CENTER FOR HEALTH
INFORMATION AND ANALYSIS (CHIA)

CY2009-2013 INCURRED

ALL-PAYER CLAIMS DATABASE (MA APCD)
RELEASE 3.0 DOCUMENTATION GUIDE

- Appendices -

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Commonwealth of Massachusetts
Center for Health Information and Analysis
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APPENDIX 1: DATA PROTECTION/CONFIDENTIALITY

CHIA is charged with protecting the confidentiality of individuals and organizations contributing data to the MA APCD. This requirement extends to customers receiving the APCD Data Release as well (please refer to the language in the Data Release regulations located on CHIA's website).

Masked Data Elements and Linking

In order to comply with confidentiality requirements for MA APCD data, and protect the privacy of individuals and organizations, CHIA has applied masking procedures on certain MA APCD Data Elements prior to release which requires hashing data field values. Hashed elements may be marked as **varbinary[256]** in the Format Length column of the File Layout sections of each release document.

Masking Confidential Data
- As a part of Carrier Submission processing, confidential data elements such as personal and organizational identifiers are **stored** at CHIA in an **encrypted** state.
- A certain number of these confidential data elements are hashed for the MA APCD Data Release (refer to the File Layout section).
- Hashing a data element's field contents produces a **256-character**-maximum text field.
- Hashed data elements always "mask the same way", so that while the field contents are not recognizable, the masked value **can be linked** to an element containing the same masked value in another Claim, or in a Provider, Product, or Member Eligibility record.
- Masked data elements are in the **Level 2 group only** (Carrier Specific Unique Member ID). These elements will be released masked, and **only** to successful Level 2 Access candidates.

Null Values
- Null values are excluded from masking, to eliminate a possible result of false linking due to masked Null values that appear to match.
- Any Null values found in Masked fields will produce an empty (zero length) field in the Release files

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APPENDIX 2: SSN REDACTION AND DATA STANDARDIZATION

Social Security (SSN) Redaction

In order to protect against the unintended disclosure of Social Security Number (SSN) data, certain data elements were subjected to a redaction process. This process removed the entire contents of a data field in the event it contained a string of numbers that **might** be a SSN, producing a NULL-value field.

The process of SSN redaction was applied against any field or data element that could not otherwise be validated against reference tables.

For a list of data elements that were redacted using the above process, please refer to the Cleaning, Standardization, and Redaction section at the end of each file guide.

Data Standardization using Melissa Data

CHIA, to the greatest extent possible, standardized and validated demographic-related elements (i.e. Member Zip Code, Service Provider State, etc.) using Melissa Data Software. The purpose of validating and standardizing demographic elements is to ensure that fields are consistently formatted across the database.

In cases where demographic elements could **not** be standardized, the original reported data values have been released. As a precaution, reported data was subjected to redaction for SSN-like values (see above).

For a list of data elements that were standardized using the above process, please refer to the Cleaning, Standardization, and Redaction section at the end of each file guide.

APPENDIX 3: LINKING ACROSS FILES AND DATA REIDENTIFICATION

The following does not take into account any APCD Data Release restrictions, masking, or edit levels. It is included here for reference only.

Certain linkages between files may vary considerably by carriers.

LINKAGE ELEMENTS:

PV001
PV002
PV039
PV040

PR001

ME001
ME036
ME038
ME040
ME046
ME107
ME117
ME128

MC001
MC024
MC026
MC076
MC077
MC079
MC112
MC125
MC134
MC135
MC137
MC141

PC001
PC043
PC048
PC050
PC056
PC059
PC107
PC108

DC001
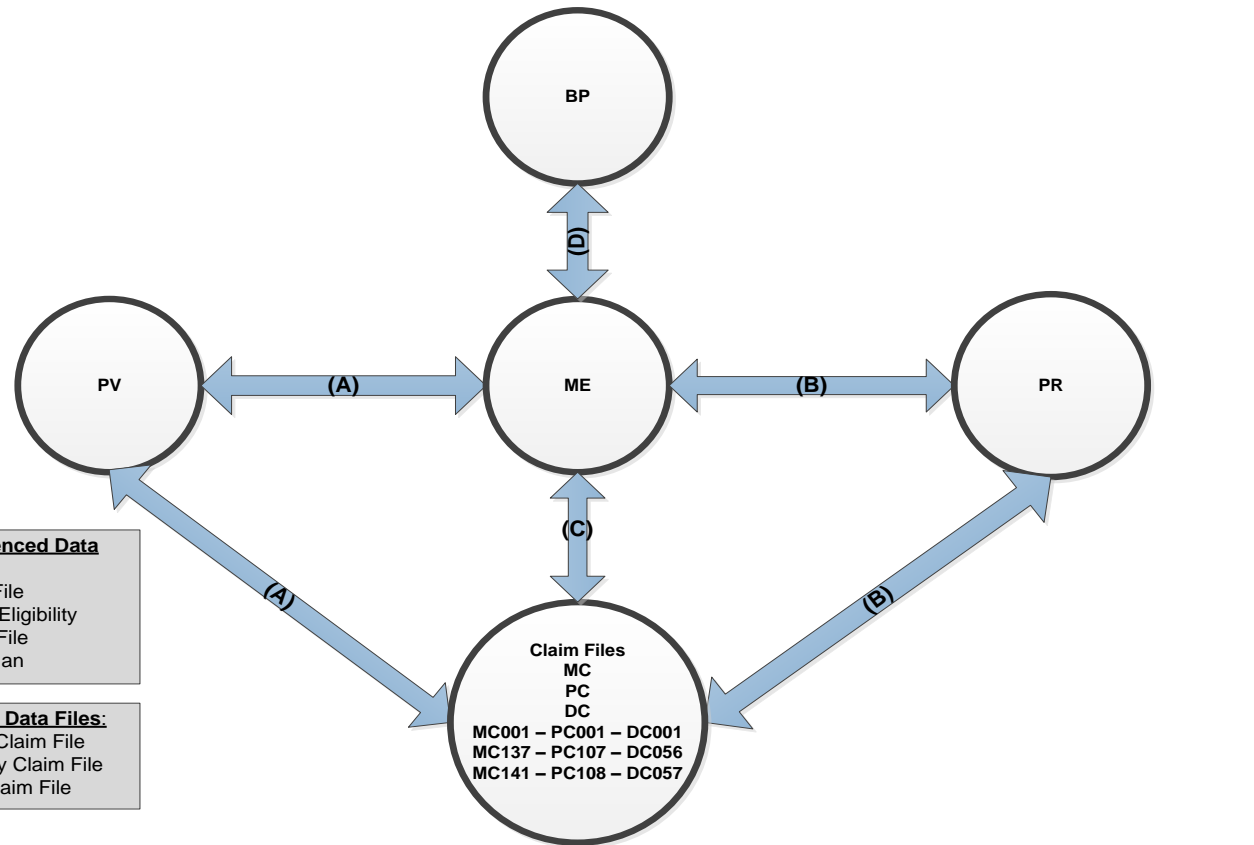DC018
DC020
DC042
DC056
DC057

BP001

Last Updated: 12/09/2014 (AJ)

Carrier-Referenced Data Files:
PR – Product File
ME – Member Eligibility
PV – Provider File
BP – Benefit Plan

Claims-Based Data Files:
MC – Medical Claim File
PC – Pharmacy Claim File
DC – Dental Claim File

BP

PV — (A) — **ME** — (B) — **PR**

(D)

(C)

(A)

(B)

Claim Files
MC
PC
DC
MC001 – PC001 – DC001
MC137 – PC107 – DC056
MC141 – PC108 – DC057

(A)   PV-ME; PV-MC; PV-PC; PV-DC; PV – PV
PV001 – ME001
PV002 – ME036, ME046
PV039, PV040 – ME038

PV001 – MC001
PV002 – MC024, MC076, MC112, MC125, MC134, MC135
PV039, PV040 – MC026, MC077

PV001 – PC001
PV002 – PC043, PC059
PV039, PV040 – PC048

PV001 – DC001
PV002 – DC018
PV039, PV040 – DC020

PV002 – PV054, PV056

(B)   PR-ME; PR-MC; PR-PC; PR-DC
PR001 – ME040

PR001 – MC079

PR001 – PC056

PR001 – DC042

(C)   ME-MC; ME-PC; ME-DC; ME-BP
ME001 – MC001
ME107 – MC137
ME117 – MC141

ME001 – PC001
ME107 – PC107
ME117 – PC108

ME001 – DC001
ME107 – DC056
ME117 – DC057

ME128 – BP001

(D)   BP-ME:
BP001 – ME128

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Data Reidentification

Provider and Product tables link to claims tables using data elements **Linking Plan Provider ID** (PV002) and **Linking Product ID** (PR001) respectively. Frequently the data values contain personal identifiable information. Consequently, in order to preserve linkage and yet protect patient confidentiality, the values have been re-identified using **integer** values which have no identification risks associated.

The Linkage ID is used to provide claims linkage to Provider and Product reference files. The resulting re-identified values will be substituted for all related PV002 or PR001 linking elements in all releases. T h e r e f o r e, the data elements Provider ID (PV002) and Product ID (PR001) will automatically contain the re-identified value. For linkage purposes, the **same re-identified integer values** were substituted into the claims and eligibility files for the elements shown in the table below:

File	Elmt	Data Element Name
DC	DC018	Service Provider Number
DC	DC042	Product ID Number
MC	MC024	Service Provider Number
MC	MC076	Billing Provider Number
MC	MC079	Product ID Number
MC	MC112	Referring Provider ID
MC	MC125	Attending Provider
MC	MC134	Plan Rendering Provider Identifier
MC	MC135	Provider Location
ME	ME036	Health Care Home (PCMH) Number
ME	ME040	Product ID Number
ME	ME046	Member PCP ID
ME	ME124	Attributed PCP Provider ID
PC	PC043	Prescribing Provider ID
PC	PC056	Product ID Number
PC	PC059	Recipient PCP ID
PV	PV054	Medical / Healthcare Home ID
PV	PV056	Provider Affiliation

Benefit Plan Control File

The Benefit Plan Control File links to the Member Eligibility File, rather than a Claim file. The data elements in the BP have been assigned to the Level 3 Release Level, which is a restricted release. As a result, the linkage elements have not been re-identified.

- Linkage Elements: **BP001 Benefit Plan Contract ID** to **ME128 Benefit Plan Contract ID**

APPENDIX 4: VARIANCE PROCESS

Process Overview

The Variance process is a collaborative effort between the payer and their assigned CHIA liaison 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 must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA liaison will carefully review the request and follow up with a discussion about how to improve data quality and suggest alternatives.

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.

Examples:

- An example of an approved variance is for the Other Diagnosis fields on the Medical Claim file (data elements MC042 – MC053). To pay claims, it wasn't necessary for a particular carrier to retain more than the Primary or Admitting Diagnosis from claim forms so their historical data was allowed to have lower thresholds on these data elements. However, in working with their liaison, they have a remediation plan in place to start collecting this information going forward in 2012, thus eliminating the need for lower thresholds on these fields and improving the quality of the data.
- Payers may also use this process to request certain file type variances (i.e. a vision payer requesting a variance from having to submit pharmacy or dental claim files).

Variance Analysis

CHIA periodically updates variance analysis by data element. A report of such analysis includes the number of payers requesting variances on the indicated data element, the mean of the threshold variance requests, the minimum variance percentage requested, and the maximum variance percentage requested. Users who would like more details about this analysis may contact CHIA at apcd.data@state.ma.us.

