

CENTER FOR HEALTH
INFORMATION AND ANALYSIS (CHIA)

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

- Pharmacy Claims -

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Commonwealth of Massachusetts
Center for Health Information and Analysis
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INTRODUCTION

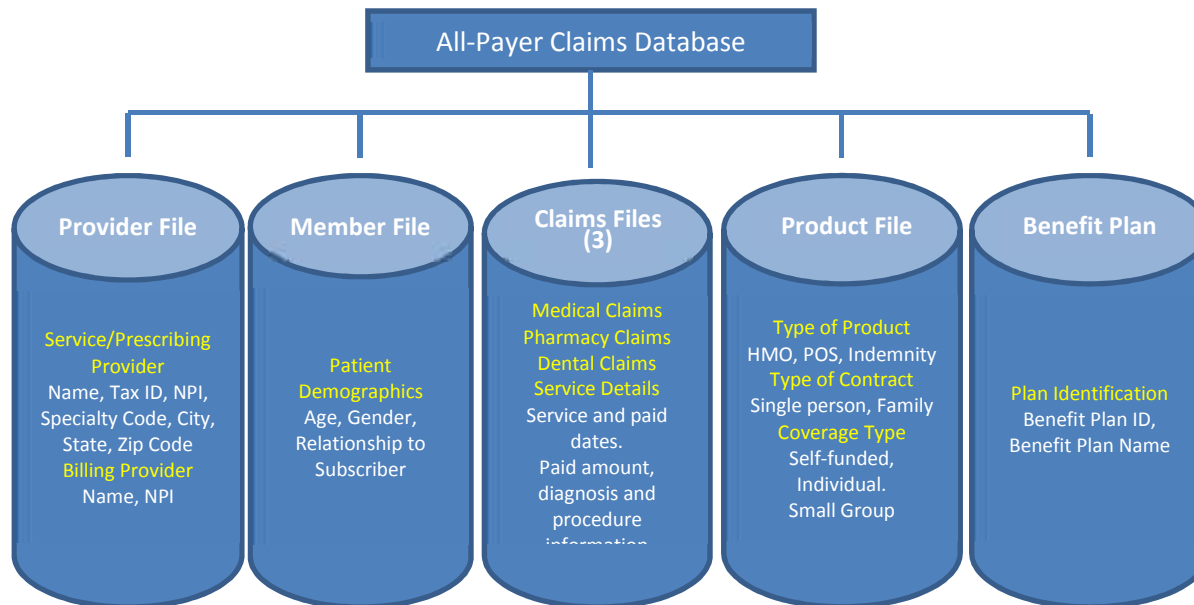
The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful data and 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** 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: Pharmacy Claims File

As part of the All Payer Claims Database (APCD), payers will be required to submit a **Pharmacy Claims File**. The Pharmacy Claims File will include individual **claim lines** for each requested year. The Pharmacy Claim lines will be sorted based on **Date of Service To**. In the event that Date of Service To is unavailable, the following will be utilized:

- 1) DatePrescriptionFilled,
- 2) Paid Date,
- 3) DatePrescriptionWritten,
- 4) DateOfServiceApproved,
- 5) Submission Period (YYYYMM) less 1 day

Below we have provided details on business rules, data definitions, and the potential uses of this data.

3.1 Types of Data Collected in the Pharmacy Claims File

3.1.1: Payer-assigned Identifiers

CHIA requires various Payer-assigned identifiers for matching-logic to the other files, i.e., Product File and Member Eligibility. Examples of these fields include PC003, PC006, PC107 and PC108. These fields can be used to aid with the matching algorithm to those other files.

3.1.2: Claims Data

CHIA requires line-level detail of all Pharmacy Claims for analysis. The line-level data aids with understanding utilization within products across Payers. Subscriber and Member (Patient) Payer unique identifiers are included to aid with the matching algorithm, see PC107 and PC108.

3.1.3: Non-Massachusetts Resident

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 (GIC).

3.1.4: Adjudication Data

CHIA requires adjudication-centric data in order to comply with analytic requirements. The elements typically used in an adjudication process are PC017, PC025, PC036, PC040 through PC042, PC063, PC065 through PC070 and PC110 and are variations of paper remittances or the HIPAA 835 4010.

3.1.5: Denied Claims

Payers are not required to submit wholly denied claims.

3.1.6: Provider Identifiers

CHIA has made a conscious decision to collect numerous identifiers that may be associated with a provider. The identifiers will be used to help link providers across payers in the event that the primary linking data elements are not a complete match. The existence of these extra identifying elements will improve the quality of our matching algorithms. Examples of these identifying elements include PC043-PC055 relating to the Prescribing Provider.

