



**Minnesota All-Payer  
Claims Database (MN  
APCD) Data Dictionary —  
Public Use File**

Service Summary File  
(ZIP-3) (Version 1.0)

Prepared for the Minnesota Department  
of Health | March 2016

## TABLE OF CONTENTS

Introduction.....	1
Service Summary File (ZIP-3 Version) .....	5

## INTRODUCTION

The [2009 Minnesota Statutes, 62U.04, subdivisions 4 and 5](#), required the Minnesota Department of Health (MDH) to collect de-identified encounter and pricing data from health plan companies, third-party administrators, and pharmacy benefit managers for the purpose of developing a provider peer grouping system. To facilitate data collection, MDH developed the Minnesota Health Care Claims Reporting System (MHCCRS), also known as the Minnesota All-Payer Claims Database (MN APCD), which compiles and processes the necessary encounter and pricing data. Minnesota’s Legislature formalized the creation of the MHCCRS via [Minnesota Rules, Chapter 4653](#). In 2014, the Legislature recognized the importance of expanding the use of the MN APCD as a tool to address other key questions informing their ongoing efforts to enact meaningful health care delivery system reform. As part of this effort, MDH was authorized to perform relevant analyses about variation of cost, quality, utilization, and disease burden in addition to using the data for other evaluation activities.

### An Orientation to the Data in the Public Use File

More than 100 submitters report data to the MN APCD on a paid basis. Over the course of these submissions, duplicate data can be reported to the APCD under multiple scenarios, including:

1. **Within a submitter’s own files:** Over time, submitters continue to report claims that were paid/adjudicated during the previous reporting period. These data include adjustments to claims previously processed and submitted to the APCD, requiring the submitter to report additional instances of claims as they are adjudicated and further adjusted.
2. **Across submitters:** More than one submitter may report the same claim to the APCD due to multiple situations, including:
  - a. Both the primary payer and the secondary payer can report the adjudicated claim to the APCD.
  - b. Both Medicaid fee for service (FFS) and Medicaid managed care payers can report the same claim.

Onpoint’s core data processing systems address the de-duplication of claims in the first scenario described above. Onpoint evaluates claims over the course of time within each submitter’s data to consolidate claims and subsequent adjustments into a single, final version of the claim. It is only this final version of the claim that is delivered in our standard comprehensive extract for the Minnesota Department of Health.

Additionally, logic is applied in the creation of the public use file to de-duplicate multiple instances of a claim, including the assignment of primary-payer status to one payer when multiple submitters report the same claim. For duplicate claims, this logic includes looking at total dollars paid (i.e., both plan payments and member payments) and assigning primary status to the claim with the highest paid dollars. Additional logic is applied if a tie exists, employing a hierarchy based on product codes and plan types, with (a) commercial products taking precedence over Medicare and (b) Medicare taking precedence over Medicaid. These final, de-duplicated claims are determined to be primary and are included in the public use file.

This public use file groups the resulting records by procedure/revenue codes, age group, and member location (i.e., the first three digits of the ZIP code (ZIP-3)). ZIP-3s with a distinct member count of 10 or fewer will be labeled 'REDACTED' and their counts and paid amounts summed by age group. Rolled-up age groups with a distinct member count of 10 or fewer will also be labeled 'REDACTED' and their counts and paid amounts summed. Rows reporting a value of 'REDACTED' for both member location and age group will then be summed. Any of these doubly redacted rows with a distinct member count that is still 10 or fewer will be removed from the public use file; any displaying a count of 11 or higher, however, will be maintained in the public use file and report a value of 'REDACTED'. An overview of how this process works is provided in the tables below, which sequentially trace the roll-up of member locations and member age groups when low counts are present. (Note that the example data presented in these tables are for illustration purposes only; they are not derived from the MN APCD.)

