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

March 12, 2019



center for health information and analysis

Agenda

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

MA APCD 2019 Submission Guide Updates

- Final MA APCD 2019 Submission Guides are now available on CHIA's website (along with the Redline versions).
- Administrative Bulletin 19-02 posted to CHIA's website (highlighting the changes previously discussed and reflected in the 2019 Submission Guides).
- Changes effective for July 2019 data due in August.

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

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

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Data Specification Updates and Clarifications

- Reported pharmacy dollars should be net of the coverage gap discount
 - Applicable only to payers with Medicare business
- ACO Indicator: "0" if provider is not an ACO or payer has no <u>Medicaid business</u>
- Renamed Insurance Category 2 from "Medicaid & Medicaid Managed Care (MCO)" to "Medicaid (e.g., ACO, MCO)"
- Provider List Updates: added NPIs, removed parent to local provider relationships

Data Submission File – Front Tab

- <u>Input required</u> for <u>Contact Name</u> and <u>Email</u> to verify that all data in workbook is correct
- Payer Name in a dropdown list which will automatically populate Payer OrgID
- Please fill out all other questions on the front page completely, including the carved-out benefits table for payers with Commercial Partial business
- Once all tabs are populated and reviewed, click the red "Save and Name" button on front page

Data Submission File – Zip Code and Physician Group Data

- All columns must have a value input
 - Files with blank columns will not be saved
- Refer to the reference tables on the last tab for coding values for columns

Data Submission File – Summary Tabs

- The Summary and Summary Trends tabs will automatically generate aggregated spending amounts and data trends using the zip code and physician group tabs
- Tables will not populate until all data is filled out
- These tables should be carefully reviewed prior to data submission and will serve as a replacement for the iNet PDF reports

Prescription Drug Rebates

Data Submission File and Process

- Submission process consistent with prior years; Excel templates should be emailed to Erin Bonney by Monday June 3.
- Updates to the template include drop down options for easier completion, additional data check fields added
- New data field for Coverage Gap discount

Relative Price (RP)

Data Submission File and Process

- RP will be submitted through INET for CY2018 Hospital, CY2017 Physician, and 2018 Other Provider files
- Data elements consistent with prior years; asking payers to review provider list at beginning of data collection cycle
- Webinar to review calculation of multipliers will be offered on Thursday March 28th, 10am-11am

Payer Filing Schedule

Data Type	Data File Due	Deadline
TME-APM	Provider List Feedback	April 19, 2019
TME-APM	CY 2017 Final TME-APM	May 17, 2019
	CY 2018 Preliminary TME-APM	May 17, 2019
Prescription Drug	CY 2017 Prescription Drug Rebates	June 3, 2019
Rebates	CY 2018 Prescription Drug Rebates	June 3, 2019
Dalatha Dala	CY 2018 Hospital RP	June 28, 2019
Relative Price	CY 2018 Other Provider RP	July 12, 2019
	CY 2017 Physician Group RP	July 12, 2019

Next Steps

- Webinar information on RP reporting will be distributed to payers following the TAG meeting
- Final TME-APM Data Submission Manual, Reporting template, Provider list, and CHIA submissions guide will be posted on CHIA's website.
- Please reach out to Erin Bonney at <u>erin.bonney@state.ma.us</u> with questions, comments, or concerns.



2019 PAYER DATA REPORTING

ANNUAL PREMIUMS DATA REQUEST

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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



Data Specification Updates and Clarifications

Tab C (Member Months by Cost-Sharing Limits):

- Member months should be classified based on the single (individual) policy deductible or out-of-pocket limit, even for members enrolled in family policies
- CHIA is no longer requesting data on the percent of members reaching their deductible or out-of-pocket limits
- All member months reported in tabs B1 B4 should also be reported on tab C

Data Specification Updates and Clarifications

		y Cost-Sharing Limits	Based on sing				
Submission Manual and FAQs available at: http://ww			(individual) policy		ubmitters-pre	emiums-data/	
Completed wo	rkbook to	CHIAData@gormanactuarial.	•	icy			
Legal Entity:		[Input I	levels				
Please report Me	ember Montl	hs according to in-network plan benef	fits for an in the gle) p	olicy. For co	mplete definiti	ons of Deductible and	
Out-of-Pocket N	laximum, ref	er to the Data Submission Manual.					<u> </u>
FundingType	Year	Cost-Sharing Type	Range		Data	Member Months	
Total	2016	Deductible	All	Auto	calculated	0	
Total	2016	Out-of-Pocket Maximum	All	Auto	calculated	0	
Total	2017	Deductible	All	Auto	calculated	0	
Total	2017	Out-of-Pocket Maximum	All	Auto	calculated	0	
Total	2018	Deductible	All	Auto	calculated	0	
Total	2018	Out-of-Pocket Maximum	All	Auto	calculated	0	
Total	2016	Deductible	No Deductible	Input	t Required		
Total	2016	Deductible	\$1 - \$999	Input	t Required		
Total	2016	Deductible	\$1,000 - \$2,499	Input	t Required		
Total	2016	Deductible	\$2,500 - \$4,999	Input	t Required		
Total	2016	Deductible	\$5,000 or greater	Input	t Required		
Total	2016	Out-of-Pocket Maximum	Less than \$2,000	Input	t Required		
Total	2016	Out-of-Pocket Maximum	\$2,000 - \$4,999	Input	t Required		
Total	2016	Out-of-Pocket Maximum	\$5,000 - \$9,999	Input	t 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			
Introd	duction	Specification & Overview Namin	g Conventions A B1	B2 B3	B4 C D	E1 E2 F G	(+) :

No longer requesting Percent of Members Reaching Limit

Timeline

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



Next Steps

- Finalized Data Submission Manual and Reporting Workbook will be posted on CHIA's website.
- Completed Workbooks should be sent to <u>CHIAData@gormanactuarial.com</u> no later than Friday, May 17th.
- Please reach out to Ashley Storms at <u>ashley.storms@state.ma.us</u> with questions, comments, or concerns.

DOI Reporting

- Q4 2018 HMO Membership reports sent 3/1. Responses due 4/15.
- ➤ 2018 Annual Membership reports under internal CHIA review and will be distributed shortly.
- ➤ 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

April 9, 2019 @ 2:00 pm

May 14, 2019 @ 2:00 pm



Questions?

