**ADMINISTRATIVE BULLETIN 17-02**

**957 CMR 8.00: APCD and Case Mix Data Submission**

Effective August 1, 2017

The Center for Health Information and Analysis (Center) is issuing this Administrative Bulletin pursuant to 957 CMR 8.07(1) to notify Health Care Payers required to submit claims data to the Center in accordance with 957 CMR 8.00 of changes to the Massachusetts All-Payer Claims Database (MA APCD) file submission guidelines.

In order to reduce CHIA’s footprint of patient identifying information within the MA APCD, the Center is issuing this Administrative Bulletin to update data submission requirements in the existing Data Submission Guides. The Center recognizes that reducing its patient identifying information footprint is in all parties’ best interests and will further protect individual privacy. The updates include removing certain data elements, hashing other data elements before submission to the Center, and adding a requirement that Health Care Payers may not submit patient identifying information in any fields unless specifically instructed to do so within the Data Submission Guides. Additional direction is provided within the Data Submission Guides in order to clarify requirements and provide code, edit and category/threshold updates.

The following table lists data elements with updated specifications. Technical specifications for these fields are found within the Data Submission Guides.

|  |  |  |
| --- | --- | --- |
| **Element** | **Element Name** | **Guideline Change** |
| ME009, MC008, PC008, DC008 | Plan Specific Contract Number | Update category/threshold |
| ME010, MC009, PC009, DC009 | Member Suffix or Sequence Number | Update category |
| ME015,MC014, PC014, DC014 | Member City Name | Remove and update category/threshold |
| ME016, MC015, PC015, DC015 | Member State | Update category/threshold |
| ME017, MC016,PC016,DC016 | Member Zip Code | Modify to 5 Digit Only and update category/threshold |
| ME043, MC082, PC061, DC043 | Member Street Address | Remove and update category/threshold |
| ME044, MC140, PC109, DC058 | Member Street Address 2 | Remove and update category/threshold |
| ME023 | Filler | Update length |
| ME027 | Other Ethnicity | Remove and update threshold |
| ME034 | Member language preference – Other | Remove and update threshold |
| ME039 | Health Care Home Name (PCMH) | Remove and update threshold |
| ME058 | Subscriber Street Address | Remove and update threshold |
| ME108 | Subscriber City Name | Remove and update threshold |
| ME109 | Subscriber State | Update threshold |
| ME110 | Subscriber Zip Code | Modify to 5 Digit Only  |
| MC006, PC006, DC006 | Insured Group or Policy Number | Update category/threshold |
| MC007, PC007, DC007 | Subscriber SSN | Remove and update category/threshold |
| MC010, PC010, DC010 | Member SSN | Remove and update category/threshold |
| MC013, PC013, DC013 | Member Date of Birth | Remove DAY portion of date and update category/threshold |
| MC101, PC101, DC050 | Subscriber Last Name | Remove and update category/threshold |
| MC102, PC102, DC051 | Subscriber First Name | Remove and update category/threshold |
| MC103, PC103, DC052 | Subscriber Middle Initial | Remove and update category/threshold |
| MC104, PC104, DC053 | Member Last Name | Remove and update category/threshold |
| MC105, PC105, DC054 | Member First Name | Remove and update category/threshold |
| MC106, PC106, DC055 | Member Middle Initial | Remove and update category/threshold |
| MC240, PC119, DC066 | GIC ID | Remove and update category/threshold |
| MC107 | ICD Indicator | Update category |