

CO APCD Data Quality - Payer Submission and Processing Discoveries

Updated May 2019 Center for Improving Value in Health Care

Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Duplicate Members	High rate of duplicate members. In this month, the payer is submitting more than one value for ME006 Insured group number (i.e., Null and valid), ME028 Primary Insurance Indicator (Y on one record, no on other records), and ME897 Plan Effective Date (different effective dates on each record) for a given member id. This occurs for approximately 1.6k to 2.8k member ids in March and April and 35k member ids in May and June. This payer has approximately 125,000 medical members per month.	March - June 2018	Summer 2019	N
Commercial	Missing Data	Missing medical and pharmacy claims. This payer has approximately 540,000 medical and pharmacy members per month.	August 2013 - January 2014	Summer 2019	N
Commercial	Missing Data	Missing medical claims. This payer has approximately 300,000 medical members per month.	October 2016, December 2016, April - July 2017, October 2017 - January 2018, March 2018	Summer 2019	N
Commercial	Missing Data	Missing medical claims and eligibility. This payer has approximately 2,600 medical members per month.	December 2018	Summer 2019	N

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Commercial	Low Member Match Rate	Low dental match rate due to inconsistent member identifiers between submitted claims and eligibility data. The member eligibility is 0 for each month. This payer has approximately 45,000 dental members per month (from Dental_Claims_Header).	2015 - present	Summer 2019	N
Commercial	Missing Data	Zero medical claims to report in March 2018. This payer has approximately 30 medical members per month.	March 2018	N/A	N
Commercial	Missing Data	No medical claims or eligibility to report in September 2016. This payer has approximately 6,000 medical members per month.	September 2016	N/A	N
Commercial	Positive Reversals	2,000 - 5,000 claims per year are coded as a reversal '22' in the Claim Status but have positive payment values. This payer has approximately 90,000 pharmacy members per month.	2011 - 2016	N/A	N
Medicaid	Duplicate Claims	Potential duplication of claims submitted by Medicaid and commercial payers. The impact is approximately 35,000 claims per month out of an average of 1,000,000 claims or less than .05% of they payer's claims. Additional information is available from CIVHC.	2009 - 2016	N/A	N

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Medicaid	Unit Amounts	Percentage of records with unit amounts equal to 100 times charge is higher than usual but still represents less than 1% of total records. This payer has approximately 1,400,000 members per month. Additional information is available from CIVHC.	2013 - 2018	N/A	N
Commercial	Repeating Diagnosis Codes	In many cases Admitting Diagnosis (MC039) = Principal Diagnosis (MC041) = Other Diagnosis 1 (MC042). This payer has approximately 230,000 medical members per month.	2017	N/A	N
Commercial	ICD Procedures	Abnormal number of ICD procedure claims in 2013 due to due to CPT codes incorrectly being submitted in ICD procedure fields. This payer has approximately 230,000 medical members per month.	2013	N/A	N
Commercial	Missing Data	Drop in pharmacy members for insurance product types HM, 12, 13, SF in December 2016. This payer has approximately 240,000 pharmacy members per month.	December 2016	N/A	N

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Commercial	Self-Funded Data	Member pharmacy claims and eligibility decrease in June 2017 - December 2017 to 2,000 per month due to no longer reporting on ERISA Self-insured clients. This payer had approximately 38,000 pharmacy members previously and 30,000 pharmacy members after December 2017.	June - December 2017	N/A	N
Commercial	Missing Data	Zero pharmacy claims to report in November 2017. This payer has approximately 40 pharmacy members per month.	November 2017	N/A	N
Commercial	Missing Data	Zero pharmacy claims to report in April - July 2018. This payer has approximately 40 pharmacy members per month.	April - July 2018	N/A	N
Commercial	Drop in PMPM	Significant drop in medical PMPM beginning in September 2015. The CO APCD data matches what the payer has. This payer has approximately 100,000 medical members per month.	2015 - 2018	N/A	N
Medicare Advantage	Unable to join claims - eligibility	Medicare advantage individuals increased by over 70k to 120k per year. Only able to join 5% of claims to the CMS eligibility records.	2015-2017	N/A	N

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Commercial	Missing Data	Contract termed and only runout claims are being submitted. This payer had approximately 300,000 medical members per month.	June 2018	N/A	N
Medicare	Null Values	These nulls occur because certain files from CMS do not contain information to population specific DSG items fields. These fields therefore appear as NULL. This however can affect calculations in SQL where monetary fields are Null and other monetary fields are valid the overall amount will be NULL for the calculation. Attached is some documentation about the payment amount fields.	All Years	N/A	N
Medicare	Null DRGs	There are approximately 2,000 medical claims with Null DRGs due to the transition from ICD-9 to ICD-10 October of 2015. The CGS software is not able to calculate a DRG because the records are using a coding scheme that isn't valid for the timeframe. This payer has approximately 860,000 medical members per month in 2015.	October 2015	N/A	N
Commercial	NULL Member IDs	High proportion of records with NULL Member IDs. This payer has approximately 3,100 medical members per month.	2015 - 2018	N/A	N