APPENDIX 5: GLOSSARY

Term	Definition
Accident Indicator	A yes/no indicator that originates from the Professional Claims format to assess insurance liability9, financial responsibility and aid with clinical assessments.
Adjudication Data	Any data that describes how a claim was processed for payment. Typically information that would go back to the provider of services is used, but could include contract level information as well.
Admitting Diagnosis	This is the diagnosis (of a unique set of diagnoses) that supports a physician's order to admit a patient into an inpatient setting at a facility.
All-Payer Claims Database (APCD)	The All Payer Claims Data Base (APCD) is a dataset of members, providers, products and claims from payers that allow for a broad understanding of cost and utilization across institutions and populations.
Ambulatory Payment Classification (APC)	A payment methodology applied to outpatient claims in a facility; defined by Federal Balanced Budget Act for Medicare claims originally.
Ancillary Services	Any service that supports the primary reason for the medical visit. This can be laboratory, X-ray or other services within or outside of the same facility.
APC	See Ambulatory Payment Classification.
APCD	See All-Payer Claims Database.
APCD Field Threshold	The percentage of correct data that needs to be submitted for a particular field to ensure that it "passes". See Variance Request.
Applicant	An individual or organization that requests health care data and information in accordance with 114.5 CMR 22.03.
Attending Provider	A provider that has direct care oversight of the patient. Typically an individual reported on Facility Inpatient Claims.
Billing Provider	A provider entity that sends claims and requests for adjudication to a carrier for payment.
Capitated Encounter Flag	A MA APCD Flag Indicator that reports a line-item as being covered under a capitation arrangement.
Capitated Payment	Capitation is a contractual payment arrangement between provider and payer. It is the 'per member per month' methodology that does not take 'per service' into account during the contract timeframe.
Carrier-Specific Unique Member ID	The number a carrier uses internally to uniquely identify the member.
Carrier-Specific Unique Subscriber ID	This is the number the carrier uses internally to uniquely identify the subscriber.
Center For Health Information and Analysis	An agency of the Commonwealth of Massachusetts responsible for providing reliable information and meaningful analysis for those seeking to improve health care quality, affordability, access, and outcomes. Formerly the Division of Health Care Finance and Policy until November 5, 2012.
Center	See Center for Health Information and Analysis.
CDT Code	See Common Dental Terminology Code.
CHIA	See Center for Health Information and Analysis.
Claim	A request for payment on rendered services to likely members. Claims can be in many formats: see UB04,

Term	Definition
	HIPAA 837, Reimbursement Form, and Direct Data Entry.
Claim Line	An individual service reporting of a claim. See Line Counter.
Claim Line Type	A MA APCD value that reports a claim line status that moderately relates to the final digit (Frequency Code) of the Type of Bill or Place of Service code on a claim. Options are Original, Void, Replacement, Back Out and Amendment.
Claim Status	A MA APCD value that reports how a claim was processed by the reporting carrier. Relates to reimbursement order on claims.
Claims Adjudication	An evaluation process employed by insurance companies and/or their designees to process claims data for payment to providers.
Claims Data	Information consisting of, or derived directly from, member eligibility information, medical claims, pharmacy claims, dental claims, and all other data submitted by health care payers to CHIA.
CMS	See Centers for Medicare & Medicaid Services
COB	See Coordination of Benefits
COBRA	See Consolidated Omnibus Budget Reconciliation Act
Coinsurance Amount	Usually defined as a percentage of the claim that the subscriber pays on covered services to the provider after deductibles have been met, per the plan contract. Also see Cost Sharing and/or Out of Pocket Expense
Common Dental Terminology Code (CDT Code)	A code set developed for dental procedure reporting by the American Dental Association
Compound Drug Indicator	A MA APCD Flag Indicator that reports if a pharmacy line had to be compounded for the patient due to patient-specific needs (weight, allergies, administration route) or unavailability of the drug in certain measures.
Consolidated Omnibus Budget Reconciliation Act (COBRA)	Refers to the COBRA legislation that requires offering continued health care coverage when a qualifying event occurs with the employed family member. Usually only required of large group employers (20+ employees) under a modified payment schedule for same level of coverage.
Coordination of Benefits (COB)	A process that occurs between provider, subscriber(s) of same household, and two or more payers to eliminate multiple primary payments.
Coordination of Benefits/TPL Liability Amount	The amount calculated by a primary payer on a claim as the amount due from a secondary or other payer on the same claim when the primary payer is aware of other payers.
Copayment Amount	Usually defined as a set amount paid by the subscriber to the provider for a given outpatient service, per the plan contract. Also see Cost Sharing and/or Out of Pocket Expense.
Coverage Level Code	A MA APCD value submitted by the carrier that refines a line of eligibility to report the definition and size of covered lives.
Covered Days	The number of inpatient days covered by the plan under the member's eligibility. See Non-covered Days.
Date Service Approved (AP Date)	This is the date that the claim line was approved for payment. It can be several days (or weeks) prior to the Paid Date or on the Paid Date, but cannot fall after the Paid Date.
DC File	See Dental Claim File
DDE	See Direct Data Entry

Term	Definition
Deductible	Usually defined as an annual set amount paid by the subscriber to the provider prior to the plan applying benefits. Deductibles can be inpatient and/or outpatient as they are payer/plan specific. Also see Cost Sharing and/or Out of Pocket Expense.
Delegated Benefit Administrator	CHIA assigned Org ID for Benefit Administrator. A Delegated Benefit Administrator is an entity that performs a combination of activities related to benefit enrollment, management and premium collection on behalf of a payer.
Denied Claims	Claims and/or Claim Lines that a payer will not process for payment due to non-eligibility or contractual conflicts.
Dental Claim File (DC File)	A MA APCD File Type for reporting all Paid Dental Claim Lines of a given time period. File accommodates Replacement and Void lines.
Diagnostic Related Group (DRG)	Diagnostic Related Group: A system to classify hospital inpatient admits into a defined set of cases by numeric representation. Payment categories that are used to classify patients for the purpose of reimbursing providers for each case in a given category with a fixed fee regardless of the actual costs incurred.
Disability Indicator Flag	Indicator that a member has a disability. A yes/no indicator that originates from the Professional Claims format to assess insurance liability, financial responsibility and aid with clinical assessments.
Disease Management Enrollee Flag	A MA APCD Flag Indicator that reports if a member's chronic illness is managed by plan or vendor of plan.
Dispense as Written Code	Prescription Dispensing Activity Code
DRG	See Diagnostic Related Group
DRG Level	A reporting refinement from the Diagnostic Related Group coding that reports a level of severity of the case.
DRG Version	The version of the Diagnostic Related Group, a numbering system within the application used to allocate claims into the appropriate grouping date. This is mostly an annual process, although other updates are received.
E-Code	See External Injury Code
EFT	See Electronic Funds Transfer
Employer EIN	Employer Identification Number (Federal Tax Identification Number) of the member's employer.
Employment Related Indicator	Service related to Employment Injury. A yes/no indicator that originates from the Professional Claims format to assess insurance liability, financial responsibility and aid with clinical assessments.
Encounter Data	Detailed data about individual services provided by a capitated managed care entity.
EOB	See Explanation of Benefits.
EPO	See Exclusive Provider Organization.
EPSDT Indicator	Indicates that Early Periodic Screening, Diagnosis and Treatment (EPSDT) were utilized. A yes/no indicator that originates from the Professional Claims format to assess insurance liability, financial responsibility and aid with clinical assessments.
Excluded Expenses	Amount that the plan has determined to be above and beyond plan/benefit limitations for a given patient. Related to non-covered services.

Term	Definition
Exclusive Provider Organization (EPO)	A managed care product type that requires each member to have a PCP assignment within a limited network but offers affordable coverage.
External Code Source	External code sources are lists of values generally accepted as a standard set of values for a given element. Example: Revenue Codes as defined by the National Uniform Billing Committee.
External Injury Code (E-Code)	ICD Diagnostic External Injury Code for patients with trauma or accidents. A subsection of the International Classification of Diseases Diagnosis Codes that specifically enumerate various types of accidents and traumas before diagnoses are applied.
Fee for Service	A payment methodology where each service rendered is considered for individual reimbursement.
Final Version	XXXX
Former Claim Number	This is a prior claim number originally assigned to the claim by the provider of service. Its use in the APCD dataset is usually to aid with versioning of a claim where versioning cannot be applied due to system limitations.
Formulary Code	A MA APCD Flag Indicator that reports a line-item as being listed on a payers list of covered drugs. This reporting helps to understand patient-out-of-pocket expenses.
Fully-Insured	In a fully insured plan, the employer pays a per-employee premium to an insurance company, and the insurance company assumes the risk of providing health coverage for insured events.
GIC	See Group Insurance Commission.
Global Payment	Payments received of a fixed-value for predefined services on members within a predefined time frame.
Global Payment Flag	A MA APCD Flag Indicator that reports a line-item as being paid under a Global Payment arrangement. See Global Payment.
Group Insurance Commission	The Group Insurance Commission (GIC) is an entity charged with overseeing health and tangent benefits of state employees, retirees and dependents.
Grouper	A tool/application that evaluates each claim and determines where the claim falls clinically across a broad spectrum of values (cases). This can be applied to inpatient and outpatient claims based on the grouper used.
Health Care Home	See Patient Centered Medical Home.
Health Care Payer	A Private or Public Health Care Payer that contracts or offers to provide, deliver, arrange for, pay for, or reimburse any of the costs of health services. A Health Care Payer includes an insurance carrier, a health maintenance organization, a nonprofit hospital services corporation, a medical service corporation, Third-Party Administrators, and self-insured plans.
Health Plan Information	Information submitted by Health Care Payers in accordance with 114.5 CMR 21.03(2).
ICD9-CM	See International Classification of Diseases, 9th edition, Clinical Modification.
Individual Relationship Code	Indicator defining the Member/Patient's relationship to the Subscriber.
Insurance Type Code/Product	This field indicates the type of product the member has, such as HMO, PPO, POS, Auto Medical, Indemnity, and Workers Compensation.
International Classification of Diseases, 9th Edition, Clinical Modification	Refers to the International Classification of Diseases, 9th Revision Codes, and Clinical Modification (ICD-9-CM) procedure codes.

Term	Definition
Last Activity Date	This is the date that a subscriber's or member's eligibility for any given product was last edited.
Line Counter	An enumeration process to define each service on a claim with a unique number. Process follows standard enumeration from other billing forms and formats.
Logical Observation Identifiers, Names and Codes (LOINC)	Lab Codes for Logical Observation Identifiers, Names and Codes. A method for reporting laboratory findings of specimens back to a health care provider / system.
LOINC	See Logical Observation Identifiers, Names and Codes.
Major Diagnostic Category (MDC)	The Major Diagnostic Categories (MDC) is a classification system that parses all principal diagnoses into one of 25 categories primarily for use with DRGs and reimbursement activity. Each Category relates to a physical system, disease, or contributing health factor.
Managed Care Organization	A product developed to control costs of care management through various methods; i.e., limited network, PCP assignment, case management.
Market Category Code	A MA APCD ME File refinement code that explains what market segment the policy that the subscriber/member has selected falls under.
MassHealth	The Massachusetts Medicaid program.
MC File	See Medical Claim File.
MCO	See Managed Care Organization.
MDC	See Major Diagnostic Categories.
Medicaid MCO	A Medicaid Managed Care Organizations is a private health insurance that has contracted with the state to supply Managed Care products to a select population.
Medical Claim File (MC File)	A MA APCD File Type for reporting all Paid Medical Claim Lines of a given time period. File accommodates Facility, Professional, Reimbursement Forms and Replacement and Void lines.
Medicare Advantage	A Medicare Advantage Plan (Part C) is a Medicare health plan choice offered by private companies approved by Medicare. The plan will provides all Part A (Hospital Insurance) and Part B (Medical Insurance) coverage and may offer extra coverage such as vision or dental coverage
Medicare Benefits (Part A & B)	Health insurance available under Medicare Part A and Part B through the traditional fee-for-service payment system. Part A is hospital insurance that helps cover inpatient care in hospitals, skilled nursing facility, hospice, and home health care. Part B helps cover medically-necessary services like doctors' services, outpatient care, durable medical equipment, home health services, and other medical services.
Member	A person who holds an individual contract or a certificate under a group arrangement contracted with a Health Care Payer.
Member Deductible	Annual maximum out of pocket Member Deductible across all benefit types. See Deductible.
Member Deductible Used	Member deductible amount incurred.
Member Eligibility File	A file that includes data about a person who receives health care coverage from a payer, including but not limited to subscriber and member identifiers; member demographics; race, ethnicity and language information; plan type; benefit codes; enrollment start and end dates; and behavioral and mental health, substance abuse and chemical dependency and prescription drug benefit indicators.
Member PCP Effective Date	Begin date for member enrollment with Primary Care Provider (PCP).
Member PCP ID	The member's Primary Care Physician's ID.

