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

January 12, 2016

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Agenda

- Housekeeping

- Annual Premium, Enrollment Trends and Medical Expenditure Trends Updates

- APCD Version 5.0 Submission Guides

- Wrap Up

CHIA.

Housekeeping

- Pharmacy Claims Versioning

- Supplemental Diagnosis File for Risk Adjustment

- Upcoming File Submission Deadlines

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Supplemental Diagnosis File

- Inform your liaison if you plan on submitting this file type for Risk Adjustment final settlement

- Consider submitting a December 2015 file to work out any issues before final settlement

Upcoming File Submission Deadlines

- Files (through December 2015) for the next Risk Adjustment simulation must be in and passed intake edits by 1/31/2016.

- Files (through March 2016) for the next CHIA data release must be in and passed intake edits by 4/30/2016. This also coincides with the Risk Adjustment final settlement.

- V5 submission guides go into effect in August for July 2016 data and any resubmissions back to October 2013.

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CHIA Reporting Updates:
Annual Premiums Data Request, Enrollment Trends, and Medical Expenditure Trends

Kevin Meives | *Senior Health System Policy Analyst*

Ashley Storms | *Senior Health System Policy Analyst*

Nathan Bosdet | *Senior Health System Policy Analyst*

January 12th, 2016

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Annual Premiums Data Request

Agenda

Updated Regulation

Data Request Overview

Data Request Content Changes from 2015

Data Request Format & Submission Enhancements

Timeline

Please deliver any initial comments to Kevin Meives at kevin.meives@state.ma.us by **January 15th**.

Payers will also have the opportunity to comment on the draft submission materials themselves.

Updated Regulation

➢ Reporting requirements remain largely unchanged

➢ Proposed regulation : 957 CMR 10.00: Health Care Payers Premiums and Claims Data Reporting Requirements
  ❑ Available at http://www.chiamass.gov/regulations/
  ❑ Subjects payers with at least 25,000 commercial members in Massachusetts, per Enrollment Trends, to reporting requirements

➢ Comments:
  ❑ Written comments may be submitted to CHIA-Regulations@state.ma.us
  ❑ Public hearing January 27th, 10:00am, 501 Boylston St.
  ❑ More information available at http://www.chiamass.gov/regulations/#publiccomments

Data Request Overview

Purpose

➤ To assess cost and coverage trends in the Massachusetts commercial market, based on contract-membership

Data

➤ Aggregated member months, premiums, and claims data
➤ Breakouts by Funding Type, Market Sector, Product Type (HMO, PPO), and Benefit Design Type (HDHPs, Tiered Networks, Limited Networks)
➤ Covers previous three years (2013, 2014, 2015)

Data Request: Content Changes from 2015

Proposed Deletions
- ➢ **In/out-of-network claims by all categories:**
    - ❑ **Funding Type**
    - ❑ **Product Type**
    - ❑ **Benefit Design Type**
    - ❑ **Market Sector**
- ➢ Average employer size by:
    - ❑ Product Type
    - ❑ Benefit Design Type

Proposed Additions
- ➢ Benefit Design Type: Limited Network Category
- ➢ Market Sector: Group Insurance Commission (GIC) Category

Data Request: Content Changes from 2015

Proposed Deletions
- In/out-of-network claims by all categories:
  - ❑ Funding Type
  - ❑ Product Type
  - ❑ Benefit Design Type
  - ❑ Market Sector
- **Average employer size by:**
  - ❑ **Product Type**
  - ❑ **Benefit Design Type**

Proposed Additions
- Benefit Design Type: Limited Network Category
- Market Sector: Group Insurance Commission (GIC) Category

Data Request: Content Changes from 2015

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  - ❑ Funding Type
  - ❑ Product Type
  - ❑ Benefit Design Type
  - ❑ Market Sector
- ➢ Average employer size by:
  - ❑ Product Type
  - ❑ Benefit Design Type

