
Massachusetts All-Payer Claims Database (MA APCD) CY 2024 Annual Release Notes

Background

These release notes provide information for users of the Massachusetts All-Payer Claims Database (MA APCD) Annual Release for CY 2024. This Annual Release includes medical, pharmacy and dental claims incurred between January 1, 2020 and December 31, 2024, and it includes six (6) months of run-out (paid claims through June 30, 2025). 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 2024 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 2024 Annual Release consists of December 2020, December 2021, December 2022, December 2023, December 2024, and June 2024 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 (MPI).
 - A small percentage of records may not have a `memberlinkid` due to inconsistencies and inaccuracies in carrier reporting. Please see [Updated Master Patient Index and Data Exclusion](#) for a complete list.
 - CHIA has revamped the MPI process, but has not changed the underlying logic. To use `memberlinkid` with the CY 2024 APCD release, see [Updated Master Patient Index and Data Exclusion](#) for more information. For guidance on using `memberlinkid` in previous years' data, consult previous years' documentation or contact CHIA for assistance.
- For some health insurers that contract with pharmacy benefit managers (PBMs), both the health insurer and the PBM submit the same Pharmacy Claims and Member Eligibility data. For these Org IDs, duplicate claims and eligibility data exist: 10942, 10953, 10954, 11069, 11239, 11264, 11364, 11371, and 11500. In addition, these Org IDs are excluded from the Master Patient Index process and will not have associated `memberlinkid` values.
- 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 ICD-10 formatted codes.
 - ICD-10 codes are effective October 1, 2015.

- MassHealth Accountable Care Partnership Plans (applies to Org IDs 301, 296, 3505, 3735, 4962) started in 2018. These members and claims will be identified as follows:
 - Insurance Type Code/Product (ME003, MC003, PC003, `insurancetypecodeproduct`, DC003, `dentalinsurancetypecodeproduct`) use the value of 30 to denote ACO.
- MassHealth (Medicaid) filter logic
 - There were no changes for this release.
 - Members/Claims are considered Medicaid if the carrier is a Medicaid-related organization or if 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.
 - 8 HPCPS/CPT codes were added.
 - 4 HPCPS/CPT codes were deleted.
 - 3 HPCPS/CPT code descriptions were edited.
 - Codes related to employer drug testing and tobacco are not included.
- Groupers
 - There are less than 5% invalid DRGs (defined as DRG 955 (principal diagnosis invalid as discharge diagnosis) or DRG 956 (ungroupable)), mainly attributable to newborns, in this release.

Carrier Highlights

- Org ID 8647
 - In a subset of Member Eligibility data, one self-insured group (about 5600 members) was assigned new member IDs, so those members are all in this carrier's system twice going back to March 2019. No other file types were affected.
 - In the Medical Claims data Procedure Code field (MC055, `procedurecodecleaned`), uses two procedure codes, TF409 and TF410, which are dummy values to reflect Org ID-specific codes that are used internally to identify the COB/Recovery line on a claim. This Org ID 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 Org ID 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 having an NPI became a requirement for claims payment regardless of provider type.

- Carrier has a large number of claim lines that 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).
- CHIA is versioning the pharmacy claims from a different pharmacy benefit manager (PBM) as of January 2023.
- Beginning in January 2023, commercial business members migrated to Org ID 300, so there is a decrease in members and claims for Org ID 8647 going forward. This migration will continue through ~2025-2026. Medicare Advantage members will remain with Org ID 8647.

■ Org ID 3505

- Populating Discharge Date year (MC069, `dischargedate`) 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. Corrected to provide a null value to APCD rather than this default date.

■ Org ID 11500

- 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.
- Company was sold on 2/1/2024 to Org ID 11239. Beginning with Feb. 2024 submissions, Org ID 11500 members and claims will be submitted under Org ID 11239.

■ Org ID 296

- Populating Admission Date (MC018, `admissiondate`) and Discharge Date (MC069, `dischargedate`) 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. Now provide a null value to APCD rather than this default date.
- Populated Member Gender (MC012, `membergender/membergenderDE`) with "N" on a small number of medical claims that were missing several Member data elements. Their logic was incorrectly assigning "N" to the gender in these cases. They have updated the logic to populate the gender with "U" for Unknown for these instances.

