

# EC7815 Capitation Summary File

## Quick reference guide

The following chart shows the layout and specifications for the EC7815 Capitation Summary File. This is a summary version of the EC7810 Capitation Detail File.

Reference	Field name	Field description	Field format	Codes/Variables	EC7810 report value
<b>A</b>	LEGAL_ENTITY	Legal entity	5 alpha characters	MDIPA – MD-Individual Practice Association, Inc. MHP – Medica Health Plan Solutions NHP – Neighborhood Health Partnership, Inc. OCI – Optimum Choice, Inc. PCP – Preferred Care Partners UHS – United Healthcare Services, Inc.	Y
<b>B</b>	CAP_PRODUCT_CATEGORY	Capitation product category	2 alpha characters	CO – E&I MR – M&R CS – C&S	Y
<b>C</b>	DATA_SEGMENT	Internal data grouping value	2 numeric characters		N

### Legend:

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<b>D</b>	RECORD_TYPE	Type of record for this data string	2 alpha-numeric characters	1E – Eligibility-only members 1R – Regular standard service cap 2B – Supplemental benefit cap 3M – Member manual adjustment 4S – System adjustment: • Member level • Provider level 6P – Provider manual adjustment 8T – Daily API (internal only)	Y
<b>E</b>	CAP_PROCESS_MONTH	The month that capitation was paid to or recovered from the provider	6 numeric characters Date format: YYYYMM	Example: 202408	Y
<b>F</b>	CAP_PERIOD	The month that the capitation transaction relates to, either a current or retroactive period	6 numeric characters Date format: YYYYMM	Example: 202408	Y
<b>G</b>	CURRENT_RETRO_INDICATOR	Type of transaction	1 alpha character	C – Current R – Retro	Y
<b>H</b>	PAYMENT_CONTRACT_NUMBER	The contract number to which the payment is made	10 numeric characters	The Payment Contract Number is the third-tier roll-up. In absence of a third tier, this may be: • Contract Owner – second-tier roll-up • Base Contract – first tier	Y
<b>I</b>	PAYMENT_MED_PRVDR_ID_NUMBER	The MPIN of the provider associated with the Payment Contract Number (H)	10 numeric characters	Example: 1234567890	Y

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J	PAYMENT_CONTRACT_TIN	The tax ID number associated with the Payment Contract Number (H)	10 numeric characters	Example: 1234567890	N
K	PAYMENT_CONTRACT_NAME	The name associated with the Payment Contract Number (H)	40 alpha-numeric characters		N
L	CONTRACT_OWNER_NUMBER	The contract number associated with the primary care network. One or more base contracts can roll up to this number.	10 numeric characters	The Contract Owner Number is the second-tier roll-up. In the absence of a second tier, this field will be the Base Contract - first tier	Y
M	CONTRACT_OWNER_MED_PRVDR_ID_NUMBER	The MPIN for the provider associated with the Contract Owner Number (L)	10 numeric characters	Example: 1234567890	Y
N	CONTRACT_OWNER_TIN	The tax ID number associated with the Contract Owner Number (L)	10 numeric characters	Example: 1234567890	N
O	CONTRACT_OWNER_NAME	The name associated with the Contract Owner Number (L)	40 alpha-numeric characters		N
P	CONTRACT_NUMBER	The unique, sequentially assigned identifier for a contract loaded into the source system. When multiple contracts are rolled together for reporting and payment, this value represents the "child" contract.	10 numeric characters	The Contract Number is the Base Contract - first tier	Y

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<b>Q</b>	CONTRACT_MED_PRVDR_ID_NUMBER	The MPIN for the provider associated with the Contract Number (P)	10 numeric characters	Example: 1234567890	Y
<b>R</b>	CONTRACT_TIN	The tax ID number associated with the Contract Number (P)	10 numeric characters	Example: 1234567890	N
<b>S</b>	CONTRACT_NAME	The name associated with the Contract Number (P)	40 alpha-numeric characters		N
<b>T</b>	ASSOC_CONTRACT_NUMBER	The associated provider group contract number, if applicable. The number is based on contract risk (i.e., shared or split) and/or contract type (i.e., sub-capitated or third party).	10 numeric characters	1R/1E/2B/4S Current records: Appropriate value Primary care shared risk - Blank Primary care split risk - Associated hospital provider group number Hospital - Associated primary care provider group number Sub-capitated - Associated primary care provider group number Third party - Member's primary care provider group number	Y
<b>U</b>	ASSOC_MED_PRVDR_ID_NUMBER	The MPIN for the provider who is linked to the Associated Contract Number (T)	10 numeric characters	1R/1E/2B/4S current records: Appropriate value	Y
<b>V</b>	ASSOC_CONTRACT_TIN	The tax ID number associated with the Associated Contract Number (T)	10 numeric characters	Example: 1234567890	N
<b>W</b>	ASSOC_CONTRACT_NAME	The name associated with the Associated Contract Number (T)	40 alpha-numeric characters		N

