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Office *of* Health Strategy

2022

Recommendations to Modify Data Submission Guide for Denied and Dental Claims Collection

A Report from the CT All-Payer Claims Database Data Submission Guide Workgroup

CT APCD Advisory Group Workgroup

August 2022

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Objectives of Data Submission Guide Workgroup

The CT Office of Health Strategy (OHS) is an executive branch agency whose mission is to implement comprehensive, data-driven strategies that promote equal access to high-quality health care, control costs and ensure better health outcomes for all Connecticut residents. As part of its strategic three-year vision, OHS developed the Health Care Vision 2020 – 2023 for Connecticut. OHS consulted key stakeholders including but not limited to the Governor's Office, OHS staff, OHS advisory groups and committees, and other stakeholders throughout CT. The strategic plan highlighted the following four areas: [1]

1. Improve care and contain costs by using data driven strategies;
2. Increase access to primary and preventative care to keep people healthier;
3. Reduce health disparities by socio-economic factors that intersect in people's lives including race, sex, sexual orientation gender identity, and income; and
4. Ensure that healthcare facilities are financially stable and appropriate to meet the medical needs of consumers in all geographic area.

The CT All-Payer Claims Database (APCD) is one critical data-source OHS leverages to accomplish these goals. The CT APCD was created by [Public Act 12-66](#) in 2012, and was codified into CGS § 19a-755a. In July 2019, administration of the program shifted from Access Health CT to OHS. The objectives of the APCD program are:

- To collect, assess and report health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care;
- To provide health services consumers in the state information on the cost and quality of health care services to aid economically sound and medically appropriate health care related decision-making;
- To be made available to any state agency, insurer, employer, health care provider, consumer, or researcher to review healthcare services utilization, costs and quality while protecting patient privacy; and
- To provide a consumer health information website that supplies information on the cost and quality of health care services.

The APCD program receives, stores, and analyzes health insurance medical and pharmacy claims data, and information on providers and eligibility. OHS uses the APCD data to improve the health

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[1] https://portal.ct.gov/-/media/OHS/docs/CT-OHS-Strategic-Plan-2020-2023.pdf

of Connecticut residents, and to support programs, policies and research that address safety, quality, transparency, access, and efficiency at all levels of health care delivery.

The APCD Advisory Group (APCD-AG) is a mandated subcommittee of the state's Health Information Technology Advisory Council, that supports OHS to administer the APCD. The CT APCD-AG has determined that dental and denied claims data were high-value datasets currently missing from the CT APCD.[2] In its May 12, 2022, meeting, the APCD-AG authorized a workgroup, the APCD Data Submission Guide Workgroup (DSGW), to make recommendations for collection of denied and dental claims. Specifically, the APCD-AG charged the Workgroup with making recommendations for modifying the Data Submission Guide (DSG) to facilitate collection of denied and dental claims data in alignment with industry and national standards. This meant consulting and incorporating the National Association of Health Data Organization's APCD Common Data Layout (CDL) where appropriate.[3][4]

[2,] Please visit for meeting minutes, agendas, and presentations of the APCD Advisory Group https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Advisory-Group/Meeting-Materials for meeting minutes, agendas, and presentations of the APCD Advisory Group

[3] APCD Charter: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Data-Submission-Guide-Workgroup/APCD-DSGWG_Charter_05122022.pdf

[4] https://www.apcdcouncil.org/apcd-common-data-layout-apcd-cdl%E2%84%A2

Data Submission Guide Workgroup

The 5-member Workgroup comprised of data submitters, subject matter experts, and data users listed in Table 1 and received technical support from OnPoint Health Data—CT APCD database management vendor—during its deliberations.

Table 1: DSWG Membership

Name	Representation
Olga Armah, Chairperson Office of Health Strategy	Representative of the Office of Health Strategy
Bernie Inskeep United Health Group	Representative of a Health Insurance Company
Laurel Buchanan UCONN Health	Healthcare Expert from an Academic Institute
Sandra Czunas Office of the State Comptroller	Expert in Dental Claims and a Representative of a State Agency
Sheryl A. Turney Anthem Blue Cross Blue Shield	Member of the CT All Payer Claims Database Data Release Committee
Technical Support	
Jesse Drummond OnPoint Health Data	CT APCD Data Manager/Vendor
Robert Viens Serna OnPoint Health Data	CT APCD Data Manager/Vendor

Workgroup Activities and Accomplishments

Between May and August of 2022, the Workgroup met six times. Table 2 provides the key discussion topics, votes and outcomes that occurred at each meeting.

Table 2: APCD DSWG Meeting Dates, Key Discussion Topics, and Key votes.[5]

Date	Key Discussion Topics	Key Votes/Results
May 23, 2022[6]	Discussed Data Submission Guide Workgroup Charter; Workgroup process; proposed meeting cadence and topic selection; and denied and dental claims overview	Unanimous agreement on meeting Cadence
June 2, 2022[7]	Claim Adjustment Reason Codes (CARC) discussion and recommendations on data elements for denied claims	Voted in the affirmative to collect fully denied claims that carriers have in their data warehouse related to denied claims, i.e., all CARC codes
June 9, 2022[8]	Dental Claims Layout Discussion	
June 23, 2022[9]	Discussed Dental Classification Groups; reviewed Proposed Dental Claims Layout; voted on Dental Claims layout; and reviewed certain CARC Codes.	Unanimous acceptance of proposed Dental Claims Layout
July 7, 2022	Review the APCD DSGW Final Report	Unanimous vote to accept report with edits. Edits will be assented to via email.

