



The Commonwealth of Massachusetts
Center for Health Information and Analysis

**The Massachusetts
All-Payer Claims Database
Benefit Plan Control Total File
Submission Guide**

February 2017

Charles Baker, Governor
Commonwealth of Massachusetts

Ray Campbell, Executive Director
Center for Health Information and Analysis

MA APCD Benefit Plan Control Total File Submission Guide

Revision History

| Date | Version | Description | Author |
|-------------------|----------------|--|-----------------|
| 6/7/13 | 1.0 | First Draft | K. Hines |
| 6/20/13 | 3.1 | Final Version | K. Hines |
| 10/30/2014 | 4.0 | Administrative Bulletin 14-08 | K. Hines |
| 2/2016 | 5.0 | Administrative Bulletin 16-03 | K. Hines |
| 2/2016 | 5.0 | Update Cover Sheet, CHIA website and address | K. Hines |
| 2/2016 | 5.0 | Update APCD Version Number – HD009 – to 5.0 | K. Hines |
| 2/17 | 6.0 | Initial 6.0 Updates] | K. Hines |

MA APCD Benefit Plan Control Total File Submission Guide

Table of Contents

| | |
|--|----|
| Introduction | 4 |
| 957 CMR 8.00: APCD and Case Mix Data Submission | 5 |
| Patient Identifying Information | 5 |
| The File Types:..... | 6 |
| Benefit Plan Control Total File for Risk Adjustment Covered Plans (RACPs) | 7 |
| Types of Data collected in Benefit Plan Control Total File | 9 |
| Non-Massachusetts Resident | 9 |
| Submitter-Assigned Identifiers | 9 |
| Control Total Data | 9 |
| Risk Adjustment Covered Plan | 9 |
| Guidance Regarding Reporting Risk Adjustment Covered Plans (RACPs) for State-Subsidized Coverage for 2013 Benefit Plans..... | 10 |
| Additional Information..... | 13 |
| File Guideline and Layout..... | 14 |
| Legend..... | 14 |

MA APCD Benefit Plan Control Total File Submission Guide

Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims. Using its broad statutory authority to collect, store and maintain health care information in a payer and provider claims database pursuant to M.G.L. c. 12C, the Center for Health Information and Analysis (CHIA) has adopted regulations to collect medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured (where allowed), Medicare, Medicaid and Supplemental Policy data which CHIA stores in a comprehensive All Payer Claims Database (APCD). CHIA serves as the Commonwealth's primary hub for health care data and a primary source of health care analytics that support policy development. In cooperation with the Health Connector and in support of administrative simplification, this document intends to provide further clarifications on the Benefit Plan Control Total File, which was required in the April 2013 Supplemental Filing and became part of the standard MA APCD data submission starting November, 2013. The Benefit Plan Control Total File is only required to be submitted for Risk Adjustment Covered Plans (RACPs), i.e., those benefit plans that are subject to risk adjustment.

Risk adjustment is a permanent risk mitigation program under the provision of the Patient Protection and Accountable Care Act (ACA). The Massachusetts Commonwealth Health Insurance Connector Authority (Health Connector) is the designated administrator of the Commonwealth's risk adjustment program. In the Massachusetts Notice of Benefit and Payment Parameters published in April, 2013, the Health Connector announced that it will work with CHIA to use the MA APCD for risk adjustment data collection. CHIA, in collaboration with the Health Connector, has amended the MA APCD data submission requirements through a number of official publications since Fall 2012, with the intent of collecting all necessary data for the Health Connector to conduct risk adjustment calculations.

To facilitate communication and collaboration, CHIA maintains a dedicated MA APCD website (<http://www.chiamass.gov/apcd-information-for-data-submitters/>) with resources including the submission and release regulations, Administrative Bulletins, the technical submission guide with examples, and support documentation. These resources will be periodically updated with materials and the CHIA staff will continue to work with all affected submitters to ensure full compliance with the regulation.

We welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications we encourage you to utilize the online resources and reach out to our staff for any further questions.

Thank you for your partnership with CHIA on the MA APCD.

MA APCD Benefit Plan Control Total File Submission Guide

957 CMR 8.00: APCD and Case Mix Data Submission

957 CMR 8.00 governs the reporting requirements regarding health care data and information that health care Payers and Hospitals must submit pursuant to M.G.L. c. 12C in connection with the APCD and the Acute Hospital Case Mix and Charge Data Databases. The regulation establishes the data submission requirements for the health care claims data and health plan information that Payers must submit, and the procedures and timeframe for submitting such health care data and information. CHIA collects data essential for the continued monitoring of health care cost trends, minimizes the duplication of data submissions by payers to state entities, and promotes administrative simplification among state entities in Massachusetts.

Except as specifically provided otherwise by CHIA or under Chapter 12C, claims data collected by CHIA for the APCD is not a public record under clause Twenty-sixth of section 7 of chapter 4 or under chapter 66. . No public disclosure of any health plan information or data shall be made unless specifically authorized under 957 CMR 5.00. CHIA developed the data release procedures defined in CHIA regulations to ensure that the release of data is in the public interest, as well as consistent with Federal and State patient privacy and data security laws.

Patient Identifying Information

No patient identifying information may be included in any fields not specifically instructed as such within the element name, description and submission guideline outlined in this document. Patient identifying information includes name, address, social security number and similar information by which the identity of a patient can be readily determined.

MA APCD Benefit Plan Control Total File Submission Guide

Acronyms Frequently Used

APCD – All-Payer Claims Database
AV – Actuarial Value
AWSS - Aliens with Special Status
CHIA – Center for Health Information and Analysis
CSO – Computer Services Organization
DBA – Delegated Benefit Administrator
DBM – Dental Benefit Manager
DOI – Division of Insurance
GIC – Group Insurance Commission
ID – Identification; Identifier
MA APCD – Massachusetts’ All-Payer Claims Database
Non-AWSS - Non-Aliens with Special Status
PBM – Pharmacy Benefit Manager
QA – Quality Assurance
RA – Risk Adjustment; Risk Adjuster
RACP – Risk Adjustment Covered Plan
TME / RP – Total Medical Expense / Relative Pricing
TPA – Third Party Administrator

The File Types:

DC – Dental Claims
MC – Medical Claims
ME – Member Eligibility
PC – Pharmacy Claims
PR – Product File
PV – Provider File
BP – Benefit Plan Control Total File
SD – Supplemental Diagnosis Code File (Connector Risk Adjustment plans only)

MA APCD Benefit Plan Control Total File Submission Guide

Benefit Plan Control Total File for Risk Adjustment Covered Plans (RACPs)

In connection with the Massachusetts Risk Adjustment program, a **Benefit Plan Control Total File (BP)** has been added to the MA APCD. All submitters participating in the **Massachusetts Risk Adjustment** program are required to submit a Benefit Plan Control Total File for their Risk Adjustment Covered Plans (RACPs). The Benefit Plan Control Total File requires data for all RACPs offered in Massachusetts. Submitters are not required to submit Benefit Plan Control Total File data for their Non-RACP plans.

Failures to correctly identify benefit plans subject to risk adjustment and errors in file submissions will impact the integrity of the Commonwealth's risk adjustment program. It not only affects the data submitter's own risk adjustment funds transfer, premium development, and medical loss ratio calculations, etc., it also affects all other carriers with RACP plans.

The Benefit Plan Control Total file (BP) shall be submitted monthly to capture the attributes necessary for linking to the monthly Eligibility and Claims Files. It should contain records for each RACP offered by the Issuer.

The BP Detail Records are defined as one record per RACP Benefit Plan, per Month, for each Claim Type (Medical and Pharmacy). The MA APCD elements that have been added for this file are detailed below in **File Guidelines and Layout**.