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X	PROVIDER_ARRANGEMENT	The type of provider contract	2 alpha characters	PC - Primary care HO - Hospital SC - Sub-capitated TP - Third party	Y
Y	CONTRACT_ARRANGEMENT	The type of contract risk arrangement between the provider and UnitedHealth Group	2 alpha characters	PR - Primary (shared risk) PA - Partial risk PM - Primary care management services organizations (MSO) PS - Primary care subordinate P1 - Partial risk with incentive HO - Hospital TP - Third party GL - Global	Y
Z	RATE_TYPE	This field works with the Record Type field to distinguish the variable the payment or adjustment is based upon	5 alpha characters	1R/1E Current records: Appropriate value Flat - Flat rate Fixed - Base rate, with an adjuster based on either of the following: • Age/gender/copay • Age/gender/benefit POP - Percent of premium	Y
AA	PME_VALUE	Per capita code: The unit of population identifies the basis for counting members	4 alpha characters	PEPM - Per employee per month PMPM - Per member per month PPPM - Per provider per month	Y

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<b>AB</b>	CMS_CONTRACT_ID	E&I: Not applicable M&R and C&S: CMS identification number for UnitedHealthcare Medicare Advantage contracts	6 alpha-numeric characters	1R, 2B, 3M, 4S and 6P only E&I: NULL M&R and C&S: CMS identification number for UnitedHealthcare Medicare Advantage contracts. Examples: H4604: UnitedHealthcare of Utah H2228: UnitedHealthcare Insurance Company H2802: UnitedHealthcare of the Midlands H5253: UnitedHealthcare of Wisconsin	Y
<b>AC</b>	PLAN_BENEFIT_PACKAGE_ID	E&I: Not applicable M&R and C&S: The Plan Benefit Package ID as reported from CMS	3 numeric characters	1R, 2B, 3M, 4S and 6P only E&I: Zero M&R and C&S PBP example codes: 1 11 801	Y
<b>AD</b>	CMS_SEGMENT	The segment number associated with the CMS Contract ID (AB) and the Plan Benefit Package ID (AC) for the enrollment beneficiary 000 = Plan with no segments	3 alpha characters	1R and 4S records E&I: NULL M&R and C&S D-SNP	Y
<b>AE</b>	EMPLOYER_GROUP_NUMBER	Employer (customer) group number to which the subscriber is assigned	12 alpha-numeric characters	E&I: Customer number Example: 12G4567 M&R: COSMOS member group number Example: 12345 C&S: CSP class and plan Example: TX99TXABCDEF	Y

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AF	EMPLOYER_GROUP_NAME	Employer (customer) group name	32 alpha characters	E&I: Customer name M&R: COSMOS member group name C&S: CSP plan name	Y
AG	MEDICAID_STATE_PROGRAM/REVENUE TYPE	1R RECORD_TYPE (D): State program for Medicaid member 1P RECORD_TYPE (D): State revenue category for percentage of premium contracts	25 alpha characters	1R, 4S and 1P records E&I: NULL C&S Medicaid	Y
AH	PRODUCT_CODE	Classification of product offerings	4 numeric characters	E&I examples: 6 - GHMO lock-in 7 - GHMO+ single license 8 - GHMO+ dual license 9 - Gated insured lock-in Y - Gated insured single license M&R: 952 - PFD MAPD HMOIND RK02 455 - PFD MHSA MCARE IND 526 - EVCDS P CAP MCR RK I 876 - PFDLCLPPO RISK 02 159 - PFD CAP MCR RK I 1377 - PFD MAPD HMO IND RK 2GTKU C&S: Not applicable	Y
AI	IPA_MARKET_TYPE	Defines the product sold to the customer	2 numeric characters	E&I and M&R examples, when applicable: 00 - Select, Select Plus 02 - Managed Medicare C&S: Not applicable	Y

