Questions from MA APCD User Workgroup Meeting

From Webinars held on March 25th, 2014 and April 22nd, 2014

Q: **Within the Medical Claims File, sometimes within a hospitalization, the Product ID (MC079) is different. How should we interpret this? Also, is the Member Eligibility File more accurate for Product ID (ME040), or can we rely on this field within Medical Claims File?**

A: We recommend that you use the Member Eligibility File and link to the Product File.

Q: **Even after limiting it to primary insurance coverage, we found 6.9 million unique member ids in 2011. For reference, the population is 6.6 million, and this data extract should not contain the Medicare or MassHealth enrollees.**

A: Carriers vary in their way of keeping unique member identifiers across time therefore the overall count of unique MA members across all carriers in a given year may exceed the overall MA population. CHIA is evaluating the impact of this by the newly implemented Master Patient Index in APCD Release 2.1, which uniquely identifies members across carriers.

Q: **In Pharmacy Claims File, the Member State (PC015) lists 83% of the pharmacy claims in Massachusetts (MA). Should this be higher since it is the member state and not the place where the prescription was filled? (Please Note: 93% of Member Eligibility File shows that member state is MA, and 95% in Medical Claims File.)**

A: Our data includes out-of-state members, including GIC enrollees, family members of MA insurers living out of state, college students as well as out-of-state residents such as retirees.

Q: **In the Member Eligibility File, we find some payers that have more unique Carrier Specific Unique Subscriber ID (ME117) than Carrier Specific Unique Member ID (ME107). Please explain.**

A: There are instances where the payers are not giving us the actual unique member ids.

Q: **Are Product Enrollment Start Date (ME041) in the Member Eligibility Files that are very far (>5+ years) in the past credible?**

A: Enrollment dates are as reported. We recommend researchers use Month (ME005) within year(s) of analysis.

Q: **In the Medical Claims File, what should be reported in the deductible field? Our understanding is that we should receive in 2009 the total deductible paid for the year in each claim. In 2010 and 2011, we expect a running total of the deductible paid to date. Based on a spot check of the claims, it does not appear that either of these is true in some cases.**

A: Deductible Amount (MC067) is the amount of the claim line that the insured member is responsible for paying out of pocket. Deductible amounts can be at the individual level or family level, depending on plan design. The same member may have different deductibles for specific services, such as ER visit, inpatient stay etc. A member may also have benefits where the insurer covers costs for a service before the member has met their deductible. Note that Deductible Amount (MC067) is not a sum of the member's deductible payments over the course of the benefit year. It reflects the amount paid by the member for that claim.

Q: **There are a number of products that are overlapping in time (i.e., both active in January 2010) that have different characteristics in other fields. How should we determine which product information to use?**

A: Link by Date of Service. We recommend that you use the Member Eligibility File for this type of analysis. This could be due to dual or multiple eligibility, as well as members who switch health plans during the year; our data will account for a member who switches from Tufts Health Plan to Harvard Pilgrim Health Care, for example, as two different people in lieu of one person. A Member Enterprise ID which will be included in Release 2.1 of the MA APCD will help users link people across payers.

Q: **More than 4 million observations have Linking Plan Provider ID (PV002), but do not have National Provider ID (PV039) cleaned. What is the cause of this? Is it possible that these are RNs or PAs, or would these be coded under the National Provider ID (PV039) of the supervising physician?**

A: Yes, RNs and PAs could be coded under the NPI of the supervising physician.

Q: **Some payers appear to be submitting Member Eligibility Files records each month, while others submit only for December. Is there any reason for this, and should the information in the records be interpreted differently?**

A: Yes, payers submit a 24 months of Member Eligibility data each month. Smaller payers are allowed to submit less frequently. .

Q: **What does "rolling 24 months" mean?**

A: Rolling 24 refers to two years of data. In other words, data submitted in December 2013 reflect data from November 2011 to November 2013.

