

All-Payer Claims Database (MA APCD) CY 2021 Annual Release

RELEASE NOTES

Background

These release notes provide information for users of the Massachusetts All-Payer Claims Database (MA APCD) Annual Release for CY 2021. This annual release includes medical, pharmacy, and dental claims incurred between January 1, 2017 and December 31, 2021, and it includes six (6) months of run-out (paid claims through June 30, 2022). In addition to claims data, the release contains relevant reference files including member eligibility, providers, products, and benefit plans.

The Center for Health Information and Analysis (CHIA) has made minimal changes to this CY 2021 Annual Release. Users of the MA APCD should consult the [Annual Release Documentation Guide](#) for further details.

Annual Release Highlights

- Member Eligibility data for CY 2021 annual release consists of December 2017, December 2018, December 2019, December 2020, December 2021, and June 2022 submissions.
- Also included in this release is a subset of MassHealth Enhanced Eligibility (MHEE LDS) data available to all approved recipients of MassHealth data. The MHEE LDS data provides a view of a member on any given day.
- Updated master patient index.
 - A small percentage of records may not have a MEMBERLINKEID due to inconsistencies and inaccuracies in carrier reporting. Please see the MA APCD Annual Release Master Patient Index (MPI) Data Exclusion [document](#) for a complete list.
 - The MEMBERLINKEID used in this CY 2021 annual release is based on the same logic and methodology as used in the CY 2020 annual release. Other than the normal minor shifts one would see as the underlying data improves, the MEMBERLINKEIDs would remain consistent between the two releases.
- This release contains International Classification of Diseases, Tenth Revision Clinical Modification (ICD-10-CM) procedure and diagnosis codes.
 - Diagnosis, Procedure, and E-code fields contain both ICD-9 and ICD-10 formatted codes.
 - ICD-10 codes are effective October 1, 2015.
 - The ICD indicator flag indicates whether codes are reported in ICD-9 or ICD-10 format. The ICD indicator flag is as reported by carriers and is not 100% accurate. Users should interpret 2015Q4 incurred claims data cautiously, as some carriers may have mixed ICD-9 codes in with ICD-10 codes.

- MassHealth Accountable Care Partnership Plans (Applies to OrgIDs 301, 296, 3505, 3735, 4962) started in 2018. These members and claims will be denoted as follows:
 - Insurance Type Code/Product (ME003, MC003, PC003, DC003) use the value of 30 to denote ACO.
- Updated MassHealth (Medicaid) filter logic
 - Members/Claims will be considered to be Medicaid if the carrier is a Medicaid related organization or they have a Medicaid Insurance Type Code/Product.
- Updated Substance Use Disorder (SUD) filter
 - Using the 2018 CMS filter as the model, new codes within the ranges in the 2018 CMS filter were identified and included in CHIA's SUD filter.
 - Thirty-two new ICD-10-CM diagnosis codes, two ICD-10-CM procedure codes, three CPT codes, twenty-four APR-DRG codes, twenty-five HCPCS codes, and one ICD-9 codes were included.
 - Codes related to employer drug testing and tobacco are not included.

Carrier Highlights

- OrgID 8647
 - Issue with a subset of their member eligibility data (no other file types were affected). The issue is that one of their self-insured groups (about 5,600 members) were assigned new member IDs and all of their members are currently in carrier's system twice going back to March 2019.
 - Did not populate the Medical Claims field MC100 - Delegated Benefit Administrator Organization ID for August 2017, June 2018 and August 2018 due to delays in getting the data from a Third Party Administrator for those time periods.
 - Uses two procedure codes, TF409 and TF410 in the MC055 – Procedure Code field in Medical Claims data which are dummy values to reflect OrgID-specific codes that are used internally to identify the COB/Recovery line on a claim. This OrgID does not report the COB/Recovery amounts in a separate field on the claim. Rather, they add a line onto a COB/Recovery claim so that when aggregated with the other lines on the claim, they net to the amount this OrgID paid as secondary payer. These lines should all have negative dollar values, unless the claim has been reversed: in those instances the rest of the lines are negative but the COB line is positive.
 - Beginning with their January 2020 submission, did a cleanup of their provider file data so that they no longer send any information on providers who do not have an NPI thus reducing the number of providers contained in their submissions. These records were generated because non-contracted providers in their system do not have term dates and so were still considered active. Any provider in their system who does not have an NPI on file has not actually submitted a claim since 2007 and

can be considered to be inactive. That's when a having an NPI became a requirement for claims payment regardless of provider type.

