The Commonwealth of Massachusetts
Center for Health Information and Analysis

The Massachusetts
All-Payer Claims Database

Provider File
Submission Guide

February 2024

Revision History

Date	Version	Description	Author
12/1/2012	3.0	Administrative Bulletin 12-01; issued 11/8/2012	M. Prettenhofer
4/5/2013	3.1	• Changed PV032 to Registered Provider Organization ID (placeholder). • Changed PV065 – PV070 to Filler (reserved for future use).	H. Hines
5/31/2013	3.1	• Updated 'Non-Massachusetts Resident' section • Updated Provider File Submitters narrative (pg 9)	H. 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	• Updated PV034, PV039, PV040 to include agreement with NPPES entity type codes	K. Hines
2/2016	5.0	• Updated PV011 for professional suffix.	K. Hines
2/2016	5.0	• Updated PV032 RPO Category	K. Hines
2/2016	5.0	• Updated PV056 Provider Affiliation Category and Threshold	K. Hines
2/2016	5.0	• Updated PV006 License ID language	K. Hines
2/2016	5.0	• Updated language on inactive providers	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 Version 6.0 updates	K. Hines
2/2019	2019	• 2019 Updates	P. Smith
3/2022	2019 R2.0	• Updated requirement to Providers that were inactive prior to January 2015 are not to be included.	P. Smith
2/2023	2023	• Update Cover Sheet and PV038 guideline.	P. Smith
2/2024	2024	• Update Cover Sheet and PV050 typo.	P. Smith

Table of Contents

Introduction

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

To facilitate communication and collaboration, CHIA actively maintains a 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 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 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 under 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 Provider File

As part of the MA APCD filings, all submitters including carriers, TPAs, PBMs, DBMs, etc. will be required to submit a Provider file. CHIA recognizes that this is a file type that is currently requested of carriers in other states, and has made efforts to simplify the data submission and clarify the elements collected within it, and its usage by CHIA and agency partners using the MA APCD.

Below we have provided details on business rules, data definitions and the potential uses of this data.

Specification Question	Clarification	Rationale
What is the frequency of submission?	The Provider file is submitted monthly by the last day of the month.	CHIA requires monthly submission of this file to insure matching algorithms and reporting requirements of TME / RP.
What is the format of the file?	Each submission must be a variable field length asterisk delimited file.	An asterisk cannot be used within an element in lieu of another character. Example: if the file includes "Smith*Jones" in the Last Name, the system will read an incorrect number of elements and drop the file.
What does each row in a file represent?	A row represents a unique instance of a provider entity, and that provider's affiliation to another entity, or a provider's affiliation to a specific location.	CHIA is required to analyze information on providers, clinicians, hospitals, physician groups and integrated delivery systems for the purposes of standardization and reporting.
How does CHIA define a provider?	A provider is an entity associated with either: 1. providing services to patients 2. submitting claims for services on behalf of a servicing provider 3. providing business services or contracting arrangements for a servicing provider.	CHIA analyzes information on providers, clinicians, hospitals, physician groups and integrated delivery systems.

Specification Question	Clarification	Rationale
How is a unique provider to be defined?	Conceptually, a unique provider is an instance of a provider (who), with a particular affiliation (relationship), at a particular location (where), during a pre-defined timeframe (when). CHIA will utilize multiple data elements to create a unique provider record within each carrier/submitter file.	CHIA realizes that submitters store their provider data in a variety of formats and data structures. It has been determined that this method provides the greatest flexibility in analyzing the various ways submitters maintain provider relationships.
What types of providers are to be included in the file?	All Massachusetts contracted providers, regardless of whether they are on the claims file for the time period must be included in the file. Additionally, provider information for out of state providers, who are on the claims file for the time period of the corresponding claims submission must be included, if available. TPAs (including PBMs, DBAs, CSOs, etc.) who may not contract directly with providers, are expected to include providers who are on the claims file for the time period of the corresponding claims submission. Otherwise use default values as provided in the document "Provider File Examples (Excel)" available at: http://www.chiamass.gov/apcd-data-submission-guides/)	CHIA is required to create cross-submitter provider files for analysis and therefore requires data on all providers in a carrier's or submitter's network. Additionally, all claims may be analyzed by provider dimensions that require provider information for corresponding out of state claims.

Specification Question	Clarification	Rationale
Should inactive providers be included on the file and what is the reporting time period?	Yes, all providers, both active and inactive must be included. Providers that were inactive prior to January 2015 are not to be included. It is necessary to report any and all provider information that aligns to the eligibility and claims data to insure that linking between files can occur.	CHIA collects the most up to date provider data that can be used to analyze claims data. Since claims data is collected monthly, the provider file can be synced with the claims file, and can be a snapshot of how the provider file looked at the end of the period for which claims are sent.

