Massachusetts All-Payer Claims Database: Technical Assistance Group (TAG)

January 14, 2014

Center for Health Information and Analysis

AGENDA

- IT Update
- Field Edit Report
- Version 3 Update/Questions
- Claims Versioning

IT UPDATE

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FIELD EDIT REPORT

Percent Passed Calculation

Submission Control ID	Date Processed	Data Element Number	Data Element Name	Valid Counter	Invalid Counter	Row Counter	APCD Threshold	Production Threshold	Percent Passed Records	Result	Field Level
12075	12/3/2013 13:10	ME116	Vision Deductible	97	3	200	98		97	Passed	A2

ME116 is required when ME118 = 1

Submission Control ID	Date Processed	Data Element Number	Data Element Name	Valid Counter	Invalid Counter	Row Counter	APCD Threshold	Production Threshold	Percent Passed Records	Result	Field Level
12123	12/4/2013 17:24	PR007	Other Product Benefit Description	3	3	320	100		50	Failed	A2

PR007 is required when PR006 = 0

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PRESENT ON ADMISSION

MC154 - 178	**Present on Admission (POA) – 1 through 24**

- Code Based Exemptions
- Provider Based Exemptions
- Utilize ‘ 1’ to Signify Exempt
- Utilize Variance Rationale to Denote High Level of Exempt Usage

FLAG INDICATOR FIELDS

Value	Description	Clarification
1	Yes	This is a preferred value and answers a reporting question directly. It is expected that both carriers and their vendors are seeking to report the most appropriate answer.
2	No	This is a preferred value and answers a reporting question directly. It is expected that both carriers and their vendors are seeking to report the most appropriate answer.
3	Unknown	This is an allowed answers for TPAs, PBMs, Vendors and intermediary that does not obtain or maintain specific health information OR Carriers that receive limited information from their Vendor. This last point requires that the vendor is supplying a more robust data set. High usage of 3 will create a QA investigation.
4	Other	This is not an appropriate value for the majority of the questions. An answer of Other does not point to any given fact and high usage of this value will create QA investigation.
5	Not Applicable	This is only an appropriate answer when the question does not apply to a subset. In many cases where 5 shouldn't be used but is, 2 = No may be assumed as the value as part of a QA standard. Example: Pregnancy Indicator should be set to 5 = Not Applicable for Males.

- **Expect 100% compliance on Flag Indicator fields**
- **Expect high usage of Unknown/Other/Not Applicable will be explained in the Variance Rationale column**

- **FLAG FIELDS**

PV047	Uses Electronic Health Records
PV049	Accepting New Patients
PV050	Offers e-Visits

- **END DATES**

PROCEDURE CODE

Element	Element Name	Edit ID	Message	v3 Thr	v3 Lvl	Sev
MC055	Procedure Code	4810	Procedure Code is required when MC094 = 001 or when MC094 = 002 and MC036 = 12, 13, 14, 22, 23, 32, 33, 34, 43, 71, 72, 73, 74, 75, 76, 77, 78, 79, 81, 82, 83, 84, 85, or 89.	98	A1	100

- Outpatient Facility Revenue Code Exception
- Examples:
  - 0250 Pharmacy – General
  - 0270-0273 Medical/Surgical Supplies
  - 0370-0372 Anesthesia…etc

TOOTH NUMBER

DC047	Tooth Number or Letter Identification	Report the tooth identifier(s) when DC032 is within the given range	Required when DC032 = D2000 thru D2999

Leading zeros will be allowed.

TME PROVIDER ID

- ME124 Attributed PCP
- ME125 Physician Group of Member's PCP
- Required in December Filing
- Edits
- New Physician Groups

RISK ADJUSTMENT FIELDS

ME126	**Risk Adjustment Covered Plan (RACP)**	**Member Enrolled in RACP Indicator**	**Non-grandfathered individual and small group plans underwritten and filed in the Commonwealth of Massachusetts are subject to risk adjustment. Large group plans, self-insured plans, and plans underwritten and filed in states other than Massachusetts are not subject to risk adjustment. Report RACP status as of the 15th of the month. EXAMPLE: 1 = Yes, the Member was enrolled in RACP as of the 15th of the month.**
		Value	***Description***
		1	**Yes**
		2	**No**
		3	**Mock**

ME120	Actuarial Value
ME121	Metal Level
ME127	Billable Member
ME128	Benefit Plan Contract ID
ME129	Member Benefit Plan Contract Enrollment Start Date
ME130	Member Benefit Plan Contract Enrollment End Date

