

## Appendix B

Field Name	Format	Field Description
Project Type	Text	(Third Party Liability (TPL), Credit Balance Audit, Retro Eligibility, Medicaid Fraud Control Unit, Professional Practice Insurance Broker)
Provider Name	Text	(Institutional= Facility Name, Professional = Rendering Name)
Provider TIN	Text	Provider Federal Tax ID Number
Claim Type	Text	(Dental)
Medicaid Number	Text	Recipient Identification Number (CIN or leave blank if unknown)
Recipient SS#	Numeric	Recipient Social Security Number (leave blank if unknown)
Client First name	General	Client First name
Client Last name	General	Client Last name
Date of Birth	MM-DD-YYYY	Recipient Date of Birth
TCN	TEXT	Dental Managed Care Plan (DMC) Claim Transaction Control Number
Begin DOS	MM-DD-YYYY	Begin date of service
End DOS	MM-DD-YYYY	End date of service
DMC Bill amount	Currency	Amount Provider billed to DMC
DMC Paid amount	Currency	Amount DMC paid to the Provider
Bill date	MM-DD-YYYY	Date the claim was billed to the TPL
Remit amount	Currency	Amount Recovered from TPL
Claim date of remit	MM-DD-YYYY	Date the claim was paid or denied by TPL (leave blank if claims is open)
Check Number	General	Check number
Other Insurance carrier name	General	Name of TPL that was billed
Claim status	General	Disposition of claims (Paid, Denied, Open, Recouping, etc.)
Denial Reason	General	The reason the claim was denied
Filer	General	Check/EFT Number

- 1) File should be uploaded to the Department of Health Care Services Secure File Transfer Protocol (SFTP) no later than the 15th of each month
- 2) File should be in xlsx format.
- 3) Files should have the following naming convention DMCPPR."DMC Short Name"\_YYYY\_MM\_DD.xlsx  
Please see below for a list of DMC Short Names and file naming conventions.
- 4) DMC contract representatives will be sent a username and password to access the SFTP prior to August 1, 2023.

DMC Full Name	DMC Short Name	SFTP File Naming Convention
PLAN NAME	ACRONYM	DMCPPR.PLAN NAME_YYYY_MM_DD.xslx