DRAFT CORE-required Maximum ERA Enrollment Data Set Companion Document

To assist with competing RWG Ballot please review the DRAFT CORE-required Maximum ERA Enrollment Data Set Companion Document information contained in this document. Please review the yellow highlighted text, which indicates new draft changes from the last straw poll.

Note that the Companion Document will be converted into a Microsoft Excel document when finalized.

CORE-required Maximum ERA Enrollment Data Set Companion Document

Table: 4.2-1 CORE-required Maximum ERA Enrollment Data Set					
Individual Data Element Name[i] (Term)	**Sub-element Name (Term)**	**Data Element Description**	**Data Type and Format (Not all data elements require a format specification)**	**Data Element Requirement for Health Plan Collection (Required/ Optional for plan to collect)**	**Data Element Group Number (DEG#)[ii]**
PROVIDER INFORMATION (Data Element Group 1 is a Required DEG)					
Provider Legal Name		Complete legal business name of institution, corporate entity, practice, or individual provider	Alphanumeric	Required	DEG1
Doing Business As Name (DBA)		A legal term used in the United States meaning that the trade name, or fictitious business name, under which the business or operation is conducted and presented to the world is not the legal name of the legal person (or persons) who actually own it and are responsible for it[iii]	Alphanumeric	Optional	DEG1
Business Type		Examples include LLC, Corporation, etc.		Optional	DEG1
Business Owner Name		Complete legal or individual name of the person or entity that owns or is responsible for a business	Alphanumeric	Optional	DEG1
Provider Physical and Legal Address		Address registered with the IRS		Required	DEG1
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG1
	City	City associated with provider address field	Alphanumeric	Required	DEG1
	State/Province[iv]	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country[v]	Alpha	Required	DEG1
	ZIP Code/ Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities[vi]	Alphanumeric, 15 characters	Required	DEG1
	Country Code[vii]	ISO-3166-1 Country Code[viii]	Alphanumeric, 2 characters	Optional	DEG1

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PROVIDER IDENTIFIERS INFORMATION (Data Element Group 2 is a Required DEG)					
Provider Identifiers				Required	DEG2
	Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity[ix]	Numeric, 9 digits	Required	DEG2
	National Provider Identifier (NPI)[x]	A Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered healthcare providers. Covered healthcare providers and all health plans and healthcare clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions[xi]	Numeric, 10 digits	Required when provider has been enumerated with an NPI	DEG2

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PROVIDER IDENTIFIERS INFORMATION *(Continued)* (Data Element Group 2 is a Required DEG)					
Other Identifier(s)		The provider's identification number assigned by Medicare, Medicaid, Health Plan, Vendor, Clearinghouse, etc.	Alphanumeric	Optional	DEG2
	Assigning Authority	Organization that issues and assigns the additional identifier requested on the form, e.g., Medicare, Medicaid, Health Plan, Vendor, Clearinghouse, etc.	Alphanumeric	Required if Other Identifier is collected	DEG2
Provider License Number			Alphanumeric	Optional	DEG2
	License Issuer		Alphanumeric	Required if License Number is collected	DEG2
Provider Type		A proprietary health plan- specific indication of the type of provider being enrolled for ERA with specific provider type description included by the health plan in its instruction and guidance for ERA enrollment (e.g., hospital, laboratory, physician, pharmacy, pharmacist, etc.)		Optional	DEG2
Provider Taxonomy Code		A unique alphanumeric code, ten characters in length. The code set is structured into three distinct "Levels" including Provider Type, Classification and Area of Specialization[xii]	Alphanumeric, 10 characters	Optional	DEG2

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PROVIDER CONTACT INFORMATION (Data Element Group 3 is a Required DEG)					
Provider Contact Name		Name of a contact in provider office for handling ERA issues	Alphanumeric	Required	DEG3
	Title		Alphanumeric	Optional	DEG3
	Telephone Number	Associated with contact person	Numeric, 10 digits[xiii]	Required	DEG3
	Telephone Number Extension			Optional	DEG3
	Email Address	An electronic mail address at which the health plan might contact the provider		Required	DEG3
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG3