Proposed Additions
- ➢ **Benefit Design Type: Limited Network Category**
- ➢ Market Sector: Group Insurance Commission (GIC) Category

Data Request: Content Changes from 2015

Proposed Deletions
- ➢ In/out-of-network claims by all categories:
    - ❑ Funding Type
    - ❑ Product Type
    - ❑ Benefit Design Type
    - ❑ Market Sector
- ➢ Average employer size by:
    - ❑ Product Type
    - ❑ Benefit Design Type

Proposed Additions
- ➢ Benefit Design Type: Limited Network Category
- ➢ **Market Sector: Group Insurance Commission (GIC) Category**

Data Request Format & Submission Enhancements

Data Submission Manual
➢ CHIA will post a data submission manual and Excel reporting workbooks to its website
  ❑ Will still notify responsible payers through liaisons

PMPM Verification Cover Sheet

Submission Format Options

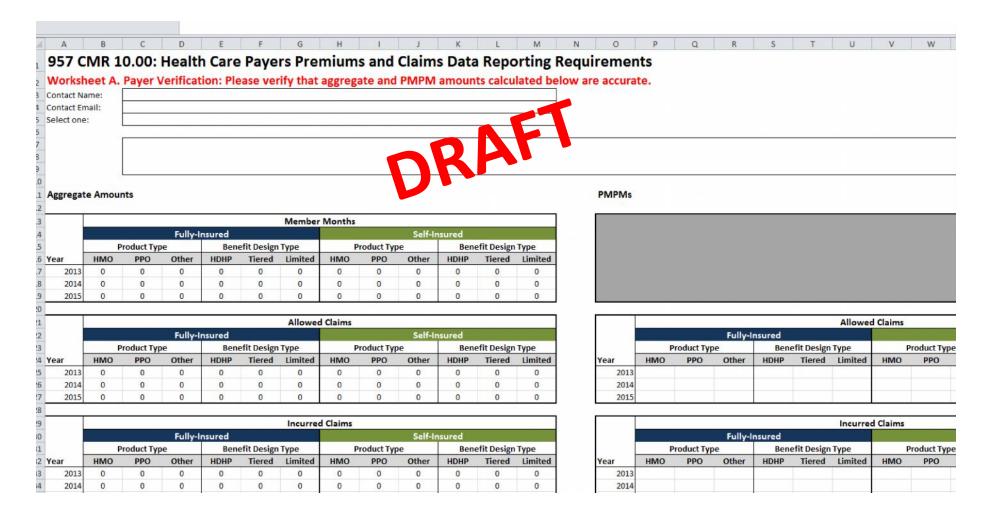# Data Request Format & Submission Enhancements

Data Submission Manual
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PMPM Verification Cover Sheet
- Certain key PMPM figures will auto-populate based on entered data
- Will simplify payer quality checking process, reducing the need for resubmissions

Submission Format Options

PMPM Verification Cover Sheet

957 CMR 10.00: Health Care Payers Premiums and Claims Data Reporting Requirements

Worksheet A. Payer Verification: Please verify that aggregate and PMPM amounts calculated below are accurate.

Contact Name:
Contact Email:
Select one:

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Aggregate Amounts

PMPMs

Member Months

| Year | Fully-Insured | | | | | | Self-Insured | | | | | |
| | Product Type | | | Benefit Design Type | | | Product Type | | | Benefit Design Type | | |
	HMO	PPO	Other	HDHP	Tiered	Limited	HMO	PPO	Other	HDHP	Tiered	Limited
2013	0	0	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0

Allowed Claims

| Year | Fully-Insured | | | | | | Self-Insured | | | | | |
| | Product Type | | | Benefit Design Type | | | Product Type | | | Benefit Design Type | | |
	HMO	PPO	Other	HDHP	Tiered	Limited	HMO	PPO	Other	HDHP	Tiered	Limited
2013	0	0	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0	0	0
2015	0	0	0	0	0	0	0	0	0	0	0	0

