

HUSKY A Encounter Data Extract

Important Notes Regarding the Bidders' Library Extract

The bidders' library extract is being made available to interested bidding entities in support of the HUSKY program and the Charter Oak program. Details of the file layout for both files, eligibility and claims can be found in Appendix A.

Due to the sensitive nature of the information contained on the bidders' library extract, the extract will only be made available upon request to interested bidding entities who have submitted a letter of intent to bid. Requests for the extract should be made in writing to:

Kathleen M. Brennan
Department of Social Services
25 Sigourney Street
Hartford, CT 06106
860 424 5693 phone, 860 424 4953 fax
Email: Kathleen.Brennan@ct.gov

The extract provides historical utilization and claims experience of the HUSKY A program. Similar detailed historical utilization and claims experience for the HUSKY B program is not available. The information included in the extract represents encounters for dates of service between July 1, 2004 and June 30, 2007. Additionally, the data contains excluded categories of service and a category of service mapping. The category of service included in this extract is based on information available in the encounter data.

Included Categories of Service

- Inpatient Hospital
- Emergency Room facility
- Outpatient / Professional
- Lab/X-Ray
- Non Emergent Transportation
- Emergent Transportation
- Vision
- Durable Medical Equipment
- Other

Additional Categories of Service Included in the Data Extract

- Behavioral health services
- Pharmacy
- Dental

It is important to note that due to variations in program contractor's networks and claims systems the outpatient and physician/professional encounters are combined. The logic and mapping criteria utilized in this extract are outlined in Appendix C.

Encounter Data Submissions

The encounter data provided in the bidders' library represents data submitted by HUSKY A managed care contractors to the State. The encounter data provided in this extract passed a series of edits to ensure the accuracy of the format and information for each field. Although the data presented in this extract passed edits to ensure its validity, the prospective bidder should review the Connecticut HUSKY A encounter data submission guide. The encounter submission guide provides information to better understand the series of edits and processes regarding the submission of the encounter data. The encounter data submission guide is available through the bidders' library which can be accessed at www.ct.gov/dss/charteroak and the State's Procurement/Contracting portal at www.das.state.ct.us.

It should be noted that the data may be incomplete and not entirely representative of historical HUSKY A experience for each category of service and rating category. This is due to the fact that not every encounter that is submitted is accepted and, in some cases, encounters are rejected. Depending on the reason for the rejection, the encounter may or may not have been resubmitted and accepted at the time of the data extract. Further, not all encounters may have been submitted by the contracted MCOs.

Consolidated Financial Summary

Appendix D contains a consolidated summary of medical expenses submitted to DSS on the MCO financial statements in accordance with the financial submission guide. The financial submission guide is available through the bidders' library which can be accessed at www.ct.gov/dss/charteroak and the State's Procurement/Contracting portal at www.das.state.ct.us. The financial summary represents a consolidation of the medical expenses incurred and reported by each of the contracted MCOs over a 30-month period. The summary is provided separately for HUSKY A and HUSKY B. Note that while the financial data is reviewed by DSS, it is otherwise unaudited. Therefore, the actual service categorizations may vary from the definitions provided in the encounter submission guide or the financial submission guide.

Disclaimer

As is true of any data set, there may be data entry and clerical errors in the actual claims submitted and reported that cause some of the data to be suspect. Similar situations are likely to account for irregularities in tables reporting other services. In such cases, the summaries and subtotals may be a more useful representation of the experience in a particular age/sex group and/or aid category.

The user of this extract is cautioned against relying solely on the data contained herein. The State and its contractors provides no guarantee, either written or implied, that this extract is 100 percent accurate or error-free. Health plans and other users of this extract retain sole and ultimate responsibility for the use of this data and any assumptions that may be derived from the data, particularly as it may pertain to a health plan's prospective rate proposal methodology.

Appendix A

Bidders' Library Fields – *Data is available as a comma-delimited text file*

Eligibility File

Field Name	Special Notes
Masked Enrollee ID	
Month of Eligibility	
Aid Code	A = DCF B = SSI C = All other HUSKY A
Gender	M = Male F = Female U = Unknown
Age	Calculated at the beginning of the month
County	See Appendix B

Claims Data File

Field Name	Special Notes
Masked Enrollee ID	
Masked Claim Transaction Number	
Detail Line Number	
Aid Code	A = DCF B = SSI C = All other HUSKY A
Gender	M = Male F = Female U = Unknown
Age	Calculated at the beginning of the month
County	See Appendix B
Record Type	10 = Inpatient hospital 11 = Outpatient hospital 20 = Professional / Ambulatory 30 = Pharmacy 40 = Dental
Admission Date	Date of inpatient admission
Discharge Date	Date of inpatient discharge