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PROVIDER AGENT INFORMATION (Data Element Group 4 is an Optional DEG)					
Provider Agent Name		Name of provider's authorized agent	Alphanumeric	Required	DEG4
Agent Address				Optional	DEG4
	Street	The number and street name where a person or organization can be found	Alphanumeric	Required	DEG4
	City	City associated with address field	Alphanumeric	Required	DEG4
	State/Province	ISO 3166-2 Two Character Code associated with the State/Province/Region of the applicable Country[xiv]	Alpha	Required	DEG4
	ZIP Code/ Postal Code	System of postal-zone codes (zip stands for "zone improvement plan") introduced in the U.S. in 1963 to improve mail delivery and exploit electronic reading and sorting capabilities[xv]	Alphanumeric, 15 characters	Required	DEG4
	Country Code	ISO-3166-1 Country Code[xvi]	Alphanumeric, 2 characters	Optional	DEG4
Provider Agent Contact Name		Name of a contact in agent office for handling ERA issues	Alphanumeric	Required	DEG4
	Title		Alphanumeric	Optional	DEG4
	Telephone Number	Associated with contact person	Numeric, 10 digits[xvii]	Required	DEG4
	Telephone Number Extension			Optional	DEG4
	Email Address	An electronic mail address at which the health plan might contact the provider		Required	DEG4
	Fax Number	A number at which the provider can be sent facsimiles		Optional	DEG4

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FEDERAL AGENCY INFORMATION (Data Element Group 5 is an Optional DEG)					
Federal Agency Information		Information required by Veterans Administration		Optional	DEG5
	Federal Program Agency Name		Alphanumeric	Optional	DEG5
	Federal Program Agency Identifier		Alphanumeric	Optional	DEG5
	Federal Agency Location Code		Alphanumeric	Optional	DEG5

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RETAIL PHARMACY INFORMATION (Data Element Group 6 is an Optional DEG)					
Pharmacy Name		Complete name of pharmacy	Alphanumeric	Required (if DEG6 is utilized)	DEG6
	Chain Number	Identification number assigned to the entity allowing linkage for a business relationship, i.e., chain, buying groups or third-party contracting organizations. Also may be known as Affiliation ID or Relation ID	Alphanumeric	Optional	DEG6
	Parent Organization ID	Headquarter address information for chains, buying groups or third party contracting organizations where multiple relationship entities exist and need to be linked to a common organization such as common ownership for several chains	Alphanumeric	Optional	DEG6
	Payment Center ID	The assigned payment center identifier associated with the provider/corporate entity	Alphanumeric	Optional	DEG6
NCPDP Provider ID Number		The NCPDP assigned unique identification number	Alphanumeric	Required	DEG6
Medicaid Provider Number		A number issued to a provider by the U.S. Department of Health and Human Services through state health and human services agencies		Optional	DEG6

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ELECTRONIC REMITTANCE ADVICE INFORMATION (Data Element Group 7 is an Optional DEG)					
Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)		Provider preference for grouping (bulking) claim payment remittance advice – must match preference for EFT payment		Required; select from below	DEG7
	Provider Tax Identification Number (TIN)		Numeric, 9 digits	Optional – required if NPI is not applicable	DEG7
	National Provider Identifier (NPI)		Numeric, 10 digits	Optional – required if TIN is not applicable	DEG7
	Other Provider Identifiers	For non-enumerated providers (e.g., Medicaid Provider Number)		Optional	DEG7
Method of Retrieval		The method in which the provider will receive the ERA from the health plan (e.g., download from health plan website, clearinghouse, etc.)		Required	DEG7

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ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION (Data Element Group 8 is an Optional DEG)					
Clearinghouse Name		Official name of the provider's clearinghouse	Alphanumeric	Required	DEG8
Clearinghouse Contact Name		Name of a contact in clearinghouse office for handling ERA issues	Alphanumeric	Optional	DEG8
	Telephone Number	Telephone number of contact	Numeric, 10 digits	Optional	DEG8
	Email Address	An electronic mail address at which the health plan might contact the provider's clearinghouse		Optional	DEG8
Clearinghouse Identification Number				Optional	DEG8