Allowed Claims (PMPMs)

| Year | Fully-Insured | | | | | | Product Type | |
| | Product Type | | | Benefit Design Type | | | | |
	HMO	PPO	Other	HDHP	Tiered	Limited	HMO	PPO
2013								
2014								
2015								

Incurred Claims

| Year | Fully-Insured | | | | | | Self-Insured | | | | | |
| | Product Type | | | Benefit Design Type | | | Product Type | | | Benefit Design Type | | |
	HMO	PPO	Other	HDHP	Tiered	Limited	HMO	PPO	Other	HDHP	Tiered	Limited
2013	0	0	0	0	0	0	0	0	0	0	0	0
2014	0	0	0	0	0	0	0	0	0	0	0	0

Incurred Claims (PMPMs)

| Year | Fully-Insured | | | | | | Product Type | |
| | Product Type | | | Benefit Design Type | | | | |
	HMO	PPO	Other	HDHP	Tiered	Limited	HMO	PPO
2013								
2014								

Format & Submission Option Enhancements

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➢ CHIA will post a data submission manual and Excel reporting workbooks to its website
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PMPM Verification Cover Sheet
➢ Certain key PMPM figures will auto-populate based on entered data
➢ Will simplify payer quality checking process, reducing the need for resubmissions

Submission Format Options
➢ Option #1: 2015 Request template (similar)

Option #1: Modified 2015 Template

957 CMR 10.00: Health Care Payers Premiums and Claims Data Reporting Requirements

TAB B1: FULLY-INSURED INDIVIDUALS AND EMPLOYERS: Member Months By Market Sector, Product Type, Benefit Design Type, and Geographic Area

Due to Dianna Welch, Quality Checked, By: Tuesday, May 10th, 2016

Questions to: Dianna Welch at dianna.welch@oliverwyman.com or (414) 277-4657

Please provide the annual Massachusetts member month information for fully-insured employers broken down by Geographic Area (3 digit zip), Product Type, Market Sector, and Benefit Design Type.
Total columns are calculated as the sum of the three Product Types and should represent the grand totals for the Market Sector.

2013 Fully-Insured	Total						Product Type - HMO					
	Total	Individual	Small Group (1-50)	Mid-Size Group (51-100)	Large Group (101-499)	Jumbo Group (500+)	Total	Individual	Small Group (1-50)	Mid-Size Group (51-100)	Large Group (101-499)	Jumbo Group (500+)
010	0	0	0	0	0	0	0					
011	0	0	0	0	0	0	0					
012	0	0	0	0	0	0	0					
013	0	0	0	0	0	0	0					
014	0	0	0	0	0	0	0					
015	0	0	0	0	0	0	0					
016	0	0	0	0	0	0	0					
017	0	0	0	0	0	0	0					
018	0	0	0	0	0	0	0					
019	0	0	0	0	0	0	0					
020	0	0	0	0	0	0	0					
021	0	0	0	0	0	0	0					
022	0	0	0	0	0	0	0					
023	0	0	0	0	0	0	0					
024	0	0	0	0	0	0	0					
025	0	0	0	0	0	0	0					
026	0	0	0	0	0	0	0					
027	0	0	0	0	0	0	0					
Other	0	0	0	0	0	0	0					
Total	0	0	0	0	0	0	0	0	0	0	0	0

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2014 Fully-Insured	Total						Product Type - HMO					
	Total	Individual	Small Group (1-50)	Mid-Size Group (51-100)	Large Group (101-499)	Jumbo Group (500+)	Total	Individual	Small Group (1-50)	Mid-Size Group (51-100)	Large Group (101-499)	Jumbo Group (500+)
010	0	0	0	0	0	0	0					
011	0	0	0	0	0	0	0					
012	0	0	0	0	0	0	0					

