

Attachment 2: PNV Provider Data (PD) File Specs_08312018

This file contains records of PCP information.

Field Name	Format (Max)	Applies To	Required	Description
SL Record Tracking Number	@(20)	N/A	C	Unique record tracking number assigned by the plan. The same tracking number must be used as the key updating records in the future. Must be composed of the plans unique three letter identifier, then the record type, then a unique identifier number up to 16 digits in length. Ex. AHS1123456789. Do not submit for Facilitates.
License Number	@12	N/A	Yes	The license number for this provider. Required for all Record Type 1. Required for Record Type 2 when submitting a facility, not required for groups.
Recipient Medicaid ID	#(10)	N/A	Yes	The Medicaid ID of the recipient for which this Provider provides services.