CENTER FOR HEALTH   
INFORMATION AND ANALYSIS (CHIA)

CY2009-2013 INCURRED

ALL-PAYER CLAIMS DATABASE (APCD)   
RELEASE 3.0 DOCUMENTATION GUIDE

- Provider File -

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Commonwealth of Massachusetts  
Center for Health Information and Analysis  
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# 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**, **product** and **benefit plan control** files, that are 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://chiamass.gov/regulations/)

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 eight separate documents. All are available on the CHIA website.

Service/Prescribing

Provider

Name, Tax ID, NPI,

Specialty Code, City, State, Zip Code

Billing Provider Name, NPI

**Provider File**

Patient Demographics

Age, Gender, Relationship to Subscriber

**Member File**

Medical Claims

Pharmacy Claims

Dental Claims

Service Details

Service and paid dates.

Paid amount, diagnosis and procedure information

**Claims Files (3)**

Type of Product

HMO, POS, Indemnity

Type of Contract

Single person, Family

Coverage Type

Self-funded, Individual.

Small Group

**Product File**

Plan Identification

Benefit Plan ID, Benefit Plan Name

**Benefit Plan**

All-Payer Claims Database

# Section 1.0: History

## 1.1: Establishment of the Massachusetts APCD (MA 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 MA 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 MA APCD – covering dates of service CY 2008-2010 and paid through February 28, 2011 – was first released in 2012. Release 3.0, to be available in early 2015, covers dates of service CY 2009-2013 (paid through June 30, 2014).

## 1.2: MA APCD Release 3.0 Overview

The **MA APCD** is comprised of data elements collected from **all Private and Public Payers** of eligible **Health Care Claims for Massachusetts Residents.** Data is collected in seven file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, **Provider (PV), and Benefit Plan (BP) Control**. 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, 2013 as paid through June 2014. Data submitted to CHIA after June 2014 is **NOT** included in the files.
* Release 3.0 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.
* 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

# Section 2.0: MA APCD Data Collection Process

The data collected from the payers for the MA 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** (see Appendix 8) 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.

## 2.1: Edits

When payers submit their data to CHIA for the MA 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 CHIA and MA 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 **MA 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.

More detailed APCD Version 3.0 File Edit documentation can be found at: <http://chiamass.gov/apcd-data-submission-guides>

## 2.2: 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 MA 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, suggest alternative threshold rates or creating plans to reach threshold over time to improve reporting quality.

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 CHIA liaisons and discussed with the payer for corrective action. (see Appendix 4)

## 2.3: Broad Caveats

Researchers using the MA APCD Release 3.0 data should be aware of the following:

* Due to the variance process, data quality may vary from one payer to another. (see Appendix 4)
* Claim Files submitted through June 2014 were accepted with relaxed edits. (Refer to the MA APCD Submission Guide for Edit information)
* The release files contain the data submitted to CHIA 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.
* Some Release Data was manipulated to protect patient privacy:
  + Assignment of linkage IDs to replace reported linkage identifiers (see Appendix 3).
  + 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.

# Section 3.0 Provider File

As part of the All Payer Claims Database (APCD), payers are required to submit a Provider file. The Provider File (PV) is a compilation of all payer provider files—such that a unique provider record will exist for **each instance** where the provider is found on a payer submission. A provider record may also repeat within a payer for each attribute change (see Examples section below).

Below we have provided details on business rules, data definitions, and the potential uses of this data.

## 3.1: Types of Data Collected in the Member Eligibility File:

### 3.1.1: Provider Linkage

CHIA has made a conscious decision to collect numerous identifiers that may be associated with a provider. Please refer to the File Layout section of this document for greater detail. The identifiers will be used to help link providers across payers in the event that the primary linking data elements are not a complete match. The existence of these extra identifying elements will improve the quality of matching algorithms.

### 3.1.2: Demographics

CHIA collects address information on each provider entity in order to meet reporting and analysis requirements. Additional demographic data elements such as Gender and Date of Birth for the provider are collected mainly for use in linking providers across payers. These two fields can be used, when provided, to help with the quality of the matching algorithms across payers. Address and Zip Code data has been standardized to the greatest extent possible by CHIA.

### 3.1.3: Provider Specialty

The fields Taxonomy (PV022), Provider Type Code (PV029), and Provider Specialty (PV030, PV043, and PV044) are required fields and can be used to meet reporting and analysis requirements including clinical groupings and provider specific reports. Each payer submits its internal code sets (lookup tables) to CHIA for these fields. Refer to the **Payer-specific Information** section of this document.

