

CENTER FOR HEALTH
INFORMATION AND ANALYSIS (CHIA)

**CY2009-2013 INCURRED
ALL-PAYER CLAIMS DATABASE (APCD)
RELEASE 3.0 DOCUMENTATION GUIDE**

- Provider File -

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Commonwealth of Massachusetts
Center for Health Information and Analysis
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INTRODUCTION

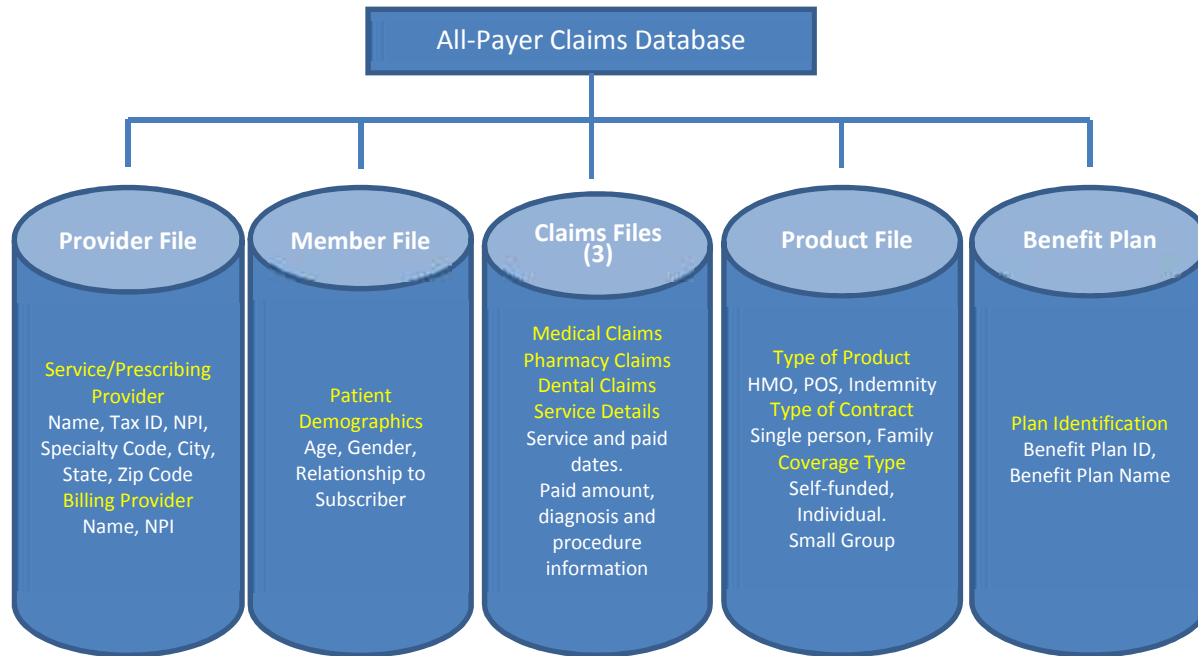
The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful data and 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, product and benefit plan control** files, that are 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://chiamass.gov/regulations/>)

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 eight separate documents. All are available on the CHIA website.



Section 1.0: History

1.1: Establishment of the Massachusetts APCD (MA 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 contract 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 MA 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 MA APCD – covering dates of service CY 2008-2010 and paid through February 28, 2011 – was first released in 2012. Release 3.0, to be available in early 2015, covers dates of service CY 2009-2013 (paid through June 30, 2014).

1.2: MA APCD Release 3.0 Overview

The MA APCD is comprised of data elements collected from **all Private and Public Payers** of eligible **Health Care Claims for Massachusetts Residents**. Data is collected in seven file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, **Provider (PV)**, and **Benefit Plan (BP) Control**. 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, 2013 as paid through June 2014. Data submitted to CHIA after June 2014 is **NOT** included in the files.
- Release 3.0 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.
- 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

Section 2.0: MA APCD Data Collection Process

The data collected from the payers for the MA 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** (see Appendix 8) 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.

2.1: Edits

When payers submit their data to CHIA for the MA 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 CHIA and MA 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 **MA 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.

More detailed APCD Version 3.0 File Edit documentation can be found at: <http://chiamass.gov/apcd-data-submission-guides>

2.2: 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 MA 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, suggest alternative threshold rates or creating plans to reach threshold over time to improve reporting quality.

