The Commonwealth of Massachusetts
Center for Health Information and Analysis

The Massachusetts All-Payer Claims Database

Product File Submission Guide

February 2024

Revision History

Date	Version	Description	Author
12/1/2012	3.0	Administrative Bulletin 12-01; issued 11/8/2012	M. Prettenhofer
5/14/2013	3.0	Changed the values for PR008 Risk Type Updated narrative on Product File Submitters (pg 8) Updated 'Non-Massachusetts Resident' section	H. Hines
10/2014	4.0	Administrative Bulletin 14-08	K. Hines
2/2016	5.0	• Administrative Bulletin 16-03	K. Hines
2/2016	5.0	• Update Cover Sheet, CHIA website and address	K. Hines
2/2016	5.0	• Update APCD Version Number – HD009 – to 5.0	K. Hines
2/2017	6.0	• Initial 6.0 Updates	K. Hines
2/2019	2019	2019 Updates	P. Smith
2/2023	2023	Update Cover Sheet	P. Smith
2/2024	2024	Update Cover Sheet	P. Smith

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Introduction

Access to timely, accurate, and relevant data is essential to improving quality, mitigating costs, and promoting transparency and efficiency in the health care delivery system. A valuable source of data can be found in health care claims. Using its broad statutory authority to collect, store and maintain health care information in a payer and provider claims database pursuant to M.G.L. c. 12C, the Center for Health Information and Analysis (CHIA) has adopted regulations to collect medical, pharmacy, and dental claims as well as provider, product, and member eligibility information derived from fully-insured, self-insured (where allowed), Medicare, Medicaid and Supplemental Policy data, which CHIA stores in a comprehensive All Payer Claims Database (APCD). CHIA serves as the Commonwealth's primary hub for health care data and a primary source of health care analytics that support policy development.

To facilitate communication and collaboration, CHIA actively maintains a MA APCD website (http://www.chiamass.gov/apcd-information-for-data-submitters/) with resources that currently include the submission and release regulations, Administrative Bulletins, the technical submission guide with examples, and support documentation. These resources are periodically updated with materials and CHIA staff are dedicated to working with all submitters to ensure full compliance with the regulation.

While CHIA is committed to establishing and maintaining an APCD that promotes transparency, improves health care quality, and mitigates health care costs, we welcome your ongoing suggestions for revising reporting requirements that facilitate our shared goal of administrative simplification. If you have any questions regarding the regulations or technical specifications we encourage you to utilize the online resources and reach out to our staff for any further questions.

Thank you for your partnership with CHIA on the all payer claims database.

957 CMR 8.00: APCD and Case Mix Data Submission

957 CMR 8.00 governs the reporting requirements regarding health care data and information that health care Payers and Hospitals must submit pursuant to M.G.L. c. 12C in connection with the APCD and the Acute Hospital Case Mix and Charge Data Databases. The regulation establishes the data submission requirements for the health care claims data and health plan information that Payers must submit and the procedures and timeframe for submitting such health care data and information. CHIA collects data essential for the continued monitoring of health care cost trends, minimizes the duplication of data submissions by payers to state entities, and promotes administrative simplification among state entities in Massachusetts.

 Except as specifically provided otherwise by CHIA or under Chapter 12C, claims data collected by CHIA for the APCD is not a public record under clause 26 of section 7 of chapter 4 or under chapter 66. No public disclosure of any health plan information or data

shall be made unless specifically authorized under 957 CMR 5.00. CHIA developed the data release procedures defined in CHIA regulations to ensure that the release of data is in the public interest, as well as consistent with applicable Federal and State privacy and security laws.

Patient Identifying Information

No patient identifying information may be included in any fields not specifically instructed as such within the element name, description and submission guideline outlined in this document. Patient identifying information includes name, address, social security number and similar information by which the identity of a patient can be readily determined.