3.1.7: The Provider ID

Elements PC043 (Prescribing Provider ID) and PC048 (Prescribing Physician NPI) are critical fields which link the Prescribing Provider identified on the Pharmacy Claims file with the corresponding record in the Provider File (PV002). The definition of PV002, Provider ID, is:

“the unique number for every service provider (persons, facilities or other entities involved in claims transactions) that a payer has in its system. This field is used to uniquely identify a provider and that provider’s affiliation and a provider and a provider’s practice location within this provider file.”

The goal of PV002, Provider ID, is to help identify provider data elements associated with provider data, which was submitted in the claim line detail, and to identify the details of the Provider Affiliation.

However, due to the fact that PV002 frequently contains sensitive personal information, the element PV002 has received a **substitution linkage element** (with the added suffix“_Linkage_ID”) for this release by CHIA which allows linking to the Provider File. Refer to the Linkage Section of the Appendices for greater detail on this process.

3.2: Pharmacy Claims File Structure:

Following is information about the **Pharmacy Claims File** and Release Data:

Topic	Clarification
Claims that are paid under a 'global payment', or 'capitated payment' , thus zero paid	Payers are instructed by CHIA to submit any pharmacy claim that is considered 'paid'. Paid amount should be reported as 0 and the corresponding Allowed, Contractual, Deductible Amounts should be calculated accordingly.
Previously paid but now Voided claims	The reporting of Voided Claims maintains logic integrity between services utilized and deductibles applied.

Topic	Clarification																		
Release ID	<p>A unique id for each claim line in the data release will assigned by CHIA.</p> <p>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>																		
Changes to Claim Lines	<p>Claim line versioning is triggered by the Claim Line Type field:</p> <table border="1"> <thead> <tr> <th>Claim Type Code</th> <th>Claim Line Type Description</th> <th>Action/Source</th> </tr> </thead> <tbody> <tr> <td>O</td> <td>Original</td> <td></td> </tr> <tr> <td>V</td> <td>Void</td> <td>Delete Line Referenced / Provider</td> </tr> <tr> <td>R</td> <td>Replacement</td> <td>Replace line Referenced /Provider</td> </tr> <tr> <td>B</td> <td>Back Out</td> <td>Delete Line Referenced / Payer</td> </tr> <tr> <td>A</td> <td>Amendment</td> <td>Replace Line Referenced / Payer</td> </tr> </tbody> </table>	Claim Type Code	Claim Line Type Description	Action/Source	O	Original		V	Void	Delete Line Referenced / Provider	R	Replacement	Replace line Referenced /Provider	B	Back Out	Delete Line Referenced / Payer	A	Amendment	Replace Line Referenced / Payer
Claim Type Code	Claim Line Type Description	Action/Source																	
O	Original																		
V	Void	Delete Line Referenced / Provider																	
R	Replacement	Replace line Referenced /Provider																	
B	Back Out	Delete Line Referenced / Payer																	
A	Amendment	Replace Line Referenced / Payer																	

Versioning Claim Lines	<p>Highest Version Flag created for Pharmacy Claim Files: Element Name: Highest Version Flag Doman Values: 0-Not Highest Version 1-Highest Version 9-Undetermined</p> <p>CHIA's standard versioning process includes applying cleaning logic, identifying duplicates, voids/back-outs, replacements/amendments, and setting the highest version flag. Versioning logic has been reviewed and approved by each carrier. A highest version flag is used in version 3.0 Release. A value of 0 or 1 has been assigned to each Pharmacy claim line from the following carriers: MassHealth (3156), BCBS of MA (291), Harvard Pilgrim Health Plan (300), and Tufts Health Plan (8647*) for incurred periods January 2010 through December 2013. Claim lines from all other carriers have a value of 9. * Medicare claim lines for pharmacy services incurred in 2012 or 2013 have not been versioned and, therefore, contain a value of 9 for Tufts Health Plan.</p>
Claim ID	<p>Claims may be isolated by grouping claim lines by the following elements:</p> <p>Payer Claim Control Number (PC004)/Payer Org ID (PC001)</p>
Denied claim lines	<p>Wholly denied claims are not submitted to CHIA. However, if a single procedure is denied within a paid claim that denied line is reported. Denied line items of an adjudicated claim may aid with analysis in the MA APCD in terms of covered benefits and/or eligibility.</p>

