**Administrative Bulletin 14-01**

**957 CMR 5.00: Health Care Claims, Case Mix   
and Charge Data Release Procedures**

**Effective January 9, 2014**

The Center for Health Information and Analysis (“Center”) is issuing this Administrative Bulletin in accordance with 957 CMR 5.08(2) to provide notice of the availability for release of 2012 health care claims data from the All-Payer Claims Database (“APCD”), which release shall be known as “Release 2.0.” Additionally, this Administrative Bulletin updates the tables below to reflect new and reclassified data elements.

The data elements in Table A are available to Government Agencies, Providers, Researchers and Qualified Individuals in accordance with the procedures outlined in 957 CMR 5.03, 5.04 and 5.06. The data elements in Table B are available to Government Agencies in accordance with the procedures outlined in 957CMR 5.03 and to Payers, Providers and Provider Organizations in accordance with the procedures outlined in 957 CMR 5.05.

Data elements that will be reclassified as Level 1 (formerly classified as “Public Use”) will be described in a future administrative bulletin.

| **Table A: Level 2 Data Elements** |
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| **Dental Claims File** | |
| --- | --- |
| **Data Element Number** | **Data Element Number** |
| Derived-DC1 | Submission Month |
| Derived-DC2 | Submission Year |
| Derived-DC3 | County of Member |
| Derived-DC4 | County of Service Provider |
| Derived-DC5 | Dental Claim ID |
| Derived-DC6 | Member ZIP code (first 3 digits) |
| Derived-DC7 | Release ID |
| Derived-DC8 | Submission Control ID |
| *Derived-DC9* | *NEW: CHIA Incurred Date (Year and Month only)* |
| *Derived-DC10* | *NEW: Medicaid Indicator* |
| DC001 | Payer |
| *DC002* | *National Plan ID – moved from level 3* |
| DC003 | Dental Insurance Type Code/Product |
| DC004 | Payer Claim Control Number |
| DC005 | Line Counter |
| DC005A | Version Number |
| *DC006* | *Insured Group or Policy Number- moved to level 3* |
| DC011 | Individual Relationship Code |
| DC012 | Member Gender |
| DC013 | Member Birth (Year Only) |
| DC013 | Member Birth Month |
| DC014 | Member City Name |
| DC015 | Member State or Province |
| DC016 | Member ZIP Code |
| DC017 | Date Service Approved (AP Date) |
| DC018 | Service Provider Number |
| DC020 | National Service Provider ID |
| DC021 | Service Provider Entity Type Qualifier |
| DC022 | Service Provider First Name |
| DC023 | Service Provider Middle Name |
| DC024 | Service Provider Last Name or Organization Name |
| DC025 | Delegated Benefit Administrator Organization ID |
| DC026 | Service Provider Specialty (Carrier-Specific Custom Values) |
| DC026 | Service Provider Specialty (Standard Values) |
| DC027 | Service Provider City Name |
| DC028 | Service Provider State |
| DC029 | Service Provider ZIP Code |
| DC030 | Facility Type - Professional |
| DC031 | Claim Status |
| DC032 | CDT Code |
| DC033 | Procedure Modifier - 1 |
| DC034 | Procedure Modifier - 2 |
| DC035 | Date of Service - From |
| DC036 | Date of Service - Thru |
| DC037 | Charge Amount |
| DC038 | Paid Amount |
| DC039 | Copay Amount |
| DC040 | Coinsurance Amount |
| DC041 | Deductible Amount |
| DC042 | Product ID Number |
| DC045 | Paid Date |
| DC046 | Allowed Amount |
| DC047 | Tooth Number/Letter |
| DC048 | Dental Quadrant |
| DC049 | Tooth Surface |
| DC056 | CarrierSpecificUniqueMemberID |
| DC057 | CarrierSpecificUniqueSubscriberID |
| DC059 | Claim Line Type |
| *DC060* | *Former Claim Number – moved from level 3* |

