

Members of the Public Health Committee:

Addendum to Testimony on SB 130 of 2/24/16

Thank you very much for this additional request for your time to read this.

Susan Israel, MD

It seems that in their testimonies on SB 130, the State Insurance Department, the APCD and the Dept. of Social Services have not made it easily transparent to the public, who are not familiar with health care policy jargon, that insurers will be sending fully identified information into the computers of the APCD Vendor, Onpoint Health Data, because they never use the word "identified" in discussing the data.

The State of CT Insurance Department said that: "It is important to note that the information that is collected is de-identified and does not contain personally identifiable patient information." However, besides the fully identified data to Onpoint, the "Limited Data Sets" available to Access Health Analytics will contain the two personal identifiers of the full date of birth and the full Zip Code, along with the gender and the medical narrative that could be cross referenced with their own enrollment data base and that of the public voter registration lists which contain the date of birth, Zip Code and gender through the name of the voter. As per the detailed explanations in my first testimony, that data have an 87% chance of re-identification, the data going to Public Health has a high chance of re-identification, and that going to outside researchers have a .22% chance which potentially is over 7000 people in CT.

I would like to add that the APCD is not a HIPAA covered entity and Onpoint is not a business associate of the health insurers which would allow the APCD to be under the HIPAA rules for Protected Health Information (identified). So even though the APCD will follow HIPAA, could it be argued that Connecticut's creation of the APCD is on shaky legal ground to begin with? In their amicus brief before the Supreme Court now, to support the Vermont APCD in *Gobeille v. Liberty Mutual Insurance*, the attorneys representing CT's APCD said that the APCD data "fall squarely within the legitimate realm of traditional State policing authority in an area that is firmly within the provenance of the States." So is that what we have become, a police state taking patient medical information without consent under the philosophy of the ends justifies the means? If the data are so safe, why does the APCD need cyber liability insurance?

Please see included 3 pages from the APCD Policies and Procedures of 11/15 and some pages from the Data Submission Guide for the health insurers.

- f. "*Applicant Related Party*" means any individual or entity under common ownership or control of an Applicant.
- g. "*Board*" means the Board of Directors of the Exchange constituted pursuant to Public Act No. 11-53 and the Bylaws of the Exchange.
- h. "*Chief Executive Officer*" means the individual selected by the Board to serve as chief executive officer of the Exchange in accordance with C.G.S. § 38a-1081.
- A* i. "*Data*" means De-Identified claim information provided to the APCD by Data Submitters and made available through the Vendor or Managed Environment.
- j. "*Data Release Application*" means the written application and supporting documentation or other materials an Applicant submits to the Executive Director or the Data Release Committee in connection with a request to access Data.
- k. "*Data Release Committee*" means the committee responsible for reviewing and making recommendations to the Executive Director regarding the acceptance or denial of Data Release Applications.
- l. "*Data Submitters*" means: (i) those entities and/or organizations required to report healthcare claims information to the APCD pursuant to the Act; and (ii) Connecticut state agencies, hospitals, the United States Census Bureau, governmental payers, such as Medicare and Medicaid, and any other third parties who submit healthcare claims information to the APCD.
- m. "*Data Use Agreement*" means the written agreement entered into by and between an Applicant and the Exchange upon acceptance of the Applicant's Data Release Application by the Data Release Committee, which sets forth the obligations and responsibilities of the Applicant with respect to the use of the Data disclosed to it by the Exchange.
- X* n. "*De-Identified*" refers to healthcare information from which all eighteen (18) identifiers enumerated at 45 C.F.R. § 164.514(b)(2) have been removed.
- o. "*Executive Director*" means the individual appointed by the Exchange to serve as executive director of the APCD.
- p. "*Exchange*" means The Connecticut Health Insurance Exchange d/b/a "Access Health CT".