Format & Submission Option Enhancements

Data Submission Manual
➢ CHIA will post a data submission manual and Excel reporting workbooks to its website
  ❑ Will still notify responsible payers through liaisons

PMPM Verification Cover Sheet
➢ Certain key PMPM figures will auto-populate based on entered data
➢ Will simplify payer quality checking process, reducing the need for resubmissions

Submission Format Options
➢ Option #1: 2015 Request template (similar)
➢ Option #2 (new): Flat tables for member months, premiums, and claims reporting

Option #2: Flat Tables

Submission Format:

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Company Name	Company Detail	Year	Geographic Area (3-Digit Zip)	Age Group	Gender	Funding Type	Product Type	HDHP Flag	Tiered Network Flag	Limited Network Flag	Market Sector	Member Months
2	Example	Sub_Example	2013	010	20-24	M	FI	HMO	0	1	0	IND	2,400
3	Example	Sub_Example	2013	026	35-39	M	FI	PPO	1	0	0	MS	10,000
4	Example	Sub_Example	2015	Other	65+	F	SI	Other	1	0	1	JG	50,000
5													

Submission Guidelines:

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Worksheet	Column	Data Element Name	Type	Format	Guideline
B. Member Months	1	Company Name	Text	Free Text	Enter the company or parent company name of the submitter.
B. Member Months	2	Company Detail	Text	Free Text	If applicable, enter the affiliate or subsidiary of the parent company.
B. Member Months	3	Year	Text	YYYY	Enter the calendar year in YYYY format
B. Member Months	4	Geographic Area	Text	See "Guideline"	Enter the first three digits of the member's zip code, if the member is a Massachusetts resident. If the member is not a Massachusetts resident, enter "Other." Must report one of the following: • 010

Timeline

Jan. 2016	Feb. 2016	March 2016	April 2016	May 2016
Draft Data Submission Manual distributed (late January)	**Finalized Data Submission Manual posted** (mid February)			
		Payer TAG #1 (March 8th)	**Payer TAG #2** (April 12th)	
				Submissions Due (May 10th)

Enrollment Trends

Thank You

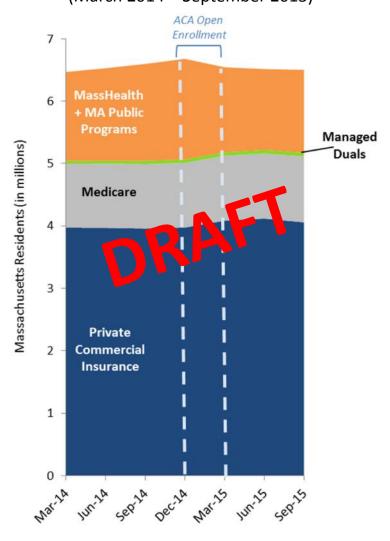Payer support is critical to ensuring accurate, timely enrollment data reporting.

Membership verified through Enrollment Trends (Massachusetts residents with primary, medical coverage) will also serve as the foundation for claims-based reporting.

Enrollment Trends Reporting (Preview)

January 2016 Release:

- Report
- Databook
- Technical Notes
- Programming Code

Total Massachusetts Enrollment
(March 2014 – September 2015)

Enrollment Trends Timeline

Jan. 2016	Feb. 2016	Mar. 2016	Apr. 2016	May 2016	June 2016	July 2016
Reporting						
Work with remaining payers to fix MA APCD ME files; Validate new MA APCD fields for ongoing enrollment reporting						
			March 2016 MA APCD file submissions			
				Supplemental reporting due (required payers)		
				Payer data verification		
						Reporting

Medical Expenditure Trends

Medical Expenditure Trends

- Enrollment Trends has produced accurate, reliable, reproducible membership data for each payer using payers' Member Eligibility (ME) files

- Next step is to assign and verify – for accuracy and completeness – those members' medical claims, as submitted in payers' Medical Claims (MC) files