- Carrier discovered they were submitting a small amount of fully-denied, secondary claims since the beginning of MA APCD collection. Using 1st qtr 2018 claims counts as a proxy, they estimated the number of incorrectly submitted claims as 6% of secondary claims. They also estimated secondary claims as 1.2% of total claims. Carrier agreed the denied claims related to this problem can be identified by counting distinct Payer Claim Control Numbers with at least one claim line with a Procedure Code beginning with 'TF.' In addition, ALL claim lines within the claim must be denied except the line with the procedure code beginning with 'TF'. This results in a small subset of denied secondary claims. Will be fixed going forward.
- Carrier has a large number of claim lines which are highest version and zero paid AND denied according to the Denied Flag. However, they're paid according to the Claim Line Paid flag. Carrier explained the services were provided and they were paid for under another line and should remain highest version because the services were provided and paid for. Carrier further explained the claim lines with a denial reason beginning with a 'D' are the ones paid under another line. There are a large number of zero-paid claim lines with a denial reason beginning with 'D', but there are also a large number of highest-version, zero-paid claim lines with a denial reason of 'NO' (ancillary to inpatient stay or a surgery) or 'NOPAY' (ancillary to inpatient stay or a surgery).

■ OrgID 3505

- Noted in Release 7.0 that reversals were omitted for runout pharmacy claims submitted in April – June 2018. Carrier has stated this was corrected starting in Release 8.0.
- Noted in Release 7.0 that starting with the February 2018 pharmacy claim file, the total Copay Amount in each submission for the QHP population drops to zero. Carrier has stated this was corrected starting in Release 8.0.
- The calculation for the PC067 (Medicare Paid Amount) field was not correct for submission months 201707 – 201712. The amounts should be divided by 100 to get the proper amount.
- The calculation for the MC121 (Patient Out-of-Pocket Amount) was not correct for submission months 201601 – 201702. The amounts should be multiplied by 100 to get the proper amount. The issue was fixed in March 2017 and going forward.
- Populating Discharge Date year (MC069) with 1753 (a default date) on a number of claim lines in their Medical Claims submissions. The default value is the data as contained in their transactional system, which adds the default as the claim comes in. Going forward will provide a null value to APCD rather than this default date.

- OrgID 302
 - Found a bug in their system that affects submissions going back to July 2016 through December 2018. This caused eligibility and claim volume to be overstated because some employer group members were being included in the submissions that should not have been. Carrier has stated this will be corrected in this annual release.

- OrgID 11364
 - Noted the pharmacy claims allowed amount is under reported for January 2016 through June 2018. Revised Allowed Amounts will be provided in this annual release. Per carrier, correct figures are approximately \$125M – \$150M per month.
 - Determined that their member eligibility, pharmacy claims and provider submissions were missing members, claims and providers from January 2014 through June 2019. Estimate that CHIA only received 50% of members and claims. Carrier has stated this will be corrected in this annual release.

- OrgID 11500
 - Noted deficiencies in Pharmacy Claims reporting, prior to June 2018, in which the deductible amount was reported as zero. Data corrected June 2018 forward.
 - Several clients terminated effective 12/31/2020 which represented more than 80% of the enrollment count therefore there is a large decline in membership and claims beginning in January 2021.

- OrgID 10926
 - Noted in Release 7.0 they were missing business for a new product from their 2016 submissions. This segment had approximately 7,400 members and 94,000 pharmacy claims in 2016. Carrier has stated this was corrected starting in release 8.0.
 - Product Type code (MC003) in their Medical Claim files was not correctly reported beginning with the 201907 data through 201912 data. They were only reporting a value of '16' in MC003 and they should have either '16', '20' or 'HN'. This was corrected starting with 202001.
 - In submissions 201706 and earlier the Allowed Amount was being rounded to the nearest integer. Data users should multiply the Allowed Amount by 100 to correct the issue in these submissions.

- OrgID 296
 - Noted that starting with July 2016 through September 2018 the Pre-Paid Amount field in medical claims was populated with “paid amount” resulting in inaccurate reporting. A correction was implemented by the payer (beginning with October 2018) to populate the pre-pay amount with the “approved amount” on claims from “vendor contracts for statistical arrangements for paying claims”. All other claims Pre-Paid Amount will be zero.