| **Medical Claims File** | |
| --- | --- |
| **Data Element Number** | **Data Element Name** |
| Derived-MC1 | Submission Month |
| Derived-MC2 | Submission Year |
| Derived-MC3 | County of Member |
| Derived-MC4 | County of Service Provider |
| Derived-MC5 | Medical Claim ID |
| Derived-MC6 | Member ZIP code (first 3 digits) |
| Derived-MC7 | Release ID |
| Derived-MC8 | Submission Control ID |
| *Derived-MC9* | *NEW: CHIA Incurred Date (Year and Month Only)* |
| *Derived-MC10* | *NEW: Highest Version Flag – Added for seven carriers* |
| *Derived-MC11* | *NEW: Substance Abuse Indicator* |
| *Derived-MC12* | *NEW: Medicaid Indicator* |
| MC001 | Payer |
| *MC002* | *National Plan ID – moved from level 3* |
| MC003 | Insurance Type Code/Product |
| MC004 | Payer Claim Control Number |
| MC005 | Line Counter |
| MC005A | Version Number |
| *MC006* | *Insured Group or Policy Number – moved to level 3* |
| MC011 | Individual Relationship Code |
| MC012 | Member Gender |
| MC013 | Member Birth (Month Only) |
| MC013 | Member Birth (Year Only) |
| MC014 | Member City Name |
| MC015 | Member State or Province |
| MC016 | Member ZIP Code |
| MC017 | Date Service Approved (AP Date) |
| MC018 | Admission Date |
| MC018 | Admission Month |
| MC018 | Admission Year |
| MC019 | Admission Hour |
| MC020 | Admission Type |
| MC021 | Admission Source |
| MC022 | Discharge Hour |
| MC023 | Discharge Status |
| MC024 | Service Provider Number |
| MC026 | National Service Provider ID |
| MC027 | Service Provider Entity Type Qualifier |
| MC028 | Service Provider First Name |
| MC029 | Service Provider Middle Name |
| MC030 | Servicing Provider Last Name or Organization Name |
| MC031 | Service Provider Suffix |
| MC032 | Service Provider Specialty (Carrier-Specific Custom Values) |
| MC032 | Service Provider Specialty (Standard Values) |
| MC033 | Service Provider City Name |
| MC034 | Service Provider State |
| MC035 | Service Provider ZIP Code |
| MC036 | Type of Bill - on Facility Claims |
| MC037 | Site of Service - on NSF/CMS 1500 Claims |
| MC038 | Claim Status |
| MC039 | Admitting Diagnosis |
| MC040 | E-Code |
| MC041 | Principal Diagnosis |
| MC042 | Other Diagnosis - 1 |
| MC043 | Other Diagnosis - 2 |
| MC044 | Other Diagnosis - 3 |
| MC045 | Other Diagnosis - 4 |
| MC046 | Other Diagnosis - 5 |
| MC047 | Other Diagnosis - 6 |
| MC048 | Other Diagnosis - 7 |
| MC049 | Other Diagnosis - 8 |
| MC050 | Other Diagnosis - 9 |
| MC051 | Other Diagnosis - 10 |
| MC052 | Other Diagnosis - 11 |
| MC053 | Other Diagnosis - 12 |
| MC054 | Revenue Code |
| MC055 | Procedure Code |
| MC056 | Procedure Modifier - 1 |
| MC057 | Procedure Modifier - 2 |
| MC058 | ICD9-CM Procedure Code |
| MC059 | Date of Service - From |