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Commercial	PMPM Anomalies	Medical PMPM increase in March 2017 and stayed consistently higher after that. Pharmacy PMPM increase in December 2016 for just one month due to dip in membership to 120,000. This payer has approximately 270,000 members per month.	December 2016; March 2017	Fall 2019	N
Commercial	Low Member Match Rate	Low medical member match rate due to change in identifiers creating a discontinuity across time. This payer has approximately 140,000 medical members per month.	December 2017 - July 2018	Fall 2019	N
Commercial	PMPM Anomalies	Medical and pharmacy PMPM increase in March 2016 which coincides with a decrease in members. This payer has approximately 200,000 members per month.	March 2016	Fall 2019	N
Commercial	Low Member Match Rate	Low medical match rate due to inconsistent identifiers. This payer has approximately 2,000 medical members.	January 2015 - December 2018	Fall 2019	N

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All	Units	The units or Quantity field (MC061) is not used consistently which makes comparison between claims difficult. The issue seems to be most prevalent with anesthesia claims. While we can compare the total paid amounts between claims, there is no way to compare claims at a unit level because of the inconsistent approach each payer takes towards this field. Additional information is available from CIVHC.	All Years	Fall 2019	N
Commercial	Low Member Match Rate	Low medical and dental member match rate. This payer has approximately 120,000 members per month.	March - July 2018	Spring 2018	N
Commercial	Missing Data	Missing dental claims. This payer has approximately 9,000 dental members per month.	October - December 2017, February 2018, July 2018	Summer 2019	N
Commercial	Insurance Product Type Code	The Insurance Product Type fields (ME003 & MC003) have been incorrectly coded. This payer has approximately 125,000 medical members per month. Additional information is available from CIVHC.	October 2015 - February 2019	Summer 2019	N
Commercial	Missing Data	Missing January - February 2019 pharmacy claims and February 2019 medical claims. This payer has approximately 8,500 members per month.	January - February 2019	Summer 2019	N

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Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Missing Data	Missing February 2019 medical claims. This payer has approximately 2,600 medical members per month.	February 2019	Summer 2019	N
Commercial	Missing Data	Missing January - February 2019 medical claims. This payer has approximately 4,000 medical members per month.	January - February 2019	Summer 2019	N
All	Par/Non	The Provider Network Indicator (MC207) field is not populated well. In 2017, 39% of claim lines have an "Unknown" status. Broken down by line of business: Commercial 44%, Medicare Advantage 57%, Medicaid 4%, Medicare does not provide this field. Additional information is available from CIVHC.	2016 - 2018	Summer 2019	N
Medicaid	Missing Data	Missing medical claims. This payer has approximately 1,400,000 members per month.	July - August 2018	Winter 2018	Y
Commercial	Missing Data	January - April 2018 member and claim counts are low due to transitioning to a new PBM and not all lines of business are processing yet. This payer has approximately 215,000 pharmacy members per month.	2018	Winter 2018	Y

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Commercial	Missing Data	Missing January and March 2017 eligibility data. This payer has approximately 3,000 members per month.	January & March 2017	Winter 2018	Y
Medicaid	Inflated Claim Counts	February 2017 pharmacy claim counts are inflated due to an overlap in reporting from vendors. This payer has approximately 1,400,000 members per month.	February 2017	Fall 2018	Y
Medicaid	Inflated Claim Counts	January 2017 medical claim counts are inflated due to an overlap in reporting from vendors. This payer has approximately 1,400,000 members per month.	January 2017	Fall 2018	Y
Commercial	Primary Insurance Indicator	The number of members with the primary insurance indicator marked as "Yes" decreased and "No" increased significantly. This payer has approximately 26,000 medical members per month.	2016	Fall 2018	Y
Commercial	Primary Insurance Indicator	The number of members with the primary insurance indicator marked as "Yes" decreased and "No" increased significantly. This payer has approximately 37,000 medical members per month.	2016	Fall 2018	Y