### 3.1.4: Dates

CHIA is collecting **two sets of date fields** for each provider record:

* **The Begin and End date for each provider (PV037 and PV038)** describes the dates the provider is active with the payer and is eligible to provide services to members. For providers who are still active the End date should be Null**.**
* **The Provider Affiliation Start and Provider Affiliation End Date (PV062 and PV063)** describe the providers’ affiliation/association with a parent entity, such as a billing entity, corporate entity, doctor’s office, provider group, or integrated delivery system. Each unique instance of these start and end dates should be submitted as a separate record on this file. If a provider was active and termed in the past with the payer, and was added back as an active provider, each instance of those ‘active’ dates should be provided¸ one for each time span. Similarly, each instance of a provider affiliation, and those associated dates should be provided in a record. If a provider has always been active with a payer since 2008, but has changed affiliations once, there would be two records submitted as well, one for each affiliation and those respective dates. If a provider’s affiliation is terminated, and is made active again at a later date, this would require two records as well.

### 3.1.5: Qualifiers

CHIA collects provider information related to **healthcare reform**, **electronic medical records**, and **patient centered medical homes**. These data elements may or may not currently be captured in payer’s core systems. These elements will inform more in depth analysis as this data becomes more common in the industry. The thresholds for these fields are lower in the short term to allow providers and payers more time to capture and submit this information.

**Examples:**

**1. Individual Provider practicing within one doctor’s office or group and only one physical office location.**

A provider fitting this description should have 1 record per active time span. The record would contain information about the provider (Dr. Jones) and the affiliation fields would indicate that Dr. Jones practices or contracts with (ABC Medical). ABC Medical, since it is a group, would have its own separate record as well in this file. A physician assistant or nurse working in the doctor’s office should also be submitted, under their own unique record.

**2. Individual Provider practicing within an office they own.**

A provider fitting this description should have 1 record per active time span for their individual information (Dr. Jones) and a second record for their practice, Dr. Jones Family Care. A physician assistant or nurse working in the doctor’s office should also be submitted, under their own unique record.

3. **Individual Provider practicing within an office they own or for a practice they do not own across two physical locations** .

A provider fitting this description should have 2 records per active time span. The office, affiliation or entity that the doctor does business under (ABC Medical, Dr. Jones family medicine) would have only 1 additional record.

**4. Individual Provider practicing across two groups or different affiliations.**

A provider fitting this description should have 2 records per active time span, one for each group/entity they are affiliated with. Each group/entity would have its own separate record as well.

**5. Entity, Group or Office in one location**

An entity fitting this description should have one record per active time span. All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records.

**6. Entity, Group or Office in two locations**

An entity fitting this description should have two records per active time span, one for each location. All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records. If these affiliated entities and providers are associated with just one of the locations, they would have one corresponding record. If they are affiliated with each of the parent entity’s locations, they should have one record f or each location, similar to example 3.

**7. Billing organizations**

An entity that shows up in the claims file in the Billing Provider field should also have a corresponding provider record. Medical Billing Associates, Inc. should have one record for each location and identifier it bills under as determined by the claims file.

**8. Integrated Delivery Systems**

Organizations such as Partners Healthcare or Atrius Health should have their own record if the payer has a contract with those entities. All entities, groups or providers affiliated with the Organization should have the Provider ID of this entity in the Provider Affiliation Field. Entities meeting a description similar to an Integrated Delivery System should show up one time in the provider file.

### 3.1.6: The Provider ID

Provider IDs (found in all three claims files) are some of the most critical fields in the MA APCD process as they link the Provider identified on the claims file with the corresponding record in the Provider File (PV002). The definition of PV002, Provider ID, is:

*the unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a payer has in its system. This field is used to uniquely identify a provider and that provider’s affiliation and a provider and a provider's practice location within this provider file.*

The goal of PV002 is to help identify provider data elements associated with provider data that was submitted in the claim li ne detail, and to identify the details of the Provider Affiliation. However, due to the fact that PV002 frequently contains sensitive personal information, the element PV002 has received a **substitution age element** (with the added suffix “\_Linkage\_ID”) for this release by CHIA which allows linking to the Provider File. Refer to the Linkage Section of the Appendices for greater detail on this process.

