



## Arkansas APCD Versioning

The data delivered as part of a data request from the Arkansas All-Payer Claims Database (APCD) can contain medical, pharmacy, and/or dental claims that have been “versioned.” These are sometimes referred to as “final paid claims.” This document describes the different versioning approaches applied to the claims data to find the final paid claim. If the data requester opts to apply versioning directly, the information contained within this document can help the data requester identify the most recent version of the claim record for their analytic or reporting application.

Versioning is used to identify the most recent snapshot or “version” of a claim that most accurately represents the diagnoses, procedures, dollars paid, service dates, and other related information for the claim event. It is not an attempt to replicate submitting entity (insurance carrier/payer) versioning, adjustment, or adjudication processes.

When receiving versioned data, the data requester will not typically get all claim lines for a claim but only those that have been determined to be the most recent and accurate, as defined by the submitting entity. Not all submitting entities require versioning for their data. Additionally, some submitting entities are unable to provide versioning requirements for their data submissions — therefore, these data have not been versioned. In these cases, the data requester will receive all claim lines for a claim and should develop a methods to identify the latest version of a claim line that meets their project requirements. Data requesters can use this document to understand the submitting entity versioning approaches used in the Arkansas APCD and determine if additional analyses have to be applied for un-versioned data.



## What does versioning look like?

Medical, pharmacy, and/or dental claims can be received as point-in-time transactions or as final, paid claims. Versioning a point-in-time claim is illustrated in Example 1.

### Example 1: Transactional claim receipt and applied versioning

#### Original Submission:

#	Claim Number	Line Number	Version Number	Paid Date	Claim Status	Amount	MC706	Description
1	789	1	00	2017-07-15	O	\$10	1	Original Submission
2	789	2	00	2017-07-15	O	\$20	1	Original Submission
3	789	3	00	2017-07-15	O	\$30	1	Original Submission

#### Updated claim lines received in later submissions:

#	Claim Number	Line Number	Version Number	Paid Date	Claim Status	Amount	MC706	Description
4	789	2	01	2017-07-15	B	-\$20	1	Back-Out/Reversal
5	789	2	02	2017-07-15	A	\$5	1	Adjustment

#### Final, versioned claim:

#	Claim Number	Line Number	Version Number	Paid Date	Claim Status	Amount	MC706	Description
1	789	1	00	2017-07-15	O	\$10	1	Original Submission
5	789	2	02	2017-07-15	A	\$5	1	Adjustment
3	789	3	00	2017-07-15	O	\$30	1	Original Submission

In this example, the submitting entity's submitted claim number 789 had three claim lines. Later submissions provided two changes to claim line number 2: a back-out and an adjustment. The final version of claim 789 still contains three claim lines. Claim line number 2 was replaced twice, first with the back-out and then with the adjustment. In this example, the data requester would receive three claim lines for 789, but claim line number 2 would reflect the latest version received.

It is possible that in subsequent submissions, additional changes would occur for this claim. All claims versioning reflects the claim status at the last Arkansas APCD update.



## How are Arkansas APCD claims versioned?

Not all claims require versioning. In fact, **less than 10% of claims overall require versioning**. Almost every participating submitting entity has its own versioning approach and several different versioning approaches have been identified by submitting entities and applied to Arkansas APCD claims data. Some submitting entities were unable to provide a versioning approach; therefore, their claims are not versioned.

Every claim type — medical, pharmacy, and dental — contains an indicator representing the specific versioning approach applied to the data.

**Versioning Approach** contains the rules specified by the submitting entity to find the latest version of a claim line. This information is found in the following fields: 1) Medical Claims – MC706; 2) Pharmacy Claims – PC706; and 3) Dental Claims – DC706.

Additional information and examples of the standard versioning approaches can be found in the [Arkansas APCD Data Submission Guide](#) on the Arkansas APCD website.

### Arkansas APCD Versioning Approaches

Approach	Definition
1	Standard versioning approach that groups on Claim Number (MC004, PC004, DC004) and Claim Line (MC005, PC005, DC005), and uses Version Number (MC005A, PC005A, DC005A) to determine the latest claim line.
2	Standard versioning approach that groups on Claim Number (MC004, PC004, DC004) and uses Version Date (MC005B, PC005B, DC005B) to determine the latest claim line.
3	Standard versioning approach that uses the presence of Original Claim Number (MC139, PC704, DC704) and Paid Date (MC017, PC017, DC017) to determine that the claim line was the newer version of an older claim line.
4	Standard versioning approach that groups on Claim Number (MC004, PC004, DC004), Claim Line (MC005, PC005, DC005), Claim Status (MC138, PC110, DC059), and Paid Date (MC017, PC017, DC017) to determine the latest claim line.
5	Standard versioning approach that groups on Claim Number (MC004, PC004, DC004), Claim Line (MC005, PC005, DC005), and Paid Date (MC017, PC017, DC017) to determine the latest claim line. Because no other fields are specified to help identify the final claim line, when Paid Date is ambiguous, the final claim line cannot be identified.
6	Standard versioning approach where a complete replacement file is submitted. Submitting entities using this approach submit each quarter full file replacements that contain the latest representation of each claim. Previous submissions are dropped and the latest submission kept.
7	Standard versioning approach for pharmacy only that groups the following fields to determine the latest claim line — Payer Claim Control Number (PC004), Line Counter (PC005), Pharmacy Number (PC018), Script Number (PC058), Date Prescription Filled (PC032), Fill Number (PC028), Paid Date (PC017), Carrier Specific Unique Member ID (PC107), and Claim Status (PC110).
8	Standard versioning approach. No versioning available or provided by the submitting entity. Claim lines with this approach could have any Claim Status (MC138, PC110, DC059; back-out, reversal, adjustment, etc.). The data requester will have to determine the best way to version these claims.
111	Custom versioning approach using Claim Number (MC004), Version Number (MC005A), Original Claim Number (MC139), and Claim Status (MC138).

