

CENTER FOR HEALTH
INFORMATION AND ANALYSIS (CHIA)

**CY2009-2013 INCURRED
ALL-PAYERS CLAIMS DATABASE (MA APCD)
RELEASE 3.0 DOCUMENTATION GUIDE**

- Member Eligibility File -

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Commonwealth of Massachusetts
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INTRODUCTION

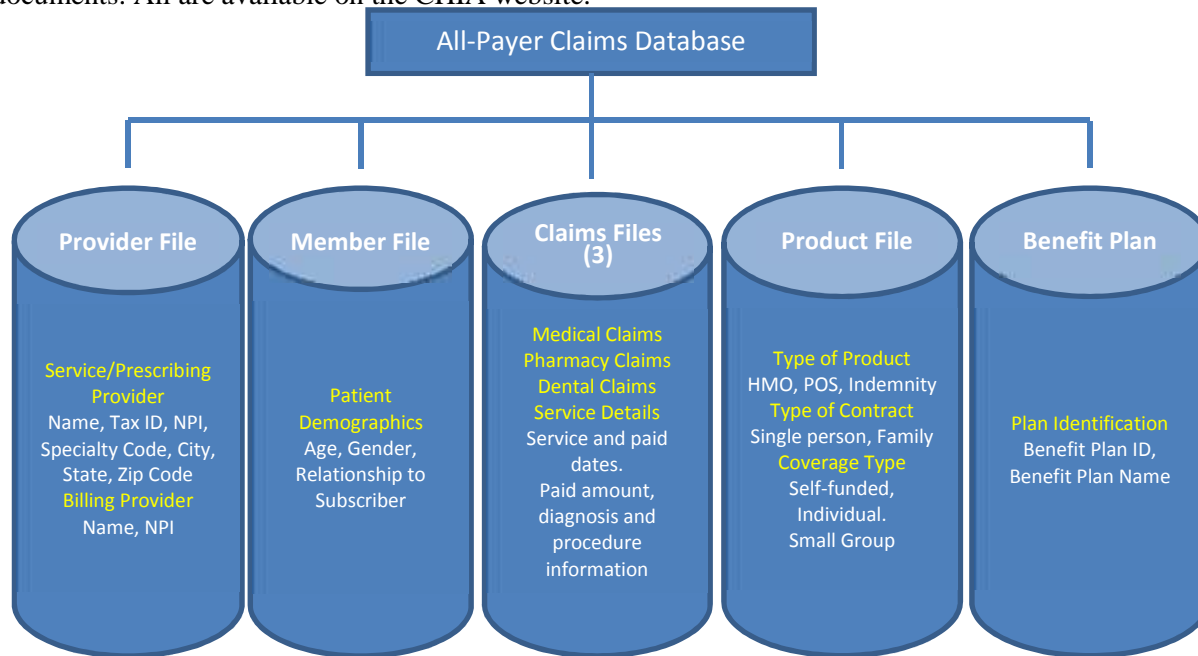
The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful data and analysis for those seeking to improve health care quality, affordability, access, and outcomes.

To this end, the **All-Payer Claims Database (APCD)** contributes to a deeper understanding of the Massachusetts health care delivery system by providing access to accurate and detailed claims-level data essential to improving quality, reducing costs, and promoting transparency. This document is provided as a manual to accompany the release of data from the MA APCD.

The **MA APCD** is comprised of **medical, pharmacy, and dental claims** and information from the **member eligibility, provider, product and benefit plan control** files, that are collected from health insurance payers operating in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as insured and self-insured plans.

APCD data collection and data release are governed by **regulations** which are available on the MA APCD website (see <http://chiamass.gov/regulations/>)

For ease of use, the Center for Health Information and Analysis (CHIA) has created separate documents for **each** APCD file type and one for the appendices—for a total of eight separate documents. All are available on the CHIA website.



Section 1.0: History

1.1: Establishment of the Massachusetts APCD (MA APCD)

The first efforts to collect claim-level detail from payers in Massachusetts began in 2006 when the Massachusetts Health Care Quality and Cost Council (HCQCC) was established, pursuant to legislation in 2006, to monitor the Commonwealth's health care system and disseminate cost and quality information to consumers. Initially, data was collected by a third party under contract to the HCQCC. On July 1, 2009, the Division of Health Care Finance and Policy (DHCFP) assumed responsibility for receiving secure file transmissions, creating, maintaining and applying edit criteria, storing the edited data, and creating analytical public use files for the HCQCC. By July 2010, Regulations 114.5 CMR 21.00 and 114.5 CMR 22.00 became effective, establishing the APCD in Massachusetts.

Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation," created the Center for Health Information and Analysis (CHIA) which assumed many of the functions – including management of the MA APCD – that were previously performed by the Division of Health Care Finance and Policy (DHCFP).

According to Chapter 224, the purpose of the Massachusetts APCD is **Administrative Simplification**:

“The center shall collect, store and maintain such data in a payer and provider claims database. The center shall acquire, retain and oversee all information technology, infrastructure, hardware, components, servers and employees necessary to carry out this section. All other agencies, authorities, councils, boards and commissions of the commonwealth seeking health care data that is collected under this section shall, whenever feasible, utilize the data before requesting data directly from health care providers and payers. In order to ensure patient data confidentiality, the center shall not contract or transfer the operation of the database or its functions to a third-party entity, nonprofit organization or governmental entity; provided, however, that the center may enter into interagency services agreements for transfer and use of the data. ”

A Preliminary Release of the MA APCD – covering dates of service CY 2008-2010 and paid through February 28, 2011 – was first released in 2012. Release 3.0, to be available in early 2015, covers dates of service CY 2009-2013 (paid through June 30, 2014).

1.2: MA APCD Release 3.0 Overview

The MA APCD is comprised of data elements collected from **all Private and Public Payers** of eligible **Health Care Claims for Massachusetts Residents**. Data is collected in seven file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, **Provider (PV)**, and **Benefit Plan (BP) Control**. Each is described separately in this user manual.

Highlights of the release include:

- Data is available for dates of service from January 1, 2009 to December 31, 2013 as paid through June 2014. Data submitted to CHIA after June 2014 is **NOT** included in the files.
- Release 3.0 contains more comprehensive and recently updated data, including resubmissions from several large carriers.
- Data elements are classified as either Level 2 or Level 3 data elements. Level 2 include data elements that pose a risk of re-identification of an individual patient. Level 3 data elements are generally either Direct Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or are among the 18 identifiers specified by HIPAA. Refer to the **File Layout** sections for listings of Level 2 and Level 3 data elements for each file.
- Public Use Files (PUFs), which are de-identified extracts of the Medical Claims (MC) and Pharmacy Claims (PC) files, will be release separately. The PUFs incorporate certain levels of aggregation and a much more limited list of elements to help ensure data privacy protection.
- Certain identifying or sensitive data elements are **Masked** in the release in order to protect personally identifiable information and allow for the linkage of data elements within the same file.
- Some data elements have been derived by CHIA from submission data elements or have been added to the database to aid in versioning and identifying claims (e.g. Unique Record IDs and status flags). Refer to the **File Layout** sections for detail.

Section 2.0: MA APCD Data Collection Process

The data collected from the payers for the MA APCD is processed by the **Data Compliance and Support** team. Data Compliance works with the payers to collect the data on a regular, predetermined, basis and ensure that the data is as complete and accurate as possible. The **Data Quality Assurance** and **Data Standardization and Enhancement** teams work to clean and standardize the data to the fullest extent possible. Data Standardization relies on **external source codes** (see Appendix 8) from outside government agencies, medical and dental associations, and other vendors to ensure that the data collectors properly utilized codes and lookup tables to make data uniform.