## 3.2: Provider File Structure:

|  |  |  |
| --- | --- | --- |
| **Topic** | **Clarification** | |
| **Rows** | Each row represents a unique instance of **a provider entity** within a payer, and may repeat rows for **each** attribute change, such as:   * **affiliation to another entity**, or * a provider’s **affiliation to a specific location, or**    a provider’s **begin and end date.**  This information can be used to analyze data on providers, clinicians, hospitals, physician groups and integrated delivery sy stems. | |
| **Provider, as defined by the**  **Center** | A Provider is an entity or person associated with either:  1. providing services to patients  2. submitting claims for services on behalf of a servicing provider  3. providing business services or contracting arrangements for a servicing provider  A Provider may be a **health care practitioner**, **health care facility**, **health care group**, **medical product vendor**, or **pharmacy**. | |
| **Unique Provider Record, defined** | **Provider (Who),** with a particular **affiliation (Relationship),** at a particular **location (where),** during a **pre-defined timeframe (when)**.  **Note:** Since this file is a compilation of provider records from all payers, providers will be duplicated for each associated payer. | |
| **Types of providers included in the file** | **All Massachusetts contracted providers**, **regardless of whether they are on the claims file for the time period.** Additionally, provider information for **out of state providers, who are on the claims file for the time period of the corresponding claims submission – If available.** Otherwise default values are used in the Medical Claims file, as provided below.  The codes below represent valid acceptable values **for provider references** (used in the **Medical Claims** file) **that do not exist in the Payer Provider database**.   |  |  | | --- | --- | | HCF-99901 | Unknown Out of State Physician | | HCF-99902 | Unknown – Out of State Facility | | HCF-99903 | Unknown – Out of State Professional Group | | HCF-99904 | Unknown – Out of State Retail Site | | HCF-99905 | Unknown – E-Site (Services provided over the Internet) | | HCF-99907 | Unknown – Other Provider | | HCF-99908 | Member Reimbursement Payment | | HCF-99909 | Not Applicable – Patient Home Care |     These values (as specified in the **Provider File Examples.xls** document on the MA APCD website) can be used in fields MC024 (Service Provider ID), MC134 (Plan Rendering Provider) and MC135 (Provider Location). In this scenario the payer would not put a corresponding record in the Provider File. This code indicates that the payer information is not available because the payer is out of state.  In order to create a cross-payer provider file for analysis, CHIA requires data on all providers in a payer’s Massachusetts network. Additionally, all claims may be analyzed by provider dimensions that require provider information for corresponding out of state claims. | |
| **Reporting time period, and providers to be included on the file** | | | **All providers, both active and non-active**. Providers who have not been active since January 2008 do not need to be included; however, some payers have elected to do so.  CHIA’s intention is to collect the most up to date provider data that can be used to analyze claims data. Since claims data is collected monthly, the provider file can be synced with the claims file, and can be a snapshot of how the provider file looked at the end of the period for which claims are sent. |

## 3.3: Provider File Layout

Restricted Release Elements:

* Each **row** in the release file contains one record of the indicated file type. There is an **asterisk-delimited field** in each row for every data element listed in the Restricted Release sections for each file type.
* Data Elements will be delimited in the order displayed in the File Layout sections of this document.
* **Empty** or **null** data elements will have no spaces or characters between the asterisks.
* **Lookup Tables:** Have been moved within the structure of the Element description, similar to the MA APCD Submission Guide documentation.
* A **Carrier-Specific Master Lookup** table is included with each data extract. Refer to the **Carrier-Specific Reference** and **Linking** sections in this document for more information.
* **External Code Sources** are listed in Appendix 8.
* **Masked Elements:** For the Data Release, some of the data elements have been **Masked** to provide confidentiality for Payers and Providers, and individuals, while allowing for linkage between claims, files, and lookup tables. Refer to the **Data Protection/Confidentiality** and **Linkage** sections of the Appendices for more information.

### 3.3.1: Release Text File Column Titles

**Release File Column Names** included in this document lists the column name for each data element in the Level 2 and Level 3 release files. The text files exported from the APCD SQL Database include these SQL column names in the first row. (see Appendix 6)

### 3.3.2: File Layout Section Columns

* **Data Element**: The code name of the element, with reference to the Regulation and the Submission files received by CHIA from Payers. The first two digits refer to the File Type and the following numbers to the ordering in the Submission Files.
* **Data Element Name**: Name of the element.
* **Format/Length:** Maximum Length of the data column in the APCD’s SQL Server database at CHIA.
* **Description:** Description of the element; **additionally** the lookup table is included where applicable.
* **Additional Element Description:** Additional information about the element in the release.
* **Edit Level:** Level of enforcement of the data element’s requirements by CHIA on Payer Submissions. Refer to the **Edits** section of this document.
* **%:** The expected percentage of validity for instances of the element in each submission file by the Payer.

