



*The Commonwealth of Massachusetts
Center for Health Information and Analysis*

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Administrative Bulletin 14-02

957 CMR 2:00: Payer Data Reporting

Effective January 17, 2014

Alternative Payment Methods Insurance Category Reporting

The Center for Health Information and Analysis (“Center”), pursuant to 957 CMR 2.07(1), is issuing this Administrative Bulletin to modify the insurance categories by which payers are required to report Alternative Payment Methods (“APM”) data.

Beginning with the filings due May 15, 2014, payers shall report APM commercial insurance data separately by commercial full-claim and commercial partial-claim categories for Registered Provider Organizations, Physician Groups, and Physician Local Practice Groups, pursuant to 957 CMR 2.06(2)(c)(5), and for APM by Zip Code, pursuant to 957 CMR 2.06(3)(b)(2).

Commercial (self- and fully-insured) data for registered provider organizations, physician groups, physician local practice groups, or zip codes for which the payer is able to collect information on all direct medical claims and subcarrier claims shall be reported in the full-claim category. Commercial (self- and fully-insured) data for registered provider organizations, physician groups, physician local practice groups, or zip codes that do not include all medical and subcarrier claims shall be reported in the partial-claim category. Payers must include the full amount paid for medical claims, including amounts paid under stop-loss or reinsurance agreements, even if the payer was not directly providing payment for those services. Payers shall not include data for which they are the secondary or tertiary payer such as Medicare Supplement.