2.1: Edits

When payers submit their data to CHIA for the MA APCD, an **Edits process** is run on each file to check that the data complies with requirements for the file and for each data element in the file.

The automated edits perform an important data quality check on incoming submissions from payers. They identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to CHIA and MA APCD users. Refer to the **File Layout** sections of each document to view the Edit Level for each Data Element:

- ‘A’ level fields must meet their **MA APCD threshold percentage** in order for a file to pass. There is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any ‘A’ level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action.
- The other categories (**B, C, and Z**) are also **monitored**, but the thresholds are not presently enforced.

More detailed APCD Version 3.0 File Edit documentation can be found at: <http://chiamass.gov/apcd-data-submission-guides>

2.2: Variances

The **Variance process** is a collaborative effort between the payer and CHIA to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the MA APCD standard. Payers are allowed to request a lower threshold for specific fields, but they must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA staff carefully reviews each request and follows up with a discussion with the payers about how to improve data quality, suggest alternative threshold rates or creating plans to reach threshold over time to improve reporting quality.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by CHIA liaisons and discussed with the payer for corrective action. (see Appendix 4)

2.3: Broad Caveats

Researchers using the MA APCD Release 3.0 data should be aware of the following:

- Due to the variance process, data quality may vary from one payer to another. (see Appendix 4)
- Claim Files submitted through June 2014 were accepted with relaxed edits. (Refer to the MA APCD Submission Guide for Edit information)
- The release files contain the data submitted to CHIA including valid and invalid values.
- Certain data elements were cleaned when necessary. Detail on the cleaning logic applied is described at the end of each file layout.
- Certain data elements were redacted to protect against disclosure of sensitive information.
- Some Release Data was manipulated to protect patient privacy:
 - Assignment of linkage IDs to replace reported linkage identifiers (see Appendix 3).
 - Member Birth Year is reported as 999 for all records where the member age was reported as older than 89 years on the date of service.
 - Member Birth Year is reported as Null for all records where the member was reported as older than 115 years on the date of service.

Section 3.0 Member Eligibility File

As part of the All Payer Claims Database (APCD), payers are required to submit a Member Eligibility file. Annual eligibility files contain all eligibility records with at least one day of member eligibility within the calendar year. For Release 3.0, **one file per year** will be released (e.g. December 2009, December 2010, and forward). Each year's Eligibility File will contain a 24-month rollback of eligibility. If data from 2009-2011 is requested, then three Eligibility Files will be released (December 2009, December 2010, and December 2011).

3.1: Types of Data Collected in the Member Eligibility File

3.1.1: Subscriber / Member Information

Both member and subscriber information is collected in the file; however, the eligibility information is related strictly to the **member**, who may or may not be the subscriber. The subscriber information is mainly used to link the member to a subscriber, and is a requirement of other states.

3.1.2: Non-Massachusetts Residents

CHIA will not require payers submitting claims and encounter data on behalf of an employer group to submit claims data for employees who reside outside of Massachusetts, unless the payer is required by contract with the Group Insurance Commission.

3.1.3: Demographics

CHIA is collecting birth date information on each Subscriber and Member. This information is also useful with matching algorithms.

3.1.4: Coverage Indicators

CHIA is collecting coverage indicator flags to determine if a member has medical, dental, pharmacy, behavioral health, vision and/or lab coverage. These fields may be compared against the Product file and will be helpful in understanding benefit design.

3.1.5: Dates

CHIA is collecting two sets of start and end dates.

- ME041 and ME042 are the dates associated with the member's enrollment with a specific product. ME041 captures the date the member enrolled in the product and ME042 captures the end date or is Null if they are still enrolled.
- ME047 and ME048 are the dates a member is enrolled with a specific PCP. For plans or products without PCPs, these fields will not be populated.

3.2: Member Eligibility Release File Structure

Topic	Clarification
<p>Rows</p>	<p>Each row represents a unique instance of a Member and their Product Eligibility and attributes.</p> <ul style="list-style-type: none"> ▪ If a Member is eligible for more than one Product, then the Member will be reported again on another record in the same month. ▪ If a Member has more than one PCP under the same Product, then the Member and Product will be reported again on another record in the same month. ▪ If a member has a break in eligibility, this would require multiple records. <p>This allows the opportunity to analyze information on Member Eligibility to Products and Member Eligibility to Claims, to better understand utilization. Accurate enrollment data is needed to calculate member months by product and by provider.</p> <ul style="list-style-type: none"> • ME file detail level is defined as at least one record per member, per product id, per begin and end date of eligibility for that product. • Multiple records for “Member + Product” may exist, but begin and end eligibility dates should not overlap. • Only a product change, or break in eligibility, triggers a requirement for a new eligibility record. <p>Note that coverage attributes such as PCP should reflect the values most relevant to:</p> <ul style="list-style-type: none"> ○ the end period for the Eligibility segment (if an inactive segment) or ○ the Member Eligibility file end period, e.g.: <ul style="list-style-type: none"> ▪ 12/31/2009 for first legacy filing ▪ 12/31/2010 for the second legacy filing
<p>Release ID</p>	<p>A unique id for each claim line in the data release will assigned by CHIA.</p> <ul style="list-style-type: none"> • All Level 1 and Level 2 file records will contain Release IDs to enable linking between the records in the public use file and the records in the restricted use files.
<p>Example of multiple rows in the ME file:</p>	<p>The ME file should contain one record per member per product per eligibility time period. If medical and pharmacy benefits are delivered via two separate products rather than a bundled product (e.g.: HMO Medical 1000 and RX Bronze) we expect two records, one for HMO Medical 1000 and one for RX Bronze. The Prescription Drug Coverage indicator (ME019) would have a value of ‘2’ for No in the HMO Medical 1000 eligibility record, and the Medical Coverage indicator (ME020) would have a value of ‘1’ for Yes. Those two field values would be reversed in the RX Bronze eligibility record. Each product would also need to be in the Product File, with PR006 indicating that the product is a Pharmacy, Medical or other product. We would expect the product Benefit Type to correlate to the flags in the Eligibility File. For example for the Product File record for the HMO Medical 1000 we would expect PR006 product Benefit Type to be ‘1’ which equals a description of ‘Medical Only’ and RX Bronze’s Product File record would have a value of ‘2’ for ‘Pharmacy Only’ in PR006.</p>
<p>Redundancy with the Claims file data elements</p>	<p>Many of the segments in the file use similar semantics to claims data, and some fields are exact duplicates of fields on the claim file. CHIA is seeking what is in the Payer’s Member File regardless of the information that comes in on Claims. This extra or similar information across files is needed to support analysis of the variations of Member Eligibility, and is also a requirement of other states.</p>

Topic	Clarification
Some companies do not track Member's date of death.	The intent of collecting this data element is to aid with ending a Member's Eligibility, regardless of place of expiration. Report when known.
There are a number of elements in the file layout that do not apply to some payers.	Individual elements each have a reporting threshold setting, which allows Payers to meet reporting requirements. CHIA realizes that the current format does not fit all Payers. The variance process allows for Payers to address any inability to meet threshold requirements.
If claims are processed by a third-party administrator, who is responsible for submitting the data and how should the data be submitted?	In instances where more than one entity administers a health plan, the health care payer and third-party administrators are responsible for submitting data according to the specifications and format defined in the Submission Guides. This means that some records may be represented twice – once by the payer, and once by the TPA. CHIA's objective is to create a comprehensive All-Payer database which must include data from all health care payers and third-party administrators. Future releases planned by CHIA will consolidate duplicative eligibility and claims reporting to remove duplication and provide one set of the most complete and accurate data.

