All-Payer Claims Database (MA APCD) CY 2022 Annual Release

RELEASE NOTES

Background

These release notes provide information for users of the Massachusetts All-Payer Claims Database (MA APCD) Annual Release for CY 2022. This Annual Release includes medical, pharmacy and dental claims incurred between January 1, 2018 and December 31, 2022, and it includes six (6) months of run-out (paid claims through June 30, 2023). In addition to claims data, the release contains relevant reference files including member eligibility, providers, products, and benefit plans.

The Center for Health Information and Analysis (CHIA) has made minimal changes to this CY2022 Annual Release. Users of the MA ACPD should consult the **Annual Release Documentation Guide** for further details.

Annual Release Highlights

- Member Eligibility data for CY 2022 Annual Release consists of December 2018, December 2019, December 2020, December 2021, December 2022 and June 2023 submissions.
- Also included in this release is a subset of MassHealth Enhanced Eligibility (MHEE LDS) data available to all approved recipients of MassHealth data. The MHEE LDS data provides a view of a member on any given day.
- Updated master patient index.
    - A small percentage of records may not have a MEMBERLINKEID due to inconsistencies and inaccuracies in carrier reporting. Please see the MA APCD Annual Release Master Patient Index (MPI) Data Exclusion **document** for a complete list.
    - The MEMBERLINKEID used in this CY2022 Annual Release is based on the same logic and methodology as used in the CY2021 Annual Release. Other than the normal minor shifts one would see as the underlying data improves, the MEMBERLINKEIDs would remain consistent between the two releases.
- This Release contains International Classification of Diseases, Tenth Revision Clinical Modification (ICD-10-CM) procedure and diagnosis codes.
    - Diagnosis, Procedure, and E-code fields contain ICD-10 formatted codes.
    - ICD-10 codes are effective October 1, 2015.
- MassHealth Accountable Care Partnership Plans (Applies to OrgIDs 301, 296, 3505, 3735, 4962) started in 2018. These members and claims will be denoted as follows:

- Insurance Type Code/Product (ME003, MC003, PC003, DC003) use the value of 30 to denote ACO.

- Updated MassHealth (Medicaid) filter logic
  - Members/Claims will be considered to be Medicaid if the carrier is a Medicaid related organization or they have a Medicaid Insurance Type Code/Product.

- Updated Substance Use Disorder (SUD) filter
  - Using the 2018 CMS filter as the model, new codes within the ranges in the 2018 CMS filter were identified and included in CHIA's SUD filter.
  - Ten new ICD-10-CM diagnosis codes, no new ICD-10-CM procedure codes, three CPT codes, no new APR-DRG codes, no new HCPCS codes, and no new ICD-9 codes were included.
  - Two MS-DRG codes were deleted.
  - Codes related to employer drug testing and tobacco are not included.

Carrier Highlights

- OrgID 8647
  - Issue with a subset of their member eligibility data (no other file types were affected). The issue is that one of their self-insured groups (about 5600 members) were assigned new member IDs and all of their members are currently in carrier's system twice going back to March 2019.
  - Did not populate the Medical Claims field MC100 - Delegated Benefit Administrator Organization ID for August 2017, June 2018 and August 2018 due to delays in getting the data from a Third Party Administrator for those time periods.
  - Uses two procedure codes, TF409 and TF410 in the MC055 – Procedure Code field in Medical Claims data which are dummy values to reflect OrgID-specific codes that are used internally to identify the COB/Recovery line on a claim. This OrgID does not report the COB/Recovery amounts in a separate field on the claim. Rather, they add a line onto a COB/Recovery claim so that when aggregated with the other lines on the claim, they net to the amount this OrgID paid as secondary payer. These lines should all have negative dollar values, unless the claim has been reversed: in those instances the rest of the lines are negative but the COB line is positive.
  - Beginning with their January 2020 submission, did a cleanup of their provider file data so that they no longer send any information on providers who do not have an NPI thus reducing the number of providers contained in their submissions. These records were generated because non-contracted providers in their system do not have term dates and so were still considered active. Any provider in their system who does not have an NPI on file has not actually submitted a claim since 2007 and can be considered to be inactive. That's when a having an NPI became a requirement for claims payment regardless of provider type.

