sections with the same information   |                |                     |                     |             |
|        | 18 | 304  | 339 | 36  | Pay To Provider Address 1     | A/N     | LIBF     | The Pay To Provider must be on the claim  | R     | CMC_PRAD_ADDRESS   | PRAD_ADDR1                      | char(40)                 | Pass the first 36 characters of the Address 1 to Prime.   |   | PRPR_ID                       |                                  | Rendering and Pay To are the same, populate both sections with the same information   |                |                     |                     |             |
|        | 19 | 340  | 375 | 36  | Pay To Provider Address 2     | A/N     | LIBF     | Populate if present   | O     | CMC_PRAD_ADDRESS   | PRAD_ADDR2                      | char(40)                 | Pass the first 36 characters of the Address 2 to Prime.   |   | PRPR_ID                       |                                  | Rendering and Pay To are the same, populate both sections with the same information   |                |                     |                     |             |
|        | 20 | 376  | 399 | 24  | Pay To Provider City          | A/N     | LIBF     | The Pay To Provider City must be on the claim   | R     | CMC_PRAD_ADDRESS   | PRAD_CITY                       | char(19)                 |   |   | PRPR_ID                       |                                  | Rendering and Pay To are the same, populate both sections with the same information   |                |                     |                     |             |
|        | 21 | 400  | 401 | 2   | Pay To Provider State         | A/N     | LIBF     | The Pay To Provider State must be on the claim  | R     | CMC_PRAD_ADDRESS   | PRAD_STATE                      | char(2)                  |   |   | PRPR_ID                       |                                  | Rendering and Pay To are the same, populate both sections with the same information   |                |                     |                     |             |
|        | 22 | 402  | 411 | 10  | Pay To Provider Zip Code      | A/N     | LIBF     | The Pay To Provider Zip must be on the claim  | R     | CMC_PRAD_ADDRESS   | PRAD_ZIP                        | char(11)                 | Pass the first 10 characters of the Zip to Prime.   |   | PRPR_ID                       |                                  | Rendering and Pay To are the same, populate both sections with the same information   |                |                     |                     |             |
|        | 23 | 412  | 423 | 12  | Pay To Provider Primary NPI # | A/N     | LIBF     | Populate if present   | S     | CMC_CLPE_PROV_DATA | CLPE_NPI                        | VarChar(10)              |   |   | PRPR_ID                       |                                  | Rendering and Pay To are the same, populate both sections with the same information   |                |                     |                     |             |
|        | 24 | 424  | 431 | 8   | Claim Received Date           | Numeric | CCYYMMDD |   | R     | CMC_CLCL_CLAIM     | CLCL_RECV_DT                    | varchar(10)              |   |   | CLCL_ID                       |                                  |   |                |                     |                     |             |
|        | 25 | 432  | 439 | 8   | Service Date From             | Numeric | CCYYMMDD |   | R     | CMC_CDML_CL_LINE   | CDML_FROM_DT                    | datetime                 | Pass the 'date' only to Prime with the format CCYYMMDD  |   | CLCL_ID                       |                                  |   |                |                     |                     |             |
|        | 26 | 440  | 447 | 8   | Service Date To               | Numeric | CCYYMMDD |   | R     | CMC_CDML_CL_LINE   | CDML_TO_DT                      | datetime                 | Pass the 'date' only to Prime with the format CCYYMMDD  |   | CLCL_ID                       |                                  |   |                |                     |                     |             |
|        | 27 | 448  | 449 | 2   | Place of Service              | A/N     | LIBF     | Line level Place of Service Claims where all lines list a non-standard POS will be rejected.  | R     | CMC_CDML_CL_LINE   | PSCD_ID                         | char(2)                  |   |   | CLCL_ID                       |                                  |   |                |                     |                     |             |
|        | 28 | 450  | 453 | 4   | Type of Bill                  | A/N     | LIBF     | Populate if the claim is a UB.  | S     | CMC_CLHP_HOSP      | CLHP_BILL_CLASS,CLHP_FREQUENCY  | char(1),char(1)          |   | Only populate if the claim is a Uniform Billing (UB) claim. | CLCL_ID                       |                                  | Populated after concatenation of CLHP_BILL_CLASS,CLHP_FREQUENCY (CLHP_BILL_CLASS +CLHP_FREQUENCY)                             |                |                     |                     |             |
|        | 29 | 454  | 463 | 10  | Diagnosis 1                   | A/N     | LIBF     | Primary Line Level Diagnosis. Strip decimals prior to submitting to PRIME.  | R     | CMC_CDML_CL_LINE   | IDCD_ID                         | varchar(10)              |   |   |                               |                                  |   |                |                     |                     |             |
|        | 30 | 464  | 473 | 10  | Diagnosis 2                   | A/N     | LIBF     | Strip decimals prior to submitting to PRIME.  | S     | CMC_CLMD_DIAG      | IDCD_ID                         | varchar(10)              | Remove decimal points before passing to Prime.  | CLCL_ID   |                               | Where CLMD_Type = 02             |   |                | CLMD_Type(value 02) |                     |             |
|        | 31 | 474  | 483 | 10  | Diagnosis 3                   | A/N     | LIBF     | Strip decimals prior to submitting to PRIME.  | S     | CMC_CLMD_DIAG      | IDCD_ID                         | varchar(10)              | Remove decimal points before passing to Prime.  | CLCL_ID   |                               | Where CLMD_Type = 03             |   |                | CLMD_Type(value 03) |                     |             |
