The Commonwealth of Massachusetts
Center for Health Information and Analysis

The Massachusetts
All-Payer Claims Database

Member Simplified File
Submission Guide

January 2026

Revision History

Date	Version	Description	Author
1/2026	**2026**	Administrative Bulletin 25-xx; issued mm/dd/year	**P.Smith**

The MA APCD Monthly Member Simplified (MS) File

As part of the MA APCD filings, all submitters are required to submit a MS 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 a MS File shall be submitted. It should contain a 1 month snapshot of the member simplified data for each member. This information provides the MA APCD with the necessary information to link claims to their corresponding eligibility segments and associated member simplified data.

The MS Detail Records are defined as one record per 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),	CHIA requires monthly Member Simplified files to capture the attributes necessary for matching to the various Claims and Eligibility Files coming in on the same schedule.

Specification Question	Clarification	Rationale
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.
What does each row in a file represent?	Each row, or Detail Record, contains the information of unique demographic data that a carrier or Third-Party maintains on their members	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 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
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 MS016 – 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 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 Simplified 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.

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 - MS	1	HD001	Record Type	1/2025	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 - MS	2	HD002	Submitter	1/2025	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 - MS	3	HD003	National Plan ID	1/2025	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 - MS	4	HD004	Type of File	1/2025	Text	ID File	char[2]	Defines the file type and data expected.	Report MS 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 - MS	5	HD005	Period Beginning Date	1/2025	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 transfer.	Mandatory	100%	HM
HD - MS	6	HD006	Period Ending Date	1/2025	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 - MS	7	HD007	Record Count	1/2025	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 - MS	8	HD008	Comments	1/2025	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 - MS	9	HD009	APCD Version Number	1/2025	Decimal - Numeric	ID Version	char[4]	Submission Guide Version	Report the version number as presented on the APCD Member Simplified File Submission Guide. Sets the intake control for editing elements. Version must be accurate else file will	Mandatory	100%	HM

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
									drop. **EXAMPLE:** 2026 = Version 2026			
								Code	*Description*			
								2026	Valid for reporting period beginning January 2026.			
MS	1	MS001 (Same as ME001)	Submitter	1/2025	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
MS	2	MS002 (Formerly ME008)	Subscriber SSN	1/2025	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
MS	3	MS003 (Same as ME117)	Carrier Specific Unique Subscriber ID	1/2025	Text	ID Link to ME117, 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
MS	4	MS004 (Formerly ME101)	Subscriber Last Name	1/2025	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	All	100%	A0
MS	5	MS005 (Formerly ME102)	Subscriber First Name	1/2025	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	All	100%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
MS	6	MS006 (Formerly ME103)	Subscriber Middle Initial	1/2025	Text	Name Middle Subscriber	char[1]	Middle initial of Subscriber	Report the Subscriber's middle initial here. Used to create Unique Member ID.	All	2%	C
MS	7	MS007	Subscriber Street Address	1/2025	Text	Address Subscriber	Varchar [100]	Street address of the Subscriber	Report the street address where the subscriber resides..	All	98%	A0
MS	8	MS008 (Formerly ME108)	Subscriber City	1/2025	Text	Address City Subscriber	Varchar [25]	City / Town of the Subscriber	Report the city/town where the subscriber resides.	All	99%	A0
MS	9	MS009 (Formerly ME109)	Subscriber State or Province	1/2025	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. Report the 2 character state code as defined by the United States Postal Service	All	99%	A0
MS	10	MS010 (Formerly ME110)	Subscriber ZIP Code	1/2025	External Code Source 2 - Text	Address Zip External Code Source 2 - Zip Codes	Varchar [5]	Zip Code of the Subscriber	Report the 5 digit Zip Code as defined by the United States Postal Service. Must not submit the 9-digit Zip Code.	All	99%	A0
MS	11	MS011 (Formerly ME011)	Member SSN	1/2025	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
MS	12	MS012 (Same as ME107)	Carrier Specific Unique Member ID	1/2025	Text	ID Link to ME107, 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
MS	13	MS013 (Formerly ME010)	Member Suffix or Sequence Number	1/2025	Text	ID Sequence	Varchar [20]	Member's Contract Sequence Number	Report the unique number / identifier of the member within the contract.	All	99%	A2
MS	14	MS014 (Formerly ME133)	GIC ID	1/2025	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	Required when MS016 = 3	100%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
									prior to submission via CHIA's FileSecure application.)			
MS	15	MS015 (Formerly ME075)	NewMMIS ID	1/2025	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 MS016 = 4, 6 or 7	100%	A0
MS	16	MS016 (Same as ME134)	APCD ID Code	1/2025	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