3.3: Member Eligibility File Layout

Restricted Release Elements:

- Each **row** in the release file contains one record of the indicated file type. There is an **asterisk-delimited field** in each row for every data element listed in the Restricted Release sections for each file type.
- Data Elements will be delimited in the order displayed in the File Layout sections of this document.
- **Empty** or **null** data elements will have no spaces or characters between the asterisks.
- **Lookup Tables:** Have been moved within the structure of the Element description, similar to the MA APCD Submission Guide documentation.
- A **Carrier-Specific Master Lookup** table is included with each data extract. Refer to the **Carrier-Specific Reference** and **Linking** sections in this document for more information.
- **External Code Sources** are listed in Appendix 8.
- **Masked Elements:** For the Data Release, some of the data elements have been **Masked** to provide confidentiality for Payers and Providers, and individuals, while allowing for linkage between claims, files, and lookup tables. Refer to the **Data Protection/Confidentiality** and **Linkage** sections of the Appendices for more information.

3.3.1: Release Text File Column Titles

Release File Column Names included in this document lists the column name for each data element in the Level 2 and Level 3 release files. The text files exported from the APCD SQL Database include these SQL column names in the first row. (see Appendix 6)

3.3.2: File Layout Section Columns

- **Data Element:** The code name of the element, with reference to the Regulation and the Submission files received by CHIA from Payers. The first two digits refer to the File Type and the following numbers to the ordering in the Submission Files.
- **Data Element Name:** Name of the element.
- **Format/Length:** Maximum Length of the data column in the APCD's SQL Server database at CHIA.
- **Description:** Description of the element; **additionally** the lookup table is included where applicable.
- **Additional Element Description:** Additional information about the element in the release.
- **Edit Level:** Level of enforcement of the data element's requirements by CHIA on Payer Submissions. Refer to the **Edits** section of this document.
- **%:** The expected percentage of validity for instances of the element in each submission file by the Payer.

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
Derived-ME01	Submission Month	int	Month of the file submission—derived by CHIA.	Month of the file submission—derived by CHIA.	Month of the file submission—derived by CHIA.	N/A	N/A
Derived-ME02	Submission Year	int	Year of the file submission—derived by CHIA.	Year of the file submission—derived by CHIA.	Year of the file submission—derived by CHIA.	N/A	N/A
Derived-ME03	County of Member	varchar	County of the Member/Patient—derived by CHIA	County of the Member/Patient—derived by CHIA	County of the Member/Patient—derived by CHIA	N/A	N/A
Derived-ME04	County of Subscriber	varchar	County of the Service Provider—derived by CHIA	County of the Service Provider—derived by CHIA	County of the Service Provider—derived by CHIA	N/A	N/A
Derived-ME05	Member Eligibility ID	int	Unique record ID per submission control ID	With each submission control ID this number is reset to 1 and sequentially incremented by one for every record submitted	With each submission control ID this number is reset to 1 and sequentially incremented by one for every record submitted	N/A	N/A
Derived-ME06	Member ZIP code (first 3 digits)	varbinary[256]	Zip Code of Member/Patient (first 3 digits)—derived by CHIA	Zip Code of Member/Patient (first 3 digits)—derived by CHIA	Zip Code of Member/Patient (first 3 digits)—derived by CHIA	N/A	N/A
Derived-ME07	Release ID	Int	Unique record ID derived specifically for this release file type	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released	N/A	N/A
Derived-ME08	Submission Control ID	int	Unique sequential number assigned to any new file type	With each file submission this number is incremented	With each file submission this number is incremented by one	N/A	N/A

