



Making the Most of Final Claims & Their Value-Adds

Onpoint User Group Sessions

Onpoint Health Data
May 28, 2019



Welcome to Onpoint's User Group Sessions

- Orientation and looking ahead
- Raising questions and requesting materials
- Presenter profile and session agenda

Chad MacLeod, CPB, *Product Manager*

Orientation & Looking Ahead to Upcoming Sessions

- User group sessions now scheduled through September 2019
- Open to clients, stakeholders, and data users alike to increase use of APCD data
- Topics of interest and/or data showcase opportunities may be invited

Exploring the Differences Between Commercial & Medicaid/Medicare Data Sources

July 30, 2019; 12:00pm - 1:00pm ET

While they may sound alike, Medicaid and Medicare are two very different programs, especially when compared to commercial payers. Understanding these differences is critical – not only when collecting and processing their claims – but also when analyzing their data. This webinar will offer an overview of these differences, providing insights into how best to interpret and make use of the claims data across payer types, including an exploration of Medicaid- and Medicare-specific data elements, billing rules for hospital-owned practices and FQHCs, CPT and HCPCS codes specific to Medicaid and Medicare, how these government payers work with commercial payers and with each other, dual-eligible members, Medicare as a secondary payer (MSP), and more.

Deciphering Member Enrollment by Using the Enhanced Member-Month Table

September 24, 2019; 12:00pm - 1:00pm ET

APCDs are invaluable resources to policymakers and researchers alike. Given the complexity of the data that these important resources contain, however, they also can require a certain level of skill to interpret and use appropriately. To make this job easier, Onpoint offers a range of enhancements for end users. One of these is our Member Month table, which summarizes each member's eligibility record for each month of reported coverage; identifies their fluctuating and overlapping changes in coverage across commercial, Medicaid, and Medicare data; and effectively designates a single type of coverage as primary per month based on industry-standard algorithms and tie-breaker logic. This webinar will train end users in how to best leverage the Member Month table, providing lessons learned along the way and exploring a range of use cases.

Raising Questions & Requesting Materials

- During the meeting
 - Send all general-interest questions via Zoom's comments panel
 - Get ready: There will be two pop quizzes during the session!
- After the meeting
 - Send client-specific and/or follow-up questions and requests for session materials to events@onpointhealthdata.org
 - Visit our Resources page for future event listings at www.onpointhealthdata.org/resources

