# The Commonwealth of Massachusetts
# Center for Health Information and Analysis

## The Massachusetts
## All-Payer Claims Database

## Member Eligibility File
## Submission Guide

### February 2019

# Revision History

| Date | Version | Description | Author |
|---|---|---|---|
| 12/1/2012 | 3.0 | Administrative Bulletin 12-01; issued 11/8/2012 | **M. Prettenhofer** |
| 1/4/2013 | 3.1 | New Data Elements section: added ME045 (MA Exchange Flag); ME055 (Business Type Code); ME072 (Family Size); ME078 (Employer Zip) | **H. Hines** |
| 5/31/2013 | 3.1 | • Updated 'Non-Massachusetts Resident' section<br>• Updated HD009<br>• Elements ME119 changed to Filler<br>• Revised ME045, ME120, ME121, ME124-ME132<br>• ME121 (Metal Level): Added option (5) Catastrophic<br>• ME134 (APCD Id Code): Added option (6) ICO – Integrated Care Organization | **H. Hines** |
| 5/31/13 | 3.1 | • Updated reference wording ME035 – ME039 | **K. Hines** |
| 10/2014 | 4.0 | • Administrative Bulletin 14-08 | **K. Hines** |
| 2/2016 | 5.0 | • Administrative Bulletin 16-03 | **K. Hines** |
| 2/2016 | 5.0 | • Update APCD Version Number – HD009 – to 5.0 | **K. Hines** |
| 2/2016 | 5.0 | • Add ConnectorCare to ME031 | **K. Hines** |
| 2/2016 | 5.0 | • Update threshold on ME046 | **K. Hines** |
| 2/2016 | 5.0 | • Add clarifying language to fields | **K. Hines** |
| 2/2016 | 5.0 | • Update Cover Sheet, CHIA website and address | **K. Hines** |
| 2/2017 | 6.0 | • Initial 6.0 updates | **K. Hines** |
| 2/2019 | 2019 | • 2019 Updates | **P. Smith** |

# Table of Contents

# Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims. Using its broad statutory authority to collect, store and maintain health care information in a payer and provider claims database pursuant to M.G.L. c. 12C, the Center for Health Information and Analysis (CHIA) has adopted regulations to collect medical, pharmacy, and dental claims, as well as provider, product, and member eligibility information derived from fully-insured, self-insured (where allowed), Medicare, Medicaid and Supplemental Policy data which CHIA stores in a comprehensive All Payer Claims Database (APCD). CHIA serves as the Commonwealth's primary hub for health care data and a primary source of health care analytics that support policy development.

To facilitate communication and collaboration, CHIA maintains a dedicated MA APCD website ( http://www.chiamass.gov/apcd-information-for-data-submitters/ ) with resources that currently include the submission and release regulations, Administrative Bulletins, the technical submission guide with examples, and support documentation. These resources are periodically updated with materials and CHIA staff are dedicated to working with all submitters to ensure full compliance with the regulation.

While CHIA is committed to establishing and maintaining an APCD that promotes transparency, improves health care quality, and mitigates health care costs, we welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications, we encourage you to utilize the online resources and reach out to our staff for any further questions.
Thank you for your partnership with CHIA on the all payer claims database.

## 957 CMR 8.00: APCD and Case Mix Data Submission

957 CMR 8.00 governs the reporting requirements regarding health care data and information that health care Payers and Hospitals must submit pursuant to M.G.L. c. 12C in connection with the MA APCD and the Acute Hospital Case Mix and Charge Data Databases. The regulation establishes the data submission requirements for the health care claims data and health plan information that Payers must submit and the procedures and timeframe for submitting such health care data and information. CHIA collects data essential for the continued monitoring of health care cost trends, minimizes the duplication of data submissions by payers to state entities, and promotes administrative simplification among state entities in Massachusetts.

Except as specifically provided otherwise by CHIA or under Chapter 12C. claims data collected by CHIA for the MA APCD is not a public record under clause 26 of section 7 of chapter 4 or under chapter 66. No public disclosure of any health plan information or data shall be made unless specifically authorized pursuant to 957 CMR 5.00. CHIA has developed the data release procedures defined in CHIA regulations to ensure that the

release of such data is in the public interest, as well as consistent with applicable Federal and State privacy and security laws.

## Patient Identifying Information

No patient identifying information may be included in any fields not specifically instructed as such within the element name, description and submission guideline outlined in this document.  Patient identifying information includes name, address, social security number and similar information by which the identity of a patient can be readily determined.

# Acronyms Frequently Used

APCD – All-Payer Claims Database

CHIA – Center for Health Information and Analysis

CSO – Computer Services Organization

DBA – Delegated Benefit Administrator

DBM – Dental Benefit Manager

DOI – Division of Insurance

GIC – Group Insurance Commission

ID – Identification; Identifier

MA APCD – Massachusetts' All-Payer Claims Database

NPI – National Provider Identifier

PBM – Pharmacy Benefit Manager

QA – Quality Assurance

RA – Risk Adjustment; Risk Adjuster

RACP– Risk Adjustment Covered Plan

TME / RP – Total Medical Expense / Relative Pricing

TPA – Third Party Administrator

The File Types:
        DC – Dental Claims

        MC – Medical Claims

        ME – Member Eligibility

        PC – Pharmacy Claims

        PR – Product File

        PV – Provider File

        BP – Benefit Plan Control Total File

# The MA APCD Monthly Member Eligibility File

As part of the MA APCD filings, all submitters are required to submit an ME file.  CHIA recognizes that any change to this file type creates a programming burden.  In support of Administrative Simplification, CHIA may decide to add elements to this file type in order to eliminate supplemental files and/or reports and create a single-source collection point.

Every month an ME File shall be submitted.  It should contain a rolling 24 month period of all eligibilities, benefits, attributes and dates of enrollment/disenrollment.  This information provides the MA APCD with the necessary information to link claims to their corresponding eligibility segments.

The ME Detail Records are defined as one record per member, per begin/end period for a given Product (another filing type of the MA APCD). Multiple records for "Member + Product" may exist and begin and end eligibility dates can overlap when there is a shift in Product assignment,  a carve-out benefit is being reported, or PCP assignment is adjusted multiple times per month.  Attribute changes such as PCP selections should be reported to capture necessary information for claim QA and clinical management of the member.


Below are additional details and clarifications:

| Specification Question | Clarification | Rationale |
|---|---|---|
| What is the frequency of submission? | Monthly (by the last day of the month), but representing persons over a rolling 24 month period with open and/or closed segments of eligibility. | CHIA requires monthly Eligibility files to capture the attributes necessary for matching to the various Claims Files coming in on the same schedule. |
| What is the format of the file? | Each submission must start with a Header Record and end with a Trailer Record to define the contents of the data within the submission. Each Detail Record must contain elements in an asterisk delimited format. | The Header and Trailer Records help to determine period-specific editing and create an intake control for quality.  The asterisk is an inherited symbol from previous filings that submitters had already coded their systems to compile for previous version of the MA APCD. |

| Specification Question | Clarification | Rationale |
| --- | --- | --- |
| What does each row in a file represent? | Each row, or Detail Record, contains the information of a unique Eligibility + Product that a carrier or Third-Party maintains to process Member claims. | CHIA recognizes that information at this detailed level is necessary for aggregation and reporting utilization and aids with maintaining Master Member IDs to ensure privacy of data. |
| There appear to be similar fields on eligibility that are also collected on the claims file. Can you clarify? | Many of the elements in the files use similar semantics and a few are exact duplicates.  CHIA is concerned with the details presented in the ME File regardless of the information presented on the Claims Files. | CHIA is required to standardize and analyze information on Members and the variations of Eligibility. The like elements on the Claim Records mirror what is typically billed by providers and aids with QA work when analyzing covered services, in- vs. out-of-network and/or Third Party Administrator attributes. |
| | | |
| There are a number of elements in the file layout that do not apply to us.  Is there some mechanism to bypass the reporting of these? | The individual elements all have a threshold setting that will aid submitters in meeting the reporting requirements. | CHIA realizes that the current format does not fit all submitters. The variance process allows for submitters to address any inability to meet threshold requirements. It is also important to note if your submitter type or OrgID assignment is required to submit the element of concern. |

| Specification Question | Clarification | Rationale |
|---|---|---|
| What might cause a member to have more than one eligibility record per month? | A member can or will have more than one eligibility when they are enrolled in more than one product, or have a break in eligibility, or multiple, active PCP assignments within a reporting period. | Accurate enrollment data is needed to calculate member months by product and by provider.  Additionally, the attributes of these memberships drive much of the QA that is performed on the Claim Lines that are received for these ME Detail Records. |
| If claims are processed by a third-party administrator, who is responsible for submitting the data and how should the data be submitted? | In instances where more than one entity administers a health plan, the health care carrier **and** third-party administrators are responsible for submitting data according to the specifications and format defined in the Submission Guides. | CHIA's objective is to create a **comprehensive** APCD that must include data from all health care Carriers, Pharmacy Benefit Managers, and/or Third-Party Administrators. |
| My company is not a Risk Holder so many elements don't apply.  How should this be dealt with via the Variance Request? | When a submission is coming from a non-Risk Holder (TPA, Claims Processer, PBM, DBM, etc.) several elements may not be available to report.  By identifying the type of business in ME134 – APCD ID Code, the MA APCD will be able to relax some of the intake edits based upon the business. | CHIA is required to differentiate varying lines of business to satisfy many report requests.  The ability to parse eligibility data into standard categories will remove the burden of requesting supplemental files from submitters to identify the various types. |

# Types of Data collected in the Member Eligibility File

## Subscriber / Member Information

Both subscriber and member information is collected in the file. Although the focus is primarily on the member, in order to maintain Master Member IDs and link to claims when submitted, information regarding the subscriber is necessary as well. The MA APCD is now collecting elements directly related to the Subscriber (who may be the Member as well) and the policy they have through an employer, the premium paid, benefit levels and industry codes.

