

DRAFT: MHDO’s Definition of Data Quality

Last Updated: 5/28/2014

Data quality is an assessment of a data’s ability to serve its purpose in a given context. If you apply valid statistical techniques, the user will be able to conduct accurate/correct analysis. The characteristics of quality data include accuracy, completeness, integrity, relevance, and timeliness. The following table details the characteristics of Data quality, their definitions, and a proposed metric as it relates to MHDO’s APCD data.

| Characteristic | Definition | Proposed Standard |
| --- | --- | --- |
|  |  | Incoming Data | Release Data |
| Accuracy | The degree to which something is close to its true value. | **Internal QC*** Annual review of Chapter 243 data requirements.
* Validations where data are checked against external lists should meet specified standards (see validation rule table). Refer to Appendix A for code list sources.
 | **Internal QC*** Mechanism for payers to confirm data extracts to data in their systems?
* Check of APCD against Inpatient/Outpatient? (future)

**External QA*** MHDO has performed a transformation/substitution including but not limited to:  provider ID’s; SSN’s; claim numbers; member ID’s and contract numbers.
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| Completeness | The degree to which the expected information is received, X% of required attributes are present. | **Internal QC*** Compliance standard – check against Chapter 243 rules.
* Required data fields must be populated [to the extent available?]. Refer to Appendix A for code list sources.
 | **Internal QC*** Quarterly data releases must include [95 or 98, for discussion purposes?]% of the expected claims volume for the quarter.
* Claims data released must have a matching eligibility file 100% of the time.
* Calculate average number of claims per member per month
* Calculate percentage of claims supported by eligibility
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| Integrity | The degree to which the information is valid, consistent and reliable.Common data across multiple sources follow the same definition, codes and formats (field integrity; overlap with accuracy). Data consistent between systems (internal and external), files, records, data elements and over time (referential and historical integrity).  | **Internal QC*** Validation checks against external lists match. Refer to Appendix A for specific standards.
* Intersystem: data in MHDO warehouse accurately reflect what is required in Chapter 243 and what exists in payer systems (importance of metadata)
* Intra-record: combination of data elements resolves to a specific individual, facility, encounter, etc.
 | **Internal QC*** Provider Index Match Rate.
* Payer Index Match Rate.
* Patient Index Match Rate.
* Track payer enrollment and claim volume over time.
* Interfile: % claims supported by eligibility for any period.
* Inter-record: % records that can be matched or rolled up; identification and handling of orphaned records.
* Calculate average cost per CPT per provider.
* Calculate average monthly payment per member per month.
* Calculate average paid (allowed) per member per month.
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| Relevance | Contains information that is important to the Users in the effort to advance health reform and improve health care quality. | **Internal QC*** Annual needs assessment of

user group (use case review) i | **Internal QC*** Websites will have a mechanism to collect user feedback and feedback will be addressed at least annually.
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| Timeliness: Transparency regarding data releasesAccess to data: |  How current are the data? How timely are new data integrated and then released, published or made available? | **Internal QC*** Data are due monthly for submitters with ≥ 2,000 total # of members and quarterly for submitters with 200 – 1,999 total # of members.
 | **Internal QC*** Data releases will be made available quarterly-end state vision Self-service Architecture (2015-16) data will be available monthy.
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# Appendix A: Claims Data Validation Rules

## Member Eligibility

| ID | Effective | Element | Name | Validity Criteria | Reason for Issue | Threshold | Issue Type |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 269 | 7/2013-PRESENT | ME001 | Valid Submitter ID | A valid entry means that the Submitter ID is on the list containing all valid codes for registered entities. | Fewer than [THRESHOLD] of eligibility records have a Valid Submitter ID. | 100% | Failure |
| 270 | 7/2013-PRESENT | ME002 | Valid Payer ID | For the records where ME002 is not blank, a valid entry means the Payer ID is on the Payer ID list containing all valid codes for registered entities. | Fewer than [THRESHOLD] of eligibility records have a Valid payer ID, when populated | 100% | Profile |
| 271 | 7/2013-PRESENT | ME003 | Valid ANSI ASC X12 Insurance Policy Type Code | When not blank, a valid entry means the Insurance Policy Type Code is on the list of ANSI ASC X12 Insurance Policy Type Codes. | Fewer than [THRESHOLD] of eligibility records have a Valid ANSI ASC X12 Insurance Policy Type Code, when populated | 100% | Exemption |
| 274 | 7/2013-PRESENT | ME003 | Insurance Policy Type Code Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of eligibility records have insurance type code populated. | 100% | Profile |
| 319 | 7/2013-PRESENT | ME004 | Valid Year | A valid entry means that the Year is between 5 years prior to the current year and the current year. | Fewer than [THRESHOLD] of eligibility records have a valid year. | 100% | Profile |
| 320 | 7/2013-PRESENT | ME005 | Valid Month | A valid entry is 100% populated and not blank and is a number between 1 and 12 when Year is less than the current year or between 1 and the current month when Year is the current year. | Fewer than [THRESHOLD] of eligibility records have a valid month. | 100% | Profile |
| 275 | 7/2013-PRESENT | ME006 | Insured Group or Policy Number Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of eligibility records contain insurance group or policy number populated. | 99.90% | Exemption |
| 276 | 7/2013-PRESENT | ME007 | Valid Coverage Level Code | When not blank, a valid entry means that Coverage Level Code is on the list of ANSI ASC Benefit Coverage Level Codes. | Fewer than [THRESHOLD] of eligibility records contain a Valid Coverage level code, when populated. | 100% | Exemption |
| 277 | 7/2013-PRESENT | ME007 | Coverage Level Code Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of eligibility records have Coverage Level Code populated. | 100% | Profile |
| 278 | 7/2013-PRESENT | ME009 | Plan Specific Contract Number Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of eligibility records have Plan Specific Contract Number populated. | 100% | Profile |
| 279 | 7/2013-PRESENT | ME008 | Valid Subscriber SSN | A valid entry is nine digits with no dashes. | Fewer than [THRESHOLD] of eligibility records contain a Valid Subscriber SSN. | 33% | Profile |
| 280 | 4/2014-PRESENT | ME010 | Member Suffix or Sequence Number Populated | For records where DC009 Plan specific Contral number is populated, a valid entry means that this field is not blank. | Fewer than [THRESHOLD] of eligibility records have a Member Suffix or Sequence Number populated, when DC009 Plan specific Contral number is populated.  | 99.50% | Profile |
| 281 | 7/2013-PRESENT | ME011 | Valid Member Identification Code | A valid entry is the members social security number made up of nine digits and no dashes. | Fewer than [THRESHOLD] of eligibility records have a Valid Member Identification Code. | 33% | Profile |
| 282 | 4/2014-PRESENT | ME012 | Valid ANSI ASC X12 Relationship Code | When not blank, a valid entry means that code used is a valid code on the ANSI ASC X12 Relationship Code list. | Fewer than [THRESHOLD] of eligibility records have a Valid ANSI ASC X12 Relationship Code, when populated | 99.50% | Exemption |
| 283 | 7/2013-PRESENT | ME012 | Individual Relationship Code Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of eligibility records contain Individual Relationship Code populated. | 100% | Profile |
| 284 | 4/2014-PRESENT | ME012 | Dependent 25 And Under | For members who are dependents, a valid entry means the dependent is 25 or younger. | Fewer than [THRESHOLD] of records have dependent members who are age 25 or younger. | 90% | AdHoc |
| 285 | 7/2013-PRESENT | ME013 | Valid ANSI ASC X12 Gender Code | A valid entry means that code used is a valid code on the ANSI ASC X12 Gender Code list. | Fewer than [THRESHOLD] of eligibility records have valid ANSI ASC X12 gender code. | 100% | Exemption |