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
MS	17	MS017 (Formerly ME104)	Member Last Name	1/2025	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	All	100%	A0
MS	18	MS018 (Formerly ME105)	Member First Name	1/2025	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	All	100%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
									hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. **EXAMPLE:** Anne-Marie becomes ANNEMARIE			
MS	19	MS019 (Formerly ME106)	Member Middle Initial	1/2025	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.	All	2%	C
MS	20	MS020 (Formerly ME014)	Member Date of Birth	1/2025	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
MS	21	MS021	Member Street Address	1/2025	Text	Address 1 Member	Varchar[100]	Street address of the Member	Report the street address where the member resides..	All	98%	A0
MS	22	MS022 (Formerly ME015)	Member City	1/2025	Text	Address City Member	Varchar[25]	City / Town of the member	Report the city/town where the member resides..	All	99%	A0
MS	23	MS023 (Formerly ME016)	Member State	1/2025	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
MS	24	MS024 (Formerly ME017)	Member ZIP Code	1/2025	External Code Source 2 - Text	Address Zip External Code Source 2 - Zip Codes	Varchar[5]	Zip Code of the Member	Report the 5 digit 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
MS	25	MS025 (Formerly ME060)	Employment Status	1/2025	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

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								Z	Unemployed			
								U	Unknown			
MS	26	MS026 (Formerly ME078)	Employer Zip Code (Situs)	1/2025	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
MS	27	MS027 (Formerly ME082)	Employer Name	1/2025	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 MS025 = A or P	90%	B
MS	28	MS028 (Formerly ME083)	Employer EIN	1/2025	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 MS027 is populated	90%	B
MS	29	MS029	Race	1/2025	Lookup Table-Text	tlkpRace	Varchar [8]	Member's race	Report the value that describes the member's Race. Up to six values may be reported separated by a pipe '|' delimiter.	All	98%	A2
								Value	*Description*			
								1002-5	American Indian/Alaska Native			
								2028-9	Asian			
								2054-5	Black/African American			
								2076-8	Native Hawaiian or other Pacific Islander			
								2106-3	White			
								OTH	Other Race (e.g.another race not listed or 2 or more races if not separately categorized)			
								DONTKNOW	Don't know (response provided by member that they do not know their race)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	30	MS030	Hispanic Ethnicity	1/2025	Lookup Table-Text		Varchar [8]	Member's Hispanic Ethnicity		All	98%	A2

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								Value	*Description*			
								2135-2	Hispanic			
								2186-5	Not Hispanic			
								DONTKNOW	Don't know (response provided by member that they do not know their ethnicity)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	31	MS031	Granular Ethnicity	1/2025	Lookup Table-Text		Varchar [8]	Member's Granular Ethnicity	Report the value that describes the member's Granular Ethnicity. Up to ten values may be reported separated by a pipe '|' delimiter.. Utilize full list of USCDI standard codes, per Center for Disease Control, and those listed below: https://www.chiamass.gov/	All	98%	A2
								Value	*Description*			
								AMER	American			
								BRAZ	Brazilian			
								CANADA	Canadian			
								CAPE-V	Cape Verdean			
								CARIB	Caribbean Islander			
								E-EUR	Eastern European			
								PORT	Portuguese			
								RUSSN	Russian			
								UNK	Unknown (data not collected by payer)			
								OTH	Other (e.g. another ethnicity not listed or 2 or more ethnicities if not separately categorized)			
								DONTKNOW	Don't know (response provided by member that they do not know their ethnicity)			
								ASKU	Choose not to answer (response provided by member declining to answer)			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
MS	32	MS032	Written Language	1/2025	Text		Varchar [8]	Member's Written Language	Report the value that describes the member's Written Language.	All	98%	A2

Value	Description
AK	Akan
SQ	Albanian
AM	Amharic
AR	Arabic
HY	Armenian
BN	Bengali
BS	Bosnian
BRAI	Braille
BG	Bulgarian
MY	Burmese
CAPE-V	Cape Verdean
CEB	Cebuano
CHR	Cherokee
ZH-HANS	Chinese - Simplified
ZH-HANT	Chinese - Traditional
HR	Croatian
CS	Czech
DA	Danish
NL	Dutch
EN	English
OM	Ethiopian
FIL	Filipino
FI	Finnish
FR	French
FF	Fulah
LG	Ganda

