

114.5 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY

114.5 CMR 22.00: HEALTH CARE CLAIMS DATA RELEASE

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22.01: General Provisions

- (1) Scope and Purpose. 114.5 CMR 22.00 governs the disclosure of health plan information and claims data submitted by health care payers pursuant to 114.5 CMR 21.00. The purpose of 114.5 CMR 22.00 is to make health plan information and data available as a resource where such access serves the public interest while safeguarding the privacy rights of claims data subjects. Pursuant to M.G.L. c. 118G, § 6, data submitted by health care payers are not a public record, and no public disclosure of any data and information shall be made except in accordance with the provisions of 114.5 CMR 22.00.
- (2) Effective Date. 114.5 CMR 22.00 is effective July 23, 2010.
- (3) Authority. 114.5 CMR 22.00 is adopted pursuant to M.G.L. c.118G.

22.02: Definitions

As used in 114.5 CMR 22.00, the following words shall have the following meanings:

Applicant. An individual or organization that requests health care data and information in accordance with 114.5 CMR 22.03.

Claims Data. Information consisting of, or derived directly from, member eligibility information, medical, pharmacy, or dental claims and encounters, and all other data submitted by Health Care Payers in accordance with 114.5 CMR 21.00.

CMS. The federal Centers for Medicare and Medicaid Services.

Data Use Agreement. A document detailing restrictions on the Disclosure and use of Claims Data.

Disclosure. The release, transfer, provision of, access to, or divulging in any manner of Health Plan Information or Claims Data.

Division. The Division of Health Care Finance and Policy established under M.G.L. c. 118G.

Health Care Payers. A Payer required to submit health care information and data under 114.5 CMR 21.00.

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Health Plan Information. Information submitted by Health Care Payers in accordance with 114.5 CMR 21.03(2).

Provider. A health care practitioner, health care facility, health care group, medical product vendor or pharmacy.

22.02: continued

Public Use Files. Public Use Files are datasets derived from records submitted by payers pursuant to 114.5 CMR 21.00 that contain de-identified member and utilization data elements and exclude payer identifiers. Public Use Files contain data elements that will not be disclosed unless the Division determines that an applicant fulfills the requirements imposed by 114.5 CMR 22.03. *See* 114.5 CMR 22.07: Appendix A - Public Use Data Elements Table for list of Public Use elements.

Restricted Use Files. Restricted Use Files are datasets derived from records submitted by payers pursuant to 114.5 CMR 21.00 that contain data elements that will not be disclosed unless the Division determines that an applicant fulfills the requirements imposed by 114.5 CMR 22.03(2). *See* 114.5 CMR 22.08: Appendix B - Restricted Use Data Elements Table for list of Restricted Use elements.

22.03: Procedures for Data Requests

(1) Public and Restricted Use Files. The Division will create Claims Data Public Use Files and Restricted Use Files to which Applicants may request access in accordance with 114.5 CMR 22.03(2).

(2) Application Review Procedures.

(a) Applications for Data.

1. All Applicants must submit a written application. Each Applicant shall:
 - a. specify the data requested, including Public Use Files and any restricted data elements requested;
 - b. specify the purpose and intended use of the data requested, including a detailed project description that describes any other data sources to be used for the project;
 - c. specify security and privacy measures that will be taken in order to safeguard patient privacy and to prevent unauthorized access to or use of such data;
 - d. specify the Applicant's methodology for maintaining data integrity and accuracy;
 - e. describe how the results of the Applicant's analysis will be published;
 - f. agree to provide the results of all analyses, research, or other product of the data requested to the Division for the Division's own use;
 - g. agree to the data disclosure restrictions in 114.5 CMR 22.04; and
 - h. obtain prior approval from the Division to release any reports that used restricted use files prior to publication or other release to another person or entity. The Division will review the report to determine whether the privacy rights of any data subject would be violated by the release of the report
2. Applicants for Public Use Files shall specify which pre-developed module of public use files is requested. Additional or customized public use files will only be provided at the Commissioner's sole discretion;
3. Applicants for Restricted Use Files must demonstrate a need for each restricted data element requested. The Division will release only those restricted data elements which it determines to be necessary to accomplish the applicant's intended use;
4. Applicants requesting Medicare data will be required to conform with CMS requirements to obtain and use applicable data.
5. Medicaid data will not be released in response to any application, unless the release of such data conforms to all applicable federal and state laws and regulations, including laws and regulations governing the de-identification of such data, and any data release restrictions in the agency's interagency service agreement.

