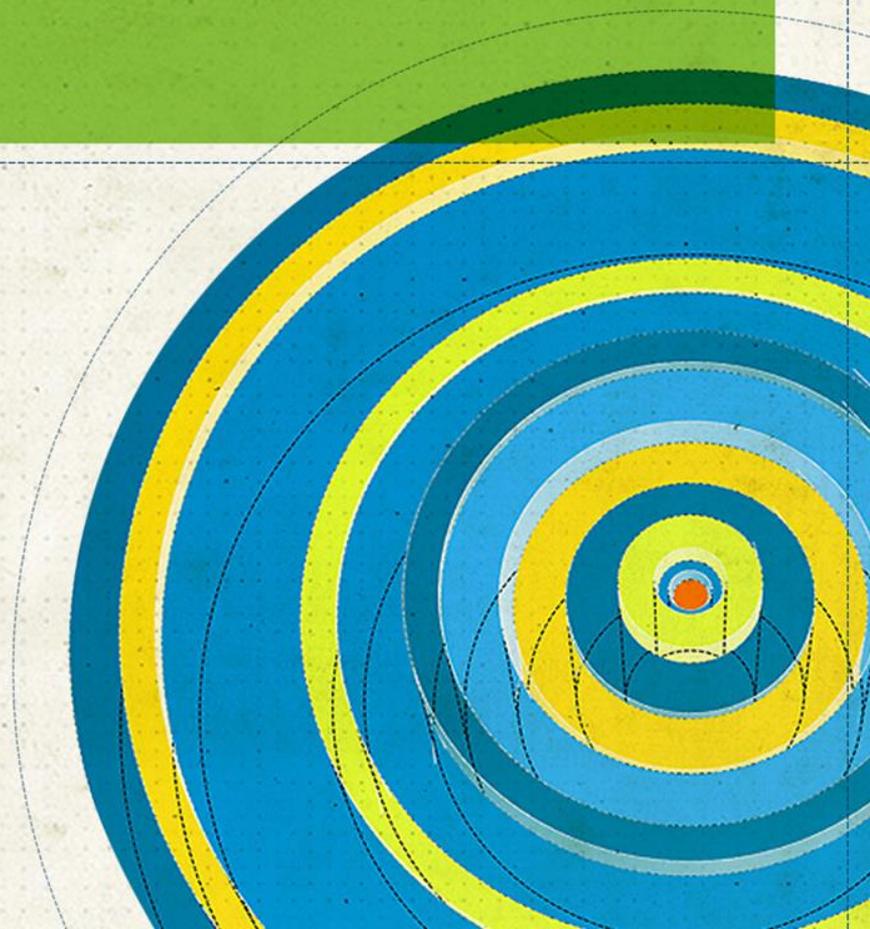


# APAC Technical Advisory Group: Current APAC Validation Practices

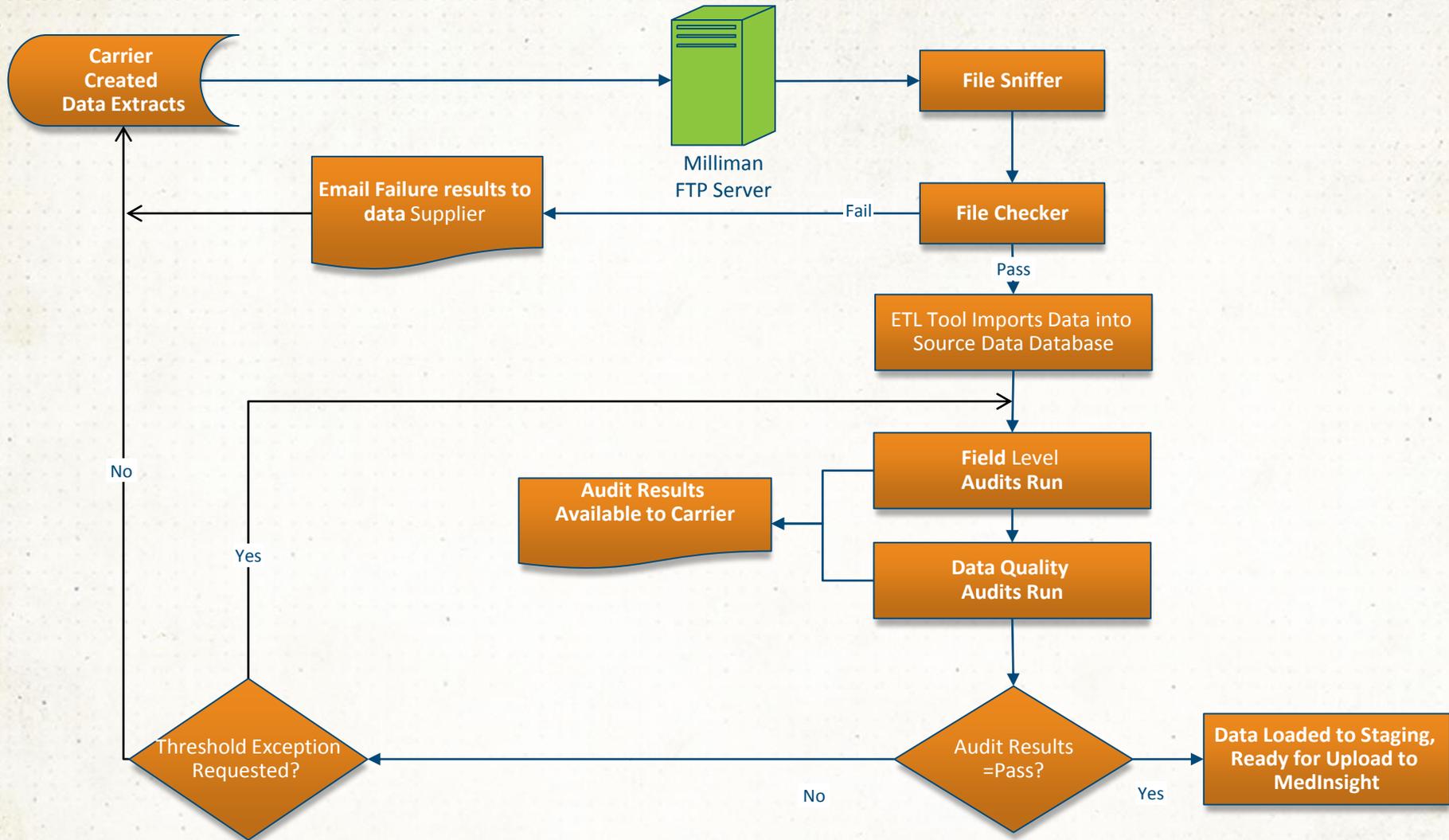
**Date: 7/29/2014**

 Milliman

**MedInsight**



# Data Submission – Edits/Thresholds



# Individual File Validations

Number of Single File Validations					
File Type	Field Length and Format	Valid Value	Required Field	Valid Date	Duplicate
Medical Claims	160	47	16	9	1
Pharmacy Claims	62	3	20	4	1
Medical Eligibility	84	21	26	6	1
Medical Provider	58	13	8	2	1
Control Membership and Totals	20	3	5	0	0

- **Field length and format example:** The principal diagnosis field in medical claim does not match the format type in the data layout.
- **Valid value example:** The principal diagnosis value in the medical claim is not in the list of valid values.
- **Required field example:** The principal diagnosis field in medical claim cannot be blank.

# Individual File Validations

- **Valid date example:** The discharge date (MC070) value in the medical claim data file should be the same day or after the admission date (MC018).
- **Duplicate check example:** The ID values for this row are used multiple times within the same file. The pharmacy claim data file has duplicates. Check the values for claim ID, patient ID, claim status, payment date.

# Cross File Validations

- **Medical Claims and Medical Provider**
  - The rendering provider ID value in the medical claim data file does not match to any value in provider ID in the medical provider data file.
  - The billing provider ID value in the medical claim data file does not match to any value in provider ID in the medical provider data file.
