The All-Payer Claims Database

Release 2.0
Documentation Guide

Pharmacy Claims File

December 2013

Deval L. Patrick, Governor
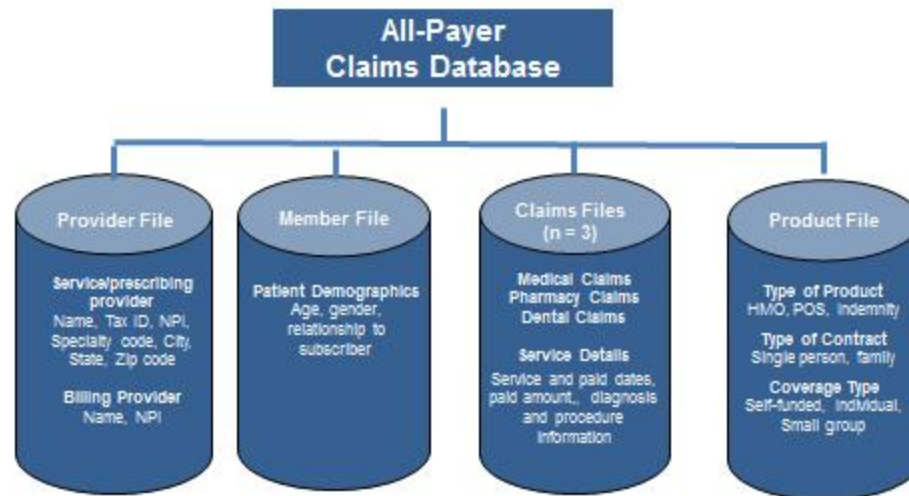**Commonwealth of Massachusetts**

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All-Payer Claims Database

Provider File

Service/prescribing provider
Name, Tax ID, NPI, Specialty code, City, State, Zip code

Billing Provider
Name, NPI

Member File

Patient Demographics
Age, gender, relationship to subscriber

Claims Files (n = 3)

Medical Claims
Pharmacy Claims
Dental Claims

Service Details
Service and paid dates, paid amount, diagnosis and procedure information

Product File

Type of Product
HMO, POS, Indemnity

Type of Contract
Single person, family

Coverage Type
Self-funded, Individual, Small group

For ease of use, the Center for Health Information and Analysis (CHIA) has created separate documents for **each** APCD file type and one for the appendices—for a total of seven separate documents. All are available on the CHIA website.

INTRODUCTION

The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful data and analysis for those seeking to improve health care quality, affordability, access, and outcomes.

To this end, the **All-Payer Claims Database (APCD)** contributes to a deeper understanding of the Massachusetts health care delivery system by providing access to accurate and detailed claims-level data essential to improving quality, reducing costs, and promoting transparency. This document is provided as a manual to accompany the release of data from the APCD.

The **APCD** is comprised of **medical**, **pharmacy**, and **dental claims**, and information from the **member eligibility**, **provider**, and **product** files, that is collected from health insurance payers operating in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as insured and self-insured plans.

APCD data collection and data release are governed by **regulations** which are available on the APCD website (see http://www.mass.gov/chia/gov/laws-regs/chia-regulations.html).

APCD DATA COLLECTION

History

Establishment of the Massachusetts APCD

The first efforts to collect claim-level detail from payers in Massachusetts began in 2006 when the Massachusetts Health Care Quality and Cost Council (HCQCC) was established, pursuant to legislation in 2006, to monitor the Commonwealth's health care system and disseminate cost and quality information to consumers. Initially, data was collected by a third party under contact to the HCQCC.   On July 1, 2009, the Division of Health Care Finance and Policy (DHCFP) assumed responsibility for receiving secure file transmissions, creating, maintaining and applying edit criteria, storing the edited data, and creating analytical public use files for the HCQCC. By July 2010, Regulations 114.5 CMR 21.00 and 114.5 CMR 22.00 became effective, establishing the APCD in Massachusetts.

Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation," created the Center for Health Information and Analysis (CHIA) which assumed many of the functions – including management of the APCD – that were previously performed by the Division of Health Care Finance and Policy (DHCFP).

According to Chapter 224, the purpose of the Massachusetts APCD is **Administrative Simplification:**

> "The center shall collect, store and maintain such data in a payer and provider claims database. The center shall acquire, retain and oversee all information technology, infrastructure, hardware, components, servers and employees necessary to carry out this section. All other agencies, authorities, councils, boards and commissions of the commonwealth seeking health care data that is collected under this section shall, whenever feasible, utilize the data before requesting data directly from health care providers and payers. In order to ensure patient data confidentiality, the center shall not contract or transfer the operation of the database or its functions to a third-party entity, nonprofit organization or governmental entity; provided, however, that the center may enter into interagency services agreements for transfer and use of the data. "

A Preliminary Release of the APCD – covering dates of service CY 2008-2010 and paid through February 28, 2011 – was released in 2012. Release 1.0 covered dates of service CY 2009-2011 and paid through February 2013. Release 2.0 covers dates of service CY2009-2012 and paid through June 2013.

APCD Data Collection Process

The data collected from the payers for the APCD is processed by the **Data Compliance and Support** team. Data Compliance works with the payers to collect the data on a regular, predetermined, basis and ensure that the data is as complete and accurate as possible.   The **Data Quality Assurance** and **Data Standardization and Enhancement** teams work to clean and standardize the data to the fullest extent possible. Data Standardization relies on **external source codes**[1] from outside government agencies, medical and dental associations, and other vendors to ensure that the data collectors properly utilized codes and lookup tables to make data uniform.

Edits

When payers submit their data to CHIA for the APCD, an **Edits process** is run on each file to check that the data complies with requirements for the file and for each data element in the file.

The automated edits perform an important data quality check on incoming submissions from payers. They identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to the Center and APCD users. Refer to the **File Layout** sections of each document to view the Edit Level for each Data Element:

- '**A**' level fields must meet their **APCD threshold percentage** in order for a file to pass. There is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any '**A**' level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action.
- The other categories (**B, C, and Z**) are also **monitored**, but the thresholds are not presently enforced.

