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center
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The All-Payer Claims Database

Release 2.0

Documentation Guide

Appendices

December 2013

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Commonwealth of Massachusetts

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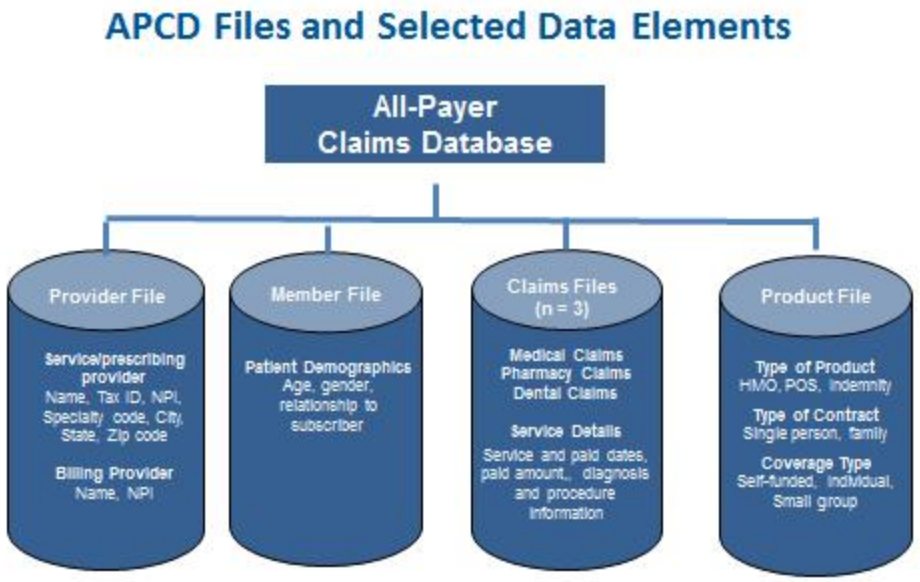


For ease of use, the Center for Health Information and Analysis (CHIA) has created separate documents for **each** APCD file type and one for the appendices—for a total of seven separate documents. All are available on the CHIA website.

INTRODUCTION

The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful data and analysis for those seeking to improve health care quality, affordability, access, and outcomes.

To this end, the **All-Payer Claims Database (APCD)** contributes to a deeper understanding of the Massachusetts health care delivery system by providing access to accurate and detailed claims-level data essential to improving quality, reducing costs, and promoting transparency. This document is provided as a manual to accompany the release of data from the APCD.

The **APCD** is comprised of **medical**, **pharmacy**, and **dental claims**, and information from the **member eligibility**, **provider**, and **product** files, that is collected from health insurance payers operating in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as insured and self-insured plans.

APCD data collection and data release are governed by **regulations** which are available on the APCD website (see http://www.mass.gov/chia/gov/laws-regs/chia-regulations.html).

APCD DATA COLLECTION

History

Establishment of the Massachusetts APCD

The first efforts to collect claim-level detail from payers in Massachusetts began in 2006 when the Massachusetts Health Care Quality and Cost Council (HCQCC) was established, pursuant to legislation in 2006, to monitor the Commonwealth's health care system and disseminate cost and quality information to consumers. Initially, data was collected by a third party under contact to the HCQCC. On July 1, 2009, the Division of Health Care Finance and Policy (DHCFP) assumed responsibility for receiving secure file transmissions, creating, maintaining and applying edit criteria, storing the edited data, and creating analytical public use files for the HCQCC. By July 2010, Regulations 114.5 CMR 21.00 and 114.5 CMR 22.00 became effective, establishing the APCD in Massachusetts.

Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation," created the Center for Health Information and Analysis (CHIA) which assumed many of the functions – including management of the APCD – that were previously performed by the Division of Health Care Finance and Policy (DHCFP).

According to Chapter 224, the purpose of the Massachusetts APCD is **Administrative Simplification:**

> **"**The center shall collect, store and maintain such data in a payer and provider claims database. The center shall acquire, retain and oversee all information technology, infrastructure, hardware, components, servers and employees necessary to carry out this section. All other agencies, authorities, councils, boards and commissions of the commonwealth seeking health care data that is collected under this section shall, whenever feasible, utilize the data before requesting data directly from health care providers and payers. In order to ensure patient data confidentiality, the center shall not contract or transfer the operation of the database or its functions to a third-party entity, nonprofit organization or governmental entity; provided, however, that the center may enter into interagency services agreements for transfer and use of the data. "

A Preliminary Release of the APCD – covering dates of service CY 2008-2010 and paid through February 28, 2011 – was released in 2012. Release 1.0 covered dates of service CY 2009-2011 and paid through February 2013. Release 2.0 covers dates of service CY2009-2012 and paid through June 2013.

APCD Data Collection Process

The data collected from the payers for the APCD is processed by the **Data Compliance and Support** team. Data Compliance works with the payers to collect the data on a regular, predetermined, basis and ensure that the data is as complete and accurate as possible. The **Data Quality Assurance** and **Data Standardization and Enhancement** teams work to clean and standardize the data to the fullest extent possible. Data Standardization relies on **external source codes**[1] from outside government agencies, medical and dental associations, and other vendors to ensure that the data collectors properly utilized codes and lookup tables to make data uniform.

Edits

When payers submit their data to CHIA for the APCD, an **Edits process** is run on each file to check that the data complies with requirements for the file and for each data element in the file.

The automated edits perform an important data quality check on incoming submissions from payers. They identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to the Center and APCD users. Refer to the **File Layout** sections of each document to view the Edit Level for each Data Element:

- '**A**' level fields must meet their **APCD threshold percentage** in order for a file to pass. There is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any '**A**' level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action.
- The other categories (**B, C, and Z**) are also **monitored**, but the thresholds are not presently enforced.

Variances

The **Variance process** is a collaborative effort between the payer and CHIA to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the APCD standard. Payers are allowed to request a lower threshold for specific fields, but they must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA staff carefully reviews each request and follows up with a discussion with the payers about how to improve data quality and possibly suggest alternative threshold rates or possibly "ramping up" overtime to the threshold. CHIA's goal is to work with payers to improve the quality of the APCD overtime.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by the Center liaisons and discussed with the payer for corrective action.[2]

[1] For more information on External Source Codes, refer to **Appendix 9** in the Appendices Release Document.
[2] For more information on variance see **Appendix 6**.

Broad Caveats

Researchers using the APCD Release 2.0 data should be aware of the following:

- Release files include data submitted to the Center through June 2013. Data submitted to the Center after June 2013 is **NOT** included in the files.
- Due to the variance process, data quality may vary from one payer to another. Consult Appendix 6 for more information.
- Claim Files submitted **through June 2010** were accepted with **relaxed edits**. (Refer to the edits section of this document.)
    - The release files contain the data submitted to the Center including valid and invalid values.
- Certain data elements were cleaned when necessary. Detail on the cleaning logic applied is described at the end of each file layout.
- Certain data elements were redacted to protect against disclosure of sensitive information.[3]
- Some Release Data was manipulated for compliance with HIPAA:
    - Assignment of linkage IDs to replace reported linkage identifiers (see **Appendix 4**).
    - Member Birth Year is reported as 999 for all records where the member age was reported as older than 89 years on the date of service.
    - Member Birth Year is reported as Null for all records where the member was reported as older than 115 years on the date of service.

APCD Release 2.0 Overview

The **APCD** is comprised of data elements collected from **all Private and Public Payers**[4] of eligible **Health Care Claims** for Massachusetts Residents.[5] Data is collected in six file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, and **Provider (PV)**. Each is described separately in this user manual.

Highlights of the release include:

- Data is available for dates of service from January 1, 2009 to December 31, 2012 as paid through June 2013.
- Release 2.0 contains more comprehensive and recently updated data, including resubmissions from several large carriers.
- Data elements are classified as either Level 2 or Level 3 data elements. Level 2 include data elements that pose a risk of re-identification of an individual patient. Level 3 data elements are generally either Direct Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or are among the 18 identifiers specified by HIPAA. Refer to the **File Layout** sections for listings of Level 2 and Level 3 data elements for each file.[6]
- Public Use Files (PUFs), which are de-identified extracts of the Medical Claims (MC) and Pharmacy Claims (PC) files, will be release separately. The PUFs incorporate certain levels of aggregation and a much more limited list of elements to help ensure data privacy protection.
- Certain identifying or sensitive data elements are **Masked** in the release in order to protect personally identifiable information and allow for the linkage of data elements within the same file.
- Some data elements have been derived by CHIA from submission data elements or have been added to the database to aid in versioning and identifying claims (e.g. Unique Record IDs and status flags). Refer to the **File Layout** sections for detail.

[3] Detail on the redaction process is available in **Appendix 3.**

[4] Medicare data is only available to state agencies. Medicaid data requires separate approval from the Massachusetts Executive Office of Health and Human Services.

[5] In certain instances out of state residents are included. Most notably enrollees in the State's Group Insurance Commission medical programs and enrollees in plans subject to the Massachusetts risk adjustment program for the Affordable Care Act.

[6] Note that Level 1 (de-identified) extracts of the Medical Claims (MC) and Pharmacy Claims (PC) APCD files will be released by CHIA in the coming months.

APPENDIX 1: LOOKUP TABLES AND CARRIER-SPECIFIC INFORMATION

Element-Specific vs. Carrier-Specific Lookup Tables

- In the File Layout section, **element-specific lookup tables** are included for a number of data elements for each File Type. These lookup tables apply to **all Carriers**. The lookup tables are not included in the December 2013 Release 2.0 APCD Data Release files but **are listed in each file type's release document**.
- Some data elements allow for **carrier-specific lookup tables**. The custom carrier-specific table uses payer ID to identify the lookup values applicable to that particular carrier.

Carrier-Specific Master Lookup Table

The **Master Lookup Table** containing **carrier-specific reference data** is included with the **Restricted Data Release**.

There is a row in the Master Lookup table for each unique Data Element/Org ID/existing Lookup Code. The Master Lookup table includes the following columns:

Column Name	Description
File Type:	MC, PV, ME, DC
Data Element:	The carrier-specific data elements include: DC026, MC032, MC080, MC124, MC132, ME076, PV029, PV030, PV042, PV043, PV044
Org ID	This field contains the Carrier Specific Submitter Code as defined by APCD (Payer Org ID).
Code	This field contains the Data Element Value (Lookup Code).
Description:	**Carrier-Specific Description** for the Org ID and Lookup Code**.**

APPENDIX 2: DATA PROTECTION/CONFIDENTIALITY

The Center is charged with protecting the confidentiality of individuals and organizations contributing data to the APCD. This requirement extends to customers receiving the APCD Data Release as well (please refer to the language in the Data Release regulations located on CHIA's website).

Masked Data Elements and Linking

In order to comply with confidentiality requirements for APCD data, the Center has applied masking procedures on certain APCD Data Elements prior to release. Masked elements are marked as [Masked] in the File Layout sections of each release document. Masking is introduced to protect the privacy of individuals and organizations.

Masking Confidential Data

- As a part of Carrier Submission processing, confidential data elements such as personal and organizational identifiers are stored at the Center in an **encrypted** state.
- Some of these confidential data elements are **masked for the APCD Data Release** (refer to the File Layout section).
    - Masking a data element's field contents produces a 256-character-maximum text field.
    - Masked data elements always "mask the same way", so that while the field contents are not recognizable, the masked value **can be linked** to an element containing the same masked value in another Claim, or in a Provider, Product, or Member Eligibility record.
- Masked data elements are in the **Level 2 group only** (Carrier Specific Unique Member ID). These elements will be released masked, and **only** to successful Level 2 Access candidates.

Null Values

- Null values are excluded from masking, to eliminate a possible result of false linking due to masked Null values that appear to match.
- Any Null values found in Masked fields will produce an empty field in the Release files.

APPENDIX 3: SSN REDACTION AND DATA STANDARDIZATION

Social Security (SSN) Redaction

In order to protect against the unintended disclosure of Social Security Number (SSN) data, certain data elements were subjected to a redaction process. This process removed the entire contents of a data field in the event it contained a string of numbers that **might** be a SSN.

The process of SSN redaction was applied against any field or data element that could not otherwise be validated against reference tables.

Data Standardization using Melissa Data

CHIA, to the greatest extent possible, standardized and validated demographic-related elements (i.e. Member Zip Code, Service Provider State, etc.) using Melissa Data Software. The purpose of validating and standardizing demographic elements is to ensure that fields are consistently formatted across the database.

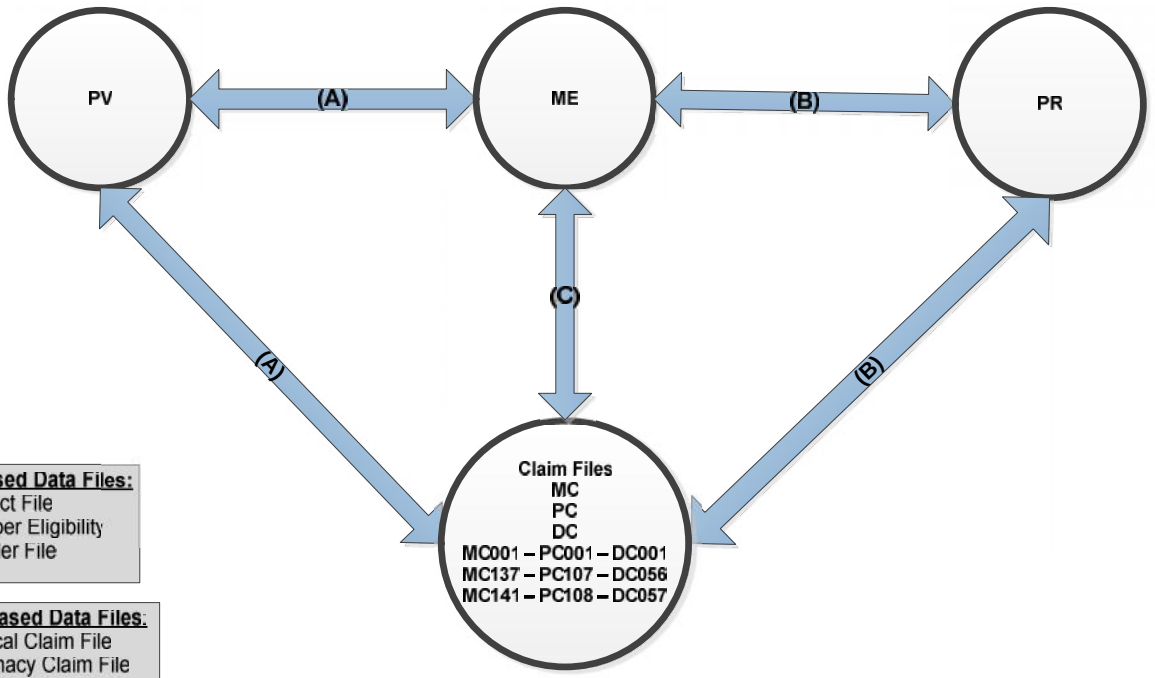
In cases where demographic elements could **not** be standardized, the original reported data values have been released. As a precaution, reported data was subjected to redaction for SSN-like values (see above).

APPENDIX 4: LINKING ACROSS FILES AND DATA REIDENTIFICATION

Linking Across Files

The following does not take into account any APCD Data Release restrictions, masking, or edit levels. It is included here for reference only.

Certain linkages between files may vary considerably by carriers.



LINKAGE ELEMENTS:

PV001
PV002
PV039
PV040

PR001

ME001
ME036
ME038
ME040
ME046
ME107
ME117

MC001
MC024
MC026
MC076
MC077
MC079
MC112
MC125
MC134
MC135
MC137
MC141

PC001
PC043
PC048
PC050
PC056
PC059
PC107
PC108

DC001
DC018
DC020
DC042
DC056
DC057

Last Updated: 12/20/2013 (AJ)

Carrier-Based Data Files:
PR – Product File
ME – Member Eligibility
PV – Provider File

Provider-Based Data Files:
MC – Medical Claim File
PC – Pharmacy Claim File
DC – Dental Claim File

(A) PV-ME; PV-MC; PV-PC; PV-DC; PV – PV
PV001 – ME001
PV002 – ME036, ME046
PV039, PV040 – ME038

PV001 – MC001
PV002 – MC024, MC076, MC112, MC125, MC134, MC135
PV039, PV040 – MC026, MC077

PV001 – PC001
PV002 – PC043, PC059
PV039, PV040 – PC048

PV001 – DC001
PV002 – DC018
PV039, PV040 – DC020

PV002 – PV054, PV056

(B) PR-ME; PR-MC; PR-PC; PR-DC
PR001 – ME040

PR001 – MC079

PR001 – PC056

PR001 – DC042

(C) ME-MC; ME-PC; ME-DC
ME001 – MC001
ME107 – MC137
ME117 – MC141

ME001 – PC001
ME107 – PC107
ME117 – PC108

ME001 – DC001
ME107 – DC056
ME117 – DC057

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Data Reidentification

Provider and Product tables link to claims tables using data elements **Linking Plan Provider ID** (PV002) and **Linking Product ID** (PR001) respectively. Frequently the data values contain personal identifiable information. Consequently, in order to preserve linkage and yet protect patient confidentiality, the values have been re-identified using **integer** values which have no identification risks associated.

The Linkage ID is used to provide linkage of claims to Provider and Product reference files. The resulting re-identified values will be substituted for all related PV002 or PR001 linking elements in all releases. As a result of this change, the data elements Provider ID (PV002) and Product ID (PR001) will **no longer be released as reported**, but will automatically contain the re-identified value.

For linkage purposes, the **same re-identified integer values** were substituted into the claims and eligibility files for the elements shown in the table below:

FILE	2013 Release Level	Element Code	Data_Element_ColumnName_Rel2013
Provider File Linkage Elements			
DC	2	DC018	Service Provider Number_Linkage_ID
MC	2	MC024	Service Provider Number_Linkage_ID
MC	2	MC076	Billing Provider Number _Linkage_ID
MC	2	MC112	Referring Provider ID_Linkage_ID
MC	2	MC125	Attending Provider_Linkage_ID
MC	2	MC134	Plan Rendering Provider Identifier_Linkage_ID
MC	2	MC135	Provider Location_Linkage_ID
ME	2	ME036	Health Care Home Number_Linkage_ID
ME	2	ME046	Member PCP ID_Linkage_ID
PC	2	PC043	Prescribing Provider ID_Linkage_ID
PC	2	PC059	Recipient PCP ID_Linkage_ID
PV	2	PV002	Linking Plan Provider ID
PV	2	PV054	Medical/Healthcare Home ID_Linkage_ID
PV	2	PV056	Provider Affiliation_Linkage_ID
Product File Linkage Elements			
DC	2	DC042	Product ID Number_Linking_ID
MC	2	MC079	Product ID Number_Linking_ID
ME	2	ME040	Product ID Number_Linking_ID
PC	2	PC056	Product ID Number_Linking_ID
PR	2	PR001	Linking Product ID

APPENDIX 5: INTAKE EDIT

Overview

When Payers deliver APCD data submissions to the Center, an Edits process is run on each submission file to check that the data complies with requirements for each file type and each data element. The file edits perform an important data quality check on incoming submissions from payers. On a data element level, they identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data type errors such as incorrect date formats, decimals, etc. will fail a file automatically and it must be corrected and resubmitted. Failure to meet an expected threshold may also result in a resubmission.

Edit Levels

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to the Center. Refer to the **File Layout** section of this document to view the Edit Level for each Data Element.

'**A**' level fields must meet their **APCD threshold percentage** in order for a file to pass, and there is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any '**A**' level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action. The other categories (**B, C, and Z**) are also **monitored** but no further action is required at this time. Errors in these categories will not fail a file.

Historical Claims Data Edit Levels Relaxed

Beginning July 1, 2010, edits have been enforced on Claims data (with approved variances). For historical Claims files submitted by the payers (2009 – June 2010), edits were relaxed. These earlier periods do not contain the same level of completeness as more recent data. Edits were run on historical claims and results were reported to Payers, but the weight was removed from some of the edits. Many payers have since implemented new systems, made a concerted effort to improve data quality, and worked with the Center to provide more comprehensive data.

Presented below is a list of edits (current and historical) and their descriptions for each file type and each data element:

File Type	Element	Element Name	Element Description	EditID	Message
HR	HD002	Payer	Payer submitting payments/Council Submitter Code	209	The Payer Field on the Header Record must be a valid DHCFP assigned OrgID and must be a valid filer for the given filing type.
HR	HD004	Type of File	MA ME	3897	The file type is not valid for the submission period selected.
HR	HD004	Type of File	MA ME	216	The header field HD004 (Type of File) does not match the file type on the Transmittal Sheet.
HR	HD005	Period Beginning Date	CCYYMM	204	The Period Beginning Date on the Header Record must correspond with the Year and Quarter/Month entered on the Transmittal Sheet.
HR	HD006	Period Ending Date	CCYYMM	205	The Period End Date on the Header Record must correspond with the Year and Quarter/Month entered on the Transmittal Sheet.

File Type	Element	Element Name	Element Description	EditID	Message
HR	HD007	Record Count	Total number of records submitted in this file	206	The Record Count in the Header Record must match the number of records in the file.
HR	HD007	Record Count	Total number of records submitted in this file	218	The Record Count in the Header Record (HD007) must match the Record Count entered on the transmittal.
DC	DC001	Payer	Payer submitting payments; Council Submitter Code	1943	The Payer Field within each record of the file must match the Payer Field on the Header Record.
DC	DC001	Payer	Payer submitting payments; Council Submitter Code	2321	Payer is required.
DC	DC002	National Plan ID	CMS National Plan ID	3644	National Plan ID field must match the National Plan ID on the Header Record
DC	DC003	Dental Insurance Type Code/PR	Dental Insurance Type Code/PR	2323	Dental Insurance Type Code/PR is required.
DC	DC003	Dental Insurance Type Code/PR	Dental Insurance Type Code/PR	1992	Dental Insurance Type Code/PR must be within the valid domain of values.
DC	DC004	Payer Claim Control Number	Must apply to entire claim and be unique within the payers system	2324	Payer Claim Control Number is required.
DC	DC005	Line Counter	Line number for this service	2649	Line Counter must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC005	Line Counter	Line number for this service	2325	Line Counter is required.
DC	DC005A	Version Number	Claim Service Line Version Number.	2326	Version Number is required.
DC	DC005A	Version Number	Claim Service Line Version Number.	2650	Version Number must be in integer (no decimal points) format and cannot be negative.
DC	DC006	Insured Group or Policy Number	Used to create unique member ID, for internal validation and data quality; not released.	2327	Insured Group or Policy Number is required.
DC	DC007	Subscriber SSN	Used to create unique member ID, for internal validation and data quality; not released.	2328	Subscriber SSN is required.
DC	DC007	Subscriber SSN	Used to create unique member ID, for internal validation and data quality; not released.	3732	Subscriber SSN must be 9 digits, numeric and in valid format.
DC	DC008	Plan Specific Contract Number	Used to create unique member ID, for internal validation and data quality; not released.	2329	Plan Specific Contract Number is required.
DC	DC009	Member Suffix or Sequence Number	Used to create unique member ID, for internal validation and data quality; not released.	2330	Member Suffix or Sequence Number is required.

