

**Total Medical Expenses and Relative Prices**  
**Technical Call Summary**  
May 9 – May 12, 2011

**TME**

**Certification**

- Please submit the TME data verification statement within five business days of receiving your INET report.

**RELATIVE PRICES**

An updated Data Specification Manual and File Layout Example were posted on the Division's website on May 12.

**Other Provider Categories**

- Ambulatory Surgical Centers
- Community Health Centers
- Community Mental Health Centers
- Freestanding Clinical Labs
- Freestanding Diagnostic Imaging
- Home Health Agencies
- Skilled Nursing Facilities

**Provider Classifications**

- Please check the Division's website for the lists of provider ORGIDs. These lists place providers into the appropriate category by which they should be reported.
- Hospices are classified as Home Health Agencies.

**Kindred Hospital Northeast**

- Kindred Hospital Northeast includes satellite branches in Waltham and Natick.
- The Waltham and Natick locations should be included with Kindred Hospital Northeast data.

**Physician Group ORGIDs**

- Use DHC FP ORGIDs if the provider group is listed on the Division's website. If the group is not listed use internal provider numbers.
- Use a payer internal provider number (PIP) record type if one or both of the ORGIDs (parent or local practice group) is an internal provider number. The DHC FP ORGID record type should only be used if both the parent and local practice group have DHC FP ORGIDs.

**Relative Price Aggregate ORGIDs**

- Use ORGID 999998 for non-standard fee schedules, i.e., a fee schedule unique to that provider.
- Use ORGID 999999 for standard fee schedules used to pay to providers.

#### **Providers NOT to be Reported**

- Government providers such as VA or DPH hospitals should not be reported.
- Residential psychiatric and substance abuse programs should not be reported.

#### **Relative Price Threshold Reporting Requirement**

- The 3% requirement for provider groups is based on payments to providers.

#### **Relative Price only includes primary payment information**

- Only report primary payment information for Relative Price reporting.

#### **Other Provider Relative Price data not required for CY2009**

- The initial filing of Other Provider Relative Price data is for CY2010, due June 30, 2011. CY2009 data is not required for Other Providers.

#### **Combined Physicians and Non-Physician Claims**

- Combined claims from a practice with both physicians and non-physicians should be included as a total claim payment to that provider.

#### **Physician Group Multiplier (PGM) Reporting**

- Physician Group multipliers are only reported for claims payments.
- The service multiplier indicator in data field PGM009 only applies to claims payments.
  - When using a standard fee schedule, PGM009 = 1 (for contractually negotiated)
  - When using a non-standard fee schedule, PGM009 = 2 (for calculated)
- No multiplier is reported for non-claims payments. A total non-claims payment amount is required to be reported in field PGM011.

#### **Physician Group Service and Product Mix (PGS, PGP) Reporting**

- The service mix and product mix are to be derived from claims payments only. Non-claims payments are not to be included.