Term	Definition
Member PCP Termination Date	Member termination date from that Primary Care Provider (PCP).
Member Rating Category	Utilized for Medicaid MCO members only, it defines the Member Medicaid MCO category.
Member Self Pay Amount	The amount that a Patient pays towards the claim/service prior to submission to the carrier or its designee.
Member Suffix / Sequence Number	Uniquely numbers the member within the health insurance contract
Members SIC Code	A code describing the line of work the enrollee is in. Carriers will use Standard Industrial Classification (SIC) code values.
NAICS	See North American Industry Classification System.
National Billing Provider ID	National Provider Identification (NPI) of the Billing Provider
National Council for Prescription Drug Programs (NCPDP)	The Standards Organization for the pharmacy industry.
National Plan ID	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.
National Provider Identification (NPI)	A unique identification number for covered health care providers and health plans required under the Health Insurance Portability and Accountability Act (HIPPA) for Administrative Simplification.
National Service Provider ID	National Provider Identification (NPI) of the Servicing Provider.
NCPDP	See National Council for Prescription Drug Programs
Non Covered Days	The number of inpatient days not covered by the plan under the member's eligibility. See Covered Days.
Non-Covered Amount	An amount that refers to services that were not considered covered under the member's eligibility.
North American Industry Classification System (NAICS)	North American Industry Classification System: a standard classification system used to define businesses and the tasks within a business for statistical analysis, used by Federal statistical agencies for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy
NPI	See National Provider Identification
Organization Identification (Org ID)	A CHIA contact management unique enumeration assigned to any entity to allow for identification of that entity. This internally generated ID is used by CHIA to identify everything from carriers to hospitals in addition to other sites of service.
OrgID	See Organization Identification
P4P	See Pay for Performance
Paid Date	The date that a claim line is actually paid. Date that appears on the check and/or remit and/or explanation of benefits and corresponds to any and all types of payment. This can be the same date as Processed Date.
Patient	An individual that is receiving direct clinical care or oversight of self-care.
Patient Centered Medical Home (PCMH)	An approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family
Patient Control Number	This is a unique identifier assigned by the provider for individual encounters of care or claims.
Payer	See Health Care Payer
Payer Claim Control Number	A unique identifier within the payer's system that applies to the entire claim for the life of that claim. Not to be confused with Patient Control Number that originates at the provider site.
Payment	Financial transfer from payer to provider for services rendered to patients, quality maintenance,

Term	Definition
	performance measures or training initiatives.
PBM	See Pharmacy Benefit Manager
PC File	See Pharmacy Claim File
PCMH	See Patient Centered Medical Home
PCP	See Primary Care Physician
PCP Indicator	A MA APCD Flag Indicator that reports a claim line-item as being performed by the patient's Primary Care Physician. See Primary Care Physician
Pharmacy Benefit Manager (PBM)	A Pharmacy benefit manager (PBM) is a company that administers all or some portion of a drug benefit program of an employer group or health plan.
Pharmacy Claim File (PC File)	A MA APCD File Type for reporting all Paid Pharmacy Claim Lines of a given time period. File accommodates Replacement and Void lines.
Plan Rendering Provider Identifier	Carrier's unique code which identifies for the carrier who or which individual provider cared for the patient for the claim line in question.
Plan Specific Contract Number	Plan assigned contract number. This should be the contract or certificate number for the subscriber and all of his/her dependents.
Point of Service (POS)	A point-of-service (POS) plan is a health maintenance organization (HMO) and a preferred provider organization (PPO) hybrid. POS plans resemble HMOs for in-network services. Services received outside of the network are usually reimbursed in a manner similar to conventional indemnity plans
POS	See Point of Service
PR File	See Product File
Preferred Provider Organization (PPO)	A plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers.
Primary Care Physician (PCP)	A physician who serves as a member's primary contact for health care. The primary care physician provides basic medical services, coordinates and, if required, authorizes referrals to specialists and hospitals.
Primary Insurance Indicator	A MA APCD Flag Indicator that reports if the payer adjudicated a Claim Line as the Primary Payer.
Private Health Care Payer	A carrier authorized to transact accident and health insurance under chapter 175, a nonprofit hospital service corporation licensed under chapter 176A, a nonprofit medical service corporation licensed under chapter 176B, a dental service corporation organized under chapter 176E, an optometric service corporation organized under chapter 176F, a self-insured plan to the extent allowable under federal law governing health care provided by employers to employees, or a health maintenance organization licensed under chapter 176G.
Product	Any offering for sale by a health plan or vendor. It typically describes carrier-based business models such as HMO, PPO but is also synonymous with processing services, network leasing, re-pricing vendors.
Product Enrollment End Date	The date the member enrolled in the product
Product Enrollment Start Date	The date the member dis-enrolled in the product.

Term	Definition
Product File (PR File)	A MA APCD file that reports all products that a carrier maintains as a saleable service. Typically these products are listed with the Division of Insurance.
Product Identifier	A unique identifier created by the submitter to each Product offered. It is used to link eligibilities to products and to validate claim adjudication per the product.
Provider	A health care practitioner, health care facility, health care group, medical product vendor, or pharmacy.
Provider File (PV File)	A MA APCD file containing information on all types of health care provider entities. Typically these are active, contracted providers.
Provider ID	A unique identifier assigned by the carrier or designee and reported in the MA APCD files.
Public Health Care Payer	The Medicaid program established in chapter 118E; any carrier or other entity that contracts with the office of Medicaid or the Commonwealth Health Insurance Connector to pay for or arrange for the purchase of health care services on behalf of individuals enrolled in health coverage programs under Titles XIX or XXI, or under the Commonwealth Care Health Insurance program, including prepaid health plans subject to the provisions of section 28 of chapter 47 of the acts of 1997; the Group Insurance Commission established under chapter 32A; and any city or town with a population of more than 60,000 that has adopted chapter 32B. Also includes Medicare.
PV File	See Provider File
QA	See Quality Assurance
Quality Assurance (QA)	The process of verifying the reliability and accuracy of data within the thresholds set and rationales reported.
Rebate Indicator	A MA APCD Flag Indicator that reports if a pharmacy line was open for any rebate activity.
Referral Indicator	A MA APCD Flag Indicator that reports if a claim line required a referral regardless of its final adjudication.
Reimbursement Form	A form created by a carrier for subscribers / members to submit incurred costs to the carrier that are reimbursable under the benefit plan.
Risk Type	Refers to whether a product was fully-insured or self-insured.
Route of Administration	Indicates how drug is administered. Orally, injection, etc.
Script number	The unique enumerated identifier that appears on a prescription form from a provider.
Self-Insured	A plan offered by employers who directly assume the major/full cost of health insurance for their employees. They may bear the entire risk, or insure against large claims by purchasing stop-loss coverage. The self-insured employers may contract with insurance carriers or third party administrators for claims processing and other administrative services; others are self-administered.
Service Provider Entity Type Qualifier	A MA APCD identifier used to refine a provider reporting into one of two categories, a person, or one of several non-person entity types.
Service Provider Specialty	The specialty of the servicing provider with whom a patient sought care.
Service Rendering Provider	The health care professional that performed the procedure or provided direct patient oversight.
Severity Level	See DRG Level
Single/Multiple Source Indicator	Drug Source Indicator. An identifier used to report pharmacy product streams.
Site of Service - on NSF/CMS 1500	Place of Service Code as used on Professional Claims. This is a two-digit code that reports where services

Term	Definition
Claims	were rendered by a health care professional.
Special Coverage	A MA APCD identifier used to refine eligibility with non-traditional coverage models to explain covered services and networks for this population. Valid choices are Commonwealth Care, Health Safety Net or N/A if not applicable.
Submission Guide	The document that sets forth the required data file format, record specifications, data elements, definitions, code tables and edit specifications.
Submitter	Any entity that has been registered with CHIA as a data submitter. This can be health plans, TPAs, PBMs, DBAs, or any entity approved to submit data on behalf of another entity; requires registration with CHIA. See Organization ID.
Subscriber	The subscriber is the insurance policy holder. The individual that has opted into and pays a premium for health insurance benefits under a defined policy. In some instances, the subscriber can be the Employer, or a non-related individual in cases of personal injury.
Third-Party Administrator (TPA)	Any person or entity that receives or collects charges, contributions, or premiums for, or adjusts or settles claims for, Massachusetts residents on behalf of a plan sponsor, health care services plan, nonprofit hospital or medical service organization, health maintenance organization, or insurer.
Third-Party Liability (TPL)	Refers to the coverage provided by a specific carrier for certain risks; typically work, auto, personal injury related.
Threshold Reduction	A process of the APCD Variance Request that a submitter performs to reduce the percentage of quality data that they must submit. This is performed prior to submitting a file to insure that A-Level Thresholds are met to pass the file into Quality Assurance.
TPA	See Third-Party Administrator.
TPL	See Third-Party Liability.
Type of Bill - on Facility Claims	This is a two-digit code that reports the type of facility in which services were rendered.
UB04	See Universal Billing Form 04.
Unemployed	An individual that does not hold a paying position with a company.
Universal Billing Form 04	A standard billing form created by the National Universal Billing Committee for Facility Claims. The 04 refers to the last updated version of the claim format. It is typically a paper form but electronic versions of it exist.
Variance	See Variance Request
Variance Request (VR)	A request to CHIA that explains why an organization cannot submit a field (or fields), meet a threshold (or thresholds), or submit a file (or files). A form developed by the MA APCD that defines base reporting percentages for all data elements on all filing types, where the submitter may disclose reasons for not meeting base-percentage reporting, and request a threshold reduction to percentages that can be met.
Version Number	Version number of this claim service line. An enumeration process required by the MA APCD Claims Files to insure that the most recent line(s) of any given claim are used in that claims analysis at time of reporting.
Voided Claims	Claim lines filed that will be excluded from analysis (i.e. Claims that were deemed not eligible for payment, after initial payment was made, due to various qualifying conditions.) In the MA APCD

Term	Definition
	System, these lines are matched to their opposite and last version from a previous submission and are not used in analysis at time of reporting.
Withhold Amount	The amount paid to the provider for this Claim Line if the provider qualifies / meets the agreed upon performance guarantees.