Q: **We have a question about how to do versioning. We do not have the Highest Version Flag (Derived – MC10) or the Medical Claim ID (Derived MC – 5) field. Without the Highest Version Flag (Derived – MC10), we have to apply the versioning rules ourselves but we are unable to do this without the Medical Claim ID (Derived MC – 5). Is it possible to do the versioning without these, and if not, do we need to get the additional fields?**

A: Versioning logic is carrier specific and requires Medical Claim ID (Derived MC – 5). Additional fields can be obtained through filing an amendment to your MA APCD application. Forms are available on IRBNet.

Q: **There are about 8 million observations that are missing a start date, and 31 million that are missing an end date. We anticipate that active provider affiliations will be missing an end date. What does it mean for the start date to be missing?**

A: The Provider Affiliation Start Date (PV062) and Provider Affiliation End Date (PV063) describe the providers' affiliation/association with a parent entity, such as a billing entity, corporate entity, doctor's office, provider group, or integrated delivery system. If Provider Affiliation Start Date (PV062) is blank, and provider is affiliated only with itself, that is Provider Affiliation (PV056) = Provider ID (PV002). A blank Provider Affiliation Start Date (PV062) means that particular Provider ID (PV002) does not render services.

Q: **Is cleaned deductible a field you can request?**

A: No, the deductible field was not one of the fields selected for cleaning by CHIA.

Q: **How important is the versioning in your analysis? (i.e., how much does it affect spending, etc.)**

A: Versioning is extremely important in your analysis. Not using the highest version of a claim line will yield questionable results.

Q: **Once an application for data is approved, when is payment required?**

A: Payment is required before we can mail your extract. CHIA's Legal Department will send you an invoice with the amount owed.

Q: **But can I finish my 2.0 application today, but get approved on 04/24 for Release 2.1?**

A: Yes, you can submit your application.

Q: **How long from our application being submitted will it take to get the data and at this point should we be asking for Release 2.1?**

A: It takes generally from 3-5 months to receive your data extract, depending on how many applications are in queue and whether or not MassHealth data has been requested.

Q: **Some carriers did not report the deductible amount in member file, how confident that the deductible info in product file can be used?**

A: The Member Eligibility File has eight different deductible fields:

ME049 – Member Deductible: Annual maximum out of pocket Member Deductible across all benefit types
ME050 – Member Deductible Used: Member deductible amount incurred
ME111 – Medical Deductible
ME112 – Pharmacy Deductible
ME113 – Medical and Pharmacy Deductible
ME114 – Behavioral Health Deductible
ME115 – Dental Deductible
ME116 – Vision Deductible

The Product file has two different deductible fields;

PR012 – Annual per Person Deductible
PR013 – Annual per Family Member Deductible

Member Deductible (ME049) has a 90% filing threshold and Annual per Person Deductible (PR012) has a 100% threshold, therefore an expected higher rate of completeness. Please also note you would see the codes '000' if the member has no deductible. When linking to information on the member's product associated with a member claim, the link between the Product ID (ME040) in the Member Eligibility File and the Product ID (PR001) in the Product File is a strong one-way link.

Q: **Race/ethnicity and language information are missing in Member Eligibility File. Do you expect any improvement in the future?**

A: As noted in the MA APCD documentation, race/ethnicity and language info have low thresholds. Payers have had difficulty obtaining this data as part of their claims adjudication processes. However, Case Mix data which is collected by the hospitals for inpatient stays, ER visits and observation stays is presently a better source for race/ethnicity and language information.

Q: **Member Deductible (ME049) in the Member Eligibility File is not consistent with the annual Per Person Deductible Code (PR012) in Product File. Do you recommend we use the Member Eligibility File?**

A: Yes, we recommend you use the Member Deductible (ME049) in the Member Eligibility file. Please also note that a member can have multiple products that have different deductible amounts associated with different services.

Q: **If I procure Medicare data from CMS can it be linked to MA APCD?**

A: Approval to link the MA APCD with external data sources must go through the CHIA review process.