Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

National Physician Database

Data Submission
Specifications Manual

Version 4.0

Revised September 2009

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Foreword

The Canadian Institute for Health Information (CIHI) is a national organization mandated to coordinate the development and maintenance of a comprehensive and integrated health information system for Canada. One way it fulfills this role is by forging alliances with leaders in the health and health information fields.

Formed in 1994, CIHI brought together expertise and health information services from The Hospital Medical Records Institute, The MIS Group, and selected components of Health Canada and Statistics Canada. CIHI's mission is based upon collaborative planning with all provincial, territorial and federal governments, as well as all other major partners in national health care services.

The Institute is responsible for providing accurate and timely information necessary to establish sound health policies, manage the Canadian health system effectively, and create public awareness of factors affecting good health.

CIHI Mandate—*The Canadian Institute for Health Information was established:* To serve as the national mechanism to coordinate the development and maintenance of a comprehensive and integrated health information system for Canada, and to provide and coordinate the provision of accurate and timely information required for:

- establishing sound health policy
- managing the Canadian health system effectively, and
- generating public awareness about factors affecting good health.

This update of the September 2009 version of the Data Submission Specifications Manual, is to accommodate the changes listed in the Changes section (next page).

Changes

The last version of Data Submissions Specifications Manual was produced in January 2003. This new version implements new fields to accommodate the alternative payment information as well as enhance fee-for-service data collection. Below is a summary of changes in the September 2009 version. Please review all points.

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New
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1. **Non Fee-for-Service Compensation File (File 70):** The purpose of this file is to capture information on payments to physicians other than fee-for-service.

2. **Group Compensation File (File 75):** The purpose of this file is to capture the information on lump sum payments which could not be broken down by the jurisdiction into individual Unique Physician Identifier (UPI) level.

3. **Physicians in Group Compensation File (File 76):** The purpose of this file is to capture information on physicians who have the potential to receive a portion of the lump sum payments identified in File 75.

4. **Benefit Compensation File (File 80):** The purpose of this file is to capture information about the physician's benefit such as pension, practice leave etc.

5. **Group Number Field(s):** Added to the new 75 File and 76 File. This field will help CIHI identify a group which receives a lump sum payment that can not be broken down by the jurisdiction into individual Unique Physician Identifier (UPI) level.

6. **Shadow Billing Indicator:** Added to the 50 File. This field will indicate whether the record is a shadow billing record.

7. **Fee-for-Service Payment Percentage Field:** Added to the 50 File. This value will identify the proportion of a service's total payment that is fee-for-service when that service is paid by multiple remuneration methods.

8. **Units Field:** Added to the 30 File. This will allow data suppliers to report time units in the reciprocal billing files.

9. **Location Indicator:** All jurisdictions other than Nova Scotia and Alberta will use the CCP Modifier 1 field as the location indicator in the 30 File and 50 File. Nova Scotia and Alberta will continue to use the field as they have in the past.

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┌─────────────────┐
│                 │
│   **Expanded**  │
│                 │
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10. **Data Dictionary:** The data dictionary has been expanded to give a clearer understanding of what is being requested.   There is a list of all data elements that appear in the data submission files with numeric references to the file and location they exist. All data elements are accompanied by a definition and/or reference to validation tables.

11. **Units Field**: Converted this field to a sign field in both the 30 File (new) and the 50 File. Thus, this field is expanded by 1 character and the data type will now be reported as S9(6).

12. **Methodology Note:** This is not new just explicitly stated: Please record all physicians licensed to practice in your jurisdiction in the 35 File regardless of their remuneration mode(s).

13. **Data Submissions:** Submissions are not limited to CD's. Another option is CIHI's Electronic Data Submission Services (eDSS).
    a. eDSS is a mode of data transmission through the internet that:
        i. Satisfies national and provincial privacy legislation.
        ii. Provides security that meets corporate and industrial standards through the use of encrypted protocols.
        iii. Offers a quicker turnaround time for results on submissions.
    b. For more information on the eDSS process, please contact physicians@cihi.ca.

1. General Information

1.1 Introduction

The National Physician Database (NPDB) provides information on the demographic characteristics of physicians and their level of activity within the Canadian Medicare System and is used by governments and professional associations for medical human resource planning. The establishment of the database was approved in 1987 by the Conference of Deputy Ministers of Health upon the recommendation of the Advisory Committee on Health Human Resources (ACHHR). On August 1st, 1995, the NPDB was moved to the Canadian Institute for Health Information (CIHI); and CIHI has assumed the responsibilities of Health Canada in maintaining the database. Previously, the NPDB was under the direction of the Working Group on Medical Care Statistics (WGMCS) which was disbanded when the database was transferred to CIHI. An Expert Group on Physician-Related Databases was convened in April 1996 and advises CIHI on data quality, methodology, and product development matters relating to the National Physician Database (NPDB) and the Scott's Medical Database (SMDB).

The NPDB is a successor to the Medical Care Database (MCDB), which was developed following the implementation of the Medical Care Act in 1967. The MCDB was used to monitor the services provided, and payments made, by the provincial medical insurance plans. The NPDB expanded on the MCDB by including more information on physician characteristics and the age and sex of patients.

The NPDB is a multi-year, multi-phase project. Phase I, currently under implementation, contains data on the demographic characteristics and activity levels of fee-for-service physicians. Information on activity levels includes total payments, total services, average payments per physician and a full-time equivalent physicians measurement. Phase II will add data on clinical activities remunerated under alternative reimbursement plans (such as salaries, contracts and sessional fees), and Phase III will contain data on non-clinical care activities of physicians (such as teaching, research and administration).

Phase I development has been completed and both unadjusted and adjusted data are available from 1989/90 to 1998/99. Some Provinces/Territories for certain data years have not provided the complete set of data files, therefore, there are limitations on the data available. For further information on the limitations of the NPDB data, please contact the Senior Analyst for the National Physician Database.

This document provides data and record transmittal specifications for use by the Provinces/Territories who are submitting their physician claims data as well as associated demographic data of the physician and patient to CIHI.

Of the nine data files to be submitted by the provinces/territories, five (the 25 File, 70 File, 75 File, 76 File and 80 File), will be submitted to CIHI on an annual basis. The remaining

four will be submitted on a quarterly basis. The quarters are based on a fiscal year calendar.

All data files may be submitted to CIHI via CD or via CIHI's eDSS process. For eDSS documentation and submission specifications, please contact the NPDB team at CIHI at physicians@cihi.ca.

Each data submission file must be a Flat ASCII text file.

1.2 Confidentiality

The security arrangements proposed by the Working Group on Medical Care Statistics with respect to the protection of personal information on physicians were accepted by the Conference of Deputy Ministers. In summary, physician identifiers are "scrambled" by each of the Provinces/Territories according to a common formula developed and known by them alone. Through the use of the Unique Physician Identifier (UPI) it is not possible to identify a physician by name on the database. Additional measures such as the aggregation of data and the suppression of cell counts when less than 5 cases are shown are also utilized. Any release of provincial or territorial specific data must be approved by the authorized person of the province/territory concerned and must also satisfy CIHI privacy and confidentiality policies.

2. Detailed Data Submission Requirements

2.1   Data Submission

All Provinces/Territories are encouraged to submit data files on a "Date of Service" basis instead of on a "Date of Payment" basis; however, files based on "Date of Payment" will be also accepted for processing. Provinces/Territories submitting files on a "Date of Service" basis should wait six months, or until 98% of services are captured, before submitting files for processing. Files should be received by CIHI, at the latest, seven months from the end of a given quarter for Provinces/Territories submitting on "Date of Service", and one month from the end of a given quarter by Provinces/Territories submitting on "Date of Payment".

Based on date of payment or date of service, data providers should submit data on before the scheduled dates below:

	Date of Payment	Date of Service
Fiscal Quarter 1 (Apr-Jun)	August 1	February 1
Fiscal Quarter 2 (Jul-Sept)	November 1	May 1
Fiscal Quarter 3 (Oct-Dec)	February 1	August 1
Fiscal Quarter 4 (Jan-Mar)	May 1	November 1

*annual file submissions should be submitted within the fiscal quarter 4 timeframe

All data files may be submitted to CIHI via CD or using CIHI's Electronic Data Submission Services (eDSS). CIHI's electronic data submission service is mode of data transmission through the internet that provides security that meets corporate and industrial standards through the use of encrypted protocols. The eDSS also satisfies national and provincial privacy legislation. For more information on the eDSS process, please contact physicians@cihi.ca.

The preparation and submission of files to CIHI for use in the NPDB system is the responsibility of the provincial programmer and his/her supervisor according to the direction given by the representatives to the Advisory Group.

