

Texas All-Payor Claims Database – Technical Work Group Notes

August 27, 2024 – 12:00 pm – 1:00 pm CT

Attendees:	
April Blazuk, Aetna/CVS	Louanne Westmoreland, Aetna/CVS
Alex Goldson, Centene/Superior	Dr. Trudy Krause, UTHealth
Bernadette Inskeep, UnitedHealthcare	Joe Harrison, UTHealth
Jesse Pannell, Aetna/CVS	Jodie Nassar, UTHealth
Donna Salt, UnitedHealthcare	Gladys Rodriguez, UTHealth
Brent Weninger, Centene/Superior	Lee Spangler, UTHealth

1. Welcome and Introduction

- No new announcements

2. Feedback for Stage II Quality Checks Review **Joe Harrison; Data Architect, Center for Health Care Data & TX-APCD**

- Mr. Joseph Harrison commenced the discussion by reminding the group that we are still accepting feedback from the Technical Work Group on Stage II Quality Checks.

3. Proposed Guidelines for Claim Versioning **Dr. Trudy Krause; Professor & Co-Founder, Center for Health Care Data & TX-APCD**

- Dr. Krause presented some examples of claim versioning challenges that the Center for Health Care Data (CHCD) have encountered during the Stage II Quality Checks and a proposed set of guidance to help with these scenarios. The goal is to ensure that the final claim version that will go into the Texas All-Payor Claims Database (TX-APCD) will be an accurate representation of the event, charges, and payments. During this process, we have been looking at the dollar amounts and the versioning process (e.g., claim resubmission and adjudication). Some key problems presented have been summarized below:
 - a) Claims with multiple versions submitted (incl. duplications, adjustments to charge amounts, test/training files, etc.).
 - One claim shown had 198 versions.
 - b) Claims with versions not being linked to the original claim (appearing as separate claims).
 - c) Claims with missing line numbers with no information as to why line numbers skip i.e.,
 - lines 1 – 3 may be present but then will jump to 11 – 12.
 - d) Claims with repeated line items (incl. differing processing dates and dates of service).
 - e) Claims versioning format is incorrect i.e.,
 - No original version of the claim is listed.
 - Two or more processing dates are referenced.
 - Charge codes are not consistent.
 - f) Claims with an incorrect void i.e.,
 - Claim was entered as a single line with negative dollar amounts (charge, net, etc.).
 - No reference to the previous claim.

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- Example shown could potentially have been due to a subrogation due to Worker's Comp that would net-out to a negative dollar amount.
- Proposed Guidelines Document "*Data Submission Guide Supplement*" review.
 - The proposed guidelines were developed to help build upon the Data Submission Guide (DSG) and help attend to some of these claim versioning cases. The versioning challenges we have seen were not occurring across all data submitters but the issues that have surfaced has varied across multiple data submitters. The document will include:
 - Purpose of claim versioning and some background.
 - Claim versioning instructions with three versioning approaches. Please see *Data Submission Guide Supplement* for more details.
 - Approach One: All submitted claims lines contain a version number with reference to the original claim (e.g., original, 1st submission of a claim will have a versioning number assigned as "0"). Version numbers should be in increments of one per new version of the claim.
 - Approach Two: Replacement claim that does not provide a version number must reference the original claim (payor claim control number) in the field called "Cross Reference Claims ID."
 - Approach Three: If a data submitter is unable to utilize approaches one or two, the CHCD will work with the data submitter to support streamlining of claim versioning efforts.
 - Defining key variables that are important for claim versioning.
 - Supporting tables that provide further instructions, examples, and use cases.
 - The CHCD will be working to update the Common Data Layout (CDL) to account for any fields that would need to be included in data submissions for these proposed guidelines.
 - *Action Item*: The Technical Work Group members will carefully review the draft claim versioning guidelines and provide feedback.
- Comments/Questions:
 - Bernadette Inskeep, UnitedHealthcare: When a payor system does not behave in the way that the guidelines set forth, the payor will not be able to execute these adjustments on a monthly-basis. In addition, this approach may not lend well for auditing purposes, etc. Perhaps some labeling and sequencing could be implemented when systems do not version a claim as defined by the guidelines, but may require a bit of rethinking and time. In part, this may be due to the number of payor systems involved in the state of Texas in addition to the various methodologies and behaviors adopted by all those who submit claims to payors.
 - Alex Goldson, Centene/Superior: Mr. Goldson highlighted the need for the Technical Work Group to take this back to their team(s) and may require some more conversations by the Technical Work Group to help brainstorm on how best to approach. Dr. Krause reiterated that if claim submitters are able to make reference to the original claim (for any subsequent, replacement claims), then that would be helpful and support the goal to have an accurate representation of a particular claim in the data repository of the TX-APCD.