Anthem Questions about Arkansas APCD Version 9-18-2015

Page #	Section Name	Question	Response
5	Enrollment Data	File Content-Fourth Bullet Historical/Initial data submission-The Enrollment Data section is the only section that indicates Historical/Initial data submission is required. There is not a similar requirement in the Medical, Pharmacy or Dental Claims requirements. Is this correct?	No that is not correct. There is a similar requirement but it is outlined in Rule 100. We will add the following to the DSG for clarity: Historical and Ongoing data submission requirements are outlined in Rule 100, Appendix A.
9	Provider Data	Required Submission Information *Submitting entities shall provide information on all providers contracted at any time from January 1, 2013, forward. Look-up tables for specialty codes shall be included as part of the submitted information.* Since Anthem is not actively marketing in Arkansas, we do not directly contract with the providers. We do not have a provider file. We access the AR Blue Network. The April version of the DSG had the provider file based on the adjudicated claims. If we are required to submit this file, how will you ensure standardization among carriers with their Look-Up Tables for specialties? For Example one carrier may make Obstetrics and Gynecology as OB-GYN another might say OBGYN etc. How will you match data for your file analysis?	If you don't have a provider file, you can ask for an exception with the explanation you provided here. Alignment with AR Blue is acceptable we just need to know.

Member Enrollment Data

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
27	3	ME001	Submitter	Code representing payer submitting payments. NAIC codes for private carrier. Five digit alpha numeric code for other submitting entities	Submitting payments or data?	Payments.
30	24	ME032	Group Name	Name of the group under which the member is covered Threshold-99%	What if the member is under an individual plan? Leave blank? For other carriers Anthem will populate INDIV when the member has individual coverage.	INDIV is an acceptable response. DSG updated for clarity
31	31	ME046	Member PCP ID	The NPI of the member's PCP. The value in this element must have a corresponding Provider ID in the Provider File Threshold 60%	If there is no PCP, is the field left blank? Do not anticipate a lot of plans with a PCP for Anthem.	Do not populated and ask for an exception.
31	34	ME049	Member	Annual maximum out	Please explain "across all benefit types" If there	Yes, however, we

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			Deductible	of pocket Member Deductible across all benefit types. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. $0.00 is a valid value	is a separate medical, pharmacy and dental deductible, do you want all 3 values added together?	expect different member records for medical and dental. Pharmacy can be grouped with medical. Dental can be represented alone. DSG has been updated for clarity
31	35	ME050	Member Deductible Used	Member deductible amount used. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. $0.00 is a valid value	Is this the amount of all deductibles together? This is the membership file, what value is expected when there are several claims processed that will be in the medical file?	Amount used as related to ME049. DSG has been updated for clarity
31	39	ME060	Employment Status	Employment status of member A=Active I=Involuntary Leave P=Pending R=Retiree S=Student Z=-Unemployed	Do you want to know the employment status of the member or subscriber?	Subscriber/Member. Submit an exception if not available.

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				U=Unknown		
31	40	MC062	Marital Status	Marital Status Code S=Single D=Divorced M=Married P=Domestic Partnership N=Never Married W=Widowed X=legally Separated U=Unknown C=Child	Is this the marital status of the member or subscriber? Does child indicate a minor or that the person is the subscriber's child?	Subscriber/Member Subscriber's child
32	42	ME065	Retirement Date	Date Member retired	This asks for the date the MEMBER retired, and threshold references ME063 which is a SUBSCRIBER field. Should this be subscriber?	The reference should be subscriber/member, or subscriber who is member. Will update DSG for clarity.
32	44	ME077	Member SIC Code	Member Standard Industrial Classification (SIC)code See Appendix K-External Sources	Do you want the Member or subscriber SIC code? ~~Appendix K does not provide a hyperlink to a list of SIC codes~~ Corrected in DSG Changes 11/2/15 https://www.osha.gov/pls/imis/sic_manual.html	The reference should be subscriber/member, or subscriber who is member. Will update DSG for clarity.
32	45	ME078	Employer ZIP Code	Five digit USPS ZIP Code of the Employer's address	Whose employer's address, the member or the subscriber?	The reference should be subscriber/member, or subscriber who is