- Determined that a number of medical claims (5%-9%) were not included in the APCD files submitted from July 2017 through June 2019. Specifically, claims for dependents on their Commercial line of business were not reliably included in the files due to a mistake in the extract logic. Carrier has stated this will be corrected in this annual release.
- Populating Admission Date (MC018) and Discharge Date (MC069) with 1900-01-01 (a default date) on a significant number of claim lines in their Medical Claims submissions. The default value is the data as contained in their transactional system, which adds the default as the claim comes in. Going forward will provide a null value to APCD rather than this default date.

■ OrgID 291

- Had a drop-off in Prepaid Amount in medical claims starting in July 2017 due to a decrease in their capitation business.
- In 2019 CHIA started a data quality initiative to verify medical-claims versioning logic with all carriers. CHIA met with this carrier and the carrier confirmed the validity of the current caveated methods for versioning medical claims.
- Product file sometimes uses the same Product ID for two separate products. Per the carrier, these duplicates are due to pediatric-dental benefits. Their pediatric-dental is tied in with medical benefits, so from a data perspective the Product ID is the same as the medical benefit.

■ OrgID 8026

- Noted that starting with July 2016 through September 2018 Pre-Paid Amount field in medical claims was populated with “paid amount” resulting in inaccurate reporting. A correction was implemented by the payer (beginning with October 2018) to populate the pre-pay amount with the “approved amount” on claims from “vendor contracts for statistical arrangements for paying claims”. All other claims Pre-Paid Amount will be zero.
- Determined that a number of medical claims (21%-45%) were not included in the APCD files submitted from July 2017 through June 2019. Specifically, claims for dependents on their Commercial line of business were not reliably included in the files due to a mistake in the extract logic. Carrier has stated this will be corrected in this annual release.
- Populating Admission Date (MC018) and Discharge Date (MC069) with 1900-01-01 (a default date) on a significant number of claim lines in their Medical Claims submissions. The default value is the data as contained in their transactional system, which adds the default as the claim comes in. Going forward will provide a null value to APCD rather than this default date.
- Exiting the Commercial Market in MA thus this OrgID is sunsetting. Will provide runout claims until the end of 2022.

- OrgID 10441
 - Noted in Release 7.0 they were missing a small amount of business from their April – June 2018 member eligibility submissions. Carrier has stated this was corrected starting in Release 8.0.
 - Noted in Release 7.0 that due to a processing problem in the payer's system only MA residents were included. Carrier has stated that this was corrected starting in Release 8.0 to also include non-MA residents under a MA situs product.

- OrgID 10632
 - Submitting separate records for members who have both medical and pharmacy coverage. The record indicating Medical coverage would populate ME018 – Medical Coverage = 1, ME019 – Prescription Drug Coverage = 2. The record indicating Pharmacy coverage would populate ME018 = 2, ME019 = 1. Those records are not merged due to ME055 – Business Type Code. For records indicating Pharmacy coverage, ME055 is populated with '4' indicating Pharmacy Benefit Manager. Records indicating Medical coverage would populate ME055 with a different value.

- OrgID 10353, 10441, 10929
 - The population of pharmacy claims and related providers submitted to CHIA were understated beginning with July 2017 through June 2019. Carrier has stated this will be corrected in this annual release.

- OrgID 10929
 - This OrgID sunsetted in April 2022. Will continue to report run off claims for 6 months.

- OrgID 312, 10444
 - MC095 - Coordination of Benefits/TPL Liability Amount. Data from January 2016 through June 2019 was misstated. This field should have been reported as zero since they do not have a data source for this data element. Carrier has stated this will be corrected in this annual release.
 - MC099 – Non-Covered Amount. Data was understated and will be corrected in this annual release.
 - MC114 – Excluded Expenses. Data from August 2018 to June 2019 should have been reported as zero as they do not have a data source for this data element. Carrier has stated this will be corrected in this annual release.
 - Changed Carrier Specific Unique Member ID (CSUMID) found in ME107, MC137, PC107 due to system enhancements beginning with August 2018 submissions. Carrier provided a crosswalk to map old CSUMIDs to new which CHIA applied to this annual release data.
 - System enhancements also impacted member eligibility and claims record counts beginning with August 2018 submissions.