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			submitted to CHIA across all carriers	by one			
Derived-ME09	Subscriber ZIP code (first 3 digits)	varbinary	Zip Code of the Subscriber (first 3 digits)—derived by CHIA	Zip Code of the Subscriber (first 3 digits)—derived by CHIA	Zip Code of the Subscriber (first 3 digits)—derived by CHIA	N/A	N/A
Derived-ME10	Submission Year and Month					N/A	N/A
Derived-ME11	Medicaid Indicator					N/A	N/A
Derived-ME12	Member Link EID					N/A	N/A
Derived-ME14	Member Age At Enrollment					N/A	N/A
ME001	Submitter	varchar[6]	CHIA defined and maintained unique identifier	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002	A CHIA-assigned identifier for any APCD Data Submitter; Insurance, Benefit Manager/Administrator, TPA, Vendor, etc.	A0	100%
ME002	National Plan ID	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	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	Z	0%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME003	Insurance Type Code/Product	char[2]	Type / Product Identification Code 09 Self-pay 10 Central Certification 11 Other Non-Federal Programs 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 17 Dental Maintenance Organization (DMO) 20 Medicare Advantage PPO 21 Medicare Advantage Private Fee for Service AM Automobile Medical BL Blue Cross / Blue Shield CC Commonwealth Care CE Commonwealth Choice CH CHAMPUS CI Commercial Insurance DS Disability HM Health Maintenance Organization HN HMO Medicare Risk/Medicare Part C LI Liability LM Liability Medical MA Medicare Part A	Report the code that defines the type of insurance under which this member's eligibility is maintained. EXAMPLE: HM = HMO	A code that defines the type of insurance applied to this eligibility segment by the carrier or its designee.	A1	96%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			MB Medicare Part B MC Medicaid MD Medicare Part D MO Medicaid Managed Care Organization MP Medicare Primary MS Medicare Secondary Plan OF Other Federal Program (e.g. Black Lung) QM Qualified Medicare Beneficiary SC Senior Care Option SP Supplemental Policy TF HSN Trust Fund TV Title V VA Veterans Administration Plan WC Workers' Compensation ZZ Other				
ME004	Year	int[4]	Eligibility year reported in this submission.	Report the year for which eligibility is reported in this submission in CCYY format. If reporting previous year's data, the year reported here will not match current year. Do not report a future year here.	Year for which eligibility is reported in this submission period. Previous year's data in this file will not match current year.	A0	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME005	Month	char[2]	Reporting Month of Eligibility	Report the month for which eligibility is reported in this submission in MM Format. Leading zero is required for reporting January through September files.	Month for which eligibility is reported in the submission.	A0	100%
ME007	Coverage Level Code	char[3]	Benefit Coverage Level Code CHD Children Only DEP Dependents Only ECH Employee and Children ELF Employee and Life Partner EMP Employee Only ESP Employee and Spouse FAM Family IND Individual SPC Spouse and Children SPO Spouse Only UNK Unknown	Report the code that defines the dependent coverage		A1	99%
ME012	Individual Relationship Code	varchar[2]	Member to Subscriber Relationship Code	Report the value that defines the Member's relationship to the Subscriber. EXAMPLE: 20 = Self / Employee	Numeric indicator to define the Member's relationship to the Subscriber.	A0	98%
ME013	Member Gender	char[1]	Member's Gender 1 Spouse 4 Grandfather or Grandmother 5 Grandson or Granddaughter	Report member gender as reported on enrollment form in alpha format. Used to create Unique Member ID. EXAMPLE: F = Female	A code that defines the Member's gender.	A0	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME014	Member Birth (Year Only)	Int-Null					
ME014	Member Birth (Month Only)	Int-Null					
ME015	Member City Name	varchar[30]	City name of the Member	Report the city name of member. Used to create Unique Member ID	City of the Member.	A0	99%
ME016	Member State	char[2]	State / Province of the Member	Report the state of the patient as defined by the US Postal Service. Report Province when Country Code does not = USA	State of the Member.	A0	99%
ME017	Member ZIP Code	varchar[9]	Zip Code of the Member	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen.	Zip Code of the Member	A0	99%
ME018	Medical Coverage	int[1]	Indicator - Medical Option 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes there is Medical Coverage.	Numeric indicator that reports if the Member has medical coverage as a benefit during the time-period of this eligibility segment.	A0	100%
ME019	Prescription Drug Coverage	int[1]	Indicator - Pharmacy Option 1 Yes 2 No 3 Unknown 4 Other	Report the value that defines the element. EXAMPLE: 1 = Yes there is Prescription Coverage.	Numeric indicator that reports if the Member has prescription drug coverage as a benefit during the time-period of this eligibility segment.	A2	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			5 Not Applicable				
ME020	Dental Coverage	int[1]	Indicator - Dental Option 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes there is Dental Coverage.	Numeric indicator that reports if the Member has dental coverage as a benefit during the time-period of this eligibility segment.	A2	100%
ME021	Race 1	varchar[6]	Member's self-disclosed Primary Race R1 American Indian/Alaska Native R2 Asian R3 Black/African American R4 Native Hawaiian or other Pacific Islander R5 White R9 Other Race UNKNOW Unknown/not specified	Report the Member-identified primary race here. The code value "UNKNOW" (Unknown/not specified), should be used ONLY when Member answers unknown, or refuses to answer. Do not report any value here if data has not been collected. Report only collected data. EXAMPLE: R9 = Other Race	A code that reports the self-disclosed primary race of the Member. A value of R9 (Other Race) requires narrative of this race in Other Race.	B	3%
ME022	Race 2	varchar[6]	Member's self-disclosed Secondary Race R1 American Indian/Alaska Native R2 Asian R3 Black/African American R4 Native Hawaiian or other Pacific Islander R5 White R9 Other Race UNKNOW Unknown/not specified	Report the Member-identified secondary race here. The code value "UNKNOW" (Unknown/not specified), should be used ONLY when Member answers unknown, or refuses to answer. Do not report any value here if data has not been collected. Report only collected data.	A code that reports the self-disclosed secondary race of the Member. A value of R9 (Other Race) requires narrative of this race in Other Race.	C	2%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				EXAMPLE: R9 = Other Race			
ME023	Other Race	varchar[15]	Member's Other Race	Report the member's self-disclosed race when ME021 or ME022 is entered as R9 Other Race; if not applicable, do not report any value here	Definition of Other Race when UNKNOW is selected in either Race 1 or Race 2 elements.	C	99%
ME024	Hispanic Indicator	int[1]	Indicator - Hispanic Status 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. The code value “3” for unknown, should be used ONLY when member answers unknown, or refuses to answer. Do not report any value here if the data has not been collected. Report only collected data. EXAMPLE: 1 = Yes, Member has indicated Hispanic status.	Numeric indicator that reports if the Member has self-disclosed Hispanic heritage during the time-period of this eligibility segment.	B	3%
ME025	Ethnicity 1	char[6]	Member's Primary Ethnicity AMERCN American BRAZIL Brazilian CVERDN Cape Verdean CARIBI Caribbean Island (see CDC Code 2075-0) PORTUG Portuguese RUSSIA Russian EASTEU Eastern European	Report the Member-identified primary ethnicity from either the External Code Source or here, whichever provides the best detail as obtained from the Member / Subscriber. The value “UNKNOW” should be	A code that reports the self-disclosed primary ethnicity of the Member. A value of OTHER requires narrative of this ethnicity in Other Ethnicity.	B	3%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			OTHER Other Ethnicity UNKNOW Unknown / not specified	used ONLY when the Member answers unknown, or refuses to answer. Do not report any value here if data has not been collected. Report only collected data.			
ME026	Ethnicity 2	char[6]	Member's Secondary Ethnicity AMERCN American BRAZIL Brazilian CVERDN Cape Verdean CARIBI Caribbean Island (see CDC Code 2075-0) PORTUG Portuguese RUSSIA Russian EASTEU Eastern European OTHER Other Ethnicity UNKNOW Unknown / not specified	Report the Member-identified secondary ethnicity from either the External Code Source or here, whichever provides the best detail as obtained from the Member / Subscriber. The value "UNKNOW" should be used ONLY when the Member answers unknown, or refuses to answer. Do not report any value here if data has not been collected. Report only collected data.	A code that reports the self-disclosed primary ethnicity of the Member. A value of OTHER requires narrative of this ethnicity in Other Ethnicity.	C	2%
ME027	Other Ethnicity	varchar[20]	Member's Other Ethnicity	Report the member's self-disclosed ethnicity when ME025 or ME026 is entered as OTHER; if not applicable, do not report any value here	Definition of Other Ethnicity when UNKNOW is selected in either Ethnicity 1 or Ethnicity 2 elements.	C	99%
ME028	Primary Insurance Indicator	int[1]	Indicator - Primary Insurance Coverage 1 Yes 2 No 3 Unknown 4 Other	Report the value that defines the element. EXAMPLE: 1 = Yes, Insurance is Primary (Products, Plans or Benefits that only cover	Numeric indicator that reports if the Member's eligibility is for primary insurance during the time-period of this eligibility segment.	A0	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			5 Not Applicable	Copays, Coinsurance and Deductibles [Gap Coverage] will answer 2 = No here).			
ME029	Coverage Type	char[3]	Type of Coverage Code ASW - Self-funded plans that are administered by a third-party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage ASO - Self-funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess, insurance coverage STN - Short-term, non-renewable health insurance UND - Plans underwritten by the insurer OTH - Any other plan. Insurers using this code shall obtain prior approval.	Report the code that defines the type of insurance policy by which the enrollee is covered. EXAMPLE: UND = Plan underwritten by the insurer	A code that reports the risk-type of the carrier the Member is covered under during the time-period stated on this eligibility segment.	A0	98%
