

File format should be submitted as tab-delimited text
First row must contain field names
Please include ALL columns in layout whether or not they are to be used
DO NOT submit IP, MH, or RHCF claims in the same file.

Field Name	Field Type	Field Length	Field Description	Values	Required	Required Claim Type
ClmType	Text	4	Value Indicating NYSDOH Stop Loss Form Rate Type Based on Admission Date (IP) or Rate (MH, SNP, or RHCF). IMPORTANT: Please include only 1 benefit year per file for all claim types	IP Rate: 2299, MH Rate: 2295, SNP Rate: 2296, RHCF Rate: 2297	Yes	All
Date	Date	8	Date of file submission	m/d/yyyy	Yes	All
Plan Name	Text	55	Plan Name		Yes	All
Plan ID	Text	8	Plan Medicaid Identification Number (MMIS)		Yes	All
Contact Name	Text	55	Plan Contact Name		Yes	All
Contact Phone	Text	15	Plan Contact Phone	(999)999-9999	Yes	All
Email	Text	55	Plan Contact E-mail		Yes	All
Patient Name	Text	55	Enrollee Name	Last, First	Yes	All
CIN	Text	8	Enrollee Client Identification Number		Yes	All
TCN	Text	16	Transaction Control Number (If submitting an adjustment)		Yes, if applicable	All
Benefit Year	Text	4	Year (YYYY) of Claim based on Date of Admission	i.e. 2018 ,2019, 2020, 2021	Yes	All
Ttl Stays	Integer or Long	1	Count of Stay		1 Yes	All
Stop Loss Threshold	Double	15	Stop Loss Dollar/Day Threshold	IP: \$100,000, \$250,000 SNP: \$100,00, \$300,000 MH: 100% after 100 days RHCF: 100% after 60 days	Yes	All
Amt Over Threshold	Double	15	Dollar/Day Amount Over Threshold		Yes	All
Plan Liability	Double	15	Dollar Amount of Plan Liability		Yes, if applicable	All
Liability Type	Text	40	Specify Any Applicable Dollar Liability Type e.g. Copay, Third Party Payment		Yes, if applicable	All
Net Amt Due	Double	15	Net Dollar Amount Due		Yes	All
HCO	Boolean or Integer	1	True if Claim includes stays to be reviewed as High Cost Outlier	1 = True, 0 = False	Yes	IP, SNP
HCO Stays	Integer	1	Count of HCO Stay		1 Yes, if applicable	IP, SNP
HCO Date From1	Date	8	Date Span Admit Date 1	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To1	Date	8	Date Span Discharge Date 1	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From2	Date	8	Date Span Admit Date 2	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To2	Date	8	Date Span Discharge Date 2	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From3	Date	8	Date Span Admit Date 3	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To3	Date	8	Date Span Discharge Date 3	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From4	Date	8	Date Span Admit Date 4	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To4	Date	8	Date Span Discharge Date 4	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From5	Date	8	Date Span Admit Date 5	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To5	Date	8	Date Span Discharge Date 5	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From6	Date	8	Date Span Admit Date 6	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To6	Date	8	Date Span Discharge Date 6	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From7	Date	8	Date Span Admit Date 7	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To7	Date	8	Date Span Discharge Date 7	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From8	Date	8	Date Span Admit Date 8	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To8	Date	8	Date Span Discharge Date 8	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From9	Date	8	Date Span Admit Date 9	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To9	Date	8	Date Span Discharge Date 9	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From10	Date	8	Date Span Admit Date 10	m/d/yyyy	Yes, if applicable	IP, SNP

