



# **The All-Payer Claims Database Member Eligibility File Submission Guide**

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## Revision History

Date	Version	Description	Author
7/8/10	1.0	Member Eligibility	M. Prettenhofer
10/22/10	2.0	The APCD Monthly Member Eligibility File Section – narrative updated to reflect 24 month historical reporting and product level eligibility segments	M. Prettenhofer
10/22/10	2.0	The APCD Monthly Member Eligibility File Grid – file format and asterisk delimiter usage added for clarification	M. Prettenhofer
10/22/10	2.0	ME002 – threshold reduction to 0% until CMS mandates National PlanID	M. Prettenhofer
10/22/10	2.0	ME003 – element and lookup table updated to include a Senior Care Option value	M. Prettenhofer
10/22/10	2.0	ME009 – optional reporting removed from logic	M. Prettenhofer
10/22/10	2.0	ME021, ME022, ME025, ME026 – reporting guideline added for UKNOW usage	M. Prettenhofer
10/22/10	2.0	ME029 – description corrected	M. Prettenhofer
10/22/10	2.0	ME033 – value added to lookup for Unknown	M. Prettenhofer
10/22/10	2.0	ME045 – element transitioned to FILLER	M. Prettenhofer
10/22/10	2.0	ME049 – refined for direction to report In-Network Deductibles only if plans have both an In and Out-of-Network Deductible, else report Total Deductible	M. Prettenhofer
10/22/10	2.0	ME050 – ‘submit as zero (0)’ added to logic	M. Prettenhofer
10/22/10	2.0	ME060 – values added to lookup for Unknown and Unemployed	M. Prettenhofer
10/22/10	2.0	ME062 – value added to lookup for Unknown; incorrect element examples removed	M. Prettenhofer
10/22/10	2.0	ME063, ME064 – value added to lookup for Unknown	M. Prettenhofer
10/22/10	2.0	ME071 – value removed from lookup table	M. Prettenhofer
10/22/10	2.0	ME072 – element transitioned to Filler	M. Prettenhofer
10/22/10	2.0	ME081 – element and lookup table updated to include additional Medicare Plans (C, Advantage and D)	M. Prettenhofer
10/22/10	2.0	ME101, ME102, ME103 – optional reporting removed from logic	M. Prettenhofer
10/22/10	2.0	ME111, ME112, ME113, ME114, ME115, ME116 – ‘submit as zero (0)’ added to logic	M. Prettenhofer
10/22/10	2.0	Appendices A & B Column Updates – 1) APCD Denom refined to Required When	M. Prettenhofer
10/22/10	2.0	Appendix C – External Code Source 15 has been added for NAICS coding	M. Prettenhofer

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## 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 but it is currently collected by a variety of government entities in various formats and levels of completeness. Using its broad authority to collect health care data ("without limitation") under M.G.L. c. 118G, § 6 and 6A, the Division of Health Care Finance and Policy (Division) has adopted regulations to create a comprehensive all payer claims database (APCD) with medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured, Medicare, and Medicaid data. The Division will become a clearinghouse for comprehensive quality and cost information to ensure consumers, employers, insurers, and government have the data necessary to make prudent health care purchasing decisions.

To facilitate communication and collaboration, the Division has set up a dedicated APCD website ([www.mass.gov/dhcfp/apcd](http://www.mass.gov/dhcfp/apcd)) with resources that currently include the submission and release regulations, the technical submission guide with examples, and support for providing additional feedback. These resources will be periodically updated with materials and the Division staff will continue to work with all affected payers to ensure full compliance with the regulation.

While the Division is committed to establishing 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 the Division on the all payer claims database.

### **114.5 CMR 21.00 – Health Care Claims SubmissionError!** **Reference source not found.**

114.5 CMR 21.00 governs the reporting requirements for Health Care Payers to submit data and information to the Division in accordance with M.G.L. c. 118G, § 6. The regulation establishes the data submission requirements for health care payers to submit information concerning the costs and utilization of health care in Massachusetts. The Division will collect data essential for the Division to monitor health care cost trends, minimize the duplication of data submissions by payers to state entities, and to promote administrative simplification among state entities in Massachusetts.

Health care data and information submitted by Health Care Payers to the Division is not a public record. No public disclosure of any health plan information or data shall be made

unless specifically authorized under 114.5 CMR 21.00 or 114.5 CMR 22.00.**Error!**  
**Reference source not found.**

## The APCD Monthly Member Eligibility File

As part of the new All Payer Claims Database (APCD) carriers will be required to submit a Member Eligibility file. The Division of Healthcare Finance and Policy (Division), in an effort to decrease any programming burden, has adopted a file layout currently in use by another state. There are minor changes to this layout so that it will connect appropriately across other required filings for the APCD and has made efforts to simplify the data submission.

Filing Name	Filing Frequency	Initial Requirement	Initial Due Date	Next File due	Next File represents
ME Eligibility File Initial legacy filing	Initial	Two 24 month historical Eligibility files that include all persons eligible for any part of the timeframe between 1/1/2008 and 12/31/2010. First file would cover eligibility 1/1/2008 to 12/31/2009; second file cover 1/1/2009 to 12/31/2010.	1/31/11	2/28/11	See Eligibility File subsequent...
ME Eligibility File begin 2011	Monthly	A complete historical file reporting back on a 24 month rolling base.	2/28/11	3/31/11	Same contents as initial, inclusive of any record updates or new eligible persons through 1/31/2011, and going back 24 months (2/1/2010).

ME file detail level is defined as one record per member, per product id, per begin and end date of eligibility for that product. Multiple records for “Member + Product” may exist but begin and end eligibility dates should not overlap. Only a product change, or break in eligibility trigger a requirement for a new eligibility record. Changes in attributes such as PCP will be lost in the legacy (2008 – 2010) period but will be captured on a go forward basis as new monthly feeds are submitted. For example, the Division will capture the PCP change as a delta from the previous eligibility record reported in the prior month.

Note that coverage attributes such as PCP should reflect the values most relevant to the end period for the Eligibility segment (if an inactive segment) or the Member Eligibility file end period (eg. 12/31/2008 for first legacy filing, or 12/31/2010 for the second legacy filing).

See also *MemberFile Example - revised.xls* for data examples.

Below are additional details and clarifications:

<b>Specification Question</b>	<b>Clarification</b>	<b>Rationale</b>
Frequency of submission	Monthly, but representing eligible persons over a rolling 24 month period.	The Division requires monthly Eligibility files for matching to the various Claims Files coming in on the same schedule.
What is the format of the file	Each submission must be a variable field length asterisk delimited file	An asterisk cannot be used within a field in lieu of another character. Example: if the file includes “Smith*Jones” in the Last Name, the system will read an incorrect number of fields and drop the file.
What each row in a file represents	A unique instance of a Member and their Product Eligibility. If a Member is eligible for more than one Product, then the Member will be reported again on another record.	The Division wishes to analyze information on Member Eligibility to Products and Member Eligibility to Claims to better understand utilization.
There appears to be similar fields on eligibility that are also collected on the claims file. Can you clarify?	Many of the segments in the file use similar semantics to claims data and some fields are exact duplicates of fields on the claim file. The Division is seeking what is in the Carrier’s Member File regardless of the information that comes in on Claims.	The Division wishes to analyze information on Members and the variations of Eligibility. This extra or similar information across files is needed to support these analyses and is also a requirement of other states.
Our company does not track Member’s date of death. Why is this being collected on this file?	The intent of this was to aid with ending a Member’s Eligibility regardless of place of expiration.	The Division realizes that different Carriers deal with this information in different ways. Report when known.

Specification Question	Clarification	Rationale
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?	Yes. The individual elements all have a threshold setting that will aid Carriers in meeting reporting requirements. It is also important to note if your Carrier type is required to submit the element of concern.	The Division realizes that the current format does not fit all Carriers. The variance process allows for Carriers to address any inability to meet threshold requirements.
What might cause a member to have more than one eligibility record per month?	If a member has more than one product, or has a break in eligibility - this would require multiple records.	Accurate enrollment data is needed to calculate member months by product and by provider.

## **Types of Data collected in Member's Eligibility File**

### **Subscriber / Member Information**

Both member and subscriber information is collected in the file; however, the eligibility information is related strictly to the member, who may or may not be the subscriber. The subscriber information is mainly used to link the member to a subscriber, and is a requirement of other states.