- **Medical Claims and Medical Eligibility**
  - The member ID value in the medical claim data file does not match to any value in member ID in the medical eligibility data file.
- **Pharmacy Claims and Medical Eligibility**
  - The patient ID value in the pharmacy claim data file does not match to any value in member ID in the medical eligibility data file.

# Cross File Validations

## ■ Control Totals

- Sum of billed, sum of paid amounts and total record counts in the medical claims and pharmacy claims file should match the values the control totals file.

## ■ Control Membership

- The medical and pharmacy member month totals from the control membership file should match the member months within medical eligibility file.

# Data Submission Processes

## ■ Substance Abuse Data

- Per the submission manual, submitters should use the chemical dependency algorithm (available from the APAC web site) to exclude claim lines that may potentially identify a patient in a substance abuse program.
- A secondary process also runs to ensure these claims are excluded from the APCD. This process runs after the files are compared to the controls.

## ■ Submission of Final Paid Claims Only

- Submissions shall include four calendar quarters and shall fully replace claims (paid, denied, or encounter only) in overlapping quarters.
- Example: Submission for 2014 Q1 includes final status paid claims for four quarters of data; 2013 Q2 through 2014 Q1. All claims previously submitted for 2013 Q2 through 2013 Q4 in the prior submission are removed and fully replaced with the 2014 Q1 data set.