Types of Data Being Collected in the Provider File

Provider File Submitters

The Massachusetts All Payer Claims Database requires the submission of **Provider data** from all submitters including carriers, Pharmacy Benefit Management, Dental Benefit Management, Claims Processing, and Third Party Administrator organizations. This data is required to meet reporting and analytic needs for other state agencies in furtherance of Administrative Simplification, Researchers and others. We require this information to accurately assign member detail attribution for aggregate reporting, utilization and provider-based analysis. CHIA is tasked with analyzing information on providers, clinicians, hospitals, physician groups and integrated delivery systems for the purposes of standardization and reporting. In addition, CHIA is required to create a cross-submitter provider files for analysis and therefore requires data on all providers from carriers and submitters.

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 submissions 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).

Provider Identifiers

CHIA has made a conscious decision to collect numerous identifiers that may be associated with a provider. The data in elements PV002 through PV008, PV035, PV036, PV039, and PV040 (described below in the data dictionary) will be used by CHIA to create a Master Provider Data Set for analyzing providers across submitters. The identifiers will be used to help link providers across carriers in the event that the primary linking data elements are not a complete match. The existence of these extra identifying elements will improve the quality of our matching algorithms.

Demographics

CHIA is collecting address information on each provider entity in order to meet CHIA's reporting and analysis requirements. Additional demographic data elements such as Gender and Date of Birth for the individual provider are collected primarily for creating the Master Provider Data Set which would allow linking across carriers without personal identifiers. These two elements will be used, when provided, to help with the quality of the matching algorithms.

Provider Specialty

The elements Taxonomy, Provider Type Code, and Provider Specialty are required elements and will be used to meet CHIA's reporting and analysis requirements, including clinical groupings and provider specific reports. Each submitter must submit its internal code sets (lookup tables) to CHIA for PV042. Each submitter may also choose to submit its internal code sets (lookup tables) to CHIA for PV043 and PV044 if using codes or values that are not cited as the standard used by the MA APCD. Otherwise, submitters may use the standard codes and values across these Specialty elements.

Dates

CHIA is collecting two sets of date elements for each provider record. The Begin and End Date for each provider describes the dates the provider is active with the carrier and is eligible to provide services to members. For providers who are still active the End Date should be Null. The Provider Affiliation Start and Provider Affiliation End Date describe the providers' affiliation/association with a parent entity, such as a billing entity, corporate entity, doctor's office, provider group, or integrated delivery system. Each unique instance of these start and end dates should be submitted as a separate record on this file. If a provider was active and termed in the past with the carrier, and was added back as an active provider, each instance of those 'active' dates should be provided, one for each time span. Similarly, each instance of a provider affiliation, and those associated dates should be provided in a record. If a provider has always been active with a carrier since 2010, but has changed affiliations once, there would be two records submitted as well, one for each affiliation and those respective dates. If a provider's affiliation is terminated, and is made active again at a later date, this would require two records as well.

Qualifiers

CHIA is collecting provider information related to healthcare reform, electronic health records, patient centered medical homes, TME/RP, and DOI reporting. These data elements may or may not currently be captured in a submitter's core systems and may require additional coding to extract them from periphery applications to populate the elements for MA APCD. It is CHIA's responsibility to collect these elements in furtherance of Administrative Simplification.

Examples

1. Individual Provider practicing within one doctor's office or group and only one physical office location.

A provider fitting this description should have <u>1</u> record per active time span. The record would contain information about the provider (Dr. Jones) and the affiliation elements would indicate that Dr. Jones practices or contracts with (ABC Medical). ABC Medical, since it is a group, would have its own separate record as well in this file. A physician assistant or nurse working in the doctor's office should also be submitted, under their own unique record.

2. Individual Provider practicing within an office they own.

A provider fitting this description should have <u>1</u> record per active time span for their individual information (Dr. Jones) and a second record for their practice, Dr. Jones Family Care. A physician assistant or nurse working in the doctor's office should also be submitted, under their own unique record.

3. Individual Provider practicing within an office they own or for a practice they do not own across two physical locations.

A provider fitting this description should have <u>2</u> records per active time span. The office, affiliation or entity that the doctor does business under (ABC Medical, Dr. Jones family medicine) would have only <u>1</u> additional record.