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6. The Division will post applications on the Division's website. The Division will not post those portions of applications that specify security measures or applications from law enforcement entities to the extent that posting the application on the website may impede the investigatory process. The Division will invite public comments on applications for at least ten business days following the day on which the application is posted on the website. Public comments that comply with all applicable internet policies for public posting will be posted on the Division's website.
- (b) Data Release Criteria. The Commissioner will approve an application if he or she determines that:

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1. the purpose for which the data is requested is in the public interest. Uses that serve the public interest include, but are not limited to: health cost and utilization analysis to formulate public policy; financial studies and analyses of provider payment systems; utilization review studies; health planning and resource allocation studies; and studies that promote improvement in health care quality or a mitigation of health care cost growth.
 2. the applicant has demonstrated it is qualified to undertake the study or accomplish the intended use;
 3. the applicant requires such data in order to undertake the study or accomplish the intended use; and
 4. the applicant can ensure that patient privacy will be protected.
- (c) Data Release Committee. The Commissioner shall establish a Data Release Committee to advise the Commissioner on individual applications for claims data upon the request of the Commissioner. In addition, the Committee provides advice on best practices regarding claims data release and data protection policies.
1. The Committee shall include, but not be limited to, representation of health care plans, providers, and consumers. The Commissioner may appoint additional members to the Committee.
 2. The Commissioner shall convene the Committee as necessary, and post the agenda of the Committee on the Division's website. When convening the Data Release Committee, the Commissioner shall concurrently consult with one or more representatives of the state agencies that participate through intergovernmental services agreement(s) in 114.5 CMR 21.00.
 3. Advice issued by the Data Release Committee is not binding on the Commissioner.
 4. The Division will post information about the Data Release Committee's membership, scheduled meetings and meeting agendas on the Division's website.
- (d) The Commissioner's decisions to approve or deny claims data release applications are final and not subject to further review or appeal.
- (e) The Commissioner may impose conditions on the subsequent use and disclosure of data released under 114.5 CMR 22.00.

(3) The Division may charge a fee to all applicants requesting claims data, as established under M.G.L. c. 7, § 3B and approved by the Executive Office for Administration and Finance. Established fees shall reflect the total cost of systems analysis, program development, computer production costs incurred in producing the requested data, vendors' fees, consulting services, and any other costs related to production of the requested data. Fee schedules will be issued by the Division by Administrative Bulletin. The fee may be waived for the following entities:

- (a) CMS;
- (b) an agency of the Commonwealth; or
- (c) researchers who can demonstrate that imposition of a fee would constitute an undue hardship.

22.04: Data Disclosure Restrictions

- (1) Required Assurances. All applicants shall provide the Division with written assurances that:
- (a) data will be used only for the purpose stated in the request;
 - (b) no attempt will be made to use any data supplied to ascertain the identity of specific insured individuals or patients;

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- (c) restricted data elements will not be released to any other person or entity except as specified in 114.5 CMR 22.04(2); and
- (d) the applicant will obtain these assurances in writing from any recipient of data or agent that processes data on behalf of the applicant.

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22.04: continued

- (2) Other Government Agencies. The Division may release claims data to:
- (a) a state agency or authority which has, pursuant to its statutory or regulatory authority, directed third parties to submit data as required by statute, regulation or contract, to the Division in fulfillment of its legal or regulatory obligation. The Division will release claims data only to the state agency or authority with such legal authority, or as directed by such agency or authority to legally authorized entities.
 - (b) organizations under contract with the Division to undertake studies; and
 - (c) other government agencies whose applications meet the criteria set forth in 114.5 CMR 22.03.
- (3) Other Disclosures. The Division or its agent may release draft reports or other analyses that contain or use restricted use claims data for review and comment. If the Division or its agent provides an individual or entity with a draft report or other analysis for review and comment, the contents of such report or the analysis contained in such report are confidential, and may not be disclosed without prior approval by the Division. The report must conform to the standards for de-identification set forth under 45 CFR 165.514(a), (b)(2), and (c).

