Office of Statewide Health Planning and Development

Healthcare Payments Data Program
Technical Workgroup Meeting

July 18, 2019

Meeting Summary

Attending: Bernie Inskeep, United HealthCare; Christina Wu, CAHP; Denise Love, NAHDO; Emily Sullivan, NAHDO; Felix Su, Blue Shield; Jill Yegian, OSHPD Consultant; Jonathan Mathieu, Freedman HealthCare; Linda Green, Freedman HealthCare; Michael Valle, OSHPD; Phil Smith, OSHPD Consultant; Scott Christman, OSHPD; Starla Ledbetter, OSHPD; Tara Zimonjic, OSHPD; Steven Sottana, OSHPD; Ted Calvert, OSHPD Consultant**;** Wade Iuele, OSHPD Consultant.

Attending by Phone: Amy Costello, NAHDO; Clair DeCastro, CalPERS; David Falla, Kaiser Family Foundation; Dolores Yanagihara; Eleanor Shinsky, Cigna; Jean Wirtz, Cigna; Michelle Santiago, Aetna; Matthew Nakao, CalPERS; Pritika Dutt, DMHC; Randy Smith, San Juaquin Health Plan; Sheryl Turney, Anthem; Tina Fitzgerald, CalPERS.

Agenda Item	Meeting Summary
Welcome & Roll Call	Tara Zimonjic facilitated a welcome and introductions and provided an overview of the agenda.
Recap of July Review Committee Meeting	Scott Christman provided a quick review of the July 18 Review Committee discussion. He noted that this meeting was focused on data submitters. The committee had an opportunity to review and vote on a number of recommendations for California on defining mandatory data submitters; required and excluded lines of business; the thresholds, frequency and population for data submission; and coordination of data submission as well as recommendations for California on approaches for encouraging voluntary submissions. The presentation and discussion was led by Jill Yegian and Linda Green both on the OSHPD consulting team. There was robust conversation around the all of the topics, especially mandatory submitters, excluded lines of business and thresholds. The committee was able to discuss and vote on 4 of the recommendations. The committee also decided to table the recommendation on thresholds. In addition to the one tabled recommendation, the committee did not have time to discuss the recommendations regarding frequency, population and voluntary data submitters. These recommendations, along with the tabled recommendation on thresholds, will be brought back to the committee at the August meeting.
Discussion of APCD-CDL™ Eligibility File	In preparation for this meeting the Technical Workgroup was asked to review specific elements of the Eligibility File in the APCD-CDL™. The workgroup discussed each of the file elements listed below. Wade Iuele led this conversation.

CDL Element #	Data Element Name	Comments at TWG
CDLME003	Plan ID	This data element is not currently in use. Wade Iuele made a point that if an element is not in use, it is not required. He noted that all elements are required, but if a plan does not have the data, they are not required to submit it. There will be an exceptions process to opt out of certain elements if a plan does not collect them.

This element does not exist therefore no one will submit it. However, other data elements would have an exceptions process to opt out of a singular field. |
| CDLME007 | Coverage Level Code | |
| CDLME010 | Subscriber Social Security Number | This element is less and less frequently available. If the element is available plans will submit it, if it is not available the plan will go through an exceptions process.

Data elements can have thresholds set for each element which can be set through test data, such as the historical data. However, SSN would be hard to set using historical data as it is becoming less frequent than was historically. |
| CDLME015 | Sequence Number | This element is not part of the claim or the eligibility file. This element is something that the plan has to create.

No comments on how a Sequence Number would be used for APCD purposes. |
| CDLME016 | Member Social Security Number | |
| CDLME027 | Member FIPs County Code | This is a problematic calculation as zip codes do not neatly align with the counties. This was an issue seen in Tennessee and in Colorado.

This would not be asked of the submitters to calculate this field. OSHPD would receive the zip code and do the calculation for this field. This is the process IHA has also used. |
| CDLME028 | Member Country Code | |
| CDLME029-031 | Race 1, Race 2, Other Race | For the race and ethnicity fields (CDLME029-CDLME033), the procedure is if the data is available it should be included in the data submission. If the data is not available it does not need to be sent.