4. Individual Provider practicing across two groups or different affiliations.

A provider fitting this description should have <u>2</u> records per active time span, one for each group/entity they are affiliated with. Each group/entity would have its own separate record as well.

5. Entity, Group or Office in one location.

An entity fitting this description should have <u>1</u> record per active time span. All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records.

6. Entity, Group or Office in two locations,

An entity fitting this description should have <u>2</u> records per active time span, one for each location. All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records. If these affiliated entities and providers are associated with just one of the locations, they would have <u>1</u>

corresponding record. If they are affiliated with each of the parent entity's locations, they should have 1 record for each location, similar to example 3.

    7.   Billing Organizations.

An entity that shows up in the claims file in the Billing Provider element should also have 1 corresponding provider record. Medical Billing Associates, Inc. should have 1record for each location and identifier it bills as determined by the claims file.

    8.   Integrated Delivery Systems.

Each of these types of organizations should have their own (1) record if the carrier has a contract with those entities. All entities, groups or providers affiliated with the Organization should have the Provider ID of this entity in the Provider Affiliation element. Entities meeting a description similar to an Integrated Delivery System should show up one time in the provider file.

The Provider ID

The goal of element PV002 is to help identify provider data elements associated with the providers identified in the claim line detail, and to identify the details of the Provider Affiliation, when applicable. A Provider ID itself may or may not be unique on this file – but in combination with the Provider Affiliation (PV056) – the two together must be unique for a given time period.

The Provider ID is a unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a carrier/submitter has in its system. This element may or may not be the provider NPI and this element is used to uniquely identify a provider and that provider's affiliation, when applicable as well as the provider's practice location within this provider file.

The following are the elements that are required to link to PV002:
Provider File Link: PV056 – Provider Affiliation

Member Eligibility Links: ME036 – Health Care Home ID; **ME046** – Member PCP ID;

Medical Claim Links: MC024 – Service Provider Number; **MC076** – Billing Provider Number; **MC112** – Referring Provider ID; **MC125** – Attending Provider; **MC134** – Plan Rendering Provider Identifier; **MC135** – Provider Location;

Pharmacy Claim Links: PC043 – Prescribing Provider ID; **PC059** – Recipient PCP ID; and

Dental Claim Link: DC018 – Service Provider Number.

Loading a record where PV002 = PV056 establishes a base record for a provider. All other instances of that PV002 value represent affiliations or additional locations for a

provider. See the "<u>Provider File Examples (Excel)</u>", available at:
<u>http://www.chiamass.gov/apcd-data-submission-guides/</u>.

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-PV	1	HD001	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-PV	2	HD002	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-PV	3	HD003	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-PV	4	HD004	Type of File	11/8/12	Text	ID File	char[2]	Defines the file type and data expected.	Report **PV** here. Indicates that the data within this file is expected to be PROVIDER-based. This must match the File Type reported in TR004.	Mandatory	100%	HM

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
HD-PV	5	HD005	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 transfer.	Mandatory	100%	HM
HD-PV	6	HD006	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-PV	7	HD007	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-PV	8	HD008	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-PV	9	HD009	APCD Version Number	2/2019	Decimal - Numeric	ID Version	char[4]	Submission Guide Version	Report the version number as presented on the APCD Provider 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

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
									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			
PV	1	PV 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
PV	2	PV 002	Plan Provider ID	2/2016	Text	ID Link to PV056, ME036, ME046 MC024, MC076, MC112, MC125, MC134, MC135, PC043, PC059, DC018, ME124	varchar[30]	Carrier Unique Provider Code	Report the submitter assigned unique number for every service provider (persons, facilities or other entities involved in claims transactions) that it has in its system(s). This element may or may not contain the provider NPI, but should not contain an individual's SSN.	All	100%	A0
PV	3	PV 003	Tax Id	11/8/12	Numeric	ID Tax	char[9]	Federal Tax ID of non-individual Provider	Report the Federal Tax ID of the Provider here. Do not use hyphen or alpha prefix.	Required when PV034 = 2, 3, 4, 5, 6, 7, or 0	98%	A2
PV	4	PV 004	UPIN Id	11/8/12	Text	ID Medicare	char[6]	Unique Physician ID	Report the UPIN for the Provider identified in PV002. To report other Medicare Identifiers use PV036.	Required when PV034 = 1	98%	B
PV	5	PV 005	DEA ID	11/8/12	Text	ID DEA	char[9]	Provider DEA	Report the valid DEA ID of the individual, group or facility defined by PV002. If not available or applicable, do not report any value here.	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	B
PV	6	PV 006	License Id	2/2016	Text	ID License	varchar[25]	State practice license ID	Report the state license number for the provider identified in PV002. For a physician this is the medical license for a non-doctor this is the practice license. Do not use zero-fill. If not available, or not applicable, do not report any value here.	All	98%	A2

