

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

February 9, 2016



Agenda

- Housekeeping
- Annual Premium, Enrollment Trends and Medical Expenditure Trends Updates
- Wrap Up

Housekeeping

- APCD V5 Submission Guides
- Risk Adjustment
- Upcoming File Submission Deadlines
- Proposed Changes to TME/APM Reporting

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

PV011 - Suffix

D/N	Dietitian/Nutritionist
DC	Doctor of Chiropractic
DO	Doctor of Osteopathy
DPM	Doctor of Podiatric Medicine
HC	Homecare
HO	Hospital Based PM&R
KT	Kinesiotherapist
LAC	Licensed Acupuncturist
MD	Medical Doctor
MT	Massage Therapist
ND	Naturopathic Physician
OF	Physician Office Based PM&R
OT	Occupational Therapist
PA	Physicians Assistant
PT	Physical Therapist
R	Rolfer
SLP	Speech Language Pathologist
ST	Speech Therapist

Risk Adjustment

- Deadline extended to 2/26/2016 for submitting Supplemental Diagnosis file for December 2015
- Inform your liaison if you plan on submitting this file type for Risk Adjustment
- Connector/Milliman joining upcoming bi-weekly calls to discuss the Q4 2015 Data Quality reports

Upcoming File Submission Deadlines

- 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.

Proposed Changes to TME/APM Reporting

- Please send any comments or questions by Friday, February 12th to:

Caitlin Sullivan, Policy Implementation Manager

caitlin.sullivan2@state.ma.us

- All TME/APM/RP and TAG materials can be found here:
<http://www.chiamass.gov/information-for-data-submitters-payer-data-reporting/>

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*

February 9th, 2016



Annual Premiums Data Request

2016 Annual Premiums Data Request Update

- Draft Data Submission Manual
 - Comments due to Kevin Meives at kevin.meives@state.ma.us by **February 12th**
- Limited Network Definition
- Flat File Submission Option
- Timeline

Limited Networks Proposed Definition

Cost/Premium Threshold

- MA DOI definition uses **14%** cost threshold
 - Proposing using **10%** threshold

Fully-Insured Plans

- Apply threshold based on premium relativities in manual rating algorithm
 - A network that is considered limited in Merged Market would also be so in large group

Self-Insured Plans

- Apply fully-insured criteria to self-insured networks

Flat File Submission Option

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
1	Example	Sub_Example	2013	010	20-24	M	FI	HMC	0	1	0	IND	2,400
2	Example	Sub_Example	2013	026	35-39	M	FI	PPO	1	0	0	MS	10,000
3	Example	Sub_Example	2015	Other	65+	F	SI	Other	1	0	1	IG	50,000

Submission Guidelines:

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: <ul style="list-style-type: none"> • 010