Bernie Inskeep commented that UHC only has about 2% |

			of this data.	
	CDLME032	Hispanic Indicator		
	CDLME033-035	Ethnicity 1, Ethnicity 2, Other Ethnicity		
	CDLME033-035	Ethnicity 1, Ethnicity 2, Other Ethnicity		
	CDLME036	Medical Coverage Under This Plan		
	CDLME037	Pharmacy Coverage Under This Plan	CDLME036- CDLE ME056 is plan specific questions that a PBM, for example might not have data on dental coverage. The same principle applies if the data submitter does not have the data, they are not responsible for including the information on the APCD-CDL™. Christina Wu confirmed if a plan does not have a certain data element, they should leave it blank, not put in N/A or none or 0. Bernie Inskeep commented that for these elements sometimes the option is Y or N and a data submitter is required to input only one of those options. The way that IHA has interpreted this field is that a plan is answering from their perspective. Therefore, if the plan is providing this type of coverage it would put Y and if the plan is not providing that coverage you put N.	
	CDLME038	Dental Coverage Under This Plan		
	CDLME039	Behavioral Health Coverage Under this Plan		
	CDLME046	Payer assigned Member PCP ID		
	CDLME047	NPI of Member's		

		PCP	
	CDLME048	PCP Assignment	
	CDLME049	Member PCP Effective Date	
	CDLME055	Medical Home Indicator	
	CDLME056	Payer assigned ID for Medical Home	
	CDLME059	Employment Status	Emily Sullivan noted that this was identified as a challenging field to populate. It was also noted these are non-standard codes. Additionally, in most cases plans would have this information only for primary subscriber and not for the dependents. Wade Iuele noted that this is an example of a field that once OSHPD surveys its population, it might be something OSHPD decides to exempt. Amy Costello noted that New Hampshire purchasers' group does use the "active" vs "retiree" populations differently.
	CDLME060	Employer Zip Code	
	CDLME061	Carrier Specific Unique Member ID	Member IDs are shared across dependents and are not unique. Bernie Inskeep noted that this element needs to be developed in order to meet the requirement and they can change from time to time.
	CDLME062	Carrier Specific Unique Subscriber ID	
	CDLME065	Total Monthly Premium Amount	The description of the Total Monthly Premium on the APCD-CDL™ does not capture what the calculated amount actually represents. This number does not include medical loss ratio and fees paid.
	CDLME066	Actuarial Value	This field only applies to fully insured plans in small and individual markets. Colorado collects this for exchange plans and Covered CA collects this and requires it as a part of their Qualified Health Plan submission process. IHA has been collecting it too

CDLME068	Cost-Sharing Reduction Indicator	
CDLME069	Administrative Service Fees	This field strictly is for fees paid by an employer for self-insured and not for fully-insured plans. In terms of mandatory submitters, this field would be limited to only self-insured plans not subject to ERISA. For plans that are submitting data on a voluntary basis, the submitters not required to submit data even if they have them. There might be some anti-trust issues if there are negotiated administrative service fees that might be different from entity to entity. Additionally, there might be performance metrics that are built into contracts.
CDLME070	Tiered Network	Blank is not an acceptable value for this element and this data is not in the claims warehouse. Is the assumption that all of these data must be in the claims data warehouse? IHA has found that especially for the eligibility file you might need to get data from other data sources. There would need to be more information provided in the data submission guide that shows an example of what this data element is capturing. It is important to be careful with the term "tier" because some plans might use the term differently than what is being defined. It will be helpful to get a business case for each of these fields because they may or may not apply in this market.

Closing comments on eligibility claim file:

The idea of adopting the APCD-CDL^{TM} is to adopt the format. There might be elements that have no business case for California and will not be used. However, the field will not be moved or removed, it would just be excluded broadly.

Christina Wu commented that it can be challenging when there are different versions of a claim.

Bernie Inskeep noted that the plan sounds like California will be adopting the APCD-CDL^{TM} and for any fields that the plans are not able to fill in, it would be a placeholder field. That was confirmed.

