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

September 10, 2013
• TME Update
• Edit Update Review
• Testing Version 3.0
• Data Validation Projects
• Highlight of the Month – Member Eligibility Elements: When to Add a Line vs. Change a Line
In accordance with the TME current submission standards, the APCD will also allow the usage of the generic codes 999996 and 999997 under the following circumstances:

- Data must be reported in aggregate for all practices in which the Local Practice Group’s member months are below 36,000 and the practice has no parent Physicians’ Group. This group is to be identified as “Groups below minimum threshold” with an ORGID of 999996.

- For Local Practice Groups below the 36,000 member month threshold that are part of a larger Physicians’ Group, payers will report the data on a separate line within the parent group data section (“Other [name of physician group] Aggregate Data”) using an ORGID of 999997.
• Phase out usage of 999997 by April 2014
• Utilize the orgid of the Parent Physician Group
  – Example: Local Practice Group is part of Beth Israel Deaconess or Steward
• Allows linkage of these providers to their parent physician groups
<table>
<thead>
<tr>
<th>ME125</th>
<th>TME OrgID - Physician Group of the Member’s PCP</th>
<th>TME Provider OrgID</th>
<th>Assigned submitters only. Required in December file only.</th>
<th>100%</th>
<th>A2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Required for Total Medical Expense Reporting. OrgID specific. Report the TME Local Practice Group Provider OrgID for the Physician Group of the Member’s PCP, and not the place of service for the claim.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EDIT UPDATE REVIEW

- Versioning Edits
- Member Eligibility Edits
- Flag Indicator Edits
- Delegated Benefit Administrator Orgid Edits
Line Failures

Fail Line when DC005A (Version) = 0 and DC059 (Claim Line Type) = V, R, B, or A
   **Edit Language:** Claim Line Type (DC059) must be O when Version (DC005A) is 0.
Fail Line when MC005A (Version) = 0 and MC094 (Claim Line Type) = V, R, B, or A
   **Edit Language:** Claim Line Type (MC094) must be O when Version (DC005A) is 0.
Fail Line when PC005A (Version) = 0 and PC110 (Claim Line Type) = V, R, B or A
   **Edit Language:** Claim Line Type (PC110) must be O when Version (DC005A) is 0.

Fail Line when DC060 (Former Claim Number) is populated and DC005A (Version) = 0
   **Edit Language:** Former Claim Number (DC060) must be blank when Version (DC005A) is 0.
Fail Line when MC139 (Former Claim Number) is populated and MC005A (Version) = 0
   **Edit Language:** Former Claim Number (MC139) must be blank when Version (DC005A) is 0.
Fail Line when PC111 (Former Claim Number) is populated and PC005A (Version) = 0
   **Edit Language:** Former Claim Number (PC111) must be blank when Version (DC005A) is 0.
• The Member Last Name should be consistent across the same CarrierSpecificUniqueMemberID.
• The Member First Name should be consistent across the same CarrierSpecificUniqueMemberID.
• The Member Identification Code (SSN) should be consistent across the same CarrierSpecificUniqueMemberID.
• The Member Date of Birth should be consistent across the same CarrierSpecificUniqueMemberID.
<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
<th>Clarification</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>This is a preferred value and answers a reporting question directly. It is expected that both carriers and their vendors are seeking to report the most appropriate answer.</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>This is a preferred value and answers a reporting question directly. It is expected that both carriers and their vendors are seeking to report the most appropriate answer.</td>
</tr>
<tr>
<td>3</td>
<td>Unknown</td>
<td>This is an allowed answers for TPAs, PBMs, Vendors and intermediary that does not obtain or maintain specific health information OR Carriers that receive limited information from their Vendor. This last point requires that the vendor is supplying a more robust data set. High usage of 3 will create a QA investigation.</td>
</tr>
<tr>
<td>4</td>
<td>Other</td>
<td>This is not an appropriate value for the majority of the questions. An answer of Other does not point to any given fact and high usage of this value will create QA investigation.</td>
</tr>
<tr>
<td>5</td>
<td>Not Applicable</td>
<td>This is only an appropriate answer when the question does not apply to a subset. In many cases where 5 shouldn’t be used but is, 2 = No may be assumed as the value as part of a QA standard. Example: Pregnancy Indicator should be set to 5 = Not Applicable for Males.</td>
</tr>
</tbody>
</table>