Acronyms Frequently Used

APCD – All-Payer Claims Database

CHIA – Center for Health Information and Analysis

CSO – Computer Services Organization

DBA – Delegated Benefit Administrator

DBM – Dental Benefit Manager

DOI – Division of Insurance

GIC – Group Insurance Commission

ID – Identification; Identifier

MA APCD – Massachusetts' All-Payer Claims Database

NPI – National Provider Identifier

PBM – Pharmacy Benefit Manager

QA – Quality Assurance

RA – Risk Adjustment; Risk Adjuster

TME / RP – Total Medical Expense / Relative Pricing

TPA – Third Party Administrator

The File Types:
> DC – Dental Claims
>
> MC – Medical Claims
>
> ME – Member Eligibility
>
> PC – Pharmacy Claims
>
> PR – Product File
>
> PV – Provider File
>
> BP – Benefit Plan Control Total File

The MA APCD Quarterly Product File

As part of the MA APCD filings, all submitters are required to submit a Product (PR) File. CHIA recognizes this is a file type that has not been previously requested of carriers in other states, and has made efforts to simplify the data submission process as well as clarify what should be contained in the file and how CHIA will utilize this important dataset.

A PR File is required after the close of every calendar year quarter. This file reports all active products for that particular quarter and any products that became inactive during that quarter. By reporting products that are inactive, the MA APCD can identify eligibilities that may still be active under a product that is no longer offered to the market.

The reporting quarters are for the months of March (03), June (06), September (09) and December (12). As an example, the PR filing for products in the year 2011 are identified as 201103, 201106, 201109 and 201112. These files are required to be submitted and passed by the end-of-month inventory 201104, 201107, 201110 and 201201, one month after the close of the quarter.

The PR Detail Records are defined as one unique product per identifier, per begin/end period. Repeating PR identifiers (PR002) creates reporting anomalies and will require a resubmission of the file to uniquely identify products for ME linking and quality assurance.

Below are the details on business rules, data definitions and the uses of this data.

Specification Question	Clarification	Rationale
What is the frequency of submission?	A PR File is required to be submitted quarterly- one month after the close of every calendar year quarter.	CHIA requires quarterly files to meet reporting and analytic needs for the DOI, Researchers and others.
What is the format of the file?	Each submission must start with a Header Record and end with a Trailer Record to define the contents of the data within the submission. Each Detail Record must contain 18 elements in an asterisk delimited format.	The Header and Trailer Records help to determine period-specific editing and create an intake control for quality. The asterisk is an inherited symbol from previous filings that submitters had already coded their systems to compile for previous version of the MA APCD. An asterisk cannot be used within an element in lieu of another character.

Specification Question	Clarification	Rationale
What does each row in a file represent?	Each row, or Detail Record, contains the information of a unique Product that a carrier or Third-Party creates to 'sell'.	CHIA recognizes that information at this higher level is necessary for aggregation and reporting utilization.
How does CHIA define a Product?	A Product starts as a base offering, often described by a model that it conforms to; HMO, PPO, Indemnity, etc. Generally accepted values appear in PR004. For non-carriers, a Product will be defined by the business and reported in a free text field to define purpose when PR004 is populated with ZZ = Other.	CHIA requires that the disclosure of Pharmacy Benefit Management, Claims Processing, and Third Party Administrator organization business products, as well as Carrier-based products, to accurately assign member detail attribution for aggregate reporting and utilization.
What should be reported for License Type if not a 'carrier'?	The Product file now has an element that allows for further explanation when License Type is set to PBM or Other.	CHIA added two additional values so that PBMs and other non-insurance businesses can report products that they offer their clientele.
What should be reported for Risk if not a 'carrier'?	The Product file now has an element that allows for further explanation when Risk is set to Other.	CHIA added additional values to the Risk Table to differentiate Risk Offerings. One of the additions is an 'Other' value that sets the requirement to populate a text element for explanation.