Variances

The **Variance process** is a collaborative effort between the payer and CHIA to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the APCD standard. Payers are allowed to request a lower threshold for specific fields, but they must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA staff carefully reviews each request and follows up with a discussion with the payers about how to improve data quality and possibly suggest alternative threshold rates or possibly "ramping up" overtime to the threshold. CHIA's goal is to work with payers to improve the quality of the APCD overtime.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by the Center liaisons and discussed with the payer for corrective action.[2]

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[1] For more information on External Source Codes, refer to **Appendix 9** in the Appendices Release Document.
[2] For more information on variance see **Appendix 6**.

Broad Caveats

Researchers using the APCD Release 2.0 data should be aware of the following:

- Release files include data submitted to the Center through June 2013. Data submitted to the Center after June 2013 is **NOT** included in the files.
- Due to the variance process, data quality may vary from one payer to another. Consult Appendix 6 for more information.
- Claim Files submitted **through June 2010** were accepted with **relaxed edits**. (Refer to the edits section of this document.)
  - The release files contain the data submitted to the Center including valid and invalid values.
- Certain data elements were cleaned when necessary. Detail on the cleaning logic applied is described at the end of each file layout.
- Certain data elements were redacted to protect against disclosure of sensitive information.[3]
- Some Release Data was manipulated for compliance with HIPAA:
  - Assignment of linkage IDs to replace reported linkage identifiers (see **Appendix 4**).
  - Member Birth Year is reported as 999 for all records where the member age was reported as older than 89 years on the date of service.
  - Member Birth Year is reported as Null for all records where the member was reported as older than 115 years on the date of service.

APCD Release 2.0 Overview

The **APCD** is comprised of data elements collected from **all Private and Public Payers**[4] of eligible **Health Care Claims** for Massachusetts Residents.[5] Data is collected in six file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, and **Provider (PV)**. Each is described separately in this user manual.

Highlights of the release include:

- Data is available for dates of service from January 1, 2009 to December 31, 2012 as paid through June 2013.
- Release 2.0 contains more comprehensive and recently updated data, including resubmissions from several large carriers.
- Data elements are classified as either Level 2 or Level 3 data elements. Level 2 include data elements that pose a risk of re-identification of an individual patient. Level 3 data elements are generally either Direct Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or are among the 18 identifiers specified by HIPAA. Refer to the **File Layout** sections for listings of Level 2 and Level 3 data elements for each file.[6]
- Public Use Files (PUFs), which are de-identified extracts of the Medical Claims (MC) and Pharmacy Claims (PC) files, will be release separately. The PUFs incorporate certain levels of aggregation and a much more limited list of elements to help ensure data privacy protection.
- Certain identifying or sensitive data elements are **Masked** in the release in order to protect personally identifiable information and allow for the linkage of data elements within the same file.
- Some data elements have been derived by CHIA from submission data elements or have been added to the database to aid in versioning and identifying claims (e.g. Unique Record IDs and status flags). Refer to the **File Layout** sections for detail.

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[3] Detail on the redaction process is available in **Appendix 3.**

[4] Medicare data is only available to state agencies. Medicaid data requires separate approval from the Massachusetts Executive Office of Health and Human Services.

[5] In certain instances out of state residents are included. Most notably enrollees in the State's Group Insurance Commission medical programs and enrollees in plans subject to the Massachusetts risk adjustment program for the Affordable Care Act.

[6] Note that Level 1 (de-identified) extracts of the Medical Claims (MC) and Pharmacy Claims (PC) APCD files will be released by CHIA in the coming months.

PHARMACY CLAIMS FILE

As part of the All Payer Claims Database (APCD), payers will be required to submit a **Pharmacy Claims File**. The Pharmacy Claims File will include individual **claim lines** for each requested year. The Pharmacy Claim lines will be sorted based on **Date of Service To**. In the event that Date of Service To in unavailable, the following will be utilized:

1) DatePrescriptionFilled,
2) Paid Date,
3) DatePrescriptionWritten,
4) DateOfServiceApproved,
5) Submission Period (YYYMM) less 1 day

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

Types of Data Collected in the Pharmacy Claims File

Payer-assigned Identifiers

The Center requires various Payer-assigned identifiers for matching-logic to the other files, i.e., Product File, Member Eligibility. Some examples of these fields include PC003, PC006, PC107 and PC108. These fields can be used to aid with the matching algorithm to those other files.

Claims Data

The Center requires line-level detail of all Pharmacy Claims for analysis. The line-level data aids with understanding utilization within products across Payers. Subscriber and Member (Patient) Payer unique identifiers are included to aid with the matching algorithm, see PC107 and PC108.

Non-Massachusetts Resident

The Center will not require payers submitting claims and encounter data on behalf of an employer group to submit claims data for employees who reside outside of Massachusetts, unless the payer is required by contract with the Group Insurance Commission.

Adjudication Data

The Center requires adjudication-centric data in order to comply with analytic requirements. The elements typically used in an adjudication process are PC017, PC025, PC036, PC040 through PC042, PC063, PC065 through PC070 and PC110.

Denied Claims

Payers are not required to submit wholly denied claims.

Provider Identifiers

The Center has made a conscious decision to collect numerous identifiers that may be associated with a provider. The identifiers will be used to help link providers across payers 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. Examples of these identifying elements include PC043-PC055 relating to the Prescribing Provider.

The Provider ID

Elements PC043 (Prescribing Provider ID) and PC048 (Prescribing Physician NPI) are critical fields which link the Prescribing Provider identified on the Pharmacy Claims file with the corresponding record in the Provider File (PV002). The definition of PV002, Provider ID, is:

the unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a payer has in its system. This field is used to uniquely identify a provider and that provider's affiliation and a provider and a provider's practice location within this provider file.

The goal of PV002, Provider ID, is to help identify provider data elements associated with provider data that was submitted in the claim line detail, and to identify the details of the Provider Affiliation.