| MC059 | Date of Service - From (Month Only) |
| MC059 | Date of Service - From (Year Only) |
| MC060 | Date of Service - To |
| MC060 | Date of Service - To (Year Only) |
| MC060 | Date of Service - To (Month Only) |
| MC061 | Quantity |
| MC062 | Charge Amount |
| MC063 | Paid Amount |
| MC064 | Prepaid Amount |
| MC065 | Copay Amount |
| MC066 | Coinsurance Amount |
| MC067 | Deductible Amount |
| MC068 | Patient Control Number |
| MC069 | Discharge Date |
| MC069 | Discharge Month |
| MC069 | Discharge Year |
| MC070 | Service Provider Country Code |
| MC071 | DRG |
| MC072 | DRG Version |
| MC073 | APC |
| MC074 | APC Version |
| MC075 | Drug Code |
| MC076 | Billing Provider Number |
| MC077 | National Billing Provider ID |
| MC078 | Billing Provider Last Name or Organization Name |
| MC079 | Product ID Number |
| MC080 | Reason for Adjustment (Carrier-Specific Custom Values) |
| MC080 | Reason for Adjustment (Standard Values) |
| MC081 | Capitated Encounter Flag |
| MC083 | Other ICD-9-CM Procedure Code - 1 |
| MC084 | Other ICD-9-CM Procedure Code - 2 |
| MC085 | Other ICD-9-CM Procedure Code - 3 |
| MC086 | Other ICD-9-CM Procedure Code - 4 |
| MC087 | Other ICD-9-CM Procedure Code - 5 |
| MC088 | Other ICD-9-CM Procedure Code - 6 |
| MC089 | Paid Date |
| *MC090* | *LOINC Code –moved to level 3* |
| MC092 | Covered Days |
| MC093 | Non Covered Days |
| MC094 | Type of Claim |
| MC095 | Coordination of Benefits/TPL Liability Amount |
| MC096 | Other Insurance Paid Amount |
| MC097 | Medicare Paid Amount |
| MC098 | Allowed amount |
| MC099 | Non-Covered Amount |
| MC100 | Delegated Benefit Administrator Organization ID |
| MC108 | Procedure Modifier - 3 |
| MC109 | Procedure Modifier - 4 |
| MC110 | Claim Processed Date |
| MC111 | Diagnostic Pointer |
| MC112 | Referring Provider ID |
| MC113 | Payment Arrangement Type |
| MC114 | Excluded Expenses |
| MC115 | Medicare Indicator |
| MC116 | Withhold Amount |
| MC117 | Authorization Needed |
| MC118 | Referral Indicator |
| MC119 | PCP Indicator |
| MC120 | DRG Level |
| MC122 | Global Payment Flag |
| MC123 | Denied Flag |
| MC124 | Denial Reason (Carrier-Specific Custom Values) |
| MC124 | Denial Reason (Standard Values) |
| MC125 | Attending Provider |
| MC126 | Accident Indicator |
| MC127 | Family Planning Indicator |
| MC128 | Employment Related Indicator |
| MC129 | EPSDT Indicator |
| MC130 | Procedure Code Type |
| MC131 | InNetwork Indicator |
| MC132 | Service Class |
| MC134 | Plan Rendering Provider Identifier |
| MC135 | Provider Location |
| MC136 | Discharge Diagnosis |
| MC137 | CarrierSpecificUniqueMemberID |
| MC138 | Claim Line Type |
| *MC139* | *Former Claim Number moved from level 3* |
| MC141 | CarrierSpecificUniqueSubscriberID |