APPENDIX 6: RELEASE FILE COLUMN NAMES

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
Derived-DC1	Submission Month	Submission Month
Derived-DC2	Submission Year	Submission Year
Derived-DC3	County of Member	County of Member
Derived-DC4	County of Service Provider	County of Service Provider
Derived-DC5	Dental Claim ID	Dental Claim ID
Derived-DC6	Member ZIP code (first 3 digits)	Member ZIP code (first 3 digits)
Derived-DC7	Release ID	Release ID
Derived-DC8	Submission Control ID	Submission Control ID
Derived-DC9	CHIA Incurred Date (Year and Month Only)	CHIA Incurred Date (Year and Month Only)
Derived-DC10	Medicaid Indicator	Medicaid Indicator
Derived-DC11	Member Link EID	Member Link EID
Derived-DC13	Member Age At Service	Member Age At Service
DC001	Payer	Payer
DC002	National Plan ID	National Plan ID
DC003	Dental Insurance Type Code/Product	Dental Insurance Type Code/Product
DC004	Payer Claim Control Number	Payer Claim Control Number
DC005	Line Counter	Line Counter
DC005A	Version Number	Version Number
DC011	Individual Relationship Code	Individual Relationship Code
DC012	Member Gender	Member Gender
DC013	Member Birth Month	Member Birth Month
DC014	Member City Name	Member City Name
DC015	Member State or Province	Member State or Province
DC016	Member ZIP Code	Member ZIP Code
DC017	Date Service Approved (AP Date)	Date Service Approved (AP Date)
DC017	Date Service Approved (AP Date) - Year	Date Service Approved (AP Date) - Year
DC017	Date Service Approved (AP Date) - Month	Date Service Approved (AP Date) - Month

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
DC018	Service Provider Number	Service Provider Number
DC020	National Service Provider ID	National Service Provider ID
DC021	Service Provider Entity Type Qualifier	Service Provider Entity Type Qualifier
DC022	Service Provider First Name	Service Provider First Name
DC023	Service Provider Middle Name	Service Provider Middle Name
DC024	Service Provider Last Name or Organization Name	Service Provider Last Name or Organization Name
DC025	Delegated Benefit Administrator Organization ID	Delegated Benefit Administrator Organization ID
DC026	Service Provider Specialty (Standard/Carrier-Specific Custom Values)	Service Provider Specialty (Standard/Carrier-Specific Custom Values)
DC027	Service Provider City Name	Service Provider City Name
DC028	Service Provider State	Service Provider State
DC029	Service Provider ZIP Code	Service Provider ZIP Code
DC030	Facility Type - Professional	Facility Type - Professional
DC031	Claim Status	Claim Status
DC032	CDT Code	CDT Code
DC033	Procedure Modifier - 1	Procedure Modifier - 1
DC034	Procedure Modifier - 2	Procedure Modifier - 2
DC035	Date of Service - From	Date of Service - From
DC035	Date of Service - From Year	Date of Service - From Year
DC035	Date of Service - From Month	Date of Service - From Month
DC036	Date of Service - Thru	Date of Service - Thru
DC036	Date of Service - Thru Year	Date of Service - Thru Year
DC036	Date of Service - Thru Month	Date of Service - Thru Month
DC037	Charge Amount	Charge Amount
DC038	Paid Amount	Paid Amount
DC039	Copay Amount	Copay Amount
DC040	Coinsurance Amount	Coinsurance Amount
DC041	Deductible Amount	Deductible Amount
DC042	Product ID Number	Product ID Number
DC045	Paid Date	Paid Date

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
DC045	Paid Date Year	Paid Date Year
DC045	Paid Date Month	Paid Date Month
DC046	Allowed Amount	Allowed Amount
DC047	Tooth Number/Letter	Tooth Number/Letter
DC048	Dental Quadrant	Dental Quadrant
DC049	Tooth Surface	Tooth Surface
DC056	Carrier Specific Unique Member ID	Carrier Specific Unique Member ID
DC057	Carrier Specific Unique Subscriber ID	Carrier Specific Unique Subscriber ID
DC059	Claim Line Type	Claim Line Type
DC060	Former Claim Number	Former Claim Number
DC061	Diagnosis Code	Diagnosis Code
DC062	ICD Indicator	ICD Indicator
DC063	Denied Flag	Denied Flag
DC064	Denial Reason	Denial Reason
DC065	Payment Arrangement Type	Payment Arrangement Type
Derived-MC1	Submission Month	RIGHT([SubmissionYearMonth],2) as "SubmissionMonth"
Derived-MC2	Submission Year	LEFT([SubmissionYearMonth],4) as "SubmissionYear"
Derived-MC3	County of Member	Standardized_MemberCounty
Derived-MC4	County of Service Provider	Standardized_ServiceProviderCounty
Derived-MC5	Medical Claim ID	MedicalClaimID
Derived-MC6	Member ZIP code (first 3 digits)	LEFT([Standardized_MemberZIPCode],3) as "Standardized_MemberZIPFirst3"
Derived-MC7	Release ID	ReleaseID
Derived-MC8	Submission Control ID	SubmissionControlID
Derived-MC9	CHIA Incurred Date (Year and Month Only)	IncurredDate
Derived-MC10	Highest Version Paid Flag	VersionIndicator
Derived-MC11	Highest Version Denied	HighestVersionDenied
Derived-MC12	Highest Version Indicator	HighestVersionIndicator

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
Derived-MC13	Substance Abuse Indicator	SubstanceAbuseIndicator
Derived-MC14	Medicaid/HSN Indicator	MedicaidHSNIndicator
Derived-MC15	Member Link EID	MemberLinkEID
Derived-MC16	Member Age At Service	MemberAgeAtServiceCleaned
MC001	Payer	OrgID
MC002	National Plan ID	NationalPlanID
MC003	Insurance Type Code/Product	InsuranceTypeCodeProduct
MC004	Payer Claim Control Number	PayerClaimControlNumber
MC005	Line Counter	LineCounter
MC005A	Version Number	VersionNumber
MC011	Individual Relationship Code	IndividualRelationshipCode
MC012	Member Gender	MemberGenderCleaned
MC013	Member Birth (Month Only)	MemberDateofBirthMonth
MC014	Member City Name	Standardized_MemberCityName
MC015	Member State or Province	Standardized_MemberStateorProvince
MC016	Member ZIP Code	Standardized_MemberZIPCode
MC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate
MC017	Date Service Approved (AP Date) - Year	DateServiceApprovedAPDateYear
MC017	Date Service Approved (AP Date) - Month	DateServiceApprovedAPDateMonth
MC018	Admission Date	AdmissionDate
MC018	Admission Year	AdmissionDateYear
MC018	Admission Month	AdmissionDateMonth
MC019	Admission Hour	AdmissionHour
MC020	Admission Type	AdmissionType
MC021	Admission Source	AdmissionSource
MC022	Discharge Hour	DischargeHour
MC023	Discharge Status	DischargeStatus
MC024	Service Provider Number	ServiceProviderNumber_Linkage_ID
MC026	National Service Provider ID	NationalServiceProviderIDCleaned
MC027	Service Provider Entity Type Qualifier	ServiceProviderEntityTypeQualifier

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
MC028	Service Provider First Name	ServiceProviderFirstName
MC029	Service Provider Middle Name	ServiceProviderMiddleName
MC030	Servicing Provider Last Name or Organization Name	ServiceProviderLastNameorOrganizationName
MC031	Service Provider Suffix	ServiceProviderSuffix
MC032	Service Provider Specialty (Standard/Carrier-Specific Custom Values)	ServiceProviderSpecialty
MC033	Service Provider City Name	Standardized_ServiceProviderCityName
MC034	Service Provider State	Standardized_ServiceProviderState
MC035	Service Provider ZIP Code	Standardized_ServiceProviderZIPCode
MC036	Type of Bill - on Facility Claims	TypeofBillOnFacilityClaims
MC037	Site of Service - on NSF/CMS 1500 Claims	SiteofServiceOnNSFCMS1500ClaimsCleaned
MC038	Claim Status	ClaimStatus
MC039	Admitting Diagnosis	AdmittingDiagnosisCleaned
MC040	E-Code	ECodeCleaned
MC041	Principal Diagnosis	PrincipalDiagnosisCleaned
MC042	Other Diagnosis - 1	OtherDiagnosis1Cleaned
MC043	Other Diagnosis - 2	OtherDiagnosis2Cleaned
MC044	Other Diagnosis - 3	OtherDiagnosis3Cleaned
MC045	Other Diagnosis - 4	OtherDiagnosis4Cleaned
MC046	Other Diagnosis - 5	OtherDiagnosis5Cleaned
MC047	Other Diagnosis - 6	OtherDiagnosis6Cleaned
MC048	Other Diagnosis - 7	OtherDiagnosis7Cleaned
MC049	Other Diagnosis - 8	OtherDiagnosis8Cleaned
MC050	Other Diagnosis - 9	OtherDiagnosis9Cleaned
MC051	Other Diagnosis - 10	OtherDiagnosis10Cleaned
MC052	Other Diagnosis - 11	OtherDiagnosis11Cleaned
MC053	Other Diagnosis - 12	OtherDiagnosis12Cleaned
MC054	Revenue Code	RevenueCodeCleaned
MC055	Procedure Code	ProcedureCodeCleaned
MC056	Procedure Modifier - 1	ProcedureModifier1

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
MC057	Procedure Modifier - 2	ProcedureModifier2
MC058	ICD9-CM Procedure Code	ICD9CMProcedureCodeCleaned
MC059	Date of Service - From	DateofServiceFrom
MC059	Date of Service - From (Year Only)	DateofServiceFromYear
MC059	Date of Service - From (Month Only)	DateofServiceFromMonth
MC060	Date of Service - To	DateofServiceTo
MC060	Date of Service - To (Year Only)	DateofServiceToYear
MC060	Date of Service - To (Month Only)	DateofServiceToMonth
MC061	Quantity	Quantity
MC062	Charge Amount	ChargeAmountCleaned
MC063	Paid Amount	PaidAmountCleaned
MC064	Prepaid Amount	PrepaidAmountCleaned
MC065	Copay Amount	CopayAmountCleaned
MC066	Coinsurance Amount	CoinsuranceAmount
MC067	Deductible Amount	DeductibleAmount
MC068	Patient Control Number	PatientControlNumber
MC069	Discharge Date	DischargeDate
MC069	Discharge Year	DischargeDateYear
MC069	Discharge Month	DischargeDateMonth
MC070	Service Provider Country Code	ServiceProviderCountryCode
MC071	DRG	DRG
MC072	DRG Version	DRGVersion
MC073	APC	APC
MC074	APC Version	APCVersion
MC075	Drug Code	DrugCode
MC076	Billing Provider Number	BillingProviderNumber_Linkage_ID
MC077	National Billing Provider ID	NationalBillingProviderIDCleaned
MC078	Billing Provider Last Name or Organization Name	BillingProviderLastNameOrOrganizationName
MC079	Product ID Number	ProductIDNumber_Linkage_ID
MC080	Reason for Adjustment (Standard/Carrier-Specific	PaymentReasonCleaned

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
	Custom Values)	
MC081	Capitated Encounter Flag	CapitatedEncounterFlag
MC083	Other ICD-9-CM Procedure Code - 1	OtherICD9CMProcedureCode1Cleaned
MC084	Other ICD-9-CM Procedure Code - 2	OtherICD9CMProcedureCode2Cleaned
MC085	Other ICD-9-CM Procedure Code - 3	OtherICD9CMProcedureCode3Cleaned
MC086	Other ICD-9-CM Procedure Code - 4	OtherICD9CMProcedureCode4Cleaned
MC087	Other ICD-9-CM Procedure Code - 5	OtherICD9CMProcedureCode5Cleaned
MC088	Other ICD-9-CM Procedure Code - 6	OtherICD9CMProcedureCode6Cleaned
MC089	Paid Date	PaidDate
MC089	Paid Date - Year	PaidDateYear
MC089	Paid Date - Month	PaidDateMonth
MC091	Coinsurance Days	CoinsuranceDays
MC092	Covered Days	CoveredDays
MC093	Non Covered Days	NonCoveredDays
MC094	Type of Claim	TypeOfClaimCleaned
MC095	Coordination of Benefits/TPL Liability Amount	CoordinationOfBenefitsTPLLiabilityAmount
MC096	Other Insurance Paid Amount	OtherInsurancePaidAmountCleaned
MC097	Medicare Paid Amount	MedicarePaidAmountCleaned
MC098	Allowed amount	AllowedAmountCleaned
MC099	Non-Covered Amount	NonCoveredAmountCleaned
MC100	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationIDCleaned
MC107	ICD Indicator	ICDIndicator
MC108	Procedure Modifier - 3	ProcedureModifier3
MC109	Procedure Modifier - 4	ProcedureModifier4
MC110	Claim Processed Date	ClaimProcessedDate
MC111	Diagnostic Pointer	DiagnosticPointer
MC112	Referring Provider ID	ReferringProviderID_Linkage_ID
MC113	Payment Arrangement Type	PaymentArrangementTypeCleaned
MC114	Excluded Expenses	ExcludedExpensesCleaned
MC115	Medicare Indicator	MedicareIndicator

