

**All Payer All Claims Technical Advisory Group (TAG)  
May 14, 2015 Meeting Summary**

**ATTENDANCE**

Members

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

Other Attendees

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Ethan Baldwin, DCBS</li><li>• Stacy DeLong, OHA</li></ul> | <ul style="list-style-type: none"><li>• Toni Flitcraft, OHA</li><li>• Will Wiegel, Milliman</li></ul> |
|---|---|

**SUMMARY**

**1. Draft Monthly Premium File Layout and Cover Memo**

OHA presented an advanced draft of the premium file layout and cover memo for publication in July and implementation in January 2016. The TAG gave the following feedback:

- File layout
  - Change data element name prefix from “MP” to “BP” (for “billed premium”) to avoid confusion with data element name prefix in the Medical Provider File.
  - Change data element numbers for Product Code, Market Segment, and Subscriber ID to be consistent with numbers in Medical Eligibility, Medical Claims, and Pharmacy Claims Files.
  - Remove PEBB and OEGB flags, since these would not be useful for within-file quality checks.
  - Remove Subscriber SSA State-County Code, Subscriber State, and Subscriber County Name. These fields were intended to help with matching member share of Medicare Advantage premium with federal share from CMS’s Medicare Advantage Ratebooks. Since billed premium data will be surfaced in the member months view, and this view contains geographic fields that could be used to match with federal share from Ratebooks, including geographic fields in the Billed Premium File would not be necessary for matching. Also, data suppliers reported they are not able to provide SSA State-County Code.
  - For the field Total Premium Billed, change name to Total Premium Billed for Premium Billed Month to emphasize the amount is the premium billed by the carrier for the month in which the subscriber and related members had coverage.
- Cover memo
  - In text and flowchart, specify that premium file should be populated for commercial fully insured plans and Medicare Advantage plans only.

**2. Follow-Up on Premium Allocation Discussion from April Meeting**

OHA followed up on last month’s discussion, noting that DCBS’s premium allocation algorithm for ACA compliant plans was distributed to the TAG on April 14.

- OHA clarified that neither data suppliers nor Milliman will be asked to allocate subscriber premium to members.
- DCBS requested that data suppliers send questions or concerns about its premium allocation algorithm for ACA compliant plans to OHA for forwarding to DCBS.

**3. OHA Report: *Leading Indicators for Oregon's Health Care Transformation***

OHA presented its report, [Leading Indicators for Oregon's Health Care Transformation: Quarterly data from the All-Payer, All-Claims Reporting Program](#), published April 30, and asked for feedback on the report. The TAG gave the following suggestions for future reports:

- Present data geographically.
- Present members' demographic characteristics before and after ACA coverage expansion.
- Include national benchmarks. The Health Care Cost Institute helps states with national benchmarking.

**4. Recommendations for Capturing Alternative Payment Methodologies (APMs) in APAC**

OHA reiterated its plan to prepare recommendations for capturing APMs in APAC at subsequent TAG meetings.

- Data suppliers emphasized that very specific APM definitions would be needed to capture APM data in an accurate and useful way.
- Data suppliers commented on their current ability to capture and report on APMs. One commented that services provided under APMs could be flagged in a separate system from its claims system. Another suggested looking at the number of providers participating in APMs.

**ACTION ITEMS**

#	Action	Due Date
1	TAG members: Send any comments on DCBS's premium allocation algorithm for ACA compliant plans to OHA for forwarding to DCBS.	No due date