It is the responsibility of the Advisory Group member in each Province/Territory to help ensure data quality by working with the provincial programmer to prepare and validate the Concurrently Registered Physician Report. With respect to the National Physician Database, Advisory Group members also ensure that all changes to the fee schedule and physician specialty coding are reported to CIHI, along with increases or decreases in payments by specialist, and the percentage of physicians that are paid on a fee for service basis. For further information on these reports and a contact on the Advisory Group, please contact the Senior Analyst of the National Physician Database at CIHI.

If an error in programming becomes apparent after the data has been submitted to CIHI, please call and inform the Health Human Resources Research Analyst immediately. If the error is not corrected before the data is submitted into the NPDB system, correcting the problem can create major delays in data production schedules.

Each data submission file must be a Flat ASCII text file.

CDs should be mailed to:

Research Analyst, NPDB, Health Human Resources
Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario
K2A 4H6

For more information on the eDSS process, please contact physicians@cihi.ca.

2.2 Files to be Submitted

Eight files are required from each province/territory:

25: Dental Services/Other Non-physician Services File

This file, to be sent to CIHI annually, will contain information on all services (i.e. in and out-of-province/territory) provided by dentists and other non-physicians to medical care plan beneficiaries.

30: Reciprocal Billing File

This file, to be sent to CIHI quarterly, contains provincial/territorial data on services their physicians provided to out-of-province/territory patients by their age and gender.

35: Physician Characteristics File

This file, to be sent to CIHI quarterly, contains socio-demographic information on <u>all</u> physicians who are registered with a province/territory medical care plan and have a practice located in that same province or territory.

50: Utilization File

This file, to be sent to CIHI quarterly, contains service and payment data by fee-service code, age group and gender of patient, and unique physician identifier (UPI) for individual physicians, laboratories and diagnostic facilities.

55: Changes to Unique Physician Identifiers File

This file, to be sent to CIHI quarterly, contains both the old and new UPI to update files and to ensure there is no double counting of physicians over time.

70: Non Fee-for-Service Compensation File

This file, to be sent to CIHI annually, contains information on payments to physicians other than fee-for-service.

75: Group Compensation File

This file, to be sent to CIHI annually or quarterly, contains information on lump sum payments that could not be broken down to the individual Unique Physician Identifier (UPI) level.

76: Physicians in Group Compensation File

This file, to be sent to CIHI annually or quarterly (to correspond with File 75 submissions), contains a list of physicians that have the potential to receive a portion of the lump sum payments identified in File 75.

80: Benefit Compensation File

This file, to be sent to CIHI annually, contains information on the physician's benefits.

2.3　　　Data Acceptance Rules

As a general CIHI policy, enhancements and modification to validation and edit rules in NPDB will only be made at the beginning of a fiscal year.

CIHI requires that all data be edited at the source and that ONLY error free data be submitted.

Any files that do not meet appropriate layouts, as defined in the Data Submission document, are returned to the provinces for correction and subsequent re-submission.

A notification of acceptance or rejection of the data submissions will be transmitted back to the supplying province/territory.

Data will be verified to determine whether or not it is valid. Reports summarizing the results of this validation will be e-mailed or couriered to the Provinces/Territories for sign off. This sign off is expected back to CIHI within two weeks of receipt of the report. It should be noted that this will not replace the final sign off and release by Provinces/Territories on publication ready tables, but is intended as an acknowledgement that the data was received correctly. Files with a high proportion of errors will be requested to be resubmitted.

3. Technical Requirements

3.1 File Naming Convention

File names will be standardized to facilitate the receipt and processing of NPDB data. This naming convention will be strongly enforced. This means that files that are not named accordingly will be returned unprocessed to the submitting province/territory.

Within the naming convention is embedded the name of the associated database, file type, fiscal year, period, submitting province/territory and the format of the data.

The file name will be in the format:

NPDttssyyyyppvv.zip   for zipped files

NPDttssyyyyppvv.txt   for non-zipped files

where NPD = constant identifying the type of data, National Physician data

tt = File type:

> "25" for Dental Services/Other non Physician Services
> "30" for Reciprocal Billing
> "35" for Physician Characteristics
> "50" for Utilization
> "55" for Changes to Unique Physician Identifiers
> "70" for Non Fee-for-Service Compensation File
> "75" for Group Compensation File
> "76" for Physicians in Group Compensation File
> "80" for Benefit Compensation File

ss = submitting province/territory code (See Chapter 6.4—Validation Tables)

yyyy = fiscal year

pp = fiscal period:

> "00" for an entire fiscal year
> "01" for April, May, June
> "02" for July, August, September
> "03" for October, November, December
> "04" for January, February, March

vv = file submission version, starting with "01" and incrementing by 1 for each resubmission of the same file for the same fiscal year and fiscal period.

3.2 File Characteristics

NPDB data is submitted as fixed length ASCII text files, as specified in Detailed Data Requirements section.

Numeric fields are presented as follows:

1. Signed Field Without Decimals

Positive or negative sign required in first left justified byte. Leading zeroes (where applicable) required for the rest of the field.

For example, a positive value of 350 in a format S9(6) is denoted as "+000350"; a negative value is denoted as "-000350".

2. Signed Field With Implied Decimals
Positive or negative sign required in first left justified byte. Leading zeroes (where applicable) required for the rest of the field; implied 2 decimal places.

For example, a positive value of 10.95 in a format S9(11)V99 is denoted as "+0000000001095"; a negative value is denoted as "-0000000001095".

4. Detailed Data Requirements

4.1   Data File Layouts

This section details the data layouts of each of the six data files. The "Element" column is a reference number to the data dictionary in Section 5. The "Data Element" is the name assigned to the variable. The "Start Byte" indicates the starting position of the variable and the "Length" indicates the number of bytes. The "Data type" column conventions used are as follows: 9—numeric, S—operational sign, V—location of the assumed decimal point, A—alphanumeric.

25: Dental Services/Other Non-physician Services File

Record length—45 bytes

Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date
4	Filler	32	14		Blank

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
25-01	Practitioner Number	1	9	9(9)	Scrambled Practitioner number
25-02	Practitioner Specialty	10	3	9(3)	See Chapter 6.1— Validation Tables
25-03	Fee Service Code	13	7	A(7)	See Chapter 6.2— Validation Tables
25-04	Number of services	20	7	S9(6)	No province shall report reciprocal billing services to itself
25-05	Amount Paid	27	14	S9(11)V99	
25-06	Category of services	41	1	9(1)	See Chapter 6.3— Validation Tables
25-07	CCP Modifier 1	42	1	A(1)	0-9, A-Z, a-z
25-08	CCP Modifier 2	43	1	A(1)	0-9, A-Z, a-z
25-09	CCP Modifier 3	44	1	A(1)	0-9, A-Z, a-z
25-10	CCP Modifier 4	45	1	A(1)	0-9, A-Z, a-z

30: Reciprocal Billing File

Record length—73 bytes

Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date
4	Filler	32	42		Blank

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
30-01	Home Province/Territory Code	1	2	9(2)	See Chapter 6.4— Validation Tables
30-02	Unique Physician Identifier (UPI)	3	26	9(26)	Must be valid format
30-03	Plan Payment Specialty	29	3	9(3)	See Chapter 6.1— Validation Tables
30-04	Host Province/Territory Fee Service Code	32	7	A(7)	See Chapter 6.2— Validation Tables
30-05	Age Group of Patient	39	2	9(2)	See Chapter 6.5— Validation Tables
30-06	Gender of Patient Code	41	1	9(1)	See Chapter 6.6— Validation Tables
30-07	Number of Services	42	7	S9(6)	No province shall report reciprocal billing services to itself
30-08	Number of Units	49	7	S9(6)	
30-09	Amount Paid	56	14	S9(11)V99	
30-10	CCP Modifier 1	70	1	A(1)	0-9, A-Z, a-z
30-11	CCP Modifier 2	71	1	A(1)	0-9, A-Z, a-z
30-12	CCP Modifier 3	72	1	A(1)	0-9, A-Z, a-z
30-13	CCP Modifier 4	73	1	A(1)	0-9, A-Z, a-z

35: Physician Characteristics File

Record length—51 bytes

*** Please report all physicians that are licensed to practice in your jurisdiction regardless of remuneration mode. ***

Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention Requirements
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date
4	Filler	32	20		Blank

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
35-01	Unique Physician Identifier (UPI)	1	26	9(26)	Must be valid format
35-02	Year of Graduation	27	4	9(4)	Four digit year of M.D. Graduation Unknown – 9999
35-03	Postal Code of Main Activity	31	6	ANANAN	A9A9A9
35-04	Area Code of Main Activity	37	3	9(3)	See Chapter 6.7— Validation Tables
35-05	Plan Payment Specialty	40	3	9(3)	See Chapter 6.1— Validation Tables
35-06	Latest Specialty	43	3	9(3)	See Chapter 6.1— Validation Tables
35-07	Place of Specialty	46	2	9(2)	See Chapter 6.8— Validation Tables Unknown – 99
35-08	Year of Specialty	48	4	9(4)	Four digit year of Specialty Unknown – 9999