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 CHIA liaisons and discussed with the payer for corrective action. (see Appendix 4)

2.3: Broad Caveats

Researchers using the MA APCD Release 3.0 data should be aware of the following:

- Due to the variance process, data quality may vary from one payer to another. (see Appendix 4)
- Claim Files submitted through June 2014 were accepted with relaxed edits. (Refer to the MA APCD Submission Guide for Edit information)
- The release files contain the data submitted to CHIA 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.
- Some Release Data was manipulated to protect patient privacy:
 - Assignment of linkage IDs to replace reported linkage identifiers (see Appendix 3).
 - 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.

Section 3.0 Provider File

As part of the All Payer Claims Database (APCD), payers are required to submit a Provider file. The Provider File (PV) is a compilation of all payer provider files—such that a unique provider record will exist for **each instance** where the provider is found on a payer submission. A provider record may also repeat within a payer for each attribute change (see Examples section below).

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

3.1: Types of Data Collected in the Member Eligibility File:

3.1.1: Provider Linkage

CHIA has made a conscious decision to collect numerous identifiers that may be associated with a provider. Please refer to the File Layout section of this document for greater detail. 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 matching algorithms.

3.1.2: Demographics

CHIA collects address information on each provider entity in order to meet reporting and analysis requirements. Additional demographic data elements such as Gender and Date of Birth for the provider are collected mainly for use in linking providers across payers. These two fields can be used, when provided, to help with the quality of the matching algorithms across payers. Address and Zip Code data has been standardized to the greatest extent possible by CHIA.

3.1.3: Provider Specialty

The fields Taxonomy (PV022), Provider Type Code (PV029), and Provider Specialty (PV030, PV043, and PV044) are required fields and can be used to meet reporting and analysis requirements including clinical groupings and provider specific reports. Each payer submits its internal code sets (lookup tables) to CHIA for these fields. Refer to the **Payer-specific Information** section of this document.

3.1.4: Dates

CHIA is collecting **two sets of date fields** for each provider record:

- **The Begin and End date for each provider (PV037 and PV038)** describes the dates the provider is active with the payer and is eligible to provide services to members. For providers who are still active the End date should be Null.
- **The Provider Affiliation Start and Provider Affiliation End Date (PV062 and PV063)** describe the providers' affiliation/association with a parent entity, such as a billing entity, corporate entity, doctor's office, provider group, or integrated delivery system. Each unique instance of these start and end dates should be submitted as a separate record on this file. If a provider was active and termed in the past with the payer, and was added back as an active provider, each instance of those 'active' dates should be provided, one for each time span. Similarly, each instance of a provider affiliation, and those associated dates should be provided in a record. If a provider has always been active with a payer since 2008, but has changed affiliations once, there would be two records submitted as well, one for each affiliation and those respective dates. If a provider's affiliation is terminated, and is made active again at a later date, this would require two records as well.

3.1.5: Qualifiers

CHIA collects provider information related to **healthcare reform, electronic medical records, and patient centered medical homes**. These data elements may or may not currently be captured in payer's core systems. These elements will inform more in depth analysis as this data becomes more common in the industry. The thresholds for these fields are lower in the short term to allow providers and payers more time to capture and submit this information.

Examples:

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

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

2. Individual Provider practicing within an office they own.

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

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

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

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

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

5. Entity, Group or Office in one location

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

6. Entity, Group or Office in two locations

An entity fitting this description should have two records per active time span, one for each location. All affiliated entities, or providers that could be linked or rolled up to these entities, groups or offices, would each have their own records. If these affiliated entities and providers are associated with just one of the locations, they would have one corresponding record. If they are affiliated with each of the parent entity's locations, they should have one record for each location, similar to example 3.

7. Billing organizations

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

8. Integrated Delivery Systems

Organizations such as Partners Healthcare or Atrius Health should have their own record if the payer has a contract with those entities. All entities, groups or providers affiliated with the Organization should have the Provider ID of this entity in the Provider Affiliation Field. Entities meeting a description similar to an Integrated Delivery System should show up one time in the provider file.

3.1.6: The Provider ID

Provider IDs (found in all three claims files) are some of the most critical fields in the MA APCD process as they link the Provider identified on the 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 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 age 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.