### **Demographics**

The Division is collecting birth date information on each Subscriber and Member in order to meet reporting and analysis requirements of the APCD. This information is also useful with matching algorithms.

### **Coverage Indicators**

The Division is collecting coverage indicator flags to determine if a member has medical, dental, pharmacy, behavioral health, vision and/or lab coverage. These fields may be compared against the Product file and will be helpful in understanding benefit design.

### **Provider Identifiers**

The Division has made a conscious decision to collect numerous identifiers that may be associated with a provider. The data in fields ME036 through ME039, and ME046 through ME048, will be used by the Division when analyzing data across carriers.

### **Dates**

The Division 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 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.

The Division is committed to working with payers and their technical teams to ensure compliance with all applicable laws and regulations. The Division will continue to provide support through technical assistance calls and resources available on the Division's website.



# File Layout

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Old Length	Description	Encrypt Upon Intake
HD-ME	1	HD001	Record Type	06/24/10	Text	ID	2	2	Header Record Identifier	No
HD-ME	2	HD002	Payer	06/24/10	Text	ID Carrier	8	8	Header Submitter/Carrier ID	No
HD-ME	3	HD003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	Header CMS National Plan Identification Number (PlanID)	No
HD-ME	4	HD004	Type of File	06/24/10	Text	ID	2	2	Header Type of File	No
HD-ME	5	HD005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Header Period Start Date	No
HD-ME	6	HD006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Header Period Ending Date	No
HD-ME	7	HD007	Record Count	06/24/10	Integer	Counter	10	10	Header Record Count	No
HD-ME	8	HD008	Comments	06/24/10	Text	Free Text Field	80	80	Header Carrier Comments	No
ME	1	ME001	Payer	06/24/10	Text	ID Carrier	8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	No
ME	2	ME002	National Plan ID	10/03/10	Text	ID Nat'l Plan	30	30	CMS National Plan Identification Number (PlanID)	No
ME	3	ME003	Insurance Type Code/Product	10/20/10	Text	Lookup Table	2	2	Type / Product Identification Code	No
ME	4	ME004	Year	06/24/10	Date Period	Year	4	4	Eligibility year reported in this submission.	No
ME	5	ME005	Month	06/24/10	Date Period Month	Date Month	2	2	Reporting Month of Eligibility	No
ME	6	ME006	Insured Group or Policy Number	06/24/10	Text	ID Group	30	30	Carriers group or policy number	No
ME	7	ME007	Coverage Level Code	06/24/10	Text	Lookup Table	3	3	Benefit Coverage Level Code	No
ME	8	ME008	Subscriber Unique Identification Number	06/24/10	Text	Tax ID	9	128	Subscriber's Social Security Number	Yes
ME	9	ME009	Plan Specific Contract Number	10/15/10	Text	ID Contract	30	128	Contract Number	Yes
ME	10	ME010	Member Suffix or Sequence Number	06/24/10	Text	ID Sequence	20	20	Member's Contract Sequence Number	No
ME	11	ME011	Member Identification Code	06/24/10	Text	Tax ID	9	128	Member's Social Security Number	Yes

ME	12	ME012	Individual Relationship Code	06/24/10	Integer	Lookup Table	2	2	Member/Patient to Subscriber Relationship Code	No
ME	13	ME013	Member Gender	06/24/10	Text	Lookup Table	1	1	The Member's Gender	No
ME	14	ME014	Member Date of Birth	06/24/10	Date	Date Complete	8	8	Member's date of birth	No
ME	15	ME015	Member City Name	06/24/10	Text	Address City	30	30	City name of the Member	No
ME	16	ME016	Member State or Province	06/24/10	Text	Address State	2	2	State of the Member	No
ME	17	ME017	Member ZIP Code	06/24/10	Text	Address Zip Code	11	11	Zip Code of the Member	No
ME	18	ME018	Medical Coverage	06/24/10	Text	Lookup Table	1	1	Indicator to refine Product or define Benefit within a Product.	No
ME	19	ME019	Prescription Drug Coverage	06/24/10	Text	Lookup Table	1	1	Indicator to refine Product or define Benefit within a Product.	No
ME	20	ME020	Dental Coverage	06/24/10	Text	Lookup Table	1	1	Indicator to refine Product or define Benefit within a Product.	No
ME	21	ME021	Race 1	10/20/10	Text	Lookup Table	6	6	Member's self disclosed Primary Race	No
ME	22	ME022	Race 2	10/20/10	Text	Lookup Table	6	6	Member's self disclosed Secondary Race	No
ME	23	ME023	Other Race	06/24/10	Text	Free Text Field	15	15	Member's self disclosed Other Race	No
ME	24	ME024	Hispanic Indicator	06/24/10	Text	Lookup Table	1	1	Indicator to define Hispanic status	No
ME	25	ME025	Ethnicity 1	10/20/10	Text	Lookup Table	6	6	Member's self disclosed Primary Ethnicity	No
ME	26	ME026	Ethnicity 2	10/20/10	Text	Lookup Table	6	6	Member's self disclosed Secondary Ethnicity	No
ME	27	ME027	Other Ethnicity	06/24/10	Text	Free Text Field	20	20	Member's self disclosed Other Ethnicity	No
ME	28	ME028	Primary Insurance Indicator	06/24/10	Text	Lookup Table	1	1	Indicator to define if Insurance is Primary	No
ME	29	ME029	Coverage Type	10/08/10	Text	Lookup Table	3	3	Type of Coverage Code	No
ME	30	ME030	Market Category Code	06/24/10	Text	Lookup Table	4	4	Market Category Code	No
ME	31	ME031	Special Coverage	06/24/10	Text	Lookup Table	3	3	Special Coverage Code	No
ME	32	ME032	Group Name	06/24/10	Text	Name Group	50	128	Group name	Yes
ME	33	ME033	Member language preference	10/14/10	Text	Lookup Table	3	3	Member's self disclosed verbal language preference	No
ME	34	ME034	Member language preference - Other	06/24/10	Text	Free Text Field	20	20	Member's self disclosed verbal language secondary preference	No
ME	35	ME035	Health Care Home Assigned Flag	06/24/10	Text	Lookup Table	1	1	Health Care Home Assigned indicator	No
ME	36	ME036	Health Care Home Number	06/24/10	Text	ID PV002	28	28	Health Care Home Number	No
ME	37	ME037	Health Care Home Tax ID Number	06/24/10	Text	Tax ID	20	20	Health Care Home EIN	No
ME	38	ME038	Health Care Home National Provider ID	06/24/10	Text	NPI	28	28	National Provider Identification (NPI) of the Health Care Home Provider	No

