APCD paid claims extracts FAQ

Priority Health (PH) is the first health plan in Michigan to use the all-payer claims database (APCD) format. It's a more consistent, user-friendly, externally accepted format for providing you with member eligibility, paid medical claims and paid prescription claims data extracts.

Frequently Asked Questions

Why don't I have the same amount of records in APCD as I did in ESIP or PHO?
In the APCD extracts, we include members who are attributed to a PCP, even though they may not have selected the PCP (ie. PPO products). These members were not included in the ESIP or PHO extracts.

What timeframe is covered in each month's extracts?
For the medical and prescription extracts, the paid date must be within the first day and last day of the previous month. For example, in the January 2020 file that is generated on February 15, 2020, the paid date for the claims must fall on a date from January 1 - 31.

For the eligibility extract, the member must have medical coverage on the 15th of the previous month. For example, when we run the extract on February 15, a member must have coverage on January 15 to be included.

How does PH assign a member to a PCP and a PCP to an ACN?
For the medical and prescription extracts, we link a member to a PCP then a PCP to an ACN based on the service date of the claim. If a claim is paid on January 6, 2019, but the claim service date was December 15, 2018, the claim is assigned to the PCP the member had on December 15, and that PCP is assigned to the ACN they are affiliated with as of December 15.

For the eligibility extract, we assign a member to a PCP and a PCP to an ACN based on the 15th of the month. For example, if a member is with one PCP on the 14th and then changes PCPs on the 15th, the member's eligibility is assigned to the PCP they chose on the 15th. The PCP and the ACN they were assigned to on the 14th will not receive eligibility data.

Will I receive communication if changes are made to the data extract(s)?
Yes, our Provider Network Engagement team will send a notice when any changes to the files are made. These changes will be communicated to the individual on record to receive the APCD reports via Filemart.

How do I import these files into Excel and maintain the formatting?
We recommend following these steps to avoid losing the formatting when importing to Excel:

1. Download the file from Filemart.
2. Open a new Excel workbook.
3. Go to the 'Data' ribbon and select 'From Text.'
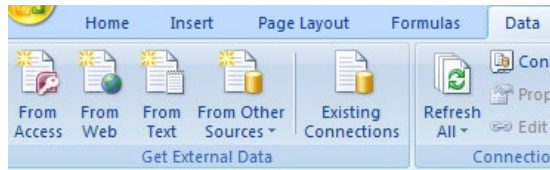
4. Select the document you downloaded from Filemart and select 'Open.'
5. Select 'Delimited' on the next screen and then select 'Next.'
6. Unselect the 'Tab' delimiter and then select 'Other' and put a pipe delimiter, |, in the space provided. Then click 'Next.'
7. In the data preview window on the next page, hold down the shift key and scroll the bar over to the end of box.
8. Once all fields are selected, go to the top of that box, select 'Text' format, click 'Finish' then 'Ok.'

If using Microsoft 365, we recommend the following steps:

1. Download the file from Filemart.
2. Open a new Excel workbook.
3. Go to the 'Data' ribbon and select 'From Text/CSV.'
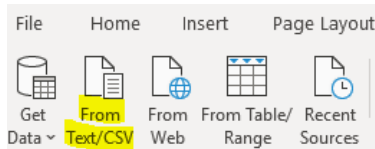
4. Select the document you downloaded from Filemart and select 'Import.'
5. Select 'Load.'

Pharmacy Extract

Why did values move from the Copay Amount fields in ESIP and PHO to the Deductible or Coinsurance Amount fields?
Priority Health switched to a new pharmacy benefits manager (PBM) on January 1, 2015. The previous PBM put all costs in the copay field, instead of assigning them to the most accurate field. With the new PBM, we can see the costs distributed among the appropriate fields.

Why did the PH Average Wholesale Price Amount change significantly from the ESIP and PHO extracts?
In the ESIP and PHO extracts, the field was only showing the price per one unit (ie. one pill). So to get the true average wholesale price amount in APCD, we take the average wholesale price in our system and multiply it by the quantity of the prescription.

