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 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 +Suffix
NUM_PHONE_EXT	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