

The Commonwealth of Massachusetts

Center for Health Information and Analysis

The Massachusetts

All-Payer Claims Database

Product File

 Submission Guide

 February 2016

Charles Baker, Governor Aron Boros, Executive Director

Commonwealth of Massachusetts Center for Health Information and Analysis

Version 5.0

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Version**  | **Description** | **Author** |
| **12/1/2012** | **3.0** | **Administrative Bulletin 12-01; issued 11/8/2012** | **M. Prettenhofer** |
| **5/14/2013** | **3.0** | **Changed the values for PR008 Risk Type****Updated narrative on Product File Submitters (pg 8)****Updated ‘Non-Massachusetts Resident’ section** | **H. Hines** |
| **10/2014** | **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** |
|  |  |  |  |

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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 but it is currently collected by a variety of government entities in various formats and levels of completeness. Using its broad authority to collect health care data ("without limitation") under M.G.L. c. 118G, § 6 and 6A, the Center for Health Information and Analysis (CHIA) has adopted regulations to create a comprehensive all payer claims database (APCD) with medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured, Medicare, Medicaid and Supplemental Policy data. CHIA is a clearinghouse for comprehensive quality and cost information to ensure consumers, employers, insurers, and government have the data necessary to make prudent health care purchasing decisions.

To facilitate communication and collaboration, CHIA maintains a dedicated MA APCD website ( http://www.chiamass.gov/apcd-information-for-data-submitters/ ) with resources that currently include 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.

While CHIA is committed to establishing and maintaining an APCD that promotes transparency, improves health care quality, and mitigates health care costs, 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 all payer claims database.

957 CMR 8.00: APCD and Case Mix Data Submission

957 CMR 8.00 governs the reporting requirements for Health Care Payers to submit data and information to CHIA in accordance with M.G.L. c. 118G, § 6. The regulation establishes the data submission requirements for health care payers to submit information concerning the costs and utilization of health care in Massachusetts. CHIA will collect data essential for the continued monitoring of health care cost trends, minimize the duplication of data submissions by payers to state entities, and to promote administrative simplification among state entities in Massachusetts.

Health care data and information submitted by Health Care Payers to CHIA is not a public record. No public disclosure of any health plan information or data shall be made unless specifically authorized under 957 CMR 5.00

Acronyms Frequently Used

APCD – All-Payer Claims Database

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

NPI – National Provider Identifier

PBM – Pharmacy Benefit Manager

QA – Quality Assurance

RA – Risk Adjustment; Risk Adjuster

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)

The MA APCD Quarterly Product File

As part of the MA APCD filings, all submitters are required to submit a Product file. The Center for Health Information and Analysis (CHIA) recognizes this is a file type that has not been previously requested of carriers in other states, and has made efforts to simplify the data submission as well as clarify what should be contained in the file, and how CHIA will utilize this important dataset.

A PR File is required after the close of every calendar year quarter. This file is to report all active products for that particular quarter and any products that became inactive during that quarter. By reporting products that are inactive, the MA APCD can identify eligibilities that may still be active under a product that is no longer offered to the market.

The reporting quarters are for the months of March (03), June (06), September (09) and December (12). As an example, the PR filing for products in the year 2011 are identified as 201103, 201106, 201109 and 201112. These files are required to be submitted and passed by the end-of-month inventory 201104, 201107, 201110 and 201201, one month after the close of the quarter.

The PR Detail Records are defined as one unique product per identifier, per begin / end period. Repeating PR identifiers (PR002) creates reporting anomalies and will require a resubmission of the file to uniquely identify products for ME linking and quality assurance.