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<b>AJ</b>	IPA_MARKET_NUMBER	Represents a region defined by a set of unique ZIP codes	6 numeric characters	E&I and M&R examples, when applicable: 052465 - Hawaii 046590 - Salt Lake City, UT C&S: Not applicable	Y
<b>AK</b>	IPA_NUMBER	Represents a grouping of providers; may be based on geography or contractual relationships	6 numeric characters	E&I and M&R example, when applicable: 123456 C&S: Not applicable	Y
<b>AL</b>	PCP_SOURCE_SYSTEMS_DIVISION	E&I and C&S: Blank M&R: UnitedHealth Group system platform code attached to member's primary care provider that groups members and their plans, often by geography	3 alpha characters	1R, 2B, 3M and 4S only E&I and C&S: Not applicable M&R examples: PNX - Phoenix/West Region/Hawaii SLC - Salt Lake City	Y
<b>AM</b>	PCP_SOURCE_SYSTEM_PANEL	E&I and C&S: Blank M&R: The UnitedHealth Group system platform code that identifies a grouping of providers and services available to members with certain benefits in a market	3 numeric characters	1R, 2B, 3M and 4S only E&I and C&S: Zero or blank M&R examples: 034 - Salt Lake City Medicare 115 - MDX Hawaii, delegated network	Y
<b>AN</b>	PCP_SOURCE_SYSTEM_NETWORK	E&I and C&S: Not applicable M&R: UnitedHealth Group system platform code attached to the member's primary care provider that identifies the primary care provider network within a panel and market	7 numeric characters	1R, 2B, 3M, 4S and 6P only E&I and C&S: Zero or blank M&R examples: 9004000 - Hawaii delegated network 9006950 - Utah delegated network	Y

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<b>AO</b>	PCP_TIN	Primary care provider tax ID number	9 numeric characters	1E, 1R, 2B, 3M, 4S Records Example: 123456789	Y
<b>AP</b>	PCP_MED_PRVDR_ID_NUMBER	The MPIN of the primary care provider assigned to the member	10 numeric characters	Example: 1234567890	Y
<b>AQ</b>	NPI	M&R and C&S: National provider ID number	10 numeric characters	1R, 2B, 4S Records E&I: NULL M&R and C&S example: 1234567890	Y
<b>AR</b>	SRC_SYS_PCP_PRVDR_ID	M&R: COSMOS UHCID - PCP ID number C&S: CSP PRPR ID - Provider ID number (first 9 digits) + address sequence number (last 3 digits)	M&R: 11 numeric characters C&S: 12 numeric characters	1R, 2B, 4S Records E&I: NULL M&R example: 00012345678 C&S example: 001234567001	Y
<b>AS</b>	PCP_NAME	The name of the member's primary care provider, if one is assigned; otherwise, the name of the member's primary care group	82 alpha-numeric characters	1R/1E/2B/4S/7T records: Primary care - Member's primary care provider facility name Hospital - Associated primary care facility name Sub-capitated - Associated primary care facility name Third party - Associated primary care facility name	Y
<b>AT</b>	PCP_COUNTY_NAME	The name of the county mapped to the ZIP code where the primary care provider's address is located	30 alpha characters	1R/2B/4S records: Appropriate value M&R and C&S: Not populated	Y

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Reference	Field name	Field description	Field format	Codes/Variables	EC7810 report value
<b>AU</b>	CAPPED_COUNT	Member months (current and retro) for Cap Process Month	11 numeric characters Format: -nnnnnn.nnn	1 - Addition -1 - Deduction	Y
<b>AV</b>	TRANSACTION_COUNT	A count of each material capitation transaction. Non-financial records will equal 0.	6 numeric characters Format: -n.nnn	1 - Addition -1 - Deduction	Y
<b>AW</b>	CAPITATION_RATE	The capitation rate of the contracted group is based on rates from the applicable rate table	12 numeric characters Monetary format: -ddddddd.cc	1R records: For fixed- or flat-rate calculation methods, the capitation rate is determined prior to applying factors 4S (system adjustment): Member/employer premium	Y
<b>AX</b>	PERCENT_OF_PREMIUM_RATE	The contracted percent of premium rate	9 numeric characters Format: 99.999999	Percent of premium contracts only  Percentage example: Enter 35.15% as 35.15	Y
<b>AY</b>	CAPITATION_AMOUNT	The calculation is based on contract terms in the system; also known as standard services capitation	14 numeric characters Monetary format: -ddddddddd.cc		Y
<b>AZ</b>	ADJUSTMENT_CODE	A 3- or 4-letter code that identifies an additional payment to or a deduction from the provider. The adjustment code description appears on the EC7020 report.	4 alpha-numeric characters	3M, 4S and 6P records only The codes indicate the reason for the adjustment Examples: MBR - Member adjustment SRW - Security reserve withhold	Y

