



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116*

DEVAL L. PATRICK
Governor

617-988-3100 • Fax 617-727-7662 • TTY 617-988-3175
www.mass.gov/dhcfp

JUDYANN BIGBY, M.D.
Secretary

TIMOTHY P. MURRAY
Lieutenant Governor

DAVID MORALES
Commissioner

**Administrative Bulletin 10-14
114.5 CMR 21.00 – Health Care Claims Data Submission**

The purpose of this Administrative Bulletin is to clarify the claims data reporting requirements for private health care payers under 114.5 CMR 21.00. The regulation requires private health care payers to submit claims data for calendar years 2008, 2009 and 2010 no later than January 31, 2011 and monthly claims data sets beginning in February 2011.

M.G.L. c. 118G, § 2 and 114.5 CMR 21.00 define “private health care payer” as “a carrier authorized to transact accident and health insurance under chapter 175, a nonprofit hospital service corporation licensed under chapter 176A, a nonprofit medical service corporation licensed under chapter 176B, a dental service corporation organized under chapter 176E, an optometric service corporation organized under chapter 176F, a self-insured plan, to the extent allowable under federal law governing health care provided by employers to employees, or a health maintenance organization licensed under chapter 176G.”

All health insurance carriers authorized to transact health insurance or licensed by the Division of Insurance are required to submit claims data to the Division, including claims under student health and Medicare supplement plans. In addition, it is the Division's position that the claims data submission requirements for self-insured plans are not preempted by ERISA. Therefore, payers must submit the required claims data for self-insured claims or be subject to penalties in accordance with 114.5 CMR 21.04.

The Division will continue to work closely with all payers to address data submission issues and to ensure the successful implementation of the all-payer claims database. This includes regular, ongoing technical support. In addition, the Division has a data submission variance application process which permits payers to report payer-specific challenges to complying with the claims submission requirements, and includes a remediation plan to assist payers to comply with the data reporting requirements.