- q. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, each as amended from time to time.
- r. "Limited Data Set" means healthcare information from which all sixteen (16) identifiers enumerated 45 C.F.R. § 164.514(e)(2) have been removed.
- s. "Managed Environment" means the computer interface by which the Exchange accesses Data.
- t. "Project" means the purpose or program for which Data is disclosed to a Recipient.
- u. "Recipient" means an Applicant whose Data Release Application has been approved by the Data Release Committee and which has received Data from the APCD.
- v. "Recipient Third Party" means an employee, agent or contractor of a Recipient or any entity or organization to which the Recipient has re-disclosed or made available Data.
- w. "State" means the state of Connecticut.
- x. "Work Product" means every invention, modification, discovery, design, development, customization, configuration, improvement, process, work of authorship, documentation, formulae, datum, code, technique, reporting logic, know how, secret, or intellectual property right whatsoever or any interest therein (whether patentable or not patentable or registerable under copyright or similar statutes or subject to analogous protection) that is made, conceived, discovered, or reduced to practice by a Recipient or Recipient Third Party.
- y. "Vendor" means the entity or organization engaged by the Exchange to provide data management or maintenance services with respect to the APCD.

3. Executive Director.

- a. The Executive Director shall have general oversight responsibility for the privacy, security and access to Data by potential Recipients. In all instances, the Executive Director may delegate functions or responsibilities to other properly qualified Exchange employees, agents or contractors acting in accordance with this Policy.
- b. The Executive Director shall maintain a list of each member of the Data Release Committee and his or her professional affiliation and shall make

- iii. When accessing and using the Managed Environment or obtaining Data through the Vendor, APCD Personnel shall: (i) never install any software, application or code in the Managed Environment, unless specific written approval has been provided by the Executive Director; (ii) never link external data with Data from Managed Environment or the Vendor without prior written approval from the Executive Director; and (iii) not re-identify, or attempt to re-identify, Data.
- iv. All Data accessed through the Managed Environment or Vendor by APCD Personnel shall be De-Identified. Notwithstanding, the Executive Director may, in his or her discretion, permit designated APCD Personnel to access a Limited Data Set from the Managed Environment or Vendor. APCD Personnel granted access to a Limited Data Set by the Executive Director shall keep such Limited Data Set strictly confidential and shall not disclose, or provide access to, the Limited Data Set to any other individual, either internal or external to the Exchange, without the prior written consent of the Executive Director.
- v. The Exchange shall maintain: (i) copies of the Managed Environment and Vendor output and make such information available for the purpose of conducting security audits; and (ii) Managed Environment and Vendor access logs.

c. Disclosure of Data by APCD Personnel.

- i. APCD Personnel may not disclose any Data accessed through the Managed Environment or Vendor except: (i) as explicitly permitted by this Policy, including but not limited to disclosure after approval of a Data Release Application by the Data Release Committee; (ii) with the written consent of the Executive Director and after the execution of a written confidentiality agreement between the Exchange and the approved recipient, when such disclosure is reasonably necessary for the Exchange's operations or fulfillment of the purpose of the Act; or (iii) as required by state or federal law, regulation or process.
- ii. Any third-party vendor engaged by the Exchange to maintain, use or disclose the Data, including the Vendor, shall comply with all applicable Exchange policies and procedures and shall implement and maintain technical, physical and administrative standards sufficient to protect and ensure the privacy and security of the Data, including but not limited to: (i) the specifications and requirements set forth in applicable State and federal law; (ii) industry standards and best practices regarding the maintenance and security of

About Onpoint Health Data



Onpoint Health Data is Access Health CT's contracted vendor for the collection, cleansing, validation, and consolidation of all CT APCD submissions. We are a Maine-based independent, nonprofit organization formed in 1976 by key stakeholders from the state's healthcare community. We are a full-service health data organization with two primary divisions: Data Management Services and Analytic Services. Our Data Management Services team — data intake specialists, data architects, and systems and data analysts — collect and integrate data from payers, helping them meet our clients' quality thresholds. Onpoint's Analytics Services team — additional systems analysts, quality assurance staff, health services researchers, and senior consultants — put the data to use through customized analysis, reporting, data linkage, and Business Intelligence tools.

Learn more by visiting us online: www.onpointhealthdata.org

How to Reach Onpoint

Onpoint's data intake specialists are available to answer your questions regarding the mechanics of APCD collection, access to Onpoint's SFTP server, and technical issues regarding the population, intent, or contents of submitted fields. We can be reached using the information below.