Below are the details on business rules, data definitions and the uses of this data.

| **Specification Question** | **Clarification** | **Rationale** |
| --- | --- | --- |
| Frequency of submission | Quarterly | CHIA requires quarterly files to meet reporting and analytic needs for the DOI, Risk Adjustment and Researchers. |
| 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 18 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. An asterisk cannot be used within and element in lieu of another character. |
| What does each row in a file represents | Each row, or Detail Record, contains the information of a unique Product that a carrier or Third-Party creates to ‘sell’. | CHIA recognizes that information at this higher level is necessary for aggregation and reporting utilization. |
| How does CHIA define a Product | A Product starts as a base offering, often described by a model that it conforms to; HMO, PPO, Indemnity, etc. Generally accepted values appear in PR004. For non-carriers, a Product will be defined by the business and reported in a free text field to define purpose when PR004 is populated with ZZ = Other | CHIA requires that the disclosure of Pharmacy Benefit Management, Claims Processing, and Third Party Administrator organization business products, as well as Carrier-based products, to accurately assign member detail attribution for aggregate reporting and utilization/ |
| What to report for License Type if not a ‘carrier’ | The Product file now has an element that allows for further explanation when License Type is set to PBM or Other | CHIA added two additional values so that PBMs and other non-insurance businesses can report products that they offer their clientele. |
| What to report for Risk if not a ‘carrier’ | The Product file now has an element that allows for further explanation when Risk is set to Other  | CHIA added additional values to the Risk Table to differentiate Risk Offerings. One of the adds is an Other that sets the requirement to populate a text element for explanation |

Types of Data collected in the Product File

Product File Submitters

Beginning in November 2013 with the submission of December 2013 quarterly data the Massachusetts All Payer Claims Database required the submission of **Product data** from all submitters - carriers, Pharmacy Benefit Management, Claims Processing, Third Party Administrator organizations, etc.. This data is required to meet reporting and analytic needs for DOI, Risk Adjustment, Researchers and others. We require these organization business products, as well as Carrier-based products, to accurately assign member detail attribution for aggregate reporting and utilization. CHIA has made a conscious decision to collect elementary identifiers that may be associated with not only Insurance-type Products but industry vendor Products as well. CHIA has added two additional values to license type so that PBMs and other non-insurance businesses can report products that they offer their clientele. In addition, CHIA added additional values to the Risk Table to differentiate Risk Offerings, including an Other option. This provides not only CHIA with the ability to measure offering across submitters, but also other agencies so that single source reporting can occur under Administrative Simplification.

Non-Massachusetts Resident

Under Administrative Bulletin 13-02, CHIA reinstates the requirement 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).

Product Identifiers

CHIA has made a conscious decision to collect elementary identifiers that may be associated with not only Insurance-type Products but industry vendor Products as well. The data in elements PR002 through PR008 will be used by CHIA when analyzing Product data across carriers/submitters. PR002 will be used as the anchor data that the Member Eligibility will link to, while other elements will be used as an attribute of the linked eligibility. This provides not only CHIA with the ability to measure offering across submitters, but also other agencies so that single source reporting can occur under Administrative Simplification.

Deductibles

CHIA is collecting Deductible band-width information on each Product as well as requesting additional identifiers to sort non-deductible reporting vendors into appropriate categories of business. This will aid CHIA in meeting its reporting and analysis requirements of the MA APCD.

Additional data elements such as Coinsurances and Copays are reported in other file types.

Dates

CHIA is collecting two date elements for each Product detail record.

The Begin and End Date for each Product describes the dates the Product was active with the carrier and usable by eligible members. For Products that are still active the End Date should not contain any information (is Null). For Products that are not active but may still have claims being adjudicated against them, the End Date should be the End Date reported to the Division of Insurance OR the date the license was terminated OR for non-insurance carriers, the date that the product/service is no longer being offered to insurance carriers.

CHIA is committed to working with submitters and their technical teams to ensure compliance with all applicable laws and regulations. CHIA will continue to provide support through technical assistance calls and resources available on the website: http://www.chiamass.gov

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:
	1. 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.
	2. 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.
	3. 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 (**±**) 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.