However, due to the fact that PV002 frequently contains sensitive personal information, the element PV002 has received a **substitution linkage element** (with the added suffix "_Linkage_ID") for this release by CHIA which allows linking to the Provider File. Refer to the Linkage Section of the Appendices for greater detail on this process.

Pharmacy Claims Release File Structure:

Issue	Clarification
Release File Format	Release files will be in an **asterisk-delimited text file**. • Only the requested and approved Data Elements will be included in the release file. • Released elements will be delimited in the same order as is found in the File Layout section of this document.
Rows	Each row represents a claim line, typically a prescription. It is necessary to obtain claim line item data to make sure each prescription is captured.
Release ID	A unique id for each **claim line** in the data release will assigned by the Center. All Level 1 and Level 2 file records will contain **Release IDs** to enable linking between the records in the public use file and the records in the restricted use files.
Changes to Claim Lines	Claim line Versioning is triggered by the **Claim Line Type** field: table below
Claim ID	Claims may be isolated by grouping claim lines by the following elements: Payer Claim Control Number (PC004)/Payer Org ID (PC001)
Denied Claim lines	Wholly denied claims are not submitted to CHIA. However, if a **single procedure** is denied within a paid claim that denied line is reported. Denied line items of an adjudicated claim may aid with analysis in the APCD in terms of covered benefits and/or eligibility.

Claim line Versioning table (within **Changes to Claim Lines**):

Claim Line Type Code	Claim Line Type Description	Action/Source
O	Original	
V	Void	Delete line referenced / Provider
R	Replacement	Replace line referenced / Provider
B	Back Out	Delete line referenced / Payer
A	Amendment	Replace line referenced / Payer

Note that claims lines are not versioned in the version 2.0 pharmacy claims files.

Pharmacy Claims File Layout

Restricted Release Elements:

- Each **row** in the release file contains one record of the indicated file type. There is an **asterisk-delimited field** in each row for every data element listed in the Restricted Release sections for each file type.

- Data Elements will be delimited in the order displayed in the File Layout sections of this document.

- **Empty** or **null** data elements will have no spaces or characters between the asterisks.

Lookup Tables:

- **Element-specific** Lookup Tables are included in this document after each File Type Layout section.

- A **Carrier-Specific Master Lookup** table is included with each data extract. Refer to the **Carrier-Specific Reference** and **Linking** sections in this document for more information.

- **External Code Sources** are listed in Appendix 9.

Masked Elements:

- For the Data Release, some of the data elements have been **Masked** to provide confidentiality for Payers and Providers, and individuals, while allowing for linkage between claims, files, and lookup tables. Refer to the **Data Protection/Confidentiality** and **Linkage** sections of the Appendices for more information.

File Layout Section Columns

- **Element**: The code name of the element, with reference to the Regulation and the Submission files received by the Center from Payers. The first two digits refer to the File Type and the following numbers to the ordering in the Submission Files.
- **Data Element Name**: Name of the element.
- **Max Length:** Maximum Length of the data column in the APCD's SQL Server database at the Center.
- **Data Type Guide:** Data Type of the column in the APCD's SQL Server database at the Center. When the APCD Release text file is imported to a database or other file type by the final user of the data, these data types provide a guide to setting up the columns in the receiving file.
- **Description:** Description of the element.
- **Release Notes:** Additional information about the element in the release.
- **Edit Level:** Level of enforcement of the data element's requirements by the Center on Payer Submissions. Refer to the **Edits** section of this document.
- **APCD Threshold:** The expected percentage of validity for instances of the element in each submission file by the Payer.

Release Text File Column Titles

Appendix 10: Release File Column Names included in this document lists the column name for each data element in the Level 2 and Level 3 release files. The text files exported from the APCD SQL Database include these SQL column names in the first row.

The APCD Pharmacy Claims File

Pharmacy Claims File – Level 2 Data Elements							
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level[7]	APCD Threshold[8]
Derived - PC1	Submission Month	2	int	Month of the file submission—derived by CHIA.	Month of the file submission—derived by CHIA.	N/A	N/A
Derived - PC2	Submission Year	4	int	Year of the file submission—derived by CHIA.	Year of the file submission—derived by CHIA.	N/A	N/A
Derived - PC3	County of Member	3	varchar	County of the Member/Patient—derived by CHIA	County of the Member/Patient—derived by CHIA	N/A	N/A
Derived - PC4	County of Pharmacy Location City	3	varchar	County of the Service Provider—derived by CHIA	County of the Service Provider—derived by CHIA	N/A	N/A
Derived - PC5	County of Prescribing Physician	3	varchar	County of the Prescribing Physician—derived by CHIA	County of the Prescribing Physician—derived by CHIA	N/A	N/A
Derived - PC6	Member ZIP code (first 3 digits)	256	varbinary	Zip Code of Member/Patient (first 3 digits)—derived by CHIA	Zip Code of Member/Patient (first 3 digits)—derived by CHIA	N/A	N/A
Derived - PC7	Pharmacy Claim ID	NULL	int	Unique record ID per submission control ID	With each submission control ID this number is reset to 1 and sequentially incremented by one for every record submitted	N/A	N/A
Derived - PC8	Release ID	NULL	int	Unique record ID derived specifically for this release file type	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released	N/A	N/A
Derived - PC9	Submission Control ID	NULL	int	Unique sequential number assigned to any new file type submitted to CHIA across all carriers	With each file submission this number is incremented by one	N/A	N/A

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[7] See pg. 5 for a discussion on Edit Levels.
[8] See pg. 5 for a discussion on APCD Thresholds.