3.3: Pharmacy 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 9.
- **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.
- **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 Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
Derived - PC1	Submission Month	int[2]	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 - PC2	Submission Year	int[4]	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 - PC3	County of Member	varchar[3]	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 - PC4	County of Pharmacy Location City	varchar[3]	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 - PC5	County of Prescribing Physician	varchar[3]	County of the Prescribing Physician—derived by CHIA	County of the Prescribing Physician—derived by CHIA	County of the Prescribing Physician—derived by CHIA	N/A	N/A
Derived - PC6	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-PC7	Pharmacy Claim ID	int-NULL		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	N/A	N/A
Derived-PC8	Release ID	int-NULL		Unique record ID derived specifically for this release file type	With each release file type table this number is	N/A	N/A

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
					reset to 1 and sequentially incremented by one for every record released		
Derived-PC9	Submission Control ID	int-NULL		Unique sequential number assigned to any new file type submitted to CHIA across all carriers	With each file submission this number is incremented by one	N/A	N/A
Derived-PC10	CHIA Incurred Date (Year and Month Only)	int[6]	This is a derived YYYYMM value as best determined by CHIA. Determination was based on availability of valid date data – typically “Date Prescription Filled” or “Paid date”.	This is a derived YYYYMM value as best determined by CHIA. Determination was based on availability of valid date data – typically “Date Prescription Filled” or “Paid date”.	This is a derived YYYYMM value.	N/A	N/A
Derived-PC11	Medicaid Indicator	int-NULL		Required by IT for internal linkage			
Derived-PC12	Member Link EID	int-NULL					
Derived-PC14	Member Age At Service	smallint-NULL		Age >89<=115 set to '999'			
Derived-PC16	Highest Version Paid Flag	int-NULL	Indicates highest version of claim received by CHIA, including paid claim lines. (Method developed in partnership with submitters)				
Derived-PC17	Highest Version Indicator	int-NULL	Indicates highest version of claim received by CHIA, including both paid and denied claim lines				

