The Commonwealth of Massachusetts
Center for Health Information and Analysis

The Massachusetts All-Payer Claims Database

Member Eligibility File Submission Guide

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Commonwealth of Massachusetts

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Revision History

Date	Version	Description	Author
12/1/2012	**3.0**	Administrative Bulletin 12-01; issued 11/8/2012	**M. Prettenhofer**
1/4/2013	**3.1**	New Data Elements section: added ME045 (MA Exchange Flag); ME055 (Business Type Code); ME072 (Family Size); ME078 (Employer Zip)	**H. Hines**
5/31/2013	**3.1**	• Updated 'Non-Massachusetts Resident' section • Updated HD009 • Element~~s~~ ME119 changed to Filler • Revised ME045, ME120, ME121, ME124-ME132 • ME121 (Metal Level): Added option (5) Catastrophic • ME134 (APCD Id Code): Added option (6) ICO – Integrated Care Organization	**H. Hines**
5/31/13	**3.1**	• Updated reference wording ME035 – ME039	**K. Hines**
10/2014	**4.0**	• Administrative Bulletin 14-08	**K. Hines**
2/2016	**5.0**	• Administrative Bulletin 16-03	**K. Hines**
2/2016	**5.0**	• Update APCD Version Number – HD009 – to 5.0	**K. Hines**
2/2016	**5.0**	• Add ConnectorCare to ME031	**K. Hines**
2/2016	**5.0**	• Update threshold on ME046	**K. Hines**
2/2016	**5.0**	• Add clarifying language to fields	**K. Hines**
2/2016	**5.0**	• Update Cover Sheet, CHIA website and address	**K. Hines**
2/2017	**6.0**	• Initial 6.0 updates	**K. Hines**
2/2019	**2019**	• 2019 Updates	**P. Smith**
2/2020	**2019 R1.0**	• ME131 – updated Element Submission Guideline	**P. Smith**

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

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

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

957 CMR 8.00: APCD and Case Mix Data Submission

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

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

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

Patient Identifying Information

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

Acronyms Frequently Used

APCD – All-Payer Claims Database

CHIA – Center for Health Information and Analysis

CSO – Computer Services Organization

DBA – Delegated Benefit Administrator

DBM – Dental Benefit Manager

DOI – Division of Insurance

GIC – Group Insurance Commission

ID – Identification; Identifier

MA APCD – Massachusetts' All-Payer Claims Database

NPI – National Provider Identifier

PBM – Pharmacy Benefit Manager

QA – Quality Assurance

RA – Risk Adjustment; Risk Adjuster

RACP– Risk Adjustment Covered Plan

TME / RP – Total Medical Expense / Relative Pricing

TPA – Third Party Administrator

The File Types:

DC – Dental Claims

MC – Medical Claims

ME – Member Eligibility

PC – Pharmacy Claims

PR – Product File

PV – Provider File

BP – Benefit Plan Control Total File

The MA APCD Monthly Member Eligibility File

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

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

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

Below are additional details and clarifications:

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

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

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

Types of Data collected in the Member Eligibility File

Subscriber / Member Information

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

Non-Massachusetts Resident

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

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

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

Demographics

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

Coverage Indicators

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

Provider Identifiers

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

Dates

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

Total Medical Expenses (TME) Reporting

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

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

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

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

Table 1: Benefit Plan Contract ID and corresponding Actuarial Value for Commonwealth Care and Medical Security coverage programs

Commonwealth Care

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

Medical Security Plan (MSP)

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

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

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

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

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

File Guideline and Layout

Legend

1. File: Identifies the file per element as well as the Header and Trailer Records that repeat on all MA APCD File Types. Headers and Trailers are Mandatory as a whole, with just a few elements allowing situational reporting.
2. Col: Identifies the column the data resides in when reported
3. Elmt: This is the number of the element in regards to the file type
4. Data Element Name: Provides identification of basic data required
5. Date Modified: Identifies the last date that an element was adjusted
6. Type: Defines the data as Decimal, Integer, Numeric or Text. Additional information provided for identification, e.g., Date Period – Integer
7. Type Description: Used to group like-items together for quick identification
8. Format / Length: Defines both the reporting length and element min/max requirements. See below:
    a. char[n] – this is a fixed length element of [n] characters, cannot report below or above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
    b. varchar[n] – this is a variable length field of max [n] characters, cannot report above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
    c. int[n] – this is a fixed type and length element of [n] for numeric reporting only. This cannot be anything but numeric with no decimal points or leading zeros.