						Edit	APCD

Pharmacy Claims File – Level 2 Data Elements

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level[7]	APCD Threshold[8]
Derived - PC10	CHIA Incurred Date (Year and Month Only)		int	This is a derived YYYYMM value as best determined by CHIA. Determination was based on availability of valid date data – typically "Date Prescription Filled" or "Paid date".	This is a derived YYYYMM value.	N/A	N/A
PC001	Payer	8	varchar	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	A CHIA-assigned identifier for any APCD Data Submitter; Insurance, Benefit Manager/Administrator, TPA, Vendor	A0	100
PC002	National Plan ID	30	varchar	CMS National Plan Identification Number (PlanID)	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	Z	0
PC003	Insurance Type Code/Product	2	varchar	Type / Product Identification Code (Lookup Table)	A code that defines the type of insurance applied to the claim line. This value can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	C	95
PC004	Payer Claim Control Number	35	varchar	Payer Claim Control Identification	Unique identifier within the payer's system that applies to the entire claim.	A0	100
PC005	Line Counter	4	int	Incremental Line Counter	The line number for this service on the claim. First line should start with 1, and each additional line incremented by 1.	A0	100
PC005A	Version Number	4	int	Claim Service Version Number	Incrementing counter for a claim line that is reprocessed for any reason over the course of time. Highest value should indicate latest reprocessing of line by the carrier/submitter.	A0	100
PC011	Individual Relationship Code	2	varchar	Member/Patient to Subscriber Relationship Code (Lookup Table)	Numeric indicator to define the Patient's relationship to the Subscriber. This value can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	B	85

Pharmacy Claims File – Level 2 Data Elements

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level[7]	APCD Threshold[8]
PC012	Member Gender	1	varchar	Member/Patient's Gender (Lookup Table)	A code that defines the Patient's gender. This can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	B	100
PC013	Member Birth (Month Only)	2	int	Member/Patient's date of birth - Month Only	Month of the Birth date of the Patient.	B	99
PC013	Member Birth (Year Only)	4	int	Member/Patient's date of birth - Year Only - CHIA	Year of the Birth date of the Patient. Member Birth Year is reported as "999" when the Member is age 89 or older as of the Date Prescription Written.	B	99
PC014	Member City Name of Residence	256	varbinary	City name of the Member/Patient	City of the Patient.	B	99
PC015	Member State	2	varchar	State of the Member/Patient (External Code Source 2)	State of the Patient.	B	99
PC016	Member ZIP Code	256	varbinary	Zip Code of the Member/Patient	Zip Code of the Member/Patient.	B	99
PC017	Date Service Approved (AP Date)	8	datetime	Date Service Approved	The date the service was approved for payment by the carrier or its designee. (YYYY-MM-DD 00:00:00.000)	C	99
PC018	Pharmacy Number	30	varchar	Pharmacy Number	Unique identifier assigned to a pharmacy by either the NAPD or the NCPDP	A0	98
PC020	Pharmacy Name	100	varchar	Name of Pharmacy	Name of the Pharmacy.	A2	90
PC021	National Pharmacy ID Number	20	varchar	National Provider Identification (NPI) of the Provider (External Code Source 4)	The National Provider ID (NPI) of the Pharmacy.	C	98
PC022	Pharmacy Location City	30	varchar	City name of the Pharmacy	City of the Pharmacy.	B	85
PC023	Pharmacy Location State	2	varchar	State of the Pharmacy	State of the Pharmacy.	B	90
PC024	Pharmacy ZIP Code	11	varchar	5 or 9 digit Zip code of the Pharmacy (External Code Source 3)	Zip code of the Pharmacy.	B	90

						Edit	APCD

Pharmacy Claims File – Level 2 Data Elements

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level[7]	APCD Threshold[8]
PC024A	Pharmacy Country Code	30	varchar	Country Code of the Pharmacy Data requirement is a 3 digit code (External Code Source 1 (ISO 3166-1, alpha-3)).	Country of Pharmacy. Data requirement is a 3 digit code (External Code Source 1 (ISO 3166-1, alpha-3)).	B	90
PC025	Claim Status	2	varchar	Claim Line Status (Lookup Table)	Numeric indicator that reports if the claim line was paid by the carrier or its designee, and the COB order of the payment.	A0	65
PC026	Drug Code	11	varchar	National Drug Code (NDC)	A standard NDC Code as defined by the FDA in 5-4-2 format without hyphenation.	A0	90
PC027	Drug Name	80	varchar	Name of the drug as supplied (External Code Source 12)	Name of the pharmaceutical supplied.	C	95
PC028	New Prescription or Refill	3	varchar	Prescription Status Indicator	New Prescriptions identified with 00; Enumeration identifies current refill count.	A0	99
PC029	Generic Drug Indicator	1	varchar	Generic Drug Indicator (Lookup Table)	Numeric indicator that reports if the pharmaceutical delivered was a generic product.	A2	100
PC030	Dispense as Written Code	1	varchar	Prescription Dispensing Activity Code (Lookup Table)	Numeric indicator that reports the dispensing activity of the pharmacy.	C	98
PC031	Compound Drug Indicator	1	varchar	Compound Drug Indicator (Lookup Table)	Numeric indicator that reports if the pharmaceutical delivered is the result of combining two or more drugs.	C	98
PC032	Date Prescription Filled	8	datetime	Prescription filled date	The date that the pharmacy filled AND dispensed prescription to the Patient. (YYYY-MM-DD 00:00:00.000)	A0	99
PC032	Date Prescription Filled (Year Only)	4	int	Prescription filled date - Year only	The Year of the date that the pharmacy filled AND dispensed prescription to the Patient.	A0	99
PC032	Date Prescription Filled (Month Only)	2	int	Prescription filled date – Month only	The Month of the date that the pharmacy filled AND dispensed prescription to the Patient.	A0	99
PC033	Quantity Dispensed	10	int	Claim line units dispensed	The number of metric units of medication dispensed.	A1	99

