

# **The Arkansas All-Payer Claims Database (APCD) DSG Control Counts and Lookup Data Files**



**All-Payer Claims  
Database**

March, 2016

# Introduction

This packet contains additional information for submitting entities (SEs) to develop **control counts files** and **lookup data files** for the Arkansas All-Payer Claims Database (APCD)

# ARKANSAS ALL-PAYER CLAIMS DATABASE (APCD) PROCESS



# Who Will Submit Data?

- Issuers of health and dental plans in Arkansas (2,000 covered individuals as threshold)
- Arkansas Medicaid and Medicare
- State and public school employee benefit plans
- Arkansas Workers' Compensation Commission
- Third-party administrators and pharmacy benefits managers (same threshold as issuers)
- Entities providing medical services under contract with state prison system
- Self-funded plans as allowed by federal law\*

\*Pending *Gobeille v. Liberty Mutual Insurance*, 746 F. 3d 497 (2d Cir. 2014), petition for cert. granted, (No. 14-181).

# What Will Be Submitted?

SEs must provide the following data categories unless granted an exemption or exception:

- Member enrollment data
  - Unique identifiers
  - Demographic and geographic information
- Medical claims
- Pharmacy claims
- Dental claims
- Provider data
- Control Count
- Look-up Tables

# Submission Timeline

- Test files expected to be submitted no later than January 1, 2016
- SEs will be divided into four groups
- Historical data will be based on a phased data submission schedule

Group Number	Date of Data Receipt	Claims Dates	
		From	To
All Groups	01/01/2016	One month of data (any month)	
Group 1	03/31/2016	01/01/2013	12/31/2015
Group 2	06/30/2016	01/01/2013	12/31/2015
Group 3	09/30/2016	01/01/2013	12/31/2015
Group 4	12/31/2016	01/01/2013	12/31/2015

# Submission Timeline

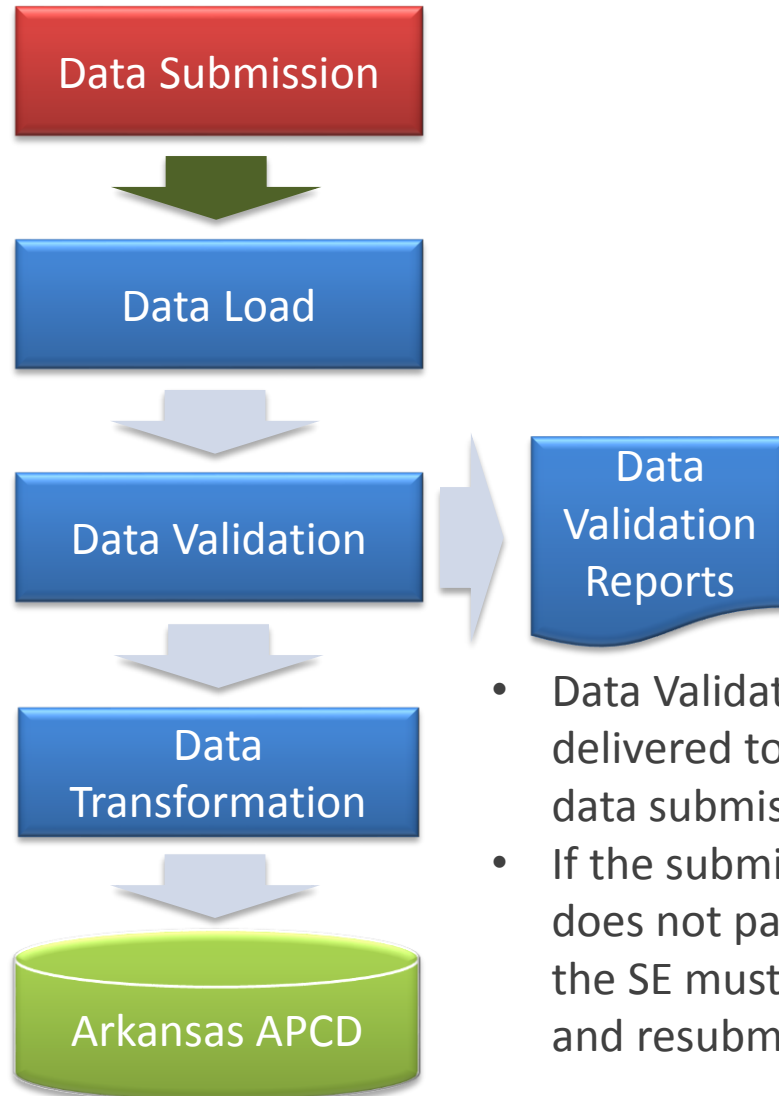
- Quarterly Data will be based on a phased submission schedule

