

APCD Data Submission Guide Workgroup Kickoff Meeting

May 23, 2022



Agenda at a Glance

Topics

Welcome & Call to Order | Introductions

Public Comment

APCD-Data Submission Guide Workgroup Charter

Workgroup Process

Action: Proposed Meeting Cadence & Discussion

Denied and Dental Claims Overview

Action: Next Steps & Adjournment

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

APCD Data Submission Guide Workgroup Charter

Adrian Texidor

APCD-DSGW Charter & Key Highlights

Purpose



7 Articles within APCD-DSGW Charter

Article 1	Name (APCD-AG)
Article 2	Purpose
Article 3	Membership
Article 4	Officers
Article 5	Operating Procedures
Article 6	Duties of APCD-DSGW
Article 7	Duties of OHS

Provide Data Submission Guide modifications that will enable the collection and submission of dental and denied claims in alignment with industry and national standards pursuant to the purpose of CT's APCD program.

APCD-DSGW Charter & Key Highlights

Membership

7 Articles within APCD-DSGW Charter

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Article 4	Officers
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Article 7	Duties of OHS

APCD-DSGW Membership Shall Include:

- (A) a representative of the Office of Health Strategy;
- (B) a representative of a health insurance company;
- (C) a healthcare expert from an academic institute;
- (D) at least one expert in the field of dental claims from an insurance company;
- (E) a member of the CT-APCD Data Release Committee; and
- (F) a representative of a state agency

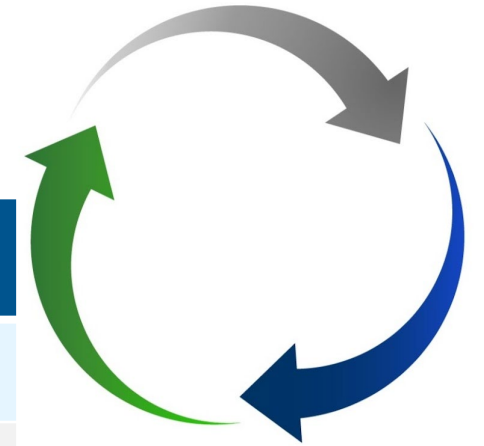
Proposed Workgroup Process

Olga Armah

Workgroup Process

Process/Timeline

- 1 hour weekly for 6 weeks (May 23rd through June)
- **Meeting 1:** Project purpose and overview of denied & dental claims
- **Meetings 2-6:** Next meeting topic(s) to be decided at end of each meeting (potential for an additional meeting to finalize recommendations)
- **August 11:** Recommendations presented to APCD Advisory Group



Proposed Meeting Cadence & Discussion

Olga Armah

Proposed Meeting Cadence & Discussion



Proposed Meeting Cadence

Option 1

Meet every Tuesday beginning May 31st through June 28th at 2 p.m. (except June 14th, meet at 3 p.m.)



Option 2

Meet every Thursday beginning June 2nd through June 30th at 9 a.m.



Denied & Dental Claims Overview

Robert Viens, OnPoint



CT Dental and Denied Claims Overview

5/23/2022

Agenda

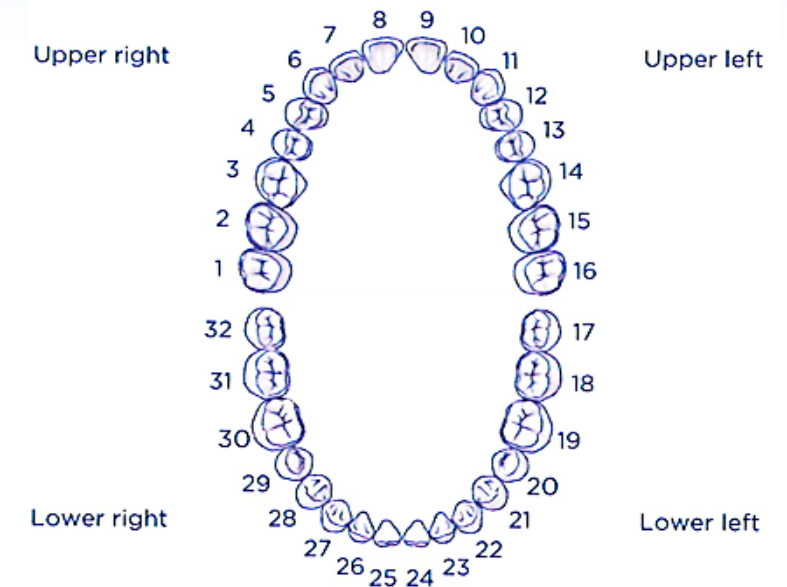
Topic
1. Connecticut Dental Coverage Overview
2. Dental Data Collection
3. Data Submission Guide Additions
4. Data Dictionary Additions
5. Denied Claims

CT Dental Coverage Overview

- 2022 Submitter Registration included dental coverage estimates totaling 317,561 covered lives
 - Aetna and Anthem are the two largest providers
- Possible Use Cases
 - Gaining visibility into the population of those with dental standalone benefits
 - Understanding trends in dental utilization and cost over time
 - Exploring variability in utilization and cost by service and/or location