| **MA APCD Provider File – Level 2 Data Elements** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Data Element** | **Data Element Name** | **Format / Length** | **Description** | **Element Submission Guideline** | **Additional Element Description** | **Edit Level** | **%** |
| Derived-PV1 | County of Provider | varchar[3] | County of Provider—derived by CHIA | County of Provider—derived by CHIA | County of Provider—derived by CHIA | N/A | N/A |
| Derived-PV2 | County of Provider Mailing Address | varchar[3] | County of Provider Mailing Address—derived by CHIA | County of Provider Mailing Address—derived by CHIA | County of Provider Mailing Address—derived by CHIA | N/A | N/A |
| Derived-PV3 | Release ID | NULL |  | Unique record ID derived specifically for this release file type | With each release file type table this number is reset to 1 and sequentially incremented by one for every record released | N/A | N/A |
| Derived-PV4 | Submission Year and Month | int-NULL |  |  |  | N/A | N/A |
| Derived-PV5 | Medicaid Indicator | bit-NULL |  |  |  | N/A | N/A |
| Derived-PV6 | Member Tract Census | varchar[10] |  |  |  | N/A | N/A |
| PV001 | Submitter | varchar[6] | CHIA defined and maintained unique identifier | Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002. |  | 100% | A0 |
| PV002 | Plan Provider ID | varchar[30] | Carrier Unique Provider Code | Report the submitter assigned unique number for every service provider (persons, facilities or other entities involved in claims transactions) that it has in its system(s). This element may or may not contain the provider NPI, but should not contain an individual’s SSN. | All | 100% | A0 |
| PV006 | License Id | varchar[25] | State practice license ID | Report the state license number for the provider identified in PV002. For a doctor this is the medical license for a non-doctor this is the practice license. Do not use zero-fill. If not available, or not applicable, such as for a group or corporate entity, do not report any value here. | All | 98% | B |
| PV007 | Medicaid Id | varchar[25] | MassHealth-assigned Provider ID | Report the Massachusetts State Medicaid number for the provider identified in PV002. Do not use zero-fill. Do not report any value if not available, or not applicable, such as for a group or corporate entity. | All | 98% | B |
| PV008 | Last Name | varchar[50] | Last name of the Provider in PV002 | Report the individual's last name here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Entity Name. | Required when PV034 = 1 | 98% | A0 |
| PV009 | First Name | varchar[50] | First name of the Provider in PV002 | Report the individual's first name here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name. | Required when PV034 = 1 | 98% | A2 |
| PV010 | Middle Initial | char[1] | Middle initial of the Provider in PV002 | Report the individual's middle initial here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name. | Required when PV034 = 1 | 1% | C |
| PV011 | Suffix | int[1] | Suffix of the Provider in PV002 1- I. 2 - II. 3. - III. 4. - Jr. 5. - Sr. 0 - Unknown / Not applicable | Report the individual's name suffix here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name. EXAMPLE: 0 = Unknown / Not Applicable | Required when PV034 = 1 | 1% | Z |
| PV012 | Entity Name | varchar[100] | Group / Facility name | Report the Provider Entity Name when Punctuation may be included. This should only be populated for facilities or groups. | Required when PV034 = 2, 3, 4, 5, 6, 7, or 0 | 98% | A1 |
| PV013 | Entity Code | char[2] | Provider entity code 01 Academic Institution 02 Adult Foster Care 03 Ambulance Services 04 Hospital Based Clinic 05 Stand-Alone, Walk-In/Urgent Care Clinic 06 Other Clinic 07 Community Health Center - General 08 Community Health Center - Urgent Care 09 Government Agency 10 Health Care Corporation 11 Home Health Agency 12 Acute Hospital 13 Chronic Hospital 14 Rehabilitation Hos01 Academic Institution 02 Adult Foster Care 03 Ambulance Services 04 Hospital Based Clinic 05 Stand-Alone, Walk-In/Urgent Care Clinic 06 Other Clinic 07 Community Health Center - General 08 Community Health Center - Urgent Care 09 Government Agency 10 Health Care Corporation 11 Home Health Agency 12 Acute Hospital 13 Chronic Hospital 14 Rehabilitation Hospital 15 Psychiatric Hospital 16 DPH Hospital 17 State Hospital 18 Veterans Hospital 19 DMH Hospital 20 Sub-Acute Hospital 21 Licensed Hospital Satellite Emergency Facility 22 Hospital Emergency Center pital 15 Psychiatric Hospital 16 DPH Hospital 17 State Hospital 18 Veterans Hospital 19 DMH Hospital 20 Sub-Acute Hospital 21 Licensed Hospital Satellite Emergency Facility 22 Hospital Emergency Center 23 Nursing Home 24 Freestanding Ambulatory Surgery Center 25 Hospital Licensed Ambulatory Surgery Center 26 Non-Health Corporations 27 School Based Health Center 28 Rest Home 29 Licensed Hospital Satellite Facility 30 Hospital Licensed Health Center 31 Other Facility  40 Physician (PV034 = 1) 50 Physician Group (PV034 = 3) 60 Nurse (PV034 = 1) 70 Clinician (PV034 = 1) 80 Technician (PV034 = 1) 90 Pharmacy / Site or Mail Order (PV034 = 4 or 5) 99 Other Individual or Group (PV034 = 1 or 3) Gender of Provider identified in PV002 | Report the value that defines the entity provider type. EXAMPLE: 12 = Acute Hospital | Required when PV034 does not = 1 | 98% | A0 |
| PV014 | Gender Code | char[1] | Gender of Provider identified in PV002 -F Female M Male O Other U Unknown | Report provider gender in alpha format as found on certification, contract and / or license. | Required when PV034 = 1 | 98% | B |
| PV015 | Provider DOB (Year Only) | int-NULL |  |  |  | 98% | B |
| PV015 | Provider DOB (Month Only) | int-NULL |  |  |  | 98% | B |
| PV016 | Provider Street Address 1 | varchar[50] | Street address of the Provider | Report the physical street address where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices. | All | 98% | A1 |
| PV017 | Provider Street Address 2 | varchar[50] | Street Address 2 of the Provider | Report the physical street address where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices. | All | 2% | A0 |
| PV018 | City Name | varchar[35] | City of the Provider | Report the city name where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices. | All | 98% | A1 |
