



COMAR 10.25.06 – *Maryland Medical Care Data Base and Data Collection*

M e d i c a l C a r e D a t a B a s e

2012 MCDB

Payers' Monthly Meeting Summary

January 23, 2013

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Plans for 2013 MCDB Data Submission

NO changes to content of required files, BUT

- Carriers will need to **provide information** to MHCC regarding their ability to: *(see slide #3 and slide #4)*
 - Provide **new** and **revised** variables needed in 2013 claims/eligibility
 - Improve reporting of **Race** and **Ethnicity**
 - Improve reporting of Servicing Practitioner **NPI number**
- Carriers will be required to conduct **pre-submission comparisons** of key results from 2011 data with 2012 data results *(requested each year, see slide #6)*

New Information Required

- **Assignment of Benefits Legislation**

- Changed how **non-participating** (out-of-network), **hospital-based** or **on-call** physicians are reimbursed by non-HMO plans for hospital-based services
- Patients who **assign benefits** are not balance billed; carriers generally pay more (*140% of the Medicare rate*)
- MHCC has responsibility for evaluating the **impact of the legislation** on Physicians, Patients, and Carriers (*due December 2014*)
- Requires information/new variable to determine whether a carrier's payment for an **out-of-network physician service** was paid directly to the physician (assignment of benefits) or to the patient
- * *Payer Workgroup will discuss the provision of this information*

Modified Information Required

- **Provider/Supplier Specialty Codes**

- For accuracy in measuring **physician performance**, aggregating resource use
- Expansion of codes to include **new specialties**
 - **Physician providers:** replace MCDB codes (from 1993) with AMA Physician Specialty Codes
 - **Non-physician providers** (*looking for a national standard*)
- * *Payers must report on their ability to provide AMA specialty codes*

- **Patient/Enrollee Zip Code – Extended ZIP+4 code**

- Expand field to include “**4-digit add-on**” code
- More-specific location to establish where people live for health care **utilization** and **chronic illness** measurement
- * *Payers must report on their ability to provide the 4-digit add-on*

Improved Information Required

- **Race & Ethnicity Reporting**

- Important for measuring **differences in care** by Race and Ethnicity, improving care received by minorities
- Reporting **thresholds** will be implemented
- * *Payers need to provide plans for increasing reporting of these values*
- * *MHCC-Payer Workgroup will discuss the provision of this information*

- **Servicing Practitioner NPI**

- Required for Provider **Performance Measurement**
- Reporting **thresholds** will be enforced
- * *Payers need to provide plans for increasing reporting of these values*

MCDB Data Submission & Data Quality

- **Quality Review Statement (QRS)**
 - Designed to provide payers with a **comparison of information** reported and threshold values assigned
- **Data Completeness Summary (DCS)**
 - Details changes in key measures including **total number of recipients, services, and payments**
 - Payers asked to screen results for noteworthy changes (**decreases or increases above 10%**) in Product Type, Coverage Type and Plan Type
 - Payers must provide **information/documentation** on significant changes prior to current submission to confirm if differences are legitimate as opposed to data submission errors

MCDB Data Workgroups

- **MHCC-Payer Workgroup**

- Will discuss reporting of **Race & Ethnicity** and **Assignment of Benefits** for out-of-network claims
- Task: Discuss the issues and **recommend suitable solution(s)** for reporting this information in the MCDB data

- **MHCC Workgroup on Enrollee Utilization File**

- Will define the first iteration of the “**per enrollee utilization file**” and the appropriate level of summarized information (grouped versus individual) on files available to users without security certification
- Enrollee utilization file will summarize **payments per enrollee** by service type, with some enrollee demographic information
- Important for **per enrollee estimates of spending** by insurance market and plan type
- Composition will include:
 - Carriers
 - MD Health Services Cost Review Commission
 - Maryland Hospital Association
 - MD Department of Health & Mental Hygiene

MCDB Data Expansion Plans

- **MHCC 3-year Plan for Expansion**

- Define **when** and **how** the MHCC will expand and modify information in MCDB; How new information will be used
- Outline MHCC proposal to **increase frequency** of data submissions
- Submission of information to develop a **Master Patient Identifier (MPI)**
- Plan shared with carriers and other interested parties for **comments** and **suggestions**