Goal

- To produce reliable, payer-verified per member per month (PMPM) measures of the cost of health care services for Massachusetts residents by enrollment subpopulations. For example:

  ❑ Total monthly expenditures by market sector

  ❑ Payer-paid PMPMs for fully-insured HMO enrollees:

$$PMPM = \frac{\sum Paid\ (for\ claims\ incurred\ while\ member\ was\ FI\ HMO)}{\sum Member\ Months\ (for\ FI\ HMO\ members)}$$

Methods

- Payers' Medical Claims (MC) data merged to Member Eligibility (ME) data on **Carrier Specific Unique Member ID (ME107)** for:
  - ❑ The Enrollment Trends population
  - ❑ Claims with dates of services in State Fiscal Year 2014 (July 2013 – June 2014)
  - ❑ Run out into CY2015

- Analysis restricted to "final versioned" medical claims, using logic developed in partnership with payers

- Like enrollment, claims data will be able to be aggregated and analyzed by Funding Type, Product Type, and Market Sector for commercial, MassHealth MCO, and Medicare Advantage populations.

Methods

Total Medical Expenditures
(as reported to the MA APCD)

Patient Costs						Payer$_1$ Paid				Other Payer$_{0,2}$ Paid		
Copay (MC065)	Deductible Paid (MC067)	Coinsurance (MC066)	Excluded Expenses (MC114)	Non-Covered Amount (MC099)	Patient Total OOP Amount (MC121)	Allowed Amount (MC098)	Paid Amount (MC063)	Prepaid Amount (MC064)	Withhold Amount (MC116)	Other Insurance Paid$_0$ (MC096)	Medicare Paid$_0$ (MC097)	COB/TPL Amount$_2$ (MC095)

- Working internally and with payers to understand how each payer populates these APCD fields

- Understanding how individual financial fields may be building blocks to total medical expenditures (PMPM)

- Comparing against quality control totals (e.g. Premiums Data Request, Total Medical Expenses, Milliman, HPC) to ensure completeness

MA APCD Validation: Payer Partnership

Payer Input Needed:

- Payer Financial Benchmarks

- MA APCD Field Assessment and Data Summary

Payer Financial Benchmarks

Request:
CHIA will send (via your payer liaison) an Excel workbook in which we will ask you to provide certain key per member per month financial values generated from your internal reporting systems.

Purpose:
These "benchmark" PMPMs will help CHIA verify that the PMPM figures sourced from the APCD are accurate and comprehensive.

Timeline:
Sent within the next week; return requested within 3-4 weeks.

Financial Benchmarks Workbook

			Font		Alignment		Number			Styles						

B12 f_x Consumer Out of Pocket

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Center for Health Information and Analysis		Workbook due to kevin.meives@state.ma.us by [INSERT DATE]													
2	Payer Financial Benchmarks															
3			Private Commercial Total	Private Commercial Fully Insured						Private Commercial Self Insured						Public Commerc MassHealth
4	Payer-Generated Financial Benchmarks, PMPM			PPO	HMO	POS	Indemnity	Other	TOTAL	PPO	HMO	POS	Indemnity	Other	TOTAL	Medicai
5	Gray cells auto-populate															
6	Non-capitated Claims															
7	Payer Allowed Amount		-	-	-	-	-	-	-	-	-	-	-	-	-	-
8	Payer Paid Amount		-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	Consumer Out of Pocket		-	-	-	-	-	-	-	-	-	-	-	-	-	-
10	Capitated Claims															
11	Capitation Payments (not FFS equivalents)		-	-	-				-	-	-	-	-	-	-	-
12	Consumer Out of Pocket		-	-	-				-	-	-	-	-	-	-	-
13																
14	Payer-Generated Financial Benchmarks, Aggregate															
15	Non-capitated Claims															
16	Payer Allowed Amount		$0						$0						$0	
17	Payer Paid Amount		$0						$0						$0	
18	Consumer Out of Pocket		$0						$0						$0	
19	Capitated Claims															
20	Capitation Payments (not FFS equivalents)		$0						$0						$0	
21	Consumer Out of Pocket		$0						$0						$0	
22																
23	Member Months (Enrollment Trends Specifications)															
24	Total [Specify 12 month period]		0						0						0	
25																

