## ARKANSAS APCD DATA USERS GROUP

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## Agenda

- Welcome
- Topics
- Featured Project - Arkansas Dental Care Utilization Analysis, presented by ACHI Senior Data Analyst Sarah Crawford, MPA
- APCD Claims Versioning Recap
- Using Member Enrollment Flags: ME018, ME019, ME020
- Latest APCD Release Information and Data Tips


## Presenters

- Kenley Money, MA, MFA — Director of Information Systems Architecture, APCD Director, ACHI
- Sarah Crawford, MPA - Senior Data Analyst, ACHI


## Featured Topic: Arkansas Dental Care Utilization Analysis, presented by ACHI Senior Data Analyst Sarah Crawford, MPA

## APCD Claims Versioning Recap

## Claims Versioning

- Changes can occur to medical, pharmacy, and/or dental claims after they have been delivered to the Arkansas APCD
- These changes - or 'versions' - are received in later submissions to the Arkansas APCD
- Each submitting entity has its own rules to integrate changes with existing claims data, resulting in a

Less than 10\% of claims overall require versioning. final 'version' of a claim; this is claims versioning

## Claims Versioning

- The Arkansas APCD has a document outlining claims versioning methodologies
- More detailed claims versioning information, including examples of primary approaches, can be found in the Arkansas APCD Data Submission Guide in the claims versioning section


## Approach No. 1: Version Numbers

| \# | Payer Claim <br> Control <br> Number | Line <br> Counter | Version <br> Number | Paid Date | Claim <br> Status | Amount | Description |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\mathbf{1}$ | 789 | 1 | 00 | $2014-07-15$ | O | $\$ 10$ | Original submission |

## Approach No. 2: Version Dates

| $\#$ | Payer <br> Claim <br> Control <br> Number | Line <br> Counter | Version <br> Date | Paid Date | Claim <br> Status | Amount |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\mathbf{1}$ | $\mathbf{3 2 1}$ | 1 | 16015 | $2014-07-$ <br> 15 | Unavailable | $\$ 10$ | Original submission |

## Approach No.7: Pharmacy Claims

| \# | Payer Claim <br> Control Number | Line Counter | Carrier Member ID | Pharmacy <br> Number | Fill Date | Script \# | FIII \# | Claim <br> Status | Amount* | Description |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | 567 | 1 | 120 | 100 | 2014-07-15 | 72 | 00 | 0 | \$10 | Original submission |
| 2 | 1589 | 1 | 120 | 100 | 2014-07-15 | 72 | 00 | A | \$20 | New version of Claim 567 |
| 3 |  |  |  |  |  |  |  |  | \$20 | Total claim amount calculated for APCD (Line 2 replaces Line 1) |
| 4 | 2235 | 1 | 120 | 100 | 2014-08-15 | 72 | 01 | 0 | \$20 | Original submission |
| 5 |  |  |  |  |  |  |  |  | \$20 | Total claim amount calculated for APCD (Line 4 only) |
| 6 | 789 | 1 | 120 | 225 | 2015-08-30 | 175 | 00 | 0 | \$30 | Original submission |
| 7 | 1864 | 1 | 120 | 225 | 2015-08-30 | 175 | 00 | B | -\$30 | New version of Claim 789 |
| 8 |  |  |  |  |  |  |  |  | \$0 | Total claim amount calculated for APCD (Lines 6 \& 7) |

HEALTHCARE
TRANSPARENCY
INITIATIVE

## Don't be afraid!

- Versioning is based on a point in time
- A claim can be versioned more than once and in multiple updates
- Data requesters receive the latest 'version' of the claim record, not the older versions of the claims that were replaced with newer claims
- Duplicate claim lines and claim lines with invalid data are not included in data provided to data requesters
- NOTE: Some submitters don't version their claims. Refer to the Data Tips for guidance.


# Using Member Enrollment Flags: ME018, ME019, ME020 

## Services Indicator Fields from Submitters

- These Enrollment data fields can be used to determine if a plan includes a particular kind of coverage during a segment of time regardless of whether they had a claim.

| Number | Name | Definition |  |
| :---: | :---: | :---: | :---: |
| ME018 | Medical Services Indicator | Medical Coverage provided for this member on this policy. $\begin{array}{ll} 1=\text { Yes } & 3=\text { Unknown } \\ 2=\text { No } & 4=\text { Other } \end{array}$ | $5=$ Not Applicable |
| ME019 | Pharmacy Services Indicator | Pharmacy Coverage provided for this member on this policy. $\begin{array}{ll} 1=\text { Yes } & 3=\text { Unknown } \\ 2=\text { No } & 4=\text { Other } \end{array}$ | $5=$ Not Applicable |
| ME020 | Dental Services Indicator | Dental Coverage provided for this member on this policy. $\begin{array}{ll} 1=\text { Yes } & 3=\text { Unknown } \\ 2=\text { No } & 4=\text { Other } \end{array}$ | $5=$ Not Applicable |

