All Payer Patient Lists

Frequently Asked Questions

Last Revised: 3/28/2017

Frequently Asked Questions

This guide contains answers to frequently asked questions (FAQs) about the All Payer Patient lists. The questions are grouped in the following categories:

- Data Questions

- BCBSM MA Questions

- List Distribution Questions

Data Questions

How many times so far have the new full payer patient lists been distributed?

MDC began distributing the MiPCT All Payer Patient lists on a monthly basis starting in December 2012.

How can I tell the time frame for attribution?

For information about the timeframe for each payer's patient list, see the All Payer Patient List Information document on the MiCPT Support page of the MDC website.

Why is the total patient count on the MDC MiPCT Dashboards different than what is shown in the All Payer Patient lists?

Because the All Payer Patient lists are released monthly, and the MDC MiPCT Dashboard is released every few months, the patient counts between the two may differ. You should use the patient lists on the Dashboard when you are working with measures. You should use the All Payer Patient List for the most up-to-date list of participating patients.

At the bottom of the *List of Available Data Fields* section, there are several fields that are populated only for certain claims payers. Why can't I get this information for all payers?

Certain additional data is provided to us by different payers, and we include it as a courtesy. All payers do not provide the same additional data.

Our most recent attribution file from MDC contained missing names and incorrect contract numbers. Is this normal? Why did this occur?

This is normal and reflects the information that each payer provides in their attribution files. Patient name and address are usually not well populated in these kinds of lists, often because there can be wide variations in spelling and format. Other than patient last name (in combination with other fields like date of birth, gender, and others), it is not recommended that you use these fields to match patient information with information in your systems.

The list provided last time has people who were no longer eligible and some had incomplete names. Has this been resolved?

The lists are as current as possible, as determined by each payer's process to create the list. For information about the timeframe for each payer's patient list, see the All Payer Patient List Information document on the MiCPT Support page of the MDC website.

Are we able to add a patient to the list?

Physician Organizations cannot add patients to a list that has already been distributed. It is highly recommended that POs and practices work from the lists that the MDC distributes because they come from participating plans that link the lists to their claims payment systems.

How is the member eligibility period from and period through determined for each plan on the monthly file?

Each payer determines member eligibility. For information about the timeframe for each payer's patient list, see the All Payer Patient List Information document on the MiCPT Support page of the MDC website.

It would be really beneficial if you could provide patient addresses and phone numbers. Could you include that in the future?

We understand that it would be useful to have this information. However, it is our experience that this information changes often and can become outdated quickly. There are other sources where you can find more up-to-date information.

What is the lag time of the claims for the private payers and the CMS payers Medicaid and Medicare?

Claims lag is generally three to four months, depending on the payer and the type of plan. For this project we are using a three month lag for measurement period. For more information about lag times in the data, see the MDC MiPCT Dashboard User Guide and MDC Dashboard Release Notes posted on the MiCPT Support page of the MDC website.

In some families, siblings sometimes show up and sometimes don't. They have the same insurance and PCP. Can you explain why? Also, what's the minimum age at which kids will be included in the list?

Inclusion of sibling data and minimum age of dependents are dependent on each payer's policies and processes for collecting, storing, and including patient data.

How long does it take for a newborn to be included in the attribution list? How would you recommend handling a complex newborn who may or may not be eligible for care management?

The inclusion of newborn data is dependent on each payer's policies and processes for collecting, storing, and including patient data. See the Care Management guidelines for MiPCT to determine how to handle complex newborn cases.

When the data is applied to all payers, will the risk assessment be the same across all payers?

Yes, the same risk model will be applied when all payer claims data is available. Note that BCBSM risk scores are also available on the BCBSM patient records, which are in a separate field than the MiPCT risk scores.

How can I tell which payers are included in the list?

The "Payer" field indicates which payer submitted each patient record in the All Payer Patient lists.

NOTE: MDC will NOT remove duplicate patient records. If a patient is included in the patient list(s) submitted by multiple payers, the duplicate patient records will be included on the All Payer Patient List.

Will we eventually be able to see BCN high deductible plans in a column?

We are working on that and will announce this ability if we can implement it.

Will the same dx/utilization categories be used for all payers? For instance, MC patients with HF listed on one side and BCBSM HF patients listed on the other. Will they remain separate or can MC/MD patients be listed in a single column?

The same risk model will be applied when all payer claims data is available. Note that BCBSM risk scores are also available on the BCBSM patient records, which are in a separate field than the MiPCT risk scores.

If a patient has a participating payer but is attributed elsewhere, is it likely we would be reimbursed for the care we provide in our office?

No, not for MiPCT care management services provided in your office. These services are payable only for patients on the list distributed by MDC.

Will the same diagnosis/utilization categories be used for all payers? For example, Medicare patients with diagnosis of CHG listed on one side and BCBSM is listed on the other side. Will these remains separate or can Medicare and Medicaid patients be listed in the BCBSM columns?

They will remain separate; and there is no current plan to change them. For more information about the record layout and file format, see the All Payer Patient List Information document on the MiCPT Support page of the MDC website.

BCBSM Medicare Advantage Questions

How are BCBSM Commercial and Medicare Advantage differentiated in the MDC file?

The Medicare Advantage patient list is posted in a separate file. The record layout is exactly the same between the All Payer Patient List and the Medicare Advantage Patient List. This allows you to easily combine the two lists if needed.

My understanding is that the BCBSM MA population is not included in the outcomes measures. They are eligible for services, but are not part of the outcomes. Is this correct?

Yes, this is correct.

Not all BCBSM members are included in the program, is that correct?

BCBSM fully insured business is included, as are self-insured groups who have opted into the MiPCT. Work continues with self-insured groups on their participation.

Is BCBSM's Medicare Advantage program part of MiPCT?

Though CMS included only Medicare FFS in the MultiPayer Advanced Primary Care Projects across all eight states (of which Michigan is the largest), Medicare Advantage plans can adopt the same payment policies (even though BCBSM's Medicare Advantage is not technically in the scope of the project).

However, BCBSM's Medicare Advantage program uses the same payment policies for care coordination. For ease of use for participating POs, MDC distributes the BCBSM Medicare Advantage member lists as well as the MiPCT All Payer Patient List.

List Distribution Questions

When was the initial release of the All Payer Patient List? How often is it released?

MDC released the initial All Payer Patient lists in December 2012. The lists are released monthly.

How often will the All Payer Attributed Patient List be updated?

MDC plans to release the All Payer Patient lists during the third week of each month.