Texas All-Payor Claims Database – Technical Work Group Notes

April 23, 2024 – 12:00 pm – 1:00 pm CT

Attendees:	
April Blazuk, Aetna/CVS	Joe Harrison, UTHealth
Alex Goldson, Centene	Jodie Nassar, UTHealth
Savannah Williams, American Specialty Health Group, Inc.	Gladys Rodriguez, UTHealth
Bernadette Inskeep, UnitedHealthcare	Lee Spangler, UTHealth
Jesse Pannell, Aetna/CVS	Jaymes Barcenas, UTHealth
Donna Salt, UnitedHealthcare	Devin York, UTHealth
Elizabeth Thurman, Centene	
Louanne Westmoreland, Aetna/CVS	
Wesley Davie, Devoted Health	

1. **Welcome and Introduction**
   - No new announcements

2. **Issues with eligibility/enrollment data** — **Joe Harrison; Data Architect, Center for Health Care Data & TX-APCD**
   (a) Inconsistencies between claims data and ME data

   - Mr. Joseph Harrison commenced the discussion by presenting three, technical assumptions as it relates to both eligibility and enrollment data. Assumptions discussed are listed below:
     a) Processing of enrolling subscribers/members is separate from processing claims for those subscribers/members.
     b) Enrollment is necessary but not sufficient for eligibility (eligibility implies that a member is eligible for plan benefits in a given time period – usually a month).
     c) In a typical scenario of a claim, subscriber number and member number are coming from a single numbering scheme.
   - Comments/Questions:
     - Bernadette Inskeep, UnitedHealthcare: Given the unique, episodic nature of claims data, it is challenging to follow the assumptions. There could be instances when an eligibility record is not submitted in a given month and the determination of that could be that the claim is an adjustment (e.g., the member enrolled may have turned over but were eligible/enrolled at the time of service).
     - Alex Goldson, Centene: From a technical perspective, the interpretation of a claims data file based on how the file should be submitted differs from the interpretation of a trend of that file (or series of claims) across time. When thinking of claims (and respective changes to those claims), the member on an individual file could be recorded via a distinct ID that can be tracked such that changes in eligibility or enrollment can be visible. How the data is received and subsequently linked may lead to some discrepancies. Mr. Harrison responded by affirming the high variability with eligibility/enrollment data issues across carriers both in historical and more

recent data which can pose some challenges with how best to interpret and validate the quality of the data.

- Bernadette Inskeep, UnitedHealthcare: "Orphaned claims" can occur quite easily due to claims being processed at the moment received. Some scenarios in which an orphaned claim could result may be due to (1) a lot of adjustments having been made to a particular claim; (2) a service having been rendered prior to a member showing as having been enrolled on an individual claim for a particular year; and (3) exceptions made for how the claim was entered versus how the claim should be entered.
- Jesse Pannell, Aetna/CVS: Discussed how eligibility files across carriers can be viewed as a snapshot in time. (e.g., a member could be shown as enrolled and eligible at one moment and subsequently not enrolled due to a data entry error. The correction to the claim would result in that member no longer being in a particular population and thus no longer on the eligibility file). This type of example has surfaced occasionally.

3. Variations in claims versioning — **Joe Harrison; Data Architect, Center for Health Care Data & TX-APCD**

(a) Reconstructing the "life of a claim"

- Mr. Harrison continued the exploration of how best to attend to various aspects of a claim from a technical perspective. Four assumptions were shared to the Technical Work Group (TWG) for feedback and comments. The four assumptions are as follows:
  a) PAYER_CLAIM_CONTROL_NUMBER and LINE_COUNTER identify a unique claim line
  b) VERSION_NUMBER or CROSS_REFERENCE_CLAIMS_ID are indicators of "version" of a claim
  c) CLAIM_LINE_TYPE tells us the adjudication action that the claim line represents (O – original, V – void, R – replacement, B – back out, A – amendment, D – denial)
  d) CLAIM_STATUS and CLAIM_ADJUSTMENT_REASON_CODE tell us about the reason for the adjudication action
- Comments/Questions:
  - Bernadette Inskeep, UnitedHealthcare: Advised that claim versioning (including some of the fields on the above assumptions) may not be the most reliable. Ms. Inskeep discussed how individual payors are working with the claim payment platform(s) and the differences that can exists amongst each platform. Claims data is being reported how the claims system works.
  - Alex Goldson, Centene: Mr. Goldson highlighted the need for a well-defined understanding of what is expected on a claim record to help ensure we are interpreting the claim appropriately given all the variability in how the data is processed, adjudicated, and submitted across the various submitters; most of whom have to navigate multiple systems that deliver data that is subsequently reported by the payor. Ms. Inskeep, Mr. Goldson, and Mr. Pannell each reiterated the value of having the Stage 2 quality checks with individual data submitters where specific examples could be discussed more thoroughly.

4. Stage 2 quality checks — **Joe Harrison; Data Architect, Center for Health Care Data & TX-APCD**

(a) Current state of the process
(b) Structure of Master Stage 2 Checklist
(c) Soliciting input on Master draft

- Mr. Harrison shared that the Stage 2 Quality checks with individual data submitters are in-progress. Stage 1 Quality checks have been beneficial for the in-depth review of individual submissions to ensure submissions are adhering to the Common Data Layout (CDL). The aim for Stage 2 Quality checks is to review more deeply the (1) relationships between data fields; (2) data within the respective fields and meaning in-context; and (3) submissions across time. The Center for Health Care Data (CHCD) is engaging in over 100 quality checks and is working on identifying items that are important from the standpoint of being able to use the data for research purposes.
- Some targeted goals:
  - CHCD will aim to have checks be in a format that is similar to the CDL so that it may be published.
  - CHCD is working on being able to generate a data quality report that can be sent out to data submitters within 14 days of receiving a submission.
  - CHCD has developed some possible outcomes and processes for attending to any data issues for cases when the:
    1. Issue is explained/understood by both parties and can be corrected by CHCD
       - Submitter will correct future submissions (cut-off date commitment)
       - CHCD will correct data which has been submitted through the cut-off date
    2. Issue is explained/understood by both parties and cannot be corrected by CHCD
       - CHCD will identify the payor codes and data periods to be corrected
       - Submitter will correct and resubmit indicated data (can submit test files so that confirming assessment can be done)
    3. Issue is not explained/understood
       - Submitter to investigate
       - CHCD to provide examples, if needed
       - Investigation results in classification of issue into either type 1 or 2 above
- *Action item*: Mr. Harrison will share the draft Quality check excel file that provides the TWG with a sense of some of the areas of interest for the quality checks and how the CHCD is navigating the checks (e.g., fields of interest being examined, etc.).
- *Action item*: The TWG can provide feedback and comment on the draft Quality check excel file with a goal of sending feedback within a months' time or as able.
- Comments/Questions:
  - Collective: TWG agreed on being able to share feedback to the draft Quality check excel file.
  - Alex Goldson, Centene: Inquired if there is a threshold that is required and acceptable to be able to have data that is able to be used for research purposes. Mr. Harrison commented and shared that the CHCD is working on developing a quality score that would help to distinguish if particular data meets the quality standards and could be used for research.