							Pharmacy Claims File – Level 2 Data Elements		

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level[7]	APCD Threshold[8]
PC034	Days Supply	3	int	Prescription Supply Days	Estimated number of days the prescription will last.	A2	99
PC035	Charge Amount	10	money	Amount of provider charges for the claim line	Amount provider charged for the claim line service.	A0	99
PC036	Paid Amount	10	money	Amount paid by the carrier for the claim line	The amount paid to the provider for this claim line.	A0	99
PC037	Ingredient Cost/List Price	10	money	Amount defined as the List Price or Ingredient Cost	The amount that the pharmacy has on file as the List Price.	A1	99
PC038	Postage Amount Claimed	10	money	Amount of postage claimed on the claim line	The amount that a provider has reported as postage for reimbursement.	C	99
PC039	Dispensing Fee	10	money	Amount of dispensing fee for the claim line	The amount that a provider has reported as a dispensing fee for reimbursement.	A1	99
PC040	Copay Amount	10	money	Amount of Copay member/patient is responsible to pay	The copay amount applied to a claim line or full claim as calculated by the carrier or its designee.	A1	99
PC041	Coinsurance Amount	10	money	Amount of coinsurance member/patient is responsible to pay	The coinsurance amount applied to a claim line or full claim as calculated by the carrier or its designee.	A1	99
PC042	Deductible Amount	10	money	Amount of deductible member/patient is responsible to pay on the claim line	The deductible amount applied to a claim line or full claim as calculated by the carrier or its designee.	A1	99
PC043	Prescribing Provider ID	28	varchar	Prescribing Provider Number	Link to PV002 on the Provider File to obtain detailed attributes of the Prescribing Provider. (Refer to Linking section of the Release Document.)	A0	80
PC044	Prescribing Physician First Name	25	varchar	First name of Prescribing Physician	First name of the Prescribing Physician. Can be reported as NULL if DEA Number is present.	B	50
PC045	Prescribing Physician Middle Name	25	varchar	Middle initial of Prescribing Physician	Middle name of the Prescribing Physician. Can be reported as NULL if DEA Number is present.	C	2
PC046	Prescribing Physician Last Name	60	varchar	Last name of Prescribing Physician	Last Name of the Prescribing Physician. Can be reported as NULL if DEA Number is present.	B	50

	Pharmacy Claims File – Level 2 Data Elements						
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level[7]	APCD Threshold[8]
PC048	Prescribing Physician NPI - National Provider ID	20	varchar	National Provider Identification (NPI) of the Prescribing Physician (External Code Source 4)	The National Provider ID (NPI) of the Prescribing Provider.	C	80
PC049	Prescribing Physician Plan Number	30	varchar	Prescribing Physicians Carrier Assigned Plan Number	Unique identifier assigned to the Prescribing Physician by the carrier or its designee. When the prescriber is not contracted with the carrier, this field will be null or reported as HCF-99907.	C	10
PC050	Prescribing Physician License Number	30	varchar	Prescribing Physician License Number	State license number of the Prescribing Physician identified in PV002.	B	10
PC051	Prescribing Physician Street Address	50	varchar	Street address of the Prescribing Physician	Street address of the Prescribing Physician.	C	10
PC052	Prescribing Physician Street Address 2	50	varchar	Secondary Street Address of the Prescribing Physician	Street address 2 of the Prescribing Physician.	C	2
PC053	Prescribing Physician City	30	varchar	City name of the Prescribing Physician	City of the Prescribing Physician.	C	10
PC054	Prescribing Physician State	2	varchar	State of the Physician (External Code Source 2)	State of the Prescribing Physician.	C	10
PC055	Prescribing Physician Zip	10	varchar	Zip code of the Prescribing Physician (External Code Source 3)	Zip code of the Prescribing Physician.	C	10
PC056	Product ID Number	30	varchar	Product Identification Number	Link to PR001 on the Product File to obtain detailed attributes of the product that the eligibility for this claim line is associated to.	A0	100
PC057	Mail Order pharmacy	1	varchar	Mail Order Pharmacy indicator (Lookup Table)	Numeric indicator that reports if this claim line was fulfilled by a mail order pharmacy.	A2	100
PC058	Script number	20	varchar	Prescription Number	Unique identifier of the actual prescription written by the prescribing provider.	B	100
PC059	Recipient PCP ID	30	varchar	Member/Patient's PCP Provider ID	Link to PV002 on the Provider File to obtain detailed attributes of the Patient's Primary Care Provider.	B	98
PC060	Single/Multiple Source Indicator	1	varchar	Drug Source Indicator (Lookup Table)	Numeric indicator that reports how the pharmaceutical was sourced.	A2	90

	Pharmacy Claims File – Level 2 Data Elements						
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level[7]	APCD Threshold[8]
PC063	Paid Date	8	datetime	Paid date of the claim line	The date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment for this claim line. (YYYY-MM-DD 00:00:00.000)	A0	99
PC064	Date Prescription Written	8	datetime	Date prescription was prescribed	The date the prescribing physician wrote or called-in the prescription. (YYYY-MM-DD 00:00:00.000)	B	80
PC064	Date Prescription Written (Year Only)	4	int	Date prescription was prescribed - Year only	The Year of the date the prescribing physician wrote or called-in the prescription.	B	80
PC064	Date Prescription Written (Month Only)	2	int	Date prescription was prescribed - Month only	The Month of the date the prescribing physician wrote or called-in the prescription.	B	80
PC066	Other Insurance Paid Amount	10	money	Amount paid by a Primary Carrier	The amount that another carrier paid for this claim line.	A2	90
PC068	Allowed amount	10	money	Allowed Amount	The maximum amount contractually allowed and payable for this claim line as defined by the carrier or its designee.	A2	99
PC069	Member Self Pay Amount	10	money	Amount member/patient paid out of pocket on the claim line	The amount that the Patient has paid towards the claim line prior to submission to the carrier or its designee.	B	20
PC070	Rebate Indicator	1	varchar	Drug Rebate Eligibility Indicator (Lookup Table)	Numeric indicator that reports if the claim line is eligible for financial rebate.	B	85
PC071	State Sales Tax	10	money	Amount of applicable sales tax on the claim line	Sales tax amount applied to the claim line.	B	80
PC072	Delegated Benefit Administrator Organization ID	10	varchar	CHIA-assigned Org ID for Benefit Administrator	Linking ID used by carriers to identify their Benefit Administrators / Managers, Vendors, etc. This value is a CHIA-assigned identifier.	A0	90
PC073	Formulary Code	1	varchar	Formulary inclusion identifier (Lookup Table)	Numeric indicator that reports if the pharmaceutical delivered is on the carrier's, or its designee's, list of covered drugs for the contract.	B	80

