

Getting Started with the Massachusetts All-Payer Claims Database (MA APCD): Frequently Asked Questions

1. Q: How many file types are currently available in the MA APCD Release 3.0? What are the contents of each file type?

A: There are seven file types available in the MA APCD: Product, Dental Claims, Medical Claims, Member Eligibility, Pharmacy Claims, Provider, and Benefit Plan. A short description for each file type is below.

- Product File (PR): describes the insurance products and benefit plans, and uses industry-standard definitions.
- Dental Claims (DC): contains claim-line data on the service provider, patient, procedure(s), and payment information.
- Medical Claim (MC): contains claim-line data on the patient, service provider, procedure(s), diagnostic code(s), and payment information.
- Member Eligibility (ME): contains member-level data on benefit status, coverage, demographic information and product enrollment dates.
- Pharmacy Claim (PC): contains data on patients, date, type and quantity of filled prescriptions as well as payment and prescribing physician information.
- Provider File (PV): contains data on the servicing provider or facility, including demographics, specialty, and affiliation.
- Benefit Plan Control File (BP): contains data on the Risk Adjustment Covered Plans (RACP). There is one record per RACP Benefit Plan, per month, for each claim type (medical and pharmacy).

2. Q: How many years are currently available in the MA APCD Release 3.0? And what is the average size for a year of data?

A: MA APCD data are available for the years 2009-2013 (paid through June 30, 2014); the average size for a year of data for **Release 2.1** data requests granted in 2014 was 254 GB. (**Note:** the file size will vary *considerably* depending on the file types and number of data elements requested. The Medical Claims File also accounts for approximately 50% of the average file size. **The data request size for Release 3.0 will increase.**)

3. Q: How many payers are participating in MA APCD? Which payers are required to submit data, and which are excluded?

A: The MA APCD includes data on coverage and services for the vast majority of Massachusetts residents with public or private insurance. Although more than 100 payers submit data to the APCD, MassHealth and the following 15 private payers represent about 95% of the data for the Medical Claims File.:

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|-------------------------------------------|--------------------------------------------|----------------------------|
| • Aetna | • ConnectiCare of MA. | • Neighborhood Health Plan |
| • Blue Cross Blue Shield of Massachusetts | • Fallon Community Health Plan | • Network Health |
| • Boston Medical Center HealthNet Plan | • Fallon Health and Life Assurance Company | • Tufts Health Plan |
| • Celticare Health Plan of MA | • Harvard Pilgrim Health Care | • UnitedHealthCare |
| • CIGNA | • Health New England | • WellPoint/UniCare |

The following types of coverage are excluded from the MA APCD:

- Workers' Compensation
- TRICARE and the Veterans Health Administration
- Federal Employees Health Benefit Plan
- Very small private insurers with under 1,000 lives
- Information on uninsured individuals not enrolled in the Commonwealth's Health Safety Net.

MassHealth and the Health Safety Net claims are included in the MA APCD as are Medicare Advantage claims. Medicare Fee for Service is also included in the MA APCD, but release is limited to Massachusetts State Agencies.

4. Q: Data in the MA APCD is at the claim line level. Is there a way to “roll claim-lines up” so that analysis can be done on the “highest version”? A: MA APCD Release 3.0 contains flags showing the “highest version” of claims for the top 10 carriers in the Medical Claims file; these carriers constitute 90% of the claim volume. Additionally, Release 3.0 contains flags for the top 4 carriers in the Pharmacy Claims file. Version flags indicate whether a claim line is the latest version of the data; as a result, versioning is extremely important in analyses. Not using the highest version of a claim line will potentially yield duplicate counts of patient services and inaccuracies in calculating final adjudicated payments.