



MA Center for Health Information & Analysis

MA APCD User Workgroup

October 24, 2017

Agenda



- Announcements / Updates on APCD Release 6.0
- Summarized Data Reports
- User Support Slide Topics:
 - National Provider ID 1 vs National Provider ID 2;
 - Linking attending provider and referring provider IDs;
 - Insurance Type Product Code definitions;
 - Highest Version vs Version Number and Claim Line Type;
 - Highest Version volume and frequency
- Q&A

MA APCD Release 6.0



- Will encompass data from January 2012 – December 2016 with six months of claim runout
- Target release timeframe is late Fall 2017
- Apply now by checking boxes in the “Future Data Requested” section of the current application form

Available here: <http://www.chiamass.gov/application-documents>

- Make sure you’re signed up for CHIA’s email list to receive important announcements:

[Sign Up Here](#)

MA APCD Release 6.0 Highlights



Additional Pharmacy Claims versioning

- 4 carriers added to the Pharmacy versioning:
 - (P1) 301 - Health New England
 - (P2) 12226 - Minuteman Health
 - (P3) 10632 - Anthem
 - (P4) 302 - Health Plans Inc.

MA APCD Release 6.0 Highlights



CHIA.

New and improved Member Enterprise ID (MEID)

- Master Data Management (MDM) approach updated to work with hashed patient information
- Added Nickname processing for first names (Joe, Joseph)
- Added NYSIIS phonetic processing for last names (Smith, Smyth)
- Removed the Pharmacy Benefit Manager data from the MDM process to decrease the duplication of member data by upwards of 40%

CHIA is testing the newly created MEIDs and finding significant improvement in the match rates and removal of 'orphan' records

Request Future Years of Data



Applicants can now request FUTURE YEARS OF DATA for both APCD and Case Mix.

- Initial project requires Data Privacy Committee and Data Release Committee review
- Additional years (up to 5 years) or release versions of data will be released *upon availability* and the Recipient's completion of a Certificate of Continued Need (Exhibit B of the revised DUA)
- No additional review required for these additional years of data unless your request changes
- Normal data fees still apply

Summarized Data Reports



- CHIA is proposing to revise our [Data Release Regulations](#) to allow for ***Summarized Data Reports***
 - **Notice of Public Hearing:**
<http://www.chiamass.gov/regulations/#publiccomments>
- Will contain only aggregate data (data summaries) and De-identified Data, sourced from APCD and Case Mix data
 - Examples of Summarized Data Reports include: counts; totals; rates per thousand; index values; and other standardized metrics.
 - Will be subject to CHIA's cell suppression policy (no cell less than 11 will be displayed)

Summarized Data Reports



- In determining whether to compile such a report, CHIA will consider the **public interest served**, the **availability of its resources**, the **complexity** of the request, and **privacy concerns** (i.e. that there is no more than a minimal risk to individual privacy in the public release of the report)
- Submit the request via a new form (to be published after the revised regulation goes into effect.
- The Executive Director (or his/her designee) will approve or deny such requests. Such approval/denial is final and not subject to further review or appeal.
- A support/production fee of \$140/hour will be charged

Case Mix FY16 Release Calendar



CURRENT RELEASE TIMEFRAMES FOR EACH FILE:

- Inpatient (HIDD)
READY NOW
- Emergency Department (ED)
READY NOW
- Outpatient Observation (OOD)
READY NOW

New July 2017 MA APCD Release 5.0 Technical Data Profiling Dashboards for Member Eligibility (ME) and Medical Claims (MC)



Now available on the CHIA Website at <http://www.chiamass.gov/apcd-technical-data-profiles> by CHIA's Health System Performance Team are new APCD Technical Data Profiling Dashboards for Member Eligibility and Medical Claims