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	7	PV 007	Medicaid Id	11/8/12	Text	ID MassHealth	varchar[25]	MassHealth-assigned Provider ID	Report the Massachusetts State Medicaid number for the provider identified in PV002. Do not use zero-fill. Do not report any value if not available, or not applicable, such as for a group or corporate entity.	All	98%	B
PV	8	PV 008	Last Name	11/8/12	Text	Name Last Provider	varchar[50]	Last name of the Provider in PV002	Report the individual's last name here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Entity Name.	Required when PV034 = 1	98%	A0
PV	9	PV 009	First Name	11/8/12	Text	Name First Provider	varchar[50]	First name of the Provider in PV002	Report the individual's first name here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name.	Required when PV034 = 1	98%	A2
PV	10	PV 010	Middle Initial	11/8/12	Text	Name Middle Provider	char[1]	Middle initial of the Provider in PV002	Report the individual's middle initial here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name.	Required when PV034 = 1	1%	C
PV	11	PV 011	Suffix	2/2016	External Code Source – 18 - Text	External Code Source – 18 Professional Suffix	char[8]	Professional Suffix of the Provider in PV002	Report the individual's professional suffix here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name.	Required when PV034 = 1	98%	A2
PV	12	PV 012	Entity Name	11/8/12	Text	Name Provider Entity	varchar[100]	Group / Facility name	Report the Provider Entity Name when Provider ID does not equal 1 (person). This should only be populated for facilities or groups. Limited punctuation may be included.	Required when PV034 = 2, 3, 4, 5, 6, 7, or 0	98%	A1
PV	13	PV 013	Entity Code	11/8/12	Lookup Table - Text	tlkpEntityCode	char[2]	Provider entity code	Report the value that defines the entity provider type. **EXAMPLE:** 12 = Acute Hospital	Required when PV034 does not = 1	98%	A0

Value	Description
01	Academic Institution
02	Adult Foster Care

File	Col	Elm t	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								03	Ambulance Services			
								04	Hospital Based Clinic			
								05	Stand-Alone, Walk-In/Urgent Care Clinic			
								06	Other Clinic			
								07	Community Health Center - General			
								08	Community Health Center - Urgent Care			
								09	Government Agency			
								10	Health Care Corporation			
								11	Home Health Agency			
								12	Acute Hospital			
								13	Chronic Hospital			
								14	Rehabilitation Hospital			
								15	Psychiatric Hospital			
								16	DPH Hospital			
								17	State Hospital			
								18	Veterans Hospital			
								19	DMH Hospital			
								20	Sub-Acute Hospital			
								21	Licensed Hospital Satellite Emergency Facility			
								22	Hospital Emergency Center			
								23	Nursing Home			
								24	Freestanding Ambulatory Surgery Center			
								25	Hospital Licensed Ambulatory Surgery Center			
								26	Non-Health Corporations			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								27	School Based Health Center			
								28	Rest Home			
								29	Licensed Hospital Satellite Facility			
								30	Hospital Licensed Health Center			
								31	Other Facility			
								40	Physician (PV034 = 1)			
								50	Physician Group (PV034 = 3)			
								60	Nurse (PV034 = 1)			
								70	Clinician (PV034 = 1)			
								80	Technician (PV034 = 1)			
								90	Pharmacy / Site or Mail Order (PV034 = 4 or 5)			
								99	Other Individual or Group (PV034 = 1 or 3)			
PV	14	PV 014	Gender Code	11/8/12	Lookup Table - Text	tlkpGender	char[1]	Gender of Provider identified in PV002	Report provider gender in alpha format as found on certification, contract and / or license.	Required when PV034 = 1	98%	B
								Code	*Description*			
								F	Female			
								M	Male			
								O	Other			
								U	Unknown			
PV	15	PV 015	DOB Date	11/8/12	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Provider's date of birth	Report the individual's date of birth in CCYYMMDD Format. Only applies to providers identified as Entity = Person. Do not report any value here for non-person entities, e.g. Professional Groups, Medical Sites.	Required when PV034 = 1	98%	B