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Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Line of Business Assignment	A large proportion of eligibility records have an Insurance Product Type value of '99' which translates to a Line of Business '0'. This membership is tied to the payer's Regional Care Collaborative Organizations (RCCO) population and the IPT for these eligibility records should be coded to 'MC' and a Line of Business of '2' Medicaid. This payer has approximately 230,000 members per month.	January 2012 - June 2018	Fall 2018	Y
Commercial	Zero Dollar Allowed Amounts	High number of \$0 allowed amounts. This payer has approximately 120,00 medical members per month.	2014 - 2017	Fall 2018	Y
Commercial	Missing Data	Missing January 2015 - March 2018 medical and pharmacy data for approximately 8,500 members. This payer has approximately 300,000 medical and 250,000 pharmacy members per month.	January 2015 - March 2018	Fall 2018	Y
Commercial	Behavioral Health Coverage Flag	February and April 2017 missing behavioral health coverage flag in eligibility files. Behavioral health claims appear missing because they do not have matching eligibility. This payer has approximately 2,000 members per month.	February & April 2017	Fall 2018	Y

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Commercial	Missing Data	Missing February and March 2018 pharmacy eligibility data. This payer has approximately 40 pharmacy members per month.	2018	Fall 2018	Y
Medicare	Missing Data	Missing 2016 eligibility data for roughly 9,800 members who have pharmacy claims. This payer has approximately 880,000 pharmacy members per month in 2016.	2016	Fall 2018	Y
Medicare	Decrease in PMPM	The PMPM amount for claims incurred in June 2017 is much lower than previous months. The count of members represented in the June claims is in line with previous months, however, the total allowed amount appears lower. Previous periods have had the benefit of reconciliation and runoff. We expect that the 2017 Q3 data will include claims incurred in June 2017 that will bring the allowed amount and PMPM into the expected range. This payer has approximately 840,000 medical members per month in 2017.	June 2017	Fall 2018	Y
Commercial	Low Dental Member Match Rate	The dental member match rate which represents the percentage of claims that have a matching eligibility record for the member is less than 50% for these payers in 2017. This payer has approximately 4,500 dental members per month.	2017	Fall 2018	Y

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Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Low Medical Member Match Rate	Low medical member match rate due to inconsistent interfile identifiers. This payer has approximately 26,000 medical members per month.	2013 - 2018	Summer 2018	Y
Commercial	Low Medical Member Match Rate	Low medical member match rate due to inconsistent interfile identifiers. This payer has approximately 37,000 medical members per month.	2013 - 2018	Summer 2018	Y
All	Member Composite IDs	It was found that there were situations in the data warehouse where one member composite contained multiple individuals. In other cases, the member composite logic split apart the same individual into more than one member composite. Enhancements to the member composite logic have corrected a large portion of these cases where the data allowed. A small amount of claims data from 2009 that were causing issues were also removed from consideration in the creation of the member composite id. Overall, in the data warehouse, the number of member composite IDs decreased by approximately 8 percent. Additional information is available from CIVHC.	January 2009 - May 2018	Summer 2018	Y

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Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Medicaid	Invalid Date of Birth	There are approximately 21 million medical claim records with invalid (<1/1/1900) dates of birth. The issue was remediated by making use of the information in the eligibility data. Additional information is available from CIVHC.	2008 - 2016	Winter 2019	Y
Commercial	Self-Funded Data	The submission of several member eligibility data elements (ME029 & ME107) that can identify self-funded members were found to be inconsistent. Any record with ME029 = ASO/ASW have been changed to a value of "S" in ME107. Any record with ME029 = UND have been changed to a value of "F" in ME107. Approximately 15,000 - 20,000 members were impacted a year from 2014 - 2018. Additional information is available from CIVHC.	January 2014 - February 2019	Winter 2019	Y
All	Provider Composite	Missing servicing or billing provider composite IDs for cases where the provider NPI was deactivated or is not valid, and where the composite ID can be assigned based on provider information from the payer.	All Years	Winter 2019	Y

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All	APR DRG "Ungroupables"	Adjustments were made to the criteria for births and neonate birth weight APR DRGs (560 and 588 thru 640). This resulted in approximately 100,000 additional APR DRGs being assigned to these categories across the data warehouse. Additional information is available from CIVHC.	All Years	Winter 2019	Y
Commercial	Missing Data	Missing pharmacy claims. This payer has approximately 20,000 pharmacy members per month.	October 2018	Spring 2019	Y
Medicaid	Reversals	High rate of reversals and resubmitted claims for service dates from 2010 - 2018. Working with payer to better understand what is happening. This payer has approximately 1,400,000 members per month currently. Additional information is available from CIVHC.	2010 - 2018	Spring 2019	Y
Commercial	Low Medical & Pharmacy Member Match Rate	Low medical and pharmacy member match rate due to inconsistent interfile identifiers. This payer has approximately 26,000 medical and pharmacy members.	October 2013 - December 2015	Spring 2019	Y

