

DEADLINES FOR SUBMISSION OF CLAIM FILES

A. INTRODUCTION

RCW 43.371.070(1)(b) directs the Office of Financial Management (OFM) to adopt a rule for deadlines for submission of claim files to the Washington All Payer Claims Database (WA-APCD). Research for this paper included a review of the claim files submission requirements and deadlines for APCDs in other states. The states were Colorado, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, Oregon, Tennessee, Utah and Vermont. The sources of information included the states' APCD rules and/or data submission guides (DSGs).

In other states, multiple data suppliers submit claims files to the APCDs.¹ To ensure the submissions are timely and complete, the APCDs have deadlines for the data supplier activities related to claim files submission. The key data supplier activities are:

- Registering with the APCD administrator.
- Sending in a test file when necessary.
- Submitting the claim files.
- Resubmitting corrected claim files when necessary.

Paper 4 briefly explains the data supplier activities and deadlines in states that establish their deadlines in rule or their DSGs. It should be noted that not all states have the same deadlines. Nor do all states have their deadlines established in rules or in their DSGs.

Paper 4 is divided into the following sections:

- A. [Introduction](#)
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For additional input on deadlines for submission of claim files, see Pages 4–9 and 11–13 of the paper “Washington Health Alliance All-Payer Claim Database Data Policy Advisory Committee Summary of Recommendations” at <http://www.ofm.wa.gov/healthcare/pricetransparency>.

¹ The number of commercial sources of claims data ranges from 10 in Vermont to 100 in Massachusetts. Source: APCD Council <https://www.apcdouncil.org/state/map>.

B. DEADLINES FOR SUBMISSION OF CLAIM FILES

Deadlines that APCD data suppliers in other states meet to ensure the successful submission of claim files and operation of the APCD include:

- **Registration deadline**

States require data suppliers to register with the APCD administrator or data aggregator before the first data file submission. This is necessary to set up the electronic transmission of claim files. States may also require their current data suppliers to register annually and update their information whenever modifications occur relative to the data files, type of business conducted or contact information.

Table 1 lists the registration deadlines and requirements by state.

Table 1: Registration deadlines and requirements in other state APCDs

STATE	REGISTRATION DEADLINE	REGISTRATION REQUIREMENT
Maine	Dec. 31 each year.	Complete or update a survey indicating if health care claims are being paid for Maine-resident members and, if applicable, the types of coverage and current estimated enrollment.
	Whenever modifications occur.	Resubmit or amend the information whenever modifications occur relative to the data files, type(s) of business conducted or contact information. See survey at https://mhdo.maine.gov/portal/ .
Maryland		Complete the Maryland Health Care Commission Medical Care Database Documentation Form.
Massachusetts		Data suppliers complete a Business Partner Security Agreement Form and a User Agreement for Insurance Carriers. See http://www.chiamass.gov/apcd-information-for-data-submitters/ .
Minnesota	By April 1 each year.	Online registration. See https://secure2.onpointhealthdata.org/cdm/mn/register.html
New Hampshire	By March 15 each year.	Online registration. See https://nhchis.com/Registration/Company .
Utah	By Sept. 1 each year.	Current data suppliers
	Within 30 days of being required to submit.	New data suppliers
Vermont	By Dec. 31 each year	For the Vermont registration form, see https://secure2.onpointhealthdata.org/cdm/vt/register.html .

- **Test file deadline**

Test files are required prior to the initial submission of data files. The initial submission may be during the implementation of a new APCD or when a new data supplier is submitting claim files to an existing APCD.

Test files are also required when the data element content of the files is altered. This may happen when the data submission guide is changed to add or delete data elements or if the specifications for data elements such as the width of a character field have changed.

Table 2 outlines the test file deadlines for initial and ongoing data submissions.

Table 2: Test file deadlines in other state APCDs

STATE	TEST FILE DEADLINES
Maine	At least 60 days prior to the initial submission of the files. Within 180 days of the adoption of any changes to the data element content of the files as described in the detailed file specifications. At least 60 days whenever the data element content of the files as described in the detailed file specifications is subsequently altered.
New Hampshire	At least 30 days prior to the initial submission of the files.
Oregon	Date mutually agreed to by Oregon Health Policy and Research and data vendor.
Utah	Submit to the office a data set for determining compliance with the standards for data submission no later than 90 days after the first date of becoming subject to the rule.
Vermont	60 days prior to submission of the files.

- **Submission of claim files deadline**

The submission of claim files deadline includes the reporting period and the reporting schedule. The reporting periods means time period that the data file covers. The time period can be monthly, quarterly, semi-annually or annually. The reporting schedule is the due date(s) for the claim data files submission.