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	16	PV 016	Provider Street Address 1	11/8/12	Text	Address 1 Provider	varchar[50]	Street address of the Provider	Report the physical street address where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	98%	A1
PV	17	PV 017	Provider Street Address 2	11/8/12	Text	Address 2 Provider	varchar[50]	Street Address 2 of the Provider	Report the physical street address where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	2%	A0
PV	18	PV 018	City Name	6/24/10	Text	Address City Provider	varchar[35]	City of the Provider	Report the city name where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	98%	A1
PV	19	PV 019	State Code	11/8/12	External Code Source 2 - Text	Address State External Code Source 2 - States	char[2]	State of the Provider	Report the state of the site in which the provider sees plan members. When only a mailing address is available, populate with mailing state here as well as PV026. When a provider sees patients at two or more locations, the provider should have a unique record for each location to capture all possible practice sites.	All	98%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	20	PV 020	Country Code	12/1/10	External Code Source 1 - Text	Address Country External Code Source 1 - Countries	char[3]	Country Code of the Provider	Report the three-character country code as defined by ISO 3166-1, Alpha 3.	All	98%	C
PV	21	PV 021	Zip Code	11/8/12	External Code Source 2 - Text	Address Zip External Code Source 2 - Zip Codes	varchar[9]	Zip code of the Provider	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.	All	98%	A0
PV	22	PV 022	Taxonomy	11/8/12	External Code Source 5 - Text	External Code Source 5 - Taxonomy	char[10]	Taxonomy Code	Report the standard code that defines this provider for this line of service. Taxonomy values allow for the reporting of many types of clinicians, assistants and technicians, where applicable, as well as Physicians, Nurses, Groups, Facilities, etc.	Required when PV034 = 0, 1, 2, 3, 4, or 5	75%	C
PV	23	PV 023	Mailing Street Address1 Name	6/24/10	Text	Address 1 Provider	varchar[50]	Street address of the Provider / Entity	Report the mailing address of the Provider / Entity in PV002.	All	98%	A0
PV	24	PV 024	Mailing Street Address2 Name	6/24/10	Text	Address 2 Provider	varchar[50]	Secondary Street address of the Provider / Entity	Report the mailing address of the Provider / Entity in PV002.	All	2%	B
PV	25	PV 025	Mailing City Name	6/24/10	Text	Address City Provider	varchar[35]	City name of the Provider / Entity	Report the mailing city address of the Provider / Entity in PV002.	All	98%	A0
PV	26	PV 026	Mailing State Code	11/8/12	External Code Source 2 - Text	Address State External Code Source 2 - States	char[2]	State name of the Provider / Entity	Report the mailing state address of the Provider / Entity in PV002.	All	98%	A0
PV	27	PV 027	Mailing Country Code	12/1/10	External Code Source 1 - Text	Address Country External Code Source 1 - Countries	char[3]	Country name of the Provider / Entity	Report the three-character country code as defined by ISO 3166-1, Alpha 3.	All	98%	C
PV	28	PV 028	Mailing Zip Code	11/8/12	External Code Source 2 - Text	Address Zip External Code Source 2 - Zip Codes	varchar[9]	Zip code of the Provider	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.	All	98%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	29	PV 029	Provider Type Code	6/24/10	Carrier Defined Table - Text	Carrier Defined Table - Provider Type Code	varchar[10]	Provider Type Code	Report the Provider Type code associated with the individual provider or facility. The carrier/submitter must provide the MA APCD with Reference tables. This element distinguishes clinicians, facilities, and other. Clinicians are physicians and other practitioners who can perform an E&M service (thereby start an episode of care). Facilities can sometimes start episodes (i.e. patient goes to ER at onset of symptoms). Providers classified as 'other' never start episodes. The MA APCD may use this element to perform further clinical and analytic grouping. Entities not seeing patients should have a classification of 'Other'.	All	98%	A1
PV	30	PV 030	Primary Specialty Code	11/8/12	External Code Source 4 - Integer	External Code Source 4 - Specialties	varchar [3]	Specialty Code	Report the standard Primary Specialty code of the Provider here.	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	A2