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Commercial	PMPM Anomalies	Decrease in Medicare PMPM and increase in Medicare Advantage PMPM. This payer has approximately 26,000 medical members.	March - May 2018	Spring 2019	Y
Commercial	PMPM Anomalies	Decrease in Medicare PMPM and increase in Medicare Advantage PMPM. This payer has approximately 37,000 medical members.	March - May 2018	Spring 2019	Y
Commercial	Low Medical & Pharmacy Member Match Rate	Low medical and pharmacy member match rate due to inconsistent interfile identifiers. This payer has approximately 37,000 medical and pharmacy members.	October 2013 - December 2015	Spring 2019	Y
Commercial	PMPM Anomalies	Decrease in pharmacy PMPM from approximately \$200 a month to \$20 a month. This payer has approximately 900 pharmacy members per month.	June - July 2018	Spring 2019	Y
Commercial	Reversals	Payer uses non-standard claim versioning and therefore has a high rate of non-negative reversals (claim status 22). Working with the payer to establish custom versioning logic. This payer has approximately 140,000 medical members per month.	All Years	Spring 2019	Y

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Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Missing Data	Dental membership dropped by approximately 12k claims. This payer had approximately 58,000 dental members per month.	October - December 2018	Spring 2019	Y
Commercial	PMPM Anomalies	Decrease in Medicare Advantage PMPM. This payer has approximately 3,000 members per month. This payer was found to be submitting the same claim number unique claims. Therefore, the claims versioning logic is not able to accurately report cost for this line item.	August 2017 - July 2018	Spring 2019	Y
Commercial	Missing Data	Starting January 2019, pharmacy claims submission transferred to another submitter Payer Code Alias 14. This payer has approximately 950 pharmacy members per month.	January 2019	Spring 2019	Y
Commercial	Missing Data	Missing medical claims. This payer has approximately 125,000 medical members per month.	October 2018	Spring 2019	Y
Commercial	Missing Data	Missing June - July 2016, December 2016 - April 2017 eligibility, medical and pharmacy claims. Also missing October 2016 medical claims. This payer has approximately 700,000 medical and 40,000 pharmacy members per month.	June, July, October, December 2016 and January - April 2017	Spring 2019	Y

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Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Provider Network Indicator	High proportion of claims with out of network Provider Network Indicator (MC207) values in 2016 - 2018 medical claims data. This payer has approximately 540,000 medical members per month.	2016 - 2018	Spring 2019	Y
Commercial	Provider Network Indicator	High proportion of claims with out of network Provider Network Indicator (MC207) values in 2016 - 2018 medical claims data. This payer has approximately 300,000 medical members per month.	2016 - 2018	Spring 2019	Y
Commercial	Medical Coverage and Insurance Product Type	Medical Coverage (ME018) incorrectly coded as 'Y' and Insurance Product Type fields incorrectly coded as Medicare Advantage '16'. This payer has approximately 5,500 pharmacy members per month.	January 2015 - October 2018	Spring 2019	Y
Medicare	Missing Data	In early 2019, CIVHC was notified by CMS that they had discovered a total of 148,700 beneficiaries had been omitted from the 2017 data distributed across the country. As a result, they issued a "Final Mature 2017" data release to CIVHC. We identified 3,405 beneficiary IDs for 2017 that were not included in the previous release of data. This payer has approximately 840,000 medical members per month in 2017.	2017	Spring 2019	Y

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Commercial	Missing Data	Missing medical claims and eligibility. This payer has approximately 2,600 medical members per month.	October 2018	Spring 2019	Y
Commercial	Continuous Eligibility	Low rate of continuous eligibility from January 2016 - January 2017. This payer has approximately 640,000 behavioral health members per month.	January 2016 - January 2017	Spring 2019	Y
Commercial	Missing Data	September 2017 missing dental flag in eligibility file. Dental claims appear missing because they do not have matching eligibility. Submitter has confirmed this is expected. This payer has approximately 115,000 dental members per month.	September 2017	N/A	Y
Commercial	Missing Data	Lack of inpatient and outpatient claims in the January - October 2015 data. This payer has approximately 35,000 medical members per month.	January - October 2015	Fall 2017	Y
Commercial	Prescription Drug Coverage Flag	January 2009-December 2015 missing pharmacy flag in eligibility file. Pharmacy claims appear missing because they do not have matching eligibility. This payer has approximately 10,000 pharmacy members per month.	January 2009-February 2017	Fall 2017	Y