3.2: Provider File Structure:

Issue Topic	Clarification
Rows	<p>Each row represents a unique instance of a provider entity within a payer, and may repeat rows for each attribute change, such as:</p> <ul style="list-style-type: none"> • affiliation to another entity, or • a provider's affiliation to a specific location, or
Provider, as defined by the Center	<p>A Provider is an entity or person associated with either:</p> <ol style="list-style-type: none"> 1. providing services to patients 2. submitting claims for services on behalf of a servicing provider 3. providing business services or contracting arrangements for a servicing provider <p>A Provider may be a health care practitioner, health care facility, health care group, medical product vendor, or pharmacy.</p>
Unique Provider Record, defined	<p>Provider (Who), with a particular affiliation (Relationship), at a particular location (where), during a pre-defined timeframe (when).</p> <p>Note: Since this file is a compilation of provider records from all payers, providers will be duplicated for each associated payer.</p>

<p>Types of providers included in the file</p>	<p>All Massachusetts contracted providers, regardless of whether they are on the claims file for the time period. Additionally, provider information for out of state providers, who are on the claims file for the time period of the corresponding claims submission – If available. Otherwise default values are used in the Medical Claims file, as provided below.</p> <p>The codes below represent valid acceptable values for provider references (used in the Medical Claims file) that do not exist in the Payer Provider database.</p> <table border="1" data-bbox="709 337 1495 894"> <tr> <td>HCF-99901</td> <td>Unknown Out of State Physician</td> </tr> <tr> <td>HCF-99902</td> <td>Unknown – Out of State Facility</td> </tr> <tr> <td>HCF-99903</td> <td>Unknown – Out of State Professional Group</td> </tr> <tr> <td>HCF-99904</td> <td>Unknown – Out of State Retail Site</td> </tr> <tr> <td>HCF-99905</td> <td>Unknown – E-Site (Services provided over the Internet)</td> </tr> <tr> <td>HCF-99907</td> <td>Unknown – Other Provider</td> </tr> <tr> <td>HCF-99908</td> <td>Member Reimbursement Payment</td> </tr> <tr> <td>HCF-99909</td> <td>Not Applicable – Patient Home Care</td> </tr> </table> <p>These values (as specified in the <u>Provider File Examples.xls</u> document on the MA APCD website) can be used in fields MC024 (Service Provider ID), MC134 (Plan Rendering Provider) and MC135 (Provider Location). In this scenario the payer would not put a corresponding record in the Provider File. This code indicates that the payer information is not available because the payer is out of state.</p> <p>In order to create a cross-payer provider file for analysis, CHIA requires data on all providers in a payer’s Massachusetts network. Additionally, all claims may be analyzed by provider dimensions that require provider information for corresponding out of state claims.</p>	HCF-99901	Unknown Out of State Physician	HCF-99902	Unknown – Out of State Facility	HCF-99903	Unknown – Out of State Professional Group	HCF-99904	Unknown – Out of State Retail Site	HCF-99905	Unknown – E-Site (Services provided over the Internet)	HCF-99907	Unknown – Other Provider	HCF-99908	Member Reimbursement Payment	HCF-99909	Not Applicable – Patient Home Care
HCF-99901	Unknown Out of State Physician																
HCF-99902	Unknown – Out of State Facility																
HCF-99903	Unknown – Out of State Professional Group																
HCF-99904	Unknown – Out of State Retail Site																
HCF-99905	Unknown – E-Site (Services provided over the Internet)																
HCF-99907	Unknown – Other Provider																
HCF-99908	Member Reimbursement Payment																
HCF-99909	Not Applicable – Patient Home Care																
<p>Reporting time period, and providers to be included on the file</p>	<p>All providers, both active and non-active. Providers who have not been active since January 2008 do not need to be included; however, some payers have elected to do so.</p> <p>CHIA’s intention is to collect the most up to date provider data that can be used to analyze claims data. Since claims data is collected monthly, the provider file can be synced with the claims file, and can be a snapshot of how the provider file looked at the end of the period for which claims are sent.</p>																

3.3: Provider 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:** Have been moved within the structure of the Element description, similar to the MA APCD Submission Guide documentation.
- 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 8.
- **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.