ME030	Market Category Code	varchar[4]	Market Category Code IND Individuals (non-group) ISCO Individuals as a Senior Care Option FCH Individuals on a franchise basis GCV Individuals as group conversion Policies	Report the code that defines the market, by size and or association, to which the policy is directly sold and issued	A code that reports the market the policy is sold into by the carrier or its designee during the time-period of this eligibility segment. Use this code to map to individuals and group sizes.	A0	99%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			GS1 Employers having exactly 1 employee GS2 Employers having 2 thru 9 employees GS3 Employers having 10 thru 25 employees GS4 Employers having 26 thru 50 employees GLG1 Employers having 51 thru 100 employees GLG2 Employers having 101 thru 250 employees GLG3 Employers having 251 thru 500 employees GLG4 Employers having more than 500 employees GSA Small employers through a qualified association trust OTH Other types of entities. Insurers using this market code shall obtain prior approval.				
ME031	Special Coverage	varchar[3]	Special Coverage Code CC Commonwealth Care HSN Health Safety Net N/A Not Applicable	Report the code that defines the product coverage as related to a health exchange or trust. Report N/A if neither apply. EXAMPLE: N/A = Not Applicable	A code that reports special coverage type under Commonwealth Care or the Health Safety Net during the time-period of this eligibility segment. Value of N/A indicates any other type of coverage.	A2	98%
ME033	Member language preference	int[3]	Member's self-disclosed verbal language preference	Report the code that defines the spoken language preference of the member. The code value 999 (Unknown/ Not	A code that reports the self-disclosed verbal language preference of the Member. A value of 708, 799 or 997 requires narrative of this language	B	3%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				Specified), should only be used when patient/client answers unknown or refuses to answer. Do not report any value here if the submitter does not have the data. Report only collected data.	preference in Other Member Language Preference.		
ME034	Member language preference - Other	varchar[20]	Member's Other Language Preference	Report the other language the member / subscriber has identified. Do not report any value If no other language identified	Definition of Other Language Preference when 708, 799 or 997 is selected in Member Language Preference.	C	99%
ME035	Health Care Home (PCMH) Assigned Flag	int[1]	Health Care Home Assigned indicator 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Member has an assigned approved patient centered medical home for this coverage period.	Numeric indicator that reports if the Member has been assigned to a Health Care Home by the carrier or its designee during the time-period of this eligibility segment.	A2	100%
ME036	Health Care Home (PCMH) Number	varchar[30]	Health Care Home ID	Report the submitter assigned patient centered medical home number. It is anticipated that this will be the same data submitter number used in reporting servicing provider. Do not report any data here if not applicable. The number of the member's healthcare home must also be in the Provider File in PV002, Provider ID.	Link to PV002 on the Provider File to obtain detailed attributes of the Health Care Home. (Refer to Linking section of Release Document.)	C	90%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME038	National Provider ID - Health Care Home (PCMH)	int[10]	National Provider Identification (NPI) of the Health Care Home Provider	Report the National Provider Identification (NPI) number for the entity or individual serving as the medical home. If there is no medical home to report, do not report any value.	The National Provider ID (NPI) of the Health Care Home.	C	10%
ME039	Health Care Home Name	varchar[60]	Name of Health Care Home	Report the full name of the medical home. If the medical home is an individual, report in the format of Last name, first name and middle initial with no punctuation. If there is not medical home to report, do not report any value.	Name of the Health Care Home that the Member is assigned to during the time-period of this eligibility segment.	C	90%
ME040	Product ID Number	varchar[30]	Product Identification	Report the carrier / submitter-assigned identifier as it appears in PR001 in the Product File. This element is used to understand Product and Eligibility attributes of the member / subscriber as applied to this record	Link to PR001 on the Product File to obtain detailed attributes of the product that this eligibility segment is associated to. (Refer to Linking section of Release Document.)	A0	100%
ME041	Product Enrollment Start Date	int[8]	Member Enrollment Date	Report the date the member was enrolled in the product in CCYYMMDD Format.	The date the Member enrolled in the product.	A1	98%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME041	Product Enrollment Start Date - Year	int-NULL					98%
ME041	Product Enrollment Start Date - Month	int-NULL					98%
ME042	Product Enrollment End Date	int[8]	Enrollment Date	Report the date the member was disenrolled from the product in CCYYMMDD Format. If the member was not disenrolled at the end of the current month, then do not fill with any value	The date the Member dis-enrolled in the product. If the Member is not dis-enrolled, date is null.	B	98%
ME042	Product Enrollment End Date - Year	int-NULL					98%
ME042	Product Enrollment End Date - Month	int-NULL					98%
ME045	Purchased through Massachusetts Exchange Flag	int[1]	Indicator - MA Exchange Purchase 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, policy for this eligibility was purchased through MA Health Exchange. Required for Risk Assessment		B	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME046	Member PCP ID	varchar[30]	Member's PCP ID	Report the identifier of the members PCP. The value in this element must have a corresponding Provider ID (PV002) in the Provider File. Report a value of '999999999U' when PCP is unknown or '999999999NA' if the eligibility does not require a PCP.	Link to PV002 on the Provider File to obtain detailed attributes of the Member's Primary Care Provider. (Values of '999999999U' when PCP is unknown and '999999999NA' if the product does not require a PCP.)	B	98%
ME047	Member PCP Effective Date	int[8]	PCP Effective Date with Member	Report the Member enrollment begin date with the PCP in CCYYMMDD Format.	The date that the Member commenced an affiliation with the PCP reported in this eligibility segment.	B	98%
ME047	Member PCP Effective Date - Year	int-NULL				B	98%
ME047	Member PCP Effective Date - Month	int-NULL				B	98%
ME048	Member PCP Termination Date	int[8]	PCP Termination Date with Member	Report the Member termination date from the PCP in CCYYMMDD Format. If the member is still active with their PCP at the end of the current month, then do not fill with any value	The date that the Member terminated affiliation with the PCP reported in this eligibility segment.	B	98%
ME048	Member PCP Termination Date - Year	int-NULL				B	98%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME048	Member PCP Termination Date - Month	int-NULL				B	98%
ME049	Member Deductible	varchar[10]	Annual maximum out of pocket Member Deductible across all benefit types	Report the maximum amount of member / subscriber's annual deductible across all benefit types (Medical, RX, vision, behavioral health, etc.) before certain services are covered. Report only In-Network Deductibles here if plan has an In and Out-of-Network Deductible. Report 0 when there is no deductible applied to all benefits for this eligibility. 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	Value representing the Member's maximum annual out-of-pocket deductible, across all benefit types, (Medical, Rx, Vision, Behavioral Health, etc.) before certain services are covered. Only In-Network Deductibles are expected here.	A2	90%
ME050	Member Deductible Used	varchar[10]	Member deductible amount incurred	Report the amount to-date the member / subscriber has incurred towards maximum deductible. Report 0 if no deductible has been incurred. Do not code decimal or round up / down to whole dollars,	Value representing the amount the Member has incurred to-date toward the maximum In-Network deductible across all benefit types (Medical, Rx, Vision, Behavioral Health, etc.).	A2	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070			
ME051	Behavioral Health Benefit Flag	int[1]	Indicator - Behavioral Health Option 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Behavioral/Mental Health is a covered benefit.	Numeric indicator that reports if the Member has behavioral health coverage as a benefit during the time-period of this eligibility segment.	A2	100%
ME052	Laboratory Benefit Flag	int[1]	Indicator - Laboratory Option 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Lab is covered benefit.	Numeric indicator that reports if the Member has laboratory coverage as a benefit during the time-period of this eligibility segment.	A2	100%
ME053	Disease Management Enrollee Flag	int[1]	Chronic Illness Management indicator 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Member's chronic illness is being managed by plan or vendor of plan.	Numeric indicator that reports if the carrier, or its designee, is managing the Member's chronic illness during the time-period of this eligibility segment.	A2	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME055	Business Type Code	int[1]	Business Type	Report the value that defines the submitter's line of business for this line of eligibility. EXAMPLE: 1 = Risk Holder of this line of eligibility		A2	100%
ME056	Last Activity Date	int[8]	Activity Date	Report the date of last activity / change on member enrollment file for this line of eligibility in CCYYMMDD Format. This includes any / all life change updates, open enrollment changes, or benefit design changes by the carrier.	The date of last activity to the Members enrollment record.	A2	98%
ME056	Last Activity Date - Month						
ME057	Date of Death	int[8]	Member's Date of Death	Report the date the member expired in CCYYMMDD Format. If still alive or date of death is unknown, do not report any value here.	Date of Death of the Member, when known.	C	0%
ME059	Disability Indicator Flag	int[1]	Indicator - Disability Status 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Member is on disability.	Numeric indicator that reports if the Member is on Disability during the time-period of this eligibility segment.	A2	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME061	Student Status	int[1]	Indicator - Student Status 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Member is a student.	Numeric indicator that reports if the Member is a student during the time-period stated on this eligibility segment.	A0	100%
ME062	Marital Status	char[1]	Marital Status Code C Common Law Married D Divorced M Married P Domestic Partnership S Never Married W Widowed X Legally Separated U Unknown	Report the member's marital status here	A code that reports the marital status of the Member during the time-period of this eligibility segment.	B	100%
ME063	Benefit Status	char[1]	Benefit Status Code A Active C COBRA P Pending S Surviving Insured T TEFRA U Unknown	Report the code that defines status of benefits for the subscriber	A code that reports the benefit status of the Member during the time-period of this eligibility segment.	A2	100%
ME064	Employee Type	char[1]	Employee Type Code H Hourly Q Seasonal S Salaried T Temporary U Unknown	Report the code that defines the subscribers employment	A code that reports the employee's employment type during the time-period of this eligibility segment.	C	100%
