Table 2: “Complex Qualifier fields” their valid values, and the corresponding data elements that need to be populated

	File Name	"Complex Qualifier Field" Information			Corresponding Data Elements To Be Populated	
		Record Segment	Data Element Name	Valid Values	Record Segment	Data Element Name
1	ELIGIBLE	ELIGIBILE-CONTACT-INFORMATION (ELG00004)	ADDR-TYPE	01 Primary home address and contact information (used for the eligibility determination process) 02 Primary work address and contact information 03 Secondary residence and contact information 04 Secondary work address and contact information 05 Other category of address and contact information 06 Eligible person’s official mailing address	ELIGIBILE-CONTACT-INFORMATION-ELG00004	ELIGIBLE-ADDR-LN1 ELIGIBLE-ADDR-LN2 ELIGIBLE-ADDR-LN3 ELIGIBLE-CITY ELIGIBLE-STATE ELIGIBLE-ZIP-CODE ELIGIBLE-COUNTY-CODE ELIGIBLE-PHONE-NUM TYPE-OF-LIVING-ARRANGEMENT ELIGIBLE-ADDR-EFF-DATE ELIGIBLE-ADDR-END-DATE
2	MNGDCARE	MANAGED-CARE-MAIN (MCR00002)	MANAGED-CARE-SERVICE-AREA	1 Statewide – The managed care entity provides services to beneficiaries throughout the entire state. 2 County – The managed care entity provides services to beneficiaries in specified counties. 3 City – The managed care entity provides services to beneficiaries in specified cities. 4 Region – The managed care entity provides services to beneficiaries in specified regions, not defined by individual counties within the state (“region” is state-defined). 5 Zip Code – The managed care entity program provides services to beneficiaries in specified zip codes. 6 Other – The managed care entity provides services to beneficiaries in "other" area(s), not Statewide, County, City, or Region.	MANAGED-CARE-SERVICE-AREA-MCR00004	MANAGED-CARE-SERVICE-AREA-NAME MANAGED-CARE-SERVICE-AREA-EFF-DATE MANAGED-CARE-SERVICE-AREA-END-DATE
3	MNGDCARE	MANAGED-CARE-LOCATION-AND-CONTACT-INFO (MCR00003)	MANAGED-CARE-ADDR-TYPE	1 MCO’s corporate address and contact information	MANAGED-CARE-LOCATION-AND-CONTACT-INFO-MCR00003	MANAGED-CARE-LOCATION-ID

	File Name	"Complex Qualifier Field" Information			Corresponding Data Elements To Be Populated	
		Record Segment	Data Element Name	Valid Values	Record Segment	Data Element Name
				2 MCO's mailing address 3 MCO's service location address 4 MCO's Billing address and contact information 5 CEO's address and contact information 6 CFO's address and contact information 7 Other		MANAGED-CARE-ADDR-LN1 MANAGED-CARE-ADDR-LN2 MANAGED-CARE-ADDR-LN3 MANAGED-CARE-CITY MANAGED-CARE-STATE MANAGED-CARE-ZIP-CODE MANAGED-CARE-COUNTY MANAGED-CARE-TELEPHONE MANAGED-CARE-EMAIL MANAGED-CARE-FAX-NUMBER MANAGED-CARE-LOCATION-AND-CONTACT-INFO-EFF-DATE MANAGED-CARE-LOCATION-AND-CONTACT-INFO-END-DATE
4	MNGDCARE	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO (MCR00008)	NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE	1 Controlling Health Plan (CHP) ID 2 Subhealth Plan (SHP) ID 3 Other Entity Identifier (OEID)	NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-MCR00008	STATE-PLAN-ID-NUM NATIONAL-HEALTH-CARE-ENTITY-ID NATIONAL-HEALTH-CARE-ENTITY-NAME NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-EFF-DATE NATIONAL-HEALTH-CARE-ENTITY-ID-INFO-END-DATE
5	PROVIDER	PROV-LOCATION-AND-CONTACT-INFO (PRV00003)	ADDR-TYPE	1 Billing Provider 2 Provider Mailing 3 Provider Practice 4 Provider Service Location	PROV-LOCATION-AND-CONTACT-INFO-PRV00003	PROV-LOCATION-ID ADDR-LN1 ADDR-LN2 ADDR-LN3 ADDR-CITY ADDR-STATE ADDR-ZIP-CODE