				Pharmacy Claims File – Level 2 Data Elements				

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level[7]	APCD Threshold[8]
PC074	Route of Administration	2	varchar	Pharmaceutical Route of Administration Indicator (Lookup Table)	Numeric indicator that reports how the pharmaceutical is to be taken by the Patient.	B	20
PC075	Drug Unit of Measure	3	varchar	Units of Measure (Lookup Table)	A code that reports the unit of measure for the pharmaceutical delivered.	A1	80
PC107	CarrierSpecificUniqueMemberID [Masked]	256	varbinary	Member/Patient Carrier Unique Identification	Unique, internal identification assigned by the carrier or its designee to the Member. This can be used to link Claim Lines to eligibility segments.	A0	100
PC108	CarrierSpecificUniqueSubscriberID [Masked]	256	varbinary	Subscriber Carrier Unique Identification	Unique, internal identification assigned by the carrier or its designee to the Subscriber. This can be used to link Claim Lines to eligibility segments.	A0	100
PC110	Claim Line Type	10	varchar	Claim Line Activity Type Code (Lookup Table)	A code that reports the final outcome of the claim line during the submission period of the carrier or its designee. Example: Original, Void, Replacement, Back Out, Amendment	A0	90

				Pharmacy Claims File – Level 3 Data Elements				

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold
Derived - PC7	Pharmacy Claim ID	NULL	int	Unique record ID per submission control ID	With each submission control ID this number is reset to 1 and sequentially incremented by one for every record submitted	N/A	N/A
Derived - PC8	Release ID	NULL	int	Unique record ID derived specifically for this release file type	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released	N/A	N/A
Derived - PC9	Submission Control ID	NULL	int	Unique sequential number assigned to any new file type submitted to CHIA across all carriers	With each file submission this number is incremented by one	N/A	N/A

Pharmacy Claims File – Level 3 Data Elements							
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold
PC006	Insured Group or Policy Number	256	varbinary	Carriers group or policy number	The carrier assigned group / policy number for this claim line. This information is often filed as reported by the provider.	C	98
PC007	Subscriber SSN	256	varbinary	Subscriber's Social Security Number	Tax ID of the Subscriber.	B	85
PC008	Plan Specific Contract Number	256	varbinary	Plan Specific Contract Number	Plan assigned contract/certificate number for the Subscriber and all of the corresponding dependents. This identifier must not disclose individuals.	C	98
PC009	Member Suffix or Sequence Number	20	varchar	Member/Patient's Contract Sequence Number	A unique identifier that is assigned to each beneficiary under a contract.	B	98
PC010	Member SSN	256	varbinary	Member/Patient's Social Security Number	Tax ID of the Patient.	B	98
PC013	Member Date of Birth	256	varbinary	Member/Patient's date of birth	Birth date of the Patient.	B	99
PC019	Pharmacy Tax ID Number	10	varchar	Pharmacy Tax Identification Number	Tax ID of the Pharmacy.	C	20
PC047	Prescribing Physician DEA Number	20	varchar	Prescribing Physicians DEA Number	The DEA number for prescribing physician.	B	80
PC061	Member Street Address	256	varbinary	Street address of the Member/Patient	Street address of the Patient.	B	90
PC062	Billing Provider Tax ID Number	10	varchar	The Billing Provider's Federal Tax Identification Number (FTIN)	Tax ID of the Billing Provider.	C	90
PC065	Coordination of Benefits/TPL Liability Amount - GIC Only	10	money	Amount due from a Secondary Carrier when known	The amount that another carrier/insurer is liable for as determined by the carrier or its designee after their adjudication.	A2	98
PC067	Medicare Paid Amount - GIC Only	10	money	Amount Medicare paid on claim	The amount that Medicare paid towards this claim line prior to carrier adjudication.	A1	98
PC101	Subscriber Last Name	256	varbinary	Last name of Subscriber	Last name (or entity name) of the Subscriber.	B	98
PC102	Subscriber First Name	256	varbinary	First name of the Subscriber	First name of Subscriber, when appropriate.	B	98
PC103	Subscriber Middle Initial	1	varchar	Middle initial of Subscriber	Middle initial of the Subscriber.	C	2

				Pharmacy Claims File – Level 3 Data Elements				
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold
PC104	Member Last Name	256	varbinary	Last name of Member/Patient	Last name of the Patient.	B	98
PC105	Member First Name	256	varbinary	First name of Member/Patient	First name of the Patient.	B	98
PC106	Member Middle Initial	1	varchar	Middle initial of the Member/Patient	Middle initial of the Patient.	C	2
PC109	Member Street Address 2	256	varbinary	Secondary Street Address of the Member/Patient	Street address 2 of the Patient.	B	0
PC111	Former Claim Number	35	varchar	Previous Claim Number	The Payer Claim Control Number previously assigned to this claim line in a prior reporting period.	B	0

				APCD Pharmacy Claims File Lookup Tables, by Element				
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
PC003	Insurance Type Code/Product	2	varchar	Type / Product Identification Code (Lookup Table)	A code that defines the type of insurance applied to the claim line. This value can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	C	95%	2
				Claim Insurance Type Code	*Claim Insurance Type*			
				09	Self-pay			
				10	Central Certification			
				11	Other Non-Federal Programs			
				12	Preferred Provider Organization (PPO)			
				13	Point of Service (POS)			
				14	Exclusive Provider Organization (EPO)			
				15	Indemnity Insurance			
				16	Health Maintenance Organization (HMO) Medicare Risk			