File Type	Element	Element Name	Element Description	EditID	Message
DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	2331	Member Identification Code is required.
DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	3898	Member Identification Code must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC010	Member Identification Code	Used to create unique member ID, for internal validation and data quality; not released.	3735	MemberIdentificationCode must be 9 digits, numeric and in valid format.
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	1993	Individual Relationship Code must be within the valid domain of values.
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	2651	Individual Relationship Code must be in integer (no decimal points) format .
DC	DC011	Individual Relationship Code	Members relationship to subscriber:	2332	Individual Relationship Code is required.
DC	DC012	Member Gender		2333	Member Gender is required.
DC	DC012	Member Gender		2731	Member Gender must be within the valid domain of values.
DC	DC013	Member Date of Birth	YYYYMMDD	3753	Member Date of Birth cannot be after the service date.
DC	DC013	Member Date of Birth	YYYYMMDD	2334	Member Date of Birth is required.
DC	DC013	Member Date of Birth	YYYYMMDD	2578	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date and cannot be a future date.
DC	DC014	Member City Name	City name of member	2335	Member City Name is required.
DC	DC015	Member State or Province		2336	Member State or Province is required.
DC	DC016	Member ZIP Code		2337	Member ZIP Code is required.
DC	DC016	Member ZIP Code		3646	Member zip code must be within the valid domain of values.
DC	DC017	Date Service Approved (AP Date)	YYYYMMDD (Generally the same as the paid date)	2579	Date Service Approved (AP Date) must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC017	Date Service Approved (AP Date)	YYYYMMDD (Generally the same as the paid date)	2338	Date Service Approved (AP Date) is required.

File Type	Element	Element Name	Element Description	EditID	Message
DC	DC018	Service PV Number	Payer assigned PV number	2339	Service PV Number is required.
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	2340	Service PV Tax ID Number is required.
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	3648	Service PV Tax ID must be in valid Tax ID format
DC	DC019	Service PV Tax ID Number	Federal taxpayers identification number	3899	Service PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC020	National Service PV ID	See https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do for PV lookup resource	3649	National Service PV ID must be 10 digits
DC	DC020	National Service PV ID	See https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do for PV lookup resource	2341	National Service PV ID is required.
DC	DC020	National Service PV ID	See https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do for PV lookup resource	3754	NationalPVID must be in integer (no decimal points) format.
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	1996	Service PV Entity Type Qualifier must be within the valid domain of values.
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	2342	Service PV Entity Type Qualifier is required.
DC	DC021	Service PV Entity Type Qualifier	HIPAA PV taxonomy	2652	Service PV Entity Type Qualifier must be in integer (no decimal points) format .
DC	DC022	Service PV First Name		3894	Service PV First Name is required when Service PV Entity Type Qualifier (DC021) equals 1.
DC	DC023	Service PV Middle Name		3895	Service PV Middle Name is required when Service PV Entity Type Qualifier (DC021) equals 1.
DC	DC024	Service PV Last Name or Organization Name		2345	Service PV Last Name or Organization Name is required.
DC	DC025	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3913	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.
DC	DC025	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null	3863	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.

File Type	Element	Element Name	Element Description	EditID	Message
			values if not applicable.		
DC	DC026	Service PV Specialty	As defined by payer. Dictionary for specialty code values must be supplied during testing.	3864	Service PV Specialty must be within the valid domain of values.
DC	DC026	Service PV Specialty	As defined by payer. Dictionary for specialty code values must be supplied during testing.	2347	Service PV Specialty is required.
DC	DC027	Service PV City Name	Practice location	2348	Service PV City Name is required.
DC	DC028	Service PV State		2349	Service PV State is required.
DC	DC028	Service PV State		3825	Service PV State must be within the valid domain of values.
DC	DC029	Service PV ZIP Code		3826	Service PV Zip Code must be within the valid domain of values.
DC	DC029	Service PV ZIP Code		2350	Service PV ZIP Code is required.
DC	DC030	Facility Type - Professional		2351	Facility Type - Professional is required.
DC	DC030	Facility Type - Professional		3827	Facility Type must be within the valid domain of values.
DC	DC031	Claim Status		2653	Claim Status must be in integer (no decimal points) format .
DC	DC031	Claim Status		2352	Claim Status is required.
DC	DC031	Claim Status		1998	Claim Status must be within the valid domain of values.
DC	DC032	CDT Code	Common Dental Terminology code	1999	CDT Code must be within the valid domain of values.
DC	DC032	CDT Code	Common Dental Terminology code	2353	CDT Code is required.
DC	DC033	Procedure Modifier - 1		2000	Procedure Modifier - 1 must be within the valid domain of values.
DC	DC034	Procedure Modifier - 2		2001	Procedure Modifier - 2 must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
DC	DC035	Date of Service - From	First date of service for this service line. YYYYMMDD	2356	Date of Service - From is required.
DC	DC035	Date of Service - From	First date of service for this service line. YYYYMMDD	2580	Date of Service - From must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC035	Date of Service - From	First date of service for this service line. YYYYMMDD	3652	Date of Service - From may not be future date
DC	DC036	Date of Service - Thru	Last date of service for this service line. YYYYMMDD	3653	Date of Service - Thru must be >= Date of Service - From
DC	DC036	Date of Service - Thru	Last date of service for this service line. YYYYMMDD	2581	Date of Service - Thru must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC037	Charge Amount		2654	Charge Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC037	Charge Amount		2358	Charge Amount is required.
DC	DC037	Charge Amount		3922	Charge Amount cannot be zero.
DC	DC038	Paid Amount		2655	Paid Amount must be in integer (no decimal points) format and cannot be negative
DC	DC038	Paid Amount		3757	Paid amount must be present when claim status = 01, 02, 03, 19, 20, 21.
DC	DC039	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point. Decimal points are implied.	2360	Copay Amount is required.
DC	DC039	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point. Decimal points are implied.	2656	Copay Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC040	Coinsurance Amount	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	2361	Coinsurance Amount is required.
DC	DC040	Coinsurance Amount	The dollar amount an individual is responsible for – not the percentage. Do not code decimal point.	2657	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
DC	DC041	Deductible Amount		2362	Deductible Amount is required.
DC	DC041	Deductible Amount		2658	Deductible Amount must be in integer (no decimal points) format and cannot be negative.

File Type	Element	Element Name	Element Description	EditID	Message
DC	DC042	PR ID Number	Must correspond to the PR file	2363	PR ID Number is required.
DC	DC043	Member Street Address	Used to create unique member ID, for internal validation and data quality; not released.	2364	Member Street Address is required.
DC	DC044	Billing PV Tax ID Number		2365	Billing PV Tax ID Number is required.
DC	DC044	Billing PV Tax ID Number		3654	Billing PV Tax ID Number must be in valid Tax ID format
DC	DC044	Billing PV Tax ID Number		3900	Billing PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
DC	DC045	Paid Date	YYYYMMDD	3647	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.
DC	DC045	Paid Date	YYYYMMDD	2366	Paid Date is required.
DC	DC045	Paid Date	YYYYMMDD	2582	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.
DC	DC046	Allowed Amount		2367	Allowed Amount is required when Claim Status (DC031) = 04 or 22.
DC	DC046	Allowed Amount		2659	Allowed Amount must be in integer (no decimal points) format cannot be negative and cannot be zero.
DC	DC047	Tooth Number/Letter	provides further detail on procedure	3828	Tooth Number/Letter must be within the valid domain of values.
DC	DC048	Dental Quadrant	provides further detail on procedure	3830	Dental Quadrant must be within the valid domain of values.
DC	DC049	Tooth Surface	provides further detail on procedure	3829	Tooth Surface must be within the valid domain of values.
DC	DC050	Subscriber Last Name	Used to create unique member ID, for internal validation and data quality; not released.	2371	Subscriber Last Name is required.
DC	DC051	Subscriber First Name	Used to create unique member ID, for internal validation and data quality; not released.	2372	Subscriber First Name is required.
DC	DC053	Member Last Name	Used to create unique member ID, for internal validation and data quality; not released.	2374	Member Last Name is required.
DC	DC054	Member First Name	Used to create unique member ID, for internal validation and data quality; not released.	2375	Member First Name is required.

File Type	Element	Element Name	Element Description	EditID	Message
DC	DC055	Member Middle Initial	Used to create unique member ID, for internal validation and data quality; not released.	2376	Member Middle Initial is required.
DC	DC056	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member.	2377	Carrier Specific Unique Member ID is required.
DC	DC057	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.	2378	Carrier Specific Unique Subscriber ID is required.
DC	DC058	Member Address 2	Address of member which may include apartment number or suite, or other secondary information besides the street.	3813	The Member Address 2 is required when the Member Street Address (DC043) is not present.
DC	DC059	Claim Line Type	Code indicating type of record.	2380	Claim Line Type is required.
DC	DC059	Claim Line Type	Code indicating type of record.	2733	Claim Line Type must be within the valid domain of values.
DC	DC060	Former Claim Number	If this is not an original claim (Claim line type = "O", then the previous claim number that this is replacing/voiding.	3856	The Former Claim Number is required when Claim Line Type (MC059) = V, R, B, or A.
DC	DC899	Record Type	DC	3725	RecordType must match the RecordType in the header and the trailer.
DC	DC899	Record Type	DC	2382	Record Type is required.
MC	MC001	Payer	Payer submitting payments, Council Submitter Code	1942	The Payer Field within each record of the file must match the Payer Field on the Header Record.
MC	MC001	Payer	Payer submitting payments, Council Submitter Code	2089	Payer is required.
MC	MC002	National Plan ID	CMS National Plan ID	3656	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.
MC	MC003	Insurance Type Code/PR	See tlkpClaimInsuranceType	1958	Insurance Type Code/PR must be within the valid domain of values.
MC	MC003	Insurance Type Code/PR	See tlkpClaimInsuranceType	2091	Insurance Type Code/PR is required.
MC	MC004	Payer Claim Control Number	Must apply to the entire claim and be unique within the payer's system	2092	Payer Claim Control Number is required.
MC	MC005	Line Counter	Line number for this service, The line counter begins with 1 and is incremented by 1 for each additional service line of a claim	2599	Line Counter must be in integer (no decimal points) format cannot be negative and cannot be zero.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC005	Line Counter	Line number for this service, The line counter begins with 1 and is incremented by 1 for each additional service line of a claim	2093	Line Counter is required.
MC	MC005A	Version Number	Version number of this claim service line, The version number begins with 0 and is incremented by 1 for each subsequent version of that service line	2094	Version Number is required.
MC	MC005A	Version Number	Version number of this claim service line, The version number begins with 0 and is incremented by 1 for each subsequent version of that service line	2600	Version Number must be in integer (no decimal points) format and cannot be negative.
MC	MC006	Insured Group or Policy Number	Group or policy number (not the number that uniquely identifies the subscriber)	2095	Insured Group or Policy Number is required.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	2096	Subscriber SSN is required.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	3901	Subscriber SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
MC	MC007	Subscriber SSN	Subscriber SSN, Set as null if unavailable	3729	Subscriber SSN must be 9 digits, numeric and in valid format.
MC	MC008	Plan Specific Contract Number	Encrypted plan assigned Set as null if contract number = subscriber's social security number	2097	Plan Specific Contract Number is required.
MC	MC009	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2098	Member Suffix or Sequence Number is required.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	2099	Member SSN is required.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	3902	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
MC	MC010	Member SSN	Members social security number (set as null if unavailable)	3728	Member SSN must be 9 digits, numeric and in valid format.
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	2601	Individual Relationship Code must be in integer (no decimal points) format .
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	2100	Individual Relationship Code is required.
MC	MC011	Individual Relationship Code	Member's relationship to subscriber as in tlkpClaimIndividualRelationship	1959	Individual Relationship Code must be within the valid domain of values.
MC	MC012	Member Gender	M - Male, F - Female, U - Unknown	2101	Member Gender is required.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC012	Member Gender	M - Male, F - Female, U - Unknown	1960	Member Gender must be within the valid domain of values.
MC	MC013	Member Date of Birth	CCYYMMDD	2102	Member Date of Birth is required.
MC	MC013	Member Date of Birth	CCYYMMDD	2565	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC013	Member Date of Birth	CCYYMMDD	3848	The Member Date of Birth cannot be after the date of service.
MC	MC014	Member City Name	City name of member	2103	Member City Name is required.
MC	MC015	Member State or Province	As defined by the US Postal Service	2104	Member State or Province is required.
MC	MC015	Member State or Province	As defined by the US Postal Service	3759	Member State or Province must be within the valid domain of values.
MC	MC016	Member ZIP Code	ZIP Code of member - may include non-US codes	2105	Member ZIP Code is required.
MC	MC016	Member ZIP Code	ZIP Code of member - may include non-US codes	3657	Member zip code must be within the valid domain of values.
MC	MC017	Date Service Approved (AP Date)	CCYYMMDD, (Generally the same as the paid date)	2566	Date Service Approved (AP Date) must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC017	Date Service Approved (AP Date)	CCYYMMDD, (Generally the same as the paid date)	2106	Date Service Approved (AP Date) is required.
MC	MC018	Admission Date	Required for all inpatient claims, CCYYMMDD	2567	Admission Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC018	Admission Date	Required for all inpatient claims, CCYYMMDD	3760	Admission Date is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x ,089x or Type of Claim = 002, must be in CCYYMMDD format and cannot be greater than the Discharge Date (MC069).
MC	MC019	Admission Hour	Required for all inpatient claims, Time is expressed in military time – HH or HHMM	3761	Admission Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format.
MC	MC019	Admission Hour	Required for all inpatient claims, Time is expressed in military time – HH or HHMM	2602	Admission Hour must be in integer (no decimal points) format and cannot be negative.
MC	MC020	Admission Type	See tlkpAdmissionType	2603	Admission Type must be in integer (no decimal points) format .

