Texas All-Payor Claims Database – Technical Work Group Notes

October 22, 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
Elizabeth Thurman, Centene/Superior	Joe Harrison, UTHealth
Wesley Davie, Devoted Health	Jodie Nassar, UTHealth
Donna Salt, UnitedHealthcare	Gladys Rodriguez, UTHealth
Savannah Williams, American Specialty Health Group, Inc.	Devin York, UTHealth

1. **Welcome and Introduction**
   - No new announcements
2. **Claim versioning guidance** **Joe Harrison; Data Architect, Center for Health Care Data & TX-APCD**
   - Mr. Joseph Harrison commenced the discussion by letting all know that we had our first version of our claim versioning proposal that we shared, gathered everyone's feedback, had internal conversations, did some revisions and tried to simplify the approach. The new version of the document has been sent to everyone, will review together. The focus is on our ability to be able to reliantly identify the latest and most current version of a claim as it goes through its cycle. Based on the data we have received so far, for the great majority of claims, versioning doesn't come into the picture. Most claims seem to be paid upfront with no revisions, but there are approximately 5% – 10% of claim lines that do go through revisions. As we go about building our payor claims database, we have to be able to identify what the most current version of each claim line is to have an accurate representation of that claim line in the data warehouse. Joe Harrison shared slides of TX-APCD Common Data Layout (CDL) Format – Examples of Changes, meant to be supplemental to information that was made available via CDL and also the Data Submission Guide. We offer different versioning schemes, hopeful that at least one will fit with the mechanism that each submitter has for building submission files that at the same time allow us to identify the most current version needed in the data warehouse. We want to be able to identify, on a payor code basis, which scheme that payor code is using so we know how to read and interpret data as we receive it.
     - The data fields referred to in the document along with CDL references are listed in slides. Referencing fields in the medical, pharmacy and dental claims files, with focus on 6 fields.
       - Payor Claim Control Number
       - Line Counter
       - Version Number
       - Cross Reference Claims ID
       - Paid Date
       - Claim Line Type

     These will come up multiple times as we go through the different schemes we are proposing.
     - Claim Line Types

  - (O) original claim line
  - (B) Backout – same as reversal, and a forward claim is expected; negative cost/unit values
  - (A) Amendment – this should be used in lieu of a replacement non-negative cost/unit values
  - (V) Void – this is a backout with no forward claim; all prior versions to be disregarded
- Simplified Adjudication Flow
  - All claim lines begin with an original (O) version.
  - Most claim lines (over 90%) only ever have a single version, are paid and completed.
  - The remainder may go through multiple versions.
  - The typical pattern expected is O – B – A (an original, followed by a backout, followed by an amendment). In some extended cases, it would not be usual to see a pattern such as O – B – A – B – A – B – A – etc.

  This is a very simplified view of how we are thinking about a flow.
- Assumptions we are making as we came up with these version schemes:
  - Line number is preserved across submissions.
  - Version number is assigned according to the guidance in the CDL (starting from 0 and incrementing by 1; no gaps expected).
  - Each submission of a claim includes all lines of the claim and not only the lines that changed.
  - The paid date on a claim line should remain unchanged across versions if there are no modifications to the claim line.
  - For each payor code, the submitter will indicate the versioning scheme being used. Only one versioning scheme should be used per payor code.
  - Across all lines, and line versions of a claim, the aggregate value of amounts should never be negative (except where forward claim expected; e.g., in the case of a backout or claim lines pre-date 201901).
  - The "most recent" version of a claim line should not be a backout (except where forward claim is expected, else claim line should be voided).
  - Member ID should be the same on ALL claim lines associated with a single PCCN.
- Joe Harrison shared different schemes: (refer to slides for graph)
  - Scheme 1 (S1)
    - In this scheme, unique claim lines are identified by PCCN and Line Counter.
    - Version Number is used to identify new versions of the claim line.

    This is the most basic scheme contemplated by the CDL.
  - Scheme 2 (S2)
    - In this scheme, unique claim lines are identified by PCCN and Line Counter.
    - The chain of Cross Reference Claims ID is used to identify newer versions of the claim line.
  - Allows you to reference 1 line in a claim with a line in a different claim. First two schemes should be fairly familiar.
  - Scheme 3 (S3)
    - In this scheme, unique claim lines are identified by PCCN and Line Counter.
    - The Paid Date is used to identify newer versions of the claim line.

