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Connecticut's Health Insurance Marketplace

Policy and Procedure Enhancement Subcommittee Meeting

Meeting Minutes

Date: February 21, 2014
Time: 1:00 p.m. – 3:00 p.m. EST
Location: Hilton Hotel, Ethan Allen Room
315 Trumbull St, Hartford, CT 06103

Members Present: Olga Armah, Demian Fontanella, Matthew Katz, Jean Rexford, Brenda Shipley, Mary Taylor (Phone)

Members Absent: None

Other Participants: Tamim Ahmed, Robert Blundo, Matthew Salner

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I. Call to Order and Introductions

Matthew Katz called the meeting to order at 1:00 p.m. Mr. Katz provided a brief update to the subcommittee. Members introduced themselves.

II. Public Comment

There was no public comment.

III. Discussion of Challenges, Benefits, and Opportunities for Denied Claims Acceptance

Mary Taylor asked for the subcommittee to consider developing a criteria for data prioritization and making decisions. Ms. Taylor expressed that the criteria take into account APCD legislation, support by federal funding, and the development of parameters to guide committee's discussions. Ms. Taylor motioned for the subcommittee develop a criteria for data elements proposed for inclusion in the APCD.

Brenda Shipley asked for clarification with regard to whether the proposed criteria would cause the committee to reconsider the data elements for inclusion in the APCD. Ms. Taylor indicated that the guidelines were proposed for the purpose of creating a structured approach for prioritizing discussions on data elements requested for DSG addition in the future.

Olga Armah seconded the motion by Ms. Taylor. Mr. Katz indicated he believes the enhancements committee should not be limited from reviewing and evaluating the enhancement request from the APCD committee. Ms.

Shipley indicated she would like to understand data enhancement requests before developing criteria. Jean Rexford expressed her disagreement with the need for the development of a process since the group is tasked with reporting back to the larger committee. Ms. Taylor noted the potential for the submission of a large number of data requests depending on the individual making the request. However, the carrier community may not collect the types of information to support requests and knowledge of the less frequently collected data components would aid the subcommittee in prioritization of their discussions. To effectively handle these requests, the creation of guidelines for prioritizing discussion would improve the efficiency of subcommittee deliberation and consideration. Mr. Katz responded by suggesting group discussion incorporate a vetting process to ensure the state maximizes cost and effectiveness of the requests. Mr. Katz proposed that the potential motion could be for the committee to review proposed criteria in the next subcommittee meeting before voting whether criteria and parameters should be implemented. Ms. Taylor agreed with Mr. Katz. Ms. Taylor rescinded the motion. Ms. Rexford made a motion to the effect of Mr. Katz's proposal. The motion was seconded by Ms. Shipley. The motion passed unanimously.

Mr. Katz introduced the agenda topic that addressed the challenges, benefits, and opportunities for denying claims acceptance by the APCD. Mr. Katz provided the present language for the claims denial process in the Data Submission Guide (DSG). Mr. Katz clarified that a claim is denied for incompleteness, errors or other administrative reasons, alternatively are referred to as soft claims, and should not be submitted until the claim has been paid. Mr. Katz provided support for the importance of collecting and assessing as much denied claims data as possible to illustrate the way consumers, providers, and payers are represented in the denial of claims. Mr. Katz opined that the analysis of denied claims hold the purpose of indicating trends in administrative and medical errors throughout an episode of care as well as information missing from current data sets. Mr. Katz stated the public is entitled to a transparent and fair outlining of the reasons claims are denied to clearly indicate whether these reasons vary by insurer, types of services provided, patient demographics, types of plans, payers and the frequency at which each factor led to claim denial. Policy makers would benefit from the data reported from an angle that contrasts a population health perspective to a care access perspective, which indicates policy makers want to know which services are being paid for and which are denied, the issues of disparities that are causing denial, and to take a more broad look at claim denial trends. Mr. Katz recommended the committee investigate denied claims data to understand and help others learn about the opportunities and issues that affect public health, and to determine whether reasons for denial vary across payers, region and patient population in conclusion of his commentary. Ms. Shipley supported the initiative in her comment about making claims denial data accessible to assist the newly insured public with the comprehension of their own denied claims.

Ms. Taylor urged the inclusion of insurance companies in this discussion in reference to their interaction with the consumer, carrier and policy information. The providers can provide critical insight since their role requires policy forms to be filed with changes in language, assessed through procedures including utilization reporting, identification of outlier carriers through statistical reports, determination of care discrepancies, and then approved by the department. The Office of Consumer Advocates has a great window into whether issues are occurring with certain carriers across the industry that might impact factors related to population.