    The plus/minus symbol (±) in front on any of the Formats above indicate that a negative can be submitted in the element under specific conditions. **Example:** When the Claim Line Type (MC138) = V (void) or B (backout) then certain claim values can be negative.
9. Description: Short description that defines the data expected in the element
10. Element Submission Guideline: Provides detailed information regarding the data required as well as constraints, exceptions and examples.
11. Condition: Provides the condition for reporting the given data
12. %: Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.
13. Cat: Provides the category or tiering of elements and reporting margins where applicable. 'A' level fields must meet their APCD threshold percentage in order for a file to pass. The other categories (B, C, Z) are also monitored but will not cause a file to fail. Header and Trailer

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

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

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

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

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

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

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

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
ME	1	ME 001	Submitter	11/8/12	Integer	ID Submitter	varchar[6]	CHIA defined and maintained unique identifier	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002	All	100%	A0
ME	2	ME 002	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans	All	0%	Z
ME	3	ME 003	Insurance Type Code/Product	2/2019	Lookup Table - Text	tlkpInsurance TypeCode	char[2]	Type / Product Identification Code	Report the code that defines the type of insurance under which this member's eligibility is maintained. **EXAMPLE:** HM = HMO	All	96%	A1

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

								CE	Commonwealth Choice			
								CH	CHAMPUS			
								CI	Commercial Insurance			
								DS	Disability			
								HM	Health Maintenance Organization			
								HN	HMO Medicare Risk/Medicare Part C			
								IC	Integrated Care Organization			
								LI	Liability			
								LM	Liability Medical			
								MA	Medicare Part A			
								MB	Medicare Part B			
								MC	Medicaid			
								MD	Medicare Part D			
								MO	Medicaid Managed Care Organization			
								MP	Medicare Primary			
								MS	Medicare Secondary Plan			
								OF	Other Federal Program (e.g. Black Lung)			
								QM	Qualified Medicare Beneficiary			
								SC	Senior Care Option			
								SP	Supplemental Policy			
								TF	HSN Trust Fund			
								TV	Title V			
								VA	Veterans Administration Plan			
								WC	Workers' Compensation			
								ZZ	Other			
ME	4	ME 004	Year	6/24/10	Date Period - Integer	Century Year - CCYY	int[4]	Eligibility year reported in this submission.	Report the year for which eligibility is reported in this submission in CCYY format. If reporting previous year's data, the year reported here will not match current year. Do not report a future year here.	All	100%	A0

ME	5	ME 005	Month	6/24/10	Date Period - Numeric	Month - MM	char[2]	Reporting Month of Eligibility	Report the month for which eligibility is reported in this submission in MM Format. Leading zero is required for reporting January through September files.	All	100%	A0
ME	6	ME 006	Insured Group or Policy Number	6/24/10	Text	ID Group	varchar[30]	Group / Policy Number	Report the number that defines the insured group or policy. Do not report the number that uniquely identifies the subscriber or member.	All	99%	A2
ME	7	ME 007	Coverage Level Code	11/8/12	Lookup Table - Text	tlkpCoverage Level	char[3]	Benefit Coverage Level Code	Report the code that defines the dependent coverage	All	99%	A1
								Code	***Description***			
								CHD	Children Only			
								DEP	Dependents Only			
								ECH	Employee and Children			
								ELF	Employee and Life Partner			
								EMP	Employee Only			
								ESP	Employee and Spouse			
								FAM	Family			
								IND	Individual			
								SPC	Spouse and Children			
								SPO	Spouse Only			
								UNK	Unknown			
ME	8	ME 008	Subscriber SSN	2/2017	Numeric	ID Tax	char[9]	Subscriber's Social Security Number	Report the Subscriber's SSN here; used to create Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here. (Will be hashed prior to submission via CHIA's FileSecure application.)	All	85%	A0
ME	9	ME 009	Plan Specific Contract Number	2/2017	Text	ID Contract	varchar[30]	Contract Number	Report the Plan assigned contract number. Do not include values in this element that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents. Reminder: SSN data should not be provided in any instance	All	98%	A2