Eligibility Extract

Why does the APCD Medical Coverage field only show 'Y's?
These extracts only include members that have medical coverage on the 15th of the previous month.

Why are the race and ethnicity fields blank?
We don't require this data be captured for all insurance products, so we don't provide the data since there is minimal information to display.

Why did the codes in the relationship field change from letters to numbers?
The change was made so we could provide more detail about the relationship between subscribers and members.

Why doesn't the MDC Coinsurance Amount field match the Hospital Coinsurance field in ESIP?
ESIP was previously providing the coinsurance the member was responsible for. Now we are including only what the payer is responsible to cover. To calculate the member's responsibility, take the payer responsibility and subtract it by 100 to get the member's coinsurance percent.

Why are the member PCP effective dates different than in the previous extracts?
We updated the logic that was used in ESIP/PHO to match more closely with reports you already receive.

Why are some of the product enrollment end dates and PCP termination dates in the future?
We record product enrollment end dates and PCP termination dates as arbitrary dates in the future to show some type of end date, even though they are still active and still assigned to the PCP.

Is it possible for a member's claim to be included on the medical/pharmacy extracts for a given service date even though that member did not appear in the eligibility extract for that specific service date that fell within the month of coverage?
Yes. This scenario would likely occur as a result of retroactivity. For example, if a member's coverage was determined as active (entered in our system) on April 1, 2019, retroactively back to January 1, 2019, the member would first appear in the eligibility extract ran May 15, 2019 for the month of April. However, this member would not appear on the eligibility extracts ran for January – March but any claims paid for service dates between January – March would be reported in the medical/pharmacy extracts when the claim is paid, as long as it is paid after the April 1 active date.

Medical Extract

Why are the financial fields populated for some rows of data but not other rows?
We are only populating the financial fields for Medicare and Medicaid patients at this time. Therefore, if the member has a commercial product, the financial fields will be blank. The financial fields are the following: APCD Charge Amount, APCD Prepaid Amount, APCD Copay Amount, ACPD Coinsurance Amount, APCD Deductible Amount, MDC Managed Care Withhold, MDC Amount COB, PH Allowed Amount, and PH Approved Amount. We do populate the APCD Paid Amount for all products, including commercial.

What would cause the APCD Paid Amount to be $0?
There are several reasons why the APCD Paid Amount could be $0 at the claim line level. These reasons include, but are not limited to, the following:

- The claim line was disallowed.
- The full claim, including all claim lines, was denied. This can be identified as a "2" under the column heading APCD_CLAIM_STATUS.
- If the facilities use a Diagnosis-Related Group (DRG) for inpatient admissions or Ambulatory Payment Classification (APC) for outpatient services, we pay the total claim on one claim line and the remaining claim lines will show $0 for APCD Paid Amount.

- If the full amount due on the claim is the patient's liability through deductible, copay, or coinsurance obligations, the APCD Paid Amount claim lines will show $0, indicating Priority Health did not pay on this claim.

Why doesn't the ESIP and PHO field "secondary diagnose" match the APCD Other Diagnosis 1?
The reason they don't match every time is because ESIP and PHO only provided the secondary diagnosis where APCD can provide up to 30 other diagnosis codes.

Why doesn't the APCD Billing Provider NPI field always map to the Pay to Provider NPI Number on the PHO files?
This is due to logic that was used on the PHO file. The PHO file stated that if the servicing provider is a practitioner, we should show the servicing provider NPI instead of the billing provider NPI. We do provide both servicing and billing provider NPI in two separate columns versus having that logic in one column.

Why doesn't APCD Facility Type Professional match the Location field in the PHO files?
The content of the fields is the same, but we're displaying the information in a new way. The PHO file provided the ID where now we're providing the code that matches with CMS.

Why doesn't APCD Servicing Provider Specialty match the Specialty field in the PHO files?
The content of the fields is the same, but we're displaying the information in a new way. The PHO file provided the ID. Now in APCD, we're supplying the description.