| **Member Eligibility File** | |
| --- | --- |
| **Data Element Number** | **Data Element Name** |
| Derived-ME1 | Submission Month |
| Derived-ME2 | Submission Year |
| Derived-ME3 | County of Member |
| Derived-ME4 | County of Subscriber |
| Derived-ME5 | Member Eligibility ID |
| Derived-ME6 | Member ZIP code (first 3 digits) |
| Derived-ME7 | Release ID |
| Derived-ME8 | Submission Control ID |
| Derived-ME9 | Subscriber ZIP code (first 3 digits) |
| *Derived-ME10* | *NEW: CHIA Incurred Date (Year and Month Only)* |
| *Derived-ME11* | *NEW: Medicaid Indicator* |
| ME001 | Payer |
| *ME002* | *National Plan ID- moved from level 3* |
| ME003 | Insurance Type Code/Product |
| *ME004* | *Year- moved from level 3* |
| *ME005* | *Month- moved from level 3* |
| *ME006* | *Insured Group or Policy Number- moved to level 3* |
| ME007 | Coverage Level Code |
| ME012 | Individual Relationship Code |
| ME013 | Member Gender |
| ME014 | Member Birth (Month Only) |
| ME014 | Member Birth (Year Only) |
| ME015 | Member City Name |
| ME016 | Member State or Province |
| ME017 | Member ZIP Code |
| ME018 | Medical Coverage |
| ME019 | Prescription Drug Coverage |
| ME020 | Dental Coverage |
| ME021 | Race 1 |
| ME022 | Race 2 |
| ME023 | Other Race |
| ME024 | Hispanic Indicator |
| ME025 | Ethnicity 1 |
| ME026 | Ethnicity 2 |
| ME027 | Other Ethnicity |
| ME028 | Primary Insurance Indicator |
| ME029 | Coverage Type |
| ME030 | Market Category Code |
| ME031 | Special Coverage |
| *ME032* | *Group Name- moved to level 3* |
| ME033 | Member language preference |
| ME034 | Member language preference -Other |
| ME035 | Health Care Home Assigned Flag |
| ME036 | Health Care Home Number |
| ME038 | Health Care Home National Provider ID |
| ME039 | Health Care Home Name |
| ME040 | Product ID Number |
| ME041 | Product Enrollment Start Date |
| ME042 | Product Enrollment End Date |
| ME046 | Member PCP ID |
| ME047 | Member PCP Effective Date |
| ME048 | Member PCP Termination Date |
| ME049 | Member Deductible |
| ME050 | Member Deductible Used |
| ME051 | Behavioral Health Benefit Flag |
| ME052 | Laboratory Benefit Flag |
| ME053 | Disease Management Enrollee Flag |
| ME059 | Disability Indicator Flag |
| ME061 | Student Status |
| ME062 | Marital Status |
| ME063 | Benefit Status |
| ME064 | Employee Type |
| ME066 | COBRA Status |
| ME073 | Fully insured member |
| ME074 | Interpreter |
| *ME075* | *NewMMISID – moved to level 3* |
| *ME076* | *Member rating category- moved to level 3* |
| ME077 | Members SIC Code |
| *ME080* | *Recipient Historical Number (MassHealth only)- level 3* |
| ME081 | Medicare Code |
| ME107 | CarrierSpecificUniqueMemberID |
| ME108 | Subscriber City Name |
| ME109 | Subscriber State or Province |
| ME110 | Subscriber ZIP Code |
| ME111 | Medical Deductible |
| ME112 | Pharmacy Deductible |
| ME113 | Medical and Pharmacy Deductible |
| ME114 | Behavioral Health Deductible |
| ME115 | Dental Deductible |
| ME116 | Vision Deductible |
| ME117 | CarrierSpecificUniqueSubscriberID |
| ME118 | Vision Benefit |