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC020	Admission Type	See tlkpAdmissionType	3744	Admission Type must be within the valid domain of values.
MC	MC020	Admission Type	See tlkpAdmissionType	3771	The Admission Type is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.
MC	MC021	Admission Source	See tlkpAdmissionSource	3772	The Admission Source is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002.
MC	MC021	Admission Source	See tlkpAdmissionSource	3745	Admission Source must be within the valid domain of values.
MC	MC022	Discharge Hour	Hour in military time – HH or HHMM	3762	Discharge Hour is required when Type of Bill on Facility Claims (MC036) = 011x, 018x, 028x, 041x, 065x, 066x, 084x, 086x, 089x and Type of Claim = 002, must be in HHMM format, cannot have an hour greater than 23 and must be greater than the admission hour (MC019) when the Admission Date (MC018) and the Dischare date (MC069) are equal.
MC	MC022	Discharge Hour	Hour in military time – HH or HHMM	2604	Discharge Hour must be in integer (no decimal points) format and cannot be negative.
MC	MC023	Discharge Status	See tlkpDischargeStatus	3737	DischargeStatus must be within the valid domain of values.
MC	MC023	Discharge Status	See tlkpDischargeStatus	2605	Discharge Status must be in integer (no decimal points) format .
MC	MC023	Discharge Status	See tlkpDischargeStatus	3849	The Discharge Status is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim (MC094) = 002.
MC	MC024	Service PV Number	Payer assigned PV number	2113	Service PV Number is required.
MC	MC025	Service PV Tax ID Number	Federal taxpayer's identification number	2114	Service PV Tax ID Number is required.
MC	MC025	Service PV Tax ID Number	Federal taxpayer's identification number	3763	Service PV Tax ID must be numeric and 9 digits.
MC	MC026	National Service PV ID	Required if National PV ID is mandated, for use under HIPAA	2115	National Service PV ID is required.
MC	MC026	National Service PV ID	Required if National PV ID is mandated, for use under HIPAA	3659	National Service PV ID must be numeric and 10 digits.
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	2116	Service PV Entity Type Qualifier is required.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	2606	Service PV Entity Type Qualifier must be in integer (no decimal points) format .
MC	MC027	Service PV Entity Type Qualifier	1 Person, 2 Non-Person Entity, HIPAA PV taxonomy classifies PV groups (clinicians who bill as a group practice or under a corporate name, even if that group is composed of one PV)	1964	Service PV Entity Type Qualifier must be within the valid domain of values.
MC	MC028	Service PV First Name	Individual first name, Set to null if PV is a facility or organization	3891	Service PV First name is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC029	Service PV Middle Name	Individual middle name or initial, Set to null if PV is a facility or organization	3892	The Service PV Middle Name is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC030	Service PV Last Name or Organization Name	Full name of PV organization, or last name of individual PV	2119	Service PV Last Name or Organization Name is required.
MC	MC031	Service PV Suffix	Suffix to individual name, Set to null if PV is a facility or organization., Should be used to capture the generation of the individual clinician (e.g., Jr. Sr., III), if applicable, rather than	3893	The Service PV Suffix is required when Service PV Entity Type Qualifier (MC027) = 1.
MC	MC031	Service PV Suffix	Suffix to individual name, Set to null if PV is a facility or organization., Should be used to capture the generation of the individual clinician (e.g., Jr. Sr., III), if applicable, rather than	2700	Service PV Suffix must be within the valid domain of values.
MC	MC032	Service PV Specialty	As defined by payer, Dictionary for specialty code values, must be supplied during testing	3850	The Service PV Specialty must be within the valid domain of values.
MC	MC032	Service PV Specialty	As defined by payer, Dictionary for specialty code values, must be supplied during testing	2121	Service PV Specialty is required.
MC	MC033	Service PV City Name	City name of PV - preferably practice location	2122	Service PV City Name is required.
MC	MC034	Service PV State	As defined by the US Postal Service	2123	Service PV State is required.
MC	MC034	Service PV State	As defined by the US Postal Service	3851	The Service PV State must be within the valid domain of values.
MC	MC035	Service PV ZIP Code	ZIP Code of PV - may include non-US codes Do not include dash	3852	The Service PV Zip Code must be within the valid domain of values.
MC	MC035	Service PV ZIP Code	ZIP Code of PV - may include non-US codes Do not include dash	2124	Service PV ZIP Code is required.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	2607	Type of Bill – on Facility Claims must be in integer (no decimal points) format .
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	3741	TypeofBillBillClassification must be within the valid domain of values.
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	3742	TypeofBillFacilityType must be within the valid domain of values.
MC	MC036	Type of Bill – on Facility Claims	See tlkpTypeOfBillBillClassification and tlkpTypeOfBillFacilityType	3773	The Type of Bill on Facility Claims is required when Type of Claim (MC094) = 002.
MC	MC037	Site of Service – on NSF/CMS 1500 Claims	See tlkpSiteOfService	3774	The Site of Service O nNSF CMS 1500 Claims is required when Type of Claim (MC094) = 001.
MC	MC037	Site of Service – on NSF/CMS 1500 Claims	See tlkpSiteOfService	3740	Site of service must be within the valid domain of values.
MC	MC038	Claim Status	See tlkpClaimStatus	1969	Claim Status must be within the valid domain of values.
MC	MC038	Claim Status	See tlkpClaimStatus	2127	Claim Status is required.
MC	MC038	Claim Status	See tlkpClaimStatus	2608	Claim Status must be in integer (no decimal points) format .
MC	MC039	Admitting Diagnosis	Required on all inpatient admission claims and encounters ICD-9-CM Do not code decimal point	3775	The Admitting Diagnosis is required when Type of Claim (MC094) = 002 and Type of Bill on Facility Claims (MC036) = 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.
MC	MC039	Admitting Diagnosis	Required on all inpatient admission claims and encounters ICD-9-CM Do not code decimal point	3746	Admitting Diagnosis must be within the valid domain of values.
MC	MC040	E-Code	Describes an injury, poisoning or adverse effect ICD-9-CM Do not include decimal	1971	E-Code must be within the valid domain of values.
MC	MC041	Principal Diagnosis	ICD-9-CM Do not code decimal point. This should be the principal diagnosis given on the claim header.	1972	Principal Diagnosis must be within the valid domain of values.
MC	MC041	Principal Diagnosis	ICD-9-CM Do not code decimal point. This should be the principal diagnosis given on the claim header.	2130	Principal Diagnosis is required.
MC	MC042	Other Diagnosis – 1	ICD-9-CM Do not code decimal point	2714	Other Diagnosis – 1 must be within the valid domain of values.
MC	MC043	Other Diagnosis – 2	ICD-9-CM Do not code decimal point	2715	Other Diagnosis – 2 must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC044	Other Diagnosis – 3	ICD-9-CM Do not code decimal point	2716	Other Diagnosis – 3 must be within the valid domain of values.
MC	MC045	Other Diagnosis – 4	ICD-9-CM Do not code decimal point	2717	Other Diagnosis – 4 must be within the valid domain of values.
MC	MC046	Other Diagnosis – 5	ICD-9-CM Do not code decimal point	2718	Other Diagnosis – 5 must be within the valid domain of values.
MC	MC047	Other Diagnosis – 6	ICD-9-CM Do not code decimal point	2719	Other Diagnosis – 6 must be within the valid domain of values.
MC	MC048	Other Diagnosis – 7	ICD-9-CM Do not code decimal point	2720	Other Diagnosis – 7 must be within the valid domain of values.
MC	MC049	Other Diagnosis – 8	ICD-9-CM Do not code decimal point	2721	Other Diagnosis – 8 must be within the valid domain of values.
MC	MC050	Other Diagnosis – 9	ICD-9-CM Do not code decimal point	2722	Other Diagnosis – 9 must be within the valid domain of values.
MC	MC051	Other Diagnosis – 10	ICD-9-CM Do not code decimal point	2723	Other Diagnosis – 10 must be within the valid domain of values.
MC	MC052	Other Diagnosis – 11	ICD-9-CM Do not code decimal point	2724	Other Diagnosis – 11 must be within the valid domain of values.
MC	MC053	Other Diagnosis – 12	ICD-9-CM Do not code decimal point	2725	Other Diagnosis – 12 must be within the valid domain of values.
MC	MC054	Revenue Code	National Uniform Billing Committee Codes Code using leading zeroes, left-justified, and four digits.	1973	Revenue Code must be within the valid domain of values.
MC	MC054	Revenue Code	National Uniform Billing Committee Codes Code using leading zeroes, left-justified, and four digits.	3777	The Revenue Code is required when Type of Claim (MC094) = 002.
MC	MC055	Procedure Code	Health Care Common Procedural Coding System (HCPCS). This includes the CPT codes of the American Medical Association.	1974	Procedure Code must be within the valid domain of values.
MC	MC056	Procedure Modifier - 1	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code	1975	Procedure Modifier - 1 must be within the valid domain of values.
MC	MC057	Procedure Modifier - 2	Procedure modifier required when a modifier clarifies/improves the reporting accuracy of the associated procedure code	1976	Procedure Modifier - 2 must be within the valid domain of values.
MC	MC058	ICD9-CM Procedure Code	Primary ICD9-CM code given on the claim header. Do not code decimal point	1977	ICD9-CM Procedure Code must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC058	ICD9-CM Procedure Code	Primary ICD9-CM code given on the claim header. Do not code decimal point	3779	The ICD9-CM Procedure Code is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x.
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	2148	Date of Service – From is required.
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	2568	Date of Service – From must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC059	Date of Service – From	First date of service for this service line CCYYMMDD	3662	Date of Service - From may not be future date
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	3663	Date of Service - Thru may not be future date
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	2149	Date of Service – To is required.
MC	MC060	Date of Service – To	Last date of service for this service line CCYYMMDD	2569	Date of Service – To must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC061	Quantity	Count of services performed. Should be set equal to 1 on all Observation bed service lines, for consistency.	2609	Quantity must be in integer (no decimal points) format and cannot be negative.
MC	MC061	Quantity	Count of services performed. Should be set equal to 1 on all Observation bed service lines, for consistency.	3780	The Quantity is required when Site of Service on NSF CMS 1500 claims is populated or when Type of Bill on Facility Claims equals 012x, 013x, 014x, 022x, 023x, 032x, 033x, 034x, 043x, 071x, 072x, 073x, 074x, 075x, 076x, 079x, 081x, 082x, 083x, or 085x.
MC	MC062	Charge Amount	Do not code decimal point	2151	Charge Amount is required.
MC	MC062	Charge Amount	Do not code decimal point	2610	Charge Amount must be in integer (no decimal points) format.
MC	MC062	Charge Amount	Do not code decimal point	3920	Charge Amount cannot be zero.
MC	MC063	Paid Amount	Includes any withhold amounts. Do not code decimal point.	2611	Paid Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC063	Paid Amount	Includes any withhold amounts. Do not code decimal point.	3781	The Paid Amount is required when Claim Status (MC038) = 01,02,03,19,20, 21.
MC	MC064	Prepaid Amount	For capitated services, the fee for service equivalent amount. Do not include decimal point.	2153	Prepaid Amount is required.
MC	MC064	Prepaid Amount	For capitated services, the fee for service equivalent amount. Do not include decimal point.	2612	Prepaid Amount must be in integer (no decimal points) format and cannot be zero.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC065	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point	2154	Copay Amount is required.
MC	MC065	Copay Amount	The preset, fixed dollar amount for which the individual is responsible Do not code decimal point	2613	Copay Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC066	Coinsurance Amount	Do not code decimal point	2155	Coinsurance Amount is required.
MC	MC066	Coinsurance Amount	Do not code decimal point	2614	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC067	Deductible Amount	Do not code decimal point	2156	Deductible Amount is required.
MC	MC067	Deductible Amount	Do not code decimal point	2615	Deductible Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC068	Patient Control Number	Number assigned by hospital	3782	The Patient Control Number is required when Claim Status (MC094) equals 001 or 002 and Site of Service On NSF CMS 1500 Claims equals 21, 22, 23, or 24.
MC	MC069	Discharge Date	Required for all inpatient claims CCYYMMDD	2570	Discharge Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC069	Discharge Date	Required for all inpatient claims CCYYMMDD	3764	Discharge Date is is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, 089x or Type of Claim = 002 and cannot be less than the Admission Date.
MC	MC070	Service PV Country Code	Country Code of PV - preferably practice location	2159	Service PV Country Code is required.
MC	MC070	Service PV Country Code	Country Code of PV - preferably practice location	3853	The Service PV Country Code must be within the valid domain of values.
MC	MC071	DRG		3783	The DRG is required when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x Discharge Hour (MC022) and Discharge Status (MC023) are populated.
MC	MC072	DRG Version	Version number of the grouper used	3854	The DRG Version is required when DRG (MC071) is present.
MC	MC073	APC		3867	APC is required when Type of Claim(MC094) = 002 and the Type of Bill on Facility Claims is 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 79, 81, 82, 83 or 85 .
MC	MC074	APC Version		3868	APC Version is required when APC is populated.
MC	MC075	Drug Code	Drug Code	2006	Drug Code must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC076	Billing PV Number	Payer assigned billing PV number.	2165	Billing PV Number is required.
MC	MC077	National Billing PV ID	National PV ID.	2166	National Billing PV ID is required.
MC	MC077	National Billing PV ID	National PV ID.	3665	National Billing PV ID must be ten digits long and numeric
MC	MC078	Billing PV Last Name or Organization Name	Full name of PV organization or last name of individual PV.	2167	Billing PV Last Name or Organization Name is required.
MC	MC079	PR ID Number	Must correspond to the PR file.	2168	PR ID Number is required.
MC	MC080	Reason for Adjustment	Codes to be developed.	2169	Reason for Adjustment is required.
MC	MC080	Reason for Adjustment	Codes to be developed.	3739	Reason for adjustment must be within the valid domain of values.
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2701	Capitated Encounter Flag must be within the valid domain of values.
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2616	Capitated Encounter Flag must be in integer (no decimal points) format .
MC	MC081	Capitated Encounter Flag	Payment for this service is covered under a capitated arrangement. (Yes = 1, No = 0).	2170	Capitated Encounter Flag is required.
MC	MC082	Member Street Address	Street address of member; used for internal geocoding processes; not released.	2171	Member Street Address is required.
MC	MC083	Other ICD-9-CM Procedure Code - 1		2008	Other ICD-9-CM Procedure Code - 1 must be within the valid domain of values.
MC	MC084	Other ICD-9-CM Procedure Code - 2		2009	Other ICD-9-CM Procedure Code - 2 must be within the valid domain of values.
MC	MC085	Other ICD-9-CM Procedure Code - 3		2010	Other ICD-9-CM Procedure Code - 3 must be within the valid domain of values.
MC	MC086	Other ICD-9-CM Procedure Code - 4		2011	Other ICD-9-CM Procedure Code - 4 must be within the valid domain of values.
MC	MC087	Other ICD-9-CM Procedure Code - 5		2012	Other ICD-9-CM Procedure Code - 5 must be within the valid domain of values.
MC	MC088	Other ICD-9-CM Procedure Code - 6		2013	Other ICD-9-CM Procedure Code - 6 must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC089	Paid Date		2178	Paid Date is required.
MC	MC089	Paid Date		2571	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC089	Paid Date		3658	Paid Date must be between the Period Begin and Period End Dates on the Transmittal Record.
MC	MC090	LOINC Code		3860	The LOINC Code must be within the valid domain of values.
MC	MC092	Covered Days	Amount of inpatient days paid for by carrier..	2617	Covered Days must be in integer (no decimal points) format and cannot be negative.
MC	MC092	Covered Days	Amount of inpatient days paid for by carrier..	3666	Covered Days is required when Type of Claim (MC094) = 002 or when Type of Bill on Facility Claims (MC036) equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x or 089x.
MC	MC093	Non Covered Days	Amount of inpatient days that were not paid for by plan for the inpatient event.	2618	Non Covered Days must be in integer (no decimal points) format and cannot be negative.
MC	MC094	Type of Claim		2183	Type of Claim is required.
MC	MC094	Type of Claim		2702	Type of Claim must be within the valid domain of values.
MC	MC095	Coordination of Benefits/TPL Liability Amount		3784	The Coordination Of Benefits TPL Liability Amount is required when Claim Status (MC038) equals 19, 20 or 21.
MC	MC095	Coordination of Benefits/TPL Liability Amount		2619	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC096	Other Insurance Paid Amount		2620	Other Insurance Paid Amount must be in integer (no decimal points) format .
MC	MC096	Other Insurance Paid Amount		3785	The Other Insurance Paid Amount is required when Claim Status (MC038) equals 02, 03, 20, 21.
MC	MC097	Medicare Paid Amount		3786	The Medicare Paid Amount is required when Medicare Indicator = Y.
MC	MC097	Medicare Paid Amount		2621	Medicare Paid Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC098	Allowed Amount		2622	Allowed Amount must be in integer (no decimal points) format and cannot be zero.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC098	Allowed Amount		3787	The Allowed amount is required when Claim Status does not equal 04 or 22.
MC	MC099	Non-Covered Amount	Dollar amount that was charged that is above the plans limitations.	3788	The Non Covered amount is required when Claim Status equals 04 or 22.
MC	MC099	Non-Covered Amount	Dollar amount that was charged that is above the plans limitations.	2623	Non-Covered Amount must be in integer (no decimal points) format and cannot be zero.
MC	MC100	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3914	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.
MC	MC100	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3861	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.
MC	MC101	Subscriber Last Name	Used to create unique member ID and for internal validation processes.	2190	Subscriber Last Name is required.
MC	MC102	Subscriber First Name	Used to create unique member ID and for internal validation processes.	2191	Subscriber First Name is required.
MC	MC104	Member Last Name	Used to create unique member ID and for internal validation processes.	2193	Member Last Name is required.
MC	MC105	Member First Name	Used to create unique member ID and for internal validation processes.	2194	Member First Name is required.
MC	MC108	Procedure Modifier - 3		2017	Procedure Modifier - 3 must be within the valid domain of values.
MC	MC109	Procedure Modifier - 4		2018	Procedure Modifier - 4 must be within the valid domain of values.
MC	MC110	Claim Processed Date		2199	Claim Processed Date is required.
MC	MC110	Claim Processed Date		2572	Claim Processed Date must be in date format (YYYYMMDD) and cannot be a future date.
MC	MC111	Diagnostic Pointer	Indicated which diagnosis a procedure is related to.	3878	Diagnostic Pointer is required when Type of Claim (MC094) = 001.
MC	MC112	Referring PV ID	The identifier of the PV that submitted the referral for service to the specialist.	3789	The Referring PV ID is requied when the Referral Indicator (MC118) equals 1.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC113	Payment Arrangement Type		2019	Payment Arrangement Type must be within the valid domain of values.
MC	MC113	Payment Arrangement Type		2202	Payment Arrangement Type is required.
MC	MC114	Excluded Expenses	Amount not covered due to plan limitations.	2203	Excluded Expenses is required.
MC	MC114	Excluded Expenses	Amount not covered due to plan limitations.	2624	Excluded Expenses must be in integer (no decimal points) format and cannot be negative.
MC	MC115	Medicare Indicator	Indicates if Medicare paid for part or all of services.	2204	Medicare Indicator is required.
MC	MC115	Medicare Indicator	Indicates if Medicare paid for part or all of services.	2703	Medicare Indicator must be within the valid domain of values.
MC	MC116	Withhold Amount	The amount to be paid to PV for this service is the PV qualifies/meets performance guarantees.	2625	Withhold Amount must be in integer (no decimal points) format and cannot be negative.
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2206	Authorization Needed is required.
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2626	Authorization Needed must be in integer (no decimal points) format .
MC	MC117	Authorization Needed	Indicates if service required a pre authorization.	2704	Authorization Needed must be within the valid domain of values.
MC	MC118	Referral Indicator	Indicates if service was preceded by a referral.	2705	Referral Indicator must be within the valid domain of values.
MC	MC118	Referral Indicator	Indicates if service was preceded by a referral.	2207	Referral Indicator is required.
MC	MC119	PCP Indicator	Indicates if service performed by members PCP.	2208	PCP Indicator is required.
MC	MC119	PCP Indicator	Indicates if service performed by members PCP.	2706	PCP Indicator must be within the valid domain of values.
MC	MC122	Global Payment Flag		2707	Global Payment Flag must be within the valid domain of values.
MC	MC122	Global Payment Flag		2211	Global Payment Flag is required.
MC	MC123	Denied Flag	Denied Flag	2212	Denied Flag is required.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC123	Denied Flag	Denied Flag	2708	Denied Flag must be within the valid domain of values.
MC	MC124	Denial Reason		3747	Denial Reason must be within the valid domain of values.
MC	MC124	Denial Reason		3812	The Denial Reason is required when the Denied Flag (MC123) = 1.
MC	MC125	Attending PV	Attending PV for hospital claims	3668	Attending PV is required when Type of Bill on Facility Claims equals 011x, 018x, 021x, 028x, 041x, 065x, 066x, 084x, 086x, or 089x and Type of Claim = 002
MC	MC126	Accident Indicator	Indicates if service is related to an accident rather than an illness.	2215	Accident Indicator is required.
MC	MC126	Accident Indicator	Indicates if service is related to an accident rather than an illness.	2709	Accident Indicator must be within the valid domain of values.
MC	MC127	Family Planning Indicator	A flag that indicates if family planning services were provided.	2023	Family Planning Indicator must be within the valid domain of values.
MC	MC127	Family Planning Indicator	A flag that indicates if family planning services were provided.	3869	The Family Planning Indicator is required when Type of Claim = 001.
MC	MC128	Employment Related Indicator	Flag indicating is claim was related to employment accident.	2217	Employment Related Indicator is required.
MC	MC128	Employment Related Indicator	Flag indicating is claim was related to employment accident.	2710	Employment Related Indicator must be within the valid domain of values.
MC	MC129	EPSDT Indicator	A flag that indicates if service was related to EPSDT and the type of EPSDT service such as screening, treatment or referral.	2024	EPSDT Indicator must be within the valid domain of values.
MC	MC129	EPSDT Indicator	A flag that indicates if service was related to EPSDT and the type of EPSDT service such as screening, treatment or referral.	3870	The EPSDT Indicator is required when Type of Claim = 001.
MC	MC130	Procedure Code Type	Pick CPT, HCPCS, Rev Code, etc.	2219	Procedure Code Type is required.
MC	MC130	Procedure Code Type	Pick CPT, HCPCS, Rev Code, etc.	2711	Procedure Code Type must be within the valid domain of values.
MC	MC131	InNetwork Indicator	Indicates if the claims was paid at in or out of network rates or if there is no network.	2712	InNetwork Indicator must be within the valid domain of values.
MC	MC131	InNetwork Indicator	Indicates if the claims was paid at in or out of network rates or if there is no network.	2220	InNetwork Indicator is required.

File Type	Element	Element Name	Element Description	EditID	Message
MC	MC132	Service Class	Field used to define service class for Medicaid PCC members receiving behavioral health.	2026	Service Class must be within the valid domain of values.
MC	MC134	Plan Rendering PV Identifier	Unique code which identifies for the carrier who or which individual PV cared for the patient for the claim line in question. This code must be able to link to the PV file. Any value in this field must also show up as a value in field PV002.	2223	Plan Rendering PV Identifier is required.
MC	MC135	PV Location	Unique code which identifies the location/site of the service provided identified in MC134. The code should link to a PV record in PV002 (PV ID) and indicate that the service was performed at a specific location; eg: Dr.	2224	PV Location is required.
MC	MC136	Discharge Diagnosis	The ICD9 Diagnosis code given to a member upon discharge, which may or may not be the same as the primary diagnosis and admitting diagnosis.	3736	DischargeDiagnosis must be within the valid domain of values.
MC	MC136	Discharge Diagnosis	The ICD9 Diagnosis code given to a member upon discharge, which may or may not be the same as the primary diagnosis and admitting diagnosis.	3790	The Discharge Diagnosis is requied when the Type of Bill on Facility Claims equals 11, 18, 21, 28, 41, 65, 66, 84, 86, or 89 and the Type of Claim = 002 and when the Discharge Status (MC023) does not equal 30.
MC	MC137	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted.	2226	Carrier Specific Unique Member ID is required.
MC	MC138	Claim Line Type	Code indicating type of record.	2227	Claim Line Type is required.
MC	MC138	Claim Line Type	Code indicating type of record.	2713	Claim Line Type must be within the valid domain of values.
MC	MC139	Former Claim Number	If this is not an original claim, the previous claim number that this claim is replacing/voiding.	3855	The Former Claim Number is required when Claim Line Type (MC138) = V, R, B, or A.
MC	MC140	Member address 2	Address of member which may include apartment number or suite, or other secondary information besides the street.	3814	The Member Address 2 is required when the Member Street Address (MC082) is not present.
MC	MC141	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted.	2230	Carrier Specific Unique Subscriber ID is required.
MC	MC899	Record Type	MC	3669	Record Type must match the Record Type on the Header and the Record Type on the Trailer
MC	MC899	Record Type	MC	2231	Record Type is required.
ME	ME001	Payer	Payer submitting payments, Council Submitter Code	211	The Payer Field within each record of the file must match the Payer Field on the Header Record.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME001	Payer	Payer submitting payments, Council Submitter Code	2383	Payer is required.
ME	ME002	National Plan ID	CMS National Plan ID	3670	The National Plan ID within each record of the file must match the National Plan ID on the Header Record.
ME	ME003	Insurance Type Code/PR	See tlkpInsuranceType	2385	Insurance Type Code/PR is required.
ME	ME003	Insurance Type Code/PR	See tlkpInsuranceType	1947	Insurance Type Code/PR must be within the valid domain of values.
ME	ME004	Year	Year for which eligibility is reported in this submission	2386	Year is required.
ME	ME004	Year	Year for which eligibility is reported in this submission	2660	Year must be in integer (no decimal points) format .
ME	ME004	Year	Year for which eligibility is reported in this submission	3671	Year must be 4 digits and be within the begin and end date on the header file.
ME	ME005	Month	Month for which eligibility is reported in this submission	2387	Month is required.
ME	ME005	Month	Month for which eligibility is reported in this submission	2661	Month must be in integer (no decimal points) format, cannot be negative and cannot be zero.
ME	ME006	Insured Group or Policy Number	Group or policy number (not the number that uniquely identifies the subscriber)	2388	Insured Group or Policy Number is required.
ME	ME007	Coverage Level Code	See tlkpCoverage	2389	Coverage Level Code is required.
ME	ME007	Coverage Level Code	See tlkpCoverage	1948	Coverage Level Code must be within the valid domain of values.
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	2390	Subscriber Unique Identification Number is required.
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	3903	Subscriber Unique Identification Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME008	Subscriber Unique Identification Number	Subscriber's unique identification number (set as null if unavailable)	3733	SubscriberUniqueIdentificationNumber must be 9 digits and numeric.
ME	ME009	Plan Specific Contract Number	Plan assigned contract number (set as null if contract number = subscriber's social security number)	2391	Plan Specific Contract Number is required.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME010	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2392	Member Suffix or Sequence Number is required.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	2393	Member Identification Code is required.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	3904	Member Identification Code must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME011	Member Identification Code	Encrypted member's unique identification number (set as null if unavailable)	3734	MemberIdentificationCode must be 9 digits and numeric.
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	2394	Individual Relationship Code is required.
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	2662	Individual Relationship Code must be in integer (no decimal points) format .
ME	ME012	Individual Relationship Code	Member's relationship to insured as in tlkpEligibilityIndividualRelationship	1949	Individual Relationship Code must be within the valid domain of values.
ME	ME013	Member Gender	M Male	1950	Member Gender must be within the valid domain of values.
ME	ME013	Member Gender	M Male	2395	Member Gender is required.
ME	ME014	Member Date of Birth	CCYYMMDD	2396	Member Date of Birth is required.
ME	ME014	Member Date of Birth	CCYYMMDD	2583	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME014	Member Date of Birth	CCYYMMDD	3844	The Member Date of Birth cannot be a future date.
ME	ME015	Member City Name	City name of member	2397	Member City Name is required.
ME	ME016	Member State or Province	As defined by the US Postal Service	2398	Member State or Province is required.
ME	ME016	Member State or Province	As defined by the US Postal Service	3845	The Member State or Province must be within the valid domain of values.
ME	ME017	Member ZIP Code	ZIP Code of member – may include non-US codes. (Do not include dash)	3846	The Member ZIP Code must be within the valid domain of values.
ME	ME017	Member ZIP Code	ZIP Code of member – may include non-US codes. (Do not include dash)	2399	Member ZIP Code is required.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME018	Medical Coverage	Y = Yes, N = No	2400	Medical Coverage is required.
ME	ME018	Medical Coverage	Y = Yes, N = No	1951	Medical Coverage must be within the valid domain of values.
ME	ME019	Prescription Drug Coverage	Y = Yes, N = No	1952	Prescription Drug Coverage must be within the valid domain of values.
ME	ME019	Prescription Drug Coverage	Y = Yes, N = No	2401	Prescription Drug Coverage is required.
ME	ME020	Dental Coverage	Dental Coverage: Y/N	2685	Dental Coverage must be within the valid domain of values.
ME	ME020	Dental Coverage	Dental Coverage: Y/N	2402	Dental Coverage is required.
ME	ME021	Race 1	See tlkpRace	2403	Race 1 is required.
ME	ME021	Race 1	See tlkpRace	1953	Race 1 must be within the valid domain of values.
ME	ME022	Race 2	See tlkpRace	1954	Race 2 must be within the valid domain of values.
ME	ME022	Race 2	See tlkpRace	2404	Race 2 is required.
ME	ME023	Other Race	Patient Race, if Race 1 or Race 2 is entered as R9 Other Race (set as null if none)	3815	The Other Race is required when the Race 2 (ME022) or Race 1 (ME021) = R9.
ME	ME024	Hispanic Indicator	Hispanic Indicator	2406	Hispanic Indicator is required.
ME	ME024	Hispanic Indicator	Hispanic Indicator	1955	Hispanic Indicator must be within the valid domain of values.
ME	ME025	Ethnicity 1	See tlkpEthnicity	1956	Ethnicity 1 must be within the valid domain of values.
ME	ME025	Ethnicity 1	See tlkpEthnicity	2407	Ethnicity 1 is required.
ME	ME026	Ethnicity 2	See tlkpEthnicity	2408	Ethnicity 2 is required.
ME	ME026	Ethnicity 2	See tlkpEthnicity	1957	Ethnicity 2 must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME027	Other Ethnicity	Patient Ethnicity if Ethnicity 1 or Ethnicity 2 is entered as OTHER Other Ethnicity. (set as null if none)	3816	The Other Ethnicity is required when the Ethnicity 1 (ME025) or Ethnicity 1 (ME026) = Other.
ME	ME028	Primary Insurance Indicator		2410	Primary Insurance Indicator is required.
ME	ME028	Primary Insurance Indicator		2686	Primary Insurance Indicator must be within the valid domain of values.
ME	ME029	Coverage Type	Fully insured, self insured, etc..	2027	Coverage Type must be within the valid domain of values.
ME	ME029	Coverage Type	Fully insured, self insured, etc..	2411	Coverage Type is required.
ME	ME030	Market Category Code	Type of market and group size.	2412	Market Category Code is required.
ME	ME030	Market Category Code	Type of market and group size.	2028	Market Category Code must be within the valid domain of values.
ME	ME031	Special Coverage		2687	Special Coverage must be within the valid domain of values.
ME	ME033	Member Language Preference	Member Language Preference	2415	Member Language Preference is required.
ME	ME033	Member Language Preference	Member Language Preference	1991	Member Language Preference must be within the valid domain of values.
ME	ME034	Member Language Preference -- Other	Member Language Preference -- Other	3817	The Other Language Preference is required when the Member Language Preference (ME033) = Other.
ME	ME035	Health Care Home Assigned Flag	Indicates if member has been assigned a medical/healthcare home.	2688	Health Care Home Assigned Flag must be within the valid domain of values.
ME	ME035	Health Care Home Assigned Flag	Indicates if member has been assigned a medical/healthcare home.	2417	Health Care Home Assigned Flag is required.
ME	ME036	Health Care Home Number	Filled when healthcare home is assigned.	3791	The Health Care Home Number is requied when Home Health Care Assinged Flag (ME035) equals 1.
ME	ME037	Health Care Home Tax ID Number	Filled when healthcare home is assigned.	3792	The Health Care Home Tax ID Number is requied when Home Health Care Assinged Flag (ME035) equals 1.
ME	ME037	Health Care Home Tax ID Number	Filled when healthcare home is assigned.	3905	Health Care Home Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME038	Health Care Home National PV ID	Filled when healthcare home is assigned.	3793	The Health Care National PV ID is requied (and must be 10 numbers long) when Home Health Care Assinged Flag (ME035) equals 1.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME039	Health Care Home Name	Filled when healthcare home is assigned.	3794	The Health Care Home Name is requied when Home Health Care Assinged Flag (ME035) equals 1.
ME	ME040	PR ID Number	Corresponds to the PR file data element PR003.	2422	PR ID Number is required.
ME	ME041	PR Enrollment Start Date	YYYYMMDD	2423	PR Enrollment Start Date is required.
ME	ME041	PR Enrollment Start Date	YYYYMMDD	2584	PR Enrollment Start Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME042	PR Enrollment End Date	YYYYMMDD	2585	PR Enrollment End Date must be in date format (YYYYMMDD).
ME	ME042	PR Enrollment End Date	YYYYMMDD	3677	If not NULL, Enrollment End Date must be > Enrollment Start Date
ME	ME043	Member Street Address		2425	Member Street Address is required.
ME	ME046	Member PCP ID		3678	Member PCP ID must be present when Member PCP Effective Date (ME047) is present.
ME	ME047	Member PCP Effective Date	Member enrollment begin date with PCP.	3679	Member PCP Effective Date is required when Member PCP ID does not equal 999999999U.
ME	ME047	Member PCP Effective Date	Member enrollment begin date with PCP.	2586	Member PCP Effective Date must be in date format (YYYYMMDD).
ME	ME047	Member PCP Effective Date	Member enrollment begin date with PCP.	3916	Member PCP Effective Date must be no greater than 1 year from submission filing period.
ME	ME048	Member PCP Termination Date	Member termination date from that PCP.	2587	Member PCP Termination Date must be in date format (YYYYMMDD).
ME	ME048	Member PCP Termination Date	Member termination date from that PCP.	3680	If not Null, Member PCP Termination Date cannot be prior to the Member PCP Effective date.
ME	ME049	Member Deductible	Amount of members annual deductible (could also be interpreted from PR file).	2663	Member Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME050	Member Deductible Used	The amount to date the member has paid into deductible. This helps determine utilization patterns before and after the member meets their annual deductible..	2664	Member Deductible Used must be in integer (no decimal points) format and cannot be negative.
ME	ME050	Member Deductible Used	The amount to date the member has paid into deductible. This helps determine utilization patterns before and after the member meets their annual deductible..	3818	The Member Deductible Used is required when the Member Deductible (ME049) is greater than zero.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2433	Behavioral Health Benefit Flag is required.
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2665	Behavioral Health Benefit Flag must be in integer (no decimal points) format .
ME	ME051	Behavioral Health Benefit Flag	Indicates if BH is covered benefit.	2689	Behavioral Health Benefit Flag must be within the valid domain of values.
ME	ME052	Laboratory Benefit Flag	dicates if lab is covered benefit.	2690	Laboratory Benefit Flag must be within the valid domain of values.
ME	ME052	Laboratory Benefit Flag	dicates if lab is covered benefit.	2434	Laboratory Benefit Flag is required.
ME	ME053	Disease Management Enrollee Flag	Determines if the members chronic illness is being managed by a vendor.	2435	Disease Management Enrollee Flag is required.
ME	ME053	Disease Management Enrollee Flag	Determines if the members chronic illness is being managed by a vendor.	2666	Disease Management Enrollee Flag must be in integer (no decimal points) format .
ME	ME053	Disease Management Enrollee Flag	Determines if the members chronic illness is being managed by a vendor.	2697	Disease Management Enrollee Flag must be within the valid domain of values.
ME	ME054	Eligibility Determination Date	Date ME determined.	2588	Eligibility Determination Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME054	Eligibility Determination Date	Date ME determined.	3682	Eligibility Determination Date cannot be greater than the month of the submission file
ME	ME054	Eligibility Determination Date	Date ME determined.	3766	Eligibility Determination Date is cannot be before the PR Enrollment Date (ME041).
ME	ME056	Last Activity Date	Last activity/change on member enrollment file for this member.	3683	Last Activity Date cannot be greater than the month of the submission file
ME	ME056	Last Activity Date	Last activity/change on member enrollment file for this member.	2589	Last Activity Date must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME057	Date of Death	Date member expired.	2590	Date of Death must be in date format (YYYYMMDD) and cannot be a future date.
ME	ME057	Date of Death	Date member expired.	3684	If not Null, Date of death cannot be greater than the month of the submission file
ME	ME058	Subscriber Street Address	Address of the subscriber.	2440	Subscriber Street Address is required.
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2441	Disability Indicator Flag is required.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2667	Disability Indicator Flag must be in integer (no decimal points) format .
ME	ME059	Disability Indicator Flag	Determines if there is a disability claim for this member?	2692	Disability Indicator Flag must be within the valid domain of values.
ME	ME060	Employment Status	active, retired, leave	2693	Employment Status must be within the valid domain of values.
ME	ME061	Student Status	Determines if member is a student.	2694	Student Status must be within the valid domain of values.
ME	ME061	Student Status	Determines if member is a student.	2443	Student Status is required.
ME	ME062	Marital Status	Shows marital status of member.	2039	Marital Status must be within the valid domain of values.
ME	ME062	Marital Status	Shows marital status of member.	2444	Marital Status is required.
ME	ME063	Benefit Status	determines status of benefits for employee.	2445	Benefit Status is required.
ME	ME063	Benefit Status	determines status of benefits for employee.	2695	Benefit Status must be within the valid domain of values.
ME	ME064	Employee Type	(eg: hourly, salaried, temp)	2040	Employee Type must be within the valid domain of values.
ME	ME064	Employee Type	(eg: hourly, salaried, temp)	2446	Employee Type is required.
ME	ME065	Date of Retirement	Date GIC employee retired	2591	Date of Retirement must be in date format (YYYYMMDD).
ME	ME065	Date of Retirement	Date GIC employee retired	3795	The Date of Retirement is requied when Employment Status (ME060) equals Retiree.
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2448	COBRA Status is required.
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2668	COBRA Status must be in integer (no decimal points) format .
ME	ME066	COBRA Status	Indicates if member is covered using COBRA benefit.	2696	COBRA Status must be within the valid domain of values.
ME	ME067	Spouse Plan Type	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2041	Spouse Plan Type must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME068	Spouse Plan	when spouse of employee selects Medicare coverage, which is separate from GIC..	2726	Spouse Plan must be within the valid domain of values.
ME	ME069	Spouse Medical Coverage	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2727	Spouse Medical Coverage must be within the valid domain of values.
ME	ME070	Spouse Medicare Indicator	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	2728	Spouse Medicare Indicator must be within the valid domain of values.
ME	ME073	Fully Insured Member	1 = Yes, Member is fully insured	2043	Fully Insured Member must be within the valid domain of values.
ME	ME073	Fully Insured Member	1 = Yes, Member is fully insured	2455	Fully Insured Member is required.
ME	ME074	Interpreter	Does member require interpreter	3722	Interpreter must be within the valid domain of values.
ME	ME075	NewMMISID	This is the unique ID that NewMMIS uses to uniquely identify a member. (This field is for MassHealth, Medicaid MCOs, or Carriers that offer Commonwealth Care.)	3685	NewMMIS ID must be in valid format and length and is required when Year (ME004) and Month (ME005) is greater than 200904.
ME	ME076	Member rating category		2044	Member rating category must be within the valid domain of values.
ME	ME081	Medicare Code	A code indicating if Medicare coverage applies and, if so, the type of Medicare coverage.	2698	Medicare Code must be within the valid domain of values.
ME	ME081	Medicare Code	A code indicating if Medicare coverage applies and, if so, the type of Medicare coverage.	2463	Medicare Code is required.
ME	ME083	Employer EIN		3906	Employer EIN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
ME	ME101	Subscriber Last Name	NULL	2466	Subscriber Last Name is required.
ME	ME102	Subscriber First Name	NULL	2467	Subscriber First Name is required.
ME	ME103	Subscriber Middle Initial	NULL	2468	Subscriber Middle Initial is required.
ME	ME104	Member Last Name	NULL	2469	Member Last Name is required.
ME	ME105	Member First Name	NULL	2470	Member First Name is required.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME106	Member Middle Initial	NULL	2471	Member Middle Initial is required.
ME	ME107	Carrier Specific Unique Member ID	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted upon intake.	2472	Carrier Specific Unique Member ID is required.
ME	ME108	Subscriber City Name	Subscriber City Name	2473	Subscriber City Name is required.
ME	ME109	Subscriber State or Province	The state of the subscribers residence. As defined by the US Postal Service	2474	Subscriber State or Province is required.
ME	ME109	Subscriber State or Province	The state of the subscribers residence. As defined by the US Postal Service	3847	The Subscriber State or Province must be within the valid domain of values.
ME	ME110	Subscriber ZIP Code	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	2475	Subscriber ZIP Code is required.
ME	ME110	Subscriber ZIP Code	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	3687	Subscriber ZIP Code must match Subscriber City Name
ME	ME111	Medical Deductible	The annual amount of the members deductible that is applied to medical services before certain services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2669	Medical Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME111	Medical Deductible	The annual amount of the members deductible that is applied to medical services before certain services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3796	The Medical Deductible is requied when Medical Coverage (ME018) equals 1.
ME	ME112	Pharmacy Deductible	The annual amount of the members deductible that is applied to pharmacy before certain prescriptions are covered. If patient deductible only applies to medical services then fill this field with 0. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3797	The Pharmacy Deductible is requied when Pharmacy Coverage (ME019) equals 1.
ME	ME112	Pharmacy Deductible	The annual amount of the members deductible that is applied to pharmacy before certain prescriptions are covered. If patient deductible only applies to medical services then fill this field with 0. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	2670	Pharmacy Deductible must be in integer (no decimal points) format and cannot be negative.