Below are additional details and clarifications:

| Specification Question | Clarification | Rationale |
|--------------------------------------|--|--|
| What is the frequency of submission? | BP files must be submitted monthly for all RACP Benefit Plans. | CHIA requires monthly files to capture the attributes necessary for linking RACPs and RACP Control Totals to the Medical Claim, Pharmacy Claim, and Member Eligibility Files coming in on the same schedule. |

MA APCD Benefit Plan Control Total File Submission Guide

| Specification Question | Clarification | Rationale |
|---|---|--|
| What is the format of the file? | Each submission must start with a Header Record and end with a Trailer Record to define the contents of the data within the submission. Each Detail Record must contain elements in an asterisk delimited format. | The Header and Trailer Records help to determine period-specific editing and create an intake control for quality. The asterisk is an inherited symbol from previous filings that submitters had already coded their systems to compile for previous version of the MA APCD. |
| What does each row in a file represent? | Each row, or Detail Record, contains the information for a unique Benefit Plan Contract ID and Claim Type (Medical or Pharmacy), within the Submission Period. | CHIA recognizes that information at this detailed level is necessary for aggregation and reporting for the Risk Adjustment Methodology. |
| How are the control totals used? | CHIA and the Health Connector expect the control totals to tie out to the monthly medical, pharmacy and eligibility submission by benefit plan. So, for example, in the October 2014 Benefit Plan file, the dollars and claim lines associated with Benefit Plan X would closely match the sum of the dollars and claim lines for that benefit plan found in the October 2014 Medical Claim file as being paid in October 2014. CHIA and the Health Connector will perform analysis to validate this match. | CHIA recognizes that information at this detailed level is necessary for aggregation and reporting for the Risk Adjustment Methodology. |

MA APCD Benefit Plan Control Total File Submission Guide

Types of Data collected in Benefit Plan Control Total File

Non-Massachusetts Resident

CHIA requires that payers submitting claims and encounter data on behalf of an employer group submit claims and encounter data for employees who reside outside of Massachusetts.

CHIA requires data submission for employees that are based in Massachusetts whether the employer is based in MA or the employer has a site in Massachusetts that employs individuals. This requirement is for all payers that are licensed by the MA Division of Insurance, are involved in the MA Health Connector's Risk Adjustment Program, or are required by contract with the Group Insurance Commission to submit paid claims and encounter data for all Massachusetts residents, and all members of a Massachusetts employer group including those who reside outside of Massachusetts.

For payers reporting to the MA Division of Insurance, CHIA requires data submission for all members where the "situs" of the insurance contract or product is Massachusetts regardless of residence or employer (or the location of the employer that signed the contract is in Massachusetts).

Submitter-Assigned Identifiers

CHIA requires various Submitter-assigned identifiers for linking to the other files. Some examples of these elements include the Benefit Plan Contract ID (BP001 and ME128). These elements will be used by CHIA and the Health Connector to link members across different files, conduct all risk adjustment calculations and reporting to carriers. Failure to provide the proper identifiers will result in inaccurate risk adjustment funds transfers for the data submitter as well as all others subject to risk adjustment.

Control Total Data

CHIA requires control total data at the RACP level for claims and eligible members. The claim counts, member counts and dollar amounts should align to the detail claims submitted to the MA APCD, for the same reporting month.

Risk Adjustment Covered Plan

The Patient Protection and Affordable Care Act's (ACA's) Risk Adjustment program is intended to encourage insurers to compete based on their plans' value and efficiency rather than by attracting healthier enrollees by transferring funds from plans with lower-risk enrollees to plans with higher-risk enrollees. States operating an exchange have the option to either establish their own State-run Risk Adjustment program or allow the Federal government to run the program. Massachusetts operates its own Risk Adjustment program, which will end in 2017.

