

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

February 12, 2019



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# Agenda

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- MA APCD – 2019 Submission Guide Changes
- Annual Premiums Data Request
- TME, APM, Prescription Drug Rebates, RP Reporting
- DOI Reporting
- Questions

# MA APCD 2019 Submission Guide Changes

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- 2019 Draft (Redline) MA APCD Submission Guides posted to CHIA's website.
- Payer feedback due by February 22<sup>nd</sup>.
- Next steps: Administrative Bulletin notification later this month and final versions of the 2019 Submission Guides posted.

# MA APCD 2019 Submission Guide Changes

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Element	Element Name	Guideline Change	Reason
ME033	Member Language Preference	Update Format/Length and limit lookup categories to English, Spanish, Other and Unknown	Reduce footprint of patient identifying information
ME135	Aid Category (MassHealth only)	Remove and update category/threshold/length	Reduce footprint of patient identifying information
MC015, PC015, DC015	Member State	Remove and update category/threshold/length	Reduce footprint of patient identifying information
MC016, PC016, DC016	Member Zip Code	Remove and update category/threshold/length	Reduce footprint of patient identifying information

# MA APCD 2019 Submission Guide Changes

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Why is CHIA removing some patient identifying information from the claims files?

In an effort to make the most robust set of health care data more readily available to the widest audience while complying with applicable state and federal privacy laws, CHIA worked with an external team to assist in the creation of a de-identified data set, as defined by the HIPAA Privacy Rule, from the MA APCD, consisting of medical, pharmacy, dental claims, and insurance eligibility for the majority of the Massachusetts population.

There are various aspects of an individual's demographics that can distinguish them in a population. Given the level of detail that CHIA is relying upon to receive and share information about individuals, it was deemed that these data elements should not be transferred to CHIA from carriers per the updated 2019 APCD submission guides. CHIA has no plans at this time to collect that data through other means.

# MA APCD Intake Version 2019

MA APCD Intake Process	2019 Intake Timeline
Proposals Shared/Discussed with Carriers	December 2018/January 2019
Draft Submission Guides published	January/February 2019
Guide Changes Reviewed at Technical Advisory Group	January /February 2019
Carrier Comment Period	February 2019
Administrative Bulletin and Guides Adopted	February 2019
Development/Testing	February/July 2019
Carrier Testing – new guides and transmission process changes (if any)	July 2019
MA APCD Intake Version 2019 Production (July 2019 data)	August 2019

# 2019 PAYER DATA REPORTING

ANNUAL PREMIUMS DATA REQUEST

February 12, 2019



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# Annual Premiums Data Request

## Purpose

To assess health insurance coverage and cost trends in the Massachusetts market, based on contract-membership (MA situs)

## Data Overview

- Aggregate member months, premiums, claims amounts
- Breakouts by Funding Type (fully-/self-insured), Market Sector (group size), Product Type (HMO, PPO, POS, Other), and Benefit Design Type (HDHP, Limited Network, Tiered Network)
- Covers previous three calendar years (2016, 2017, 2018)



# Data Submitters

Per 957 CMR 10.00, only payers with at least 50,000 Massachusetts Private Commercial Plan members are required to submit. For the May 2019 Submission, this includes the following payers:

- Aetna
- AllWays Health Partners
- BCBSMA
- BMCHP
- Cigna
- Fallon
- HPHC (incl. HPI)
- HNE
- NHP
- Tufts Health Plan
- Tufts Public
- UniCare
- United

# Summary of Proposed Changes

## Additions/Alterations

- Tab A includes additional data validation checks to identify potential data errors prior to submission.

Please review the automated data validation checks below. Checks are based on input from Tabs B1-B4 and E1-E2. Use the Auto-Calculated Totals section at the bottom of this worksheet to locate data issues related to a failed check. Please address all failed checks prior to submission by either resolving the data issue(s) or providing a detailed explanation in the space to the right.