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MA APCD Field Assessment & Data Summary

Request:

1) Indicate which APCD Medical Claims (MC) financial fields your payer populates
2) Briefly answer several contextual questions related to how the MC file captures medical expenditures (e.g. in relation to global payments)
3) Verify that CHIA's APCD-generated PMPM amounts are accurate

Purpose:

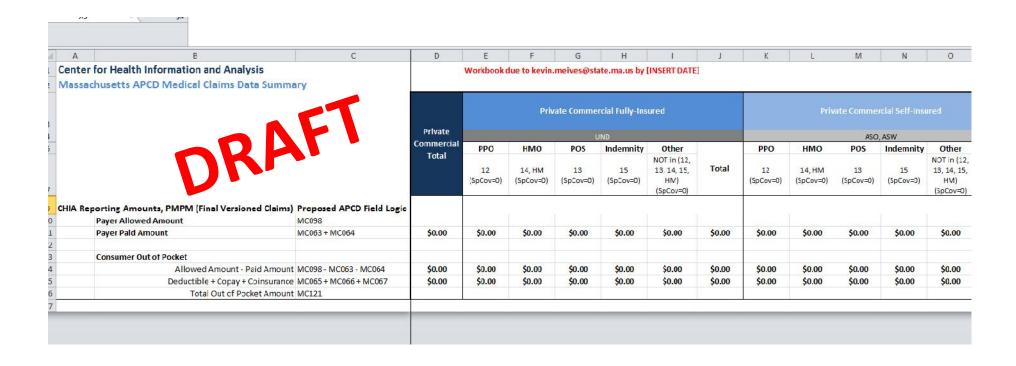To ensure that CHIA knows how to use payers' APCD data to arrive at accurate and comprehensive measures of medical expenditures.

Timeline:

Sent two weeks after Financial Benchmarks request; return requested early to mid-March.

MA APCD Field Assessment

Center for Health Information and Analysis

Workbook due to kevin.meives@state.ma.us by [INSERT DATE]

Massachusetts APCD Medical Claims Financial Field Assessment Form

Payer Name:

Org ID(s):

Do you report capitated claim lines, i.e. claim lines where Capitated Encounter Flag (MC081) = 1?
Yes

Payer Paid Amount

What field or combination of fields best represents the **Total Payer Paid** portion of a medical claim for members with primary medical coverage?
Check all that apply:

Please Complete Separately

	Non-Capitated Claims (MC081 = 2,3,4,5	Capitated Claims (MC081 = 1
Paid Amount (MC063)	☑	☑
Prepaid Amount (MC064)	☐	☑
Copay Amount (MC065)	☐	☐
Coinsurance Amount (MC066)	☐	☐
Deductible Amount (MC067)	☐	☐
Other Insurance Paid Amount (MC096)	☐	☐
Medicare Paid Amount (MC097)	☐	☐
Allowed Amount (MC098)	☐	☐
Noncovered Amount (MC099)	☐	☐
Excluded Expenses (MC114)	☐	☐
Withhold Amount (MC116)	☐	☐
Total Out of Pocket Amount (MC121)	☐	☐
Other APCD field(s):	Enter text (if necessary)	Enter text (if necessary)

Total Payer Paid =

+ Paid Amount (MC063)

+ Paid Amount (MC063)
+ Prepaid Amount (MC064)

Does the formula above accurately represent how to calculate the Total Payer Paid Amount or are there other payment arrangements not represented here?