| PV019 | State Code | char[2] | State of the Provider | Report the state of the site in which the provider sees plan members. When only a mailing address is available, populate with mailing state here as well as PV026. When a provider sees patients at two or more locations, the provider should have a unique record for each location to capture all possible practice sites. | All | 98% | A0 |
| PV020 | Country Code | char[3] | Country Code of the Provider | Report the three-character country code as defined by ISO 3166-1, Alpha 3. | All | 98% | C |
| PV021 | Zip Code | varchar[9] | Zip code of the Provider | Report the 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. | All | 98% | A0 |
| PV022 | Taxonomy | char[10] | Taxonomy Code | Report the standard code that defines this provider for this line of service. Taxonomy values allow for the reporting of many types of clinicians, assistants and technicians, where applicable, as well as Physicians, Nurses, Groups, Facilities, etc. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 75% | C |
| PV023 | Mailing Street Address1 Name | varchar[50] | Street address of the Provider / Entity | Report the mailing address of the Provider / Entity in PV002. |  | 98% | A0 |
| PV024 | Mailing Street Address2 Name | varchar[50] | Secondary Street address of the Provider / Entity | Report the mailing address of the Provider / Entity in PV002. |  | 2% | B |
| PV025 | Mailing City Name | varchar[35] | City name of the Provider / Entity | Report the mailing city address of the Provider / Entity in PV002. |  | 98% | A0 |
| PV026 | Mailing State Code | char[2] | State name of the Provider / Entity | Report the mailing state address of the Provider / Entity in PV002. |  | 98% | A0 |
| PV027 | Mailing Country Code | char[3] | Country name of the Provider / Entity | Report the three-character country code as defined by ISO 3166-1, Alpha 3. |  | 98% | C |
| PV028 | Mailing Zip Code | varchar[9] | Zip code of the Provider | Report the 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. |  | 98% | A0 |
| PV029 | Provider Type Code | varchar[10] | Provider Type Code | Report the Provider Type code associated with the individual provider or facility. The carrier/submitter must provide the MA APCD with Reference tables. This element distinguishes clinicians, facilities, and other. Clinicians are physicians and other practitioners who can perform an E&M service (thereby start an episode of care). Facilities can sometimes start episodes (i.e. patient goes to ER at onset of symptoms). Providers classified as 'other' never start episodes. The MA APCD may use this element to perform further clinical and analytic grouping. Entities not seeing patients should have a classification of 'Other'. |  | 98% | A1 |
| PV030 | Primary Specialty Code | int[3] | Specialty Code | Report the standard Primary Specialty code of the Provider here. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 98% | A2 |
| PV031 | Provider Organization ID | varchar[6] | CHIA defined and maintained Org ID for Providers | Report the Local Practice Group OrgID number as assigned / maintained by CHIA for Total Medical Expense (TME) reporting. | Required when submitter is identified as a TME/RP Submitter | 100% | A2 |
| PV032 | Registered Provider Organization ID (RPO) | Char[30] | Registered Provider Organization ID | Report the Health Policy Commission-assigned unique identifier for each service provider (persons, facilities or entities involved in claims transactions) that it has in its system(s). This data is required for TME/RP reporting and analysis. | Assigned submitters only | 0% | Z |
| PV034 | Provider ID Code | int[1] | Provider Identification Code  1 - Person; physician, clinician, orthodontist, and any individual that is licensed/certified to perform health care services. 2 - Facility; hospital, health center, long term care, rehabilitation and any building that is licensed to transact health care services. 3 - Professional Group; collection of licensed/certified health care professionals that are practicing health care services under the same entity name and Federal Tax Identification Number. 4 - Retail Site; brick-and-mortar licensed/certified place of transaction that is not solely a health care entity, i.e., pharmacies, independent laboratories, vision services. 5 - E-Site; internet-based order/logistic system of health care services, typically in the form of durable medical equipment, pharmacy or vision services. Address assigned should be the address of the company delivering services or order fulfillment. 6 - Financial Parent; financial governing body that does not perform health care services itself but directs and finances health care service entities, usually through a Board of Directors. 7 - Transportation; any form of transport that conveys a patient to/from a healthcare provider. 0 - Other; any type of entity not otherwise defined that performs health care services. | Report the value that defines type of entity associated with PV002. The value reported here drives intake edits for quality purposes. EXAMPLE: 1 = Person; Physician, Clinician, Orthodontist, etc. | All | 100% | A0 |
| PV036 | Medicare ID | varchar[30] | Provider's Medicare Number, other than UPIN | Report the Medicare ID (OSCAR, Certification, Other, Unspecified, NSC or PIN) of the provider or entity in PV002. Do not report UPIN here, see PV004. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 90% | B |
| PV037 | Begin Date | int[8] | Provider Start Date | Report the date the provider or facility becomes eligible / contracted to perform services for plan members in CCYYMMDD Format. Do not report any value here for providers that do not render services. | All | 98% | A2 |
| PV037 | Begin Date - Year | int-NULL |  |  |  | 98% | A2 |
| PV037 | Begin Date - Month | int-NULL |  |  |  | 98% | A2 |
| PV038 | End Date | int-NULL | Provider End Date | Report the Date the provider or facility is no longer eligible to perform services for plan members / insureds in CCYYMMDD Format. Do not report any value here for providers that are still actively eligible to provide services, or Providers who do not render services (i.e., Parent Organizations). | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 98% | B |
| PV038 | End Date - Year | int-NULL |  |  |  | 98% | B |
| PV038 | End Date - Month | int-NULL |  |  |  | 98% | B |
| PV039 | National Provider ID | int[10] | National Provider Identification (NPI) of the Provider | Report the NPI of the Provider / Clinician / Facility / Organization defined in this record. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 98% | B |