- Expect 100% compliance on Flag Indicator fields
- Expect high usage of Unknown/Other/Not Applicable will be explained in the Variance Rationale column
• Delegated Benefit Administrator Organization ID is a CHIA defined and maintained ID for linking across submitters

• Risk holders report the OrgID of the DBA here. DBAs report the OrgID of the insurance carrier here.
EDIT REVIEW: OTHER

- TME Fields
- GIC Fields
- DOI Fields
- Connector Fields
• TESTING PROCESS

• FORMAT TESTING

• EDIT TESTING
  ➢ Category A Edits
  ➢ Category B and C Edits

• VARIANCE Reporting
DATA VALIDATION PROJECTS

Data Intake: New fields/edits

Data Validation

Data Compliance
DATA VALIDATION PROJECTS

• Versioning of highest claim line
• Linkage between file types
• Health Policy Commission
• The Connector
• Warning Edit Messages
Data Validation – Multi-prong Approach

**Connector**
- Risk Adjustment

**ACA Level II**
- Extracts for Model Development
- Simulation
- Dry Run
- Begin Operations

**GIC**
- Data Warehouse Replacement
- ISA Signed
- GIC Data Begins to Flow
- Data Validation - Two Phases

**HPC**
- Cost Trend
- Initial Report

**CHIA**
- Dollar Fields Validation

*Center for Health Information and Analysis*

*Consulting Contract: Lewin Group*
Member Eligibility Elements:
When to Add a Line vs.
Change a Line
MEMBER ELIGIBILITY ELEMENTS

- **Add/New Line**
  - Last Activity Date (ME056)
  - 29 Elements: Benefit Changes

- **Update/Change Line**
  - Last Activity Date (ME056)
  - 89 Elements: Attribute Changes
HIGHLIGHT: ELIGIBILITY

Update/Change Eligibility Line

Add/New Eligibility Line

89 and growing

29 and decreasing
<table>
<thead>
<tr>
<th>Activity</th>
<th>Element #</th>
<th>Element Name</th>
<th>Notes / Reason / Logic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable</td>
<td>ME001</td>
<td>Submitter</td>
<td>Submitter must use same OrgID</td>
</tr>
<tr>
<td>Stable</td>
<td>ME002</td>
<td>National PlanID</td>
<td>When implemented submitter must use same National PlanID</td>
</tr>
<tr>
<td>Add</td>
<td>ME003</td>
<td>Insurance Type Code / Product</td>
<td>Unless a correction, this element does not change without other prominent changes to benefits</td>
</tr>
<tr>
<td>Change</td>
<td>ME004</td>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>ME005</td>
<td>Month</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>ME006</td>
<td>Insured Group or Policy Number</td>
<td>Unless a correction, this element does not change without other prominent changes to benefits</td>
</tr>
<tr>
<td>Add</td>
<td>ME007</td>
<td>Coverage Level Code</td>
<td>This element is used to define base eligibility and QA member attributes on eligibility and claims</td>
</tr>
<tr>
<td>Change</td>
<td>ME008</td>
<td>Subscriber SSN</td>
<td></td>
</tr>
<tr>
<td>Add</td>
<td>ME009</td>
<td>Plan Specific Contract Number</td>
<td>Unless a correction, this element does not change without other prominent changes to benefits</td>
</tr>
<tr>
<td>Change</td>
<td>ME010</td>
<td>Member Suffix or Sequence Number</td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>ME011</td>
<td>Member SSN</td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>ME012</td>
<td>Individual Relationship Code</td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>ME013</td>
<td>Member Gender</td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>ME014</td>
<td>Member Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Change</td>
<td>ME015</td>
<td>Member City</td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS?
• OCTOBER 8 at 2:00 PM

• NOVEMBER 12 at 2:00 PM
QUESTIONS

• Questions emailed to APCD Liaisons
• Questions emailed to CHIA (CHIA-APCD@state.ma.us).
• Questions on the Data Release and Application emailed to CHIA (apcd.data@state.ma.us)