

MARYLAND MEDICAL CARE DATA BASE WORKGROUP: COLLECTING PAYER INFORMATION ON BENEFIT DESIGN AND PAYMENTS TO PROVIDERS FOR NON-CLAIMS BASED SERVICES

Experience from Other States and
Opportunities for Maryland

Work Group Input Session

October 29, 2013

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BACKGROUND

- MHCC Interests in Collecting Additional Information
 - Critical information on the benefit structure of the plans offered by the payers.
 - Non-claims-based payments made by the payers to providers for a variety of purposes, including capitation payments and payments to providers participating in shared savings arrangements.
- APCD Council Research
 - Review of current activities related to this in Maryland
 - National standards for this type of data collection
 - Other State Activity in this area
 - Input from this session

RECOMMENDATIONS DEVELOPMENT PROCESS

- Examination of the specifications for the 2013 MCDB data submissions
- Exploration of the level of activity in existing APCD states to collect similar information about benefit design and/or non-claims-based payments
 - Contacting/review of states with APCDs, including NH, MA, VT, ME, CO, UT
- Examination of MIA reporting
- Input from carrier community
- Synthesis, development of recommendations for MHCC

BENEFIT DESIGN INFORMATION: OTHER STATE EXPERIENCES

○ New Hampshire

- Supplemental Reporting
 - Covered services by plan (not connected to APCD)
 - Specific characteristics of plan defined in template
- Revised NHID rate review process in 2013 to require submission of information about benefit categories for each plan design
 - At plan level, not individual (not connected to APCD)

○ Massachusetts

- MA requires submission of “Product File”
 - “Product File” includes characteristics of the product but not detailed, specific benefit design information

BENEFIT DESIGN INFORMATION QUESTIONS FOR WORKGROUP

1. What level of specificity of benefit information is required to meet the business need of MCDB?
2. How is benefit information stored/available at the plan level or individual level?
3. What information do the carriers currently provide to MIA? Or other reporting entities?
4. How can the information being stored and/or reported be delivered to MHCC to supplement MCDB data?

NON-CLAIMS BASED PAYMENTS

REVIEW OF OTHER STATES EXPERIENCE

○ New Hampshire

- Supplemental Reporting

- “Other payments made such as capitation, incentive payments, etc. which are included in medical expense as reported for the carrier’s Statement of Revenue and Expenses, or its equivalent, which is a required component of the annual statement filing.”
- New Hampshire Insurance Department, Docket No.: INS No. 08-001-AB, Supplemental Reporting Bulletin, May 3, 2013.
http://www.nh.gov/insurance/media/bulletins/2013/documents/suprpt_ins_08-001.pdf

○ Massachusetts

- Specific request for data to allow calculation of “Total Medical Expenses (TME)” by plan (not by individual)
 - “TME covers all categories of medical expenses and all non-claims related payments to providers, including provider performance payments.”
 - Annual Report on the Massachusetts Health Care Market:
<http://www.mass.gov/chia/docs/r/pubs/13/ar-ma-health-care-market-2013.pdf>

NON-CLAIMS BASED PAYMENTS QUESTIONS FOR WORK GROUP

1. What level of specificity of non-claims based payments is required to meet the business need of MCDB?
2. How is non-claims based payments information stored at the plan, contract, or individual level?
3. What information do the carriers currently provide to MIA? Or other reporting entities?
4. How can the information being stored and/or reported be delivered to MHCC to supplement MCDB data?

NEXT STEPS

- APCD Council and MHCC will meet to review the information from today's input session
- APCD Council will incorporate the information in a draft of recommendations
- Draft report will be submitted to MHCC and MCDB work group