



CENTER FOR IMPROVING
VALUE IN HEALTH CARE

New Data Elements Available in the CO All Payer Claims Database (CO APCD)

Fall 2021

On an annual basis, Center for Improving Value in Health Care (CIVHC) updates the [Data Submission Guide \(DSG\)](#) identifying elements that payers must submit to the CO APCD. With each update, new fields become available for public, and in some circumstances, non-public releases (subject to data release rules and HIPAA/HITECH laws, etc.). The table below provides a summary of the new elements that are available with the latest DSG update.

Please Note: Some new data elements will not have historic years available since they are new submission requirements for payers. Additionally, with new submissions, some data fields may be missing or incomplete as health insurance payers adjust to new requirements. Please contact ColoradoAPCD@civhc.org to inquire about completeness for specific data elements.

New Element	Description	Claims Type(s)/Level
Medical, Dental and Pharmacy		
Secondary Payer	Amount due from a secondary payer, if any, and indication if no secondary payer exists.	Medical, Dental, Pharmacy: Header & Line
Claim Version	Status for each claim line in terms of adjudication: <ul style="list-style-type: none"> • Original • Void (no amendment or replacement expected) • Replacement • Back out (an amendment or replacement is expected) • Amended (revised after a back out) • Denied 	Medical, Dental, Pharmacy: Claim Line
Unit of Measurement	Unit of measurement for services or drugs dispensed. For drugs, the code should be reported that defines the unit of measurement for the drug dispensed.	Medical, Dental, Pharmacy: Claim Line
Payment Arrangement Type	Indicates the type of payment method: <ul style="list-style-type: none"> • Capitation • Fee for Service • Percent of Charge • DRG • Pay for Performance • Global Payment • Bundled Payment • Other 	Medical, Dental: Claim Line
Denied Claims	Whether the payer denied the specific claim line (Y or N)	Medical and Dental Claim Line

Provider Network Indicator	Whether the servicing provider is an in-network provider (Y, N, or Unknown)	Medical and Dental Claim Line
Pharmacy Only		
Pharmacy Prescribing Provider	The unique prescribing provider identifier for pharmacy claims.	Pharmacy Claim Header
National Pharmacy Identification	National Provider ID of the pharmacy entity or provider administering or filling the prescription drug.	Pharmacy Claim: Header & Line
Compound Drug Name and Ingredients	Name of the drug if it is a compound drug, and if no name is identified, the names of the ingredients in the compound drug.	Pharmacy Claim Line
Payer Formulary Indicator	Indicates if the prescribed drug was on the payer's formulary list. (Y, N, Unknown, Other, N/A)	Pharmacy Claim Line
Number of Refills	Indicates how many times the drug has been refilled by the member (01-99)	Pharmacy Claim Line
Specialty Drug	Indicates whether the drug being filled is a specialty drug based on the payer formulary (Y or N)	Pharmacy Claim Line
Dental Only		
Member Age	The member's age in days.	Dental Claim Header
Member Age	The member's age in years.	Dental Claim Header
Member Age	The member's age in years at the year's end.	Dental Claim Header
Member Coverage Information		
Coverage Termination	Date of termination of continuous coverage under the plan. (Month, Day, Year)	Member Eligibility
Employer Zip Code	For people with employer-based coverage, indicate the five or 9-digit zip code of the employer	Member Eligibility
ERISA and non-ERISA based coverage	Indication of whether coverage is ERISA-based (Y) or not ERISA-based (N). Includes fully insured and self-funded ERISA plans.	Member Eligibility
Member Street Address	Table to provide Member Street Address	Member Residence