ME	39	ME039	Health Care Home Name	06/24/10	Text	Name Home Care	60	60	Name of Health Care Home	No
ME	40	ME040	Product ID Number	06/24/10	Text	ID PV002	20	20	Product Identification Number	No
ME	41	ME041	Product Enrollment Start Date	06/24/10	Date	Date Complete	8	8	the date the member was enrolled in the product	No
ME	42	ME042	Product Enrollment End Date	06/24/10	Date	Date Complete	8	8	Enrollment Date	No
ME	43	ME043	Member Street Address	06/24/10	Text	Address 1	50	50	Street address of the Member	No
ME	44	ME044	Member Address 2	06/24/10	Text	Address 2	50	50	Secondary Street Address of the Member	No
ME	45	ME045	Filler	10/03/10	Filler	Filler	30	30	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
ME	46	ME046	Member PCP ID	06/24/10	Text	ID PV002	25	25	Member's PCP Identification Number	No
ME	47	ME047	Member PCP Effective Date	06/24/10	Date	Date Complete	8	8	PCP Effective Date with Member	No
ME	48	ME048	Member PCP Termination Date	06/24/10	Date	Date Complete	8	8	PCP Termination Date with Member	No
ME	49	ME049	Member Deductible	10/03/10	Integer	Currency	10	10	Member Deductible across all benefit types	No
ME	50	ME050	Member Deductible Used	10/15/10	Integer	Currency	10	10	Member amounts paid towards deductible	No
ME	51	ME051	Behavioral Health Benefit Flag	06/24/10	Integer	Lookup Table	1	1	Indicates if Behavioral / Mental Health is a covered benefit in the member's eligibility	No
ME	52	ME052	Laboratory Benefit Flag	06/24/10	Text	Lookup Table	1	1	Laboratory Benefits indicator	No
ME	53	ME053	Disease Management Enrollee Flag	06/24/10	Integer	Lookup Table	1	1	Chronic Illness Management indicator	No
ME	54	ME054	Eligibility Determination Date	06/24/10	Date	Date Complete	8	8	Eligibility date	No
ME	55	ME055	Filler	06/24/10	Filler	Filler	2	2	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
ME	56	ME056	Last Activity Date	06/24/10	Date	Date Complete	8	8	Activity Date	No
ME	57	ME057	Date of Death	06/24/10	Date	Date Complete	8	8	Member's Date of Death	No
ME	58	ME058	Subscriber Street Address	06/24/10	Text	Address 1	50	50	Street address of the Subscriber	No
ME	59	ME059	Disability Indicator Flag	06/24/10	Integer	Lookup Table	1	1	Disability Identifier	No
ME	60	ME060	Employment Status	10/14/10	Text	Lookup Table	1	1	Employment Status Code	No
ME	61	ME061	Student Status	06/24/10	Text	Lookup Table	1	1	Student Status Indicator	No
ME	62	ME062	Marital Status	10/14/10	Text	Lookup Table	1	1	Marital Status Code	No
ME	63	ME063	Benefit Status	10/14/10	Text	Lookup Table	1	1	Benefit Status Code	No
ME	64	ME064	Employee Type	10/14/10	Text	Lookup Table	1	1	Employee Type Code	No

ME	65	ME065	Date of Retirement	06/24/10	Date	Date Complete	8	8	Member's date of Retirement	No
ME	66	ME066	COBRA Status	06/24/10	Integer	Lookup Table	1	1	COBRA usage indicator	No
ME	67	ME067	Spouse Plan Type	06/24/10	Text	GIC Carrier Table	2	2	Spouse Plan Type Code	No
ME	68	ME068	Spouse Plan	06/24/10	Text	GIC Carrier Table	2	2	Spouse Plan Medicare Code	No
ME	69	ME069	Spouse Medical Coverage	06/24/10	Text	GIC Carrier Table	2	2	Spouse Medical Medicare Coverage Code	No
ME	70	ME070	Spouse Medicare Indicator	06/24/10	Text	GIC Carrier Table	2	2	Spouse Medicare Selected Code	No
ME	71	ME071	Pool Indicator	10/14/10	Text	Lookup Table	2	2	Pool Indicator Code	No
ME	72	ME072	Filler	10/14/10	Text	Filler	20	20	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
ME	73	ME073	Fully insured member	06/24/10	Text	Lookup Table	1	1	Fully Insured identifier	No
ME	74	ME074	Interpreter	06/24/10	Text	Lookup Table	1	1	Interpreter Required indicator	No
ME	75	ME075	NewMMISID	06/24/10	Text	ID MMIS	12	128	NewMMIS Identification Number	Yes
ME	76	ME076	Member rating category	06/24/10	Text	Carrier Table	2	2	Member Rating Category Code	No
ME	77	ME077	Members SIC Code	06/24/10	Text	ID	10	10	Member Standard SIC Code	No
ME	78	ME078	Filler	06/24/10	Filler	Filler	2	2	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	No
ME	79	ME079	Recipient Identification Number (MassHealth only)	06/24/10	Text	ID	15	15	MassHealth RID Number	No
ME	80	ME080	Recipient Historical Number (MassHealth only)	06/24/10	Text	ID	15	15	MassHealth RHN Number	No
ME	81	ME081	Medicare Code	10/03/10	Text	Lookup Table	1	1	Medicare Plan Indicator Code	No
ME	82	ME082	Employer Name	06/24/10	Text	Name Employer	60	60	Member's Employer Name	No
ME	83	ME083	Employer EIN	06/24/10	Text	Tax ID	9	9	Member's Employer EIN	No
ME	84	ME101	Subscriber Last Name	10/15/10	Text	Name Last	60	128	Last name of Subscriber	Yes
ME	85	ME102	Subscriber First Name	10/15/10	Text	Name First	25	128	First name of the Subscriber	Yes
ME	86	ME103	Subscriber Middle Initial	10/15/10	Text	Name Middle	1	1	Middle initial of Subscriber	No
ME	87	ME104	Member Last Name	06/24/10	Text	Name Last	60	128	Last name of Member	Yes
ME	88	ME105	Member First Name	06/24/10	Text	Name First	25	128	First name of Member	Yes
ME	89	ME106	Member Middle Initial	06/24/10	Text	Name Middle	1	1	Middle initial of Member	No
ME	90	ME107	CarrierSpecificUniqueMemberID	06/24/10	Text	ID	20	20	Member/Patient Carrier Unique Identification	Yes
ME	91	ME108	Subscriber City Name	06/24/10	Text	Address City	30	30	City name of the Subscriber	No
ME	92	ME109	Subscriber State or Province	06/24/10	Text	Address State	2	2	State of the Subscriber	No

ME	93	ME110	Subscriber ZIP Code	06/24/10	Text	Address Zip Code	11	11	Zip Code of the Subscriber	No
ME	94	ME111	Medical Deductible	10/15/10	Integer	Currency	10	10	Annual amount of applied member's deductible	No
ME	95	ME112	Pharmacy Deductible	10/15/10	Integer	Currency	10	10	Annual amount of member's deductible applied to pharmacy	No
ME	96	ME113	Medical and Pharmacy Deductible	10/15/10	Integer	Currency	10	10	Amount of member's deductible applied to services	No
ME	97	ME114	Behavioral Health Deductible	10/15/10	Integer	Currency	10	10	Amount of member's deductible applied to behavioral health	No
ME	98	ME115	Dental Deductible	10/15/10	Integer	Currency	10	10	Amount of member's deductible applied to dental services	No
ME	99	ME116	Vision Deductible	10/15/10	Integer	Currency	10	10	Amount of member's deductible applied to vision services	No
ME	100	ME117	CarrierSpecificUniqueSubscriberID	06/24/10	Text	ID	20	20	Subscriber Carrier Unique Identification	Yes
ME	101	ME118	Vision Benefit	06/30/10	Integer	Lookup Table	1	1	Indicates if Vision Services are a covered benefit in the member's eligibility	No
ME	102	ME899	Record Type	06/24/10	Text	ID	2	2	File Type Identifier	No
TR-ME	1	TR001	Record Type	06/24/10	Text	ID	2	2	Trailer Record Identifier	No
TR-ME	2	TR002	Payer	06/24/10	Text	ID Carrier	8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	No
TR-ME	3	TR003	National Plan ID	06/24/10	Text	ID Nat'l Plan	30	30	CMS National Plan Identification Number (PlanID)	No
TR-ME	4	TR004	Type of File	06/24/10	Text	ID	2	2	This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	No
TR-ME	5	TR005	Period Beginning Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Start Date	No
TR-ME	6	TR006	Period Ending Date	06/24/10	Date Period	Year Month	6	6	Trailer Period Ending Date	No
TR-ME	7	TR007	Date Processed	06/24/10	Date	Date Complete	8	8	Trailer Processed Date	No

# Appendices

## Appendix A – Submission Guideline

File	Col	Element	Data Element Name	Date Active (version)	Type	Format	Revised Length	Old Length	Element Submission Guideline	Required When	APCD Threshold	APCD - GIC Carrier Threshold	Encrypt Upon Intake
HD-ME	1	HD001	Record Type	06/24/10	Text	HD	2	2	This must have HD reported here. Indicates the beginning of the Header Elements of the file.	All	100%	same as APCD	No
HD-ME	2	HD002	Payer	06/24/10	Text		8	8	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in TR002	All	100%	same as APCD	No
HD-ME	3	HD003	National Plan ID	06/24/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	100%	same as APCD	No
HD-ME	4	HD004	Type of File	06/24/10	Text	ME	2	2	This must have ME reported here. This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in TR004.	All	100%	same as APCD	No
HD-ME	5	HD005	Period Beginning Date	06/24/10	Date Period	CCYYMM	6	6	This is the start date period of the reported period in the submission file. This date period must match the date period reported in HD005	All	100%	same as APCD	No
HD-ME	6	HD006	Period Ending Date	06/24/10	Date Period	CCYYMM	6	6	This is the end date period of the reported period in the submission file; if the period reported is a single month of the same year then Period Begin Date and Period End Date will be the same date. This date period must match the date period reported in TR006	All	100%	same as APCD	No
HD-ME	7	HD007	Record Count	06/24/10	Integer	#####	10	10	Total number of records submitted in this file	All	100%	same as APCD	No
HD-ME	8	HD008	Comments	06/24/10	Text	Free Text Comments	80	80	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	All	0%	same as APCD	No
ME	1	ME001	Payer	06/24/10	Text		8	8	Payer submitting payments; APCD Submitter Code	All	100%	same as APCD	No

