Texas All-Payor Claims Database May Submitter Forum

Center for Health Care Data

Presented to submitters on May 20, 2025

#UTHealth Houston School of Public Health

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Welcome

- Welcome and housekeeping
 - Thank you! Ο
 - X Please place your audio on mute. Ο Mic
 - This meeting will be transcribed for our notes. Ο
 - Slides and notes will be made available on our website. Ο

Teams & Chat

- **Reminder:** Please enter all questions in the Chat.
- The "Chat" function in Teams can be found on the menu ribbon at the top of your screen.



Agenda

- Sensitive Information
- Definition of Inpatient
- Placeholder Data
- Data Format Enforcement

Exceptions

- Stage 2 Quality Report
- Missing Members/Providers
- Submission Schedule Clarification

Sensitive Information

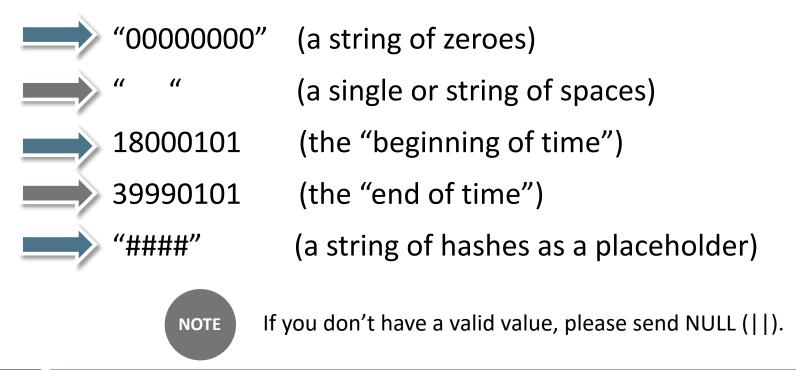
- Sometimes, sensitive information is shared in a ticket or via email.
 - Whether accidental or not, please avoid this.
- If you need to share sensitive information, please encrypt it with your assigned key before sharing.
- When we need to share sensitive information with you, please expect a SharePoint link via email. You will be able to retrieve any files that have been shared with you.

Definition of Inpatient

- We had some fallout from the April 1st release regarding the definition of "inpatient".
- Previously, "inpatient" had been defined as cases where TYPE OF BILL INSTITUTIONAL (CDLMC032) has a value starting with "11", "12", "21", "22", "81", "82".
- For the April 1st release, this was adjusted to cases where CDLMC032 has a value starting with "11", "12", "21", "22", "85".
- This was finally adjusted to exclude all non-definitive cases so that the current definition of inpatient are all cases where CDLMC032 has a value starting with "11", "12", "21", "22".

Placeholder Data

Leading up to the testing for the April 1st release, we saw many invalid "default" values that were in use. For example:



Data Format Enforcement

The goal of data format enforcement is to align the validation rules with the CDL.

Currently, there are four basic rule types in the validation reports:

NOT NULL - value must not be null member date of birth values must not be null, at least 90 % of the time. BE NULL - values must be null place of service professional if type of claim == "2", then values must be null, at least 99.75 % of the time. BE IN SET - values must belong to a specific codeset member sex values must belong to this set: E M U, at least 99.75 % of the time. MATCH REGULAR EXPRESSION(s) - values must match pattern(s)

member first name

values must match all of the following regular expressions: ^.{0,100}\$ (.|\s)*\S(.|\s)*

Exceptions

- Currently, exceptions are only possible for NOT NULL rules.
- Other rule types may have a small across-the-board variance allowance.
- Ultimately, the bottom line is that we're trying to strike a balance between ease of submission and overall data quality.
- This is an area where we continuously review the overall data and try to adjust rules to maintain that balance.
- The possibility of allowing exceptions for the other rule types is currently under consideration.

Stage 2 Quality Report

- Two iterations of the Stage 2 Quality Reports have been sent so far.
 - > The first was based on data that had been submitted through 6/15/2024.
 - > The second was based on data that had been submitted through 2/15/2025.
- Only <u>FLAGGED</u> items require attention.
 - > If your report had no flagged items, then there is nothing for you to address.
 - Thanks to the many submitters who opened tickets to address flagged items on their reports.
- The overall ruleset for Stage 2 was published back in November 2024 on our website (<u>Common Stage II Data Quality Checks</u>).
- Of the two iterations published so far, there are 20+ rules. We are working to extend the ruleset further, while still using the overall ruleset published back in November.

Missing Members/Providers

The most common issue identified in Stage 2 Data Quality Reports so far is members/providers referenced in claims files, but missing from eligibility/provider files.

Remember that the Enrollment/Eligibility file should NOT come from claims data but from your member rolls.

Similarly, your Provider file should NOT come from claims data but from your provider rolls (network, credentialing, etc.).

When you reference a member or a provider in a claim file, we expect to be able to find that member/provider in at least one eligibility/provider file.

Submission Schedule Clarification

- The submission schedule changed as a result of the update to the regulation.
 Instead of a 3-month lag, there is now a 1-month lag.
 - This does <u>not</u> mean submitting data adjudicated in April during the May submission window (May 1st-7th).
 - It means submitting data adjudicated in March during the May submission window.
- The submission schedule can be found in subsection 4.4 of the <u>Data Submission</u> <u>Guide</u>, beginning at the bottom of page 9.

Questions?

Questions:

- Please submit via Chat.
- If your question is specific to your organization, for:
 - ➢ General questions send email inquiries to <u>txapcd@uth.tmc.edu</u>.
 - Portal and data submission questions please enter a ticket via the submitter portal at <u>https://txapcd.org</u>.