3.3.1: Release Text File Column Titles

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. (see Appendix 6)

3.3.2: File Layout Section Columns

- **Data Element:** The code name of the element, with reference to the Regulation and the Submission files received by CHIA 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.
- **Format/Length:** Maximum Length of the data column in the APCD's SQL Server database at CHIA.
- **Description:** Description of the element; **additionally** the lookup table is included where applicable.
- **Additional Element Description:** Additional information about the element in the release.
- **Edit Level:** Level of enforcement of the data element's requirements by CHIA on Payer Submissions. Refer to the **Edits** section of this document.
- **%:** The expected percentage of validity for instances of the element in each submission file by the Payer.

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
Derived-PV1	County of Provider	varchar[3]	County of Provider—derived by CHIA	County of Provider—derived by CHIA	County of Provider—derived by CHIA	N/A	N/A
Derived-PV2	County of Provider Mailing Address	varchar[3]	County of Provider Mailing Address—derived by CHIA	County of Provider Mailing Address—derived by CHIA	County of Provider Mailing Address—derived by CHIA	N/A	N/A
Derived-PV3	Release ID	NULL		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-PV4	Submission Year and Month	int-NULL				N/A	N/A
Derived-PV5	Medicaid Indicator	bit-NULL				N/A	N/A
Derived-PV6	Member Tract Census	varchar[10]				N/A	N/A
PV001	Submitter	varchar[6]	CHIA defined and maintained unique identifier	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002.		100%	A0
PV002	Plan Provider ID	varchar[30]	Carrier Unique Provider Code	Report the submitter assigned unique number for every service provider (persons, facilities or other	All	100%	A0

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				entities involved in claims transactions) that it has in its system(s). This element may or may not contain the provider NPI, but should not contain an individual's SSN.			
PV006	License Id	varchar[25]	State practice license ID	Report the state license number for the provider identified in PV002. For a doctor this is the medical license for a non-doctor this is the practice license. Do not use zero-fill. If not available, or not applicable, such as for a group or corporate entity, do not report any value here.	All	98%	B
PV007	Medicaid Id	varchar[25]	MassHealth-assigned Provider ID	Report the Massachusetts State Medicaid number for the provider identified in PV002. Do not use zero-fill. Do not report any value if not available, or not applicable, such as for a group or corporate entity.	All	98%	B
PV008	Last Name	varchar[50]	Last name of the Provider in PV002	Report the individual's last name here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Entity Name.	Required when PV034 = 1	98%	A0

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV009	First Name	varchar[50]	First name of the Provider in PV002	Report the individual's first name here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name.	Required when PV034 = 1	98%	A2
PV010	Middle Initial	char[1]	Middle initial of the Provider in PV002	Report the individual's middle initial here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name.	Required when PV034 = 1	1%	C
PV011	Suffix	int[1]	Suffix of the Provider in PV002 1- I. 2 - II. 3. - III. 4. - Jr. 5. - Sr. 0 - Unknown / Not applicable	Report the individual's name suffix here. Do not report any value here for facility or non-individual provider records. Report non-person entities in PV012 Facility Name. EXAMPLE: 0 = Unknown / Not Applicable	Required when PV034 = 1	1%	Z
PV012	Entity Name	varchar[100]	Group / Facility name	Report the Provider Entity Name when Punctuation may be included. This should only be populated for facilities or groups.	Required when PV034 = 2, 3, 4, 5, 6, 7, or 0	98%	A1
PV013	Entity Code	char[2]	Provider entity code 01 Academic Institution 02 Adult Foster Care 03 Ambulance Services	Report the value that defines the entity provider type. EXAMPLE: 12 = Acute Hospital	Required when PV034 does not = 1	98%	A0

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			04 Hospital Based Clinic 05 Stand-Alone, Walk-In/Urgent Care Clinic 06 Other Clinic 07 Community Health Center - General 08 Community Health Center - Urgent Care 09 Government Agency 10 Health Care Corporation 11 Home Health Agency 12 Acute Hospital 13 Chronic Hospital 14 Rehabilitation Hos01 Academic Institution 02 Adult Foster Care 03 Ambulance Services 04 Hospital Based Clinic 05 Stand-Alone, Walk-In/Urgent Care Clinic 06 Other Clinic 07 Community Health Center - General 08 Community Health Center - Urgent Care 09 Government Agency 10 Health Care Corporation 11 Home Health Agency 12 Acute Hospital 13 Chronic Hospital 14 Rehabilitation Hospital 15 Psychiatric Hospital 16 DPH Hospital 17 State Hospital 18 Veterans Hospital				