## Coverage Determination

- Claims processing systems are sometimes managed in silos
- Medical claims processing systems are often separate from pharmacy claims processing systems and dental claims processing systems
- This occurs naturally when plans are managed by TPAs and PBMs


## Coverage Determination

- Therefore, members can have different enrollment records for medical coverage, pharmacy coverage, and dental coverage
- When using ME018, ME019, ME020, it is important to select these records based on these fields separately

For example, to select members with medical and pharmacy coverage:
Using this select statement will not catch all qualifying members.
Select * from [APCD_Member_Data] where ME018 = 1 and ME019 = 1
Better to use this select statement and group the resulting records by New ID (ME001+ME107) or Study ID (ME998+ME013).

Select * from [APCD_Member_Data] where ME018 = 1 or ME019 = 1

## What does the data look like?

| \# | ME001 | ME107 | ME018 | ME019 | ME020 | ME162A (enroll date) | ME163A (dis-enroll date) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | 60217 | 123 | 1 | 2 | 2 | 6/1/2018 | 12/31/9999 |
| 2 | 60217 | 123 | 2 | 1 | 2 | 6/1/2018 | 12/31/9999 |
| 3 | 60054A | 456 | 2 | 1 | 2 | 1/1/2016 | 1/31/2018 |
| 4 | 60054A | 456 | 1 | 2 | 2 | 1/1/2016 | 1/31/2018 |
| 5 | 60054A | 789 | 2 | 1 | 2 | 4/1/2016 | 12/31/9999 |
| 6 | 60054A | 789 | 1 | 2 | 1 | 4/1/2016 | 12/31/9999 |
| 7 | 95442 | 627 | 1 | 1 | 1 | 4/1/2023 | 12/31/9999 |
| 8 | 83470 | 805 | 1 | 1 | 2 | 1/1/2019 | 6/30/2020 |
| 9 | 83470 | 805 | 1 | 1 | 2 | 7/1/2019 | 6/30/2020 |
| 10 | 83470 | 805 | 1 | 2 | 2 | 7/1/2018 | 12/31/2018 |
| 11 | 99CAR1 | A-23 | 2 | 1 | 2 | 1/1/2019 | 9999-12-31 |
| 12 | 80799 | QW6 | 1 | 2 | 2 | 1/1/2014 | 9999-12-31 |

Which members have medical enrollment in 2019?

| $\#$ | ME001 | ME107 |
| :--- | :---: | :---: |
| 1 | 60217 | 123 |
| 6 | 60054 A | 789 |
| 8,9 | 83470 | 805 |
| 11 | 80799 | QW6 |

## What does the data look like?

| \# | ME001 | ME107 | ME018 | ME019 | ME020 | ME162A (enroll date) | ME163A (dis-enroll date) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | 60217 | 123 | 1 | 2 | 2 | 6/1/2018 | 12/31/9999 |
| 2 | 60217 | 123 | 2 | 1 | 2 | 6/1/2018 | 12/31/9999 |
| 3 | 60054A | 456 | 2 | 1 | 2 | 1/1/2016 | 1/31/2018 |
| 4 | 60054A | 456 | 1 | 2 | 2 | 1/1/2016 | 1/31/2018 |


| 560054 A | 789 | 2 | 1 | 2 | $4 / 1 / 2016$ | $12 / 31 / 9999$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 6 60054A | 789 | 1 | 2 | 1 | $4 / 1 / 2016$ | $12 / 31 / 9999$ |


| 6 60054A | 789 | 1 | 2 | 1 | $4 / 1 / 2016$ | $12 / 31 / 9999$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 795442 | 627 | 1 | 1 | 1 | $4 / 1 / 2023$ | $12 / 31 / 9999$ |
| 883470 | 805 | 1 | 1 | 1 | $1 / 1 / 2019$ | $6 / 30 / 2020$ |
| 983470 | 805 | 1 | 1 | 2 | $7 / 1 / 2019$ | $6 / 30 / 2020$ |
| 1083470 | 805 | 1 | 2 | 2 | $7 / 1 / 2018$ | $12 / 31 / 2018$ |


| $\#$ | ME001 | ME107 |
| :--- | :---: | :---: |
| 2 | 60217 | 123 |
| 5 | 60054 A | 789 |
| 8,9 | 83470 | 805 |
| 11 | 99CAR1 | A-23 |


| 11 99CAR1 | A-23 | 2 | 1 | 2 | $1 / 1 / 2019$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 1280799 | QW6 | 1 | 2 | 2 | $1 / 1 / 2014$ |