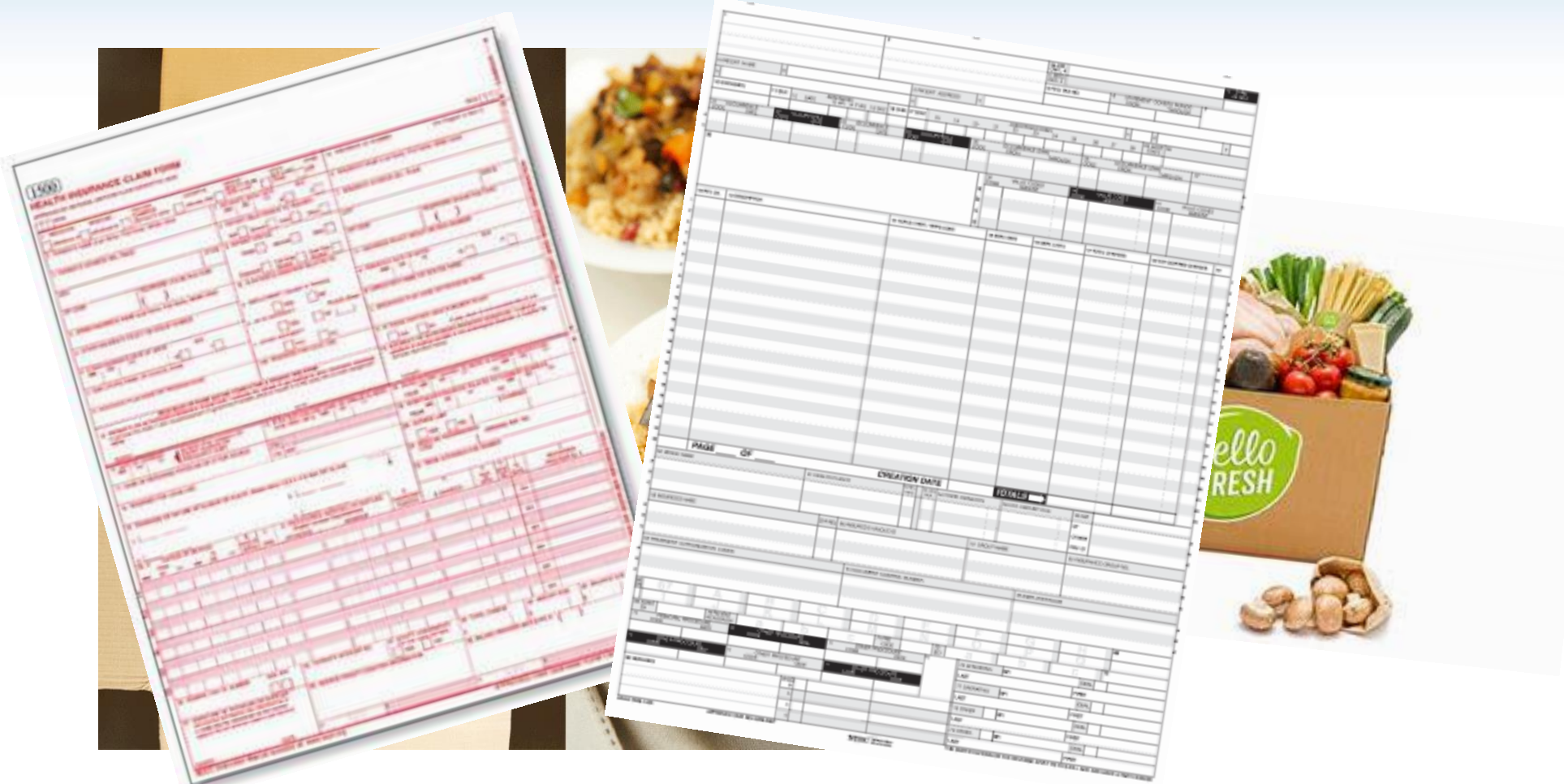
Presenter Profile

Gina Robertson, Health Data Analyst

- In-depth knowledge of insurance claims data, claims data archiving and processing, and adjudication systems
- Experience working across multiple teams, including Operations and Analytics, combining claims data and business logic knowledge to provide core support
- In-depth knowledge of client-specific collection criteria and outputs
- Key support in working with clients to review requirements, provide quality assurance, and follow-on support



Following the Perfect “Recipe” to Produce an Easily Digestible, Consolidated APCD



Session Agenda – APCD Claims Consolidation Overview

- Assigning a consolidation method to each unique payer
- 3 primary types of adjudicated claims
 - Aggregation
 - Claim-level versioning
 - Line-level versioning
- Post-consolidation enhancements and tips
 - Enhanced claim status
 - Value-adds: orphaned adjustment flag, denied claim flag, duplicate claim flag
 - Coordination of benefits
 - Consolidated payment dates and run-out analyses

Assigning a Consolidation Method to Each Unique Payer

It's all about communication

- Unique intake + unique processing + unique storage = unique consolidation
- 29 distinct consolidation methods – 15 different methods for medical claims alone
- Data-supplier webinar trainings hosted to detail adjudication methods
- 6-month vetting period of selected claims and consolidation method followed by regular review



3 Primary Types of Adjudicated Claims

Aggregation

- Consolidation of dollars and other quantifiable submitted fields via summation
- Consolidation of non-quantifiable submitted fields (e.g., diagnosis code, procedure code) via most recent value reported
- Claim-level versioning
 - Consolidation of all submitted fields via most recent value reported
 - All reversals, adjustments, and denials submitted via the whole claim even if adjustments impact only specific service lines
- Line-level versioning
 - Consolidation of all submitted fields via most recent value reported
 - All reversals, adjustments, and denials submitted via the impacted service line

Aggregation – Adjusted Claim

Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount
123	01	1	0	20180201	20180220	99213	1	250.00	135.00	25.00	0.00	0.00
123	01	2	0	20180201	20180220	80048	1	125.00	46.00	0.00	25.00	0.00
123	01	3	0	20180201	20180220	36415	1	35.00	9.00	0.00	7.00	0.00
123	22	1	0	20180201	20180430	99213	-1	-250.00	-135.00	-25.00	0.00	0.00
123	22	2	0	20180201	20180430	80048	-1	-125.00	-46.00	0.00	-25.00	0.00
123	22	3	0	20180201	20180430	36415	-1	-35.00	-9.00	0.00	-7.00	0.00
123	01	1	0	20180201	20180430	99213	1	250.00	150.00	10.00	0.00	0.00
123	01	2	0	20180201	20180430	80048	1	125.00	58.50	0.00	12.50	0.00
123	01	3	0	20180201	20180430	36415	1	35.00	12.50	0.00	3.50	0.00
123	01	1	0	20180201		99213	1	250.00	150.00	10.00	0.00	0.00
123	01	2	0	20180201		80048	1	125.00	58.50	0.00	12.50	0.00
123	01	3	0	20180201		36415	1	35.00	12.50	0.00	3.50	0.00