ME	2	ME002	National Plan ID	10/03/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	0%	same as APCD	No
ME	3	ME003	Insurance Type Code/Product	10/20/10	Text	tlkpInsuranceType Code	2	2	This field indicates the type of product the member has, such as HMO, PPO, POS, Auto Medical, Indemnity, Workers Compensation.	All	96%	same as APCD	No
ME	4	ME004	Year	06/24/10	Date Period	CCYY	4	4	Year for which eligibility is reported in this submission. If reporting previous year's data, the year reported here will not match current year.	All	100%	same as APCD	No
ME	5	ME005	Month	06/24/10	Date Period Month	MM	2	2	Month for which eligibility is reported in this submission	All	100%	same as APCD	No
ME	6	ME006	Insured Group or Policy Number	06/24/10	Text		30	30	Do not report the number that uniquely identifies the subscriber	All	99%	same as APCD	No
ME	7	ME007	Coverage Level Code	06/24/10	Text	tlkpCoverageLevel	3	3		All	99%	same as APCD	No
ME	8	ME008	Subscriber Unique Identification Number	06/24/10	Text	#####	9	128	Subscriber's social security number. Do not use hyphen	All	85%	same as APCD	Yes
ME	9	ME009	Plan Specific Contract Number	10/15/10	Text		30	128	Plan assigned contract number. Do not include values in this field that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of his/her dependents. Element will be encrypted upon intake.	All	89%	same as APCD	Yes
ME	10	ME010	Member Suffix or Sequence Number	06/24/10	Text		20	20	Uniquely numbers the member within the contract.	All	99%	same as APCD	No
ME	11	ME011	Member Identification Code	06/24/10	Text	#####	9	128	Member's social security number. Do not use hyphen	All	68%	same as APCD	Yes

ME	12	ME012	Individual Relationship Code	06/24/10	Integer	tlkpIndividualRelationshipCode	2	2	Indicator to define the Member/Patient's relationship to the Subscriber	All	97%	98%	No
ME	13	ME013	Member Gender	06/24/10	Text	tlkpGender	1	1		All	100%	same as APCD	No
ME	14	ME014	Member Date of Birth	06/24/10	Date	CCYYMMDD	8	8	The date the member was born	All	99%	same as APCD	No
ME	15	ME015	Member City Name	06/24/10	Text	Free Text Address	30	30	City name of member	All	99%	same as APCD	No
ME	16	ME016	Member State or Province	06/24/10	Text	External Code Source 2	2	2	The state of the member's residence. As defined by the US Postal Service	All	99%	same as APCD	No
ME	17	ME017	Member ZIP Code	06/24/10	Text	External Code Source 3	11	11	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	All	99%	same as APCD	No
ME	18	ME018	Medical Coverage	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes there is Medical Coverage.	All	100%	same as APCD	No
ME	19	ME019	Prescription Drug Coverage	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes there is Prescription Coverage.	All	100%	same as APCD	No
ME	20	ME020	Dental Coverage	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes there is Dental Coverage.	All	100%	same as APCD	No
ME	21	ME021	Race 1	10/20/10	Text	tlkpRace	6	6	The code value "UNKNOWN" (Unknown/not specified), should be used ONLY when patient/client answers unknown, or refuses to answer. Leave the field null if Carrier does not have the data. I.e. – report only collected data, null represents uncollected information.	All	10%	same as APCD	No
ME	22	ME022	Race 2	10/20/10	Text	tlkpRace	6	6	The code value "UNKNOWN" (Unknown/not specified), should be used ONLY when patient/client answers unknown, or refuses to answer. Leave the field null if Carrier does not have the data. I.e. – report only collected data, null represents uncollected information.	All	2%	same as APCD	No
ME	23	ME023	Other Race	06/24/10	Text	Free Text Other Race	15	15	When Race 1 [ME021] or Race 2 [ME022] is entered as R9 Other Race this must be populated; else set as null	If Race 1 or Race 2 = Other	99%	same as APCD	No



ME	24	ME024	Hispanic Indicator	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, Member has indicated Hispanic status.	All	10%	same as APCD	No
ME	25	ME025	Ethnicity 1	10/20/10	Text	tlkpEthnicity	6	6	The code value "UNKNOWN" (Unknown/not specified), should be used ONLY when patient/client answers unknown, or refuses to answer. Leave the field null if Carrier does not have the data. I.e. – report only collected data, null represents uncollected information.	If Race 1 or Race 2 = Other	10%	same as APCD	No
ME	26	ME026	Ethnicity 2	10/20/10	Text	tlkpEthnicity	6	6	The code value "UNKNOWN" (Unknown/not specified), should be used ONLY when patient/client answers unknown, or refuses to answer. Leave the field null if Carrier does not have the data. I.e. – report only collected data, null represents uncollected information.	All	2%	same as APCD	No
ME	27	ME027	Other Ethnicity	06/24/10	Text	Free Text Ethnicity	20	20	When Ethnicity 1 [ME025] or Ethnicity 2 [ME026] is entered as OTHER this must be populated; else set as null	If Ethnicity 1 or Ethnicity 2 = Other	99%	same as APCD	No
ME	28	ME028	Primary Insurance Indicator	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, Insurance is Primary (Products, Plans or Benefits that only cover Copays, Coinsurance and Deductibles [Gap Coverage] will answer N for No here).	All	80%	same as APCD	No
ME	29	ME029	Coverage Type	10/08/10	Text	tlkpCoverageType	3	3	Describes the type of insurance policy the enrollee is covered by	All	90%	98%	No
ME	30	ME030	Market Category Code	06/24/10	Text	tlkpMarketCategoryCode	4	4	The market the policy is sold into. See lookup table for definitions and valid values related to size of employer group.	All	95%	same as APCD	No
ME	31	ME031	Special Coverage	06/24/10	Text	tlkpSpecialCoverageCode	3	3	Indicates if the product coverage is related to a health exchange or other non traditional coverage. Valid choices are Commonwealth Care, Health Safety Net or N/A if not applicable.	All	0%	same as APCD	No
ME	32	ME032	Group Name	06/24/10	Text	Free Text Name	50	128	Group name or IND for individual policies, and set to null if data not available.	All	80%	same as APCD	Yes
ME	33	ME033	Member language preference	10/14/10	Text	tlkpLanguagePreference	3	3	The spoken language preference of the member.	All	10%	same as APCD	No

ME	34	ME034	Member language preference - Other	06/24/10	Text	Free Text Language	20	20	If other selected in ME033 enter the language; else set to null.	If ME033 =Other	99%	same as APCD	No
ME	35	ME035	Health Care Home Assigned Flag	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, Member has an assigned approved medical home for this coverage period.	All	20%	same as APCD	No
ME	36	ME036	Health Care Home Number	06/24/10	Text		28	28	Data submitter assigned medical home number. It is anticipated that this will be the same data submitter number used in reporting servicing provider. Submit as null is there is no healthcare home. The number of the member's healthcare home must also be in the Provider File in PV002, Provider ID.	If ME035 =1	90%	same as APCD	No
ME	37	ME037	Health Care Home Tax ID Number	06/24/10	Text	#####	20	20	Federal tax payer's identification number for medical home. Submit as null if there is no healthcare home. Do not use hyphen.	If ME035 =1	90%	same as APCD	No
ME	38	ME038	Health Care Home National Provider ID	06/24/10	Text	External Code Source 4	28	28	Report the National Provider Identification (NPI) number for the entity or individual serving as the medical home. Submit as null is there is no healthcare home.	If ME035 =1	10%	same as APCD	No
ME	39	ME039	Health Care Home Name	06/24/10	Text	Free Text Name	60	60	Report the full name of the provider - facility, organization or individual. If the medical home is an individual, report in the format of Last name, first name and middle initial with no punctuation. Submit as null is there is no healthcare home.	If ME035 =1	90%	same as APCD	No
ME	40	ME040	Product ID Number	06/24/10	Text		20	20	Must correspond to the ProductID on the Product file. This number should allow the Division to understand what product a member is enrolled in during the timeframe of the claim submission and must equal a value on the product file.	All	100%	same as APCD	No
ME	41	ME041	Product Enrollment Start Date	06/24/10	Date	CCYYMMDD	8	8	The date the member enrolled in the product.	All	98%	same as APCD	No
ME	42	ME042	Product Enrollment End Date	06/24/10	Date	CCYYMMDD	8	8	The date the member disenrolled in the product. If the member did not disenroll at the end of the current month, then fill with Null.	All	98%	same as APCD	No

