**ADMINISTRATIVE BULLETIN 14-08**

**957 CMR 8.00: APCD and Case Mix Data Submission**

Effective October 30, 2014

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 All-Payer Claims Database (APCD) file submission guidelines.

To further Administrative Simplification, the Center is requiring that payers submit membership, claims and encounter data for all members where the “situs” of the insurance contract or product is Massachusetts regardless of residence or employer; or where the location of the employer that signed the contract is in Massachusetts.

The following table lists new data elements that must be submitted. Technical specifications for these fields are found within the File Submission Guides. Further, some previously required data elements are changing to “Filler” fields and will no longer require any data submission.

|  |  |  |
| --- | --- | --- |
| **Element** | **Element Name** | **Description, Usage or Guideline Change** |
| MC019 | Admission Hour | Filler – No Input |
| MC022 | Discharge Hour | Filler – No Input |
| MC073 | APC | Filler – No Input |
| MC074 | APC Version | Filler – No Input |
| MC117 | Authorization Needed | Filler – No Input |
| MC242 | National Provider ID – Plan Rendering | National Provider Identification (NPI) of the Plan Rendering Provider |
| MC243 | Benefit Plan Contract ID | Identifier for the benefit plan the member is enrolled in that covers this claim |
| MC244 | Claim Line Paid Flag | Claim Line Paid Indicator |
| MC245 | Type of Facility | Type of Facility Indicator |
| PC121 | Claim Line Paid Flag | Claim Line Paid Indicator |
| DC068 | Claim Line Paid Flag | Claim Line Paid Indicator |
| ME023 | Other Race | Filler – No Input |
| ME135 | MassHealth Aid Category | MassHealth Aid Category |
| PV047 | Uses Electronic Health Records | Filler – No Input |
| PV048 | EHR Vendor | Filler – No Input |
| PV050 | Offers e-Visits | Filler – No Input |
| PV065 | Disbursement Code | MassHealth Disbursement Code |
| PR018 | Situs | State/Province of the situs of the Product |
| BP008 | Benefit Plan Start Date | Benefit Plan Start Date |
| BP009 | Benefit Plan End Date | Benefit Plan End Date |

The following table lists general changes and updates to be made to file types:

|  |  |
| --- | --- |
| **ACTION** | **NARRATIVE** |
| Reset Length | Set length of certain elements to accommodate increase in length. |
| Update Lookup Tables | Add additional values to lookup tables to account for carrier needs. |
| Update Category/Threshold Requirements | Category and Threshold Updates were made to certain elements such as National Provider IDs and the Purchased Through the Exchange Flag. Details listed with Submission Guides. |
| Update Conditional Requirements | Update conditional requirements to more accurately reflect carrier business practices and MA APCD needs. |
| Update Submission Guide Narrative | Add clarity to Submission Guidelines |