

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

July 9, 2013

AGENDA

- General Update
- Testing Version 3.0
- Data Release
- Data Intake Governance Committee
- Highlight of the Month – Preliminary ETG Results

General Update

- Benefit Plan Control Total Submission Guide Published
- Reminder: Out-of-State Members of MA Employer Groups
- Reminder: Versioning and Unique Member ID Edits

Out-of-State Members of MA Employer Groups

Non-Massachusetts Resident

Under Administrative Bulletin 13-02, the Center is reinstating the requirement that payers submitting claims and encounter data on behalf of an employer group submit claims and encounter data for employees who reside outside of Massachusetts.

CHIA requires data submission for employees that are based in Massachusetts whether the employer is based in MA or the employer has a site in Massachusetts that employs individuals. This requirement is for all payers that are licensed by the MA Division of Insurance, are involved in the MA Health Connector's Risk Adjustment Program, or are required by contract with the Group Insurance Commission to submit paid claims and encounter data for all Massachusetts residents, and all members of a Massachusetts employer group including those who reside outside of Massachusetts.

Versioning Edits

Line Failures

Fail Line when DC005A (Version) = 0 and DC059 (Claim Line Type) = V, R, B, or A

Edit Language: Claim Line Type (DC059) must be O when Version (DC005A) is 0.

Fail Line when MC005A (Version) = 0 and MC094 (Claim Line Type) = V, R, B, or A

Edit Language: Claim Line Type (MC094) must be O when Version (DC005A) is 0.

Fail Line when PC005A (Version) = 0 and PC110 (Claim Line Type) = V, R, B or A

Edit Language: Claim Line Type (PC110) must be O when Version (DC005A) is 0.

Fail Line when DC060 (Former Claim Number) is populated and DC005A (Version) = 0

Edit Language: Former Claim Number (DC060) must be blank when Version (DC005A) is 0.

Fail Line when MC139 (Former Claim Number) is populated and MC005A (Version) = 0

Edit Language: Former Claim Number (MC139) must be blank when Version (DC005A) is 0.

Fail Line when PC111 (Former Claim Number) is populated and PC005A (Version) = 0

Edit Language: Former Claim Number (PC111) must be blank when Version (DC005A) is 0.

Versioning Edits cont'd

Line Failures

Fail Line when DC031 (Claim Status) = 22 (Reversal of Payment) and DC059 (Claim Line Type) = O, R or A

Edit Language: A reversal claim cannot be listed as an original. (Review DC031 DC059)

Fail Line when MC038 (Claim Status) = 22 (Reversal of Payment) and MC094 (Claim Line Type) = O, R or A

Edit Language: A reversal claim cannot be listed as an original. (Review MC038 MC094)

Fail Line when PC025 (Claim Status) = 22 (Reversal of Payment) and PC110 (Claim Line Type) = O, R or A

Edit Language: A reversal claim cannot be listed as an original. (Review PC025 PC110)

Fail Line when MC123 (Denied Flag) = 1 and MC124 (Denial Reason) is null

Edit Language: Claim Denial reason (MC124) is missing and Denied Flag (MC123) = 1

Fail Line when MC123 (Denied Flag) = 2 and MC124 (Denial Reason) is populated

Edit Language: Claim Denial reason (MC124) is present and Denied Flag (MC123) = 2

Versioning Edits cont'd

File Failures

Fail File when 100% of DC059 (Claim Line Type) = V and/or B

Edit Language: File contains only Void or Back Out claims. (DC059 = V or B)

Fail File when 100% of MC094 (Claim Line Type) = V and/or B

Edit Language: File contains only Void or Back Out claims. (MC094 = V or B)

Fail File when 100% of PC110 (Claim Line Type) = V and/or B

Edit Language: File contains only Void or Back Out claims. (PC110 = V or B)

Fail File when 100% of MC123 (Denied Flag) = 1

Edit Language: File contains only denied claims. (MC123 = 1)

Versioning Edits cont'd

- **File Warnings**
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- Warning (Level Z) when 100% of DC059 (Claim Line Type) = R and/or A
- **Edit Language:** File contains only replacement/amended claims. (DC059 = R or A)
- Warning (Level Z) when 100% of MC094 (Claim Line Type) = R and/or A
- **Edit Language:** File contains only replacement/amended claims. (MC094 = R or A)
- Warning (Level Z) when 100% of PC110 (Claim Line Type) = R and/or A
- **Edit Language:** File contains only replacement/amended claims. (PC110 = R or A)

MemberID Edits

- The CarrierSpecificUniqueMemberID should be distinct for a certain percentage.
- The Member Last Name should be consistent across the same CarrierSpecificUniqueMemberID.
- The Member First Name should be consistent across the same CarrierSpecificUniqueMemberID.
- The Member Identification Code (SSN) should be consistent across the same CarrierSpecificUniqueMemberID.
- The Member Date of Birth should be consistent across the same CarrierSpecificUniqueMemberID.