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

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

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

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

ME	25	ME 025	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	26	ME 026	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	27	ME 027	Filler	2/2017	Text	Filler	char[0]	Filler	. Do not populate with any data. Required to be NULL	All	100%	C
ME	28	ME 028	Primary Insurance Indicator	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Primary Insurance Coverage	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Insurance is Primary (Products, Plans or Benefits that only cover Copays, Coinsurance and Deductibles [Gap Coverage] will answer 2 = No here).	All	100%	A0
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
ME	29	ME 029	Coverage Type	11/8/12	Lookup Table - Text	tlkpCoverage Type	char[3]	Type of Coverage Code	Report the code that defines the type of insurance policy by which the enrollee is covered. **EXAMPLE:** UND = Plan underwritten by the insurer	All	98%	A0
								Code	***Description***			
								ASW	Self-funded plans that are administered by a third-party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage			
								ASO	Self-funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess, insurance coverage			
								STN	Short-term, non-renewable health insurance			
								UND	Plans underwritten by the insurer			
								OTH	Any other plan. Insurers using this code shall obtain prior approval.			

ME	30	ME 030	Market Category Code	11/8/12	Lookup Table - Text	tlkpMarketCategoryCode	varchar[4]	Market Category Code	Report the code that defines the market, by size and or association, to which the policy is directly sold and issued	All	99%	A0

Code	***Description***
IND	Individuals (non-group)
ISCO	Individuals as a Senior Care Option
FCH	Individuals on a franchise basis
GCV	Individuals as group conversion Policies
GS1	Employers having exactly 1 employee
GS2	Employers having 2 thru 9 employees
GS3	Employers having 10 thru 25 employees
GS4	Employers having 26 thru 50 employees
GLG1	Employers having 51 thru 100 employees
GLG2	Employers having 101 thru 250 employees
GLG3	Employers having 251 thru 500 employees
GLG4	Employers having more than 500 employees
GSA	Small employers through a qualified association trust
OTH	Other types of entities. Insurers using this market code shall obtain prior approval.

ME	31	ME 031	Special Coverage	2/2016	Lookup Table - Text	tlkpSpecialCoverageCode	varchar[3]	Special Coverage Code	Report the code that defines the product coverage as related to a health exchange or trust. Reports N/A if neither apply. **EXAMPLE:** N/A = Not Applicable	All	98%	A2

Code	***Description***
CC	Commonwealth Care
HSN	Health Safety Net
CCP	ConnectorCare
N/A	Not Applicable

ME	32	ME 032	Group Name	11/8/12	Text	Name Group	varchar[50]	Group name	Report the group name that the policy is attached to. Report IND for individual policies. Do not report any value here if the data is not available.	All	80%	A2
ME	33	ME 033	Member language preference	2/2019	Lookup Table - Integer	tlkpLanguage	int[3]	Member's self-disclosed verbal language preference	Report the code that defines the spoken language preference of the member. The code value 999 (Unknown/ Not Specified), should only be used when patient/client answers unknown or refuses to answer. Do not report any value here if the submitter does not have the data. Report only collected data.	All	3%	B
								Code	***Description***			
								600	English			
								625	Spanish			
								997	Other Language			
								999	Unknown/Not Specified			
ME	34	ME 034	Filler	2/2017	Text	Filler	char[0]	Filler	. Do not populate with any data. Required to be NULL	All	100%	C
ME	35	ME 035	Health Care Home (PCMH) Assigned Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Health Care Home Assigned indicator	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member has an assigned approved patient centered medical home for this coverage period.	All	100%	A2
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			