NYSDOH Stop Loss File Specifications

Field Name	Field Type	Field Length	Field Description	Values	Required	Required Claim Type
HCO Date To10	Date	8	Date Span Discharge Date 10	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date From11	Date	8	Date Span Admit Date 11	m/d/yyyy	Yes, if applicable	IP, SNP
HCO Date To11	Date	8	Date Span Discharge Date 11	m/d/yyyy	Yes, if applicable	IP, SNP
Hospital Name	Text	55	Hospital Name		Yes	All
Out Of State	Boolean or Integer	1	True if Out of State Hospital	1 = True, 0 = False	Yes	All
Out of State Address	Text	55	Out of State Address for Hospital Facility		Yes, if applicable	All
MMIS ID	Text	8	Hospital Medicaid MMIS ID #		Yes	All
NPI	Text	10	National Provider Identification Number		Yes	All
Admit Date	Date	8	Admission Date	m/d/yyyy	Yes	All
Discharge Date	Date	8	Discharge Date	m/d/yyyy	Yes	All
LOS	Long	4	Length of Stay (Number of Days in Stay)		Yes	All
Acute Care Days	Long	4	Total Number of Acute Care Days		Yes	IP, SNP
ALC Days	Long	4	Total Number of Alternate Level of Care Days		Yes, if applicable	IP, SNP, MH
DOB	Date	8	Date of Birth	m/d/yyyy	Yes	All
Age	Long	3	Age at Time of Discharge		Yes	All
Sex	Text	1	Sex (Gender)	M, F	Yes	All
Birth Wgt	Long	4	Birth Weight (Must be included for newborns up to 28 days old)	In grams	Yes, if applicable	IP, SNP
Disposition	Text	2	Disposition (Status)	01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 13, 20, 21, 30, 40, 41, 42, 43, 50, 51, 61, 62, 63, 64, 65, 66, 70	Yes	All
Admitting Dx	Text	6	Admitting Diagnosis	ICD10 Diagnosis Code : NO DECIMAL	Yes	All
Ttl Hospital Charges	Double	15	Total Hospital Charges		Yes	All
Plan Per Diem Rate	Double	15	Plan Per Diem Rate		Yes, if applicable	MH, RHCF, IP
RHCF Per Diem Rate	Double	15	RHCF Per Diem Rate		Yes, if applicable	RHCF
Principal DX	Text	6	Principal Diagnosis	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP, MH
POAP	Boolean or Integer	1	True if Present on Admission: Principal Diagnosis	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX1	Text	6	Other Diagnosis 1	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP, MH
POA1	Boolean or Integer	1	True if Present on Admission: Diagnosis 1	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX2	Text	6	Other Diagnosis 2	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP, MH
POA2	Boolean or Integer	1	True if Present on Admission: Diagnosis 2	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX3	Text	6	Other Diagnosis 3	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP, MH
POA3	Boolean or Integer	1	True if Present on Admission: Diagnosis 3	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX4	Text	6	Other Diagnosis 4	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP, MH
POA4	Boolean or Integer	1	True if Present on Admission: Diagnosis 4	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX5	Text	6	Other Diagnosis 5	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP, MH
POA5	Boolean or Integer	1	True if Present on Admission: Diagnosis 5	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX6	Text	6	Other Diagnosis 6	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP, MH
POA6	Boolean or Integer	1	True if Present on Admission: Diagnosis 6	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX7	Text	6	Other Diagnosis 7	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP, MH
POA7	Boolean or Integer	1	True if Present on Admission: Diagnosis 7	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX8	Text	6	Other Diagnosis 8	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA8	Boolean or Integer	1	True if Present on Admission: Diagnosis 8	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX9	Text	6	Other Diagnosis 9	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP

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POA9	Boolean or Integer	1	True if Present on Admission: Diagnosis 9	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX10	Text	6	Other Diagnosis 10	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA10	Boolean or Integer	1	True if Present on Admission: Diagnosis 10	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX11	Text	6	Other Diagnosis 11	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA11	Boolean or Integer	1	True if Present on Admission: Diagnosis 11	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX12	Text	6	Other Diagnosis 12	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA12	Boolean or Integer	1	True if Present on Admission: Diagnosis 12	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX13	Text	6	Other Diagnosis 13	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA13	Boolean or Integer	1	True if Present on Admission: Diagnosis 13	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX14	Text	6	Other Diagnosis 14	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA14	Boolean or Integer	1	True if Present on Admission: Diagnosis 14	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX15	Text	6	Other Diagnosis 15	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA15	Boolean or Integer	1	True if Present on Admission: Diagnosis 15	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX16	Text	6	Other Diagnosis 16	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA16	Boolean or Integer	1	True if Present on Admission: Diagnosis 16	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX17	Text	6	Other Diagnosis 17	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA17	Boolean or Integer	1	True if Present on Admission: Diagnosis 17	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX18	Text	6	Other Diagnosis 18	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA18	Boolean or Integer	1	True if Present on Admission: Diagnosis 18	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX19	Text	6	Other Diagnosis 19	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA19	Boolean or Integer	1	True if Present on Admission: Diagnosis 19	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX20	Text	6	Other Diagnosis 20	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA20	Boolean or Integer	1	True if Present on Admission: Diagnosis 20	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX21	Text	6	Other Diagnosis 21	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA21	Boolean or Integer	1	True if Present on Admission: Diagnosis 21	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX22	Text	6	Other Diagnosis 22	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA22	Boolean or Integer	1	True if Present on Admission: Diagnosis 22	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX23	Text	6	Other Diagnosis 23	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA23	Boolean or Integer	1	True if Present on Admission: Diagnosis 23	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other DX24	Text	6	Other Diagnosis 24	ICD10 Diagnosis Code : NO DECIMAL	Yes, if applicable	IP, SNP
POA24	Boolean or Integer	1	True if Present on Admission: Diagnosis 24	1 = True, 0 = False	Yes, if applicable	IP, SNP
Permanent	Boolean or Integer	1	True if Patient's placement status in a Residential Health Care Facility is permanent	1 = True, 0 = False	Yes, if applicable	RHCF
Temporary	Boolean or Integer	1	True if Patient's placement status in a Residential Health Care Facility is temporary	1 = True, 0 = False	Yes, if applicable	RHCF
Principal Proc	Text	6	Principal Procedure	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP,SNP, MH
Other Proc1	Text	6	Other Procedure 1	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP,SNP, MH
Other Proc2	Text	6	Other Procedure 2	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP,SNP, MH

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Field Name	Field Type	Field Length	Field Description	Values	Required	Required Claim Type
Other Proc3	Text	6	Other Procedure 3	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP,SNP, MH
Other Proc4	Text	6	Other Procedure 4	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP,SNP, MH
Other Proc5	Text	6	Other Procedure 5	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP,SNP, MH
Other Proc6	Text	6	Other Procedure 6	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP,SNP, MH
Other Proc7	Text	6	Other Procedure 7	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc8	Text	6	Other Procedure 8	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc9	Text	6	Other Procedure 9	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc10	Text	6	Other Procedure 10	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc11	Text	6	Other Procedure 11	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc12	Text	6	Other Procedure 12	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc13	Text	6	Other Procedure 13	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc14	Text	6	Other Procedure 14	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc15	Text	6	Other Procedure 15	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc16	Text	6	Other Procedure 16	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc17	Text	6	Other Procedure 17	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc18	Text	6	Other Procedure 18	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc19	Text	6	Other Procedure 19	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc20	Text	6	Other Procedure 20	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc21	Text	6	Other Procedure 21	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc22	Text	6	Other Procedure 22	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc23	Text	6	Other Procedure 23	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
Other Proc24	Text	6	Other Procedure 24	ICD10 Procedure Code : NO DECIMAL	Yes, if applicable	IP, SNP
APRDRG	Text	6	APR - DRG		Yes	IP, SNP, MH
SevLevel	Text	1	Severity Level	1, 2, 3, 4	Yes	IP, SNP
SIW	Double	8	Service Intensity Weight as indicated by APR - DRG		Yes	IP, SNP
Low	Long	3	Low Trim Point as indicated by APR - DRG		Yes, if applicable	IP
High	Long	3	High Trim Point as indicated by APR - DRG		Yes, if applicable	IP
Upstate ALOS	Long	3	Upstate Average Length of Stay as indicated by APR - DRG		Yes, if applicable	IP
Downstate ALOS	Long	3	Downstate Average Length of Stay as indicated by APR - DRG		Yes, if applicable	IP
ALOS	Long	3	Average Length of Stay (12/1/09 -)		Yes, if applicable	IP
APR Exclnc	Text	7	Applies to APR rates used on inpatient stays after 7/1/08 and before 1/1/2010: based on whether the plan has a contracted rate: Exclude if Yes, Include if No	"Exclude", "Include" (Always "Include" after 1/1/10)	Yes	IP, SNP