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
						member. Will update DSG for clarity.
32	46	ME082	Employer Name	Member's employer name	Is this a member or subscriber field?	The reference should be subscriber/member, or subscriber who is member. Will update DSG for clarity.
32	47	ME083	Employer EIN/Federal Tax Identification Number	Member's Employer Identification Number (EIN)/Federal Tax Identification Number	Is this a member or subscriber field?	The reference should be subscriber/member, or subscriber who is member. Will update DSG for clarity.
34	58	ME124	Attributed Primary Care Provider (PCP) Provider ID	PCP attributed to the patient for prior year. Leave blank if unavailable	What value is expected as the PCP Provider ID- TIN/ NPI/Internal PCP designation?	Internal PCP designation
35	72	ME170A	Member NAICS Code	Member industry description See Appendix K- External Code Sources	Is this a Member or Subscriber field? ~~Appendix K does not contain a hyperlink to a NAICS code site.~~ Corrected in 11/2/15 DSG corrections- http://www.census.gov/eos/www/naics/	The reference should be subscriber/member, or subscriber who is member. Will update DSG for clarity.

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35	73	ME173A	Member County	County of Member's residence Code or name	What/where would county code be? ME153A the Subscriber County field does not reference a county code, just the name.	It would be the FIPS county code. County name is acceptable if that is what you carry. Will update DSG for clarity.
Medical Claims Data						
37	10	MC006	Insured Group or Policy Number	The alpha numeric group or policy number associated with the entity that has purchased the insurance. For self-funded individuals this relates to the subscriber. For the majority of eligibility and claims data the group relates to the employer	Does self-funded mean individual coverage?	No. Self funded means the group.
37	11	MC008	Plan Specific Contract Number	Submitting entity's assigned contract number for the subscriber. Set as blank if unavailable. Set as blank if contract number=subscriber's social security number	In the prior version this was a Text/varchar field. Now this is Integer field. Why was this changed? If Plan specific number contains alpha characters, is it to be left blank?	This does need to be text varchar. Will update in DSG

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
37	12	MC009	Member Suffix or Sequence Number (Person Code)	Unique number of the member within the contract. Must be an identifier that is unique to the member. This column is the unique identifying column for membership and related medical and pharmacy claims, e.g. the value for person 1 is 001, person 2=002, etc.	Should this be unsigned int? This is listed as char format.	No. Integer char means that we are looking for a fixed width value populated with numbers only
37	13	MC011	Individual Relationship Code	Member's relationship to the subscriber or the insured See Appendix B-Relationship Code	Should this format type be unsigned int?	No. Integer char means that we are looking for a fixed width value populated with numbers only
38	18	MC017	Paid Date	Date the record was approved for payment	Assumption that "payment" means approved and that claims applied to the deductible are reported?	Yes
38	19	MC018	Admission Date	Date of the inpatient admission Threshold 100% if MC037=21	MC037 is a field for professional claims. This is invalid logic to populate fields that are to be reported for the facility.	Replaced reference to MC037 = 21 to MC094 = 002
38	20	MC019	Admission Hour	Hour the inpatient was admitted to the	Should format be unsinged int instead of char? MC037 is invalid logic for this field, see	Format is correct as char.

