PREMERA BLUE CROSS | PREMERA BLUE CROSS BLUE SHIELD OF ALASKA | PREMERA HMO

Supplemental Data Dictionary

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SUMMARY OF CHANGES

Changes released September 2026 – Revisions to FIA.

PURPOSE OF THIS GUIDE

This document describes in detail the specifications and requirements for electronic medical record (EMR) data submitted to Premera Blue Cross (Premera). Premera receives and processes supplemental data from our providers as a service to accurately reflect HEDIS care gaps, improve health-related outreach campaigns, and fulfil obligations relating to contracts when appropriate.

GENERAL INFORMATION

Contact

Provider Clinical Consultant (PCC) Mailbox - ProviderClinicalConsulting@Premera.com
Template Questions - Chris.Bruyer@Premera.com

Supplemental File Format

Event-based template

The event-based template is a series of three files containing relational tables, allowing EMR systems with an attached billing/coding module to easily provide data with a minimal setup and maintenance. These tables are MEMBER, PROCEDURE, and DIAGNOSIS. The specifications for each table are available in Appendix A.

1) MEMBER – includes demographic information
2) PROCEDURE – includes all relevant procedures performed
3) DIAGNOSIS – includes all diagnoses related to the above procedures or other medical conditions

If providing three separate files is problematic for your organization, please contact your Provider Clinical Consultant for options.

In the first file submitted to Premera, include all records. In subsequent monthly files, it is preferred that the file include only records that have not previously been submitted. A year-end file can include all records to ensure that all procedures and diagnoses have been submitted.

Formatting

Number fields

Number fields will specify whether an integer or decimal are expected. Decimal-type fields may include the decimal anywhere in the number as appropriate.

String fields

String fields contain text, which must be left justified with white-space trimmed. This means there shouldn't be blank spaces before or after the text. In the case of procedure and diagnosis codes, the decimal should be included when applicable.

Date fields
Dates should be provided in an "YYYY-MM-DD" format. For example, 2021-01-01 to represent January 1, 2021.

Pipe delimited text
Delimiter is a way to separate fields in a data file. Popular delimiters include comma, tab, and pipe. The pipe symbol looks like this: |. We selected this symbol because it isn't commonly used in data.

File Integrity Audit (FIA) New File Submission

The FIA will thoroughly test all new files for accuracy. The initial FIA will require review of medical records to confirm accuracy and file integrity. Providers will work with the PCC to provide the medical records needed to perform an audit of the supplemental data file if EMR access is not established. If EMR access is established, the FIA audit will take place through this access and no records will be requested by PCC. If deficiencies or errors are identified, the PCC will provide this feedback and request a corrected initial file. This process will be repeated until Premera can validate the file contents and pass the submission.

Once the file has passed the initial FIA, no changes can be made to the supplemental data template unless given explicit permission from Premera. Providers are required to notify Premera in advance of any changes to their dataflows, including but not limited to changes of EMR systems, changes to data extraction methods, changes to existing and/or addition of new data sources, etc. In this event, to ensure file accuracy and integrity is maintained, Premera reserves the right to conduct a new FIA.

File Integrity Audit (FIA) Ongoing Intermittent QA

At least once and no more than three times per year an FIA may be performed to confirm file accuracy and integrity has been maintained. Providers will work with the PCC to provide the medical records for the members selected if EMR access is not established. If EMR access is available, the FIA will be conducted using that source. The file submitted during the random FIA or any future files will not be processed until the random FIA is completed.

Accuracy and Completeness Check

The FIA process will validate whether the data feed matches the EMR content. Please validate the following to check for accuracy and completeness of the full data set:

- Completeness of member demographics
    - Last Name
    - First Name
    - Date of Birth
    - Member phone number 1
    - Member phone number 2
    - Race and Ethnicity
- Accuracy of procedure and codes

- Accuracy of diagnosis codes
- Accuracy of DOS
- Completeness of results (values of results)
    - Blood pressure
    - Lab results have associated values
- Findings

Frequency and Delivery of the Event-Based files

File submission method is by sFTP. After submitting a file, email the Provider Clinical Consultant (PCC) Mailbox at ProviderClinicalConsulting@Premera.com. Monthly file submission is recommended to ensure performance reporting and care gap reporting, as well as member outreach by Premera, is as accurate as possible.

