**Administrative Bulletin 13-04**

**114.5 CMR 21.00: Health Care Payers Claims Data Submission**

Effective May 9, 2013

The Center for Health Information and Analysis (“Center”) is issuing this Administrative Bulletin to notify Health Care Payers required to submit claims data to the Center in accordance with 114.5 CMR 21.03 of changes to the All-Payer Claims Database (“APCD”) file submission guidelines.

The Center is updating the Member Eligibility File to include new data elements in connection with the Massachusetts Alternative Risk Adjustment Methodology program established pursuant to the Patient Protection and Affordable Care Act (“PPACA”) and associated federal rules and regulations. The new Member Eligibility data elements relate to whether a Member is enrolled in a Risk Adjustment Covered Plan (“RACP”).

A new Benefit Plan Control Total File has also been added in connection with the Massachusetts Alternative Risk Adjustment Methodology program. The Benefit Plan Control Total File requires data for all RACP benefit plans offered in Massachusetts. Non-RACPs are not required to submit Benefit Plan Control Total File data.

The following table lists new data elements that must be submitted and also updates the descriptions, specifications, and usage information for some existing data elements.

**Member File**

| **Element** | **Element Name** | **Type** | **Length** | **Description** | **APCD Usage and Guidelines** | **Condition** | **Category** | **%** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NEW DATA ELEMENTS IN MEMBER ELIGIBILITY FILE** |
| ME120 | Actuarial Value (AV) | Decimal | 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 0.000. For example, an AV of 88.27689% should be reported as 0.8828. | Required when ME126 = 1 | A0 | 100% |
| ME121 | Metal Level | Lookup Table - Integer | int[1] | Standardized plan level in metal reference | Report the Metal Level benefits that the member is associated to in this line of eligibility.  Required for Risk Assessment.                                                                              **EXAMPLE:**  1 = Bronze Level | Required when ME126 = 1 | A0 | 100% |
|  |  |  |  | Value | Description |  |  |  |
|  |  |  |  | 1 | Bronze |  |  |  |
|  |  |  |  | 2 | Silver |  |  |  |
|  |  |  |  | 3 | Gold |  |  |  |
|  |  |  |  | 4 | Platinum |  |  |  |
|  |  |  |  | 5 | Catastrophic |  |  |  |
|  |  |  |  | 0 | Unknown / Not Applicable |  |  |  |
| ME126 | Risk Adjustment Covered Plan (RACP) | Lookup Table - Integer | int[1] | Member enrolled in RACP Indicator | 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. See additional information in the Submission Guideline document for RACP definition. Report RACP status as of the 15th of the month. **EXAMPLE:** 1 = Yes, the Member was enrolled in RACP as of the 15th of the month.  | All | A0 | 100% |
|  |  |  |  | Value | Description |  |  |  |
|  |  |  |  | 1 | Yes |  |  |  |
|  |  |  |  | 2 | No |  |  |  |
| ME127 | Billable Member | Lookup Table - Integer | 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. | Required when ME126 = 1 | A0 | 100%  |
|  |  |  |  | Value | Description |  |  |  |
|  |  |  |  | 1 | Yes, the member is billable |  |  |  |
|  |  |  |  | 2 | No, the member is not billable |  |  |  |
| ME128 | Benefit Plan Contract ID | Text | 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 *each* benefit plan for which the issuer sets a 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.  | Required when ME126 = 1 | A0 | 100%  |
| ME129 | Member Benefit Plan Contract Enrollment Start Date | 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. | Required when ME126 = 1 | A0 | 100%  |
| ME130 | Member Benefit Plan Contract Enrollment EndDate | 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 active in the Benefit Plan, do not report any date in this element. | Required when ME126 = 1 and member is disenrolled | B | 100%  |
| ME132 | Total Monthly Premium | Integer Currency | 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. 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 | Required when Submitter is identified as a Risk Holder Submitter and ME060 = A, I, O or P-and-Member = Subscriber | A0 | 100% |
|  |  |  |  |  |  |  |  |  |

**Benefit Plan Control Total File For RACPs**

All submitters participating in the Massachusetts Alternative Risk Adjustment Methodology program are required to submit a Benefit Plan Control Total File for the RACPs. The Benefit Plan Control Total file shall be submitted monthly to capture the attributes necessary for matching to the Eligibility and Claims Files coming in on the monthly schedule.

