CENTER FOR HEALTH
INFORMATION AND ANALYSIS (CHIA)

CY2009-2013 INCURRED
ALL-PAYER CLAIMS DATABASE (MA APCD)
RELEASE 3.0 DOCUMENTATION GUIDE

- Benefit Plan Control File -

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Commonwealth of Massachusetts
Center for Health Information and Analysis
Áron Boros, Executive Director
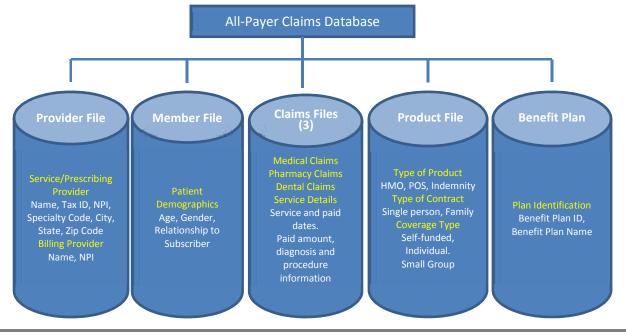
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INTRODUCTION

The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful data and analysis for those seeking to improve health care quality, affordability, access, and outcomes.

To this end, the **All-Payer Claims Database (MA APCD)** contributes to a deeper understanding of the Massachusetts health care delivery system by providing access to accurate and detailed claims-level data essential to improving quality, reducing costs, and promoting transparency. This document is provided as a manual to accompany the release of data from the MA APCD.

The **MA APCD** is comprised of **medical**, **pharmacy**, and **dental claims** and information from the **member eligibility**, **provider**, **product** and **benefit plan control** files, that are collected from health insurance payers operating in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as insured and self-insured plans.

MA APCD data collection and data release are governed by **regulations** which are available on the MA APCD website (see http://chiamass.gov/regulations/)

For ease of use, the Center for Health Information and Analysis (CHIA) has created separate documents for **each** APCD file type and one for the appendices—for a total of eight separate documents. All are available on the CHIA website.

Section 1.0: History

1.1: Establishment of the Massachusetts APCD (MA APCD)

The first efforts to collect claim-level detail from payers in Massachusetts began in 2006 when the Massachusetts Health Care Quality and Cost Council (HCQCC) was established, pursuant to legislation in 2006, to monitor the Commonwealth's health care system and disseminate cost and quality information to consumers. Initially, data was collected by a third party under contact to the HCQCC.   On July 1, 2009, the Division of Health Care Finance and Policy (DHCFP) assumed responsibility for receiving secure file transmissions, creating, maintaining and applying edit criteria, storing the edited data, and creating analytical public use files for the HCQCC. By July 2010, Regulations 114.5 CMR 21.00 and 114.5 CMR 22.00 became effective, establishing the APCD in Massachusetts.

Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation," created the Center for Health Information and Analysis (CHIA) which assumed many of the functions – including management of the MA APCD – that were previously performed by the Division of Health Care Finance and Policy (DHCFP).

According to Chapter 224, the purpose of the Massachusetts APCD is **Administrative Simplification:**

> "The center shall collect, store and maintain such data in a payer and provider claims database. The center shall acquire, retain and oversee all information technology, infrastructure, hardware, components, servers and employees necessary to carry out this section. All other agencies, authorities, councils, boards and commissions of the commonwealth seeking health care data that is collected under this section shall, whenever feasible, utilize the data before requesting data directly from health care providers and payers. In order to ensure patient data confidentiality, the center shall not contract or transfer the operation of the database or its functions to a third-party entity, nonprofit organization or governmental entity; provided, however, that the center may enter into interagency services agreements for transfer and use of the data. "

A Preliminary Release of the MA APCD – covering dates of service CY 2008-2010 and paid through February 28, 2011 – was first released in 2012. Release 3.0, to be available in early 2015, covers dates of service CY 2009-2013 (paid through June 30, 2014).

1.2: MA APCD Release 3.0 Overview

The **MA APCD** is comprised of data elements collected from **all Private and Public Payers** of eligible **Health Care Claims for Massachusetts Residents.** Data is collected in seven file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, **Provider (PV), and Benefit Plan (BP) Control**.   Each is described separately in this user manual.

Highlights of the release include:

- Data is available for dates of service from January 1, 2009 to December 31, 2013 as paid through June 2014. Data submitted to CHIA after June 2014 is **NOT** included in the files.
- Release 3.0 contains more comprehensive and recently updated data, including resubmissions from several large carriers.
- Data elements are classified as either Level 2 or Level 3 data elements. Level 2 include data elements that pose a risk of re-identification of an individual patient. Level 3 data elements are generally either Direct Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or are among the 18 identifiers specified by HIPAA. Refer to the **File Layout** sections for listings of Level 2 and Level 3 data elements for each file.
- Public Use Files (PUFs), which are de-identified extracts of the Medical Claims (MC) and Pharmacy Claims (PC) files, will be release separately. The PUFs incorporate certain levels of aggregation and a much more limited list of elements to help ensure data privacy protection.
- Certain identifying or sensitive data elements are **Masked** in the release in order to protect personally identifiable information and allow for the linkage of data elements within the same file.
- Some data elements have been derived by CHIA from submission data elements or have been added to the database to aid in versioning and identifying claims (e.g. Unique Record IDs and status flags). Refer to the **File Layout** sections for detail