## Non-Massachusetts Resident

CHIA requires that payers submitting claims and encounter data on behalf of an employer group submit claims and encounter data for employees who reside outside of Massachusetts.

CHIA requires data submission for employees that are based in Massachusetts whether the employer is based in MA or the employer has a site in Massachusetts that employs individuals. This requirement is for all payers that are licensed by the MA Division of Insurance, or are required by contract with the Group Insurance Commission to submit paid claims and encounter data for all Massachusetts residents, and all members of a Massachusetts employer group including those who reside outside of Massachusetts.

For payers reporting to the MA Division of Insurance, CHIA requires data submission for all members where the "situs" of the insurance contract or product is Massachusetts regardless of residence or employer (or the location of the employer that signed the contract is in Massachusetts).

## Demographics

CHIA collects birth date and gender information on each Subscriber and Member in order to meet reporting and analysis requirements of the MA APCD. This information is also useful with matching algorithms and quality measures for claims.

## Coverage Indicators

CHIA continues to collect coverage indicator flags to determine if a member has medical, dental, pharmacy, behavioral health, vision and/or lab coverage. These elements may be compared against the Product file and will be helpful in understanding benefit design.

## Provider Identifiers

CHIA has made a conscious decision to collect numerous identifiers that may be associated with a provider.  The data submitted in these provider based elements will be used by CHIA when analyzing data across carriers.

## Dates

CHIA is collecting two sets of start and end dates.  ME041 and ME042 are the dates associated with the member's enrollment with a specific product.  ME041 captures the date the member enrolled in the product and ME042 captures the end date or is Null (blank) if they are still enrolled.  ME047 and ME048 are the dates a member is enrolled with a specific PCP.  For plans or products without PCPs, these fields will not be evaluated.

# Total Medical Expenses (TME) Reporting

**ME125 and ME131** pertain to **Total Medical Expense (TME)** reporting, and are required of those submitters that are currently responsible to report TME Data to CHIA. Please review each of these elements to understand the requirements and conditions applied. Non-TME reporters may report information in these elements, but must follow the submission guidelines for content and quality.

To determine whether your organization is a TME / RP reporter and required to submit the additional data element, please review the list of TME Filing OrgIDs on the CHIA website: http://www.chiamass.gov/list-of-payers-required-to-report-data.

# Guidance Regarding Reporting Risk Adjustment Covered Plans (RACPs) for State-Subsidized Coverage beginning with 2013 Benefit Plans

We ask that carriers who participate in the Commonwealth Care and Medical Security Programs use the values in Table 1 below to report Benefit Contract Plan ID for Commonwealth Care and Medical Security Program members (ME128 and BP001) and AV (ME120 and BP003) for these same members.

*__Table 1: Benefit Plan Contract ID and corresponding Actuarial Value for Commonwealth Care and Medical Security coverage programs__*

Commonwealth Care

| Benefit Plan Contract Type | FPL (%) | Commonwealth Care Benefit Plan Contract ID | Actuarial Value (using the Federal AV Calculator) |
|---|---|---|---|
| Non-AWSS Plan Type 1 | 0% - 100% | CN100 | 0.9962 |
| Non-AWSS Plan Type 2a | 100.1% - 150% | CN210 | 0.9503 |
| Non-AWSS Plan Type 2b | 150.1% - 200% | CN220 | 0.9503 |
| Non-AWSS Plan Type 3a | 200.1% - 250% | CN310 | 0.9253 |
| Non-AWSS Plan Type 3b | 250.1% - 300% | CN320 | 0.9253 |
| AWSS Plan Type 1 | 0% - 100% | CA100 | 0.9962 |
| AWSS Plan Type 2a | 100.1% - 150% | CA210 | 0.9503 |
| AWSS Plan Type 2b | 150.1% - 200% | CA220 | 0.9503 |
| AWSS Plan Type 3a | 200.1% - 250% | CA310 | 0.9253 |
| AWSS Plan Type 3b | 250.1% - 300% | CA320 | 0.9253 |

Medical Security Plan (MSP)

| Benefit Plan Contract Type | FPL (%) | Medical Security Plan Benefit Plan Contract ID | Actuarial Value (using the Federal AV Calculator) |
|---|---|---|---|
| Non-AWSS Plan Type 1 | 0% - 100% | MN100 | 0.9962 |
| Non-AWSS Plan Type 2a | 100.1% - 150% | MN210 | 0.9503 |
| Non-AWSS Plan Type 2b | 150.1% - 200% | MN220 | 0.9503 |
| Non-AWSS Plan Type 3a | 200.1% - 250% | MN310 | 0.9253 |
| Non-AWSS Plan Type 3b | 250.1% - 300% | MN320 | 0.9253 |
| AWSS Plan Type 1 | 0% - 100% | MA100 | 0.9962 |
| AWSS Plan Type 2a | 100.1% - 150% | MA210 | 0.9503 |
| AWSS Plan Type 2b | 150.1% - 200% | MA220 | 0.9503 |
| AWSS Plan Type 3a | 200.1% - 250% | MA310 | 0.9253 |
| AWSS Plan Type 3b | 250.1% - 300% | MA320 | 0.9253 |

Please note: AWSS indicates Aliens with Special Status; Non-AWSS indicates Non-Aliens with Special Status. Members are identified by the above groupings on the monthly 820 file submissions.

Since the Commonwealth Care program extension ended in early 2015, carriers with applicable QHPs in ConnectorCare are expected to use the following Benefit Plan IDs and corresponding Actuarial Values.  Carriers covering American Indian/American Native tribal members shall indicate 100% Actuarial Value (ME120) in the Member Eligibility File for these members.

| ConnectorCare Plan Type | FPL (%) | ConnectorCare Benefit Plan Contract ID | Actuarial Value (after Federal and State CSR) | |
|---|---|---|---|---|
| | | | Non American Indian/American Native | American Indian/American Native |
| Plan 1 | 0-100% | CC100 | 99.6% | 100% |
| Plan 2A | 100.1-150% | CC210 | 95.0% | 100% |
| Plan 2B | 150.1-200% | CC220 | 95.0% | 100% |
| Plan 3A | 200.1-250% | CC310 | 92.5% | 100% |
| Plan 3B | 250.1-300% | CC320 | 92.5% | 100% |

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CHIA is committed to working with all submitters and their technical teams to ensure compliance with applicable laws and regulations.  CHIA will continue to provide support through technical assistance calls and resources available on the CHIA website, http://www.chiamass.gov/

# File Guideline and Layout

## Legend

1. File:  Identifies the file per element as well as the Header and Trailer Records that repeat on all MA APCD File Types.  Headers and Trailers are Mandatory as a whole, with just a few elements allowing situational reporting.

2. Col:  Identifies the column the data resides in when reported

3. Elmt:  This is the number of the element in regards to the file type

4. Data Element Name:  Provides identification of basic data required

5. Date Modified:  Identifies the last date that an element was adjusted

6. Type:  Defines the data as Decimal, Integer, Numeric or Text.  Additional information provided for identification, e.g., Date Period – Integer

7. Type Description:  Used to group like-items together for quick identification

8. Format / Length:  Defines both the reporting length and element min/max requirements.  See below:

    a. char[n] – this is a fixed length element of [n] characters, cannot report below or above [n].  This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.

    b. varchar[n] – this is a variable length field of max [n] characters, cannot report above [n].  This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.

    c. int[n] – this is a fixed type and length element of [n] for numeric reporting only.  This cannot be anything but numeric with no decimal points or leading zeros.

    The plus/minus symbol (±) in front on any of the Formats above indicate that a negative can be submitted in the element under specific conditions.  **Example:** When the Claim Line Type (MC138) = V (void) or B (backout) then certain claim values can be negative.

9. Description: Short description that defines the data expected in the element

10. Element Submission Guideline:  Provides detailed information regarding the data required as well as constraints, exceptions and examples.

11. Condition:  Provides the condition for reporting the given data

12. %:  Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.

13. Cat:  Provides the category or tiering of elements and reporting margins where applicable. 'A' level fields must meet their APCD threshold percentage in order for a file to pass.  The other categories (B, C, Z) are also monitored but will not cause a file to fail. Header and Trailer

Mandatory element errors will cause a file to drop.  Where elements have a conditional requirement, percentages are applied to the number of records that meet the condition.