Overview: The dashboards provide APCD users with a general understanding of payer data quality for specific elements within the APCD Release Version 5.0 ME and MC files. The dashboards are in the format of Excel spreadsheet and evaluate completeness and highlight variances from expected benchmarks for key medical claims fields after being merged with member eligibility files. The data quality assessments and comments should be viewed within the analytic context described in the included technical summary and may not apply to all analyses. State Fiscal Year 2015 (July 2014 – June 2015) enrollment was generated from December 2015 ME submissions. To date, dashboards are available on the following 12 payers*:

Anthem

BMC HealthNet

Fallon Community Health Plan

Harvard Pilgrim Health Care

Minuteman

Tufts

Blue Cross Blue Shield of Massachusetts

Celticare

Fallon Health and Life Assurance Company

Health New England

Neighborhood Health Plan

Tufts Health Public Plans (formerly Network Health)

Each payer dashboard contains 6 pages:

- **Cover Page**
- **Overview and Technical Summary**
- **High-Level Summary - APCD MC linked to ME Files**
- **Fully-Insured Financial Information - APCD MC linked to ME Files**
- **Self-Insured Financial Information - APCD MC linked to ME Files**
- **HEDIS Codes for Substance Use Disorder and Mental Health primary diagnoses**

* *Note: Some findings remain unconfirmed by payers*



QUESTIONS?

Question: What is the difference between National Provider ID 1 and National Provider ID 2?



Answer: According to the CMS National Plan and Provider Enumeration System (**NPPES**) National Provider Identifier (**NPI**) Registry Reference Guide, the **NPI 1** is the **individual provider NPI** and the **NPI 2** is the **organizational NPI**. For solo providers rendering service, some insurance companies only require the NPI 1, while others will require both an NPI 1 and NPI 2. In the APCD Provider file, the NPI 1 and NPI 2 are typically different for Multi-Provider Groups where the NPI 2 is used as the billing NPI. In the table below, from APCD Release 5.0 Provider file, you can see the highest volume of records with a different NPI 1 and NPI 2 are for Multi-Provider Groups.

Top 5 High Volume Provider Records with Different NPI 1 and NPI 2

PROVIDER TYPE CODE	NATIONAL PROVIDER ID (Name - Taxonomy)	NATIONAL PROVIDER 2 ID (Name - Taxonomy)
MPG - Multi Provider Group	1457306664 (Children's Hospital Pediatric Association - Pediatrics)	1710087127 (Children's Hospital Corporation - General Acute Care Hospital)
MPG - Multi Provider Group	1558467977 (Children's Hospital Boston Ambulance - Ambulance Land Transport)	1710087127 (Children's Hospital Corporation - General Acute Care Hospital)
MPG - Multi Provider Group	1063447316 (The Lahey Clinic, Inc. - Internal Medicine)	1538194980 (The Lahey Clinic, Inc. - Internal Medicine)
MPG - Multi Provider Group	1841510633 (Pratt Medical Group, Inc. - Internal Medicine Cardiovascular)	1275570319 (Pratt Medical Group, Inc. - Internal Medicine)
MPG - Multi Provider Group	1225175979 (Atrius Health, Inc. - Psychologist)	1871639914 (Atrius Health, Inc. - Internal Medicine)

Question: I am having a problem linking the Attending Provider and Referring Provider IDs. How many distinct Attending and Referring IDs should I expect in comparison to all of the other Provider ID types in the Medical Claims file?

Answer: In both APCD Release 4.0 and 5.0, the number of distinct Provider IDs in the Medical Claims file for the Attending and Referring Provider is lower than, for example, the number of distinct Service Provider IDs. In the table below, you will see that while the percent completeness is lower than Service Provider field, the Referring Provider in particular has a good linkage rate with the provider table.

Please keep in mind that:

- NPI values are unique Provider IDs common across all payers. Their lookup values are downloadable from CMS.
- Provider linkage IDs are specific to each payer therefore their distinct count is higher than the CMS assigned NPI.