| PV040 | National Provider ID 2 | int[10] | National Provider Identification (NPI) of the Provider | Report the Secondary or Other NPI of the Provider / Clinician / Facility / Organization defined in this record. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 1% | C |
| PV042 | Proprietary Specialty Code | varchar[10] | Specialty Code | Report the submitter's proprietary specialty code for the provider here. Known additional specialty code for a provider should be populated in elements PV043 and PV044. Value comes from a Carrier Defined Table only. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 1% | B |
| PV043 | Other Specialty Code 2 | varchar[10] | Specialty Code | See mapping notes for primary specialty code in PV030. Known additional specialty code for a provider should be populated in this element. Value can come from either a Carrier Defined Table or the External Code Source. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 0% | B |
| PV044 | Other Specialty Code 3 | varchar[10] | Specialty Code | See mapping notes for primary specialty code in PV030. Known additional specialty code for a provider should be populated in this element. Value can come from either a Carrier Defined Table or the External Code Source. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 0% | B |
| PV045 | Pay for Performance Flag | int[1] | Indicator - Provider Contract Payment 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. Pay-for-performance bonuses or year-end withhold returns based on performance for at least one service performed by this provider within the month. EXAMPLE: 1 = Yes, provider has a contract incentive. | Required when PV034 = 1, 2, or 3 | 100% | A2 |
| PV046 | NonClaims Flag | int[1] | Indicator - Provider Contract Payment 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. NonClaims payments that occur at least once within the month must be reported. EXAMPLE: 1 = Yes, provider may be eligible to receive other payments not flowing through the claims system. | All | 100% | A2 |
| PV047 | Uses Electronic Health Records | int[1] | Indicator - EHR Utilization 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. EXAMPLE: 1 = Yes, provider uses Electronic Health Records | All | 100% | A2 |
| PV048 | EHR Vendor | varchar[40] | Electronic Health Record Vendor Name | Report the name of the vendor the provider uses for EHR processing. | Required when PV047 = 1 | 98% | B |
| PV049 | Accepting New Patients | int[1] | Indicator - New Patients Accepted 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. EXAMPLE: 1 = Yes, provider or provider group is accepting new patients as of the day the file was created for this submission. | Required when PV034 = 1, 2, or 3 | 100% | A2 |
| PV050 | Offers e-Visits | int[1] | Indicator - eVisit Option 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. EXAMPLE: 1 = Yes, provider has capacity to perform eVisits. | Required when PV034 = 1, 2, 3, or 4 | 100% | A2 |
| PV052 | Has multiple offices | int[1] | Indicator - Multiple Office Provider 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. EXAMPLE: 1 = Yes, provider has multiple offices. | Required when PV034 = 1, 2, or 3 | 100% | A0 |
| PV054 | Medical / Healthcare Home ID | varchar[15] | Medical Home Identification Number | Report the identifier of the patient-centered medical home the provider is linked-to here. The value in this element must have a corresponding Provider ID (PV002) in this or a previously submitted provider file. | Require when PV034 = 1, 2, or 3 | 0% | B |
| PV055 | PCP Flag | int[1] | Indicator - Provider is a PCP 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. EXAMPLE: 1 = Yes, provider is a PCP. | Required when PV034 = 1 | 100% | A0 |
| PV056 | Provider Affiliation | varchar[30] | Provider Affiliation Code | Report the Provider ID for any affiliation the provider has with another entity or parent company. If the provider is associated only with self, record the same value here as PV002. | All | 99% | B |
| PV057 | Provider Telephone | varchar[10] | Telephone number associated with the provider identified in PV002 | Report the telephone number of the provider associated with the identification in PV002. Do not separate components with hyphens, spaces or other special characters. | All | 10% | C |
| PV058 | Delegated Provider Record Flag | int[1] | Indicator - Delegated Record 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. EXAMPLE: 1 = Yes, provider record was sourced from the delegated provider’s system. | All | 100% | A2 |
| PV060 | Office Type | int[1] | Office Type Code 1 Facility 2 Doctors office 3 Clinic 4 Walk in Clinic 5 Laboratory 0 Other | Report the value that defines the provider's service setting. EXAMPLE: 1 = Facility | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 98% | A0 |
| PV061 | Prescribing Provider | int[1] | Indicator - Prescribing Authority 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. EXAMPLE: 1 = Yes, provider has prescribing privileges for pharmaceuticals or DME. | All | 100% | A2 |
| PV062 | Provider Affiliation Start Date | int[8] | Provider Start Date | Report the start date of provider's relationship with parent entity / group in PV056 (Provider Affiliation) in CCYYMMDD Format. Providers that are self-affiliated (or no affiliation) should have the same value reported here as in PV037. | All | 98% | A0 |
| PV062 | Provider Affiliation Start Date - Year |  |  |  |  | 98% | A0 |
| PV062 | Provider Affiliation Start Date - Month |  |  |  |  | 98% | A0 |
| PV063 | Provider Affiliation End Date | int[8] | Provider End Date | Report the end date of provider's relationship with parent entity / group in PV056 (Provider Affiliation) in CCYYMMDD Format. Do not report any value here if the affiliation is still active, or if there is no known affiliation in PV056. Self-affiliations should report the same value here as in PV038. | All | 98% | B |
| PV063 | Provider Affiliation End Date - Year | int-NULL |  |  |  | 98% | B |
| PV063 | Provider Affiliation End Date - Month | int-NULL |  |  |  | 98% | B |
| PV064 | PPO Indicator | int[1] | Indicator - Provider PPO Contract 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable | Report the value that defines the element. EXAMPLE: 1 = Yes, provider is a contracted network provider. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 100% | A0 |

