

# 2016 PAYER DATA REPORTING

TOTAL MEDICAL EXPENSES (TME)  
ALTERNATIVE PAYMENT METHODS (APM)  
RELATIVE PRICES (RP)

March 25, 2016



center  
for health  
information  
and analysis

# Webinar Information

Conference Line:	1-866-710-9336
Participant Code:	330-6530

# Payer Filing Schedule - UPDATED

File Type	File	Deadline
TME	CY 2014 Final TME - ZIP code records	May 2, 2016
	CY 2015 Preliminary TME (+ IBNR factors) - ZIP code records	May 2, 2016
	Physician Group TME for both years	May 16, 2016
APM	CY 2015 Preliminary APM (+ IBNR factors)	June 1, 2016
	CY 2014 Final APM	June 15, 2016
	CY 2015 Supplemental APM (for payers reported global payments only)	June 15, 2016
RP	CY 2015 Hospital Relative Price	July 1, 2016
	CY 2014 Physician Group Relative Price	July 1, 2016
	CY 2015 Other Provider Relative Price	July 1, 2016

For more information, please see *Administrative Bulletin 16-04; 957 CMR 2.00: Payer Data Reporting* available at: <http://www.chiamass.gov/assets/docs/g/chia-ab/16-04.pdf>.

# Total Medical Expenses

## Physician Group Reporting

- **PR008** [previously *Normalized Health Status Adjustment Score*] repurposed as **PCP Type Indicator** to report whether the member populations for the physician group are:
  - (1) Members required to select a primary care provider by plan design, OR
  - (2) Members not included in (1) that are attributed to a primary care provider pursuant to a contract between the payer and provider for financial or quality performance, OR
  - (3) Members not attributed to a primary care provider
- Note that if payers **did not have** one or both of these types of plans for the data reporting years, they should report data under the OrgID 999996 [aggregate with no parent physician group]

# Total Medical Expenses

## Health Status Adjustment

- Payers must apply the same health status adjustment tool and version to TME files across a three year period:
  - CY 2013 (final data)
  - CY 2014 (final data)
  - CY 2015 (preliminary data)
- Please let us know if this is *not* the case so we can discuss submission timelines

# Alternative Payment Methods

## Expense Reporting

- Payers will now submit **two** APM data files each collection cycle – consistent with TME reporting – to allow full claims and non-claims settlement periods to elapse
- Claims and non-claims by member zip code and managing physician group will be reported:
  - For the previous calendar year with completion factors applied to the claims and non-claims data (preliminary data)
  - For the calendar year ending 16 months prior (final data)
- **HD011** [*previously an optional comment field*] will be repurposed as **Submission Period Indicator** for payers to report whether the submission represents preliminary or final data

# Alternative Payment Methods

## Supplemental Filing

- **Only** applies to payers reporting **global payment contracts**.
- Payers will report supplemental APM data in an excel spreadsheet **for CY 2015**
- Data specifications remain the same as last year's filing, with the exception of the following clarification on reporting **carved-out benefits**:
  - For the purposes of this reporting, a global APM includes behavioral health if **all of the following conditions are met**:
    - ✓ Some or all inpatient spending for both behavioral and medical conditions
    - ✓ Some or all outpatient spending for both behavioral and medical conditions
    - ✓ Some or all professional spending for both behavioral and medical conditions

# Data QA

- Similar to last year, we will be sharing a **Data Quality Checklist** that summarizes high-level results after data submission
- Payers will be asked to respond to data inconsistencies or questions identified in the checklist
- Intended to streamline data collection by identifying data inconsistencies early in the process, hopefully resulting in fewer data file resubmissions

## Next Steps: Updated Materials

- CHIA has disseminated the following updated reference materials:
  - Data Specification Manuals (DSMs) – TME, APM, RP
  - APM Supplemental File Spreadsheet
  - Provider OrgID List
  - ZIP Code List
- CHIA is working with RPO data that is being submitted for the first time this year to construct a new physician-to-OrgID mapping resource.
  - Since the data are still being collected, we won't be able to implement this for the 2016 reporting cycle.
  - If payers have concerns about mapping to the local practice group level, data may be reported at the parent provider group level.
- Please note that all TME, APM and RP data reporting materials can now be found here: <http://www.chiamass.gov/payer-data-reporting-apm-tme-rp/>.

# Next Steps: INET Registration

- First-time TME, APM and RP data submitters will need to complete INET registration.
- Links to registration forms:  
<http://chiamass.gov/information-for-data-submitters-payer-data-reporting/>
- Please contact Caitlin re: INET registration or issues.

## Next Steps: TAG Calls

- We will contact each payer to schedule a brief individual check-in phone call prior to the first data reporting deadline
- CHIA will host all-payer calls in late April in anticipation of May filings

## Next Steps: CHIA Contacts

- For this reporting cycle, CHIA's **APCD liaisons** will support payers with data intake and INET issues
- We will circulate a contact list to identify each payer's liaison
- For questions related to data specifications or analytic results, please contact me:

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