File Type	Element	Element Name	Element Description	EditID	Message
ME	ME113	Medical and Pharmacy Deductible	This field should be filled in when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two. If patient deductible only applies to medical services then fill this field with 0.This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2671	Medical and Pharmacy Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME113	Medical and Pharmacy Deductible	This field should be filled in when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two. If patient deductible only applies to medical services then fill this field with 0.This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3798	The Medical and Pharmacy Deductible is requied when Medical and Pharmacy Coverage (ME018 and ME019) equal 1.
ME	ME114	Behavioral Health Deductible	The annual amount of the members deductible that is applied to behavioral health services before certain behavioral health services are covered. This is the Base Deductible for General Services.Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3819	The Behavioral Health Deductible is required when the Behavioral Health Benefit Flag (ME051) equals 1.
ME	ME114	Behavioral Health Deductible	The annual amount of the members deductible that is applied to behavioral health services before certain behavioral health services are covered. This is the Base Deductible for General Services.Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	2672	Behavioral Health Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME115	Dental Deductible	The annual amount of the members deductible that is applied to dental services before certain dental services are covered.This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	2673	Dental Deductible must be in integer (no decimal points) format and cannot be negative.
ME	ME115	Dental Deductible	The annual amount of the members deductible that is applied to dental services before certain dental services are covered.This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	3877	Dental Deductible is required when Dental Coverage (ME020) = 1.
ME	ME116	Vision Deductible	The annual amount of the members deductible that is applied to vision services before certain vision services are covered. This is the Base Deductible for General Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000	3866	The Vision Deductible is required when Vision Benefit (ME118) = 1.
ME	ME116	Vision Deductible	The annual amount of the members deductible that is applied to vision services before certain vision services are covered. This is the Base Deductible for General	2674	Vision Deductible must be in integer (no decimal points) format and cannot be negative.

File Type	Element	Element Name	Element Description	EditID	Message
			Services. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000		
ME	ME117	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted upon intake.	2482	Carrier Specific Unique Subscriber ID is required.
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2483	Vision Benefit is required.
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2675	Vision Benefit must be in integer (no decimal points) format .
ME	ME118	Vision Benefit	1 = Yes, Vision is a covered benefit.	2699	Vision Benefit must be within the valid domain of values.
ME	ME899	Record Type	ME	2484	Record Type is required.
ME	ME899	Record Type	ME	3723	RecordType must match the RecordType in the header and the trailer.
PC	PC001	Payer	Payer submitting payments , Council Submitter Code	2232	Payer is required.
PC	PC001	Payer	Payer submitting payments , Council Submitter Code	1944	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PC	PC002	Plan ID	CMS National Plan ID	3688	Plan ID field must match the Plan ID on the Header Record
PC	PC003	Insurance Type Code/PR	See tlkpPharmacyInsuranceType	1979	Insurance Type Code/PR must be within the valid domain of values.
PC	PC003	Insurance Type Code/PR	See tlkpPharmacyInsuranceType	2234	Insurance Type Code/PR is required.
PC	PC004	Payer Claim Control Number	Must apply to the entire claim and be unique within the payer's system	2235	Payer Claim Control Number is required.
PC	PC005	Line Counter	Line number for this service	2236	Line Counter is required.
PC	PC005	Line Counter	Line number for this service	2627	Line Counter must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC005A	Version Number	Claim Service Version Number.	2628	Version Number must be in integer (no decimal points) format and cannot be negative.
PC	PC005A	Version Number	Claim Service Version Number.	2237	Version Number is required.

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC006	Insured Group or Policy Number	Group or policy number - not the number that uniquely identifies the subscriber	2238	Insured Group or Policy Number is required.
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	2239	Subscriber SSN is required.
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	3907	Subscriber SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC007	Subscriber SSN	Subscribers social security number (set as null if unavailable); used to create unique member ID. If PC011=20 and PC107=PC108 this field is optional.	3731	Subscriber SSN must be 9 digits, numeric and in valid format.
PC	PC008	Plan Specific Contract Number	Encrypted plan assigned contract number Set as null if contract number = subscriber's social security number	2240	Plan Specific Contract Number is required.
PC	PC009	Member Suffix or Sequence Number	Uniquely numbers the member within the contract	2241	Member Suffix or Sequence Number is required.
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	2242	Member SSN is required.
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	3908	Member SSN must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC010	Member SSN	Members social security number (set as null if unavailable)	3730	Member SSN must be 9 digits, numeric and in valid format.
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	2629	Individual Relationship Code must be in integer (no decimal points) format .
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	2243	Individual Relationship Code is required.
PC	PC011	Individual Relationship Code	See tlkpClaimIndividualRelationship	1980	Individual Relationship Code must be within the valid domain of values.
PC	PC012	Member Gender	1 Male, 2 Female, 3 Unknown	1981	Member Gender must be within the valid domain of values.
PC	PC012	Member Gender	1 Male, 2 Female, 3 Unknown	2244	Member Gender is required.
PC	PC013	Member Date of Birth	CCYYMMDD	2245	Member Date of Birth is required.
PC	PC013	Member Date of Birth	CCYYMMDD	2573	Member Date of Birth must be in date format (YYYYMMDD) and cannot be a future date.

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC013	Member Date of Birth	CCYYMMDD	3833	The Member Date of Birth cannot be greater than the date of service.
PC	PC014	Member City Name of Residence	City name of member	2246	Member City Name of Residence is required.
PC	PC015	Member State	As defined by the US Postal Service	2247	Member State is required.
PC	PC015	Member State	As defined by the US Postal Service	3834	The Member State must be within the valid domain of values.
PC	PC016	Member ZIP Code	ZIP Code of member - may include non-US codes. Do not include dash.	2248	Member ZIP Code is required.
PC	PC017	Date Service Approved (AP Date)	CCYYMMDD (Generally the same as the paid date or the Pharmacy Benefits Manager's billing date)	2574	Date Service Approved (AP Date) must be in date format (YYYYMMDD).
PC	PC017	Date Service Approved (AP Date)	CCYYMMDD (Generally the same as the paid date or the Pharmacy Benefits Manager's billing date)	2249	Date Service Approved (AP Date) is required.
PC	PC018	Pharmacy Number	pharmacy number (NCPDP or NABP)	2250	Pharmacy Number is required.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	2251	Pharmacy Tax ID Number is required.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	3909	Pharmacy Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC019	Pharmacy Tax ID Number	Federal taxpayer's identification number. (Please provide the pharmacy chain's federal tax identification number, if the individual retail pharmacy's tax ID# is not available.)	3767	The Pharmacy Tax ID must be 9 digits.
PC	PC020	Pharmacy Name	Name of pharmacy	2252	Pharmacy Name is required.
PC	PC021	National Pharmacy ID Number	Required if National PV ID is mandated for use under HIPAA	2253	National Pharmacy ID Number is required.
PC	PC021	National Pharmacy ID Number	Required if National PV ID is mandated for use under HIPAA	3768	The National Pharmacy ID Number must be 10 digits.
PC	PC022	Pharmacy Location City	City name of pharmacy - preferably pharmacy location	2254	Pharmacy Location City is required.

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC023	Pharmacy Location State	As defined by the US Postal Service	2255	Pharmacy Location State is required.
PC	PC023	Pharmacy Location State	As defined by the US Postal Service	3835	The Pharmacy Location State must be within the valid domain of values.
PC	PC024	Pharmacy ZIP Code	ZIP Code of pharmacy - may include non-US codes. Do not include dash	3836	The Pharmacy Zip Code must be within the valid domain of values.
PC	PC024	Pharmacy ZIP Code	ZIP Code of pharmacy - may include non-US codes. Do not include dash	2256	Pharmacy ZIP Code is required.
PC	PC024A	Pharmacy Country Code	Country Code of pharmacy	2257	Pharmacy Country Code is required.
PC	PC024A	Pharmacy Country Code	Country Code of pharmacy	3837	The Pharmacy Country Code must be within the valid domain of values.
PC	PC025	Claim Status	See tlkpClaimStatus	1984	Claim Status must be within the valid domain of values.
PC	PC025	Claim Status	See tlkpClaimStatus	2630	Claim Status must be in integer (no decimal points) format .
PC	PC025	Claim Status	See tlkpClaimStatus	2258	Claim Status is required.
PC	PC026	Drug Code	NDC Code	2259	Drug Code is required.
PC	PC026	Drug Code	NDC Code	1985	Drug Code must be within the valid domain of values.
PC	PC027	Drug Name	Text name of drug	2260	Drug Name is required.
PC	PC028	New Prescription or Refill	00 = new prescription, else number of refill	2261	New Prescription or Refill is required.
PC	PC028	New Prescription or Refill	00 = new prescription, else number of refill	2631	New Prescription or Refill must be in integer (no decimal points) format and cannot be negative.
PC	PC029	Generic Drug Indicator	N No, branded drug, Y Yes, generic Drug	2262	Generic Drug Indicator is required.
PC	PC029	Generic Drug Indicator	N No, branded drug, Y Yes, generic Drug	1987	Generic Drug Indicator must be within the valid domain of values.
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	1988	Dispense as Written Code must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	2263	Dispense as Written Code is required.
PC	PC030	Dispense as Written Code	See tlkpDispenseAsWritten	2632	Dispense as Written Code must be in integer (no decimal points) format .
PC	PC031	Compound Drug Indicator	See tlkpCompoundDrug	2264	Compound Drug Indicator is required.
PC	PC031	Compound Drug Indicator	See tlkpCompoundDrug	1989	Compound Drug Indicator must be within the valid domain of values.
PC	PC032	Date Prescription Filled	CCYYMMDD	2265	Date Prescription Filled is required.
PC	PC032	Date Prescription Filled	CCYYMMDD	2575	Date Prescription Filled must be in date format (YYYYMMDD).
PC	PC032	Date Prescription Filled	CCYYMMDD	3799	The Date Prescription filled cannot be greater than the Date Prescription written.
PC	PC033	Quantity Dispensed	Number of metric units of medication dispensed	2266	Quantity Dispensed is required.
PC	PC033	Quantity Dispensed	Number of metric units of medication dispensed	2633	Quantity Dispensed must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC034	Days Supply	Estimated number of days the prescription will last	2267	Days Supply is required.
PC	PC034	Days Supply	Estimated number of days the prescription will last	2634	Days Supply must be in integer (no decimal points) format , cannot be negative and cannot be zero.
PC	PC035	Charge Amount	Do not code decimal point	2268	Charge Amount is required.
PC	PC035	Charge Amount	Do not code decimal point	2635	Charge Amount must be in integer (no decimal points) format.
PC	PC035	Charge Amount	Do not code decimal point	3921	Charge Amount cannot be zero.
PC	PC036	Paid Amount	Includes all health plan payments and excludes all member payments. Do not include decimal points.	3865	The Paid Amount is required when Claim Status (PC025) = 01, 02, 03, 19, 20, 21.
PC	PC036	Paid Amount	Includes all health plan payments and excludes all member payments. Do not include decimal points.	2636	Paid Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC037	Ingredient Cost/List Price	Ingredient Cost/List Price of the drug dispensed.	2270	Ingredient Cost/List Price is required.

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC037	Ingredient Cost/List Price	Ingredient Cost/List Price of the drug dispensed.	2637	Ingredient Cost/List Price must be in integer (no decimal points) format and cannot be zero.
PC	PC038	Postage Amount Claimed	Do not code decimal point	2271	Postage Amount Claimed is required.
PC	PC038	Postage Amount Claimed	Do not code decimal point	2638	Postage Amount Claimed must be in integer (no decimal points) format and cannot be negative.
PC	PC039	Dispensing Fee	Do not code decimal point	2639	Dispensing Fee must be in integer (no decimal points) format and cannot be negative.
PC	PC039	Dispensing Fee	Do not code decimal point	2272	Dispensing Fee is required.
PC	PC040	Copay Amount	The preset, fixed dollar amount for which the individual is responsible.Do not include decimal point.	2273	Copay Amount is required.
PC	PC040	Copay Amount	The preset, fixed dollar amount for which the individual is responsible.Do not include decimal point.	2640	Copay Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC041	Coinsurance Amount	Do not code decimal point	2274	Coinsurance Amount is required.
PC	PC041	Coinsurance Amount	Do not code decimal point	2641	Coinsurance Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC042	Deductible Amount	Do not code decimal point	2275	Deductible Amount is required.
PC	PC042	Deductible Amount	Do not code decimal point	2642	Deductible Amount must be in integer (no decimal points) format and cannot be negative.
PC	PC043	Prescribing PVID	The number of the prescribing PV which links to this PV in the PV file, on field PV002. Fields PC044-PC055 are optional if the value in this field links to a value in PV002.	2276	Prescribing PVID is required.
PC	PC044	Prescribing Physician First Name	Physician first name (Optional if PC047 is filled with DEA number).	3879	The Prescribing Physician First Name is required when Prescribing PVID (PC043) is empty.
PC	PC045	Prescribing Physician Middle Name	Physician middle name or initial (Optional if PC047 is filled with DEA number).	3880	The Prescribing Physician Middle Name is required when Prescribing PVID (PC043) is empty.
PC	PC046	Prescribing Physician Last Name	Physician last name (Optional if PC047 is filled with DEA number; required if PC047 is blank or is filled with NPI number).	3881	The Prescribing Physician Last Name is required when Prescribing PVID (PC043) is empty.
PC	PC047	Prescribing Physician DEA Number	DEA number for prescribing physician.	3882	The Prescribing Physician DEA Number is required when Prescribing PVID (PC043) is empty.

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC047	Prescribing Physician DEA Number	DEA number for prescribing physician.	3696	Prescribing Physician DEA number must have alpha characters in position 1 and 2 and must have numeric characters in position 3-9.
PC	PC048	Prescribing Physician NPI	PI number for prescribing physician.	3883	The Prescribing Physician NPI is required when Prescribing PVID (PC043) is empty.
PC	PC048	Prescribing Physician NPI	PI number for prescribing physician.	3699	Prescribing Physician NPI must be 10 characters and numeric.
PC	PC049	Prescribing Physician Plan Number		3884	The Prescribing Physician Plan Number is required when Prescribing PVID (PC043) is empty.
PC	PC050	Prescribing Physician License Number		3885	The Prescribing Physician License Number is required when Prescribing PVID (PC043) is empty.
PC	PC051	Prescribing Physician Street Address		3886	The Prescribing Physician Street Address is required when Prescribing PVID (PC043) is empty.
PC	PC052	Prescribing Physician Street Address 2		3887	The Prescribing Physician Street Address 2 is required when Prescribing PVID (PC043) is empty.
PC	PC052	Prescribing Physician Street Address 2		3820	The Prescribing Physician Street Address 2 is required when the Prescribing Physician Street Address (PC051) is not present.
PC	PC053	Prescribing Physician City		3888	The Prescribing Physician City is required when Prescribing PVID (PC043) is empty.
PC	PC054	Prescribing Physician State		3889	The Prescribing Physician State is required when Prescribing PVID (PC043) is empty.
PC	PC054	Prescribing Physician State		3838	The Prescribing Physician State must be within the valid domain of values.
PC	PC055	Prescribing Physician Zip		3839	The Prescribing Physician Zip must be within the valid domain of values.
PC	PC055	Prescribing Physician Zip		3890	The Prescribing Physician Zip is required when Prescribing PVID (PC043) is empty.
PC	PC056	PR ID Number	Must correspond to the PR file.	2289	PR ID Number is required.
PC	PC057	Mail Order Pharmacy	Mail Order pharmacy = 1 all other =0.	2290	Mail Order Pharmacy is required.
PC	PC057	Mail Order Pharmacy	Mail Order pharmacy = 1 all other =0.	2677	Mail Order Pharmacy must be within the valid domain of values.
PC	PC058	Script Number		2291	Script Number is required.

