



2024 MCDB Data Submission Manual

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SHANKAR MESTA | CHIEF COST AND QUALITY, CENTER FOR ANALYSIS AND INFORMATION
SYSTEMS



Background

- ❑ The Maryland Health Care Commission is required in regulation (COMAR 10.25.06.15) to make MCDB Data Submission Manual available to payors by November 21 of each year.
- ❑ Payors will use the Manual for the reporting periods in the subsequent year.
- ❑ Regulation also requires a timely posting of the Manual on the Commission website each year.



MCDB Overview

- ❑ Commercial Reporting Entities with at least 1,000 total insured lives:
 - ❑ Life and Health Insurance Carriers and HMOs
 - ❑ TPAs, PBMs, Behavioral Health Administrators (most do not submit claims from ERISA plans)
 - ❑ Qualified Health Plans and Qualified Dental Plans
 - ❑ Managed Behavioral Health
- ❑ Data reported:
 - ❑ Membership / Eligibility
 - ❑ Claims files: Professional, Institutional, Pharmacy and Dental
 - ❑ Provider Directory
- ❑ Medicaid MCO/FFS Data:
 - ❑ Provided by Medicaid via The Hilltop Institute
- ❑ Medicare FFS Data:
 - ❑ Acquired through State Agency DUA with CMS



New Updates in 2024 DSM

- ❑ Changed the length of Encrypted Enrollee's IdentifierP.
- ❑ Changed the length of Encrypted Enrollee's IdentifierU.
- ❑ Changed the length of Drug quantity.
- ❑ Changed the length of servicing practitioner ID.
- ❑ Changed the length of prescribing provider ID.
- ❑ Changed the length of the prescription claim control number.
- ❑ Added additional Diagnosis Code 11 and Diagnosis Code 12.
- ❑ Added additional procedure modifiers Procedure Modifier III and Procedure Modifier IV.



APM Data Collection Enhancements

- ▶ Value-based care arrangements were not assessed on quality in the first APM data submission.
 - Data collection not changed; evaluation to be included in future reporting.
 - The data submission will include Performance years 2022 and 2023 to assess the quality of APMs.
- ▶ APM data collection enhancements
 - ▶ Quality Assurance memo
 - ▶ Frequently Asked Questions
- ▶ HCP-LAN Category 3N (Risk Based Payment) and 4N (Capitated Payment)
 - ▶ Category 3N includes APMs built on a fee-for-service architecture not linked to quality data. Payments in Category 3N lack incentives to providers for quality and appropriateness of care.
 - ▶ Category 4N includes population-based payments not linked to quality. Payments in Category 4N lack incentives to providers for quality and appropriateness of care.



APM Data Collection Enhancements (cont.)

- ▶ Other APM collection changes or clarifications:
 - Naming conventions for the APM data files were updated.
 - All non-claims payments for the performance year to be attributed to that year regardless of when it was paid
 - The Instructions for worksheets A.1 Financial and A.2 Financial – Episodes have been updated to exclude HCP-LAN categories 3N and 4N. Category 3N and 4N do not link to quality.
 - Provider-level data must be aggregated under the Billing Provider Organization, not reported separately.
 - Included examples of how to identify associated membership to contracts with prospective, contract-level payments
 - The instructions for worksheet A.2 Financial–Episodes were updated to clarify procedure-based episodes should be classified as HCP-LAN Category 3 and condition-specific episodes should be classified as HCP-LAN Category 4.
 - Questions were added to the E.Notes worksheet to clarify data submitter responses.



Next Steps

- ❑ Commission questions and vote on posting the submission manual to the Commission website
- ❑ Disseminate Manual and follow up with Payor training in January 2024
- ❑ Implement changes for submission starting in May 2024 for Q1 2024 Data Reports



Questions