

APPENDIX R

A. Required Data Elements For Enrollment

MassHealth Requirement

Submitted by MCO

File submitter ID

MassHealth PID/SL of MCO

(describe t_pr_identifier)

ALT_ID_PROVIDER

Enrolling Providers' NPI

(describe t_pr_type)

CDE_PROV_TYPE

Tell us provider type –see Appendix A1

(describe t_pr_tax_id)

NUM_TAX_ID

SSN or FEIN #

IND_TAX_ID_TYPE

Must tell us type (S= SSN or F= FEIN)

(describe t_pr_nam)

NAME

First, Last, Middle or Business Name

IND_NAME_TYPE

Tell us B=Business Name or P=Personal

(describe t_pr_adr)

Doing Business As Address & Phone #

ADR_MAIL_STRT1

ADR_MAIL_STRT2

ADR_MAIL_CITY

ADR_MAIL_STATE

ADR_MAIL_ZIP

ADR_MAIL_ZIP_4

Optional

NUM_PHONE

NUM_PHO_EXT

Optional

(describe t_pr_dea)

Optional: DEA when applicable

NUM_DEA

DTE_EFFECTIVE

DTE_EXPIRATION

(describe t_pr_svc cert)

Optional: License or other certifications see Appendix A2 for type

CDE_CERT_TYPE

NUM_PROV_CERT

DTE_EFFECTIVE

DTE_END

(T_PR_Micare_BILL)

NUM_Medicare

Medicare number assigned by the government to the provider

CDE_Micare_TYPE

Medicare type, valid values are A (Part A) and B (Part B).

DTE_EFFECTIVE	The first date in which the Medicare number became effective.
SAK_CARRIER	CMS Intermediary or Medicare Carrier code up to 9 numbers
DTE_END	The last date in which the Medicare number will expire.
(describe T_IRS_W9_INFO)	
NAME	This is the name the W9 form would be addressed to.
ADR_MAIL_STRT1	This is the street address where the provider would receive the W9 form
ADR_MAIL_STRT2	optional
ADR_MAIL_CITY	This is the city where the provider would receive the W9 form
ADR_MAIL_STATE	This is the state where the provider would receive the W9 form
ADR_MAIL_ZIP	This is the zip code where the provider would receive the W9 form.
ADR_MAIL_ZIP_4	optional
DTE_EFFECTIVE	The first date the W9 information for this provider becomes effective.
NUM_PHONE	The phone number of the legal entity in format: Area Code + Prefix
NUM_PHONE_EXT	+Suffix optional
describe T_PR_SVC_LOC	
IND_PCC	If the provider is a Primary Care Provider within the MCO enter Y otherwise enter N
(describe T_PR_AFF_PR_LOC_XREF)	This identifies the relationship to the MCO;
SAK_AFF_PROV	Enter the submitter ID on file i.e. MCO PID
CDE_AFF_SVC-LOC	Enter submitter ID on file i.e. MCO SL
DTE_EFFECTIVE	Date file is received
DTE_END	12/31/2299
CDE_AFF_TYPE	MP
describe T_PR_PROV	
IND_MCO	If the provider is “in Network” enter Y , otherwise enter N

CDE_PROV_TYPE	DSC_PROV_TYPE
01	PHYSICIAN
02	OPTOMETRIST
03	OPTICIAN
04	OCULARIST
05	PSYCHOLOGIST
06	PODIATRIST
07	THERAPIST
08	NURSE MIDWIFE
09	NURSING FACILITY
10	DENTIST
11	DENTAL CLINIC
12	DENTAL SCHOOL CLINIC UNDERGRADUATE
13	DENTAL SCHOOL CLINIC GRADUATE
14	PUBLIC HEALTH DENTAL HYGIENIST
15	OPTOMETRY SCHOOL
16	CHIROPRACTOR
17	NURSE PRACTITIONER
18	MANAGED CARE RMC CONTRACTOR
19	ICO PROVIDERS
20	COMMUNITY HEALTH CENTER (CHC)
21	FAMILY PLANNING AGENCY
22	ABORTION/STERILIZATION CLINIC
23	SPEECH AND HEARING CENTER
24	REHABILITATION CENTER
25	RENAL DIALYSIS CLINIC
26	MENTAL HEALTH CENTER
27	CHAPTER 766
28	SUBSTANCE ABUSE PROGRAM
29	EARLY INTERVENTION
30	HEALTH MAINTENANCE ORGANIZATION
31	VOLUME PURCHASER
32	DENTAL PLAN (Obsolete)
33	CASE MANAGEMENT
34	COMMONHEALTH *** OBSOLETE ***
35	STATE AGENCY SERVICES
36	DPH TRANSPORTATION (& DPH WAIVER)
37	PACE
38	PREFERRED PHYSICIAN PROGRAM *** OBSOLETE ***
39	PHYSICIAN ASSISTANT
40	PHARMACY
41	DURABLE MEDICAL EQUIPMENT
42	OXYGEN AND RESPIRATORY THERAPY EQUIP
43	PROSTHETICS

