Appendix E: Control totals

Note: the control totals are two separate tab-delimited data files.

1. Claims file control totals layout and dictionary

Data element	Name	Туре	Max. length	Required?	Description/valid values	Error threshold
CFCT1	Payer	Text	7	Yes	Payer abbreviation. See lookup table CFCT1	0%
CFCT2	File	Text	10	Yes	Valid values: medical, pharmacy, enrollment, provider, and premium	0%
CFCT3	Data_Rows	Numeric	8	Yes	Count of data rows in the submitted file	0%
CFCT4	Amt_Billed	Numeric	12	Yes	Sum of MC062 (medical) or PC035 (pharmacy) or PB010 (premium). Two explicit decimal places. Do not populate if File is enrollment or provider	0%
CFCT5	Amt_Paid	Numeric	12	Yes	Sum of MC063 (medical) or PC036 (pharmacy). Two explicit decimal places. Do not populate if File is enrollment or provider	0%

2. Claims file control totals example

Payer	File	Data_Rows	Amt_Billed	Amt_Paid
OMIP	Medical	12345678	123456789.12	123456789.12
OMIP	Pharmacy	12345678	123456789.12	123456789.12
OMIP	Enrollment	12345678		
OMIP	Provider	123456		
OMIP	Premium	12345	123456789.12	

3. File naming convention is <payer abbreviation>_<submitter abbreviation>_totals_<quarter>_<file created date>.dat

Example: OMIP_OMIP_totals_2015Q2_20150521_010101.dat

4. Member months control totals layout and dictionary

Data		_	Max.	D : 10	5 · · · · · · ·	Error
element	Name	Type	length	Required?	Description/valid values	threshold
MMCT1	Payer	Text	7	Yes	Payer abbreviation. See lookup table CFCT1	0%
MMCT2	Method	Text	1	No	Placeholder for future compatibility	N/A
MMCT3	Month	Date	6	Yes	ССҮҮММ	0%
MMCT4	Medical_Members	Numeric	8	Yes	Count of members with medical coverage as of first of month. Do not populate if no medical members.	0%
MMCT5	Pharmacy_Members	Numeric	8	Yes	Count of members with pharmacy coverage as of first of month. Do not populate if no pharmacy members.	0%

5. Member months control totals example

Payer	Method	Month	Medical_Members	Pharmacy_Members
OMIP		201001	12345678	12345678
OMIP		201002	12345678	12345678
OMIP		201003	12345678	12345678
OMIP		201004	12345678	12345678
OMIP		201005	12345678	12345678
OMIP		201006	12345678	12345678
OMIP		201007	12345678	12345678
OMIP		201008	12345678	12345678
OMIP		201009	12345678	12345678
OMIP		201010	12345678	12345678
OMIP		201011	12345678	12345678
OMIP		201012	12345678	12345678

6. File naming convention is <payer abbreviation>_<submitter abbreviation>_membership_<quarter>_<file created date>.dat

Example: OMIP_OMIP_membership_2015Q2_20150521_010101.dat

7. If a mandatory reporter contracts with another entity, the mandatory reporter remains responsible for reporting all required lines of business. If the mandatory reporter elects to have the data reported by the contracted entity, the mandatory reporter is required to notify the Authority and to provide contact information for the contracted entity.

Lookup Table CFCT1: Payer abbreviation

This field contains up to seven characters which abbreviate the payer name. The list below is as inclusive as possible of mandatory reporters. However, if an entity is excluded from this list—but is contracted as a TPA or PBM by a listed mandatory reporter—that entity must also submit on behalf of the listed mandatory reporter.

Payer Name	Abbreviation	Mandatory Reporter for 2018
4D PHARMACY MANAGEMENT SYSTEMS INC.	FOURD	
A & A DRUG CO. / SAV-RX PRESCRIPTION SERVICES	SAVRX	Х
AARP MEDICARE RX	AARP	
ACE AMERICAN INSURANCE COMPANY	AAIC	
ACS, INC. – HEALTHCARE HEADQUARTERS	ACS	
AETNA LIFE INSURANCE COMPANY / AETNA HEALTH MANAGEMENT, LLC	AETNA	х
AETNA PHARMACY MANAGEMENT (APM)	APM	
ALLCARE HEALTH PLAN, INC.	ALLCARE	Х
AMERICAN SPECIALTY HEALTH NETWORKS	ASHN	
ANTHEM INSURANCE COMPANIES, INC.	ANTHEM	X
ARGUS HEALTH SYSTEMS, INC.	ARGUS	Х
ASURIS NORTHWEST HEALTH	ASUR	Х
ATRIO HEALTH PLANS, INC.	ATRIO	Х
AUTORX	AUTORX	
BENECARD PBF	BENE	
BENESYS INC. / A & I BENEFIT PLAN ADMINISTRATORS INC	Al	Х
BIOSCRIP	BIOS	
BOON (AETNA LINE OF BUSINESS)	BOON	X
BRIDGESPAN HEALTH COMPANY	BRDGSPN	X
CATAMARAN HOSPICE SERVICES, LLC	CATHS	
CATAMARAN PBM OF ILLINOIS, INC. / SXC HEALTH SOLUTIONS, INC.	SXC	
CATAMARAN PBM OF MARYLAND, INC. / CATALYST RX	CATRX	
CATAMARAN PBM SERVICES, LLC / RESTAT LLC PRESCRIPTION BENEFIT MANAGERS	RESTAT	
CIGNA BEHAVIORAL HEALTH, INC.	CBH	
CIGNA HEALTH AND LIFE INSURANCE COMPANY / CIGNA HEALTHSPRING RX	CIGNAHL	Х
CIGNA HEALTHCARE	CHC	
COMMUNITY CCRX	CCCRX	
COMPANION LIFE INSURANCE COMPANY	CLIC	
COMPTODAY	COMPT	
CONNECTICUT GENERAL LIFE INSURANCE COMPANY / CIGNA PHARMACY MANAGEMENT A DIVISION OF CONNECTICUT GENERAL LIFE INSURANCE COMPANY (CGLIC)	CIGNA	X
COSTCO HEALTH SOLUTIONS, INC.	COSTCO	X

