Stakeholder Comment Summary

ED 13-01-09-A

Revision to the Executive Director of the Department of Health Care Policy and Financing Rule Concerning All-Payers Claims Database,.10 CCR 2505-5 Section 1.200.1

THE FOLLOWING INDIVIDUALS AND/OR ENTITIES WERE CONTACTED, INFORMED THAT THIS RULE MAKING WAS PROPOSED, INVITED TO DISCUSS THE PROPOSED RULE WITH STAFF AND/OR TO OFFER COMMENTS:

CIVHC as APCD Administrator sent the revised data specifications to all data submitters in December 2012. Data submitters were invited to a webinar to review and discuss the proposed changes. CIVHC hosted four webinars on January 8 and 10. Representatives from 13 data submitters attended the webinars. The following chart displays companies' participation in the review and discussion process:

Data Submitter	Webinar Attendee	One on One Meeting with CIVHC	Submitted Comments to APCD
Aetna	✓		✓
American Enterprise	✓		
Cigna	✓		
Colorado Access	✓		
Colorado Association of Health Plans			✓
ColoradoChoice	✓		
Denver Health	✓		
HealthMarkets	✓		
Humana	✓		
Kaiser Permanent	✓	✓	
Optum/United	✓		
UMR	✓		✓
United	✓		
USAA	✓		
Wellpoint	✓		

COMMENTS WERE RECEIVED FROM STAKEHOLDERS ON THE PROPOSED RULE:

[x] **YES** [ ] **NO**

IF YES, PLEASE SUMMARIZE AND/OR ATTACH THE FEEDBACK YOU RECEIVED.

Colorado Association of Health Plans forwarded the following questions.

Comment: "We are going to need clarification on how to handle some of the new data elements for Medicaid, CHP, and Medicare members because they seem to be oriented toward commercial business

which we don't have very much of. Examples include Group Size and Risk Basis. As a general rule it would be helpful to have the APCD folks specify how to populate fields that they'd like to see standardized across these types of plans."

Response: We have added clarifications to the Data Submission guide.

Comment: "We have a couple questions on the new requirements. Is there another document that outlines what the new values should be for the changed/added fields? Also, the requirement on the inpatient claims will be hard to meet at 100%. Not all inpatient claims will have a procedure code, for instance an ER visit for a severe flu would not require a procedure code. What would we put in those fields?"

Response: We added clarifications to the Data Submission Guide, including more detail about when information is needed for a particular type of claim. We continue to work collaboratively with all the health plans. We will use our established Waiver process to set mutual expectations about thresholds and compliance with data specifications.

Aetna forwarded the following questions.

Comment: "For the new fields added that are related to the Health Care Reform initiative, we recommend you specify which types of plans and products the fields do not apply to. For instance, not applicable to Medicare Plans, dental plans etc. This will help reduce the number of questions and the number of variances."

Response: We added clarifications to the Data Submission Guide, including more detail about when information is needed for a particular type of claim.

Comment: In regards to the specific fields related to the Health Care Reform initiative; ME045, ME106, ME108, ME120, ME121, ME122, we are in the process of modifying our system to conform to the Federal requirements and anticipate this information will not be available until after 1/1/2014. Since this data will not be available until 2014, we recommend providing guidance on how the fields should be populated in the interim.

Response: We have modified the Data Submission Guide to reflect that this information will be available beginning January 2014. Until then, we will accept blank or null values.

Comment: Additional comments regarding the other data fields are:
MC005A - We are not currently able to report the data as requested. We are working on a project to better capture this information but it will not be completed until probably 2014.
MC203 & MC204 – This is a new field and will require testing on our part.
PC202 – We need to do further investigation on this field to determine whether or not this information is captured by our systems.

Response: We will work collaboratively with all the health plans. We will use our established Waiver process to set mutual expectations about thresholds and compliance with data specifications.

United forwarded a letter (attached) requesting clarification about a number of data elements. In response, we revised the Data Submission Guide to provide better guidance.

Title of Rule:	Revision to the Executive Director of the Department of Health Care Policy and Financing Rule Concerning All-Payers Claims Database,10 CCR 2505-5, Section 1.200.1
Rule Number:	ED 13-01-09-A
Division / Contact / Phone:	Joel Dalzell 303.866.3618 / CIVHC: Linda Green 720-484-4110

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

   10 CCR 2505-5 contains the rules for the administration of the All-Payers Claims Database. Section 1200.1 Definitions incorporates the "submission guide" into the rule by reference to the document dated "August 2011 version 3." The submission guide requires updating to improve the data collection process. This amendment replaces "August 2011 version 3" with the words "January 2013 version 5." A copy of the January 2013 version 5 submission guide is provided with this amendment. The authority for this rule is contained in 25.5-1-105, C.R.S. (2010) and 25.5-1-204 C.R.S (2010).

