**ADMINISTRATIVE BULLETIN 15-08**

**957 CMR 8.00: All Payer Claims Data and Case Mix Data Submission**

Effective September 10, 2015

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

Due to the complexities of the MassHealth system and in order to promote transparency and ensure MassHealth data is represented in the statewide health care narrative, the MA APCD shall accommodate the filing of a separate MassHealth Enhanced Eligibility file. MassHealth covers a population different from commercial payers, and includes as benefits certain services not commonly covered in the commercial arena (e.g., long term services and supports, Primary Care Clinician (PCC) Plan and Managed Care Organization (MCO) enrollees, disabled members, dually eligible (Duals) for Medicare and Medicaid, Senior Duals, residents in Long Term Care (LTC) facilities, and the remaining Fee for Service (FFS) population). This additional file will combine Medicaid Management Information System (MMIS) eligibility, managed care enrollment, LTC residency, Medicare eligibility and other member information into a single analytic resource, with non-overlapping effective dates, such that a comprehensive view of a member on any given day can be easily determined. The Enhanced Eligibility file is a critical data source for essentially all MassHealth data reporting in the health care arena.

The following table lists new data elements that must be submitted.

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| **Field Name** | **Functional Name** |
| ADR\_MAIL\_ZIP | Member mailing zip code |
| ADR\_MAIL\_ZIP\_DSP | Member mailing zip code formatted |
| CDE\_AGE\_GROUP | Age Group |
| CDE\_AID\_CATEGORY | Richest MassHealth Aid Category |
| CDE\_AID\_CATEGORY\_BH | Behavioral Health Aid Category |
| CDE\_AID\_CATEGORY\_MC | Managed Care Aid Category |
| CDE\_BH\_ENROLL | Behavioral Health Plan Assignment |
| CDE\_BH\_ENROLL\_L2 | Behavioral Health Plan Assignment Detail |
| CDE\_BUDGET\_GROUP | Budget Group |
| CDE\_DISABILITY | Disability Code |
| CDE\_HCB\_WAIVER | Home and Community Based Waiver Code |
| CDE\_MANAGED\_CARE\_PLAN | Managed Care Plan Code |
| CDE\_MANAGED\_CARE\_PLAN\_L2 | Managed Care Plan Code Detail |
| CDE\_MH\_PLAN | Managed Care Plan/Provider Type Code |
| CDE\_PCT\_INCOME\_FPL | Federal Poverty Level Group |
| CDE\_PGM\_HEALTH | Benefit Plan |
| CDE\_PGM\_HEALTH\_BH | Behavioral Health Assignment Plan |
| CDE\_PGM\_HEALTH\_MC | Managed Care Assignment Plan |
| CDE\_PROV\_TYPE\_BH | Behavioral Health Provider Type |
| CDE\_PROV\_TYPE\_LTC | Long Term Care Provider Type |
| CDE\_PROV\_TYPE\_MCO | Managed Care Provider Type |
| CDE\_PROV\_TYPE\_PCC | Primary Care Clinician Provider Type |
| CDE\_RATE\_CELL\_BH | Behavioral Health Enrollment Rate Cell |
| CDE\_RATE\_CELL\_MCO | Managed Care Enrollment Rate Cell |
| CDE\_SCHIP\_TYPE | State Children's Health Insurance Program Code |
| CDE\_TPL\_STATUS | Member Third Party Liability Status |
| CDE\_WAIVER\_CATEGORY | Waiver Category |
| CDE\_WAIVER\_FLG | Waiver Eligibility Flag |
| COVERAGE\_CATEGORY | Third Party Liability Coverage Category |
| DTE\_EFFECTIVE | Segment Effective Date |
| DTE\_END | Segment End Date |
| ID\_MEDICAID | Member MassHealth ID |
| IND\_ACTIVE | Member Active Flag |
| IND\_AID\_DISABLED | Disability Aid Category Flag |
| IND\_AID\_SSI | SSI (Aged and Disabled) Aid Category Flag |
| IND\_COMMONHLTH\_NON\_WORKING | CommonHealth Non-Working Aid Category Flag |
| IND\_COMMONHLTH\_WORKING | CommonHealth Working Aid Category Flag |
| IND\_COMMONWEALTH\_CARE | Commonwealth Care Aid Category Flag |
| IND\_HEALTH\_SAFETY\_NET | Health Safety Net Flag |
| IND\_KALEIGH\_DISABLED | Kaleigh Mulligan Based Aid Category Flag |
| IND\_LTC\_FACILITY | Long Term Care Eligibility Flag |
| IND\_MANAGED\_CARE\_ELIGIBLE | Managed Care Eligibility Flag |
| IND\_MCE\_AID\_CATEGORY | Managed Care Eligibility/Aid Category Flag |
| IND\_MEDICARE\_A | Medicare Part A Coverage Flag |
| IND\_MEDICARE\_B | Medicare Part B Coverage Flag |
| IND\_MEDICARE\_C | Medicare Outpatient Coverage Flag |
| IND\_MEDICARE\_D | Medicare Part D Coverage Flag |
| IND\_MEDICARE\_H | Medicare Home Health Coverage Flag |
| IND\_MFP | ‘Money Follows the Person’ Program Flag |
| IND\_PACE\_ENROLLED | Program All-Inclusive Care for the Elderly Enrollment Flag |
| IND\_PHARMACY\_COVERAGE | Pharmacy Third Party Liability Coverage Flag |
| IND\_PREGNANCY | Pregnancy Indicator Flag |
| IND\_SCO | Senior Care Option Enrollment Flag |
| IND\_WAIVER\_ELIG | Waiver Eligibility Flag |
| NUM\_DAYS\_ELIGIBLE | Number of Eligibility Days in segment |
| PCT\_INCOME\_FPL | Federal Poverty Level Income Percent |
| ID\_PROVIDER\_LOCATION\_MCO | Managed Care Entity Provider ID |
| ID\_PROVIDER\_LOCATION\_PCC | Primary Care Clinician Provider ID |
| ID\_PROVIDER\_LOCATION\_BH | Behavioral Health Provider ID |
| ID\_PROVIDER\_LOCATION\_LTC | Long Term Care Provider ID |
| DTE\_BIRTH | Member Date of Birth |
| DTE\_DEATH | Member Date of Death |
| CDE\_SEX | Member Gender Code |
| CDE\_ETHNIC | Member Ethnicity Code |
| CDE\_HOMELESS | Member Homeless Indicator Code |
| CDE\_MARITAL | Member Marital Status Code |
| CDE\_PRIMARY\_LANG | Member Primary Language Code |
| CDE\_RACE | Member Race Code |