The Risk Adjustment program does not apply to all plans. As such, this section clarifies which plans are subject to the Risk Adjustment program. The Federal Risk Adjustment program applies to plans in the

MA APCD Benefit Plan Control Total File Submission Guide

individual and small group insurance markets, both inside and outside of the exchanges, with some exceptions, including:

- Grandfathered health plans;
- HIPAA excepted benefits;
- Student health plans; and
- Plans not yet subject to the ACA's market reforms or essential health benefit requirements.¹

A State risk adjustment methodology could (subject to Federal approval) take a different approach to applicability—either by including plans that are exempt under the Federal methodology or by excluding additional plans. The Commonwealth is not contemplating making any modifications to applicability in this regard.

Guidance Regarding Reporting Risk Adjustment Covered Plans (RACPs) for State-Subsidized Coverage for 2013 Benefit Plans

As of January 1st 2014, the subsidized coverage programs in Massachusetts began to transition in accordance with the Affordable Care Act to a different structure. Many of those that were covered under the Commonwealth Care program and Medical Security program moved into the merged market plans- many of which are Risk Adjustment Covered Plans.

To support quarterly reporting, we asked that carriers manually populate a few data elements for the **Commonwealth Care Program** and **Medical Security Program** for the period between the effective date of this notice and January 1, 2014. This allows the Health Connector to identify members currently on subsidized insurance and their corresponding plan AV. It will help ensure a smooth operation in quarterly risk adjustment reports to carriers, which as of April, 2014 are based on rolling 12-month data. Below we provide specific instructions for coding both the Benefit Plan Contract ID and AV for the Commonwealth Care and Medical Security Program members.

We ask that carriers who participate in the Commonwealth Care and Medical Security Programs use the values in Table 1 below to report Benefit Contract Plan ID for Commonwealth Care and Medical Security Program members (ME128 and BP001) and AV (ME120 and BP003) for these same members.

¹ For more information, please see the *Commonwealth of Massachusetts Notice of Benefit and Payment Parameters 2014*, available at https://www.mahealthconnector.org/wp-content/uploads/reports-and-publications/Risk_Adjustment/MANoticeofBenefitPaymentParameters.pdf.

MA APCD Benefit Plan Control Total File Submission Guide

MA APCD Benefit Plan Control Total File Submission Guide

Table 1: Benefit Plan Contract ID and corresponding Actuarial Value for Commonwealth Care and Medical Security coverage programs

Commonwealth Care

| Benefit Plan Contract Type | FPL (%) | Commonwealth Care Benefit Plan Contract ID | Actuarial Value (using the Federal AV Calculator) |
|----------------------------|---------------|--|---|
| Non-AWSS Plan Type 1 | 0% - 100% | CN100 | 0.9962 |
| Non-AWSS Plan Type 2a | 100.1% - 150% | CN210 | 0.9503 |
| Non-AWSS Plan Type 2b | 150.1% - 200% | CN220 | 0.9503 |
| Non-AWSS Plan Type 3a | 200.1% - 250% | CN310 | 0.9253 |
| Non-AWSS Plan Type 3b | 250.1% - 300% | CN320 | 0.9253 |
| AWSS Plan Type 1 | 0% - 100% | CA100 | 0.9962 |
| AWSS Plan Type 2a | 100.1% - 150% | CA210 | 0.9503 |
| AWSS Plan Type 2b | 150.1% - 200% | CA220 | 0.9503 |
| AWSS Plan Type 3a | 200.1% - 250% | CA310 | 0.9253 |
| AWSS Plan Type 3b | 250.1% - 300% | CA320 | 0.9253 |

