

# 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 IND_TAX_ID_TYPE	SSN or FEIN # Must tell us type (S= SSN or F= FEIN)
(describe t_pr_nam) NAME IND_NAME_TYPE	First, Last, Middle or Business Name Tell us B=Business Name or P=Personal
(describe t_pr_adr ) ADR_MAIL_STRT1 ADR_MAIL_STRT2 ADR_MAIL_CITY ADR_MAIL_STATE ADR_MAIL_ZIP ADR_MAIL_ZIP_4 NUM_PHONE NUM_PHO_EXT	Doing Business As Address & Phone #       Optional  Optional
(describe t_pr_dea) NUM_DEA DTE_EFFECTIVE DTE_EXPIRATION	Optional: DEA when applicable
(describe t_pr_svc cert) CDE_CERT_TYPE NUM_PROV_CERT DTE_EFFECTIVE DTE_END	Optional: License or other certifications see Appendix A2 for type
(T_PR_MCARE_BILL) NUM_MEDICARE CDE_MCARE_TYPE	Medicare number assigned by the government to the provider 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 +Suffix
NUM_PHONE_EXT	<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; <b>Enter the submitter ID on file i.e. MCO PID</b>
CDE_AFF_SVC-LOC	<b>Enter submitter ID on file i.e. MCO SL</b>
DTE_EFFECTIVE	Date file is received
DTE_END	12/31/2299
CDE_AFF_TYPE	<b>MP</b>
 describe T_PR_PROV	
IND_MCO	If the provider is “in Network” enter <b>Y</b> , otherwise enter <b>N</b>