**Step 1.** Data is generated by Onpoint for the requested public use file

Unique Row ID Number	Service Year	Member Location Code (ZIP-3)	Member Age Group Code	Member Age Group Code Description	Service Code	Total Paid	Count of Distinct Members
1	2013	550	1	<18	99213	900	6
2	2013	550	2	18-64	99213	300	2
3	2013	550	3	65+	99213	15000	1000
4	2013	552	1	<18	99213	1200	8
5	2013	552	2	18-64	99213	750	5
6	2013	552	3	65+	99213	198000	1320

**Step 2.** Rows with 10 or fewer distinct members are redacted at the ZIP-3 level

Unique Row ID Number	Service Year	Member Location Code (ZIP-3)	Member Age Group Code	Member Age Group Code Description	Service Code	Total Paid	Count of Distinct Members
1	2013	REDACTED	1	<18	99213	900	6
2	2013	REDACTED	2	18-64	99213	300	2
3	2013	550	3	65+	99213	15000	1000
4	2013	REDACTED	1	<18	99213	1200	8
5	2013	REDACTED	2	18-64	99213	750	5
6	2013	552	3	65+	99213	198000	1320

**Step 3.** Member counts and payments for redacted ZIP-3s are then **summed**

Unique Row ID Number	Service Year	Member Location Code (ZIP-3)	Member Age Group Code	Member Age Group Code Description	Service Code	Total Paid	Count of Distinct Members
1	2013	REDACTED	1	<18	99213	2100	14
3	2013	550	3	65+	99213	15000	1000
4	2013	REDACTED	2	18-64	99213	1050	7
6	2013	552	3	65+	99213	198000	1320

**Step 4.** Distinct member counts that **remain 10 or fewer** are then **redacted** at the age group level

Unique Row ID Number	Service Year	Member Location Code (ZIP-3)	Member Age Group Code	Member Age Group Code Description	Service Code	Total Paid	Count of Distinct Members
1	2013	REDACTED	1	<18	99213	2100	14
3	2013	550	3	65+	99213	15000	1000
4	2013	REDACTED	0	REDACTED	99213	1050	7
6	2013	552	3	65+	99213	198000	1320

**Step 5.** Redacted rows still displaying a rolled-up count of 10 or fewer distinct members are removed altogether

Unique Row ID Number	Service Year	Member Location Code (ZIP-3)	Member Age Group Code	Member Age Group Code Description	Service Code	Total Paid	Count of Distinct Members
1	2013	REDACTED	1	<18	99213	2100	14
3	2013	550	3	65+	99213	15000	1000
6	2013	552	3	65+	99213	198000	1320

## Understanding How This Dictionary Works

This dictionary provides a list of available data elements — some as originally submitted, some as supplied by the Minnesota Department of Health, and others as enhanced by Onpoint through review, standardization, and value-add processes. Elements are listed by table and provide technical specifications and background information, including inter-element mapping so users can plot the most efficient path to the data they need. Each dictionary table includes several columns as detailed below:

ID	Warehouse Name	Common Name	Type	Length	Description
PUF_SVC_Z3_802	service_year	Service Year	Number	4	<p><b>Description:</b> This field identifies the calendar year in which this service was rendered.</p> <p><b>Origin:</b> This field is supplied as reported to Onpoint by the submitter using collection field MC059 (Date of Service (From)).</p> <p><b>Element Type:</b> Aggregation</p>

An element-specific ID that facilitates communication and look-up

The element's Oracle name

A brief descriptive title of the element

A designation of the type of data to be expected

The maximum length of the element. Note that the maximum for DATE elements is 8 unless otherwise specified. Note, too, that an (x,y) notation indicates a maximum of x total digits inclusive of y possible digits to the right of a decimal point.

A brief explanation of the contents contained in each element. The description also may indicate an element's relationship to other elements. In many cases, this column also includes a list of all valid codes for the field.

**Note:** Many of these data sets include two codes that are necessary for the referential integrity of the warehouse: -1 (payer supplied no value) and -2 (payer supplied an incorrect or invalid value).

## SERVICE SUMMARY FILE (ZIP-3 VERSION)

The Service Summary File includes aggregated service-related information by Minnesota ZIP code (rolled up to the first three digits to protect privacy) from medical claims submitted to the MN APCD. Note that the delivered table's four-digit suffix will indicate the calendar year for this data set.

ID	Warehouse Name	Common Name	Type	Length	Description
PUF_SVC_Z3_801	row_id	Unique Row ID Number	Number	38	<p><b>Description:</b> This field contains an ID number that identifies a unique Service Summary File record.</p> <p><b>Origin:</b> This is a value-added field created by Onpoint.</p>
PUF_SVC_Z3_802	service_year	Service Year	Number	4	<p><b>Description:</b> This field identifies the calendar year in which this service was rendered.</p> <p><b>Origin:</b> This field is supplied as reported to Onpoint by the submitter using collection field MC059 (Date of Service (From)).</p> <p><b>Element Type:</b> Aggregation</p>
PUF_SVC_Z3_803	zip_code_3	Member Location Code	String	8	<p><b>Description:</b> This field identifies the first three digits of the member's Minnesota ZIP code.</p> <p><b>Origin:</b> This is a value-added field created by Onpoint using collection fields MC016 (Member ZIP Code).</p> <p><b>Element Type:</b> Aggregation</p> <p><b>Notes:</b> All member locations with a count of 10 or fewer distinct members will be summed together and reported in the Count of Distinct Members field (<a href="#">distinct_members</a>; <a href="#">PUF_SVC_Z3_809</a>), and the value reported here will be 'REDACTED'. If the combined value is still lower than 11, this record will be removed entirely.</p>