| **Element** | **Element Name** | **Type** | **Length** | **Description** | **APCD Usage and Guidelines** | **Condition** | **Category** | **%** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HD001 | Type of File | Text | char[2] | Defines the file type and data expected. | Report **BP** here. Indicates that the data within this file is expected to be BENEFIT PLAN-based. This must match the File Type reported in TR001. | Mandatory  | HM | 100% |
| HD002 | Submitter | Integer | varchar[6] | Header Submitter / Carrier ID defined by CHIA | Report CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here.  | Mandatory | HM | 100% |
| HD003 | Period Beginning Date | Date Period -Integer | Int[6] | Century Year Month – CCYYMM | Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD004, TR005 and TR006. This same date must be selected in the upload application for successful transfer. | Mandatory | HM | 100% |
| HD004 | Period Ending Date | Date Period -Integer | Int[6] | Century Year Month – CCYYMM | Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD003, TR005 and TR006. This same date must be selected in the upload application for successful transfer. | Mandatory | HM | 100% |
| HD005 | APCD Version Number | Decimal – Numeric | Char[3] | Submission Guide Version | Report the version number as presented on the APCD Benefit Plan File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate or file will drop. **EXAMPLE:** 3.0 = Newest Version | Mandatory | HM | 100% |
| HD006 | Comments | Text | varchar[80] | Header Carrier Comments | May be used to document the submission by assigning a filename, system source, compile identifier, etc. | Optional | HO | 0% |
| BP001 | Benefit Plan Contract ID | Text | varchar[30] | Benefit plan ID | The Benefit Plan Contract ID is the issuer generated unique ID number for *each* benefit plan for which the issuer sets a premium in the Massachusetts merged (non-group/small group) market.This identifier is used to link this Benefit Plan line with its attributes to eligibility lines. | All | A0 | 100%  |
| BP002 | Benefit Plan Name | Text | varchar[70] | Submitter defined benefit plan name | A benefit plan refers to the health insurance services covered by a health insurance contract or “plan” and the financial terms of such coverage, including cost sharing and limitation of amounts of services. Risk scores are calculated at the benefit plan level by geographic rating area.Report a unique name for every Benefit Plan in a Carrier's system. For Benefit Plans with identical names, it is required that the Submitter add a refining 'element' to create unique Benefit Plan Names that align to unique Benefit Plan Contract ID Numbers. This refining element can be numeric, alpha or alpha-numeric.Report every Benefit Plan offered by the Issuer regardless of the number of members enrolled in a particular month.  | All | A0 | 100%  |
| BP003 | Actuarial Value | Decimal | varchar[6] | Actuarial value for the benefit plan | Calculate using the Federal AV Calculator for the risk adjustment covered plan.Report the Actuarial Value of this plan as of the 15th of the month.Format to be used is 0.000. For example, an AV of 88.27689% should be reported as 0.8828.Report 0.000 if the Benefit Plan is not in the Risk Adjustment Program.  |  All | A0 | 100% |
| BP004 | Claim Type Qualifier  | Lookup Table - Integer | int[1] | Claim Type Identifier Code | Report the value that defines the claim type for the control totals in BP005 – BP007. EXAMPLE: 1 = Medical Claim Reporting | All | A0 | 100%  |
|  |  |  |  | ***Value*** | ***Description*** |  |  |  |
|  |  |  |  | 1 | Medical Claim Reporting |  |  |  |
|  |  |  |  | 2 | Pharmacy Claim Reporting |  |  |  |
| BP005 | Monthly Claims Paid Number for the Benefit Plan | Quantity - Integer | varchar[15] | Total Number of Claims Paid | Report the total number of claim lines that correspond to the Benefit Plan Contract ID in BP001 and Monthly Net Dollars Paid in BP006. (Note that not all will be “paid” claim lines).Use Claims Paid Date ME089.If no claims were paid for this BP Contract ID, report 0. Do not use a 1000 separator (commas). | All | A0 | 100%  |
| BP006 | Monthly Net Dollars Paid for the Benefit Plan | Integer | varchar[15] | Total Paid Amount | Report the monthly aggregate Total Plan Paid Amount that corresponds to the Benefit Plan Contract ID in BP001 and the Claim Type in BP004. For the medical claims, the Paid Amount is MC063 and for pharmacy claims the Paid Amount is PC036. Calculate the total based on Paid Date (MC089). Include fee-for-service equivalent paid amount for services that have been carved out.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 | All | A0 | 100%  |
| BP007 | Total Monthly Eligible Members by Benefit Plan ID Period Date | Quantity - Integer | varchar[15] | Total Eligible Members | Number of eligible members enrolled on the 15th of the month for the Benefit Plan Contract ID reported in BP001, including billable and non-billable members.  | All | A0 | 100%  |
| TR001 | Type of File | Integer | char[2] | Validates the file type defined in HD001. | Report **BP** here. Indicates that the data within this file is expected to be BENEFIT PLAN-based. This must match the File Type reported in HD001. | Mandatory | TM | 100% |
| TR002 | Submitter | Text | varchar[6] | Trailer Submitter / Carrier ID defined by CHIA | Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002 | Mandatory | TM | 100% |
| TR003 | Record Count | Integer | varchar[10] | Trailer Record Count | Report the total number of records submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters. | Mandatory | TM | 100%  |
| TR004 | Date Processed | Integer | int[8] | Trailer Processed Date | Report the full date that the submission was compiled by the submitter in CCYYMMDD Format. | Mandatory | TM | 100% |
| TR005 | Period Beginning Date | Date Period -Integer | Int[6] | Century Year Month – CCYYMM | Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD003, HD004 and TR006. This same date must be selected in the upload application for successful transfer. | Mandatory | HM | 100% |
| TR006 | Period Ending Date | Date Period -Integer | Int[6] | Century Year Month – CCYYMM | Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD003, HD004, and TR005. This same date must be selected in the upload application for successful transfer. | Mandatory | HM | 100% |