| **Pharmacy Claims File** | |
| --- | --- |
| **Data Element Number** | **Data Element Name** |
| Derived-PC1 | Submission Month |
| Derived-PC2 | Submission Year |
| Derived-PC3 | County of Member |
| Derived-PC4 | County of Pharmacy Location City |
| Derived-PC5 | County of Prescribing Physician |
| Derived-PC6 | Member ZIP code (first 3 digits) |
| Derived-PC7 | Pharmacy Claim ID |
| Derived-PC8 | Release ID |
| Derived-PC9 | Submission Control ID |
| *Derived-PC10* | *NEW: CHIA Incurred Date (Yearn and Month Only)* |
| *Derived-PC11* | *NEW: Medicaid Indicator* |
| PC001 | Payer |
| *PC002* | *National Plan ID – moved from level 3* |
| PC003 | Insurance Type Code/Product |
| PC004 | Payer Claim Control Number |
| PC005 | Line Counter |
| PC005A | Version Number |
| *PC006* | *Insured Group or Policy Number- moved to level 3* |
| PC011 | Individual Relationship Code |
| PC012 | Member Gender |
| PC013 | Member Birth (Month Only) |
| PC013 | Member Birth (Year Only) |
| PC014 | Member City Name of Residence |
| PC015 | Member State |
| PC016 | Member ZIP Code |
| PC017 | Date Service Approved (AP Date) |
| PC018 | Pharmacy Number |
| PC020 | Pharmacy Name |
| PC021 | National Pharmacy ID Number |
| PC022 | Pharmacy Location City |
| PC023 | Pharmacy Location State |
| PC024 | Pharmacy ZIP Code |
| PC024A | Pharmacy Country Code |
| PC025 | Claim Status |
| PC026 | Drug Code |
| PC027 | Drug Name |
| PC028 | New Prescription or Refill |
| PC029 | Generic Drug Indicator |
| PC030 | Dispense as Written Code |
| PC031 | Compound Drug Indicator |
| PC032 | Date Prescription Filled |
| PC032 | Date Prescription Filled (Year Only) |
| PC032 | Date Prescription Filled (Month Only) |
| PC033 | Quantity Dispensed |
| PC034 | Days Supply |
| PC035 | Charge Amount |
| PC036 | Paid Amount |
| PC037 | Ingredient Cost/List Price |
| PC038 | Postage Amount Claimed |
| PC039 | Dispensing Fee |
| PC040 | Copay Amount |
| PC041 | Coinsurance Amount |
| PC042 | Deductible Amount |
| PC043 | Prescribing ProviderID |
| PC044 | Prescribing Physician First Name |
| PC045 | Prescribing Physician Middle Name |
| PC046 | Prescribing Physician Last Name |
| PC048 | Prescribing Physician NPI - National Provider ID |
| PC049 | Prescribing Physician Plan Number |
| PC050 | Prescribing Physician License Number |
| PC051 | Prescribing Physician Street Address |
| PC052 | Prescribing Physician Street Address 2 |
| PC053 | Prescribing Physician City |
| PC054 | Prescribing Physician State |
| PC055 | Prescribing Physician Zip |
| PC056 | Product ID Number |
| PC057 | Mail Order pharmacy |
| PC058 | Script number |
| PC059 | Recipient PCP ID |
| PC060 | Single/Multiple Source Indicator |
| PC063 | Paid Date |
| PC064 | Date Prescription Written |
| PC064 | Date Prescription Written (Year Only) |
| PC064 | Date Prescription Written (Month Only) |
| PC066 | Other Insurance Paid Amount |
| PC068 | Allowed amount |
| PC069 | Member Self Pay Amount |
| PC070 | Rebate Indicator |
| PC071 | State Sales Tax |
| PC072 | Delegated Benefit Administrator Organization ID |
| PC073 | Formulary Code |
| PC074 | Route of Administration |
| PC075 | Drug Unit of Measure |
| PC107 | CarrierSpecificUniqueMemberID |
| PC108 | CarrierSpecificUniqueSubscriberID |
| PC110 | Claim Line Type |
| *PC111* | *Former Claim Number – moved from level 3* |

