Encounter Data Reporting - Post Adjudication File (option 1 as applicable)

Field Definition	Type	Length	From	To	Comments
EC-NUM	X	12	1	12	Encounter CRN (Claim Reference Number)
FORM-TYPE	X	1	13	13	Form Type
FUNDING TYPE	X	30	14	43	Submit as applicable: • *VBP Contract ID* • E-Prescribe DAP • SUD Fund • NTXIX/XXI Crisis • NTXIX/XXI SMI • MHBG SED/SMI • SABG • MAT-PDOA • Opioid STR • County *If more than one Project Identifier applies please list both separated by a "/".*
HP-ID	X	6	44	49	*Health Plan ID*
REND-PR-NPI	X	10	50	59	Rendering/Service Provider NPI
Filler	X	21	60	80	blank - for future use

Production files should be placed into SFTP directory: **XXX/PROD/IN** where XXX is the MCO folder

File Naming convention:

AZSP**123456**.**YYYYMMDD**.STRUCTRCT.**HHMM**.**999**

       123456 = Health Plan ID
       YYYYMMDD - Date (ex. 20160426)
       HHMM = hour & Minute (ex. 2214)
       999 - 001, 002, etc. (multiple files)
Ex. AZSP010122.20160426.STRUCTCT.1645.001 Need to update

Note – Applicable to all form types.