1. Description: Short description that defines the data expected in the element
2. Element Submission Guideline: Provides detailed information regarding the data required as well as constraints, exceptions and examples.
3. Condition: Provides the condition for reporting the given data
4. %: Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.
5. 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 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HD-PR | 1 | HD001 | Record Type | 11/8/12 | Text | ID Record | char[2] | Header Record Identifier | Report **HD** here. Indicates the beginning of the Header Elements of the file | Mandatory | 100% | HM |
| HD-PR | 2 | HD002 | Submitter | 11/8/12 | Integer | ID OrgID | varchar[6] | Header Submitter / Carrier ID defined by CHIA | Report CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here. This ID is linked to other elements in the file for quality control | Mandatory | 100% | HM |
| HD-PR | 3 | HD003 | National Plan ID | 11/8/12 | Integer | ID Nat'l PlanID | int[10] | Header CMS National Plan Identification Number (PlanID) | Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans | Situational | 0% | HS |
| HD-PR | 4 | HD004 | Type of File | 11/8/12 | Text | ID File | char[2] | Defines the file type and data expected. | Report **PR** here. Indicates that the data within this file is expected to be PRODUCT-based. This must match the File Type reported in TR004 | Mandatory | 100% | HM |
| HD-PR | 5 | HD005 | Period Beginning Date | 11/8/12 | Date Period - Integer | Century Year Month - CCYYMM | int[6] | Header Period Start Date | Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD006, TR005 and TR006. This same date must be selected in the upload application for successful transfer. | Mandatory | 100% | HM |
| HD-PR | 6 | HD006 | Period Ending Date | 11/8/12 | Date Period - Integer | Century Year Month - CCYYMM | int[6] | Header Period Ending Date | Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in HD005 and be repeated in TR005 and TR006. | Mandatory | 100% | HM |
| HD-PR | 7 | HD007 | Record Count | 11/8/12 | Integer | Counter | varchar[10] | Header 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% | HM |
| HD-PR | 8 | HD008 | Comments | 11/8/12 | Text | Free Text Field | varchar[80] | Header Carrier Comments | May be used to document the submission by assigning a filename, system source, compile identifier, etc. | Optional | 0% | HO |
| HD-PR | 9 | HD009 | APCD Version Number | 2/2016 | Decimal - Numeric | ID Version | char[3] | Submission Guide Version | Report the version number as presented on the APCD Product File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate else file will drop. **EXAMPLE:** 3.0 = Version 3.0 | Mandatory | 100% | HM |
|   |   |   |   |   |   |   |   | ***Code*** | ***Description*** |   |   |   |
|   |  |   | 2.0 | Prior Version; valid only for reporting periods prior to October 2013 |   |  |   |
|   |   |   |   |   |   |   |   | 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 |  |  |  |
| PR | 1 | PR001 | Product ID number  | 11/8/12 | Text | ID Link to ME040, MC079, PC056, DC042 | varchar[30] | Product Identification | Report the submitter-assigned identifier that uniquely defines this product. This identifier is used to link this Product line with its attributes to eligibility and claim lines. | All | 100% | A0 |
| PR | 2 | PR002 | Product Name | 6/24/10 | Text | Name Product | varchar[70] | Submitter defined Product name | Report a unique name for every Product in a Carrier's system. For Products with identical names, it is required that the Submitter add a refining 'element' to create unique Product Names that align to unique Product ID Numbers. This refining element can be numeric, alpha or alpha-numeric. | All | 100% | C |