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC001	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 MA APCD Data Submitter; Insurance, Benefit Manager/Administrator, TPA, Vendor	A0	100%
PC002	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 Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC003	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 Risk 17 Dental Maintenance Organization (DMO) AM Automobile Medical BL Blue Cross / Blue Shield CC Commonwealth Care CE Commonwealth Choice CH Champus CI Commercial Insurance Co. DS Disability HM Health Maintenance Organization LI Liability LM Liability Medical MA Medicare Part A MB Medicare Part B MC Medicaid OF Other Federal Program TV Title V VA Veterans Administration Plan XG X-Plan	Report the code that defines the type of insurance under which this patient's claim line was processed. EXAMPLE: HM = HMO	A code that defines the type of insurance applied to the claim line. This value can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	C	95%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC004	Payer Claim Control Number	varchar[35]	Payer Claim Control Identification	Report the Unique identifier within the payer's system that applies to the entire claim	Unique identifier within the payer's system that applies to the entire claim.	A0	100%
PC005	Line Counter	varchar[4]	Incremental Line Counter	Report the line number for this service within the claim. Start with 1 and increment by 1 for each additional line. Do not start with 0, include alphas or special characters.	The line number for this service on the claim. First line should start with 1, and each additional line incremented by 1.	A0	100%
PC005A	Version Number	varchar[4]	Claim Service Line Version Number	Report the version number of this claim service line. The version number begins with 0 and is incremented by 1 for each subsequent version of that service line. No alpha or special characters.	Incrementing counter for a claim line that is reprocessed for any reason over the course of time. Highest value should indicate latest reprocessing of line by the carrier/submitter.	A0	100%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC011	Individual Relationship Code	char[2]	Patient to Subscriber Relationship Code 1 Spouse 4 Grandfather or Grandmother 5 Grandson or Granddaughter 7 Nephew or Niece 10 Foster Child 15 Ward 17 Stepson or Stepdaughter 19 Child 20 Self/Employee 21 Unknown 22 Handicapped Dependent 23 Sponsored Dependent 24 Dependent of a Minor Dependent 29 Significant Other 32 Mother 33 Father 36 Emancipated Minor 39 Organ Donor 40 Cadaver Donor 41 Injured Plaintiff 43 Child Where Insured Has No Financial Responsibility 53 Life Partner 76 Dependent	Report the value that defines the Patient's relationship to the Subscriber. EXAMPLE: 20 = Self / Employee	Numeric indicator to define the Patient's relationship to the Subscriber. This value can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	B	85%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC012	Member Gender	char[1]	Patient's Gender F Female M Male O Other U Unknown	Report patient gender as found on the claim in alpha format. Used to validate clinical services when applicable and Unique Member ID. EXAMPLE: F = Female	A code that defines the Patient's gender. This can be derived from the claim as submitted by the provider or reassigned by the carrier or its designee.	B	100%
PC013	Member Birth (Month Only)	Int-Null					
PC013	Member Birth (Year Only)	Int-Null					
PC014	Member City Name of Residence	varchar[50]	City name of the Member/Patient	Report the city name of the member / patient. Used to validate Unique Member ID	City of the Patient.	B	99%
PC015	Member State	char[2]	State / Province of the Patient	Report the state of the patient as defined by the US Postal Service. Report Province when Country Code does not = USA	State of the Patient.	B	99%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC016	Member ZIP Code	varchar[9]	Zip code of the Member / Patient	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/Patient.	B	99%
PC017	Date Service Approved (AP Date)	int[8]	Date Service Approved by Payer	Report the date that the payer approved this claim line for payment in CCYYMMDD Format. This element was designed to capture date other than the Paid date. If Approved Date and Paid Date are the same, then the date here should match Paid Date.	The date the service was approved for payment by the carrier or its designee.	C	99%
PC017	Date Service Approved (AP Date) - Year	int-NULL	Date Service Approved by Payer (Year only)			C	99%
PC017	Date Service Approved (AP Date) - Month	int-NULL	Date Service Approved by Payer (Month only)			C	99%
PC018	Pharmacy Number	varchar[30]	Pharmacy Number	Report either the NCPDP or NABP number of the dispensing pharmacy	Unique identifier assigned to a pharmacy by either the NAPD or the NCPDP	A0	98%
PC020	Pharmacy Name	varchar[100]	Name of Pharmacy	Report the name of the pharmacy here	Name of the Pharmacy.	A2	90%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC021	National Provider ID - Pharmacy	int[10]	National Provider Identification (NPI) of the Pharmacy	Report the Primary National Provider ID (NPI) here. This ID should be found on the Provider File in the NPI element (PV039)	The National Provider ID (NPI) of the Pharmacy.	C	98%
PC022	Pharmacy Location City	varchar[30]	City name of the Pharmacy	Report the city name of pharmacy - preferably pharmacy location	City of the Pharmacy.	B	85%
PC023	Pharmacy Location State	char[2]	State of the Pharmacy	Report the state where the dispensing pharmacy is located.	State of the Pharmacy.	B	90%
PC024	Pharmacy ZIP Code	varchar[9]	Zip code of the Pharmacy	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 Pharmacy.	B	90%
PC025	Claim Status	varchar[2]	Claim Line Status 01 Processed as primary 02 Processed as secondary 03 Processed as tertiary 04 Denied 19 Processed as primary, forwarded to additional payer(s) 20 Processed as secondary, forwarded to additional payer(s) 21 Processed as tertiary, forwarded to additional payer(s) 22 Reversal of previous payment	Report the value that defines the payment status of this claim line	Numeric indicator that reports if the claim line was paid by the carrier or its designee, and the COB order of the payment.	A0	98%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC026	Drug Code	char[11]	National Drug Code (NDC)	Report the NDC Code as defined by the FDA in 11 digit format (5-4-2) without hyphenation	A standard NDC Code as defined by the FDA in 5-4-2 format without hyphenation.	A0	98%
PC027	Drug Name	varchar[80]	Name of the drug as supplied	The name of the drug that aligns to the National Drug Code. Do not report generic names with brand National Drug Codes	Name of the pharmaceutical supplied.	C	95%