Section 2.0: MA APCD Data Collection Process

The data collected from the payers for the MA APCD is processed by the **Data Compliance and Support** team. Data Compliance works with the payers to collect the data on a regular, predetermined, basis and ensure that the data is as complete and accurate as possible.   The **Data Quality Assurance** and **Data Standardization and Enhancement** teams work to clean and standardize the data to the fullest extent possible. Data Standardization relies on **external source codes** (see Appendix 8) from outside government agencies, medical and dental associations, and other vendors to ensure that the data collectors properly utilized codes and lookup tables to make data uniform.

2.1: Edits

When payers submit their data to CHIA for the MA APCD, an **Edits process** is run on each file to check that the data complies with requirements for the file and for each data element in the file.

The automated edits perform an important data quality check on incoming submissions from payers. They identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to CHIA and MA APCD users. Refer to the **File Layout** sections of each document to view the Edit Level for each Data Element:

- 'A' level fields must meet their **MA APCD threshold percentage** in order for a file to pass. There is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any 'A' level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action.
- The other categories (**B, C, and Z**) are also **monitored**, but the thresholds are not presently enforced.

More detailed APCD Version 3.0 File Edit documentation can be found at: http://chiamass.gov/apcd-data-submission-guides

2.2: Variances

The **Variance process** is a collaborative effort between the payer and CHIA to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the MA APCD standard. Payers are allowed to request a lower threshold for specific fields, but they must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA staff carefully reviews each request and follows up with a discussion with the payers about how to improve data quality, suggest alternative threshold rates or creating plans to reach threshold over time to improve reporting quality.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by CHIA liaisons and discussed with the payer for corrective action. (see Appendix 4)

2.3: Broad Caveats

Researchers using the MA APCD Release 3.0 data should be aware of the following:

- Due to the variance process, data quality may vary from one payer to another. (see Appendix 4)
- Claim Files submitted through June 2014 were accepted with relaxed edits. (Refer to the MA APCD Submission Guide for Edit information)
- The release files contain the data submitted to CHIA including valid and invalid values.
- Certain data elements were cleaned when necessary. Detail on the cleaning logic applied is described at the end of each file layout.
- Certain data elements were redacted to protect against disclosure of sensitive information.
- Some Release Data was manipulated to protect patient privacy:
  - Assignment of linkage IDs to replace reported linkage identifiers (see Appendix 3).
  - Member Birth Year is reported as 999 for all records where the member age was reported as older than 89 years on the date of service.
  - Member Birth Year is reported as Null for all records where the member was reported as older than 115 years on the date of service.

Section 3.0 Benefit Plan Control File

In connection with the Massachusetts Risk Adjustment program, a **Benefit Plan Control Total File (BP)** has been added to the MA APCD. All submitters participating in the **Massachusetts Risk Adjustment** program are required to submit a Benefit Plan Control Total File for their Risk Adjustment Covered Plans (RACPs). The Benefit Plan Control Total File requires data for all RACPs offered in Massachusetts. Submitters are not required to submit Benefit Plan Control Total File data for their Non-RACP plans.

3.1: Types of Data Collected in the Benefit Plan Control File:

3.1.1: Non-Massachusetts Residents

Under Administrative Bulletin 13-02, CHIA is reinstating the requirement that payers submitting claims and encounter data on behalf of an employer group submit claims and encounter data for employees who reside outside of Massachusetts.

CHIA requires data submission for employees that are based in Massachusetts whether the employer is based in MA or the employer has a site in Massachusetts that employs individuals. This requirement is for all payers that are licensed by the MA Division of Insurance, are involved in the MA Health Connector's Risk Adjustment Program, or are required by contract with the Group Insurance Commission to submit paid claims and encounter data for all Massachusetts residents, and all members of a Massachusetts employer group including those who reside outside of Massachusetts.

3.1.2: Submitter-Assigned Identifiers

CHIA requires various Submitter-assigned identifiers for linking to the other files. Some examples of these elements include the Benefit Plan Contract ID (BP001 and ME128). These elements are used by CHIA and the Health Connector to link members across different files, conduct all risk adjustment calculations and reporting to carriers. Failure to provide the proper identifiers will result in inaccurate risk adjustment funds transfers for the data submitter as well as all others subject to risk adjustment.

3.1.3: Control Total Data

CHIA requires control total data at the RACP level for claims and eligible members. The claim counts, member counts and dollar amounts should align to the detail claims submitted to the MA APCD, for the same reporting month for the RACP plans.

3.2: Benefit Plan Control File Structure:

The BP Detail Records are defined as one record per RACP Benefit Plan, per Month, for each Claim Type (Medical and Pharmacy). The MA APCD elements that have been added for this file are detailed further in **File Layout** section.