| **Product File** | |
| --- | --- |
| **Data Element Number** | **Data Element Name** |
| Derived-PR1 | Release ID |
| HD002 | Payer |
| *Derived-PR2* | *NEW: CHIA Incurred Date (Year and Month Only)* |
| *Derived-PR3* | *NEW: Medicaid Indicator* |
| *PR002* | *Product Name – moved to level 3* |
| PR003 | Carrier License Type |
| PR004 | Product Line of Business Model |
| PR005 | Insurance Plan Market |
| PR006 | Product Benefit Type |
| *PR007* | *Other Product Benefit Description – moved to level 3* |
| PR008 | Risk Type |
| PR009 | Product Start Date |
| PR010 | Product End Date |
| PR011 | Product Active Flag |
| PR012 | Annual Per Person Deductible Code |
| PR013 | Annual Per Family Deductible Code |
| PR014 | Coordinated Care model |

| **Provider File** | |
| --- | --- |
| **Data Element Number** | **Data Element Name** |
| Derived-PV1 | County of Provider |
| Derived-PV2 | County of Provider Mailing Address |
| Derived-PV3 | Release ID |
| *Derived-PV4* | *NEW: CHIA Incurred Date (Year and Month Only)* |
| *Derived-PV5* | *NEW: Medicaid Indicator* |
| PV001 | Payer |
| PV006 | License Id |
| PV007 | Medicaid Id |
| PV008 | Last Name |
| PV009 | First Name |
| PV010 | Middle Initial |
| PV011 | Suffix |
| PV012 | Entity Name |
| PV013 | Entity Code |
| PV014 | Gender Code |
| PV015 | Provider DOB (Year Only) |
| PV016 | Street Address1 Name |
| PV017 | Street Address2 Name |
| PV018 | City Name |
| PV019 | State Code |
| PV020 | Country Code |
| PV021 | Zip Code |
| PV022 | Taxonomy |
| PV023 | Mailing Street Address1 Name |
| PV024 | Mailing Street Address2 Name |
| PV025 | Mailing City Name |
| PV026 | Mailing State Code |
| PV027 | Mailing Country Code |
| PV028 | Mailing Zip Code |
| PV029 | Provider Type Code |
| PV030 | Primary Specialty Code (Carrier-Specific Custom Values) |
| PV030 | Primary Specialty Code (Standard Values) |
| PV034 | ProviderIDCode |
| PV036 | Medicare Id |
| PV037 | Begin Date |
| PV038 | End Date |
| PV039 | National Provider ID |
| PV040 | National Provider2 ID |
| PV042 | Secondary Specialty2 Code (Carrier-Specific Custom Values) |
| PV042 | Secondary Specialty2 Code (Standard Values) |
| PV043 | Secondary Specialty3 Code (Carrier-Specific Custom Values) |
| PV043 | Secondary Specialty3 Code (Standard Values) |
| PV044 | Secondary Specialty4 Code (Carrier-Specific Custom Values) |
| PV044 | Secondary Specialty4 Code (Standard Values) |
| PV045 | P4PFlag |
| PV046 | NonClaimsFlag |
| PV047 | Uses Electronic Medical Records |
| PV048 | EMR Vendor |
| PV049 | Accepting New Patients |
| PV050 | Offers e-Visits |
| PV052 | Has multiple offices |
| PV054 | Medical/Healthcare Home ID |
| PV055 | PCP Flag |
| PV056 | Provider Affiliation |
| PV057 | Provider Telephone |
| PV058 | Delegated Provider Record Flag |
| PV060 | Office Type |
| PV061 | Prescribing Provider |
| PV062 | Provider Affiliation Start Date |
| PV063 | Provider Affiliation End Date |
| PV064 | PPO Indicator |

**Table B: Level 3 Data Elements**

|  |  |
| --- | --- |
| **Dental Claims File** | |
| **Data Element Number** | **Data Element Name** |
| Derived-DC5 | Dental Claim ID |
| Derived-DC7 | Release ID |
| Derived-DC8 | Submission Control ID |
| *DC002* | *National Plan ID- changed to level 2* |
| *DC006* | *Insured Group or Policy Number – moved from level 2* |
| DC007 | Subscriber SSN |
| DC008 | Plan Specific Contract Number |
| DC009 | Member Suffix or Sequence Number |
| DC010 | Member Identification Code |
| DC013 | Member Date of Birth |
| DC019 | Service Provider Tax ID Number |
| DC043 | Member Street Address |
| DC044 | Billing Provider Tax ID Number |
| DC050 | Subscriber Last Name |
| DC051 | Subscriber First Name |
| DC052 | Subscriber Middle Initial |
| DC053 | Member Last Name |
| DC054 | Member First Name |
| DC055 | Member Middle Initial |
| DC058 | Member Address 2 |
| *DC060* | *Former Claim Number – moved to level 2* |

| **Medical Claims File** | |
| --- | --- |
| **Data Element Number** | **Data Element Name** |
| Derived-MC5 | Medical Claim ID |
| Derived-MC7 | Release ID |
| Derived-MC8 | Submission Control ID |
| *MC002* | *National Plan ID –moved to level 2* |
| *MC006* | *Insured Group or Policy Number – moved from level 2* |
| MC007 | Subscriber SSN |
| MC008 | Plan Specific Contract Number |
| MC009 | Member Suffix or Sequence Number |
| MC010 | Member SSN |
| MC013 | Member Date of Birth |
| MC025 | Service Provider Tax ID Number |
| MC082 | Member Street Address |
| *MC090* | *LOINC Code – moved from level 2* |
| MC101 | Subscriber Last Name |
| MC102 | Subscriber First Name |
| MC103 | Subscriber Middle Initial |
| MC104 | Member Last Name |
| MC105 | Member First Name |
| MC106 | Member Middle Initial |
| *MC139* | *Former Claim Number – moved to level 2* |
| MC140 | Member Address 2 |
|  |  |