Catch up submission

Group Number	Date of Data Receipt	Claims Dates	
		From	To
All Groups	3/31/2017	1/1/2016	12/31/2016
All Groups	6/30/2017	1/1/2017	3/31/2017
All Groups	9/30/2017	4/1/2017	6/30/2017
All Groups	12/31/2017	7/1/2017	9/30/2017
All Groups	3/31/2018	10/1/2017	12/31/2017
All Groups	6/30/2018	1/1/2018	3/31/2018
All Groups	9/30/2018	4/1/2018	6/30/2018
All Groups	12/31/2018	7/1/2018	9/30/2018
All Groups	3/31/2019	10/1/2018	12/31/2018
All Groups	6/30/2019	1/1/2019	3/31/2019

# Arkansas APCD Process

- Data files are submitted using secure file transfer protocols (SFTP) via a web portal
- If the file does not pass receipt protocols, the SE will be notified and instructed to resolve issues and resubmit



- Data Validation Reports are delivered to each SE for each data submission
- If the submitted data file does not pass quality checks, the SE must correct issues and resubmit



# **CONTROL COUNTS DATA FILE REQUIREMENTS**

# Control Counts Data File Guidelines

- Each submitting entity shall provide control counts with data feeds for validation reports that will be used for baseline validation and benchmarking
- Control counts files will be packaged using the same method as all other data files and should follow the same file naming conventions
- Only ***one*** control counts file should be produced for the *entire data submission*
  - *Data submission - the data package delivered to the APCD containing all file types provided by the line of business*
- All fields must be included in the data submission

Note:  
definition  
added

# Control Counts Data File Guidelines

- Use values in Data Element ID column as column names
- Control counts files will be formatted as pipe-delimited text files
- Control counts text files will contain a header row, header data row, detail header row, detail data row, trailer header row, and the trailer data row
- If a count is not applicable, place 0 (zero) in the field

# Control Counts Data File Layout

ID	Data Element ID	Data Element Description	Type	Format	Length	Threshold	Required
1	DH	Record Prefix -Place the value <b>DD</b> in the Control Count data detail record.	Text	char	2	100%	Required
2	CC001	Number of unique members for month 1 of data submission. Use the Carrier Specific Unique Member ID on the member record	Integer	unsigned int	10	100%	Required
3	CC002	Number of unique members for month 2 of data submission. Use the Carrier Specific Unique Member ID on the member record	Integer	unsigned int	10	100%	Required
4	CC003	Number of unique members for month 3 of data submission. Use the Carrier Specific Unique Member ID on the member record	Integer	unsigned int	10	100%	Required
5	CC004	Number of unique medical claim numbers for members in data submission. Use the Carrier Specific Unique Member ID on the claim to identify members (see control count definitions)	Integer	unsigned int	10	100%	Required
6	CC005	Number of unique pharmacy claim numbers for members in data submission. Use the Carrier Specific Unique Member ID on the claim to identify members (see control count definitions)	Integer	unsigned int	10	100%	Required
7	CC006	Number of unique dental claim numbers for members in data submission. Use the Carrier Specific Unique Member ID on the claim to identify members (see control count definitions)	Integer	unsigned int	10	100%	Required
8	CC007	Number of unique <del>active</del> members in data submission who did not have a medical, pharmacy, or dental claim	Integer	unsigned int	10	100%	Required
9	CC008	Number of unique <del>active</del> members in data submission who did have a medical, pharmacy, or dental claim	Integer	unsigned int	10	100%	Required
10	CC009	Number of unique medical claims based on claim number for month 1 within data submission	Integer	unsigned int	10	100%	Required

