# Massachusetts All-Payer Claims Database: Technical Assistance Group (TAG)

November 18, 2014



center for health information and analysis

#### **Agenda**

- Data Intake/APCD Submission Guide Ver 4.0
- ACA Membership Reporting
- Annual Premiums Data Request
- Risk Adjustment Topics
- Other Items/Questions



#### **Vers 4.0 Submission Guides**

- Final Guides posted to CHIA website
- Redline version of Final Guides available



### **Vers 4.0 Guides - Updates**

- Claim Line Paid Flags PC121, MC244, DC068
  - > Moved from Category A to Category B
- Pharmacy ID on Pharmacy Claim file
  - > Removed from Submission Guides
- ICD Primary Procedure Code (MC058)
  - > Relaxed threshold from 98% to 55%
- Type of Facility (MC245)
  - > Moved from Category A to Category B



#### Vers 4.0 Guides - MassHealth

#### New Fields for MassHealth ONLY:

- ME135 MassHealth Aid Category
- MC246 MassHealth Claim Type
- MC247 MassHealth Rate Code
- PV065 MassHealth Disbursement Code

#### All other carriers must:

- maintain the file structure
- have the asterisk delimiters for the fields
- report no value in the field



#### **Vers 4.0 Guides - DRGs**

| MC07<br>1 | DRG | Diagnostic Related<br>Group Code | Report the DRG number applied to this claim on every line to which it's applicable. Insurers and health care claims processors shall code using the CMS methodology when available. When the CMS methodology for DRGs is not available, but the All Payer DRG system is used, the insurer shall format the DRG and the complexity level within the same element with the prefix of "A" and with a hyphen separating the AP DRG from the complexity level (e.g. AXXX-XX). For the APR DRG use the prefix of "R". | Required<br>when<br>MC094 =<br>002 and<br>MC069 is<br>populated | 98% | В |
|-----------|-----|----------------------------------|---|---|-----|---|
|-----------|-----|----------------------------------|---|---|-----|---|

# **Vers 4.0 Guides - Timing**

| HD009 APCD<br>Version<br>Number | Submission Guide<br>Version | Sets the intake control for editing elements.  Version must be accurate else file will drop.   |
|---------------------------------|-----------------------------|--|
|                                 | Code                        | Description  |
|                                 | 2.1                         | Prior Version; valid only for reporting periods prior to October 2013                          |
|                                 | 3.0                         | Version 3.0; required for reporting periods as of October 2013: No longer VALID as of May 2015 |
|                                 | 4.0                         | Version 4.0: required for reporting periods October 2013 onward as of May 2015                 |

- Version 4.0 in effect May 1, 2015
- Reporting of April 2015 data must be in Version 4.0
- Resubmissions of prior period Oct 2013 onward must be in Version 4.0 format

#### **ACA Monthly Membership Reporting**

- November Report is due at CHIA this Friday
- Validation to MA APCD continues.
- Several carriers should hear from liaisons in the next few weeks to discontinue reports.
- CHIA will continue to work with others to resolve discrepancies.
   In the meantime submission will continue.

### **Annual Premium Data Request**

Consultative Session December 9, 2014

To share and receive feedback on the data submission process from the 2014 Annual Premiums Data Request;

To share how the 2014 Request data were used and presented in CHIA's 2014 Annual Report;

To discuss potential changes to the 2015 Request and to solicit suggestions on approach.



# **Annual Premium Data Request**

# **Carrier Participation**

| Aetna                       | Health New England       |
|-----------------------------|--------------------------|
| Blue Cross Blue Shield of   |                          |
| Massachusetts               | Neighborhood Health Plan |
| CIGNA                       | Tufts Health Plan        |
| Fallon                      | United                   |
| Harvard Pilgrim Health Care | WellPoint                |



# **Premium Data Request Timing**

- Consultative Session December 9, 2014
- Technical Workgroup Session January 2015
- Premium Data Request February 2015
- Premium Data Due May 2015