Medical Security Plan (MSP)

| Benefit Plan Contract Type | FPL (%) | Medical Security Plan Benefit Plan Contract ID | Actuarial Value (using the Federal AV Calculator) |
|----------------------------|---------------|--|---|
| Non-AWSS Plan Type 1 | 0% - 100% | MN100 | 0.9962 |
| Non-AWSS Plan Type 2a | 100.1% - 150% | MN210 | 0.9503 |
| Non-AWSS Plan Type 2b | 150.1% - 200% | MN220 | 0.9503 |
| Non-AWSS Plan Type 3a | 200.1% - 250% | MN310 | 0.9253 |
| Non-AWSS Plan Type 3b | 250.1% - 300% | MN320 | 0.9253 |
| AWSS Plan Type 1 | 0% - 100% | MA100 | 0.9962 |
| AWSS Plan Type 2a | 100.1% - 150% | MA210 | 0.9503 |
| AWSS Plan Type 2b | 150.1% - 200% | MA220 | 0.9503 |
| AWSS Plan Type 3a | 200.1% - 250% | MA310 | 0.9253 |
| AWSS Plan Type 3b | 250.1% - 300% | MA320 | 0.9253 |

Please note: AWSS indicates Aliens with Special Status; Non-AWSS indicates Non-Aliens with Special Status.

MA APCD Benefit Plan Control Total File Submission Guide

Since the Commonwealth Care program extension ended in early 2015, carriers with applicable QHPs in ConnectorCare are expected to use the following Benefit Plan IDs and corresponding Actuarial Values. Carriers covering American Indian/American Native tribal members shall indicate 100% Actuarial Value (ME120) in the Member Eligibility File for these members.

| ConnectorCare Plan Type | FPL (%) | ConnectorCare Benefit Plan Contract ID | Actuarial Value (after Federal and State CSR) | |
|-------------------------|------------|--|---|---------------------------------|
| | | | Non American Indian/American Native | American Indian/American Native |
| Plan 1 | 0-100% | CC100 | 99.6% | 100% |
| Plan 2A | 100.1-150% | CC210 | 95.0% | 100% |
| Plan 2B | 150.1-200% | CC220 | 95.0% | 100% |
| Plan 3A | 200.1-250% | CC310 | 92.5% | 100% |
| Plan 3B | 250.1-300% | CC320 | 92.5% | 100% |

Additional Information

For additional information regarding the Massachusetts Alternative Risk Adjustment Program, please refer to the Massachusetts Notice of Benefit and Payment Parameters for the 2014 Benefit Year on the Health Connector's website:

<https://www.mahealthconnector.org/>.

MA APCD Benefit Plan Control Total File Submission Guide

File Guideline and Layout

Legend

1. File: Identifies the file per element as well as the Header and Trailer Records that repeat on all MA APCD File Types. Headers and Trailers are Mandatory as a whole, with just a few elements allowing situational reporting.
2. Col: Identifies the column the data resides in when reported
3. Elmt: This is the number of the element in regards to the file type
4. Data Element Name: Provides identification of basic data required
5. Date Modified: Identifies the last date that an element was adjusted
6. Type: Defines the data as Decimal, Integer, Numeric or Text. Additional information provided for identification, e.g., Date Period – Integer
7. Type Description: Used to group like-items together for quick identification
8. Format / Length: Defines both the reporting length and element min/max requirements. See below:
 - a. char[n] – this is a fixed length element of [n] characters, cannot report below or above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
 - b. varchar[n] – this is a variable length field of max [n] characters, cannot report above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.
 - c. int[n] – this is a fixed type and length element of [n] for numeric reporting only. This cannot be anything but numeric with no decimal points or leading zeros.

The plus/minus symbol (\pm) in front on any of the Formats above indicate that a negative can be submitted in the element under specific conditions.

Example: When the Claim Line Type (MC138) = V (void) or B (backout) then certain claim values can be negative.

9. Description: Short description that defines the data expected in the element
10. Element Submission Guideline: Provides detailed information regarding the data required as well as constraints, exceptions and examples.
11. Condition: Provides the condition for reporting the given data
12. %: Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.