22.05: Other Provisions

- (1) Administrative Bulletins. The Division may, from time to time, issue Administrative Bulletins to clarify its policy on substantive provisions of 114.5 CMR 22.00. In addition, the Division may issue Administrative Bulletins to specify the filing requirements under 114.5 CMR 22.00.
- (2) Confidentiality. The Division shall institute appropriate administrative procedures and mechanisms to ensure that it is in compliance with the provisions of M.G.L. c. 66A, to the extent that the claims data collected is "personal data" within the meaning of that statute, and the security provisions of the Health Insurance Portability and Accountability Act. In addition, the Division shall ensure that any contractor or third party that processed or analyzes the data shall comply with these statutory requirements.
- (3) Sanctions. If an approved Applicant fails to comply with any of the requirements and conditions for receiving restricted claims data in 114.5 CMR 22.00, the Division may:
- (a) deny future access to claims data;
 - (b) terminate current access to all claims data; and/or
 - (c) demand and secure the destruction or return of all claims data
- (4) Penalties. An approved Applicant that fails to comply with the requirements of 114.5 CMR 22.00 will also be subject to all penalties and remedies allowed by law, including M.G.L. c. 214, § 3B. The Division will notify the Attorney General's Office and the U.S. Department of Health and Human Services Office for Civil Rights of any violations of the provisions of 114.5 CMR 22.00.

22.06: Severability

The provisions of 114.5 CMR 22.00 are severable. If any provision or the application of any provision is held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions of 114.5 CMR 22.00 or the application of such provisions.

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REGULATORY AUTHORITY

114.5 CMR 22.00: M.G.L. c. 118G.

22.07: Appendix A - Public Use Data Elements Table

APPENDIX A
Medical Claims Data Elements for Public Use

Data Element Name	Description
Insurance Type Code/Product	Type / Product Identification Code
Line Counter	Incremental Line Counter
Version Number	Claim service line version number
Member Gender	Member/Patient's Gender
Member State or Province	State of the Member/Patient
Member ZIP Code	First 3 digits of ZIP Code of the Member/Patient
Date Service Approved (AP Date)	Date Service Approved
Admission Type	Admission Type Code
Admission Source	Admission Source Code
Discharge Status	Inpatient Discharge Status Code
Service Provider Number	Service Provider Identification Number
National Service Provider ID	National Provider Identification (NPI) of the Service Provider
Service Provider Entity Type Qualifier	Service Provider Entity Identifier Code
Service Provider First Name	First name of Service Provider
Service Provider Middle Name	Middle initial of Service Provider
Servicing Provider Last Name or Organization Name	Last name or Organization Name of Service Provider
Service Provider Suffix	Provider Name Suffix
Service Provider Specialty	Specialty Code
Service Provider City Name	City Name of the Provider
Service Provider State	State of the Service Provider
Service Provider ZIP Code	ZIP Code of the Service Provider
Type of Bill - on Facility Claims	Type of Bills as used on Institutional Claims
Site of Service - on NSF/CMS 1500 Claims	Place of Service Code as used on Professional Claims
Claim Status	Claim Line Status
Admitting Diagnosis	Admitting Diagnosis Code
E-Code	ICD Diagnostic External Injury Code
Principal Diagnosis	ICD Primary Diagnosis Code
Other Diagnosis - 1	ICD Secondary Diagnosis Code
Other Diagnosis - 2	ICD Other Diagnosis Code
Other Diagnosis - 3	ICD Other Diagnosis Code
Other Diagnosis - 4	ICD Other Diagnosis Code
Other Diagnosis - 5	ICD Other Diagnosis Code
Other Diagnosis - 6	ICD Other Diagnosis Code
Other Diagnosis - 7	ICD Other Diagnosis Code
Other Diagnosis - 8	ICD Other Diagnosis Code
Other Diagnosis - 9	ICD Other Diagnosis Code
Other Diagnosis - 10	ICD Other Diagnosis Code
Other Diagnosis - 11	ICD Other Diagnosis Code
Other Diagnosis - 12	ICD Other Diagnosis Code

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Revenue Code	Revenue Code as defined for use on an Institutional Claim
Procedure Code	HCPCS / CPT Code
Procedure Modifier - 1	HCPCS / CPT Code Modifier
Procedure Modifier - 2	HCPCS / CPT Code Modifier
ICD9-CM Procedure Code	ICD Primary Procedure Code
Quantity	Claim line units of service
Charge Amount	Amount of provider charges for the claim line
Paid Amount	Amount paid for the claim line