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	31	PV 031	Provider Organization ID	11/8/12	Integer	ID OrgID	varchar[6]	CHIA defined and maintained Org ID for Providers	• Report the Local Practice Group OrgID number as assigned / maintained by CHIA for Total Medical Expense (TME) reporting Data must be reported in aggregate for all practices in which the Local Practice Group's member months are below 36,000 and the practice has no parent Physicians' Group. This group is to be identified as "Groups below minimum threshold" with an ORGID of 999996. • For Local Practice Groups below the 36,000 member month threshold that are part of a larger Physicians' Group, payers will report the ORGID of the Parent Physician Group.	Required when submitter is identified as a TME/RP Submitter	100%	A2
PV	32	PV 032	Registered Provider Organization ID (RPO)	2/2016	Text	Health Policy Commission OrgID Placeholder	Char[30]	Registered Provider Organization ID	Report the Health Policy Commission-assigned unique identifier for every service provider (persons, facilities or other entities involved in claims transactions) that it has in its system(s). This information is required for TME/RP reporting and analysis.	Assigned submitters only	0%	B
PV	33	PV 033	Filler	11/8/12	Filler	Filler	char[0]	Filler	The APCD reserves this element for future use. Do not populate with any data.	All	0%	Z
PV	34	PV 034	Provider ID Code	2/2016	Lookup Table - Integer	tlkpEntityQualifier Code	int[1]	Provider Identification Code	Report the value that defines type of entity associated with PV002. The value reported here drives intake edits for quality purposes. (e.g. NPPES entity type code for NPI must be 1 when this is coded as 1 = Person.)**EXAMPLE:** 1 = Person; Physician, Clinician, Orthodontist, etc.	All	100%	A0
									Value	*Description*		

File	Col	Elm t	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								1	**Person**; physician, clinician, orthodontist, and any individual that is licensed/certified to perform health care services.			
								2	**Facility**; hospital, health center, long term care, rehabilitation and any building that is licensed to transact health care services.			
								3	**Professional Group**; collection of licensed/certified health care professionals that are practicing health care services under the same entity name and Federal Tax Identification Number.			
								4	**Retail Site**; brick-and-mortar licensed/certified place of transaction that is not solely a health care entity, i.e., pharmacies, independent laboratories, vision services.			
								5	**E-Site**; internet-based order/logistic system of health care services, typically in the form of durable medical equipment, pharmacy or vision services. Address assigned should be the address of the company delivering services or order fulfillment.			
								6	**Financial Parent**; financial governing body that does not perform health care services itself but directs and finances health care service entities, usually through a Board of Directors.			
								7	**Transportation**; any form of transport that conveys a patient to/from a healthcare provider.			
								0	**Other**; any type of entity not otherwise defined that performs health care services.			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	35	PV035	SSN Id	11/8/12	Numeric	ID Tax	char[9]	Provider's Social Security Number	Report the SSN of the individual provider in PV002. Do not zero-fill. Do not report any value here if not available or not applicable.	Required when PV034 = 1	98%	A1
PV	36	PV036	Medicare ID	6/24/10	Text	ID Medicare	varchar[30]	Provider's Medicare Number, other than UPIN	Report the Medicare ID (OSCAR, Certification, Other, Unspecified, NSC or PIN) of the provider or entity in PV002. Do not report UPIN here, see PV004.	Required when PV034 = 0, 1, 2, 3, 4, or 5	90%	B
PV	37	PV037	Begin Date	11/8/12	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Provider Start Date	Report the date the provider or facility becomes eligible / contracted to perform services for plan members in CCYYMMDD Format. Do not report any value here for providers that do not render services.	All	98%	A2
PV	38	PV038	End Date	2/2016	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Provider End Date	Report the Date the provider or facility is no longer eligible to perform services for plan members / insureds in CCYYMMDD Format. Do not report any value here for providers that are still actively eligible to provide services, or Providers who do not render services (i.e., Parent Organizations). Do not include providers that were inactive prior to January 2015.	All	98%	B
PV	39	PV039	National Provider ID	2/2016	External Code Source 3 - Integer	External Code Source 3 - National Provider ID	int[10]	National Provider Identification (NPI) of the Provider	Report the NPI of the Provider / Clinician / Facility / Organization defined in this record in PV008-PV010 or PV012. NPPES entity type code of the NPI must agree with the type of provider coded in PV034. (i.e. If PV034 = 1 then the NPPES entity code for the NPI in PV039 must be for a person.)	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	40	PV 040	National Provider ID 2	2/2016	External Code Source 3 - Integer	External Code Source 3 - National Provider ID	int[10]	National Provider Identification (NPI) of the Provider	Report the Secondary or Other NPI of the Provider / Clinician / Facility / Organization defined in this record. NPPES entity type code of the NPI must agree with the type of provider coded in PV034. (i.e. If PV034 = 1 then the NPPES entity code for the NPI in PV040 must be 1.)	Required when PV034 = 0, 1, 2, 3, 4, or 5	1%	B
PV	41	PV 041	GIC Provider Link ID	11/8/12	Text	ID GIC	varchar[25]	GIC Provider Link ID for GIC Carriers only	Report the GIC Assigned Provider Link ID. If not applicable, do not report any value here.	Required when Submitter is identified as a GIC Submitter	0%	B
PV	42	PV 042	Proprietary Specialty Code	10/30/14	Carrier Defined Table - Text	Carrier Defined Table - Specialty	varchar[10]	Specialty Code	Report the submitter's proprietary specialty code for the provider here. Known additional specialty code for a provider should be populated in elements PV043 and PV044. Value comes from a Carrier Defined Table only.	Required when PV034 = 0, 1, 2, 3, 4, or 5 and PV030 is blank	90%	A0
PV	43	PV 043	Other Specialty Code 2	11/8/12	Carrier Defined Table - OR - External Code Source 4 - Integer	External Code Source 4 – Specialties - OR – Carrier Defined Table	varchar[10]	Specialty Code	See mapping notes for primary specialty code in PV030. Known additional specialty code for a provider should be populated in this element. Value can come from either a Carrier Defined Table or the External Code Source.	Required when PV034 = 0, 1, 2, 3, 4, or 5	0%	B
PV	44	PV 044	Other Specialty Code 3	11/8/12	Carrier Defined Table - OR - External Code Source 4 - Integer	External Code Source 4 - Specialties - OR – Carrier Defined Table	varchar[10]	Specialty Code	See mapping notes for primary specialty code in PV030. Known additional specialty code for a provider should be populated in this element. Value can come from either a Carrier Defined Table or the External Code Source.	Required when PV034 = 0, 1, 2, 3, 4, or 5	0%	B