PC028	New Prescription or Refill	char[2]	Prescription Status Indicator 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the status of prescription by numeric value. EXAMPLE: 00 = new prescription; First Refill = 01, etc.	New Prescriptions identified with 00; Enumeration identifies current refill count.	A0	99%
PC029	Generic Drug Indicator	int[1]	Generic Drug Indicator	Report the value that defines the element. EXAMPLE: 1 = Yes, the drug reported is a generic.	Numeric indicator that reports if the pharmaceutical delivered was a generic product.	A2	100%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC030	Dispense as Written Code	int[1]	Prescription Dispensing Activity Code 0 Not dispensed as written 1 Physician dispense as written 2 Member dispense as written 3 Pharmacy dispense as written 4 No generic available 5 Brand dispensed as generic 6 Override 7 Substitution not allowed, brand drug mandated by law 8 Substitution allowed, generic drug not available in marketplace 9 Other	Report the value that defines how the drug was dispensed. EXAMPLE: 0 = Not dispensed as written	Numeric indicator that reports the dispensing activity of the pharmacy.	C	98%
PC031	Compound Drug Indicator	int[1]	Compound Drug Indicator 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, drug is a compound.	Numeric indicator that reports if the pharmaceutical delivered is the result of combining two or more drugs.	A2	98%
PC032	Date Prescription Filled	int[8]	Prescription filled date	Report the date the pharmacy filled AND dispensed prescription to the patient in CCYYMMDD Format.	The date that the pharmacy filled AND dispensed prescription to the Patient.	A0	99%
PC032	Date Prescription Filled (Year Only)					A0	99%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC032	Date Prescription Filled (Month Only)					A0	99%
PC033	Quantity Dispensed	±varchar[10]	Claim line units dispensed	Report the number of metric units of medication dispensed	The number of metric units of medication dispensed.	A1	99%
PC034	Day's Supply	±varchar[4]	Prescription Supply Days	Report the number of days the prescription will last if taken as prescribed	Estimated number of days the prescription will last.	A2	99%
PC035	Charge Amount	±varchar[10]	Amount of provider charges for the claim line	Report the amount the provider / dispensing facility billed the insurance carrier for this claim line service. 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	Amount provider charged for the claim line service.	A0	99%
PC036	Paid Amount	±varchar[10]	Amount paid by the carrier for the claim line	Report the amount paid for the claim line. Report 0 if line is paid as part of another procedure / claim line. Do not report any value if the line is denied. 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	The amount paid to the provider for this claim line.	A0	99%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC037	Ingredient Cost/List Price	±varchar[10]	Amount defined as the List Price or Ingredient Cost	Report the amount that defines this pharmaceutical cost / price. Do not report any value if unknown. 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	The amount that the pharmacy has on file as the List Price.	A1	99%
PC038	Postage Amount Claimed	±varchar[10]	Amount of postage claimed on the claim line	Report the amount of postage claimed for this claim line. Report 0 if postage does not apply 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	The amount that a provider has reported as postage for reimbursement.	C	99%
PC039	Dispensing Fee	±varchar[10]	Amount of dispensing fee for the claim line	Report the amount that defines the dispensing fee. Report 0 if fee does not apply. 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	The amount that a provider has reported as a dispensing fee for reimbursement.	A1	99%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC040	Copay Amount	±varchar[10]	Amount of Copay member/patient is responsible to pay	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Copay applies. 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	The copay amount applied to a claim line or full claim as calculated by the carrier or its designee.	A1	99%
PC041	Coinsurance Amount	±varchar[10]	Amount of coinsurance member/patient is responsible to pay	Report the amount that defines a calculated percentage amount for this claim line service that the patient is responsible to pay. Report 0 if no Coinsurance applies. 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	The coinsurance amount applied to a claim line or full claim as calculated by the carrier or its designee.	A1	99%
PC042	Deductible Amount	±varchar[10]	Amount of deductible member/patient is responsible to pay on the claim line	Report the amount that defines a preset, fixed amount for this claim line service that the patient is responsible to pay. Report 0 if no Deductible applies to service. 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	The deductible amount applied to a claim line or full claim as calculated by the carrier or its designee.	A1	99%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC043	Prescribing Provider ID	varchar[30]	Prescribing Provider Number	Report the number of the prescribing provider here. This value in this element must have corresponding Provider ID (PV002) in the Provider File.	Link to PV002 on the Provider File to obtain detailed attributes of the Prescribing Provider. (Refer to Linking section of the Release Document.)	A0	98%
PC044	Prescribing Physician First Name	varchar[25]	First name of Prescribing Physician	Report the first name of the prescribing physician here.	First name of the Prescribing Physician. Can be reported as NULL if DEA Number is present.	B	50%
PC045	Prescribing Physician Middle Name	varchar[25]	Middle initial of Prescribing Physician	Report the middle name of the prescribing physician here.	Middle name of the Prescribing Physician. Can be reported as NULL if DEA Number is present.	C	2%
PC046	Prescribing Physician Last Name	varchar[60]	Last name of Prescribing Physician	Report the last name of the prescribing physician here.	Last Name of the Prescribing Physician. Can be reported as NULL if DEA Number is present.	B	50%
PC048	National Provider ID - Prescribing	int[10]	National Provider Identification (NPI) of the Prescribing Provider	Report the Primary National Provider ID (NPI) of the Prescribing Provider in PC043. This ID should be found on the Provider File in the NPI element (PV039). This element is looking to capture the NPI of an individual physician, not a group	The National Provider ID (NPI) of the Prescribing Provider.	C	80%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC049	Prescribing Physician Plan Number	varchar[30]	Carrier-assigned Provider Plan ID	Report the prescriber's plan number here. Do not report any value here if not contracted with the carrier.	Unique identifier assigned to the Prescribing Physician by the carrier or its designee. When the prescriber is not contracted with the carrier, this field will be null or reported as HCF-99907.	C	10%
