

From: Mary Alice Lee
Sent: Tuesday, August 20, 2013 11:44 AM
To: 'Ahmed, Tamim'
Subject: RE: Reminder - Public Review Period for APCD Policy & Procedures

August 20, 2013

Dr. Ahmed:

COMMENTS:

“Dental Claims Data File” means a data file composed of service level remittance information including, but not limited to, member IDENTIFYING INFORMATION, provider information, charge and payment information, dental terminology codes from all paid claims and encounters, AND DATE OF SERVICE.

“Eligibility Data File” means a data file composed of IDENTIFYING AND demographic information for each Member who is eligible to receive medical, pharmacy, or dental coverage provided or administered by a Reporting Entity for one or more days of coverage during the reporting period, AND DATES OF COVERAGE.

“Medical Claims Data File” means a data file composed of service level remittance information including, but not limited to, member IDENTIFYING INFORMATION, provider information, charge and payment information, clinical diagnosis CODES AND procedure codes from all paid claims and encounters, AND DATES OF SERVICE.

“Pharmacy Claims Data File” means a data file composed of service level remittance information including, but not limited to, member IDENTIFYING INFORMATION, PRESCRIBING provider information, charge and payment information and national drug codes from all paid claims for each prescription filled, AND DATE PRESCRIPTION WAS FILLED.

QUESTIONS:

“MEDICAL CLAIMS” -- INCLUDING CLAIMS FOR BEHAVIORAL HEALTH SERVICES (TREATMENT OF MENTAL DISORDERS, SUBSTANCE ABUSE)?

“PHARMACY CLAIMS”—INCLUDING CLAIMS FOR DISPOSABLE AND DURABLE MEDICAL EQUIPMENT?

“REPORTING ENTITY”—INCLUDES DSS?

“CLAIMS”—MEANING PAID CLAIMS ONLY?

“Reporting entities that have fewer than a total of 3,000 members...are exempt from the data submission requirements...” IS THIS EXEMPTION IN THE STATUTE?

Does the statute provide for APCD to include “amount paid” in order to track health care expenditures?

To track variations in service utilization associated with payment??

SPECIFICATIONS:

Needs definition of “timeliness” for submission of claims by reporting entities (may depend on their contractual definitions of timeliness for provider payment)

“The Exchange may make data available in such form or forms as it deems appropriate to health care consumers and public and private entities engaged in reviewing health care utilization, cost, or quality of health care services, including community and public health assessment activities, in accordance with future Policies and Procedures to be promulgated by the Exchange.”—SPECIFY AGGREGATE V. RAW DATA? DE-IDENTIFIED V. IDENTIFIABLE HEALTH DATA? RESEARCH V. PUBLIC HEALTH V. PUBLIC POLICY DEVELOPMENT V. PROGRAM ADMINISTRATION PURPOSES? IRB PROCESS AND OTHER SAFEGUARDS?

NOTE: UNDER HIPAA, DE-IDENTIFIED DATA DO NOT INCLUDE GEOGRAPHIC DETAIL BELOW THE LEVEL OF STATE OR DATE DETAIL BELOW THE LEVEL OF YEAR. THESE RESTRICTIONS MAY LIMIT THE USE OF THE DATA FOR PUBLIC HEALTH AND PUBLIC POLICY DEVELOPMENT (examples: monitoring or studying seasonal aspects of asthma treatment, monitoring or studying community-level variation in utilization associated with access to care, monitoring or studying community-specific variations in health conditions and treatment, etc.).

Statute exempts condition-specific coverage such as Medicaid coverage for TB service and family planning? Even when it's paid for with public dollars, as in Medicaid??

FYI Might be useful to take a look at the very specific requirements for submission of encounters that were developed by DSS's data management subcontractor (Wm. M. Mercer, Inc.) when the agency was running a managed care program. APCD needs a standard format, I'd think, in order to make the records and files useable across coverage types.

Is there any way for APCD to track self-pay??

MaryAlice Lee, Ph.D.
Senior Policy Fellow
Connecticut Voices for Children
33 Whitney Avenue
New Haven, Connecticut 06510
203-498-4240 ext. 104
203-498-4242 fax
malee@ctvoices.org
www.ctvoices.org