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Connecticut's Health Insurance Marketplace

All-Payer Claims Database Policy & Procedures Enhancements Subcommittee Meeting

July 17, 2014

i.   Call to Order and Introductions

ii.   Public Comment

iii.   Review and Approval of Minutes for May 8, 2014 Meeting

iv.   Process for Amending APCD Policies and Procedures

v.   Development Planning for APCD

vi.   Dental Commentary Review and State Comparison

vii.   Denied Claims Discussion

viii. Next Steps

ix.   Future Meetings

x.   Adjournment

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Public Comment

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Approval of Meeting Minutes

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Process for Amending APCD Policies and Procedures

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- AHCT staff presents draft Policies and Procedures amendments to Policies and Procedures Subcommittee

- Subcommittee approves draft, sends to APCD Advisory Group

- APCD Advisory Group approves draft, sends to AHCT Board

- AHCT staff presents draft to AHCT Board

- AHCT Board approves draft to be posted for 30 day public comment period

- Stakeholders and public submit comments to AHCT

- AHCT staff reports on public comments to AHCT Board and APCD Advisory Group

- AHCT Board votes to adopt Policies and Procedures

- Policies and Procedures become effective upon Board passage
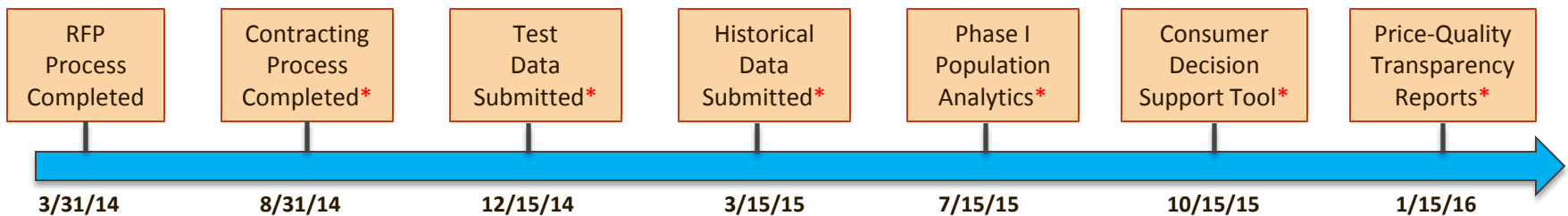
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- AHCT staff presents draft Data Submission Guide amendments to Policies and Procedures Subcommittee

- Subcommittee reviews, amends and recommends policy enhancement(s) to APCD Advisory Group

- APCD Advisory Group makes decision based on recommendations from the subcommittee

- AHCT staff posts draft on website for 30-day public comment period

- Stakeholders and public submit comments to AHCT

- AHCT staff reports on public comments to APCD Advisory Group

- AHCT staff posts final DSG amendments to website

- Amended DSG becomes effective 90 days after final version posted on website

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Development Planning for APCD

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Development Planning for APCD - Timeline

- RFP process for vendor selection for developing & managing APCD completed March 31, 2014

- Vendor negotiation in progress and expected to be completed by August, 2014

- Data in-take infrastructure will need to be created by the data submitters to link with the APCD vendor for automated submissions and retrievals via secured web-based transmissions, Sept. – Nov., 2014

- Test data is expected to be submitted in December, 2014

- Pending data quality validation tests, historical data is expected to be submitted in March, 2015

- Phase I reporting – population analytics – is expected to be available in July, 2015

- Consumer Decision Support Tool, i.e., enabling Exchange enrollees to choose the right plan, is targeted to be released in October of 2015

- Price/Quality transparency tools is expected to be launched in Jan 2016

RFP Process Completed	Contracting Process Completed*	Test Data Submitted*	Historical Data Submitted*	Phase I Population Analytics*	Consumer Decision Support Tool*	Price-Quality Transparency Reports*
3/31/14	8/31/14	12/15/14	3/15/15	7/15/15	10/15/15	1/15/16

Note: '*' expected; timeline will slip if contract is not finalized by 8/31/2014

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Objectives

The following capabilities and components have been deemed absolutely necessary for a well functioning APCD. Some of these elements in the scope are explicitly included in the Policy & Procedure document. Other elements are needed to complement the primary scope.

- ✓ Collection of medical & pharmacy claims data from various carriers, including ASO data
- ✓ Collection of Medicare data
- ✓ Collection of Medicaid data
- ✓ Developing data validation process for collected data
- ✓ Developing and optimizing various infrastructures – ETL, Production and Managed Hosted environments
- ✓ Ensuring application of risk and clinical groupers from 3M, CMS and others TBD
- ✓ Development of a Master Provider Index
- ✓ Development of a Master Patient Index
- ✓ Development of a web tool for exhibiting reports from APCD data
- ✓ Development of price and quality transparency reports
- ✓ Development of various population & epidemiological reports
- ✓ Collection of dental data

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Dental Commentary Review and State Comparison

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- **Evaluation of Current State Practices:**
  - Reviewed 8 APCD states:
    - How many dental components are requested?
    - What field level thresholds are prescribed?
    - Which requested fields are unique to CT?
    - How many states collect dental?:
      - 50% (4/8) Collect Dental Data w/ Public DSG
      - 50% (6/12) Collect Dental Data including All APCDs

	Average Fields Requested	**% w/ Public Threshold**	**% Overlap**
CT	70		
States w/ Dental	70.75 (50 – 113)	1	97.1%

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DSG Dental Threshold % Comparison

Field Name	CT Threshold %	Comparison Threshold % 1	Comparison Threshold % 2	% Difference	
Insurance Type Code / Product	100%	98%	95%	-2%	-5%
SSN	75%	70%	99.9%	-5%	-.01%
Plan Specific Contract Number	98%	70%		-28%	N/A
Member State	100%	99%	99.9%	-1%	-.01%
Member ZIP Code	100%	99%	97%	-1%	-3%
Date of Service - From	99%	99%	95%	0%	-4%
National Provider ID - Service	99%	98%		-1%	
Paid Date	100%	98%		-2%	
Diagnosis Code	75%	1%		-74%	
CDT Code	99%	99%	95%	0%	-4%

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Dental Components Frequently Submitted By Providers:

- Type of Transaction

- Company Plan name

- Name of policy holder, Address, Date of Birth, Gender, ID#, Plan/Group Number, Patient's Relationship to Patient, Employer Name

- Patient Relationship to Policyholder, Patient name and address, Date of birth and gender

- Procedure date, procedure code, qty., description, fee

- Authorization signatures

- Billing Dentist or Dental Entity

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Dental Components Inconsistently Submitted By Providers:

- Treating Dentist and location

- Missing teeth information

- Fields 25 – 28 of the ADA Dental Claim Form

- Diagnosis Codes

- Procedure Modifiers

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<u>Dental Data Process Challenges:</u>

- In general, only services within payer liability will be submitted to a payer. In 2008, the reported median annual maximum was $1,500[1].

- Varying methods for submitted fee charges across dental providers. (e.g. UCR vs. contracted rate)

- Unlike medical, ICD coding for dental billing is not required for reimbursement.

- Certain providers (FQHCs, capitated, etc.) may not submit all services performed.

- Non-standard demographic variables (race, ethnicity, language, etc.) are not required during enrollment nor claim submission.

- NPI requirements vary based on transaction type under HIPAA.

- Not all eligibility DSG components will be applicable to dental plans

1. GAO DENTAL SERVICES Information on Coverage, Payments, and Fee Variation: http://www.gao.gov/assets/660/657454.pdf

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Denied Claims Discussion

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Next Steps

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