|        | 32 | 484  | 493 | 10  | Diagnosis 4                   | A/N     | LIBF     | Strip decimals prior to submitting to PRIME.  | S     | CMC_CLMD_DIAG      | IDCD_ID                         | varchar(10)              | Remove decimal points before passing to Prime.  | CLCL_ID   |                               | Where CLMD_Type = 04             |   |                | CLMD_Type(value 04) |                     |             |
|        | 33 | 494  | 501 | 8   | Procedure Code                | A/N     | LIBF     | Codes less than 5 characters are assumed to be a Revenue code. Claims will be rejected if the Procedure Code is missing. UB Claim Prime needs Procedure code is preferred over Revenue Code. Send Rev code only if no Procedure code.               | R     | CMC_CDML_CL_LINE   | IPCD_ID                         | char(7)                  | First 5 character in IPCD_ID Uniform Billing (UB) claim Prime prefers Procedure code over Revenue Code. Send Rev code only if no Procedure code | CLCL_ID   |                               |                                  |   |                |                     |                     |             |
|        | 34 | 502  | 503 | 2   | Modifier 1                    | A/N     | LIBF     | Populate if present.  | S     | CMC_CDML_CL_LINE   | IPCD_ID                         | char(7)                  | Last 2 character in the IPCD_ID   | CLCL_ID   |                               |                                  |   |                |                     |                     |             |
|        | 35 | 504  | 505 | 2   | Modifier 2                    | A/N     | LIBF     | Populate if present.  | S     | CMC_CDML_CL_LINE   | CDML_IPCD_MOD02                 | char(2)                  |   |   |                               |                                  |   |                |                     |                     |             |
|        | 36 | 506  | 507 | 2   | Modifier 3                    | A/N     | LIBF     | Populate if present.  | S     | CMC_CDML_CL_LINE   | CDML_IPCD_MOD03                 | char(2)                  |   |   |                               |                                  |   |                |                     |                     |             |
|        | 37 | 508  | 509 | 2   | Modifier 4                    | A/N     | LIBF     | Populate if present.  | S     | CMC_CDML_CL_LINE   | CDML_IPCD_MOD04                 | char(2)                  |   |   |                               |                                  |   |                |                     |                     |             |

|         |    |           |     |     |                               |         |        |   |           |                    |                    |                  |   |               |                               |                                    |               |                |          |              |             |
|---------|----|-----------|-----|-----|-------------------------------|---------|--------|---|-----------|--------------------|--------------------|------------------|---|---------------|-------------------------------|------------------------------------|---------------|----------------|----------|--------------|-------------|
|         | 38 | 510       | 518 | 9   | HCPCS Units/Quantity          | Numeric | RZF    | Partial Units should be rounded up to next whole amount. Claim will reject if units = blank or '0'.<br>5/27 Shannon will check to see if we can change a "0" to "1", and leave blank to reject. Will also evaluate if edit is turned off.<br>5/29 RJ prices at 0. If single line claim and units = 0, reject. If there is at least one contracted line with units >0, take in the claim. Will bypass that line, handle lines with units=0. Approved by Rebecca from RI. | R         | CMC_CDML_CL_LINE   | CDML_UNITS         | smallint         |   | CLCL_ID       |                               |                                    |               |                |          |              |             |
|         | 39 | 519       | 529 | 11  | NDC                           | A/N     | LIBF   | National Drug Code. Strip all dashes prior to sending. Required when the Procedure is unclassified, Optional for classified codes.  | S         | CMC_CDSD_SUPP_DATA | CDSD_NDC_CODE      | varchar(11)      |   |               |                               |                                    |               |                |          |              |             |
|         | 40 | 530       | 544 | 15  | NDC Quantity                  | Numeric | RZF    | May include decimals.   | S         | CMC_CDSD_SUPP_DATA | CDSD_NDC_UNITS     | varchar(15)      |   |               |                               |                                    |               |                |          |              |             |
|         | 41 | 545       | 546 | 2   | NDC UOM                       | A/N     | LIBF   | NDC Unit of Measure. Valid values:<br>F2=International Unit<br>GR=Gram<br>ME=Milligram<br>ML=Milliliter<br>UN=Unit  | S         | CMC_CDSD_SUPP_DATA | CDSD_NDC_MCTR_TYPE | char(4)          | Convert to Prime's 2 character units of measure.<br>Valid values:<br>F2=International Unit<br>GR=Gram<br>ME=Milligram<br>ML=Milliliter<br>UN=Unit                       |               |                               |                                    |               |                |          |              |             |
|         | 42 | 547       | 555 | 9   | Billed Amount                 | Numeric | RZF    | Can contain leading zeros. Cannot contain decimals (decimal is assumed). Cannot contain symbols. Must be a minimum of \$1.<br>Example - a Billed Amount of \$500.00 should be sent in the format '000050000'.<br>BCSR can send \$0, we will turn the edit off. Shannon will do additional research.<br>5/29 Can do \$0 now, turn edit off.  | R         | CMC_CDML_CL_LINE   | CDML_CHG_AMT       | money            | Remove decimal points and symbols before passing to Prime.  | CLCL_ID       |                               |                                    |               |                |          |              |             |