PC050	Prescribing Physician License Number	varchar[30]	Prescribing Physician License Number	Report the state license number for the provider identified in PC043. For a doctor this is the medical license for a non-doctor this is the practice license. Do not use zero-fill. If not available, or not applicable, such as for a group or corporate entity, do not report any value here.	State license number of the Prescribing Physician identified in PV002.	B	10%
PC051	Prescribing Physician Street Address	varchar[50]	Street address of the Prescribing Physician	Report the street address of the Prescribing Physician	Street address of the Prescribing Physician.	C	10%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC052	Prescribing Physician Street Address 2	varchar[50]	Secondary Street Address of the Prescribing Physician	Report the street address of the Prescribing Physician that may contain office number, suite number of PO Box.	Street address 2 of the Prescribing Physician.	C	2%
PC053	Prescribing Physician City	varchar[30]	City name of the Prescribing Physician	Report the Prescribing Physician City	City of the Prescribing Physician.	C	10%
PC054	Prescribing Physician State	char[2]	State of the Physician	Report the state of the prescribing physician here.	State of the Prescribing Physician.	C	10%
PC055	Prescribing Physician Zip	varchar[9]	Zip code of the Prescribing Physician	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 Prescribing Physician.	C	10%
PC056	Product ID Number	varchar[30]	Product Identification	Report the 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 the eligibility for this claim line is associated to.	A0	100%
PC057	Mail Order pharmacy	int[1]	Indicator - Mail Order Option 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, pharmacy is a mail order pharmacy	Numeric indicator that reports if this claim line was fulfilled by a mail order pharmacy.	A2	100%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC058	Script number	varchar[20]	Prescription Number	Report the unique identifier of the prescription	Unique identifier of the actual prescription written by the prescribing provider.	B	100%
PC059	Recipient PCP ID	varchar[30]	Patient's PCP ID Number	Report the member's PCP ID here. The value in this element must have a corresponding Provider ID (PV002) in the Provider File.	Link to PV002 on the Provider File to obtain detailed attributes of the Patient's Primary Care Provider.	B	98%
PC060	Single/Multiple Source Indicator	int[1]	Drug Source Indicator 1 Multi-source brand 2 Multi-source brand with generic equivalent 3 Single source brand 4 Single source brand with generic equivalent 5 Unknown	Report the value that defines the availability of the pharmaceutical. EXAMPLE: 1 = Multi-source brand	Numeric indicator that reports how the pharmaceutical was sourced.	A2	98%
PC063	Paid Date	int[8]	Paid date of the claim line	Report the date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment in CCYYMMDD Format. This can be the same date as Processed Date. EXAMPLE: Claims paid in full, partial or zero paid		A0	99%
PC063	Paid Date - Year	int-NULL				A0	99%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC063	Paid Date - Month	int-NULL				A0	99%
PC064	Date Prescription Written	int[8]	Date prescription was prescribed	Report the date that was written on the prescription or called-in by the physician's office in CCYYMMDD Format.	The date the prescribing physician wrote or called-in the prescription.	B	98%
PC064	Date Prescription Written (Year Only)					B	98%
PC064	Date Prescription Written (Month Only)					B	98%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC066	Other Insurance Paid Amount	±varchar[10]	Amount paid by a Primary / Prior Carrier	Report the amount that a prior payer has paid for this claim line. Indicates the submitting Payer is 'secondary' to the prior payer. Only report 0 if the Prior Payer paid 0 towards this claim line, else do not report any value here. 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	The amount that another carrier paid for this claim line.	A2	98%
PC068	Allowed amount	±varchar[10]	Allowed Amount	Report the maximum amount contractually allowed, and that a carrier will pay to a provider for a particular procedure or service. This will vary by provider contract and most often it is less than or equal to the fee charged by the pharmacy 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	The maximum amount contractually allowed and payable for this claim line as defined by the carrier or its designee.	A2	99%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC069	Member Self Pay Amount	±varchar[10]	Amount member/patient paid out of pocket on the claim line	Report the amount that the patient has paid beyond the copay structure. Report 0 if patient has not paid towards this claim line. 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	The amount that the Patient has paid towards the claim line prior to submission to the carrier or its designee.	B	20%
PC070	Rebate Indicator	int[1]	Drug Rebate Eligibility Indicator 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, drug is eligible for a rebate to any entity.	Numeric indicator that reports if the claim line is eligible for financial rebate.	A2	100%
PC071	State Sales Tax	±varchar[10]	Amount of applicable sales tax on the claim line	Report the amount of state sales tax applied to this claim line. Report 0 if state sales tax does not apply. 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	98%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC072	Delegated Benefit Administrator Organization ID	varchar[6]	CHIA defined and maintained Org ID for linking across submitters	Riskholders report the OrgID of the DBA here. DBAs report the OrgID of the insurance carrier here. This element contains the CHIA assigned organization ID for the DBA. Contact the MA APCD for the appropriate value. If no DBA is affiliated with this claim line do not report any value here: i.e., do not repeat the OrgID from PC001		A2	98%
PC073	Formulary Code	int[1]	Formulary inclusion identifier 1 Yes 2 No 3 Unknown 4 Other 5 Not Applicable	Report the value that defines the element. EXAMPLE: 1 = Yes, drug is on the formulary.		A2	100%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC074	Route of Administration	char[2]	Route of Administration 00 Not Specified 01 Buccal 02 Dental 03 Inhalation 04 Injection 05 Intraperitoneal 06 Irrigation 07 Mouth / Throat 08 Mucous Membrane 09 Nasal 10 Ophthalmic 11 Oral 12 Other / Misc 13 Otic 14 Perfusion 15 Rectal 16 Sublingual 17 Topical 18 Transdermal 19 Translingual 20 Urethral 21 Vaginal 22 Enteral	Report Pharmaceutical Route of Administration Indicator that defines method of drug administration. EXAMPLE: 11 = Oral		A2	80%
PC075	Drug Unit of Measure	char[2]	Units of Measure EA Each GM Grams ML Milliliters	Report the code that defines the unit of measure for drug dispensed. EXAMPLE: EA = Each		A1	80%