50: Utilization File

Record length—77 bytes
Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date
4	Filler	32	46		Blank

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
50-01	Unique Physician Identifier (UPI)	1	26	9(26)	Must be valid format
50-02	Fee Service Code	27	7	A(7)	See Chapter 6.2— Validation Tables
50-03	Age Group of Patient	34	2	9(2)	See Chapter 6.5— Validation Tables
50-04	Gender of Patient Code	36	1	9(1)	See Chapter 6.6— Validation Tables
50-05	Number of Services	37	7	S9(6)	No province shall report reciprocal billing services to itself
50-06	Number of Units	44	7	S9(6)	
50-07	Amount Paid	51	14	S9(11)V99	
50-08	Remuneration Mode	65	2	9(2)	See Chapter 6.9— Validation Tables
50-09	Source of Payment	67	2	9(2)	See Chapter 6.10— Validation Tables
50-10	Category of Services	69	1	9(1)	See Chapter 6.3— Validation Tables
50-11	CCP Modifier 1	70	1	A(1)	0-9, A-Z, a-z
50-12	CCP Modifier 2	71	1	A(1)	0-9, A-Z, a-z
50-13	CCP Modifier 3	72	1	A(1)	0-9, A-Z, a-z
50-14	CCP Modifier 4	73	1	A(1)	0-9, A-Z, a-z
50-15	Fee-for-Service Payment Percentage	74	3	9(3)	000-100 Default 999
50-16	Shadow billing indicator	77	1	9(1)	See Chapter 6.11— Validation Tables

55: Changes to Unique Physician identifier File

Record Length—52 bytes

Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date
4	Filler	32	21		Blank

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
55-01	Unique Physician Identifier Old	1	26	9(26)	Must be valid format
55-02	Unique Physician Identifier New	27	26	9(26)	Must be valid format

70: Non Fee-for-Service Compensation File

Record length—47 bytes

Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date
4	Filler	32	16		Blank

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
70-01	Unique Physician Identifier (UPI)	1	26	9(26)	Must be valid format
70-02	Plan Payment Specialty	27	3	9(3)	See Chapter 6.1— Validation Tables
70-03	Remuneration Mode	30	2	9(2)	See Chapter 6.9— Validation Tables
70-04	Source of Payment	32	2	9(2)	See Chapter 6.10— Validation Tables
70-05	Amount Paid	34	14	S9(11)V99	

75: Group Compensation File

Record length—31 bytes

Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
75-01	Group Number	1	10	A(10)	Group number Unknown - 9999999999
75-02	Remuneration Mode	11	2	9(2)	See Chapter 6.9— Validation Tables
75-03	Source of Payment	13	2	9(2)	See Chapter 6.10— Validation Tables
75-04	Amount Paid	15	14	S9(11)V99	
75-05	Filler	29	3		Blank

76: Physicians in Group Compensation File

Record length—39 bytes

Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date
4	Filler	32	8		Blank

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
76-01	Unique Physician Identifier (UPI)	1	26	9(26)	Must be valid format
76-02	Plan Payment Specialty	27	3	9(3)	See Chapter 6.1— Validation Tables
76-03	Group Number	30	10	A(10)	Group number Unknown - 9999999999

80: Benefit Compensation File

Record length—43 bytes

Data Submission Control Record

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
1	File Name	1	15	A(15)	See File Name Convention
2	Number of records in submission file	16	8	9(8)	Record count excluding control record
3	Date of submission	24	8	YYYYMMDD	Valid date
4	Filler	32	12		Blank

Data Submission Information

Element #	Data Element	Start Byte	Length	Data Type	Valid Codes
80-01	Unique Physician Identifier (UPI)	1	26	9(26)	Must be valid format
80-02	Benefit Compensation Type	27	3	A(7)	See Chapter 6.12— Validation Tables
80-03	Amount Paid	30	14	S9(11)V99	

5. Detailed Data Dictionary

Data Submission Control Record

Data Element - Definition	Variables - description
1. File Name The name of files Provinces/Territories submit to CIHI for use in the NPDB system.	File names will be standardized to facilitate the receipt and processing of NPDB data. This naming convention will be strongly enforced. This means that files that are not named accordingly will be returned unprocessed to the submitting province/territory. Within the naming convention is embedded the name of the associated database, file type, fiscal year, period, submitting province/territory and the format of the data. The file name will be in the format: NPDttssyyyyppvv.zip for zipped files NPDttssyyyyppvv.txt for non-zipped files where NPD = constant identifying the type of data, National Physician data tt = File type: "25" for Dental Services/Other non Physician Services "30" for Reciprocal Billing "35" for Physician Characteristics "50" for Utilization "55" for Changes to Unique Physician Identifiers "70" for Non Fee-for-Service Compensation File "75" for Group Compensation File "76" for Physicians in Group Compensation File "80" for Benefit Compensation File ss = submitting province/territory code (See Chapter 6.4—Validation Tables) yyyy = fiscal year pp = fiscal period: "00" for an entire fiscal year "01" for April, May, June

Data Element - Definition	Variables - description
	"02" for July, August, September "03" for October, November, December "04" for January, February, March vv = file submission version, starting with "01" and incrementing by 1 for each resubmission of the same file for the same fiscal year and fiscal period.
2. Number of records in submission file Record count excluding control record.	Number of records
3. Date of submission The date of Provinces/Territories submitting the file to CIHI for use in the NPDB system.	Valid date in format YYYYMMDD.
4. Filler	Blank spaces used to ensure consistent record length in flat text file data submissions.
Rationale: These variables detail the type and time of data submission for identification as well as the number of records as a data quality control.	

25: Dental Services/Other Non-physician Services File

Data Element - Definition	Variables - description
25-01. Practitioner Number Identification number generated by the home province/territory to uniquely identify health care practitioner.	(Practitioner Number)
Rationale: This number is needed to uniquely identify health care practitioners within a particular jurisdiction and to follow changes specific to that individual over time.	
25-02. Practitioner Specialty Specialty assigned to the health care practitioner by home province/territory.	See Chapter 6.1 – Validation Tables
Rationale: Collection of this element permits the identification of the area in which the health practitioner is practicing.	
25-03. Fee Service Code Province/Territory specific code used to identify the procedure performed by the physician.	See Chapter 6.2 – Validation Tables
Rationale: This code identifies the service provided.	
25-04. Number of Services One service represents each fee service code billing. For time based services, a service represents an encounter with a patient. An encounter will show one service per service delivery. For example, if a physician delivers anesthesia to a patient then this would be counted as one encounter and would show one service on the data submission record, regardless of the length of time the anesthesia was administered during the service.	(Number of services)
Rationale: This variable identifies the number of services provided by the physician.	
25-05. Amount Paid	(Amount billed/paid)

Data Element - Definition	Variables - description
The amount of money paid to a physician. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied.	
Rationale: To calculate total physician payments, average payments and cost of specific services or programs.	
25-06. Category of Services This field defines the location of the physician, and whether he/she was located within or outside the province he/she is billing. The services provided are for a patient in his/her home province.	See Chapter 6.3 – Validation Tables **In-Province/Territory Physician** Physician that has main area of practice within province/territory he/she is billing. **Out-Province/Territory Physician** Physician that has main area of practice outside province he/she is billing.
Rationale: Define whether services provided to patients are from physician that practice mainly within or outside the province/territory.	
25-07. Canadian Classification of Procedures (**CCP) Modifier 1** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits. All jurisdictions other than Nova Scotia and Alberta will use the CCP Modifier 1 field as the location indicator.	Alberta and Nova Scotia provide codes in this field of the record layouts based on provincial specific modifiers. All other Provinces/Territories should fill this field with the location indicator. See Chapter 6.13 – Validation Tables
25-08. Canadian Classification of Procedures (**CCP) Modifier 2** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.

Data Element - Definition	Variables - description
25-09. Canadian Classification of Procedures (**CCP) Modifier 3** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.
25-10. Canadian Classification of Procedures (**CCP) Modifier 4** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.
Rationale: CCP modifiers provide supplementary information for the CCP codes (fee codes).	