- When Paid Date is the same, CLAIM LINE TYPE is used to distinguish earlier from later versions.
- Refer to the Simplified Adjudication Flow for assumptions about expected sequencing of claim line type. For example, we assume that a backout (B) is performed before an amendment (A).

- Scheme 4 (S4) This came from actual submission that followed this scheme.
  - In this scheme, Claim Line Type and Version Number are appended to the PCCN.
  - Assumes PCCN has a standard length which is known and is not changing across versions.
  - Assumes characters and character positions which indicate the claim line type are known.
  - Assumes characters and character positions which indicate the version number are known.

These are all standard schemes; each one has a code to help identify on a payor code basis. Most submitters will fit into one or more of these based on data we have received so far. For those that don't, we will meet with those submitters and figuring out a different scheme that is applicable to their situation. In medical file there is a field called denied indicator which is a yes/no field, but only exists in medical file not pharmacy or dental. We will be expecting as we implement this is the starting point. We will be matching each payor code with one of these scheme codes. We expect each submitter to let us know what scheme they will be using for each payor code. Currently when performing Stage II Data Quality Checks it is across the board and that is where the issue started with us being able to interpret that data quality type since it is coming from different systems. This has created a problem for us to be able to determine the final or most current version of the claim lines.

Comments/Questions:
Alex Goldson – When are you looking to implement this? No timeline but socialized without any objections and will share at next submitter forum with larger community. Would like to implement as soon as possible after that, at least for data that is coming in. If adjustments need to be made to submission to be able to adapt one or more payor codes of these schemes. TDI rule timeline to be in first quarter of 2025. Alex Golson – How does that tie into what we are doing here and changes that we are making here in terms of those proposed changes? Trying to tie that to a timing standpoint? Will come back with a proposed timeline.

- Common Data Layout Field Reference (refer to graph on slide)

3. Data Format Enforcement — **Joe Harrison; Data Architect, Center for Health Care Data & TX-APCD**

- This is related to the format of the data as listed in the CDL. For each field in the CDL there is a data type and data length. Length issue we dealt with by increasing the length of most of the fields where that was relevant when we published the only errata that we had published for the CDL. Our preference is that data not be truncated. Wherever there were issues with data being too long we increased the length, don't know that length is an issue at all. Mostly this is issues with data type.
  - Numeric Fields (monetary values)
    - This is the most common scenario where data doesn't match the expected format
    - Includes fields that contain monetary amounts (ex. ALLOWED AMOUNT, PLAN PAID AMOUNT, etc.)
    - Sometimes are submitted as "*****.**" or similar

    - These types of values could result in submission failure
    - Monetary values will only allow digits (no punctuation) as cents are implicit
  - Numeric Fields (zip codes)
    - Another example of numeric fields is ZIP CODE
    - Different from monetary values in that a leading zero is possible
    - Can be either 5 or 9 digits (either would be acceptable) and nothing else (so 77777-0123 won't work, but 777770123 will, as will 77777)
    - Sometimes is sent as "#####" or similar
    - Sometimes the leading zero is dropped
  - Numeric Fields (decimal value)
    - Another example of this issue occurs when a decimal value is expected
    - Only three cases in the CDL_
      - quantity_dispensed (pharmacy file – required 90%)
      - service_units_or_quantity (medical file – required 80%)
      - actuarial_value (eligibility file – not required)
    - Sometimes it is sent with a comma separator like "123,230" perhaps when "123.230" was meant
    - Only a decimal point is allowed in this format (no other punctuation)
  - CHAR vs. VARCHAR
    - The CDL distinguishes between a "fixed-length" string (aka CHAR) versus a "variable-length" string (aka VARCHAR)
    - For example, REVENUE CODE in the medical file is CHAR(4) – always 4 characters
    - While PROCEDURE CODE in the medical file is VARCHAR(5) – max of 5 but also less than 5
    - The most common issue we've had is padding CHAR fields with leading or trailing spaces (ex. " 777310502" instead of "0777310502" for drug code) – spaces are treated as characters
    - Or the dropping of leading zeroes from a value in the preparation of the submission
    - Bottom line:
      - do NOT pad data with leading/trailing spaces
      - do NOT drop leading zeros that are in the data

Comments/Questions: This was shared in last two submitter forums. We will test most recent two submissions, and if we see issues, we will let submitters know before the implementation happens. Slides are on submitter forum website, and will send out.