| 286 | 7/2013-PRESENT | ME013 | Gender Not Unknown | A valid entry has gender coded as something other than Unknown. | Fewer than [THRESHOLD] of medical claims have gender coded as something other than Unknown. | 99.60% | Profile |
| 288 | 7/2013-PRESENT | ME014 | Spouse 20 And Over | For members who are spouses, a valid entry means the spouse is 20 or older. | Fewer than [THRESHOLD] of eligibility records specify spouse as 20 years of age or older. | 99% | Profile |
| 289 | 4/2014-PRESENT | ME014 | Valid Member DOB | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of eligibility records contain a valid Member DOB. | 99.50% | Profile |
| 291 | 4/2014-PRESENT | ME015 | Valid Member City Name | For records that have a valid US State in ME016, Member City Name must be in the list of US Cities. The City Name may also be blank if Zip Code (ME017) is populated. | Fewer than [THRESHOLD] of eligibility records have valid Member City Name. | 99.50% | Profile |
| 292 | 7/2013-PRESENT | ME016 | Valid Member State/Province Code | When not blank, a valid entry means that the State/Province entered is on the list of US states or the list of Canadian Provinces. | Fewer than [THRESHOLD] of eligibility records have Valid Member State/Province Code, when populated. | 100% | Exemption |
| 293 | 7/2013-PRESENT | ME016 | Member State or Province Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of eligibility contain have Member State or Province populated. | 100% | Profile |
| 294 | 4/2014-PRESENT | ME017 | Valid Member ZIP Code | For records that have a valid US State in ME016, the zip code (ME017) is on the list of valid US Zip codes. | Fewer than [THRESHOLD] of eligibility records contain a valid Member Zip Code. | 99.50% | Exemption |
| 295 | 4/2014-PRESENT | ME017 | Member ZIP Code Populated | A valid entry means that the field is not blank | Fewer than [THRESHOLD] of eligibility records have Membership Zip Code Populated. | 99.50% | Profile |
| 296 | 7/2013-PRESENT | ME018 | Valid Medical Coverage | A valid entry means that the field contains a 'Y' or an 'N'. | Fewer than [THRESHOLD] of eligibility records show Valid Medical Coverage. | 100% | Profile |
| 297 | 7/2013-PRESENT | ME019 | Valid Prescription Drug Coverage | A valid entry means that the field contains a 'Y' or an 'N'. | Fewer than [THRESHOLD] of eligibility records show Valid Prescription Drug Coverage. | 100% | Profile |
| 298 | 7/2013-PRESENT | ME020 | Valid Dental Coverage | A valid entry means that the field contains a 'Y' or an 'N'. | Fewer than [THRESHOLD] of eligibility records show Valid Dental Coverage. | 100% | Profile |
| 299 | 4/2014-PRESENT | ME028 | Valid Primary Insurance Indicator | A valid entry means that the field contains a '1' or a '2'. | Fewer than [THRESHOLD] of eligibility records contain Valid Primary Insurance Indicator. | 99.50% | Profile |
| 300 | 7/2013-PRESENT | ME029 | Valid Coverage Type | A valid entry means that the field contains a valid code from the list of Coverage Types. | Fewer than [THRESHOLD] of eligibility records contain Valid Coverage Type. | 100% | Profile |
| 301 | 4/2014-PRESENT | ME030 | Valid Market Category Code | A valid entry means that the field contains a valid code from the list of Market Category codes. | Fewer than [THRESHOLD] of eligibility records contain Valid Market Category Code. | 99.50% | Profile |
| 302 | 7/2013-PRESENT | ME031 | Valid Special Coverage | A valid entry means that this field is equal to '0'. | Fewer than [THRESHOLD] of eligibility records contain Valid Special Coverage of 0. | 100% | Profile |
| 311 | 7/2013-PRESENT | ME032 | Group Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of eligibility records have Group Name Populated. | 100% | Profile |
| 303 | 4/2014-PRESENT | ME101 | Subscriber Last Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of eligibility records have Subscriber Last Name Populated. | 99.50% | Profile |
| 304 | 4/2014-PRESENT | ME102 | Subscriber First Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of eligibility records have Subscriber First Name Populated. | 99.50% | Profile |
| 306 | 7/2013-PRESENT | ME104 | Member Last Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of eligibility records have Member Last Name Populated. | 100% | Profile |
| 307 | 7/2013-PRESENT | ME105 | Member First Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of eligibility records have Member First Name Populated. | 100% | Profile |
| 309 | 7/2013-PRESENT | ME899 | Record Type Is ME | A valid entry means that this field contains the code 'ME'. | Fewer than [THRESHOLD] of eligibility records list Record Type as ME. | 100% | Failure |

## Dental Claims

| ID | Effective | Element | Name | Validity Criteria | Reason for Issue | Threshold | Issue Type |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 7/2013-PRESENT | DC001 | Valid Submitter ID | A valid entry means that the Submitter ID is on the list containing all valid codes for registered entities. | Fewer than [THRESHOLD] of dental claims have a valid Submitter ID  | 100% | Failure |
| 2 | 7/2013-PRESENT | DC002 | Valid Payer ID | When not blank, a valid entry means the Payer ID is on the Payer ID list containing all valid codes for registered entities. | Fewer than [THRESHOLD] of dental claims have a valid Payer ID. | 100% | Profile |
| 3 | 7/2013-PRESENT | DC003 | Valid ANSI ASC X12 Insurance Policy Type Code | When not blank, a valid entry means that the ANSI ASC X12 Insurance Policy Type Code is on the list of valid codes. | Fewer than [THRESHOLD] of dental claims have a valid ANSI ASC X12 insurance Policy Type Code, when populated. | 100% | Exemption |
| 6 | 7/2013-PRESENT | DC003 | Insurance Policy Type Code Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have insurance type code populated. | 100% | Profile |
| 7 | 7/2013-PRESENT | DC004 | Payer Claim Control Number Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have payer claim control number populated. | 100% | Profile |
| 8 | 7/2013-PRESENT | DC005 | Valid Line Counter | A valid entry means that this field is greater than zero. | Fewer than [THRESHOLD] of dental claims contain a valid Line Counter. | 100% | Profile |
| 9 | 7/2013-PRESENT | DC006 | Insured Group or Policy Number Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims contain insurance group or policy number. | 99.90% | Exemption |
| 10 | 7/2013-PRESENT | DC007 | Valid Subscriber SSN | A valid entry is nine digits with no dashes. | Fewer than [THRESHOLD] of dental claims have a valid subscriber social security number. | 33% | Profile |
| 12 | 7/2013-PRESENT | DC008 | Plan Specific Contract Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of dental claims have a Plan Specific Contract Number populated. | 99.90% | Profile |
| 11 | 7/2013-PRESENT | DC009 | Member Suffix or Sequence Number Populated | For records where DC008 Plan specific Contral number is populated, a valid entry means that this field is not blank. | Fewer than [THRESHOLD] of dental claims have a Member Suffix or Sequence Number populated, when DC008 Plan specific Contral number is populated.  | 100% | Profile |
| 13 | 7/2013-PRESENT | DC010 | Valid Member Identification Code | A valid entry is the member's social security number made up of nine digits and no dashes. | Fewer than [THRESHOLD] of dental claims have a valid member identification code. | 33% | Profile |
| 14 | 4/2014-PRESENT | DC011 | Valid ANSI ASC X12 Relationship Code | When not blank, valid entry means that code used is a valid code on the ANSI ASC X12 Relationship Code list. | Fewer than [THRESHOLD] of dental claims have valid ANSI ASC X12 Relationship Code, when populated. | 99.50% | Exemption |
| 15 | 7/2013-PRESENT | DC011 | Individual Relationship Code Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims contain Individual Relationship code populated. | 100% | Profile |
| 16 | 4/2014-PRESENT | DC011 | Dependent 25 And Under | For members who are dependents, a valid entry means that the dependent is 25 or younger | Fewer than [THRESHOLD] of dental claims where the member is a dependent age 25 or younger. | 90% | AdHoc |
| 17 | 7/2013-PRESENT | DC012 | Valid ANSI ASC X12 Gender Code | A valid entry means that code used is a valid code on the ANSI ASC X12 Gender Code list. | Fewer than [THRESHOLD] of dental claims have valid ANSI ASC X12 gender code. | 100% | Exemption |
| 18 | 7/2013-PRESENT | DC012 | Gender Not Unknown | A valid entry has gender coded as something other than Unknown. | Fewer than [THRESHOLD] of medical claims have gender coded as something other than Unknown. | 99.60% | Profile |