Mandatory Reporter Payer Name Abbreviation for 2018 COVENTRY HEALTH CARE WORKERS COMPENSATION, INC. COV Х CVS CAREMARK / CAREMARK, L.L.C. / CAREMARKPCS HEALTH, L.L.C. CVS Χ CYPRESS BENEFIT ADMINISTRATORS CBA CYPRESS CARE CYP EMPIRX HEALTH, LLC **EMPIRX** Х EMPLOYEE BENEFIT MANAGEMENT SERVICES, INC. **EBMS** Χ **EHIM** EMPLOYEE HEALTH INSURANCE MANAGEMENT, INC. Χ **ENVISION PHARMACEUTICAL SERVICES, INC. EPS** Х **ENVISIONRX PLUS ENVRXP** ENVOLVE PHARMACY SOLUTIONS, INC./ US SCRIPT, INC. USSCR Χ EXPRESS SCRIPTS ADMINISTRATORS LLC **EXPR** Χ FAIRVIEW PHARMACY SERVICES LLC DBA CLEARSCRIPT Χ **FAIRVW** FAMILYCARE HEALTH PLANS, INC. **FCARE** Χ FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY / FIRST **HEALTH PART D FHLTH** Χ FIRST HEALTH SERVICES CORPORATION **FHSC** FIRST SCRIPT NETWORK SERVICES **FSNS** FUTURESCRIPTS (CATAMARAN PBM OF PENNSYLVANIA) **FUTSCR** GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY **GWL GROUP & PENSION ADMINISTRATORS INC** GPADM GUIDANTRX, INC. / PBM PLUS, INC. **PBMP** Х HCC LIFE INSURANCE COMPANY HCC HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE **HCSC COMPANY** Χ **HLTHSYS** HEALTH E SYSTEMS, LLC Χ HEALTH NET HEALTH PLAN OF OREGON, INC. / HEALTH NET LIFE INSURANCE COMPANY / HEALTH NET PHARMACEUTICAL SERVICES **HNOR** HEALTH PLAN OF CAREOREGON INC. / CAREOREGON ADVANTAGE **CAREOR** Х HEALTH REPUBLIC INSURANCE COMPANY **HRIC** HEALTHCARE MANAGEMENT ADMINISTRATORS, INC. Χ **HMA** HEALTHCARE SOLUTIONS, INC. **HLTHCRE** Χ **HEALTHMARKETS HMKT** HEALTHPLAN SERVICES, INC / HARRINGTON HEALTH SERVICES INC **HARR** Χ HEALTHTRANS / CATAMARAN PBM OF COLORADO **HTRANS** HM LIFE INSURANCE COMPANY **HMIG HUMANA INSURANCE COMPANY HUMANA** Χ HUMANA PHARMACY SOLUTIONS, INC. **HPS** Χ INDEPENDENT HEALTH - PHARMACY BENEFIT DIMENSIONS® **IHPBD** KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST / KAISER PERMANENTE INSURANCE COMPANY ΚP Х KROGER PRESCRIPTION PLANS **KROGER** Χ