	File Name	"Complex Qualifier Field" Information			Corresponding Data Elements To Be Populated	
		Record Segment	Data Element Name	Valid Values	Record Segment	Data Element Name
						ADDR-TELEPHONE ADDR-EMAIL ADDR-FAX-NUM ADDR-BORDER-STATE-IND ADDR-COUNTY PROV-LOCATION-AND-CONTACT-INFO-EFF-DATE PROV-LOCATION-AND-CONTACT-INFO-END-DATE
6	PROVIDER	PROV-LICENSING-INFO (PRV00004)	LICENSE-TYPE	1 State, county, or municipality professional or business license 2 DEA license 3 Professional society accreditation 4 CLIA accreditation 5 Other	PROV-LICENSING-INFO-PRV00004	LICENSE-OR-ACCREDITATION-NUMBER LICENSE-ISSUING-ENTITY-ID PROV-LICENSE-EFF-DATE PROV-LICENSE-END-DATE
7	PROVIDER	PROV-IDENTIFIERS (PRV00005)	PROV-IDENTIFIER-TYPE	1 State-specific Medicaid Provider ID 2 NPI 3 Medicare ID 4 NCPDP ID 5 Federal Tax ID 6 State Tax ID 7 SSN 8 Other	PROV-IDENTIFIERS-PRV00005	PROV-IDENTIFIER PROV-IDENTIFIER-ISSUING-ENTITY-ID PROV-IDENTIFIER-EFF-DATE PROV-IDENTIFIER-END-DATE
8	PROVIDER	PROV-TAXONOMY-CLASSIFICATION (PRV00006)	PROV-CLASSIFICATION-TYPE	1 Taxonomy code 2 Provider specialty code 3 Provider type code 4 Authorized category of service code	PROV-TAXONOMY-CLASSIFICATION-PRV00006	PROV-CLASSIFICATION-CODE PROV-TAXONOMY-CLASSIFICATION-EFF-DATE PROV-TAXONOMY-CLASSIFICATION-END-DATE

	File Name	"Complex Qualifier Field" Information			Corresponding Data Elements To Be Populated	
		Record Segment	Data Element Name	Valid Values	Record Segment	Data Element Name
9	PROVIDER	PROV-AFFILIATED-PROGRAMS PRV00009	AFFILIATED-PROGRAM-TYPE	1 Health Plan (NHP-ID) 2 Health Plan (state-assigned health plan ID) 3 Waiver 4 Health Home Entity 5 Other	PROV-AFFILIATED-PROGRAMS-PRV00009	AFFILIATED-PROGRAM-ID PROV-AFFILIATED-PROGRAM-EFF-DATE PROV-AFFILIATED-PROGRAM-END-DATE
10	TPL	TPL-ENTITY-CONTACT-INFORMATION (TPL00006)	TPL-ENTITY-ADDR-TYPE	06 TPL-Entity Corporate Location 07 TPL-Entity Mailing 08 TPL-Entity Satellite Location 09 TPL-Entity Billing 10 TPL-Entity Correspondence 11 TPL-Other	TPL-ENTITY-CONTACT-INFORMATION-TPL00006	INSURANCE-CARRIER-ADDR-LN1 INSURANCE-CARRIER-ADDR-LN2 INSURANCE-CARRIER-ADDR-LN3 INSURANCE-CARRIER-CITY INSURANCE-CARRIER-STATE INSURANCE-CARRIER-ZIP-CODE INSURANCE-CARRIER-PHONE-NUM INSURANCE-CARRIER-NAIC-CODE INSURANCE-CARRIER-NAME NATIONAL-HEALTH-CARE-ENTITY-ID-TYPE NATIONAL-HEALTH-CARE-ENTITY-ID NATIONAL-HEALTH-CARE-ENTITY-NAME TPL-ENTITY-CONTACT-INFO-EFF-DATE TPL-ENTITY-CONTACT-INFO-END-DATE