| 19 | 7/2013-PRESENT | DC013 | Spouse 20 And Over | For members who are spouses, a valid entry means the spouse is 20 or older. | Fewer than [THRESHOLD] of dental claims specify spouse as 20 years of age or older. | 99% | Profile |
| 20 | 7/2013-PRESENT | DC013 | Valid Member DOB | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of dental claims have valid Member date of birth. | 99.50% | Profile |
| 21 | 7/2013-PRESENT | DC014 | Valid Member City Name | For records that have a valid US State in DC015, Member City Name must be in the list of US Cities. Member City Name may also be blank if DC016 Zip Code is populated. | Fewer than [THRESHOLD] of dental claims have valid Member City Name. | 99.50% | Profile |
| 22 | 7/2013-PRESENT | DC015 | Valid Member State/Province Code | When not blank, a valid entry means that the State/Province entered is on the list of US states or the list of Canadian Provinces. | Fewer than [THRESHOLD] of dental claims have valid Member State/Province code. | 99.50% | Exemption |
| 23 | 7/2013-PRESENT | DC015 | ME Member State | When not blank, a valid entry means that the State is equal to 'ME'. | Fewer than [THRESHOLD] of dental claims list Maine as member's State. | 55% | Profile |
| 24 | 7/2013-PRESENT | DC015 | Member State or Province Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have populated Member State or Province. | 100% | Profile |
| 25 | 7/2013-PRESENT | DC016 | Valid Member ZIP Code | For records that have a valid US State in DC015, the zip code (DC016) is on the list of valid zip codes. | Fewer than [THRESHOLD] of dental claims have valid Member Zip Code. | 99.50% | Exemption |
| 26 | 4/2014-PRESENT | DC016 | Member ZIP Code Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have member Zip Code populated. | 99.50% | Profile |
| 27 | 7/2013-PRESENT | DC017 | Valid Date Service Approved |  A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of dental claims have valid date of service approved. | 100% | Profile |
| 28 | 7/2013-PRESENT | DC018 | Service Provider Number Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have service provider number populated. | 90% | Profile |
| 29 | 7/2013-PRESENT | DC019 | Service Provider Tax ID Number Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have service provider Tax ID number populated. | 90% | Profile |
| 30 | 7/2013-PRESENT | DC020 | Valid National Provider Identifier | When not blank, a valid entry means that the field is on the list of CMS National Provider Identifiers. | Fewer than [THRESHOLD] of dental claims have valid National Provider Identifier. | 65% | Exemption |
| 31 | 7/2013-PRESENT | DC020 | National Provider Identifier Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have National Provider Identifier populated. | 65% | Profile |
| 32 | 7/2013-PRESENT | DC021 | Valid Service Provider Entity Type Qualifier | A valid entry means that the entity is on the list of Service Provider Entity Type Qualifiers. | Fewer than [THRESHOLD] of dental claims have valid Service Provider Entity Type Qualifier. | 90% | Profile |
| 35 | 7/2013-PRESENT | DC024 | Service Provider Last Name or Organization Name 2 Characters Or More | For records where DC024 is not blank, valid entry means that the field contains at least two characters. | Fewer than [THRESHOLD] of dental claims have Service Provider last name or Organization name with 2 characters or more, when populated. | 100% | AdHoc |
| 36 | 7/2013-PRESENT | DC024 | Service Provider Last Name or Organization Name Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have Service Provider last name or Organization Name populated. | 99.50% | Profile |
| 38 | 7/2013-PRESENT | DC026 | Valid Service Provider Specialty | A valid entry means that Service Provider Specialty is in a payer-supplied list of Service Provider Specialties. | Fewer than [THRESHOLD] of dental claims have valid Service provider specialty. | 99.50% | Profile |
| 39 | 7/2013-PRESENT | DC027 | Valid Service Provider City Name | For records that have a valid US State in DC028, Service Provider City Name must be in the list of US Cities. Service Provider City Name may also be blank if DC029 Zip Code is populated. | Fewer than [THRESHOLD] of dental claims have valid Service provider city name. | 90% | Profile |
| 40 | 7/2013-PRESENT | DC028 | Valid Service Provider State/Province Code | When not blank, a valid entry means that the Provider State/Province is on the lists of valid States/Provinces. | Fewer than [THRESHOLD] of dental claims contain valid Service Provider State/Province Code, when poplated. | 90% | Exemption |
| 41 | 7/2013-PRESENT | DC028 | ME Service Provider State | When not blank, a valid entry means that the State is equal to 'ME'. | Fewer than [THRESHOLD] of dental claims have Maine as Service Provider state, when populated. | 55% | Profile |
| 42 | 4/2014-PRESENT | DC028 | Service Provider State Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have Service Provider State populated. | 99.50% | Profile |
| 43 | 4/2014-PRESENT | DC029 | Valid Service Provider ZIP Code | For records that have a valid US State in DC028, the zip code (DC029) is on the list of valid zip codes. | Fewer than [THRESHOLD] of dental claims have valid Service Provider Zip Code. | 99.50% | Exemption |
| 44 | 7/2013-PRESENT | DC029 | ME Service Provider ZIP Code | For records that have a DC028 = ME, a valid entry means that the Zip Code is a valid ME Zip Code. | Fewer than [THRESHOLD] of dental claims have a Maine Service Provider Zip Code. | 55% | Profile |
| 45 | 7/2013-PRESENT | DC029 | Service Provider ZIP Code Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have Service Provider Zip Code populated. | 90% | Profile |
| 46 | 7/2013-PRESENT | DC030 | Valid Place of Service Codes for Professional Claims | When not blank, a valid entry means that the Place of Service is on the list of valid codes. | Fewer than [THRESHOLD] of dental claims for Professional services have a valid Place of Service Code, when populated. | 90% | Exemption |
| 47 | 7/2013-PRESENT | DC030 | Place of Service Codes for Professional Claims Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims for professional services have Place of Service codes populated. | 90% | Profile |
| 48 | 7/2013-PRESENT | DC031 | Valid ANSI ASC X12 Claims Status | When not blank, a valid entry means that the ANSI ASC X12 claim status is on the list of valid codes. | Fewer than [THRESHOLD] of dental claims have a valid ANSI ASC X12 claim status, when populated. | 100% | Exemption |
| 49 | 7/2013-PRESENT | DC031 | Claim Status Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have claim status populated. | 100% | Profile |
| 50 | 4/2014-PRESENT | DC032 | Valid Common Dental Terminology Code | When not blank, valid entry means that the Common Dental Terminology Code is on the list of valid codes. | Fewer than [THRESHOLD] of dental claims have valid Common Dental Terminology Code, when populated. | 99.50% | Exemption |
| 51 | 4/2014-PRESENT | DC032 | Common Dental Terminology Code Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have Common Dental Terminology Code populated. | 99.50% | Profile |
| 54 | 7/2013-PRESENT | DC035 | Valid First Date Of Service | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of dental claims have a valid first date of service. | 100% | Profile |
| 55 | 7/2013-PRESENT | DC036 | Valid Last Date Of Service | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of dental claims have a valid last date of service. | 100% | Profile |
| 56 | 7/2013-PRESENT | DC037 | Valid Charge Amount | A valid Charge Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of dental claims contain a valid charge amount. | 100% | Profile |
| 57 | 7/2013-PRESENT | DC038 | Records with Non-Negative Paid Amount | A valid entry means that the paid amount is not negative. | Fewer than [THRESHOLD] of dental claims have non-negative values for Paid Amount. | 50% | Profile |
| 58 | 7/2013-PRESENT | DC038 | Valid Paid Amount | A valid Paid Amount must be a valid dollar value represented without the decimal point. | Fewer than[THRESHOLD] of records have valid paid amount. | 100% | Profile |
| 59 | 7/2013-PRESENT | DC039 | Valid Co-Pay Amount | A valid Co-Pay Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of dental claims have a valid Co-Pay Amount. | 100% | Profile |
| 60 | 4/2014-PRESENT | DC040 | Valid Coinsurance Amount | A valid Paid Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of dental claims have a valid Coinsurance Amount. | 99.50% | Profile |