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

ME	44	ME 044	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	45	ME 045	Purchased through Massachusetts Exchange Flag	10/30/14	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - MA Exchange Purchase	Report the value that defines the element. **EXAMPLE:** 1 = Yes, policy for this eligibility was purchased through MA Health Exchange. Required for Risk Assessment	All	100%	A2
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
ME	46	ME 046	Member PCP ID	2/2016	Text	ID Link to PV002	varchar[30]	Member's PCP ID	Report the identifier of the members PCP. The value in this element must have a corresponding Provider ID (PV002) in the Provider File. ME046 (Member PCP) is only used for members whose insurance products require the selection of a PCP (e.g., HMO or POS). Report a value of '999999999U' when PCP is unknown or '999999999NA' if the eligibility does not require a PCP.	All	100%	A2
ME	47	ME 047	Member PCP Effective Date	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	PCP Effective Date with Member	Report the Member enrollment begin date with the PCP in CCYYMMDD Format.	Required when PCP ID is not = 999999999U or 999999999NA	98%	B
ME	48	ME 048	Member PCP Termination Date	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	PCP Termination Date with Member	Report the Member termination date from the PCP in CCYYMMDD Format. If the member is still active with their PCP at the end of the current month, then do not fill with any value.	Required when PCP ID is not = 999999999U or 999999999NA	98%	B

ME	49	ME 049	Member Deductible	12/1/10	Integer	Currency	varchar[10]	Annual maximum out of pocket Member Deductible across all benefit types	Report the maximum amount of member / subscriber's annual deductible across all benefit types (Medical, RX, vision, behavioral health, etc.) before certain services are covered. Report only In-Network Deductibles here if plan has an In and Out-of-Network Deductible. Report 0 when there is no deductible applied to all benefits for this eligibility. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	All	90%	A2
ME	50	ME 050	Member Deductible Used	11/8/12	Integer	Currency	varchar[10]	Member deductible amount incurred	Report the amount to-date the member / subscriber has incurred towards maximum deductible. Report 0 if no deductible has been incurred. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	Required when ME049 > 0	100%	A2
ME	51	ME 051	Behavioral Health Benefit Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Behavioral Health Option	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Behavioral/Mental Health is a covered benefit.	All	100%	A2
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
ME	52	ME 052	Laboratory Benefit Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Laboratory Option	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Lab is covered benefit.	All	100%	A2
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			

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

ME	57	ME 057	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	58	ME 058	Filler	2/2017	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	59	ME 059	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	60	ME 060	Employment Status	11/8/12	Lookup Table - Text	tlkpEmploymentStatus	char[1]	Employment Status Code	Report the code that defines the employment status of the member / subscriber.	All	100%	A2
								Code	***Description***			
								A	Active			
								I	Involuntary Leave			
								O	Orphan			
								P	Pending			
								R	Retiree			
								Z	Unemployed			
								U	Unknown			
ME	61	ME 061	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	62	ME 062	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	63	ME 063	Benefit Status	11/8/12	Lookup Table - Text	tlkpBenefitStatus	char[1]	Benefit Status Code	Report the code that defines status of benefits for the subscriber.	All	100%	A2
								Code	***Description***			
								A	Active			
								C	COBRA			
								P	Pending			
								S	Surviving Insured			
								T	TEFRA			
								U	Unknown			
ME	64	ME 064	Employee Type	11/8/12	Lookup Table -	tlkpEmployeeType	char[1]	Employee Type Code	Report the code that defines the subscribers employment.	Required when ME063	100%	C