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								DE	German			
								EL	Greek			
								GU	Gujarati			
								HT	Haitian Creole			
								HE	Hebrew			
								HI	Hindi			
								HMN	Hmong			
								HU	Hungarian			
								IG	Igbo			
								ID	Indonesian			
								GA	Irish			
								IT	Italian			
								JAM	Jamaican Creole English			
								JA	Japanese			
								KEA	Kabuverdianu			
								KN	Kannada			
								KM	Khmer			
								KO	Korean			
								LO	Lao			
								LV	Latvian			
								LT	Lithuanian			
								MK	Macedonian			
								MS	Malay			
								ML	Malayalam			
								MR	Marathi			
								NE	Nepali			
								SSA	Nilo-Saharan languages			
								PS	Pashto			
								PL	Polish			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								PT	Portuguese			
								PA	Punjabi			
								RO	Romanian			
								RU	Russian			
								SR	Serbian			
								SR-CYRL	Serbian-Cyrillic			
								SN	Shona			
								SI	Sinhala			
								SK	Slovak			
								SL	Slovenian			
								SO	Somali			
								ES	Spanish			
								SW	Swahili			
								SV	Swedish			
								GSW	Swiss German			
								TL	Tagalog			
								TA	Tamil			
								TE	Telugu			
								TH	Thai			
								BO	Tibetan			
								TI	Tigrinya			
								TR	Turkish			
								UK	Ukrainian			
								UR	Urdu			
								VI	Vietnamese			
								YI	Yiddish			
								YO	Yoruba			
								OTH	Other (e.g. another language not listed or 2 or more languages if not separately categorized)			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								DONTKNOW	Don't know (response provided by member that they do not know their language)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	33	MS033 (Formerly ME033)	Spoken Language	1/2025	Lookup Table - Text	tlkpLanguage	Varchar [8]	Member's Spoken Language	Report the value that describes the member's Spoken Language.	All	98%	A2

Value	Description
AK	Akan
SQ	Albanian
ASE	American Sign Language
AM	Amharic
AR	Arabic
HY	Armenian
BN	Bengali
BS	Bosnian
BG	Bulgarian
MY	Burmese
YUE	Cantonese
CAPE-V	Cape Verdean
CEB	Cebuano
CHR	Cherokee
ZH	Chinese
HR	Croatian
CS	Czech
DA	Danish
NL	Dutch
EN	English