Ms. Taylor requested clarification with regard to what data is being collected and the solution being sought from intake and aggregation of denied claims data. Mr. Katz responded that the purpose is to extract critical information that can be obtained through assessment. Demian Fontanella asked whether any denied claims outside of the definition provided by Mr. Katz would be collected. Robert Blundo replied by explaining that the prior DSG maintained that if a claim was partially denied, all components of the partially denied claim would be received by the APCD. Mr. Blundo stated that in a circumstance wherein all services are denied coverage or when there is a soft denial, claims data would not be received by the APCD. Mr. Fontanella asked how a full medical necessity

denial fits in this definition as it does not seem to meet the definition of a soft denial, if this full denial is not administrative, incomplete, or without error. Mr. Blundo explained that the Connecticut APCD is functioning in accordance with the data submission guidelines, which states a claim is not submitted until it is paid. Mr. Fontanella disagreed with the premise that denied data is unimportant and does not understand how a medically necessity denial fits into the DSG denial definition. Mr. Blundo explained that medical necessity may fall under the definition's "other administrative reasons" category, and since that claim is not paid it should not be submitted by DSG request. Mr. Katz requested more detail on how the DSG language would be applied for denied claims, and that this may need to wait for the data management contractor. Tamim Ahmed discussed from the perspective of analytic complexity, what is denied in one time period may be overruled in the next period, which highlights the APCD challenge of collecting old claims in the context of new rules and the need to maintain continuity when considering DSG reconstruction to address this issue.

Mr. Salner supported the fact that the current Policies and Procedures and DSG are limited to the collection of paid claims by reading the definition of medical claims files in the Policies and Procedures text (passed by the board December, 2013). Mr. Salner addressed the question by Mr. Damian by explaining that the current language in the policies and procedures do not permit unpaid claims, but can be revised to permit the collection of unpaid claims data. Mr. Blundo presented a graphical representation to illustrate the denied claims topic and to identify best practices by observing current processes, reports and initiatives for handling this type of data reporting and challenges that may be encountered. Mr. Blundo presented two graphics comparing EDI methods versus a proposed APCD post adjudicated method and suggested consideration of the annual AMA national health insurance report based on 835 data from various large carriers including response time for a claim to be adjudicated as factual support. Mr. Blundo recommended that the subcommittee review the available CARC and RARC codes in future meetings to ensure their values meet the goals of the subcommittee. Mr. Katz indicated that the presentation by Mr. Blundo was included in the meeting to enhance member understanding of the data collection and transmission process between provider, payer and APCD.

Mr. Blundo introduced slide eight, which contained data components within the data submission guide and explained the components serve as tools in the APCD processing of a post-adjudicated claim or denied claim. Mr. Ahmed raised the question regarding the ability to determine whether a claim has been fully denied if all claim lines were denied. Mr. Blundo explained that could be conceivable, however the inclusion of a data manager and submitter at the table would be needed to ensure the proposed assumption is correct. Mr. Ahmed posed a question asking whether the subcommittee could request submitters to propose scenarios for denied claims. Mr. Blundo recommended an iterative approach in which the first step is to on-board a data manager, and then work with submitters to determine if the current DSG facilitates collection. Mr. Katz agreed with Mr. Blundo, and commented that if denied claims data were to be incorporated into the APCD in the future, modifications to the DSG and consensus amongst stake holders would be needed.

Mr. Blundo initiated the discussion of slide nine, which illustrated Mr. Katz's recommendation on a proposed cycle with which the AHA would take on the challenges and opportunities of building and working with denied claims. An iterative process was outlines which steps for determining, requesting, analyzing, assessing and then evaluating progress. Mr. Blundo stated that the request phase would require an assessment of the best practices and feasibility of denied claims would be necessary in their consideration for APCD inclusion. Ms. Taylor expressed her interest in learning how the collection and analysis of denied claims data align with the priorities and goals of the APCD and its committee. A discussion ensued regarding the manner in which a report would be provided to the APCD committee. It was agreed that the topic was still fluid, and for the short-term a briefing during the regular APCD committee meetings would suffice. Mr. Katz reiterated that the proposed recommendation should be feasible and practical. In an effort to support this, a motion was made to continue evaluate denied claims

collection and incorporate data submitters into the dialogue in the future. The motion was seconded by Ms. Shipley. Discussion ensued about the manner in which denied claims would be evaluated in future meetings. Ms. Taylor requested advanced notice to submitters so they could prepare educational materials regarding denied claims. A vote on the motion was passed unanimously. Mr. Katz proposed a list of questions be developed by the subcommittee to provide to submitters.