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<b>BA</b>	BENEFIT_CODE	A 3-letter code that identifies an additional payment to or deduction from the provider. The benefit code description appears on the EC7020 report.	3 alpha-numeric characters	2B records only	Y
<b>BB</b>	ADJUSTMENT_CATEGORY	The type of adjustment; used in conjunction with the Adjustment Code	10 alpha-numeric characters	2B, 3M, 4S and 6P records only Employer - Adjustment for all members in an Employer Group Member - Adjustment for an individual member Provider - Adjustment for all members with a provider Product - Adjustment for all members with a Product Code Benefit - Adjustment for all members with a benefit plan or rider System withholding - Adjustment for all members of the contracted provider Lump sum - Adjustment for a flat dollar amount at the provider level Member premium - Adjustment based on the premium billed to a member or employer group	Y
<b>BC</b>	ADJUSTMENT_RATE_TYPE	This field works with the Record Type field to distinguish the variable the payment or adjustment is based upon	10 alpha characters	2B and 4S records only Rate type: Fixed - Flat PMPM (FI) PrcntGross - Percentage of gross cap (PG) PercentNet - Percentage of net cap (PN) PrcntPrem - (PP)	Y

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<b>BD</b>	ADJUSTMENT_RATE	Contracted per-member-per-month flat rate or percentage rate used for a system adjustment	12 numeric characters Monetary format: -ddddddd.cc	2B and 4S only 4S - Populated for provider-level adjustments, including lump sum and system withholds. The applicable rate is from the contract.	Y
<b>BE</b>	ADJUSTMENT_COMMENT	The reason for an adjustment	255 alpha-numeric characters	3M and 6P records only	Y
<b>BF</b>	TRANSACTION_CAUSE	Transaction group cause code flag (Add, Term, Demographic, Current, Retro)	2 alpha-numeric characters	1R, 2B, 4S and 7T records only CU - Current transaction EA - Retro addition ET - Retro termination EC - Retro demographic change RP - Reprocessed transaction	Y
<b>BG</b>	TRANSACTION_TERM_ADD	Transaction action code flag (Add, Term, Demographic, Current)	1 alpha-numeric character	1R, 2B, 4S and 7T records only A - Retro addition T - Retro termination D - Retro demographic change C - Current transaction	Y
<b>BH</b>	TRANSACTION_TYPE	Transaction group code displays groups: Benefits, PCP, Eligibility, Contract and Force Cap (FCP)	3 alpha-numeric characters	1R, 2B, 4S and 7T records only ECU - Eligibility for current cap ERE - Eligibility for retro cap MRE - Manual reprocess MFC - Manual force cap PRM - Premium change SBF - Benefit factor change SCC - Contract change	Y

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<b>BI</b>	TOTAL_MA_PAYMENT_AMOUNT	E&I: Not applicable M&R and C&S: The total A/B payment for Medicare Advantage, including adjustments for managed medical assistance and the rebate amount for Part D supplemental benefits	11 decimal Format: -9999999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R records only	Y
<b>BJ</b>	MLP_NET_PREM_AMT	Member- or employer-paid premium amounts when included in the percentage of premium provider contract language	11 decimal Format: -9999999.99	1R record E&I: NULL M&R, C&S D-SNP and C&S Medicaid	Y
<b>BK</b>	REV_CARVEOUT_GROSS_AMT	Contractual PMPM amount to be deducted from the premium for providers with percentage of premium contracts, if applicable	11 decimal Format: -9999999.99	1R record Will be blank when zero or not applicable E&I: NULL M&R, C&S D-SNP and C&S Medicaid	Y
<b>BL</b>	REBATE_FOR_PART_D_SUPPLEMENTAL_BENEFITS_PART_A_AMOUNT	M&R and C&S: Part A amount of the rebate allocated to providing Part D supplemental benefits	8 decimal Format: -9999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R records only	Y
<b>BM</b>	REBATE_FOR_PART_D_SUPPLEMENTAL_BENEFITS_PART_B_AMOUNT	M&R and C&S: Part B amount of the rebate allocated to providing Part D supplemental benefits	8 decimal Format: -9999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R records only	Y

