

## ADMINISTRATIVE BULLETIN 15-08

### 957 CMR 8.00: All Payer Claims Data and Case Mix Data Submission

Effective September 10, 2015

The Center for Health Information and Analysis (CHIA) is issuing this Administrative Bulletin pursuant to 957 CMR 8.07(1) to notify Public Health Care Payers required to submit claims data to CHIA in accordance with 957 CMR 8.00 of changes to the Massachusetts All-Payer Claims Database (MA APCD) file submission guidelines.

Due to the complexities of the MassHealth system and in order to promote transparency and ensure MassHealth data is represented in the statewide health care narrative, the MA APCD shall accommodate the filing of a separate MassHealth Enhanced Eligibility file. MassHealth covers a population different from commercial payers, and includes as benefits certain services not commonly covered in the commercial arena (e.g., long term services and supports, Primary Care Clinician (PCC) Plan and Managed Care Organization (MCO) enrollees, disabled members, dually eligible (Duals) for Medicare and Medicaid, Senior Duals, residents in Long Term Care (LTC) facilities, and the remaining Fee for Service (FFS) population). This additional file will combine Medicaid Management Information System (MMIS) eligibility, managed care enrollment, LTC residency, Medicare eligibility and other member information into a single analytic resource, with non-overlapping effective dates, such that a comprehensive view of a member on any given day can be easily determined. The Enhanced Eligibility file is a critical data source for essentially all MassHealth data reporting in the health care arena.

The following table lists new data elements that must be submitted.

Field Name	Functional Name
ADR_MAIL_ZIP	Member mailing zip code
ADR_MAIL_ZIP_DSP	Member mailing zip code formatted
CDE_AGE_GROUP	Age Group
CDE_AID_CATEGORY	Richest MassHealth Aid Category
CDE_AID_CATEGORY_BH	Behavioral Health Aid Category
CDE_AID_CATEGORY_MC	Managed Care Aid Category
CDE_BH_ENROLL	Behavioral Health Plan Assignment
CDE_BH_ENROLL_L2	Behavioral Health Plan Assignment Detail
CDE_BUDGET_GROUP	Budget Group
CDE_DISABILITY	Disability Code
CDE_HCB_WAIVER	Home and Community Based Waiver Code
CDE_MANAGED_CARE_PLAN	Managed Care Plan Code

CDE_MANAGED_CARE_PLAN_L2	Managed Care Plan Code Detail
CDE_MH_PLAN	Managed Care Plan/Provider Type Code
CDE_PCT_INCOME_FPL	Federal Poverty Level Group
CDE_PGM_HEALTH	Benefit Plan
CDE_PGM_HEALTH_BH	Behavioral Health Assignment Plan
CDE_PGM_HEALTH_MC	Managed Care Assignment Plan
CDE_PROV_TYPE_BH	Behavioral Health Provider Type
CDE_PROV_TYPE_LTC	Long Term Care Provider Type
CDE_PROV_TYPE_MCO	Managed Care Provider Type
CDE_PROV_TYPE_PCC	Primary Care Clinician Provider Type
CDE_RATE_CELL_BH	Behavioral Health Enrollment Rate Cell
CDE_RATE_CELL_MCO	Managed Care Enrollment Rate Cell
CDE_SCHIP_TYPE	State Children's Health Insurance Program Code
CDE_TPL_STATUS	Member Third Party Liability Status
CDE_WAIVER_CATEGORY	Waiver Category
CDE_WAIVER_FLG	Waiver Eligibility Flag
COVERAGE_CATEGORY	Third Party Liability Coverage Category
DTE_EFFECTIVE	Segment Effective Date
DTE_END	Segment End Date
ID_MEDICAID	Member MassHealth ID
IND_ACTIVE	Member Active Flag
IND_AID_DISABLED	Disability Aid Category Flag
IND_AID_SSI	SSI (Aged and Disabled) Aid Category Flag
IND_COMMONHLTH_NON_WORKING	CommonHealth Non-Working Aid Category Flag
IND_COMMONHLTH_WORKING	CommonHealth Working Aid Category Flag
IND_COMMONWEALTH_CARE	Commonwealth Care Aid Category Flag
IND_HEALTH_SAFETY_NET	Health Safety Net Flag
IND_KALEIGH_DISABLED	Kaleigh Mulligan Based Aid Category Flag
IND_LTC_FACILITY	Long Term Care Eligibility Flag
IND_MANAGED_CARE_ELIGIBLE	Managed Care Eligibility Flag
IND_MCE_AID_CATEGORY	Managed Care Eligibility/Aid Category Flag
IND_MEDICARE_A	Medicare Part A Coverage Flag
IND_MEDICARE_B	Medicare Part B Coverage Flag
IND_MEDICARE_C	Medicare Outpatient Coverage Flag
IND_MEDICARE_D	Medicare Part D Coverage Flag

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IND_MEDICARE_H	Medicare Home Health Coverage Flag
IND_MFP	'Money Follows the Person' Program Flag
IND_PACE_ENROLLED	Program All-Inclusive Care for the Elderly Enrollment Flag
IND_PHARMACY_COVERAGE	Pharmacy Third Party Liability Coverage Flag
IND_PREGNANCY	Pregnancy Indicator Flag
IND_SCO	Senior Care Option Enrollment Flag
IND_WAIVER_ELIG	Waiver Eligibility Flag
NUM_DAYS_ELIGIBLE	Number of Eligibility Days in segment
PCT_INCOME_FPL	Federal Poverty Level Income Percent
ID_PROVIDER_LOCATION_MCO	Managed Care Entity Provider ID
ID_PROVIDER_LOCATION_PCC	Primary Care Clinician Provider ID
ID_PROVIDER_LOCATION_BH	Behavioral Health Provider ID
ID_PROVIDER_LOCATION_LTC	Long Term Care Provider ID
DTE_BIRTH	Member Date of Birth
DTE_DEATH	Member Date of Death
CDE_SEX	Member Gender Code
CDE_ETHNIC	Member Ethnicity Code
CDE_HOMELESS	Member Homeless Indicator Code
CDE_MARITAL	Member Marital Status Code
CDE_PRIMARY_LANG	Member Primary Language Code
CDE_RACE	Member Race Code

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