BILLABLE MEMBER

Billable Member Indicator	Billable members are: the subscriber; their spouse (if covered, regardless of age); all covered family members over the age of 21; and the three eldest covered children under the age of 21 Additional covered children under the age of 21 are not counted in rating (they are "non-billable" members). Billable members are identified at the point when eligibility begins; the flag should be populated for every successive month of enrollment in the plan up until the end of the benefit plan year.	Required when ME126 = 1 or 3
Value	***Description***	
1	Yes, the member is billable	
2	No, the member is not billable	

- Spouse under 21 (Final Market Reform Rules preamble (p. 13409)
- New family member (Final Market Reforms Rules -- p. 13412)

BENEFIT PLAN CONTROL TOTALS

BP005	Monthly Claims Paid Number for the Benefit Plan	Total Number of Claims Paid	Report the total number of claim lines that correspond to the Benefit Plan Contract ID in BP001 and Monthly Net Dollars Paid in BP006. (Note that not all will be "paid" claim lines). Use Claims Paid Date MC089 or PC063. If no claims were paid for this BP Contract ID, report 0. Do not use a 1000 separator (commas).
BP006	Monthly Net Dollars Paid for the Benefit Plan	Total Paid Amount	Report the monthly aggregate Total Plan Paid Amount that corresponds to the Benefit Plan Contract ID in BP001 and the Claim Type in BP004. For the medical claims, the Paid Amount is MC063 and for pharmacy claims the Paid Amount is PC036. Calculate the total based on Paid Date (MC089 or PC063). Include fee-for-service equivalent paid amount for services that have been carved out. Do not code decimal or round up / down to whole dollars, code zero cents (00) when applicable. EXAMPLE: 150.00 is reported as 15000; 150.70 is reported as 15070
BP007	Total Monthly Eligible Members by Benefit Plan ID Period Date	Total Eligible Members	Number of eligible members enrolled on the 15th of the month for the Benefit Plan Contract ID reported in BP001, including billable and non-billable members.

BENEFIT PLAN CONTROL TOTALS

Control totals on the BP file should be bucketed under the plan they were covered under irrespective of which plan the member was enrolled on during the 15th of that month.
The claims and eligibility files should not "speak" to each other for the control total files:

1. BP007 - Count up the members by plan that are enrolled on the 15th
2. BP005/BP006 -Sum up the # of claims and dollars by plan (without looking at eligibility)

This way the claim dollars will line up with the claims files (eligibility might not match claims if someone enrolls after the 15th or disenrolls before the 15th).

BP007 will match up with the number of members in the ME file where the RACP Flag is YES. (ME126 = 1)

VERSION 3.0 VARIANCES

- LIAISON/MANAGER REVIEW
- VERSION 2 AS BASE NOT STANDARD
- CONDITIONAL ELEMENT VARIANCES

- TEST System now accepts December files
- Document Updates

CLAIMS VERSIONING

Claims Versioning Update

- Goal: Use the highest version claim lines to produce accurate cost and utilization measures for each payer and for the Commonwealth
- Background: CHIA has standard versioning logic, based on the APCD data submission guides:
    1) Applies cleaning logic
    2) Identifies duplicates, voids/back-outs, and replacements/amendments
    3) Sets highest version flag

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Claims Versioning Update

- Since last summer, CHIA's liaisons and QA analysts have been working closely with selected carriers to
  1) Review if the CHIA standard logic apply and if any deviations
  2) Examine deviations and assess potential impact. For example,
     - ✓ Consistency in submitting PCCN (MC004)
     - ✓ Former Claim Number (MC139)
     - ✓ Denied Flag (MC123)
  3) Find agreeable solutions
  4) Implement and validate carrier-specific versioning logic

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Claims Versioning Update

- Medical claims versioned for the following seven carriers (included in Release 2.0):
  - ✓ Blue Cross Blue Shield of Massachusetts
  - ✓ Boston Medical Center HealthNet Plan
  - ✓ ConnectiCare of Massachusetts, Inc.
  - ✓ Fallon Community Health
  - ✓ Harvard Pilgrim Health Care
  - ✓ Network Health
  - ✓ Tufts Health Plan
- Future releases will include versioning for pharmacy and dental claims and for other large carriers.

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WRAP-UP

QUESTIONS?

TAG SCHEDULE

- February 11at 2:00 PM
- March 11 at 2:00 PM

QUESTIONS

- Questions emailed to APCD Liaisons
- Questions emailed to CHIA (CHIA-APCD@state.ma.us).
- Questions on the Data Release and Application emailed to CHIA (apcd.data@state.ma.us)