Types of Data collected in the Product File

Product File Submitters

Beginning in November 2013 with the submission of December 2013 quarterly data, the Massachusetts All Payer Claims Database required the submission of **Product data** from all submitters - carriers, Pharmacy Benefit Managers, Claims Processing, Third Party Administrator organizations, etc.. This data is required to meet reporting and analytic needs for DOI, Researchers and others. We require these organization business products, as well as Carrier-based products, to accurately assign member detail attribution for aggregate reporting and utilization. CHIA has made a conscious decision to collect elementary identifiers that may be associated with not only Insurance-type Products but industry vendor Products as well. CHIA has added two additional values to license type so that PBMs and other non-insurance businesses can report products that they offer their clientele. In addition, CHIA added values to the Risk Table to differentiate Risk Offerings, including an Other option. This allows CHIA, as well as other state agencies, to measure offerings across submitters, providing a single source for reporting such information and furthering Administrative Simplification.

Non-Massachusetts Resident

CHIA requires that payers submitting claims and encounter data on behalf of an employer group submit claims and encounter data for employees who reside outside of Massachusetts.

CHIA requires data submission for employees that are based in Massachusetts whether the employer is based in MA or the employer has a site in Massachusetts that employs individuals. This requirement is for all payers that are licensed by the MA Division of Insurance, or are required by contract with the Group Insurance Commission to submit paid claims and encounter data for all Massachusetts residents, and all members of a Massachusetts employer group including those who reside outside of Massachusetts.

For payers reporting to the MA Division of Insurance, CHIA requires data submission for all members where the "situs" of the insurance contract or product is Massachusetts regardless of residence or employer (or the location of the employer that signed the contract is in Massachusetts).

Product Identifiers

CHIA has made a conscious decision to collect elementary identifiers that may be associated with not only Insurance-type Products but industry vendor Products as well. The data in elements PR002 through PR008 will be used by CHIA when analyzing Product data across carriers/submitters. PR002 will be used as the anchor that the Member Eligibility file will link to, while other elements will be used as attributes of the linked eligibility. This allows CHIA, as well as other state agencies, to measure offerings

across submitters, providing a single source for reporting such information and furthering Administrative Simplification.

Deductibles

CHIA is collecting Deductible band-width information on each Product as well as requesting additional identifiers to sort non-deductible reporting vendors into appropriate categories of business. This will aid CHIA in meeting its reporting and analysis requirements.

Additional data elements such as Coinsurances and Copays are reported in other file types.

Dates

CHIA is collecting two date elements for each Product detail record.

The Begin and End Date for each Product describes the dates the Product was active with the carrier and usable by eligible members. For Products that are still active the End Date should not contain any information (is Null). For Products that are not active but may still have claims being adjudicated against them, the End Date should be the End Date reported to the Division of Insurance OR the date the license was terminated OR, for non-insurance carriers, the date that the product/service is no longer being offered to insurance carriers.

CHIA is committed to working with submitters and their technical teams to ensure compliance with all applicable laws and regulations. CHIA will continue to provide support through technical assistance calls and resources available on the website, http://www.chiamass.gov/apcd-information-for-data-submitters/.

File Guideline and Layout

Legend

1. File: Identifies the file per element as well as the Header and Trailer Records that repeat on all MA APCD File Types. Headers and Trailers are Mandatory as a whole, with just a few elements allowing situational reporting.

2. Col: Identifies the column the data resides in when reported

3. Elmt: This is the number of the element in regards to the file type

4. Data Element Name: Provides identification of basic data required

5. Date Modified: Identifies the last date that an element was adjusted

6. Type: Defines the data as Decimal, Integer, Numeric or Text. Additional information provided for identification, e.g., Date Period – Integer

7. Type Description: Used to group like-items together for quick identification

8. Format / Length: Defines both the reporting length and element min/max requirements. See below:

    a. char[n] – this is a fixed length element of [n] characters, cannot report below or above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.

    b. varchar[n] – this is a variable length field of max [n] characters, cannot report above [n]. This can be any type of data, but is governed by the type listed for the element, Text vs. Numeric.

    c. int[n] – this is a fixed type and length element of [n] for numeric reporting only. This cannot be anything but numeric with no decimal points or leading zeros.

    The plus/minus symbol (±) in front on any of the Formats above indicate that a negative can be submitted in the element under specific conditions. **Example:** When the Claim Line Type (MC138) = V (void) or B (backout) then certain claim values can be negative.