### Risk Adjustment

Q3 Simulation Meetings

Coding for ConnectorCare Plans

Important Risk Adjustment Fields

Monthly Member Month Reports



### **RA Q3 Simulation Meetings**

November 21<sup>st</sup> – Meeting hosted by the Connector

- Meeting will be at CHIA

Individual Carrier Meetings are In Process



#### **ConnectorCare Plans and AV**

|                         |            |  | Actuarial Value (after Federal and State CSR) |                                  |  |  |  |  |  |  |  |  |
|-------------------------|------------|--|---|----------------------------------|--|--|--|--|--|--|--|--|
| ConnectorCare Plan Type | FPL (%)    | ConnectorCare Benefit Plan Contract ID | Non American<br>Indian/Americ<br>an Native    | American Indian/Americ an Native |  |  |  |  |  |  |  |  |
| Plan 1                  | 0-100%     | CC100                                  | 99.6%   | 100%                             |  |  |  |  |  |  |  |  |
| Plan 2A                 | 100.1-150% | CC210                                  | 95.0%   | 100%                             |  |  |  |  |  |  |  |  |
| Plan 2B                 | 150.1-200% | CC220                                  | 95.0%   | 100%                             |  |  |  |  |  |  |  |  |
| Plan 3A                 | 200.1-250% | CC310                                  | 92.5%   | 100%                             |  |  |  |  |  |  |  |  |
| Plan 3B                 | 250.1-300% | CC320                                  | 92.5%   | 100%                             |  |  |  |  |  |  |  |  |

# **RA Fields**

| Data Element                                      | FIELD | Data Element                  | FIELD |
|---|-------|-------------------------------|-------|
| OrgID   |       | Payer Claim Control Number    | MC004 |
| Member Gender                                     | ME013 | Line Counter                  | MC005 |
| Member Date of Birth (for age)                    | ME014 | Admission/Discharge Dates     |       |
| Member Zip Code                                   | ME017 | Service Provider Specialty    | MC032 |
| Market Category Code                              | ME030 | Type of Bill                  | MC036 |
| Last Activity Date                                | ME056 | Site of Service               | MC037 |
| Actuarial Value                                   | ME120 | Claim Status                  | MC038 |
| Metal Level                                       | ME121 | All Diagnosis fields          |       |
| Risk Adjustment Covered Plan (RACP)               | ME126 | Revenue Code                  | MC054 |
| Billable Member                                   | ME127 | All Procedure Code fields     |       |
| Benefit Plan Contract ID                          | ME128 | Procedure Modifiers           |       |
| Member Benefit Plan Contract Enrollment Dates     | ME129 | Dates of Service              |       |
| Total Monthly Premium                             | ME132 | Amount/Dollar fields          |       |
| CarrierSpecificUniqueMemberID                     | ME107 | Capitated Encounter Flag      | MC081 |
| CarrierSpecificUniqueSubscriberID                 | ME117 | Paid Date                     | MC089 |
|   |       | Claim Processed Date          | MC110 |
| All Fields in the Benefit Plan Control Total File |       | Denied Flag                   | MC123 |
|   |       | CarrierSpecificUniqueMemberID | MC137 |
|   |       | Claim Line Type               | MC138 |
|   |       | CarrierSpecificUniqueMemberID | MC137 |
|   |       | Claim Line Type               | MC138 |

#### **RA Fields**

RACP FLAG - ME126

ME126 = 1 or 3 determines who is in the simulation

ME126 = 1 determines who is in the final calculation CommCare should always be ME126 = 3

Premium – ME132

Required for next quarterly simulation run

Billable Member – ME127



#### **RA Fields**

Last Activity Date – ME056

Required to determine last iteration of eligibility as well as timing of changes in premium

Actuarial Value – ME120

Must be accurate

ME120 = 0 will not be included in the Risk Adjustment

Metal Level – ME121

Must be appropriate for Actuarial Value

Metal Level/AV mismatch will not be included



#### **Member Month Tracking**

#### Member Month Tracker Report Template - [INSERT CARRIER NAME]

NOIE- The Member Month Tracker Report may not tie out to the Connector's Risk Simulation Report for the following reasons:

- 1. Two-Thirds of CommCare members are randomly dropped from the Risk Simulation Report, while all CommCare members are included in the Member Month Tracker Report
- 2.0-3% of de-duped member months may not tie out due to random selection
- 3. Plans were placed in their respective metallic tier by Actuarial Value (ME120) in the Risk Simulation Report, but were placed by Metal Level (ME121) in the Member Month Tracker Report