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				hospital. Required for all inpatient claims. Time is expressed in military time-HHMM if only the hour is known, code the minutes as 00. 4 PM would be reported as 1600 Threshold 100% if MC037=21	comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
38	21	MC020	Admission Type	Represents admission type for inpatient stay. 1=Emergency 2=Urgent 3=Elective 4=Newborn 5-Trauma 9=Information not available Threshold 100% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
38	22	MC022	Discharge Hour	Hour the inpatient was discharged from the hospital. Time is expressed in military time-HHMM if only the hour is known, code the minutes as 00. 4 PM would be	Should format be unsinged int instead of char? MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				reported as 1600 Threshold 100% if MC037=21		
38	23	MC023	Discharge Status	Status for the patient discharged from the hospital. See Appendix C-Discharge Status	Should format be unsinged int instead of char? MC037 is invalid logic for this field, see comment under MC018	No. Integer char means that we are looking for a fixed width value populated with numbers only Replaced reference to MC037 = 21 to MC094 = 002
40	36	MC036	Type of Bill Institutional	Bill type for institutional claims. Set to blank for professional claims. See Appendix D-Type of Bill Threshold 100% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
40	38	MC038	Claim Status	This field contains the benefit coordination status of claim 01=Processed as primary 02=Processed as secondary	The options imply there is COB. Processed as primary implies there is a secondary carrier. What should be used? 22-Reversal of previous payment and 25-Predetermination pricing only-no payment do not appear to be related to benefit coordination status.	Changed name of field to COB Status and updated threshold to 100% if MC038A (COB flag) is 1

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				03=Processed as tertiary 19=Processed as primary, forwarded to additional payer(s) 20=Processed as secondary, forwarded to additional payer(s) 21=Processed s tertiary, forwarded to additional payer(s) 22=Reversal of previous payment 25=Predetermination pricing only-no payment		KH
40	40	MC039	Admitting Diagnosis	This field contains the ICD-9 or ICD-10-CM diagnosis code indicating the reason for the inpatient admission. Decimal point is not coded. See Appendix K External Code Sources Threshold 100% if	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				MC037=21		
41	55	MC054	Revenue Code	Revenue code for institutional claims. It is one of three fields used to report type of service. National Uniform Billing committee Codes are accepted. Code using leading zeroes, left justified and four digits Threshold-100% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
43	61	MC058	Principal ICD-9-CM or ICD-10-Cm Procedure Code	Principal inpatient ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. This is one of three fields used to report type of service. See Appendix K-External Code Sources Threshold 55% if MC37=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
44	62	MC058A	Other ICD-9-CM or ICD-10-CM Procedure Code-1	First secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold 30% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
44	63	MC058B	Other ICD-9-CM or ICD-10-CM Procedure Code-2	Second secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold 15% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
44	64	MC058C	Other ICD-9-CM or ICD-10-CM Procedure Code-3	Third secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold 10% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
44	65	MC058D	Other ICD-9-CM or ICD-10-CM Procedure Code-4	Fourth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold 5% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
44	66	MC058E	Other ICD-9-CM or	Fifth secondary ICD-9-	MC037 is invalid logic for this field, see	Replaced reference

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
			ICD-10-CM Procedure Code-5	CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold<1% if MC037=21	comment under MC018	to MC037 = 21 to MC094 = 002
44	67	MC058EA	Other ICD-9-CM or ICD-10-CM Procedure Code-6	Sixth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold <1% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
44	68	MC058F	Other ICD-9-CM or ICD-10-CM	Seventh secondary ICD-9-CM or ICD-10-	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
			Procedure Code-7	CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold <1% if MC037=21		MC094 = 002
44	69	MC058G	Other ICD-9-CM or ICD-10-CM Procedure Code-8	Eighth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold <1% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
44	70	MC058H	Other ICD-9-CM or ICD-10-CM Procedure Code-9	Ninth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold <1% if MC037=21		
44	71	MC058J	Other ICD-9-CM or ICD-10-CM Procedure Code-10	Tenth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold <1% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
44	72	MC058K	Other ICD-9-CM or ICD-10-CM Procedure Code-11	Eleventh secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold <1% if MC037=21		
44	73	MC058L	Other ICD-9-CM or ICD-10-CM Procedure Code-12	Twelfth secondary ICD-9-CM or ICD-10-CM procedure code. The decimal point is not coded. The ICD-9-CM or ICD-10-CM procedure must be repeated for all lines of the claim if necessary. See Appendix K-External Code Sources Threshold <1% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
45	80	MC063C	Withhold Amount	Amount withheld from payment to a provider by a submitting entity, which may be paid at a later date. This is a money field	This threshold seems too high. This threshold implies that 99 out of 100 claims are processed with partial payment. I would think that this would be closer to 1% than 99% or even less.	Populate with 0.00 representing no amount withheld. Updated in DSG for clarity