Field Name	Special Notes
Patient Status	Available for Record Type 10 and 11
First Date of Service	First date of service
Last of Date of Service	Last date of service
Date of Payment	Date of payment
Category of Service	See Appendix C
Behavioral Health Flag	Y = Behavioral Health Service N = Not a Behavioral Health Service
Diagnosis 1	ICD-9
Diagnosis 2	ICD-9
Diagnosis 3	ICD-9
Diagnosis 4	ICD-9
Revenue Code	Revenue code
Procedure Code	CPT / HCPCS code
NDC Code	National Drug code
Modifier	Procedure code modifier
Quantity Dispensed	Pharmacy pills dispensed
Units	Unit from the claim
Header Paid Amount	Header – Reported Paid
Header Allowed Amount	Header – Reported Allowed
Detail Paid Amount	Detail – Reported Paid
Detail Allowed Amount	Detail – Reported Allowed

Appendix B

County Table

County	County Description
HA	Hartford
LI	Litchfield
MI	Middlesex
NH	New Haven
NL	New London
TO	Tolland
WI	Windham
FA	Fairfield

Appendix C

Bidders' Library Categories of Service

Service Category Descriptions

Categories of service are assigned based on a hierarchy.

Notes about the category of service:

1. The category of service is assigned to the entire claim.
2. Physician related charges not billed separately are included in inpatient hospital, outpatient hospital, or emergency room COS. Physician related charges billed separately are reported in their respective categories.
3. The category of service is assigned based on a hierarchy; the hierarchy is represented by the order of the table below.
4. Behavioral health services are flagged in this extract. The definition of behavioral health services is based on the State's behavioral health program as defined in the Behavioral Health Coverage grid available in the Bidders' Library.

Category of Service	Description of Service	Revenue Code / Procedure Code Logic	Notes
1. Physical Health – Inpatient Hospital	Inpatient hospital costs and ancillary services for enrollees while confined to an acute care hospital. Professional components that are billed separately are excluded and reported in their respective categories. This is due to limitations in the encounter data.	<p>Revenue Codes: Any claim with at least one line that contains a room and board revenue code Between 0100 and 0219</p>	<p>Utilization Number of inpatient days per 1,000 members.</p> <p>Unit Cost The average cost per day</p> <p>Note: Adjustments from historical utilization patterns should be made for any anticipated shifts from inpatient to outpatient settings.</p>

Category of Service	Description of Service	Revenue Code / Procedure Code Logic	Notes
2. Emergency Room	Includes the facility component of the emergency room visit. The visit can be free standing or a hospital outpatient department. Professional components that are billed separately are excluded and reported in their respective categories. This is due to limitations in the encounter data.	<p>Any encounter not previously categorized.</p> <p>Revenue Codes: Any claim that has not been categorized as an Inpatient stay and includes revenue codes: Between 0450 – 0452 0456 0459.</p> <p>Procedure Codes: G0380 through G0384 S9088 S9083</p>	<p>Utilization Number of emergency room visits in a hospital setting per 1,000 members.</p> <p>Unit Cost Average cost per visit.</p> <p>Note: Adjustments from historical utilization patterns should be made for any anticipated shifts from emergency room to outpatient and physician service settings.</p>

Category of Service	Description of Service	Revenue Code / Procedure Code Logic	Notes
3. Physician and Outpatient Hospital	Includes the costs associated with medical services provided in any setting by a provider, including physicians and other practitioners. Additionally, includes all outpatient services not classified elsewhere in this category of service matrix.	Due to variations in program contractor's networks and claims systems the outpatient and physician/professional encounters are combined.	<p>Utilization</p> <p>This category contains a combination of outpatient hospital visits, clinic, practitioner and physician visits.</p> <p>Unit Cost</p> <p>Average cost per visit/service.</p> <p>Note: Adjustments from historical utilization patterns should be made for any anticipated shifts from specialty physicians and outpatient hospital and emergency room or other service settings.</p>

Category of Service	Description of Service	Revenue Code / Procedure Code Logic	Notes
4. Lab/Radiology	The cost of all laboratory and radiology (diagnostic and therapeutic) services which is separately billed.	<p>Any encounter not previously categorized.</p> <p><u>Procedure Codes:</u> Between Q0111 and Q0115 Between P3000 and P3001 Between 70000 and 79999 Between 80000 and 89999 or Between R0070 and R0076 P7001 Q0091 36415 36416 36400</p> <p><u>Revenue Codes:</u> Between 0300 and 0314 Between 0320 and 0339 0319</p>	<p>Utilization Procedures per 1,000 eligible members</p> <p>Unit Cost Average cost per procedure</p> <p>Note: Adjustments from historical utilization patterns should be made for any anticipated shifts from specialty physicians and outpatient hospital and emergency room or other service settings.</p>

Category of Service	Description of Service	Revenue Code / Procedure Code Logic	Notes
5. Emergency Transportation	Expenses for all ambulance services with transport to hospitals for emergency medical services.	Any encounter not previously categorized. <u>Procedure Codes:</u> A0225 A0427 A0429 A0380 A0390 A0424 A0425 A0430 A0431 A0432 A0433 A0434 A0435 A0436	Utilization Number of one way trips per 1,000 eligible members. Unit Cost Average cost per one way trip. Note: Adjustments from historical utilization patterns should be made for any anticipated shifts from emergency transportation to non-emergent transportation services.