| PR | 3 | PR003 | Carrier License Type | 11/8/12 | Lookup Table - Text | tlkpCarrierLicenseType | char[3] | Carrier License Type | Report the code that defines the License Type of this Product. **EXAMPLE:**  COM = Commercial | All | 100% | A0 |
|   |   |   |   |   |   |   |   | ***Code*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | BLU | Blue Cross and Blue Shield Licensee |   |  |   |
|   |  |  |  |  |  |  |   | COM | Commercial Carrier |   |  |   |
|   |  |  |  |  |  |  |   | HMO | Health Maintenance Organization |   |  |   |
|   |  |  |  |  |  |  |   | MAO | Medicare Advantage Organization |   |  |   |
|   |  |  |  |  |  |  |   | PBM | Pharmacy Benefit Manager |   |  |   |
|   |  |  |  |  |  |  |   | SCO | Senior Care Option |   |  |   |
|   |  |  |  |  |  |  |   | TPA | Third Party Administrator |   |  |   |
|   |  |  |  |  |  |  |   | 176 | Chapter 176 |   |  |   |
|   |   |   |   |   |   |   |   | OTH | Other License Type |   |   |   |
| PR | 4 | PR004 | Product Line of Business Model | 10/30/14 | Lookup Table - Text | tlkpProductLineOfBusiness | char[2] | Line of Business / Insurance Model the Product relates to. | Report the code that defines the Line of Business model that this product follows. **EXAMPLE:** 12 = PPO | All | 100% | A0 |
|   |   |   |   |   |   |   |   | ***Code*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | 12 | Preferred Provider Organization (PPO) |   |  |   |
|   |  |  |  |  |  |  |   | 13 | Point of Service (POS) |   |  |   |
|   |  |  |  |  |  |  |   | 14 | Exclusive Provider Organization (EPO) |   |  |   |
|   |  |  |  |  |  |  |   | 15 | Indemnity Insurance |   |  |   |
|   |  |  |  |  |  |  |   | 16 | Health Maintenance Organization (HMO) Medicare Advantage |   |  |   |
|   |  |  |  |  |  |  |   | 20 | Medicare Advantage PPO |   |  |   |
|   |  |  |  |  |  |  |   | 21 | Medicare Advantage Private Fee for Service |   |  |   |
|   |  |  |  |  |  |  |   | AC | Accident Only |   |  |   |
|   |  |  |  |  |  |  |   | BH | Basic Hospital |   |  |   |
|   |  |  |  |  |  |  |   | CH | CHAMPUS |   |  |   |
|   |  |  |  |  |  |  |   | DM | Dental Maintenance Organization |   |  |   |
|   |  |  |  |  |  |  |   | DS | Disability |   |  |   |
|   |  |  |  |  |  |  |   | HC | HMO - Closed |   |  |   |
|   |  |  |  |  |  |  |   | HO | HMO - Open |   |  |   |
|   |  |  |  |  |  |  |   | IN | Individual |   |  |   |
|   |  |  |  |  |  |  |   | LM | Liability Medical |   |  |   |
|   |  |  |  |  |  |  |   | MC | Medicaid FFS |   |  |   |
|   |  |  |  |  |  |  |   | MO | Medicaid Managed Care Organization |   |  |   |
|   |  |  |  |  |  |  |   | MP | Medicare Primary |   |  |   |
|   |  |  |  |  |  |  |   | MR | Medicare |   |  |   |
|   |  |  |  |  |  |  |   | MS | Medicare Secondary Plan |   |  |   |
|   |  |  |  |  |  |  |   | OF | Other Federal Program (e.g. Black Lung) |   |  |   |
|   |  |  |  |  |  |  |   | PC | Medicaid Primary Care Clinician Plan |   |  |   |
|   |  |  |  |  |  |  |   | PR | Preferred Provider Organization (PPO) |   |  |   |
|  |  |  |  |  |  |  |  | QH | Qualified Health Plan  |  |  |  |
|   |  |  |  |  |  |  |   | QM | Qualified Medicare Beneficiary/SLMB |   |  |   |
|   |  |  |  |  |  |  |   | SA | Self-Administered Group |   |  |   |
|   |  |  |  |  |  |  |   | SC | Senior Care Option |   |  |   |
|   |  |  |  |  |  |  |   | SP | Supplemental Policy |   |  |   |
|   |  |  |  |  |  |  |   | TF | HSN Trust Fund |   |  |   |
|   |  |  |  |  |  |  |   | TV | Title V |   |  |   |
|   |  |  |  |  |  |  |   | UN | Unemployment |   |  |   |
|   |  |  |  |  |  |  |   | VA | Veterans Administration Plan |   |  |   |