| **MA APCD Provider File – Level 3 Data Elements** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Data Element** | **Data Element Name** | **Format / Length** | **Description** | **Element Submission Guideline** | **Additional Element Description** | **Edit Level** | **%** |
| PV003 | Tax Id | varbinary[256] | Federal Tax ID of non-individual Provider | Report the Federal Tax ID of the Provider here. Do not use hyphen or alpha prefix. | Required when PV034 = 2, 3, 4, 5, 6, 7, or 0 | 98% | A2 |
| PV004 | UPIN Id | char[6] | Unique Physician ID | Report the UPIN for the Provider identified in PV002. To report other Medicare Identifiers use PV036. | Required when PV034 = 1 | 98% | B |
| PV005 | DEA ID | char[9] | Provider DEA | Report the valid DEA ID of the individual, group or facility defined by PV002. If not available or applicable, do not report any value here. | Required when PV034 = 0, 1, 2, 3, 4, or 5 | 98% | B |
| PV015 | DOB Date | varbinary[256] | Provider's date of birth | Report the individual's date of birth in CCYYMMDD Format. Only applies to providers identified as Entity = Person. Do not report any value here for non-person entities, e.g. Professional Groups, Medical Sites. | Required when PV034 = 1 | 98% | B |
| PV035 | SSN Id | varbinary[256] | Provider's Social Security Number | Report the SSN of the individual provider in PV002. Do not zero-fill. Do not report any value here if not available or not applicable. | Required when PV034 = 1 | 98% | A1 |
| PV041 | GIC Provider Link ID | varchar[25] | GIC Provider Link ID for GIC Carriers only | Report the GIC Assigned Provider Link ID. If not applicable, do not report any value here. | Required when Submitter is identified as a GIC Submitter | 0% | B |
| PV899 | Record Type | char[2] | File Type Identifier | Report PV here. This validates the type of file and the data contained within the file. This must match HD004. | All | 100% | A0 |