- There's a small number of claim lines which should have been amended and were not due to the limitations of the data format. Specifically, 22,000 or .6% of total claim lines for OrgID 312 and 6,000 or .4% of total claim lines for OrgID 10444 should have been amended and were not.
 - Carrier realigned membership between the two OrgIDs and, as a result, a subset of members were assigned new member ids. CHIA applied a crosswalk from the old member ids to the new member ids (supplied by carrier) to the data. However, as a result of the realignment, some claim lines were 'orphaned' within the data. They became orphaned when the first versions of the claim lines were submitted under one OrgID and the later versions of the claim lines were submitted under a different OrgID. If the later versions of the claim lines were amendments, they were not linked to the original versions.
 - MC123 – Denied Flag equal to '1' which means 'Yes' for all records in the Medical Claims files for January 2019 and February 2019. Carrier has stated this will be corrected in this annual release.
- **OrgID 3735**
 - In late 2018, the claim id (PCCN) for behavioral health claims increased from 8 to 9. Carrier did not update their systems to include the ninth digit until early 2019. Therefore, CHIA received claims with a truncated PCCN. It was determined the claims could be isolated as follows: all behavioral claims with a submission date greater than or equal to November 2018, a date of service less than or equal to December 31, 2018 and a PCCN length equal to eight (8). CHIA calculated the impact to medical claims as follows: about 100,000 claim lines which represents about 30,000 claims.
 - Incorrectly labelled some products in their Product file as Medicaid in PR004 – Product Line of Business Model. Corrected beginning in 2017.
 - There was a big drop in their MassHealth membership in 2018 and forward. This caused a drop in pediatric claims since MassHealth is primarily women with children and they have a large pediatric population.
- **OrgID 9891**
 - Incorrectly populating the Medical Claims field MC100 - Delegated Benefit Administrator Organization ID. In instances where the value in this field is OrgID = 269, it should actually be OrgID = 296.
 - MC003 – Insurance Type Code/Product field not populated. Must match to an eligibility record and use value in ME003 – Insurance Type Code/Product.
- **OrgID 4962**
 - Incorrectly labelled some products in their Product file as Medicaid in PR004 – Product Line of Business Model. Carrier has stated this will be corrected in this annual release.

- For a majority of the records in every monthly Dental Claims submission, the value of DC040-Coinsurance Amount is equal to 9,999.99.
- OrgID 290
 - Incorrectly labelled some products in their Product file as Medicaid in PR004 – Product Line of Business Model.
- OrgID 10935
 - Incorrectly labelled some products in their Product file as Medicaid.
- OrgID 3156
 - In 2019 CHIA started a data quality initiative to verify medical-claims versioning logic with all carriers. CHIA met with this carrier and the carrier confirmed the validity of the current caveated methods for versioning medical claims.
- OrgID 12814
 - The calculation for the MC098 (Allowed Amount) field was not correct for submission months 201601 – 201706. The amounts should be multiplied by 100 to get the proper amount.
 - The calculation for the MC063 (Paid Amount) field was not correct for submission months 201707 – 201711. The amounts should be divided by 100 to get the proper amount.
 - As much as 46% of the Medical Claims records have a missing value for MC063 (Paid Amount) for April 2019, May 2019 and June 2019. Carrier has stated this will be corrected in this annual release.
 - There was a configuration issue with Inpatient Deductibles which started in January, 2017, as well as SNF coinsurances/copay. The issue was identified in January, 2018 and resolved. Carrier had all claims impacted adjusted. They reported copay, coinsurance, and deductible correctly at the time the files were originally submitted. After that point in time the claims were then adjusted in the following months leading to the large variations in the data. As such carrier has verified that the data was correct as submitted.
- OrgID 300
 - Reported ME028 – Primary Insurance indicator = ‘1’ (yes) for approximately 30,000 Medi-Gap members when the indicator should have been ‘2’ (no). These members can be identified where ME003 = ‘15’ or ‘SP’. The group sold Medi-Gap claims (MC003 = ‘15’) are included for a period of time (pre 2016) where they have no matching eligibility record.
 - Corrected ME028 Primary Insurance indicator so that this is marked as ‘2’ (secondary) for their Medicare Supplement products. Also, corrected MC063 Paid Amount so that Withhold Amount is

NOT included in MC063 derivation. These corrections were made beginning with January 2020 data.