Some states have one reporting period for all data suppliers. Some states have more than one reporting period depending on the size of the data supplier. Smaller data suppliers report less frequently.

When implementing their APCDs, some states required that the first claim file submission include historic data — typically 15 months to three years of claims — as well as the claims data for the current reporting period. However, with the implementation of the Patient Protection and Affordable Care Act (ACA), states that are implementing APCDs in 2016 will require historical claim files from 2011 to 2015 to compare claims data prior to and post-ACA.

Table 3 lists the reporting periods and schedules for ongoing claim files submission in other states.

Table 3: Deadlines for ongoing claim files submission in other states

STATE	TOTAL # OF COVERED LIVES	REPORTING PERIOD	REPORTING SCHEDULE
Colorado	n/a	Monthly	Files must be submitted no later than 10 business days of the second month following the end of the reporting month.
Maine	2,000 or more	Monthly	Prior to the end of the month following the month in which claims were paid.
	200–1,999	Quarterly	Prior to April 30, July 31, Oct. 31, Jan. 31 for each preceding calendar quarter in which claims were paid.
Maryland		Quarterly	Quarter 1 due last day of May. Quarter 2 due last day of August. Quarter 3 due last day of November. Quarter 4 due last day of February.
Massachusetts	n/a	Monthly	Monthly, but representing persons over a rolling 24-month period with open and/or closed segments of eligibility.
Minnesota		At least every 6 months. Data supplier can choose to submit claims quarterly or monthly.	All claims paid since the last submission through at least the last day of the quarter prior to the month of the submission. For purposes of this item, a quarter ends on the last day of March, June, September and December.
New Hampshire	2,000 or more	Monthly	
	Fewer than 2,000	Quarterly	
Oregon	5,000 or more	Quarterly Submit claims for preceding 12 calendar months.	No later than 31 days following the end of the calendar quarter.
Tennessee		Monthly	Submissions are due on the first day of the month for health care claims data covering the time span of the month preceding the prior month.

Utah		Monthly	Each carrier must submit the health care claims data on a monthly basis. Each monthly submission is due no later than the last day of the month following the month in which the carrier adjudicated the claim.
Vermont	2,000 or more	Monthly	Prior to the end of the month following the month in which claims were paid.
	500–1,999	Quarterly	Prior to April 30, July 31, Oct. 31, Jan. 31 for each preceding calendar quarter in which claims were paid.
	200 –499	Annually	Prior to April 30 of the following year for the preceding 12 months in which claims were paid.
	Fewer than 200	N/A	

▪ **Resubmission of corrected data deadline(s)**

States require data suppliers to resubmit corrected claim files when the claim file submission was incomplete or contained errors. Some states have one deadline for the resubmission of correct data — usually within 10 days of the receipt of notification. Maine allows 15 days from the receipt of notification.

Other states have two deadlines: one for the data processor to let the data supplier know there are problems with the claim files submission and the other for the data supplier to resubmit corrected claim files within 10 days of receiving notification.

Minnesota adds two more deadlines if there is a disagreement between the data processor and the data supplier over the accuracy of the claim files submission.

- › Ten days to submit a written request for reconsideration to a data processor if a data submitter disagrees with the data processor’s determination that a submission is incomplete.
- › Ten days after receiving the data processor’s written denial to submit a written request for reconsideration to the commissioner.

Table 4 lists the state APCD deadlines for the data processor to notify the data supplier of errors or incomplete claim files and the data supplier to resubmit the corrected files.

Table 4: Deadlines for resubmitting corrected claim files

STATE	DATA PROCESSOR DEADLINE TO SEND SUBMISSION STATUS TO DATA SUPPLIER	DATA SUPPLIER DEADLINE TO RESUBMIT CORRECTED CLAIM FILES
Maine		All rejected files must be resubmitted within 15 days.
Minnesota	2 business days for the data processor to confirm receipt of a data transmission. 30 calendar days after receipt of the data submission (if problems).	Resubmit 10 days after receipt of notification. Or request an extension or reconsideration within 10 business days.
New Hampshire	Within 5 days after submittal.	Within 10 days of receipt of notification.
Tennessee		Within 10 business days of receipt of notification.
Utah		Within 10 state business days of notice that the data does not meet the submission requirements.
Vermont		10 days

- **Run-out period deadline**

When coverage for health plan members ends, the data suppliers continue to submit claim files for these members for a period of time following the termination date of their coverage. This allows all the claims to be processed. Two states have run-out period deadlines:

- › Maine. Health care claims processors have to submit medical, pharmacy and/or dental claims files during a six-month period following the termination of coverage date for all members who are Maine residents.
- › Vermont. The state has a run-out deadline of at least a six-month period following termination of coverage for all members who are Vermont residents or nonresidents receiving covered services from Vermont providers.