MA APCD Pharmacy Claims – Level 2 Data Elements

Data Element	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC107	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 validate Unique Member ID and link back to Member Eligibility (ME107)		A0	100 %
PC108	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 validate Unique Member ID and link back to Member Eligibility (ME117)		A0	100 %

MA APCD Pharmacy Claims – Level 3 Data Elements

Elmt	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
Derived-PC7	Pharmacy Claim ID	int-NULL		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	N/A	N/A
Derived-PC8	Release ID	int-NULL		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	N/A	N/A

MA APCD Pharmacy Claims – Level 3 Data Elements

Elmt	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
Derived-PC9	Submission Control ID	int-NULL		Unique sequential number assigned to any new file type submitted to CHIA across all carriers	With each file submission this number is incremented by one	N/A	N/A
Derived – PC13	Member Link MCL						
PC006	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		C	98%
PC007	Subscriber SSN	varbinary[256]	Subscriber's Social Security Number	Report the Subscriber's SSN here; used to validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here		B	85%
PC008	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.		C	98%
PC009	Member Suffix or Sequence Number	varchar[20]	Member/Patient's Contract Sequence Number	Report the unique number / identifier of the member within the contract		B	98%

MA APCD Pharmacy Claims – Level 3 Data Elements

Elmt	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC010	Member SSN	varbinary[256]	Member/Patient's Social Security Number	Report the patient's social security number here; used to validate Unique Member ID; will not be passed into analytic file. Do not use hyphen. If not available do not report any value here		B	98%
PC013	Member Date of Birth	varbinary[256]	Member/Patient's date of birth	Report the date the member / patient was born in CCYYMMDD Format. Used to validate Unique Member ID.	Year of the Birth date of the Patient. Member Birth Year is reported as "999" when the Member is age 89 or older as of the Date Prescription Written.	B	99%
PC019	Pharmacy Tax ID Number	char[9]	Pharmacy Tax Identification Number	Report the Federal Tax ID of the Pharmacy here. Do not use hyphen or alpha prefix.		C	20%
PC047	Prescribing Physician DEA Number	char[9]	Prescribing DEA	Report the Primary DEA number for the prescribing physician		B	80%
PC061	Member Street Address	varchar[50]	Street address of the Member/Patient	Report the patient / member's address. Used to validate Unique Member ID.		B	90%
PC062	Billing Provider Tax ID Number	char[9]	The Billing Provider's Federal Tax Identification Number (FTIN)	Report the Federal Tax ID of the Billing Provider here. Do not use hyphen or alpha prefix.		C	90%

MA APCD Pharmacy Claims – Level 3 Data Elements

Elmt	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC065	Coordination of Benefits/TPL Liability Amount	±varchar[10]	Amount due from a Secondary Carrier when known	Report the amount that another carrier / insurer is liable for after submitting payer has processed this claim line. Report 0 if there is no COB / TPL amount. 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	98%
PC067	Medicare Paid Amount	±varchar[10]	Amount Medicare paid on claim	Report the amount Medicare paid towards this claim line. Only report 0 here if Medicare paid 0. If Medicare did not pay towards this claim line do not report any value here. 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		A1	98%

