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

February 14, 2023



for health information and analysis

## **Agenda**

- MA APCD
- Enrollment Trends
- DOI Reporting
- Questions



#### **MA APCD Intake**

- ➤ All APCD submissions through December 2022 were due by January 31<sup>st.</sup> This includes any re-submissions.
- ➤ This data will be used for quarterly and annual DOI reports and Enrollment Trends.
- ➤ Please work with your liaison in submitting any overdue files and alert them if you expect any further delays this month.
- ➤ CHIA is revisiting Medical Claim versioning methods with select payers. We'll reach out when we have examples to share with each company.

#### **MA APCD Intake**

- 2023 APCD Submission Guide Drafts have been posted to CHIA's website: <a href="https://www.chiamass.gov/apcd-data-submission-guides/">https://www.chiamass.gov/apcd-data-submission-guides/</a>
- ➤ There are no changes to the Product, Provider or Benefit Plan Submission Guides (other than the cover page).
- There is no change to the Version in the header record.
- Please provide any questions/comments/feedback by February 28<sup>th</sup>.

Update to Member Gender (ME013, MC012, PC012, DC012) to allow for more options in the lookup table based on the <u>USCDI code set</u>. (note: this has already been implemented but the submission guides need to be updated).

ME	13	ME01 3	Membe r Gender	8/16/2 2	Lookup Table - Text	tlkpGender	char[1]	Member's Gender	Report member gender as reported on enrollment form in alpha format. Used to create Unique Member ID. <b>EXAMPLE:</b> F = Female	All	100 %	A0
								Code	Description			
								F	Female			
								М	Male			
								A	Transgender Male/Trans Man			
								В	Transgender Female/Trans Woman			
								G	Genderqueer/gender nonconforming: neither exclusively male nor female			
								N	Non-binary			
								0	Other			
								U	Unknown			
								C	Choose not to answer			

Update to ME012, DC011, MC011, PC011 – Individual Relationship Code to standardize the valid values across the lookup tables. Requires edit update as well.

ME	1 2	ME 01 2	Individual Relationsh ip Code	11/8/12	Looku p Table - Nume ric	tlkpIndividua IRelathionsh ipCode	varchar[2]	Member to Subscriber Relationship Code	Report the value that defines the Member's relationship to the Subscriber. <b>EXAMPLE</b> : 20 = Self / Employee	All	98%
								Value	Description		
								1	Spouse		
								4	Grandfather or Grandmother		
								5	Grandson or Granddaughter		
								7	Nephew or Niece		
								10	Foster Child		

Update to DC047 – Tooth Number/Letter to allow procedures for D3000 – D3999 (**restorative care**). Requires edit update as well.

DC	48	D C0 47	Tooth Numbe r/Letter	10/30/1 4	Extern al Code Sourc e 10 - Text	External Code Source 10 - Tooth Numbering	varchar[2 ]	Tooth Number or Letter Identification	Report the tooth identifier(s) when DC032 is within the given range.	Required when DC032 = D2000 thru D2999, D3000 thru D3999	100 %	A2	
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Update to PC033 – Quantity Dispensed to expand length from 10 to 15 char. Requires edit update as well.

P C	3 5	P C0 33	Quantity Dispens ed	3/2022	Quanti ty - Decim al	Counter	±varcha r[15]	Claim line units dispensed	Report the number of metric units of medication dispensed.	All	99%	A1	
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Update to PC026 – Drug Code to expand length from 11 to 12 char. Requires edit update as well. This has not been finalized by the FDA yet.

The FDA is proposing an effective date five years after the publication of the final rule to allow stakeholders time to develop and implement changes to their systems. Therefore, this will not be a part of the 2023 updates.

P C	2 8	P C0 26	Drug Code	11/8/1 2	Extern al Code Sourc e 12 - Text	External Code Source 12 - National Drug Codes	char[12]	National Drug Code (NDC)	Report the NDC Code as defined by the FDA in 12 digit format (6-4-2) without hyphenation.	All	98%	A0	
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Update to MC130 – Procedure Code Type to allow HIPPS Codes. Requires edit update as well.

M C	13 1	MC 130	Procedu re Code Type	10/30/1 4	Lookup Table - Integer	tlkpProcedur eCodeType	int[1]	Claim line Procedure Code Type Identifier	Report the value that defines the type of Procedure Code expected in MC055.	All	98%	A1
								Value	Description			
								1	CPT or HCPCS Level 1 Code or HIPPS Code			
								2	HCPCS Level II Code			
								3	HCPCS Level III Code (State Medicare code).			
								4	American Dental Association (ADA) Procedure Code (Also referred to as CDT code.)			
								5	State defined Procedure Code			
								6	CPT Category II			
								7	CPTCategory III Code			

MA APCD Intake Process	Timeline
Data Partners Propose Updates	November 2022/December 2022
Proposals Shared with Carriers	December 2022/January 2023
Draft Submission Guides published	January 2023
Guides Reviewed at Technical Advisory Group	February 2023
Carrier Comment Period	February 2023
Administrative Bulletin and Guides Adopted	March 2023
Development/Testing	March-June 2023
Carrier Testing	July 2023
MA APCD Intake Version 2023 Production	August 2023

#### **Enrollment Trends Timeline**

Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023
Payers submit Sept 2022 MA APCD files				
	Supplemental enrollment reports due (select payers)			
		MA APCD enrollment counts sent to payers for review		
			Reporting	

#### **DOI** Reporting

- Q4 2022 HMO Membership reports will be sent later this month.
- CY2022 Annual Membership reports will also be distributed in February.
- Claims/Utilization:
- Reports using data through September 2022 are under review and will be sent later this month.
- We continue to meet with select payers to reconcile differences in certain report categories.

### **Next Meetings**

March 14, 2023 @ 2:00 pm

April 11, 2023 @ 2:00 pm



# Questions?