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Commercial	Missing Data	Missing January - April 2017 eligibility, medical and pharmacy claims. This payer has approximately 300,000 medical members per month and 250,000 pharmacy members per month.	January - April 2017	Fall 2017	Y
Commercial	Missing Data	Missing September 2015 medical and pharmacy claims. This payer has approximately 1,300 medical members and 3,000 pharmacy members per month.	September 2015	Fall 2017	Y
Commercial	Prescription Drug Coverage Flag	January-February 2014, September 2014, November 2014 missing pharmacy flag in eligibility files. Claims appear missing because they do not have matching eligibility. This payer has approximately 3,000 pharmacy members per month.	January-February 2014, September 2014, November 2014	Fall 2017	Y
Commercial	Missing Data	Missing September 2015 pharmacy claims. This payer has approximately 3,000 pharmacy members per month.	September 2015	Fall 2017	Y
Commercial	Prescription drug coverage flag	January-February 2014, September 2014, November 2014 missing pharmacy flag in eligibility files. Claims appear missing because they do not have matching eligibility. This payer has approximately 1,000 pharmacy members per month.	January-February 2014, September 2014, November 2014	Fall 2017	Y

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Commercial	Missing Data	Missing 2015 and November 2016 pharmacy claims, January - September 2016 eligibility. This payer has approximately 6,000 pharmacy members per month.	2015, January - September 2016, November 2016	Fall 2017	Y
Medicare	New Version	Data from 2011 - 2015 have been refreshed in a newly available version/format and resulted in an increase in data. The 2009 -2010 was mapped to the new format but did not see similar increases in volume or quality.	2009 -2010	Fall 2017	Y
Commercial	Missing Data	Missing March 2017 pharmacy claims. This payer has approximately 17,000 pharmacy members per month.	March 2017	Spring 2018	Y
Commercial	Missing Data	Missing 2014 - 2017 dental claims because Member ID is NULL. This payer has approximately 140,000 dental members.	2014 - 2017	Spring 2018	Y
Commercial	Reversals	Claims were incorrectly being identified as reversals in some situations and under reported in others. This payer has approximately 660,000 medical members per month.	2017	Spring 2018	Y

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Commercial	Drop in ICD Procedures	Abnormal number of procedure claims 2014 - 2016. Slight drop in 2016 and a significant drop in 2017. This is due to CPT codes incorrectly being submitted in ICD procedure fields prior to 2017. This payer has approximately 230,000 medical members per month.	2014 - 2017	Spring 2018	Y
Commercial	NULL Member IDs	High proportion of records with NULL Member IDs. This payer has approximately 230,000 medical members per month.	2017	Spring 2018	Y
Commercial	Low Member Match Rate	September 2017 medical member match rate which represents the percentage of claims that have a matching eligibility record for the member is less than 50%. This payer has approximately 120,000 medical members per month.	September 2017	Spring 2018	Y
Commercial	Dental Coverage Flag	2017 data contains Dental Coverage Flag set to 'N' though there are dental claims. The number of dental members is unknown at this time.	2017	Spring 2018	Y
Commercial	Self-Funded Data	Low pharmacy member allowed amounts under 50 in September 2013-March 2017 (missing Jan-Aug 2013, December 2014, February-March 2015) and 0 claims in September 2015. This payer has approximately 3,000 pharmacy members per month.	September 2013-March 2017, September 2015	Spring 2018	Y

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Commercial	Self-Funded Data	Low pharmacy member allowed amounts under 50 in September 2013-November 2014 (missing Jan-Aug 2013, December 2014). This payer has approximately 1,000 pharmacy members per month.	Low member allowed amounts under 50 in September 2013-November 2014 (missing Jan-Aug 2013, December 2014)	Spring 2018	Y
Commercial	Missing Data	Missing medical eligibility when Insurance Type is '13' Point of Service (POS) January - July 2016. This payer has approximately 100,000 medical members.	January - July 2016	Spring 2018	Y
Commercial	Volume increase	June 2016 and 2017 there is a large jump in Medicare Advantage volume.	June 2016, 2017	Spring 2018	Y
Commercial	Missing Data	Missing November 2017 medical claims. This payer has approximately 5,500 medical members per month.	November 2017	Spring 2018	Y

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Medicare	Plan Paid Amount	Plan Paid amount for bill type 18x and 21x (Skilled Nursing Facility) incorrectly duplicates total claim plan paid amount over each line of the claim. This information is not available at the medical claim line level for plan paid amount. At the medical claim header level, the plan paid amount is the sum of the line level plan paid amount. Since this information is not available at the line level for Skilled Nursing Facility payments, this has been set to NULL. Information from the Skilled Nursing Facility claim header file is available in the plan covered amount field at the header level and directly translates to CLM_PMT_AMT. This change caused roughly \$3.5 billion per year in the plan paid amount field to be set to NULL.	2009-2017	Spring 2018	Y