44	HEARING INSTRUMENT SPECIALIST
45	INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)
46	CERTIFIED INDEPENDENT LABORATORY
47	ORTHOTICS
48	PERS *** OBSOLETE ***
49	TRANSPORTATION
50	AUDIOLOGIST
51	CERTIFIED REGISTERED NURSE ANESTHETISTS
52	ICR-MR COMMUNITY *** OBSOLETE ***
53	ICF-MR STATE SCHOOL
54	APPLIED BEHAVIORAL ANALYSIS WITH TPL
55	REST HOME
56	MFP DEMONSTRATION
57	CLINICAL NURSE SPECIALIST (CNS)
58	FISCAL INTERMEDIARY SERVICES
59	PERSONAL CARE MANAGEMENT AGENCY
60	HOME HEALTH AGENCY
61	INDEPENDENT NURSE
62	ADULT FOSTER CARE / GROUP ADULT FOSTER CARE
63	ADULT DAY HEALTH
64	DAY HABILITATION
65	PSYCHIATRIC DAY TREATMENT
66	INDEPENDENT LIVING
67	RESPIRE CARE *** OBSOLETE ***
68	HOME CARE CORPORATION
69	HOSPICE CARE
70	ACUTE INPATIENT HOSPITAL
71	CHRONIC INPATIENT HOSPITAL
72	PSYCHIATRIC INPATIENT HOSPITAL *** OBSOLETE ***
73	PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES)
74	SEMI ACUTE INPATIENT HOSPITAL
75	SEMI ACUTE OUTPATIENT HOSPITAL
76	INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRTP)
77	SENIOR CARE OPTIONS (SCO)
78	PSYCHIATRIC NURSE MENTAL HEALTH SPECIALISTS
79	DMEPOS
80	ACUTE OUTPATIENT HOSPITAL
81	HOSPITAL LICENSED HEALTH CENTER (HLHC)
82	CHRONIC OUTPATIENT HOSPITAL
83	PSYCHIATRIC OUTPATIENT HOSPITAL
84	AMBULATORY SURGERY CENTER
85	BIRTHING CENTER
86	QMB ONLY PROVIDERS
87	RADIATION ONCOLOGY TREATMENT CENTERS
88	SYSTEM DEFAULT LEGACY (OBSOLETE)
89	SCHOOL-BASED MEDICAID
90	PHARMACIST

91	INDIAN HEALTH SERVICES
92	CLINICAL SOCIAL WORKER
93	THIRD PARTY ADMINISTRATOR
94	ACCOUNTABLE CARE PROVIDER ORG
95	COMPLEX CARE MANAGEMENT
96	LIMITED SERVICES CLINICS
97	GROUP PRACTICE ORGANIZATION
98	SPECIAL PROGRAMS
99	RELATIONSHIP ENTITY