2. An emergency rule-making is imperatively necessary

   ☐ to comply with state or federal law or federal regulation and/or

   ☐ for the preservation of public health, safety and welfare.

   Explain:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

   25.5-1-108, C.R.S. (2012);
   25.5-1-204, C.R.S and 25.5-1-105, C.R.S.

Final Adoption **03/11/2013**

Proposed Effective Date **05/15/2013**

Emergency Adoption

DOCUMENT #02

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REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

   This amendment affects the health insurance carriers and public payers that are required to submit data to the All-Payers Claims Database ("APCD"). The revisions will benefit all Colorado residents through improved information about health care cost and utilization.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

   Data submitters may need to make minor alterations to file layouts. The revised data requirements provide clarifications of the requirements and will therefore reduce the number of resubmitted files. The submission guide adds data elements to support analysis of health system performance after implementation of the Affordable Care Act in 2014.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

   A private nonprofit organization funded by foundation grants operates the APCD under the Department's supervision. No state funds were appropriated for this project. The Department does not expect to incur additional costs. This project does not affect state revenues.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

   The APCD will support reporting and analysis about health care cost and utilization in Colorado. These revisions ensure that data will be accurately transmitted and that the data will support analysis of health system performance under ACA and other system transformation efforts. Accurate, robust data ensures that reports are credible and representative of Colorado's health care environment.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

   The submission guide requests the minimum amount of data needed to achieve the analytic purposes of the APCD. The January 2013 version includes clarifications that standardize the data requirements and requires additional procedure codes for inpatient care; diagnosis codes

from claims forms and information about the insurance group size in preparation for evaluating the effects of health care reform.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

   Alternative data collection models create a greater burden on data submitters and the APCD without increasing the quality and accuracy of the data.

1.200 All-Payers Claims Database 10 CCR 2505-5

1.200.1 Definitions

"administrator" means the administrator of the APCD appointed by the director of the department.

"APCD" means the Colorado All-Payer Claims Database.

"department" means the Colorado Department of Health Care Policy and Financing.

"director" means the Executive Director of the department.

"eligibility data file" means a file that includes data about a person who receives health care coverage from a payer, according to the requirements contained in the submission guide.

"HIPAA" means the Health Insurance Portability and Accountability Act, .S.C. § 1320d – 1320d-8, and its implementing regulations, 45 C.F.R. Parts 160, 162 and 164, as may be amended.

"historic data" means eligibility data file(s), medical claims data file(s), pharmacy file(s) and provider file(s) for the period commencing January 1, 2009 through December 31, 2011. "Medical claims data file" means a file that includes data about medical claims and other encounter information, according to the requirements contained in the submission guide.

"medical claims data file" means a file that includes data about medical claims and other encounter information, according to the requirements contained in the submission guide.

"payer" means a private health care payer and a public health care payer.

"pharmacy file" means a file that includes data about prescription medications and claims filed by pharmacies, according to the requirements contained in the submission guide.

"private health care payer" means an insurance carrier as defined in C.R.S. § 10-16-102(8) covering an aggregate of 1,000 enrolled lives in health coverage plans as defined in CRS 10-16-102(22.5). For purposes, of this regulation, "private health care payer" includes carriers offering health benefits plans under C.R.S. 10-16-102(21)(a) and dental, vision, limited benefit health insurance, and short-term limited-duration health insurance. It does not include carriers offering only accident liability; credit; benefits for long term care, home health care, community-based care, or any combination thereof under Article 19 of Title 10; disability income insurance; liability insurance including general liability insurance and automobile liability insurance; coverage issued as a supplement to liability insurance; worker's compensation or similar insurance; or automobile medical payment insurance, specified disease, or hospital confinement indemnity insurance.

"provider file" means a file that includes additional information about the individuals and entities that submitted claims that are included in the medical claims file; and is submitted according to the requirements contained in the submission guide.

"public health care payer" means the Colorado Medicaid program established under articles 4, 5 and 6 of title 25.5, C.R.S., the children's basic health plan established under article 8 of title 25.5, C.R.S. and CoverColorado established under part 5 article 8 of title 10, C.R.S.

"submission guide" means the document entitled "Colorado All-Payer Claims Database Data Submission Guide" developed by the administrator that sets forth the required schedules, data file format, record specifications, data elements, definitions, code tables and edit specifications for payer submission of eligibility data files, medical and pharmacy claims data files and provider data files to the APCD dated ~~August 2011 version 3~~March 2013 version 5, which document is hereby incorporated by reference.