207-623-2555, 8:00am – 4:30pm (Eastern)



ahct-support@onpointhealthdata.org



www.onpointcdm.org



Onpoint Health Data
Attn: CT APCD Intake Specialist
254 Commercial Street, Suite 257
Portland, ME 04101

Required Data Files

A. General Requirements

1. Medical Claims Data

- a. Medical Claims files must include all services provided to the Member, including but not limited to medical, behavioral health, home care, and durable medical equipment.
- b. Reporting Entities must provide information to identify the type of service and setting in which the service was provided given the standard claim type used for the setting.
- c. Reporting Entities must submit data in the monthly file for any claim lines that some action has been taken on that claim (i.e., payment, adjustment, or other modification). Claims denied for completeness, errors, or other administrative reasons (sometimes known as “soft” denials) should not be submitted until the claim has been paid.
- d. Reporting Entities must provide a reference number that links the original claim to all subsequent actions associated with that claim.
- e. Reporting Entities are required to identify encounters corresponding to a capitation payment.

2. Pharmacy Claims Data

- a. Reporting Entities must provide data for all pharmacy claims for prescriptions that were actually dispensed to members and paid.
- b. Medical plans (risk-holders) that subcontract with other vendors for services such as mental health and substance abuse and prescription drug coverage and report those claims in separate submissions are responsible for ensuring that subscriber and member identifiers allow reliable attribution of claims across file types.

3. Member Eligibility Data

- a. Reporting Entities must provide a data set that contains information on every covered plan member whether or not the member utilized services during the reporting period. The file must include member identifiers, subscriber name and identifier, member relationship to subscriber, residence, age, race, ethnicity, and language, and other required fields to allow retrieval of related information from pharmacy and medical claims data sets.
- b. Reporting Entities should provide enrollment data in rolling 12-month periods each month. Member eligibility should be submitted using enrollment spans in an effort to capture any changes in eligibility attributes, attributed provider, benefit information, or enrollment/disenrollment. Member eligibility should contain one record per member per product for the given time span that product was in effect. As a result, overlaps in enrollment start and enrollment end dates are permissible.

ELIGIBILITY FILE

Col #	Element	Data Element Name	Date Modified	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Recommended Threshold	Reference
6	ME006	Insured Group or Policy Number	4/1/2013	Text	30	Group/policy number	Use this field to report the group or policy number. Notes: The value reported for this field should be reported consistently in the Insured Group or Policy Number field across file types: ME006, MCC06, and PC006. This is not the number that uniquely identifies the subscriber. If a policy is sold to an individual as a non-group policy, report with a value of "IND". This principle pertains to all claim types: commercial, Medicaid, and Medicare.	All	99.0%	271/2100C/REF/1L/02, 271/2100C/REF/IG/02, 271/2100C/REF/6P/02, 271/2100D/REF/1L/02, 271/2100D/REF/IG/02, 271/2100D/REF/6P/02
7	ME007	Coverage Level Code	4/1/2013	Look-up Table - Text	3	Benefit coverage level code	Use this field to report the benefit level of coverage. Valid codes include: CHDChildren Only DEPDependents Only ECHEmployee and Children ELFEmployee and Life Partner EMPEmployee Only ESPEmployee and Spouse FAMFamily INDIndividual SPCSpouse and Children SPOSpouse Only UNKUnknown	All	99.0%	271/2110C/EB/ /02, 271/2110D/EB/ /02
8	ME008	Subscriber SSN	4/1/2013	Text	9	Subscriber's Social Security Number	Report the subscriber's Social Security number. Do not code using hyphens. If not available, do not report any value here. If this field is not populated, ME009 must be populated. Notes: The value reported for this field should be reported consistently in the Subscriber Social Security Number field across file types: ME008, MC007, PC007. This field will not be passed into the analytic file.	All	85.0%	271/2100C/REF/SV/02
9	ME009	Plan-Specific Contract Number	4/1/2013	Text	30	Contract number	Report the plan-assigned contract number. Do not include values in this field that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents. If this field is not populated, ME008 must be populated. Notes: The value reported for this field should be reported consistently in the Plan-Specific Contract Number across file types: ME009, MC008, and PC008.	All	95.0%	271/2100C/NM/1M/09
10	ME010	Member Suffix or Sequence Number	4/1/2013	Text	20	Member's contract sequence number	Report the unique number / identifier of the member within the contract.	All	99.0%	N/A
11	ME011	Member Social Security Number	4/1/2013	Text	9	Member Social Security number	Report the member's Social Security number. Do not code using hyphens. If not available, do not report any value here. If not available, report as null. Notes: The value reported for this field should be reported consistently in the Member Social Security Number field across file types: ME011, MC010, PC010. This field will not be passed into the analytic file.	All	68.0%	271/2100C/REF/SV/02, 271/2100D/REF/SV/02