IV. Discussion of Dental Data Submission Plans and Status

Mr. Katz introduced the agenda item concerning the integration of dental claims through the use of the DSG amendment and reporting methods characterized in the denied claims discussion. Mr. Katz stated the committee should move forward with the development, composition and inclusion of a schedule and approach in the policy and procedure guide to capture dental claims data. Ms. Rexford asked about the availability and use of dental in CT and by other states. Mr. Katz indicated various dental insurance models exist in Connecticut, and the data would support oral health initiatives. Mr. Blundo explained the components contained within the dental data submission guide and the data components specific to the dental community. Mr. Blundo also opined that including the dental community to ensure all useful data components have been included prior to requesting the data from submitters. In addition, Mr. Blundo indicated the identification of dental submitters is still a work in progress. Ms. Rexford opined the data collection proposed by Mr. Blundo would be useful in oral public health initiatives. Mr. Ahmed included that communication with the Connecticut Oral Health Initiative was already underway.

Mr. Blundo announced the structured approach maintained by Access Health Analytics in taking on different types of claims data. Mr. Ahmed noted the implicit understanding that the incorporation of dental claims data will take place 2015. Mr. Blundo contributed to this statement by explaining the need to develop a timeline for the necessary data collection steps in the near future. Mr. Salner added the need for legal consultation regarding the requisite notice, policy and procedure revision to indicate the start date, and DSG revision prior to moving forward. Mr. Blundo clarified that the policy and procedures guide must be changed to include the dental claims protocol at least and ideally more than 90 days before implementation to provide submitters adequate preparation time.

Ms. Taylor noted large carriers who already provide dental to other states can produce the information relatively easily, while small dental only carriers may find the process more challenging. Mr. Katz identified the need to decide the dental submission elements and logistics within the next three months to allow for dental data submission in the timeline leading up to 2015. Mr. Salner demonstrated his agreement the need to get started in making these considerations with Ms. Taylor by describing the process leading up to dental claims submission from the APCD Advisory group approval of policy and procedure revisions, to the Access Health Board evaluation for approval, and then be presented for public comment in the law journal for thirty days. This succession would take approximately three months and revision to the DSG would potentially lengthen this period of time. Mr. Salner indicated that the organization currently requires dental carrier registration and noted that the committee would need to formalize language in the Policies and Procedures, and submit the new content for board approval.

Mr. Katz requested that the committee deliberate the intent and timing for the addition of elements including dental claims data elements, submission guidelines and APCD integration. Ms. Shipley asked for clarification on the requirements for revising the Policy and Procedures and whether the completion of formalized language to characterize dental data elements would be part of the process. Mr. Blundo indicated that the data elements have been determined in the section of the DSG that describes the requested dental claims fields and how to handle them. Mr. Blundo differentiated the Policies and Procedures from the DSG by stating that the Policy and

Procedures makes reference to the DSG and indicated the need to develop formal language that characterizes a timeline for the incorporation of dental claims data within the Policies and Procedures. Mr. Blundo suggested that the creation of policy and procedure language could occur in parallel with the coordination of DSG dental components with the community.

Ms. Shipley requested that a motion be made for Mr. Salner to work with legal to provide the committee the modified policy and procedure language to promote the initiative to incorporate dental claims data by mid-2015. The motion was seconded and passed unanimously.

V. Next Steps

Mr. Katz requested that the subcommittee draft any DSG revisions necessary to comprehensively capture dental claims data and asked that members communicate with the commercial carriers and payers in the Dental Association to facilitate proceedings at the upcoming subcommittee meeting.

Ms. Shipley asked that the next agenda allow for discussion of the de-identification algorithms and the Policies and Procedures concerning the data use agreements and process. Mr. Katz clarified that the Data Privacy and Security Subcommittee would discuss de-identification and permissible data use guidelines.

VI. Future Meetings

Mr. Katz proposed that the subcommittee meet in April to deliberate next steps for the incorporation of dental claims and to seek resolution to issues associated with the denied claims

VII. Adjournment

Mr. Katz made the motion to adjourn the meeting. The motion was seconded and passed unanimously.
The meeting was adjourned at 3:00 p.m.