- Org ID 291
 - 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.
 - For Release CY 2024, the dental claims are versioned.
 - Corrected issue with Payment Arrangement Type (MC113, `paymentarrangementtypecleaned`) in their Medical Claims submissions beginning with June 2025 data. Nearly all medical claim lines, including outpatient claims, were reported as '04' (DRG) prior to fix.
- Org ID 8026
 - Populating Admission Date (MC018, `admissiondate`) and Discharge Date (MC069, `dischargedate`) 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. Now provide NULL rather than this default date.
 - Exiting the Commercial Market in MA, thus this Org ID is sunsetting. Provided run-out claims until June 2024.
 - Populating Member Gender (MC012, `membergender/membergenderDE`) with 'N' on a small number of medical claims that are missing several Member data elements. Their logic is incorrectly assigning 'N' to the gender in these cases. They have updated the logic to populate the gender with 'U' for Unknown for these instances.
- Org ID 10441
 - Pharmacy claims are versioned as of July 2022 submission period and forward.
 - Beginning with the Dec. 2023 Provider file, payer started including affiliated providers in their submissions, which increased the size of the Provider file by approximately 3 million records. Relatedly, the Dec. 2023 Member Eligibility file also saw an increase, as the change in the PCP-attributed logic saw some records report multiple attributed PCPs when more than one provider is identified as family medicine, etc.
- Org ID 10632
 - Submitting separate records for members who have both medical and pharmacy coverage. The record indicating medical coverage would populate Medical Coverage (ME018, `medicalcoverage`) = 1 and Prescription Drug Coverage (ME019, `prescriptiondrugcoverage`) = 2. The record indicating pharmacy coverage would populate `medicalcoverage` = 2 and `prescriptiondrugcoverage` = 1. These records are not merged due to Business Type Code (ME055, `businesstypecode`). For records indicating pharmacy coverage, `businesstypecode` = 4, indicating Pharmacy Benefit Manager. Records indicating medical coverage populate `businesstypecode` with a different value.

- Detailed deductible data is available in their data warehouse only for approximately 30% of the products, so approximately 70% of the data will still be NULL when they correct this beginning with January 2026 submission.
- Org ID 10929
 - This Org ID sunsetted in April 2022. Submitted run-out claims through June 2022.
 - The pharmacy claims for Org ID 10929 are not versioned in the CY 2024 Release.
- Org ID 312, 10444
 - Non-Covered Amount (MC099, `noncoveredamountcleaned`) data was understated and has been corrected.
 - There is a small number of claim lines that 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 Org ID 312 and 6,000 or .4% of total claim lines for Org ID 10444 should have been amended and were not.
 - Carrier realigned membership between the two Org IDs 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 Org ID and the later versions of the claim lines were submitted under a different Org ID. If the later versions of the claim lines were amendments, they were not linked to the original versions.
 - Coverage Type (ME029, `coveragetype`): some records were assigned a value of “IND” in addition to the valid values from the lookup table for Jan 2021 – April 2021 for Org ID 312. It was corrected starting in May 2021. The “IND” are all Fully Insured “UND” members.
- Org ID 3735
 - Carrier confirmed that the drop in product record counts beginning with June 2024 submission is accurate.
 - Missing a large percentage of Service Provider State (MC034, `serviceproviderstate`) on medical claim lines (about 43% overall, but 67% on professional claims). Carrier states this has been corrected beginning with September 2025 submission.
- Org ID 16621
 - Carrier confirmed that the drop in product record counts beginning with June 2024 submission is accurate.
- Org ID 9891
 - Medical Claims Insurance Type Code/Product field (MC003, `insurancetypecodeproduct`) not populated. Must match to a Member Eligibility record and use value in Member Eligibility Insurance Type Code/Product (ME003, `insurancetypecodeproduct`).