MA APCD Benefit Plan Control Total File Submission Guide

13. Cat: Provides the category or tiering of elements and reporting margins where applicable. 'A' level fields must meet their APCD threshold percentage in order for a file to pass. The other categories (B, C, Z) are also monitored but will not cause a file to fail. Header and Trailer Mandatory element errors will cause a file to drop. Where elements have a conditional requirement, percentages are applied to the number of records that meet the condition.

HM = Mandatory Header element; HS = Situational Header element; HO = Optional Header element; A0 = Data is required to be valid per Conditions and must meet threshold percent with 0% variation; A1= Data is required to be valid per Conditions and must meet threshold percent with no more than 1% variation; A2 = Data is required to be valid per Conditions and must meet threshold percent with no more than 2% variation; B and C = Data is requested and errors are reported, but will not cause a file to fail; Z = Data is not required; TM = Mandatory Trailer element; TS = Situational Trailer element; TO = Optional Trailer element.

Elements that are highlighted indicate that a MA APCD lookup table is present and contains valid values expected in the element. In very few cases, there is a combination of a MA APCD lookup table and an External Code Source or Carrier Defined Table, these maintain the highlight.

It is important to note that Type, Format/Length, Condition, Threshold and Category are considered as a suite of requirements that the intake edits are built around to insure compliance, continuity and quality. This insures that the data can be standardized at other levels for greater understanding of healthcare utilization.

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|-------|-----------------------|---------------|-----------------------|-----------------------------|-----------------|---|---|-----------|------|-----|
| | 1 | HD001 | Type of File | 5/9/13 | Text | ID Record | char[2] | Defines the file type and data expected. | Report BP here. Indicates that the data within this file is expected to be BENEFIT PLAN-based. This must match the File Type reported in TR001. | Mandatory | 100% | HM |
| | 2 | HD002 | Submitter | 5/9/13 | Integer | ID OrgID | varchar[6] | Header Submitter / Carrier ID defined by CHIA | Report the CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here. | Mandatory | 100% | HM |
| | 3 | HD003 | Period Beginning Date | 5/9/13 | Date Period - Integer | Century Year Month - CCYMMM | Int[6] | Header Period Start Date | Report the Year and Month of the reported submission period in CCYMMM format. This date period must be repeated in HD004, TR005 and TR006. This same date must be selected in the upload application for successful transfer. | Mandatory | 100% | HM |

MA APCD Benefit Plan Control Total File Submission Guide

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|-------|---------------------|---------------|-----------------------|-----------------------------|-----------------|--------------------------|--|-----------|------|-----|
| BP | 4 | HD004 | Period Ending Date | 5/9/13 | Date Period - Integer | Century Year Month - CCYMMM | Int[6] | Header Period End Date | Report the Year and Month of the reported submission period in CCYMMM format. This date period must be repeated in HD003, TR005 and TR006. This same date must be selected in the upload application for successful transfer. | Mandatory | 100% | HM |
| BP | 5 | HD005 | APCD Version Number | 2/2016 | Decimal - Numeric | ID Version | Char[3] | Submission Guide Version | Report the version number as presented on the APCD Benefit Plan File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate or file will drop. EXAMPLE: 3.0 = Version 3.0 | Mandatory | 100% | HM |
| | | | | | | | | Code | Description | | | |
| | | | | | | | | 3.0 | Version 3.0; required for reporting periods as of October 2013; No longer valid as of May 2015. | | | |
| | | | | | | | | 4.0 | Version 4.0 required for reporting periods October 2013 onward; No longer valid as of August 2016. | | | |
| | | | | | | | | 5.0 | Version 5.0; required for reporting periods October 2013 onward as of August 2016; no longer valid as of August 2017. | | | |
| | | | | | | | | 6.0 | Version 6.0; required for reporting periods October 2013 onward as of August 2017 | | | |
| BP | 6 | HD006 | Comments | 5/9/13 | Text | Free Text | varchar[80] | Header Carrier Comments | May be used to document the submission by assigning a filename, system source, compile identifier, etc. | Optional | 0% | HO |