ELIGIBILITY FILE

Col. #	Element	Data Element Name	Date Modified	Format	Length	Description	Element Submission guideline Comments	Condition (Denominator)	Recommended Threshold	Reference
12	ME012	Individual Relationship Code	10/30/2013	Look-up Table - Text	2	Member to subscriber relationship code	Report the value that defines the member's relationship to the subscriber. Please note that while there are two codes that allow for the reporting of "Self," correct coding practices require the use of "18." Valid codes include: 1.....Spouse 4.....Grandfather or Grandmother 5.....Grandson or Granddaughter 7.....Nephew or Niece 10.....Foster Child 12.....Other Adult 15.....Ward 17.....Stepson or Stepdaughter 18.....Self 19.....Child 20.....Employee 21.....Unknown 22.....Handicapped Dependent 23.....Sponsored Dependent 24.....Dependent of a Minor Dependent 29.....Significant Other 32.....Mother 33.....Father 34.....Other Adult 36.....Emanipated Minor 39.....Organ Donor 40.....Cadaver Donor 41.....Injured Plaintiff 43.....Child Where Insured Has No Financial Responsibility 53.....Life Partner 76.....Dependent GB.....Other Relationship	All	98.0%	271/2100C/NS/N/02, 271/2100D/NS/N/02
13	ME013	Member Gender	4/1/2013	Look-up Table - Text	1	Member's gender	Report the member's gender as reported on enrollment form in alpha format. Valid codes include: F.....Female M.....Male U.....Unknown	All	100.0%	271/2100C/DMG/ /03, 271/2100D/DMG/ /03
14	ME014	Member Date of Birth	4/1/2013	Full Date - Integer	8	Member's date of birth	Notes: The value reported for this field should be reported consistently in the Member Gender field across file types: ME013, MCC02, and PC012. Use this field to report the date on which the member was born in YYYYMMDD format.	All	99.0%	271/2100C/DMG/D8/02, 271/2100D/DMG/D8/02
15	ME015	Member City Name	4/1/2013	Text	30	City name of the member	Notes: The value reported for this field should be reported consistently in the Member Date of Birth field across file types: ME014, MCC013, and PC013. Report the city name of the member.	All	99.0%	271/2100C/N4/ /01, 271/2100D/N4/ /01

ELIGIBILITY FILE

Col. #	Element	Data Element Name	Date Modified	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Recommended Threshold	Reference
16	ME016	Member State or Province	4/1/2013	External Code Source 2 - Text	2	State/province of the member	Use this field to report the member's state or province using the two-character abbreviation code defined by the U.S. Postal Service (for U.S. states) and Canada Post (for Canadian provinces).	All	99.0%	271/2100C/N4/02, 271/2100D/N4/02
17	ME017	Member ZIP Code	4/1/2013	External Code Source 2 - Text	9	ZIP code of the member	Use this field to report the ZIP/postal code associated with the member's residence. Notes: For U.S. ZIP codes, include the ZIP+4 (also referred to as the "plus-four" or "add-on" code) when possible. Do not code dashes or spaces within ZIP/postal codes.	All	99.0%	271/2100C/N4/03, 271/2100D/N4/03
18	ME018	Medical Coverage Flag	4/1/2013	Look-up Table - Integer	1	Indicator - Medical option	Use this field to report whether or not the member's plan with your organization included coverage for medical services. Notes: Onpoint will be considering values of "3", "4", and "5" to be the same as a value of "2" (No). Only values of "1" and "2" are valid in this field. Valid codes include: 1.....Yes 2.....No 3.....Unknown 4.....Other 5.....Not Applicable	All	100.0%	Administrative
19	ME019	Prescription Drug Coverage Flag	4/1/2013	Look-up Table - Integer	1	Indicator - Pharmacy option	Use this field to report whether or not the member's plan with your organization included coverage for prescription drugs. Notes: Onpoint will be considering values of "3", "4", and "5" to be the same as a value of "2" (No). Only values of "1" and "2" are valid in this field. Valid codes include: 1.....Yes 2.....No 3.....Unknown 4.....Other 5.....Not Applicable	All	100.0%	Administrative
20	ME020	Dental Coverage Flag	4/1/2013	Look-up Table - Integer	1	Indicator - Dental option	Use this field to report whether or not the member's plan with your organization included coverage for dental services. Notes: Onpoint will be considering values of "3", "4", and "5" to be the same as a value of "2" (No). Only values of "1" and "2" are valid in this field. Valid codes include: 1.....Yes 2.....No 3.....Unknown 4.....Other 5.....Not Applicable	All	100.0%	Administrative