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			19 DMH Hospital 20 Sub-Acute Hospital 21 Licensed Hospital Satellite Emergency Facility 22 Hospital Emergency Center pital 15 Psychiatric Hospital 16 DPH Hospital 17 State Hospital 18 Veterans Hospital 19 DMH Hospital 20 Sub-Acute Hospital 21 Licensed Hospital Satellite Emergency Facility 22 Hospital Emergency Center 23 Nursing Home 24 Freestanding Ambulatory Surgery Center 25 Hospital Licensed Ambulatory Surgery Center 26 Non-Health Corporations 27 School Based Health Center 28 Rest Home 29 Licensed Hospital Satellite Facility 30 Hospital Licensed Health Center 31 Other Facility 40 Physician (PV034 = 1) 50 Physician Group (PV034 = 3) 60 Nurse (PV034 = 1)				

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			70 Clinician (PV034 = 1) 80 Technician (PV034 = 1) 90 Pharmacy / Site or Mail Order (PV034 = 4 or 5) 99 Other Individual or Group (PV034 = 1 or 3) Gender of Provider identified in PV002				
PV014	Gender Code	char[1]	Gender of Provider identified in PV002 -F Female M Male O Other U Unknown	Report provider gender in alpha format as found on certification, contract and / or license.	Required when PV034 = 1	98%	B
PV015	Provider DOB (Year Only)	int-NULL				98%	B
PV015	Provider DOB (Month Only)	int-NULL				98%	B
PV016	Provider Street Address 1	varchar[50]	Street address of the Provider	Report the physical street address where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture	All	98%	A1

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				each site where the provider practices.			
PV017	Provider Street Address 2	varchar[50]	Street Address 2 of the Provider	Report the physical street address where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	2%	A0
PV018	City Name	varchar[35]	City of the Provider	Report the city name where provider sees plan members. If only mailing address is available, please send the mailing address in this element in addition to putting it in the mailing address element. If the provider sees members at two locations the provider should have a unique record for each to capture each site where the provider practices.	All	98%	A1

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV019	State Code	char[2]	State of the Provider	Report the state of the site in which the provider sees plan members. When only a mailing address is available, populate with mailing state here as well as PV026. When a provider sees patients at two or more locations, the provider should have a unique record for each location to capture all possible practice sites.	All	98%	A0
PV020	Country Code	char[3]	Country Code of the Provider	Report the three-character country code as defined by ISO 3166-1, Alpha 3.	All	98%	C
PV021	Zip Code	varchar[9]	Zip code of the Provider	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.	All	98%	A0
PV022	Taxonomy	char[10]	Taxonomy Code	Report the standard code that defines this provider for this line of service. Taxonomy values allow for the reporting of many types of clinicians, assistants and technicians, where applicable, as well as Physicians, Nurses, Groups, Facilities, etc.	Required when PV034 = 0, 1, 2, 3, 4, or 5	75%	C

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV023	Mailing Street Address1 Name	varchar[50]	Street address of the Provider / Entity	Report the mailing address of the Provider / Entity in PV002.		98%	A0
PV024	Mailing Street Address2 Name	varchar[50]	Secondary Street address of the Provider / Entity	Report the mailing address of the Provider / Entity in PV002.		2%	B
PV025	Mailing City Name	varchar[35]	City name of the Provider / Entity	Report the mailing city address of the Provider / Entity in PV002.		98%	A0
PV026	Mailing State Code	char[2]	State name of the Provider / Entity	Report the mailing state address of the Provider / Entity in PV002.		98%	A0
PV027	Mailing Country Code	char[3]	Country name of the Provider / Entity	Report the three-character country code as defined by ISO 3166-1, Alpha 3.		98%	C
PV028	Mailing Zip Code	varchar[9]	Zip code of the Provider	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.		98%	A0
PV029	Provider Type Code	varchar[10]	Provider Type Code	Report the Provider Type code associated with the individual provider or facility. The carrier/submitter must provide the MA APCD with Reference tables. This element distinguishes clinicians, facilities, and other. Clinicians are physicians and other		98%	A1