MA APCD Pharmacy Claims – Level 3 Data Elements

Elmt	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC101	Subscriber Last Name	varbinary[256]	Last name of Subscriber	Report the last name of the subscriber. Used to validate 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		B	98%
PC102	Subscriber First Name	varbinary[256]	First name of Subscriber	Report the first name of the subscriber here. Used to validate 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		B	98%
PC103	Subscriber Middle Initial	char[1]	Middle initial of Subscriber	Report the Subscriber's middle initial here. Used to validate Unique Member ID.		C	2%

MA APCD Pharmacy Claims – Level 3 Data Elements

Elmt	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC104	Member Last Name	varbinary[256]	Last name of Member/Patient	Report the last name of the patient / member here. Used to validate 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		B	98%
PC105	Member First Name	varbinary[256]	First name of Member/Patient	Report the first name of the patient / member here. Used to validate 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		B	98%
PC106	Member Middle Initial	char[1]	Middle initial of the Member/Patient	Report the middle initial of the patient / member when available. Used to validate Unique Member ID.		C	2%
PC109	Member Street Address 2	varchar[50]	Secondary Street Address of the Member/Patient	Report the address of member which may include apartment number or suite, or other secondary information besides the street. Used to validate Unique Member ID.		B	0%

MA APCD Pharmacy Claims – Level 3 Data Elements

Elmt	Data Element Name	Format / Length	Description	Element Submission Guideline	Additional Element Description	Edit Level	%
PC110	Claim Line Type	char[1]	Claim Line Activity Type Code O Original V Void R Replacement B Back Out A Amendment	Report the code that defines the claim line status in terms of adjudication. EXAMPLE: O = Original		A2	98%
PC119	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		A0	100%
PC120	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.		A2	100%
PC899	Record Type	char[2]	File Type Identifier	Report PC here. This validates the type of file and the data contained within the file. This must match HD004		A0	100%

3.3.3: Pharmacy File Cleaning, Standardization, and Redaction

<i>MA APCD Pharmacy Claims File Cleaning Logic, by Element</i>				
Element	Data Element Name	Format/Length	Description	Cleaning Logic
PC114	Diagnosis Code	Varchar[7]	ICD Diagnosis Code	Remove decimal point
Derived from PC013	MemberAgeAtService	N/A	Patient's Age	Set MemberAgeAtService = 999 if >89 Nullify MemberAgeAtService if >= 115
PC025	Claim Status	varchar[2]	Claim Line Status	Remove leading zero
PC035	Charge Amount	currency	Amount of Provider charges for the claim line	Org.ID 300: charge amount = charge amount/100 when submissionyearmonth between [201210, 201309]

<i>MA APCD Pharmacy Claims File SSN Redaction, by Element</i>			
Element	Data Element Name	Format/Length	Description
PC014	Member City Name of Residence	varchar[50]	Member City Name of Residence
PC016	Member ZIP Code	varchar[9]	Member ZIP Code
PC018	Pharmacy Number	varchar[30]	Pharmacy Number
PC020	Pharmacy Name	varchar[100]	Pharmacy Name
PC022	Pharmacy Location City	varchar[30]	Pharmacy Location City
PC024	Pharmacy ZIP Code	varchar[9]	Pharmacy ZIP Code
PC026	Drug Code	char[11]	Drug Code

MA APCD Pharmacy Claims File SSN Redaction, by Element

Element	Data Element Name	Format/Length	Description
PC027	Drug Name	varchar[80]	Drug Name
PC044	Prescribing Physician First Name	varchar[25]	Prescribing Physician First Name
PC045	Prescribing Physician Middle Name	varchar[25]	Prescribing Physician Middle Name
PC046	Prescribing Physician Last Name	varchar[60]	Prescribing Physician Last Name
PC049	Prescribing Physician Plan Number	varchar[30]	Prescribing Physician Plan Number
PC050	Prescribing Physician License Number	varchar[30]	Prescribing Physician License Number
PC051	Prescribing Physician Street Address	varchar[50]	Prescribing Physician Street Address
PC052	Prescribing Physician Street Address 2	varchar[50]	Prescribing Physician Street Address 2
PC053	Prescribing Physician City	varchar[30]	Prescribing Physician City
PC055	Prescribing Physician Zip	varchar[9]	Prescribing Physician Zip
PC117	Denial Reason	varchar[30]	Denial Reason

MA APCD Pharmacy Claims File Reidentification, by Element

Element	Data Element Name	Format/Length	Description
PC043	Prescribing Provider ID	Text	ID Link to PV002
PC056	Product ID Number	Text	ID Link to PR001
PC059	Recipient PCP ID	Text	ID Link to PV002



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