

Appendix 40 • File Specifications

Client and Service Files for MSSP Upload

Field Description:

(C=character (alpha) D=data M=memo N=number (numeric))

| Field Description | Field Name | Data Type | Field Size |
|-------------------------------|------------|-----------|------------|
| Social Security Number | ssn | C | 9 |
| Submitter Number | sub_num | N | 3 |
| MSSP Number | mssp_no | N | 4 |
| Not currently used | tincomple | N | 1 |
| Not currently used | rincomple | N | 1 |
| Not currently used | incomple | N | 1 |
| Site Number | site_no | N | 2 |
| Staff Code | staff_code | N | 3 |
| Client Date of Birth | client_db | D | 8 |
| Client First Name | client_fn | C | 15 |
| Client Last Name | client_ln | C | 15 |
| Client Middle Initial | client_mi | C | 1 |
| Client Age | age | N | 4 |
| Client Sex | sex | N | 1 |
| Client County Code | client_cc | C | 2 |
| Client Zip Code | client_zip | C | 9 |
| Client Telephone Number | client_tel | C | 10 |
| Change in level of care | current_ch | D | 1 |
| Current Level of Care | current_lo | D | 1 |
| Enrolled Date | edate | N | 8 |
| Education Level | educatn_le | N | 2 |
| Functional Impairment | funct_imp | N | 2 |
| Initial Level of Care | init_fyloc | N | 2 |
| Live Alone | live_alone | N | 2 |
| Low Income | low_income | N | 2 |
| Marital Status | marital_st | N | 2 |
| Medicare Number | medicare | C | 10 |
| Race Origin | race_orig | N | 2 |
| Other Race | other_race | C | 20 |
| Client Main Language | client_ml | N | 2 |
| Other Language | other_lang | C | 20 |
| Termination Date Entered | tdate_ente | D | 8 |
| Date screen is entered/edited | date_enter | D | 8 |
| Referral Source Code | ref_srcode | N | 2 |
| Other Referral Source | other_reft | C | 20 |
| Termination Date | tdate | D | 8 |
| Termination Reason | term_reas | N | 2 |
| Other Termination Reason | other_reas | C | 20 |
| Termination Comment | term_com | M | 10 |
| Client Date of Death | client_dd | D | 8 |
| Client Place of Death | client_pd | N | 2 |
| Other Place of Death | other_pd | C | 20 |
| Client Aid Code | aid_code | C | 2 |

| | | | |
|---|------------|---|----|
| Service Code | serv_code | N | 7 |
| Social Security Number | ssn | C | 9 |
| Site Number | site_no | N | 2 |
| Provider Code | prov_code | N | 3 |
| Service Authorization Form Number | saf_no | C | 8 |
| Fund Code | fund_code | N | 2 |
| Fund Type | fund_type | N | 1 |
| Service Date | serv_date | C | 6 |
| Date Verified | date_var | D | 8 |
| Code Service Comments | cl_servcom | M | 10 |
| Enrolled Date | enrol_date | D | 8 |
| From Date of Service | from_dos | C | 2 |
| Termination Date | term_date | D | 8 |
| To Date of Service | to_dos | C | 2 |
| Total Cost Authorized | totc_aut | N | 8 |
| Total Cost Delivered | totc_del | N | 8 |
| Total Cost Authorized | totcost_au | N | 7 |
| Total Cost Delivered | totcost_de | N | 7 |
| Total Cost Paid | totcost_pd | N | 7 |
| Total Mileage Authorized | totmile_au | N | 7 |
| Total Mileage Delivered | totmile_de | N | 7 |
| Total Units Authorized | totunit_au | N | 7 |
| Total Units Delivered | totunit_de | N | 7 |
| N/A | type_auth | N | 1 |
| N/A | other_type | C | 20 |
| Unit Type Authorized | unitype_au | C | 10 |
| Unit Type Delivered | unitype_de | C | 10 |
| Unit rate | unit_rate | N | 7 |
| Mileage Rate | mile_rate | N | 7 |
| Verified-The field name is spelled wrong but cannot be changed. | varified | N | 1 |