					Text					= A		
								Code	***Description***			
								H	Hourly			
								Q	Seasonal			
								S	Salaried			
								T	Temporary			
								U	Unknown			
ME	65	ME 065	Date of Retirement	11/8/12	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Member's date of Retirement	Report the date of the subscriber's retirement in CCYYMMDD Format.	Required when ME060 = R	98%	B
ME	66	ME 066	COBRA Status	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	COBRA usage indicator	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member is covered using COBRA benefit.	All	98%	A2
								Code	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
ME	67	ME 067	Spouse Plan Type	11/8/12	Carrier Defined Table - Text	Carrier Defined Table - GIC Plan Type	char[2]	Spouse Plan Type Code	Report the code that defines the plan type of the spouse of the employee when Medicare coverage is selected and separate from GIC.	Required when ME062 = M and ME134 = 3	1%	C
ME	68	ME 068	Spouse Plan	11/8/12	Carrier Defined Table - Text	Carrier Defined Table - GIC Plan	char[2]	Spouse Plan Medicare Code	Report the code that defines the plan type of the spouse of the employee when Medicare coverage is selected and separate from GIC.	Required when ME062 = M and ME134 = 3	1%	C
ME	69	ME 069	Spouse Medical Coverage	11/8/12	Carrier Defined Table - Text	Carrier Defined Table - GIC Medical	char[2]	Spouse Medical Medicare Coverage Code	Report the code that defines the medical coverage of the spouse of the employee when Medicare coverage is selected and separate from GIC.	Required when ME062 = M and ME134 = 3	1%	C

ME	70	ME 070	Spouse Medicare Indicator	11/8/12	Carrier Defined Table - Text	Carrier Defined Table - GIC Medicare	char[2]	Spouse Medicare Selected Code	Report the code that defines the Medicare Type of the spouse of the employee when Medicare coverage is selected and separate from GIC.	Required when ME062 = M and ME134 = 3	1%	C
ME	71	ME 071	Pool Indicator	11/8/12	Lookup Table - Integer	tlkpPoolIndicator	int[1]	Pool Indicator Code	Report the value that defines one of the two GIC Risk Pools in which this member is enrolled. This element is required for GIC carriers only. Non GIC carriers should not report any value here. **EXAMPLE:** 1 = Regular State Employee and Retirees	Required when ME134 = 3	98%	B
								Value	***Description***			
								1	Regular State Employees and Retirees, plus local authorities			
								2	Elderly Governmental Retirees (EGR) and Retired Municipal Teachers (RMTs)			
ME	72	ME 072	Filler	2/2019	Text	Filler	char[0]	Filler	Do not populate with any data. Required to be NULL	All	100%	A0
ME	73	ME 073	Fully Insured member	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Fully Insured identifier	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member is fully insured.	All	100%	A0
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
ME	74	ME 074	Interpreter	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Interpreter Need	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member requires an interpreter.	All	100%	A2
								Value	***Description***			
								1	Yes			
								2	No			
								3	Unknown			

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

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

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

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

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

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

								4	Other			
								5	Not Applicable			
ME	102	ME119	Filler	4/5/13	Filler	Filler	char[0]	Filler	The APCD reserves this field for future use. Do not populate with any data.	All	0%	Z
ME	103	ME120	Actuarial Value	10/30/14	Decimal - Numeric	Percent as 0.0000	varchar[6]	The actuarial value of the risk adjustment covered plan the member is enrolled in	Calculate using the Federal AV Calculator for the risk adjustment covered plan the member is enrolled in. Report the Actuarial Value of this member as of the 15th of the month. Format to be used is 0.0000. For example, an AV of 88.27689% should be reported as 0.8828.	Required when ME126 = 1 or 3	100%	**A0**
ME	104	ME121	Metal Level	10/30/14	Lookup Table - Integer	tlkpMetalLevel	int[1]	Standardized plan level in metal reference	Report the Metal Level benefits that the member is associated to in this line of eligibility. Required for Risk Assessment. **EXAMPLE:** 1 = Bronze Level	Required when ME126 = 1 or 3	100%	A0
								Value	***Description***			
								1	Bronze			
								2	Silver			
								3	Gold			
								4	Platinum			
								5	Catastrophic			
								0	Unknown / Not Applicable			
ME	105	ME122	Coinsurance Maximum %	2/2016	Lookup Table - Integer	tlkpCoinsuranceMax	int[1]	Maximum coinsurance percentage contract of the member	Report the value that defines the maximum coinsurance that the member is responsible for when covered/approved services are rendered and link to this line of eligibility. **EXAMPLE:** 1 = 10% Maximum Coinsurance. If Maximum Coinsurance falls between two categories, then report it under the higher category. (e.g., 15% should be reported as 2 = 20%.)	Required	100%	A2
								Value	***Description***			
								1	10% Maximum Coinsurance			
								2	20% Maximum Coinsurance			