### 3.3.3: Provider File Cleaning, Standardization, and Redaction

| ***MA APCD Provider File Cleaning Logic, by Element*** | | | | |
| --- | --- | --- | --- | --- |
| **Element** | **Data Element Name** | **Format/Length** | **Description** | **Cleaning Logic** |
| N/A | | | | |

| ***MA APCD Provider File SSN Redaction, by Element*** | | | |
| --- | --- | --- | --- |
| **Element** | **Data Element Name** | **Format/Length** | **Description** |
| PV006 | License Id | Varchar[25] | License Id |
| PV007 | Medicaid Id | Varchar[25] | Medicaid Id |
| PV008 | Last Name | varchar[50] | Last Name |
| PV009 | First Name | varchar[50] | First Name |
| PV012 | Entity Name | Varchar[100] | Entity Name |
| PV016 | Provider Street Address 1 | varchar[50] | Provider Street Address 1 |
| PV017 | Provider Street Address 2 | varchar[50] | Provider Street Address 2 |
| PV018 | City Name | Varchar[35] | City Name |
| PV021 | Zip Code | varchar[9] | Zip Code |
| PV022 | Taxonomy | Char[10] | Taxonomy |
| PV023 | Mailing Street Address1 Name | varchar[50] | Mailing Street Address1 Name |
| PV024 | Mailing Street Address2 Name | varchar[50] | Mailing Street Address2 Name |
| PV025 | Mailing City Name | Varchar[35] | Mailing City Name |
| PV028 | Mailing Zip Code | varchar[9] | Mailing Zip Code |
| PV029 | Provider Type Code | Varchar[10] | Provider Type Code |
| PV032 | Registered Provider Organization ID (RPO) | Char[30] | Registered Provider Organization ID (RPO) |
| PV036 | Medicare ID | Varchar[30] | Medicare ID |
| PV042 | Proprietary Specialty Code | Varchar[10] | Proprietary Specialty Code |
| PV043 | Other Specialty Code 2 | Varchar[10] | Other Specialty Code 2 |
| PV044 | Other Specialty Code 3 | Varchar[10] | Other Specialty Code 3 |
| PV048 | EHR Vendor | Varchar[40] | EHR Vendor |
| PV057 | Provider Telephone | Varchar[10] | Provider Telephone |

| ***MA APCD Provider File Reidentification, by Element*** | | | |
| --- | --- | --- | --- |
| **Element** | **Data Element Name** | **Format/Length** | **Description** |
| PV054 | Medical / Healthcare Home ID | Text | Medical / Healthcare Home ID |
| PV056 | Provider Affiliation | Text | Provider Affiliation |



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