| 61 | 7/2013-PRESENT | DC041 | Valid Deductible Amount | A valid Deductible Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of dental claims show a valid Deductible Amount. | 100% | Profile |
| 63 | 4/2014-PRESENT | DC042 | Billing Provider Number Populated | A valid entry means that the field is not blank. | Fewer than [THRESHOLD] of dental claims have a Billing Provider Number populated. | 95.50% | Profile |
| 64 | 4/2014-PRESENT | DC043 | Valid National Billing Service Provider Identifier | When not blank, a valid entry means that the Billing Service Provider Identifier is on the list of valid codes. | Fewer than [THRESHOLD] of dental claims have a valid National Billing Service Provider Identifier, when populated. | 95.50% | Exemption |
| 65 | 4/2014-PRESENT | DC043 | National Billing Service Provider Identifier Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of dental claims have valid National Provider Identifier. | 95.50% | Profile |
| 66 | 4/2014-PRESENT | DC044 | Billing Provider Last Name or Organization Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of dental claims have Billing Provider last name or organization populated. | 95.50% | Profile |
| 67 | 7/2013-PRESENT | DC101 | Subscriber Last Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of dental claims have Subscriber Last Name populated. | 100% | Profile |
| 68 | 7/2013-PRESENT | DC102 | Subscriber First Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of dental claims have Subscriber First Name populated. | 100% | Profile |
| 70 | 7/2013-PRESENT | DC104 | Member Last Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of dental claims have Member Last Name populated. | 100% | Profile |
| 71 | 7/2013-PRESENT | DC105 | Member First Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of dental claims have Member First Name populated. | 100% | Profile |
| 73 | 7/2013-PRESENT | DC899 | Record Type Is DC | A valid entry means that this field contains the code 'DC'. | Fewer than [THRESHOLD] of dental claims are Record Type DC. | 100% | Failure |

## Pharmacy Claims

| ID | Effective | Element | Name | Validity Criteria | Reason for Issue | Threshold | Issue Type |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 196 | 7/2013-PRESENT | PC001 | Valid Submitter ID | A valid entry means that the Submitter ID is on the list containing all valid codes for registered entities. | Fewer than [THRESHOLD] of pharmacy claims contain a Valid Submitter ID. | 100% | Failure |
| 197 | 7/2013-PRESENT | PC002 | Valid Payer ID | When not blank, a valid entry means the Payer ID is on the Payer ID list containing all valid codes for registered entities. | Fewer than [THRESHOLD] of pharmacy claims contain a Valid Payer ID, when populated. | 98.50% | Profile |
| 198 | 7/2013-PRESENT | PC003 | Valid ANSI ASC X12 Insurance Policy Type Code | When not blank, a valid entry means that the ANSI ASC X12 Insurance Policy Type Code is on the list of valid codes. | Fewer than [THRESHOLD] of pharmacy claims have a valid ANSI ASC X12 Insurance Policy Type Code, when populated. | 100% | Exemption |
| 201 | 7/2013-PRESENT | PC003 | Insurance Policy Type Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have insurance type code populated. | 100% | Profile |
| 202 | 7/2013-PRESENT | PC004 | Payer Claim Control Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have payer claim control number populated. | 100% | Profile |
| 203 | 7/2013-PRESENT | PC005 | Valid Line Counter | A valid entry means that this field is greater than zero. | Fewer than [THRESHOLD] of pharmacy claims/records have a valid Line Counter. | 100% | Profile |
| 204 | 7/2013-PRESENT | PC006 | Insured Group or Policy Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims contain insurance group or policy number populated. | 99.90% | Exemption |
| 205 | 7/2013-PRESENT | PC007 | Valid Subscriber SSN | A valid entry is nine digits with no dashes. | Fewer than [THRESHOLD] of pharmacy claims have a valid subscriber social security number. | 33% | Profile |
| 206 | 4/2014-PRESENT | PC008 | Plan Specific Contract Number Populated | A valid entry means that their the Plan Specific Contract number is not blank or is not given because it is the same as the SSN. | Fewer than [THRESHOLD] of pharmacy claims have a Plan Specific Contract Number populated | 99.50% | Profile |
| 207 | 7/2013-PRESENT | PC009 | Member Suffix or Sequence Number Populated | A valid entry means this field is not blank if PC008 is populated. | Fewer than [THRESHOLD] of pharmacy claims have a Member Suffix or Sequence Number if Contract number was filled. | 100% | Profile |
| 208 | 7/2013-PRESENT | PC010 | Valid Member Identification Code | A valid entry is the members social security number made up of nine digits and no dashes. | Fewer than [THRESHOLD] of pharmacy claims have a valid Member Identification Code. | 33% | Profile |
| 209 | 7/2013-PRESENT | PC011 | Valid Individual Relationship Code | When not blank, a valid entry means that code used is a valid code on the ANSI ASC X12 Relationship Code list. | Fewer than [THRESHOLD] of pharmacy claims have valid ANSI ASC X12 Relationship, when populated Individual Relationship Code, when populated. | 100% | Exemption |
| 210 | 7/2013-PRESENT | PC011 | Individual Relationship Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims contain Individual Relationship Code populated.  | 100% | Profile |
| 211 | 4/2014-PRESENT | PC011 | Dependent 25 And Under | For members who are dependents, a valid entry means the dependent is 25 or younger. | Fewer than [THRESHOLD] of claims where the member is a dependent age 25 or younger. | 90% | AdHoc |
| 212 | 7/2013-PRESENT | PC012 | Valid Uniform Healthcare Payer Gender Code | A valid entry means that code used is a valid code on the Uniform Healthcare Payer Gender Code list. | Fewer than [THRESHOLD] of pharmacy claims have valid Uniform Healthcare Payer Gender Code. | 100% | Exemption |
| 213 | 7/2013-PRESENT | PC012 | Gender Not Unknown | A valid entry has gender coded as something other than Unknown. | Fewer than [THRESHOLD] of medical claims have gender coded as something other than Unknown. | 99.60% | Profile |
| 215 | 7/2013-PRESENT | PC013 | Spouse 20 And Over | For members who are spouses, a valid entry means the spouse is 20 or older. | Fewer than [THRESHOLD] of pharmacy claims specify spouse as 20 years of age or older. | 99% | Profile |
| 216 | 7/2013-PRESENT | PC013 | Valid Member DOB | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of pharmacy claims have valid Member date of birth. | 100% | Profile |
| 218 | 4/2014-PRESENT | PC014 | Valid Member City Name | For records that have a valid US State in PC015, Member City Name must be in the list of US Cities. Member City Name may also be blank if PC016 Zip Code is populated. | Fewer than [THRESHOLD] of pharmacy claims have valid Member City Name. | 99.50% | Profile |
| 219 | 7/2013-PRESENT | PC015 | Valid Member State/Province Code | When not blank, a valid entry means that the State/Province entered is on the list of US states or the list of Canadian Provinces. | Fewer than [THRESHOLD] of pharmacy claims have valid Member State/Province code, when populated. | 100% | Exemption |
| 220 | 7/2013-PRESENT | PC015 | ME Member State | When not blank, a valid entry means that the State is equal to 'ME'. | Fewer than [THRESHOLD] of pharmacy claims list Maine as member's State, when populated. | 55% | Profile |
| 221 | 7/2013-PRESENT | PC015 | Member State or Province Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Member State or Province populated. | 100% | Profile |
| 222 | 4/2014-PRESENT | PC016 | Valid Member ZIP Code | For records that have a valid US State in PC015, the zip code (PC016) is on the list of valid zip codes.  | Fewer than [THRESHOLD] of pharmacy claims contain valid Member Zip Code. | 99.50% | Exemption |
| 223 | 4/2014-PRESENT | PC016 | Member ZIP Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have member Zip Code populated. | 99.50% | Profile |
| 224 | 7/2013-PRESENT | PC017 | Valid Date Service Approved | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of pharmacy claims have valid date of service approved. | 100% | Profile |
| 225 | 4/2014-PRESENT | PC018 | Pharmacy Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have pharmacy number populated.  | 99.50% | Profile |
| 226 | 4/2014-PRESENT | PC019 | Pharmacy Tax ID Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Pharmacy Tax ID number populated. | 99.50% | Profile |
| 227 | 4/2014-PRESENT | PC020 | Pharmacy Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Pharmacy Name populated. | 99.50% | Profile |