Original Claim	Adjustment Claim	Resubmitted Claim	Final Consolidated Claim
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Aggregation – Fully Denied Claim

Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount
123	01	1	0	20180201	20180220	99213	1	250.00	135.00	25.00	0.00	0.00
123	01	2	0	20180201	20180220	80048	1	125.00	46.00	0.00	25.00	0.00
123	01	3	0	20180201	20180220	36415	1	35.00	9.00	0.00	7.00	0.00
123	04	1	0	20180201	20180430	99213	-1	-250.00	-135.00	-25.00	0.00	0.00
123	04	2	0	20180201	20180430	80048	-1	-125.00	-46.00	0.00	-25.00	0.00
123	04	3	0	20180201	20180430	36415	-1	-35.00	-9.00	0.00	-7.00	0.00
123	<u>01</u>	1	0	20180201		99213	0	0.00	0.00	0.00	0.00	0.00
123	<u>01</u>	2	0	20180201		80048	0	0.00	0.00	0.00	0.00	0.00
123	<u>01</u>	3	0	20180201		36415	0	0.00	0.00	0.00	0.00	0.00

Original Claim	Adjustment Claim	Final Consolidated Claim
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Claim-Level Versioning – Adjusted Claim

Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount
123	01	1	0	20180201	20180220	82600	1	65.00	27.00	0.00	3.00	0.00
123	01	2	0	20180201	20180220	83825	1	54.00	23.40	0.00	2.60	0.00
123	01	3	0	20180201	20180220	81150	1	75.00	31.50	0.00	3.50	0.00
123	01	1	1	20180201	20180430	82600	1	65.00	27.00	0.00	3.00	0.00
123	01	2	1	20180201	20180430	83825	2	54.00	20.60	0.00	5.20	0.00
123	04	3	1	20180201	20180430	81150	0	0.00	0.00	0.00	0.00	0.00
123	01	1	1	20180201		82600	1	65.00	27.00	0.00	3.00	0.00
123	01	2	1	20180201		83825	2	54.00	20.60	0.00	5.20	0.00
123	01	3	1	20180201		81150	0	0.00	0.00	0.00	0.00	0.00

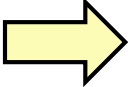
Original Claim	Adjustment Claim	Final Consolidated Claim
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Claim-Level Versioning – Denied Claim

Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount
123	01	1	0	20180201	20180220	82600	1	65.00	27.00	0.00	3.00	0.00
123	01	2	0	20180201	20180220	83825	1	54.00	23.40	0.00	2.60	0.00
123	01	3	0	20180201	20180220	81150	1	75.00	31.50	0.00	3.50	0.00
123	04	1	1	20180201	20180430	82600	0	0.00	0.00	0.00	0.00	0.00
123	04	2	1	20180201	20180430	83825	0	0.00	0.00	0.00	0.00	0.00
123	04	3	1	20180201	20180430	81150	0	0.00	0.00	0.00	0.00	0.00
123	01	1	1	20180201	20180220	82600	0	0.00	0.00	0.00	0.00	0.00
123	01	2	1	20180201	20180220	83825	0	0.00	0.00	0.00	0.00	0.00
123	01	3	1	20180201	20180220	81150	0	0.00	0.00	0.00	0.00	0.00

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Line-Level Versioning – Adjusted Claim

Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount
123	01	1	0	20180201	20180220	82600	1	65.00	27.00	0.00	3.00	0.00
123	01	2	0	20180201	20180220	83825	1	54.00	23.40	0.00	2.60	0.00
123	01	3	0	20180201	20180220	81150	1	75.00	31.50	0.00	3.50	0.00
123	01	2	1	20180201	20180430	83825	1	54.00	20.60	0.00	5.20	0.00