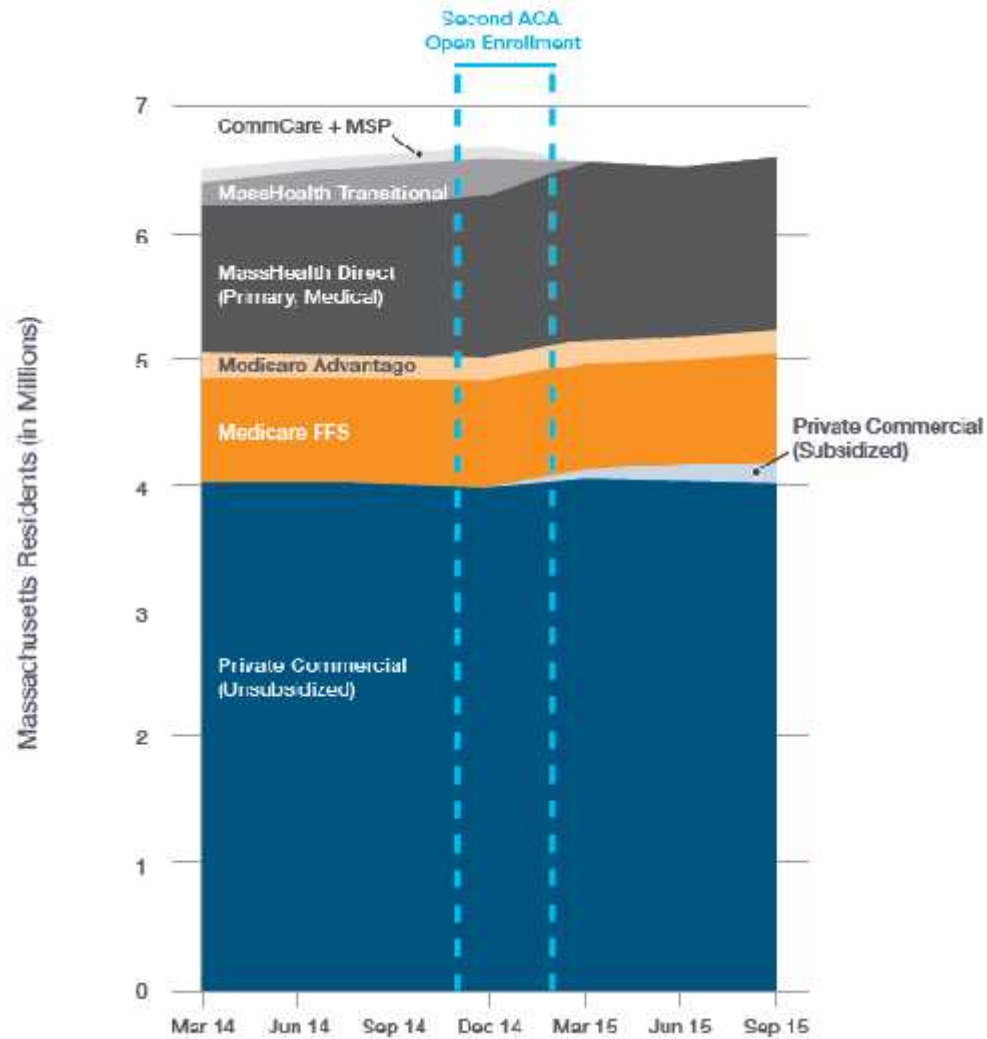
Timeline

Feb. 12 th 2016	Feb. 17 th 2016	March 2016	April 2016	May 2016
Comments on Draft Data Submission Manual Due	Finalized Data Submission Manual posted			
		Payer TAG #1 (March 8 th)	Payer TAG #2 (April 12 th)	
				Submissions Due (May 10 th)

Enrollment Trends

Total Massachusetts Enrollment

March 2014 – September 2015

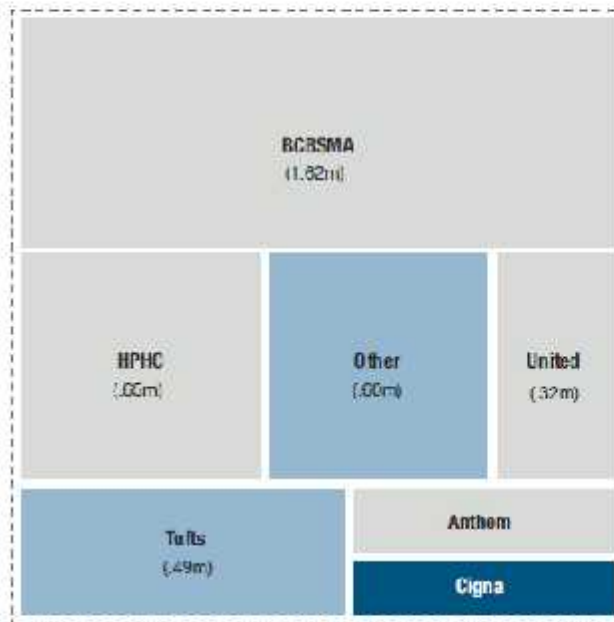


Private Commercial Enrollment

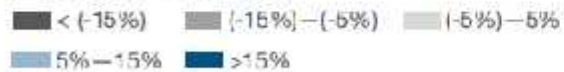
September 2014 – September 2015

4.18 Million Primary, Medical Members (+4% Since September 2014)

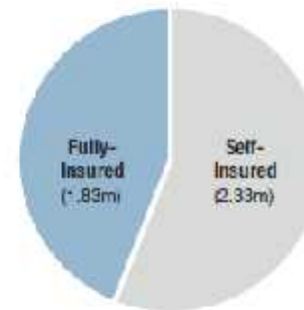
By Payor



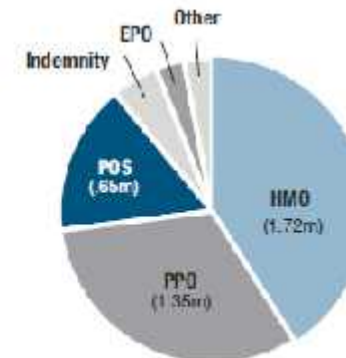
Key (Change Over Past Year)



By Funding Type



By Product Type



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

Financial Control Totals Follow-up

CHIA has sent (via your payer liaison) an Excel workbook in which we have asked you to provide certain key per member per month financial values generated from your internal reporting systems.

We have asked that these be returned by **Thursday, February 25th**.

		Private Commercial										Public Commercial			
		Fully Insured					Self Insured					Medicare MCO	Medicare Advantage		
		Total	HMO	PPO	POS	Indemnity	Other	Total	LMO	PPO	POS	Indemnity	Other	Total	Total
11	Financial Control Totals														
12	New Capitated Claims														
13	Allowed Amounts	\$0	\$0					\$0							
14	Paid Amounts	\$0	\$0					\$0							
15	Patients Out-of-Pocket Amounts	\$0	\$0					\$0							
16	Capitated Claims														
17	Pre-Paid Amounts*	\$0	\$0					\$0							
18	Patients Out-of-Pocket Amounts (for capitated claims)	\$0	\$0					\$0							

* - May also be referred to as "pre-fee-for-service amounts"; may adjust for individual case-specific characteristics per contract arrangement.

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

Next Meetings

March 8, 2016 @ 2:00 pm

April 12, 2016 @ 2:00 pm

Questions?