30: Reciprocal Billing File

Data Element - Definition	Variables - description
30-01. Home Province/Territory Code Home province/territory of the plan with which the patient is registered.	See Chapter 6.4 – Validation Tables
Rationale: This variable identifies the Canadian jurisdiction of the medical care plan with which the patient is registered.	
30-02. Unique Physician Identifier (UPI) The element is 26 characters long and is based on physician's name, date of birth, gender, and place of graduation. The unique identifier is encrypted to protect physician's privacy.	See Chapter 6.14 – Unique Physician Identifier Structure.
Rationale: UPI is one of the primary features of the NPDB; it allows for the tracking of physicians through time and as they move from one jurisdiction to another.	
30-03. Plan Payment Specialty	See Chapter 6.1 – Validation Tables

Data Element - Definition	Variables - description
Specialty under which a physician is paid for services provided.	
Rationale: Collection of this element permits the identification of the area in which the professional is practicing.	
30-04. Host Province/Territory Fee Service Code Host Province/Territory specific code used to identify the procedure performed by the physician.	See Chapter 6.2 – Validation Tables
Rationale: This code identifies the service provided.	
30-05. Age Group of Patient Age groupings in the NPDB are based on 5 year age ranges and there are 22 age groups.	See Chapter 6.5 – Validation Tables
30-06. Gender of Patient Code Gender of the patient is broken down into three categories.	See Chapter 6.6 – Validation Tables Male Female Unknown
Rationale: These variables identify patient's demographics.	
30-07. Number of Services One service represents each fee service code billing. For time based services, a service represents an encounter with a patient. An encounter will show one service per service delivery. For example, if a physician delivers anesthesia to a patient then this would be counted as one encounter and would show one service on the data submission record, regardless of the length of time the anesthesia was administered during the service.	(Number of services)

Data Element - Definition	Variables - description
Rationale: This variable identifies the number of services provided by the physician.	
30-08. Number of Units Used to report time units. Some physician billings are based on the length of time and in turn billed by units of time. A unit of time is dependant on the definition of the fee code or jurisdictional payment program.	(Number of Units) Example: If time units are listed as 5 min and the service/procedure was a total of 1 hour, 12 units would be listed.
Rationale: Time units will allow reporting and comparison of services paid on a time dependant basis.	
30-09. Amount Paid The amount of money paid to a physician. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied.	(Amount billed/paid)
Rationale: To calculate total physician payments, average payments and cost of specific services or programs.	
30-10. Canadian Classification of Procedures (CCP) Modifier 1 The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits. All jurisdictions other than Nova Scotia and Alberta will use the CCP Modifier 1 field as the location indicator.	Alberta and Nova Scotia provide codes in this field of the record layouts based on provincial specific modifiers. All other Provinces/Territories should fill this field with the location indicator. See Chapter 6.13 – Validation Tables
30-11. Canadian Classification of Procedures (CCP) Modifier 2 The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.

Data Element - Definition	Variables - description
30-12. Canadian Classification of Procedures (**CCP) Modifier 3** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.
30-13. Canadian Classification of Procedures (**CCP) Modifier 4** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.
Rationale: CCP modifiers provide supplementary information for the CCP codes (fee codes).	

35: Physician Characteristics File

Data Element - Definition	Variables - description
35-01. Unique Physician Identifier (UPI) The element is 26 characters long and is based on physician's name, date of birth, gender, and place of graduation. The unique identifier is encrypted to protect physician's privacy.	See Chapter 6.14 – Unique Physician Identifier Structure.
Rationale: UPI is one of the primary features of the NPDB; it allows for the tracking of physicians through time and as they move from one jurisdiction to another.	
35-02. Year of Graduation Year of initial M.D. graduation	Four digit year of M.D. Graduation
35-03. Postal Code of Main Activity Six-digit code assigned by Canada Post to street address. This field contains the postal code of the location in which the physician performs his/her main activity.	Must be valid format (A9A9A9)

Data Element - Definition	Variables - description
35-04. Area Code of Main Activity Statistics Canada Area codes of the location in which the physician performs his/her main activity. This field is to be used by Provinces/Territories who cannot provide the postal code, else this field should be zero filled. Report the location information as follows: - the individual Census Metropolitan Area (CMA) or - the individual Census Agglomeration (CA) or if required, the code indicating the physician's main practice is located in a community of less than 10,000 population.	See Chapter 6.7 – Validation Tables
Rationale: These variables identify physician demographics.	
35-05. Plan Payment Specialty Specialty under which a physician is paid for services provided.	See Chapter 6.1 – Validation Tables
Rationale: Collection of this element permits the identification of the area in which the professional is practicing.	
35-06. Latest Specialty The most recent specialty certified by the Royal College of Physicians and Surgeons of Canada or Collège des médecins du Québec or the College of Family Physicians of Canada.	See Chapter 6.1 – Validation Tables
Rationale: Collection of this element permits the identification of the specialty in which the physician has most recently been certified.	
35-07. Place of Specialty Place of completion of specialty training for latest acquired specialty certification.	See Chapter 6.8 – Validation Tables Unknown value - 99

Data Element - Definition	Variables - description
Rationale: This variable permits the identification of the location where specialty training for latest acquired specialty certification was completed and allows monitoring of the Canadian-educated/internationally-educated composition of the workforce.	
35-08. Year of Specialty Refers to year when certification was obtained and not when specialty training was completed.	Four digit year of Specialty Unknown value - 9999
Rationale: This variable permits the identification of the year when specialty certification was obtained.	

50: Utilization File

Data Element - Definition	Variables - description
50-01. Unique Physician Identifier (UPI) The element is 26 characters long and is based on physician's name, date of birth, gender, and place of graduation. The unique identifier is encrypted to protect physician's privacy.	See Chapter 6.14 – Unique Physician Identifier Structure.
Rationale: UPI is one of the primary features of the NPDB; it allows for the tracking of physicians through time and as they move from one jurisdiction to another.	
50-02. Fee Service Code Province/Territory specific code used to identify the procedure performed by the physician.	See Chapter 6.2 – Validation Tables
Rationale: This code identifies the service provided.	
50-03. Age Group of Patient Age groupings in the NPDB are based on 5 year age ranges and there are 22 age groups.	See Chapter 6.5 – Validation Tables
50-04. Gender of Patient Code Gender of the patient is broken down into	Male Female

Data Element - Definition	Variables - description
three categories.	Unknown See Chapter 6.6 – Validation Tables
Rationale: These variables identify patient's demographics.	
50-05. Number of Services One service represents each fee service code billing. For time based services, a service represents an encounter with a patient. An encounter will show one service per service delivery. For example, if a physician delivers anesthesia to a patient then this would be counted as one encounter and would show one service on the data submission record, regardless of the length of time the anesthesia was administered during the service.	(Number of services)
Rationale: This variable identifies the number of services provided by the physician.	
50-06. Number of Units Used to report time units. Some physician billings are based on the length of time and in turn billed by units of time. A unit of time is dependant on the definition of the fee code or jurisdictional payment program.	(Number of Units) Example: If time units are listed as 5 min and the service/procedure was a total of 1 hour, 12 units would be listed.
Rationale: Time units will allow reporting and comparison of services paid on a time dependant basis.	
50-07. Amount Paid The amount of money paid to a physician. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied.	(Amount billed/paid)
Rationale: To calculate total physician payments, average payments and cost of specific services or programs.	

Data Element - Definition	Variables - description
50-08. Remuneration Mode Defines the method in which physicians are compensated.	See Chapter 6.9 – Validation Tables **Note: If your jurisdiction has a method of payment not described below, please contact physicians@cihi.ca.** **Fee for Service:** Payment of claims submitted for individual services. **Salary:** Compensation method by which physicians are paid based on annual salary scales, either part-time or full-time. The deduction of income tax at source and fringe benefits such as vacation are distinguishing features. **Sessional:** Payments on an hourly or daily basis (set span of time). Used by some jurisdictions to fund services in hospital emergency departments, psychiatry clinics and clinics in rural areas. **Capitation:** A model of compensation in which physician practices are paid a fixed sum of money for each patient rostered with the practice. Payment rates may be adjusted based on age-sex status of registered enrollees. Capitation may fund a comprehensive range of services, including prevention and medical care. **Block Funding:** Provide funding to practice plans or groups in which physicians have a range of responsibilities that usually span clinical service, teaching, research, and administration. **Northern and Isolation Allowances:** Compensation for the provision of clinical services in rural or remote settings. Allowances may be paid as fee-for-service premiums over normal fees or as flat rate amounts paid periodically. **Contract:** Provide negotiated funding for physicians providing defined services to a defined population; the compensation

Data Element - Definition	Variables - description
	arrangement usually specifies services to be provided or time commitments. **Emergency/On Call:** Programs provide amounts of funding to groups of physicians who agree to provide on call services to hospitals. **Other** **Unknown Fee-for-service** **Unknown Alternative Payment Plan** **Unknown**
Rationale: This variable defines the types of remuneration that physicians are compensated by within each province. They can be used to gain understanding of the scope of remuneration programs.	
50-09. Source of Payment Defines how the physician was paid.	See Chapter 6.10 – Validation Tables **Medical Care Plan (MCP):** Government program in which insured health services are paid. **MCP – Hospital Technical Services (Quebec)** **Cancer Plan (Saskatchewan) & Sexually Transmitted Diseases** **Worker's Compensation:** Programs provide payments to workers involved in specific job-related injuries. **Provincial/Territorial Insurance Corporations (i.e. automobile)**
Rationale: This field defines how the physician was paid.	
50-10 Category of Service This field defines the location of the physician, and whether he/she was located within or outside the province he/she is billing. The services provided are for a patient in his/her home province.	See Chapter 6.3 – Validation Tables **In-Province/Territory Physician** Physician that has main area of practice within province/territory he/she is billing. **Out-Province/Territory Physician**