- Org ID 4962
 - Incorrectly labelled some products in their Product file as Medicaid in Product Line of Business Model (PR004, `productlineofbusinessmodel`). Carrier has stated this has been corrected.
 - For a majority of the records in every monthly Dental Claims submission, the value of Coinsurance Amount (DC040, `coinsuranceamount`) is equal to 9,999.99, which is the default value in their dental vendor's claims system. It is the equivalent of 0.00.
 - CHIA is versioning the pharmacy claims from a different pharmacy benefit manager (PBM) as of January 2023.
 - Beginning with Jan. 2023, there is a pharmacy claims count increase due to how their current PBM handles adjusted and reversed claims differently than their previous PBM. The current PBM negates the old claim and issues a new claim instead of sending an adjustment to the old claim (maintaining the old claim number), so this will result in an increase in the number of paid claims because a new claim number is issued.
 - In Pharmacy Claims, had been populating Allowed Amount (PC068, `allowedamountcleaned`) = 0 through December 2022, as their vendor did not provide them with this data. Beginning with January 2023, there are non-zero amounts that field.
 - Beginning in January 2023, Org ID 300 senior products migrated to Org ID 4962 so there will be an increase in members and claims going forward.
 - Corrected issue with Member Eligibility Monthly Premium field (ME123, `monthlypremium`) beginning with March 2025 submission.
- Org ID 10935
 - Incorrectly labelled some products in their Product file as Medicaid.
- Org ID 3156
 - For Release CY 2024, the dental claims are versioned.
- Org ID 11541
 - For Release CY 2024, the dental claims are versioned.
 - Decrease in Dental Claims in April 2025 is confirmed as correct due to new dental vendor.
- Org ID 12814
 - CHIA identified duplicates within the Medical Claims submissions for January 2021 through April 2022, which has been corrected with resubmitted data for this release.
- Org ID 300
 - Reported Primary Insurance Indicator (ME028, `primaryinsuranceindicator`) = "1" (yes) for approximately 30,000 Medi-Gap members when it should have been "2" (no). These members can be identified where Insurance Type Code/Product (ME003, `insurancetypecodeproduct`) = "15" or "SP." The group sold Medi-Gap

claims (`insurancetypecodeproduct` = "15") are included for a period of time (pre-2016) where they have no matching eligibility record.

- Beginning with January 2020 data, corrected Primary Insurance Indicator (ME028, `primaryinsuranceindicator`) so that this is marked as "2" (secondary) for their Medicare Supplement products. Also corrected Paid Amount (MC063, `paidamountcleaned`) so that Withhold Amount (MC116, `withholdamount`) is NOT included in Paid Amount derivation.
- The May 2023 Medical Claims file is smaller than normal, as claim processing systems were down in April and were not brought back until the end of May. There are no behavioral health claims in the May 2023 Medical Claims file. The June 2023 Medical Claims file contains the backlog of behavioral claims.
- The May 2023 Pharmacy Claims file has no records, as they stopped receiving processed claims for members from their PBM in April and did not start receiving claim files again until mid-June.
- Beginning in January 2023, Org ID 8647 commercial business members migrated to Org ID 300, so there will be an increase in members and claims going forward. This migration will continue through ~2025-2026.
- Org ID 302
 - Increase in March 2025 Pharmacy Claims file is correct due to large amount of data sent by PBM.
- Org ID 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 (`chiapayerclaimcontrolnumber`) with a length of 15. Given the small volume, CHIA is not implementing a separate versioning method for the HMO claims.
 - Beginning with December 2020 files, combined Org ID 11474 Medical and Pharmacy members/claims into Org ID 11726.
- Org ID 11474
 - Submitted run-out Medical claims under this Org ID through December 2021.
- Org ID 10728
 - For MassHealth Claim Type Indicator (MC246, `masshealthclaimtype`), carrier mistakenly populated "P" for pharmacy rather than "M" for physician claim. Corrected for March 2021 data and forward.
 - For Referring Provider ID (MC112, `referringproviderid_linkage_id`), all values are NULL for submission periods January 2016 through August 2018 and August 2019 through June 2021.
 - For Recipient PCP ID (PC059, `recipientpcpid_linkage_id`), all values are NULL for the submission periods December 2020 through June 2021.
 - Submitted an incomplete Medical Claims file for November 2020. Carrier has stated this has been corrected.

