**ADMINISTRATIVE BULLETIN 15-05**

**957 CMR 8.00: All Payer Claims Database (APCD) and Case Mix and Data Submission**

Effective March 31, 2015

The Center for Health Information and Analysis (Center) is issuing this Administrative Bulletin pursuant to 957 CMR 8.07(1) to notify Health Care Payers required to submit claims data to the Center in accordance with 957 CMR 8.00 of changes to the Massachusetts All-Payer Claims Database (MA APCD) file submission guidelines.

The Commonwealth’s Risk Adjustment program methodology, in accordance with U.S. Department of Health and Human Services requirements, must accommodate the filing of supplemental diagnosis codes by carriers. Collecting all relevant diagnoses for enrollees in risk adjustment covered plans is important to the accuracy of the risk adjustment program, both for purposes of data collection and data validation.   These supplemental diagnoses are not necessarily contained within a carrier’s claim adjudication process/system.  Therefore a separate filing has been developed to meet the federal requirement. This Administrative Bulletin allows for the submission of supplemental diagnoses in a separate file. Carriers may choose to use the Supplemental Diagnosis (SD) file or utilize the current medical claim file for submission of supplemental diagnoses. It is optional to submit a Supplemental Diagnosis file. Carriers who choose to submit supplemental diagnosis data through the standard medical claim file are not required to also file through the SD file.

The following table lists new data elements that must be submitted. Technical specifications for these fields are found within the File Submission Guides.

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| **Element** | **Data Element Name** | **Description** |
| SD001 | Submitter | CHIA defined and maintained unique identifier |
| SD002 | Payer Claim Control Number | Payer Claim Control Identification |
| SD003 | Line Counter | Incremental Line Counter |
| SD004 | Version Number | Claim Service Line Version Number |
| SD005 | Carrier Specific Unique Member ID | Member's Unique ID |
| SD006 | Date of Service - From | Date of Service |
| SD007 | Date of Service - To | Date of Service |
| SD008 | Service Provider Number | Service Provider Identification Number |
| SD009 | Type of Claim | Type of Claim Indicator |
| SD010 | Revenue Code | Revenue Code |
| SD011 | Procedure Code | HCPCS / CPT Code |
| SD012 | ICD-CM Primary Procedure Code | ICD Primary Procedure Code |
| SD013 | ICD Indicator | International Classification of Diseases version |
| SD014 | Diagnosis | ICD Diagnosis Code |
| SD015 | Add/Delete Indicator | Add/Delete Indicator |