

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

September 10, 2013

# AGENDA

- 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

# TME UPDATE: ME125 & PV031

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.

# TME UPDATE: ME125 & PV031<sub>cont'd</sub>

- 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

# TME UPDATE: ME125 cont'd

ME125	TME OrgID - Physician Group of the Member's PCP	TME Provider OrgID	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.	Assigned submitters only. <b>Required in December file only.</b>	100%	A2
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# EDIT UPDATE REVIEW

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

# EDIT REVIEW: VERSIONING

## JULY 2013 TAG

### 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.

# EDIT REVIEW: ELIGIBILITY

## AUGUST 2012 TAG

- 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.



# EDIT REVIEW:FLAG INDICATOR

## APRIL 2013 TAG

Value	Description	Clarification
1	Yes	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.
2	No	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.
3	Unknown	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.
4	Other	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.
5	Not Applicable	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.

- **Expect 100% compliance on Flag Indicator fields**
- **Expect high usage of Unknown/Other/Not Applicable will be explained in the Variance Rationale column**

# EDIT REVIEW: DELEGATED BENEFIT ADMINSTRATOR

- 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.

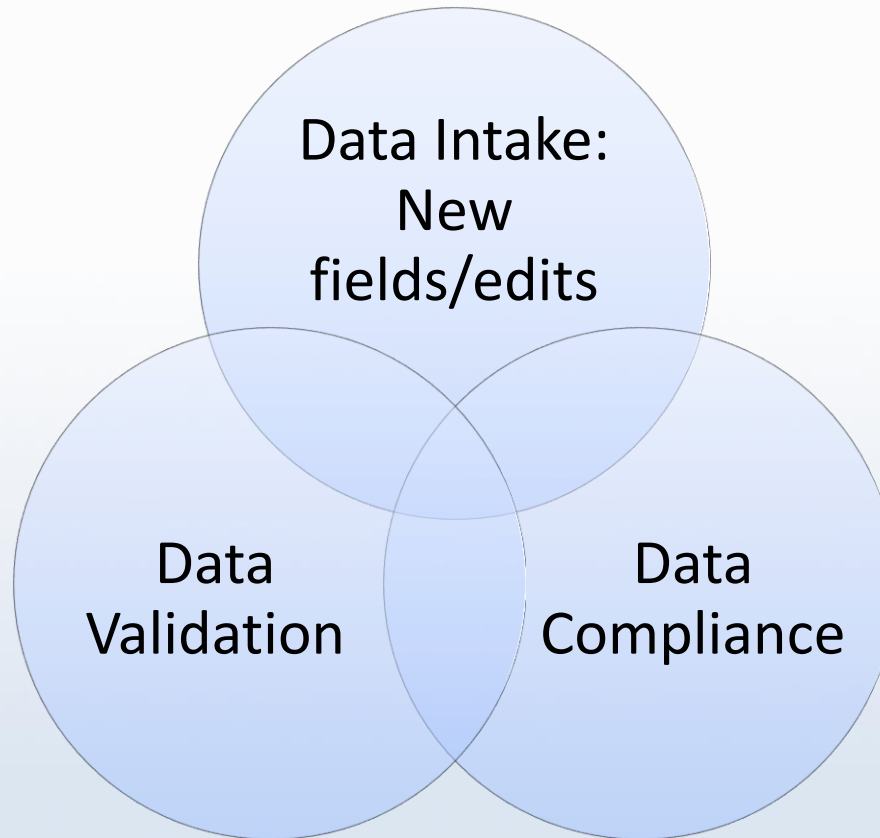
# EDIT REVIEW: OTHER

- TME Fields
- GIC Fields
- DOI Fields
- Connector Fields

# TESTING VERSION 3.0

- TESTING PROCESS
- FORMAT TESTING
- EDIT TESTING
  - Category A Edits
  - Category B and C Edits
- VARIANCE Reporting

