

# Monthly MA APCD / Case Mix User Workgroup Webinar

February 24, 2015

## **Agenda**



- Announcements
- II. Changes to the APCD / Case Mix Application Process
  - New / Revised Forms
  - Changes to the Application Process
- III. Common Application Issues / Questions
- IV. Questions from Current APCD Users

## MA APCD Release 3.0 Now accepting applications!



- Application forms for Release 3.0 have been posted to the CHIA website and IRBNet
  - Link: <a href="http://chiamass.gov/application-documents">http://chiamass.gov/application-documents</a>
  - Data to be shipped in April
- PLEASE READ Important information for Non-Government applicants:
  - http://chiamass.gov/assets/Uploads/apcd-3-0/Important-Info-Non-Govt-Data-Requests-2015.02.17.pdf
  - Explains new process and minimum security requirements

## What's in the Application Package?



- The <u>Data Request</u>
  - Includes the Main Application form, the Data Specification Worksheet (APCD only), and all other supporting documentation (CVs, MassHealth forms, etc.)
- 2. The <u>Data Management Plan</u>
- 3. The <u>Data Use Agreement</u>
  - No longer submitted at the beginning of the application process

## MA APCD Release 3.0 New/Revised Forms



#### Revised Forms:

(for Non-Gov't Applicants only)

- Main Application Form
- Data Specification Workbook
- Data Use Agreement (coming soon)

#### New Form:

Data Management Plan

## Case Mix New/Revised Forms



Revised Forms:

(for Non-Gov't Applicants only)

- Main Application Form
- Data Use Agreement (coming soon)
  - Separate DUA's for Level 1 and Level 2+ requests
- New Form:
  - Data Management Plan



## Questions?

## **Common Application Questions**



### **QUESTION**

If I received a previous APCD Release, how do I apply for Release 3.0?

### **ANSWER**

 You must fill out a new application and data specification worksheet (some answers may be cut and pasted from the old form), complete the new data management plan, re-sign all documents, and create a new IRBNet project.

## **Common Application Questions**



### **QUESTION**

 Do I still receive a 50% discount if I'm requesting new Release 3.0 elements?

### **ANSWER**

 Requesting new elements (elements that were not available in previous Releases) will not disqualify an applicant from receiving a 50% discount.

## How Do I Determine which Claims are for Medical Service Provided in the Emergency Department?

Claims for services provided in the emergency department (ED) have a Code 23 in the APCD Medical Claims field MC037.

MC037 is Site of Service on NSF/CMS 1500 Claims. MC037 is required when MC094 - Type of Claim = 001.

#### **Type of Claim Values**

ValueDescription001Professional

002 Facility

003 Reimbursement Form

MC037 is the field used to designate the place of service code on Medicare Form 1500. The CMS 1500 Professional Claim Form data is for providers sending professional and supplier claims. Facility claims are submitted on UB-04 Institutional Claim Form. While ED medical care is provided in the hospital's outpatient setting, ED doctors and other specialists in the ED do not necessarily work for the hospital but may work as part of a practice group that bills insurers separately.

## How Do I Determine which Claims are for Medical Service Provided in the Emergency Department? (continued)

When MC037 is not populated, there are other fields that indicate ED use: revenue codes in MC054, specific HCPCS procedure codes in MC055, and Admission Source code in

**Revenue Codes** For Emergency Room Use MC054 0450, 0451, 0452, 0456, 0459, 0981 = Professional fees-Emergency room **HCPCS** procedure codes For Emergency Room Evaluation & Management **MC055** 99281, 99282, 99283, 99284, 99285, 99291, 99292 **Admission Source** 

Inpatient Claims for patient referred through Emergency Room

MC021

7 = Emergency Room

### **User Question: Allowed Amount**



#### Question:

Is MC098 – Allowed Amount an aggregate allowed amount for all diagnosis/ procedures a patient receives or if it is an allowed amount for each diagnosis/ procedure separately?

#### Answer:

Many payers set an allowed charge for each procedure or service which can be seen at the claim line level but this can vary based on the payer's billing rules. This amount is the most the payer will pay any provider for a specific service.

## **Upcoming Schedule**



- 2/25 Data Privacy Committee Meeting
- 2/26 Data Release Committee Meeting
   \*\*Cancelled this month\*\*
- 3/24 MA APCD / Case Mix User Workgroup Webinar

### **Questions?**



- General questions about the APCD: (CHIA-APCD@state.ma.us)
- Questions related to APCD applications: (apcd.data@state.ma.us)
- Questions related to Casemix: (casemix.data@state.ma.us)