UPIN GROUP FILE LAYOUT

This is the business entity file that identifies any group of physicians, non-physician practitioners or health care practitioners who receive Medicare reimbursement for their services. It relates directly to the member file, therefore, in order to be listed in this file, each member within the group must have been reported to the Registry and received an individual UPIN.

A = Alphanumeric
N = Numeric
C-3 = COMP-3 (Packed Decimal)

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
1. GRP-UPIN6	CHAR	6	1	6	The group UPIN assigned to the physician who performed the service
2. GRP-UPIN4	CHAR	4	7	10	Practice location of the group physician who performed the service
3. GRP-NAMEKEY-SET	CHAR	20	11	30	(INTERNAL FIELD FOR REGISTRY USE)
4. GRP-GROUPNAME-SET	CHAR	43	31	73	Name of group's business
5. FILLER		34	74	107	
6. GRP-CARRIER-NO	COMP-3	3	108	110	The carrier number for the group billing for Medicare services
7. GRP-PROVIDER-NO	CHAR	14	111	124	The carrier assigned provider number for the group
8. GRP-SETTING-STAT	CHAR	1	125	125	Indicates group provider setting status

4 = Group
NULL = Unknown

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
9. GRP-PHYSICN-STAT	CHAR	1	126	126	Specifies status of physicians within the group

1 = Medical Doctor (MD, DO)
2 = Limited Licensed Practitioners (CH, DDM, DDS, DPM or OD)
3 = Non-Physician Practitioner
4 = Group Practice

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
10. GRP-ST-LCNSD-IN	CHAR	2	127	128	The State where the group is licensed
11. GRP-PHYS-CRED	CHAR	3	129	131	The credentials used by the group for service performed

AMB –Ambulance Service Supplier
ASC – Ambulatory Surgical Center
GRP – Group
IDF – Independent Diagnostic
        Facility Group
IPL – Independent Physiological Lab
LAB - Laboratory
MSC – Mammography Screening
        Center
PHS – Public Health Service
PSX – Portable XRay Supplier

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
12. GRP-PRIM-SPEC	CHAR	2	132	133	Specifies the groups primary specialty

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
13. GRP-PRIM-BRD-CRT	CHAR	1	134	134	Indicates whether the group is board certified in their primary specialty if available Y = Yes N = No U = Unknown
14. GRP-SEC-SPEC	CHAR	2	135	136	Specifies the group's secondary specialty
15. GRP-SEC-BRD-CRT	CHAR	1	137	137	Indicates whether the group is board certified in their secondary specialty, if available Y = Yes N = No U = Unknown
16. GRP-ZIP-BILLING	COMP-3	5	138	142	The ZIP code of the group's billing address
17. GRP-ZIP-BUSINESS	COMP-3	5	143	147	The ZIP code of the business address where the group performs service
18. GRP-SANCT-CODE	CHAR	1	148	148	The sanction code the group is under for this practice setting, if any A = Program related conviction B = Conviction for patient abuse or neglect C = Conviction relating to fraud D = Conviction relating to obstruction of an investigation

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
					E = Conviction relating to controlled substances
					G = Suspension or exclusion under a Federal or State health care program
					H = Excessive claims or furnishing of unnecessary or substandard items or Services
					I = Fraud, kickbacks and other prohibited activities
					J = Entities owned or controlled by a sanctioned individual
					K = Failure to disclose required information
					L = Failure to supply requested information on subcontractors and Suppliers
					M = Failure to provide payment information
					N = Failure to grant immediate access
					O = Failure to take corrective action
					P = Default on health education loan or scholarship obligations
					Q = Imposition of a civil money penalty or assessment
					R = PRO recommendation
					U = Unknown ([physician is sanctioned, but type of sanction is unknown)
19. GRP-SANCT-DT	NUM	4	149	152	The effective date this group was sanctioned, if available
20. GRP-UPIN-YRS-SANCT	COMP-3	2	153	154	The number of years this group has been sanctioned, if any
21. GRP-STATUS-CODE	CHAR	1	155	155	Specifies the group's resident/intern status
					D - Deactivated
					R = Resident
					I = Intern
					P = Practice
					0 = Opt Out

