

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

TWO BOYLSTON STREET
BOSTON, MA 02116

T 617.988.3100
F 617.727.7662

www.mass.gov/chia