|   |  |  |  |  |  |  |   | VS | Vision |   |  |   |
|   |  |  |  |  |  |  |   | WC | Workers' Compensation |   |  |   |
|   |   |   |   |   |   |   |   | ZZ | Other |   |   |   |
| PR | 5 | PR005 | Insurance Plan Market | 11/8/12 | Lookup Table - Text | tlkpInsurancePlanMarket | char[4] | Insurance Plan Market Code | Report the code that defines the market this product is sold into. **EXAMPLE:** GEMP = Group - Employer  | All | 100% | A0 |
|   |   |   |   |   |   |   |   | ***Code*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | GPOS | Group - POS |   |  |   |
|   |  |  |  |  |  |  |   | GCOB | Group COBRA |   |  |   |
|   |  |  |  |  |  |  |   | GCCH | Group-Commonwealth Choice |   |  |   |
|   |  |  |  |  |  |  |   | GEMP | Group-Employer |   |  |   |
|   |  |  |  |  |  |  |   | GFED | Group-Federal |   |  |   |
|   |  |  |  |  |  |  |   | GGIC | Group-GIC |   |  |   |
|   |  |  |  |  |  |  |   | GMMK | Group-Merged Market |   |  |   |
|   |  |  |  |  |  |  |   | GMUN | Group-Municipality |   |  |   |
|   |  |  |  |  |  |  |   | GPRT | Group-Retiree |   |  |   |
|   |  |  |  |  |  |  |   | GSC0 | Group-Senior Care Option |   |  |   |
|   |  |  |  |  |  |  |   | GUNN | Group-Union |   |  |   |
|   |  |  |  |  |  |  |   | HEXC | Health Exchange |   |  |   |
|   |  |  |  |  |  |  |   | ICCA | Individual - Commonwealth Care |   |  |   |
|   |  |  |  |  |  |  |   | ICCH | Individual - Commonwealth Choice |   |  |   |
|   |  |  |  |  |  |  |   | ICLO | Individual Closed |   |  |   |
|   |  |  |  |  |  |  |   | ICOB | Individual COBRA |   |  |   |
|   |  |  |  |  |  |  |   | ISCO | Individual Senior Care Option |   |  |   |
|   |  |  |  |  |  |  |   | IYGA | Individual Young Adult |   |  |   |
|   |  |  |  |  |  |  |   | MCRA | Medicare Part A |   |  |   |
|   |  |  |  |  |  |  |   | MCRB | Medicare Part B |   |  |   |
|   |  |  |  |  |  |  |   | MCRC | Medicare Part C |   |  |   |
|   |  |  |  |  |  |  |   | MCRD | Medicare Part D |   |  |   |
|   |  |  |  |  |  |  |   | MEDX | MediGap/Medicare Supplemental/Medex |   |  |   |
|   |  |  |  |  |  |  |   | ITHR | Other |   |  |   |
|   |  |  |  |  |  |  |   | OTMC | Other Medicare |   |  |   |
|   |  |  |  |  |  |  |   | STUD | Student |   |  |   |
|   |  |  |  |  |  |  |   | COBR | COBRA |   |  |   |
|   |   |   |   |   |   |   |   | GRUP | Group |   |   |   |
| PR | 6 | PR006 | Product Benefit Type | 6/24/10 | Lookup Table - Integer | tlkpProductBenefitType | int[1] | Benefit Options | Report the value that defines the types of benefits covered under this product. **EXAMPLE:** 1 = Medical Only | All | 100% | A0 |
|   |   |   |   |   |   |   |   | ***Code*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | 1 | Medical Only |   |  |   |
|   |  |  |  |  |  |  |   | 2 | Pharmacy Only |   |  |   |
|   |  |  |  |  |  |  |   | 3 | Medical and Pharmacy bundled |   |  |   |
|   |  |  |  |  |  |  |   | 4 | Dental |   |  |   |
|   |  |  |  |  |  |  |   | 5 | Behavioral Health |   |  |   |
|   |  |  |  |  |  |  |   | 6 | Vision |   |  |   |
|   |  |  |  |  |  |  |   | 7 | Accident Only |   |  |   |
|   |  |  |  |  |  |  |   | 8 | Medical Comprehensive |   |  |   |
|   |   |   |   |   |   |   |   | 0 | Other |   |   |   |
| PR | 7 | PR007 | Other Product Benefit Description | 11/8/12 | Text | Free Text Field | varchar[80] | Benefit Description | Report the Other Product description when the product's Product Benefit does not fall within the standard listing for PR006 Product Benefit Type **EXAMPLE:** Chiropractic Services | Required when PR006 = 0 <zero> | 100% | A2 |
| PR | 8 | PR008 | Risk Type | 5/14/13 | Lookup Table - Integer | tlkpRiskType | int[1] | Risk Options | Report the value that best describes the risk model that defines how eligibilities are insured under this product line. **EXAMPLE:** 1 = Fully Insured | All | 100% | A0 |