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC059	Recipient PCP ID		2292	Recipient PCP ID is required.
PC	PC060	Single/Multiple Source Indicator	Values 1 = Single Source or 2 = Multi Source.	2678	Single/Multiple Source Indicator must be within the valid domain of values.
PC	PC060	Single/Multiple Source Indicator	Values 1 = Single Source or 2 = Multi Source.	2293	Single/Multiple Source Indicator is required.
PC	PC061	Member Street Address	Street address of member.	2294	Member Street Address is required.
PC	PC062	Billing PV Tax ID Number		2295	Billing PV Tax ID Number is required.
PC	PC062	Billing PV Tax ID Number		3770	The Billing PV Tax ID Number must be 9 digits.
PC	PC062	Billing PV Tax ID Number		3910	Billing PV Tax ID Number must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PC	PC063	Paid Date	YYYYMMDD	3690	Paid must be between the Period Begin and Period End Dates on the Transmittal Record.
PC	PC063	Paid Date	YYYYMMDD	2296	Paid Date is required.
PC	PC063	Paid Date	YYYYMMDD	2576	Paid Date must be in date format (YYYYMMDD) and cannot be a future date.
PC	PC064	Date Prescription Written		2297	Date Prescription Written is required.
PC	PC064	Date Prescription Written		2577	Date Prescription Written must be in date format (YYYYMMDD) and cannot be a future date.
PC	PC064	Date Prescription Written		3703	Date Prescription Written cannot be greater than the Paid Date and cannot be greater than the Date Prescription Filled.
PC	PC065	Coordination of Benefits/TPL Liability Amount		2643	Coordination of Benefits/TPL Liability Amount must be in integer (no decimal points) format and cannot be zero.
PC	PC065	Coordination of Benefits/TPL Liability Amount		2298	Coordination of Benefits/TPL Liability Amount is required when PC025 is 19, 20 or 21.
PC	PC066	Other Insurance Paid Amount		2644	Other Insurance Paid Amount must be in integer (no decimal points) format .

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC066	Other Insurance Paid Amount		2299	Other Insurance Paid Amount is required when PC025 is 02, 03, 20 or 21.
PC	PC067	Medicare Paid Amount		2645	Medicare Paid Amount must be in integer (no decimal points) format .
PC	PC068	Allowed Amount		2301	Allowed Amount is required when PC025 is 04 or 22.
PC	PC068	Allowed Amount		2646	Allowed Amount must be in integer (no decimal points) format and cannot be zero.
PC	PC069	Member Self Pay Amount	Amount member paid if they chose to pay out of pocket instead of using pharmacy benefit copay structure.	2647	Member Self Pay Amount must be in integer (no decimal points) format .
PC	PC070	Rebate Indicator	Determines if the drug is eligible for a rebate.	2303	Rebate Indicator is required.
PC	PC070	Rebate Indicator	Determines if the drug is eligible for a rebate.	2080	Rebate Indicator must be within the valid domain of values.
PC	PC071	State Sales Tax	The dollar amount of any applicable sales tax.	2648	State Sales Tax must be in integer (no decimal points) format .
PC	PC072	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3915	Delegated Benefit Administrator Organization ID must be in integer (no decimal points) format.
PC	PC072	Delegated Benefit Administrator Organization ID	If the record is sourced from a delegated benefit administrator, this field contains the DHCFP assigned organization ID for the delegated benefit administrator. Contact DHCFP for the appropriate value. Report null values if not applicable.	3862	When present, the DelegatedBenefitAdministratorOrganizationID must be a valid orgid.
PC	PC073	Formulary Code	Determines if drug is on the formulary, with a Y or N.	2729	Formulary Code must be within the valid domain of values.
PC	PC073	Formulary Code	Determines if drug is on the formulary, with a Y or N.	2306	Formulary Code is required.
PC	PC074	Route of Administration	Indicates how drug is administered.	2307	Route of Administration is required.
PC	PC074	Route of Administration	Indicates how drug is administered.	2730	Route of Administration must be within the valid domain of values.
PC	PC075	Drug Unit of Measure		2679	Drug Unit of Measure must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
PC	PC075	Drug Unit of Measure		2308	Drug Unit of Measure is required.
PC	PC101	Subscriber Last Name		2309	Subscriber Last Name is required.
PC	PC102	Subscriber First Name	NULL	2310	Subscriber First Name is required.
PC	PC104	Member Last Name	NULL	2312	Member Last Name is required.
PC	PC105	Member First Name	NULL	2313	Member First Name is required.
PC	PC107	Carrier Specific UniqueID	This is the number the carrier uses internally to uniquely identify the member.	2315	Carrier Specific UniqueID is required.
PC	PC108	Carrier Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.	2316	Carrier Specific Unique Subscriber ID is required.
PC	PC109	Member Street Address 2	Address of member which may include apartment number or suite, or other secondary information besides the street.	3821	The Member Street Address 2 is required when the Member Street Address (PC061) is not present.
PC	PC110	Claim Line Type	Code Indicating Type of Record. See lookup table for values (Original, Void, Replacement, Back Out, Amendment)	2318	Claim Line Type is required.
PC	PC110	Claim Line Type	Code Indicating Type of Record. See lookup table for values (Original, Void, Replacement, Back Out, Amendment)	2680	Claim Line Type must be within the valid domain of values.
PC	PC899	Record Type	PC	2320	Record Type is required.
PC	PC899	Record Type	PC	3724	RecordType must match the RecordType in the header and the trailer.
PR	PR001	PR ID number	PR Identification Number	2550	PR ID number is required.
PR	PR001	PR ID number	PR Identification Number	1946	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PR	PR001	PR ID number	PR Identification Number	3896	Partial Replacement submissions are not allowed. Please resubmit with the Full Replacement indicator.
PR	PR002	PR Name	Carrier defined PR Name	2551	PR Name is required.

File Type	Element	Element Name	Element Description	EditID	Message
PR	PR003	Carrier License Type	Carrier License Type	2552	Carrier License Type is required.
PR	PR003	Carrier License Type	Carrier License Type	2053	Carrier License Type must be within the valid domain of values.
PR	PR004	PR Line of Business Model	The Line of Business / Insurance Model the PR relates to.	2062	PR Line of Business Model must be within the valid domain of values.
PR	PR004	PR Line of Business Model	The Line of Business / Insurance Model the PR relates to.	2553	PR Line of Business Model is required.
PR	PR005	Insurance Plan Market	Insurance Plan Market Code	2554	Insurance Plan Market is required.
PR	PR005	Insurance Plan Market	Insurance Plan Market Code	2064	Insurance Plan Market must be within the valid domain of values.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2065	PR Benefit Type must be within the valid domain of values.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2555	PR Benefit Type is required.
PR	PR006	PR Benefit Type	Indicates combinations of offerings.	2676	PR Benefit Type must be in integer (no decimal points) format .
PR	PR007	Other PR Benefit Description	Benefit Description	3831	Other PR Benefit Description is required when PR006 = 0.
PR	PR008	Risk Type	Indicates if the PR was an at-risk PR or self insured.	3832	Risk Type must be within the valid domain of values.
PR	PR008	Risk Type	Indicates if the PR was an at-risk PR or self insured.	2557	Risk Type is required.
PR	PR009	PR Start Date	PR Start Date	2558	PR Start Date is required.
PR	PR009	PR Start Date	PR Start Date	2597	PR Start Date must be in date format (YYYYMMDD).
PR	PR010	PR End Date	Last date on which members could be enrolled in this PR	2598	PR End Date must be in date format (YYYYMMDD).
PR	PR011	PR Active Flag	Indicator to further refine activity status	2560	PR Active Flag is required.
PR	PR011	PR Active Flag	Indicator to further refine activity status	2681	PR Active Flag must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
PR	PR011	PR Active Flag	Indicator to further refine activity status	3704	PR End Date must be > PR Start Date if Active Flag = 2
PR	PR012	Annual Per Person Deductible Code	Per Person Deductible bandwidth reporting	2682	Annual Per Person Deductible Code must be within the valid domain of values.
PR	PR012	Annual Per Person Deductible Code	Per Person Deductible bandwidth reporting	2561	Annual Per Person Deductible Code is required.
PR	PR013	AnnualPer Family Deductible Code	Per Family Deductible bandwidth reporting	2562	AnnualPer Family Deductible Code is required.
PR	PR013	AnnualPer Family Deductible Code	Per Family Deductible bandwidth reporting	2683	AnnualPer Family Deductible Code must be within the valid domain of values.
PR	PR014	Coordinated Care model	Indicates if a patients care is clinically coordinated or managed.	2684	Coordinated Care model must be within the valid domain of values.
PR	PR014	Coordinated Care model	Indicates if a patients care is clinically coordinated or managed.	2563	Coordinated Care model is required.
PR	PR899	Record Type	PR	2564	Record Type is required.
PR	PR899	Record Type	PR	3726	RecordType must match the RecordType in the header and the trailer.
PV	PV001	Payer	CMS National Plan ID	1945	The Payer Field within each record of the file must match the Payer Field on the Header Record.
PV	PV001	Payer	CMS National Plan ID	2485	Payer is required.
PV	PV002	Plan PV ID	Plan PV ID.	2486	Plan PV ID is required.
PV	PV003	Tax Id	Federal Tax ID - no hyphens.	2487	Tax Id is required.
PV	PV003	Tax Id	Federal Tax ID - no hyphens.	3705	Tax ID must be in proper tax ID format and have no hyphens
PV	PV003	Tax Id	Federal Tax ID - no hyphens.	3911	Tax Id must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PV	PV004	UPIN Id	UPIN Number. If not available, default to null. Do not use zeros.	3822	The UPIN ID is required when the PVIDCode (PV034) equals 1 and (PV036) Medicare ID is not blank.
PV	PV005	DEA Id	Drug Enforcement Agency number.. If not available, default to null. Do not use zeros.	3823	The DEA ID is required when the PVIDCode (PV034) equals 1.

File Type	Element	Element Name	Element Description	EditID	Message
PV	PV005	DEA Id	Drug Enforcement Agency number.. If not available, default to null. Do not use zeros.	3706	DEA ID may not have letters V-Z in first position, must have letters in the first 2 positions and must have numbers in positions 3 - 9.
PV	PV008	Last Name	Last name of PV or full facility name. Punctuation may be included. If the facility name is present, this field is ignored.	3800	The Last Name is required when the PVID Code (PV034) = 1.
PV	PV009	First Name	First name of PV. Punctuation may be included.. If the facility name is present, this field is ignored.	3801	The First Name is required when the PVID Code (PV034) = 1.
PV	PV010	Middle Initial	Middle initial of PV. If the facility name is present, this field is ignored.	3802	The Middle Initial is required when the PVID Code (PV034) = 1.
PV	PV012	Entity Name	Group / Facility name	3803	The Entity Name is required when the PVID Code (PV034) = 2.
PV	PV013	Entity Code	PV facility code	2066	Entity Code must be within the valid domain of values.
PV	PV013	Entity Code	PV facility code	3876	Entity Code is required when PV034 = 2,3,4,5,6,7,0.
PV	PV014	Gender Code	Gender of PV.. if available, this may be used to link PVs together. If not available, default to null.	3871	The Gender Code is required when PV ID Code (PV034) = 1.
PV	PV014	Gender Code	Gender of PV.. if available, this may be used to link PVs together. If not available, default to null.	2067	Gender Code must be within the valid domain of values.
PV	PV015	DOB Date	Date of birth of PV. 20050501(yyyymmdd). YYYYMMDD is the preferred date format. If not available or applicable, default to null value.	3824	The Date of Birth is required when the PVIDCode (PV034) equals 1.
PV	PV016	Street Address1 Name	Street address where PV sees plan members. Brick & mortar. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2500	Street Address1 Name is required.
PV	PV017	Street Address2 Name	Street address where services were rendered. brick & mortar. Optional	3872	The Street Address2 Name is required when Street Address1 Name (PV016) is missing.
PV	PV018	City Name	City where PV sees plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2502	City Name is required.
PV	PV019	State Code	State. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If populated, this should be a valid USPS state code.	3874	The State Code is required when the Country Code (PV020) is USA.
PV	PV019	State Code	State. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field. If populated, this should be	3840	The State Code must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
			a valid USPS state code.		
PV	PV020	Country Code	Country Code of the PV	3841	The Country Code must be within the valid domain of values.
PV	PV020	Country Code	Country Code of the PV	2504	Country Code is required.
PV	PV021	Zip Code	Zip where PV sees and treats plan members. If only mailing address is available, please send the mailing address in this field in addition to putting it in the mailing address field.	2505	Zip Code is required.
PV	PV022	Taxonomy	Taxonomy code	3727	Taxonomy must be within the valid domain of values.
PV	PV022	Taxonomy	Taxonomy code	3804	The Taxonomy is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV023	Mailing Street Address1 Name	Mailing address	2507	Mailing Street Address1 Name is required.
PV	PV024	Mailing Street Address2 Name	Mailing address	3873	The Mailing Street Address2 Name is required when Mailing Street Address1 Name (PV023) is missing.
PV	PV025	Mailing City Name	Mailing address	2509	Mailing City Name is required.
PV	PV026	Mailing State Code	Mailing address	3875	The Mailing State Code is required when the Mailing Country Code (PV027) is USA.
PV	PV026	Mailing State Code	Mailing address	3769	The Mailing State Code must be within the valid domain of values.
PV	PV027	Mailing Country Code	Mailing address	3842	The Mailing Country Code must be within the valid domain of values.
PV	PV027	Mailing Country Code	Mailing address	2511	Mailing Country Code is required.
PV	PV028	Mailing Zip Code	Mailing address	2512	Mailing Zip Code is required.
PV	PV029	PV Type Code	Reference tables required - Provide a cross-reference table for any values used in this field.. This is a required field that distinguishes clinicians, facilities, and other. Clinicians are physicians and other practitioners who can perform an E&M service (thereby start an episode). Facilities can sometimes start episodes (i.e. patient	2513	PV Type Code is required.

File Type	Element	Element Name	Element Description	EditID	Message
			goes to ER at onset of symptoms). PVs classified as other never start episodes.		
PV	PV030	Primary Specialty Code	Reference tables required: provide a cross-reference table for any values used in this field.. If the Plan can not determine which specialty is primary, then populate this field with the PVs specialty for purposes of assigning cost and quality measures. For non-physicians, set this to a value that indicates that the PV is a hospital, or facility or has no specialty.	3805	The Primary Specialty Code is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV030	Primary Specialty Code	Reference tables required: provide a cross-reference table for any values used in this field.. If the Plan can not determine which specialty is primary, then populate this field with the PVs specialty for purposes of assigning cost and quality measures. For non-physicians, set this to a value that indicates that the PV is a hospital, or facility or has no specialty.	2072	Primary Specialty Code must be within the valid domain of values.
PV	PV034	PV ID Code	PV Identification Code	2074	PV ID Code must be within the valid domain of values.
PV	PV034	PV ID Code	PV Identification Code	2518	PV ID Code is required.
PV	PV035	SSN Id	Social Security Number of the PV. No hyphens. If not available, set to null.	3912	SSN Id must be in integer (no decimal points) format, cannot be zero and cannot be negative.
PV	PV035	SSN Id	Social Security Number of the PV. No hyphens. If not available, set to null.	3712	SSN ID is required when PV ID Code (PV034) = 1 and when present SSN ID must be in valid SSN format.
PV	PV036	Medicare Id	Medicare ID of the PV. If not available, set to null.	3806	The Medicare is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5 and the UPINID (PV004) is not null.
PV	PV037	Begin Date	Date PV becomes eligible to perform services for plan members/insureds. YYYYMMDD	3917	Begin Date must be no greater than 1 year of the submission filing period.
PV	PV037	Begin Date	Date PV becomes eligible to perform services for plan members/insureds. YYYYMMDD	2593	Begin Date must be in date format (YYYYMMDD).
PV	PV038	End Date	Date PV is no longer eligible to perform services for plan members/insureds. YYYYMMDD	2594	End Date must be in date format (YYYYMMDD).
PV	PV038	End Date	Date PV is no longer eligible to perform services for plan members/insureds. YYYYMMDD	3714	End Date must be after Begin Date
PV	PV039	National PV ID	For each clinician and organization.	3715	National PV ID must be ten numbers

File Type	Element	Element Name	Element Description	EditID	Message
PV	PV039	National PV ID	For each clinician and organization.	3858	The National PVID must be within the valid domain of values.
PV	PV039	National PV ID	For each clinician and organization.	3807	The National PV ID is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV040	National PV2 ID	Optional NPI id if available.	3859	The National PV2ID must be within the valid domain of values.
PV	PV040	National PV2 ID	Optional NPI id if available.	3716	National PV2 ID must be ten numbers and is required when PV Type Code = 0, 1, 2, 3, 4 or 5.
PV	PV042	Secondary Specialty2 Code	see mapping notes for primary specialty above.	3808	The Secondary Specialty 2 Code is required when the PVIDCode (PV034) equals 0,1,2,3,4, or 5.
PV	PV042	Secondary Specialty2 Code	see mapping notes for primary specialty above.	3748	SecondarySpecialty2Code must be within the valid domain of values.
PV	PV043	Secondary Specialty3 Code	see mapping notes for primary specialty above.	3749	SecondarySpecialty3Code must be within the valid domain of values.
PV	PV044	Secondary Specialty4 Code	see mapping notes for primary specialty above.	3750	SecondarySpecialty4Code must be within the valid domain of values.
PV	PV045	P4P Flag	Pay-for-performance bonuses or year-end withold returns based on performance. Supplemental file will be required Yes=1, No=0	2734	P4P Flag must be within the valid domain of values.
PV	PV045	P4P Flag	Pay-for-performance bonuses or year-end withold returns based on performance. Supplemental file will be required Yes=1, No=0	2529	P4P Flag is required.
PV	PV046	NonClaimsFlag	Other payments not flowing through the claims system (such as risk sharing). Supplemental file will be required Yes=1, No=0	2530	NonClaimsFlag is required.
PV	PV046	NonClaimsFlag	Other payments not flowing through the claims system (such as risk sharing). Supplemental file will be required Yes=1, No=0	2735	NonClaimsFlag must be within the valid domain of values.
PV	PV047	Uses Electronic Medical Records	PV Uses EMR indicator	2736	Uses Electronic Medical Records must be within the valid domain of values.
PV	PV047	Uses Electronic Medical Records	PV Uses EMR indicator	2531	Uses Electronic Medical Records is required.
PV	PV048	EMR Vendor	Name of EMR vendor	3811	The EMR Vendor is required when Uses Electronic Medical Records (PV047) equals 1.
PV	PV049	Accepting New Patients		2737	Accepting New Patients must be within the valid domain of values.

File Type	Element	Element Name	Element Description	EditID	Message
PV	PV049	Accepting New Patients		2533	Accepting New Patients is required.
PV	PV050	Offers e-Visits	indicates if PV uses e-visit tools for well visits.	2534	Offers e-Visits is required.
PV	PV050	Offers e-Visits	indicates if PV uses e-visit tools for well visits.	2738	Offers e-Visits must be within the valid domain of values.
PV	PV052	Has multiple offices	Indicates if PV has multiple offices	2739	Has multiple offices must be within the valid domain of values.
PV	PV052	Has multiple offices	Indicates if PV has multiple offices	2536	Has multiple offices is required.
PV	PV055	PCP Flag	Indicates if the PV is a PCP.	2539	PCP Flag is required.
PV	PV055	PCP Flag	Indicates if the PV is a PCP.	2740	PCP Flag must be within the valid domain of values.
PV	PV056	PV Affiliation	Indicates the parent entity/group that the PV belongs to	2540	PV Affiliation is required.
PV	PV056	PV Affiliation	Indicates the parent entity/group that the PV belongs to	3717	PV Affiliation value must match a value in PV002 for a different record or the same record
PV	PV057	PV Telephone		3718	PV telephone must be 10 characters with no hypens
PV	PV057	PV Telephone		2541	PV Telephone is required.
PV	PV058	Delegated PV Record Flag	PV Record Source Indicator	2542	Delegated PV Record Flag is required.
PV	PV058	Delegated PV Record Flag	PV Record Source Indicator	2741	Delegated PV Record Flag must be within the valid domain of values.
PV	PV060	Office Type	indicates if the office is a facility, or doctors office, or clinic, or walk in or lab	2079	Office Type must be within the valid domain of values.
PV	PV060	Office Type	indicates if the office is a facility, or doctors office, or clinic, or walk in or lab	2544	Office Type is required.
PV	PV061	Prescribing PV	Indicates if the PV has prescribing priviledges	2742	Prescribing PV must be within the valid domain of values.
PV	PV061	Prescribing PV	Indicates if the PV has prescribing priviledges	2545	Prescribing PV is required.

File Type	Element	Element Name	Element Description	EditID	Message
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	3918	PV Affiliation Start Date must be no greater than 1 year of the submission filing period.
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	2546	PV Affiliation Start Date is required.
PV	PV062	PV Affiliation Start Date	Indicates start date of PVs relationship with parent entity/group	2595	PV Affiliation Start Date must be in date format (YYYYMMDD).
PV	PV063	PV Affiliation End Date	Indicates end date of PVs relationship with parent entity/group	2596	PV Affiliation End Date must be in date format (YYYYMMDD).
PV	PV063	PV Affiliation End Date	Indicates end date of PVs relationship with parent entity/group	3720	PV Affiliation End Date must be greater than PV Affiliation Start Date
PV	PV064	PPO Indicator	Indicates if the PV is a contracted network PV	2548	PPO Indicator is required.
PV	PV064	PPO Indicator	Indicates if the PV is a contracted network PV	2743	PPO Indicator must be within the valid domain of values.
PV	PV899	Record Type	PV [PV file].	2549	Record Type is required.
PV	PV899	Record Type	PV [PV file].	3721	Record Type must match the Record Type on the Header and the Record Type on the Trailer
TR	TR002	Payer	Payer submitting payments/Council Submitter Code	210	The Payer Field on the Trailer Record must be a valid DHCFP assigned OrgID.
TR	TR005	Period Beginning Date	CCYYMM, Beginning of paid period for claims, Beginning of month covered for eligibility	207	The Period Beginning Date on the Trailer Record must correspond with the Year and Quarter entered on the Transmittal Sheet.
TR	TR006	Period Ending Date	CCYYMM, End of paid period for claims, End of month covered for eligibility	208	The Period Ending Date on the Trailer Record must correspond with the Year and Quarter entered on the Transmittal Sheet.