- Carrier discovered they were submitting a small amount of fully-denied, secondary claims since the beginning of MA APCD collection. Using 1st qtr 2018 claims counts as a proxy, they estimated the number of incorrectly submitted claims as 6% of secondary claims. They also estimated secondary claims as 1.2% of total claims. Carrier agreed the denied claims related to this problem can be identified by counting distinct Payer Claim Control Numbers with at least one claim line with a Procedure Code beginning with 'TF.' In addition, ALL claim lines within the claim must be denied except the line with the procedure code beginning with 'TF'. This results in a small subset of denied secondary claims. Will be fixed going forward.

- Carrier has a large number of claim lines which are highest version and zero paid AND denied according to the Denied Flag. However, they're paid according to the Claim Line Paid flag. Carrier explained the services were provided and they were paid for under another line and should remain highest version because the services were provided and paid for. Carrier further explained the claim lines with a denial reason beginning with a 'D' are the ones paid under another line. There are a large number of zero-paid claim lines with a denial reason beginning with 'D', but there are also a large number of highest-version, zero-paid claim lines with a denial reason of 'NO' (ancillary to inpatient stay or a surgery) or 'NOPAY' (ancillary to inpatient stay or a surgery).

- Carrier switched to a new PBM in January 2023. Therefore, the CY2022 Release has six months of run out claims from the new PBM. The Version Indicator will be set to '9' for all pharmacy claims within the following submission periods: January 2023 through June 2023 (specifically incurred claims prior to 2023 that were paid in 2023 and any incurred in 2023). Changes in submission patterns for key fields related to claims versioning were identified and as a result, the current versioning logic does not align with the data from the new PBM. CHIA is working with the payer to update the logic.

- OrgID 3505

  - Noted in Release 7.0 that reversals were omitted for runout pharmacy claims submitted in April – June 2018. Carrier has stated this was corrected starting in Release 8.0.

  - Noted in Release 7.0 that starting with the February 2018 pharmacy claim file, the total Copay Amount in each submission for the QHP population drops to zero. Carrier has stated this was corrected starting in Release 8.0.

  - Populating Discharge Date year (MC069) with 1753 (a default date) on a number of claim lines in their Medical Claims submissions. The default value is the data as contained in their transactional system, which adds the default as the claim comes in. Going forward will provide a null value to APCD rather than this default date.

  - The total sum amount for PC037-IngredientCost/ListPrice for all submission periods looks much higher than PC036-Paid Amount. Carrier informed us they were populating PC037 with average wholesale price rather than ingredient cost. They will correct going forward.

- OrgID 302
    - Found a bug in their system that affects submissions going back to July 2016 through December 2018. This caused eligibility and claim volume to be overstated because some employer group members were being included in the submissions that should not have been. This has been corrected.
- OrgID 11364
    - Noted the pharmacy claims allowed amount is under reported for January 2016 through June 2018. Revised Allowed Amounts will be provided in this Annual Release. Per carrier, correct figures are approximately $125M – $150M per month.
    - Determined that their member eligibility, pharmacy claims and provider submissions were missing members, claims and providers from January 2014 through June 2019. Estimate that CHIA only received 50% of members and claims. This has been corrected.
- OrgID 11500
    - Noted deficiencies in Pharmacy Claims reporting, prior to June 2018, in which the deductible amount was reported as zero. Data corrected June 2018 forward.
    - Several clients terminated effective 12/31/2020 which represented more than 80% of the enrollment count therefore there is a large decline in membership and claims beginning in January 2021.
- OrgID 10926
    - Product Type code (MC003) in their Medical Claim files was not correctly reported beginning with the 201907 data through 201912 data. They were only reporting a value of '16' in MC003 and they should have either '16', '20' or 'HN'. This was corrected starting with 202001.
- OrgID 296
    - Noted that starting with July 2016 through September 2018 the Pre-Paid Amount field in medical claims was populated with "paid amount" resulting in inaccurate reporting. A correction was implemented by the payer (beginning with October 2018) to populate the pre-pay amount with the "approved amount" on claims from "vendor contracts for statistical arrangements for paying claims". All other claims Pre-Paid Amount will be zero.
    - Determined that a number of medical claims (5%-9%) were not included in the APCD files submitted from July 2017 through June 2019. Specifically, claims for dependents on their Commercial line of business were not reliably included in the files due to a mistake in the extract logic. Carrier has stated this will be corrected in this Annual Release.