- **Waiver deadline**

In Maryland, a payer may apply for an annual waiver to seek exemption from reporting one or all files for the entire year. The deadline for application is in January.

In Oregon, mandatory data suppliers that want to request a waiver must do so 60 calendar days prior to the applicable reporting deadline. Oregon Health Policy and Research (OHPR) has to approve or deny the request and provide written notification to the requester within 30 calendar days of receipt of the request. If OHPR denies the waiver, the requester may appeal the denial by requesting a contested case hearing. The appeal must be filed within 30 business days of the denial.

- **Extension deadline**

In Colorado, the administrator can provide an anytime extension to payers in writing at least 30 days prior to the established submission deadline.

In Maryland, data suppliers may apply for extensions to seek a delay in the submission deadline. The deadline for the extension request is the last day of January, April, July and October.

In Utah, a data supplier may request an extension for any deadline required in the rule by submitting a request no fewer than 15 calendar days before the deadline in question.

- **Complete data file replacement deadline**

A data supplier may want to replace the complete claim files submission. The deadline is no more than one year after the end of the month in which the file was submitted.

Table 5 lists the states that have data file replacement deadlines.

Table 5: Deadlines for replacement of complete claim files submission

STATE	DEADLINES FOR REPLACEMENT OF COMPLETE DATA FILE SUBMISSION
Maine	No more than one year after the end of the month in which the file was submitted unless the health care claims processor can establish exceptional circumstances for the replacement. Any replacements after this period must be approved by the Maine Health Data Organization. Individual adjustment records may be submitted with any monthly data file submission.
New Hampshire	No more than one year after the end of the month in which the file was submitted unless it can establish exceptional circumstances for the replacement. Any replacements after this period must be approved by the New Hampshire Insurance Department. Individual adjustment records must be submitted with a monthly data file submission.
Utah	A carrier may replace a complete data set submission if no more than one year has passed since the end of the month in which the file was submitted. However, the office may allow a later submission if the carrier can establish exceptional circumstances for the replacement.
Vermont	Not more than one year after the end of the month in which the file was submitted. Individual adjustment records must be submitted with a monthly data file submission.

- **Deadline for notification of implementation of data submission guide changes**

APCD administrators notify data submitters before changes are made to the data submission guide. The minimum notification period is three months.

- **Deadline to meet data standards**

Maine and New Hampshire conduct evaluations to determine if claim files meet their standards. If the claim files do not meet standards, the data supplier has to make the required changes within 60 days of receiving notification.

- **Deadline to request format modifications**

In Maryland, data suppliers may request format modifications for variances on threshold requirements or to modify response values or field lengths. The deadlines for format modifications requests are the last day of January, April, July and October.

In Vermont, data suppliers have 60 days to request a format modification.

- **Deadline to discontinue data submission**

In Minnesota, a data submitter must give three months' notice to the commission before it discontinues reporting. A data submitter may discontinue submitting health care claims data if it pays less than \$1 million in health care claims for covered individuals for each of two consecutive calendar years, except that a pharmacy benefit manager may discontinue submitting health care claims data if it pays less than \$100,000 in health care claims for covered individuals for each of two consecutive calendar years.

C. EXEMPTIONS FROM SUBMISSION

In Utah, a data supplier may request an exemption from any particular requirement or set of requirements of the APCD rule. The data supplier must submit a request for exemption no fewer than 30 calendar days before the date the carrier would have to comply with the requirement. The committee may grant an exemption for a maximum of one calendar year. A carrier wishing an additional exemption must submit an additional, separate request.

The other states permanently exempt smaller data suppliers from submitting claim files. Table 6 lists the exemptions from claim files submission.