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				practitioners who can perform an E&M service (thereby start an episode of care). Facilities can sometimes start episodes (i.e. patient goes to ER at onset of symptoms). Providers classified as 'other' never start episodes. The MA APCD may use this element to perform further clinical and analytic grouping. Entities not seeing patients should have a classification of 'Other'.			
PV030	Primary Specialty Code	int[3]	Specialty Code	Report the standard Primary Specialty code of the Provider here.	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	A2
PV031	Provider Organization ID	varchar[6]	CHIA defined and maintained Org ID for Providers	Report the Local Practice Group OrgID number as assigned / maintained by CHIA for Total Medical Expense (TME) reporting.	Required when submitter is identified as a TME/RP Submitter	100%	A2
PV032	Registered Provider Organization ID (RPO)	Char[30]	Registered Provider Organization ID	Report the Health Policy Commission-assigned unique identifier for each service provider (persons, facilities or entities involved in claims transactions) that it has in its system(s). This data is required for TME/RP reporting and analysis.	Assigned submitters only	0%	Z

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV034	Provider ID Code	int[1]	<p>Provider Identification Code</p> <p>1 - Person; physician, clinician, orthodontist, and any individual that is licensed/certified to perform health care services.</p> <p>2 - Facility; hospital, health center, long term care, rehabilitation and any building that is licensed to transact health care services.</p> <p>3 - Professional Group; collection of licensed/certified health care professionals that are practicing health care services under the same entity name and Federal Tax Identification Number.</p> <p>4 - Retail Site; brick-and-mortar licensed/certified place of transaction that is not solely a health care entity, i.e., pharmacies, independent laboratories, vision services.</p> <p>5 - E-Site; internet-based order/logistic system of health care services, typically in the form of durable medical equipment, pharmacy or vision services.</p> <p>Address assigned should be the address of the company</p>	<p>Report the value that defines type of entity associated with PV002. The value reported here drives intake edits for quality purposes.</p> <p>EXAMPLE: 1 = Person; Physician, Clinician, Orthodontist, etc.</p>	All	100%	A0

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			<p>delivering services or order fulfillment.</p> <p>6 - Financial Parent; financial governing body that does not perform health care services itself but directs and finances health care service entities, usually through a Board of Directors.</p> <p>7 - Transportation; any form of transport that conveys a patient to/from a healthcare provider.</p> <p>0 - Other; any type of entity not otherwise defined that performs health care services.</p>				
PV036	Medicare ID	varchar[30]	Provider's Medicare Number, other than UPIN	Report the Medicare ID (OSCAR, Certification, Other, Unspecified, NSC or PIN) of the provider or entity in PV002. Do not report UPIN here, see PV004.	Required when PV034 = 0, 1, 2, 3, 4, or 5	90%	B
PV037	Begin Date	int[8]	Provider Start Date	Report the date the provider or facility becomes eligible / contracted to perform services for plan members in CCYYMMDD Format. Do not report any value here for providers that do not render services.	All	98%	A2

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV037	Begin Date - Year	int-NULL				98%	A2
PV037	Begin Date - Month	int-NULL				98%	A2
PV038	End Date	int-NULL	Provider End Date	Report the Date the provider or facility is no longer eligible to perform services for plan members / insureds in CCYYMMDD Format. Do not report any value here for providers that are still actively eligible to provide services, or Providers who do not render services (i.e., Parent Organizations).	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	B
PV038	End Date - Year	int-NULL				98%	B
PV038	End Date - Month	int-NULL				98%	B
PV039	National Provider ID	int[10]	National Provider Identification (NPI) of the Provider	Report the NPI of the Provider / Clinician / Facility / Organization defined in this record.	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	B
PV040	National Provider ID 2	int[10]	National Provider Identification (NPI) of the Provider	Report the Secondary or Other NPI of the Provider / Clinician / Facility / Organization defined in this record.	Required when PV034 = 0, 1, 2, 3, 4, or 5	1%	C