# Control Counts Data File Layout

ID	Data Element ID	Data Element Description	Type	Format	Length	Threshold	Required
11	CC010	Number of unique medical claim based on claim number for month 2 within data submission	Integer	unsigned int	10	100%	Required
12	CC011	Number of unique medical claims based on claim number for month 3 within data submission	Integer	unsigned int	10	100%	Required
13	CC012	Number of unique pharmacy claims based on claim number for month 1 within data submission	Integer	unsigned int	10	100%	Required
14	CC013	Number of unique pharmacy claims based on claim number for month 2 within data submission	Integer	unsigned int	10	100%	Required
15	CC014	Number of unique pharmacy claims based on claim number for month 3 within data submission	Integer	unsigned int	10	100%	Required
16	CC015	Number of unique dental claims based on claim number for month 1 within data submission	Integer	unsigned int	10	100%	Required
17	CC016	Number of unique dental claims based on claim number for month 2 within data submission	Integer	unsigned int	10	100%	Required
18	CC017	Number of unique dental claims based on claim number for month 3 within data submission	Integer	unsigned int	10	100%	Required
19	CC018	Submitter	Text	varchar	6	100%	Required

# Control Counts Data File Example

- The example below represents a submitting entity that processes medical and pharmacy claims but no dental claims
- If this submitting entity processed dental claims, the control counts related to dental counts would be populated
- All required record types are included in this example

```
HH|HD001|HD002|HD003|HD004|HD005|HD006|HD007|HD008|HD009 } Header Data Header Record
HD|12345| |CC|2015-01-01|2015-02-01|1|1|1|4.1.2015 } Header Data Record
DH|CC001|CC002|CC003|CC004|CC005|CC006|CC007|CC008|CC009|CC010|CC011|CC012|CC013|CC014|CC015|CC016|CC017|CC018 }
DD|6783|8234|6602|50235|38223|0|1023|5232|10232|11023|9232|8923|7233|9201|0|0|0|12345 } Detail Data Record
TH|TR001|TR002|TR003|TR004|TR005|TR006|TR007 } Trailer Data Header Record
TD|12345| |CC|2015-01-01|2015-02-01|2015-03-01|2015-04-01 } Trailer Data Record
```

Detail Data  
Header  
Record

Detail Data Record

Trailer Data Header Record

Trailer Data Record

# Control Counts Definitions

- Members are represented by submitting entity member ID
- Submitting entity member ID is the value mapped to Carrier Specific Unique Member ID in the APCD DSG layout
- Medical, pharmacy, or dental claim number is the value mapped to Payer Claim Control Number for each claim category

# Control Counts Definitions

- Additional information for CC004, CC005, CC006:
  - Number of unique medical, pharmacy, dental claim numbers for all members included in data submission. Use the Carrier Specific Unique Member ID on the claim to identify members. There should be a member for every claim in the historical submission. Thereafter, it is possible to get claims without related member records in a data submission. This count tracks the member/claim relationship per data submission



# Historical Submission Control Counts Information

- Control counts guidelines for the initial historical data submission of three (3) years:
  - Place 2013 counts in month 1 fields
  - Place 2014 counts in month 2 fields
  - Place 2015 counts in month 3 fields

# Q1 2017 Submission Control Counts Information

While data can be submitted by quarter, control counts must be for all files submitted, not individual files

- Control counts guidelines for Q1 2017 submission (this submission includes 'catch up' data from 2016 to align submitted data from all carriers)
  - Place total unique **members** for data submission in CC001. Place 0 in CC002 and CC003
  - Place total unique **medical claims** for data submission in CC009. Place 0 in CC010 and CC011
  - Place total unique **pharmacy claims** for data submission in CC012. Place 0 in CC013 and CC014
  - Place total unique **dental claims** for data submission in CC015. Place 0 in CC016 and CC017

# Historical Submission Control Counts Example

<i>Member #</i>	<i>Effective date</i>	<i>Disenrollment date</i>	<i>Control Count Requirements</i>
1	1/1/2013	12/31/9999 (or null)	Though Member 1 has two plans, count once for Year1, once for Year 2, and once for Year 3
1	11/1/2014	10/31/2015	
2	4/1/2014	12/31/9999 (or null)	Count once in Year 2 and once in Year 3
3	11/1/2013	10/31/2014	Though Member 3 has two plans, count once for Year1, once for Year 2, and once for Year 3
3	2/1/2015	2/28/2015	
4	11/1/2014	6/30/2015	Count once in Year 2 and once in Year 3
5	9/1/2015	12/31/9999 (or null)	Count once for Year 3
5	10/1/2015	12/31/9999 (or null)	Count once for Year 3
6	5/1/2014	4/30/2015	Count once in Year 2 and once in Year 3
7	8/1/2014	4/30/2015	Count once in Year 2 and once in Year 3
8	5/1/2014	12/31/9999 (or null)	Count once in Year 2 and once in Year 3

