

- **Reference File 09**

File Layout

Header Record (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
FILL1	X(12)	01	12	Filler
CREATE-DATE	X(08)	13	20	Date File Was Created (YYYYMMDD format)
FILL2	X(298)	21	318	Filler
REC-TYP	X(02)	319	320	T0

EVV Provider Key Contact Data (C1) (RF686)

Data Name	Picture	Actual Positions		Remarks
		From	To	
PR-ID	X(06)	01	06	Provider ID
CONTACT-FNAME	X(30)	07	36	EVV Key Contact First Name
CONTACT-LNAME	X(30)	37	66	EVV Key Contact Last Name
STR-1	X(55)	67	121	Address Street Line 1
STR-2	X(55)	122	176	Address Street Line 2
CITY	X(25)	177	201	Address City
ST	X(02)	202	203	Address State
ZIP5	X(05)	204	208	Address Zip Code -5
ZIP4	X(04)	209	212	Address Zip Code +4
COUNTY	X(02)	213	214	Address County
CONTACT-PHONE	X(10)	215	224	Key Contact Phone Number
CONTACT-FAX	X(10)	225	234	Key Contact Fax Number
CONTACT-EMAIL	X(60)	235	294	Key Contact Email Address
BEG-DAT	X(08)	295	302	Address Effective Begin Date (YYYYMMDD)
END-DAT	X(08)	303	310	Address Effective End Date (YYYYMMDD)
FILLER	X(08)	311	318	Filler
REC-TYP	X(02)	319	320	C1

School CTDS Information (S1) (RF7C4)

One to Many Record

Data Name	Picture	Actual Positions		Remarks
		From	To	
CTDS-CODE	X(09)	01	09	Dept of Ed-CTDS Code
ENTITY-ID	X(07)	10	16	Dept of Ed-Entity ID
ENTITY-DESC	X(50)	17	66	Entity Description; School Name
DIST-CHARTER-NAME	X(50)	67	116	District or Charter Holder Name
SCHOOL-CITY	X(25)	117	141	School City
SCHOOL-ZIP5	X(05)	142	146	School Zip Code-5
SCHOOL-ZIP4	X(04)	147	150	School Zip Code-+4
BEG-DATE	X(08)	151	158	Begin Date (YYYYMMDD)
END-DATE	X(08)	159	166	End Date (YYYYMMDD)
FILLER	X(xx)	167	318	Filler
REC-TYP	X(02)	319	320	S1

Additional information:

1. Only RF-CTDS-INFO Active status records will be included

ROPA EXCEPTIONS (R1) (RF7C6)

Data Name	Picture	Actual Positions		Remarks
		From	To	
NPI	X(15)	01	15	ROPA Provider NPI- Required
FNAME	X(50)	16	65	ROPA Provider First Name- Required
LNAME	X(50)	66	115	ROPA Provider Last Name- Required
LIC-TYPE	X(02)	116	117	License Type- Required : RE: Resident IN: Intern PH: Pharmacist SO: State Level Standing Order
LIC-NUM	X(15)	118	132	License Number
BEG-DATE	X(08)	133	140	CCYYMMDD- Required
END-DATE	X(08)	141	148	CCYYMMDD

Data Name	Picture	Actual Positions		Remarks
		From	To	
FILLER	X(170)	149	318	Filler
REC-TYP	X(02)	319	320	R1

Additional information:

1. Record will be included in the REFER09.zip file
2. Record type will be "R1"
3. Record data will be obtained from the RF-ROPA-EXCP database table
4. Only Active Status records will be included in the extract
5. The following data elements will be included in the extract record:
 - a. NPI (NPI)
 - b. ROPA Provider First Name (FNAME)
 - c. ROPA Provider Last Name (LNAME)
 - d. License Type (LIC-TYPE)
 - e. License/Certification Number (LIC-NUM)
 - f. Begin Date (BEG-DAT)
 - g. End Date (END-DAT)

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
FILL3	X(12)	01	12	Filler
CREATE-DATE	X(08)	13	20	Date File Was Created (YYYYMMDD format)
FILL4	X(298)	21	318	Filler
REC-TYP	X(02)	319	320	T9