File Submission and Performance Reporting Timeline

	Most Recent Performance Month	Month 0	Month 1	Month 2
Commercial	Develop files late in the month	Submit files by the first of the month	Reflected in data delivered on 10th of this month	

Premera understands files submitted on the first of the month may not reflect a complete month depending on the practice's data processes. Please ensure the remaining days of the month are included in the next submission.

FREQUENTLY ASKED QUESTIONS

Q: Can we resubmit data?

A: Yes. If an error is discovered, you may submit a corrected file. Contact us as soon as possible so we don't begin processing the incorrect file. If submitting a corrected file, append_v# behind the filename. IE: 10000_MEMBER _20210315_v2.

Q: How will I know my data has been received?

A: Providers will be notified by their PCC within two business days that the file has been received.

Q: How will Premera communicate if there are issues or errors with my submitted file?

A: Ongoing Intermittent File Integrity Audits (FIA) will occur within 10 business days of receiving a file. Any issues identified will be returned within 2 business days. The FIA New File Submissions often require close back and forth during testing and auditing and the PCC will be in communication throughout the process. For other data issues or questions during the scheduled processing, communication will be sent within two business days of the discovery.

Q: Can we send a cumulative file monthly or quarterly?

A: We encourage providers to send files each month with *new* data (edited or new from prior

files). See Frequency and Delivery of the Event-Based files to Premera above.

Q: Can we send our data in a format we're using for another insurance carrier?
A: While Premera Blue Cross works to provide a consistent experience between payers, our IT system isn't connected with other payers' systems. Having one Event-Based template eliminates any manipulation of multiple file formats for processing and significantly decreases errors. Standardization is more efficient and accurate downstream; can also improve data quality and timeliness for provider reporting.

Q: What's a SNOMED code?
A: SNOMED is an acronym for Systematized Nomenclature of Medicine. SNOMED is a medical classification system similar to ICD10. It isn't necessary to use SNOMED codes if you're communicating diagnoses using ICD10 codes or procedures using another coding format.

Q: Is this allowed by HIPAA?
A: Yes. Premera Blue Cross has a legitimate business need for these records, as they are used to provide you with reporting and may impact member-outreach campaigns to improve health outcomes. *Only send information for members with active or previous coverage through Premera Blue Cross or LifeWise. For these members, it is permitted to send services received while the member had coverage with another carrier.*

Q: Is there a file size limit?
A: There is a hard limit of one gigabyte, but files under 500 megabytes are preferred when possible. Contact your PCC prior to transfer if the file is in excess of one gigabyte.

Q: Can we provide a key for internal codes in our data?
A: No, supplemental data should reflect what is in the EMR. Any conversions of internal codes need to occur before they are part of the supplemental data file.

APPENDIX A: EVENT-BASED TEMPLATE

Files should be submitted as pipe-delimited text with the naming convention <Provider Submission ID>_<Table_Type>_<YYYY-MM- DD Submission Date>. For example, the member file for ABC Providers submitted on July 10, 2025 would be named 10000_MEMBER_ 20250710. Contact your PCC if you do not know your provider submission ID.

Member File

Column Name	Type	Length	Req	Description
ID	String	15	Y	Auto incrementing primary key. This can be the unique Premera Member ID with suffix if preferred.
MEM_FNAME	String	50	Y	Member's first name
MEM_MNAME	String	50	N	Member's middle name
MEM_LNAME	String	50	Y	Member's last name
MEM_DOB	Date	10	Y	Member's date of birth
MEM_GENDER	String	20	N	Member's gender
MEM_PREFIX	String	3	N	Member's alpha prefix is the three characters before the nine-digit ID (e.g., PBV or MSJ)
MEM_ID	String	9	Y	Member's ID number is the nine-digit identification (e.g., 601012345)
MEM_SUFFIX	String	2	Y	Member's suffix follows the ID number to uniquely identify the member on the plan (e.g., 01 for subscriber or 02 for the first dependent)
MEM_GROUP	Integer	9	N	Member's group number
EMR_SUPPLIER	String	50	Y	Name of EMR used
RACE_ID	Integer	1	N	Number corresponding to Race (see below)
HISPANIC_DESIGNATION	String	1	N	Member Hispanic origin (Y - Yes, N - No, U - Unknown, D - Declined)
LANGUAGE	Integer	2	N	Number corresponding to Language (see below)
MEM_PHONE_1	Integer	10	N	Member's primary phone number
MEM_PHONE_2	Integer	10	N	Member's secondary phone number