Comparison of Attending and Referring Provider Completeness and Linkage Rate

Select Medical Claims Provider IDS	Release 4.0 Count of Distinct Provider IDs in MC	Number of MC lines populated with Provider IDs	Percent of MC Lines Populated with Provider IDs	MC Provider Linkage Rate to Provider Table IDs	Release 5.0 Count of Distinct Provider IDs in MC	Number of MC lines populated with Provider IDs	Percent of MC Lines Populated with Provider IDs	MC Provider Linkage Rate to Provider Table IDs
MC Service Provider Linkage IDs	3,846,400	1,582,846,743	91%	80%	4,109,099	1,650,704,862	95%	80%
MC Attending Provider Linkage IDs	1,088,012	350,198,751	20%	74%	1,301,931	392,481,762	23%	76%
MC Referring Provider Linkage IDs	989,243	462,420,878	27%	88%	1,091,728	500,296,814	29%	89%
MC BILLING NPIs	858,330	1,566,162,629	90%	Links to CMS NPI Registry	847,964	1,572,938,400	90%	Links to CMS NPI Registry
MC Service Provider NPIs	883,262	1,395,103,699	80%	Links to CMS NPI Registry	1,092,441	1,476,873,794	85%	Links to CMS NPI Registry



Question: Where can I find the Insurance Type Product Code definitions for **MO**, **MS**, and **SP** used in the Medical Claims?

Answer: You can find these definitions in the Member Eligibility Insurance Type Product Code lookup table.

Comparison Medical Claims and Member Eligibility Insurance Type Product Code Values*

Code	Medical Claims Insurance Type Product Code Definitions	Code Frequency	Code	Member Eligibility Insurance Type Product Code Definitions	Code Frequency
		0.555%			0.026%
09	Self-pay	0.229%	09	Self-pay	0.133%
11	Other Non-Federal Programs	2.628%	11	Other Non-Federal Programs	0.045%
12	Preferred Provider Organization (PPO)	18.091%	12	Preferred Provider Organization (PPO)	29.671%
13	Point of Service (POS)	4.362%	13	Point of Service (POS)	13.219%
14	Exclusive Provider Organization (EPO)	1.264%	14	Exclusive Provider Organization (EPO)	0.791%
15	Indemnity Insurance	2.927%	15	Indemnity Insurance	1.562%
16	Health Maintenance Organization (HMO) Medicare Risk	6.027%	16	Health Maintenance Organization (HMO) Medicare Advantage	2.524%
17	Dental Maintenance Organization (DMO)	0.001%	17	Dental Maintenance Organization (DMO)	0.130%
			20	Medicare Advantage PPO	0.262%
BL	Blue Cross / Blue Shield	0.000%	BL	Blue Cross / Blue Shield	0.019%
CC	Commonwealth Care	1.232%	CC	Commonwealth Care	1.038%
CE	Commonwealth Choice	0.009%	CE	Commonwealth Choice	0.099%
CI	Commercial Insurance Co.	0.331%	CI	Commercial Insurance	0.015%
DS	Disability	0.000%	DS	Disability	0.000%
HM	Health Maintenance Organization	20.008%	HM	Health Maintenance Organization	19.720%
			HN	HMO Medicare Risk/Medicare Part C	0.875%
MA	Medicare Part A	0.677%	MA	Medicare Part A	0.013%
MB	Medicare Part B	6.460%	MB	Medicare Part B	0.269%
MC	Medicaid	33.419%	MC	Medicaid	15.011%
			MD	Medicare Part D	4.852%
MO	(See ME Definition)	1.026%	MO	Medicaid Managed Care Organization	4.312%
			MP	Medicare Primary	0.184%
MS	(See ME Definition)	0.001%	MS	Medicare Secondary Plan	0.000%
OF	Other Federal Program	0.203%	OF	Other Federal Program (e.g. Black Lung)	0.034%
			SC	Senior Care Option	0.370%
SP	(See ME Definition)	0.005%	SP	Supplemental Policy	1.309%
			TF	HSN Trust Fund	1.370%
VA	Veterans Administration Plan	0.048%			
ZZ	Other	0.497%	ZZ	Other	2.148%

*Note: Invalid codes like '-1' and 'P' not included

Question: If I apply Highest Version = 1 on all Medical Claim records, do I still need to use Version Number (MC005A) and Claim Line Type (MC038) to determine the final submission of each claim line?