ME	43	ME043	Member Street Address	06/24/10	Text	Free Text Address	50	50		All	90%	98%	No
ME	44	ME044	Member Address 2	06/24/10	Text	Free Text Address	50	50	Often used to capture apartment numbers, suites, etc.	All	2%	same as APCD	No
ME	45	ME045	Filler	10/03/10	Filler	Filler	30	30	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%		No
ME	46	ME046	Member PCP ID	06/24/10	Text		25	25	The ID of the members PCP. This ID, supplied by the carrier, must match to PV002 (ProviderID) on the provider file. Values of '999999999U' when PCP is unknown and '999999999NA' if the product does not require a PCP.	All Payers with Product s requiring PCP	98%	same as APCD	No
ME	47	ME047	Member PCP Effective Date	06/24/10	Date	CCYYMMDD	8	8	Member enrollment begin date with PCP	where PCP is not in '999999999'	98%	same as APCD	No
ME	48	ME048	Member PCP Termination Date	06/24/10	Date	CCYYMMDD	8	8	Member termination date from that PCP. Set to Null is the member is still active with the PCP.	where PCP is not in '999999999'	98%	same as APCD	No
ME	49	ME049	Member Deductible	10/03/10	Integer	DDDDCC	10	10	Amount of members 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. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All with product ID that has deductibles	90%	same as APCD	No
ME	50	ME050	Member Deductible Used	10/15/10	Integer	DDDDCC	10	10	The amount to date the member has paid into deductible. If no deductible has been used by time of reporting, submit as zero. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	All when ME049 >0	0%	same as APCD	No
ME	51	ME051	Behavioral Health Benefit Flag	06/24/10	Integer	tlkpFlagIndicators	1	1	1 = Yes, Behavioral/Mental Health is a covered benefit.	All	100%	same as APCD	No

ME	52	ME052	Laboratory Benefit Flag	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, Lab is covered benefit.	All	100%	same as APCD	No
ME	53	ME053	Disease Management Enrollee Flag	06/24/10	Integer	tlkpFlagIndicators	1	1	1 = Yes, Member's chronic illness is being managed by plan or vendor of plan.	All	100%	same as APCD	No
ME	54	ME054	Eligibility Determination Date	06/24/10	Date	CCYYMMDD	8	8	Date member eligibility was determined	All	0%	98%	No
ME	55	ME055	Filler	06/24/10	Filler	Filler	2	2	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%		No
ME	56	ME056	Last Activity Date	06/24/10	Date	CCYYMMDD	8	8	Last activity/change on member enrollment file for this member	All	0%	98%	No
ME	57	ME057	Date of Death	06/24/10	Date	CCYYMMDD	8	8	Date member expired. Null if not known or not applicable	All	0%	98%	No
ME	58	ME058	Subscriber Street Address	06/24/10	Text	Free Text Address	50	50		All	98%	98%	No
ME	59	ME059	Disability Indicator Flag	06/24/10	Integer	tlkpFlagIndicators	1	1	1 = Yes, Member is on disability.	All	100%	100%	No
ME	60	ME060	Employment Status	10/14/10	Text	tlkpEmploymentStatus	1	1	Describes the employment status of the member. This field is required for GIC carriers only. Sample choices include active, retired, leave - see lookup for full list of values.	All	100%	100%	No
ME	61	ME061	Student Status	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, Member is a student.	All	100%	100%	No
ME	62	ME062	Marital Status	10/14/10	Text	tlkpMaritalStatus	1	1	Shows marital status of member.	All	100%	100%	No
ME	63	ME063	Benefit Status	10/14/10	Text	tlkpBenefitStatus	1	1	Determines status of benefits for employee	All	100%	100%	No
ME	64	ME064	Employee Type	10/14/10	Text	tlkpEmployeeType	1	1	The type of employee choices include (e.g.: hourly, salaried, temp). See lookup	All	100%	100%	No
ME	65	ME065	Date of Retirement	06/24/10	Date	CCYYMMDD	8	8	Date GIC employee retired	Where ME060 = Retiree	0%	98%	No

ME	66	ME066	COBRA Status	06/24/10	Integer	tlkpFlagIndicators	1	1	1 = Yes, Member is covered using COBRA benefit.	All	80%	98%	No
ME	67	ME067	Spouse Plan Type	06/24/10	Text	Carrier Defined Reference Table	2	2	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	Where marital status = Yes	0%	1%	No
ME	68	ME068	Spouse Plan	06/24/10	Text	Carrier Defined Reference Table	2	2	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	Where marital status = Yes	0%	1%	No
ME	69	ME069	Spouse Medical Coverage	06/24/10	Text	Carrier Defined Reference Table	2	2	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	Where marital status = Yes	0%	1%	No
ME	70	ME070	Spouse Medicare Indicator	06/24/10	Text	Carrier Defined Reference Table	2	2	Used when spouse of employee selects Medicare coverage, which is separate from GIC.	Where marital status = Yes	0%	1%	No
ME	71	ME071	Pool Indicator	10/14/10	Text	tlkpPoolIndicator	2	2	This field is required for GIC carriers only. Non GIC carriers should fill with Null Values. Indicates which of 2 risk pools a member falls into. 1=Regular State Employees and Retirees, plus local authorities. 2= Elderly Governmental Retirees (EGR) and Retired Municipal Teachers (RMTs)	All	0%	98%	No
ME	72	ME072	Filler	10/14/10	Text	Filler	20	20	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	98%	No
ME	73	ME073	Fully insured member	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, Member is fully insured.	All	100%	100%	No
ME	74	ME074	Interpreter	06/24/10	Text	tlkpFlagIndicators	1	1	1 = Yes, Member requires an interpreter.	All	0%	same as APCD	No
ME	75	ME075	NewMMISID	06/24/10	Text		12	128	This is the unique ID that NewMMIS uses to uniquely identify a member. (This field is for MassHealth, Medicaid MCOs, or Carriers that offer Commonwealth Care.)	Medicaid MCO Payers Only from May 2009 on	98%	98%	Yes

ME	76	ME076	Member rating category	06/24/10	Text	Carrier Defined Reference Table	2	2	The rating category of member. Carrier will submit carrier specific tables.	Medicaid MCO Payers Only	90%	same as APCD	No
ME	77	ME077	Members SIC Code	06/24/10	Text	External Code Source 15	10	10	Codes describing the line of work the enrollee is in. Carriers will use standard SIC code values.	All	2%	same as APCD	No
ME	78	ME078	Filler	06/24/10	Filler	Filler	2	2	The APCD will reserve this field for possible future use. Please fill with null values in the format described.	All	0%	same as APCD	No
ME	79	ME079	Recipient Identification Number (MassHealth only)	06/24/10	Text		15	15	The current Medicaid identification number assigned to the individual by MassHealth. This field is for MassHealth or Medicaid MCOs only.	Medicaid MCOs only	98%	same as APCD	No
ME	80	ME080	Recipient Historical Number (MassHealth only)	06/24/10	Text		15	15	The permanent Medicaid identification number assigned to the individual by MassHealth. This field is for MassHealth or Medicaid MCOs only.	Medicaid MCOs only	98%	same as APCD	No
ME	81	ME081	Medicare Code	10/03/10	Text	tlkpMedicareCode	1	1	A code indicating if Medicare coverage applies	All	100%	same as APCD	No
ME	82	ME082	Employer Name	06/24/10	Text	Free Text Name	60	60	This is the employer the subscriber works for at the time of enrollment	All	90%	same as APCD	No
ME	83	ME083	Employer EIN	06/24/10	Text	#####	9	9	The EIN of the employer in ME082. Do not use hyphen	All	90%	same as APCD	No
ME	84	ME101	Subscriber Last Name	10/15/10	Text	Free Text Name	60	128	Used to create unique member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. Example: O'Brien becomes OBRIEN; Carlton-Smythe become CARLTONSMYTHE	All	100%	same as APCD	Yes
ME	85	ME102	Subscriber First Name	10/15/10	Text	Free Text Name	25	128	Used to create unique member ID. First name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. Example: Anne-Marie becomes ANNEMARIE	All	100%	same as APCD	Yes