Data Element - Definition	Variables - description
	Physician that has main area of practice outside province he/she is billing.
Rationale: Define whether services provided to patients are from physician that practice mainly within or outside the province/territory.	
50-11. Canadian Classification of Procedures (**CCP) Modifier 1** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits. All jurisdictions other than Nova Scotia and Alberta will use the CCP Modifier 1 field as the location indicator.	Alberta and Nova Scotia provide codes in this field of the record layouts based on provincial specific modifiers. All other Provinces/Territories should fill this field with the location indicator. See Chapter 6.13 – Validation Tables
50-12. Canadian Classification of Procedures (**CCP) Modifier 2** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.
50-13. Canadian Classification of Procedures (**CCP) Modifier 3** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.
50-14. Canadian Classification of Procedures (**CCP) Modifier 4** The CCP modifiers accommodate Nova Scotia and Alberta, who use CCP codes as their fee service codes. The CCP codes are used in place of a province specific schedule of medical benefits.	Currently only Alberta and Nova Scotia provide codes in this field of the record layouts, all other Provinces/Territories should fill this field with blanks.
Rationale: CCP modifiers provide supplementary information for the CCP codes (fee codes).	

Data Element - Definition	Variables - description
50-15. Fee-for-Service Payment Percentage This field is populated only when a service is paid for using a combination of fee-for-service remuneration and alternative payment remuneration. The payment percentage is the amount of money paid divided by what would have been the amount of money paid if the payment for the fee-for-service was not changed due to the service being covered by multiple sources of remuneration times 100. For example, say fee code X costs $100 and a jurisdiction has a payment plan where if a physician receives a per diem rate plus they can also bill fee-for-service at 75% of the normal fee cost. Thus, a physician on this plan can bill fee code X for $75. Therefore, the percentage reported in this column would 75 ($75/$100)*100.	(percentage)
Rationale: To assist in creating comparable cost per service analysis.	
50-16 Shadow billing indicator This field will indicate whether the fee-for-service record is a shadow billing record.	See Chapter 6.11 – Validation Tables The value will either be '0' for no or '1' for yes
Rationale: This field will indicate whether the fee-for-service record is a shadow billing record.	

55: Changes to Unique Physician identifier File

Data Element - Definition	Variables - description
55-01. Unique Physician Identifier Old The element is 26 characters long and is based on physician's name, date of birth, gender, and place of graduation. An "old" UPI is one that was reported differently in the previous submission than the current submission for the same physician.	See Chapter 6.14 – Unique Physician Identifier Structure.
55-02. Unique Physician Identifier New	See Chapter 6.14 – Unique Physician

Data Element - Definition	Variables - description
The element is 26 characters long and is based on physician's name, date of birth, gender, and place of graduation. A "new" UPI is one that is reported differently in the current submission than the previous submission for the same physician.	Identifier Structure.
Rationale: Tracking the changes in UPI's for the same physicians allows the NPDB to track physicians through time.	

70: Non Fee-for-Service Compensation File

Data Element - Definition	Variables - description
70-01. Unique Physician Identifier (UPI) The element is 26 characters long and is based on physician's name, date of birth, gender, and place of graduation. The unique identifier is encrypted to protect physician's privacy.	See Chapter 6.14 – Unique Physician Identifier Structure.
Rationale: UPI is one of the primary features of the NPDB; it allows for the tracking of physicians through time and as they move from one jurisdiction to another.	
70-02. Plan Payment Specialty Specialty under which a physician is paid for services provided.	See Chapter 6.1 – Validation Tables
Rationale: Collection of this element permits the identification of the area in which the professional is practicing.	
70-03. Remuneration Mode Defines the method in which physicians are compensated.	See Chapter 6.9 – Validation Tables **Note: If your jurisdiction has a method of payment not described below, please contact physicians@cihi.ca.** **Fee for Service:** Payment of claims submitted for individual services. **Salary:** Compensation method by which physicians are paid based on annual salary scales, either part-time or full-time. The

Data Element - Definition	Variables - description
	deduction of income tax at source and fringe benefits such as vacation are distinguishing features.
	Sessional: Payments on an hourly or daily basis (set span of time). Used by some jurisdictions to fund services in hospital emergency departments, psychiatry clinics and clinics in rural areas.
	Capitation: A model of compensation in which physician practices are paid a fixed sum of money for each patient rostered with the practice. Payment rates may be adjusted based on age-sex status of registered enrollees. Capitation may fund a comprehensive range of services, including prevention and medical care.
	Block Funding: Provide funding to practice plans or groups in which physicians have a range of responsibilities that usually span clinical service, teaching, research, and administration.
	Northern and Isolation Allowances: Compensation for the provision of clinical services in rural or remote settings. Allowances may be paid as fee-for-service premiums over normal fees or as flat rate amounts paid periodically.
	Contract: Provide negotiated funding for physicians providing defined services to a defined population; the compensation arrangement usually specifies services to be provided or time commitments.
	Emergency/On Call: Programs provide amounts of funding to groups of physicians who agree to provide on call services to hospitals.
	Other
	Unknown Fee-for-service

Data Element - Definition	Variables - description
	Unknown Alternative Payment Plan **Unknown**
Rationale: This variable defines the types of remuneration that physicians are compensated by within each province. They can be used to gain understanding of the scope of remuneration programs.	
70-04. Source of Payment Defines how the physician was paid.	See Chapter 6.10 – Validation Tables **Medical Care Plan (MCP):** Government program in which insured health services are paid. **MCP – Hospital Technical Services (Quebec)** **Cancer Plan (Saskatchewan) & Sexually Transmitted Diseases** **Worker's Compensation:** Programs provide payments to workers involved in specific job-related injuries. **Provincial/Territorial Insurance Corporations (i.e. automobile)**
Rationale: This field defines how the physician was paid.	
70-05. Amount Paid The amount of money paid to a physician. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied.	(Amount billed/paid)
Rationale: To calculate total physician payments, average payments and cost of specific services or programs.	

75: Group Compensation File

Data Element - Definition	Variables - description
75-01. Group Number This field uniquely identifies a group which received a lump sum payment that could not be broken down by the jurisdiction into individual UPIs. If formalized group number exists, use it; otherwise it is fine to use an arbitrary number that is unique to that group.	(Group number)
Rationale: Group number is needed to uniquely identify group(s) within a particular jurisdiction.	
75-02. Remuneration Mode Defines the method in which physicians are compensated.	See Chapter 6.9 – Validation Tables **Note: If your jurisdiction has a method of payment not described below, please contact physicians@cihi.ca.** **Fee for Service:** Payment of claims submitted for individual services. **Salary:** Compensation method by which physicians are paid based on annual salary scales, either part-time or full-time. The deduction of income tax at source and fringe benefits such as vacation are distinguishing features. **Sessional:** Payments on an hourly or daily basis (set span of time). Used by some jurisdictions to fund services in hospital emergency departments, psychiatry clinics and clinics in rural areas. **Capitation:** A model of compensation in which physician practices are paid a fixed sum of money for each patient rostered with the practice. Payment rates may be adjusted based on age-sex status of registered enrollees. Capitation may fund a comprehensive range of services, including prevention and medical care. **Block Funding:** Provide funding to practice

Data Element - Definition	Variables - description
	plans or groups in which physicians have a range of responsibilities that usually span clinical service, teaching, research, and administration. **Northern and Isolation Allowances:** Compensation for the provision of clinical services in rural or remote settings. Allowances may be paid as fee-for-service premiums over normal fees or as flat rate amounts paid periodically. **Contract:** Provide negotiated funding for physicians providing defined services to a defined population; the compensation arrangement usually specifies services to be provided or time commitments. **Emergency/On Call:** Programs provide amounts of funding to groups of physicians who agree to provide on call services to hospitals. **Other** **Unknown Fee-for-service** **Unknown Alternative Payment Plan** **Unknown**
Rationale: This variable defines the types of remuneration that physicians are compensated by within each province. They can be used to gain understanding of the scope of remuneration programs.	
75-03. Source of Payment Defines how the physician was paid.	See Chapter 6.10 – Validation Tables **Medical Care Plan (MCP):** Government program in which insured health services are paid. **MCP – Hospital Technical Services (Quebec)** **Cancer Plan (Saskatchewan) & Sexually Transmitted Diseases** **Worker's Compensation:** Programs provide payments to workers involved in specific

Data Element - Definition	Variables - description
	job-related injuries. **Provincial/Territorial Insurance Corporations (i.e. automobile)**
Rationale: This field defines how the physician was paid.	
75-04. Amount Paid The amount of money paid to a physician. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied.	(Amount billed/paid)
Rationale: To collect compensation payment information for all physicians.	
75-05. Filler	Blank spaces used to ensure consistent record length in flat text file data submissions.