HM = Mandatory Header element;  HS = Situational Header element;  HO = Optional Header element;  A0 = Data is required to be valid per Conditions and must meet threshold percent with 0% variation;  A1= Data is required to be valid per Conditions and must meet threshold percent with no more than 1% variation;  A2 = Data is required to be valid per Conditions and must meet threshold percent with no more than 2% variation;  B and C = Data is requested and errors are reported, but will not cause a file to fail;  Z = Data is not required;  TM = Mandatory Trailer element;  TS = Situational Trailer element;  TO = Optional Trailer element.

Elements that are highlighted indicate that a MA APCD lookup table is present and contains valid values expected in the element.  In very few cases, there is a combination of a MA APCD lookup table and an External Code Source or Carrier Defined Table, these maintain the highlight.

It is important to note that Type, Format/Length, Condition, Threshold and Category are considered as a suite of requirements that the intake edits are built around to ensure compliance, continuity and quality.  This ensures that the data can be standardized at other levels for greater understanding of healthcare utilization.

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|------|-------------------|---------------|------|------------------|-----------------|-------------|------------------------------|-----------|---|-----|
| HD-ME | 1 | HD 001 | Record Type | 11/8/12 | Text | ID Record | char[2] | Header Record Identifier | Report **HD** here.  Indicates the beginning of the Header Elements of the file | Mandatory | 100% | HM |
| HD-ME | 2 | HD 002 | Submitter | 11/8/12 | Integer | ID OrgID | varchar[6] | Header Submitter / Carrier ID defined by CHIA | Report CHIA defined, unique Submitter ID here.  TR002 must match the Submitter ID reported here.  This ID is linked to other elements in the file for quality control | Mandatory | 100% | HM |
| HD-ME | 3 | HD 003 | National Plan ID | 11/8/12 | Integer | ID Nat'l PlanID | int[10] | Header CMS National Plan Identification Number (PlanID) | Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans | Situational | 0% | HS |
| HD-ME | 4 | HD 004 | Type of File | 11/8/12 | Text | ID File | char[2] | Defines the file type and data expected. | Report **ME** here. Indicates that the data within this file is expected to be ELIGIBILITY-based. This must match the File Type reported in TR004 | Mandatory | 100% | HM |
| HD-ME | 5 | HD 005 | Period Beginning Date | 11/8/12 | Date Period - Integer | Century Year Month - CCYYMM | int[6] | Header Period Start Date | Report the Year and Month of the reported submission period in CCYYMM format.  This date period must be repeated in HD006, TR005 and TR006.  This same date must be selected in the upload application for successful | Mandatory | 100% | HM |

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|------|-------------------|---------------|------|------------------|-----------------|-------------|------------------------------|-----------|---|-----|
| | | | | | | | | | transfer. | | | |
| HD-ME | 6 | HD 006 | Period Ending Date | 11/8/12 | Date Period - Integer | Century Year Month - CCYYMM | int[6] | Header Period Ending Date | Report the Year and Month of the reporting submission period in CCYYMM format.  This date period must match the date period reported in HD005 and be repeated in TR005 and TR006 | Mandatory | 100% | HM |
| HD-ME | 7 | HD 007 | Record Count | 11/8/12 | Integer | Counter | varchar[10] | Header Record Count | Report the total number of records submitted within this file.  Do not report leading zeros, space fill, decimals, or any special characters. | Mandatory | 100% | HM |
| HD-ME | 8 | HD 008 | Comments | 11/8/12 | Text | Free Text Field | varchar[80] | Header Carrier Comments | May be used to document the submission by assigning a filename, system source, compile identifier, etc. | Optional | 0% | HO |
| HD-ME | 9 | HD 009 | APCD Version Number | 2/2019 | Decimal - Numeric | ID Version | char[4] | Submission Guide Version | Report the version number as presented on the APCD Member Eligibility File Submission Guide in 0.0 Format.  Sets the intake control for editing elements. Version must be accurate else file will drop.  **EXAMPLE:** 3.0 = Version 3.0 | Mandatory | 100% | HM |

| Code | Description |
|------|-------------|
| 2.1 | Prior Version; valid only for reporting periods prior to October 2013 |
| 3.0 | Version 3.0; required for reporting periods as of October 2013: No longer VALID as of May 2015 |
| 4.0 | Version 4.0: required for reporting periods October 2013 onward; No longer valid as of August 2016. |
| 5.0 | Version 5.0; required for reporting periods October 2013 onward as of August 2016; No longer valid as of August 2017. |
| 6.0 | Version 6.0; required for reporting periods October 2013 onward as of August 2017; No longer valid as of August 2019. |
| 2019 | Version 2019; required for reporting periods October 2013 onward as of August 2019 |

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|------|-------------------|---------------|------|------------------|-----------------|-------------|------------------------------|-----------|---|-----|
| ME | 1 | ME 001 | Submitter | 11/8/12 | Integer | ID 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 | All | 100% | A0 |
| ME | 2 | ME 002 | National Plan ID | 11/8/12 | Integer | ID Nat'l PlanID | int[10] | CMS National Plan Identification Number (PlanID) | Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans | All | 0% | Z |

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|------|-------------------|---------------|------|------------------|-----------------|-------------|------------------------------|-----------|---|-----|
| ME | 3 | ME 003 | Insurance Type Code/Product | 2/2019 | Lookup Table - Text | tlkpInsurance TypeCode | char[2] | Type / Product Identification Code | Report the code that defines the type of insurance under which this member's eligibility is maintained. **EXAMPLE:** HM = HMO | All | 96% | A1 |

| Code | Description |
|------|-------------|
| 09 | Self-pay |
| 10 | Central Certification |
| 11 | Other Non-Federal Programs |
| 12 | Preferred Provider Organization (PPO) |
| 13 | Point of Service (POS) |
| 14 | Exclusive Provider Organization (EPO) |
| 15 | Indemnity Insurance |
| 16 | Health Maintenance Organization (HMO) Medicare Advantage |
| 17 | Dental Maintenance Organization (DMO) |
| 20 | Medicare Advantage PPO |
| 21 | Medicare Advantage Private Fee for Service |
| 30 | Accountable Care Organization (ACO) - MassHealth |
| AM | Automobile Medical |
| BL | Blue Cross / Blue Shield |
| CC | Commonwealth Care |

| | CE | Commonwealth Choice | |
|---|---|---|---|
| | CH | CHAMPUS | |
| | CI | Commercial Insurance | |
| | DS | Disability | |
| | HM | Health Maintenance Organization | |
| | HN | HMO Medicare Risk/Medicare Part C | |
| | IC | Integrated Care Organization | |
| | LI | Liability | |
| | LM | Liability Medical | |
| | MA | Medicare Part A | |
| | MB | Medicare Part B | |
| | MC | Medicaid | |
| | MD | Medicare Part D | |
| | MO | Medicaid Managed Care Organization | |
| | MP | Medicare Primary | |
| | MS | Medicare Secondary Plan | |
| | OF | Other Federal Program (e.g. Black Lung) | |
| | QM | Qualified Medicare Beneficiary | |
| | SC | Senior Care Option | |
| | SP | Supplemental Policy | |
| | TF | HSN Trust Fund | |
| | TV | Title V | |
| | VA | Veterans Administration Plan | |
| | WC | Workers' Compensation | |
| | ZZ | Other | |

| ME | 4 | ME 004 | Year | 6/24/10 | Date Period - Integer | Century Year - CCYY | int[4] | Eligibility year reported in this submission. | Report the year for which eligibility is reported in this submission in CCYY format. If reporting previous year's data, the year reported here will not match current year. Do not report a future year here. | All | 100% | A0 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 5 | ME 005 | Month | 6/24/10 | Date Period - Numeric | Month - MM | char[2] | Reporting Month of Eligibility | Report the month for which eligibility is reported in this submission in MM Format. Leading zero is required for reporting January through September files. | All | 100% | A0 |
| ME | 6 | ME 006 | Insured Group or Policy Number | 6/24/10 | Text | ID Group | varchar[30] | Group / Policy Number | Report the number that defines the insured group or policy. Do not report the number that uniquely identifies the subscriber or member. | All | 99% | A2 |
| ME | 7 | ME 007 | Coverage Level Code | 11/8/12 | Lookup Table - Text | tlkpCoverage Level | char[3] | Benefit Coverage Level Code | Report the code that defines the dependent coverage | All | 99% | A1 |