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	45	PV 045	Pay for Performance Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Provider Contract Payment	Report the value that defines the element. Pay-for-performance bonuses or year-end withhold returns based on performance for at least one service performed by this provider within the month. **EXAMPLE:** 1 = Yes, provider has a contract incentive.	Required when PV034 = 1, 2, or 3	100%	A2
							Value		*Description*			
							1		Yes			
							2		No			
							3		Unknown			
							4		Other			
							5		Not Applicable			
PV	46	PV 046	NonClaims Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Provider Contract Payment	Report the value that defines the element. NonClaims payments that occur at least once within the month must be reported. **EXAMPLE:** 1 = Yes, provider may be eligible to receive other payments not flowing through the claims system.	All	100%	A2
							Value		*Description*			
							1		Yes			
							2		No			
							3		Unknown			
							4		Other			
							5		Not Applicable			
PV	47	PV 047	Filler	10/30/14	Filler	Filler	Char[0]	Filler	The MA APCD reserves this field. Do not populate with any data.	All	0%	Z
PV	48	PV 048	Filler	10/30/14	Filler	Filler	Char[0]	Filler	The MA APCD reserves the field. Do not populate with any data.	All	0%	Z

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	49	PV 049	Accepting New Patients	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - New Patients Accepted	Report the value that defines the element. **EXAMPLE:** 1 = Yes, provider or provider group is accepting new patients as of the day the file was created for this submission.	Required when PV034 = 1, 2, or 3	100%	A2
								Value	**Description**			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
PV	50	PV 050	Filler	2/2024	Filler	Filler	char[0]	Filler	The MA APCD reserves this field. Do not populate with any data.	All	0%	Z
PV	51	PV 051	Filler	11/8/12	Filler	Filler	char[0]	Filler	The APCD reserves this element for future use. Do not populate with any data.	All	0%	Z
PV	52	PV 052	Has multiple offices	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Multiple Office Provider	Report the value that defines the element. **EXAMPLE:** 1 = Yes, provider has multiple offices.	Required when PV034 = 1, 2, or 3	100%	A0
								Value	**Description**			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
PV	53	PV 053	Filler	11/8/12	Text	Filler	char[0]	Filler	The APCD reserves this element for future use. Do not populate with any data.	All	0%	Z

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	54	PV 054	Medical / Healthcare Home ID	5/28/20	Text	ID Link to PV002	varchar[30]	Medical Home Identification Number	Report the identifier of the patient-centered medical home the provider is linked-to here. The value in this element must have a corresponding Provider ID (PV002) in this or a previously submitted provider file.	Require when PV034 = 1, 2, or 3	0%	B
PV	55	PV 055	PCP Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Provider is a PCP	Report the value that defines the element. **EXAMPLE:** 1 = Yes, provider is a PCP.	Required when PV034 = 1	100%	A0