|  |  |
| --- | --- |
| **Member Eligibility File** | |
| **Data Element Number** | **Data Element Name** |
| Derived-ME5 | Member Eligibility ID |
| Derived-ME7 | Release ID |
| Derived-ME8 | Submission Control ID |
| Not Available | Geocoded Member Address |
| *ME002* | *National Plan ID- moved to level 2* |
| *ME004* | *Year -moved to level 2* |
| *ME005* | *Month -moved to level 2* |
| *ME006* | *Insured Group or Policy Number- moved from level 2* |
| ME008 | Subscriber Unique Identification Number |
| ME009 | Plan Specific Contract Number |
| ME010 | Member Suffix or Sequence Number |
| ME011 | Member Identification Code |
| ME014 | Member Date of Birth |
| *ME032* | *Group Name –moved from level 2* |
| ME037 | Health Care Home Tax ID Number |
| ME043 | Member Street Address |
| ME044 | Member Address 2 |
| ME054 | Eligibility Determination Date - GIC Only |
| ME056 | Last Activity Date - GIC Only |
| ME057 | Member Date of Death - GIC Only |
| ME057 | Member Year of Death |
| ME058 | Subscriber Street Address |
| ME060 | Employment Status - GIC Only |
| ME065 | Date of Retirement - GIC Only |
| ME067 | Spouse Plan Type - GIC Only |
| ME068 | Spouse Plan - GIC Only |
| ME069 | Spouse Medical Coverage - GIC Only |
| ME070 | Spouse Medicare Indicator - GIC Only |
| ME071 | Pool Indicator - GIC Only |
| *ME075* | *NewMMISID – moved from level 2* |
| *ME076* | *Member rating category – moved from level 2* |
| ME079 | Recipient Identification Number (MassHealth only) |
| *ME080* | *Recipient Historical Number (MassHealth only)- from 2* |
| ME082 | Employer Name |
| ME083 | Employer EIN |
| ME101 | Subscriber Last Name |
| ME102 | Subscriber First Name |
| ME103 | Subscriber Middle Initial |
| ME104 | Member Last Name |
| ME105 | Member First Name |
| ME106 | Member Middle Initial |

|  |  |
| --- | --- |
| **Pharmacy Claims File** | |
| **Data Element Number** | **Data Element Name** |
| Derived-PC7 | Pharmacy Claim ID |
| Derived-PC8 | Release ID |
| Derived-PC9 | Submission Control ID |
| *PC002* | *National Plan ID- moved to level 2* |
| *PC006* | *Insured Group or Policy Number – moved from level 2* |
| PC007 | Subscriber SSN |
| PC008 | Plan Specific Contract Number |
| PC009 | Member Suffix or Sequence Number |
| PC010 | Member SSN |
| PC013 | Member Date of Birth |
| PC019 | Pharmacy Tax ID Number |
| PC047 | Prescribing Physician DEA Number |
| PC061 | Member Street Address |
| PC062 | Billing Provider Tax ID Number |
| PC065 | Coordination of Benefits/TPL Liability Amount - GIC Only |
| PC067 | Medicare Paid Amount - GIC Only |
| PC101 | Subscriber Last Name |
| PC102 | Subscriber First Name |
| PC103 | Subscriber Middle Initial |
| PC104 | Member Last Name |
| PC105 | Member First Name |
| PC106 | Member Middle Initial |
| PC109 | Member Street Address 2 |
| *PC111* | *Former Claim Number – moved to level 2* |

|  |  |
| --- | --- |
| **Product File** | |
| **Data Element Number** | **Data Element Name** |
| Derived-PR1 | Release ID |
| PR001 | Product ID Number |
| *PR002* | *Product Name –moved from level 2* |
| *PR007* | *Other Product Benefit Description – moved from level 2* |

|  |  |
| --- | --- |
| **Provider File** | |
| **Data Element Number** | **Data Element Name** |
| Derived-PV3 | Release ID |
| PV002 | Plan Provider ID |
| PV003 | Tax Id |
| PV004 | UPIN Id - GIC Only |
| PV005 | DEA ID |
| PV015 | Provider DOB Date |
| PV035 | SSN Id |
| PV041 | GIC Provider Link ID |