ELIGIBILITY FILE

Col #	Element	Data Element Name	Date Modified	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Recommended Threshold	Reference
21	ME021	Race 1	4/1/2013	Look-up Table - Text	2	Member's self-disclosed primary race	Report the member-identified primary race here. The code value "UN" (Unknown/not specified), should be used only when the member answers "unknown" or refuses to answer. Report as null if data has not been collected. Valid codes include: R1.....American Indian/Alaska Native R2.....Asian R3.....Black/African American R4.....Native Hawaiian or other Pacific Islander R5.....White R9.....Other Race UN.....Unknown/not specified	All	3.0%	N/A
22	ME022	Race 2	4/1/2013	Look-up Table - Text	2	Member's self-disclosed secondary race	Report the member-identified secondary race here. The code value "UN" (Unknown/not specified), should be used only when the member answers "unknown" or refuses to answer. Report as null if data has not been collected. Valid codes include: R1.....American Indian/Alaska Native R2.....Asian R3.....Black/African American R4.....Native Hawaiian or other Pacific Islander R5.....White R9.....Other Race UN.....Unknown/not specified	All	2.0%	N/A
23	ME023	Other Race	4/1/2013	Text	15	Member's other race	Report the member's self-disclosed race when ME021 or ME022 is entered as "R9" (Other Race); if not applicable, do not report any value here.	Required when ME021 or ME022 = R9 (Other)	99.0%	N/A
24	ME024	Hispanic Indicator	4/1/2013	Look-up Table - Integer	1	Indicator - Hispanic status	Use this field to report whether or not the member identified as Hispanic. The code value "3" (Unknown), should be used only when the member answers "unknown" or refuses to answer. Report as null if data has not been collected. Valid codes include: 1.....Yes 2.....No 3.....Unknown 4.....Other 5.....Not Applicable	All	3.0%	N/A
25	ME025	Ethnicity 1	4/1/2013	External Code Source CDC - Text	6	Member's primary ethnicity	Report the member-identified primary ethnicity from either the external code source or here, whichever provides the best detail as obtained from the member/subscriber. The value "UNKNDW" should be used only when the member answers "unknown" or refuses to answer. Report as null if data has not been collected.	All	3.0%	N/A
26	ME026	Ethnicity 2	4/1/2013	External Code Source CDC - Text	6	Member's secondary ethnicity	Report the member-identified secondary ethnicity from either the external code source or here, whichever provides the best detail as obtained from the member/subscriber. The value "UNKNDW" should be used only when the member answers "unknown" or refuses to answer. Report as null if data has not been collected.	All	2.0%	N/A

