

All Payer Claims Technical Advisory Group
March 10, 2016 Meeting Summary
1-3pm ET

Members:

- | | |
|--|---|
| <input type="checkbox"/> Wendy Apland, PeaceHealth | <input checked="" type="checkbox"/> Brian Sikora, Kaiser |
| <input checked="" type="checkbox"/> Cindi McElhaney, Q Corp | <input checked="" type="checkbox"/> Bernadette Inskeep, United Health |
| <input checked="" type="checkbox"/> Ben Chan, CHSE | <input type="checkbox"/> Jeanette Sims, PacificSource |
| <input checked="" type="checkbox"/> Colleen McManamon, Regence | <input checked="" type="checkbox"/> John Limm , LifeWise |
| <input type="checkbox"/> Krista Collins, OPCA | <input type="checkbox"/> Danielle Sobel, OMA |
| <input type="checkbox"/> Leif Rustvold, CORE | <input checked="" type="checkbox"/> Joe Lyons, SEIU |
| <input type="checkbox"/> Bill Dwyer, Moda Health | |

Other Attendees:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Tonia Slightam, Oregon Health Authority | <input type="checkbox"/> Jesy Beeson, Kaiser |
| <input type="checkbox"/> Stacy Delong, Oregon Health Authority | <input checked="" type="checkbox"/> Gayle Woods, DCBS |
| <input type="checkbox"/> Jonah Kushner, Oregon Health Authority | <input type="checkbox"/> Charlie Parks, LifeWise |
| <input type="checkbox"/> Amina Khan, Freedman HealthCare | <input type="checkbox"/> Wendy Apland, PeaceHealth |
| <input checked="" type="checkbox"/> Linda Green, Freedman HealthCare | <input checked="" type="checkbox"/> Al Prysunka, Milliman |
| <input type="checkbox"/> Alyssa Ursillo, Freedman HealthCare | <input type="checkbox"/> Michael Sink, DCBS |
| <input checked="" type="checkbox"/> Will Wiegel, Milliman | |

Facilitator: Linda Green

SUMMARY:

Introduction and Meeting Goals

Linda Green, from Freedman HealthCare started the meeting by reviewing the meeting agenda.

1. Gobeille vs. Liberty Mutual

Linda Green discussed the implications of the SCOTUS decision on the submission of self-insured data to APAC and other APCDs in the country. States are currently reviewing statutes to determine how this legislation will affect them.

- OHA will welcome voluntary data submissions.
- There was brief discussion on the potential role of the Department of Labor in mitigating the effects of the legislation.

2. Discussion of Supplemental Annual APM File

The group discussed the draft file layout for the supplemental annual file:

- There will be no new additions to the APAC file itself (i.e. no new data elements in appendices A-F of file layout).
- There will be a new file on “payments to providers” and this will include primary care reporting requirements from SB231.
- More detailed specifications on the new annual supplemental APM file will be included in the July 2016 letter.
- Data specifications will be included in the April packet to advisory committee in and shared with the group prior to that time.
- Gayle clarified that the reporting requirements for SB231 changed HB4017 in which the reporting was extended to 2019.

3. Quarterly Incremental Submissions to APAC

Survey responses showed that the majority of mandatory reporters agree that the current data submission model (with 12 month look-back) is cumbersome and expressed overall interest in changing the submission period to a quarterly model. This proposed change would start in 2017. The group discussed whether a six month eligibility look-back period made sense.

- United and Kaiser representatives expressed some concerns that the time frame would not be an improvement to the current model.
- Linda Green clarified that in the case that a mandatory reporter needs to resubmit a claim (to correct an error), there will still be the capacity to look back further than six months
- Will from Milliman shared that (from processing standpoint) smaller data (e.g. 6-month look back) would allow for more efficiency and accuracy

The TAG committee agreed the six month period is long enough.