MA APCD Benefit Plan Control Total File Submission Guide

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|-------|--------------------------|---------------|------|------------------------|-----------------|-------------------------------------|---|-----------|------|-----|
| BP | 1 | BP001 | Benefit Plan Contract ID | 5/9/13 | Text | Unique Benefit Plan ID | varchar[30] | Benefit Plan ID | <p>The Benefit Plan Contract ID is the issuer generated unique ID number for <i>each</i> benefit plan for which the issuer sets a premium in the Massachusetts merged (non-group/small group) market.</p> <p>This identifier is used to link this Benefit Plan line with its attributes to eligibility lines using APCD Member Eligibility file data element ME128 (Benefit Plan Contract ID).</p> | All | 100% | AO |
| BP | 2 | BP002 | Benefit Plan Name | 5/9/13 | Text | Name Contract | varchar[70] | Submitter defined benefit plan name | <p>A benefit plan refers to the health insurance services covered by a health insurance contract or “plan” and the financial terms of such coverage, including cost sharing and limitation of amounts of services. Risk scores are calculated at the benefit plan level by geographic rating area.</p> <p>Report a unique name for every RACP Benefit Plan in a Carrier's system. For Benefit Plans with identical names, it is required that the Submitter add a refining 'element' to create unique Benefit Plan Names that align to unique Benefit Plan Contract ID Numbers. This refining element can be numeric, alpha or alpha-numeric.</p> <p>Report every RACP Benefit Plan offered by the Issuer regardless of the number of members enrolled in a particular month.</p> | All | 100% | AO |

MA APCD Benefit Plan Control Total File Submission Guide

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|-------|---|---------------|------------------------|-------------------------|-----------------|--------------------------------------|--|-----------|------|-----|
| BP | 3 | BP003 | Actuarial Value | 5/9/13 | Decimal | Numeric | varchar[6] | Actuarial value for the benefit plan | <p>Calculate using the Federal AV Calculator for the risk adjustment covered plan.</p> <p>Report the Actuarial Value of this plan as of the 15th of the month.</p> <p>Format to be used is 0.000. For example, an AV of 88.27689% should be reported as 0.8828.</p> | All | 100% | AO |
| BP | 4 | BP004 | Claim Type Qualifier | 5/9/13 | Lookup Table - Integer | tlkpSupplementClaimType | int[1] | Claim Type Identifier Code | Report the value that defines the claim type for the control totals in BP005 – BP007. EXAMPLE: 1 = Medical Claim Reporting | All | 100% | AO |
| | | | | | | | | Value | Description | | | |
| | | | | | | | | 1 | Medical Claim Reporting | | | |
| | | | | | | | | 2 | Pharmacy Claim Reporting | | | |
| BP | 5 | BP005 | Monthly Claims Paid Number for the Benefit Plan | 10/30/14 | Quantity - Integer | Counter | varchar[15] | Total Number of Claims Paid | <p>Report the total number of claim lines that correspond to the Benefit Plan Contract ID in BP001 and Monthly Net Dollars Paid in BP006 for the month reported in HD003. (Note that not all will be “paid” claim lines).</p> <p>Use Claims Paid Date MC089 or PC063.</p> <p>If no claims were paid for this BP Contract ID, report 0. Do not use a 1000 separator (commas).</p> | All | 100% | AO |