Race entries to match HEDIS specifications:

1 White
2 Black or African American
3 American Indian or Alaska Native
4 Asian
5 Native Hawaiian or Other Pacific Islander
6 Some Other Race
7 Two or More Races
8 Asked but No Answer
9 Unknown Race

Language entries to match HEDIS specifications:

21 English
22 Non-English
23 Other Indo-European Language
24 Asian and Pacific Island Languages
25 Chinese
26 Spanish
28 Declined
29 Language Unknown

Procedure File

Name	Type	Length	Req	Description
ID	Integer	10	Y	Auto incrementing primary key
MEM_FKEY	String	15	Y	Matches ID in MEMBER table
CLM_ID	String	50	N	Internal or Premera Blue Cross claim identifier, used to group related procedures
PRIMACY	Integer	3	N	Numeric order of billing. (e.g., Primary code would be 1)
SERV_DT	Date	10	Y	Date of service
PROV_TIN	Integer	9	N	Provider TIN
PROV_NPI	Integer	10	N	Provider NPI
PROV_SPEC	String	100	N	Provider specialty
POS	Integer	2	N	Place of service code, EG: 11 for Office or 21 for Inpatient Hospital
PROC_CODE	String	50	N	Numeric or alphanumeric code indicating which procedure was performed
PROC_MOD_1	String	5	N	Modifier for procedure code, if applicable
PROC_MOD_2	String	5	N	Modifier for procedure code, if applicable
CODE_SYSTEM	String	20	N	Coding system for procedure code. (e.g., CPT, CPT II, REV, HCPCS, SNOMED, LOINC, or other nationally recognized code system)
RESULT	Decimal	5	N	Results (EG: HbA1c or Lab)
RESULT_UNIT	String	10	N	Unit of measure for RESULT
FINDING	String	250	N	Findings of the performed procedure (e.g., Negative, Inconclusive)
ADMIT_DT	Date	10	N	Date of inpatient admission
DISCH_DT	Date	10	N	Date of inpatient discharge
BP_SYST	Integer	3	N	Blood pressure - systolic
BP_DIAS	Integer	3	N	Blood pressure - diastolic
HT	Decimal	10	N	Height value
HT_UNIT	String	10	N	Units for height field
WT	Decimal	10	N	Weight value
WT_UNIT	String	10	N	Units for weight field
BMI	Decimal	5	N	BMI value
BMI_PERCENTILE	Decimal	5	N	BMI percentile

Diagnosis File

Name	Type	Length	Req	Description
ID	Integer	10	Y	Auto incrementing primary key
MEM_FKEY	String	15	Y	Matches ID in MEMBER table
CLM_ID	String	50	N	Internal or Premera Blue Cross claim identifier, used to group related diagnoses
PRIMACY	Integer	3	N	Numeric order of billing. (EG: Primary code would be 1, secondary would be 2, etc.)
SERV_DT	Date	10	Y	Date of service
PROV_TIN	Integer	9	N	Provider TIN
PROV_NPI	Integer	10	N	Provider NPI
PROV_SPEC	String	100	N	Provider specialty
POS	Integer	2	N	Place of service
DIAG_CODE	String	10	N	Diagnosis code
CODE_SYSTEM	String	20	N	Coding system for diagnosis code (e.g., ICD9, ICD10, SNOMED, LOINC, or other nationally recognized code system)

APPENDIX B: GLOSSARY OF TERMS AND ACRONYMS

BMI: Body Mass Index
EMR: Electronic Medical Records
FIA: File Integrity Audit
FTV: File Transfer Validation
HEDIS: Healthcare Effectiveness Data and Information Set
NCQA: National Committee for Quality Assurance
NDC: National Drug Code
NPI: National Provider Identifier
PCC: Provider Clinical Consultant
TIN: Tax ID Number