| Code | Description |
|---|---|
| CHD | Children Only |
| DEP | Dependents Only |
| ECH | Employee and Children |
| ELF | Employee and Life Partner |
| EMP | Employee Only |
| ESP | Employee and Spouse |
| FAM | Family |
| IND | Individual |
| SPC | Spouse and Children |
| SPO | Spouse Only |
| UNK | Unknown |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 8 | ME 008 | Subscriber SSN | 2/2017 | Numeric | ID Tax | char[9] | Subscriber's Social Security Number | Report the Subscriber's SSN here; used to create Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here. (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 85% | A0 |
| ME | 9 | ME 009 | Plan Specific Contract Number | 2/2017 | Text | ID Contract | varchar[30] | Contract Number | Report the Plan assigned contract number. Do not include values in this element that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents. Reminder: SSN data should not be provided in any instance | All | 98% | A2 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 10 | ME 010 | Member Suffix or Sequence Number | 6/24/10 | Text | ID Sequence | varchar[20] | Member's Contract Sequence Number | Report the unique number / identifier of the member within the contract. | All | 99% | A2 |
| ME | 11 | ME 011 | Member SSN | 2/2017 | Numeric | ID Tax | char[9] | Member's Social Security Number | Report the member's social security number here; used to create validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here. (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 68% | A2 |
| ME | 12 | ME 012 | Individual Relationship Code | 11/8/12 | Lookup Table - Numeric | tlkpIndividual Relathionship Code | varchar[2] | Member to Subscriber Relationship Code | Report the value that defines the Member's relationship to the Subscriber. **EXAMPLE:** 20 = Self / Employee | All | 98% | A0 |

| *Value* | *Description* |
|---|---|
| 1 | Spouse |
| 4 | Grandfather or Grandmother |
| 5 | Grandson or Granddaughter |
| 7 | Nephew or Niece |
| 10 | Foster Child |
| 12 | Other Adult |
| 15 | Ward |
| 17 | Stepson or Stepdaughter |
| 19 | Child |
| 20 | Self / Employee |
| 21 | Unknown |
| 22 | Handicapped Dependent |
| 23 | Sponsored Dependent |
| 24 | Dependent of a Minor Dependent |
| 29 | Significant Other |
| 32 | Mother |
| 33 | Father |
| 34 | Other Adult |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 36 | Emancipated Minor | | | |
| | | | | | | | | 39 | Organ Donor | | | |
| | | | | | | | | 40 | Cadaver Donor | | | |
| | | | | | | | | 43 | Child Where Insured Has No Financial Responsibility | | | |
| | | | | | | | | 53 | Life Partner | | | |
| | | | | | | | | 76 | Dependent | | | |
| ME | 13 | ME 013 | Member Gender | 6/24/10 | Lookup Table - Text | tlkpGender | char[1] | Member's Gender | Report member gender as reported on enrollment form in alpha format. Used to create Unique Member ID. **EXAMPLE:** F = Female | All | 100% | A0 |
| | | | | | | | | *Code* | *Description* | | | |
| | | | | | | | | F | Female | | | |
| | | | | | | | | M | Male | | | |
| | | | | | | | | O | Other | | | |
| | | | | | | | | U | Unknown | | | |
| ME | 14 | ME 014 | Member Date of Birth | 2/2017 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | Member's date of birth | Report the date the member was born in CCYYMMDD Format. Used to create Unique Member ID. (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 99% | A0 |
| ME | 15 | ME 015 | Filler | 2/2017 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 16 | ME 016 | Member State | 10/30/14 | External Code Source 2 - Text | Address State External Code Source 2 - States | char[2] | State / Province of the Member | Report the state of the member's residence as defined by the US Postal Service. Report Province when Country Code does not = USA. | All | 99% | A0 |
| ME | 17 | ME 017 | Member ZIP Code | 10/30/14 | External Code Source 2 - Text | Address Zip External Code Source 2 - Zip Codes | varchar[5] | Zip Code of the Member | Report the 5 Zip Code of the member's residence as defined by the United States Postal Service. Must not submit the 9-digit Zip Code . | All | 99% | A0 |
| ME | 18 | ME 018 | Medical Coverage | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Medical Option | Report the value that defines the element. **EXAMPLE:** 1 = Yes there is Medical Coverage. | All | 100% | A0 |
| | | | | | | | | *Value* | *Description* | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 1 | Yes | | | |
| | | | | | | | | 2 | No | | | |
| | | | | | | | | 3 | Unknown | | | |
| | | | | | | | | 4 | Other | | | |
| | | | | | | | | 5 | Not Applicable | | | |
| ME | 19 | ME 019 | Prescription Drug Coverage | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Pharmacy Option | Report the value that defines the element. **EXAMPLE:** 1 = Yes there is Prescription Coverage. | All | 100% | A2 |
| | | | | | | | | *Value* | *Description* | | | |
| | | | | | | | | 1 | Yes | | | |
| | | | | | | | | 2 | No | | | |
| | | | | | | | | 3 | Unknown | | | |
| | | | | | | | | 4 | Other | | | |
| | | | | | | | | 5 | Not Applicable | | | |
| ME | 20 | ME 020 | Dental Coverage | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Dental Option | Report the value that defines the element. **EXAMPLE:** 1 = Yes there is Dental Coverage. | All | 100% | A2 |
| | | | | | | | | *Value* | *Description* | | | |
| | | | | | | | | 1 | Yes | | | |
| | | | | | | | | 2 | No | | | |
| | | | | | | | | 3 | Unknown | | | |
| | | | | | | | | 4 | Other | | | |
| | | | | | | | | 5 | Not Applicable | | | |
| ME | 21 | ME 021 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 22 | ME 022 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 23 | ME 023 | Filler | 2/2017 | Text | Filler | varchar[0] | Filler | The MA APCD reserves this field for future use. Do not populate with any data. | All | 0% | Z |
| ME | 24 | ME 024 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 25 | ME 025 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 26 | ME 026 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 27 | ME 027 | Filler | 2/2017 | Text | Filler | char[0] | Filler | . Do not populate with any data. Required to be NULL | All | 100% | C |
| ME | 28 | ME 028 | Primary Insurance Indicator | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Primary Insurance Coverage | Report the value that defines the element. **EXAMPLE:** 1 = Yes, Insurance is Primary (Products, Plans or Benefits that only cover Copays, Coinsurance and Deductibles [Gap Coverage] will answer 2 = No here). | All | 100% | A0 |

| Value | Description |
|---|---|
| 1 | Yes |
| 2 | No |
| 3 | Unknown |
| 4 | Other |
| 5 | Not Applicable |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 29 | ME 029 | Coverage Type | 11/8/12 | Lookup Table - Text | tlkpCoverageType | char[3] | Type of Coverage Code | Report the code that defines the type of insurance policy by which the enrollee is covered. **EXAMPLE:** UND = Plan underwritten by the insurer | All | 98% | A0 |

| Code | Description |
|---|---|
| ASW | Self-funded plans that are administered by a third-party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage |
| ASO | Self-funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess, insurance coverage |
| STN | Short-term, non-renewable health insurance |
| UND | Plans underwritten by the insurer |
| OTH | Any other plan. Insurers using this code shall obtain prior approval. |

| ME | 30 | ME 030 | Market Category Code | 11/8/12 | Lookup Table - Text | tlkpMarketCategoryCode | varchar[4] | Market Category Code | Report the code that defines the market, by size and or association, to which the policy is directly sold and issued | All | 99% | A0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | **Code** | **Description** | | | |
| | | | | | | | | IND | Individuals (non-group) | | | |
| | | | | | | | | ISCO | Individuals as a Senior Care Option | | | |
| | | | | | | | | FCH | Individuals on a franchise basis | | | |
| | | | | | | | | GCV | Individuals as group conversion Policies | | | |
| | | | | | | | | GS1 | Employers having exactly 1 employee | | | |
| | | | | | | | | GS2 | Employers having 2 thru 9 employees | | | |
| | | | | | | | | GS3 | Employers having 10 thru 25 employees | | | |
| | | | | | | | | GS4 | Employers having 26 thru 50 employees | | | |
| | | | | | | | | GLG1 | Employers having 51 thru 100 employees | | | |
| | | | | | | | | GLG2 | Employers having 101 thru 250 employees | | | |
| | | | | | | | | GLG3 | Employers having 251 thru 500 employees | | | |
| | | | | | | | | GLG4 | Employers having more than 500 employees | | | |
| | | | | | | | | GSA | Small employers through a qualified association trust | | | |
| | | | | | | | | OTH | Other types of entities. Insurers using this market code shall obtain prior approval. | | | |
| ME | 31 | ME 031 | Special Coverage | 2/2016 | Lookup Table - Text | tlkpSpecialCoverageCode | varchar[3] | Special Coverage Code | Report the code that defines the product coverage as related to a health exchange or trust.  Reports N/A if neither apply.  **EXAMPLE:**  N/A = Not Applicable | All | 98% | A2 |
| | | | | | | | | **Code** | **Description** | | | |
| | | | | | | | | CC | Commonwealth Care | | | |
| | | | | | | | | HSN | Health Safety Net | | | |
| | | | | | | | | CCP | ConnectorCare | | | |
| | | | | | | | | N/A | Not Applicable | | | |

| ME | 32 | ME 032 | Group Name | 11/8/12 | Text | Name Group | varchar[50] | Group name | Report the group name that the policy is attached to.  Report IND for individual policies.  Do not report any value here if the data is not available. | All | 80% | A2 |
|----|----|---------|------------|---------|------|------------|-------------|------------|-----|-----|-----|-----|
| ME | 33 | ME 033 | Member language preference | 2/2019 | Lookup Table - Integer | tlkpLanguage | int[3] | Member's self-disclosed verbal language preference | Report the code that defines the spoken language preference of the member. The code value 999 (Unknown/ Not Specified), should only be used when patient/client answers unknown or refuses to answer.  Do not report any value here if the submitter does not have the data.  Report only collected data. | All | 3% | B |