- Populating Admission Date (MC018) and Discharge Date (MC069) with 1900-01-01 (a default date) on a significant number of claim lines in their Medical Claims submissions. The default value is the data as contained in their transactional system, which adds the default as the claim comes in. Going forward will provide a null value to APCD rather than this default date.
- Populating Member Gender (MC012) with 'N' on a small number of medical claims that are missing several Member data elements. Their logic is incorrectly assigning 'N' to the gender in these cases. They have updated the logic to populate the gender with 'U' for Unknown going forward for these instances.

- OrgID 291
  - Had a drop-off in Prepaid Amount in medical claims starting in July 2017 due to a decrease in their capitation business.
  - In 2019 CHIA started a data quality initiative to verify medical-claims versioning logic with all carriers. CHIA met with this carrier and the carrier confirmed the validity of the current caveated methods for versioning medical claims.
  - Product file sometimes uses the same Product ID for two separate products. Per the carrier, these duplicates are due to pediatric-dental benefits. Their pediatric-dental is tied in with medical benefits, so from a data perspective the Product ID is the same as the medical benefit.
- OrgID 8026
  - Noted that starting with July 2016 through September 2018 Pre-Paid Amount field in medical claims was populated with "paid amount" resulting in inaccurate reporting. A correction was implemented by the payer (beginning with October 2018) to populate the pre-pay amount with the "approved amount" on claims from "vendor contracts for statistical arrangements for paying claims". All other claims Pre-Paid Amount will be zero.
  - Determined that a number of medical claims (21%-45%) were not included in the APCD files submitted from July 2017 through June 2019. Specifically, claims for dependents on their Commercial line of business were not reliably included in the files due to a mistake in the extract logic. Carrier has stated this will be corrected in this Annual Release.
  - Populating Admission Date (MC018) and Discharge Date (MC069) with 1900-01-01 (a default date) on a significant number of claim lines in their Medical Claims submissions. The default value is the data as contained in their transactional system, which adds the default as the claim comes in. Going forward will provide a null value to APCD rather than this default date.
  - Exiting the Commercial Market in MA thus this OrgID is sunsetting. Will provide runout claims until the end of 2023.

- Populating Member Gender (MC012) with 'N' on a small number of medical claims that are missing several Member data elements. Their logic is incorrectly assigning 'N' to the gender in these cases. They have updated the logic to populate the gender with 'U' for Unknown going forward for these instances.

- OrgID 10441
  - Noted in Release 7.0 they were missing a small amount of business from their April – June 2018 member eligibility submissions. Carrier has stated this was corrected starting in Release 8.0.
  - Noted in Release 7.0 that due to a processing problem in the payer's system only MA residents were included. Carrier has stated that this was corrected starting in Release 8.0 to also include non-MA residents under a MA situs product.
  - Payer changed the format of the Payer Claim Control Number which disrupted the established pharmacy claims versioning logic. For Release CY2022, the pharmacy claims are without versioning results (the versioning indicators are set to '9') while CHIA works with the payer on updated versioning logic.
- OrgID 10632
  - Submitting separate records for members who have both medical and pharmacy coverage. The record indicating Medical coverage would populate ME018 – Medical Coverage = 1, ME019 – Prescription Drug Coverage = 2. The record indicating Pharmacy coverage would populate ME018 = 2, ME019 = 1. Those records are not merged due to ME055 – Business Type Code. For records indicating Pharmacy coverage, ME055 is populated with '4' indicating Pharmacy Benefit Manager. Records indicating Medical coverage would populate ME055 with a different value.
- OrgID 10353, 10441, 10929
  - The population of pharmacy claims and related providers submitted to CHIA were understated beginning with July 2017 through June 2019. Carrier has resubmitted with the missing data.
- OrgID 10929
  - This OrgID sunsetted in April 2022. Will continue to report run off claims for 6 months.
  - Payer changed the format of the Payer Claim Control Number which disrupted the established pharmacy claims versioning logic. For Release CY2022, the pharmacy claims are without versioning results (the versioning indicators are set to '9') while CHIA works with the payer on updated versioning logic.
- OrgID 312, 10444
  - MC095 - Coordination of Benefits/TPL Liability Amount. Data from January 2016 through June 2019 was misstated. This field should have been reported as zero since they do not have a data source for this data element. Carrier has stated this will be corrected in this Annual Release.