APPENDIX 6: VARIANCE PROCESS

Overview

The Variance process is a collaborative effort between the payer and their assigned CHIA liaison to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the APCD standard. Payers are allowed to request a lower threshold for specific fields but must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. The Center liaison will carefully review the request and follow up with a discussion about how to improve data quality and suggest alternatives.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by the Center liaisons and discussed with the payer for corrective action.

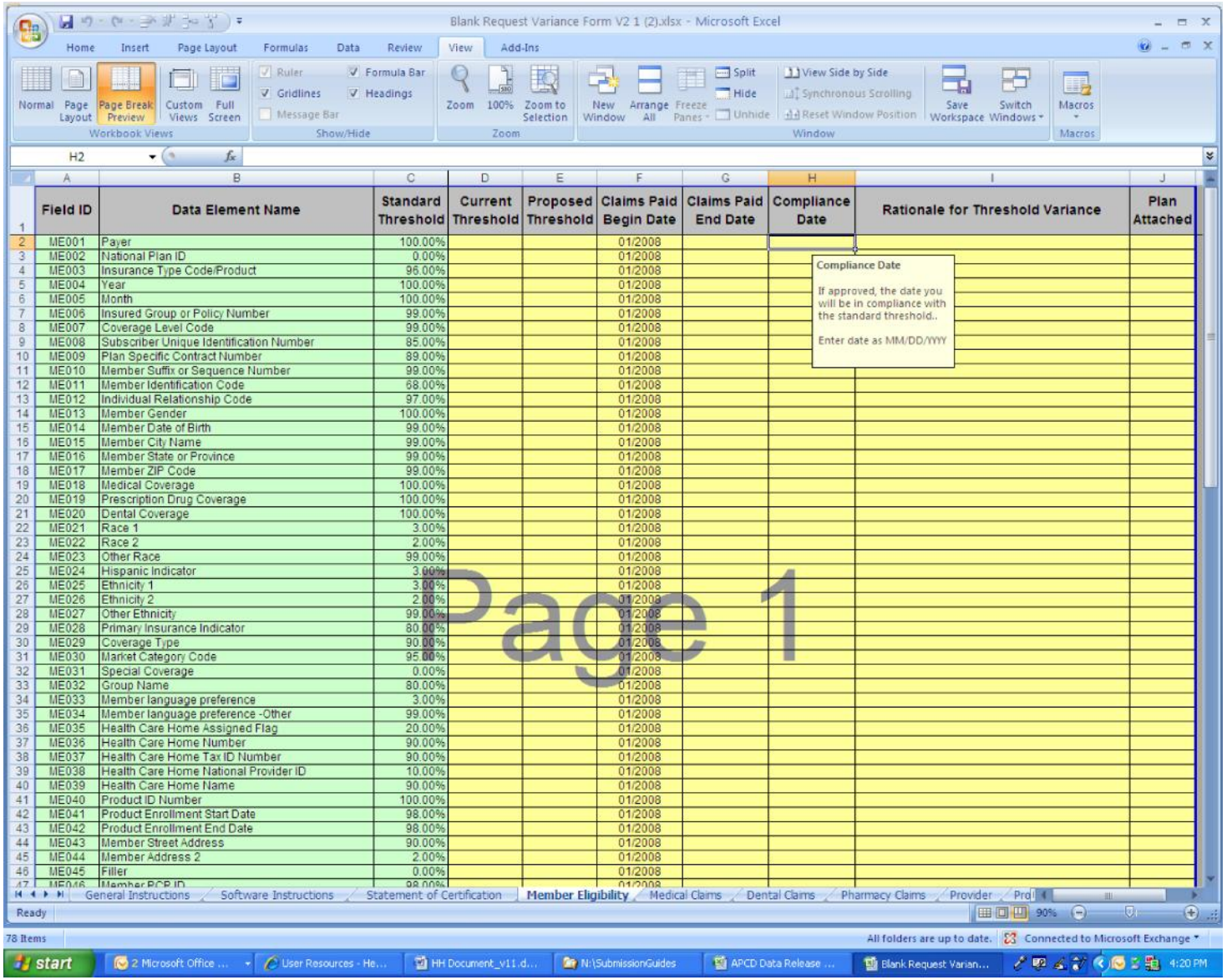
Examples:

- An example of an approved variance is for the Other Diagnosis fields on the Medical Claim file (data elements MC042 – MC053). To pay claims, it wasn't necessary for a particular carrier to retain more than the Primary or Admitting Diagnosis from claim forms so their historical data was allowed to have lower thresholds on these data elements. However, in working with their liaison, they have a remediation plan in place to start collecting this information going forward in 2012, thus eliminating the need for lower thresholds on these fields and improving the quality of the data.
- Payers may also use this process to request certain file type variances (i.e. a vision payer requesting a variance from having to submit pharmacy or dental claim files).

Variance Analysis

CHIA periodically updates variance analysis by data element. A report of such analysis includes the number of payers requesting variances on the indicated data element, the mean of the threshold variance requests, the minimum variance percentage requested, and the maximum variance percentage requested. Users who would like more details about this analysis may contact CHIA at apcd.data@state.ma.us.

Example of blank Variance Request form



Blank Request Variance Form V2 1 (2).xlsx - Microsoft Excel

Field ID	Data Element Name	Standard Threshold	Current Threshold	Proposed Threshold	Claims Paid Begin Date	Claims Paid End Date	Compliance Date	Rationale for Threshold Variance	Plan Attached
ME001	Payer	100.00%			01/2008				
ME002	National Plan ID	0.00%			01/2008				
ME003	Insurance Type Code/Product	96.00%			01/2008				
ME004	Year	100.00%			01/2008				
ME005	Month	100.00%			01/2008				
ME006	Insured Group or Policy Number	99.00%			01/2008				
ME007	Coverage Level Code	99.00%			01/2008				
ME008	Subscriber Unique Identification Number	85.00%			01/2008				
ME009	Plan Specific Contract Number	89.00%			01/2008				
ME010	Member Suffix or Sequence Number	99.00%			01/2008				
ME011	Member Identification Code	68.00%			01/2008				
ME012	Individual Relationship Code	97.00%			01/2008				
ME013	Member Gender	100.00%			01/2008				
ME014	Member Date of Birth	99.00%			01/2008				
ME015	Member City Name	99.00%			01/2008				
ME016	Member State or Province	99.00%			01/2008				
ME017	Member ZIP Code	99.00%			01/2008				
ME018	Medical Coverage	100.00%			01/2008				
ME019	Prescription Drug Coverage	100.00%			01/2008				
ME020	Dental Coverage	100.00%			01/2008				
ME021	Race 1	3.00%			01/2008				
ME022	Race 2	2.00%			01/2008				
ME023	Other Race	99.00%			01/2008				
ME024	Hispanic Indicator	3.00%			01/2008				
ME025	Ethnicity 1	3.00%			01/2008				
ME026	Ethnicity 2	2.00%			01/2008				
ME027	Other Ethnicity	99.00%			01/2008				
ME028	Primary Insurance Indicator	80.00%			01/2008				
ME029	Coverage Type	90.00%			01/2008				
ME030	Market Category Code	95.00%			01/2008				
ME031	Special Coverage	0.00%			01/2008				
ME032	Group Name	80.00%			01/2008				
ME033	Member language preference	3.00%			01/2008				
ME034	Member language preference -Other	99.00%			01/2008				
ME035	Health Care Home Assigned Flag	20.00%			01/2008				
ME036	Health Care Home Number	90.00%			01/2008				
ME037	Health Care Home Tax ID Number	90.00%			01/2008				
ME038	Health Care Home National Provider ID	10.00%			01/2008				
ME039	Health Care Home Name	90.00%			01/2008				
ME040	Product ID Number	100.00%			01/2008				
ME041	Product Enrollment Start Date	98.00%			01/2008				
ME042	Product Enrollment End Date	98.00%			01/2008				
ME043	Member Street Address	90.00%			01/2008				
ME044	Member Address 2	2.00%			01/2008				
ME045	Filler	0.00%			01/2008				
ME046	Member PCP ID	98.00%			01/2008				

Compliance Date

If approved, the date you will be in compliance with the standard threshold..

Enter date as MM/DD/YYYY

APPENDIX 7: CONTACT INFORMATION

The Center for Health Information and Analysis is located in downtown Boston, in the China Trade Center, at the corner of Boylston and Washington streets.

Please contact the Center with questions regarding the content and use of the data.

Center for Health Information and Analysis
2 Boylston Street, 5th floor
Boston, MA 02116-4734
617-988-3100 (voice)
617-727-7662 (fax)

For general APCD questions, email the APCD mailbox:

CHIA-APCD@state.ma.us

For questions regarding data requests/applications, email the APCD data application mailbox:

apcd.data@state.ma.us

APPENDIX 8: GLOSSARY OF TERMS

Term	Definition
Accident Indicator	A yes/no indicator that originates from the Professional Claims format to assess insurance liability65, financial responsibility and aid with clinical assessments.
Adjudication Data	Any data that describes how a claim was processed for payment. Typically information that would go back to the provider of services is used, but could include contract level information as well.
Admitting Diagnosis	This is the diagnosis (of a unique set of diagnoses) that supports a physician's order to admit a patient into an inpatient setting at a facility.
All-Payer Claims Database (APCD)	The All Payer Claims Data Base (APCD) is a dataset of members, providers, products and claims from payers that allow for a broad understanding of cost and utilization across institutions and populations.
Ambulatory Payment Classification (APC)	A payment methodology applied to outpatient claims in a facility; defined by Federal Balanced Budget Act for Medicare claims originally.
Ancillary Services	Any service that supports the primary reason for the medical visit. This can be laboratory, X-ray or other services within or outside of the same facility.
APC	See Ambulatory Payment Classification.
APCD	See All-Payer Claims Database.
APCD Field Threshold	The percentage of correct data that needs to be submitted for a particular field to ensure that it "passes". See Variance Request.
Applicant	An individual or organization that requests health care data and information in accordance with 114.5 CMR 22.03.
Attending Provider	A provider that has direct care oversight of the patient. Typically an individual reported on Facility Inpatient Claims.
Billing Provider	A provider entity that sends claims and requests for adjudication to a carrier for payment.
Capitated Encounter Flag	A MA APCD Flag Indicator that reports a line-item as being covered under a capitation arrangement.
Capitated Payment	Capitation is a contractual payment arrangement between provider and payer. It is the 'per member per month' methodology that does not take 'per service' into account during the contract timeframe.
Carrier-Specific Unique Member ID	The number a carrier uses internally to uniquely identify the member.
Carrier-Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.
Center For Health Information and Analysis	An agency of the Commonwealth of Massachusetts responsible for providing reliable information and meaningful analysis for those seeking to improve health care quality, affordability, access, and outcomes. Formerly the Division of Health Care Finance and Policy until November 5, 2012.
Center	See Center for Health Information and Analysis.

Term	Definition
CDT Code	See Common Dental Terminology Code.
CHIA	See Center for Health Information and Analysis.
Claim	A request for payment on rendered services to likely members. Claims can be in many formats: see UB04, HIPAA 837, Reimbursement Form, and Direct Data Entry.
Claim Line	An individual service reporting of a claim. See Line Counter.
Claim Line Type	A MA APCD value that reports a claim line status that moderately relates to the final digit (Frequency Code) of the Type of Bill or Place of Service code on a claim. Options are Original, Void, Replacement, Back Out and Amendment.
Claim Status	A MA APCD value that reports how a claim was processed by the reporting carrier. Relates to reimbursement order on claims.
Claims Adjudication	An evaluation process employed by insurance companies and/or their designees to process claims data for payment to providers.
Claims Data	Information consisting of, or derived directly from, member eligibility information, medical claims, pharmacy claims, dental claims, and all other data submitted by health care payers to the Center.
CMS	See Centers for Medicare & Medicaid Services
COB	See Coordination of Benefits
COBRA	See Consolidated Omnibus Budget Reconciliation Act
Coinsurance Amount	Usually defined as a percentage of the claim that the subscriber pays on covered services to the provider after deductibles have been met, per the plan contract. Also see Cost Sharing and/or Out of Pocket Expense
Common Dental Terminology Code (CDT Code)	A code set developed for dental procedure reporting by the American Dental Association
Compound Drug Indicator	A MA APCD Flag Indicator that reports if a pharmacy line had to be compounded for the patient due to patient-specific needs (weight, allergies, administration route) or unavailability of the drug in certain measures.
Consolidated Omnibus Budget Reconciliation Act (COBRA)	Refers to the COBRA legislation that requires offering continued health care coverage when a qualifying event occurs with the employed family member. Usually only required of large group employers (20+ employees) under a modified payment schedule for same level of coverage.
Coordination of Benefits (COB)	A process that occurs between provider, subscriber(s) of same household, and two or more payers to eliminate multiple primary payments.
Coordination of Benefits/TPL Liability Amount	The amount calculated by a primary payer on a claim as the amount due from a secondary or other payer on the same claim when the primary payer is aware of other payers.
Copayment Amount	Usually defined as a set amount paid by the subscriber to the provider for a given outpatient service, per the plan

Term	Definition
	contract. Also see Cost Sharing and/or Out of Pocket Expense.
Coverage Level Code	A MA APCD value submitted by the carrier that refines a line of eligibility to report the definition and size of covered lives.
Covered Days	The number of inpatient days covered by the plan under the member's eligibility. See Noncovered Days.
Date Service Approved (AP Date)	This is the date that the claim line was approved for payment. It can be several days (or weeks) prior to the Paid Date or on the Paid Date, but cannot fall after the Paid Date.
DC File	See Dental Claim File
DDE	See Direct Data Entry
Deductible	Usually defined as an annual set amount paid by the subscriber to the provider prior to the plan applying benefits. Deductibles can be inpatient and/or outpatient as they are payer/plan specific. Also see Cost Sharing and/or Out of Pocket Expense.
Delegated Benefit Administrator	CHIA assigned Org ID for Benefit Administrator. A Delegated Benefit Administrator is an entity that performs a combination of activities related to benefit enrollment, management and premium collection on behalf of a payer.
Denied Claims	Claims and/or Claim Lines that a payer will not process for payment due to non-eligibility or contractual conflicts.
Dental Claim File (DC File)	A MA APCD File Type for reporting all Paid Dental Claim Lines of a given time period. File accommodates Replacement and Void lines.
Diagnostic Related Group (DRG)	Diagnostic Related Group: A system to classify hospital inpatient admits into a defined set of cases by numeric representation. Payment categories that are used to classify patients for the purpose of reimbursing providers for each case in a given category with a fixed fee regardless of the actual costs incurred.
Disability Indicator Flag	Indicator that a member has a disability. A yes/no indicator that originates from the Professional Claims format to assess insurance liability, financial responsibility and aid with clinical assessments.
Disease Management Enrollee Flag	A MA APCD Flag Indicator that reports if a member's chronic illness is managed by plan or vendor of plan.
Dispense as Written Code	Prescription Dispensing Activity Code
DRG	See Diagnostic Related Group
DRG Level	A reporting refinement from the Diagnostic Related Group coding that reports a level of severity of the case.
DRG Version	The version of the Diagnostic Related Group, a numbering system within the application used to allocate claims into the appropriate grouping date. This is mostly an annual process, although other updates are received.
E-Code	See External Injury Code
EFT	See Electronic Funds Transfer
Employer EIN	Employer Identification Number (Federal Tax Identification Number) of the member's employer.

Term	Definition
Employment Related Indicator	Service related to Employment Injury. A yes/no indicator that originates from the Professional Claims format to assess insurance liabilty, financial responsibility and aid with clinical assessments.
Encounter Data	Detailed data about individual services provided by a capitated managed care entity.
EOB	See Explanation of Benefits.
EPO	See Exclusive Provider Organization.
EPSDT Indicator	Indicates that Early Periodic Screening, Diagnosis and Treatment (EPSDT) were utilized. A yes/no indicator that originates from the Professional Claims format to assess insurance liabilty, financial responsibility and aid with clinical assessments.
Excluded Expenses	Amount that the plan has determined to be above and beyond plan/benefit limitations for a given patient. Related to non-covered services.
Exclusive Provider Organization (EPO)	A managed care product type that requires each member to have a PCP assignment within a limited network but offers affordable coverage.
External Code Source	External code sources are lists of values generally accepted as a standard set of values for a given element. Example: Revenue Codes as defined by the National Uniform Billing Committee.
External Injury Code (E-Code)	ICD Diagnostic External Injury Code for patients with trauma or accidents. A subsection of the International Classification of Diseases Diagnosis Codes that specifically enumerate various types of accidents and traumas before diagnoses are applied.
Fee for Service	A payment methodology where each service rendered is considered for individual reimbursement.
Final Version	XXXX
Former Claim Number	This is a prior claim number originally assigned to the claim by the provider of service. Its use in the APCD dataset is usually to aid with versioning of a claim where versioning cannot be applied due to system limitations.
Formulary Code	A MA APCD Flag Indicator that reports a line-item as being listed on a payers list of covered drugs. This reporting helps to understand patient-out-of-pocket expenses.
Fully-Insured	In a fully insured plan, the employer pays a per-employee premium to an insurance company, and the insurance company assumes the risk of providing health coverage for insured events.
GIC	See Group Insurance Commission.
Global Payment	Payments received of a fixed-value for predefined services on members within a predefined time frame.
Global Payment Flag	A MA APCD Flag Indicator that reports a line-item as being paid under a Global Payment arrangement. See Global Payment.
Group Insurance Commission	The Group Insurance Commission (GIC) is an entity charged with overseeing health and tangent benefits of state employees, retirees and dependents.

Term	Definition
Grouper	A tool/application that evaluates each claim and determines where the claim falls clinically across a broad spectrum of values (cases). This can be applied to inpatient and outpatient claims based on the grouper used.
Health Care Home	See Patient Centered Medical Home.
Health Care Payer	A Private or Public Health Care Payer that contracts or offers to provide, deliver, arrange for, pay for, or reimburse any of the costs of health services. A Health Care Payer includes an insurance carrier, a health maintenance organization, a nonprofit hospital services corporation, a medical service corporation, Third-Party Administrators, and self-insured plans.
Health Plan Information	Information submitted by Health Care Payers in accordance with 114.5 CMR 21.03(2).
ICD9-CM	See International Classification of Diseases, 9th edition, Clinical Modification.
Individual Relationship Code	Indicator defining the Member/Patient's relationship to the Subscriber.
Insurance Type Code/Product	This field indicates the type of product the member has, such as HMO, PPO, POS, Auto Medical, Indemnity, and Workers Compensation.
International Classification of Diseases, 9th Edition, Clinical Modification	Refers to the International Classification of Diseases, 9th Revision Codes, and Clinical Modification (ICD-9-CM) procedure codes.
Last Activity Date	This is the date that a subscriber's or member's eligibility for any given product was last edited.
Line Counter	An enumeration process to define each service on a claim with a unique number. Process follows standard enumeration from other billing forms and formats.
Logical Observation Identifiers, Names and Codes (LOINC)	Lab Codes for Logical Observation Identifiers, Names and Codes. A method for reporting laboratory findings of specimens back to a health care provider / system.
LOINC	See Logical Observation Identifiers, Names and Codes.
Major Diagnostic Category (MDC)	The Major Diagnostic Categories (MDC) is a classification system that parses all principal diagnoses into one of 25 categories primarily for use with DRGs and reimbursement activity. Each Category relates to a physical system, disease, or contributing health factor.
Managed Care Organization	A product developed to control costs of care management through various methods; i.e., limited network, PCP assignment, case management.
Market Category Code	A MA APCD ME File refinement code that explains what market segment the policy that the subscriber/member has selected falls under.
MassHealth	The Massachusetts Medicaid program.
MC File	See Medical Claim File.
MCO	See Managed Care Organization.
MDC	See Major Diagnostic Categories.

Term	Definition
Medicaid MCO	A Medicaid Managed Care Organizations is a private health insurance that has contracted with the state to supply Managed Care products to a select population.
Medical Claim File (MC File)	A MA APCD File Type for reporting all Paid Medical Claim Lines of a given time period. File accommodates Facility, Professional, Reimbursement Forms and Replacement and Void lines.
Medicare Advantage	A Medicare Advantage Plan (Part C) is a Medicare health plan choice offered by private companies approved by Medicare. The plan will provides all Part A (Hospital Insurance) and Part B (Medical Insurance) coverage and may offer extra coverage such as vision or dental coverage
Medicare Benefits (Part A & B)	Health insurance available under Medicare Part A and Part B through the traditional fee-for-service payment system. Part A is hospital insurance that helps cover inpatient care in hospitals, skilled nursing facility, hospice, and home health care. Part B helps cover medically-necessary services like doctors' services, outpatient care, durable medical equipment, home health services, and other medical services.
Member	A person who holds an individual contract or a certificate under a group arrangement contracted with a Health Care Payer.
Member Deductible	Annual maximum out of pocket Member Deductible across all benefit types. See Deductible.
Member Deductible Used	Member deductible amount incurred.
Member Eligibility File	A file that includes data about a person who receives health care coverage from a payer, including but not limited to subscriber and member identifiers; member demographics; race, ethnicity and language information; plan type; benefit codes; enrollment start and end dates; and behavioral and mental health, substance abuse and chemical dependency and prescription drug benefit indicators.
Member PCP Effective Date	Begin date for member enrollment with Primary Care Provider (PCP).
Member PCP ID	The member's Primary Care Physician's ID.
Member PCP Termination Date	Member termination date from that Primary Care Provider (PCP).
Member Rating Category	Utilized for Medicaid MCO members only, it defines the Member Medicaid MCO category.
Member Self Pay Amount	The amount that a Patient pays towards the claim/service prior to submission to the carrier or its designee.
Member Suffix / Sequence Number	Uniquely numbers the member within the health insurance contract
Members SIC Code	A code describing the line of work the enrollee is in. Carriers will use Standard Industrial Classification (SIC) code values.
NAICS	See North American Industry Classification System.
National Billing Provider ID	National Provider Identification (NPI) of the Billing Provider
National Council for Prescription Drug Programs (NCPDP)	The Standards Organization for the pharmacy industry.