| 228 | 4/2014-PRESENT | PC021 | Valid National Pharmacy ID Number | When not blank, entry is on the list of CMS National Provider Identifiers. | Fewer than [THRESHOLD] of pharmacy claims contain a valid National Pharmacy ID Number. | 99.50% | Exemption |
| 229 | 4/2014-PRESENT | PC021 | National Pharmacy ID Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have National Pharmacy ID populated. | 99.50% | Profile |
| 230 | 4/2014-PRESENT | PC022 | Valid Pharmacy Location City | For records that have a valid US State in PC023, Pharmacy City Name must be in the list of US Cities. Pharmacy City Name may also be blank if PC024 Zip Code is populated. | Fewer than [THRESHOLD] of pharmacy claims contain a Valid Pharmacy Location City. | 99.50% | Profile |
| 231 | 7/2013-PRESENT | PC023 | Valid Pharmacy Location State | When not blank, a valid entry means that the State/Province entered is on the list of US states or the list of Canadian Provinces. | Fewer than [THRESHOLD] of pharmacy claims contain a Valid Pharmacy Location State/Province, when populated. | 100% | Exemption |
| 232 | 7/2013-PRESENT | PC023 | ME Pharmacy Location State | When not blank, a valid entry means that the State is not blank and is = to 'ME'. | Fewer than[THRESHOLD] of dental claims list Maine as service provider's State, when populated. | 75% | Profile |
| 233 | 4/2014-PRESENT | PC023 | Pharmacy Location State Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Service Provider State populated. | 99.50% | Profile |
| 234 | 4/2014-PRESENT | PC024 | Valid Pharmacy ZIP Code | For records that have a valid US State in PC023, the zip code (PC024) is on the list of valid US Zip Codes. | Fewer than [THRESHOLD] of claims have a valid Pharmacy Zip Code. | 99.50% | Exemption |
| 235 | 7/2013-PRESENT | PC024 | ME Pharmacy ZIP Code | A valid entry means that the Zip Code is not blank and is = to 'ME'. | Fewer than [THRESHOLD] of pharmacy claims have a Maine Zip Code. | 75% | Profile |
| 236 | 4/2014-PRESENT | PC024 | Pharmacy ZIP Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Pharmacy Zip Code populated. | 99.50% | Profile |
| 237 | 4/2014-PRESENT | PC024A | Pharmacy Country Name Populated | A valid entry means that the Country name is not blank. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Pharmacy Country name. | 99.50% | Profile |
| 238 | 7/2013-PRESENT | PC025 | Valid ANSI ASC X12 Claims Status | When not blank, a valid entry means that the ANSI ASC X12 claim status is on the list of valid codes. | Fewer than [THRESHOLD] of pharmacy claims have a valid ANSI ASC X12 claim status, when populated. | 100% | Exemption |
| 239 | 7/2013-PRESENT | PC025 | Claim Status Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Claims Status Populated. | 100% | Profile |
| 240 | 4/2014-PRESENT | PC026 | Valid Drug Code | When not blank, a valid entry means that the Drug code is on the NDC Drug Code List. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Drug Code, when populated. | 99.50% | Exemption |
| 241 | 4/2014-PRESENT | PC026 | Drug Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have a Drug Code populated. | 99.50% | Profile |
| 242 | 4/2014-PRESENT | PC027 | Drug Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Drug Name Populated. | 99.50% | Profile |
| 243 | 7/2013-PRESENT | PC028 | Valid New Prescription Or Refill Number | A valid entry means that PC028 is greater than zero and less than 99. | Fewer than [THRESHOLD] of pharmacy claims have a Valid New Prescription or Refill number. | 100% | Profile |
| 244 | 7/2013-PRESENT | PC029 | Valid Generic Drug Indicator | A valid entry is either Y or N. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Generic Drug Indicator. | 100% | Profile |
| 245 | 7/2013-PRESENT | PC030 | Valid Dispense As Written Code | A valid entry means that the Dispense as Written Code is on the list of valid codes. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Dispense As Written Code. | 100% | Profile |
| 246 | 7/2013-PRESENT | PC031 | Valid Compound Drug Indicator | A valid entry is either Y, N or U. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Compound Drug Indicator. | 100% | Profile |
| 247 | 7/2013-PRESENT | PC032 | Valid Date Prescription Filled | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Date Prescription Filled. | 100% | Profile |
| 248 | 4/2014-PRESENT | PC033 | Valid Quantity Dispensed | A valid entry means that quantity is greater than zero. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Quantity. | 99.50% | Profile |
| 249 | 4/2014-PRESENT | PC034 | Days Supply At Least 1 | A valid entry is greater than zero. | Fewer than [THRESHOLD] of pharmacy claims have a Days Supply of at least one day. | 99.50% | Profile |
| 250 | 7/2013-PRESENT | PC034 | Days Supply Populated | A valid entry means that this field is not blank. | [THRESHOLD] of pharmacy claims have Days Supply populated. | 100% | Profile |
| 251 | 7/2013-PRESENT | PC035 | Valid Charge Amount | A valid Charge Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Charge Amount. | 100% | Profile |
| 252 | 7/2013-PRESENT | PC036 | Valid Paid Amount | A Valid Paid Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Paid Amount. | 100% | Profile |
| 253 | 4/2014-PRESENT | PC036 | Records with Non-Negative Paid Amount | A valid entry means that the paid amount is not negative. | More than [THRESHOLD] of pharmacy claims contain a Negative Paid Amount. | 90% | Profile |
| 254 | 7/2013-PRESENT | PC037 | Valid Ingredient Cost/List Price | A valid entry must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Ingredient Cost/List Price. | 100% | Profile |
| 255 | 7/2013-PRESENT | PC038 | Valid Postage Amount Claimed | A valid entry must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Postage Amount Claimed. | 100% | Profile |
| 256 | 7/2013-PRESENT | PC039 | Valid Dispensing Fee | A valid entry must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Dispensing Fee. | 100% | Profile |
| 257 | 7/2013-PRESENT | PC040 | Valid Co-Pay Amount | A valid Co-Pay amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Co-Pay Amount. | 100% | Profile |
| 258 | 4/2014-PRESENT | PC041 | Valid Coinsurance Amount | A valid Coinsurance Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Coinsurance Amount. | 99.50% | Profile |
| 259 | 7/2013-PRESENT | PC042 | Valid Deductible Amount | A valid Deductible Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Deductible Amount. | 100% | Profile |
| 261 | 4/2014-PRESENT | PC043 | Valid Patient Pay Amount | A valid patient Pay Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of pharmacy claims have a Valid Patient Pay Amount. | 99.50% | Profile |
| 315 | 4/2014-PRESENT | PC044 | Prescribing Physician First Name Populated | When PC047 does not contain a DEA number, a valid entry means that the Prescribing Physician First Name must be populated. | Fewer than [THRESHOLD] of records contain a Provider First Name. | 99.50% | Profile |
| 317 | 4/2014-PRESENT | PC046 | Prescribing Physician Last Name Populated | When PC047 does not contain a DEA number, a valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Service Provider Last Name populated. | 97% | AdHoc |
| 318 | 7/2013-PRESENT | PC046 | Prescribing Physician Last Name 2 Characters Or More | A valid entry means that the field contains at least two characters. | Fewer than [THRESHOLD] of pharmacy claims have Prescribing Physician last name with 2 characters or more, when populated. | 100% | AdHoc |
| 313 | 4/2014-PRESENT | PC047 | Valid Prescribing Physician DEA or NPI | For records where PC047 is not blank and does not contain a valid DEA number, a valid entry means that the field contains an entry listed on the list of NPIs. | Fewer than [THRESHOLD] of pharmacy claims have a valid DEA or NPI number, when populated. | 99.50% | Exemption |
| 314 | 4/2014-PRESENT | PC047 | Prescribing Physician DEA or NPI Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have a valid DEA or NPI populated. | 99.50% | Profile |
| 262 | 7/2013-PRESENT | PC101 | Subscriber Last Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Subscriber Last Name populated. | 100% | Profile |
| 263 | 4/2014-PRESENT | PC102 | Subscriber First Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Subscriber First Name populated. | 99.50% | Profile |
| 265 | 7/2013-PRESENT | PC104 | Member Last Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Member Last Name populated. | 100% | Profile |
| 266 | 7/2013-PRESENT | PC105 | Member First Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of pharmacy claims have Member First Name populated. | 100% | Profile |