ELIGIBILITY FILE

Col #	Element	Data Element Name	Date Modified	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Recommended Threshold	Reference
55	ME055	Business Type Code	4/1/2013	Look-up Table - Integer	1	Business type	Report the value that defines the submitter's line of business for this line of eligibility. Valid codes include: 2.....Third-Party Administrator (TPA) 3.....Delegated Business Administrator (DBA) 4.....Pharmacy Benefit Manager (PBM) 5.....Dental Benefit Manager (DBM) 6.....Computer Service Organization (CSO) 7.....Other 0.....Unknown / Not Applicable	All	100.0%	Administrative
56	ME056	Filler / Placeholder	7/2/2013	Filler	0	Filler	Access Health CT reserves this field for future use. Do not populate with any data.	All	0.0%	N/A
57	ME057	Date of Death	4/1/2013	Full Date - Integer	8	Member's date of death	Report the date on which the member expired in YYYYMMDD format. If still alive or date of death is unknown, report as null.	All	0.0%	Administrative
58	ME058	Subscriber Street Address	4/1/2013	Text	50	Street address of the subscriber	Use this field to report the subscriber's street address.	All	98.0%	271/2100C/N3 / 01
59	ME059	Disability Indicator	7/2/2013	Look-up Table - Integer	1	Indicator - Disability	Use this field to report whether or not disability applied to this record. Valid codes include: 1.....Yes 2.....No 3.....Unknown 4.....Other 5.....Not Applicable	All	100.0%	Administrative
60	ME060	Employment Status	7/2/2013	Look-up Table - Text	1	Employment status code	Report the code that defines the employment status of the subscriber. Valid codes include: A.....Active I.....Involuntary Leave O.....Orphan P.....Pending R.....Retiree S.....Student Z.....Unemployed U.....Unknown	All	100.0%	Administrative
61	ME061	Student Status Flag	4/1/2013	Look-up Table - Integer	1	Indicator - Student status	Use this field to report whether or not the member was a student. Valid codes include: 1.....Yes 2.....No 3.....Unknown 4.....Other 5.....Not Applicable	All	100.0%	Administrative

MEDICAL CLAIMS FILE

Col. #	Element	Data Element Name	Date Modified	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Recommended Threshold	Reference
102	MC101	Subscriber Last Name	10/15/2010	Text	60	Last name of subscriber	Report the last name of the subscriber. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: O'Brien should be reported as "OBRIEN"; Carlton-Smythe should be reported as "CARLTONSMYTHE".	All	100.0%	837/2010BA/NM1/ /03
103	MC102	Subscriber First Name	10/15/2010	Text	25	First name of subscriber	Report the first name of the subscriber. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: Anne-Marie should be reported as "ANNEMARIE".	All	100.0%	837/2010BA/NM1/ /04
104	MC103	Subscriber Middle Initial	10/15/2010	Text	1	Middle initial of subscriber	Report the subscriber's middle initial.	All	2.0%	837/2010BA/NM1/ /05
105	MC104	Member Last Name	4/1/2013	Text	60	Last name of member	Report the last name of the member. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: O'Brien should be reported as "OBRIEN"; Carlton-Smythe should be reported as "CARLTONSMYTHE".	All	100.0%	837/2010CA/NM1/ /03, 837/2010BA/NM1/ /03
106	MC105	Member First Name	4/1/2013	Text	25	First name of member	Report the first name of the member. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: Anne-Marie should be reported as "ANNEMARIE".	All	100.0%	837/2010CA/NM1/ /04, 837/2010BA/NM1/ /04
107	MC106	Member Middle Initial	4/1/2013	Text	1	Middle initial of member	Report the middle initial of the member when available.	All	2.0%	837/2010CA/NM1/ /05, 837/2010BA/NM1/ /05
108	MC107	ICD Indicator	4/1/2013	Look-up Table - Integer	1	International Classification of Diseases (ICD) version	Use this field to report whether the diagnoses on the claim were coded using ICD-9 or ICD-10 codes. Valid codes include: 9 ICD-9 0 ICD-10	Required when MCO94 = 001 or 002 and MCO41 is populated	100.0%	N/A
109	MC108	Procedure Modifier - 3	4/1/2013	External Code Source - AMA - Text	2	HCPCS/CPT code modifier	Report a valid procedure modifier when a modifier clarifies/improves the reporting accuracy of the associated Procedure Code (MCO55).	Required when MCO55 is populated	0.0%	835/2110/SVC/HC/01-5
110	MC109	Procedure Modifier - 4	4/1/2013	External Code Source - AMA - Text	2	HCPCS/CPT code modifier	Report a valid procedure modifier when a modifier clarifies/improves the reporting accuracy of the associated Procedure Code (MCO55).	Required when MCO55 is populated	0.0%	835/2110/SVC/HC/01-6
111	MC110	Claim Processed Date	4/1/2013	Full Date - Integer	8	Claim processed date	Report the date the claim was processed by the carrier/submitter in YYYYMMDD format. This date can be equal to Paid or Denial Date, but cannot be after Paid or Denial Date.	All	98.0%	Administrative
112	MC111	Diagnostic Pointer	4/1/2013	Integer	4	Diagnostic pointer number	Report the placement number of the diagnosis(-ses) to which a reported procedure is related for a professional claim. Can report up to four diagnostic positions within the first nine diagnoses that can be reported. Do not separate multiple mappings with spaces, zeros or special characters. Do not zero fill. EXAMPLE: Procedure related to diagnoses 1, 4, and 5 = "145".	Required when MCO94 = 001	98.0%	Professional 837/2400/SV1/ /07
113	MC112	Referring Provider ID	4/1/2013	Text	30	Referring provider ID	Report the identifier of the provider that submitted the referral for the service or ordered the test that is on the claim. (If applicable). The value in this field must also be reported in the Provider File using the Plan Provider ID field (PV002).	Required when MCO118 = 1	98.0%	Institutional 837/2310F/REF/92/02