9. Description: Short description that defines the data expected in the element

10. Element Submission Guideline: Provides detailed information regarding the data required as well as constraints, exceptions and examples.

11. Condition: Provides the condition for reporting the given data

12. %: Provides the base percentage that the MA APCD is expecting in volume of data in regards to condition requirements.

13. Cat: Provides the category or tiering of elements and reporting margins where applicable. 'A' level fields must meet their APCD threshold percentage in order for a file to pass. The other categories (B, C, Z) are also monitored but will not cause a file to fail. Header and Trailer

Mandatory element errors will cause a file to drop. Where elements have a conditional requirement, percentages are applied to the number of records that meet the condition.

HM = Mandatory Header element; HS = Situational Header element; HO = Optional Header element; A0 = Data is required to be valid per Conditions and must meet threshold percent with 0% variation; A1= Data is required to be valid per Conditions and must meet threshold percent with no more than 1% variation; A2 = Data is required to be valid per Conditions and must meet threshold percent with no more than 2% variation; B and C = Data is requested and errors are reported, but will not cause a file to fail; Z = Data is not required; TM = Mandatory Trailer element; TS = Situational Trailer element; TO = Optional Trailer element.

Elements that are highlighted indicate that a MA APCD lookup table is present and contains valid values expected in the element. In very few cases, there is a combination of a MA APCD lookup table and an External Code Source or Carrier Defined Table, these maintain the highlight.

It is important to note that Type, Format/Length, Condition, Threshold and Category are considered as a suite of requirements that the intake edits are built around to ensure compliance, continuity and quality. This ensures that the data can be standardized at other levels for greater understanding of healthcare utilization.

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
HD-PR	1	HD001	Record Type	11/8/12	Text	ID Record	char[2]	Header Record Identifier	Report **HD** here. Indicates the beginning of the Header Elements of the file.	Mandatory	100%	HM
HD-PR	2	HD002	Submitter	11/8/12	Integer	ID OrgID	varchar[6]	Header Submitter / Carrier ID defined by CHIA	Report CHIA defined, unique Submitter ID here. TR002 must match the Submitter ID reported here. This ID is linked to other elements in the file for quality control.	Mandatory	100%	HM
HD-PR	3	HD003	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	Header CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans.	Situational	0%	HS
HD-PR	4	HD004	Type of File	11/8/12	Text	ID File	char[2]	Defines the file type and data expected.	Report **PR** here. Indicates that the data within this file is expected to be PRODUCT-based. This must match the File Type reported in TR004.	Mandatory	100%	HM
HD-PR	5	HD005	Period Beginning Date	11/8/12	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Header Period Start Date	Report the Year and Month of the reported submission period in CCYYMM format. This date period must be repeated in HD006, TR005 and TR006. This same date must be selected in the upload application for successful transfer.	Mandatory	100%	HM