| 268 | 7/2013-PRESENT | PC899 | Record Type Is PC | A valid entry means that this field is coded PC. | Fewer than [THRESHOLD] of pharmacy claims have a Record Type PC. | 100% | Failure |

## Medical Claims

| ID | Effective | Element | Name | Validity Criteria | Reason for Issue | Threshold | Issue Type |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 76 | 7/2013-PRESENT | MC001 | Valid Submitter ID | A valid entry means that the Submitter ID is on the list containing all valid codes for registered entities. | Fewer than [THRESHOLD] of medical claims have a valid Submitter ID. | 100% | Failure |
| 77 | 7/2013-PRESENT | MC002 | Valid Payer ID | For the records where MC002 is not blank, a valid entry means the Payer ID is on the Payer ID list containing all valid codes for registered entities. | Fewer than [THRESHOLD] of medical claims have a valid Payer ID, when populated. | 100% | Profile |
| 78 | 7/2013-PRESENT | MC003 | Valid ANSI ASC X12 Insurance Policy Type Code | When not blank, a valid entry means the Insurance Policy Type Code is on the list of ANSI ASC X12 Insurance Policy Type Codes. | Fewer than [THRESHOLD] of medical claims have a Valid ANSI ASC X12 Insurance Policy Type Code, when populated. | 100% | Exemption |
| 81 | 7/2013-PRESENT | MC003 | Insurance Policy Type Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have insurance type code populated. | 100% | Profile |
| 82 | 7/2013-PRESENT | MC004 | Payer Claim Control Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Payer Control Number populated. | 100% | Profile |
| 83 | 7/2013-PRESENT | MC005 | Valid Line Counter | A valid entry means that this field is greater than zero. | Fewer than [THRESHOLD] of claims/records have a valid line counter. | 100% | Profile |
| 84 | 7/2013-PRESENT | MC005A | Valid Version Number | A valid entry means that this field is greater than zero. | Fewer than [THRESHOLD] of medical claims have a valid Version Number. | 100% | AdHoc |
| 85 | 7/2013-PRESENT | MC005A | Version Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Version Number populated. | 99.50% | Profile |
| 86 | 7/2013-PRESENT | MC006 | Insured Group or Policy Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims contain a Insured Group or Policy Number Populated. | 99.90% | Exemption |
| 87 | 7/2013-PRESENT | MC007 | Valid Subscriber SSN | A valid entry is nine digits with no dashes. | Fewer than [THRESHOLD] of medical claims contain a valid Subscriber SSN. | 33% | Profile |
| 88 | 4/2014-PRESENT | MC008 | Plan Specific Contract Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims contain a Plan Specific Contract Number. | 99.50% | Profile |
| 89 | 7/2013-PRESENT | MC009 | Member Suffix or Sequence Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have a Member Suffix or Sequence number populated. | 100% | Profile |
| 90 | 7/2013-PRESENT | MC010 | Valid Member Identification Code | A valid entry is the members social security number made up of nine digits and no dashes. | Fewer than [THRESHOLD] of medical claims have a valid Member Identification code. | 75% | Profile |
| 91 | 4/2014-PRESENT | MC011 | Dependent 25 And Under | For members who are dependents, a valid entry means the dependent is 25 or younger. | Fewer than [THRESHOLD] of records have dependent members who are age 25 or younger. | 90% | AdHoc |
| 92 | 4/2014-PRESENT | MC011 | Valid ANSI ASC X12 Relationship Code | When not blank, a valid entry means that code used is a valid code on the ANSI ASC X12 Relationship Code list. | Fewer than [THRESHOLD] of medical claims have valid ANSI ASC X12 Relationship Code, when populated. | 99.50% | Exemption |
| 93 | 7/2013-PRESENT | MC011 | Individual Relationship Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims contain Individual Relationship code populated. | 100% | Profile |
| 94 | 7/2013-PRESENT | MC012 | Valid ANSI ASC X12 Gender Code | A valid entry means that code used is a valid code on the ANSI ASC X12 Gender Code list. | Fewer than [THRESHOLD] of medical claims have valid ANSI ASC X12 gender code. | 100% | Exemption |
| 95 | 7/2013-PRESENT | MC012 | Gender Not Unknown | A valid entry has gender coded as something other than Unknown. | Fewer than [THRESHOLD] of medical claims have gender coded as something other than Unknown. | 99.60% | Profile |
| 96 | 7/2013-PRESENT | MC013 | Spouse 20 And Over | For member's who are spouses, a valid entry means the spouse is 20 or older. | Fewer than [THRESHOLD] of medical claims specify spouse as 20 years of age or older | 99% | Profile |
| 97 | 7/2013-PRESENT | MC013 | Valid Member DOB | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of medical claims have valid Member date of birth | 99.50% | Profile |
| 99 | 4/2014-PRESENT | MC014 | Valid Member City Name | For records that have a valid US State in MC015, Member City Name must be in the list of US Cities. The City Name may also be blank if Zip Code (MC016) is populated. | Fewer than [THRESHOLD] of medical claims contain a valid Member City Name.  | 99.50% | Profile |
| 100 | 7/2013-PRESENT | MC015 | Valid Member State/Province Code | When not blank, a valid entry means that the State/Province entered is on the list of US states or the list of Canadian Provinces. | Fewer than [THRESHOLD] of medical claims have valid member State/Province code, when populated. | 100% | Exemption |
| 101 | 7/2013-PRESENT | MC015 | ME Member State | When not blank, a valid entry means that the State is not blank and is equal to 'ME'. | Fewer than [THRESHOLD] of medical claims list Maine as Member's State, when populated. | 55% | Profile |
| 102 | 7/2013-PRESENT | MC015 | Member State or Province Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims contain populated Member State or Province. | 100% | Profile |
| 103 | 4/2014-PRESENT | MC016 | Valid Member ZIP Code | For records that have a valid US State in MC015, the zip code is on the list of valid US Zip Codes. | Fewer than [THRESHOLD] of medical claims contain valid Member Zip Code. | 99.50% | Exemption |
| 104 | 4/2014-PRESENT | MC016 | Member ZIP Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have member Zip Code populated. | 99.50% | Profile |
| 105 | 7/2013-PRESENT | MC017 | Valid Date Service Approved | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of medical claims contain valid date of service approved. | 100% | Profile |
| 106 | 4/2014-PRESENT | MC018 | Valid Admission Date | For inpatient claims, a valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of inpatient medical claims contain valid Admission Date | 99.50% | Profile |
| 107 | 4/2014-PRESENT | MC019 | Valid Admission Hour | For inpatient claims, a valid Admission Hour must be a military time in HH format. | Fewer than [THRESHOLD] of inpatient medical claims contain a valid Admission Hour. | 50% | Profile |
| 108 | 4/2014-PRESENT | MC020 | Valid Admission Type | For inpatient claims, a valid entry means that Admission Type is on the list of NUBC admission type codes. | Fewer than [THRESHOLD] of inpatient medical claims contain a valid Admission Type. | 95% | Exemption |
| 109 | 4/2014-PRESENT | MC020 | Admission Type Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of inpatient medical claims have Admission Type populated. | 95% | Profile |
| 110 | 4/2014-PRESENT | MC021 | Valid Admission Source | For inpatient claims, a valid entry is on the list of Admission Sources. | Fewer than [THRESHOLD] of inpatient medical claims contain a valid Admission source. | 90% | Exemption |
| 111 | 4/2014-PRESENT | MC021 | Admission Source Populated | For inpatient claims, a valid entry means the field is not blank. | Fewer than [THRESHOLD] of inpatient medical claims have Admission Source populated | 95% | Profile |
| 322 | 4/2014-PRESENT | MC022 | Discharge Hour Populated | For inpatient claims, a valid entry means the field is not blank. | Fewer than [THRESHOLD] of the inpatient medical claims contain a populated admission hour. | 50% | Profile |
| 323 | 4/2014-PRESENT | MC022 | Valid Discharge Hour | For inpatient claims, a valid Admission Hour must be a military time in HH format. | Fewer than [THRESHOLD] of inpatient medical claims contain a valid admission Hour. | 50% | Profile |
| 112 | 4/2014-PRESENT | MC023 | Valid Discharge Status | For inpatient claims, a valid entry means that Admission Type is on the list of NUBC discharge status codes. | Fewer than [THRESHOLD] of inpatient medical claims contain a valid Discharge Status. | 95% | Exemption |
| 113 | 4/2014-PRESENT | MC023 | Discharge Status Populated | For inpatient claims, valid entry means that this field is not blank. | Fewer than [THRESHOLD] of inpatient medical claims have Discharge Status populated. | 95% | Profile |