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				17	Dental Maintenance Organization (DMO)			
				AM	Automobile Medical			
				BL	Blue Cross / Blue Shield			
				CC	Commonwealth Care			
				CE	Commonwealth Choice			
				CH	Champus			
				CI	Commercial Insurance Co.			
				DS	Disability			
				HM	Health Maintenance Organization			
				LI	Liability			
				LM	Liability Medical			
				MA	Medicare Part A			
				MB	Medicare Part B			
				MC	Medicaid			
				OF	Other Federal Program			
				TV	Title V			
				VA	Veterans Administration Plan			
				WC	Workers' Compensation			
PC011	Individual Relationship Code	2	varchar	Member/Patient to Subscriber Relationship Code (Lookup Table)	Numeric indicator to define the Patient's relationship to the Subscriber. This value can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	B	85%	2
				Individual Relationship Code	*Individual Relationship*			
				1	Spouse			
				4	Grandfather or Grandmother			

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				5	Grandson or Granddaughter			
				7	Nephew or Niece			
				10	Foster Child			
				15	Ward			
				17	Stepson or Stepdaughter			
				19	Child			
				20	Self/Employee			
				21	Unknown			
				22	Handicapped Dependent			
				23	Sponsored Dependent			
				24	Dependent of a Minor Dependent			
				29	Significant Other			
				32	Mother			
				33	Father			
				36	Emancipated Minor			
				39	Organ Donor			
				40	Cadaver Donor			
				41	Injured Plaintiff			
				43	Child Where Insured Has No Financial Responsibility			
				53	Life Partner			
				76	Dependent			
PC012	Member Gender	1	varchar	Member/Patient's Gender (Lookup Table)	A code that defines the Patient's gender. This can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	B	100%	2
				Gender Code	*Gender*			

APCD Pharmacy Claims File Lookup Tables, by Element

APCD Pharmacy Claims File Lookup Tables, by Element								
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				F	Female			
				M	Male			
				O	Other			
				U	Unknown			
PC025	Claim Status	2	varchar	Claim Line Status (Lookup Table)	Numeric indicator that reports if the claim line was paid by the carrier or its designee, and the COB order of the payment.	A0	65%	2
				Claim Status Code	*Claim Status*			
				01	Processed as primary			
				02	Processed as secondary			
				03	Processed as tertiary			
				04	Denied			
				19	Processed as primary, forwarded to additional payer(s)			
				20	Processed as secondary, forwarded to additional payer(s)			
				21	Processed as tertiary, forwarded to additional payer(s)			
				22	Reversal of previous payment			
PC029	Generic Drug Indicator	1	varchar	Generic Drug Indicator (Lookup Table)	Numeric indicator that reports if the pharmaceutical delivered was a generic product.	B	100%	2
				Value	*Description*			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				5	Not Applicable			
PC030	Dispense as Written Code	1	varchar	Prescription Dispensing Activity Code (Lookup Table)	Numeric indicator that reports the dispensing activity of the pharmacy.	C	98%	2
				Dispense As Written Code	*Dispense As Written*			
				0	Not dispensed as written			
				1	Physician dispense as written			
				2	Member dispense as written			
				3	Pharmacy dispense as written			
				4	No generic available			
				5	Brand dispensed as generic			
				6	Override			
				7	Substitution not allowed, brand drug mandated by law			
				8	Substitution allowed, generic drug not available in marketplace			
				9	Other			
PC031	Compound Drug Indicator	1	varchar	Compound Drug Indicator (Lookup Table)	Numeric indicator that reports if the pharmaceutical delivered is the result of combining two or more drugs.	C	98%	2
				Value	*Description*			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			

Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				APCD Pharmacy Claims File Lookup Tables, by Element				
PC057	Mail Order pharmacy	1	varchar	Mail Order Pharmacy indicator (Lookup Table)	Numeric indicator that reports if this claim line was fulfilled by a mail order pharmacy.	B	100%	2
				Value	*Description*			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PC060	Single/Multiple Source Indicator	1	varchar	Drug Source Indicator (Lookup Table)	Numeric indicator that reports how the pharmaceutical was sourced.	B	90%	2
				Value	*Description*			
				1	Multi-source brand			
				2	Multi-source brand with generic equivalent			
				3	Single source brand			
				4	Single source brand with generic equivalent			
				5	Unknown			
PC070	Rebate Indicator	1	varchar	Drug Rebate Eligibility Indicator (Lookup Table)	Numeric indicator that reports if the claim line is eligible for financial rebate.	B	85%	2
				Value	*Description*			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			

APCD Pharmacy Claims File Lookup Tables, by Element								
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
PC073	Formulary Code	1	varchar	Formulary inclusion identifier (Lookup Table)	Numeric indicator that reports if the pharmaceutical delivered is on the carrier's, or its designee's, list of covered drugs for the contract.	A0	90%	2
				Value	*Description*			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
PC074	Route of Administration	2	varchar	Pharmaceutical Route of Administration Indicator (Lookup Table)	Numeric indicator that reports how the pharmaceutical is to be taken by the Patient.	B	80%	2
				Route Of Administration Code	*Route Of Administration*			
				00	Not Specified			
				01	Buccal			
				02	Dental			
				03	Inhalation			
				04	Injection			
				05	Intraperitoneal			
				06	Irrigation			
				07	Mouth / Throat			
				08	Mucous Membrane			
				09	Nasal			
				10	Ophthalmic			
				11	Oral			

				APCD Pharmacy Claims File Lookup Tables, by Element				
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				12	Other / Misc			
				13	Otic			
				14	Perfusion			
				15	Rectal			
				16	Sublingual			
				17	Topical			
				18	Transdermal			
				19	Translingual			
				20	Urethral			
				21	Vaginal			
				22	Enteral			
PC075	Drug Unit of Measure	3	varchar	Units of Measure (Lookup Table)	A code that reports the unit of measure for the pharmaceutical delivered.	A1	80%	2
				Measure Code	*Measure*			
				EA	Each			
				GM	Grams			
				ML	Milliliters			
PC110	Claim Line Type	10	varchar	Claim Line Activity Type Code (Lookup Table)	A code that reports the final outcome of the claim line during the submission period of the carrier or its designee. Example: Original, Void, Replacement, Back Out, Amendment	A0	90%	2
				Claim Line Type Code	*Claim Line Type*			
				O	Original			
				V	Void			
				R	Replacement			
				B	Back Out			