22.07: continued

APPENDIX A
Medical Claims Data Elements for Public Use (continued)

Data Element Name	Description
Prepaid Amount	Amount carrier has prepaid towards claim line
Copay Amount	Amount of Copay member/patient is responsible to pay
Coinsurance Amount	Amount of coinsurance member/patient is responsible to pay
Deductible Amount	Amount of deductible member/patient is responsible to pay on the claim line
Service Provider Country Code	Country name of the Provider
DRG	Diagnostic Related Group (DRG) Code
DRG Version	Diagnostic Related Group (DRG) Code Version Number
APC	Ambulatory Payment Classification (APC) Number
APC Version	Ambulatory Payment Classification (APC) Version
Drug Code	National Drug Code (NDC)
Billing Provider Number	Billing Provider Number
National Billing Provider ID	National Provider Identification (NPI) of the Billing Provider
Billing Provider Last Name or Organization Name	Last name or Organization Name of Billing Provider
Product ID Number	Product Identification Number
Reason for Adjustment	Reason for Adjustment Code
Capitated Encounter Flag	Indicates if the service is covered under a capitation arrangement.
Other ICD-9-CM Procedure Code - 1	ICD Secondary Procedure Code
Other ICD-9-CM Procedure Code - 2	ICD Other Procedure Code
Other ICD-9-CM Procedure Code - 3	ICD Other Procedure Code
Other ICD-9-CM Procedure Code - 4	ICD Other Procedure Code
Other ICD-9-CM Procedure Code - 5	ICD Other Procedure Code
Other ICD-9-CM Procedure Code - 6	ICD Other Procedure Code
Paid Date	Paid date of the claim line
LOINC Code	Logical Observation Identifiers, Names and Codes (LOINC) Code
Covered Days	Covered Inpatient Days
Non Covered Days	Non-covered Inpatient Days
Type of Claim	Type of Claim Indicator
Coordination of Benefits/TPL Liability Amount	Amount due from a Secondary Carrier when known
Other Insurance Paid Amount	Amount paid by a Primary Carrier
Medicare Paid Amount	Amount Medicare paid on claim
Allowed amount	Allowed Amount

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Non-covered Amount	Amount of claim line charge not covered
Diagnostic Pointer	Diagnostic Pointer Number
Referring Provider ID	Referring Provider Number
Payment Arrangement Type	Payment Arrangement Code
Excluded Expenses	Amount not covered at the claim line due to benefit/plan limitation
Medicare Indicator	Medicare Payment Indicator
Withhold Amount	Amount to be paid to the provider upon guarantee of performance

22.07: continued

APPENDIX A
Medical Claims Data Elements for Public Use (continued)

Data Element Name	Description
Authorization Needed	Indicates if the service required a pre-authorization number for payment.
Referral Indicator	Referral Required Indicator
PCP Indicator	PCP Service Performance Indicator
DRG Level	Diagnostic Related Group (DRG) Code Level
Global Payment Flag	Global Payment Method Indicator
Denied Flag	Denied Claim Line Indicator
Denial Reason	Denial Reason Code
Attending Provider	Attending Provider ID number found in the Provider File (PV002). This number is defined in the carrier's systems and may be equal to any other identifier, <i>i.e.</i> , NPI, State License Number
Accident Indicator	Service is related to an accident
Family Planning Indicator	Service is related to Family Planning
Employment Related Indicator	Service related to Employment Injury
EPSDT Indicator	Service related to Early Periodic Screening, Diagnosis and Treatment (EPSDT)
Procedure Code Type	Claim line Procedure Code Type Identifier
InNetwork Indicator	Network rates applied identifier
Service Class	Service Class Code
Plan Rendering Provider Identifier	Plan Rendering Number
Provider Location	Location of Provider
Discharge Diagnosis	ICD Discharge Diagnosis Code
Record Type	File Type Identifier

Pharmacy Claims Data Elements for Public Use

Data Element Name	Description
Insurance Type Code/Product	Type / Product Identification Code
Line Counter	Incremental Line Counter
Member Gender	Member/Patient's Gender
Member State	State of the Member/Patient
Date Service Approved (AP Date)	Date Service Approved
Pharmacy Number	Pharmacy Number
Pharmacy Name	Name of Pharmacy
National Pharmacy ID Number	
Pharmacy Location City	City name of the Pharmacy
Pharmacy Location State	State of the Pharmacy