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				containing dollars and cents. Code decimal point. This field may contain a negative value. $0.00 is a valid value. Threshold 99%		
46	85	MC068	Patient Account/Control Number	Identifying number assigned by hospital Threshold 100% if MC037=21	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
46	88	MC071	DRG	Diagnostic Related Group Code: DRG paid by payer. If not available send billed DRG. Not applicable to Medicaid	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
46	90	MC073	APC	Ambulatory Payment Classification Number: Carriers and health care claims processors shall code using CMS methodology. Precedence shall be given to APCs transmitted from the health care provider	What kind of precedence is given?	Removed highlighted requirement from DSG.
48	102	MC092	Covered Days	Covered Inpatient Days Threshold 100% if	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				MC037=21		
`48	106	MC098	Allowed Amount	Maximum amount contractually allowed for a particular procedure or service. This is a money field containing dollars and cents Code decimal point. This field may contain a negative value. $0.00 is a valid value.	If the provider is not a contracted provider, there would be no contractually allowed amount. What should be populated in these cases?	Removed the word contractually from DSG definition
48	107	MC099	Non-Covered Amount	Amount of claim line charge not covered. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. $0.00 is a valid value.	Does the non-covered amount include any discounts or only charges that are not covered?	No discounts. Just charges not covered.
50	119	MC134	National Service Organization Provider ID	National Provider Identification (NPI) number for the organization with which the rendering/attending provider directly providing the service is associated Type-Integer	Is Integer and char possible combination or should this be text? Prior version has this as Text and varchar	It is integer char to represent fixed length field containing numbers.

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				Format-Char		
50	125	MC154	Present on Admission Code (POA) Primary	Code indicating the primary diagnosis was present at the time of admission 3=Unknown 1=Exempt from POA reporting (Use if POA reporting is not required by carrier) (Use if POA reporting is not required by carrier) N=Other Diagnosis was not present at time of inpatient admission U= Documentation insufficient to determine if condition was present at time of inpatient admission W=Clinically undetermined Y=Diagnosis was present at time of inpatient admission Threshold-50% if MC037=21 and MC041<> NULL	MC037 is invalid logic for this field, see comment under MC018	Replaced reference to MC037 = 21 to MC094 = 002
51-	126-	MC155-	Present on	Same description as	MC037 is invalid logic for this field, see	Replaced reference

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
55	137	MC166	Admission Code (POA) 01-12	above-thresholds vary	comment under MC018	to MC037 = 21 to MC094 = 002
56	159	MC212	Billing Provider Specialty	Code defining provider specialty. Provide look-up tables for every field containing non-standard codes Threshold 100% if MC201 is not NULL	MC201 is not a captured value.	Replaced with MC077. Corrected in DSG
57	164	MC987	Subscriber ZIP Code	Five digit USPS ZIP Code of me subscriber's residence	Assume "me" is a typo of a copy and paste from member ZIP?	That's right. Corrected.
Pharmacy Claims Data						
59	11	PC008	Plan Specific Contract Number	Contract number assigned to the subscriber Type-Integer Format-unsigned int	In prior version of DSG this was a text/varchar field. Why did this change? Our numbers contain alpha characters	Will correct to align with MC008 above. Also corrected DC008
61	26	PC024A	Pharmacy Country Code	ISO Country Code of the Pharmacy location See Appendix K-External Code Sources Type-Integer Format-Unsigned int	This was formerly a text/varchar field. The codes in the ISO list appear to be alpha codes. Why was this changed to Integer field?	Appendix K has been replaced. We are using ISO-3 codes.
63	47	PC047	Prescribing Physician DEA	Prescribing Drug Enforcement	Does "provider" mean the prescribing physician? Do not want it confused with pharmacy.	Yes. Prescribing physician