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

ME	108	ME 125	TME OrgID - Physician Group of the Member's PCP	10/30/14	Integer	TME Provider OrgID	varchar[6]	TME Provider OrgID	Required for Total Medical Expense Reporting. OrgID specific. Report the TME Local Practice Group Provider OrgID for the Physician Group of the Member's PCP, and not the place of service for the claim. Reported in December only for the year prior to the current year. For example the Decemmber 2013 file reports the TME Local Practice Group for 2012 for members enrolled in 2012.	Assigned submitters only. Required in the December file only.	100%	A2
ME	109	ME 126	Risk Adjustment Covered Plan (RACP)	5/9/13	Lookup table – Integer	Flag	Int(1)	Member Enrolled in RACP Indicator	Non-grandfathered individual and small group plans underwritten and filed in the Commonwealth of Massachusetts are subject to risk adjustment. Large group plans, self-insured plans, and plans underwritten and filed in states other than Massachusetts are not subject to risk adjustment. Report RACP status as of the 15th of the month. EXAMPLE: 1 = Yes, the Member was enrolled in RACP as of the 15th of the month.	All	**100%**	**A0**

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

ME	113	ME 130	Member Benefit Plan Contract Enrollment End Date	10/30/14	Date	CCYYMMDD	Int(8)	Date the member's enrollment ends with the benefit plan	Report the date the member disenrolled in the Benefit Plan in CCYYMMDD format. When member is still active in the Benefit Plan, do not report any date in this element.	Required when ME126 = 1 or 3 and member is disenrolled	100%	B
ME	114	ME 131	TME Global Budget/Payment Indicator	2/2020	Integer		Int[1]	TME Global Budget/Payment Indicator	Required when Submitter is identified as a TME / RP Submitter. Report whether the member's primary care provider group's contract was assigned under a global budget/payment contract. EXAMPLE: 1 = Yes, the member's primary care provider group's contract was assigned under a global/budget/payment contract.	Assigned Submitters only.	100%	A2
								Value	***Description***			
								1	Yes			
								2	No			
ME	115	ME 132	Total Monthly Premium	2/2016	Integer	Currency	varchar[10]	Employer + Subscriber's total contribution to monthly premium	Report the total monthly premium at the Subscriber level only. Do not report on member lines. Report 0 if no premium is charged. Required for Cost Trends/Risk Adjustment reporting. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. **EXAMPLE:** 150.00 is reported as 15000; 150.70 is reported as 15070	Required when either ME107 = ME117 or ME012 = 20	100%	A0
ME	116	ME 133	GIC ID	11/8/12	Text	ID GIC	varchar[9]	GIC Member ID	Report the GIC Member Identification number as provided to GIC Plan Submitters. If not applicable do not report any value here. (Will be hashed prior to submission via CHIA's FileSecure application.)	Required when ME134 = 3	100%	A0
ME	117	ME 134	APCD ID Code	2/2019	Lookup Table - Integer	tlkpADCDIdentifier	int[1]	Member Enrollment Type	Report the value that describes the member's / subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate editing and thresholds. **EXAMPLE:** 1 = FIG - Fully Insured Commercial Group Enrollee.	All	100%	A2
								Value	***Description***			
								1	FIG - Fully-Insured Commercial Group Enrollee			
								2	SIG - Self-Insured Group Enrollee			

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

									TR005 and HD005 and HD006.			
TR-ME	7	TR 007	Date Processed	6/24/10	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Trailer Processed Date	Report the full date that the submission was compiled by the submitter in CCYYMMDD Format.	Mandatory	100%	TM

Appendix – External Code Sources

2. States, Zip Codes and Other Areas of the US

U.S. Postal Service
https://www.usps.com/

ME016	ME017	ME078	ME109	ME110

3. National Provider Identifiers

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

ME038

6. North American Industry Classification System (NAICS)

United States Census Bureau
http://www.census.gov/eos/www/naics/

ME077

The Commonwealth of Massachusetts
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