- For the submission period 201902, there is a Medical Claim record with a value over \$60M in the Charge Amount (MC062) field. Carrier did not end up paying anything in the end on this and it ends up fully denied. This record should be excluded as an anomaly from any analysis.

■ OrgID 10932

- Incorrectly labeled all of their medical claim lines as MC138 – Claim Line Type = "R" (Replacement) in submission files from July 2015 through June 2019. There was a programmatic change in the carrier's system that caused this data element to identify all claims as replacements. Populating with the appropriate values going forward.

■ OrgID 11726

- HMO claim lines require a different versioning method from the other medical claim lines. Carrier reported the HMO claim lines represented 1-2% of their claim lines and they can be identified by a Payer Claim Control Number with a length of 15. Given the small volume, CHIA is not implementing a separate versioning method for the HMO claims.
- Prior to 2018, membership and claims are not comparable in total due to a missing population. Data prior to 2018 had only been reporting on MA resident accounts and excluded MA situs accounts. Carrier estimates that there would be between 25-40% more members and corresponding claims, using the correct criteria.
- Combined OrgID 11474 Medical and Pharmacy members/claims into OrgID 11726 beginning with December 2020 files.

■ OrgID 11474

- Submitted run-out Medical claims under this OrgID through December 2021.

■ OrgID 10728

- For data element MC246 – MassHealth Claim Type, carrier mistakenly populated "P" for pharmacy rather than "M" for physician claim. Will be corrected for March 2021 data and forward.
- For data element MC112 – Referring Provider ID, all values are null for submission periods January 2016 through August 2018 and August 2019 through June 2021.
- For data element PC059 – Recipient PCP ID, all values are null for the submission periods December 2020 through June 2021.
- Submitted an incomplete Pharmacy Claims file for September 2019. Carrier has stated this will be corrected for the next annual release.

- Submitted an incomplete Medical Claims file for November 2020. Carrier has stated this will be corrected for the next annual release.
- OrgID 301
 - For data element MC112 – Referring Provider ID, all values are null for submission periods July 2017 and August 2017.
 - For data element ME124 – Attributed PCP Provider ID.
- OrgID 13074
 - Discontinued their Medicare Advantage product in Massachusetts starting in January 2022. Sent runoff claims through June 2022.
- OrgID 10187
 - There was a spike in the number of Medical claim voids during 2021 due to retro adjustments.
- OrgID 9913
 - The Paid Amount (DC038) for the January 2022 Dental Claims submission is not populated. Carrier has stated this will be corrected for the next annual release.
- Several carriers resubmitted data, improving data linkage between their file types.
- There are no new submitters included in this annual release.
- We have several small carriers that have stopped submitting due to 1) leaving the MA market altogether or 2) having a minimal presence in the MA market and a lack of specialized market sector in MA. You will continue to see their data for earlier years but CHIA does want to alert you that data will be sporadic for the year they exited the MA APCD (consult the Annual Release Documentation Guide for additional information). Below are the OrgIds for carriers that stopped submitting in this release or the prior releases:

ORG ID	LAST SUBMISSION PERIOD
295	Dec-2020
7041	Jun-2021
7249	Sep-2018
7397	Sep-2018
7422	Mar-2020
7431	Jun-2018
8026	Dec-2022

ORG ID	LAST SUBMISSION PERIOD
10435	Sep-2018
10440	Sep-2018
10920	Aug-2018
10924	Sep-2018
10928	Sep-2018
10929	Oct-2022
10936	Sep-2018
10943	Oct-2018
10949	Sep-2018
11237	Sep-2018
11274	Sep-2018
13074	Jun-2022
11377	Sep-2018
11446	Sep-2018
11869	Jun-2018
11934	Sep-2018
11936	Sep-2018
11939	Sep-2018
11943	Sep-2018
12226	Feb-2018

- As a result of the Supreme Court Gobeille ruling we have carriers that have removed self-insured data from their MA APCD data submissions and you will see a drop in members and claims in 2016 onward. Several carriers actively poll their employer groups for inclusion in MA APCD. At the end of 2018, we believe about 75% (or about 1.75 million members) of self-insured Member Eligibility data is missing from the MA APCD.

End User Support

Data documentation for MA APCD releases can be accessed at <http://www.chiamass.gov/ma-apcd/>. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA by emailing APCD.Data@chiamass.gov.