The Arkansas All-Payer Claims Database (APCD) Member Enrollment File Build

ARKANSAS

APCD

All-Payer Claims Database

February, 2016

Introduction

This packet contains additional information for submitting entities (SEs) to build historical and quarterly member enrollment file extracts

ARKANSAS ALL-PAYER CLAIMS DATABASE (APCD) PROCESS

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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).

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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 Counts
- Look-up Tables

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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

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MEMBER ENROLLMENT FILE REQUIREMENTS

Member Enrollment File

- Submitting entities must provide a dataset for each submission period defined in Rule 100 that contains information on all covered and termed members who are Arkansas residents associated with subscribers holding certificates of coverage from submitting entities.

- "Arkansas resident" is defined per Rule 100 as an individual for whom a submitting entity has identified an Arkansas address as the individual's primary place of residence.

- For individuals covered by a student health plan, "Arkansas resident" means any student enrolled in a student plan for an Arkansas college or university regardless of his or her address of record.

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File Requirements

- Files must include variables specified in Arkansas Data Submission Guide (DSG) Exhibit A – Data Elements: Enrollment Data

- Files must include information for members with and without claims.

- Submitting entity's Carrier Specific Unique Member ID and Carrier Specific Unique Subscriber ID must be hashed or masked prior to submission to the APCD.

  – Hashing should be consistent across data submissions so the hashed value representing the Carrier Specific Unique Member ID and/or Carrier Specific Unique Subscriber ID does not change.

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Historical Data Submission

- Enrollment data submitted with the initial historical data feed must contain information for all members enrolled as of January 1, 2013, and thereafter. Records will be submitted based on the following criteria:

  - One record per individual per plan* whose plan date of enrollment (ME162A) is before, on, or after January 1, 2013, with a date of dis-enrollment (ME163A) on or after January 1, 2013

  - Include records for active and inactive plans within specified date range

  - Use the most recent information for member records

Plans can be defined differently across submitting entities. Use ME164A or ME009 to identify member plans.

Historical Data Submission Example

Member #	Effective date	Disenrollment date	Plan*	Notes
1	1/1/2013	12/31/9999 (or null)	ABC	Original enrollment is 1/1/2013. Member is currently active
1	11/1/2014	10/31/2015	CXU	Enrolled in plan for 12 months. Dis-enrolled.
2	4/1/2014	12/31/9999 (or null)	DEF	Original enrollment is 4/1/2014. Member is currently active
3	11/1/2013	10/31/2014	CXU	Enrolled in plan for 12 months. Dis-enrolled.
3	2/1/2015	2/28/2015	123	Enrolled in plan for 1 month. Dis-enrolled.
4	11/1/2014	6/30/2015	123	Enrolled in plan for 8 months. Dis-enrolled.
5	9/1/2015	12/31/9999 (or null)	ABC	Original enrollment is 9/1/2015. Member is currently active
5	10/1/2015	12/31/9999 (or null)	DEF	Original enrollment for second plan is 10/1/2015. Member is currently active
6	5/1/2014	4/30/2015	CXU	Original enrollment is 5/1/2014. Disenrollment is 4/30/15.
7	8/1/2014	4/30/2015	123X	Original enrollment is 8/1/2014. Disenrollment is 4/30/15.
8	5/1/2014	12/31/9999 (or null)	ABC	Original enrollment is 5/1/2014. Member is currently active.

Plans can be defined differently across submitting entities. Use ME164A or ME009 to identify member plans.

Quarterly Data Submission

- Each enrollment file submitted should contain enrollment data for the applicable time period. Records will be submitted based on the following criteria:

  - New members
    - Records for individuals who become a member during the quarter as defined by Rule 100.
    - The date of enrollment (ME162A) should represent the original date the member became active for a plan and the date of disenrollment (ME163A) should be 12/31/9999 or null

  - Existing members with new plans
    - Records for individuals who are current members that enroll in new plans.
    - The date of enrollment (ME162A) should represent the date of enrollment and date of disenrollment (ME163A) should be 12/31/9999 or null

Quarterly Data Submission

- Continued:
  - Dis-enrolled members
    - Records for individuals who dis-enrolled during the quarter as defined by Rule 100.
    - The date of disenrollment (ME163A) should be populated with the date of disenrollment.
  - Q1 2017 Submission - the 'catch up' submission
    - All Groups are on the same submission schedule from Q1 2017 forward
    - All Groups submit data from 1/1/16 through 12/31/16
    - Thereafter, Groups submit quarterly data
    - Apply all quarterly submission rules to the entire year 2016 to build single submission file for Q1 2017

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Quarterly Data Submission Example

Member #	Plan*	Effective date	Disenrollment date	Last Activity Date	Submission quarter	Notes
1	ABC	1/1/2013	2/28/2017	2/28/2017	Q2 2017	Enrolled in plan from 1/1/2013. Dis-enrolled 2/28/2017.
2	DEF	4/1/2014	12/31/9999 (or null)	3/1/2017	Q2 2017	Member record change for existing plan in March 2017.
3	Currently inactive. No new record required unless member purchased new plan and could be linked to original member #					
4	Currently inactive. No new record required unless member purchased new plan and could be linked to original member #					
5	Plan 1 and Plan 2 – plans are currently active. No new records required unless change occurred.					
6	CXU	2/1/2017	12/31/9999 (or null)	2/1/2017	Q2 2017	Existing member enrolled in new plan.
7	123X	3/1/2017	12/31/9999 (or null)		Q2 2017	Existing member not currently enrolled in plan enrolled in new plan 3/1/2017. Currently active.
8	ABC	3/1/2017	12/31/9999 (or null)		Q2 2017	Existing member enrolled in second plan. Currently active.
9	ABC	7/1/2017	12/31/9999 (or null)		Q4 2017	New member enrolled as of 7/1/2017.
10	123X	10/1/2017	12/31/9999 (or null)		Q1 2018	New member enrolled as of 4/1/2018

Plans can be defined differently across submitting entities. Use ME164A or ME009 to identify member plans.

Claims Historical Data Submission

- Medical, Pharmacy, and Dental Claims
  - Provide one row per claim number and claim line.
  - If there are multiple services performed and billed on a claim, each of those services will be uniquely identified and reported on a separate line with the claim number linking the lines together.
  - Files must contain all claims based on paid date during the observation period for all covered services provided to eligible members.

Other File Submission Requirements

- Medical claims, Pharmacy claims, and Dental claims quarterly file submission requirements will be finalized when Versioning requirements are submitted to participating Submitting Entities.

- Provider Files
  - One record shall be submitted for each provider for each unique NPI and physical address.
  - Must be completely replaced with each data submission – historical and quarterly

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Questions?

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