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Pharmacy ZIP Code	Zip code of the Pharmacy
Pharmacy Country Code	Country Code of the Pharmacy
Claim Status	Claim Line Status
Drug Code	National Drug Code (NDC)
Drug Name	Name of the drug as supplied
New Prescription or Refill	Prescription Status Indicator
Generic Drug Indicator	Generic Drug Indicator
Dispense as Written Code	Prescription Dispensing Activity Code
Compound Drug Indicator	Compound Drug Indicator
Date Prescription Filled	Prescription filled date
Quantity Dispensed	Claim line units dispensed

22.07: continued

APPENDIX A**Pharmacy Claims Data Elements for Public Use (continued)**

Data Element Name	Description
Days Supply	Prescription Supply Days
Charge Amount	Amount of provider charges for the claim line
Paid Amount	Amount paid for the claim line
Ingredient Cost/List Price	Amount defined as the List Price or Ingredient Cost
Postage Amount Claimed	Amount of postage claimed on the claim line
Dispensing Fee	Amount of dispensing fee for the claim line
Copay Amount	Amount of Copay member/patient is responsible to pay
Coinsurance Amount	Amount of coinsurance member/patient is responsible to pay
Deductible Amount	Amount of deductible member/patient is responsible to pay on the claim line
Prescribing ProviderID	Prescribing Provider Number
Prescribing Physician First Name	First name of Prescribing Physician
Prescribing Physician Middle Name	Middle initial of Prescribing Physician
Prescribing Physician Last Name	Last name of Prescribing Physician
Prescribing Physician DEA Number	Prescribing Physicians DEA Number
Prescribing Physician NPI	National Provider Identification (NPI) of the Prescribing Physician
Prescribing Physician Plan Number	Prescribing Physicians Carrier Assigned Plan Number
Prescribing Physician License Number	Prescribing Physician License Number
Prescribing Physician City	City name of the Prescribing Physician
Prescribing Physician State	State of the Physician
Prescribing Physician Zip	Zip code of the Prescribing Physician
Product ID Number	Product Identification Number
Mail Order pharmacy	Mail Order Pharmacy indicator
Recipient PCP ID	Member/Patient's PCP ID Number
Single/Multiple Source Indicator	Drug Source Indicator
Paid Date	Paid date of the claim line
Date Prescription Written	Date prescription was prescribed
Coordination of Benefits/TPL Liability Amount	Amount due from a Secondary Carrier when known
Other Insurance Paid Amount	Amount paid by a Primary Carrier
Medicare Paid Amount	Amount Medicare paid on claim
Allowed amount	Allowed Amount
Member Self Pay Amount	Amount member/patient paid out of pocket on the claim line
Rebate Indicator	Drug Rebate Eligibility Indicator

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State Sales Tax	Amount of applicable sales tax on the claim line
Formulary Code	Formulary inclusion identifier
Route of Administration	Pharmaceutical Route of Administration Indicator
Drug Unit of Measure	Units of Measure
Claim Line Type	Claim Line Activity Type Code
Record Type	File Type Identifier

22.07: continued

APPENDIX A**Member Eligibility Data Elements for Public Use**

Data Element Name	Description
Insurance Type Code/Product Year	Type / Product Identification Code Eligibility year reported in this submission
Month	Reporting Month of Eligibility
Coverage Level Code	Benefit Coverage Level Code
Member Gender	The Member's Gender
Member State or Province	State of the Member
Medical Coverage	Indicator to refine Product or define Benefit within a Product
Prescription Drug Coverage	Indicator to refine Product or define Benefit within a Product
Dental Coverage	Indicator to refine Product or define Benefit within a Product
Race 1	Member's self disclosed Primary Race
Race 2	Member's self disclosed Secondary Race
Other Race	Member's self disclosed Other Race
Hispanic Indicator	Indicator to define Hispanic status
Ethnicity 1	Member's self disclosed Primary Ethnicity
Ethnicity 2	Member's self disclosed Secondary Ethnicity
Other Ethnicity	Member's self disclosed Other Ethnicity
Primary Insurance Indicator Primary	Indicator to define if Insurance is Primary
Coverage Type	Type of Coverage Code
Market Category Code	Market Category Code
Member language preference	Member's self disclosed verbal language preference
Member language preference - Other	Member's self disclosed verbal language secondary preference
Health Care Home Assigned Flag	Health Care Home Assigned Indicator
Health Care Home Number	Health Care Home Number
Health Care Home Tax ID Number	Health Care Home EIN
Health Care Home National Provider ID	National Provider Identification (NPI) of the Health Care Home Provider
Health Care Home Name	Name of Health Care Home
Product ID Number	Product Identification Number
Product Enrollment Start Date	the date the member was enrolled in the product
Product Enrollment End Date	Enrollment Date
Member PCP Effective Date	PCP Effective Date with Member
Member PCP Termination Date	PCP Termination Date with Member