# Quarterly Submission Control Counts Example

<u>Member #</u>	<u>Effective date</u>	<u>Disenrollment date</u>	<u>Submission quarter</u>	<u>Control Count Requirements</u>
1	1/1/2013	2/28/2017	Q2 2017	Count once for month 1 and once for month 2
2	4/1/2014	12/31/9999 (or null)	Q2 2017	Count once for month 1 and once for month 2 and once for month 3
3	Currently inactive. No new record required.			No count required because no record sent
4	Currently inactive. No new record required.			
5	Plan 1 – plan is currently active. No new record required.			
5	Plan 2 – plan is currently active. No new record required.			
6	2/1/2017	12/31/9999 (or null)	Q2 2017	Count once for month 2 and once for month 3
7	3/1/2017	12/31/9999 (or null)	Q2 2017	Count once for month 3
8	3/1/2017	12/31/9999 (or null)	Q2 2017	Count once for month 3
9 (new)	7/1/2017	12/31/9999 (or null)	Q4 2017	Count once for month 1 and once for month 2 and once for month 3
10 (new)	10/1/2017	12/31/9999 (or null)	Q1 2018	Count once for month 1 and once for month 2 and once for month 3

# LOOKUP DATA FILE REQUIREMENTS

# Lookup Data File Guidelines

- Lookup data files provide SEs specific values and definitions for the following DSG medical claim data elements:
  - MC032 – Service Provider Specialty
  - MC212 – Billing Provider Specialty
- Only ***one*** lookup data file should be produced containing the lookup values and definitions for both data elements
- All lookup data files should be sent with historical data and resubmitted when changed

# Lookup Data File Guidelines

- Lookup data files will be packaged using the same method as all other data submission files and should follow the same file naming conventions
- All lookup data elements must be included in the data submission
- Data Element ID should be used as the column name

# Lookup Data File Guidelines

- Lookup data files will be formatted as pipe-delimited text files
- Lookup data files will contain a header row, header data row, detail header row, detail data row, trailer header row, and the trailer data row



# Lookup Data File Layout

ID	Data Element ID	Data Element	Description	Type	Format	Length	Threshold	Required
1	DH	Record Prefix	Record Prefix  Place the value DD in the Lookup Data detail record	Text	char	2	100%	Required
2	LU001	Lookup Value	Alpha, alpha/numeric, or numeric value representing the value description.	Text	varchar	20	100%	Required
3	LU002	Lookup value description	Description of lookup value.	Text	varchar	128	100%	Required
4	LU003	Additional Information	Use as necessary to supplement the lookup value description.	Text	varchar	128	0%	Optional
5	LU004	Data Element ID	Data Element ID associated with lookup value	Text	varchar	6	100%	Required
6	LU005	Submitter	-Code representing entity submitting payments. -Use 5 digit NAIC company codes for private carrier that owns the insurance policy. Include NAIC Suffix if applicable (see File Naming Convention section) -Use five-character alpha numeric code for other submitting entities.	Text	varchar	6	100%	Required

# Lookup Data File Example

The example below illustrates a sample lookup data file with all required record types.

```
HH|HD001|HD002|HD003|HD004|HD005|HD006|HD007|HD008|HD009 } Header Data Header Record
HD|12345||LU|2015-01-01|2015-02-01|6|1|1|4.1.2015 } Header Data Record
DH|LU001|LU002|LU003|LU004|LU005 } Detail Data Header Record
DD|GEN|GENERAL FAMILY PRACTICE|PCP|MC032|12345
DD|GER|GERIATRIC MEDICINE||MC032|12345
DD|PED|PEDIATRICS||MC032|12345
DD|GEN|GENERAL FAMILY PRACTICE||MC212|12345
DD|GER|GERIATRIC MEDICINE||MC212|12345
DD|PED|PEDIATRICS|FAMILY PRACTICE|MC212|12345 } Detail Data Record
TH|TR001|TR002|TR003|TR004|TR005|TR006|TR007 } Trailer Data Header Record
TD|12345||LU|2015-01-01|2015-02-01|2015-03-01|2015-04-01 } Trailer Data Record
```

# Questions?