123	01	1	0	20180201	20180220	82600	1	65.00	27.00	0.00	3.00	0.00
123	01	2	1	20180201	20180220	83825	1	54.00	20.60	0.00	5.20	0.00
123	01	3	0	20180201	20180220	81150	1	75.00	31.50	0.00	3.50	0.00

Original Claim	Adjustment Claim	Final Consolidated Claim
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Line-Level Versioning – Fully Denied Claim

Payer Claim Control Number	Claim Status	Line Counter	Version Number	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount
123	01	1	0	20180201	20180220	82600	1	65.00	27.00	0.00	3.00	0.00
123	01	2	0	20180201	20180220	83825	1	54.00	23.40	0.00	2.60	0.00
123	01	3	0	20180201	20180220	81150	1	75.00	31.50	0.00	3.50	0.00
123	04	2	1	20180201	20180430	83825	0	0.00	0.00	0.00	0.00	0.00

123	01	1	0	20180201	20180220	82600	1	65.00	27.00	0.00	3.00	0.00
123	01	2	1	20180201	20180220	83825	0	0.00	0.00	0.00	0.00	0.00
123	01	3	0	20180201	20180220	81150	1	75.00	31.50	0.00	3.50	0.00

Original Claim	Adjustment Claim	Final Consolidated Claim
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Post-Consolidation Enhancements & Tips

- Enhanced claim status ✓
- Value-adds: Orphaned adjustment flag, denied claim flag, duplicate claims
- Coordination of benefits
- Consolidated payment dates and run-out analyses

Value-Adds: Orphaned Adjustment Flag

Payer Claim Control Number	Claim Status	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount	Orphaned Adjustment Flag
123	22	20180201	20180430	99213	-1	-250.00	-135.00	-25.00	0.00	0.00	
123	22	20180201	20180430	80048	-1	-125.00	-46.00	0.00	-25.00	0.00	
123	22	20180201	20180430	36415	-1	-35.00	-9.00	0.00	-7.00	0.00	
123	22	20180201	20180430	99213	-1	-250.00	-135.00	-25.00	0.00	0.00	Y
123	22	20180201	20180430	80048	-1	-125.00	-46.00	0.00	-25.00	0.00	Y
123	22	20180201	20180430	36415	-1	-35.00	-9.00	0.00	-7.00	0.00	Y

Adjustment Claim	Final Consolidated Claim
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orphaned_adjustment_flag = 'Y' identifies records that were sent as reversed or denied claims but did not have an initial claim submitted.

Value-Adds: Denied Claim Flag

Payer Claim Control Number	Claim Status	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount	Denied Claim Flag
123	01	20180201	20180220	99213	1	250.00	135.00	25.00	0.00	0.00	
123	01	20180201	20180220	80048	1	125.00	46.00	0.00	25.00	0.00	
123	01	20180201	20180220	36415	1	35.00	9.00	0.00	7.00	0.00	
123	04	20180201	20180430	99213	-1	-250.00	-135.00	-25.00	0.00	0.00	
123	04	20180201	20180430	80048	-1	-125.00	-46.00	0.00	-25.00	0.00	
123	04	20180201	20180430	36415	-1	-35.00	-9.00	0.00	-7.00	0.00	

denied_claim_flag = 'Y' identifies records that were ultimately denied claims, regardless of final reported Claim Status.

123	01	20180201	20180220	99213	0	0.00	0.00	0.00	0.00	0.00	Y
123	01	20180201	20180220	80048	0	0.00	0.00	0.00	0.00	0.00	Y
123	01	20180201	20180220	36415	0	0.00	0.00	0.00	0.00	0.00	Y

Original Claim	Adjustment Claim	Final Consolidated Claim
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Value-Adds: Denied Claim Flag – Header Record Example

Payer Claim Control Number	Claim Status	Date of Service (From)	Payment / Settlement Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount	Denied Claim Flag
123	01	20180201	20180220	0120	5	2500.00	2850.00	0.00	712.50	0.00	
123	04	20180201	20180220	0250	10	950.00	0.00	0.00	0.00	0.00	
123	04	20180201	20180220	0301	3	1300.00	0.00	0.00	0.00	0.00	

123	01	20180201	20180220	0120	5	2500.00	2850.00	0.00	712.50	0.00	N
123	01	20180201	20180220	0250	10	950.00	0.00	0.00	0.00	0.00	N
123	01	20180201	20180220	0301	3	1300.00	0.00	0.00	0.00	0.00	N

