

## **Update on Total Medical Expense Reporting in All-Payer Claims Data**

In response to the Administrative Bulletin issued in November 2012, the Massachusetts Association of Health Plans and payers raised serious concerns about the technical challenges of the new reporting requirements. To address these challenges, the Center examined issues surrounding non-claims based payments and weighed several options to resolve data filing issues; accommodate the requirements of Chapter 224; and move towards administrative simplification. To meet these needs the Center has determined that payers would report TME data in aggregate within the auspices of the APCD. This aggregate file would be submitted by carriers involved in the Total Medical Expenses project only.

As data will be submitted in aggregate a number of the TME fields on the monthly APCD submissions will not be required. A few will be repurposed to provide continuity between the monthly files and the aggregate file for TME. See attached for an outline of the data field changes. For non-TME submitters all field will be 'Filler' fields, with no input required, though the fields must be within the file to maintain appropriate formatting.

These changes will promote data integrity and allow us to measure the completion of the claims submitted to APCD and allow the Center to work with payers to understand their allocation logic and move toward a uniform allocation method across payers.

### **Next Steps**

The Center's Health Information Team will issue an updated Administrative Bulletin for the All-Payer Claims Database so payers will be aware of the changes to the monthly data submissions. CHIA will continue to work with stakeholders to resolve data submission issues.

The Center's TME Team will issue guidance on reporting specifications providing details on the quarterly aggregate data filing.

<b>Element</b>	<b>Element Name</b>	<b>Repurposed To:</b>
PV032	Payment Arrangement Type	Registered Provider Organization ID – Registered Provider Organization Number assigned by the Health Policy Commission
PV065	TME – Non-Claims Payments: Incentive Programs	Filler – No Input
PV066	TME – Non-Claims Payments: Risk Settlements	Filler – No Input
PV067	TME – Non-Claims Payments: Care Management	Filler – No Input
PV068	TME – Non-Claims Payments: Other	Filler – No Input
PV069	TME – Non-Claims Payments: Total	Filler – No Input
PV070	TME – Non-Claims Payments: Date	Filler – No Input
ME124	TME – Health Status Adjustment Tool	Attributed PCP Provider ID
ME125	TME – Health Status Adjustment Tool Version	TME OrgID - Physician Group of the Member's PCP
ME126	TME – Health Status Adjustment Tool Date	Filler – No Input
ME127	TME – Member's Health Status Adjustment Score	Filler – No Input
ME128	TME – Member's Health Status Adjustment Score - Normalized	Filler – No Input
ME129	TME – Member's Health Status Adjustment Score Start Date	Filler – No Input
ME130	TME – Member's Health Status Adjustment Score End Date	Filler – No Input