| | | | | | | | | Code | Description | | | |
|----|----|---------|------------|---------|------|------------|-------------|------------|-----|-----|-----|-----|
| | | | | | | | | 600 | English | | | |
| | | | | | | | | 625 | Spanish | | | |
| | | | | | | | | 997 | Other Language | | | |
| | | | | | | | | 999 | Unknown/Not Specified | | | |

| ME | 34 | ME 034 | Filler | 2/2017 | Text | Filler | char[0] | Filler | .  Do not populate with any data. Required to be NULL | All | 100% | C |
|----|----|---------|------------|---------|------|------------|-------------|------------|-----|-----|-----|-----|
| ME | 35 | ME 035 | Health Care Home (PCMH) Assigned Flag | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Health Care Home Assigned indicator | Report the value that defines the element.  **EXAMPLE:** 1 = Yes, Member has an assigned approved patient centered medical home for this coverage period. | All | 100% | A2 |

| | | | | | | | | Value | Description | | | |
|----|----|---------|------------|---------|------|------------|-------------|------------|-----|-----|-----|-----|
| | | | | | | | | 1 | Yes | | | |
| | | | | | | | | 2 | No | | | |
| | | | | | | | | 3 | Unknown | | | |
| | | | | | | | | 4 | Other | | | |
| | | | | | | | | 5 | Not Applicable | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| ME | 36 | ME 036 | Health Care Home (PCMH) Number | 11/8/12 | Text | ID Link to PV002 | varchar[30] | Health Care Home ID | Report the submitter assigned patient centered medical home number.  It is anticipated that this will be the same data submitter number used in reporting servicing provider.  Do not report any data here if not applicable. The number of the member's healthcare home must also be in the Provider File in PV002, Provider ID. | Required when ME035 = 1 | 90% | C |
| ME | 37 | ME 037 | Health Care Home (PCMH) Tax ID Number | 2/2017 | Numeric | ID Tax | char[9] | Health Care Home EIN | Report the Federal Tax Identification Number of the medical home here.  If there is not medical home to report, do not report any value.  Do not use hyphen or alpha prefix. Reminder: Must not be an SSN. | Required when ME035 = 1 | 90% | C |
| ME | 38 | ME 038 | National Provider ID - Health Care Home (PCMH) | 11/8/12 | External Code Source 3 - Integer | External Code Source 3 - National Provider ID | int[10] | National Provider Identification (NPI) of the Health Care Home Provider | Report the National Provider Identification (NPI) number for the entity or individual serving as the medical home.  If there is no medical home to report, do not report any value. | Required when ME035 = 1 | 10% | C |
| ME | 39 | ME 039 | Filler | 2/2017 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | C |
| ME | 40 | ME 040 | Product ID Number | 11/8/12 | Text | ID Link to PR001 | varchar[30] | Product Identification | Report the carrier / submitter-assigned identifier as it appears in PR001 in the Product File.  This element is used to understand Product and Eligibility attributes of the member / subscriber as applied to this record. | All | 100% | A0 |
| ME | 41 | ME 041 | Product Enrollment Start Date | 6/24/10 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | Member Enrollment Date | Report the date the member was enrolled in the product in CCYYMMDD Format. | All | 98% | A1 |
| ME | 42 | ME 042 | Product Enrollment End Date | 6/24/10 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | Enrollment Date | Report the date the member was disenrolled from the product in CCYYMMDD Format.  If the member was not disenrolled at the end of the current month, then do not fill with any value. | All | 98% | B |
| ME | 43 | ME 043 | Filler | 2/2017 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |

| ME | 44 | ME 044 | Filler | 2/2017 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 45 | ME 045 | Purchased through Massachusetts Exchange Flag | 10/30/14 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - MA Exchange Purchase | Report the value that defines the element. **EXAMPLE:** 1 = Yes, policy for this eligibility was purchased through MA Health Exchange. Required for Risk Assessment | All | 100% | A2 |

| | | | | | | | | *Value* | *Description* | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 1 | Yes | | | |
| | | | | | | | | 2 | No | | | |
| | | | | | | | | 3 | Unknown | | | |
| | | | | | | | | 4 | Other | | | |
| | | | | | | | | 5 | Not Applicable | | | |

| ME | 46 | ME 046 | Member PCP ID | 2/2016 | Text | ID Link to PV002 | varchar[30] | Member's PCP ID | Report the identifier of the members PCP. The value in this element must have a corresponding Provider ID (PV002) in the Provider File. ME046 (Member PCP) is only used for members whose insurance products require the selection of a PCP (e.g., HMO or POS). Report a value of '999999999U' when PCP is unknown or '999999999NA' if the eligibility does not require a PCP. | All | 100% | A2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 47 | ME 047 | Member PCP Effective Date | 6/24/10 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | PCP Effective Date with Member | Report the Member enrollment begin date with the PCP in CCYYMMDD Format. | Required when PCP ID is not = 999999999U or 999999999NA | 98% | B |
| ME | 48 | ME 048 | Member PCP Termination Date | 6/24/10 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | PCP Termination Date with Member | Report the Member termination date from the PCP in CCYYMMDD Format. If the member is still active with their PCP at the end of the current month, then do not fill with any value. | Required when PCP ID is not = 999999999U or 999999999NA | 98% | B |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 49 | ME 049 | Member Deductible | 12/1/10 | Integer | Currency | varchar[10] | Annual maximum out of pocket Member Deductible across all benefit types | Report the maximum amount of member / subscriber's annual deductible across all benefit types (Medical, RX, vision, behavioral health, etc.) before certain services are covered.  Report only In-Network Deductibles here if plan has an In and Out-of-Network Deductible.  Report 0 when there is no deductible applied to all benefits for this eligibility.  Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable.  **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070 | All | 90% | A2 |
| ME | 50 | ME 050 | Member Deductible Used | 11/8/12 | Integer | Currency | varchar[10] | Member deductible amount incurred | Report the amount to-date the member / subscriber has incurred towards maximum deductible. Report 0 if no deductible has been incurred. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable.  **EXAMPLE:**  150.00 is reported as 15000; 150.70 is reported as 15070 | Required when  ME049 > 0 | 100% | A2 |
| ME | 51 | ME 051 | Behavioral Health Benefit Flag | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Behavioral Health Option | Report the value that defines the element.  **EXAMPLE:** 1 = Yes, Behavioral/Mental Health is a covered benefit. | All | 100% | A2 |

| | *Value* | *Description* |
|---|---|---|
| | 1 | Yes |
| | 2 | No |
| | 3 | Unknown |
| | 4 | Other |
| | 5 | Not Applicable |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 52 | ME 052 | Laboratory Benefit Flag | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Laboratory Option | Report the value that defines the element.  **EXAMPLE:** 1 = Yes, Lab is covered benefit. | All | 100% | A2 |

| | *Value* | *Description* |
|---|---|---|
| | 1 | Yes |
| | 2 | No |
| | 3 | Unknown |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 4 | Other | | | |
| | | | | | | | 5 | Not Applicable | | | |
| ME | 53 | ME 053 | Disease Management Enrollee Flag | 11/8/12 | Lookup Table - Integer | tlkpFlagIndica tors | int[1] | Chronic Illness Management indicator | Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member's chronic illness is being managed by plan or vendor of plan. | All | 100% | A2 |
| | | | | | | | *Value* | *Description* | | | |
| | | | | | | | 1 | Yes | | | |
| | | | | | | | 2 | No | | | |
| | | | | | | | 3 | Unknown | | | |
| | | | | | | | 4 | Other | | | |
| | | | | | | | 5 | Not Applicable | | | |
| ME | 54 | ME 054 | Eligibility Determinati on Date | 11/8/12 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | Eligibility date | Report the date the member eligibility was determined in CCYYMMDD Format. | All | 98% | B |
| ME | 55 | ME 055 | Business Type Code | 11/8/12 | Lookup Table - Integer | tlkpBusinessT ype | int[1] | Business Type | Report the value that defines the submitter's line of business for this line of eligibility. **EXAMPLE:** 1 = Risk Holder of this line of eligibility | All | 100% | A2 |
| | | | | | | | *Value* | *Description* | | | |
| | | | | | | | 1 | Risk Holder | | | |
| | | | | | | | 2 | TPA - Third Party Administrator | | | |
| | | | | | | | 3 | DBA - Delegated Business Administrator | | | |
| | | | | | | | 4 | PBM - Pharmacy Benefit Manger | | | |
| | | | | | | | 5 | DBM - Dental Benefit Manager | | | |
| | | | | | | | 6 | CSO - Computer Service Organization | | | |
| | | | | | | | 7 | Other | | | |
| | | | | | | | 0 | Unknown / Not Applicable | | | |
| ME | 56 | ME 056 | Last Activity Date | 11/8/12 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | Activity Date | Report the date of last activity / change on member enrollment file for this line of eligibility in CCYYMMDD Format. This includes any / all life change updates, open enrollment changes, or benefit design changes by the carrier. | All | 98% | A2 |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 57 | ME 057 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 58 | ME 058 | Filler | 2/2017 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 59 | ME 059 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 60 | ME 060 | Employment Status | 11/8/12 | Lookup Table - Text | tlkpEmploymentStatus | char[1] | Employment Status Code | Report the code that defines the employment status of the member / subscriber. | All | 100% | A2 |