ME	86	ME103	Subscriber Middle Initial	10/15/10	Text	Free Text Name	1	1	Subscriber Middle Initial. Used to create unique member ID.	All	2%	same as APCD	No
ME	87	ME104	Member Last Name	06/24/10	Text	Free Text Name	60	128	Member Last Name. Used to create unique member ID. Name should exclude all punctuation including hyphens and apostrophes and be reported all in upper case.	All	100%	same as APCD	Yes
ME	88	ME105	Member First Name	06/24/10	Text	Free Text Name	25	128	Member First Name. Used to create unique member ID. Name should exclude all punctuation including hyphens and apostrophes and be reported all in upper case.	All	100%	same as APCD	Yes
ME	89	ME106	Member Middle Initial	06/24/10	Text	Free Text Name	1	1	Used to create unique member ID	All	2%	same as APCD	No
ME	90	ME107	CarrierSpecificUniqueMemberID	06/24/10	Text		20	20	This is the number the carrier uses internally to uniquely identify the member. This field will be encrypted upon intake.	All	100%	same as APCD	Yes
ME	91	ME108	Subscriber City Name	06/24/10	Text	Free Text Address	30	30		All	98%	same as APCD	No
ME	92	ME109	Subscriber State or Province	06/24/10	Text	External Code Source 2	2	2	The state of the subscriber's residence. As defined by the US Postal Service	All	99%	same as APCD	No
ME	93	ME110	Subscriber ZIP Code	06/24/10	Text	External Code Source 3	11	11	5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen; see External Code Source	All	99%	same as APCD	No
ME	94	ME111	Medical Deductible	10/15/10	Integer	DDDDCC	10	10	The annual amount of the member's deductible that is applied to medical services before certain services are covered. This is the Base Deductible for General Services. If deductible does not apply, submit as zero. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	Where ME018 =1	90%	same as APCD	No
ME	95	ME112	Pharmacy Deductible	10/15/10	Integer	DDDDCC	10	10	The annual amount of the member's deductible that is applied to pharmacy before certain prescriptions are covered. If deductible does not apply, submit as zero. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	Where ME019 =1	90%	same as APCD	No

ME	96	ME113	Medical and Pharmacy Deductible	10/15/10	Integer	DDDDCC	10	10	The annual amount of the member's deductible that is applied to services before certain medical services and prescriptions are covered. This field should be filled in when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two. If deductible does not apply, submit as zero. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	Where ME018 and ME019 =1	90%	same as APCD	No
ME	97	ME114	Behavioral Health Deductible	10/15/10	Integer	DDDDCC	10	10	The annual amount of the member's deductible that is applied to behavioral health services before certain behavioral health services are covered. If deductible does not apply, submit as zero. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	Where ME051 = 1	90%	same as APCD	No
ME	98	ME115	Dental Deductible	10/15/10	Integer	DDDDCC	10	10	The annual amount of the member's deductible that is applied to dental services before certain dental services are covered. If deductible does not apply, submit as zero. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	Where ME020 = 1	90%	same as APCD	No
ME	99	ME116	Vision Deductible	10/15/10	Integer	DDDDCC	10	10	The annual amount of the member's deductible that is applied to vision services before certain vision services are covered. If deductible does not apply, submit as zero. Code zero cents (00) where applicable. Example: 150.00 will be reported as 15000.	Where ME118 = 1	90%	same as APCD	No
ME	100	ME117	CarrierSpecificUniqueSubscriberID	06/24/10	Text		20	20	This is the number the carrier uses internally to uniquely identify the subscriber. This field will be encrypted upon intake.	All	100%	same as APCD	Yes
ME	101	ME118	Vision Benefit	06/30/10	Integer	tlkpFlagIndicators	1	1	1 = Yes, Vision is a covered benefit.	All	100%	same as APCD	No
ME	102	ME899	Record Type	06/24/10	Text	ME	2	2	This must be reported as ME here. This is an indicator that defines the type of file and the data contained within the file. This must match the File Type reported in HD004.	All	100%	same as APCD	No
TR-ME	1	TR001	Record Type	06/24/10	Text	TR	2	2	This must be reported as TR here	All	100%	same as APCD	No
TR-ME	2	TR002	Payer	06/24/10	Text		8	8	Payer submitting payments; Council Submitter Code	All	100%	same as APCD	No



TR-ME	3	TR003	National Plan ID	06/24/10	Text		30	30	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	All	100%	same as APCD	No
TR-ME	4	TR004	Type of File	06/24/10	Text	ME	2	2	This must have ME reported here	All	100%	same as APCD	No
TR-ME	5	TR005	Period Beginning Date	06/24/10	Date Period	CCYYMM	6	6	This is the start date period of the reported period in the submission file. This date period must match the date period reported in HD005	All	100%	same as APCD	No
TR-ME	6	TR006	Period Ending Date	06/24/10	Date Period	CCYYMM	6	6	This is the end date period of the reported period in the submission file; if the period reported is a single month of the same year then Period Begin Date and Period End Date will be the same date. This date period must match the date period reported in HD006	All	100%	same as APCD	No
TR-ME	7	TR007	Date Processed	06/24/10	Date	CCYYMMDD	8	8	This is the date that the submission was processed by the carrier for submission	All	100%	same as APCD	No

## Appendix B – Lookup Tables by Element

File	Col	Element	Data Element Name	Date Active (version)	Type	Type Description	Revised Length	Format	Description	Element Submission Guideline	Required When	APCD Threshold	APCD - GIC Carrier Threshold
ME	3	ME003	Insurance Type Code/Product	10/20/10	Text	Lookup Table	2	tlkpInsuranceTypeCode	Type / Product Identification Code	This field indicates the type of product the member has, such as HMO, PPO, POS, Auto Medical, Indemnity, Workers Compensation.	All	96%	Same as APCD
									<b>Insurance Type Code</b>	<b>Insurance Type</b>			
									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)			
									AM	Automobile Medical			
									DS	Disability			
									HM	Health Maintenance Organization			
									HN	HMO Medicare Risk/Medicare Part C			
									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			
									OF	Other Federal Program (e.g. Black Lung)			
									QM	Qualified Medicare Beneficiary			
									SC	Senior Care Option			
									SP	Supplemental Policy			
									TV	Title V			

									VA	Veterans Administration Plan			
									WC	Workers' Compensation			
ME	7	ME007	Coverage Level Code	06/24/10	Text	Lookup Table	3	tlkpCoverageLevel	Benefit Coverage Level Code		All	99%	Same as APCD
									<b>Coverage Level Code</b>	<b>Coverage Level</b>			
									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			
ME	12	ME012	Individual Relationship Code	06/24/10	Integer	Lookup Table	2	tlkpIndividualRelationshipCode	Member/Patient to Subscriber Relationship Code	Indicator to define the Member/Patient's relationship to the Subscriber	All	97%	98%
									<b>Individual Relationship Code</b>	<b>Individual Relationship</b>			
									1	Spouse			
									4	Grandfather or Grandmother			
									5	Grandson or Granddaughter			
									7	Nephew or Niece			
									10	Foster Child			
									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			
									36	Emancipated Minor			