- MC099 – Non-Covered Amount. Data was understated and has been corrected in this Annual Release.
- MC114 – Excluded Expenses. Data from August 2018 to June 2019 should have been reported as zero as they do not have a data source for this data element. This has been corrected in this Annual Release.
- Changed Carrier Specific Unique Member ID (CSUMID) found in ME107, MC137, PC107 due to system enhancements beginning with August 2018 submissions. Carrier provided a crosswalk to map old CSUMIDs to new which CHIA applied to this Annual Release data.
- System enhancements also impacted member eligibility and claims record counts beginning with August 2018 submissions.
- There's a small number of claim lines which should have been amended and were not due to the limitations of the data format. Specifically, 22,000 or .6% of total claim lines for OrgID 312 and 6,000 or .4% of total claim lines for OrgID 10444 should have been amended and were not.
- Carrier realigned membership between the two OrgIDs and, as a result, a subset of members were assigned new member ids. CHIA applied a crosswalk from the old member ids to the new member ids (supplied by carrier) to the data. However, as a result of the realignment, some claim lines were 'orphaned' within the data. They became orphaned when the first versions of the claim lines were submitted under one OrgID and the later versions of the claim lines were submitted under a different OrgID. If the later versions of the claim lines were amendments, they were not linked to the original versions.
- MC123 – Denied Flag equal to '1' which means 'Yes' for all records in the Medical Claims files for January 2019 and February 2019. This has been corrected in this Annual Release.
- ME029 – Coverage Type: some records were assigned a value of 'IND' in addition to the valid values from the lookup table for Jan 2021 – April 2021 for OrgID 312. It was corrected starting in May 2021. The 'IND' are all Fully Insured 'UND' members.

- OrgID 3735
  - In late 2018, the claim id (PCCN) for behavioral health claims increased from 8 to 9. Carrier did not update their systems to include the ninth digit until early 2019. Therefore, CHIA received claims with a truncated PCCN. It was determined the claims could be isolated as follows: all behavioral claims with a submission date greater than or equal to November 2018, a date of service less than or equal to December 31, 2018 and a PCCN length equal to eight (8). CHIA calculated the impact to medical claims as follows: about 100,000 claim lines which represents about 30,000 claims.
  - There was a big drop in their Masshealth membership in 2018 and forward. This caused a drop in pediatric claims since MassHealth is primarily women with children and they have a large pediatric population.