ID	Warehouse Name	Common Name	Type	Length	Description
PUF_SVC_Z3_804	age_group_code	Member Age Group Code	Number	1	<p><b>Description:</b> This field contains a code that corresponds to one of three member age groups (in years).</p> <p><b>Origin:</b> This is a value-added field created by Onpoint.</p> <p><b>Element Type:</b> Aggregation</p> <p><b>Notes:</b> The only valid codes for this field are:  0 ..... Redacted  1 ..... &lt;18  2 ..... 18-64  3 ..... 65+</p>
PUF_SVC_Z3_805	age_group_desc	Member Age Group Code Description	String	8	<p><b>Description:</b> This field contains the description for the Member Age Group Code field (<a href="#">age_group_code</a>; <a href="#">PUF_SVC_Z3_804</a>).</p> <p><b>Origin:</b> This is a value-added field created by Onpoint.</p> <p><b>Element Type:</b> Aggregation</p> <p><b>Notes:</b> All member age groups with a count of 10 or fewer distinct members will be summed together and reported in the Count of Distinct Members field (<a href="#">distinct_members</a>; <a href="#">PUF_SVC_Z3_809</a>), and the value reported here will be 'REDACTED'. If the combined value is still lower than 11, this record will be removed entirely.</p>
PUF_SVC_Z3_806	service_code	Service Code	String	20	<p><b>Description:</b> This field contains the revenue code or procedure code.</p> <p><b>Origin:</b> This field is supplied as reported to Onpoint by the submitter using collection fields MC054 (Revenue Code) and MC055 (Procedure Code) in the medical claims.</p> <p><b>Element Type:</b> Aggregation</p> <p><b>Notes:</b> If both a revenue code and a procedure code are reported for a medical claim, the revenue code takes precedence and is reported here.</p>

ID	Warehouse Name	Common Name	Type	Length	Description
PUF_SVC_Z3_807	code_class	Service Code Type	String	9	<p><b>Description:</b> This field contains a code that identifies the type of code reported in the Service Code field (<a href="#">service_code</a>; PUF_SVC_Z3_806).</p> <p><b>Origin:</b> This is a value-added field created by Onpoint.</p> <p><b>Element Type:</b> Aggregation</p> <p><b>Notes:</b> The only valid codes for this field are:  CPT/HCPCS ..... Current Procedural Terminology / Healthcare Common Procedure Coding System (HCPCS) code  REV ..... Revenue code</p>
PUF_SVC_Z3_808	total_paid	Total Paid	Decimal	10,2	<p><b>Description:</b> This field identifies the sum of all plan and member payments for this rendered service.</p> <p><b>Origin:</b> This is a value-added field created by Onpoint based on the amounts reported in collection fields MC063 (Paid Amount), MC065 (Copay/Coinsurance Amount), and MC067 (Deductible Amount).</p> <p><b>Element Type:</b> Aggregation</p> <p><b>Notes:</b> This is a money field containing dollars and cents.</p>
PUF_SVC_Z3_809	distinct_members	Count of Distinct Members	Number	38	<p><b>Description:</b> This field contains a count of the distinct members for this Member Location Code (<a href="#">zip_code_3</a>; PUF_SVC_Z3_803) that had a claim for the same reported Service Code (<a href="#">service_code</a>; PUF_SVC_Z3_806) during the service year (<a href="#">service_year</a>; PUF_SVC_Z3_802).</p> <p><b>Origin:</b> This is a value-added field created by Onpoint.</p> <p><b>Element Type:</b> Reported/Control Value</p>



Reliable data. Informed decisions. Strategic advantage.

254 Commercial Street  
Suite 257  
Portland, ME 04101  
207 623-2555

[www.OnpointHealthData.org](http://www.OnpointHealthData.org)