

Data Element Name	Sub-element Name	Data Element Description	Data Type and Format*	Data Element Requirement for Health Plan Collection
Patient Identifying Information – Data Element Group (DEG) 2				
Patient Name	Last Name or Organization Name	Complete legal name of institution, corporate entity, practice or individual patient	Alphanumeric	Required
	First Name	First name of individual patient	Alphanumeric	Optional
	Middle Name	Middle name of individual patient	Alphanumeric	Optional
	Name Prefix	Name prefix of individual patient	Alphanumeric	Optional
	Name Suffix	Name suffix of individual patient	Alphanumeric	Optional
Patient Contact Information	Street Address	Street number and name	Alphanumeric	Required
	Address Line 2	Second address line if exists	Alphanumeric	Optional
	City	Free-form text for city name	Alphanumeric	Required
	State/Province	Code (Standard State/Province) as defined by appropriate government agency	Alpha	Required
	ZIP Code/ Postal Code	Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	Alphanumeric	Required
	Country Code	ISO-3166-1 Country Code	Alphanumeric, 2 characters	Optional
	Patient Phone Number	Patient's 10-digit phone number	Numeric	Optional
Patient Identifiers	Member ID	Unique patient identifier assigned by health plan	Alphanumeric	Required
	Beneficiary/Dependent ID	Unique patient identifier assigned by health plan when patient is not health plan subscriber	Alphanumeric	Optional
	Relationship to Subscriber	Identifies patient as a dependent of a health plan member	Alphanumeric	Optional
	MBI	Medicare Beneficiary Identifier	Alphanumeric	Optional
	HICN	Health Insurance Claim Number	Alphanumeric	Optional
Patient Demographic Information	Date of Birth	Patient date of birth. Implementation guide should specify date format.	Alphanumeric	Required
	Gender	Patient gender. Implementation guide should specify health plan options for self-identifying gender.	Alphanumeric	Required
Patient Attribution Information	Dates of Inquiry	Defines the date or range of dates provider is requesting for attribution information if different than the date of submission	Alphanumeric	Optional