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[5] For a complete account of the meetings of the committee please visit: https://portal.ct.gov/OHS/HIT-Work-Groups/Data-Submission-Guide-Workgroup/Meeting-Materials

[6] https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Data-Submission-Guide-Workgroup/Meeting-Materials/5-23-22/Minutes_APCD-DSGW_05-23-22-approved.pdf

[7] https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Data-Submission-Guide-Workgroup/Meeting-Materials/6-2-22/APCD-DSGW_Minutes_06-02-22-as-approved.pdf

[8] https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Data-Submission-Guide-Workgroup/Meeting-Materials/6-23-22/DRAFT_APCD-DSGW_Minutes_06-09-22.pdf

[9] https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Data-Submission-Guide-Workgroup/Meeting-Materials/6-23-22/OHS_APCD-DSGW_Meeting_Agenda_06232022.pdf

August 4, 2022	Review and vote on modification request, and final vote on report	Unanimous vote to accept the dental layout with minor edit and the modified report.

Denied Claims

The Workgroup reviewed what denied claims are currently collected in CT APCD and the future state.

Denied Claims Collection Current State

Currently, the CT APCD receives partially denied claims and no fully denied claims from submitters. Partially denied claims are claims for services or medical equipment provided to an enrollee of a health insurance plan, that are denied in part or in whole, in which case the claim becomes the responsibility of the services or medical equipment recipient. When the claim is denied in whole that is a fully denied claim.

Denied Claims Collection Future State

The intent is to also collect useable complete fully denied claims utilizing industry standard claim adjustment reason codes (CARC) while minimizing reporting burden and costs. CARC codes "describe why a claim or service line was paid differently than it was billed."[10] The Workgroup reviewed OnPoint Health Data's proposed exclusion of claims assigned CARC codes related to duplicate and non-covered claims in the document embedded below.

Duplicate &
Non-Coverage CARC

Duplicate claims are those submitted by a provider for the same service(s) provided to an individual on the same day and included in a previously submitted bill. Exclusion of duplicate claims will reduce denied claims data volume, processing cost and improve data utility. No coverage denied claims are those denied because the claim was billed to the wrong policy carrier, the service was not covered under the individual's plan, or the individual was uninsured. The carriers in the Workgroup recommended exclusion of non-covered claims based on their determination that those claims are processed separately and not stored in the data warehouses where APCD claims are extracted.

While members eventually reviewed the CARC codes used to identify denied and non-coverage claims, the Workgroup agreed that carriers would not be given the exclusion list as it would be easier for carriers to submit all denied claims. The CT database manager will then be responsible for identifying the records to be excluded during data processing for the APCD. In the June 2, 2022 meeting, the DSGW unanimously accepted the recommendation to update the DSG to

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[10] https://x12.org/codes/claim-adjustment-reason-codes

collect all fully denied claims that carriers have in their respective data warehouses related to denied claims, and that standard CARC codes will be used.[11]

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[11] https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Data-Submission-Guide-Workgroup/Meeting-Materials/6-30-22/CARC-Codes_final.pdf

Dental Claims

After finalizing its recommendation on denied claims, the DSGW deliberated on how to modify the CT APCD DSG to support collection of dental claims.

Dental Claims Current State:

Currently, the CT APCD receives dental claims covered under medical benefits and reported in the medical claims table; eligibility records for these dental claims appear in the eligibility table with a 'MEDICAL' coverage class. While dental claims for dental coverage are not collected into the CT APCD, the current CT DSG requests data submission for multiple teeth per row and includes three data elements only.

Dental Claims Future State:

The CT APCD will continue to receive all dental claims under 'MEDICAL' coverage in addition to commencing collection of dental enrollment records in the eligibility table and dental claims information for enrollees in a dental claims table; eligibility records for dental claims will appear in the eligibility table with a 'DENTAL' coverage class.

The DSWG considered two approaches:

- **Approach 1:** use the current CT DSG which requests submissions of multiple teeth per row and add more elements to accommodate the additional columns identified in the CDL.
- **Approach 2:** update the CT DSG to have one tooth per row, allow for submissions of multiple teeth per row, and add more elements to accommodate the additional columns identified in the CDL.

Members discussed the feasibility of each approach based on carriers' existing systems, billing structures, and various dental procedure scenarios. Certain dental services cannot be broken out to enable carriers to submit one tooth per row since the service is billed as one procedure but may involve multiple teeth. Additionally, multiple procedures could be provided in a visit and reported on multiple rows.

On June 23, 2022, the Workgroup reviewed a proposed layout from OnPoint Health Data on Approach 2. The proposed layout included data fields for additional tooth numbers, quadrants and surface fields added to allow for reporting by a row per tooth and multiple teeth per row, surface fields and quadrants, where applicable. Analysts would differentiate the mixed reporting based on procedure codes and service dates. The Workgroup unanimously assented to proceed

with Approach 2: reporting on one tooth per row, multiple teeth per row, and add more elements to accommodate the additional columns from the CDL. The approved dental claims data layout is as follows:

Proposed CT Dental
Claims - Proposed La

Next Steps

On August 4, 2022, the Workgroup reviewed this report and voted on a motion to "approve the APCD-DSGW Draft Report."

The CT APCD data manager will incorporate the approved denied and dentals claims fields and/or tables in the CT APCD DSG when the APCD-AG accepts and approves the Workgroup's recommendations.