Dental Data Collection

- One of the primary differences in the collection of dental data is the addition of new fields. These fields provide more options for reporting tooth-level detail:
 - Tooth quadrant
 - Tooth number
 - Tooth surface
 - » e.g., Incisal = the cutting edge of the anterior teeth
- There are two options for collecting this data
 - One tooth (and related quadrants, surfaces, etc.) per record
 - » This option is more common
 - Multiple teeth (and related quadrants, surfaces, etc.) per record



Data Submission Guide Additions

Field Name	Type	Max. Length	Description/Codes/Sources	X12 REF	Threshold
Tooth System Qualifier	Text	2	Use this field to report the code list qualifier code that identifies the tooth designation system used in the claim.	837/2400/TOO/ /01	99.9%
Tooth Number or Letter (1)	Text	2	Use this field to report the tooth number or letter associated with each claim as indicated using the ADA Universal Numbering	837/2400/TOO/ /02	10.0%
Tooth Oral Cavity (Quadrant or	Text	10	Use this field to report the standard quadrant identifier.	837/2400/SV3/ /04	0.0%
Tooth (1) Surface Code (1)	Text	5	Use this field to report the tooth surface(s) that this service related to per tooth. Population of this field provides further detail on the rendered service.	837/2400/TOO/ /03	0.0%

Field Name	Type	Max. Length	Description/Codes/Sources	X12 reference	Threshold	Condition (Denominator)
Dental Coverage Flag	Text	1	Use this field to report whether or not the member has dental coverage under this plan/policy and that it will be reported by this submitter. The only valid codes for this field are: Y = Yes N = No	N/A	100.0%	All

Data Dictionary Additions

Warehouse Name	Common Name	Type	Max. Length	Limited Use C+P	Description
dental_claim_service_line_id	Dental Claim Service-Line Record ID	Number	38	Y	This field contains an ID that identifies a unique service line of a submitted claim record.
dental_tooth_system_id	Tooth Numbering Code List Qualifier ID	Number	38	Y	This field contains the ID for the code list qualifier code that identifies the tooth designation system used in the claim.
dental_tooth_system_code	Tooth Numbering Code List Qualifier	Varchar2	2	Y	This field contains the code list qualifier code that identifies the tooth designation system used in the claim. The only valid values for this field are: JP = Teeth designated using ADA's Universal/National Tooth Designation System JO = Teeth designated using ANSI/ADA/ISO Specification No. 3950
dental_tooth_code	Tooth Number or Letter	Varchar2	2	Y	This field identifies the tooth number or letter associated with each claim as indicated using the ADA Universal Numbering
dental_quadrant_id	Dental Quadrant ID	Number	38	Y	This field contains the ID for the standard quadrant identifier.
dental_quadrant_code	Dental Quadrant Code	Varchar2	10	Y	This field contains the standard quadrant identifier.
dental_tooth_surface_code	Tooth Surface Code	Varchar2	5	Y	This field identifies the tooth surface(s) that this service related to per tooth.

Data Dictionary Additions (cont'd.)

Warehouse Name	Common Name	Type	Max. Length	Limited Use C+P	Description
dental_quadrant_id	Dental Quadrant ID	Number	38	Y	This field contains an ID that identifies a unique dental quadrant code.
extract_id	Extract ID	Number	38	Y	This field contains an ID that identifies the unique data set.
dental_quadrant_code	Dental Quadrant Code	Varchar2	2	Y	This field contains a code that identifies the dental quadrant.
dental_quadrant_desc	Dental Quadrant Description	Varchar2	80	Y	This field contains the description of the dental quadrant code.
dental_tooth_surface_id	Dental Tooth Surface ID	Number	38	Y	This field contains an ID that identifies a unique dental tooth surface code.
extract_id	Extract ID	Number	38	Y	This field contains an ID that identifies the unique data set.
dental_tooth_surface_code	Dental Tooth Surface Code	Varchar2	2	Y	This field contains a code that identifies the dental tooth surface.
dental_tooth_surface_desc	Dental Tooth Surface Description	Varchar2	80	Y	This field contains the description of the dental tooth surface.

Denied Claims

- Fully denied claims are not currently reported to the APCD
- Partially denied claims are reported to the APCD
- ASC X12 Claim Adjustment Reason Codes (CARCs) are standard codes required under the HIPAA Administrative Simplification rules
- Onpoint engaged with UnitedHealthcare to obtain feedback on a collection approach that would:
 - Include as many fully denied claims as possible
 - Minimize the burden on payers when submitting fully denied claims

Denied Claims (cont'd.)

- Onpoint recommends that payers submit **all fully-denied claims**, except for:
 - Those denied due to no coverage
 - » UnitedHealthcare reported that these claims are typically identified in a pre-determination process and don't flow into their warehouse
 - Duplicate claims
 - » Similarly, these claims may not be stored in a payer's warehouse
 - » Additionally, these services are already represented in the APCD
- This approach simplifies the submission process for payers and ensures that the fully-denied claims in the APCD will be as comprehensive as possible

Next Steps & Adjournment