- OrgID 9891
    - Incorrectly populated the Medical Claims field MC100 - Delegated Benefit Administrator Organization ID. In instances where the value in this field is OrgID = 269, it should actually be OrgID = 296. This has been corrected beginning with July 2019.
    - MC003 – Insurance Type Code/Product field not populated. Must match to an eligibility record and use value in ME003 – Insurance Type Code/Product.
- OrgID 4962
    - Incorrectly labelled some products in their Product file as Medicaid in PR004 – Product Line of Business Model. Carrier has stated this will be corrected in this Annual Release.
    - For a majority of the records in every monthly Dental Claims submission, the value of DC040-Coinsurance Amount is equal to 9,999.99 which is the default value in their dental vendor's claims system. It is the equivalent of 0.00.
    - Beginning with Jan-2023, there is a pharmacy claims count increase due to how their new PBM handles adjusted and reversed claims differently than their previous PBM; The new PBM negates the old claim and issues a new claim instead of sending an adjustment to the old claim (maintaining the old claim number) so this will result in an increase in the number of paid claims because a new claim number is issued.
    - Carrier switched to a new PBM in January 2023. Therefore, the CY2022 Release has six months of run out claims from the new PBM. The Version Indicator will be set to '9' for all pharmacy claims within the following submission periods: January 2023 through June 2023 (specifically incurred claims prior to 2023 that were paid in 2023 and any incurred in 2023). Changes in submission patterns for key fields related to claims versioning were identified and as a result, the current versioning logic does not align with the data from the new PBM. CHIA is working with the payer to update the logic.
- OrgID 290
    - Incorrectly labelled some products in their Product file as Medicaid in PR004 – Product Line of Business Model.
- OrgID 10935
    - Incorrectly labelled some products in their Product file as Medicaid.
- OrgID 3156
    - In 2019 CHIA started a data quality initiative to verify medical-claims versioning logic with all carriers. CHIA met with this carrier and the carrier confirmed the validity of the current caveated methods for versioning medical claims.

- OrgID 12814
    - As much as 46% of the Medical Claims records have a missing value for MC063 (Paid Amount) for April 2019, May 2019 and June 2019. This has been corrected in this Annual Release.
    - There was a configuration issue with Inpatient Deductibles which started in January, 2017, as well as SNF coinsurances/copay. The issue was identified in January, 2018 and resolved. Carrier had all claims impacted adjusted. They reported copay, coinsurance, and deductible correctly at the time the files were originally submitted. After that point in time the claims were then adjusted in the following months leading to the large variations in the data. As such carrier has verified that the data was correct as submitted.
- OrgID 300
    - Reported ME028 – Primary Insurance indicator = '1' (yes) for approximately 30,000 Medi-Gap members when the indicator should have been '2' (no). These members can be identified where ME003 = '15' or 'SP'. The group sold Medi-Gap claims (MC003 = '15') are included for a period of time (pre 2016) where they have no matching eligibility record.
    - Corrected ME028 Primary Insurance indicator so that this is marked as '2' (secondary) for their Medicare Supplement products. Also, corrected MC063 Paid Amount so that Withhold Amount is NOT included in MC063 derivation. These corrections were made beginning with January 2020 data.
    - For the submission period 201902, there is a Medical Claim record with a value over $60M in the Charge Amount (MC062) field. Carrier did not end up paying anything in the end on this and it ends up fully denied. This record should be excluded as an anomaly from any analysis.
    - The May 2023 medical claim file is smaller than normal, as claim processing systems were down in April and were not brought back until the end of May. There are no behavioral health claims in the May 2023 medical claim file. The June 2023 medical file contains the backlog of behavioral claims.
    - The May 2023 pharmacy claim file has no records, as they stopped receiving processed claims for members from their PBM in April and did not start receiving claim files again until mid-June.
- OrgID 10932
    - Incorrectly labeled all of their medical claim lines as MC138 – Claim Line Type = "R" (Replacement) in submission files from July 2015 through June 2019. There was a programmatic change in the carrier's system that caused this data element to identify all claims as replacements. Populating with the appropriate values going forward.
- OrgID 11726

- HMO claim lines require a different versioning method from the other medical claim lines. Carrier reported the HMO claim lines represented 1-2% of their claim lines and they can be identified by a Payer Claim Control Number with a length of 15. Given the small volume,CHIA is not implementing a separate versioning method for the HMO claims.
- Combined OrgID 11474 Medical and Pharmacy members/claims into OrgID 11726 beginning with December 2020 files.

- OrgID 11474
  - Submitted run-out Medical claims under this OrgID through December 2021.