Category of Service	Description of Service	Revenue Code / Procedure Code Logic	Notes
6. Non-Emergency Transportation	Expenses for all pre-scheduled services with transport to physician offices, medical clinics, etc. for routine non-emergent medical care.	Any encounter not previously categorized. <u>Procedure Codes:</u> Between T2001 and T2007 A0021 A0426 A0428	Utilization Number of one way trips per 1,000 eligible members. Unit Cost Average cost per one way trip. Note: Adjustments from historical utilization patterns should be made for any anticipated shifts from emergency transportation to non-emergent transportation
7. Durable Medical Equipment	Includes the cost of DME and supplies.	Any encounter not previously categorized. <u>Procedure Codes:</u> Between L0000 and L4999 Between E0100 and E9999 Between A4000 and A89999 C1789 C1815 C2622 A procedure code starting with a K	Utilization Average utilization of DME equipment per 1,000 eligibles members. Unit Cost Average cost of DME equipment.

Category of Service	Description of Service	Revenue Code / Procedure Code Logic	Notes
8. Vision	The cost of routine exams (by non-physicians) and dispensing glasses to correct eye defects. This category includes the cost of eyeglasses, but excludes ophthalmologist costs related to the treatment of disease or injury to the eye; the latter is to be included in physician specialty.	Any encounter not previously categorized. <u>Procedure Codes:</u> Between S0500 and S0592 Between V2020 and V2799 Between 92002 and 92499 Between 65091 and 68899 S0620 S0621	Utilization Average utilization of vision services per 1,000 eligibles members. Unit Cost Average cost of vision related services
9. Other	Any other medical service not specifically described above.	Any encounter not previously categorized.	The anticipated utilization should be only for physical health services not described above and should be expressed as expected utilization per 1,000 members, where applicable. If “Other” services are entered, the Contractor <u>must</u> itemize these services on lines 11athrough 11e and provide sufficient data to allow examination by the State (including the definition of a unit).

Category of Service	Description of Service	Revenue Code / Procedure Code Logic	Notes
10. Pharmacy	Prescriptions.	Encounters that were submitted as a pharmacy record or encounters with NDC codes.	<p>Utilization Average utilization of prescriptions per 1,000 eligibles members.</p> <p>Unit Cost Average cost per prescription.</p>
11. Dental	Dental procedures.	Dental procedure codes.	<p>Utilization Average utilization of dental procedures per 1,000 eligibles members.</p> <p>Unit Cost Average cost per dental procedure.</p>

Appendix D

Consolidated HUSKY Financial Summary

HUSKY A Summary

HUSKY B Summary

	CY2005	CY2006	YTD07*
Member Months	3,734,926	3,607,508	1,810,478
Medical Expenses:			
Physical Health - Hospital Inpatient	\$ 34.03	\$ 36.89	\$ 39.57
Physical Health - Hospital Outpatient & E.R.	\$ 34.01	\$ 39.78	\$ 44.71
Behavioral Health Care Expenditures [†]	\$ 19.11	\$ -	\$ -
Physician - Primary Care	\$ 17.07	\$ 18.09	\$ 19.09
Physician - Specialists & Others	\$ 23.91	\$ 25.85	\$ 27.00
Pharmacy - (Physical & Behavioral Health)	\$ 27.08	\$ 32.19	\$ 35.40
Emergency Transportation Services	\$ 1.38	\$ 1.56	\$ 1.57
Non-Emergency Transportation Services	\$ 1.96	\$ 1.99	\$ 1.99
Dental Services	\$ 8.02	\$ 8.54	\$ 9.22
All Other Services	\$ 6.86	\$ 6.54	\$ 7.00
Total Medical Expenses	\$ 173.45	\$ 171.44	\$ 185.56

	CY2005	CY2006	YTD07*
Member Months	191,749	197,954	105,640
Medical Expenses:			
Physical Health - Hospital Inpatient	\$ 5.22	\$ 11.69	\$ 13.70
Physical Health - Hospital Outpatient & E.R.	\$ 16.69	\$ 24.82	\$ 28.84
Behavioral Health Care Expenditures [†]	\$ 12.11	\$ -	\$ -
Physician - Primary Care	\$ 16.00	\$ 16.29	\$ 17.55
Physician - Specialists & Others	\$ 15.99	\$ 15.99	\$ 13.48
Pharmacy - (Physical & Behavioral Health)	\$ 18.52	\$ 23.25	\$ 24.31
Emergency Transportation Services	\$ 0.42	\$ 0.50	\$ 0.55
Non-Emergency Transportation Services	\$ 0.04	\$ 0.02	\$ 0.02
Dental Services	\$ 8.06	\$ 8.24	\$ 8.29
All Other Services	\$ 5.36	\$ 5.45	\$ 3.56
Total Medical Expenses	\$ 98.40	\$ 106.26	\$ 110.29

Notes:

Information is unaudited.

Service categorizations may vary from the definitions provided in the bid instructions.

*YTD07 includes expenses for dates of service from January 1, 2007 through June 30, 2007.

[†]Behavioral Health services were carved out of the managed care programs effective January 1, 2006.