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**