APCD Pharmacy Claims File Lookup Tables, by Element								
Element	Data Element Name	Max Length	Data Type Guide	Description	Release Notes	Edit Level	APCD Threshold	Level 2/3
				A	Amendment			

Pharmacy Claims File: External Code Sources

Refer to Appendix 9: External Code Sources

Pharmacy Claims File Cleaning, Standardization, and Redaction

		APCD Pharmacy Claims File Cleaning Logic, by Element		
Element	**Data Element Name**	**Format/Length**	**Description**	**Cleaning Logic**
PC012	Member Gender	varchar[1]	Member Gender	Change: 'm' to 'M', 'f' to 'F', 'o' to 'O', 'u' to 'U'. Nullify invalid values based on lookup table.
PC013	Member Birth Year	Int[4]	Member Birth Year	If age (based on date of birth) is > 89 as of last day of the service year, then set to 999. If age > 115, then set to null. If birth date = null, birth year = null.
PC021	National Pharmacy ID Number	int[10]	National Provider Identification (NPI) of the Pharmacy	Nullify values if not 10-digit integer.
PC025	Claim Status	varchar[2]	Claim Line Status	Zero pad single digit values.
PC028	New Prescription or Refill	char[2]	Prescription Status Indicator	Zero pad single digit values 0-9.
PC029	Generic Drug Indicator	int[1]	Generic Drug Indicator	Change: "Y" to "1", "N" to "2". Nullify invalid values based on lookup table.
PC031	Compound Drug Indicator	int[1]	Compound Drug Indicator	Change: "Y" to "1", "N" to "2". Nullify invalid values based on lookup table.
PC035	Charge Amount	money	Amount of provider charges for the claim line	**For MassHealth (Org. ID 3156) data only:** submitted values multiplied by 100 **For Harvard Pilgrim (Org.ID 300) data only:** submitted values divided by 100 for submission period October 2012 and onward.

APCD Pharmacy Claims File Cleaning Logic, by Element

Element	Data Element Name	Format/Length	Description	Cleaning Logic
PC036	Paid Amount	money	Amount paid by the carrier for the claim line	**For MassHealth (Org. ID 3156) data only:** submitted values multiplied by 100
PC039	Dispensing Fee	money	Amount of dispensing fee for the claim line	**For MassHealth (Org. ID 3156) data only:** submitted values multiplied by 100
PC040	Copay Amount	money	Amount of Copay member/patient is responsible to pay	**For MassHealth (Org. ID 3156) data only:** submitted values multiplied by 100
PC048	Prescribing Physician NPI	int[10]	National Provider Identification (NPI) of the Prescribing Provider	Nullify values if not 10-digit integer.
PC066	Other Insurance Paid Amount	money	Amount paid by a Primary Carrier	**For MassHealth (Org. ID 3156) data only:** submitted values multiplied by 100
PC067	Medicare Paid Amount	money	Medicare Paid Amount	**For MassHealth (Org. ID 3156) data only:** submitted values multiplied by 100
PC068	Allowed Amount	money	Allowed Amount	**For MassHealth (Org. ID 3156) data only:** submitted values multiplied by 100
PC072	Delegated Benefit Administrator Org ID	varchar[6]	CHIA defined and maintained Org ID for linking across submitters	Nullify invalid values based on CHIA assigned organization ID.
PC074	Route of Administration	char[2]	Route of Administration	Zero pad single digit values equal to 0-9.
PC110	Claim Line Type	char[1]	Claim Line Activity Type Code	Nullify invalid values based on lookup table.

APCD Pharmacy Claims File Standardization, by Element using Melissa Data[9]

Element	Data Element Name	Format/Length	Description
Derived-PC3	County of Member	[3]	
Derived-PC4	County of Pharmacy Location City	[3]	
Derived-PC5	County of Prescribing Physician	[3]	
Derived-PC6	Member ZIP code (first 3 digits)	[3]	
PC014	Member City Name of Residence	varchar[50]	City name of the Member/Patient
PC015	Member State	char[2]	State / Province of the Patient

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[9] Please refer to **Appendix 3** for details on the Melissa standardization process and the redaction process. Please see **Appendix 4** for the reidentification process.

PC016	Member ZIP Code	varchar[9]	Zip code of the Member / Patient
PC022	Pharmacy Location City	varchar[30]	City name of the Pharmacy
PC023	Pharmacy Location State	char[2]	State of the Pharmacy
PC024	Pharmacy ZIP Code	varchar[9]	Zip code of the Pharmacy
PC051	Prescribing Physician Street Address	varchar[50]	Street address of the Prescribing Physician
PC052	Prescribing Physician Street Address 2	varchar[50]	Secondary Street Address of the Prescribing Physician
PC053	Prescribing Physician City	varchar[30]	City name of the Prescribing Physician
PC054	Prescribing Physician State	char[2]	State of the Physician
PC055	Prescribing Physician Zip	varchar[9]	Zip code of the Prescribing Physician
PC061	Member Street Address	varchar[50]	Street address of the Member/Patient
PC109	Member Street Address 2	varchar[50]	Secondary Street Address of the Member/Patient

APCD Pharmacy Claims File SSN Redaction, by Element			
Element	**Data Element Name**	**Format/Length**	**Description**
PC018	Pharmacy Number	varchar[30]	Pharmacy Number
PC020	Pharmacy Name	varchar[100]	Name of Pharmacy
PC049	Prescribing Physician Plan Number	varchar[30]	Carrier-assigned Provider Plan ID
PC050	Prescribing Physician License Number	varchar[30]	Prescribing Physician License Number

APCD Pharmacy Claims File Reidentification, by Element			
Element	**Data Element Name**	**Format/Length**	**Description**
PC043	Prescribing Provider ID	varchar[28]	First name of Prescribing Physician
PC056	Product ID Number	varchar[30]	Product Identification
PC059	Recipient PCP ID	varchar[30]	Patient's PCP ID Number