Table 6: Exemptions from claim files submission in other states

STATE	EXEMPTION FROM CLAIM FILES SUBMISSION REQUIREMENTS
Maine	<p>Health care claims processors that have fewer than 200 Maine-resident members for any month during a calendar year, or less than \$500,000 of adjusted premiums or claims processed per calendar year, are excluded from filing health care claim data sets.</p> <p>Still must comply with the annual registration requirements.</p>
Maryland	<p>Payers that have fewer than 1,000 covered lives by Dec. 31 of each year.</p>
Minnesota	<p>A health plan company or third party administrator that paid a total of less than \$3 million in institutional, professional and pharmacy claims (or at least \$300,000 if a pharmacy benefit manager) for Minnesota residents during the previous calendar year.</p>
New Hampshire	<p>Third-party payers that write less than \$250,000 in accident and health insurance premiums in New Hampshire on an annual basis.</p> <p>Third-party administrators that administer health insurance plans covering fewer than 200 New Hampshire lives in total.</p>
Oregon	<p>All carriers and licensed third party administrators with calculated mean total lives fewer than 5,000 are not mandatory reporters. They can notify the administrator if they want to be voluntary reporters.</p>
Tennessee	<p>Health insurance issuers that are not pharmacy benefits managers and that paid a total of less than \$5 million for covered residents of Tennessee during the previous calendar year. In calculating its paid claims, each health insurance issuer must include all health care claims for covered individuals processed by any subcontractor on its behalf.</p> <p>Pharmacy benefits managers that paid a total of less than \$1 million for covered residents of Tennessee during the previous calendar year. In calculating its paid claims, each pharmacy benefits manager must include all health care claims for covered individuals processed by any subcontractor on its behalf.</p>
Utah	<p>A carrier that covers fewer than 2,500 individual Utah residents is exempt from all requirements of this rule.</p>
Vermont	<p>A provider or facility with fewer than 200 Vermont members and nonresident members receiving covered services for which claims are being paid for any one month of the calendar year.</p>

D. CONSIDERATIONS FOR DEADLINES FOR SUBMISSION OF CLAIM FILES

OFM assumes that the WA-APCD will have basically the same claim files submission activities as other states. Table 7 identifies the considerations and related questions and issues when developing deadlines in rule for these activities. This list is not exhaustive; OFM welcomes input from the stakeholders.

Table 7: Considerations for deadlines for submission of claim files

CONSIDERATIONS	QUESTIONS / ISSUES
1. Determine reporting period and reporting schedule.	More frequent the data submissions may be more costly. Should there be one reporting period and schedule for all data suppliers? Or should there be more than one reporting period and schedule depending on the size of the data suppliers?
2. Determine deadlines that apply to WA-APCD.	
3. Determine deadlines that should be in rule.	Should some deadlines be in DSG to allow for administrative flexibility?
4. Determine time frame for historical claim file submission.	Historical data from 2011 to 2015 is needed to evaluate the impacts of ACA.
5. Do we want to exempt any data suppliers from submitting data?	
6. Other considerations?	Please add your questions, issues, comments and send to OFM at apcd@ofm.wa.gov . Please reference WA-APCD Rules Paper 3 in the subject line.

E. REFERENCES

1. Colorado

Statute:

http://www.leg.state.co.us/CLICS/CLICS2010A/csl.nsf/fsbillcont3/7772EFE1E998E627872576B700617FA4?Open&file=1330_enr.pdf

Rules: <http://www.civhc.org/getmedia/2a315773-cbcd-4f75-805a-759d3cf96888/Rules-Governing-Data-Submissions-to-APCD-2011-08-24.pdf.aspx/>

2. Connecticut

Statute: <http://www.cga.ct.gov/2012/ACT/Pa/pdf/2012PA-00166-R00HB-05038-PA.pdf>

3. Maine

Statute: <http://www.mainelegislature.org/legis/statutes/22/title22sec8703.html>

Rules: <https://mhdo.maine.gov/claims.htm>

4. Maryland

Statute: <http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.25.06>

Rules: <http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.25.06>

5. Massachusetts

Statute: <http://chiamass.gov/relevant-regulations-5>

Rules: <http://chiamass.gov/assets/docs/g/chia-regs/957-8.pdf>

6. Minnesota

Statute: <https://www.revisor.mn.gov/rules/?id=4653>

Rules: <https://www.revisor.mn.gov/rules/?id=4653.0300>

7. New Hampshire

Statute: <http://www.gencourt.state.nh.us/rsa/html/XXXVII/420-G/420-G-11-a.htm>

Rules: http://www.gencourt.state.nh.us/rules/state_agencies/ins4000.html

8. Oregon

Statute: <http://www.oregon.gov/oha/ohpr/Pages/Statutes-Health%20Care%20Data%20Reporting.aspx>

Rules: http://www.oregon.gov/oha/ohpr/rulemaking/notices/409-025_PermComplete_2.1.13.pdf

9. Tennessee

Statute: <http://state.tn.us/sos/acts/106/pub/pc0611.pdf>

Rules: <http://www.state.tn.us/sos/rules/0780/0780-01/0780-01-79.20100908.pdf>

10. Utah

Statute: <http://le.utah.gov/~2007/bills/hbillenr/hb0009.pdf>

Rules: <http://www.rules.utah.gov/publicat/code/r428/r428-015.htm>

11. Vermont

Statute:

<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=18&Chapter=221&Section=09410>

Rules: http://gmcboard.vermont.gov/sites/gmcboard/files/REG_H-2008-01.pdf