Topic	Clarification
Rows	- Each row, or Detail Record, contains the information for a unique **Benefit Plan Contract ID** and **Claim Type** (Medical or Pharmacy), within the Submission Period. - Each row also contains a provider's **begin and end date.** This information can be used to analyze data on providers, clinicians, hospitals, physician groups and integrated delivery systems. CHIA recognizes that information at this detailed level is necessary for aggregation and reporting for the Risk Adjustment Methodology.

3.3: Benefit Plan Control File Layout

Restricted Release Elements:

- Each **row** in the release file contains one record of the indicated file type. There is an **asterisk-delimited field** in each row for every data element listed in the Restricted Release sections for each file type.
- Data Elements will be delimited in the order displayed in the File Layout sections of this document.
- **Empty** or **null** data elements will have no spaces or characters between the asterisks.
- **Lookup Tables:** Have been moved within the structure of the Element description, similar to the MA APCD Submission Guide documentation.
- A **Carrier-Specific Master Lookup** table is included with each data extract. Refer to the **Carrier-Specific Reference** and **Linking** sections in this document for more information.
- **External Code Sources** are listed in Appendix 8.
- **Masked Elements:** For the Data Release, some of the data elements have been **Masked** to provide confidentiality for Payers and Providers, and individuals, while allowing for linkage between claims, files, and lookup tables. Refer to the **Data Protection/Confidentiality** and **Linkage** sections of the Appendices for more information.

3.3.1: Release Text File Column Titles

Release File Column Names included in this document lists the column name for each data element. As BP only has Level 3, it differs from other file types submitted by Payers. The text files exported from the MA APCD SQL Database include these SQL column names in the first row (see Appendix 6)

3.3.2: File Layout Section Columns

- **Data Element**: The code name of the element, with reference to the Regulation and the Submission files received by CHIA from Payers. The first two digits refer to the File Type and the following numbers to the ordering in the Submission Files.
- **Data Element Name**: Name of the element.
- **Format/Length:** Maximum Length of the data column in the MA APCD's SQL Server database at CHIA.
- **Description:** Description of the element; **additionally** the lookup table is included where applicable.
- **Additional Element Description:** Additional information about the element in the release.
- **Edit Level:** Level of enforcement of the data element's requirements by CHIA on Payer Submissions. Refer to the **Edits** section of this document.
- **%:** The expected percentage of validity for instances of the element in each submission file by the Payer.

	MA APCD Benefit Plan Control File – Level 3 Data Elements						
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	%	Edit Level
BP001	Benefit Plan Contract ID	varchar[30]	Benefit Plan ID	The Benefit Plan Contract ID is the issuer generated unique ID number for *each* benefit plan for which the issuer sets a premium in the Massachusetts merged (non-group/small group) market. This identifier is used to link this Benefit Plan line with its attributes to eligibility lines using MA APCD Member Eligibility file data element ME128 (Benefit Plan Contract ID).		100%	A0
BP002	Benefit Plan Name	varchar[70]	Submitter defined benefit plan name	A benefit plan refers to the health insurance services covered by a health insurance contract or "plan" and the financial terms of such coverage, including cost sharing and limitation of amounts of services. Risk scores are calculated at the benefit plan level by geographic rating area. Report a		100%	A0

MA APCD Benefit Plan Control File – Level 3 Data Elements							
Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	%	Edit Level
				unique name for every RACP Benefit Plan in a Carrier's system. For Benefit Plans with identical names, it is required that the Submitter add a refining 'element' to create unique Benefit Plan Names that align to unique Benefit Plan Contract ID Numbers. This refining element can be numeric, alpha or alpha-numeric.			
				Report every RACP Benefit Plan offered by the Issuer regardless of the number of members enrolled in that month.			
BP003	Actuarial Value	varchar[6]	Actuarial value for the benefit plan	Calculate using the Federal AV Calculator for the risk adjustment covered plan. Report the Actuarial Value of this plan as of the 15th of the month. Format used is 0.000. (e.g AV of 88.27689% shows as 0.8828.		100%	A0
BP004	Claim Type Qualifier	int[1]	Claim Type Identifier Code 1 - Medical Claim Reporting 2 - Pharmacy Claim Reporting	Report the value that defines the claim type for the control totals in BP005 – BP007. EXAMPLE: 1 = Medical Claim Reporting		100%	A0

3.3.3: Benefit Plan Control File Cleaning, Standardization, and Redaction

MA APCD Benefit Plan Control Cleaning Logic, by Element				
Element	**Data Element Name**	**Format/Length**	**Description**	**Cleaning Logic**
N/A				

MA APCD Benefit Plan Control File SSN Redaction, by Element			
Element	**Data Element Name**	**Format/Length**	**Description**
N/A			

MA APCD Benefit Plan Control File Reidentification, by Element			
Element	**Data Element Name**	**Format/Length**	**Description**
N/A			

Center for Health Information and Analysis

501 Boylston Street, Boston MA 02116

617-701-8100

www.chiamass.gov