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV042	Proprietary Specialty Code	varchar[10]	Specialty Code	Report the submitter's proprietary specialty code for the provider here. Known additional specialty code for a provider should be populated in elements PV043 and PV044. Value comes from a Carrier Defined Table only.	Required when PV034 = 0, 1, 2, 3, 4, or 5	1%	B
PV043	Other Specialty Code 2	varchar[10]	Specialty Code	See mapping notes for primary specialty code in PV030. Known additional specialty code for a provider should be populated in this element. Value can come from either a Carrier Defined Table or the External Code Source.	Required when PV034 = 0, 1, 2, 3, 4, or 5	0%	B
PV044	Other Specialty Code 3	varchar[10]	Specialty Code	See mapping notes for primary specialty code in PV030. Known additional specialty code for a provider should be populated in this element. Value can come from either a Carrier Defined Table or the External Code Source.	Required when PV034 = 0, 1, 2, 3, 4, or 5	0%	B
PV045	Pay for Performance Flag	int[1]	Indicator - Provider Contract Payment 1 Yes 2 No 3 Unknown 4 Other	Report the value that defines the element. Pay-for-performance bonuses or year-end withhold returns based on	Required when PV034 = 1, 2, or 3	100%	A2

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			5 Not Applicable	performance for at least one service performed by this provider within the month. EXAMPLE: 1 = Yes, provider has a contract incentive.			
PV046	NonClaims Flag	int[1]	Indicator - Provider Contract Payment 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. NonClaims payments that occur at least once within the month must be reported. EXAMPLE: 1 = Yes, provider may be eligible to receive other payments not flowing through the claims system.	All	100%	A2
PV047	Uses Electronic Health Records	int[1]	Indicator - EHR Utilization 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, provider uses Electronic Health Records	All	100%	A2
PV048	EHR Vendor	varchar[40]	Electronic Health Record Vendor Name	Report the name of the vendor the provider uses for EHR processing.	Required when PV047 = 1	98%	B
PV049	Accepting New Patients	int[1]	Indicator - New Patients Accepted 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, provider or provider group is accepting new patients as of the day the file was created for this submission.	Required when PV034 = 1, 2, or 3	100%	A2

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV050	Offers e-Visits	int[1]	Indicator - eVisit Option 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, provider has capacity to perform eVisits.	Required when PV034 = 1, 2, 3, or 4	100%	A2
PV052	Has multiple offices	int[1]	Indicator - Multiple Office Provider 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, provider has multiple offices.	Required when PV034 = 1, 2, or 3	100%	A0
PV054	Medical / Healthcare Home ID	varchar[15]	Medical Home Identification Number	Report the identifier of the patient-centered medical home the provider is linked-to here. The value in this element must have a corresponding Provider ID (PV002) in this or a previously submitted provider file.	Require when PV034 = 1, 2, or 3	0%	B
PV055	PCP Flag	int[1]	Indicator - Provider is a PCP 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, provider is a PCP.	Required when PV034 = 1	100%	A0
PV056	Provider Affiliation	varchar[30]	Provider Affiliation Code	Report the Provider ID for any affiliation the provider has with another entity or parent company. If the provider is associated only with self, record the same value here as PV002.	All	99%	B

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV057	Provider Telephone	varchar[10]	Telephone number associated with the provider identified in PV002	Report the telephone number of the provider associated with the identification in PV002. Do not separate components with hyphens, spaces or other special characters.	All	10%	C
PV058	Delegated Provider Record Flag	int[1]	Indicator - Delegated Record 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, provider record was sourced from the delegated provider's system.	All	100%	A2
PV060	Office Type	int[1]	Office Type Code 1 Facility 2 Doctors office 3 Clinic 4 Walk in Clinic 5 Laboratory 0 Other	Report the value that defines the provider's service setting. EXAMPLE: 1 = Facility	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	A0
PV061	Prescribing Provider	int[1]	Indicator - Prescribing Authority Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, provider has prescribing privileges for pharmaceuticals or DME.	All	100%	A2
PV062	Provider Affiliation Start Date	int[8]	Provider Start Date	Report the start date of provider's relationship with parent entity / group in PV056 (Provider Affiliation) in CCYYMMDD Format. Providers that are self-	All	98%	A0

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				affiliated (or no affiliation) should have the same value reported here as in PV037.			
PV062	Provider Affiliation Start Date - Year					98%	A0
PV062	Provider Affiliation Start Date - Month					98%	A0
PV063	Provider Affiliation End Date	int[8]	Provider End Date	Report the end date of provider's relationship with parent entity / group in PV056 (Provider Affiliation) in CCYYMMDD Format. Do not report any value here if the affiliation is still active, or if there is no known affiliation in PV056. Self-affiliations should report the same value here as in PV038.	All	98%	B
PV063	Provider Affiliation End Date - Year	int-NULL				98%	B
PV063	Provider Affiliation End Date - Month	int-NULL				98%	B