Term	Definition
National Plan ID	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.
National Provider Identification (NPI)	A unique identification number for covered health care providers and health plans required under the Health Insurance Portability and Accountability Act (HIPPA) for Administrative Simplification.
National Service Provider ID	National Provider Identification (NPI) of the Servicing Provider.
NCPDP	See National Council for Prescription Drug Programs
Non Covered Days	The number of inpatient days not covered by the plan under the member's eligibility. See Covered Days.
Non-Covered Amount	An amount that refers to services that were not considered covered under the member's eligibility.
North American Industry Classification System (NAICS)	North American Industry Classification System: a standard classification system used to define businesses and the tasks within a business for statistical analysis, used by Federal statistical agencies for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy
NOT NEEDED:	
NPI	See National Provider Identification
Organization Identification (Org ID)	A CHIA contact management unique enumeration assigned to any entity to allow for identification of that entity. This internally generated ID is used by CHIA to identify everything from carriers to hospitals in addition to other sites of service.
OrgID	See Organization Identification
P4P	See Pay for Performance
Paid Date	The date that a claim line is actually paid. Date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment. This can be the same date as Processed Date.
Patient	An individual that is receiving direct clinical care or oversight of self-care.
Patient Centered Medical Home (PCMH)	An approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family
Patient Control Number	This is a unique identifier assigned by the provider for individual encounters of care or claims.
Payer	See Health Care Payer
Payer Claim Control Number	A unique identifier within the payer's system that applies to the entire claim for the life of that claim. Not to be confused with Patient Control Number that originates at the provider site.
Payment	Financial transfer from payer to provider for services rendered to patients, quality maintenance, performance measures or training initiatives.
PBM	See Pharmacy Benefit Manager

Term	Definition
PC File	See Pharmacy Claim File
PCMH	See Patient Centered Medical Home
PCP	See Primary Care Physician
PCP Indicator	A MA APCD Flag Indicator that reports a claim line-item as being performed by the patient's Primary Care Physician. See Primary Care Physician
Pharmacy Benefit Manager (PBM)	A Pharmacy benefit manager (PBM) is a company that administers all or some portion of a drug benefit program of an employer group or health plan.
Pharmacy Claim File (PC File)	A MA APCD File Type for reporting all Paid Pharmacy Claim Lines of a given time period. File accommodates Replacement and Void lines.
Plan Rendering Provider Identifier	Carrier's unique code which identifies for the carrier who or which individual provider cared for the patient for the claim line in question.
Plan Specific Contract Number	Plan assigned contract number. This should be the contract or certificate number for the subscriber and all of his/her dependents.
Point of Service (POS)	A point-of-service (POS) plan is a health maintenance organization (HMO) and a preferred provider organization (PPO) hybrid. POS plans resemble HMOs for in-network services. Services received outside of the network are usually reimbursed in a manner similar to conventional indemnity plans
POS	See Point of Service
PR File	See Product File
Preferred Provider Organization (PPO)	A plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers.
Primary Care Physician (PCP)	A physician who serves as a member's primary contact for health care. The primary care physician provides basic medical services, coordinates and, if required, authorizes referrals to specialists and hospitals.
Primary Insurance Indicator	A MA APCD Flag Indicator that reports if the payer adjudicated a Claim Line as the Primary Payer.
Private Health Care Payer	A carrier authorized to transact accident and health insurance under chapter 175, a nonprofit hospital service corporation licensed under chapter 176A, a nonprofit medical service corporation licensed under chapter 176B, a dental service corporation organized under chapter 176E, an optometric service corporation organized under chapter 176F, a self-insured plan to the extent allowable under federal law governing health care provided by employers to employees, or a health maintenance organization licensed under chapter 176G.
Product	Any offering for sale by a health plan or vendor. It typically describes carrier-based business models such as HMO, PPO but is also synonymous with processing services, network leasing, re-pricing vendors.

Term	Definition
Product Enrollment End Date	The date the member enrolled in the product
Product Enrollment Start Date	The date the member dis-enrolled in the product.
Product File (PR File)	A MA APCD file that reports all products that a carrier maintains as a saleable service. Typically these products are listed with the Division of Insurance.
Product Identifier	A unique identifier created by the submitter to each Product offered. It is used to link eligibilities to products and to validate claim adjudication per the product.
Provider	A health care practitioner, health care facility, health care group, medical product vendor, or pharmacy.
Provider File (PV File)	A MA APCD file containing information on all types of health care provider entities. Typically these are active, contracted providers.
Provider ID	A unique identifier assigned by the carrier or designee and reported in the MA APCD files.
Public Health Care Payer	The Medicaid program established in chapter 118E; any carrier or other entity that contracts with the office of Medicaid or the Commonwealth Health Insurance Connector to pay for or arrange for the purchase of health care services on behalf of individuals enrolled in health coverage programs under Titles XIX or XXI, or under the Commonwealth Care Health Insurance program, including prepaid health plans subject to the provisions of section 28 of chapter 47 of the acts of 1997; the Group Insurance Commission established under chapter 32A; and any city or town with a population of more than 60,000 that has adopted chapter 32B. Also includes Medicare.
PV File	See Provider File
QA	See Quality Assurance
Quality Assurance (QA)	The process of verifying the reliability and accuracy of data within the thresholds set and rationales reported.
Rebate Indicator	A MA APCD Flag Indicator that reports if a pharmacy line was open for any rebate activity.
Referral Indicator	A MA APCD Flag Indicator that reports if a claim line required a referral regardless of its final adjudication.
Reimbursement Form	A form created by a carrier for subscribers / members to submit incurred costs to the carrier that are reimbursable under the benefit plan.
Risk Type	Refers to whether a product was fully-insured or self-insured.
Route of Administration	Indicates how drug is administered. Orally, injection, etc.
Script number	The unique enumerated identifier that appears on a prescription form from a provider.
Self-Insured	A plan offered by employers who directly assume the major/full cost of health insurance for their employees. They may bear the entire risk, or insure against large claims by purchasing stop-loss coverage. The self-insured employers may contract with insurance carriers or third party administrators for claims processing and other administrative services; others are self-administered.
Service Provider Entity Type Qualifier	A MA APCD identifier used to refine a provider reporting into one of two categories, a person, or one of several

Term	Definition
	non-person entity types.
Service Provider Specialty	The specialty of the servicing provider with whom a patient sought care.
Service Rendering Provider	The health care professional that performed the procedure or provided direct patient oversight.
Severity Level	See DRG Level
Single/Multiple Source Indicator	Drug Source Indicator. An identifier used to report pharmacy product streams.
Site of Service - on NSF/CMS 1500 Claims	Place of Service Code as used on Professional Claims. This is a two-digit code that reports where services were rendered by a health care professional.
Special Coverage	A MA APCD identifier used to refine eligibility with non-traditional coverage models to explain covered services and networks for this population. Valid choices are Commonwealth Care, Health Safety Net or N/A if not applicable.
Submission Guide	The document that sets forth the required data file format, record specifications, data elements, definitions, code tables and edit specifications.
Submitter	Any entity that has been registered with the Center as a data submitter. This can be health plans, TPAs, PBMs, DBAs, or any entity approved to submit data on behalf of another entity; requires registration with the Center. See Organization ID.
Subscriber	The subscriber is the insurance policy holder. The individual that has opted into and pays a premium for health insurance benefits under a defined policy. In some instances, the subscriber can be the Employer, or a non-related individual in cases of personal injury.
Third-Party Administrator (TPA)	Any person or entity that receives or collects charges, contributions, or premiums for, or adjusts or settles claims for, Massachusetts residents on behalf of a plan sponsor, health care services plan, nonprofit hospital or medical service organization, health maintenance organization, or insurer.
Third-Party Liability (TPL)	Refers to the coverage provided by a specific carrier for certain risks; typically work, auto, personal injury related.
Threshold Reduction	A process of the APCD Variance Request that a submitter performs to reduce the percentage of quality data that they must submit. This is performed prior to submitting a file to insure that A-Level Thresholds are met to pass the file into Quality Assurance.
TPA	See Third-Party Administrator.
TPL	See Third-Party Liability.
Type of Bill - on Facility Claims	This is a two-digit code that reports the type of facility in which services were rendered.
UB04	See Universal Billing Form 04.
Unemployed	An individual that does not hold a paying position with a company.
Universal Billing Form 04	A standard billing form created by the National Universal Billing Committee for Facility Claims. The 04 refers to the last updated version of the claim format. It is typically a paper form but electronic versions of it exist.

Term	Definition
Variance	See Variance Request
Variance Request (VR)	A request to the Center that explains why an organization cannot submit a field (or fields), meet a threshold (or thresholds), or submit a file (or files). A form developed by the MA APCD that defines base reporting percentages for all data elements on all filing types, where the submitter may disclose reasons for not meeting base-percentage reporting, and request a threshold reduction to percentages that can be met.
Version Number	Version number of this claim service line. An enumeration process required by the MA APCD Claims Files to insure that the most recent line(s) of any given claim are used in that claims analysis at time of reporting.
Voided Claims	Claim lines filed that will be excluded from analysis (i.e. Claims that were deemed not eligible for payment, after initial payment was made, due to various qualifying conditions.) In the MA APCD System, these lines are matched to their opposite and last version from a previous submission and are not used in analysis at time of reporting.
Withhold Amount	The amount paid to the provider for this Claim Line if the provider qualifies / meets the agreed upon performance guarantees.

APPENDIX 9: EXTERNAL SOURCE CODES

The External Source Codes are an essential source for the collection and maintenance of the APCD data. These sources provide guidance through lookup tables and codes enabling CHIA to properly collect, standardize, and clean the data collected from the payers and providers. In the lookup tables featured in each file type's layout, the data element delineates whether an external source code was used to populate a lookup table.

APCD: External Code Sources		
1	**Countries** **http://webstore.ansi.org/SdoInfo.aspx?sdoid=39&source=iso_member_body**	American National Standards Institute 25 West 43rd Street, 4th Floor New York, NY 10036
2	**States and Other Areas of the US** **https://www.usps.com/**	U.S. Postal Service National Information Data Center P.O. Box 2977 Washington, DC 20013
3	**National Provider Identifiers** **National Plan & Provider Enumeration System** **https://nppes.cms.hhs.gov/NPPES/**	Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244
4	**Provider Specialties** **Center for Medicare and Medicaid Services (CMS)** **http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf**	Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244
5	**Health Care Provider Taxonomy** **Washington Publishing Company** **http://www.wpc-edi.com/reference/**	The National Uniform Claim Committee c/o American Medical Association 515 North State Street Chicago, IL 60610
6	**North American Industry Classification System (NAICS)** **United States Census Bureau** **http://www.census.gov/eos/www/naics/**	U.S. Census Bureau 4600 Silver Hill Road Washington, DC 20233
7	**Language Preference** **United States Census Bureau** **http://www.census.gov/hhes/socdemo/language/about/index.html**	U.S. Census Bureau 4600 Silver Hill Road Washington, DC 20233

APCD: External Code Sources		
8	**International Classification of Diseases 9 & 10** **American Medical Association** **http://www.ama-assn.org/**	American Medical Association AMA Plaza 330 N. Wabash Ave. Chicago, IL 60611-5885
9	**HCPCS, CPTs and Modifiers** **American Medical Association** **http://www.ama-assn.org/**	American Medical Association AMA Plaza 330 N. Wabash Ave. Chicago, IL 60611-5885
10	**Dental Procedure Codes and Identifiers** **American Dental Association** **http://www.ada.org/**	American Dental Association 211 East Chicago Avenue Chicago, IL 60611-2678
11	**Logical Observation Identifiers Names and Codes** **Regenstrief Institute** **http://loinc.org/**	Regenstrief Institute, Inc. 410 West 10th Street, Suite 2000 Indianapolis, IN 46202-3012
12	**National Drug Codes and Names** **U.S. Food and Drug Administration** **http://www.fda.gov/drugs/informationondrugs/ucm142438.htm**	U.S. Food and Drug Administration 10903 New Hampshire Avenue Silver Spring, MD 20993
13	**Standard Professional Billing Elements** **Centers for Medicare and Medicaid Services** **http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf**	Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244
14	**Standard Facility Billing Elements** **National Uniform Billing Committee (NUBC)** **http://www.nubc.org/**	National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606
15	**DRGs, APCs and POA Codes** **Centers for Medicare and Medicaid Services** **http://www.cms.gov/**	Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244
16	**Claim Adjustment Reason Codes** **Washington Publishing Company** **http://www.wpc-edi.com/reference/**	Blue Cross / Blue Shield Association Interplan Teleprocessing Services Division 676 N. St. Clair Street Chicago, IL 60611

APCD: External Code Sources		
17	**Race and Ethnicity Codes** **Centers for Disease Control** **http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf**	Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA

APPENDIX 10: RELEASE FILE COLUMN NAMES

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
DC	Derived-DC1	Submission Month	SubmissionYearMonth
DC	Derived-DC2	Submission Year	SubmissionYearMonth
DC	Derived-DC3	County of Member	Standardized_MemberCounty
DC	Derived-DC4	County of Service Provider	Standardized_ServiceProviderCounty
DC	Derived-DC6	Member ZIP code (first 3 digits)	MemberZIPCode
DC	Derived-DC7	Release ID	ReleaseID
DC	Derived-DC8	Submission Control ID	SubmissionControlID
DC	Derived-DC9	CHIA Incurred Date (Year and Month Only)	IncurredDate
DC	DC001	Payer	Payer
DC	DC002	National Plan ID	NationalPlanID
DC	DC003	Dental Insurance Type Code/Product	DentalInsuranceTypeCodeProduct
DC	DC004	Payer Claim Control Number	PayerClaimControlNumber
DC	DC005	Line Counter	LineCounter
DC	DC005A	Version Number	VersionNumber
DC	DC011	Individual Relationship Code	IndividualRelationshipCode
DC	DC012	Member Gender	MemberGender
DC	DC013	Member Birth (Year Only)	MemberDateOfBirthYear
DC	DC013	Member Birth Month	MemberDateofBirthMonth
DC	DC014	Member City Name	Standardized_MemberCityName
DC	DC015	Member State or Province	Standardized_MemberStateorProvince
DC	DC016	Member ZIP Code	Standardized_MemberZIPCode
DC	DC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
DC	DC018	Service Provider Number	ServiceProviderNumber_Linkage_ID
DC	DC020	National Service Provider ID	NationalServiceProviderID
DC	DC021	Service Provider Entity Type Qualifier	ServiceProviderEntityTypeQualifier
DC	DC022	Service Provider First Name	ServiceProviderFirstName
DC	DC023	Service Provider Middle Name	ServiceProviderMiddleName
DC	DC024	Service Provider Last Name or Organization Name	ServiceProviderLastNameorOrganizationName
DC	DC025	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationID
DC	DC026	Service Provider Specialty (Carrier-Specific Custom Values)	ServiceProviderSpecialty
DC	DC026	Service Provider Specialty (Standard Values)	ServiceProviderSpecialty
DC	DC027	Service Provider City Name	Standardized_ServiceProviderCityName
DC	DC028	Service Provider State	Standardized_ServiceProviderState
DC	DC029	Service Provider ZIP Code	Standardized_ServiceProviderZIPCode
DC	DC030	Facility Type - Professional	FacilityTypeProfessional
DC	DC031	Claim Status	ClaimStatus
DC	DC032	CDT Code	CDTCode
DC	DC033	Procedure Modifier - 1	ProcedureModifier1
DC	DC034	Procedure Modifier - 2	ProcedureModifier2
DC	DC035	Date of Service - From	DateofServiceFrom
DC	DC036	Date of Service - Thru	DateofServiceThru
DC	DC037	Charge Amount	ChargeAmount
DC	DC038	Paid Amount	PaidAmount
DC	DC039	Copay Amount	CopayAmount
DC	DC040	Coinsurance Amount	CoinsuranceAmount
DC	DC041	Deductible Amount	DeductibleAmount

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
DC	DC042	Product ID Number	ProductIDNumber_Linkage_ID
DC	DC045	Paid Date	PaidDate
DC	DC046	Allowed Amount	AllowedAmount
DC	DC047	Tooth Number/Letter	ToothNumberLetter
DC	DC048	Dental Quadrant	DentalQuadrant
DC	DC049	Tooth Surface	ToothSurface
DC	DC056	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID
DC	DC057	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
DC	DC059	Claim Line Type	ClaimLineType
DC	DC060	Former Claim Number	FormerClaimNumber
MC	Derived-MC1	Submission Month	SubmissionYearMonth
MC	Derived-MC2	Submission Year	SubmissionYearMonth
MC	Derived-MC3	County of Member	Standardized_MemberCounty
MC	Derived-MC4	County of Service Provider	Standardized_ServiceProviderCounty
MC	Derived-MC5	Medical Claim ID	MedicalClaimID
MC	Derived-MC6	Member ZIP code (first 3 digits)	MemberZIPCode
MC	Derived-MC7	Release ID	ReleaseID
MC	Derived-MC8	Submission Control ID	SubmissionControlID
MC	Derived-MC9	CHIA Incurred Date (Year and Month Only)	IncurredDate
MC	Derived-MC10	Highest Version Flag	FinalVersionFlagDecember
MC	MC001	Payer	Payer
MC	MC002	National Plan ID	NationalPlanID
MC	MC003	Insurance Type Code/Product	InsuranceTypeCodeProduct
MC	MC004	Payer Claim Control Number	PayerClaimControlNumber

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
MC	MC005	Line Counter	LineCounter
MC	MC005A	Version Number	VersionNumber
MC	MC011	Individual Relationship Code	IndividualRelationshipCode
MC	MC012	Member Gender	MemberGender
MC	MC013	Member Birth (Month Only)	MemberDateofBirthMonth
MC	MC013	Member Birth (Year Only)	MemberDateofBirthYear
MC	MC014	Member City Name	Standardized_MemberCityName
MC	MC015	Member State or Province	Standardized_MemberStateorProvince
MC	MC016	Member ZIP Code	Standardized_MemberZIPCode
MC	MC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate
MC	MC018	Admission Date	AdmissionDate
MC	MC018	Admission Month	AdmissionDateMonth
MC	MC018	Admission Year	AdmissionDateYear
MC	MC019	Admission Hour	AdmissionHour
MC	MC020	Admission Type	AdmissionType
MC	MC021	Admission Source	AdmissionSource
MC	MC022	Discharge Hour	DischargeHour
MC	MC023	Discharge Status	DischargeStatus
MC	MC024	Service Provider Number	ServiceProviderNumber_Linkage_ID
MC	MC026	National Service Provider ID	NationalServiceProviderID
MC	MC027	Service Provider Entity Type Qualifier	ServiceProviderEntityTypeQualifier
MC	MC028	Service Provider First Name	ServiceProviderFirstName
MC	MC029	Service Provider Middle Name	ServiceProviderMiddleName
MC	MC030	Servicing Provider Last Name or Organization Name	ServiceProviderLastNameorOrganizationName

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
MC	MC031	Service Provider Suffix	ServiceProviderSuffix
MC	MC032	Service Provider Specialty (Carrier-Specific Custom Values)	ServiceProviderSpecialty
MC	MC032	Service Provider Specialty (Standard Values)	ServiceProviderSpecialty
MC	MC033	Service Provider City Name	Standardized_ServiceProviderCityName
MC	MC034	Service Provider State	Standardized_ServiceProviderState
MC	MC035	Service Provider ZIP Code	Standardized_ServiceProviderZIPCode
MC	MC036	Type of Bill - on Facility Claims	TypeofBillOnFacilityClaims
MC	MC037	Site of Service - on NSF/CMS 1500 Claims	SiteofServiceOnNSFCMS1500Claims
MC	MC038	Claim Status	ClaimStatus
MC	MC039	Admitting Diagnosis	AdmittingDiagnosis
MC	MC040	E-Code	ECode
MC	MC041	Principal Diagnosis	PrincipalDiagnosis
MC	MC042	Other Diagnosis - 1	OtherDiagnosis1
MC	MC043	Other Diagnosis - 2	OtherDiagnosis2
MC	MC044	Other Diagnosis - 3	OtherDiagnosis3
MC	MC045	Other Diagnosis - 4	OtherDiagnosis4
MC	MC046	Other Diagnosis - 5	OtherDiagnosis5
MC	MC047	Other Diagnosis - 6	OtherDiagnosis6
MC	MC048	Other Diagnosis - 7	OtherDiagnosis7
MC	MC049	Other Diagnosis - 8	OtherDiagnosis8
MC	MC050	Other Diagnosis - 9	OtherDiagnosis9
MC	MC051	Other Diagnosis - 10	OtherDiagnosis10
MC	MC052	Other Diagnosis - 11	OtherDiagnosis11
MC	MC053	Other Diagnosis - 12	OtherDiagnosis12

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
MC	MC054	Revenue Code	RevenueCode
MC	MC055	Procedure Code	ProcedureCode
MC	MC056	Procedure Modifier - 1	ProcedureModifier1
MC	MC057	Procedure Modifier - 2	ProcedureModifier2
MC	MC058	ICD9-CM Procedure Code	ICD9CMProcedureCode
MC	MC059	Date of Service - From	DateofServiceFrom
MC	MC059	Date of Service - From (Month Only)	DateofServiceFromMonth
MC	MC059	Date of Service - From (Year Only)	DateofServiceFromYear
MC	MC060	Date of Service - To	DateofServiceTo
MC	MC060	Date of Service - To (Year Only)	DateofServiceToYear
MC	MC060	Date of Service - To (Month Only)	DateofServiceToMonth
MC	MC061	Quantity	Quantity
MC	MC062	Charge Amount	ChargeAmount
MC	MC063	Paid Amount	PaidAmount
MC	MC064	Prepaid Amount	PrepaidAmount
MC	MC065	Copay Amount	CopayAmount
MC	MC066	Coinsurance Amount	CoinsuranceAmount
MC	MC067	Deductible Amount	DeductibleAmount
MC	MC068	Patient Control Number	PatientControlNumber
MC	MC069	Discharge Date	DischargeDate
MC	MC069	Discharge Month	DischargeDateMonth
MC	MC069	Discharge Year	DischargeDateYear
MC	MC070	Service Provider Country Code	ServiceProviderCountryCode
MC	MC071	DRG	DRG

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
MC	MC072	DRG Version	DRGVersion
MC	MC073	APC	APC
MC	MC074	APC Version	APCVersion
MC	MC075	Drug Code	DrugCode
MC	MC076	Billing Provider Number	BillingProviderNumber_Linkage_ID
MC	MC077	National Billing Provider ID	NationalBillingProviderID
MC	MC078	Billing Provider Last Name or Organization Name	BillingProviderLastNameOrOrganizationName
MC	MC079	Product ID Number	ProductIDNumber_Linkage_ID
MC	MC080	Reason for Adjustment (Carrier-Specific Custom Values)	ReasonForAdjustment
MC	MC080	Reason for Adjustment (Standard Values)	ReasonForAdjustment
MC	MC081	Capitated Encounter Flag	CapitatedEncounterFlag
MC	MC083	Other ICD-9-CM Procedure Code - 1	OtherICD9CMProcedureCode1
MC	MC084	Other ICD-9-CM Procedure Code - 2	OtherICD9CMProcedureCode2
MC	MC085	Other ICD-9-CM Procedure Code - 3	OtherICD9CMProcedureCode3
MC	MC086	Other ICD-9-CM Procedure Code - 4	OtherICD9CMProcedureCode4
MC	MC087	Other ICD-9-CM Procedure Code - 5	OtherICD9CMProcedureCode5
MC	MC088	Other ICD-9-CM Procedure Code - 6	OtherICD9CMProcedureCode6
MC	MC089	Paid Date	PaidDate
MC	MC092	Covered Days	CoveredDays
MC	MC093	Non Covered Days	NonCoveredDays
MC	MC094	Type of Claim	TypeofClaim
MC	MC095	Coordination of Benefits/TPL Liability Amount	CoordinationOfBenefitsTPLLiabilityAmount
MC	MC096	Other Insurance Paid Amount	OtherInsurancePaidAmount
MC	MC097	Medicare Paid Amount	MedicarePaidAmount

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
MC	MC098	Allowed amount	AllowedAmount
MC	MC099	Non-Covered Amount	NonCoveredAmount
MC	MC100	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationID
MC	MC108	Procedure Modifier - 3	ProcedureModifier3
MC	MC109	Procedure Modifier - 4	ProcedureModifier4
MC	MC110	Claim Processed Date	ClaimProcessedDate
MC	MC111	Diagnostic Pointer	DiagnosticPointer
MC	MC112	Referring Provider ID	ReferringProviderID_Linkage_ID
MC	MC113	Payment Arrangement Type	PaymentArrangementType
MC	MC114	Excluded Expenses	ExcludedExpenses
MC	MC115	Medicare Indicator	MedicareIndicator
MC	MC116	Withhold Amount	WithholdAmount
MC	MC117	Authorization Needed	AuthorizationNeeded
MC	MC118	Referral Indicator	ReferralIndicator
MC	MC119	PCP Indicator	PCPIndicator
MC	MC120	DRG Level	DRGLevel
MC	MC122	Global Payment Flag	GlobalPaymentFlag
MC	MC123	Denied Flag	DeniedFlag
MC	MC124	Denial Reason (Carrier-Specific Custom Values)	DenialReason
MC	MC124	Denial Reason (Standard Values)	DenialReason
MC	MC125	Attending Provider	AttendingProvider_Linkage_ID
MC	MC126	Accident Indicator	AccidentIndicator
MC	MC127	Family Planning Indicator	FamilyPlanningIndicator
MC	MC128	Employment Related Indicator	EmploymentRelatedIndicator

