

## APPENDIX Q: Enrolling Providers Required Data Elements

### 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\_MCARE\_BILL)

NUM\_MEDICARE

Medicare number assigned by the government to the provider

CDE\_MCARE\_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 <b>up to 9 numbers</b>
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	<b>optional</b>
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	<b>optional</b>
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 <b>optional</b>
 describe T_PR_SVC_LOC	
IND_PCC	If the provider is a Primary Care Provider within the MCO enter <b>Y</b> otherwise enter <b>N</b>
 (describe T_PR_AFF_PR_LOC_XREF)	
SAK_AFF_PROV	This identifies the relationship to the MCO;
CDE_AFF_SVC-LOC	<b>Enter the submitter ID on file i.e. MCO PID</b>
DTE_EFFECTIVE	<b>Enter submitter ID on file i.e. MCO SL</b>
DTE_END	Date file is received
CDE_AFF_TYPE	12/31/2299 <b>MP</b>
 describe T_PR_PROV	
IND_MCO	If the provider is "in Network" enter <b>Y</b> , otherwise enter <b>N</b>