MA APCD Benefit Plan Control Total File Submission Guide

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|-------|---|---------------|---------------------|------------------------------------|-----------------|---|---|-----------|------|-----|
| BP | 6 | BP006 | Monthly Net Dollars Paid for the Benefit Plan | 10/30/14 | Integer | Currency | varchar[15] | Total Paid Amount | <p>Report the monthly aggregate Total Plan Paid Amount that corresponds to the Benefit Plan Contract ID in BP001 and the Claim Type in BP004 for the month reported in HD003. For the medical claims, the Paid Amount is MC063 and for pharmacy claims the Paid Amount is PC036.</p> <p>Calculate the total based on Paid Date (MC089 or PC063). Include fee-for-service equivalent paid amount for services that have been carved out.</p> <p>Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070</p> | All | 100% | AO |
| BP | 7 | BP007 | Total Monthly Eligible Members by Benefit Plan ID Period Date | 10/30/14 | Quantity - Integer | Numeric | varchar[15] | Total Eligible Members | <p>Number of eligible members <u>enrolled on the 15th of the month reported in HD003</u> for the Benefit Plan Contract ID reported in BP001, including billable and non-billable members.</p> | All | 100% | AO |
| BP | 8 | BP008 | Benefit Plan Start Date | 10/30/14 | Full Date-Integer | Century Year Month Date – CCYYMMDD | Int[8] | Benefit Plan Start Date | Report the first date that this Benefit Plan is active in CCYYMMDD Format. | All | 100% | AO |
| BP | 9 | BP009 | Benefit Plan End Date | 10/30/14 | Full Date – Integer | Century Year Month Date – CCYYMMDD | Int[8] | Benefit Plan End Date | Report the last date that this Benefit Plan is active in CCYYMMDD Format. If product is still active do not report any value here. | All | 100% | B |
| BP | 1 | TR001 | Type of File | 5/9/13 | Text | ID File | char[2] | Validates the file type defined in HD001. | Report BP here. Indicates that the data within this file is expected to be BENEFIT PLAN-based. This must match the File Type reported in HD001. | Mandatory | 100% | TM |

MA APCD Benefit Plan Control Total File Submission Guide

| File | Col | Elmt | Data Element Name | Date Modified | Type | Type Description | Format / Length | Description | Element Submission Guideline | Condition | % | Cat |
|------|-----|-------|-----------------------|---------------|-----------------------|--------------------------------|-----------------|--|---|-----------|------|-----|
| BP | 2 | TR002 | Submitter | 5/9/13 | Integer | ID Submitter | varchar[6] | Trailer Submitter / Carrier ID defined by CHIA | Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002. | Mandatory | 100% | TM |
| BP | 3 | TR003 | Record Count | 5/9/13 | Integer | Numeric | varchar[10] | Trailer Record Count | Report the total number of records submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters. | Mandatory | 100% | TM |
| BP | 4 | TR004 | Date Processed | 5/9/13 | Integer | Century Year Month Day–CCYMMDD | int[8] | Trailer Processed Date | Report the full date that the submission was compiled by the submitter in CCYMMDD Format. | Mandatory | 100% | TM |
| BP | 5 | TR005 | Period Beginning Date | 5/9/13 | Date Period - Integer | Century Year Month - CCYMM | Int[6] | Trailer Period Start Date | Report the Year and Month of the reported submission period in CCYMM format. This date period must be repeated in HD003, HD004 and TR006. This same date must be selected in the upload application for successful transfer. | Mandatory | 100% | HM |
| BP | 6 | TR006 | Period Ending Date | 5/9/13 | Date Period - Integer | Century Year Month - CCYMM | Int[6] | Trailer Period End Date | Report the Year and Month of the reported submission period in CCYMM format. This date period must be repeated in HD003, HD004, and TR005. This same date must be selected in the upload application for successful transfer. | Mandatory | 100% | HM |

MA APCD Benefit Plan Control Total File Submission Guide



The Commonwealth of Massachusetts Center for Health Information and Analysis

Center for Health Information and Analysis
501 Boylston Street
Boston, MA 02116
Phone: (617) 701-8100
Fax: (617) 727-7662
Website: <http://www.chiamass.gov/>

Publication Number:
Authorized by State Purchasing Agent

This guide is available online at <http://www.chiamass.gov/>.
When printed by the Commonwealth of Massachusetts, copies are printed on recycled paper.