76: Physicians in Group Compensation File

Data Element - Definition	Variables - description
76-01. Unique Physician Identifier (UPI) The element is 26 characters long and is based on physician's name, date of birth, gender, and place of graduation. The unique identifier is encrypted to protect physician's privacy.	See Chapter 6.14 – Unique Physician Identifier Structure.
Rationale: UPI is one of the primary features of the NPDB; it allows for the tracking of physicians through time and as they move from one jurisdiction to another.	
76-02. Plan Payment Specialty Specialty under which a physician is paid for services provided.	See Chapter 6.1 – Validation Tables
Rationale: Collection of this element permits the identification of the area in which the professional is practicing.	

Data Element - Definition	Variables - description
76-03. Group Number This field uniquely identifies a group which received a lump sum payment that could not be broken down by the jurisdiction into individual UPIs. If formalized group number exists, use it; otherwise it is fine to use an arbitrary number that is unique to that group.	(Group number)
Rationale: Group number is needed to uniquely identify group(s) within a particular jurisdiction.	

80: Benefit Compensation File

Data Element - Definition	Variables - description
80-01. Unique Physician Identifier (UPI) The element is 26 characters long and is based on physician's name, date of birth, gender, and place of graduation. The unique identifier is encrypted to protect physician's privacy.	See Chapter 6.14 – Unique Physician Identifier Structure.
Rationale: UPI is one of the primary features of the NPDB; it allows for the tracking of physicians through time and as they move from one jurisdiction to another.	
80-02. Benefit Compensation Type Compensation or subsidy to physicians for areas not directly related to service delivery, such as, but not limited to incentives, benefits, continuing medical education (CME), medical liability premiums (CMPA).	See Chapter 6.12 – Validation Tables **Continuing Medical Education (CME):** Participation in formal courses provided by recognized medical academic institutions in order to maintain or upgrade skills. **Medical Liability Premiums (CMPA):** The Canadian Medical Protective Association provides medical liability insurance, which is required by all practicing physicians. **Practice Leave:** Financial support to physicians who temporarily cease practice. **Pension or Retirement Contributions:** Pension or retirement contributions are often

Data Element - Definition	Variables - description
	made under the category of 'Physician Retention Plans', or similar wording. They provide annual lump sum benefits to physicians, which can be used to purchase investments that will mature on retirement. **Group Health:** subsidy from the provincial government to pay for the health insurance benefit during the period being reported. **Practice Costs:** Allowance for costs of practice built into payment plan. **Other** **Unknown**
Rationale: An understanding of the structure of benefit plans is important to an analysis of overall physician compensation.	
80-03. Amount Paid The amount of money paid to a physician. Payment data reflect what was actually paid to the physician. The amount paid would be the billed amount less any adjustments applied.	(Amount billed/paid)
Rationale: To collect compensation payment information for all physicians.	

6. Validation Tables

6.1　　Specialty Codes Structure

Province/Territory	Data Type	Contents
Newfoundland	9(3)	zero filled, right justified
Prince Edward Island	9(3)	zero filled, right justified
Nova Scotia	9(3)	zero filled, right justified
New Brunswick	A(3)	blank filled, left justified
Quebec	9(3)	zero filled, right justified
Ontario	9(3)	zero filled, right justified
Manitoba	9(3)	blank filled, left justified
Saskatchewan	9(3)	zero filled, right justified
Alberta	9(3)	zero filled, right justified
British Columbia	9(3)	zero filled, right justified
Yukon	9(3)	zero filled, right justified
Northwest Territories	A(3)	blank filled, left justified
Nunavut	A(3)	blank filled, left justified

For definition of practitioner specialty see data dictionary element 25-02.

For definition of plan payment specialty see data dictionary element 30-03 or 35-05 or 70-02.

For definition of latest specialty see data dictionary element 35-06.

6.2   Fee Service Codes Structure

Province/Territory	Position	Format	Contents
Newfoundland	1–6 7	9(6) A	Fee Service Code Role Code
Prince Edward Island	1–4 5 6–7	9(4) A A	Fee Service Code Zero filled Role Code
Nova Scotia	1–5 6–7	A(5) A(2)	Fee Service Code Blank
New Brunswick	1–4 5 6 7	9(4) A 9 X	Fee Service Code Blank Role Code Manual Claim Indicator
Quebec	1–4 5 6 7	9(4) A 9 A	Fee Service Code Blank Role Code Blank
Ontario	1 2–4 5 6–7	A 9(3) A A	Fee Service Code part 1 Fee Service Code part 2 Role Code Blank
Manitoba	1 2–5 6–7	9 9(4) A(2)	Role Code Fee Service Code Blank
Saskatchewan	1–3 4 5–7	9(3) A A	Fee Service Code Role Code Blank
Alberta	1–7	A(7)	Fee Service Code
British Columbia	1–5 6–7	A(5) A(2)	Fee Service Code Blank
Yukon	1–4 5–7	9(4) A(3)	Fee Service Code Blank
Northwest Territories	1–5 6 7	A(6) A A	Fee Service Code Role Code Blank
Nunavut	1–5 6 7	A(6) A A	Fee Service Code Role Code Blank

For definition of fee service code see data dictionary element 25-03 or 30-04 or 50-02.

6.3 Category of Services

Definition	Code
In-Province/Territory Physician	0
Out-of-Province/Territory Physician	1

For definition of category of services see data dictionary element 50-10.

6.4 Province/Territory Codes

Province/Territory	Code
Newfoundland	01
Prince Edward Island	02
Nova Scotia	03
New Brunswick	04
Quebec	05
Ontario	06
Manitoba	07
Saskatchewan	08
Alberta	09
British Columbia	10
Yukon	11
Northwest Territories	12
Nunavut	16

For definition of home province/territory code see data dictionary element 30-01.

6.5 Age Groups

Age Group	Code	Age Group	Code
<01	01	50–54	12
01–04	02	55–59	13
05–09	03	60–64	14
10–14	04	65–69	15
15–19	05	70–74	16
20–24	06	75–79	17
25–29	07	80–84	18
30–34	08	85–89	19
35–39	09	90–94	20
40–44	10	>94	21
45–49	11	Unknown	99

For definition of age group of patient see data dictionary element 30-05 or 50-03.

6.6 Gender Code

Definition	Code
Male	1
Female	2
Unknown	3

For definition of gender of patient see data dictionary element 30-06 or 50-04.

6.7   Area Codes

Area Code	Definition
Census Metropolitan Area[1]	
001	St. John's (NF)
205	Halifax
310	Saint John (NB)
408	Chicoutimi-Jonquière
505	Ottawa-Hull
462	Montréal[2]
421	Québec
433	Sherbrooke
442	Trois-Rivières
537	Hamilton
541	Kitchener
555	London
532	Oshawa
539	St. Catharines-Niagara
580	Sudbury
595	Thunder Bay
535	Toronto
559	Windsor
602	Winnipeg
705	Regina
725	Saskatoon
825	Calgary
835	Edmonton
933	Vancouver
935	Victoria

Area Code	Definition	
Census Agglomerations[1]		
051	**NF:**	Carbonear[3]
015		Corner Brook
011		Gander
010		Grand Falls-Windsor
025		Labrador City
105	**PE:**	Charlottetown
110		Summerside

---

[1] As defined by Statistics Canada on the basis of the 1996 Census.

[2] In 1991 Saint-Jérôme had its own CA code (475). It is now part of Montréal.

[3] Was reported as a CA for the 1986 Census, but not defined as such for the 1991 Census. These cities will be considered as rural areas for NPDB purposes beginning with 1990/91.

Area Code	Definition	
210	**NS:**	Kentville[4]
220		New Glasgow
225		Cape Breton[5]
215		Truro
328	**NB:**	Bathurst
330		Campbellton
335		Edmundston
320		Fredericton
305		Moncton[5]
410	**PQ:**	Alma
406		Baie-Comeau
093		Chibougamau[3]
437		Cowansville
411		Dolbeau
447		Drummondville
450		Granby
456		Joliette
446		La Tuque
468		Lachute
435		Magog
403		Matane
103		Montmagny[3]
404		Rimouski
405		Rivière-du-Loup
485		Rouyn-Noranda
428		Saint-Georges
452		Saint-Hyacinthe
459		Saint-Jean-sur-Richelieu
475		Saint-Jérôme
465		Salaberry-de-Valleyfield
412		Sept-Îles
444		Shawinigan
454		Sorel
430		Thetford Mines
480		Val-d'Or
440		Victoriaville
568	**ON:**	Barrie
522		Belleville
543		Brantford
512		Brockville
556		Chatham
527		Cobourg

[4] New CA for the 1991 Census.
[5] These cities are classified as CA instead of CMA because factors other than simple population counts are involved in determining the CA and CMA. For the purposes of most studies produced out of the NPDB, these cities will be grouped with the "100,000 population and over" community size category.