4. Claims Versioning

Survey results showed that most mandatory reporters submit final claims within three months (mid 90%) of service date, as compared to 6 months (95-98%) and nine (99%). Results demonstrated that the majority of reporters use one of three methods to version claims:

- Version number – appended to original claim
- Reference to claim or subsequent claim
- Julian date of service and prior claim number

An interesting finding was that some insurers use more than one method. There is an outstanding need for thoughtful analysis to understand how this impacts the system so that duplicates are not retained and erroneous data is filtered out.

Linda reviewed that submitters have expressed their interest in streamlining methods and acknowledged there are complexities to working with iterative versions of claims. The group discussed APAC could streamline claims versioning while still organizing data in a meaningful way?

- Bernie described United’s process as being “irregularly irregular”; describing how they must adapt to the methods already in place for other states. Bernie described how United has explained their process to the states, and together, along with several partners, has produced a “playbook” for claims which makes the reconciliation process much easier.

- Al Prysunka from Milliman agreed that there are many ways that claims are versioned and that this process is complicated. He proposed that fields be added and to develop a data dictionary, like the one mentioned by United.
- Cindi, Q Corp, agreed that as the use of data broadens that the methods for using this data are “idiot proof” and believes that steps, like creating a “playbook”, can be made as long as these steps are clear about the processes so that people don’t use it incorrectly. This playbook would allow for data users to understand how to use it. Cindi noted that it will be important to consider completion rates in any sort of “playbook” so that data users understand the richness of the data.

5. Enhanced Data Validation

Linda introduced the three types of validation checks which will go into effect with the next data submission:

- **Level 1. Automated FFQs (already in place).** Level 1 is an existing process. The goal of these validations are to identify issues as early as possible. Beginning in May 2016, FFQ reports will be given to submitters within one day of submission. There will be no change to thresholds until 2017.
- **Level 2. Quarterly Data Audits.** Level 2 are a new level of data validation and will be implemented in May. This will build on Milliman’s existing plan for data audits that occur within 15 days of data submission. These validations check for consistency. Al explained that these audits involve multiple files and can slow things down. There was a brief discussion of how a previous failure led Milliman to develop their up-front quality check. Cindi described that Q-Corp is already doing these additional audits and that these audits allow for problems to be caught early on so they can be diagnosed as quickly as possible. Al explained that Milliman is trying to figure out how to look across files in Level 1 to locate problems (even before Level 2). Linda asked if there were any other measures that should be added to the list.
 - Thresholds for level 2 will be proposed on a quarterly basis. To start, thresholds are
 - Less than 2% variation from month-to-month for membership files
 - Less than 5% variation from month-to-month
 - Cindi felt that this is too low to account for seasonal variation. For example, claims counts seem to drop around the holidays. Linda mentioned there will also be a need to be an understanding for when large-employer open enrollment periods are.

It was suggested that rather than %, thresholds be set at one standard deviation. The group agreed.

The purpose of Level 2 checks was discussed. The group determined that Level 2 checks were to look at the complete data submission picture as a whole. Data audits themselves are in place to look at the data in a number of ways before it is entered in the system to avoid the possibility of resubmission. Bernie emphasized that Level 2 thresholds in other states have been helpful.

Level 2 reports are in development. Milliman will send reports to submitters in mid-May to which they will have the opportunity to respond with explanation of variance. Files will be resubmitted as needed (to meet current resubmission timelines) but will be flexible.

- There was a request for consideration for flexibility because there is a lot going on during this submission period. Members were reminded that quarterly reporting system will not start until 2017 and the impact this has on reporting.
- **Level 3. Annual Data Quality Audits.** This is in development and intended to be a post-processing validation effort. It will confirm data integrity from submission to output and will include a variety of summary measures. The first reports are expected for mid-October 2016. United expressed concern about the timeline for data validation and would like to establish a reasonable timeline for data turnaround - suggests 6-8 weeks.

6. Discussion was opened up to the public

The public did not have any questions or comments for discussion.

7. Additional Information or Questions

No additional questions or comments were posed.