| | | | | | | | | **Code** | **Description** | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | A | Active | | | |
| | | | | | | | | I | Involuntary Leave | | | |
| | | | | | | | | O | Orphan | | | |
| | | | | | | | | P | Pending | | | |
| | | | | | | | | R | Retiree | | | |
| | | | | | | | | Z | Unemployed | | | |
| | | | | | | | | U | Unknown | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 61 | ME 061 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 62 | ME 062 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 63 | ME 063 | Benefit Status | 11/8/12 | Lookup Table - Text | tlkpBenefitStatus | char[1] | Benefit Status Code | Report the code that defines status of benefits for the subscriber. | All | 100% | A2 |

| | | | | | | | | **Code** | **Description** | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | A | Active | | | |
| | | | | | | | | C | COBRA | | | |
| | | | | | | | | P | Pending | | | |
| | | | | | | | | S | Surviving Insured | | | |
| | | | | | | | | T | TEFRA | | | |
| | | | | | | | | U | Unknown | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 64 | ME 064 | Employee Type | 11/8/12 | Lookup Table - | tlkpEmployeeType | char[1] | Employee Type Code | Report the code that defines the subscribers employment. | Required when ME063 | 100% | C |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Text | | | | | | = A | |

| Code | Description |
|---|---|
| H | Hourly |
| Q | Seasonal |
| S | Salaried |
| T | Temporary |
| U | Unknown |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 65 | ME 065 | Date of Retirement | 11/8/12 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | Member's date of Retirement | Report the date of the subscriber's retirement in CCYYMMDD Format. | Required when ME060 = R | 98% | B |
| ME | 66 | ME 066 | COBRA Status | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | COBRA usage indicator | Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member is covered using COBRA benefit. | All | 98% | A2 |

| Code | Description |
|---|---|
| 1 | Yes |
| 2 | No |
| 3 | Unknown |
| 4 | Other |
| 5 | Not Applicable |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 67 | ME 067 | Spouse Plan Type | 11/8/12 | Carrier Defined Table - Text | Carrier Defined Table - GIC Plan Type | char[2] | Spouse Plan Type Code | Report the code that defines the plan type of the spouse of the employee when Medicare coverage is selected and separate from GIC. | Required when ME062 = M and ME134 = 3 | 1% | C |
| ME | 68 | ME 068 | Spouse Plan | 11/8/12 | Carrier Defined Table - Text | Carrier Defined Table - GIC Plan | char[2] | Spouse Plan Medicare Code | Report the code that defines the plan type of the spouse of the employee when Medicare coverage is selected and separate from GIC. | Required when ME062 = M and ME134 = 3 | 1% | C |
| ME | 69 | ME 069 | Spouse Medical Coverage | 11/8/12 | Carrier Defined Table - Text | Carrier Defined Table - GIC Medical | char[2] | Spouse Medical Medicare Coverage Code | Report the code that defines the medical coverage of the spouse of the employee when Medicare coverage is selected and separate from GIC. | Required when ME062 = M and ME134 = 3 | 1% | C |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 70 | ME 070 | Spouse Medicare Indicator | 11/8/12 | Carrier Defined Table - Text | Carrier Defined Table - GIC Medicare | char[2] | Spouse Medicare Selected Code | Report the code that defines the Medicare Type of the spouse of the employee when Medicare coverage is selected and separate from GIC. | Required when ME062 = M and ME134 = 3 | 1% | C |
| ME | 71 | ME 071 | Pool Indicator | 11/8/12 | Lookup Table - Integer | tlkpPoolIndicator | int[1] | Pool Indicator Code | Report the value that defines one of the two GIC Risk Pools in which this member is enrolled. This element is required for GIC carriers only. Non GIC carriers should not report any value here. **EXAMPLE:** 1 = Regular State Employee and Retirees | Required when ME134 = 3 | 98% | B |

| Value | Description |
|---|---|
| 1 | Regular State Employees and Retirees, plus local authorities |
| 2 | Elderly Governmental Retirees (EGR) and Retired Municipal Teachers (RMTs) |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 72 | ME 072 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 73 | ME 073 | Fully Insured member | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Fully Insured identifier | Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member is fully insured. | All | 100% | A0 |

| Value | Description |
|---|---|
| 1 | Yes |
| 2 | No |
| 3 | Unknown |
| 4 | Other |
| 5 | Not Applicable |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 74 | ME 074 | Interpreter | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Interpreter Need | Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member requires an interpreter. | All | 100% | A2 |

| Value | Description |
|---|---|
| 1 | Yes |
| 2 | No |
| 3 | Unknown |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 4 | Other | | | |
| | | | | | | | 5 | Not Applicable | | | |
| ME | 75 | ME 075 | NewMMIS ID | 2/2019 | Text | ID MassHealth | char[12] | MassHealth-assigned Member ID | Report the unique ID that NewMMIS uses to identify a member. This ID must be on all lines of eligibility for MassHealth and Medicaid MCOs | Required when ME134 = 4, 6 or 7 | 100% | A0 |
| ME | 76 | ME 076 | Member rating category | 6/24/10 | Carrier Defined Table - Text | Carrier Defined Table - MCO Rating Category | char[5] | Member Rating Category Code | Report the rating category of the member here. | Required when ME134 = 4 | 90% | B |
| ME | 77 | ME 077 | Members NAICS Code | 11/8/12 | External Code Source 6 - Numeric | External Code Source 6 - Standard Industry Class | varchar[6] | Member Standard NAICS or SIC Code | Report the standard code that describes the industry of the subscriber / member. This can be from either the NAICS 6-digit list or the SIC 4-digit list. | All | 2% | C |
| ME | 78 | ME 078 | Employer Zip Code (Situs) | 11/8/12 | External Code Source 2 - Text | External Code Source 2 - Zip Codes | char[5] | Zip code of the Employer | Report the 5 digit Zip Code of the Employer of the Subscriber/Member as defined by the United States Postal Service. Required for GIC and Division of Insurance Reporting. (Situs) | All | 90% | A2 |
| ME | 79 | ME 079 | Recipient Identification Number (MassHealth only) | 11/8/12 | Text | ID MassHealth | varchar[15] | MassHealth-assigned Member ID | Report the previous MassHealth identification number here. This element is for MassHealth or Medicaid MCOs only and should only be populated when reporting older lines of eligibility. | Required when ME134 = 4 | 98% | B |
| ME | 80 | ME 080 | Recipient Historical Number (MassHealth only) | 6/24/10 | Text | ID MassHealth | varchar[15] | MassHealth-assigned Member ID | Report the permanent MassHealth identification number here. This element is for MassHealth or Medicaid MCOs only and should only be populated when reporting older lines of eligibility. | Required when ME134 = 4 | 98% | B |
| ME | 81 | ME 081 | Medicare Code | 11/8/12 | Lookup Table - Integer | tlkpMedicare Code | int[1] | Medicare Plan Indicator Code | Report the value that defines if and what type of Medicare coverage that applies to this line of eligibility. **EXAMPLE:** 1 = Part A Only | All | 100% | B |
| | | | | | | | *Value* | *Description* | | | |
| | | | | | | | 1 | Part A Only | | | |
| | | | | | | | 2 | Part B Only | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 3 | Part A and B | | | |
| | | | | | | | | 4 | Part C Only | | | |
| | | | | | | | | 5 | Advantage | | | |
| | | | | | | | | 6 | Part D Only | | | |
| | | | | | | | | 9 | Not Applicable | | | |
| | | | | | | | | 0 | No Medicare Coverage | | | |
| ME | 82 | ME 082 | Employer Name | 11/8/12 | Text | Name Employer | varchar[60] | Member's Employer Name | Report the name of the subscriber's / member's employer at time of enrollment. | Required when ME060 = A or P | 90% | B |
| ME | 83 | ME 083 | Employer EIN | 11/8/12 | Numeric | ID Tax | char[9] | Member's Employer EIN | Report the Federal Tax ID of the Employer here. Do not use hyphen or alpha prefix. | Required when ME082 is populated | 90% | B |
| ME | 84 | ME 101 | Subscriber Last Name | 10/30/14 | Text | Name Last Subscriber | varchar[60] | Last name of Subscriber | Report the last name of the subscriber. Used to create Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. **EXAMPLE:** O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 100% | A0 |
| ME | 85 | ME 102 | Subscriber First Name | 10/15/10 | Text | Name First Subscriber | varchar[25] | First name of Subscriber | Report the first name of the subscriber here. Used to create Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. **EXAMPLE:** Anne-Marie becomes ANNEMARIE (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 100% | A0 |
| ME | 86 | ME 103 | Subscriber Middle Initial | 10/15/10 | Text | Name Middle Subscriber | char[1] | Middle initial of Subscriber | Report the Subscriber's middle initial here. Used to create Unique Member ID. (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 2% | C |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 87 | ME 104 | Member Last Name | 10/30/14 | Text | Name Last Member | varchar[60] | Last name of Member | Report the last name of the patient / member here.  Used to create Unique Member ID.  Last name should exclude all punctuation, including hyphens and apostrophes  Name should be contracted where punctuation is removed, do not report spaces.  **EXAMPLE:** O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 100% | A0 |
| ME | 88 | ME 105 | Member First Name | 6/24/10 | Text | Name First Member | varchar[25] | First name of Member | Report the first name of the member here. Used to create Unique Member ID.  Exclude all punctuation, including hyphens and apostrophes.  Name should be contracted where punctuation is removed, do not report spaces. **EXAMPLE:** Anne-Marie becomes ANNEMARIE (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 100% | A0 |
| ME | 89 | ME 106 | Member Middle Initial | 6/24/10 | Text | Name Middle Member | char[1] | Middle initial of Member | Report the middle initial of the member when available.  Used to create Unique Member ID. (Will be hashed prior to submission via CHIA's FileSecure application.) | All | 2% | C |
| ME | 90 | ME 107 | Carrier Specific Unique Member ID | 11/8/12 | Text | ID Link to MC137, PC107, DC056 | varchar[50] | Member's Unique ID | Report the identifier the carrier / submitter uses internally to uniquely identify the member. Used to create Unique Member ID and link across carrier's / submitter's files for reporting and aggregation. | All | 100% | A0 |
| ME | 91 | ME 108 | Filler | 2/2017 | Text | Filler | char[0] | Filler | .  Do not populate with any data. Required to be NULL | All | 100% | A0 |
| ME | 92 | ME 109 | Subscriber State or Province | 11/8/12 | External Code Source 2 - Text | Address State External Code Source 2 - States | char[2] | State of the Subscriber | Report the state of the subscriber here. Used to create Unique Member ID. | All | 99% | A0 |
| ME | 93 | ME 110 | Subscriber ZIP Code | 11/8/12 | External Code Source 2 - | Address Zip External Code Source 2 - Zip Codes | varchar[5] | Zip Code of the Subscriber | Report the 5 Zip Code as defined by the United States Postal Service.    Must not submit the 9-digit Zip Code. | All | 99% | A0 |