NYSDOH Stop Loss File Specifications

Field Name	Field Type	Field Length	Field Description	Values	Required	Required Claim Type
Amt Paid	Double	15	Amount Paid by Plan		Yes	All
Detox Code	Text	4	Rate Code for IP Chemical Dependency Detox	4800,4801,4802,4803, 4804	Yes, if applicable	IP, SNP
Blank2			Null	For future use		
Inlier	Boolean or Integer	1	True if stay is calculated as an Inlier	1 = True, 0 = False	Yes, if applicable	IP, SNP
Long Stay	Boolean or Integer	1	True if stay is calculated as a Long Stay	1 = True, 0 = False	Yes, if applicable	IP
Short Stay	Boolean or Integer	1	True if stay is calculated as a Short Stay	1 = True, 0 = False	Yes, if applicable	IP
Transfer	Boolean or Integer	1	True if stay is calculated as a Transfer	1 = True, 0 = False	Yes, if applicable	IP, SNP
Exempt Unit	Boolean or Integer	1	True if stay is calculated as an Exempt Unit	1 = True, 0 = False	Yes, if applicable	IP,SNP, MH
Exempt Desc	Text	55	Exempt Unit Description	Specialty Hosp, Drug Exempt, Other Exempt (includes Critical Access), Medical Rehab, and Psych Rehab.	Yes, if applicable	IP,SNP, MH
Top 20 DRG	Boolean or Integer	1	True if stay is calculated as a Top 20 DRG	1 = True, 0 = False	Yes, if applicable	IP
HCO	Boolean or Integer	1	True if stay is calculated as a High Cost Outlier	1 = True, 0 = False	Yes, if applicable	IP, SNP
DRG	Boolean or Integer	1	True if stay is calculated as DRG	1 = True, 0 = False	Yes, if applicable	IP, MH
Per Diem	Boolean or Integer	1	True if stay is calculated as Per Diem	1 = True, 0 = False	Yes, if applicable	All
Other	Boolean or Integer	1	True if stay is calculated as Other	1 = True, 0 = False	Yes, if applicable	IP, SNP
Other Desc	Text	55	Other Description		Yes, if applicable	IP, SNP
Respite Days	Long	4	Total Number of Respite Days Authorized		Yes, if applicable	RHCF
Reservation Days	Long	4	Total Number of Reservation Days Authorized		Yes, if applicable	RHCF
Reserve Date From	Date (m/d/yy)	8	First Date of Bed Reservation Day		Yes, if applicable	RHCF
Reserve DateTo	Date (m/d/yy)	8	Last Date of Bed Reservation Day		Yes, if applicable	RHCF
Occupy Rate	Percent	5	RHCF Occupancy Rate on Date of First Bed Reservation Day		Yes, if applicable	RHCF
Reserve Per Diem	Double	15	Per Diem Rate Paid to RHCF for Bed Reservation Days		Yes, if applicable	RHCF
adjust	Boolean or Integer	1	True if =Claim Adjustment	1 = True, 0 = False	Yes, if applicable	All
adjustnbr	Long	3	Number of claim adjustments		Yes, if applicable	All
resubmit	Boolean or Integer	1	True if =Claim Resubmission	1 = True, 0 = False	Yes, if applicable	All
resubmitnbr	Long	3	Number of claim resubmissions		Yes, if applicable	All