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
HD-PR	6	HD006	Period Ending Date	11/8/12	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Header Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in HD005 and be repeated in TR005 and TR006.	Mandatory	100%	HM
HD-PR	7	HD007	Record Count	11/8/12	Integer	Counter	varchar[10]	Header Record Count	Report the total number of records submitted within this file. Do not report leading zeros, space fill, decimals, or any special characters.	Mandatory	100%	HM
HD-PR	8	HD008	Comments	11/8/12	Text	Free Text Field	varchar[80]	Header Carrier Comments	May be used to document the submission by assigning a filename, system source, compile identifier, etc.	Optional	0%	HO
HD-PR	9	HD009	APCD Version Number	2/2019	Decimal - Numeric	ID Version	char[4]	Submission Guide Version	Report the version number as presented on the APCD Product File Submission Guide in 0.0 Format. Sets the intake control for editing elements. Version must be accurate else file will drop. **EXAMPLE:** 3.0 = Version 3.0	Mandatory	100%	HM
								Code	**Description**			
								2.0	Prior Version; valid only for reporting periods prior to October 2013			
								3.0	Version 3.0; required for reporting periods as of October 2013 – No longer valid as of May 2015			
								4.0	Version 4.0; required for reporting periods October 2013 onward; No longer valid as of August 2016			
								5.0	Version 5.0; required for reporting periods October 2013 onward as of August 2016; No longer valid as of August 2017			
								6.0	Version 6.0; required for reporting periods October 2013 onward as of August 2017. No longer valid as of August 2019			
								2019	Version 2019; required for reporting periods October 2013 onward as of August 2019			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PR	1	PR 001	Product ID number	11/8/12	Text	ID Link to ME040, MC079, PC056, DC042	varchar[30]	Product Identification	Report the submitter-assigned identifier that uniquely defines this product. This identifier is used to link this Product line with its attributes to eligibility and claim lines.	All	100%	A0
PR	2	PR 002	Product Name	6/24/10	Text	Name Product	varchar[70]	Submitter defined Product name	Report a unique name for every Product in a Carrier's system. For Products with identical names, it is required that the Submitter add a refining 'element' to create unique Product Names that align to unique Product ID Numbers. This refining element can be numeric, alpha or alpha-numeric.	All	100%	C
PR	3	PR 003	Carrier License Type	11/8/12	Lookup Table - Text	tlkpCarrierLicenseType	char[3]	Carrier License Type	Report the code that defines the License Type of this Product. **EXAMPLE:** COM = Commercial	All	100%	A0