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
22. GRP-GROUP-PRC-CODE	CHAR	1	156	156	The group practice code 1 = Group 4 = Individual
23. GRP-MATCH-LEVEL	CHAR	1	157	157	(INTERNAL FIELD FOR REGISTRY USE)
24. GRP-MATCH-ALPHA	CHAR	1	158	158	(INTERNAL FIELD FOR REGISTRY USE)
25. GRPPART-IND(1)	CHAR	1	159	159	Specifies the group's current participation in the Medicare program at this practice setting Y = Yes N = No
26. GRP-PART-IND(2)	CHAR	1	160	160	Specifies the group's 1-year prior participation in the Medicare program at this practice setting Y = Yes N = No
27. GRP-PART-IND(3)	CHAR	1	161	161	Specifies the group's 2-year prior participation in the Medicare program at this practice setting. Y = Yes N = No

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
28. GRP-PART-IND(4)	CHAR	1	162	162	Specifies the group's 3-year prior participation in the Medicare program at this practice setting
					Y = Yes N = No
29. GRP-PART-IND(5)	CHAR	1	163	163	Specifies the group's 4-year prior participation in the Medicare program at this practice setting
					Y = Yes N = No
30. GRP-MULT-REC-LINK	CHAR	14	164	177	Specifies the unique number identifying multiple records for this group. (The first 9 positions are Tax ID).
31. GRP-SET-ADD-DATE	COMP-3	5	178	182	The date the setting was added
32. GRP-SET-CHG-DATE	COMP-3	5	183	187	The date the setting was changed
33. GRP-DOCTOR-VALIDATE	CHAR	1	188	188	The code indicating the group status validation by the carrier
					Y = Yes N = No
34. GRP-SET-ASSIGN-ID	CHAR	7	189	195	Logon ID of last user who updated the record
35. GRP-NOTIFY-CODE(1)	CHAR	1	196	196	Alpha-Code indicating the type of notification sent to the carrier

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
					D – Deceased
					I or R – Intern or Resident
					S – Sanctioned
					F – Fraud
					X – Rescission/Denial
36. GRP-NOTIFY-DT(1)	COMP-3	4	197	200	The date the notification was sent to the carrier
37. GRP-NOTIFY-CODE(2)	CHAR	1	201	201	Alpha-Code indicating the type of notification sent to the carrier
					D – Deceased
					I or R – Intern or Resident
					S – Sanctioned
					F – Fraud
					X – Rescission/Denial
38. GRP-NOTIFY-DT(2)	COMP-3	4	202	205	The date the notification was sent to the carrier
39. GRP-NOTIFY-CODE(3)	CHAR	1	206	206	Alpha-Code indicating the type of notification sent to the carrier
					D – Deceased
					I or R – Intern or Resident
					S – Sanctioned
					F – Fraud
					X – Rescission/Denial
40. GRP-NOTIFY-DT(3)	COMP-3	4	207	210	The date the notification was sent to the carrier

FIELD NAME	TYPE	LEN	BEG	END	DESCRIPTION
41. GRP-OLD-PROV-NO	CHAR	14	211	224	The group's provider number before update
42. GRP-OLD-PROVIDER-NAME	CHAR	20	225	244	The group's provider name before update
43. GRP-SET-NAME-CHG-IND	CHAR	1	245	245	Indicates a change to the group's name Y = Yes N = No
44. GRP-QC-EXAM-ID	CHAR	7	246	252	(INTERNAL FIELD FOR REGISTRY USE)
45. GRP-STREET-ADDRESS1	CHAR	25	253	277	The street address of the group's billing location
46. GRP-CITY1	CHAR	15	278	292	The city of the group's billing location
47. GRP-STATE1	CHAR	2	293	294	The State of the group's billing location
48. GRP-STREET-ADDRESS2	CHAR	25	295	319	The street address where the group's business is located
49. GRP-CITY2	CHAR	15	320	334	The city where the group's business is located
50. GRP-STATE2	CHAR	2	335	336	The State where the group's business is located
51. GRP-OLD-TAXID	CHAR	9	337	345	Previous tax identification number assigned to the group
52. GRP-DUMMY-AMA-CNTL-NO	COMP-3	5	346	350	AMA control number
53. FILLER		44	351	394	