

**Total Medical Expenses and Relative Prices**  
**Technical Call Summary**  
March 7 – 24, 2011

**Payer ORGID**

- A Payer list with ORGIDs is available on the Division's website.
- Payers should submit under one payer ORGID.
  - If listed with two ORGIDs on the Division's website, then use the commercial ORGID for the filings – the Division has updated the Payer list to reflect use of a single ORGID.

**Provider ORGID**

- An updated list of parent physician group and local practice group ORGIDs is posted as of 03/22/2011.
  - Note: Northeast PHO ORGID changed from 10994 to 8464.
- The Division has developed a new method to address inconsistencies with provider ORGIDs and Payer Internal Provider Numbers (PIP).
  - ORGIDs are only required for those organizations posted on the Division's website.
  - For those organizations without ORGIDs listed on the Division's website, the Payer's internal provider number may be used in its place.
- The file layout in the TME DSM specifies two identical files for information with either ORGIDs or PIPs.
  - Groups with ORGIDs will use a PR file.
  - Groups with PIPs will use a PP file.
  - The presence of a Division-defined ORGID supersedes PIPs and Payers should submit a PR file when ORGIDs for both the local practice group and parent physician group are present.
  - In cases where the parent physician group has an ORGID and the local practice group does not, payers should use a PP file with the parent physician group's ORGID as the parent's PIP and the Payer's internal number for the local practice group. The Payer should note the discrepancy in its comments.
  - In cases where a parent physician group and a local practice group both have an ORGID, but the association differs from what the Division has posted online, payers should use a PP file with the ORGIDs as the PIP numbers for both the local practice group and the parent. The Payer should note the discrepancy in its comments.

**NPI**

- NPI is not required in the PPL file.

**TME Test Files**

- Test files may be submitted at any time.

### **Certification**

- The [TME data verification statement](#) has been posted on the Division's website.

### **INET Registration Forms**

- [INET registration forms](#) are available on the Division's website.

### **National Plan ID**

- The National Plan ID is not required for this filing cycle.

### **Record Formats**

- The record fields are variable length; the length listed is the maximum length allowed. The fields are relative to position and need to be separated by an asterisk (\*).

### **Dental Insurers**

- Stand-alone dental third party administrators or stand-alone dental insurers are not required to report TME.

### **Product Types to be reported for Physician Group TME**

- Insurance product types to be reported for physician group TME include any type of product that requires patients to choose a primary care physician, including HMO and POS products.

### **Commonwealth Care for TME**

- Commonwealth Care should be reported with Medicaid for TME reporting.

### **TME File Layout Fields**

- For the TME filing, the Division will be calculating the PMPM TME fields from the Payer's submitted data.
- The Division has recently posted a [new TME file layout example](#) which identifies in blue all fields which will be calculated by the Division.

### **TME local practice groups with less than 36,000 member months**

- Local practice groups that fall below the 36,000 member month threshold, but are part of a parent physician group, should be reported as an aggregate local practice group with an ORGID of 999997, under the respective parent physician group with their assigned ORGID.

- Physicians contracting independently or local practice groups without a parent physician group which fall below the 36,000 member month threshold should be reported in aggregate as a physician group with the ORGID of 999996.

#### **Non-Claims P4P**

- P4P includes payments paid based on 2009 performance for the 2009 reporting year.

#### **Physician Group TME**

- Physician group TME should include all payments on behalf of patients whose PCPs belong to the physician group, regardless of whether the payment went to the physician group or another provider.

#### **Provider Categories to be Reported**

- For TME, all medical expenses from all health care providers must be reported. Refer to the regulation and the Data Specification Manual for more detail regarding the types of expenses that may be reported.
- For RP, only those provider groups listed in the DSM and the regulation must be reported.

#### **Relative Price Categories**

- Hospitals with rehab units report with the hospital, not separately.

#### **Relative Price Reporting Deadline**

- The RP deadline will be delayed past April 1, 2011.