								Code	*Description*			
								BLU	Blue Cross and Blue Shield Licensee			
								COM	Commercial Carrier			
								HMO	Health Maintenance Organization			
								MAO	Medicare Advantage Organization			
								PBM	Pharmacy Benefit Manager			
								SCO	Senior Care Option			
								TPA	Third Party Administrator			
								176	Chapter 176			
								OTH	Other License Type			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PR	4	PR 004	Product Line of Business Model	10/30/14	Lookup Table - Text	tlkpProductLineOfBusiness	char[2]	Line of Business / Insurance Model the Product relates to.	Report the code that defines the Line of Business model that this product follows. **EXAMPLE:** 12 = PPO	All	100%	A0
								Code	*Description*			
								12	Preferred Provider Organization (PPO)			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								13	Point of Service (POS)			
								14	Exclusive Provider Organization (EPO)			
								15	Indemnity Insurance			
								16	Health Maintenance Organization (HMO) Medicare Advantage			
								20	Medicare Advantage PPO			
								21	Medicare Advantage Private Fee for Service			
								AC	Accident Only			
								BH	Basic Hospital			
								CH	CHAMPUS			
								DM	Dental Maintenance Organization			
								DS	Disability			
								HC	HMO - Closed			
								HO	HMO - Open			
								IN	Individual			
								LM	Liability Medical			
								MC	Medicaid FFS			
								MO	Medicaid Managed Care Organization			
								MP	Medicare Primary			
								MR	Medicare			
								MS	Medicare Secondary Plan			
								OF	Other Federal Program (e.g. Black Lung)			
								PC	Medicaid Primary Care Clinician Plan			
								PR	Preferred Provider Organization (PPO)			
								QH	Qualified Health Plan			
								QM	Qualified Medicare Beneficiary/SLMB			
								SA	Self-Administered Group			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								SC	Senior Care Option			
								SP	Supplemental Policy			
								TF	HSN Trust Fund			
								TV	Title V			
								UN	Unemployment			
								VA	Veterans Administration Plan			
								VS	Vision			
								WC	Workers' Compensation			
								ZZ	Other			
PR	5	PR 005	Insurance Plan Market	11/8/12	Lookup Table - Text	tlkpInsurancePlanMarket	char[4]	Insurance Plan Market Code	Report the code that defines the market this product is sold into. **EXAMPLE:** GEMP = Group - Employer	All	100%	A0
								Code	*Description*			
								GPOS	Group - POS			
								GCOB	Group COBRA			
								GCCH	Group-Commonwealth Choice			
								GEMP	Group-Employer			
								GFED	Group-Federal			
								GGIC	Group-GIC			
								GMMK	Group-Merged Market			
								GMUN	Group-Municipality			
								GPRT	Group-Retiree			
								GSCO	Group-Senior Care Option			
								GUNN	Group-Union			
								HEXC	Health Exchange			
								ICCA	Individual - Commonwealth Care			
								ICCH	Individual - Commonwealth Choice			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								ICLO	Individual Closed			
								ICOB	Individual COBRA			
								ISCO	Individual Senior Care Option			
								IYGA	Individual Young Adult			
								MCRA	Medicare Part A			
								MCRB	Medicare Part B			
								MCRC	Medicare Part C			
								MCRD	Medicare Part D			
								MEDX	MediGap/Medicare Supplemental/Medex			
								ITHR	Other			
								OTMC	Other Medicare			
								STUD	Student			
								COBR	COBRA			
								GRUP	Group			
PR	6	PR 006	Product Benefit Type	6/24/10	Lookup Table - Integer	tlkpProductBenefitType	int[1]	Benefit Options	Report the value that defines the types of benefits covered under this product. **EXAMPLE:** 1 = Medical Only	All	100%	A0
								Code	*Description*			
								1	Medical Only			
								2	Pharmacy Only			
								3	Medical and Pharmacy bundled			
								4	Dental			
								5	Behavioral Health			
								6	Vision			
								7	Accident Only			
								8	Medical Comprehensive			
								0	Other			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
PR	7	PR 007	Other Product Benefit Description	11/8/12	Text	Free Text Field	varchar[80]	Benefit Description	Report the Other Product description when the product's Product Benefit does not fall within the standard listing for PR006 Product Benefit Type. **EXAMPLE:** Chiropractic Services	Required when PR006 = 0 <zero>	100%	A2
PR	8	PR 008	Risk Type	5/14/13	Lookup Table - Integer	tlkpRiskType	int[1]	Risk Options	Report the value that best describes the risk model that defines how eligibilities are insured under this product line. **EXAMPLE:** 1 = Fully Insured	All	100%	A0
								Value	*Description*			
								1	Fully Insured			
								2	Self-Insured			
								3	Product available to risk and self-insured accounts			
								0	Other			
PR	9	PR 009	Product Start Date	6/24/10	Full Date - Integer	Century Year Month Date - CCYYMMDD	int[8]	Product Start Date	Report the first date that this product is active in CCYYMMDD Format.	All	100%	A0
PR	10	PR 010	Product End Date	10/30/14	Full Date - Integer	Century Year Month Date - CCYYMMDD	int[8]	Product End Date	Report the last date that this product is active in CCYYMMDD Format. If product is still active do not report any value here.	Required when PR011=2	100%	B
PR	11	PR 011	Product Active Flag	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Active Product	Report the value that defines the element. **EXAMPLE:** 1 = Yes, the Product is active	All	100%	A2
								Value	*Description*			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			
								5	Not Applicable			
PR	12	PR 012	Annual Per Person Deductible Code	11/8/12	Lookup Table - Text	tlkpAnnualPerPersonDeductible	char[3]	Per Person Deductible bandwidth reporting	Report the value that defines the Total Per Person Deductible for all benefits under this product. **EXAMPLE:** 000 = Plans with no Per Person Deductible	All	100%	A2

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								Value	*Description*			
								000	No per person deductible			
								001	Deductible Total under $1,000			
								002	Deductible Total of $1,000 thru $1,999			
								003	Deductible Total of $2,000 thru $2,999			
								004	Deductible Total greater than $3000			
								999	Not Applicable			
PR	13	PR 013	Annual Per Family Deductible Code	11/8/12	Lookup Table - Text	tlkpAnnualPerFamilyDeductible	char[3]	Per Family Deductible bandwidth reporting	Report the value that defines the Total Per Family Deductible for all benefits under this product.. **EXAMPLE:** 000 = Plans with no Per Family Deductible	All	100%	A2
								Value	*Description*			
								000	No per family deductible			
								001	Deductible Total under $1,000			
								002	Deductible Total of $1,000 thru $1,999			
								003	Deductible Total of $2,000 thru $2,999			
								004	Deductible Total of $3,000 thru $3,999			
								005	Deductible Total of $4,000 thru $4,999			
								006	Deductible Total of $5,000 thru $5,999			
								007	Deductible Total greater than $6,000			
								999	Not Applicable			
PR	14	PR 014	Coordinated Care model	11/8/12	Lookup Table - Integer	tlkpFlagIndicators	int[1]	Indicator - Clinical Coordination	Report the value that defines the element. **EXAMPLE:** 1 = Yes, Member's care is clinically coordinated/managed.	All	100%	A2
								Value	*Description*			
								1	Yes			
								2	No			
								3	Unknown			
								4	Other			