Answer: No, when CHIA determines the versioning logic/algorithm for the Highest Version Indicator for each service line, the Version Number and Claim Line Type have already been considered in the algorithm. See Example below...

Claim line examples by Version Number, PCCN, Service Provider, Claim Line Type and Version Indicator

MEMBID	SERVICEPROVIDER	PCCN	LINECOUNTER	VERSIONNUMBER	CLAIMLINETYPE	HIGHESTVERSIONINDICATOR
ABCD	0001	A000A	1	1	O	0
ABCD	0001	A000A	1	2	A	1
ABCD	0001	A000A	2	1	O	0
ABCD	0001	A000A	2	2	A	1
WXYZ	0002	B000B	1	1	O	0
WXYZ	0002	B000B	1	2	R	0
WXYZ	0002	B000B	1	3	A	1

Question: If I filtered by only the Highest Version and Claim Line Type (Back out, Void, Replacement, Original) what volume and frequency of Highest Version claim lines should I expect?

Answer: In APCD Release 5.0 Medical Claims, 81% of Medical Claims are the Highest Version Paid and 12% are Highest Version Denied. See below...

Volume of Highest Version Paid Claim Lines

CLAIM LINE TYPE	Highest Version Indicator		
	Not Highest Version Paid	Highest Version Paid	Not Versioned
Original	91,537,704	1,307,687,328	166,744,550
Replacement	7,656,378	76,960,922	5,262,878
Amendment	2,729,146	32,377,236	2,481,937
Blank	13,937	2,591	1,648
Back Out	30,537,543	-	1,790,798
Void	15,461,020	-	1,053,988

Frequency of Highest Version Paid Claim Lines

CLAIM LINE TYPE	Highest Version Indicator		
	Not Highest Version Paid	Highest Version Paid	Not Versioned
Original	5.25%	75.06%	9.57%
Replacement	0.44%	4.42%	0.30%
Amendment	0.16%	1.86%	0.14%
Blank	0.00%	0.00%	0.00%
Back Out	1.75%	0.00%	0.10%
Void	0.89%	0.00%	0.06%

Volume of Highest Version Denied Claim Lines

CLAIM LINE TYPE	Highest Version Denied Indicator		
	Not Highest Version Denied	Highest Version Denied	Not Versioned
Original	1,206,334,877	192,890,155	166,744,550
Replacement	72,177,670	12,439,630	5,262,878
Amendment	29,215,613	5,890,769	2,481,937
Blank	16,528		1,648
Back Out	30,537,543		1,790,798
Void	15,461,020		1,053,988

Frequency of Highest Version Denied Claim Lines

CLAIM LINE TYPE	Highest Version Denied Indicator		
	Not Highest Version Denied	Highest Version Denied	Not Versioned
Original	69.24%	11.07%	9.57%
Replacement	4.14%	0.71%	0.30%
Amendment	1.68%	0.34%	0.14%
Blank	0.00%	0.00%	0.00%
Back Out	1.75%	0.00%	0.10%
Void	0.89%	0.00%	0.06%

Questions?



- Questions related to APCD:
(apcd.data@state.ma.us)
- Questions related to Case Mix:
(casemix.data@state.ma.us)

REMINDER: Please include your **IRBNet ID#**, if you currently have a project using CHIA data

Call for Publications



- CHIA is planning on adding a page to the APCD and Case Mix websites that lists publications making use of CHIA data
- If you want to ensure that your publication is included, please email the citation to Adam Tapply (adam.tapply@state.ma.us)

Call for Topics and Presenters



If there is a **TOPIC** that you would like to see discussed at an MA APCD or Case Mix workgroup in 2017, contact Adam Tapply [adam.tapply@state.ma.us]

If you are interested in **PRESENTING** at an MA APCD or Case Mix workgroup in 2017, contact Adam Tapply [adam.tapply@state.ma.us]

You can present remotely from your own office, or in-person at CHIA.