|   |   |   |   |   |   |   |   | ***Value*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | 1 | Fully Insured |   |  |   |
|   |  |  |  |  |  |  |   | 2 | Self-Insured |   |  |   |
|   |  |  |  |  |  |  |   | 3 | Product available to risk and self-insured accounts |   |  |   |
|   |   |   |   |   |   |   |   | 0 | Other |   |   |   |
| PR | 9 | PR009 | Product Start Date | 6/24/10 | Full Date - Integer | Century Year Month Date - CCYYMMDD | int[8] | Product Start Date | Report the first date that this product is active in CCYYMMDD Format. | All | 100% | A0 |
| PR | 10 | PR010 | Product End Date | 10/30/14 | Full Date - Integer | Century Year Month Date - CCYYMMDD | int[8] | Product End Date | Report the last date that this product is active in CCYYMMDD Format. If product is still active do not report any value here. | Required when PR011=2 | 100% | B |
| PR | 11 | PR011 | Product Active Flag | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Active Product | Report the value that defines the element. **EXAMPLE:** 1 = Yes, the Product is active | All | 100% | A2 |
|   |   |   |   |   |   |   |   | ***Value*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | 1 | Yes |   |  |   |
|   |  |  |  |  |  |  |   | 2 | No |   |  |   |
|   |  |  |  |  |  |  |   | 3 | Unknown |   |  |   |
|   |  |  |  |  |  |  |   | 4 | Other |   |  |   |
|   |   |   |   |   |   |   |   | 5 | Not Applicable |   |   |   |
| PR | 12 | PR012 | Annual Per Person Deductible Code | 11/8/12 | Lookup Table - Text | tlkpAnnualPerPersonDeductible | char[3] | Per Person Deductible bandwidth reporting | Report the value that defines the Total Per Person Deductible for all benefits under this product. **EXAMPLE:** 000 = Plans with no Per Person Deductible | All | 100% | A2 |
|   |   |   |   |   |   |   |   | ***Value*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | 000 | No per person deductible |   |  |   |
|   |  |  |  |  |  |  |   | 001 | Deductible Total under $1,000 |   |  |   |
|   |  |  |  |  |  |  |   | 002 | Deductible Total of $1,000 thru $1,999 |   |  |   |
|   |  |  |  |  |  |  |   | 003 | Deductible Total of $2,000 thru $2,999 |   |  |   |
|   |  |  |  |  |  |  |   | 004 | Deductible Total greater than $3000 |   |  |   |
|   |   |   |   |   |   |   |   | 999 | Not Applicable |   |   |   |
| PR | 13 | PR013 | Annual Per Family Deductible Code | 11/8/12 | Lookup Table - Text | tlkpAnnualPerFamilyDeductible | char[3] | Per Family Deductible bandwidth reporting | Report the value that defines the Total Per Family Deductible for all benefits under this product. **EXAMPLE:** 000 = Plans with no Per Family Deductible | All | 100% | A2 |
|   |   |   |   |   |   |   |   | ***Value*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | 000 | No per family deductible |   |  |   |
|   |  |  |  |  |  |  |   | 001 | Deductible Total under $1,000 |   |  |   |
|   |  |  |  |  |  |  |   | 002 | Deductible Total of $1,000 thru $1,999 |   |  |   |
|   |  |  |  |  |  |  |   | 003 | Deductible Total of $2,000 thru $2,999 |   |  |   |
|   |  |  |  |  |  |  |   | 004 | Deductible Total of $3,000 thru $3,999 |   |  |   |
|   |  |  |  |  |  |  |   | 005 | Deductible Total of $4,000 thru $4,999 |   |  |   |
|   |  |  |  |  |  |  |   | 006 | Deductible Total of $5,000 thru $5,999 |   |  |   |
|   |  |  |  |  |  |  |   | 007 | Deductible Total greater than $6,000 |   |  |   |
|   |   |   |   |   |   |   |   | 999 | Not Applicable |   |   |   |