									39	Organ Donor			
									40	Cadaver Donor			
									41	Injured Plaintiff			
									43	Child Where Insured Has No Financial Responsibility			
									53	Life Partner			
									76	Dependent			
ME	13	ME013	Member Gender	06/24/10	Text	Lookup Table	1	tlkpGender	The Member's Gender		All	100%	Same as APCD
									<b>Gender Code</b>	<b>Gender</b>			
									F	Female			
									M	Male			
									O	Other			
									U	Unknown			
ME	18	ME018	Medical Coverage	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicator to refine Product or define Benefit within a Product.	1 = Yes there is Medical Coverage.	All	100%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	19	ME019	Prescription Drug Coverage	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicator to refine Product or define Benefit within a Product.	1 = Yes there is Prescription Coverage.	All	100%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	20	ME020	Dental Coverage	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicator to refine Product or define Benefit within a Product.	1 = Yes there is Dental Coverage.	All	100%	Same as APCD

									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	21	ME021	Race 1	10/20/10	Text	Lookup Table	6	tlkpRace	Member's self disclosed Primary Race	The code value "UNKNOWN" (Unknown/not specified), should be used ONLY when patient/client answers unknown, or refuses to answer. Leave the field null if Carrier does not have the data. I.e. – report only collected data, null represents uncollected information.	All	10%	Same as APCD
									<b>Race Code</b>	<b>Race</b>			
									R1	American Indian/Alaska Native			
									R2	Asian			
									R3	Black/African American			
									R4	Native Hawaiian or other Pacific Islander			
									R5	White			
									R9	Other Race			
									UNKNOWN	Unknown/not specified			
ME	22	ME022	Race 2	10/20/10	Text	Lookup Table	6	tlkpRace	Member's self disclosed Secondary Race	The code value "UNKNOWN" (Unknown/not specified), should be used ONLY when patient/client answers unknown, or refuses to answer. Leave the field null if Carrier does not have the data. I.e. – report only collected data, null represents uncollected information.	All	2%	Same as APCD
									<b>Race Code</b>	<b>Race</b>			
									R1	American Indian/Alaska Native			
									R2	Asian			
									R3	Black/African American			
									R4	Native Hawaiian or other Pacific Islander			
									R5	White			
									R9	Other Race			

									UNKNOWN	Unknown/not specified			
ME	24	ME024	Hispanic Indicator	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicator to define Hispanic status	1 = Yes, Member has indicated Hispanic status.	All	10%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	25	ME025	Ethnicity 1	10/20/10	Text	Lookup Table	6	tlkpEthnicity	Member's self disclosed Primary Ethnicity	The code value "UNKNOWN" (Unknown/not specified), should be used ONLY when patient/client answers unknown, or refuses to answer. Leave the field null if Carrier does not have the data. I.e. – report only collected data, null represents uncollected information.	If Race 1 or Race 2 = Other	10%	Same as APCD
									<b>Ethnicity Code</b>	<b>Ethnicity</b>			
									2182-4	Cuban			
									2184-0	Dominican			
									2148-5	Mexican, Mexican American, Chicano			
									2180-8	Puerto Rican			
									2161-8	Salvadoran			
									2155-0	Central American (not otherwise specified)			
									2165-9	South American (not otherwise specified)			
									2060-2	African			
									2058-6	African American			
									AMERCN	American			
									2028-9	Asian			
									2029-7	Asian Indian			
									BRAZIL	Brazilian			
									2033-9	Cambodian			
									CVERDN	Cape Verdean			
									CARIBI	Caribbean Island			
									2034-7	Chinese			
									2169-1	Columbian			

									2108-9	European			
									2036-2	Filipino			
									2157-6	Guatemalan			
									2071-9	Haitian			
									2158-4	Honduran			
									2039-6	Japanese			
									2040-4	Korean			
									2041-2	Laotian			
									2118-8	Middle Eastern			
									PORTUG	Portuguese			
									RUSSIA	Russian			
									EASTEU	Eastern European			
									2047-9	Vietnamese			
									OTHER	Other Ethnicity			
									UNKNOWN	Unknown/not specified			
ME	26	ME026	Ethnicity 2	10/20/10	Text	Lookup Table	6	tlkpEthnicity	Member's self disclosed Secondary Ethnicity	The code value "UNKNOWN" (Unknown/not specified), should be used ONLY when patient/client answers unknown, or refuses to answer. Leave the field null if Carrier does not have the data. I.e. – report only collected data, null represents uncollected information.	All	2%	Same as APCD
									<b>Ethnicity Code</b>	<b>Ethnicity</b>			
									2182-4	Cuban			
									2184-0	Dominican			
									2148-5	Mexican, Mexican American, Chicano			
									2180-8	Puerto Rican			
									2161-8	Salvadoran			
									2155-0	Central American (not otherwise specified)			
									2165-9	South American (not otherwise specified)			
									2060-2	African			
									2058-6	African American			
									AMERCN	American			
									2028-9	Asian			
									2029-7	Asian Indian			

									BRAZIL	Brazilian			
									2033-9	Cambodian			
									CVERDN	Cape Verdean			
									CARIBI	Caribbean Island			
									2034-7	Chinese			
									2169-1	Columbian			
									2108-9	European			
									2036-2	Filipino			
									2157-6	Guatemalan			
									2071-9	Haitian			
									2158-4	Honduran			
									2039-6	Japanese			
									2040-4	Korean			
									2041-2	Laotian			
									2118-8	Middle Eastern			
									PORTUG	Portuguese			
									RUSSIA	Russian			
									EASTEU	Eastern European			
									2047-9	Vietnamese			
									OTHER	Other Ethnicity			
									UNKNOWN	Unknown/not specified			
ME	28	ME028	Primary Insurance Indicator	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Indicator to define if Insurance is Primary	1 = Yes, Insurance is Primary (Products, Plans or Benefits that only cover Copays, Coinsurance and Deductibles [Gap Coverage] will answer N for No here).	All	80%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	29	ME029	Coverage Type	10/08/10	Text	Lookup Table	3	tlkpCoverageType	Type of Coverage Code	Describes the type of insurance policy the enrollee is covered by	All	90%	98%
									<b>Coverage Type Code</b>	<b>Coverage Type</b>			



									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	ME030	Market Category Code	06/24/10	Text	Lookup Table	4	tlkpMarketCategoryCode	Market Category Code	The market the policy is sold into. See lookup table for definitions and valid values related to size of employer group.	All	95%	Same as APCD
									<b>Market Category Code</b>	<b>Market Category</b>			
									IND	Policies sold and issued directly to individuals (non-group)			
									FCH	Policies sold and issued directly to individuals on a franchise basis			
									GCV	Policies sold and issued directly to individuals as group conversion Policies			
									GS1	Policies sold and issued directly to employers having exactly one employee			
									GS2	Policies sold and issued directly to employers having between two and nine employees			
									GS3	Policies sold and issued directly to employers having between 10 and 25 employees			
									GS4	Policies sold and issued directly to employers having between 26 and 50 employees			
									GLG1	Policies sold and issued directly to employers having between 51 and 99 employees			

									GLG2	Policies sold and issued directly to employers having between 100 and 249 employees			
									GLG3	Policies sold and issued directly to employers having between 250 and 499 employees			
									GLG4	Policies sold and issued directly to employers having 500 or more employees			
									GSA	Policies sold and issued directly to small employers through a qualified association trust			
									OTH	Policies sold to other types of entities. Insurers using this market code shall obtain prior approval.			
ME	31	ME031	Special Coverage	06/24/10	Text	Lookup Table	3	tlkpSpecialCoverageCode	Special Coverage Code	Indicates if the product coverage is related to a health exchange or other non traditional coverage. Valid choices are Commonwealth Care, Health Safety Net or N/A if not applicable.	All	0%	Same as APCD
									<b>Special Coverage Code</b>	<b>Special Coverage</b>			
									CC	Commonwealth Care			
									HSN	Health Safety Net			
									N/A	Not Applicable			
ME	33	ME033	Member language preference	10/14/10	Text	Lookup Table	3	tlkpLanguagePreference	Member's self disclosed verbal language preference	The spoken language preference of the member.	All	10%	Same as APCD
									<b>Language Preference Code</b>	<b>Language Preference</b>			
									600	English			
									601	Cape Verdean Creole			
									607	German			
									619	Italian			
									620	French			
									623	Haitian Creole			
									625	Spanish			
									629	Portuguese			
									637	Greek			
									639	Russian			
									645	Polish			