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<b>BN</b>	REBATE_FOR_PART_D_BASIC_PREMIUM_REDUCTION	M&R and C&S: Amount of the rebate allocated to reducing the member's basic Part D premium	8 decimal Format: -9999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R records only	Y
<b>BO</b>	PART_D_BUY_DOWN_AMOUNT	M&R and C&S: This field is only populated when the provider's contract includes CMS Part D buy-down premium amounts (MMR 62, 63, 72) Part D buy-down exclusion indicator = N	11 decimal Format: -9999999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R records only	Y
<b>BP</b>	CMS_USER_FEE_AMOUNT	M&R and C&S: A percentage deducted from the current monthly payment CMS made to UnitedHealthcare	9 decimal Format: -99999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R records only	Y
<b>BQ</b>	SEQUESTRATION_AMOUNT	M&R and C&S: The member-level portion of federally mandated sequestration. The sequestration percentage is capped at 2% for payments for individual services under Part A and Part B, and for monthly contractual payments to Part C and Part D providers.	11 decimal Format: -9999999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R records only	Y
<b>BR</b>	PREMIUM_TAX_AMOUNT	M&R and C&S: The tax is based on health insurance premiums	9 decimal Format: -99999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R and 4S records only	Y

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<b>BS</b>	OTHER_FEE_AMT	Fee or surcharge assessed by external agencies	11 decimal Format: -9999999.99	1R and 1P records E&I: NULL C&S Medicaid	Y
<b>BT</b>	TOTAL_PAYMENT_ADJ	E&I: Not applicable M&R and C&S: Medicare total adjustment before User Fee Amount and Sequestration Amount	11 decimal Format: -9999999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method; 1R records only	Y
<b>BU</b>	CAPITATION_PREMIUM_GROSS_CAP	E&I: Amount of standard services subscriber premium allocated to each member M&R and C&S: CMS premium net of all premium adjustments. Gross cap is the “premium” of percent of premium.	11 decimal Format: -9999999.99	E&I: 0.00 M&R and C&S: Percent of premium calculation method only Gross cap is used as a basis for the calculation for Rate Type (1R records) = POP Gross cap is used as a basis for the calculation for Adjustment Rate Type (4S records) = PrcntGross or PrcntPrem PrcntGross (percent of gross) for percent of premium contract calculation method contract. Populate with CMS-based gross cap (premium net of plan adjustments). PrcntPrem (Percent of member premium) adjustments. Populate with member/employer premium-based gross cap (premium net of plan adjustments).	Y

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<b>BV</b>	CMS_RAF_NET_PREM_AMT	CMS net premium amount due to risk adjustment factor changes. These are amounts related to CMS MMR adjustment reason codes 25 (Retro RA Recon Annual) or 26 (Retro RA Recon Mid-Year)	11 decimal Format: -9999999.99	1R record Will be blank when zero or not applicable E&I: NULL M&R and C&S D-SNP	Y
<b>BW</b>	CMS_RAF_NET_CAP_AMT	Capitation amount due to risk adjustment factor changes. These are amounts related to CMS MMR adjustment reason codes 25 (Retro RA Recon Annual) or 26 (Retro RA Recon Mid-Year)	11 decimal Format: -9999999.99	1R record Will be blank when zero or not applicable E&I: NULL M&R and C&S D-SNP	Y
<b>BX</b>	CMS_RAF_ADJUSTMENT_REASON_CODE	M&R and C&S: Risk adjustment factor codes identifying periodic sweeps by CMS to update and/or correct RAF scores	2 numeric characters	E&I: Zero M&R and C&S: 25 = Retro RA Recon Annual 26 = Retro RA Recon Mid-Year 1R records only	Y
<b>BY</b>	RSVD_FLD_1	<i>(Reserved for future use)</i>	NULL		N
<b>BZ</b>	RSVD_FLD_2	<i>(Reserved for future use)</i>	NULL		N

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