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Member Deductible	Member Deductible across all benefit types
Member Deductible Used	Member amounts paid towards deductible
Behavioral Health Benefit Flag	Indicates if Behavioral / Mental Health is a covered benefit in the member's eligibility
Laboratory Benefit Flag	Laboratory Benefits indicator
Disease Management Enrollee Flag	Chronic Illness Management indicator
Eligibility Determination Date	Eligibility date

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APPENDIX A**Member Eligibility Data Elements for Public Use (continued)**

Data Element Name	Description
Last Activity Date	Activity Date
Date of Death	Member's Year of Death
Disability Indicator Flag	Disability Identifier
Employment Status	Employment Status Code
Student Status	Student Status Indicator
Marital Status	Marital Status Code
Benefit Status	Benefit Status Code
Employee Type	Employee Type Code
Date of Retirement	Member's date of Retirement
COBRA Status	COBRA usage Indicator
County of Member	County of the Member
Fully insured member	Fully Insured identifier
Interpreter	Interpreter Required Indicator
Members SIC Code	Member Standard SIC Code
Medicare Code	Medicare Plan Indicator Code
Medical Deductible	Annual amount of applied member's deductible
Pharmacy Deductible	Annual amount of member's deductible applied to pharmacy
Medical and Pharmacy Deductible	Amount of member's deductible applied to services
Behavioral Health Deductible	Amount of member's deductible applied to behavioral health
Dental Deductible	Amount of member's deductible applied to dental services
Vision Deductible	Amount of member's deductible applied to vision services
Vision Benefit	Indicates if Vision Services are a covered benefit in the member's eligibility

Dental Claims Data Elements for Public Use

Data Element Name	Description
Dental Insurance Type Code/Product	Dental Product/Type Identifier
Line Counter	Incremental Line Counter
Individual Relationship Code	Member/Patient to Subscriber Relationship Code
Member Gender	Member/Patient's Gender
Member State or Province	State of the Member/Patient
Date Service Approved (AP Date)	The date the claim or service was approved for payment.

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Service Provider Number	Service Provider Identification Number
National Service Provider ID	National Provider Identification (NPI) of the National Service Provider
Service Provider Entity Type Qualifier	Service Provider Entity Identifier Code
Service Provider First Name	First name of Service Provider
Service Provider Middle Name	Middle initial of Service Provider
Service Provider Last Name or Organization Name	Last name or Organization Name of Service Provider
Service Provider Suffix	Provider Name Suffix
Service Provider Specialty	Specialty Code

22.07: continued

APPENDIX A**Dental Claims Data Elements for Public Use (continued)**

Data Element Name	Description
Service Provider City Name	City name of the Provider
Service Provider State	State of the Service Provider
Service Provider ZIP Code	ZIP Code of the Service Provider
Facility Type - Professional	Place of Service Code as used on Professional Claims
Claim Status	Claim Line Status
CDT Code	HCPCS / CDT Code
Procedure Modifier - 1	HCPCS / CPT Code Modifier
Procedure Modifier - 2	HCPCS / CPT Code Modifier
Charge Amount	Amount of provider charges for the claim line
Paid Amount	Amount paid for the claim line
Copay Amount	Amount of Copay member/patient is responsible to pay
Coinsurance Amount	Amount of coinsurance member/patient is responsible to pay
Deductible Amount	Amount of deductible member/patient is responsible to pay on the claim line
Product ID Number	Product Identification Number
Paid Date	Paid date of the claim line
Allowed Amount	Allowed Amount
Tooth Number/Letter	Tooth Number or Letter Identification
Dental Quadrant	Dental Quadrant
Tooth Surface	Tooth Service Identification
Claim Line Type	Claim Line Activity Type Code
Record Type	File Type Identifier