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

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	56	PV 056	Provider Affiliation	2/2016	Text	ID Link to PV002	varchar[30]	Provider Affiliation Code	Report the Provider ID for any affiliation the provider has with another entity or parent company. If the provider is associated only with self, record the same value here as PV002.	All	90%	A2
PV	57	PV 057	Provider Telephone	6/24/10	Numeric	Telephone	varchar[10]	Telephone number associated with the provider identified in PV002	Report the telephone number of the provider associated with the identification in PV002. Do not separate components with hyphens, spaces or other special characters.	All	10%	C
PV	58	PV 058	Delegated Provider Record Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Delegated Record	Report the value that defines the element. **EXAMPLE:** 1 = Yes, provider record was sourced from the delegated provider's system.	All	100%	A2

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

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								5	Not Applicable			
PV	59	PV 059	Filler	11/8/12	Filler	Filler	char[0]	Filler	The APCD reserves this element for future use. Do not populate with any data.	All	0%	Z
PV	60	PV 060	Office Type	11/8/12	Lookup Table - Integer	tlkpOfficeType	int[1]	Office Type Code	Report the value that defines the provider's service setting. **EXAMPLE:** 1 = Facility	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	A0
							Code	**Description**				
							1	Facility				
							2	Doctors office				
							3	Clinic				
							4	Walk in Clinic				
							5	Laboratory				
							0	Other				
PV	61	PV 061	Prescribing Provider	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Prescribing Authority	Report the value that defines the element. **EXAMPLE:** 1 = Yes, provider has prescribing privileges for pharmaceuticals or DME.	All	100%	A2
							Value	**Description**				
							1	Yes				
							2	No				
							3	Unknown				
							4	Other				
							5	Not Applicable				
PV	62	PV 062	Provider Affiliation Start Date	11/8/12	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Provider Start Date	Report the start date of provider's relationship with parent entity / group in PV056 (Provider Affiliation) in CCYYMMDD Format. Providers that are self-affiliated (or no affiliation) should have the same value reported here as in PV037.	All	98%	A0

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	63	PV 063	Provider Affiliation End Date	11/8/12	Full Date - Integer	Century Year Month Day - CCYYMMDD	int[8]	Provider End Date	Report the end date of provider's relationship with parent entity / group in PV056 (Provider Affiliation) in CCYYMMDD Format. Do not report any value here if the affiliation is still active, or if there is no known affiliation in PV056. Self-affiliations should report the same value here as in PV038.	All	98%	B
PV	64	PV 064	PPO Indicator	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Provider PPO Contract	Report the value that defines the element. **EXAMPLE:** 1 = Yes, provider is a contracted network provider.	Required when PV034 = 0, 1, 2, 3, 4, or 5	100%	A0

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

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	65	PV 065	Disbursement Code	10/30/14	Lookup Table – Integer		int[1]	MassHealth Disbursement Method Code	Report the value that defines the element.	Required when submitter is MassHealth	100%	A2

								Value	*Description*			
								0	Pay			
								1	State Agency			
								2	Muni-Med			
								3	Non-Billing			
								4	EHR Incentive provider only-No Pay			
								5	EHR incentive provider expenditure only			
								6	Health Safety Net			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	66	PV 066	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

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PV	67	PV 067	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
PV	68	PV 068	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
PV	69	PV 069	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
PV	70	PV 070	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
PV	71	PV 899	Record Type	6/24/10	Text	ID File	char[2]	File Type Identifier	Report **PV** here. This validates the type of file and the data contained within the file. This must match HD004.	All	100%	A0
TR-PV	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-PV	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-PV	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-PV	4	TR 004	Type of File	6/24/10	Text	ID File	char[2]	Validates the file type defined in HD004.	Report **PV** here. This must match the File Type reported in HD004.	Mandatory	100%	TM
TR-PV	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 and HD006.	Mandatory	100%	TM
TR-PV	6	TR 006	Period Ending Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006.	Mandatory	100%	TM

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
TR-PV	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

1.   **Countries**
American National Standards Institute
http://webstore.ansi.org/SdoInfo.aspx?sdoid=39&source=iso_member_body

PV020	PV027

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

PV019	PV021	PV026	PV028

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

PV039	PV040

4.   **Provider Specialties**
Center for Medicare and Medicaid Services (CMS)
- **Physician Specialty Codes**
- **Non-physician Practitioner, Supplier, and Provider Specialty Codes**

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf
- **see sections 10.8.2 and 10.8.3**

PV030	PV043	PV044

5.   **Health Care Provider Taxonomy**
         Washington Publishing Company
         http://www.wpc-edi.com/reference/

         | PV022 |

18.   **Provider Suffix**
         CHIA
         http://www.chiamass.gov/apcd-data-submission-guides/

         | PV011 |

The Commonwealth of Massachusetts
Center for Health Information and Analysis