- Medical Claims, Pharmacy Claims and Provider submissions are incomplete. Carrier is working to correct for next release.
- NPI fields (MC026, `nationalserviceprovideridcleaned` & MC242, `nationalprovideridplanrenderingcleaned`) contain default values for non-emergency transportation services to their membership. Only 25% of those ride providers have NPIs, as they are classical non-medical transportation vendors. 1999999976 – default for institutional; 1999999984 – default for professional; 1999999992 – default for DME.
- Org ID 10353
 - Pharmacy Claims are versioned as of July 2022 submission period and forward.
- Org ID 13074
 - Discontinued their Medicare Advantage product in Massachusetts starting in January 2022. Sent run-out claims through June 2022.
- Org ID 10187
 - There was a spike in the number of Medical Claims voids during 2021 due to retro adjustments.
 - In 2022, their claims department did two massive retro rate provider increases. One was in February and the other in the spring/summer, so there's some fluctuation in the number of records for those time frames.
- Org ID 9913
 - In the 202201 Dental Claims submission, Paid Amount (DC038, `paidamountcleaned`) is not populated. Carrier has stated this has been corrected.
- Org ID 13027
 - Charge Amount (PC035, `chargeamountcleaned`) for submission periods from 202001 to 202012 is inflated by 2 decimal points. The amounts should be divided by 100 to get the proper amount.
- Org ID 20122
 - For `submissionyearmonth` 202101 through 202303, blanks in the Provider field Accepting New Patients (PV049, `acceptingnewpatientscleaned`) should have been coded as "3-Unknown." This was corrected for `submissionyearmonth` = 202304 submission and forward.
 - Medical Claims are now versioned from `submissionyearmonth` 202101 to present.
 - There are a small number of medical claims with dates of service set in the future. Carrier is reviewing and will correct going forward.
 - Pharmacy Claims are versioned as of July 2022 submission period and forward.
- Org ID 10954
 - For `submissionyearmonth` starting with 202104, Pharmacy Claims Copay Amount (PC040, `copayamountcleaned`) is smaller. Carrier has verified the copayment decrease and confirmed it to be correct.

- Org ID 11715
 - A small number of Medical Claim lines for Admission Date (MC018, `admissiondate`) show “17530101” as a placeholder admission date from their database. The reason is that they sometimes have incomplete data on out-of-state claims and their system defaults to that invalid date.
- Org ID 20741
 - Increase in Provider file records beginning with `submissionyearmonth` 202409 is due to the inclusion of their PBM providers.
- Org ID 11364
 - Confirmed decrease in records count in the Member Eligibility submissions beginning with March 2025. A major client is now considered ERISA so they aren't included in the data.
- Several carriers resubmitted data, improving data linkage between their file types.
- There were several small carriers that 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 Org IDs for carriers that stopped submitting in this release and/or prior releases:

Org ID	Last Submission Period
295	Dec. 2020
7041	Jun. 2021
7422	Mar. 2020
8026	Jun. 2024
8634	Jun. 2025
10929	Jun. 2022
11500	Jan. 2024
13074	Jun. 2022
14284	Dec. 2022
14285	Dec. 2022

- In 2016, the U.S. Supreme Court decided in *Gobeille v. Liberty Mutual Insurance Company* that the disclosure of certain information relating to health care services was preempted by the Employee Retirement Income Security Act (ERISA), resulting in most health plans discontinuing submission of data for self-insured accounts to state APCDs. In Massachusetts, health plans have approached the submission of this data on an opt-in basis for each employer/purchaser of the self-insured account.
- As of September 2022, 3.7 million Massachusetts residents had private commercial insurance, and among these, 39% had coverage that was fully insured through a health plan and 61% had coverage that was self-insured. Among the 61% of self-insured residents, 23%

had data in the MA APCD. **Overall, approximately 53% of Massachusetts residents with private commercial coverage had data in the MA APCD as of September 2022.**

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.



CENTER FOR HEALTH INFORMATION AND ANALYSIS

501 Boylston Street, Boston, MA 02116

617.701.8100 | www.chiamass.gov