ME065	Date of Retirement	int[8]	Member's date of Retirement	Report the date of the subscriber's retirement in CCYYMMDD Format.	Date GIC employee retired.	B	98%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME065	Date of Retirement - Year	int-NULL				B	98%
ME066	COBRA Status	int[1]	COBRA usage indicator 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Member is covered using COBRA benefit.	Numeric indicator that reports if the Member is covered under COBRA during the time-period of this eligibility segment.	A2	98%
ME072	Family Size	varchar[2]	Family Size Contracted	Report the number of individuals covered under the policy/contract (ME009) of the subscriber. This is required for Risk Assessment and Division of Insurance reporting. No alpha or special characters		A2	100%
ME073	Fully Insured member	int[1]	Fully Insured identifier 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Member is fully insured.	Numeric indicator that reports if the Member is Fully Insured during the time-period of this eligibility segment.	A0	100%
ME074	Interpreter	int[1]	Indicator - Interpreter Need 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Member requires an interpreter.	Numeric indicator that reports if the Member has self-disclosed a need for an interpreter during the time-period stated on this eligibility segment.	A2	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME077	Members SIC Code	varchar[6]	Member Standard NAIC or SIC Code	Report the standard code that describes the industry of the subscriber / member. This can be from either the NAIC 6-digit list or the SIC 4-digit list		C	2%
ME078	Employer Zip Code	char[5]	Zip code of the Employer	Report the 5 digit Zip Code of the Employer of the Subscriber/Member as defined by the United States Postal Service. Required for GIC and Division of Insurance Reporting.		A2	90%
ME081	Medicare Code	int[1]	Medicare Plan Indicator Code 1 Part A Only 2 Part B Only 3 Part A and B 4 Part C Only 5 Advantage 6 Part D Only 9 Not Applicable 0 No Medicare Coverage	Report the value that defines if and what type of Medicare coverage that applies to this line of eligibility. EXAMPLE: 1 = Part A Only	Numeric indicator that reports the Medicare coverage level, if any, of the Member during the time-period of this eligibility segment.	B	100%
ME107	Carrier Specific Unique Member ID	varbinary[256]	Member's Unique ID	Report the identifier the carrier / submitter uses internally to uniquely identify the member. Used to create Unique Member ID and link across carrier's / submitter's files for reporting and aggregation	Unique, internal identification assigned by the carrier or its designee to the Member. This can be used to link eligibility segments to Claim Lines. (Refer to Linking section of Release Document.)	A0	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME108	Subscriber City Name	varchar[30]	City name of the Subscriber	Report the city name of the Subscriber	City of the Subscriber.	A0	98%
ME109	Subscriber State or Province	char[2]	State of the Subscriber	Report the state of the subscriber here. Used to create Unique Member ID.	State of the Subscriber.	A0	99%
ME110	Subscriber ZIP Code	varchar[9]	Zip Code of the Subscriber	Report the 5 or 9 digit Zip Code as defined by the United States Postal Service. When submitting the 9-digit Zip Code do not include hyphen. Used to create Unique Member ID.	Zip Code of the Subscriber.	A0	99%
ME111	Medical Deductible	varchar[10]	Maximum out of pocket amount of applied member's deductible	Report the maximum amount of the member / subscriber's deductible that is applied to medical services before certain services are covered. This is the Base Deductible for General Services. Report 0 when there is no deductible for this benefit. 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	Value representing the maximum amount of the Member's deductible that is applied to medical services before certain medical services are covered.	A2	90%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME112	Pharmacy Deductible	varchar[10]	Maximum out of pocket amount of member's deductible applied to pharmacy	Report the maximum amount of the member / subscriber's deductible that is applied to pharmacy services before certain prescriptions are covered. Report 0 when there is no deductible for this benefit. 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	Value representing the maximum amount of the Member's deductible that is applied to pharmacy before certain prescriptions are covered.	A2	90%
ME113	Medical and Pharmacy Deductible	varchar[10]	Maximum out of pocket amount of member's deductible applied to services	Report the maximum amount of the member / subscriber's deductible that is applied to services before certain medical and / or prescriptions are covered. This element should be filled in when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two. Report 0 when there is no deductible for this combined benefit. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE:	Value representing the maximum amount of the Member's deductible that is applied before certain medical services and prescriptions are covered, when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two.	A2	90%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				150.00 is reported as 15000; 150.70 is reported as 15070			
ME114	Behavioral Health Deductible	varchar[10]	Maximum out of pocket amount of member's deductible applied to behavioral health	Report the maximum amount of the member / subscriber's deductible that is applied to behavioral health services before certain behavioral health services are covered. Report 0 if there is no deductible. 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	Value representing the maximum amount of the Member's deductible that is applied to behavioral health services before certain behavioral health services are covered.	A2	90%
ME115	Dental Deductible	varchar[10]	Maximum out of pocket amount of member's deductible applied to dental services	Report the maximum amount of the member / subscriber's deductible that is applied to dental services before certain dental services are covered. Report 0 when there is no deductible for this benefit. 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	Value representing the maximum amount of the Member's deductible that is applied to dental services before certain dental services are covered.	A2	98%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				as 15070			
ME116	Vision Deductible	varchar[10]	Maximum out of pocket amount of member's deductible applied to vision services	Report the maximum amount of the member / subscriber's deductible that is applied to vision services before certain vision services are covered. If deductible does not apply when vision benefits are available, submit as zero. 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	Value representing the maximum amount of the Member's deductible that is applied to vision services before certain vision services are covered.	A2	98%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME117	Carrier Specific Unique Subscriber ID	varbinary[256]	Subscriber's Unique ID	Report the identifier the carrier / submitter uses internally to uniquely identify the subscriber. Used to create Unique Member ID and link across carrier's / submitter's files for reporting and aggregation	Unique, internal identification assigned by the carrier or its designee to the Subscriber. This can be used to link eligibility segments to Claim Lines. (Refer to Linking section of Release Document.)	A0	100%
ME118	Vision Benefit	int[1]	Indicator - Vision Option 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, Vision is a covered benefit.	Numeric indicator that reports if the Member has vision coverage as a benefit during the time-period of this eligibility segment.	A0	100%
ME122	Coinsurance Maximum %	int[1]	Maximum coinsurance percentage contract of the member 1 - 10% Maximum Coinsurance 2 - 20% Maximum Coinsurance 3 - 30% Maximum Coinsurance 4 - 40% Maximum Coinsurance 5 - 50% Maximum Coinsurance 6 - 75% Maximum Coinsurance 7 - 80% Maximum Coinsurance	Report the value that defines the maximum coinsurance that the member is responsible for when covered/approved services are rendered and link to this line of eligibility. EXAMPLE: 1 = 10% Maximum Coinsurance. If Maximum Coinsurance falls between two categories, then report it under the higher category. (e.g., 15% should be reported as 2 = 20%.)		A2	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
			8 - 90% Maximum Coinsurance 0 - Unknown / Not Applicable				
ME123	Monthly Premium	varchar[10]	Expected Monthly Premium	Report the amount the subscriber is responsible for on a monthly basis to maintain this line of eligibility. Report 0 only when the subscriber is contractually free of this obligation. Required for Risk Assessment and Division of Insurance reporting. Repeat the subscriber's premium on the member's record. 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		A2	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME124	Attributed PCP Provider ID	varchar[30]	PV002 for PCP attributed to the patient for prior year.	Required for Total Medical Expense Reporting. OrgID specific. The PCP attributed to a member by the payer. Reported in December only, for the year prior to the current year. For example: the December 2013 file reports the Attributed PCP for 2012.		A2	100%
ME129	Member Benefit Plan Contract Enrollment Start Date	Int(8)	Date the member is enrolled in the benefit plan	Report the date the member was enrolled in the Benefit Plan in CCYYMMDD format.		A0	100%
ME129	Member Benefit Plan Contract Enrollment Start Date - Year	int-NULL				A0	100%
ME129	Member Benefit Plan Contract Enrollment Start Date - Month	int-NULL				A0	100%
ME130	Member Benefit Plan Contract Enrollment End Date	Int(8)	Date the member's enrollment ends with the benefit plan	Report the date the member disenrolled in the Benefit Plan in CCYYMMDD format. When member is still		B	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				active in the Benefit Plan, do not report any date in this element.			
ME130	Member Benefit Plan Contract Enrollment End Date - Year	int-NULL				B	100%
ME130	Member Benefit Plan Contract Enrollment End Date - Month	int-NULL				B	100%
ME131	TME Global Budget/Payment Indicator	Int[1]	TME Global Budget/Payment Indicator 1 Yes 2 No	Required when Submitter is identified as a TME / RP Submitter. Report whether the member's contract was assigned under a global budget/payment contract. EXAMPLE: 1 = Yes, the member's contract was assigned under a global/budget/payment contract.		A2	100%
ME132	Total Monthly Premium	varchar[10]	Employer + Subscriber's total contribution to monthly premium	Report the total monthly premium at the Subscriber level. Report 0 if no premium is charged. Required for Cost Trends reporting. Do not code decimal or round up / down to whole dollars,	With each submission control ID this number is reset to 1 and sequentially incremented by one for every record submitted	A0	100%