Original Claim	Final Consolidated Claim
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Value-Adds: Duplicate Claims

- Examples of duplicate flags
 - dup_flag_pbm = 'Y' for claim submitted by PBM that submits same claim as primary payer
 - dup_flag_managed = 'Y' for claim submitted by Medicaid FFS that submits same claim as Medicaid managed care commercial payer
 - dup_flag_part_d = 'Y' for claim submitted by Medicare FFS that submits same claim as Medicare Part D commercial payer

Payer	Claim Status	Prescription Filled Date	Payment / Settlement Date	National Drug Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount	Part D Duplicate Flag
Medicare FFS payer	-1	20180201	20180220	63653117101	30	10.00	0.00	10.00	0.00	0.00	Y
Medicare Part D commercial payer	01	20180201	20180220	63653117101	30	10.00	0.00	10.00	0.00	0.00	N

Post-Consolidation Enhancements & Tips

- Enhanced claim status ✓
- Value-adds: Orphaned adjustment flag, denied claim flag, duplicate claims ✓
- Coordination of benefits
- Consolidated payment dates and run-out analyses

Coordination of Benefits: Primary vs. Secondary Claims

Payer Claim Control Number	Claim Status	Line Counter	Date of Service (From)	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsur. Amount	Deduct. Amount	Allowed Amount
111	01	1	20180201	99213	1	250.00	135.00	25.00	0.00	0.00	160.00
111	01	2	20180201	80048	1	125.00	46.00	0.00	25.00	0.00	71.00
111	01	3	20180201	36415	1	35.00	9.00	0.00	7.00	0.00	16.00
222	02	1	20180201	99213	1	250.00	25.00	0.00	0.00	0.00	25.00
222	02	2	20180201	80048	1	125.00	25.00	0.00	0.00	0.00	25.00
222	02	3	20180201	36415	1	35.00	7.00	0.00	0.00	0.00	7.00

Allowed amount = insurance paid_amt + member responsibility amounts

Primary Claim	Secondary Record	Sum of Both Claims
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Post-Consolidation Enhancements & Tips

- Enhanced claim status ✓
- Value-adds: Orphaned adjustment flag, denied claim flag, duplicate claims ✓
- Coordination of benefits ✓
- Consolidated payment dates and run-out analyses

Consolidated Payment Dates & Run-out Analyses

Payer Claim Control Number	Claim Status	Date of Service (From)	Payment Date/ First Payment Date	Last Payment Date	Procedure Code	Quantity	Charge Amount	Paid Amount	Copay Amount	Coinsurance Amount	Deductible Amount
123	01	20171231	20180220		82600	1	65.00	27.00	0.00	3.00	0.00
123	01	20171231	20180220		83825	1	54.00	23.40	0.00	2.60	0.00
123	01	20171231	20180220		81150	1	75.00	31.50	0.00	3.50	0.00
123	01	20171231	20180430		83825	1	54.00	20.60	0.00	5.20	0.00
123	01	20171231	20180220	20180220	82600	1	65.00	27.00	0.00	3.00	0.00
123	01	20171231	20180220	20180430	83825	1	54.00	20.60	0.00	5.20	0.00
123	01	20171231	20180220	20180220	81150	1	75.00	31.50	0.00	3.50	0.00

Original Claim	Adjustment Record	Final Consolidated Claim
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Post-Consolidation Enhancements & Tips

- Enhanced claim status ✓
- Value-adds: Orphaned adjustment flag, denied claim flag, duplicate claims ✓
- Coordination of benefits ✓
- Consolidated payment dates and run-out analyses ✓



Questions & Answers



ONPOINT
Health Data

Looking Ahead to the Next User Group Session

Chad MacLeod, *CPB, Product Manager*

Next User Group Session

- **Topic:** Exploring the Differences Between Commercial & Medicaid/Medicare Data Sources
- **Date/Time:** Tuesday, July 30, 2019; 12PM - 1PM (ET)
- **Intended Audience:** Onpoint Data Users
- **Presenter:** Janice Bourgault, CPB, CPC, *Senior Director of Client Services*
 - Explore how best to interpret and make use of claims data across payer types, Medicaid- and Medicare-specific data elements, billing rules for hospital-owned practices and FQHCs, CPT and HCPCS codes specific to Medicaid and Medicare, dual-eligible members, Medicare as a secondary payer (MSP), and more.



Visit www.onpointhealthdata.org/resources for more information and registration details



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