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Medicare	Deductible Amount	In the Outpatient file, the deductible amount field brought in at the line level is the sum of the deductible and the coinsurance amount. Since deductible amount field at the medical claim header level is a sum of deductible amount field from the medical claim line, the deductible amount field at the header level is also affected. The deductible field will be changed to reflect only the deductible amount. The bill type codes affected are '12x', '13x', '14x', '22x', '23x', '34x', '71x', '72x', '73x', '74x', '75x', '76x', '77x', '83x' and '85x'. The fix will lead to an average \$200 million dollar reduction per year in the deductible field at the medical claim line and header level.	2009-2017	Spring 2018	Y
Medicare	Allowed Amount	In the medical claims header file, the allowed amount is the plan covered amount plus the member liability amount. An issue was identified in the summing of the line level copay, coinsurance, and deductible amounts to the claims	2009-2017	Spring 2018	Y

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Commercial	Low Dental Member Match Rate	The dental member match rate which represents the percentage of claims that have a matching eligibility record for the member is less than 50% for these payers in 2017. This payer has approximately 26,000 dental members per month.	2017	Spring 2018	Y
Commercial	Low Dental Member Match Rate	The dental member match rate which represents the percentage of claims that have a matching eligibility record for the member is less than 50% for these payers in 2017. This payer has approximately 9,000 dental members per month.	2017	Spring 2018	Y
Commercial	Low Dental Member Match Rate	The dental member match rate which represents the percentage of claims that have a matching eligibility record for the member is less than 50% for these payers in 2017. This payer has approximately 3,000 dental members per month.	2017	Spring 2018	Y
Commercial	Dental Coverage Flag	January 2015 - December 2017 missing dental coverage flag in eligibility file. Dental claims appear missing because they do not have matching eligibility. This payer has approximately 10,000 dental members per month.	January 2015 - December 2017	Spring 2018	Y

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Commercial	Missing Data	Missing March 2016 - March 2017 pharmacy claims due to lack of claim version number. This payer has approximately 90,000 pharmacy members per month.	March 2016 - March 2017	Summer 2017	Y
Commercial	Missing Data	Missing March 2016 - March 2017 pharmacy claims due to lack of claim version number. This payer has approximately 1,000 pharmacy members per month.	March 2016 - March 2017	Summer 2017	Y
Medicaid	Duplicate Claims	Potential duplication of 5% of payer's claims, a total of approximately 5,000,000 claims.	2009 - 2016	Summer 2017	Y
Commercial	Missing Data	Missing April 2012 medical claims data. This payer has approximately 80,000 medical members per month in 2012.	April 2012	Summer 2017	Y
Commercial	Missing data	Missing December 2015 - February 2016 medical claims. This payer has approximately 20,000 medical members per month.	December 2015 - February 2016	Summer 2017	Y
Commercial	Missing Data	Missing February-March 2015, May-June 2015, August-September 2015, November-December 2015 eligibility. This payer has approximately 30 members per month.	February-March 2015, May-June 2015, August-September 2015, November-December 2015	Summer 2017	Y

CO APCD Data Quality - Payer Submission and Processing Discoveries

Updated May 2019 Center for Improving Value in Health Care

Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Missing Data	Missing January 2009-July 2013, July-August 2016 eligibility. This payer has approximately 5,000 medical members per month.	January 2009 - July 2013; July - August 2016	Summer 2017	Y
Commercial	Missing Data	Missing January - April eligibility, pharmacy and medical claims. This payer has approximately 25,000 medical and pharmacy members per month.	January - April 2017	Summer 2017	Y
Commercial	Inpatient Allowed Amount	High volume (over 50%) of inpatient claims have an allowed amount greater than charge amount. This payer has approximately 660,000 medical members per month. Additional information is available from CIVHC.	2017 - 2018	Summer 2019	Y
Commercial	Missing Data	Missing January and February pharmacy claims data. This payer has approximately 1,000 pharmacy members per month.	January - February 2017	Winter 2017	Y
Commercial	Inconsistent Counts	Large increase in January and February 2017 pharmacy member counts . This payer has approximately 1,000 pharmacy members month.	January - February 2017	Winter 2017	Y
Commercial	Self-Funded Data	Missing self funded medical claims December 2015 - March 2017. This payer has approximately 270,00 medical members per month.	December 2015 - March 2017	Winter 2017	Y

CO APCD Data Quality - Payer Submission and Processing Discoveries

Updated May 2019 Center for Improving Value in Health Care

Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Self-Funded Data	Drop in self funded pharmacy claims December 2015 - March 2017. This payer has approximately 240,000 pharmacy members per month.	December 2015 - March 2017	Winter 2017	Y
Commercial	New Coverage	New dental coverage showing up in August 2017 data. Will be resubmitting earlier 2017 data with this information. This payer has approximately 130,000 dental members per month.	January - July 2017	Winter 2017	Y
Commercial	Prescription Drug Coverage Flag	January 2016-June 2017 missing pharmacy flag in eligibility file. Pharmacy claims appear missing because they do not have matching eligibility. This payer has approximately 10,000 pharmacy members per month.	January 2016-June 2017	Winter 2017	Y
Commercial	Line of Business Assignment	High proportion of records have an Insurance Product Type of Other "99". This payer has approximately 300,000 medical members per month and 250,000 pharmacy members per month.	January 2015 - July 2017	Winter 2017	Y
Commercial	Missing Data	Missing January - June 2013 eligibility, October 2014 medical claims and all data February - April 2017. This payer has approximately 8,000 medical members per month.	January - June 2013, October 2014, February - April 2017	Winter 2017	Y

