



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

Public Comment

Approval of Meeting Minutes

Process for Amending APCD Policies and Procedures

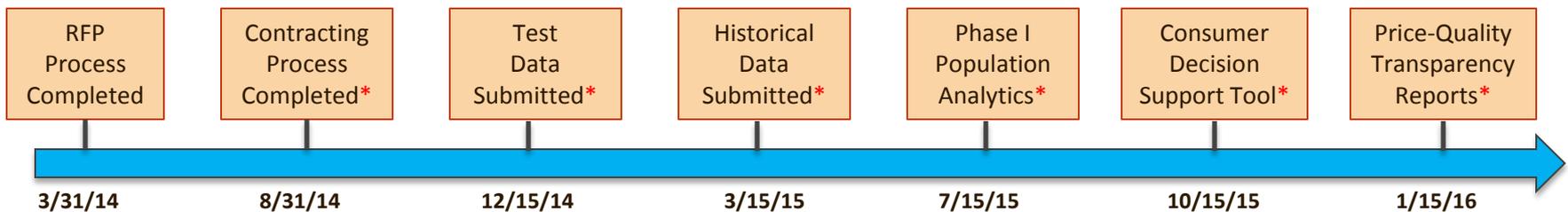
- AHCT staff presents draft Policies and Procedures amendments to Policies and Procedures Subcommittee
- Subcommittee approves draft, sends to APCD Advisory Group
- APCD Advisory Group approves draft, sends to AHCT Board
- AHCT staff presents draft to AHCT Board
- AHCT Board approves draft to be posted 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

- AHCT staff presents draft Data Submission Guide amendments to Policies and Procedures Subcommittee
- Subcommittee approves draft, sends to APCD Advisory Group
- APCD Advisory Group approves draft
- 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

Development Planning for APCD

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



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

Development Planning for APCD - Core Components

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

Dental Commentary Review and State Comparison

- **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% |

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% |

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

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

Dental Data Process Challenges:

- In general, only services within payer liability will be submitted to a payer. In 2008, the reported median annual maximum was \$1,500¹.
- 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>

Next Steps

Denied Claims Discussion

Next Steps