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**Document Title:** Request for Data for Family Connects Oregon Service Provision Monitoring  
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## Objective

This memo outlines the proposed request for data from the commercial health benefit plans regarding the provision of services of the universally offered newborn nurse home visiting program, Family Connects Oregon (FCO).

## Background

Oregon state statute (ORS [743A.078](#)) established a voluntary statewide program of newborn nurse home visiting for Oregon families. FCO has been selected as the service delivery model for the program. The statute requires carriers to report to the Authority, in the form and manner prescribed by the Authority, data regarding claims submitted for services covered to monitor the provision of the services (OAR [743A.078\(8\)](#)).

On June 30, 2023 the Oregon Health Authority (OHA) [notified](#) commercial health benefit plans that the Authority will use data from the Oregon All Payer All Claims Reporting Program (APAC) to monitor the annual payment of claims by commercial health benefit plans. The Authority also included that OHA may request additional data, outside of the annual reporting with APAC to monitor the provision of services through the FCO program.

OHA is currently preparing to expand Family Connects Oregon into new counties in 2024. As we prepare for this expansion and continue to work through commercial health benefit plan billing challenges with the early adopter counties, we seek insights from data that can be provided by the commercial health benefit plans about denied Family Connects Oregon claims and claims paid between July 1, 2023 – December 31, 2023.

## Request

In accordance with statutory authority given to OHA to monitor the provision of services in the FCO program, OHA requests the following data from commercial health benefit plans as defined in [ORS 743B.005 \(Definitions\)](#).

## Time Periods

OHA requests data from the commercial health benefit plans for claims that were fully adjudicated for Family Connects Oregon services between July 1, 2023 – December 31, 2023. OHA requests these data in two batches:

1. Claims fully adjudicated between July 1, 2023-September 2023, report due January 31, 2024
2. Claims fully adjudicated between October 1, 2023 – December 31, 2023, report due April 30, 2024

## Data Elements

### 1. Data Element 1 – Denied Claims

For each denied claim we request,

- a. Certified Provider
- b. Insurance Product Type
- c. Denial Code
- d. Explanation of Denial Code

### 2. Data Element 2 – Paid/Approved Claims

For each data element

- a. Certified Provider
- b. Insurance Product Type
- c. Amount Paid

## Data Definitions

The proposed data element definitions align with the [APAC data dictionary](#) as of April 2023. We provide these data element definitions for clarity and to help carriers build the reports, but they are not required to be used if the carrier systems are not configured to use these data element definitions.

**Procedure Code** – All Family Connects Services are billed using CPT Code 99502 and potentially 99501 by some carriers for services provided to infants older than 30 days. The primary modifier for the Family Connects Oregon program is 32. Secondary modifiers may include TD for a Pre-IHV only and TT for Family Connects Services provided to multiple newborns such as twins. The APAC data element for the CPT code is mc055\_procedure\_cd, and for modifiers are mc056\_procedure\_modifier\_1\_cd, mc057\_procedure\_modifier\_2\_cd, mc057a\_procedure\_modifier\_3\_cd.

**Claim Status** – The APAC data element for claim status is mc038\_claim\_status\_cd.

**Claim Identification** – A unique medical claim number with no identifying information.

**Certified Providers:** A [list](#) of certified newborn nurse home visiting providers is available from the Oregon Health Authority. The APAC data element for the billing provider is Billing\_national\_provider\_id.

**Insurance Product Type:** The APAC data element for the insurance product type is mc003\_insurance\_product\_type\_cd.

**Amount Paid** – Payment made by payer does not include expected copayment, coinsurance or deductible by member. The APAC data element for amount paid is mc063\_paid\_amt.

### Example Report Templates

#### Report Template – Data Element 1 – Claim Status - Denied Claims

Claim ID - De-identified	Provider	Insurance Product Type	Claim Denial Code	Explanation of Denial Code
1.	FCO Certified Local Public Health Department	ATMs, Individual, Large Group, Small Group, Student Plans, Self-Insured	Carrier Denial Code	Definition of Carrier Denial Code

#### Report Template - Data Element 2 – Claim Status – Paid/Approved Claims

Claim ID- De-identified	Provider	Insurance Product Type	Amount Paid
1.	FCO Certified Local Public Health Department	ATMs, Individual, Large Group, Small Group, Student Plans, Self-Insured	Amount Paid

### Data Submission

OHA requests reports be submitted in an Excel Spreadsheet. Carriers may submit one file with two separate tabs for Data Element 1 – Denied Claims and Data Element 2 – Paid/Approved Claims, or they may submit two separate Excel files, whichever is easiest for the carrier.

Reports will be submitted to [oregon.uohv@odhsoha.oregon.gov](mailto:oregon.uohv@odhsoha.oregon.gov). If a carrier has a challenge sending the reports to this email, please reach out to OHA staff through this email address so an alternate submission process can be arranged.