|         | 43 | 556       | 564 | 9   | Allowed Amount                | Numeric | RZF    | Should represent the amount for all units, not per unit.<br>Example - 10 units @ \$50 should be represented as \$500 sent in the format '000050000'   | S         | CMC_CDML_CL_LINE   | CDML_ALLOW         | money            | Remove decimal points and symbols before passing to Prime.  |               |                               |                                    |               |                |          |              |             |
|         | 44 | 565       | 565 | 1   | Client Claim Line Status      | A/N     | LIBF   | Valid values:<br>D=Denied<br>P=Paid   | R         | CMC_CDML_CL_LINE   | CDML_CUR_STS       | char(2)          |   |               |                               |                                    |               |                |          |              |             |
|         | 45 | 566       | 570 | 5   | Client Denial Code            | A/N     | LIBF   | Required when PRIME needs to ignore all client-denied lines except those for authorization denials  | S         | CMC_CDML_CL_LINE   | CDML_DISALL_EXCD   | char(3)          |   |               |                               |                                    |               |                |          |              |             |
|         | 46 | 571       | 571 | 1   | Adjustment Indicator          | A/N     | LIBF   | Valid values:<br>O=Original<br>R=Replacement  | R         | CMC_CLCL_CLAIM     | CLCL_ID            | char(12)         | Indication for adjustment will be last 2 character in CLCL_ID. When last 2 characters are "00", set to "0".<br>When last 2 characters are not equal to "00" set to "R". |               |                               |                                    |               |                |          |              |             |
|         | 47 | 572       | 591 | 20  | Original Claim Number         | A/N     | LIBF   | If Adjustment Indicator = 'R', this field must be present. If no match found, the claim will be treated as a new claim.   | S         | CMC_CLCL_CLAIM     | CLCL_ID            | char(12)         | Last 2 character of the CLCL_ID's adjustment sequence will be replaced with "00".   |               |                               |                                    |               |                |          |              |             |
|         | 48 | 592       | 593 | 1   | ITS Indicator                 | A/N     | LIBF   | Valid Values Y= Yes N= No<br>(Local claims will be an N indicator.)   | R         | CMC_CLCL_CLAIM     | CLCL_ID            | char(12)         | First 2 character of CLCL_ID should be "EI"   |               |                               |                                    |               |                |          |              |             |
|         | 49 | 594       | 610 | 17  | SCCF #                        | A/N     | LIBF   | Populated when the ITS indicator is a Y   | R         | CMC_CLML_MISC      | CLML_ITS_SCCF_NO   | char(17)         |   |               |                               |                                    |               |                |          |              |             |
|         | 50 | 611       | 611 | 1   | Rendering Provider Par Status | Alpha   |        | Value to indicate par/nonpar status in client system. Valid Values: P=Par, N=Nonpar   | R         | CMC_CLCL_CLAIM     | CLCL_NTWK_IND      | char(1)          | I=In Network<br>O=Out of Network<br>P=Participating   |               |                               |                                    |               |                |          |              |             |
|         | 51 | 612       | 631 | 20  | User Defined 4                | A/N     | LIBF   | User defined fields for client specific nuances   | O         |                    |                    |                  |   |               |                               |                                    |               |                |          |              |             |
|         |    |           |     |     |                               |         |        |   |           |                    |                    |                  |   |               |                               |                                    |               |                |          |              |             |
| TRAILER | #  | STAR<br>T | END | LEN | DESCRIPTION                   | TYPE    | FORMAT | NOTES   | O/R<br>/S | Source Table Name  | Source Column Name | Source Data Type | Business Mapping Description  | Join Criteria | Technical Mapping Description | Default Value if blank or spaces   | Date Modified | Mapping Status | Comments | Access Level | Attachments |
|         | 1  | 1         | 20  | 20  | Total Records                 | Numeric | RZF    | Total # of claim lines sent in file   | R         |                    |                    |                  | Contains the total number of claim line items sent.   |               |                               | Total # of claim lines in the file |               |                |          |              |             |
|         | 2  | 21        | 40  | 20  | Total Claims                  | Numeric | RZF    | Total # of claims sent in file  | R         |                    |                    |                  | Contains the total number of claims sent.   |               |                               | Total # of claims in the file      |               |                |          |              |             |
|         | 3  | 41        | 631 | 591 | Filter                        |         |        | Blank Fill  | R         |                    |                    |                  |   |               |                               | Default is blanks                  |               |                |          |              |             |