Data Validation Check	Result	Description of Failed Validation
1. Member Month Consistency	Pass	Not applicable - validation check passed.
2. Fully-Insured Member Month Change from Prior Year		Fully-Insured membership changed by 25% or more. Please provide a detailed explanation.
3. Self-Insured Member Month Change from Prior Year		Self-Insured membership changed by 25% or more. Please provide a detailed explanation.
4. Fully-Insured Allowed Claims PMPM		Fully-Insured Allowed Claims have changed more than the threshold.
5. Self-Insured Allowed Claims PMPM		Self-Insured Allowed Claims have changed more than the threshold.
6. Fully-Insured Incurred Claims PMPM		Fully-Insured Incurred Claims have changed more than the threshold.
7. Self-Insured Incurred Claims PMPM		Self-Insured Incurred Claims have changed more than the threshold.
8. Fully-Insured Premium PMPM		The Fully-Insured Premium PMPM has changed more than the threshold.
9. Self-Insured Premium Equivalent PMPM		The Self-Insured Premium Equivalent PMPM has changed more than the threshold.
10. Fully-Insured Incurred to Allowed Claims Ratio	Fail	The Incurred-to-Allowed Ratio is greater than 1 or less than the threshold.
11. Self-Insured Incurred to Allowed Claims Ratio	Fail	The Incurred-to-Allowed Ratio is greater than 1 or less than the threshold.
12. HDHP Fully-Insured Allowed Claims PMPM		Fully-Insured Allowed Claims have changed more than the threshold.
13. HDHP Self-Insured Allowed Claims PMPM		Self-Insured Allowed Claims have changed more than the threshold.
14. HDHP Fully-Insured Incurred Claims PMPM		Fully-Insured Incurred Claims have changed more than the threshold.
15. HDHP Self-Insured Incurred Claims PMPM		Self-Insured Incurred Claims have changed more than the threshold.
16. HDHP Fully-Insured Incurred to Allowed Claims Ratio	Fail	The Fully-Insured Incurred-to-Allowed Ratio is greater than 1 or less than the threshold.
17. HDHP Self-Insured Incurred to Allowed Claims Ratio	Fail	The Self-Insured Incurred-to-Allowed Ratio is greater than 1 or less than the threshold.
18. Fully-Insured Benefits Not Carved Out (BNCO)	Pass	Not applicable - validation check passed.
19. Self-Insured Benefits Not Carved Out (BNCO)	Pass	Not applicable - validation check passed.
20. Fully-Insured Member Months reported but no financial data (or vice versa)	Pass	Not applicable - validation check passed.

# Summary of Proposed Changes

## Additions/Alterations

- CHIA will collect data on deductible and out-of-pocket spending levels in new “Member Months by Cost-Sharing Limits” tab.

Please report Member Months according to in-network plan benefits for a single policy. For complete definitions of Deductible and Out-of-Pocket Maximum, refer to the "Specification & Overview" tab.

FundingType	Year	Cost-Sharing Type	Range	Data	Member Months	% of Members Reaching Limit
Total	2016	Deductible	All	Autocalculated	0	
Total	2016	Out-of-Pocket Maximum	All	Autocalculated	0	
Total	2017	Deductible	All	Autocalculated	0	
Total	2017	Out-of-Pocket Maximum	All	Autocalculated	0	
Total	2018	Deductible	All	Autocalculated	0	
Total	2018	Out-of-Pocket Maximum	All	Autocalculated	0	
Total	2016	Deductible	No Deductible	Input Required		
Total	2016	Deductible	\$1 - \$999	Input Required		
Total	2016	Deductible	\$1,000 - \$2,499	Input Required		
Total	2016	Deductible	\$2,500 - \$4,999	Input Required		
Total	2016	Deductible	\$5,000 or greater	Input Required		
Total	2016	Out-of-Pocket Maximum	Less than \$2,000	Input Required		
Total	2016	Out-of-Pocket Maximum	\$2,000 - \$4,999	Input Required		
Total	2016	Out-of-Pocket Maximum	\$5,000 - \$9,999	Input Required		
Total	2016	Out-of-Pocket Maximum	\$10,000 or greater	Input Required		
Total	2017	Deductible	No Deductible	Input Required		
Total	2017	Deductible	\$1 - \$999	Input Required		
Total	2017	Deductible	\$1,000 - \$2,499	Input Required		
Total	2017	Deductible	\$2,500 - \$4,999	Input Required		
Total	2017	Deductible	\$5,000 or greater	Input Required		
Total	2017	Out-of-Pocket Maximum	Less than \$2,000	Input Required		
Total	2017	Out-of-Pocket Maximum	\$2,000 - \$4,999	Input Required		
Total	2017	Out-of-Pocket Maximum	\$5,000 - \$9,999	Input Required		
Total	2017	Out-of-Pocket Maximum	\$10,000 or greater	Input Required		
Total	2018	Deductible	No Deductible	Input Required		
Total	2018	Deductible	\$1 - \$999	Input Required		

# Summary of Proposed Changes

## Deletions

- CHIA will no longer collect “Member Months by Rating Size Bands.”
- CHIA will no longer collect Benefit Design Type member months by Geographic Area (3-digit ZIP code).