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
MC116	Withhold Amount	WithholdAmount
MC117	Authorization Needed	AuthorizationNeeded
MC118	Referral Indicator	ReferralIndicator
MC119	PCP Indicator	PCPIndicator
MC120	DRG Level	DRGLevel
MC121	Patient Total Out of Pocket Amount	PatientTotalOutOfPocketAmount
MC122	Global Payment Flag	GlobalPaymentFlag
MC123	Denied Flag	DeniedFlag
MC124	Denial Reason (Standard/Carrier-Specific Custom Values)	DenialReason
MC125	Attending Provider	AttendingProvider_Linkage_ID
MC126	Accident Indicator	AccidentIndicator
MC127	Family Planning Indicator	FamilyPlanningIndicator
MC128	Employment Related Indicator	EmploymentRelatedIndicator
MC129	EPSDT Indicator	EPSDTIndicator
MC130	Procedure Code Type	ProcedureCodeType
MC131	InNetwork Indicator	InNetworkIndicator
MC132	Service Class	ServiceClass
MC133	Bill Frequency Code	BillFrequencyCode
MC134	Plan Rendering Provider Identifier	PlanRenderingProviderIdentifier_Linkage_ID
MC135	Provider Location	ProviderLocation_Linkage_ID
MC136	Discharge Diagnosis	DischargeDiagnosisCleaned
MC137	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberIDCleaned
MC138	Claim Line Type	ClaimLineType
MC139	Former Claim Number	FormerClaimNumber
MC141	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberIDCleaned
MC142	Other Diagnosis - 13	OtherDiagnosis13
MC143	Other Diagnosis - 14	OtherDiagnosis14
MC144	Other Diagnosis - 15	OtherDiagnosis15
MC145	Other Diagnosis - 16	OtherDiagnosis16
MC146	Other Diagnosis - 17	OtherDiagnosis17

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
MC147	Other Diagnosis - 18	OtherDiagnosis18
MC148	Other Diagnosis - 19	OtherDiagnosis19
MC149	Other Diagnosis - 20	OtherDiagnosis20
MC150	Other Diagnosis - 21	OtherDiagnosis21
MC151	Other Diagnosis - 22	OtherDiagnosis22
MC152	Other Diagnosis - 23	OtherDiagnosis23
MC153	Other Diagnosis - 24	OtherDiagnosis24
MC154	Present on Admission Code (POA) - 01	PresentOnAdmission1
MC155	Present on Admission Code (POA) - 02	PresentOnAdmission2
MC156	Present on Admission Code (POA) - 03	PresentOnAdmission3
MC157	Present on Admission Code (POA) - 04	PresentOnAdmission4
MC158	Present on Admission Code (POA) - 05	PresentOnAdmission5
MC159	Present on Admission Code (POA) - 06	PresentOnAdmission6
MC160	Present on Admission Code (POA) - 07	PresentOnAdmission7
MC161	Present on Admission Code (POA) - 08	PresentOnAdmission8
MC162	Present on Admission Code (POA) - 09	PresentOnAdmission9
MC163	Present on Admission Code (POA) - 10	PresentOnAdmission10
MC164	Present on Admission Code (POA) - 11	PresentOnAdmission11
MC165	Present on Admission Code (POA) - 12	PresentOnAdmission12
MC166	Present on Admission Code (POA) - 13	PresentOnAdmission13
MC167	Present on Admission Code (POA) - 14	PresentOnAdmission14
MC168	Present on Admission Code (POA) - 15	PresentOnAdmission15
MC169	Present on Admission Code (POA) - 16	PresentOnAdmission16
MC170	Present on Admission Code (POA) - 17	PresentOnAdmission17
MC171	Present on Admission Code (POA) - 18	PresentOnAdmission18
MC172	Present on Admission Code (POA) - 19	PresentOnAdmission19
MC173	Present on Admission Code (POA) - 20	PresentOnAdmission20
MC174	Present on Admission Code (POA) - 21	PresentOnAdmission21
MC175	Present on Admission Code (POA) - 22	PresentOnAdmission22
MC176	Present on Admission Code (POA) - 23	PresentOnAdmission23

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
MC177	Present on Admission Code (POA) - 24	PresentOnAdmission24
MC178	Present on Admission Code (POA) - 25	PresentOnAdmission25
MC179	Condition Code - 1	ConditionCode1
MC180	Condition Code - 2	ConditionCode2
MC181	Condition Code - 3	ConditionCode3
MC182	Condition Code - 4	ConditionCode4
MC183	Condition Code - 5	ConditionCode5
MC184	Condition Code - 6	ConditionCode6
MC185	Condition Code - 7	ConditionCode7
MC186	Condition Code - 8	ConditionCode8
MC187	Condition Code - 9	ConditionCode9
MC188	Condition Code - 10	ConditionCode10
MC189	Condition Code - 11	ConditionCode11
MC190	Condition Code - 12	ConditionCode12
MC191	Value Code - 1	ValueCodeAmount1
MC192	Value Amount - 1	ValueCode1
MC193	Value Code - 2	ValueCodeAmount2
MC194	Value Amount - 2	ValueCode2
MC195	Value Code - 3	ValueCodeAmount3
MC196	Value Amount - 3	ValueCode3
MC197	Value Code - 4	ValueCodeAmount4
MC198	Value Amount - 4	ValueCode4
MC199	Value Code - 5	ValueCodeAmount5
MC200	Value Amount - 5	ValueCode5
MC201	Value Code - 6	ValueCodeAmount6
MC202	Value Amount - 6	ValueCode6
MC203	Value Code - 7	ValueCodeAmount7
MC204	Value Amount - 7	ValueCode7
MC205	Value Code - 8	ValueCodeAmount8
MC206	Value Amount - 8	ValueCode8

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
MC207	Value Code - 9	ValueCodeAmount9
MC208	Value Amount - 9	ValueCode9
MC209	Value Code - 10	ValueCodeAmount10
MC210	Value Amount - 10	ValueCode10
MC211	Value Code - 11	ValueCodeAmount11
MC212	Value Amount - 11	ValueCode11
MC213	Value Code - 12	ValueCodeAmount12
MC214	Value Amount - 12	ValueCode12
MC215	Occurrence Code - 1	OccurrenceCode1
MC216	Occurrence Date - 1	OccurrenceCodeDate1
MC217	Occurrence Code - 2	OccurrenceCode2
MC218	Occurrence Date - 2	OccurrenceCodeDate2
MC219	Occurrence Code - 3	OccurrenceCode3
MC220	Occurrence Date - 3	OccurrenceCodeDate3
MC221	Occurrence Code - 4	OccurrenceCode4
MC222	Occurrence Date - 4	OccurrenceCodeDate4
MC223	Occurrence Code - 5	OccurrenceCode5
MC224	Occurrence Date - 5	OccurrenceCodeDate5
MC225	Occurrence Span Code - 1	OccurrenceSpanCode1
MC226	Occurrence Span Start Date - 1	OccurrenceSpanCodeStartDate1
MC227	Occurrence Span End Date - 1	OccurrenceSpanCodeEndDate1
MC228	Occurrence Span Code - 2	OccurrenceSpanCode2
MC229	Occurrence Span Start Date - 2	OccurrenceSpanCodeStartDate2
MC230	Occurrence Span End Date - 2	OccurrenceSpanCodeEndDate2
MC231	Occurrence Span Code - 3	OccurrenceSpanCode3
MC232	Occurrence Span Start Date - 3	OccurrenceSpanCodeStartDate3
MC233	Occurrence Span End Date - 3	OccurrenceSpanCodeEndDate3
MC234	Occurrence Span Code - 4	OccurrenceSpanCode4
MC235	Occurrence Span Start Date - 4	OccurrenceSpanCodeStartDate4
MC236	Occurrence Span End Date - 4	OccurrenceSpanCodeEndDate4

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
MC237	Occurrence Span Code - 5	OccurrenceSpanCode5
MC238	Occurrence Span Start Date - 5	OccurrenceSpanCodeStartDate5
MC239	Occurrence Span End Date - 5	OccurrenceSpanCodeEndDate5
Derived-ME1	Submission Month	SubmissionMonth
Derived-ME2	Submission Year	SubmissionYear
Derived-ME3	County of Member	Standardized_MemberCounty
Derived-ME4	County of Subscriber	Standardized_SubscriberCounty
Derived-ME5	Member Eligibility ID	MemberEligibilityID
Derived-ME6	Member ZIP code (first 3 digits)	Standardized_MemberZIPFirst3
Derived-ME7	Release ID	ReleaseID
Derived-ME8	Submission Control ID	SubmissionControlID
Derived-ME9	Subscriber ZIP code (first 3 digits)	Standardized_SubscriberZIPFirst3
Derived-ME10	Submission Year and Month	IncurredDate
Derived-ME11	Medicaid Indicator	MedicaidIndicator
Derived-ME12	Member Link EID	MemberLinkEID
Derived-ME14	Member Age At Enrollment	MemberAgeAtEnrollmentCleaned
ME001	Payer	OrgID
ME002	National Plan ID	NationalPlanID
ME003	Insurance Type Code/Product	InsuranceTypeCodeProduct
ME004	Year	Year
ME005	Month	Month
ME007	Coverage Level Code	CoverageLevelCode
ME012	Individual Relationship Code	IndividualRelationshipCode
ME013	Member Gender	MemberGenderCleaned
ME014	Member Birth (Month Only)	MemberDateOfBirthMonth
ME015	Member City Name	Standardized_MemberCityName
ME016	Member State or Province	Standardized_MemberStateorProvince
ME017	Member ZIP Code	Standardized_MemberZIPCode
ME018	Medical Coverage	MedicalCoverage
ME019	Prescription Drug Coverage	PrescriptionDrugCoverage

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
ME020	Dental Coverage	DentalCoverage
ME021	Race 1	Race1Cleaned
ME022	Race 2	Race2Cleaned
ME023	Other Race	OtherRace
ME024	Hispanic Indicator	HispanicIndicator
ME025	Ethnicity 1	Ethnicity1Cleaned
ME026	Ethnicity 2	Ethnicity2Cleaned
ME027	Other Ethnicity	OtherEthnicity
ME028	Primary Insurance Indicator	PrimaryInsuranceIndicator
ME029	Coverage Type	CoverageType
ME030	Market Category Code	MarketCategoryCode
ME031	Special Coverage	SpecialCoverage
ME033	Member language preference	MemberLanguagePreferenceCleaned
ME034	Member language preference -Other	MemberLanguagePreferenceOther
ME035	Health Care Home Assigned Flag	HealthCareHomeAssignedFlag
ME036	Health Care Home Number	HealthCareHomeNumber_Linkage_ID
ME038	Health Care Home National Provider ID	HealthCareHomeNationalProviderIDCleaned
ME039	Health Care Home Name	HealthCareHomeName
ME040	Product ID Number	ProductIDNumber_Linking_ID
ME041	Product Enrollment Start Date	ProductEnrollmentStartDate
ME041	Product Enrollment Start Date - Year	ProductEnrollmentStartDateYear
ME041	Product Enrollment Start Date - Month	ProductEnrollmentStartDateMonth
ME042	Product Enrollment End Date	ProductEnrollmentEndDate
ME042	Product Enrollment End Date - Year	ProductEnrollmentEndDateYear
ME042	Product Enrollment End Date - Month	ProductEnrollmentEndDateMonth
ME045	Purchased through Massachusetts Exchange Flag	PurchasedThroughMassachusettsExchangeFlag
ME046	Member PCP ID	MemberPCPID_Linkage_ID
ME047	Member PCP Effective Date	MemberPCPEffectiveDate
ME047	Member PCP Effective Date - Year	MemberPCPEffectiveDateYear
ME047	Member PCP Effective Date - Month	MemberPCPEffectiveDateMonth