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ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION (Data Element Group 9 is an Optional DEG)					
Vendor Name		Official name of the provider's vendor	Alphanumeric	Required	DEG9
Vendor Contact Name		Name of a contact in vendor office for handling ERA issues	Alphanumeric	Optional	DEG9
	Telephone Number	Telephone number of contact	Numeric, 10 digits	Optional	DEG9
	Email Address	An electronic mail address at which the health plan might contact the provider's vendor		Optional	DEG9
Vendor Identification Number				Optional	DEG9

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SUBMISSION INFORMATION (Data Element Group 10 is a Required DEG)					
Reason for Submission				Required; select from below	DEG10
	New Enrollment			Optional	DEG10
	Change Enrollment			Optional	DEG10
	Cancel Enrollment			Optional	DEG10
Authorized Signature		The signature of an individual authorized by the provider or its agent to initiate, modify or terminate an enrollment. May be used with electronic and paper-based manual enrollment		Required; select from below	DEG10
	Electronic Signature of Person Submitting Enrollment			Optional	DEG10
	Written Signature of Person Submitting Enrollment	A (usually cursive) rendering of a name unique to a particular person used as confirmation of authorization and identity		Optional	DEG10
	Printed Name of Person Submitting Enrollment	The printed name of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG10
	Printed Title of Person Submitting Enrollment	The printed title of the person signing the form; may be used with electronic and paper-based manual enrollment		Optional	DEG10
Submission Date		The date on which the enrollment is submitted	CCYYMMDD[xviii]	Optional	DEG10
Requested ERA Effective Date		Date the provider wishes to begin ERA; per CORE Health Care Claim (837) Infrastructure Rule: there may be a dual delivery period depending on whether the entity has such an agreement with its trading partner	CCYYMMDD	Optional	DEG10

[i] Shaded Individual Data Element Names provide essential context for related Sub-element Names but do not obligate providers to submit any associated data for that specific Data Element on the enrollment form/system. Individual Data Element Names that are not shaded do obligate the provider to submit associated data.
[ii] There are ten Data Element Groups (DEG). Each DEG represents a set of data elements that may need to be collected more than once for a specific context. Multiple uses of the same DEG to collect the same data for another context are allowed by this rule and do not constitute a non-conforming use of the CORE-required Maximum ERA Enrollment Data Set.
[iii] https://en.wikipedia.org/wiki/Doing_business_as
[iv] CCD+ transaction cannot be used to make payments to or from financial institutions outside the territorial jurisdiction of the United States. Effective September 18, 2009, Nacha introduced the use of the International ACH Transaction (IAT) standard. The IAT standard applies to all consumer, corporate and government payments that involve a financial institution outside the territorial jurisdiction of the United States (US). The territorial jurisdiction of the US includes all 50 states, the District of Columbia (DC), US territories, US military bases and US embassies in foreign countries. A foreign address is not an indicator of whether the payment is an IAT. Source: NACHA 2011 Operating Rules and Guidelines.
[v] https://www.iso.org/standard/72483.html
[vi] http://www.britannica.com/EBchecked/topic/657522/ZIP-Code

[vii] See Endnote IV above regarding *Nacha Operating Rules* International ACH Transactions (IAT).
[viii] https://www.iso.org/standard/72482.html
[ix] A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS. A Social Security number (SSN) is issued by the SSA whereas all other TINs are issued by the IRS. https://www.irs.gov/individuals/international-taxpayers/taxpayer-identification-numbers- tin
[x] An atypical provider not eligible for enumeration by an NPI must supply its EIN/TIN.
[xi] https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand
[xii] http://www.nucc.org/index.php
[xiii] ASC X12 005010X221 Health Care Claim Payment/Advice Technical Report Type 3
[xiv] https://www.iso.org/standard/72482.html
[xv] http://www.britannica.com/EBchecked/topic/657522/ZIP-Code
[xvi] https://www.iso.org/standard/72482.html

[xvii] ASC X12 005010X221 Health Care Claim Payment/Advice Technical Report Type 3

[xviii] ASC X12 Standards Version 005010 for X12 Data Element 373 Date used in the ASC X12 005010X221 Health Care Claim Payment/Advice Technical Report Type 3