Area Code	Definition
567	Collingwood
501	Cornwall
582	Elliot Lake
550	Guelph
584	Haileybury
502	Hawkesbury
143	Kapuskasing[3]
598	Kenora
521	Kingston[5]
585	Kirkland Lake[6]
557	Leamington
530	Lindsay
571	Midland
575	North Bay
569	Orillia
566	Owen Sound
515	Pembroke
529	Peterborough
528	Port Hope[4]
562	Sarnia
590	Sault Ste. Marie
547	Simcoe
508	Smith Falls
553	Stratford
546	Illsonburg
558	Strathroy
586	Timmins
561	Wallaceburg
544	Woodstock
610	**MB:** Brandon
182	Flin Flon[3]
607	Portage la Prairie
604	Selkirk[6]
640	Thompson
750	**SK:** Estevan[4]
715	Moose Jaw
735	North Battleford
745	Prince Albert
720	Swift Current
730	Weyburn[6]
710	Yorkton[4]
833	**AB:** Camrose
860	Wood Buffalo

[6]Was reported as a CA for the 1991 Census, but not defined as such for the 1996 Census. These cities will be considered as rural areas for NPDB purposes beginning with 1995/96.

Area Code	Definition
845	Grand Centre[4]
850	Grande Prairie
810	Lethbridge
840	Lloydminster
805	Medicine Hat
830	Red Deer
865	Wetaskiwin[4]
944	**BC:** Campbell River
930	Chilliwack
932	Abbotsford[5]
943	Courtenay
905	Cranbrook
975	Dawson Creek
937	Duncan
977	Fort St. John
925	Kamloops
915	Kelowna[5]
960	Kitimat
938	Nanaimo
913	Penticton
940	Port Alberni
945	Powell River
970	Prince George
955	Prince Rupert
952	Quesnel
965	Terrace
240	Trail[3]
918	Vernon
950	Williams Lake
990	**YK:** Whitehorse
995	**NT:** Yellowknife
Community Size	
150	Province/Territory
151	100,000 population and over
152	Less than 100,000 population
153	10,000-100,000 population
154	Less than 10,000 population

For definition of area code of main activity see data dictionary element 35-04.

6.8 Place of Graduation / Place of Specialty

Place of MD Graduation Code	Name
01	Memorial University of Newfoundland
02	Dalhousie University
03	Université Laval
04	Université de Sherbrooke
05	Université de Montréal
06	McGill University
07	University of Ottawa
08	Queen's University
09	University of Toronto
10	McMaster University
11	University of Western Ontario
12	University of Manitoba
13	University of Saskatchewan
14	University of Alberta
15	University of Calgary
16	University of British Columbia
17	Unknown Ontario University
18	Unknown Alberta University
90	Unknown Quebec University
19	Unknown university within Canada
69	Afghanistan
49	Albania
86	Algeria
79	American Samoa
49	Andorra
89	Angola
29	Anguilla
29	Antigua and Barbuda
24	Argentina
38	Armenia
29	Aruba
70	Australia
49	Austria
38	Azerbaijan
29	Bahamas
69	Bahrain
54	Bangladesh
29	Barbados
38	Belarus
40	Belgium
29	Belize
89	Benin
95	Bermuda

Place of MD Graduation Code	Name
69	Bhutan
29	Bolivia
48	Bosnia and Herzegovina
89	Botswana
25	Brazil
69	Brunei Darussalam
49	Bulgaria
89	Burkina Faso
89	Burundi
69	Cambodia
89	Cameroon
89	Cape Verde
29	Cayman Islands
89	Central African Republic
89	Chad
49	Channel Islands
26	Chile
61	China
29	Colombia
89	Comoros
89	Congo
89	Congo, the Democratic Republic of
79	Cook Islands
29	Costa Rica
46	Croatia
27	Cuba
69	Cyprus
36	Czech Republic
49	Denmark
89	Djibouti
29	Dominica
29	Dominican Republic
49	East Timor
29	Ecuador
80	Egypt
29	El Salvador
89	Equatorial Guinea
89	Eritrea
38	Estonia
89	Ethiopia
49	Faeroe Islands
29	Falkland Island (Malvinas)
79	Fiji
49	Finland
33	France

Place of MD Graduation Code	Name
29	French Guiana
79	French Polynesia
89	Gabon
89	Gambia
38	Georgia
37	Germany
91	Ghana
49	Gibraltar
42	Greece
95	Greenland
29	Grenada
29	Guadeloupe
79	Guam
29	Guatemala
89	Guinea
89	Guinea-Bissau
29	Guyana
28	Haiti
29	Honduras
58	Hong Kong
41	Hungary
49	Iceland
50	India
69	Indonesia
60	Iran
72	Iraq
31	Ireland (Republic)
49	Isle of Man
56	Israel
34	Italy
89	Ivory Coast
22	Jamaica
59	Japan
69	Jordan
38	Kazakhstan
94	Kenya
79	Kiribati
62	Kuwait
38	Kyrgyzstan
69	Laos
38	Latvia
52	Lebanon
89	Lesotho
89	Liberia
82	Libya

Place of MD Graduation Code	Name
49	Liechtenstein
38	Lithuania
49	Luxembourg
69	Macau
49	Macedonia
89	Madagascar
89	Malawi
68	Malaysia
69	Maldives
92	Mali
49	Malta
79	Marshall Islands
29	Martinique
89	Mauritania
89	Mauritius
21	Mexico
79	Micronesia, Federated States of
38	Moldova
49	Monaco
69	Mongolia
29	Montserrat
87	Morocco
89	Mozambique
69	Myanmar
89	Namibia
79	Nauru
69	Nepal
49	Netherlands
29	Netherlands Antilles
79	New Caledonia
71	New Zealand
29	Nicaragua
89	Niger
83	Nigeria
79	Niue
79	Norfolk Island
66	North Korea (Democratic People's Republic of Korea)
79	Northern Mariana Islands
47	Norway
69	Oman
54	Pakistan
79	Palau
29	Panama
79	Papua New Guinea
29	Paraguay

Place of MD Graduation Code	Name
29	Peru
53	Philippines
79	Pitcairn
32	Poland
49	Portugal
29	Puerto Rico
69	Qatar
69	Occupied Palestinian Territory
89	Réunion
35	Romania
38	Russian Federation
89	Rwanda
29	Saint Kitts and Nevis
29	Saint Lucia
95	Saint Pierre and Miquelon
29	Saint Vincent and the Grenadiens
79	Samoa
49	San Marino
89	Sao Tome and Principe
51	Saudi Arabia
89	Senegal
89	Seychelles
89	Sierra Leone
69	Singapore
36	Slovakia
49	Slovenia
79	Solomon Islands
93	Somalia
81	South Africa (rep. of)
67	South Korea (Republic of Korea)
39	Spain
63	Sri Lanka
89	St. Helena
89	Sudan
29	Suriname
49	Svalbard and Jan Mayen
55	Syria
89	Swaziland
45	Sweden
43	Switzerland
65	Taiwan
38	Tajikistan
89	Tanzania, United Republic of
64	Thailand
89	Togo

Place of MD Graduation Code	Name
79	Tokelau
79	Tonga
29	Trinidad and Tobago
89	Tunisia
69	Turkey
38	Turkmenistan
29	Turks and Caicos Islands
79	Tuvalu
89	Uganda
38	Ukraine
69	United Arab Emirates
30	United Kingdom
20	United States of America
29	Uruguay
38	Uzbekistan
79	Vanuatu
49	Vatican City State
23	Venezuela
57	Viet Nam
29	Virgin Islands, British
29	Virgin Islands, U.S.
79	Wallis and Futuna
89	Western Sahara
69	Yemen
44	Yugoslavia
88	Zaire
84	Zambia
85	Zimbabwe
29	Caribbean/Central & South America—Other
38	Formerly U.S.S.R.
49	Europe—Other
69	Asia—Other
79	Oceanian—Other
89	Africa—Other
95	North America—Other
98	Unknown country outside Canada & U.S.A.
99	Unknown

For definition of place of specialty see data dictionary element 35-07.

6.9   Remuneration Mode

Definition	Code
Fee for Service	00
Salary	01
Sessional	02
Capitation	03
Block Funding	04
Northern and Isolation Allowances	05
Contract	06
Emergency/On Call	07
Other	90
Unknown Fee-for-Service	97
Unknown Alternative Payment Plan	98
Unknown	99

For definition of remuneration mode see data dictionary element 50-08 or 70-03 or 75-02.