ELIGIBILITY FILE

Col #	Element	Data Element Name	Date Modified	Format	Length	Description	Element Submission Guideline Comments	Condition (Denominator)	Recommended Threshold	Reference
81	ME081	Medicare Code	7/2/2013	Integer	1	Medicare plan code	Report the value that defines if and what type of Medicare coverage applied to this line of eligibility. Valid codes include: 1Part A Only 2Part B Only 3Part A and B 4Part C Only 5Part C & D 6Part D Only 9Not Applicable 0No Medicare Coverage	Required when ME003 = 16, MA, MB or MD	100.0%	
82	ME082	Employer Name	4/1/2013	Text	60	Member's employer name	Report the name of the subscriber's/member's employer at the time of enrollment.	Required when ME060 = A or P	98.0%	834/2100D/NM1/36/03
83	ME083	Employer EIN	4/1/2013	Text	9	Member's employer EIN	Report the federal tax ID number of the employer here. Do not use a hyphen or alpha prefix.	Required when ME060 = A or P	98.0%	834/2100D/NM1/24/09
84	ME101	Subscriber Last Name	4/1/2013	Text	60	Last name of subscriber	Report the last name of the subscriber. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: O'Brien should be reported as "OBRIEN"; Carlton-Smythe should be reported as "CARLTONSMYTHE";	All	100.0%	271/2100C/NM1/03
85	ME102	Subscriber First Name	4/1/2013	Text	25	First name of subscriber	Report the first name of the subscriber. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: Anne-Marie should be reported as "ANNEMARIE";	All	100.0%	271/2100C/NM1/04
86	ME103	Subscriber Middle Initial	4/1/2013	Text	1	Middle initial of subscriber	Report the subscriber's middle initial here.	All	2.0%	271/2100C/NM1/05
87	ME104	Member Last Name	4/1/2013	Text	60	Last name of member	Report the last name of the member. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: O'Brien should be reported as "OBRIEN"; Carlton-Smythe should be reported as "CARLTONSMYTHE";	All	100.0%	271/2100C/NM1/03, 271/2100D/NM1/03
88	ME105	Member First Name	4/1/2013	Text	25	First name of member	Report the first name of the member. Names should be reported in upper case and should be concatenated to exclude all punctuation, including hyphens, spaces, and apostrophes. EXAMPLE: Anne-Marie should be reported as "ANNEMARIE";	All	100.0%	271/2100C/NM1/04, 271/2100D/NM1/04
89	ME106	Member Middle Initial	4/1/2013	Text	1	Middle initial of member	Report the middle initial of the member when available.	All	2.0%	271/2100C/NM1/05, 271/2100D/NM1/05
90	ME107	Carrier-Specific Unique Member ID	4/1/2013	Text	50	Member's unique ID	Report the identifier the carrier/submitter uses internally to uniquely identify the member. Used to create Unique Member ID and link across carrier's / submitter's files for reporting and aggregation.	All	100.0%	Administrative
91	ME108	Subscriber City Name	4/1/2013	Text	30	City name of the subscriber	Report the city name of the subscriber.	All	98.0%	271/2100C/N4/01
92	ME109	Subscriber State or Province	4/1/2013	External Code Source 2 - Text	2	State/province of the subscriber	Use this field to report the subscriber's state or province using the two-character abbreviation code defined by the U.S. Postal Service (for U.S. states) and Canada Post (for Canadian provinces).	All	99.0%	271/2100C/N4/02, 271/2100D/N4/02

R