MA APCD Member Eligibility – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070			

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
Derived-ME13	Member Link MCL						
Derived-ME15	Member Tract Census			Data from 2010 Census			
ME006	Insured Group or Policy Number	varbinary[256]	Group / Policy Number	Report the number that defines the insured group or policy. Do not report the number that uniquely identifies the subscriber or member	The carrier assigned group / policy number for this eligibility segment.	A2	99%
ME008	Subscriber SSN	varbinary[256]	Subscriber's Social Security Number	Report the Subscriber's SSN here; used to create	Tax ID of the Subscriber.	A0	85%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here			
ME009	Plan Specific Contract Number	varbinary[256]	Contract Number	Report the Plan assigned contract number. Do not include values in this element that will distinguish one member of the family from another. This should be the contract or certificate number for the subscriber and all of the dependents.	Plan-assigned contract/certificate number for the Subscriber and all of the corresponding dependents. This identifier must not disclose individuals.	A2	95%
ME010	Member Suffix or Sequence Number	varchar[20]	Member's Contract Sequence Number	Report the unique number / identifier of the member within the contract	The unique identifier assigned to each beneficiary (member) under a contract.	B	99%
ME011	Member Identification Code	varbinary[256]	Member's Social Security Number	Tax ID of the Member.	Tax ID of the Member.	A2	68
ME014	Member Date of Birth	varbinary[256]	Member's date of birth	Report the date the member was born in CCYYMMDD Format. Used to create Unique Member ID.	Birth date of the Member.	A0	99%
ME032	Group Name	varbinary[256]	Group name	Report the group name that the policy is attached to. Report IND for individual policies. Do not report any value here if the data is not available	Name of the Group that this eligibility segment is associated with. Value of IND indicates a non-group as an Individual Policy.	A2	80%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME037	Health Care Home (PCMH) Tax ID Number	char[9]	Health Care Home EIN	Report the Federal Tax Identification Number of the medical home here. If there is not medical home to report, do not report any value. Do not use hyphen or alpha prefix.	Tax ID of the Health Care Home.	C	90%
ME043	Member Street Address	varchar[50]	Street address of the Member	Report the member's primary street address. Used to create Unique Member ID.	Street address of the Member.	A0	98%
ME044	Member Street Address 2	varchar[50]	Secondary Street Address of the Member	Report the address of member which may include apartment number or suite, or other secondary information besides the street. Used to create Unique Member ID.	Street address 2 of the Member.	B	2%
ME054	Eligibility Determination Date	int[8]	Eligibility date	Report the date the member eligibility was determined in CCYYMMDD Format.	The date that the Member's eligibility was determined, by the carrier or its designee, for the time-period of this eligibility segment.	B	98%
ME056	Last Activity Date						
ME057	Date of Death - Month	int-NULL				C	0%
ME057	Member Year of Death	int-NULL				C	0%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME058	Subscriber Street Address	varchar[50]	Street address of the Subscriber	Report the subscriber's primary street address here. Used to create Unique Member ID.	Street address of the Subscriber.	A0	98%
ME060	Employment Status	char[1]	Employment Status Code A Active I Involuntary Leave O Orphan P Pending R Retiree Z Unemployed U Unknown	Report the code that defines the employment status of the member / subscriber	A code that reports the employment status of the Member as defined by the carrier or its designee of GIC enrollees during the time-period of this eligibility segment.	A2	100%
ME065	Date of Retirement - Month	int-NULL				B	98%
ME067	Spouse Plan Type	char[2]	Spouse Plan Type Code	Report the code that defines the plan type of the spouse of the employee when Medicare coverage is selected and separate from GIC.	Used when spouse of employee selects Medicare coverage, separate from GIC.	C	1%
ME068	Spouse Plan	char[2]	Spouse Plan Medicare Code	Report the code that defines the plan type of the spouse of the employee when Medicare coverage is selected and separate from GIC.	Used when spouse of employee selects Medicare coverage, separate from GIC.	C	1%
ME069	Spouse Medical Coverage	char[2]	Spouse Medical Medicare Coverage Code	Report the code that defines the medical coverage of the spouse of the employee when Medicare coverage is selected and separate from	Used when spouse of employee selects Medicare coverage, separate from GIC.	C	1%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				GIC.			
ME070	Spouse Medicare Indicator	char[2]	Spouse Medicare Selected Code	Report the code that defines the Medicare Type of the spouse of the employee when Medicare coverage is selected and separate from GIC.	Used when spouse of employee selects Medicare coverage, separate from GIC.	C	1%
ME071	Pool Indicator	int[1]	Pool Indicator Code 1 - Regular State Employees and Retirees, plus local authorities 2 - Elderly Governmental Retirees (EGR) and Retired Municipal Teachers (RMTs)	Report the value that defines one of the two GIC Risk Pools in which this member is enrolled. This element is required for GIC carriers only. Non GIC carriers should not report any value here. EXAMPLE: 1 = Regular State Employee and Retirees	Numeric indicator that reports the risk pool that a GIC Member has been assigned by the carrier or its designee during the time-period of this eligibility segment.	B	98%
ME075	NewMMIS ID	varbinary[256]	MassHealth-assigned Member ID	Report the unique ID that NewMMIS uses to identify a member. This ID must be on all lines of eligibility for MassHealth and Medicaid MCOs	Unique ID used by NewMMIS to identify a Member. (This field is for MassHealth, Medicaid MCOs, or Carriers that offer Commonwealth Care.)	B	98%
ME076	Member rating category	char[2]	Member Rating Category Code	Report the rating category of the member here.	The rating category of the Member as defined by the carrier or its designee.	B	90%
ME079	Recipient Identification Number (MassHealth	varbinary[256]	MassHealth-assigned Member ID	Report the previous MassHealth identification number here. This element is for MassHealth	The current Medicaid identification number assigned to the individual by MassHealth. This field is for MassHealth or	B	98%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
	only)			or Medicaid MCOs only and should only be populated when reporting older lines of eligibility	Medicaid MCOs only.		
ME080	Recipient Historical Number (MassHealth only)	varbinary[256]	MassHealth-assigned Member ID	Report the permanent MassHealth identification number here. This element is for MassHealth or Medicaid MCOs only and should only be populated when reporting older lines of eligibility.	The permanent Medicaid identification number assigned to the individual by MassHealth. This field is for MassHealth or Medicaid MCOs only.	B	98%
ME083	Employer EIN	char[9]	Member's Employer EIN	Report the Federal Tax ID of the Employer here. Do not use hyphen or alpha prefix.	Tax ID of the Employer.	B	90%
ME101	Subscriber Last Name	varbinary[256]	Last name of Subscriber	Report the last name of the subscriber. Used to create Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE	Last name, or entity name, of the Subscriber.	A0	100%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME102	Subscriber First Name	varbinary[256]	First name of Subscriber	Report the first name of the subscriber here. Used to create Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: Anne-Marie becomes ANNEMARIE	First name of Subscriber, when appropriate.	A0	100%
ME103	Subscriber Middle Initial	char[1]	Middle initial of Subscriber	Report the Subscriber's middle initial here. Used to create Unique Member ID.	Middle initial of the Subscriber.	C	2%
ME104	Member Last Name	varbinary[256]	Last name of Member	Report the last name of the patient / member here. Used to create Unique Member ID. Last name should exclude all punctuation, including hyphens and apostrophes, and be reported in upper case. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE	Last name of the Member.	A0	100%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME105	Member First Name	varbinary[256]	First name of Member	Report the first name of the member here. Used to create Unique Member ID. Exclude all punctuation, including hyphens and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: Anne-Marie becomes ANNEMARIE	First name of the Member.	A0	100%
ME106	Member Middle Initial	char[1]	Middle initial of Member	Report the middle initial of the member when available. Used to create Unique Member ID.	Middle initial of the Member.	C	2%
ME119	Filler	char[0]	Filler	The MA APCD reserves this field for future use. Do not populate with any data.		Z	0%
ME120	Actuarial Value	varchar[6]	The actuarial value of the risk adjustment covered plan the member is enrolled in	Calculate using the Federal AV Calculator for the risk adjustment covered plan the member is enrolled in. Report the Actuarial Value of this member as of the 15th of the month.Format to be used is 0.0000. For example, an AV of 88.27689% should be reported as 0.8828.		A0	100%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME121	Metal Level	int[1]	Standardized plan level in metal reference 1 Bronze 2 Silver 3 Gold 4 Platinum 5 Catastrophic 0 Unknown / Not Applicable	Report the Metal Level benefits that the member is associated to in this line of eligibility. Required for Risk Assessment. EXAMPLE: 1 = Bronze Level		A0	100%
ME125	TME OrgID - Physician Group of the Member's PCP	varchar[6]	TME Provider OrgID	Required for Total Medical Expense Reporting. OrgID specific. Report the TME Local Practice Group Provider OrgID for the Physician Group of the Member's PCP, and not the place of service for the claim.		A2	100%
ME126	Risk Adjustment Covered Plan (RACP)	Int(1)	Member Enrolled in RACP Indicator 1 Yes 2 No	Non-grandfathered individual and small group plans underwritten and filed in the Commonwealth of Massachusetts are subject to risk adjustment. Large group plans, self-insured plans, and plans underwritten and filed in states other than Massachusetts are not subject to risk adjustment. Report RACP status as of the 15th of the month.		A0	100%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				EXAMPLE: 1 = Yes, the Member was enrolled in RACP as of the 15th of the month.			
ME127	Billable Member	Int(1)	Billable Member Indicator	Billable members are: the subscriber; all dependent adults over the age of 21; and the three eldest children under the age of 21. Additional dependents under the age of 21 are not counted in rating (they are “non-billable” members). Billable members are identified at the point when eligibility begins; the flag should be populated for every successive month of enrollment in the plan up until the end of the benefit plan year.		A0	100%
ME128	Benefit Plan Contract ID	varchar [30]	Identifier for the benefit plan the member is enrolled in as of 15th of the month	The Benefit Plan Contract ID is the issuer-generated unique ID number for <i>each</i> benefit plan for which the issuer sets a		A0	100%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
				premium in the Massachusetts merged (non-group/small group) market. Report the carrier/submitter-assigned identifier as it appears in BP001 in the Benefit Plan File. This element is used to understand Benefit Plan and Eligibility attributes of the member / subscriber as applied to this record for the Massachusetts Alternative Risk Adjustment Methodology.			
ME133	GIC ID	varchar[9]	GIC Member ID	Report the GIC Member Identification number as provided to GIC Plan Submitters. If not applicable do not report any value here	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released	A0	100%