## What does the data look like?

| \# | ME001 | ME107 | ME018 | ME019 | ME020 | ME162A (enroll date) | $\qquad$ <br> ME163A (dis-enroll date) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | 60217 | 123 | 1 | 2 | 2 | 6/1/2018 | 12/31/9999 |
| 2 | 60217 | 123 | 2 | 1 | 2 | 6/1/2018 | 12/31/9999 |
| 3 | 60054A | 456 | 2 | 1 | 2 | 1/1/2016 | 1/31/2018 |
| 4 | 60054A | 456 | 1 | 2 | 2 | 1/1/2016 | 1/31/2018 |
| 5 | 60054A | 789 | 2 | 1 | 2 | 4/1/2016 | 12/31/9999 |
| 6 | 60054A | 789 | 1 | 2 | 1 | 4/1/2016 | 12/31/9999 |
| 7 | 95442 | 627 | 1 | 1 | 1 | 4/1/2023 | 12/31/9999 |
| 8 | 83470 | 805 | 1 | 1 | 2 | 1/1/2019 | 6/30/2020 |
| 9 | 83470 | 805 | 1 | 1 | 2 | 7/1/2019 | 6/30/2020 |
| 10 | 83470 | 805 | 1 | 2 | 2 | 7/1/2018 | 12/31/2018 |
| 11 | 99CAR1 | A-23 | 2 | 1 | 2 | 1/1/2019 | 9999-12-31 |
| 12 | 80799 | QW6 | 1 | 2 | 2 | 1/1/2014 | 9999-12-31 |

Which members have medical and pharmacy enrollment in 2019?

| \# | ME001 | ME107 |
| :--- | :---: | :---: |
| 1,2 | 60217 | 123 |
| 5,6 | 60054 A | 789 |
| 8,9 | 83470 | 805 |

## Derived Indicator Fields from Submitters

- Fields were added to help determine if claims were present during a coverage period
- These fields do not provide the granularity sometimes required when building a study population
- For example, a member could have a 2-year coverage period with claims in the second year only. If the study period was the first year, the member would be included incorrectly using these indicators.
- Using these fields would not inform the user of when the claim was present but would inform the user that claims were present


## Derived Indicator Fields from Submitters

| Number | Name | Definition |
| :--- | :--- | :--- |
| ME018A | Medical Services Claim <br> Indicator | Indicates that a medical service occurred for this member during an active enrollment <br> period for the member. Methodology: Date of service (MC059) is within member <br> enrollment and disenrollment dates (ME162A and ME163A). |
| ME019A | Pharmacy Services <br> Claim Indicator | Indicates that a pharmacy service occurred for this member during an active enrollment <br> period for the member. Methodology: Fill date (PC023) is within member enrollment and <br> disenrollment dates (ME162A and ME163A). |
| ME020A | Dental Services Claim <br> Indicator | I = Pharmacy claims were processed during member's enrollment period <br> $0=$ Pharmacy claims were not processed during member's enrollment period |
| Indicates that a dental service occurred for this member during an active enrollment period |  |  |
| disenrollment dates (ME162A and ME163A). |  |  |

## Latest APCD Release Information and Data Tips

## Release Information

- Available APCD data
- Current APCD Data: Jan. 1, 2013-March 31, 2023 (new update!)
- Data user resources:
- Release Notes for each release
- Overall coverage dates
- Source-specific release notes (problematic submitting entities)
- Type of coverage flags
- Universe counts - NEW FORMAT!
- Searchable Arkansas APCD data dictionaries \& tip sheets

Helpful Hint:<br>Refresh linkage<br>methodology by reviewing<br>the Data Attributes deck

## Release Information

- Data Tips/Data Issues
- Issue: Medlmpact Pharmacy Orphans - new
- Issue: United Health Care (99UHC1) missing enrollment data - new
- Issue: Default dates in Date of Birth or Birth Year - new rules



## Always check the Arkansas APCD Data Issues and Tips page for the latest information!

## APCD Technical Support

- Reach out to adrs@achiapcd.atlassian.net for questions about data requests, data use, or pricing


## Call to Action

- Sign up for ACHI Newsletter
- Follow on social media: ACHI and the Arkansas Healthcare Transparency Initiative featuring the Arkansas APCD

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- Check out blog posts on ACHI website
- Next Data Users Group meeting: January 24, 2024


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