| PR | 14 | PR014 | Coordinated Care model | 11/8/12 | Lookup Table - Integer | tlkpFlagIndicators | int[1] | Indicator - Clinical Coordination | Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member's care is clinically coordinated/managed.  | All | 100% | A2 |
|   |   |   |   |   |   |   |   | ***Value*** | ***Description*** |   |   |   |
|   |  |  |  |  |  |  |   | 1 | Yes |   |  |   |
|   |  |  |  |  |  |  |   | 2 | No |   |  |   |
|   |  |  |  |  |  |  |   | 3 | Unknown |   |  |   |
|   |  |  |  |  |  |  |   | 4 | Other |   |  |   |
|   |   |   |   |   |   |   |   | 5 | Not Applicable |   |   |   |
| PR | 15 | PR015 | Other Product Line of Business Model | 11/8/12 | Text | Name Other Line of Business | varchar[30] | Defines Product Line of Business when Other is selected | Report the Other Product Line of Business Model here when PR004 reports ZZ.  | Required when PR004 = ZZ | 98% | A2 |
| PR | 16 | PR016 | Other Risk Type | 11/8/12 | Text | Name Other Risk | varchar[30] | Defines Risk Type Other is selected | Report the Other Risk Type here when PR008 reports 0 <zero>. | Required when PR008 = 0 <zero> | 98% | A2 |
| PR | 17 | PR017 | NAIC Code | 11/8/12 | Integer | ID NAIC | int[5] | National Association of Insurance Commissioners' Code | Report the NAIC Code associated with the entity that maintains this product. Entities that are not assigned a NAIC must not report any value here. | Required when Submitter is identified as a NAIC Coded entity | 100% | A2 |
| PR | 18 | PR018 | Situs | 10/30/14 | External Code Source 2 - Text | Situs State External Code Source 2 - States | char[2] | State / Province of the situs of the Product | Report the state in which the product was issued. Report Province when Country Code does not = USA | All | 98% | A0 |
| PR | 19 | PR899 | Record Type | 6/24/10 | Text | ID File | char[2] | File Type Identifier | Report **PR** here. This validates the type of file and the data contained within the file. This must match HD004. | All | 100% | A0 |
| TR-PR | 1 | TR001 | Record Type | 6/24/10 | Text | ID Record | char[2] | Trailer Record Identifier | Report **TR** here. Indicates the end of the data file. | Mandatory | 100% | TM |
| TR-PR | 2 | TR002 | Submitter | 11/8/12 | 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 |
| TR-PR | 3 | TR003 | National Plan ID | 11/8/12 | Integer | ID Nat'l PlanID | int[10] | CMS National Plan Identification Number (PlanID) | Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans. | Situational | 0% | TS |
| TR-PR | 4 | TR004 | Type of File | 6/24/10 | Text | ID File | char[2] | Validates the file type defined in HD004. | Report **PR** here. This must match the File Type reported in HD004. | Mandatory | 100% | TM |
| TR-PR | 5 | TR005 | Period Beginning Date | 6/24/10 | Date Period - Integer | Century Year Month - CCYYMM | int[6] | Trailer Period Start Date | Report the Year and Month of the reported submission period in CCYYMM format. This date period must match the date period reported in HD005 and HD006. | Mandatory | 100% | TM |
| TR-PR | 6 | TR006 | Period Ending Date | 6/24/10 | Date Period - Integer | Century Year Month - CCYYMM | int[6] | Trailer Period Ending Date | Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006. | Mandatory | 100% | TM |
| TR-PR | 7 | TR007 | Date Processed | 6/24/10 | Full Date - Integer | Century Year Month Date - CCYYMMDD | int[8] | Trailer Processed Date | Report the full date that the submission was compiled by the submitter in CCYYMMDD Format. | Mandatory | 100% | TM |

Appendix – External Code Sources

**2. States, Zip Codes and Other Areas of the US**

**U.S. Postal Service**

[**https://www.usps.com/**](https://www.usps.com/)

|  |  |
| --- | --- |
| **PR018** |  |

 The Commonwealth of Massachusetts

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