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
			Number	Administration (DEA) number for provider		
Dental Claims Data						
72	34	DC035	Date of Service From	Date of Service for this service line	For DC035 what is the threshold? It lists the YYYY-MM-DD format in the threshold field in the DSG	DSG Updates dated 11/2/15 corrected to 100%
72	35	DC036	Date of Service Thru	Last date of service for this service line. It can equal Date of Service From when a single date of service is reported	For DC036, what is the threshold? It lists the YYYY-MM-DD format in the threshold field in the DSG	DSG Updates dated 11/2/15 corrected to 100%
73	38	DC039	Copay Amount	Pre-set, fixed dollar amount payable by a member, often on a per visit/service basis. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. $0.00 is a valid value.	Is this the copay applied to the claim or what the member's copay under the contract?	Paid to the claim
73	39	DC040	Coinsurance Amount	Patient's share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the	Is this the coinsurance applied to the claim or what the member's coinsurance under the contract?	Paid to the claim

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				service……		
73	40	DC041	Deductible Amount	This is an amount that is required to be paid by a member before health plan benefits will begin to reimburse for services. It is usually an annual amount of all health care costs that is not covered by the member's insurance plan. Code decimal point. This is a money field containing dollars and cents. Code decimal point. This field may contain a negative value. $0.00 is a valid value	Non-covered charges are not considered part of the deductible. Is this the amount of the claim applied to the deductible or the deductible amount of the contract?	Paid to the claim
74	43	DC046	Allowed Amount	The maximum amount contractually allowed, and that a submitting entity will pay to a provider for a particular procedure or service. Code decimal point. This is a money field	Is this the amount allowed for this claim or for the billed procedure in general? Allowed charges could be applied to a deductible and not necessarily be paid.	Allowed for the claim

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
				containing dollars and cents. Code decimal point. This field may contain a negative value. $0.00 is a valid value		
Provider Data						
76	3	PV114	Submitter	Code representing payer submitting payments. Use NAIC codes for private carrier. Use five alpha numeric code for other submitting entities	Should this be payer submitting data? The payer would not be submitting any kind of payment to the APCD	It represents the payer paying claims.
77	8	PV005	Provider Middle Name	Provider's middle name. Set to blank if provider is a facility or an organization Threshold 100%	Threshold seems high for a middle name field	Agreed. It is too high. Revised to 5%.
77	9	PV006	Provider Last Name	Provider's Last Name	If provider is a facility or organization is this expected to be blank? In the 9/15/15 version this was listed as Provider Last Name/Organization Name.	Organization name has been moved to PV057.

Pg #	ID	Data Element ID	Data Element	Description	Question	Response
79	31	PV028	Submitter	Code representing entity submitting payments assigned in onboarding process	Submitting payments or data?	This field is redundant and has been removed.
80	40	PV047	Medical/Healthcare Home ID	Medical Home Identification Number Report the identifier of the patient-centered medical home the provider is linked to here. The value in this element must have a corresponding Provider ID (PV002) in this or a previously submitted provider file.	If the entire file will always be from 2013 to the present is there a reason you would link to a previous file?	Correct – there should be no link. Will strike the highlighted words. Will update DSG for clarity.
80	44	PV100	Medical School	Medical school institutional name	Is this the name of the med school the physician attended, or does this indicate the provider is a medical school?	The name of the med school the physician attended.
80	50	PV106	Board Certification 1	First board certification focus	Is there any standardization or table from which to provide this information?	No.