| | | | | Text | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| ME | 94 | ME 111 | Medical Deductible | 11/8/12 | Integer | Currency | varchar[10] | Maximum out of pocket amount of applied member's deductible | Report the maximum amount of the member / subscriber's deductible that is applied to medical services before certain services are covered.  This is the Base Deductible for General Services. Report 0 when there is no deductible for this benefit. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:**  150.00 is reported as 15000; 150.70 is reported as 15070 | Required when  ME018 = 1 | 90% | A2 |
| ME | 95 | ME 112 | Pharmacy Deductible | 11/8/12 | Integer | Currency | varchar[10] | Maximum out of pocket amount of member's deductible applied to pharmacy | Report the maximum amount of the member / subscriber's deductible that is applied to pharmacy services before certain prescriptions are covered. Report 0 when there is no deductible for this benefit. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:**  150.00 is reported as 15000; 150.70 is reported as 15070 | Required when  ME019 = 1 | 90% | A2 |
| ME | 96 | ME 113 | Medical and Pharmacy Deductible | 11/8/12 | Integer | Currency | varchar[10] | Maximum out of pocket amount of member's deductible applied to services | Report the maximum amount of the member / subscriber's deductible that is applied to services before certain medical and / or prescriptions are covered.  This element 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.  Report 0 when there is no deductible for this combined benefit. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:**  150.00 is reported as 15000; 150.70 is reported as 15070 | Required when both ME018 and ME019 = 1 | 90% | A2 |

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|---|---|---|---|---|---|---|---|---|---|---|
| ME | 97 | ME 114 | Behavioral Health Deductible | 11/8/12 | Integer | Currency | varchar[10] | Maximum out of pocket amount of member's deductible applied to behavioral health | Report the maximum amount of the member / subscriber's deductible that is applied to behavioral health services before certain behavioral health services are covered. Report 0 if there is no deductible. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070 | Required when ME051 = 1 | 90% | A2 |
| ME | 98 | ME 115 | Dental Deductible | 11/8/12 | Integer | Currency | varchar[10] | Maximum out of pocket amount of member's deductible applied to dental services | Report the maximum amount of the member / subscriber's deductible that is applied to dental services before certain dental services are covered. Report 0 when there is no deductible for this benefit. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070 | Required when ME020 = 1 | 98% | A2 |
| ME | 99 | ME 116 | Vision Deductible | 11/8/12 | Integer | Currency | varchar[10] | Maximum out of pocket amount of member's deductible applied to vision services | Report the maximum amount of the member / subscriber's deductible that is applied to vision services before certain vision services are covered. If deductible does not apply when vision benefits are available, submit as zero. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070 | Required when ME118 = 1 | 98% | A2 |
| ME | 100 | ME 117 | Carrier Specific Unique Subscriber ID | 11/8/12 | Text | ID Link to MC141, PC108, DC057 | varchar[50] | Subscriber's Unique ID | Report the identifier the carrier / submitter uses internally to uniquely identify the subscriber. Used to create Unique Member ID and link across carrier's / submitter's files for reporting and aggregation. | All | 100% | A0 |
| ME | 101 | ME 118 | Vision Benefit | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Vision Option | Report the value that defines the element. **EXAMPLE:** 1 = Yes, Vision is a covered benefit. | All | 100% | A0 |

| Value | Description |
|---|---|
| 1 | Yes |
| 2 | No |
| 3 | Unknown |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 4 | Other | | | |
| | | | | | | | | 5 | Not Applicable | | | |
| ME | 10 2 | ME 119 | Filler | 4/5/13 | Filler | Filler | char[0] | Filler | The APCD reserves this field for future use.  Do not populate with any data. | All | 0% | Z |
| ME | 10 3 | ME 120 | Actuarial Value | 10/30/1 4 | Decim al - Numeri c | Percent as 0.0000 | varchar[6] | The actuarial value of the risk adjustment covered plan the member is enrolled in | Calculate using the Federal AV Calculator for the risk adjustment covered plan the member is enrolled in. Report the Actuarial Value of this member as of the 15th of the month. Format to be used is 0.0000. For example, an AV of 88.27689% should be reported as 0.8828. | Required when ME126 = 1 or 3 | 100% | **A0** |
| ME | 10 4 | ME 121 | Metal Level | 10/30/1 4 | Lookup Table - Integer | tlkpMetalLeve l | int[1] | Standardized plan level in metal reference | Report the Metal Level benefits that the member is associated to in this line of eligibility.  Required for Risk Assessment. **EXAMPLE:**  1 = Bronze Level | Required when ME126 = 1 or 3 | 100% | A0 |

| | *Value* | *Description* | |
|---|---|---|---|
| | 1 | Bronze | |
| | 2 | Silver | |
| | 3 | Gold | |
| | 4 | Platinum | |
| | 5 | Catastrophic | |
| | 0 | Unknown / Not Applicable | |

| ME | 10 5 | ME 122 | Coinsuranc e Maximum % | 2/2016 | Lookup Table - Integer | tlkpCoinsuran ceMax | int[1] | Maximum coinsurance percentage contract of the member | Report the value that defines the maximum coinsurance that the member is responsible for when covered/approved services are rendered and link to this line of eligibility. **EXAMPLE:** 1 = 10% Maximum Coinsurance.  If Maximum Coinsurance falls between two categories, then report it under the higher category. (e.g., 15% should be reported as 2 = 20%.) | Required | 100% | A2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

| | *Value* | *Description* | |
|---|---|---|---|
| | 1 | 10% Maximum Coinsurance | |
| | 2 | 20% Maximum Coinsurance | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 3 | 30% Maximum Coinsurance | | | |
| | | | | | | | 4 | 40% Maximum Coinsurance | | | |
| | | | | | | | 5 | 50% Maximum Coinsurance | | | |
| | | | | | | | 6 | 75% Maximum Coinsurance | | | |
| | | | | | | | 7 | 80% Maximum Coinsurance | | | |
| | | | | | | | 8 | 90% Maximum Coinsurance | | | |
| | | | | | | | 0 | Unknown / Not Applicable | | | |
| ME | 106 | ME 123 | Monthly Premium | 2/2016 | Integer | Currency | varchar[10] | Expected Monthly Premium | Report the amount the subscriber is responsible for on a monthly basis to maintain this line of eligibility.  Report 0 only when the subscriber is contractually free of this obligation.  Required for Risk Assessment and Division of Insurance reporting.  Repeat the subscriber's premium on the member's record.  Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:**  150.00 is reported as 15000; 150.70 is reported as 15070 | Required | 100% | A2 |
| ME | 107 | ME 124 | Attributed PCP Provider ID | 2/2016 | Text | ID Link to PV002 | varchar[30] | PV002 for PCP attributed to the patient for prior year. | For ME124, carriers should report PCPs attributed to the members based whose insurance products do not require the selection of a primary care physician (e.g. PPO or Indemnity products). This attribution is based on the carrier's own attribution methodology.  (ME046 (Member PCP) is only used for members whose insurance products require the selection of a PCP (e.g., HMO or POS).) Reported in December only, for the year prior to the current year.  For example: the December 2013 file reports the Attributed PCP for 2012 for members enrolled in 2012. | All  Required in December file only. Required when ME046 is '999999999U' or '999999999NA' or missing. | 100% | A2 |