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
ME048	Member PCP Termination Date	MemberPCPTerminationDate
ME048	Member PCP Termination Date - Year	MemberPCPTerminationDateYear
ME048	Member PCP Termination Date - Month	MemberPCPTerminationDateMonth
ME049	Member Deductible	MemberDeductible
ME050	Member Deductible Used	MemberDeductibleUsed
ME051	Behavioral Health Benefit Flag	BehavioralHealthBenefitFlag
ME052	Laboratory Benefit Flag	LaboratoryBenefitFlag
ME053	Disease Management Enrollee Flag	DiseaseManagementEnrolleeFlag
ME055	Business Type Code	BusinessTypeCode
ME056	Last Activity Date	LastActivityDate
ME056	Last Activity Date - Year	LastActivityDateYear
ME056	Last Activity Date - Month	LastActivityDateMonth
ME059	Disability Indicator Flag	DisabilityIndicatorFlag
ME061	Student Status	StudentStatus
ME062	Marital Status	MaritalStatus
ME063	Benefit Status	BenefitStatus
ME064	Employee Type	EmployeeType
ME066	COBRA Status	COBRAStatus
ME072	Family Size	FamilySize
ME073	Fully insured member	FullyInsuredMember
ME074	Interpreter	InterpreterCleaned
ME077	Members SIC Code	MembersSICCode
ME078	Employer Zip Code	EmployerZipCode
ME081	Medicare Code	MedicareCode
ME107	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberID
ME108	Subscriber City Name	Standardized_SubscriberCityName
ME109	Subscriber State or Province	Standardized_SubscriberStateorProvince
ME110	Subscriber ZIP Code	Standardized_SubscriberZIPCode
ME111	Medical Deductible	MedicalDeductible
ME112	Pharmacy Deductible	PharmacyDeductible

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
ME113	Medical and Pharmacy Deductible	MedicalandPharmacyDeductible
ME114	Behavioral Health Deductible	BehavioralHealthDeductible
ME115	Dental Deductible	DentalDeductible
ME116	Vision Deductible	VisionDeductible
ME117	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberID
ME118	Vision Benefit	VisionBenefit
ME120	Actuarial Value	ActuarialValue
ME121	Metal Level	MetalLevel
ME122	Coinsurance Maximum %	CoinsuranceMaximum
ME123	Monthly Premium	MonthlyPremium
ME124	Attributed PCP Provider ID	AttributedPCPProviderID_LinkingProviderID
ME125	TME OrgID - Physician Group of the Member's PCP	TMEProviderOrgID
ME126	Risk Adjustment Covered Plan (RACP)	RiskAdjustmentCoveredBenefitPlan
ME127	Billable Member	BillableMember
ME128	Benefit Plan Contract ID	BenefitPlanContractID
ME129	Member Benefit Plan Contract Enrollment Start Date	MemberBenefitPlanContractEnrollmentStartDate
ME129	Member Benefit Plan Contract Enrollment Start Date - Year	MemberBenefitPlanContractEnrollmentStartDateYear
ME129	Member Benefit Plan Contract Enrollment Start Date - Month	MemberBenefitPlanContractEnrollmentStartDateMonth
ME130	Member Benefit Plan Contract Enrollment End Date	MemberBenefitPlanContractEnrollmentEndDate
ME130	Member Benefit Plan Contract Enrollment End Date - Year	MemberBenefitPlanContractEnrollmentEndDateYear
ME130	Member Benefit Plan Contract Enrollment End Date - Month	MemberBenefitPlanContractEnrollmentEndDateMonth
ME131	TME Global Budget/Payment Indicator	TMEGlobalBudgetPaymentIndicator
ME132	Total Monthly Premium	TotalContribution
Derived-PC1	Submission Month	SubmissionMonth
Derived-PC2	Submission Year	SubmissionYear
Derived-PC3	County of Member	Standardized_MemberCounty
Derived-PC4	County of Pharmacy Location City	Standardized_PharmacyLocationCounty

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
Derived-PC5	County of Prescribing Physician	Standardized_PrescribingPhysicianCounty
Derived-PC6	Member ZIP code (first 3 digits)	Standardized_MemberZIPFirst3
Derived-PC7	Pharmacy Claim ID	PharmacyClaimID
Derived-PC8	Release ID	ReleaseID
Derived-PC9	Submission Control ID	SubmissionControlID
Derived-PC10	CHIA Incurred Date (Year and Month Only)	IncurredDate
Derived-PC11	Medicaid Indicator	MedicaidIndicator
Derived-PC12	Member Link EID	MemberLinkEID
Derived-PC14	Member Age At Service	MemberAgeAtServiceCleaned
Derived-PC16	Highest Version Paid Flag	VersionIndicator
Derived-PC17	Highest Version Indicator	HighestVersionIndicator
PC001	Payer	OrgID
PC002	National Plan ID	PlanID
PC003	Insurance Type Code/Product	InsuranceTypeCodeProduct
PC004	Payer Claim Control Number	PayerClaimControlNumber
PC005	Line Counter	LineCounter
PC005A	Version Number	VersionNumber
PC011	Individual Relationship Code	IndividualRelationshipCode
PC012	Member Gender	MemberGenderCleaned
PC013	Member Birth (Month Only)	MemberDateOfBirthMonth
PC014	Member City Name of Residence	Standardized_MemberCityNameofResidence
PC015	Member State	Standardized_MemberState
PC016	Member ZIP Code	Standardized_MemberZIPCode
PC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate
PC017	Date Service Approved (AP Date) - Year	DateServiceApprovedAPDateYear
PC017	Date Service Approved (AP Date) - Month	DateServiceApprovedAPDateMonth
PC018	Pharmacy Number	PharmacyNumber
PC020	Pharmacy Name	PharmacyName
PC021	National Pharmacy ID Number	NationalPharmacyIDNumberCleaned
PC022	Pharmacy Location City	Standardized_PharmacyLocationCity

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
PC023	Pharmacy Location State	Standardized_PharmacyLocationState
PC024	Pharmacy ZIP Code	Standardized_PharmacyLocationZIPCode
PC025	Claim Status	ClaimStatusCleaned
PC026	Drug Code	DrugCode
PC027	Drug Name	DrugName
PC028	New Prescription or Refill	NewPrescriptionOrRefillCleaned
PC029	Generic Drug Indicator	GenericDrugIndicatorCleaned
PC030	Dispense as Written Code	DispenseasWrittenCode
PC031	Compound Drug Indicator	CompoundDrugIndicatorCleaned
PC032	Date Prescription Filled	DatePrescriptionFilled
PC032	Date Prescription Filled (Year Only)	DatePrescriptionFilledYear
PC032	Date Prescription Filled (Month Only)	DatePrescriptionFilledMonth
PC033	Quantity Dispensed	QuantityDispensed
PC034	Days Supply	DaysSupply
PC035	Charge Amount	ChargeAmountCleaned
PC036	Paid Amount	PaidAmountCleaned
PC037	Ingredient Cost/List Price	IngredientCostListPrice
PC038	Postage Amount Claimed	PostageAmountClaimed
PC039	Dispensing Fee	DispensingFeeCleaned
PC040	Copay Amount	CopayAmountCleaned
PC041	Coinsurance Amount	CoinsuranceAmount
PC042	Deductible Amount	DeductibleAmount
PC043	Prescribing ProviderID	PrescribingProviderID_Linkage_ID
PC044	Prescribing Physician First Name	PrescribingPhysicianFirstName
PC045	Prescribing Physician Middle Name	PrescribingPhysicianMiddleName
PC046	Prescribing Physician Last Name	PrescribingPhysicianLastName
PC048	Prescribing Physician NPI - National Provider ID	PrescribingPhysicianNPICleaned
PC049	Prescribing Physician Plan Number	PrescribingPhysicianPlanNumber
PC050	Prescribing Physician License Number	PrescribingPhysicianLicenseNumber
PC051	Prescribing Physician Street Address	Standardized_PrescribingPhysicianStreetAddress

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
PC052	Prescribing Physician Street Address 2	Standardized_PrescribingPhysicianStreetAddress2
PC053	Prescribing Physician City	Standardized_PrescribingPhysicianCity
PC054	Prescribing Physician State	Standardized_PrescribingPhysicianState
PC055	Prescribing Physician Zip	Standardized_PrescribingPhysicianZIPCode
PC056	Product ID Number	ProductIDNumber_Linkage_ID
PC057	Mail Order pharmacy	MailOrderPharmacy
PC058	Script number	ScriptNumber
PC059	Recipient PCP ID	RecipientPCPID_Linkage_ID
PC060	Single/Multiple Source Indicator	SingleMultipleSourceIndicator
PC063	Paid Date	PaidDate
PC063	Paid Date - Year	PaidDateYear
PC063	Paid Date - Month	PaidDateMonth
PC064	Date Prescription Written	DatePrescriptionWritten
PC064	Date Prescription Written (Year Only)	DatePrescriptionWrittenYear
PC064	Date Prescription Written (Month Only)	DatePrescriptionWrittenMonth
PC066	Other Insurance Paid Amount	OtherInsurancePaidAmountCleaned
PC068	Allowed amount	AllowedAmountCleaned
PC069	Member Self Pay Amount	MemberSelfPayAmount
PC070	Rebate Indicator	RebateIndicator
PC071	State Sales Tax	StateSalesTax
PC072	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationIDCleaned
PC073	Formulary Code	FormularyCode
PC074	Route of Administration	RouteOfAdministrationCleaned
PC075	Drug Unit of Measure	DrugUnitOfMeasure
PC107	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberIDCleaned
PC108	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberIDCleaned
PC110	Claim Line Type	ClaimLineTypeCleaned
PC111	Former Claim Number	FormerClaimNumber
PC112	Medicare Indicator	MedicareIndicator
PC114	Diagnosis Code	Diagnosis

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
PC115	ICD Indicator	ICDIndicator
PC116	Denied Flag	DeniedFlag
PC117	Denial Reason	DenialReason
PC118	Payment Arrangement Type	PaymentArrangementType
Derived-PR1	Release ID	ReleaseID
Derived-PR2	Submission Year and Month	IncurredDate
Derived-PR3	Medicaid Indicator	MedicaidIndicator
HD002	Payer	OrgID
PR001	Product ID number	LinkingProductID
PR003	Carrier License Type	CarrierLicenseType
PR004	Product Line of Business Model	ProductLineofBusinessModel
PR005	Insurance Plan Market	InsurancePlanMarketCleaned
PR006	Product Benefit Type	ProductBenefitType
PR008	Risk Type	RiskType
PR009	Product Start Date	ProductStartDate
PR009	Product Start Date - Year	ProductStartDateYear
PR009	Product Start Date - Month	ProductStartDateMonth
PR010	Product End Date	ProductEndDate
PR010	Product End Date - Year	ProductEndDateYear
PR010	Product End Date - Month	ProductEndDateMonth
PR011	Product Active Flag	ProductActiveFlagCleaned
PR012	Annual Per Person Deductible Code	AnnualPerPersonDeductibleCodeCleaned
PR013	Annual Per Family Deductible Code	AnnualPerFamilyDeductibleCodeCleaned
PR014	Coordinated Care model	CoordinatedCareModel
PR017	NAIC Code	NAICCode
Derived-PV1	County of Provider	Standardized_County
Derived-PV2	County of Provider Mailing Address	Standardized_MailingCounty
Derived-PV3	Release ID	ReleaseID
Derived-PV4	Submission Year and Month	IncurredDate