Provider Data Elements for Public Use

Data Element Name	Description
UPIN Id	Unique Physician Identification Number (UPIN)
License Id	State practice license for the Provider in PV002
Last Name	Last name of the Provider in PV002
First Name	First name of the Provider in PV002
Middle Initial	Middle initial of the Provider in PV002
Suffix	Suffix of the Provider in PV002
Entity Name	Group / Facility name
Entity Code	Provider facility code
Gender Code	Gender of Provider
City Name	City of the Provider

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State Code	State of the Provider
Country Code	Country Code of the Provider
Zip Code	Zip code of the Provider
Taxonomy	Primary Taxonomy Code of the Provider
Mailing Street Address1 Name	Street address of the Provider / Entity
Mailing Street Address2 Name	Secondary Street address of the Provider / Entity
Mailing City Name	City name of the Provider / Entity
Mailing State Code	State name of the Provider / Entity

22.07: continued

APPENDIX A**Provider Data Elements for Public Use (continued)**

Data Element Name	Description
Mailing Country Code	Country name of the Provider / Entity
Mailing Zip Code	Zip code of the Provider
Provider Type Code	Provider Type Code
Primary Specialty Code	Specialty Code
ProviderIDCode	Provider Identification Code
Medicare Id	Provider's Medicare Number
Begin Date	Provider Start Date
End Date	Provider End Date
National Provider ID	National Provider Identification (NPI) of the National Provider
National Provider2 ID	National Provider Identification (NPI) of the Provider
Secondary Specialty2 Code	Specialty Code
Secondary Specialty3 Code	Specialty Code
Secondary Specialty4 Code	Specialty Code
P4PFlag	Pay-for-Performance (P4P) indicator
NonClaimsFlag	Non-claims Financial Transaction Indicator
Uses Electronic Medical Records	Provider Uses EMR indicator
EMR Vendor	Electronic Medical Record Vendor name
Accepting New Patients	Indicates if provider or provider group is accepting new patients as it applies to this carrier's products/plans
Offers e-Visits	Indicates if the provider uses e-Visit tools (web based software) for well visits
Has multiple offices	Indicates if the provider has multiple office locations where it sees patients
Medical/Healthcare Home ID	Medical Home Identification Number
PCP Flag	Indicates if the provider is a PCP. For Facilities or entities where this is not applicable value of N (No) is allowed
Provider Affiliation	Provider Affiliation Code
Provider Telephone	Telephone number associated with the provider identified in PV002
Delegated Provider Record Flag	Provider Record Source Indicator
Office Type	Office Type Code
Prescribing Provider	Prescribing privilege indicator
Provider Affiliation Start Date	Provider Start Date
Provider Affiliation End Date	Provider End Date
PPO Indicator	Indicates if the provider is a contracted provider
Record Type	File Type Identifier

Product File Data Elements for Public Use

Data Element Name	Description
Product ID number	Product Identification Number
Product Benefit Type	Indicates combinations of offerings.
Risk Type	Indicates if the product was an at-risk product or self insured

22.07: continued

APPENDIX A**Product File Data Elements for Public Use (continued)**

Data Element Name	Description
Product Active Flag	Indicator to further refine activity status
Annual Per Person Deductible Code	Per Person Deductible bandwidth reporting
Annual Per Family Deductible Code	Per Family Deductible bandwidth reporting
Coordinated Care model	Indicates if a patient's care is clinically coordinated or managed
Record Type	File Type Identifier

22.08: Appendix B - Restricted Use Data Elements Table**APPENDIX B****Medical Claims Data File for Restricted Release**

Data Element Name	Description
Payer	Carrier Specific Submitter Code as defined by APCD
National Plan ID	CMS National Plan Identification Number (PlanID)
Payer Claim Control Number	Payer Claim Control Identification
Insured Group or Policy Number	Carriers group or policy number
Individual Relationship Code	Member/Patient to Subscriber Relationship Code
Member Date of Birth	Member/Patient's date of birth
Member City Name	City name of the Member/Patient
Member ZIP Code	ZIP Code of the Member/Patient
Admission Date	Inpatient Admit Date
Admission Hour	Admission Time
Discharge Hour	Discharge Time
Service Provider Tax ID Number	Service Provider's Tax ID number
Date of Service - From	Date of Service
Date of Service - To	Date of Service
Discharge Date	Discharge Date
Patient Control Number	Patient Control Number
Carrier Specific Unique Member ID	Member/Patient Carrier Unique Identification
Former Claim Number	Previous Claim Number
Carrier Specific Unique Subscriber ID	Subscriber Carrier Unique Identification