Approach	Definition
<b>112</b>	Custom versioning approach using Claim Status (MC138, PC110, DC059). No other fields specified to determine order statuses should be applied. Therefore, all claim lines are retained. The data requester will have to determine the best use of these claims.
<b>113</b>	Custom versioning approach using Claim Status (MC138, PC110, DC059) only.
<b>114, 115<sup>1</sup></b>	Custom versioning approach using Claim Number (MC004, PC004, DC004), Claim Line (MC005, PC005, DC005), Version Number (MC005A, PC005A, DC005A), and Paid Date (MC017, PC017, DC017).
<b>116</b>	Custom versioning approach for submitting entities with no versioning processes in system. New version numbers are not created when a claim line is adjusted. To find the overall cost for claim, sum all claim lines grouped by claim number.
<b>117</b>	Custom versioning approach using Claim Number (MC004, PC004, DC004) and Claim Status (MC138, PC110, DC059) to determine the latest claims line.
<b>118</b>	Custom pharmacy versioning approach using Claim Number (PC004), Claim Line (PC005), Version Date (PC005B), and Claim Status (PC110) to determine the latest claims line.
<b>119</b>	Custom versioning approach for Arkansas Medicaid data only. This approach compares Original Claim Number (MC139, PC704, DC704) to Claim Number (MC004, PC004, DC004). If these values are different and the original claim number is not null, a change has occurred. Group by original claim number and claim line (MC005, PC005, DC005) to determine which claim lines changed. Use version number date (MC005B, PC005B, DC005B) to determine the latest claim line.
<b>120</b>	Custom versioning approach for pharmacy claims. This approach applies Versioning Approach 1 when a custom version number (PC005A) protocol is used where the initial version number begins with 999 and decreases by one for each claim line change.
<b>121</b>	Custom versioning approach for pharmacy claims. This approach removes the last character from the Claim Number (PC004) and then applies the same rules as Versioning Approach 4. Group on Claim Number (PC004), Claim Line (PC005), Claim Status (PC110), and Paid Date (PC017) to determine the latest claim line.
<b>123</b>	Custom versioning approach for pharmacy claims. This approach groups Claim Number (PC004) and Claim Line Number (PC005) and selects the claim line with the lowest Version Number (PC005A) and latest Paid Date (PC017). In this versioning approach, the initial version number (PC005A) begins with 999 and decreases by one for each claim line change.
<b>124</b>	Custom versioning rule for dental claims. This approach uses DC707 - Previous Claim Number to chain the records together and identify the final version of the claims. Every time there is an update to the claim, the claim number changes. The new claim number will be populated in DC004 and the previous claim number will be populated in DC707. The newer claim will also have higher DC017 - Paid Date than the original. To identify the final version of the claim, find the record where its DC004 value is not found in DC707.
<b>125</b>	Custom versioning approach for dental claims. This approach groups claims by DC004 and DC005 and uses DC065 - Claim Processing Date to identify the final version of the claims Keep the claim with the latest processing date. Because DC059 - Claim Status for this carrier isn't accurate, if the highest processing date or the most updated version has DC038 = \$0, treat as backout and set the recordstatus to 8.

<sup>1</sup> More than one submitting entity has used this approach. The separate versioning approach numbers are to help differentiate the submitting entities.

Approach	Definition
126	Custom versioning approach for pharmacy claims. This approach is similar to version 3. The difference is that because of a programming issue from the submitting entity, 'F' for Final is populated in PC110 - Claim Status, even though it is supposed to be 'O' for Original. Hence, for this approach, claim status 'F' will be treated as 'O'.
127	Custom versioning approach for pharmacy claims. The first 15 digits of the claim number and the claim line are grouped together. The last 3 digits of the claim number will be treated as Version Number. It starts at 999 and go down incrementally.
128	Custom versioning approach for claims data. Group records on MC004 – Claim Number, and MC005 – Claim Line. If more than one line shares the same value in MC017 – Paid date, treat the value in MC061 is a back-out if it is negative. If positive, treat as a re-issuance and the kept record.
129	Custom versioning approach for pharmacy claims. This approach is similar to standard approach 7, with the addition of PC005A. To identify the most updated version of the pharmacy claim, group it by PC001, PC107, PC018, PC058, PC032, PC028, PC004, PC005. The version with the maximum PC005A is the one to keep.
NULL	Claim lines where Versioning Approach (MC706, PC706, DC706) is NULL were part of the initial historical submission for the submitting entity. These claim lines represent the original data submission of final paid claims. In some instances, claim updates (including back-outs, adjustments, etc.) may exist that have not been versioned. If these are found, refer to versioning approach 8.

### What Data Requesters Receive?

The data requester will receive the latest “version” of the claim record, not the older versions of the claims that were replaced with newer claims. Duplicate claim lines and claim lines with invalid data are not included in data provided to data requesters.

Some submitting entities utilize systems that cannot provide claim updates when changes occur; therefore, the data requester will have to determine versioning rules. These are identified with Versioning Approach 8.

While not required, it is recommended that data requesters select the **Versioning Approach field (MC706, PC706, DC706)** to know which versioning approach was used for each claim.

*Some submitting entities do not update their submitted claims. These claims are identified with Versioning Approach 8.*