	Release File Column Names: Level 2 Release Elements	
Element	**Data Element Name**	**Release File Column Name**
Derived-PV5	Medicaid Indicator	MedicaidIndicator
Derived-PV6	Provider Census Tract	Standardized_CensusTract
PV001	Payer	OrgID
PV002	Plan Provider ID	LinkingProviderID
PV006	License Id	LicenseId
PV007	Medicaid Id	MedicaidId
PV008	Last Name	LastName
PV009	First Name	FirstName
PV010	Middle Initial	MiddleInitialCleaned
PV011	Suffix	SuffixCleaned
PV012	Entity Name	EntityName
PV013	Entity Code	EntityCodeCleaned
PV014	Gender Code	GenderCodeCleaned
PV015	Provider DOB (Year Only)	DOBDateYear
PV015	Provider DOB (Month Only)	DOBDateMonth
PV016	Street Address1 Name	Standardized_StreetAddress1Name
PV017	Street Address2 Name	Standardized_StreetAddress2Name
PV018	City Name	Standardized_CityName
PV019	State Code	Standardized_StateCode
PV020	Country Code	CountryCode
PV021	ZIP Code	Standardized_ZIPCode
PV022	Taxonomy	Taxonomy
PV023	Mailing Street Address1 Name	Standardized_MailingStreetAddress1Name
PV024	Mailing Street Address2 Name	Standardized_MailingStreetAddress2Name
PV025	Mailing City Name	Standardized_MailingCityName
PV026	Mailing State Code	Standardized_MailingStateCode
PV027	Mailing Country Code	MailingCountryCode
PV028	Mailing Zip Code	Standardized_MailingZIPCode
PV029	Provider Type Code	ProviderTypeCode
PV030	Primary Specialty Code (Standard/Carrier-Specific	PrimarySpecialtyCode

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
	Custom Values)	
PV031	Provider Organization ID	ProviderOrganizationID
PV032	Registered Provider Organization ID (RPO)	RegisteredProviderOrganizationID
PV034	ProviderIDCode	ProviderIDCodeCleaned
PV036	Medicare Id	MedicareId
PV037	Begin Date	BeginDate
PV037	Begin Date - Year	BeginDateYear
PV037	Begin Date - Month	BeginDateMonth
PV038	End Date	EndDate
PV038	End Date - Year	EndDateYear
PV038	End Date - Month	EndDateMonth
PV039	National Provider ID	NationalProviderIDCleaned
PV040	National Provider2 ID	NationalProvider2IDCleaned
PV042	Secondary Specialty2 Code (Standard/Carrier-Specific Custom Values)	SecondarySpecialty2Code
PV043	Secondary Specialty3 Code (Standard/Carrier-Specific Custom Values)	SecondarySpecialty3Code
PV044	Secondary Specialty4 Code (Standard/Carrier-Specific Custom Values)	SecondarySpecialty4Code
PV045	P4PFlag	P4PFlag
PV046	NonClaimsFlag	NonClaimsFlag
PV047	Uses Electronic Medical Records	UsesElectronicMedicalRecords
PV048	EMR Vendor	EMRVendor
PV049	Accepting New Patients	AcceptingNewPatientsCleaned
PV050	Offers e-Visits	OfferseVisits
PV052	Has multiple offices	HasmultipleofficesCleaned
PV054	Medical/Healthcare Home ID	MedicalHealthcareHomeID_Linkage_ID
PV055	PCP Flag	PCPFlagCleaned
PV056	Provider Affiliation	ProviderAffiliation_Linkage_ID
PV057	Provider Telephone	Standardized_Telephone

Release File Column Names: Level 2 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
PV058	Delegated Provider Record Flag	DelegatedProviderRecordFlagCleaned
PV060	Office Type	OfficeTypeCleaned
PV061	Prescribing Provider	PrescribingProvider
PV062	Provider Affiliation Start Date	ProviderAffiliationStartDate
PV062	Provider Affiliation Start Date - Year	ProviderAffiliationStartDateYear
PV062	Provider Affiliation Start Date - Month	ProviderAffiliationStartDateMonth
PV063	Provider Affiliation End Date	ProviderAffiliationEndDate
PV063	Provider Affiliation End Date - Year	ProviderAffiliationEndDateYear
PV063	Provider Affiliation End Date - Month	ProviderAffiliationEndDateMonth
PV064	PPO Indicator	PPOIndicator

Release File Column Names: Level 3 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
Derived-DC12	Member Link MCL	Member Link MCL
Derived-DC14	Member Census Tract	Member Census Tract
DC006	Insured Group or Policy Number	Insured Group or Policy Number
DC007	Subscriber SSN	Subscriber SSN
DC008	Plan Specific Contract Number	Plan Specific Contract Number
DC009	Member Suffix or Sequence Number	Member Suffix or Sequence Number
DC010	Member Identification Code	Member Identification Code
DC013	Member Date of Birth	Member Date of Birth
DC019	Service Provider Tax ID Number	Service Provider Tax ID Number
DC043	Member Street Address	Member Street Address
DC044	Billing Provider Tax ID Number	Billing Provider Tax ID Number
DC050	Subscriber Last Name	Subscriber Last Name

Release File Column Names: Level 3 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
DC051	Subscriber First Name	Subscriber First Name
DC052	Subscriber Middle Initial	Subscriber Middle Initial
DC053	Member Last Name	Member Last Name
DC054	Member First Name	Member First Name
DC055	Member Middle Initial	Member Middle Initial
DC058	Member Address 2	Member Address 2
DC066	GIC ID	GIC ID
DC067	APCD ID Code	APCD ID Code
Derived-MC15	Member Link MCL	MemberLinkMCL
Derived-MC17	Member Census Tract	Standardized_MemberCensusTract
MC006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
MC007	Subscriber SSN	SubscriberSSN
MC008	Plan Specific Contract Number	PlanSpecificContractNumber
MC009	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
MC010	Member SSN	MemberSSN
MC013	Member Date of Birth	MemberDateofBirth
MC025	Service Provider Tax ID Number	ServiceProviderTaxIDNumber
MC082	Member Street Address	Standardized_MemberStreetAddress
MC090	LOINC Code	LOINCCode
MC101	Subscriber Last Name	SubscriberLastName
MC102	Subscriber First Name	SubscriberFirstName
MC103	Subscriber Middle Initial	SubscriberMiddleInitial
MC104	Member Last Name	MemberLastName
MC105	Member First Name	MemberFirstName
MC106	Member Middle Initial	MemberMiddleInitial
MC140	Member Address 2	Standardized_MemberAddress2
MC240	GIC ID	GICID
MC241	APCD ID Code	APCDIDCode
Derived-ME13	Member Link MCL	MemberLinkMCL
Derived-ME15	Member Census Tract	Standardized_MemberCensusTract

Release File Column Names: Level 3 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
ME006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
ME008	Subscriber Unique Identification Number	SubscriberUniqueIdentificationNumber
ME009	Plan Specific Contract Number	PlanSpecificContractNumber
ME010	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
ME011	Member Identification Code	MemberIdentificationCode
ME014	Member Date of Birth	MemberDateofBirth
ME032	Group Name	GroupName
ME037	Health Care Home Tax ID Number	HealthCareHomeTaxIDNumber
ME043	Member Street Address	Standardized_MemberStreetAddress
ME044	Member Address 2	Standardized_MemberAddress2
ME054	Eligibility Determination Date - GIC Only	EligibilityDeterminationDate
ME057	Member Date of Death - GIC Only	DateOfDeath
ME057	Member Year of Death	DateOfDeathYear
ME057	Date of Death - Month	DateOfDeathMonth
ME058	Subscriber Street Address	Standardized_SubscriberStreetAddress
ME060	Employment Status - GIC Only	EmploymentStatus
ME065	Date of Retirement - GIC Only	DateOfRetirement
ME065	Date of Retirement - Year	DateOfRetirementYear
ME065	Date of Retirement - Month	DateOfRetirementMonth
ME067	Spouse Plan Type - GIC Only	SpousePlanType
ME068	Spouse Plan - GIC Only	SpousePlan
ME069	Spouse Medical Coverage - GIC Only	SpouseMedicalCoverage
ME070	Spouse Medicare Indicator - GIC Only	SpouseMedicareIndicator
ME071	Pool Indicator - GIC Only	PoolIndicator
ME075	NewMMISID	NewMMISID
ME076	Member rating category	MemberRatingCategory
ME079	Recipient Identification Number (MassHealth only)	RecipientIdentificationNumber
ME080	Recipient Historical Number (MassHealth only)	RecipientHistoricalNumber
ME082	Employer Name	EmployerName
ME083	Employer EIN	EmployerEIN

Release File Column Names: Level 3 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
ME101	Subscriber Last Name	SubscriberLastName
ME102	Subscriber First Name	SubscriberFirstName
ME103	Subscriber Middle Initial	SubscriberMiddleInitial
ME104	Member Last Name	MemberLastName
ME105	Member First Name	MemberFirstName
ME106	Member Middle Initial	MemberMiddleInitial
ME133	GIC ID	GICID
ME134	APCD ID Code	APCDIDCode
Not Available	Geocoded Member Address	GeocodedMemberAddress
Derived-PC1	Submission Month	SubmissionMonth
Derived-PC2	Submission Year	SubmissionYear
Derived-PC3	County of Member	Standardized_MemberCounty
Derived-PC4	County of Pharmacy Location City	Standardized_PharmacyLocationCounty
Derived-PC5	County of Prescribing Physician	Standardized_PrescribingPhysicianCounty
Derived-PC6	Member ZIP code (first 3 digits)	Standardized_MemberZIPFirst3
Derived-PC7	Pharmacy Claim ID	PharmacyClaimID
Derived-PC8	Release ID	ReleaseID
Derived-PC9	Submission Control ID	SubmissionControlID
Derived-PC10	CHIA Incurred Date (Year and Month Only)	IncurredDate
Derived-PC11	Medicaid Indicator	MedicaidIndicator
Derived-PC12	Member Link EID	MemberLinkEID
Derived-PC14	Member Age At Service	MemberAgeAtServiceCleaned
Derived-PC16	Highest Version Flag	VersionIndicator
PC001	Payer	OrgID
PC002	National Plan ID	PlanID
PC003	Insurance Type Code/Product	InsuranceTypeCodeProduct
PC004	Payer Claim Control Number	PayerClaimControlNumber
PC005	Line Counter	LineCounter
PC005A	Version Number	VersionNumber
PC011	Individual Relationship Code	IndividualRelationshipCode

Release File Column Names: Level 3 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
PC012	Member Gender	MemberGenderCleaned
PC013	Member Birth (Month Only)	MemberDateOfBirthMonth
PC014	Member City Name of Residence	Standardized_MemberCityNameofResidence
PC015	Member State	Standardized_MemberState
PC016	Member ZIP Code	Standardized_MemberZIPCode
PC017	Date Service Approved (AP Date)	DateServiceApprovedAPDate
PC017	Date Service Approved (AP Date) - Year	DateServiceApprovedAPDateYear
PC017	Date Service Approved (AP Date) - Month	DateServiceApprovedAPDateMonth
PC018	Pharmacy Number	PharmacyNumber
PC020	Pharmacy Name	PharmacyName
PC021	National Pharmacy ID Number	NationalPharmacyIDNumberCleaned
PC022	Pharmacy Location City	Standardized_PharmacyLocationCity
PC023	Pharmacy Location State	Standardized_PharmacyLocationState
PC024	Pharmacy ZIP Code	Standardized_PharmacyLocationZIPCode
PC025	Claim Status	ClaimStatusCleaned
PC026	Drug Code	DrugCode
PC027	Drug Name	DrugName
PC028	New Prescription or Refill	NewPrescriptionOrRefillCleaned
PC029	Generic Drug Indicator	GenericDrugIndicatorCleaned
PC030	Dispense as Written Code	DispenseasWrittenCode
PC031	Compound Drug Indicator	CompoundDrugIndicatorCleaned
PC032	Date Prescription Filled	DatePrescriptionFilled
PC032	Date Prescription Filled (Year Only)	DatePrescriptionFilledYear
PC032	Date Prescription Filled (Month Only)	DatePrescriptionFilledMonth
PC033	Quantity Dispensed	QuantityDispensed
PC034	Days Supply	DaysSupply
PC035	Charge Amount	ChargeAmountCleaned
PC036	Paid Amount	PaidAmountCleaned
PC037	Ingredient Cost/List Price	IngredientCostListPrice
PC038	Postage Amount Claimed	PostageAmountClaimed