Yes

N/A

Patient Paid Amount (Consumer Out of Pocket)

What field or combination of fields best represents the **Total Patient Paid** portion of a medical claim for members with primary medical coverage?
Check all that apply:

Please Complete Separately

	Non-Capitated Claims (MC081 = 2,3,4,5	Capitated Claims (MC081 = 1
Paid Amount (MC063)	☐	☐
Prepaid Amount (MC064)	☐	☐
Copay Amount (MC065)	☑	☑
Coinsurance Amount (MC066)	☑	☑
Deductible Amount (MC067)	☑	☑
Other Insurance Paid Amount (MC096)	☐	☐
Medicare Paid Amount (MC097)	☐	☐
Allowed Amount (MC098)	☐	☐
Noncovered Amount (MC099)	☐	☐
Excluded Expenses (MC114)	☐	☐
Withhold Amount (MC116)	☐	☐
Total Out of Pocket Amount (MC121)	☐	☐
Other APCD field(s):	Enter text (if necessary)	Enter text (if necessary)

Total Patient Paid =

+ Copay Amount (MC065)
+ Coinsurance Amount (MC066)
+ Deductible Amount (MC067)

+ Copay Amount (MC065)
+ Coinsurance Amount (MC066
+ Deductible Amount (MC067)

Does the formula above accurately represent how to calculate the Total Patient Paid Amount?

Yes

N/A

MA APCD Data Summary

Center for Health Information and Analysis
Massachusetts APCD Medical Claims Data Summary

Workbook due to kevin.meives@state.ma.us by [INSERT DATE]

CHIA Reporting Amounts, PMPM (Final Versioned Claims)	Proposed APCD Field Logic	Private Commercial Total	Private Commercial Fully-Insured						Private Commercial Self-Insured				
			UND						ASO, ASW				
			PPO	HMO	POS	Indemnity	Other	Total	PPO	HMO	POS	Indemnity	Other
			12 (SpCov=0)	14, HM (SpCov=0)	13 (SpCov=0)	15 (SpCov=0)	NOT in (12, 13, 14, 15, HM) (SpCov=0)		12 (SpCov=0)	14, HM (SpCov=0)	13 (SpCov=0)	15 (SpCov=0)	NOT in (12, 13, 14, 15, HM) (SpCov=0)
Payer Allowed Amount	MC098												
Payer Paid Amount	MC063 + MC064	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Consumer Out of Pocket													
Allowed Amount - Paid Amount	MC098 - MC063 - MC064	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Deductible + Copay + Coinsurance	MC065 + MC066 + MC067	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Out of Pocket Amount	MC121												

Timeline

Jan. 2016	Feb. 2016	March 2016	Q2 – Q3 2016	Q4 2016
CHIA payer data review				
	Payer Financial Benchmark request			
		MA APCD Field Assessment & Data Summary request		
			CHIA data anomaly resolution and product development	
			Product preview	**Public Reporting**

Contact Information

For questions about Annual Premiums:
Contact your CHIA liaison and Kevin Meives at kevin.meives@state.ma.us

For questions about Enrollment Trends:
Contact your CHIA liaison and Ashley Storms at ashley.storms@state.ma.us

For questions about Medical Expenditure Trends:
Contact your CHIA liaison and Nathan Bosdet at nathan.bosdet@state.ma.us

Intake Version 5.0

MA APCD Intake Process	Timeline
Data Partners Propose Version 5 Updates	November 2015
Proposals Shared/Discussed with Carriers	December 2015
Draft Submission Guides published	January 2016
Guides Reviewed at Technical Advisory Group	January 2016
Carrier Comment Period	January 2016
Administrative Bulletin and Guides Adopted	February 2016
Development/Testing	March/June 2016
Carrier Testing	July 2016
MA APCD Intake Version 5 Production	August 2016

Next Meetings

February 9, 2016 @ 2:00 pm

March 8, 2016 @ 2:00 pm

CHIA.

Questions?