CO APCD Data Quality - Payer Submission and Processing Discoveries

Updated May 2019 Center for Improving Value in Health Care

Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Commercial	Missing Data	Missing February 2017 dental claims. This payer has approximately 4,500 dental members per month.	February 2017	Winter 2017	Y
Commercial	Missing Data	Missing intermittent months of 2015 and 2016 medical eligibility. This payer has approximately 5,000 medical members per month.	2015 - 2016	Winter 2017	Y
Commercial	Missing Data	Missing February 2015 - January 2017 pharmacy eligibility . This payer has approximately 25,000 pharmacy members per month.	February 2015 - January 2017	Winter 2017	Y

CO APCD Data Quality - Payer Submission and Processing Discoveries

Updated May 2019 Center for Improving Value in Health Care

Payer Line of Business	Issue Category	Issue Description and Impact	Dates Impacted	Anticipated Resolution Date	Resolved (available in data)
Medicaid	PMPM Parity	<p>Differences in Medicaid data between HCPF and the CO APCD as noted during the PMPM workgroup sessions (April 2019)*:</p> <ul style="list-style-type: none">• The HCPF and CO APCD PMPM cost calculations tracked very closely after the March 2017 interChange system conversion (less than 3% difference in PMPM calculations).• A larger difference in PMPM cost was observed in 2016 (~10%). This difference can be attributed to the submission of claims from HCPF legacy data. Occasionally, the CO APCD received duplicates of adjusted claims, which artificially inflated PMPM costs in the CO APCD.• The problem of duplicate claims also occurred in 2015, but to a lesser extent than in 2016, resulting in an approximate 5.6% difference in the PMPM calculations. <p>*See Attachment A for full documentation</p>	2015-2016	Winter 2019	N



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Attachment A:

Investigation into Differences between HCPF and CO APCD Medicaid Data - Summary

The purpose of this document is to provide a summary of recent efforts to resolve differences in the Medicaid data between the HCPF interChange system and the CO APCD.

Background

CO APCD receives claims submissions from HCPF's contracted data management vendor. Starting in February 2017, HCPF transitioned vendors from 3M to IBM/Truven. Medicaid claims were not submitted to the CO APCD during the transition period but IBM/Truven restarted the submissions in February 2018.

After the submissions were restarted, several data quality problems were investigated and resolved, including duplicate claims, invalid date fields and the inadvertent inclusion of substance use disorder claims. In January 2019, monthly Medicaid cost PMPM calculations were produced by HCPF using interChange and by CIVHC using the CO APCD. The results were different and raised new questions about the quality of the Medicaid data in the CO APCD and concerns about the use of the data for the forthcoming SIM evaluation.

In March, CIVHC convened a team consisting of representatives from HCPF, IBM/Truven, SIM, CIVHC and HSRI to accomplish a short term goal of identifying and addressing the root causes of the differences and a long term goal of establishing a method for conducting a routine parity check between the interChange and the CO APCD.

Analysis and Discoveries

Analysts from HCPF and CIVHC compared the methods they used to calculate cost PMPM and then created and implemented new logic to eliminate differences in methods in an effort to align cost PMPM values.

- HCPF removed Substance Use Disorder claims as these claims are not received by the CO APCD;
- HCPF adjusted their calculation to utilize Allowed amount as opposed to Paid amount (this decision was subsequently reversed);
- HCPF modified their Claim Type coding (i.e., Inpatient, Outpatient, Professional, Pharmacy) to align with the definitions provided by CIVHC;
- CIVHC adjusted calculation to exclude capitated payments.

Unfortunately, revised cost PMPM calculations were still different. CIVHC reported lower cost PMPM values, which appeared to be driven by higher member month counts. CIVHC also reported higher claim counts. To better understand the reasons for the differences the team attempted to match

Investigation into Differences between HCPF and CO APCD Medicaid Data

member and claims records for a specific time period to determine the characteristics of the records that do not match.