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
								5	Not Applicable			
PR	15	PR 015	Other Product Line of Business Model	11/8/12	Text	Name Other Line of Business	varchar[30]	Defines Product Line of Business when Other is selected	Report the Other Product Line of Business Model here when PR004 reports ZZ.	Required when PR004 = ZZ	98%	A2
PR	16	PR 016	Other Risk Type	11/8/12	Text	Name Other Risk	varchar[30]	Defines Risk Type Other is selected	Report the Other Risk Type here when PR008 reports 0 <zero>.	Required when PR008 = 0 <zero>	98%	A2
PR	17	PR 017	NAIC Code	11/8/12	Integer	ID NAIC	int[5]	National Association of Insurance Commissioners' Code	Report the NAIC Code associated with the entity that maintains this product. Entities that are not assigned a NAIC must not report any value here.	Required when Submitter is identified as a NAIC Coded entity	100%	A2
PR	18	PR 018	Situs	10/30/14	External Code Source 2 - Text	Situs State External Code Source 2 - States	char[2]	State / Province of the situs of the Product	Report the state in which the product was issued. Report Province when Country Code does not = USA	All	98%	A0
PR	19	PR 899	Record Type	6/24/10	Text	ID File	char[2]	File Type Identifier	Report **PR** here. This validates the type of file and the data contained within the file. This must match HD004.	All	100%	A0
TR-PR	1	TR 001	Record Type	6/24/10	Text	ID Record	char[2]	Trailer Record Identifier	Report **TR** here. Indicates the end of the data file.	Mandatory	100%	TM
TR-PR	2	TR 002	Submitter	11/8/12	Integer	ID Submitter	varchar[6]	Trailer Submitter / Carrier ID defined by CHIA	Report the Unique Submitter ID as defined by CHIA here. This must match the Submitter ID reported in HD002.	Mandatory	100%	TM
TR-PR	3	TR 003	National Plan ID	11/8/12	Integer	ID Nat'l PlanID	int[10]	CMS National Plan Identification Number (PlanID)	Do not report any value here until National PlanID is fully implemented. This is a unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans or Sub plans.	Situational	0%	TS
TR-PR	4	TR 004	Type of File	6/24/10	Text	ID File	char[2]	Validates the file type defined in HD004.	Report **PR** here. This must match the File Type reported in HD004.	Mandatory	100%	TM

File	Col	Elmt	Data Element Name	Date Modified	Type	Type Description	Format / Length	Description	Element Submission Guideline	Condition	%	Cat
TR-PR	5	TR 005	Period Beginning Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Start Date	Report the Year and Month of the reported submission period in CCYYMM format. This date period must match the date period reported in HD005 and HD006.	Mandatory	100%	TM
TR-PR	6	TR 006	Period Ending Date	6/24/10	Date Period - Integer	Century Year Month - CCYYMM	int[6]	Trailer Period Ending Date	Report the Year and Month of the reporting submission period in CCYYMM format. This date period must match the date period reported in TR005 and HD005 and HD006.	Mandatory	100%	TM
TR-PR	7	TR 007	Date Processed	6/24/10	Full Date - Integer	Century Year Month Date - CCYYMMDD	int[8]	Trailer Processed Date	Report the full date that the submission was compiled by the submitter in CCYYMMDD Format.	Mandatory	100%	TM

Appendix – External Code Sources

2.   **States, Zip Codes and Other Areas of the US**
U.S. Postal Service
https://www.usps.com/

PR018

The Commonwealth of Massachusetts
Center for Health Information and Analysis