MA APCD Provider File – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV064	PPO Indicator	int[1]	Indicator - Provider PPO Contract 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, provider is a contracted network provider.	Required when PV034 = 0, 1, 2, 3, 4, or 5	100%	A0

MA APCD Provider File – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV003	Tax Id	varbinary[256]	Federal Tax ID of non-individual Provider	Report the Federal Tax ID of the Provider here. Do not use hyphen or alpha prefix.	Required when PV034 = 2, 3, 4, 5, 6, 7, or 0	98%	A2
PV004	UPIN Id	char[6]	Unique Physician ID	Report the UPIN for the Provider identified in PV002. To report other Medicare Identifiers use PV036.	Required when PV034 = 1	98%	B
PV005	DEA ID	char[9]	Provider DEA	Report the valid DEA ID of the individual, group or facility defined by PV002. If not available or applicable, do not report any value here.	Required when PV034 = 0, 1, 2, 3, 4, or 5	98%	B
PV015	DOB Date	varbinary[256]	Provider's date of birth	Report the individual's date of birth in CCYYMMDD Format. Only applies to providers identified as Entity = Person. Do not report any value here for non-person entities, e.g. Professional Groups, Medical Sites.	Required when PV034 = 1	98%	B

MA APCD Provider File – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PV035	SSN Id	varbinary[256]	Provider's Social Security Number	Report the SSN of the individual provider in PV002. Do not zero-fill. Do not report any value here if not available or not applicable.	Required when PV034 = 1	98%	A1
PV041	GIC Provider Link ID	varchar[25]	GIC Provider Link ID for GIC Carriers only	Report the GIC Assigned Provider Link ID. If not applicable, do not report any value here.	Required when Submitter is identified as a GIC Submitter	0%	B
PV899	Record Type	char[2]	File Type Identifier	Report PV here. This validates the type of file and the data contained within the file. This must match HD004.	All	100%	A0

3.3.3: Provider File Cleaning, Standardization, and Redaction

MA APCD Provider File Cleaning Logic, by Element

Element	Data Element Name	Format/Length	Description	Cleaning Logic
N/A				

MA APCD Provider File SSN Redaction, by Element

Element	Data Element Name	Format/Length	Description
PV006	License Id	Varchar[25]	License Id
PV007	Medicaid Id	Varchar[25]	Medicaid Id
PV008	Last Name	varchar[50]	Last Name
PV009	First Name	varchar[50]	First Name
PV012	Entity Name	Varchar[100]	Entity Name
PV016	Provider Street Address 1	varchar[50]	Provider Street Address 1
PV017	Provider Street Address 2	varchar[50]	Provider Street Address 2
PV018	City Name	Varchar[35]	City Name
PV021	Zip Code	varchar[9]	Zip Code
PV022	Taxonomy	Char[10]	Taxonomy
PV023	Mailing Street Address1 Name	varchar[50]	Mailing Street Address1 Name
PV024	Mailing Street Address2 Name	varchar[50]	Mailing Street Address2 Name
PV025	Mailing City Name	Varchar[35]	Mailing City Name
PV028	Mailing Zip Code	varchar[9]	Mailing Zip Code
PV029	Provider Type Code	Varchar[10]	Provider Type Code

MA APCD Provider File SSN Redaction, by Element

Element	Data Element Name	Format/Length	Description
PV032	Registered Provider Organization ID (RPO)	Char[30]	Registered Provider Organization ID (RPO)
PV036	Medicare ID	Varchar[30]	Medicare ID
PV042	Proprietary Specialty Code	Varchar[10]	Proprietary Specialty Code
PV043	Other Specialty Code 2	Varchar[10]	Other Specialty Code 2
PV044	Other Specialty Code 3	Varchar[10]	Other Specialty Code 3
PV048	EHR Vendor	Varchar[40]	EHR Vendor
PV057	Provider Telephone	Varchar[10]	Provider Telephone

MA APCD Provider File Reidentification, by Element

Element	Data Element Name	Format/Length	Description
PV054	Medical / Healthcare Home ID	Text	Medical / Healthcare Home ID
PV056	Provider Affiliation	Text	Provider Affiliation



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