| 114 | 4/2014-PRESENT | MC023 | Discharge Status Is Not Died | For inpatient claims, a valid entry means that the NUBC discharge status code is equal to a discharge status code that is not dead. | Fewer than [THRESHOLD] of inpatient medical claims list Discharge Status as not Dead.  | 95% | AdHoc |
| 115 | 4/2014-PRESENT | MC023 | Discharge Status Is Home | For inpatient claims, a valid entry means that the NUBC discharge status code is equal to a discharge status code that is home. | Fewer than [THRESHOLD] of inpatient medical claims list discharge Status as Home. | 35% | AdHoc |
| 116 | 4/2014-PRESENT | MC024 | Service Provider Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Service Provider Number populated | 99.50% | Profile |
| 117 | 4/2014-PRESENT | MC025 | Service Provider Tax ID Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have service provider Tax ID Number populated | 80% | Profile |
| 118 | 4/2014-PRESENT | MC026 | Valid National Provider Identifier | When not blank, a valid entry means that the field is on the list of CMS National Provider Identifiers. | Fewer than [THRESHOLD] of medical claims have valid National Provider Identifier, when populated. | 99.50% | Exemption |
| 119 | 4/2014-PRESENT | MC026 | National Provider Identifier Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have National Provider Identifier populated. | 90% | Profile |
| 120 | 4/2014-PRESENT | MC027 | Valid Service Provider Entity Type Qualifier | A valid entry means that the entity is on the list of Service Provider Entity Type Qualifiers. | Fewer than [THRESHOLD] of medical claims have valid Service Provider Entity Type Qualifier. | 99.50% | Profile |
| 121 | 7/2013-PRESENT | MC027 | Institutional Records With Non-Person Provider Entity | For institutional claims, a valid entry means that the Provider Entity Type is equal to 2, non-person entity. | Fewer than [THRESHOLD] of institutional claims have the Provider Entity equal to non-person entity, when populated. | 85% | Profile |
| 122 | 4/2014-PRESENT | MC028 | Non-Person Entity Records Without Provider First Name, Middle Name Or Suffix | For non-person entities, a valid entry means that the Service Provider First Name, Middle Name and Suffix are all blank. | Fewer than [THRESHOLD] of non-person entities contain do not contain a provider first name, middle name or suffix. | 99.50% | Profile |
| 123 | 4/2014-PRESENT | MC028 | Provider First Name Populated | For non-institutional claims, a valid entry means that the Provider First Name must be populated. | Fewer than [THRESHOLD] of non-institutional records contain a Provider First Name. | 40% | Profile |
| 124 | 4/2014-PRESENT | MC030 | Service Provider Last Name or Organization Name 2 Characters Or More | When not blank, a valid entry means that the field contains at least two characters. | Fewer than [THRESHOLD] of medical claims have Service Provider last name or Organization name with 2 characters or more, when populated. | 99.50% | AdHoc |
| 125 | 4/2014-PRESENT | MC030 | Service Provider Last Name or Organization Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Service Provider last name or Organization Name populated | 99.50% | Profile |
| 127 | 7/2013-PRESENT | MC032 | Valid Service Provider Specialty | A valid entry means that Service Provider Specialty is in a payer-supplied list of Service Provider Specialties. | Fewer than [THRESHOLD] of medical claims contain a valid Service Provider specialty. | 99.50% | Profile |
| 128 | 4/2014-PRESENT | MC033 | Valid Service Provider City Name | For records that have a valid US State in MC034, Service Provider City Name must be in the list of US Cities. Service Provider City may also be blank if MC036 Zip Code is populated. | Fewer than [THRESHOLD] of medical claims have valid Service Provider City Name. | 99.50% | Profile |
| 129 | 7/2013-PRESENT | MC034 | Valid Service Provider State/Province Code | For records where MC034 is not blank, a valid entry means that the State/Province entered is on the list of US states or the list of Canadian Provinces. | Fewer than [THRESHOLD] of medical claims contain valid Service provider State/Province Code, when populated. | 100% | Exemption |
| 130 | 7/2013-PRESENT | MC034 | ME Service Provider State | For records where MC034 is not blank, a valid entry means that the State is not blank and is equal to 'ME'. | Fewer than [THRESHOLD] of medical claims list Maine as service provider's State, when populated. | 55% | Profile |
| 131 | 4/2014-PRESENT | MC034 | Service Provider State Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Service Provider State populated | 99.50% | Profile |
| 132 | 4/2014-PRESENT | MC035 | Valid Service Provider ZIP Code | A valid entry means that Service Provider State (MC034) is on the list of valid states and the zip code (MC035) is on the list of valid zip codes. | Fewer than [THRESHOLD] of medical claims have valid Service Provider Zip Code. | 99.50% | Exemption |
| 133 | 7/2013-PRESENT | MC035 | ME Service Provider ZIP Code | A valid entry means that the Zip Code is not blank and is on the list of Zip Codes for Maine. | Fewer than [THRESHOLD] of medical claims have a Maine Service Provider Zip Code. | 55% | Profile |
| 134 | 4/2014-PRESENT | MC035 | Service Provider ZIP Code Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Service Provider Zip Code populated. | 99.50% | Profile |
| 135 | 7/2013-PRESENT | MC036 | Valid Institutional Bill Type | When not blank, a valid entry means that for institutional the institutional Bill Type is on the list of NUBC Bill Types Codes for institutional Claims. | Fewer than [THRESHOLD] of medical institutional claims have a valid Institutional Bill Type. | 100% | Exemption |
| 136 | 7/2013-PRESENT | MC036 | Institutional Bill Type Or Professional Place Of Service Populated | A valid entry means that either MC036 or MC037 is populated. | Fewer than [THRESHOLD] of medical claims have Institutional Bill Type or Professional Place of Service populated. | 100% | Profile |
| 137 | 7/2013-PRESENT | MC037 | Valid Professional Place Of Service | When not blank, a valid entry means that the Place of Service Codes for Professional Claims is on the list of valid codes. | Fewer than [THRESHOLD] of medical claims for Professional services have Place of Service populated | 100% | Exemption |
| 139 | 7/2013-PRESENT | MC038 | Valid ANSI ASC X12 Claims Status | When not blank, a valid entry means that the ANSI ASC X12 claim status is on the list of valid codes. | Fewer than [THRESHOLD] of medical claims have a valid ANSI ASC X12 claim status, when populated. | 100% | Exemption |
| 140 | 7/2013-PRESENT | MC038 | Claim Status Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have claim status populated. | 100% | Profile |
| 141 | 4/2014-PRESENT | MC039 | Valid Admitting Diagnosis | For inpatient claims, a valid entry means that the admitting diagnosis is on the list of ICD-9 diagnosis Codes. | Fewer than [THRESHOLD] of inpatient medical claims have a valid admitting diagnosis | 90% | Profile |
| 142 | 4/2014-PRESENT | MC040 | Valid E-Code | For records where MC040 is not blank, a valid entry means that the E-Code is on the list of ICD-9 diagnosis Codes. | Fewer than [THRESHOLD] of medical claims with E-Codes have a valid E-Code, when populated. | 99.50% | AdHoc |
| 144 | 4/2014-PRESENT | MC041 | Valid Principal Diagnosis | For records where MC041 is not blank, a valid entry means that the Principal Diagnosis is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Principal Diagnosis, when populated. | 99.50% | AdHoc |
| 145 | 4/2014-PRESENT | MC041 | Principal Diagnosis Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have a Principal Diagnosis populated. | 99.50% | Profile |
| 146 | 4/2014-PRESENT | MC042 | Valid Other Diagnosis 1 | When not blank, a valid entry means that the Other Diagnosis is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 1, when populated.  | 99.50% | Profile |
| 147 | 4/2014-PRESENT | MC043 | Valid Other Diagnosis 2 | When not blank, a valid entry means that the Other Diagnosis 2 is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 2, when populated.  | 99.50% | Profile |
| 148 | 4/2014-PRESENT | MC044 | Valid Other Diagnosis 3 | When not blank, a valid entry means that the Other Diagnosis 3 is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 3, when populated.  | 99.50% | Profile |
| 149 | 4/2014-PRESENT | MC045 | Valid Other Diagnosis 4 | When not blank, a valid entry means that the Other Diagnosis 4 is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 4, when populated.  | 99.50% | Profile |