- OrgID 10728
  - For data element MC246 – MassHealth Claim Type, carrier mistakenly populated "P" for pharmacy rather than "M" for physician claim. Will be corrected for March 2021 data and forward.
  - For data element MC112 – Referring Provider ID, all values are null for submission periods January 2016 through August 2018 and August 2019 through June 2021.
  - For data element PC059 – Recipient PCP ID, all values are null for the submission periods December 2020 through June 2021.
  - Submitted an incomplete Pharmacy Claims file for September 2019. Carrier has stated this has been corrected.
  - Submitted an incomplete Medical Claims file for November 2020. Carrier has stated this has been corrected.
  - NPI fields (MC026 & MC242) contain default values for non-emergency transportation services to their membership. Only 25% of those ride providers have NPIs as they are classical non-medical transportation vendors. 1999999976 – default for institutional; 1999999984 – default for professional; 1999999992 – default for DME.
- OrgID 301
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- OrgID 13074
  - Discontinued their Medicare Advantage product in Massachusetts starting in January 2022. Sent runout claims through June 2022.
- OrgID 10187
  - There was a spike in the number of Medical claim voids during 2021 due to retro adjustments.

- In 2022, their claims department did two massive retro rate provider increases. One was in February and the other in the spring/summer so there's some fluctuation in the number of records for those time frames.

- OrgID 9913
  - The Paid Amount (DC038) for the January 2022 Dental Claims submission is not populated. Carrier has stated this has been corrected.

- OrgID 13027
  - PC035-Charge Amount for submission periods from 202001 to 202012 is inflated by 2 decimal points. The amounts should be divided by 100 to get the proper amount.

- OrgID 20122
  - PV049-Accepting New Patients beginning with submission period 202101 through 202303, blanks in that field should have been coded as '3-Unknown'. This was corrected for the 202304 submission and forward.
  - Medical Claims are now versioned from 202101 to present.

- OrgID 10954
  - The PC040-CopayAmount is smaller for submission periods starting with 202104. Carrier has verified the copayment decrease and confirmed it to be correct.

- OrgID 11715
  - A small number of Medical Claim lines for MC018 - Admission Date show '17530101' as a placeholder admission date from their database. The reason is that they sometimes have incomplete data on out-of-state claims and their system defaults to that invalid date.

- Several carriers resubmitted data, improving data linkage between their file types.
- There are no new submitters included in this Annual Release.
- We have several small carriers that have stopped submitting due to 1) leaving the MA market altogether or 2) having a minimal presence in the MA market and a lack of specialized market sector in MA. You will continue to see their data for earlier years but CHIA does want to alert you that data will be sporadic for the year they exited the MA APCD (consult the Annual Release Documentation Guide for additional information). Below are the OrgIds for carriers that stopped submitting in this release or the prior releases:

ORG ID	LAST SUBMISSION PERIOD
295	Dec-2020

ORG ID	LAST SUBMISSION PERIOD
7041	Jun-2021
7249	Sep-2018
7397	Sep-2018
7422	Mar-2020
7431	Jun-2018
8026	Dec-2023
10435	Sep-2018
10440	Sep-2018
10920	Aug-2018
10924	Sep-2018
10928	Sep-2018
10929	Jun-2022
10936	Sep-2018
10943	Oct-2018
10949	Sep-2018
11237	Sep-2018
11274	Sep-2018
13074	Jun-2022
11377	Sep-2018
11446	Sep-2018
11869	Jun-2018
11934	Sep-2018
11936	Sep-2018
11939	Sep-2018
11943	Sep-2018
12226	Feb-2018
14284	Dec-2022

ORG ID	LAST SUBMISSION PERIOD
14285	Dec-2022

- As a result of the Supreme Court Gobeille ruling we have carriers that have removed self-insured data from their MA APCD data submissions and you will see a drop in members and claims in 2016 onward. Several carriers actively poll their employer groups for inclusion in MA APCD. At the end of 2018, we believe about 75% (or about 1.75 million members) of self-insured Member Eligibility data is missing from the MA APCD.

End User Support

Data documentation for MA APCD releases can be accessed at **http://www.chiamass.gov/ma-apcd/**. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA by emailing **APCD.Data@chiamass.gov**.