Pharmacy Claims Data Elements for Restricted Release

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Data Element Name	Description
Payer	Carrier Specific Submitter Code as defined by APCD
Plan ID	CMS National Plan Identification Number (PlanID)
Payer Claim Control Number	Payer Claim Control Identification
Insured Group or Policy Number	Carriers group or policy number
Member Date of Birth	Member/Patient's date of birth
Member City Name of Residence	City name of the Member/Patient
Member ZIP Code	Zip code of the Member/Patient

22.08: continued

APPENDIX B**Pharmacy Claims Data Elements for Restricted Release (continued)**

Data Element Name	Description
Pharmacy Tax ID Number	Pharmacy Tax Identification Number
Prescribing Physician Street Address	Street address of the Prescribing Physician
Prescribing Physician Street Address 2	Secondary Street Address of the Prescribing Physician
Script number	Prescription Number
Billing Provider Tax ID Number	The Billing Provider's Federal Tax Identification Number (FTIN)
Carrier Specific Unique Member ID	Subscriber Carrier Unique Identification
Carrier Specific Unique Subscriber ID	Secondary Street Address of the Member/Patient
Former Claim Number	Previous Claim Number

Member Eligibility Data File for Restricted Release

Data Element Name	Description
Payer	Carrier Specific Submitter Code as defined by APCD
National Plan ID	CMS National Plan Identification Number (PlanID)
Insured Group or Policy Number	Carriers group or policy number
Individual Relationship Code	Member/Patient to Subscriber Relationship Code
Member Date of Birth	Member's date of birth
Member City Name	City name of the Member
Member ZIP Code	ZIP Code of the Member
Member PCP ID	Member's PCP Identification Number
Geocoded Member Address	Geocoded Address
Date of Death	Member's Date of Death
Member rating category	Member Rating Category Code
Carrier Specific Unique Member ID	Member/Patient Carrier Unique Identification
Subscriber City Name	City name of the Subscriber
Subscriber ZIP Code	Zip Code of the Subscriber
Carrier Specific Unique Subscriber ID	Subscriber Carrier Unique Identification

Dental Claims Data Elements for Restricted Release

Data Element Name	Description
Payer	Carrier Specific Submitter Code as

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National Plan ID	defined by APCD CMS National Plan Identification Number (PlanID)
Payer Claim Control Number	Payer Claim Control Identification
Insured Group or Policy Number	Carriers group or policy number
Member City Name	City name of the Member/Patient
Member ZIP Code	ZIP Code of the Member/Patient
Service Provider Tax ID Number	Service Provider's Tax ID number
Date of Service - From	Date of Service

22.08: continued

APPENDIX B**Dental Claims Data Elements for Restricted Release (continued)**

Data Element Name	Description
Date of Service - Thru	Last date of service for this service line
Billing Provider Tax ID Number	The Billing Provider's Federal Tax Identification Number (FTIN)
Carrier Specific Unique Member ID	Member/Patient Carrier Unique Identification
Carrier Specific Unique Subscriber ID	Subscriber Carrier Unique Identification
Former Claim Number	Previous Claim Number

Provider Data Elements for Restricted Release

Data Element Name	Description
Payer	Carrier Specific Submitter Code as defined by APCD
Plan Provider ID	Carrier Unique Provider Code
Tax Id	The Federal Tax ID associated with the provider identified in PV002
DEA ID	Primary DEA number for the provider identified in PV002
Medicaid Id	Medicaid assigned number for the Provider in PV002
DOB Date	Provider's date of birth
Street Address1 Name	Street address of the Provider
Street Address2 Name	Secondary Street Address of the Provider
SSN Id	Provider's Social Security Number

Product File Data Elements for Restricted Release

Data Element Name	Description
Payer	Carrier Specific Submitter Code as defined by APCD
Product Name	Carrier defined Product Name
Carrier License Type	Carrier License Type
Product Line of Business Model	The Line of Business/Insurance Model the Product relates to
Insurance Plan Market	Insurance Plan Market Code
Other Product Benefit Description	Benefit Description
Product Start Date	Product Start Date
Product End Date	Last date on which members could be enrolled in this product

NON-TEXT PAGE