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| ME | 10 8 | ME 125 | TME OrgID - Physician Group of the Member's PCP | 10/30/1 4 | Integer | TME Provider OrgID | varchar[6] | TME Provider OrgID | Required for Total Medical Expense Reporting.  OrgID specific.  Report the TME Local Practice Group Provider OrgID for the Physician Group of the Member's PCP, and not the place of service for the claim. Reported in December only for the year prior to the current year.  For example the Decemmber 2013 file reports the TME Local Practice Group for 2012 for members enrolled in 2012. | Assigned submitters only. Required in the December file only. | 100% | A2 |
| ME | 10 9 | ME 126 | Risk Adjustment Covered Plan (RACP) | 5/9/13 | Lookup table – Integer | Flag | Int(1) | Member Enrolled in RACP Indicator | Non-grandfathered individual and small group plans underwritten and filed in the Commonwealth of Massachusetts are subject to risk adjustment.  Large group plans, self-insured plans, and plans underwritten and filed in states other than Massachusetts are not subject to risk adjustment. Report RACP status as of the 15th of the month. EXAMPLE: 1 = Yes, the Member was enrolled in RACP as of the 15th of the month. | All | **100%** | **A0** |

| | | | | | | | | | Value | Description | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | 1 | Yes | | | |
| | | | | | | | | | 2 | No | | | |
| | | | | | | | | | 3 | Mock – Provided for Simulation Purposes Only | | | |
| ME | 110 | ME 127 | Billable Member | 10/30/14 | Lookup table – Integer | Flag | Int(1) | Billable Member Indicator | Billable members are: the subscriber; their spouse (if covered, regardless of age); all covered family members over the age of 21; and the three eldest covered children under the age of 21 Additional covered children under the age of 21 are not counted in rating (they are "non-billable" members). Billable members are identified at the point when eligibility begins; the flag should be populated for every successive month of enrollment in the plan up until the end of the benefit plan year. | Required when ME126 = 1 or 3 | **100%** | **A0** |
| | | | | | | | | | Value | Description | | | |
| | | | | | | | | | 1 | Yes, the member is billable | | | |
| | | | | | | | | | 2 | No, the member is not billable | | | |
| ME | 111 | ME 128 | Benefit Plan Contract ID | 10/30/14 | Text | Carrier/Submitter-specific Benefit Plan ID | varchar [30] | Identifier for the benefit plan the member is enrolled in as of 15th of the month | The Benefit Plan Contract ID is the issuer-generated unique ID number for *each* benefit plan for which the issuer sets a premium in the Massachusetts merged (non-group/small group) market. Report the carrier/submitter-assigned identifier as it appears in BP001 in the Benefit Plan File. This element is used to understand Benefit Plan and Eligibility attributes of the member / subscriber as applied to this record for the Massachusetts Alternative Risk Adjustment Methodology. | Required when ME126 = 1 or 3 | 100% | A0 |
| ME | 112 | ME 129 | Member Benefit Plan Contract Enrollment Start Date | 10/30/14 | Date | CCYYMMDD | Int(8) | Date the member is enrolled in the benefit plan | Report the date the member was enrolled in the Benefit Plan in CCYYMMDD format. | Required when ME126 = 1 or 3 | 100% | A0 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 11 3 | ME 130 | Member Benefit Plan Contract Enrollment End Date | 10/30/1 4 | Date | CCYYMMDD | Int(8) | Date the member's enrollment ends with the benefit plan | Report the date the member disenrolled in the Benefit Plan in CCYYMMDD format. When member is still active in the Benefit Plan, do not report any date in this element. | Required when ME126 = 1 or 3 and member is disenrolled | 100% | B |
| ME | 11 4 | ME 131 | TME Global Budget/Pay ment Indicator | 4/5/13 | Integer | | Int[1] | TME Global Budget/Paym ent Indicator | Required when Submitter is identified as a TME / RP Submitter. Report whether the member's contract was assigned under a global budget/payment contract. EXAMPLE: 1 = Yes, the member's contract was assigned under a global/budget/payment contract. | Assigned Submitters only. | 100% | A2 |

| Value | Description |
|---|---|
| 1 | Yes |
| 2 | No |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ME | 11 5 | ME 132 | Total Monthly Premium | 2/2016 | Integer | Currency | varchar[10] | Employer + Subscriber's total contribution to monthly premium | Report the total monthly premium at the Subscriber level only. Do not report on member lines. Report 0 if no premium is charged. Required for Cost Trends/Risk Adjustment reporting. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070 | Required when either ME107 = ME117 or ME012 = 20 | 100% | A0 |
| ME | 11 6 | ME 133 | GIC ID | 11/8/12 | Text | ID GIC | varchar[9] | GIC Member ID | Report the GIC Member Identification number as provided to GIC Plan Submitters. If not applicable do not report any value here. (Will be hashed prior to submission via CHIA's FileSecure application.) | Required when ME134 = 3 | 100% | A0 |
| ME | 11 7 | ME 134 | APCD ID Code | 2/2019 | Lookup Table - Integer | tlkpADCDIde ntifier | int[1] | Member Enrollment Type | Report the value that describes the member's / subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate editing and thresholds. **EXAMPLE:** 1 = FIG - Fully Insured Commercial Group Enrollee. | All | 100% | A2 |

| Value | Description |
|---|---|
| 1 | FIG - Fully-Insured Commercial Group Enrollee |
| 2 | SIG - Self-Insured Group Enrollee |
| 3 | GIC - Group Insurance Commission Enrollee |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 4 | MCO - MassHealth Managed Care Organization Enrollee | | | | |
| | | | | | | | 5 | Supplemental Policy Enrollee | | | | |
| | | | | | | | 6 | ICO – Integrated Care Organization or SCO – Senior Care Option | | | | |
| | | | | | | | 7 | ACO – Accountable Care Organization Enrollee (MassHealth only – unless approved by CHIA) | | | | |
| | | | | | | | 0 | Unknown / Not Applicable | | | | |
| ME | 118 | ME 135 | Filler | 2/2019 | Text | Filler | char[0] | Filler | Do not populate with any data. Required to be NULL | Required when submitter is MassHealth | 100% | A0 |
| ME | 119 | ME 899 | Record Type | 6/24/10 | Text | ID File | char[2] | File Type Identifier | Report **ME** here. This validates the type of file and the data contained within the file. This must match HD004. | All | 100% | A0 |
| TR-ME | 1 | TR 001 | Record Type | 6/24/10 | Text | ID Record | char[2] | Trailer Record Identifier | Report **TR** here. Indicates the end of the data file. | Mandatory | 100% | TM |
| TR-ME | 2 | TR 002 | Submitter | 11/8/12 | Integer | ID Submitter | varchar[6] | Trailer Submitter / Carrier ID defined by CHIA | Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002. | Mandatory | 100% | TM |
| TR-ME | 3 | TR 003 | National Plan ID | 11/8/12 | Integer | ID Nat'l PlanID | int[10] | CMS National Plan Identification Number (PlanID) | Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans. | Situational | 0% | TS |
| TR-ME | 4 | TR 004 | Type of File | 6/24/10 | Text | ID File | char[2] | Validates the file type defined in HD004. | Report **ME** here. This must match the File Type reported in HD004. | Mandatory | 100% | TM |
| TR-ME | 5 | TR 005 | Period Beginning Date | 6/24/10 | Date Period - Integer | Century Year Month - CCYYMM | int[6] | Trailer Period Start Date | Report the Year and Month of the reported submission period in CCYYMM format. This date period must match the date period reported in HD005, HD006 and TR006. | Mandatory | 100% | TM |
| TR-ME | 6 | TR 006 | Period Ending Date | 6/24/10 | Date Period - Integer | Century Year Month - CCYYMM | int[6] | Trailer Period Ending Date | Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006. | Mandatory | 100% | TM |

| TR-ME | 7 | TR 007 | Date Processed | 6/24/10 | Full Date - Integer | Century Year Month Day - CCYYMMDD | int[8] | Trailer Processed Date | Report the full date that the submission was compiled by the submitter in CCYYMMDD Format. | Mandatory | 100% | TM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

# Appendix – External Code Sources

**2.** **States, Zip Codes and Other Areas of the US**
**U.S. Postal Service**
**https://www.usps.com/**

| ME016 | ME017 | ME078 | ME109 | ME110 |
|-------|-------|-------|-------|-------|

**3.** **National Provider Identifiers**
**National Plan & Provider Enumeration System**
**https://nppes.cms.hhs.gov/NPPES/**

| ME038 |
|-------|

**6.** **North American Industry Classification System (NAICS)**
**United States Census Bureau**
**http://www.census.gov/eos/www/naics/**

| ME077 |
|-------|

# The Commonwealth of Massachusetts
# Center for Health Information and Analysis