Release File Column Names: Level 3 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
PC039	Dispensing Fee	DispensingFeeCleaned
PC040	Copay Amount	CopayAmountCleaned
PC041	Coinsurance Amount	CoinsuranceAmount
PC042	Deductible Amount	DeductibleAmount
PC043	Prescribing ProviderID	PrescribingProviderID_Linkage_ID
PC044	Prescribing Physician First Name	PrescribingPhysicianFirstName
PC045	Prescribing Physician Middle Name	PrescribingPhysicianMiddleName
PC046	Prescribing Physician Last Name	PrescribingPhysicianLastName
PC048	Prescribing Physician NPI - National Provider ID	PrescribingPhysicianNPICleaned
PC049	Prescribing Physician Plan Number	PrescribingPhysicianPlanNumber
PC050	Prescribing Physician License Number	PrescribingPhysicianLicenseNumber
PC051	Prescribing Physician Street Address	Standardized_PrescribingPhysicianStreetAddress
PC052	Prescribing Physician Street Address 2	Standardized_PrescribingPhysicianStreetAddress2
PC053	Prescribing Physician City	Standardized_PrescribingPhysicianCity
PC054	Prescribing Physician State	Standardized_PrescribingPhysicianState
PC055	Prescribing Physician Zip	Standardized_PrescribingPhysicianZIPCode
PC056	Product ID Number	ProductIDNumber_Linkage_ID
PC057	Mail Order pharmacy	MailOrderPharmacy
PC058	Script number	ScriptNumber
PC059	Recipient PCP ID	RecipientPCPID_Linkage_ID
PC060	Single/Multiple Source Indicator	SingleMultipleSourceIndicator
PC063	Paid Date	PaidDate
PC063	Paid Date - Year	PaidDateYear
PC063	Paid Date - Month	PaidDateMonth
PC064	Date Prescription Written	DatePrescriptionWritten
PC064	Date Prescription Written (Year Only)	DatePrescriptionWrittenYear
PC064	Date Prescription Written (Month Only)	DatePrescriptionWrittenMonth
PC066	Other Insurance Paid Amount	OtherInsurancePaidAmountCleaned
PC068	Allowed amount	AllowedAmountCleaned
PC069	Member Self Pay Amount	MemberSelfPayAmount

Release File Column Names: Level 3 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
PC070	Rebate Indicator	RebateIndicator
PC071	State Sales Tax	StateSalesTax
PC072	Delegated Benefit Administrator Organization ID	DelegatedBenefitAdministratorOrganizationIDCleaned
PC073	Formulary Code	FormularyCode
PC074	Route of Administration	RouteOfAdministrationCleaned
PC075	Drug Unit of Measure	DrugUnitOfMeasure
PC107	Carrier Specific Unique Member ID	HashCarrierSpecificUniqueMemberIDCleaned
PC108	Carrier Specific Unique Subscriber ID	HashCarrierSpecificUniqueSubscriberIDCleaned
PC110	Claim Line Type	ClaimLineTypeCleaned
PC111	Former Claim Number	FormerClaimNumber
PC112	Medicare Indicator	MedicareIndicator
PC114	Diagnosis Code	Diagnosis
PC115	ICD Indicator	ICDIndicator
PC116	Denied Flag	DeniedFlag
PC117	Denial Reason	DenialReason
PC118	Payment Arrangement Type	PaymentArrangementType
Derived-PC13	Member Link MCL	MemberLinkMCL
Derived-PC15	Member Census Tract	Standardized_MemberCensusTract
PC006	Insured Group or Policy Number	InsuredGrouporPolicyNumber
PC007	Subscriber SSN	SubscriberSSN
PC008	Plan Specific Contract Number	PlanSpecificContractNumber
PC009	Member Suffix or Sequence Number	MemberSuffixorSequenceNumber
PC010	Member SSN	MemberSSN
PC013	Member Date of Birth	MemberDateofBirth
PC019	Pharmacy Tax ID Number	PharmacyTaxIDNumber
PC047	Prescribing Physician DEA Number	PrescribingPhysicianDEANumber
PC061	Member Street Address	Standardized_MemberStreetAddress
PC062	Billing Provider Tax ID Number	BillingProviderTaxIDNumber
PC065	Coordination of Benefits/TPL Liability Amount - GIC Only	CoordinationOfBenefitsTPLLiabilityAmount

Release File Column Names: Level 3 Release Elements		
Element	**Data Element Name**	**Release File Column Name**
PC067	Medicare Paid Amount - GIC Only	MedicarePaidAmountCleaned
PC101	Subscriber Last Name	SubscriberLastName
PC102	Subscriber First Name	SubscriberFirstName
PC103	Subscriber Middle Initial	SubscriberMiddleInitial
PC104	Member Last Name	MemberLastName
PC105	Member First Name	MemberFirstName
PC106	Member Middle Initial	MemberMiddleInitial
PC109	Member Street Address 2	Standardized_MemberAddress2
PC113	Pregnancy Indicator	PregnancyIndicator
PC119	GIC ID	GICID
PC120	APCD ID Code	APCDIDCode
PR002	Product Name	ProductName
PR007	Other Product Benefit Description	OtherProductBenefitDescriptionCleaned
PR015	Other Product Line of Business Model	OtherProductLineOfBusinessModel
PR016	Other Risk Type	OtherRiskType
PV003	Tax Id	TaxID
PV004	UPIN Id - GIC Only	UPINId
PV005	DEA ID	DEAId
PV015	Provider DOB Date	DOBDate
PV035	SSN Id	SSNId
PV041	GIC Provider Link ID	
Derived-BP01	Benefit Plan Control ID	BenefitPlanControlID
Derived-BP02	OrgID	OrgID
Derived-BP03	Submission Control ID	SubmissionControlID
Derived-BP04	Submission Year Month	SubmissionYearMonth
Derived-BP05	ReleaseID	ReleaseID
BP001	Benefit Plan Contract ID	BenefitPlanContractID
BP002	Benefit Plan Name	BenefitPlanName
BP003	Actuarial Value	ActuarialValue

Release File Column Names: Level 3 Release Elements		
Element	Data Element Name	Release File Column Name
BP004	Claim Type Qualifier	ClaimTypeQualifier
BP005	Monthly Claims Paid Number for the Benefit Plan	TotalNumberofClaimsPaid
BP006	Monthly Net Dollars Paid for the Benefit Plan	TotalPaidAmount
BP007	Total Monthly Eligible Members by Benefit Plan ID Period Date	TotalEligibleMembers

APPENDIX 7: EDITS, DATA ELEMENT LOOKUP TABLES AND CARRIER-SPECIFIC INFORMATION

Edits

Carriers work with CHIA to submit information which is reflected in the APCD Submission Guide for each file type. Edits to the data help to ensure a quality product and are available for review to assist the research community in how MA APCD released data is intended to be populated. More detailed MA APCD Version 3.0 File Edit documentation can be found at: http://chiamass.gov/apcd-data-submission-guides

Element-Specific vs. Carrier-Specific Lookup Tables

- Element Specific lookup table data has been incorporated within each File Documentation Guide File Layout section. So the separate section that used to exist is now part of the element Description for each file type. These lookup tables apply to **all Carriers**.

- Certain data elements allow for **carrier-specific lookup tables**. The custom carrier-specific table uses Payer ID to identify the lookup values applicable to that particular carrier. These master carrier-specific lookup table is included in Release 3.0, **when delivered** to the data user.

Carrier-Specific Master Lookup Table

The **Master Lookup Table** containing **carrier-specific reference data** is included with the **Restricted Data Release**.
There is a row in the Master Lookup table for each unique Data Element/Org ID/existing Lookup Code. The Master Lookup table includes the following columns:

Column Name	Description
File Type	MC, PV, ME, DC
Data Element	The carrier-specific data elements include: DC026, MC032, MC080, MC124, MC132, ME076, PV029, PV030, PV042, PV043, PV044
Org ID	This field contains the Carrier Specific Submitter Code as defined by APCD (Payer Org ID).
Code	This field contains the Data Element Value (Lookup Code).
Description:	Carrier-Specific Description for the Org ID and Lookup Code.

APPENDIX 8: EXTERNAL SOURCE CODES

The External Source Codes are an essential source for the collection and maintenance of the APCD data. These sources provide guidance through lookup tables and codes enabling CHIA to properly collect, standardize, and clean the data collected from the payers and providers. In the lookup tables featured in each file type's layout, the data element delineates whether an external source code was used to populate a lookup table.

APCD: External Code Sources		
1	**Countries** **http://webstore.ansi.org/SdoInfo.aspx?sdoid=39&source=iso_member_body**	American National Standards Institute 25 West 43rd Street, 4th Floor New York, NY 10036
2	**States and Other Areas of the US** **https://www.usps.com/**	U.S. Postal Service National Information Data Center P.O. Box 2977 Washington, DC 20013
3	**National Provider Identifiers** **National Plan & Provider Enumeration System** **https://nppes.cms.hhs.gov/NPPES/**	Department of Health and Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244
4	**Provider Specialties** **Center for Medicare and Medicaid Services (CMS)** **http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf**	Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

	APCD: *External Code Sources*	
5	**Health Care Provider Taxonomy Washington Publishing Company http://www.wpc-edi.com/reference/**	The National Uniform Claim Committee c/o American Medical Association 515 North State Street Chicago, IL 60610
6	**North American Industry Classification System (NAICS) United States Census Bureau http://www.census.gov/eos/www/naics/**	U.S. Census Bureau 4600 Silver Hill Road Washington, DC 20233
7	**Language Preference United States Census Bureau http://www.census.gov/hhes/socdemo/language/about/index. html**	U.S. Census Bureau 4600 Silver Hill Road Washington, DC 20233
8	**International Classification of Diseases 9 & 10 American Medical Association http://www.ama-assn.org/**	American Medical Association AMA Plaza 330 N. Wabash Ave. Chicago, IL 60611-5885
9	**HCPCS, CPTs and Modifiers American Medical Association http://www.ama-assn.org/**	American Medical Association AMA Plaza 330 N. Wabash Ave. Chicago, IL 60611-5885
10	**Dental Procedure Codes and Identifiers American Dental Association http://www.ada.org/**	American Dental Association 211 East Chicago Avenue Chicago, IL 60611-2678

APCD: External Code Sources		
11	**Logical Observation Identifiers Names and Codes Regenstrief Institute** **http://loinc.org/**	Regenstrief Institute, Inc. 410 West 10th Street, Suite 2000 Indianapolis, IN 46202-3012
12	**National Drug Codes and Names U.S. Food and Drug Administration** **http://www.fda.gov/drugs/informationondrugs/ucm142438.htm**	U.S. Food and Drug Administration 10903 New Hampshire Avenue Silver Spring, MD 20993
13	**Standard Professional Billing Elements Centers for Medicare and Medicaid Services** **http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf**	Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244
14	**Standard Facility Billing Elements National Uniform Billing Committee (NUBC)** **http://www.nubc.org/**	National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606
15	**DRGs, APCs and POA Codes Centers for Medicare and Medicaid Services http://www.cms.gov/**	Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244
16	**Claim Adjustment Reason Codes Washington Publishing Company http://www.wpc-edi.com/reference/**	Blue Cross / Blue Shield Association Interplan Teleprocessing Services Division 676 N. St. Clair Street Chicago, IL 60611

APCD: *External Code Sources*		
17	**Race and Ethnicity Codes Centers for Disease Control** **http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeS et.pdf**	Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA

APPENDIX 9: CONTACT INFORMATION

The Center for Health Information and Analysis will be moving location effective January 26, 2015. Please contact CHIA with questions regarding the content and use of the data.

Address:
501 Boylston Street, 5th floor
Boston, MA 02116

For general APCD questions, email the APCD mailbox:
CHIA-APCD@state.ma.us

For questions regarding data requests/applications, email the APCD data application mailbox:
apcd.data@state.ma.us

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