MA APCD Member Eligibility – Level 3 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
ME134	APCD ID Code	int[1]	Member Enrollment Type 1 FIG - Fully-Insured Commercial Group Enrollee 2 SIG - Self-Insured Group Enrollee 3 GIC - Group Insurance Commission Enrollee 4 MCO - MassHealth Managed Care Organization Enrollee 5 Supplemental Policy Enrollee 6 ICO – Integrated Care Organization 0 Unknown / Not Applicable	Report the value that describes the member's / subscriber's enrollment into one of the predefined categories; aligns enrollment to appropriate editing and thresholds. EXAMPLE: 1 = FIG - Fully Insured Commercial Group Enrollee.	With each file submission this number is incremented by one	A2	100%
ME899	Record Type	char[2]	File Type Identifier	Report ME here. This validates the type of file and the data contained within the file. This must match HD004		A0	100%
ME899	Record Type	varchar[128]	varchar	File Type Identifier	The MA APCD filing-type identifier that defines the data contained within the file.	A0	100

3.3.3: Member Eligibility File Cleaning, Standardization, and Redaction

<i>MA APCD Member Eligibility File Cleaning Logic, by Element</i>				
Element	Data Element Name	Format/Length	Description	Cleaning Logic
Derived from ME014	MemberAgeAtEnrollment	N/A	Member's age	Set MemberAgeAtEnrollment = 999 if >89

<i>MA APCD Member Eligibility File SSN Redaction, by Element</i>			
Element	Data Element Name	Format/Length	Description
ME015	Member City Name	varchar[30]	Member City Name
ME017	Member ZIP Code	varchar[9]	Member ZIP Code
ME023	Other Race	varchar[15]	Other Race
ME027	Other Ethnicity	varchar[20]	Other Ethnicity
ME034	Member language preference - Other	varchar[20]	Member language preference -Other
ME039	Health Care Home Name	varchar[60]	Health Care Home Name
ME082	Employer Name	varchar[60]	Employer Name
ME108	Subscriber City Name	varchar[30]	Subscriber City Name
ME110	Subscriber ZIP Code	varchar[9]	Subscriber ZIP Code

MA APCD Member Eligibility File Reidentification, by Element

Element	Data Element Name	Format/Length	Description
ME	ME036	Health Care Home (PCMH) Number	Text
ME	ME040	Product ID Number	Text
ME	ME046	Member PCP ID	Text
ME	ME124	Attributed PCP Provider ID	Text
ME	ME036	Health Care Home (PCMH) Number	Text



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