## Next Steps: Payer Review Period

Draft versions of the Data Submission Manual and Reporting Workbook (Excel template) will be distributed to payers following the TAG meeting.

Please reach out to Ashley Storms at [ashley.storms@state.ma.us](mailto:ashley.storms@state.ma.us) with questions, comments, or concerns. We request that feedback be submitted by **Tuesday, February 26<sup>th</sup>**.

## Next Steps: Data Submission Period

- Finalized Data Submission Manual and Reporting Workbook will be posted on CHIA's website in March.
- Completed Workbooks should be sent to [CHIAData@gormanactuarial.com](mailto:CHIAData@gormanactuarial.com) no later than **Friday, May 17<sup>th</sup>**.

# 2019 Annual Premiums Request Timeline

Feb. 2019	Mar. 2019	Apr. 2019	May 2019	Jun. 2019	Jul. 2019	Aug. 2019	Sept. 2019
Payers review draft materials							
	Final 2019 Premiums Request released						
			Submissions due				
				Data analysis and reporting			
					2018 Risk Adjustment data due		
							CHIA's Annual Report

# 2019 PAYER DATA REPORTING

TOTAL MEDICAL EXPENSES (TME)  
ALTERNATIVE PAYMENT METHODS (APM)  
PRESCRIPTION DRUG REBATES  
RELATIVE PRICE (RP)

February 12, 2019



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# Total Medical Expenses-Alternative Payment Methods

## Combined Filing for 2019

- Combining TME and APM submissions into one excel based filing
- Payers will now submit **one** TME-APM file in May. The excel template will include:
  - **Front tab**
  - **Zip code tab**
  - **Physician group tab**
  - **Summary tabs**
- The separate June APM filing will be eliminated

# Total Medical Expenses-Alternative Payment Methods

## Field Additions/Changes

- Added a flag to identify providers that are MassHealth Accountable Care Organizations (**ACOs**)
- Updated response options for **Insurance Category** and **Product Type** fields
- Updated **Non-Claims** categories in the Physician Group tab
- Some questions from previous optional APM supplemental file will be included in the TME-APM template
  - Added a field for **Risk Type** in the Physician Group tab

# Total Medical Expenses-Alternative Payment Methods

## Data Quality

- Adding a **front page** tab to the TME-APM template with submission overview and data quality questions
- Adding **summary tabs** to automatically calculate aggregate results
  - Top level metrics: calculates total expenses, total member months, TME PMPM, etc.
  - Trends: shows differences between the two submission tabs, as well as year over year trends

# Total Medical Expenses-Alternative Payment Methods

## Data Submission Process

- Moving from requiring data submissions through INET to Excel submissions through the **CHIA Submissions** portal
- Payers will be able to upload the excel file directly
- CHIA Submissions log-in will be the same credentials used for INET

# Payer Filing Schedule

Data Type	Data File Due	Deadline
TME-APM	CY 2017 Final TME-APM	May 17, 2019
	CY 2018 Preliminary TME-APM	May 17, 2019
Prescription Drug Rebates	CY 2017 Prescription Drug Rebates	June 3, 2019
	CY 2018 Prescription Drug Rebates	June 3, 2019
Relative Price	CY 2018 Hospital RP	June 28, 2019
	CY 2018 Other Provider RP	July 12, 2019
	CY 2017 Physician Group RP	July 12, 2019

# Next Steps

- Draft versions of the Data Submission Manual and TME-APM Excel template will be distributed to payers following the TAG meeting
- Please reach out to Erin Bonney at [erin.bonney@state.ma.us](mailto:erin.bonney@state.ma.us) with questions, comments, or concerns. We request that feedback be submitted by **Tuesday, February 26<sup>th</sup>**.
- Final Data Submission Manual and Reporting template will be posted on CHIA's website in March.
- CHIA staff will work with data submitters between now and May to introduce new CHIA submissions platform and provide additional materials

# DOI Reporting

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- Q4 2018 HMO Membership reports and 2018 Annual Membership reports should be distributed by the end of February. Carrier signoff due dates will be communicated when reports are sent.
- Claims report in development – code under review and testing is ongoing. Initial reports will be shared with select carriers in the coming weeks.

# Next Meetings

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March 12, 2019 @ 2:00 pm

April 9, 2019 @ 2:00 pm



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# Questions?