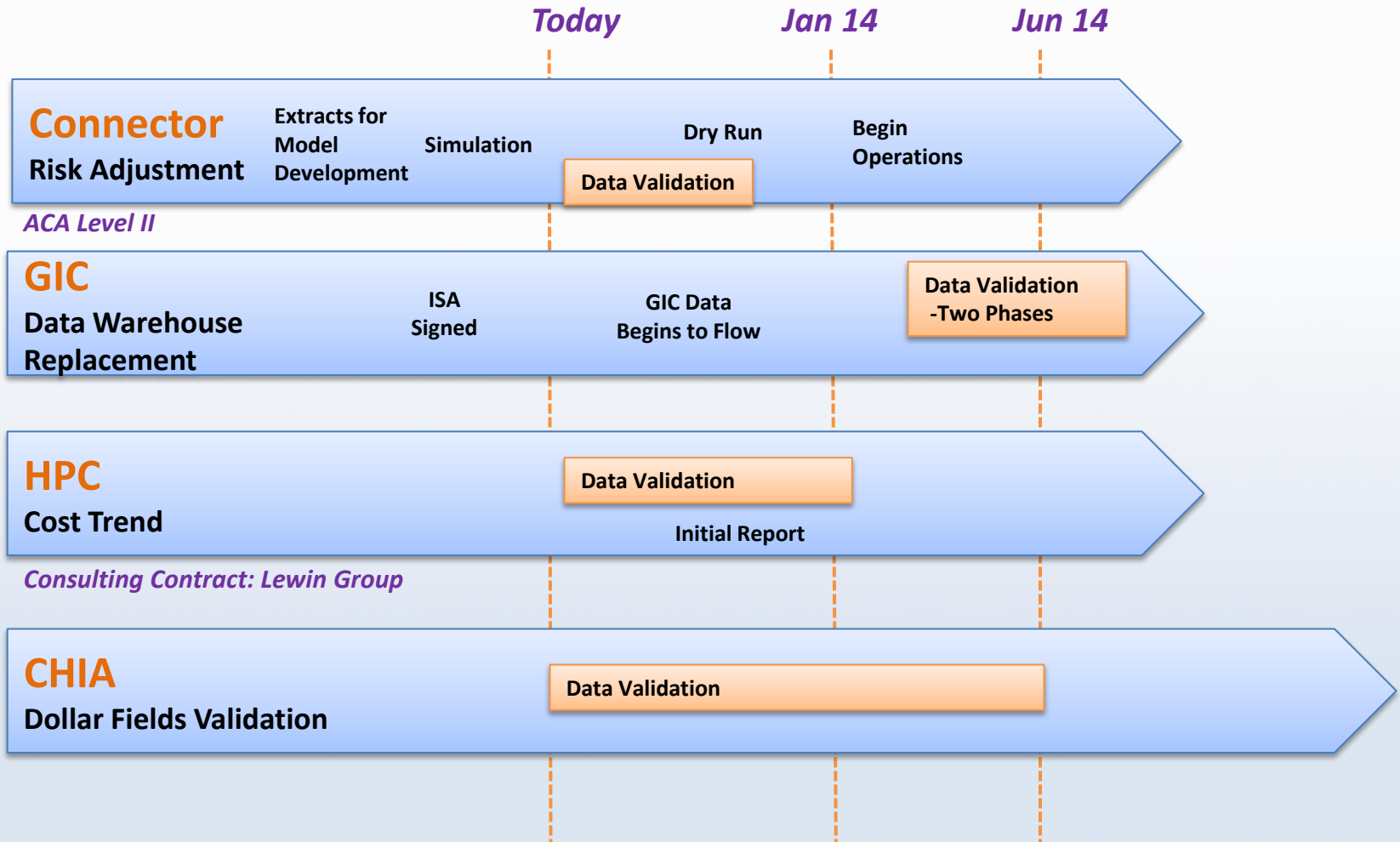
# DATA VALIDATION PROJECTS



# 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

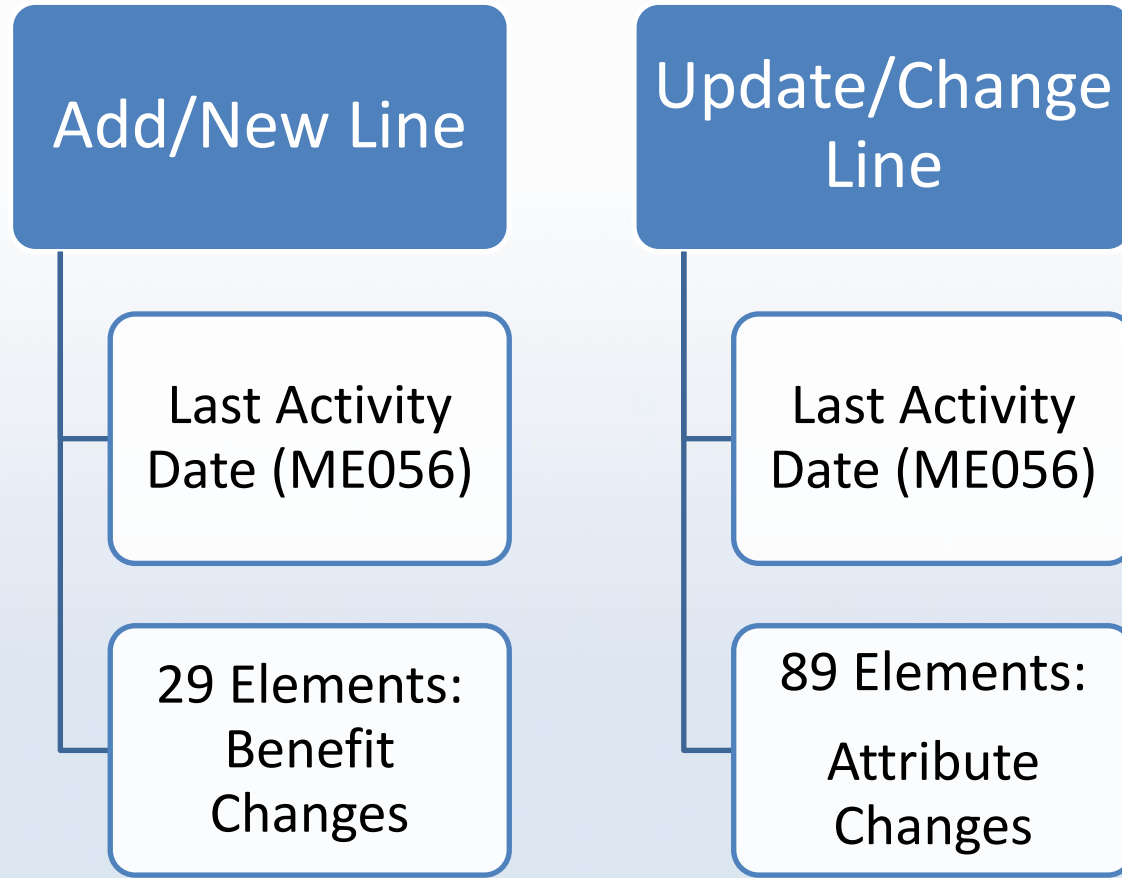


# HIGHLIGHT OF THE MONTH

## Member Eligibility Elements: When to Add a Line vs. Change a Line



# MEMBER ELIGIBILITY ELEMENTS



# HIGHLIGHT: ELIGIBILITY



Update/Change  
Eligibility Line



Add/New  
Eligibility Line

# HIGHLIGHT: ELIGIBILITY

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

# WRAP-UP

QUESTIONS?

# TAG SCHEDULE

- 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](mailto:CHIA-APCD@state.ma.us)).
- Questions on the Data Release and Application emailed to CHIA  
([apcd.data@state.ma.us](mailto:apcd.data@state.ma.us))