

Data Element Name	Sub-element Name	Data Element Description	Data Type and Format*	Data Element Requirement for Health Plan Collection
Requesting Provider Identifying Information – Data Element Group (DEG) 1				
Provider Name	Last Name or Organization Name	Complete legal name of institution, corporate entity, practice or individual provider	Alphanumeric	Required
	First Name	First name of individual provider	Alphanumeric	Optional
	Middle Name	Middle name of individual provider	Alphanumeric	Optional
	Name Prefix	Name prefix of individual provider	Alphanumeric	Optional
	Name Suffix	Name suffix of individual provider	Alphanumeric	Optional
Provider 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
Provider Identifiers	Identifier Qualifier	Identifies type of code entered in identifier sub-element (e.g. National Provider Identifier, Federal Taxpayer's identification Number, etc.)	Alphanumeric	Required
	Identifier	Reference information as specified by the identifier code qualifier	Alphanumeric	Required
	Contract Identifier	Unique contract identifier provided by health plan for the purpose of specifying value-based contract under which attribution is performed	Alphanumeric	Optional