6.10   Source of Payment

Definition	Code
Medical Care Plan (MCP)	00
MCP—Hospital Technical Services (Quebec)	01
Cancer Plan (Saskatchewan) & Sexually Transmitted Diseases	02
Worker's Compensation	03
Provincial/Territorial Insurance Corporations (i.e. automobile)	04
Unused	05
Unused	06
Unused	07
Unused	08
Other than "0" but unspecified	99

For definition of source of payment see data dictionary element 50-09 or 70-04 or 75-03.

6.11   Shadow Billing Indicator

Definition	Code
No	0
Yes	1

For definition of shadow billing indicator see data dictionary element 50-16.

6.12   Benefit Compensation Type

Definition	Code
Continuing Medical Education (CME)	000
Medical Liability Premiums (CMPA)	001
Practice Leave	002
Pension or Retirement Contributions	003
Group Health	004
Practice Costs	005
Parental Leave	006
Physician Disability Insurance	007
Physician Health	008
Pregnancy Leave	009
Other	998
Unknown	999

For definition of non-service compensation type see data dictionary element 80-02.

6.13   Location Indicator*

Definition	Code
Office	D
Hospital - Unknown	E
Hospital - Inpatient	F
Hospital - Outpatient	G
Hospital – Emergency Room	H
Long-Term Care/Nursing Homes	I
Home of Patient	J
Other	K
Unknown	Z

*The location indicator is to be used by all jurisdictions other than Nova Scotia and Alberta. Nova Scotia and Alberta will continue to use the CCP Modifier 1 field as they have in the past.

6.14 The Unique Physician Identifier (UPI)

The Unique Physician Identifier (UPI) is one of the primary features of the NPDB; it allows for the tracking of physicians through time and as they move from one location to another. The element is 26 positions long and is based on physician's name, date of birth, gender, and place of graduation. The UPI is used in the following files: Reciprocal Billing (30 File); Physician Characteristics (35 File); and Utilization by Fee-Code and UPI (50 File); Changes to Unique Physician Identifier (55 File); Non-Service Compensation File (70 File); Physicians in Group Compensation File (76 File).

A single UPI should be submitted for every current physician on the province/territory's register. In addition, UPI's should be submitted for physicians who are known to have left the province/territory, died, etc., but for whom utilization data is still being submitted (e.g. a physician who was deceased in the second quarter if utilization data for that physician is submitted in the third quarter). Provinces/Territories should make an effort, where possible, to no longer submit UPI's when the physician is no longer a resident in the province/territory and no further utilization data is to be submitted.

To ensure that the uniqueness of the UPI is retained over time in cases of

i)   name changes (ex. married name vs. maiden name),
ii)   physicians concurrently registered in another province/territory, and
iii) physicians previously registered in another province/territory,

a UPI change file is produced quarterly and a concurrently registered physicians report is produced annually.

Name

The first 16 positions relate to the physician's name. This portion of the Unique Physician Identifier is generated in a two-step process by 1) using the first five letters of the last name and first three letters of the first name; and 2) converting these eight letters into sixteen numbers using the confidential algorithm. (**This algorithm is known only by the provincial and territorial plans. CIHI does not know the algorithm and since the information by individual physician is not available beyond the originating jurisdiction, the confidentiality of information related to individual physicians is ensured.** Questions regarding the coding algorithm should be directed to the Senior Analyst, NPDB, Health Human Resources, CIHI).

Last Name

The first five alphabetic characters of the surname should be used. All non-alphabetic characters must be suppressed, i.e. blank space, dot, comma, hyphen, and apostrophe.

If the surname has less than five letters after this suppression, the last name should be left justified and the remaining positions are to be filled using the characters; **blank space, apostrophe, hyphen, slash**, drawn in order. Note that these will be converted into numbers using the confidential algorithm noted on the previous page.

Last Name Examples:	Ben Star	BENST
	St. Clair	STCLA
	St-Cyr	STCYR
	O'Hara	OHARA
	MacDonald	MACDO
	Yee	YEE '
	NG	NG '−

First name

The first three alphabetic characters of the first name should be used. All non-alpha characters must be suppressed as described above for the surname. Second names should be used to fill out the three characters if the first name has less than three letters, or only initials have been given for the first name. In this latter case, initials should be retained for uniqueness in creating the UPI. It should be left justified and the trailing blanks filled in the same manner as the surname above.

First Name Examples:	J. William	JWI
	J.B. Ralph	JBR
	Cy Allen	CYA
	W. J. P.	WJP
	W. J.	WJ (with a space at the end to fill the remaining character position)
	W. (no full first name, second name, or second initial)	W '

Where a physician is concurrently registered in more than one provincial plan or has moved from one province/territory to another, there is the risk that the physician's UPI will be different depending on how he/she appears in each provincial plan's register. When this is determined, the proper UPI for this physician is the one which is based on the most information.

For example, if province/territory 1 has the physician coded on the basis of given names "J. William" and province/territory 2 has coded on the basis of given names "John William", then province/territory 2's coding of JOH should be used.

Date of Birth and Gender

This portion of the Unique Physician Identifier is 8 positions long and is generated in the following manner.

Date of birth is to be reported in the order YYYY, MM, DD (with left-zero fill for numbers 1 to 9, i.e. 01, 02, etc.)

i)   for female physicians, 50 is to be added to the month, e.g. January becomes 51.

    Example: female with birth date of 1971,09,03 becomes 1971,59,03

    Example: male with birth date of 1971,09,03 remains the same and is entered as 1971,09,03

ii)   for female physicians whose birthdate is unknown, birth month becomes 50.

    Example: female with unknown birthdate becomes 0000,50,00

    Example: male with unknown birthdate remains blank and is entered as 0000,00,00

iii)   if date of birth is known but gender is "unknown", 70 is to be added to the month, e.g. January becomes 71

    Example: person with birthdate of 1971,09,03 is entered as 1971,79,03

iv)   if both birthdate and gender are unknown, birth month becomes 70.

    Example: person with unknown birthdate and gender becomes 0000,70,00

Place of Graduation

The last two positions are for the basic MD degree graduation place code. See Chapter 6.8 for the list of MD Place of Graduation codes.

UPI's for Licensed Labs and Diagnostic Facilities

UPIs for facilities differ from those used for physicians. Of the 26 characters used to construct the UPI for Licensed Labs and Diagnostic Facilities, the following format should be used:

For characters 1 to 7:	**Facility Type**	**7 Numeric**
	Laboratories	9999999
	Diagnostic (In - House)	9999998
	Diagnostic (Hospital)	9999997
	Diagnostic (Unspecified)	9999996
	Locum Pools	9999995

For characters 8 to 16: **Facility Number**—9 numeric, right justified, zero filled
The facility number is generated using the group number from the claim record.

For characters 17 to 26: **Filler**—10 Numeric, zero filled

UPI's for Out of Province Services

The Unique Physician Identifier layout for out-of-province/territory services reimbursed directly to the non-resident physician or to the beneficiary is created as follows.

a) If the physician is registered with the plan: use his/her normal UPI.

b) If the physician is not registered with the plan, the plan should try to obtain the information needed to create the proper UPI if the physician is a Canadian resident, otherwise:

   i) fill first 14 positions of UPI with nine's
   ii) fill positions 15 and 16 with appropriate jurisdiction code identifying where the service was provided. (See below.)
   iii) fill the remaining 10 positions with zero's.

Appendix A

CD Rom Control Sheet

National Physician Database
CD Rom Control Sheet

Canadian Institute for Health Information
Institut canadien d'information sur la santé

Province: _____   Date: _____ / ____ / ____
                                                                  yyyy / mm / dd

Sender's Name: _____

Mailing Address: _____
                 _____

Phone Number: _____

Contact (if different from sender): _____

Phone Number: _____

Please indicate in the spaces provided the CD label, the appropriate file name, and the number of records.

CD Rom Label	File Description	File Name	Number of Records
	Dental / Non-physician	NPD25 .txt	
	Reciprocal Billing	NPD30 .txt	
	Physician Characteristics	NPD35 .txt	
	Utilization	NPD50 .txt	
	UPI Changes	NPD55 .txt	
	Non Fee-for-Service	NPD70 .txt	
	Group Compensation	NPD75 .txt	
	Physicians with Group Compensation	NPD76 .txt	
	Benefit	NPD80 .txt	

If there is **any** discrepancy between the files and the Data Submission Specifications Manual's file specifications, **please** specify in the comments section below.

Comments: _____

_____

Return to: Canadian Institute for Health Information
               Attn.: Research Analyst—NPDB, Health Human Resources
               495 Richmond Road, Suite 600
               Ottawa, ON
               K2A 4H6