\*Benefit Plan IDs with Yellow Highlights have Out of Range Actuarial Values for their coded Metal Level in APCD

| June,   |                                      | MI         | MBF      |        |                               | T .                         | CommCare Plans Commercial Plans |               |                             |          |        |                               |     |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            |          |         |
|---|--------------------------------------|------------|----------|--------|-------------------------------|-----------------------------|---------------------------------|---------------|-----------------------------|----------|--------|-------------------------------|-----|----------------|-------------------------|----------|---------------------|---------------------------|-------|-------|-----------------------------|---------------------------|-------------------------|---------------|--------|------------|----------|---------|
| All Metal Level, Merged Market Individual - S |                                      |            |          |        | al - Silv                     | er CSR                      | R Platinum                      |               |                             |          | Gold   |                               |     | Silver Non CSR |                         |          |                     | Bronze                    |       |       |                             | Catastrophic              |                         |               |        |            |          |         |
| OrgID   | Benei<br>Plan l                      | Subscriber | Billable | Menber | Total<br>Premium<br>Collected | Total<br>Subscriber<br>MMOS | Billable                        | Total<br>MMOS | Total<br>Subscriber<br>MMOS |          | Menter | Total<br>Premium<br>Collected |     | 1              | Total<br>Member<br>MMOS |          | Total<br>Subscriber | Total<br>Billable<br>MMOS |       |       | Total<br>Subscriber<br>MMOS | Total<br>Billable<br>MMOS | Total<br>Member<br>MMOS | Total Premium |        |            | Venter 7 |         |
|   | x CNI<br>x CN2                       | 00         | WWGS     | WWX    | CORCICCI                      | IVIVLO                      | WW                              |               | IVIVES                      | J.VIV.33 | IVIVEX | Collected                     | WWX | INVES          | IVIVIA                  | CORCICCI | jivivas             | INIVES                    | INIVA | CORCO | IVIVES                      | INIVES                    | jivivas                 | Concerca      | JAVAGO | ivivido ji | WINES    | Succeed |
| X   | x A<br>x B                           | 10         |          |        |                               |                             |                                 |               |                             |          |        |                               | ]   |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            |          |         |
| x   | x C<br>x D                           |            |          |        |                               | _                           |                                 |               |                             |          |        |                               |     |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            |          |         |
| X   | x <mark>E</mark><br>x <mark>F</mark> |            |          |        |                               | _                           |                                 |               |                             |          |        |                               |     |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            |          |         |
| x   | хG                                   |            |          |        |                               | _                           |                                 |               |                             |          |        |                               |     |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            |          |         |
| X   | x H<br>x U                           |            |          |        |                               | _                           |                                 |               |                             |          |        |                               |     |                |                         |          |                     |                           |       |       |                             | T                         | 1                       |               | 1      |            |          |         |
| X   | x J<br>x K                           |            |          |        |                               |                             |                                 |               |                             |          |        |                               |     |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            |          |         |
| х   | x L<br>x M                           |            |          |        |                               | -                           | w 1701                          | -             | MI 17                       | 3.6.17   | ,      |                               |     |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            | I        |         |
|   | x N<br>x O                           |            |          |        |                               | _                           |                                 |               | AV and Zero<br>AV and Zero  |          |        |                               |     |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            |          |         |
|   | To                                   | al:        |          |        |                               |                             |                                 |               |                             |          |        |                               |     |                |                         |          |                     |                           |       |       |                             |                           |                         |               |        |            |          |         |

#### Other Items?

- Reminder October data is Due by November 30<sup>th</sup>
- Health Policy Commission would like to discuss pharmacy data in the near future.
- New Website for CHIA

# **Upcoming Events**

- November 21 ACA Membership reports due
- November 21 Monthly Risk Adjustment Meeting
- December 9 Annual Premium Data Request
   Consultative Session
- January MA APCD TAG
- January Premium Technical Workgroup Session
- January 31<sup>st</sup> Data due for RA Simulation



# QUESTIONS?

# **Next Meetings**

December 9, 2014 at 2:00pm\*

\*NOTE – Premium Consultative Session

January 13 at 2:00 pm