| 150 | 4/2014-PRESENT | MC046 | Valid Other Diagnosis 5 | When not blank, a valid entry means that the Other Diagnosis 5 is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 5, when populated.  | 99.50% | Profile |
| 151 | 7/2013-PRESENT | MC047 | Valid Other Diagnosis 6 | When not blank, a valid entry means that the Other Diagnosis 6 is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 6, when populated.  | 100% | Profile |
| 152 | 7/2013-PRESENT | MC048 | Valid Other Diagnosis 7 | When not blank, a valid entry means that the Other Diagnosis 7 is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 7, when populated. | 100% | Profile |
| 153 | 7/2013-PRESENT | MC049 | Valid Other Diagnosis 8 | When not blank, a valid entry means that the Other Diagnosis 8 is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 8, when populated. | 100% | Profile |
| 154 | 4/2014-PRESENT | MC050 | Valid Other Diagnosis 9 | When not blank, a valid entry means that the Other Diagnosis 9 is on the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 9, when populated. | 99.50% | Profile |
| 155 | 4/2014-PRESENT | MC051 | Valid Other Diagnosis 10 | When not blank, a valid entry means that the Other Diagnosis 10 is the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 10, when populated. | 99.50% | Profile |
| 156 | 7/2013-PRESENT | MC052 | Valid Other Diagnosis 11 | When not blank, a valid entry means that the Other Diagnosis 11 is the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 11, when populated. | 100% | Profile |
| 157 | 7/2013-PRESENT | MC053 | Valid Other Diagnosis 12 | When not blank, a valid entry means that the Other Diagnosis 12 is the list of ICD-9 diagnosis codes. | Fewer than [THRESHOLD] of medical claims have a valid Other Diagnosis 12, when populated. | 100% | Profile |
| 158 | 7/2013-PRESENT | MC054 | Valid Revenue Code | When not blank, a valid entry means that the Revenue code is on the list of NUBC revenue codes. | Fewer than [THRESHOLD] of medical claims contain a valid Revenue Code. | 100% | Exemption |
| 159 | 4/2014-PRESENT | MC055 | Valid Procedure Code | When not blank, a valid entry means that the procedure Code is on the list of Health Care Common Procedural Coding System (HCPCS) Codes. | Fewer than [THRESHOLD] of medical claims contain a valid Procedure Code. | 99.50% | AdHoc |
| 163 | 4/2014-PRESENT | MC058 | Valid ICD-9-CM Procedure Code | When not blank, a valid entry means that the ICD 9-CM procedure code is on the list of valid codes. | Fewer than [THRESHOLD] of medical claims contain a valid ICD-9 procedure Code, when populated. | 99.50% | AdHoc |
| 164 | 7/2013-PRESENT | MC059 | Valid First Date Of Service | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of medical claims contain a valid First Date of Service. | 100% | Profile |
| 165 | 7/2013-PRESENT | MC059 | First Date Of Service Before Last Date Of Service | For records where MC059 and MC060 are not blank, a valid entry is when the first date of service (MC059) is greater than or equal to the last date of service (MC060). | Fewer than [THRESHOLD] of medical claims with first date of service before last date of service, when populated. | 100% | AdHoc |
| 166 | 7/2013-PRESENT | MC059 | First Date of Service Within Admission/Discharge Dates | For inpatient claims and records where MC018, MC059 and MC060 are not blank, a valid entry is when the first date of service is greater than or equal to the admission date and the admission date is greater than or equal to the discharge date. | Fewer than [THRESHOLD] of medical claims contain First Date of Service within Admission/Discharge Dates. | 100% | AdHoc |
| 167 | 7/2013-PRESENT | MC060 | Valid Last Date Of Service | A valid entry is in the following format: CCYYMMDD. | Fewer than [THRESHOLD] of medical claims contain valid Last Date of Service. | 100% | Profile |
| 168 | 7/2013-PRESENT | MC060 | Last Date of Service Within Admission/Discharge Dates | For inpatient claims and records where MC018, MC059 and MC060 are not blank, a valid entry is when the last date of service is less than or equal to the admission date and the last date of service is less than or equal to the discharge date. | Fewer than [THRESHOLD] of medical claims with Last Date of Service Within Admission/Discharge Dates. | 100% | AdHoc |
| 169 | 4/2014-PRESENT | MC061 | Valid Quantity | A valid entry means that MC061 (Valid Quantity) is greater than zero. | Fewer than [THRESHOLD] of medical claims contain a Valid Quantity. | 99.50% | Profile |
| 170 | 7/2013-PRESENT | MC062 | Valid Charge Amount | A valid Charge Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of medical claims contain a valid charge amount. | 100% | Profile |
| 171 | 7/2013-PRESENT | MC063 | Records with Non-Negative Paid Amount | A valid entry means that the paid amount is not negative. | More than [THRESHOLD] of medical claims contain a Negative paid Amount. | 95% | Profile |
| 172 | 7/2013-PRESENT | MC063 | Valid Paid Amount | A valid Paid Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of medical claims contain a valid Paid Amount. | 100% | Profile |
| 174 | 4/2014-PRESENT | MC065 | Valid Co-Pay Amount | A valid Co-Pay Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of medical claims contain a valid Co-Pay Amount. | 99.50% | Profile |
| 176 | 4/2014-PRESENT | MC066 | Valid Coinsurance Amount | A valid Coinsurance Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of medical claims contain a valid Coinsurance Amount. | 99.50% | Profile |
| 178 | 7/2013-PRESENT | MC067 | Valid Deductible Amount | A valid Deductible Amount must be a valid dollar value represented without the decimal point. | Fewer than [THRESHOLD] of medical claims contain a valid Deductible Amount. | 100% | Profile |
| 180 | 4/2014-PRESENT | MC068 | Patient Account/Control Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Patient Account/Control Number populated | 99.50% | Profile |
| 181 | 4/2014-PRESENT | MC069 | Valid Discharge Date | For inpatient records, a valid entry means that this field is not blank. | Fewer than [THRESHOLD] of inpatient medical claims contain a valid Discharge Date. | 90% | Profile |
| 182 | 4/2014-PRESENT | MC070 | Valid Service Provider Country Name | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims contain a valid Service provider Country Name. | 99.50% | Profile |
| 183 | 4/2014-PRESENT | MC072 | Valid DRG Version | A valid entry means the DRG Version is a valid non-negative integer. | Fewer than [THRESHOLD] of medical claims contain a valid DRG Version.  | 99.50% | Profile |
| 184 | 4/2014-PRESENT | MC074 | Valid APC Version | A valid entry meants the APC Versionis a valid non-negative integer. | Fewer than [THRESHOLD] of medical claims contain a valid APC version.  | 20% | Profile |
| 185 | 4/2014-PRESENT | MC075 | Valid Drug Code | When not blank, a valid entry means that the Drug code is on the NDC Drug Code List. | fewer than [THRESHOLD] of medical claims contain a valid Drug Code, when populated. | 99.50% | Profile |
| 186 | 4/2014-PRESENT | MC076 | Billing Provider Number Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have a Billing Provider Number populated. | 99.50% | Profile |
| 187 | 4/2014-PRESENT | MC077 | Valid National Billing Service Provider Identifier | When not blank, a valid entry means that the Billing Service Provider Identifier is on the list of valid codes. | Fewer than [THRESHOLD] of medical claims have valid National Provider Identifier, when populated. | 99.50% | Profile |
| 188 | 4/2014-PRESENT | MC078 | Billing Provider Last Name or Organization Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Service Provider last name or Organization Name populated. | 99.50% | Profile |
| 189 | 7/2013-PRESENT | MC101 | Subscriber Last Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Subscriber Last Name populated. | 100% | Profile |
| 190 | 7/2013-PRESENT | MC102 | Subscriber First Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Subscriber First Name populated. | 100% | Profile |
| 192 | 7/2013-PRESENT | MC104 | Member Last Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Member Last Name populated. | 100% | Profile |
| 193 | 7/2013-PRESENT | MC105 | Member First Name Populated | A valid entry means that this field is not blank. | Fewer than [THRESHOLD] of medical claims have Member First name populated. | 100% | Profile |
| 195 | 7/2013-PRESENT | MC899 | Record Type Is MC | A valid entry means that this field must contain the code 'MC'. | Fewer than [THRESHOLD] of medical claims list Record Type as MC. | 100% | Failure |