Christina Wu asked how long it takes for states to implement updated versions of the

	APCD-CDL^{TM}. Emily Sullivan noted that this is the first version of the APCD-CDL^{TM} but most likely it will be a 2 year turn around. It was also noted that some states have the data submission guides that are spelled out in the rules, while other states have the data submission guide point to the rules. The latter provides more flexibility to update the data submission guide without going through the entire rule making process. Dolores Yanagihara inquired if there was a discussion when the APCD-CDL^{TM} was being developed about including an indicator on dual eligible. Linda Green noted that there is data coming from DHCS for Medi-Cal and data, particularly eligibility data, for CMS, and the job of the HPD will be the match this data to identify the dual eligible.
Discussion on Draft Recommendations for Data Quality	The Technical Workgroup also provided feedback on the data quality recommendations that would be discussed and voted on by the Review Committee at the August meeting. The proposed recommendations were as follows: • The Review Committee recommends that the HPD develop and make transparent data quality and improvement processes around completeness, accuracy, reasonability, and timeliness, and apply them to each major phase of the HPD data life-cycle, including: a) source data intake; b) data conversion and processing; and c) data analysis, reporting, and release. • The Review Committee recommends that the HPD have authority to require resubmissions if data fail to meet established quality and completeness standards at any phase. • The Review Committee recommends that the HPD should provide stakeholders, including users of the data, with accessible information on data quality, including descriptions of processes and methodologies and periodic updates on known issues, implications, and timelines for correction. Bernie Inskeep noted that in the first recommendation it would be important to also talk about the timeliness of feedback to the submitters. She noted that it is important to have good communication for payers to know when a file has passed and to be transparent about this process. Jonathan Mathieu noted that it will be important for OSHPD to keep open lines of communication with data submitters. There was a question inquiring if OSHPD is contemplating how the process for threshold variance will be set. Scott Christman noted OSHPD has current process that includes automated feedback where a data submitter can choose to edit on the screen or resubmit the data. If the data cannot be corrected there is a modification that can explain why the data is ok even though it does not meet the error tolerance. Scott Christman also noted that he expects there will be a lot of communication between data submitters and OSHPD. Emily Sullivan asked if there is a data quality state process that got it right. Bernie Inskeep noted that the old Virginia process caught a large error in a very efficient manner. She also noted that she appreciated the bi-directional communication and level of detail communicated to the plan. Christina Wu inquired if the draft recommendations are meant to be agnostic between claims data and APM data. The team confirmed that the focus was on claims and encounter data. Bernie Inskeep also noted that the APM files and claims files are completely different so the feedback would also be done differently.

| | Amy Costello noted that Maine publishes the validation report so that researchers can understand how well the fields are populated. Jonathan Mathieu agreed and noted that there will most likely be different validation reports published for different audiences.

Bernie Inskeep inquired if the recommendation that states that OSHPD will be able to require resubmissions, could include a phrase that says if it is possible to do so. She noted that at times the data is submitted in the best format that it can be submitted in and it still might not meet the established quality standards. A suggested phrase is "to the extent that they can be corrected."

Christina Wu inquired how OSHPD currently operationalizes the resubmission process. Starla Ledbetter commented that OSHPDs current process is a standard data collection process and there is not as much variance in the data quality. Ted Calvert also commented that it will be a collaborative process to establish reasonable threshold variances, which will be different than OSHPD's current process.

Christina Wu expressed her concern that since Knox Keene licensed plans submit a lot of data to DMHC and Covered California, if their data does not meet a 2% threshold does this signal to regulators that their data is not accurate. She inquired if it would it be possible to finesse this issue as it may not be a valid information but would rather be an APCD-CDL™ formatting issue? Jonathan Mathieu commented that it is important for stakeholders to be aware about the limitations of the data without naming and shaming data submitters. Christina Wu followed up that it would raise flags to regulators if data validation reports say one line of business for a health plan is very accurate while another is not. Linda Green also commented that prior to this report ever being released it would be reviewed by the data submitters

Data Submitter Recommendations Feedback:

Bernie Inskeep noted that it will be important to have the frequency be modifiable if you have very small submitters.

Dolores Yanagihara noted that IHA is headed towards monthly submissions for claims and encounter data and annual data for the non-claims-based payments.

Regarding the population recommendation, there is not much of a business case for collecting a population broader than residents of California. |
| Next Steps | The Technical Workgroup will be discussing elements of the Medical Claims file at the August Technical Workgroup Meeting. |