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								OM	Ethiopian			
								FIL	Filipino			
								FI	Finnish			
								FR	French			
								FF	Fulah			
								LG	Ganda			
								DE	German			
								EL	Greek			
								GU	Gujarati			
								HT	Haitian Creole			
								HE	Hebrew			
								HI	Hindi			
								HMN	Hmong			
								HU	Hungarian			
								IG	Igbo			
								ID	Indonesian			
								GA	Irish			
								IT	Italian			
								JAM	Jamaican Creole English			
								JA	Japanese			
								KEA	Kabuverdianu			
								KN	Kannada			
								KM	Khmer			
								KO	Korean			
								LO	Lao			
								LV	Latvian			
								LT	Lithuanian			
								MK	Macedonian			
								MS	Malay			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								ML	Malayalam			
								CMN	Mandarin			
								MR	Marathi			
								NAN	Min Nan Chinese			
								NE	Nepali			
								SSA	Nilo-Saharan languages			
								PS	Pashto			
								PLI	Polish			
								PT	Portuguese			
								PA	Punjabi			
								RO	Romanian			
								RU	Russian			
								SR	Serbian			
								SN	Shona			
								SGN	Sign Languages			
								SI	Sinhala			
								SK	Slovak			
								SL	Slovenian			
								SO	Somali			
								ES	Spanish			
								SW	Swahili			
								SV	Swedish			
								GSW	Swiss German			
								TL	Tagalog			
								TA	Tamil			
								TE	Telugu			
								TH	Thai			
								BO	Tibetan			
								TI	Tigrinya			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								TR	Turkish			
								UK	Ukrainian			
								UR	Urdu			
								VI	Vietnamese			
								YI	Yiddish			
								YO	Yoruba			
								OTH	Other (e.g. another language not listed or 2 or more languages if not separately categorized)			
								DONTKNOW	Don't know (response provided by member that they do not know their language)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	34	MS034	Sexual Orientation	1/2025	Lookup Table-Text		Varchar [8]	Member Sexual Orientation	Report the value that describes the member's Sexual Orientation. Up to five values may be reported separated by a pipe '|' delimiter.	Required when Member age >= 18	98%	A2
								Value	*Description*			
								20430005	Straight or heterosexual			
								38628009	Lesbian or gay			
								42035005	Bisexual			
								QUEER	Queer, pansexual, and/or questioning			
								OTH	Something else			
								DONTKNOW	Don't know (response provided by member that they do not know their sexual orientation)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	35	MS035 (Formerly ME013)	Gender Identity	1/2025	Lookup Table - Text	tlkpGender	Varchar [15]	Member's Gender Identity	Report the value that describes the member's Gender Identity. Up to six values may be reported separated by a pipe '|' delimiter.	All	100%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								Value	*Description*			
								446151000124109	Male			
								446141000124107	Female			
								407376001	Transgender man/trans man			
								407377005	Transgender woman/trans woman			
								446131000124102	Genderqueer/gender nonconforming/non-binary, neither exclusively male nor female			
								OTH	Additional gender category or other			
								DONTKNOW	Don't know (response provided by member that they do not know their gender)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	36	MS036	Sex Assigned At Birth	1/2025	Lookup Table-Text		char[3]	Member's Sex Assigned at Birth	Report the Member's Sex Assigned at Birth	All	100%	A0
								Value	*Description*			
								F	Female			
								M	Male			
								UNK	Unknown (data not collected by payer)			
								X	Not listed here, or intersex			
MS	37	MS037	Disability Status 1	1/2025	Lookup Table-Text		Varchar [8]	Member Disability Status Question 1	Disability Question 1: Are you deaf or do you have difficulty hearing? Applies to all ages.	All	100%	A0
								Value	*Description*			
								LA33-6	Yes			
								LA32-8	No			
								DONTKNOW	Don't know (response provided by member that they don't know their disability status)			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	38	MS038	Disability Status 2	1/2025	Lookup Table-Text		Varchar [8]	Member Disability Status Question 2	Disability Question 2: Are you blind or do you have difficulty seeing? Applies to all ages.	All	100%	A0
								Value	**Description**			
								LA33-6	Yes			
								LA32-8	No			
								DONTKNOW	Don't know (response provided by member that they do not know their disability status)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	39	MS039	Disability Status 3	1/2025	Lookup Table-Text		Varchar [8]	Member Disability Status Question 3	Disability Question 3: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? Applies to age 5 or older.	All	100%	A0
								Value	**Description**			
								LA33-6	Yes			
								LA32-8	No			
								DONTKNOW	Don't know (response provided by member that they do not know their disability status)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	40	MS040	Disability Status 4	1/2025	Lookup Table-Text		Varchar [8]	Member Disability Status Question 4	Disability Question 4: Do you have difficulty walking or climbing stairs? Applies to age 5 or older.	All	100%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								Value	*Description*			
								LA33-6	Yes			
								LA32-8	No			
								DONTKNOW	Don't know (response provided by member that they do not know their disability status)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	41	MS041	Disability Status 5	1/2025	Lookup Table-Text		Varchar [8]	Member Disability Status Question 5	Disability Question 5: Do you have difficulty dressing or bathing? Applies to age 5 or older.	All	100%	A0
								Value	*Description*			
								LA33-6	Yes			
								LA32-8	No			
								DONTKNOW	Don't know (response provided by member that they do not know their disability status)			
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	42	MS042	Disability Status 6	1/2025	Lookup Table-Text		Varchar [8]	Member Disability Status Question 6	Disability Question 6: Because of a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping? Applies to age 15 or older.	All	100%	A0
								Value	*Description*			
								LA33-6	Yes			
								LA32-8	No			
								DONTKNOW	Don't know (response provided by member that they do not know their disability status)			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								ASKU	Choose not to answer (response provided by member declining to answer)			
								UNK	Unknown (data not collected by payer)			
MS	43	MS043 (Formerly ME065)	Date of Retirement	1/2025	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 MS025 = R	98%	B
MS	44	MS044 (Formerly ME079)	Recipient Identification Number (MassHealth only)	1/2025	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 MS016 = 4	98%	B
TR-MS	1	TR001	Record Type	1/2025	Text	ID Record	char[2]	Trailer Record Identifier	Report **TR** here. Indicates the end of the data file.	Mandatory	100%	TM
TR-MS	2	TR002	Submitter	1/2025	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-MS	3	TR003	National Plan ID	1/2025	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-MS	4	TR004	Type of File	1/2025	Text	ID File	char[2]	Validates the file type defined in HD004.	Report **MS** here. This must match the File Type reported in HD004.	Mandatory	100%	TM
TR-MS	5	TR005	Period Beginning Date	1/2025	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-MS	6	TR006	Period Ending Date	1/2025	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006.	Mandatory	100%	TM

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
TR-MS	7	TR007	Date Processed	1/2025	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/

MS023	MS024	MS026	MS009	MS010

The Commonwealth of Massachusetts
Center for Health Information and Analysis