CDE_CERT_TYPE	DSC_CERT_TYPE
00	Unknown
01	MA BOARD OF REGISTRATION IN MEDICINE
02	MASS. BOARD OF REGISTRATION IN DENTISTRY
03	MASS. BOARD OF REGISTRATION OF OPTOMETRISTS
04	MASS. BOARD OF REGISTRATION IN PODIATRY
05	MASS. BOARD OF REGISTRATION IN NURSING
06	AMERICAN SPEECH-LANGUAGE HEARING ASSOC. (ASHA)
07	BOARD OF REG OF ALLIED HEALTH PROFESSIONALS
08	MASS. BOARD OF REGISTRATION OF PSYCHOLOGISTS
09	MASS. BOARD OF REGISTRATION IN PHARMACY
10	MA BOARD OF REGISTRATION OF DISPENSING OPTICIANS
11	MASS. DEPARTMENT OF PUBLIC HEALTH LICENSURE
12	MA DEP PUB HLTH/MEDCRE CT & DEP PUB WEL/MEDCD CT
13	AMERICAN OCCUPATIONAL THERAPY ASSOC. REGISTRATION
14	AMERICAN SOCIETY OF OCULARISTS
15	MASS. DEPT OF PUBLIC WELFARE: MEDICAID CERT.
16	NATIONAL BOARD FOR RESPIRATORY CARE
17	AMERICAN BOARD FOR CERT IN ORTHOTICS & PROSTHETICS
18	MEDICARE CERTIFICATION
19	MA DEPT OF PUB HLTH & DEPT OF PUB WEL/MEDCD CERT
20	MASS. CITY OR TOWN AUTHORIZATION
21	OUT-OF-STATE LICENSE/CERT./REGISTRATION
22	JCAHO ACCREDITATION & MEDICARE CERT.
23	OPH LICENSE & CARF ACCREDITATION
24	DPH LICENSE & ASHA CERT.
25	DPH LICENSE & MEDICARE CERT.
26	DPH-LICENSE & MEDCD CERT.
27	MASS. PHYSICIAN LICENSE & MASS. MEDCD CERT.
28	GOVERNMENT OPERATED & MEDICARE CERT.
29	GOVERNMENT OPERATED
30	O-O-STATE LIC, MEDCRE CERT & O-O-STATE MEDCD CERT
31	OUT-OF-STATE LICENSE/CERT/REGISTRATION & CARF CERT
32	OUT-OF-STATE LIC/CERT/REGISTRATION & ASHA CERT
33	O-O-STATE LIC/CERT/REGISTR & O-O-STATE MEDCRE CERT
34	O-O-STATE LIC/CERT/REGISTR & O-O-STATE MEDCD CERT
35	OUT-OF-STATE MEDCD CERT.
36	OUT-OF-STATE MEDCD CERT. & MEDICARE CERT.
37	O-O-S LIC/CT/REG & O-O-S MEDCD CT & MA MEDCD CERT
38	LIC/CERT/REGISTR ONLY APPLICABLE TO SPECIALTY
39	OUT-OF-STATE LICENSE & MASS. MEDCD CERT.
40	NATIONAL CERT. & OUT-OF-STATE MEDICAL CERT.
41	O-O-ST GVT OPD & MEDCRE CERT & O-O-ST MEDCD CERT
42	NOT APPLICABLE

43	OTHER
44	MA DIV OF LICENSE INS; LICENSURE AND MA MED CERT
45	FED QUAL HMP MA DIV OF LIC INS; LIC & MA MED CERT
46	MASS BOARD OF REGISTRATION OF CHIROPRACTORS
47	BOARD OF REG OF ALLIED MENTAL HHS PROFESSIONALS
48	BOARD OF REGISTRATION OF SOCIAL WORKERS
49	BOARD OF REGISTRATION OF SPEECH AND AUDIOLOGY
50	BOARD OF REG OF HEARING INSTRUMENT SPECIALISTS
51	BOARD OF REGISRTATION OF DIETICIANS AND NUTRITION
52	DPH-OFFICE OF EMERGENCY MEDICAL SERVICES
53	DEPARTMENT OF MENTAL HEALTH
54	COMMUNITY HEALTH ACCREDITATION PROGRAM
55	HEALTHCARE QUALITY ASSOCIATION ON ACCREDITATION
56	NATIONAL BOARD OF ACCRED FOR ORTHOTIC SUPPLIERS
57	BOARD OF CERTIFICATION IN PEDORTHICS
58	ACCREDITATION COMMISSION FOR HEALTHCARE, INC
59	NATIONAL ASSOCIATION OF BOARDS OF PHARMACY
60	COMMISSION ON ACCREDITATION OF REHAB FACILITIES
61	THE COMPLIANCE TEAM INC
62	ACDD
63	BOARD OF REG OF NURSING HOME ADMINSTRATORS
64	NATIONAL BOARD FOR CERT IN HEARING INST SCIENCES
65	NATIONAL ADULT FAMILY CARE ORGANIZATION
66	BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS

B. Update Specifications

MassHealth Requirement

File submitter ID

describe t_pr_identifier/ID_PROVIDER

Submitted by MCO

MassHealth PID/SL of MCO

Provider' PID/SL (**Required**)

Include as applicable when changed

NAME

IND_NAME_TYPE

ADR_MAIL_STRT1

ADR_MAIL_STRT2

ADR_MAIL_CITY

ADR_MAIL_STATE

ADR_MAIL_ZIP

ADR_MAIL_ZIP_4

NUM_PHONE

NUM_PHO_EXT

NUM_TAX_ID

IND_TAX_ID_TYPE

First, Last, Middle or Business Name

Tell us **B**=Business Name or **P**=Personal

Doing Business As Address & Phone #

SSN or FEIN #

Must tell us type (**S**= SSN or **F**= FEIN)

If the provider has left the MCO, enter **60**
(*VOLUNTARY SUSPENSION PROVIDER
WITHDRAWAL*); if the provider is deceased,
enter **71** (*VOL SUSPENSION PROVIDER
DECEASED*)

CDE_ENROLL_STATUS