TESTING VERSION 3.0

- TESTING PROCESS
- FORMAT TESTING
- EDIT TESTING
 - Category A Edits
 - Category B and C Edits
- VARIANCE TESTING

APCD DATA RELEASE

- 2009 – 2011 Data Release on Schedule
 - Based on Dates of Service
- CHIA Website Updates
 - Release Notes
 - Application
 - Data Element Workbook
 - Data Use Agreement
 - Documentation
 - Fee Schedule
 - Release Regulations

APCD: DATA EVOLUTION

INTAKE

2010 – 2012

2013 – V. 3.0

- FILE LEVEL REVIEW
- FIELD EDITS
- THRESHOLDS/VARIANCES
- TAGS/LIAISON PARTNERSHIPS

STRUCTURAL QUALITY

2012 - 2013

- PROFILE REPORTS
- VOLUME REPORTS
- DATA DICTIONARY
- QA FIELD REVIEW BY YEAR
- QA CROSS FILE REVIEW

VALIDATION

2013 - 2014

- TOTAL MEDICAL EXPENSES
- MA HEALTH CONNECTOR
- DIVISION OF INSURANCE
- HEALTH POLICY COMMISSION
- GROUP INSURANCE COMMISSION

APCD Data Intake Governance Committee

- Advance the goal of administrative simplification
- Provide a forum to discuss possible future data needs and monitor data quality
- Give key APCD users a role in APCD data governance

APCD Data Intake Governance Committee Responsibility

- Field requests for new/modified data elements
- Seek consensus on definitions of data elements common across state agencies
- Review drafts of Administrative Bulletins and Data Submission Guidelines
- Receive periodic reports on compliance and data validation, as well as APCD operational status and future plans
- Review variance and exemption requests from payers and recommend approval/disapproval to CHIA staff

PRELIMINARY ETG RESULTS

- From work with The Lewin Group, the following slides contain the preliminary ETG results for the APCD data by payer
- The results were generated using the three year study period from July 1, 2009 – June 30, 2011
- The results are reported for complete episodes with a clean beginning period and clean end period
- Outlier episodes have been excluded from the analysis
- Missing some eligibility spans thus preliminary

TOP 20 ETGs

Average Cost by Payer - Preliminary

ETG Description	Payer					Weighted Average
	A	B	C	D	E	
Routine exam	\$155.16	\$176.13	\$148.71	\$120.45	\$181.63	\$157.35
T&A or pharyngitis, wo comp, wo comorb, wo surg	\$109.24	\$119.92	\$125.80	\$121.80	\$136.41	\$121.59
Hypertension, <u>wo comp, w comorb</u>	\$345.05	\$378.35	\$461.38		\$485.82	\$406.66
Routine inoculation	\$101.77	\$103.89	\$110.83	\$96.49	\$126.00	\$110.27
Isolated S&S & non-specific dx	\$150.04	\$196.12	\$168.00	\$165.87	\$188.05	\$166.45
Hyperlipidemia, other	\$139.33	\$132.75	\$144.64		\$145.20	\$142.58
Visual disturb, wo comp, wo surg	\$106.47	\$107.53	\$94.07	\$120.39		\$101.88
Otitis media, wo comp, wo comorb, wo surg	\$110.83	\$132.41	\$127.67	\$139.68	\$139.70	\$125.22
Non mal neo skin, wo comp, wo surg	\$184.43	\$207.84	\$206.30		\$211.65	\$198.27
Oth skin inflam, wo comp, wo comorb	\$156.05	\$174.69	\$175.07	\$168.16	\$189.59	\$170.54
Otolaryngology disease S&S	\$87.52	\$115.76	\$101.84	\$118.98	\$111.78	\$100.89
Gastroenterology disease S&S	\$395.81	\$542.07	\$419.76	\$321.43	\$461.61	\$416.94
Acute bronchitis, wo comorb	\$121.90	\$150.54	\$141.32	\$170.29	\$152.83	\$138.39
Acute sinusitis, wo surg	\$114.10	\$139.73	\$133.12		\$141.20	\$127.62
Other ENT disorders, wo surg	\$269.79	\$277.05	\$368.52		\$327.42	\$312.66
Fungal skin infection	\$79.12	\$86.37			\$95.30	\$86.32
Hypertension, wo comp, wo comorb	\$293.68	\$264.93			\$369.34	\$321.20
Non-routine inoculation		\$154.64	\$148.27	\$124.88	\$159.28	\$148.32
Diabetes, wo comp, w comorb, wo surg	\$539.99				\$866.16	\$665.29
Mood disorder, depressed, <u>wo comp, wo comorb</u>	\$821.67		\$707.71			\$778.17

TOP 20 ETGs

Comparative Rank by Payer – Preliminary

ETG Description	Payer				
	A	B	C	D	E
Routine exam	1	1	1	1	1
T&A or pharyngitis, wo comp, wo comorb, wo surg	2	2	2	2	2
Hypertension, wo comp, w comorb	3	6	11		3
Routine inoculation	6	3	4	5	5
Isolated S&S & non-specific dx	4	4	5	3	6
Hyperlipidemia, other	8	11	6		4
Visual disturb, wo comp, wo surg	5	5	3	8	
Otitis media, wo comp, wo comorb, wo surg	9	8	7	4	8
Non mal neo skin, wo comp, wo surg	7	9	8		7
Oth skin inflam, wo comp, wo comorb	10	10	9	10	9
Otolaryngology disease S&S	11	15	10	6	11
Gastroenterology disease S&S	12	7	12	9	12
Acute bronchitis, wo comorb	15	17	15	15	14
Acute sinusitis, wo surg	14	13	13		15
Other ENT disorders, wo surg	17	14	16		13
Fungal skin infection	18	12			10
Hypertension, wo comp, wo comorb	13	18			16
Non-routine inoculation		19	14	7	18
Diabetes, wo comp, w comorb, wo surg	16				17
Mood disorder, depressed, wo comp, wo comorb	20		19		

WRAP-UP

QUESTIONS?

TAG SCHEDULE

- AUGUST 13 at 2:00 PM
- SEPTEMBER 10 at 10:00 AM

QUESTIONS

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