Mandatory Reporter Payer Name Abbreviation for 2018 LEEHAR DISTRIBUTORS, INC. DBA LDI INTEGRATED PHARMACY Χ **SERVICES** LDI LIFEWISE ASSURANCE COMPANY **LWAC** LIFEWISE HEALTH PLAN OF OREGON INC. LWH Χ MAGELLAN RX MANAGEMENT, INC. MAGRX Χ MARION POLK COMMUNITY HEALTH PLAN ADVANTAGE **MPCHPA** MAXCARE, LLC **MAXCARE** Χ MAXORPLUS, LTD. **MAXORP** Χ MEDCO HEALTH SOLUTIONS, INC. (EXPRESSSCRIPTS LINE OF **MEDCO BUSINESS)** MEDIMPACT HEALTHCARE SYSTEMS, INC. **MEDIMP** Χ MEDTRAK SERVICES, L.L.C. **MEDTRAK** Χ MEGA LIFE AND HEALTH INSURANCE COMPANY **MEGA** MHN SERVICES (HEALTH NET LINE OF BUSINESS) MHN Χ MID ROGUE HEALTH PLAN, INC. **MRIPA** MITCHELL INTERNATIONAL, INC. MITCH Χ MODA HEALTH PLAN, INC. (FORMERLY ODS HEALTH PLAN INC.) ODS Х **MYMATRIXX MYMAT** NAVITUS HEALTH SOLUTIONS, LLC NAV Χ **NOVOLOGIX** NOVO NWPS, INC. **NWPS** Χ OMEDARX, INC. **OMEDARX** Χ OMIP (C/O REGENCE BLUECROSS BLUESHIELD OF OREGON) OMIP OPTUMRX, INC. / OPRUMRX PBM OF MARYLAND, LLC. / OPTUM HOSPICE PHARMACY SERVICES, LLC / OPTUMRX ADMINISTRATIVE SERVICES, LLC / OPTUMRX PBM OF ILLINOIS, INC. / OPTUMRX PBM OF WISCONSIN, LLC / OPTUMRX PD OF MARYLAND, INC. OPTUMRX Χ OREGON'S HEALTH CO-OP **ORCOOP** Χ PACIFIC SOURCE COMMUNITY HEALTH PLANS, INC. **PSCHP** PACIFICSOURCE ADMINISTRATORS INC **PSADM** Χ PACIFICSOURCE HEALTH PLANS **PSHP** Х PARTNERS RX PRX PENNSYLVANIA LIFE INSURANCE COMPANY PENN PHARMACY DATA MANAGEMENT, INC. PDM Χ PHARMAVAIL BENEFIT MANAGEMENT **PABM** PRESCRIPTION SOLUTIONS **PRESOL** PRIME THERAPEUTICS LLC **PRIME** Χ PRINCIPAL LIFE INSURANCE COMPANY **PRIN** PROCARE RX PBM / PROCARE PHARMACY BENEFIT MANAGER, INC. **PRORX** Χ **PROGMED** PROGRESSIVE MEDICAL LLC Χ

Mandatory Reporter Payer Name Abbreviation for 2018 PROVIDENCE HEALTH PLAN /PROVIDENCE HEALTH ASSURANCE **PROV** Χ PTI - NATIONAL PHARMACEUTICAL SERVICES (A DIVISION OF PHARMACEUTICAL TECHNOLOGIES, INC.) PTI Χ RAMSELL PUBLIC HEALTH RX **RPHRX** REGENCE BLUECROSS BLUESHIELD OF OREGON / REGENCE LIFE AND HEALTH INSURANCE COMPANY REG Χ REGENCERX **REGRX RXAMERICA RXAMER RXMPSS RXMPSS** RXSENSE PRESCRIPTION MANAGEMENT, LLC **RXSENSE** Χ SAMARITAN HEALTH PLANS, INC. SAM Χ **SCRIPTSAVE SSAVE** SRVYOU SERVE YOU CUSTOM PRESCRIPTION MANAGEMENT, INC. Χ SHASTA ADMINISTRATIVE SVCS INC **SHASTA** Х SILVERSCRIPT INS. CO SLVR Χ STERLING RETIREE RX **STER** STRATEGIC RESOURCE COMPANY (AETNA LINE OF BUSINESS) SRC Х SUN LIFE ASSURANCE COMPANY OF CANADA SUN SYMETRA LIFE INSURANCE COMPANY SYM SYMPHONIX HEALTH **SPHX** Χ TIME INSURANCE COMPANY TIME **TMESYS TMESYS** Χ TOTAL SCRIPT **TOTAL** TRANSAMERICA LIFE INSURANCE COMPANY TLIC TRILLIUM COMMUNITY HEALTH PLAN, INC. **TCHP** Χ UHC MEDICARE ADVANTAGE (UNITEDHEALTHCARE INSURANCE COMPANY LINE OF BUSINESS) **UHCM** UHCOR MEDICARE ADVANTAGE (UNITEDHEALTHCARE OF OREGON **UHCORM** LINE OF BUSINESS) Χ **UMR** Χ UNICARE LIFE & HEALTH INSURANCE COMPANY **UNICARE** UNIMERICA INSURANCE COMPANY UNI UNITED AMERICAN INSURANCE COMPANY UAIC UNITED HEALTHCARE SERVICES, INC. UHS UNITEDHEALTHCARE INSURANCE COMPANY UHC Χ UNITEDHEALTHCARE OF OREGON INC **UHCOR** Χ US-RX CARE, LLC USRX WALGREENS HEALTH INITIATIVES WALG WELLCARE **WCARE** Χ WELLDYNERX, INC. WELLD Χ WESTPORT INSURANCE CORPORATION WEST

Version 20198.0.0

Payer Name	Abbreviation	Mandatory Reporter for 2018
WINDSOR RX	WIND	
ZENITH AMERICAN SOLUTIONS, INC.	ZENITH	Х