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
MC	MC129	EPSDT Indicator	EPSDTIndicator
MC	MC130	Procedure Code Type	ProcedureCodeType
MC	MC131	InNetwork Indicator	InNetworkIndicator
MC	MC132	Service Class	ServiceClass
MC	MC134	Plan Rendering Provider Identifier	PlanRenderingProviderIdentifier_Linkage_ID
MC	MC135	Provider Location	ProviderLocation_Linkage_ID
MC	MC136	Discharge Diagnosis	DischargeDiagnosis
MC	MC137	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID
MC	MC138	Claim Line Type	ClaimLineType
MC	MC139	Former Claim Number	FormerClaimNumber
MC	MC141	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
ME	Derived-ME1	Submission Month	SubmissionYearMonth
ME	Derived-ME2	Submission Year	SubmissionYearMonth
ME	Derived-ME3	County of Member	Standardized_MemberCounty
ME	Derived-ME4	County of Subscriber	Standardized_SubscriberCounty
ME	Derived-ME5	Member Eligibility ID	MemberEligibilityID
ME	Derived-ME6	Member ZIP code (first 3 digits)	Standardized_MemberZIPCode
ME	Derived-ME7	Release ID	ReleaseID
ME	Derived-ME8	Submission Control ID	SubmissionControlID
ME	Derived-ME9	Subscriber ZIP code (first 3 digits)	Standardized_SubscriberZIPCode
ME	Derived-ME10	CHIA Incurred Date (Year and Month Only)	IncurredDate
ME	ME001	Payer	Payer
ME	ME002	National Plan ID	NationalPlanID
ME	ME003	Insurance Type Code/Product	InsuranceTypeCodeProduct

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
ME	ME004	Year	Year
ME	ME005	Month	Month
ME	ME007	Coverage Level Code	CoverageLevelCode
ME	ME012	Individual Relationship Code	IndividualRelationshipCode
ME	ME013	Member Gender	MemberGender
ME	ME014	Member Birth (Month Only)	MemberDateOfBirthMonth
ME	ME014	Member Birth (Year Only)	MemberDateOfBirthYear
ME	ME015	Member City Name	Standardized_MemberCityName
ME	ME016	Member State or Province	Standardized_MemberStateorProvince
ME	ME017	Member ZIP Code	Standardized_MemberZIPCode
ME	ME018	Medical Coverage	MedicalCoverage
ME	ME019	Prescription Drug Coverage	PrescriptionDrugCoverage
ME	ME020	Dental Coverage	DentalCoverage
ME	ME021	Race 1	Race1
ME	ME022	Race 2	Race2
ME	ME023	Other Race	OtherRace
ME	ME024	Hispanic Indicator	HispanicIndicator
ME	ME025	Ethnicity 1	Ethnicity1
ME	ME026	Ethnicity 2	Ethnicity2
ME	ME027	Other Ethnicity	OtherEthnicity
ME	ME028	Primary Insurance Indicator	PrimaryInsuranceIndicator
ME	ME029	Coverage Type	CoverageType
ME	ME030	Market Category Code	MarketCategoryCode
ME	ME031	Special Coverage	SpecialCoverage

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
ME	ME033	Member language preference	MemberLanguagePreference
ME	ME034	Member language preference -Other	MemberLanguagePreferenceOther
ME	ME035	Health Care Home Assigned Flag	HealthCareHomeAssignedFlag
ME	ME036	Health Care Home Number	HealthCareHomeNumber_Linkage_ID
ME	ME038	Health Care Home National Provider ID	HealthCareHomeNationalProviderID
ME	ME039	Health Care Home Name	HealthCareHomeName
ME	ME040	Product ID Number	ProductIDNumber_Linking_ID
ME	ME041	Product Enrollment Start Date	ProductEnrollmentStartDate
ME	ME042	Product Enrollment End Date	ProductEnrollmentEndDate
ME	ME046	Member PCP ID	MemberPCPID_Linkage_ID
ME	ME047	Member PCP Effective Date	MemberPCPEffectiveDate
ME	ME048	Member PCP Termination Date	MemberPCPTerminationDate
ME	ME049	Member Deductible	MemberDeductible
ME	ME050	Member Deductible Used	MemberDeductibleUsed
ME	ME051	Behavioral Health Benefit Flag	BehavioralHealthBenefitFlag
ME	ME052	Laboratory Benefit Flag	LaboratoryBenefitFlag
ME	ME053	Disease Management Enrollee Flag	DiseaseManagementEnrolleeFlag
ME	ME059	Disability Indicator Flag	DisabilityIndicatorFlag
ME	ME061	Student Status	StudentStatus
ME	ME062	Marital Status	MaritalStatus
ME	ME063	Benefit Status	BenefitStatus
ME	ME064	Employee Type	EmployeeType
ME	ME066	COBRA Status	COBRAStatus
ME	ME073	Fully insured member	FullyInsuredMember

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
ME	ME074	Interpreter	Interpreter
ME	ME077	Members SIC Code	MembersSICCode
ME	ME081	Medicare Code	MedicareCode
ME	ME107	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID
ME	ME108	Subscriber City Name	Standardized_SubscriberCityName
ME	ME109	Subscriber State or Province	Standardized_SubscriberStateorProvince
ME	ME110	Subscriber ZIP Code	Standardized_SubscriberZIPCode
ME	ME111	Medical Deductible	MedicalDeductible
ME	ME112	Pharmacy Deductible	PharmacyDeductible
ME	ME113	Medical and Pharmacy Deductible	MedicalandPharmacyDeductible
ME	ME114	Behavioral Health Deductible	BehavioralHealthDeductible
ME	ME115	Dental Deductible	DentalDeductible
ME	ME116	Vision Deductible	VisionDeductible
ME	ME117	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
ME	ME118	Vision Benefit	VisionBenefit
PC	Derived-PC1	Submission Month	SubmissionYearMonth
PC	Derived-PC2	Submission Year	SubmissionYearMonth
PC	Derived-PC3	County of Member	Standardized_MemberCounty
PC	Derived-PC4	County of Pharmacy Location City	Standardized_PharmacyLocationCounty
PC	Derived-PC5	County of Prescribing Physician	Standardized_PrescribingPhysicianCounty
PC	Derived-PC6	Member ZIP code (first 3 digits)	Standardized_MemberZIPFirst3
PC	Derived-PC7	Pharmacy Claim ID	PharmacyClaimID
PC	Derived-PC8	Release ID	ReleaseID
PC	Derived-PC9	Submission Control ID	SubmissionControlID

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
PC	Derived-PC10	CHIA Incurred Date (Year and Month Only)	IncurredDate
PC	PC001	Payer	Payer
PC	PC002	National Plan ID	PlanID
PC	PC003	Insurance Type Code/Product	InsuranceTypeCodeProduct
PC	PC004	Payer Claim Control Number	PayerClaimControlNumber
PC	PC005	Line Counter	LineCounter
PC	PC005A	Version Number	VersionNumber
PC	PC011	Individual Relationship Code	IndividualRelationshipCode
PC	PC012	Member Gender	MemberGender
PC	PC013	Member Birth (Month Only)	MemberDateOfBirthMonth
PC	PC013	Member Birth (Year Only)	MemberDateOfBirthYear
PC	PC014	Member City Name of Residence	Standardized_MemberCityNameofResidence
PC	PC015	Member State	Standardized_MemberState
PC	PC016	Member ZIP Code	Standardized_MemberZIPCode
PC	PC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate
PC	PC018	Pharmacy Number	PharmacyNumber
PC	PC020	Pharmacy Name	PharmacyName
PC	PC021	National Pharmacy ID Number	NationalPharmacyIDNumber
PC	PC022	Pharmacy Location City	Standardized_PharmacyLocationCity
PC	PC023	Pharmacy Location State	Standardized_PharmacyLocationState
PC	PC024	Pharmacy ZIP Code	Standardized_PharmacyLocationZIPCode
PC	PC024A	Pharmacy Country Code	PharmacyCountryCode
PC	PC025	Claim Status	ClaimStatus
PC	PC026	Drug Code	DrugCode

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
PC	PC027	Drug Name	DrugName
PC	PC028	New Prescription or Refill	NewPrescriptionOrRefill
PC	PC029	Generic Drug Indicator	GenericDrugIndicator
PC	PC030	Dispense as Written Code	DispenseasWrittenCode
PC	PC031	Compound Drug Indicator	CompoundDrugIndicator
PC	PC032	Date Prescription Filled	DatePrescriptionFilled
PC	PC032	Date Prescription Filled (Year Only)	DatePrescriptionFilledYear
PC	PC032	Date Prescription Filled (Month Only)	DatePrescriptionFilledMonth
PC	PC033	Quantity Dispensed	QuantityDispensed
PC	PC034	Days Supply	DaysSupply
PC	PC035	Charge Amount	ChargeAmount
PC	PC036	Paid Amount	PaidAmount
PC	PC037	Ingredient Cost/List Price	IngredientCostListPrice
PC	PC038	Postage Amount Claimed	PostageAmountClaimed
PC	PC039	Dispensing Fee	DispensingFee
PC	PC040	Copay Amount	CopayAmount
PC	PC041	Coinsurance Amount	CoinsuranceAmount
PC	PC042	Deductible Amount	DeductibleAmount
PC	PC043	Prescribing ProviderID	PrescribingProviderID_Linkage_ID
PC	PC044	Prescribing Physician First Name	PrescribingPhysicianFirstName
PC	PC045	Prescribing Physician Middle Name	PrescribingPhysicianMiddleName
PC	PC046	Prescribing Physician Last Name	PrescribingPhysicianLastName
PC	PC048	Prescribing Physician NPI - National Provider ID	PrescribingPhysicianNPI
PC	PC049	Prescribing Physician Plan Number	PrescribingPhysicianPlanNumber

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
PC	PC050	Prescribing Physician License Number	PrescribingPhysicianLicenseNumber
PC	PC051	Prescribing Physician Street Address	Standardized_PrescribingPhysicianStreetAddress
PC	PC052	Prescribing Physician Street Address 2	Standardized_PrescribingPhysicianStreetAddress2
PC	PC053	Prescribing Physician City	Standardized_PrescribingPhysicianCity
PC	PC054	Prescribing Physician State	Standardized_PrescribingPhysicianState
PC	PC055	Prescribing Physician Zip	Standardized_PrescribingPhysicianZIPCode
PC	PC056	Product ID Number	ProductIDNumber_Linkage_ID
PC	PC057	Mail Order pharmacy	MailOrderPharmacy
PC	PC058	Script number	ScriptNumber
PC	PC059	Recipient PCP ID	RecipientPCPID_Linkage_ID
PC	PC060	Single/Multiple Source Indicator	SingleMultipleSourceIndicator
PC	PC063	Paid Date	PaidDate
PC	PC064	Date Prescription Written	DatePrescriptionWritten
PC	PC064	Date Prescription Written (Year Only)	DatePrescriptionWrittenYear
PC	PC064	Date Prescription Written (Month Only)	DatePrescriptionWrittenMonth
PC	PC066	Other Insurance Paid Amount	OtherInsurancePaidAmount
PC	PC068	Allowed amount	AllowedAmount
PC	PC069	Member Self Pay Amount	MemberSelfPayAmount
PC	PC070	Rebate Indicator	RebateIndicator
PC	PC071	State Sales Tax	StateSalesTax
PC	PC072	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationID
PC	PC073	Formulary Code	FormularyCode
PC	PC074	Route of Administration	RouteOfAdministration
PC	PC075	Drug Unit of Measure	DrugUnitOfMeasure

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
PC	PC107	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID
PC	PC108	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
PC	PC110	Claim Line Type	ClaimLineType
PR	HD002	Payer	Orgid
PR	Derived- PR1	Release ID	ReleaseID
PR	Derived-PR2	CHIA Incurred Date (Year and Month Only)	IncurredDate
PR	PR001	Linking Product ID Number	LinkingProductID
PR	PR003	Carrier License Type	CarrierLicenceType
PR	PR004	Product Line of Business Model	ProductLineofBusinessModel
PR	PR005	Insurance Plan Market	InsurancePlanMarket
PR	PR006	Product Benefit Type	ProductBenefitType
PR	PR008	Risk Type	RiskType
PR	PR009	Product Start Date	ProductStartDate
PR	PR010	Product End Date	ProductEndDate
PR	PR011	Product Active Flag	ProductActiveFlag
PR	PR012	Annual Per Person Deductible Code	AnnualPerPersonDeductibleCode
PR	PR013	Annual Per Family Deductible Code	AnnualPerFamilyDeductibleCode
PR	PR014	Coordinated Care model	CoordinatedCareModel
PV	Derived-PV1	County of Provider	Standardized_County
PV	Derived-PV2	County of Provider Mailing Address	Standardized_MailingCounty
PV	Derived- PV3	Release ID	ReleaseID
PV	Derived-PV4	CHIA Incurred Date (Year and Month Only)	IncurredDate
PV	PV001	Payer	Payer
PV	PV002	Linking Plan Provider ID	LinkingProviderID

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
PV	PV006	License Id	LicenseId
PV	PV007	Medicaid Id	MedicaidId
PV	PV008	Last Name	LastName
PV	PV009	First Name	FirstName
PV	PV010	Middle Initial	MiddleInitial
PV	PV011	Suffix	Suffix
PV	PV012	Entity Name	EntityName
PV	PV013	Entity Code	EntityCode
PV	PV014	Gender Code	GenderCode
PV	PV015	Provider DOB (Year Only)	DOBDateYear
PV	PV016	Street Address1 Name	Standardized_StreetAddress1Name
PV	PV017	Street Address2 Name	Standardized_StreetAddress2Name
PV	PV018	City Name	Standardized_CityName
PV	PV019	State Code	Standardized_StateCode
PV	PV020	Country Code	CountryCode
PV	PV021	Zip Code	Standardized_ZIPCode
PV	PV022	Taxonomy	Taxonomy
PV	PV023	Mailing Street Address1 Name	Standardized_MailingStreetAddress1Name
PV	PV024	Mailing Street Address2 Name	Standardized_MailingStreetAddress2Name
PV	PV025	Mailing City Name	Standardized_MailingCityName
PV	PV026	Mailing State Code	Standardized_MailingStateCode
PV	PV027	Mailing Country Code	MailingCountryCode
PV	PV028	Mailing Zip Code	Standardized_MailingZIPCode
PV	PV029	Provider Type Code	ProviderTypeCode

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
PV	PV030	Primary Specialty Code (Carrier-Specific Custom Values)	PrimarySpecialtyCode
PV	PV030	Primary Specialty Code (Standard Values)	PrimarySpecialtyCode
PV	PV034	ProviderIDCode	ProviderIDCode
PV	PV036	Medicare Id	MedicareId
PV	PV037	Begin Date	BeginDate
PV	PV038	End Date	EndDate
PV	PV039	National Provider ID	NationalProviderID
PV	PV040	National Provider2 ID	NationalProvider2ID
PV	PV042	Secondary Specialty2 Code (Carrier-Specific Custom Values)	SecondarySpecialty2Code
PV	PV042	Secondary Specialty2 Code (Standard Values)	SecondarySpecialty2Code
PV	PV043	Secondary Specialty3 Code (Carrier-Specific Custom Values)	SecondarySpecialty3Code
PV	PV043	Secondary Specialty3 Code (Standard Values)	SecondarySpecialty3Code
PV	PV044	Secondary Specialty4 Code (Carrier-Specific Custom Values)	SecondarySpecialty4Code
PV	PV044	Secondary Specialty4 Code (Standard Values)	SecondarySpecialty4Code
PV	PV045	P4PFlag	P4PFlag
PV	PV046	NonClaimsFlag	NonClaimsFlag
PV	PV047	Uses Electronic Medical Records	UsesElectronicMedicalRecords
PV	PV048	EMR Vendor	EMRVendor
PV	PV049	Accepting New Patients	AcceptingNewPatients
PV	PV050	Offers e-Visits	OfferseVisits
PV	PV052	Has multiple offices	Hasmultipleoffices
PV	PV054	Medical/Healthcare Home ID	MedicalHealthcareHomeID_Linkage_ID
PV	PV055	PCP Flag	PCPFlag

Release File Column Names: Level 2 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
PV	PV056	Provider Affiliation	ProviderAffiliation_Linkage_ID
PV	PV057	Provider Telephone	Standardized_Telephone
PV	PV058	Delegated Provider Record Flag	DelegatedProviderRecordFlag
PV	PV060	Office Type	OfficeType
PV	PV061	Prescribing Provider	PrescribingProvider
PV	PV062	Provider Affiliation Start Date	ProviderAffiliationStartDate
PV	PV063	Provider Affiliation End Date	ProviderAffiliationEndDate
PV	PV064	PPO Indicator	PPOIndicator

Release File Column Names: Level 3 Release Elements			
File Type	**Element**	**Data Element Name**	**Release File Column Name**
DC	DC006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
DC	DC007	Subscriber SSN	SubscriberSSN
DC	DC008	Plan Specific Contract Number	PlanSpecificContractNumber
DC	DC009	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
DC	DC010	Member Identification Code	MemberIdentificationCode
DC	DC013	Member Date of Birth	MemberDateofBirth
DC	DC019	Service Provider Tax ID Number	ServiceProviderTaxIDNumber
DC	DC043	Member Street Address	Standardized_MemberAddress2
DC	DC044	Billing Provider Tax ID Number	BillingProviderTaxIDNumber
DC	DC050	Subscriber Last Name	SubscriberLastName
DC	DC051	Subscriber First Name	SubscriberFirstName
DC	DC052	Subscriber Middle Initial	SubscriberMiddleInitial
DC	DC053	Member Last Name	MemberLastName

DC	DC054	Member First Name	MemberFirstName
DC	DC055	Member Middle Initial	MemberMiddleInitial
DC	DC058	Member Address 2	Standardized_MemberAddress2
MC	MC006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
MC	MC007	Subscriber SSN	SubscriberSSN
MC	MC008	Plan Specific Contract Number	PlanSpecificContractNumber
MC	MC009	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
MC	MC010	Member SSN	MemberSSN
MC	MC013	Member Date of Birth	MemberDateofBirth
MC	MC025	Service Provider Tax ID Number	ServiceProviderTaxIDNumber
MC	MC082	Member Street Address	Standardized_MemberStreetAddress
MC	MC090	LOINC Code	LOINCCode
MC	MC101	Subscriber Last Name	SubscriberLastName
MC	MC102	Subscriber First Name	SubscriberFirstName
MC	MC103	Subscriber Middle Initial	SubscriberMiddleInitial
MC	MC104	Member Last Name	MemberLastName
MC	MC105	Member First Name	MemberFirstName
MC	MC106	Member Middle Initial	MemberMiddleInitial
MC	MC140	Member Address 2	Standardized_MemberAddress2
ME	Not Available	Geocoded Member Address	GeocodedMemberAddress
ME	ME006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
ME	ME008	Subscriber Unique Identification Number	SubscriberUniqueIdentificationNumber
ME	ME009	Plan Specific Contract Number	PlanSpecificContractNumber
ME	ME010	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
ME	ME011	Member Identification Code	MemberIdentificationCode
ME	ME014	Member Date of Birth	MemberDateofBirth
ME	ME032	Group Name	GroupName

ME	ME037	Health Care Home Tax ID Number	HealthCareHomeTaxIDNumber
ME	ME043	Member Street Address	Standardized_MemberStreetAddress
ME	ME044	Member Address 2	Standardized_MemberAddress2
ME	ME054	Eligibility Determination Date - GIC Only	EligibilityDeterminationDate
ME	ME056	Last Activity Date - GIC Only	LastActivityDate
ME	ME057	Member Date of Death - GIC Only	DateOfDeath
ME	ME057	Member Year of Death	DateOfDeathYear
ME	ME058	Subscriber Street Address	Standardized_SubscriberStreetAddress
ME	ME060	Employment Status - GIC Only	EmploymentStatus
ME	ME065	Date of Retirement - GIC Only	DateOfRetirement
ME	ME067	Spouse Plan Type - GIC Only	SpousePlanType
ME	ME068	Spouse Plan - GIC Only	SpousePlan
ME	ME069	Spouse Medical Coverage - GIC Only	SpouseMedicalCoverage
ME	ME070	Spouse Medicare Indicator - GIC Only	SpouseMedicareIndicator
ME	ME071	Pool Indicator - GIC Only	PoolIndicator
ME	ME075	NewMMISID	NewMMISID
ME	ME076	Member rating category	MemberRatingCategory
ME	ME079	Recipient Identification Number (MassHealth only)	HashRecipientIdentificationNumber
ME	ME080	Recipient Historical Number (MassHealth only)	RecipientHistoricalNumber
ME	ME082	Employer Name	EmployerName
ME	ME083	Employer EIN	EmployerEIN
ME	ME101	Subscriber Last Name	SubscriberLastName
ME	ME102	Subscriber First Name	SubscriberFirstName
ME	ME103	Subscriber Middle Initial	SubscriberMiddleInitial
ME	ME104	Member Last Name	MemberLastName
ME	ME105	Member First Name	MemberFirstName
ME	ME106	Member Middle Initial	MemberMiddleInitial

PC	PC006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
PC	PC007	Subscriber SSN	SubscriberSSN
PC	PC008	Plan Specific Contract Number	PlanSpecificContractNumber
PC	PC009	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
PC	PC010	Member SSN	MemberSSN
PC	PC013	Member Date of Birth	MemberDateofBirth
PC	PC019	Pharmacy Tax ID Number	PharmacyTaxIDNumber
PC	PC047	Prescribing Physician DEA Number	PrescribingPhysicianDEANumber
PC	PC061	Member Street Address	Standardized_MemberStreetAddress
PC	PC062	Billing Provider Tax ID Number	BillingProviderTaxIDNumber
PC	PC065	Coordination of Benefits/TPL Liability Amount - GIC Only	CoordinationOfBenefitsTPLLiabilityAmount
PC	PC067	Medicare Paid Amount - GIC Only	MedicarePaidAmount
PC	PC101	Subscriber Last Name	SubscriberLastName
PC	PC102	Subscriber First Name	SubscriberFirstName
PC	PC103	Subscriber Middle Initial	SubscriberMiddleInitial
PC	PC104	Member Last Name	MemberLastName
PC	PC105	Member First Name	MemberFirstName
PC	PC106	Member Middle Initial	MemberMiddleInitial
PC	PC109	Member Street Address 2	Standardized_MemberAddress2
PC	PC111	Former Claim Number	FormerClaimNumber
PR	PR002	Product Name	ProductName
PR	PR007	Other Product Benefit Description	OtherProductBenefitDescription
PV	PV003	Tax Id	TaxId
PV	PV004	UPIN Id - GIC Only	UPINId
PV	PV005	DEA ID	DEAId
PV	PV015	Provider DOB Date	DOBDate
PV	PV035	SSN Id	SSNId

PV	PV041	GIC Provider Link ID	PlanProviderID