From the member and claims matching analysis, the team discovered:

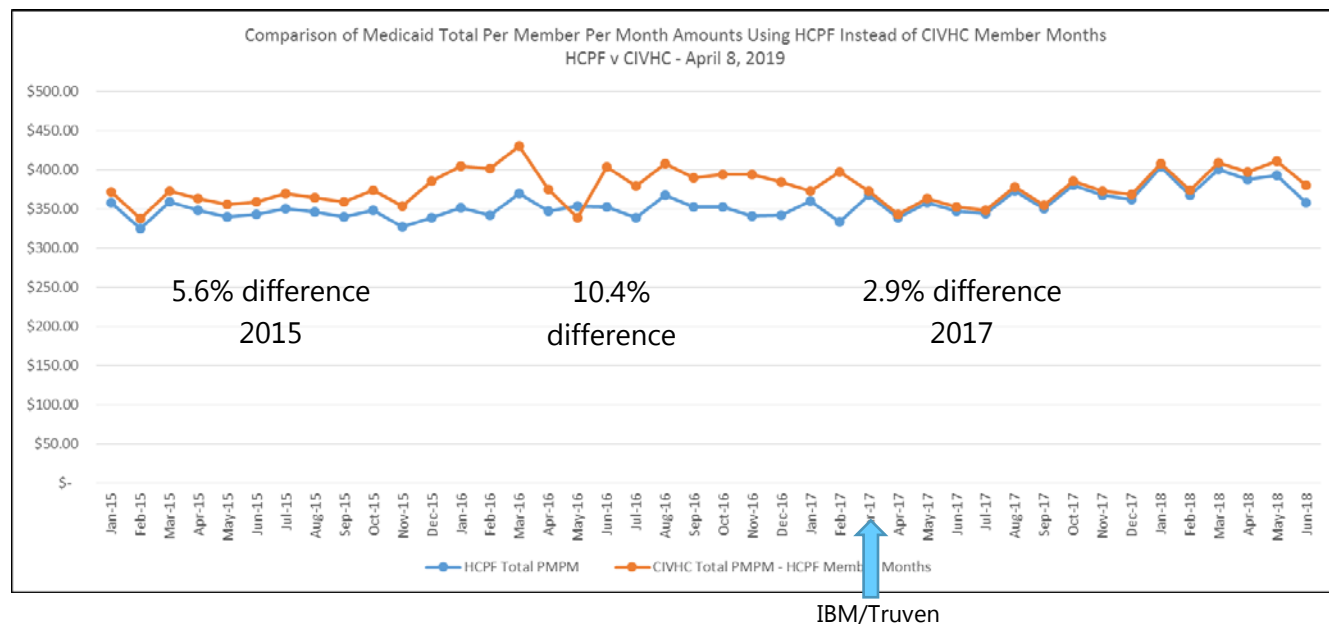
- The member month differences were due to CHP+ and managed care members being included in the CIVHC calculations. (Note: This difference could not be eliminated in the short term because CIVHC has no way of identifying these members from HCPF data submissions (see recommendations below)).
- The claim count differences were due to discrepancies in Substance Use Disorder (SUD) and Medicare crossover claim processing. HCPF made adjustments to fully remove SUD claims and to include the Medicare crossover claims in their calculations.
- Efforts were made to adjust the HCPF claim line level processing to mimic the method CIVHC uses to calculate allowed amounts, which resulted in HCPF inpatient payments to increase substantially and inaccurately. Further analysis into this situation indicated that the Paid Amount should be used for the HCPF and CIVHC calculations as this is the basis for HCPF analysis.

Following these steps, the CIVHC and HCPF methodologies were finalized. HCPF and CIVHC calculated and compared costs PMPM and made minor coding adjustments as anomalies were discovered through another cycle of analysis and improvement.

Comparison of Medicaid PMPM Paid Amounts

A comparison of Medicaid PMPM paid amounts from interChange and the APCD was completed April 8th. (Graph) The PMPM paid amounts from both sources were calculated using HCPF member month values because APCD Medicaid eligibility files include managed care members that currently cannot be identified and excluded. The comparison shows that results from each data source were very similar after March 2017, when HCPF transitioned to IBM/Truven. Results were somewhat variable prior to the transition, with PMPM values being close in 2015, but less so in 2016. In addition, the overall variance in both the HCPF PMPM and the CIVHC PMPM calculations has decreased – resulting in smoother trending from month-to-month for each source.

Investigation into Differences between HCPF and CO APCD Medicaid Data



Next Steps/Recommendations

The team will continue their discussions to solve the problem of incomplete submissions of Medicaid member eligibility and to improve the long term parity of the systems. In the short term, the team recommends that HCPF/Truven modify the eligibility file submitted to the CO APCD to include the Insurance Type Code, which will allow CIVHC to identify CHP+/Managed Care members and calculate accurate member months. The team will also continue to investigate differences in the legacy data (specifically 2016).

Long term, the team will create monthly, automated reports comparing cost PMPM and its component member month and paid claims dollars and counts between interChange and the CO APCD.