									656	Persian			
									663	Hindi			
									671	Urdu			
									708	Chinese (Please specify in ME034)			
									723	Japanese			
									724	Korean			
									728	Vietnamese			
									742	Tagalog			
									777	Arabic			
									778	Hebrew			
									799	African (Please specify in ME034)			
									997	Other Language (Please specify in ME034)			
									998	Declined			
									999	Unknown			
ME	35	ME035	Health Care Home Assigned Flag	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Health Care Home Assigned indicator	1 = Yes, Member has an assigned approved medical home for this coverage period.	All	20%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	51	ME051	Behavioral Health Benefit Flag	06/24/10	Integer	Lookup Table	1	tlkpFlagIndicators	Indicates if Behavioral / Mental Health is a covered benefit in the member's eligibility	1 = Yes, Behavioral/Mental Health is a covered benefit.	All	100%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	52	ME052	Laboratory Benefit Flag	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Laboratory Benefits indicator	1 = Yes, Lab is covered benefit.	All	100%	Same as APCD

									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	53	ME053	Disease Management Enrollee Flag	06/24/10	Integer	Lookup Table	1	tlkpFlagIndicators	Chronic Illness Management indicator	1 = Yes, Member's chronic illness is being managed by plan or vendor of plan.	All	100%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	59	ME059	Disability Indicator Flag	06/24/10	Integer	Lookup Table	1	tlkpFlagIndicators	Disability Identifier	1 = Yes, Member is on disability.	All	100%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
M E	6 0	ME060	Employment Status	10/14/10	Text	Lookup Table	1	tlkpEmploymentStatus	Employment Status Code	Describes the employment status of the member. This field is required for GIC carriers only. Sample choices include active, retired, leave - see lookup for full list of values.	All	100%	Same as APCD
									<b>Employment Status Code</b>	<b>Employment Status</b>			
									A	Active			
									I	Involuntary Leave			
									O	Orphan			
									P	Pending			
									R	Retiree			
									U	Unknown			
									Z	Unemployed			

M E	6 1	ME06 1	Student Status	06/24/ 10	Text	Lookup Table	1	tlkpFlagIndicat ors	Student Status Indicator	1 = Yes, Member is a student.	All	100%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	62	ME062	Marital Status	10/14/10	Text	Lookup Table	1	tlkpMaritalStatus	Marital Status Code	Shows marital status of member.	All	100%	Same as APCD
									<b>Marital Status Code</b>	<b>Marital Status</b>			
									S	Never Married			
									M	Married			
									X	Legally Separated			
									D	Divorced			
									U	Unknown			
									W	Widowed			
M E	6 3	ME06 3	Benefit Status	10/14/ 10	Text	Lookup Table	1	tlkpBenefitStat us	Benefit Status Code	Determines status of benefits for employee	All	100%	Same as APCD
									<b>Benefit Status Code</b>	<b>Benefit Status</b>			
									A	Active			
									C	COBRA			
									S	Surviving Insured			
									T	TEFRA			
									U	Unknown			
M E	6 4	ME06 4	Employee Type	10/14/ 10	Text	Lookup Table	1	tlkpEmployeeT ype	Employee Type Code	The type of employee choices include (e.g.: hourly, salaried, temp). See lookup	All	100%	Same as APCD
									<b>Employee Type Code</b>	<b>Employee Type</b>			
									H	Hourly			
									S	Salaried			
									T	Temporary			
									U	Unknown			
M E	6 6	ME06 6	COBRA Status	06/24/ 10	Inte ger	Lookup Table	1	tlkpFlagIndicat ors	COBRA usage indicator	1 = Yes, Member is covered using COBRA benefit.	All	80%	98%

									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	71	ME071	Pool Indicator	10/14/10	Text	Lookup Table	2	tlkpPoolIndicator	Pool Indicator Code	This field is required for GIC carriers only. Non GIC carriers should fill with Null Values. Indicates which of 2 risk pools a member falls into. 1=Regular State Employees and Retirees, plus local authorities. 2= Elderly Governmental Retirees (EGR) and Retired Municipal Teachers (RMTs)	All	0%	98%
									<b>Pool Indicator Code</b>	<b>Pool Indicator</b>			
									1	Regular State Employees and Retirees, plus local authorities			
									2	Elderly Governmental Retirees (EGR) and Retired Municipal Teachers (RMTs)			
ME	73	ME073	Fully insured member	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Fully Insured identifier	1 = Yes, Member is fully insured.	All	100%	100%
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			
ME	74	ME074	Interpreter	06/24/10	Text	Lookup Table	1	tlkpFlagIndicators	Interpreter Required indicator	1 = Yes, Member requires an interpreter.	All	100%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			

M E	8 1	ME08 1	Medicare Code	10/03/ 10	Text	Lookup Table	1	tlkpMedicareCo de	Medicare Plan Indicator Code	A code indicating if Medicare coverage applies	All	100%	Same as APCD
									<b>Medicare Code</b>	<b>Medicare Code Description</b>			
									0	No Medicare Coverage			
									1	Part A Only			
									2	Part B Only			
									3	Part A and B			
									4	Part C Only			
									5	Advantage			
									6	Part D Only			
M E	1 0 1	ME11 8	Vision Benefit	06/30/ 10	Inte ger	Lookup Table	1	tlkpFlagIndicat ors	Indicates if Vision Services are a covered benefit in the member's eligibility	1 = Yes, Vision is a covered benefit.	Where ME118 = 1	90%	Same as APCD
									<b>Value</b>	<b>Description</b>			
									1	Yes			
									2	No			
									3	Unknown			
									4	Other			
									5	Not Applicable			

## **Appendix C – External Code Sources**

### **External Code Sources**

#### **1 Countries**

**American National Standards Institute  
11 West 42<sup>nd</sup> Street, 13<sup>th</sup> Floor  
New York, NY 10036**

#### **2 States and Other Areas of the US**

**U.S. Postal Service  
National Information Data Center  
P.O. Box 2977  
Washington, DC 20013**

#### **3 Zip Codes**

**U.S. Postal Service  
Washington, DC 20260**

#### **4 Centers for Medicare and Medicaid Services National Provider Identifier**

**Centers for Medicare and Medicaid Services  
Office of Financial Management  
Division of Provider/Supplier Enrollment  
C4-10-07**



**7500 Security Boulevard  
Baltimore, MD 21244-1850**

**5 International Classification of Diseases Clinical Modification, 9<sup>th</sup> Revision**

**U.S. Government Printing Office  
P.O. Box 371954  
Pittsburgh, PA 15250**

**6 International Classification of Diseases Clinical Modification, 10<sup>th</sup> Revision**

**National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782**

**7 Healthcare Common Procedural Coding System**

**Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MC 21244**

**8 American Dental Association**

**Salable Materials  
American Dental Association  
211 East Chicago Avenue  
Chicago, IL 60611-2678**

**9 Place of Service Codes for Professional Claims**

**Centers for Medicare and Medicaid Services  
CMSO, Mail Stop S2-01-16  
7500 Security Blvd  
Baltimore, MD 21244-1850**

**10 National Uniform Billing Committee (NUBC) Codes**

**National Uniform Billing Committee  
American Hospital Association  
One North Franklin  
Chicago, IL 60606**

**11 Diagnosis Related Group Number (DRG)**

**Superintendent of Documents  
U.S. Government Printing Office  
Washington, DC 20402**

**12 National Drug Code Format**

**Federal Drug Listing Branch HFN-315  
5600 Fishers Lane  
Rockville, MD 20857**

**13 Health Care Provider Taxonomy**

**The National Uniform Claim Committee  
c/o American Medical Association  
515 North State Street  
Chicago, IL 60610**

**14 Claim Adjustment Reason Codes**

**Blue Cross / Blue Shield Association  
Interplan Teleprocessing Services Division  
676 N. St. Clair Street  
Chicago, IL 60611**

**15 North American Industry Classification System (NAICS)**

**National Technical Information Service  
Alexandria, VA 22312**



Division of Health Care Finance and Policy  
Two Boylston Street  
Boston, MA 02116-4737  
Phone: (617) 988-3100  
Fax: (617) 727-7662  
Website: <http://www.mass.gov/dhcfp>

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