

AetInfo's Standard Universal Files

January 1, 2005

Purpose: We wanted to update you about format, content and/or documentation changes in the standard Universal Files of AetInfoSM. The scope of this communication is global and the subject matter is generic. So, it does not include references to individual customers or customized file formats.

Although we initially planned to provide updates about the U Pharm File in a separate document, we decided to address both U Files in separate sections of this document: the U Med/Dent File is on pages 1 - 4 and the U Pharm File is on page 4. For reference, prior editions of this status update are dated December 15, 2003, March 1, 2004, June 10, 2004 and October 1, 2004.

We hope that you will consider revising your intake/load programs based on this update. If you have questions about these changes (or about other aspects of Aetna's U Files), please get in touch with any of the AetInfo contacts listed at the end of this document.

Abbreviations: Listed below are some of the abbreviations referenced in this document.

- ACAS = Aetna's Automatic Claim Adjudication System (i.e., Field #7, Source System Platform = "27")
- AetInfo = Aetna Integrated InformaticsSM
- AHF = Aetna HealthFund[®]
- U Med/Dent File = Universal Medical/Dental File
- U Pharm File = Universal Pharmacy File
- U File = Universal File (Med/Dent, Pharm or both)
- Warehouse = Aetna's enterprise Data Warehouse (i.e., the source of U File data)

Additions/Changes to CONTENT Since Last Update: No additions were made to AetInfo's U Files since the last update of this document on October 1, 2004. Therefore this section exclusively addresses content changes.

- Field #31, Member's Relationship to Employee: There are two separate sets of ACAS values applicable to this field, depending on when a U Med/Dent File was created (NOT based on when services were incurred or when claims were adjudicated). The two different coding schemes are itemized in a separate communication distributed on November 22, 2004 and are included in the latest version of the U Med/Dent File data dictionary. The critical date is November 15, 2004, as one set of code values apply to ACAS claims in U Med/Dent files that were produced before this date while another set of code values apply after this date.
- Field #80, UB92 Bill Type: This data field was previously populated for HMO/QPOS[®] data records but NOT for ACAS records. The Warehouse began reporting UB92 Bill Type values on a "go forward" basis for U Med/Dent Files produced on/after November 15, 2004. Historical data in this field is expected to become available for U Med/Dent Files produced on/after February 14, 2004.
- Field #103, Aetna HealthFund – Payable Amount: The definition/content of this field changed on a "go forward" basis due to a modification in the upstream ACAS system beginning in October 2004. Depending on the AHF plan design, the value in this field will either represent the amount paid from the plan prior to the application of COB (a gross payable amount) or

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after the application of COB (a net paid amount). And, the dollar amount in this field may only be accurate when rolled up to the overall claim level.

- In looking toward 2005, we are considering extending the U Med/Dent File from its current length of 1,160 positions to 1,500 positions. These additional 340 positions would enable data elements to continue to be appended to the end of the file. If the U Med/Dent File is extended in 2005, the change would most likely become effective in July or October 2005. We welcome your feedback about increasing the overall length of the file and regarding any data elements you would like to see added. NOTE: This item originally appeared in the October 1, 2004 update.
- Also, with respect to 2005, Aetna's enterprise-wide Strategic Systems & Processes (SSP) initiative has the potential to change the content of U Files, primarily in the way data values are coded and formatted. These modifications will occur in the off-line interfaces between Aetna's ACAS and HMO claim systems and the Warehouse reporting database. AetInfo anticipates devoting more time and staff to QA and communications when the SSP deliverables are introduced in February 2005. Also, we recommend that recipients of U Files devote more time and attention to scrutinizing the content of U Files produced in and after February 2005. AetInfo hopes that one of the SSP changes will eliminate the workaround referenced on page 3 of this document. The workaround pertains to Field #113, Status of Claim, and the completeness of financial data in Ancillary Service records of inpatient ACAS claims. Also, an SSP enhancement is expected to improve the level of detail for Revenue (Center) Codes in ACAS facility records.

Additions/Changes to DOCUMENTATION Since Last Update: The latest versions of the U Med/Dent File data dictionary and record layout were distributed as separate attachments within the October 1 e-mail.

- **Field #57, Participating Provider Code:** ACAS claims have been found where the value of "Y" (Yes) is displayed in conjunction with fees negotiated under Aetna's National Advantage™ Program (NAP). NAP exclusively applies to indemnity claims and out-of-network claims. Therefore, recipients of U Med/Dent Files may consider NAP doctors, other health care professionals, hospitals and other health care facilities to be participating in a special program in contrast to a conventional network. Savings are derived based on terms comparable to facilities and professionals participating in Aetna's PPO-based network or through contracts with specialty vendors who negotiate NAP discounts with these health care professionals and facilities. The majority of NAP claims are processed on the ACAS platform (i.e., Field #7, Source System Platform = "27"). Records for network professionals and facilities would standardly display the value of "N" in Field #9, Preferred vs Nonpreferred Benefit Level. This "N" initially seems counterintuitive in the context of "N" equating to "No" or "Nonpreferred." However, the "N" designation for Preferred can be confirmed in the U Med/Dent File data dictionary.

Data CONTENT Alerts (U Med/Dent File):

Field #26 Member's Number, and Field #29 Member's First Name: A problem has been identified in Aetna's Data Warehouse that has affected up to .8 percent (less than one percent) of the records adjudicated on Aetna's ACAS platform. The error resulted in the wrong family member being identified as the claimant. More specifically, a daughter's demographic information was overlaid on her mother's claim and vice versa. On November 15, 2004, we attempted to fix this problem of missing or incorrect demographic information. The original scope of this fix included

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12 data elements; however, due to cost considerations, a limited/focused version of the fix was ultimately implemented. We ended up correcting 10 of the 12 data elements and have plans to address the remaining 2 data elements sometime during the first quarter of 2005.

AetInfo was informed by our technology partner that fixing the remaining 2 data elements (Member's Number #26 and Member's First Name #29) would have necessitated accessing a different and significantly larger data source than was used for the November 15 effort. According to our technology partner, the very large size of this alternative data source would have exceeded the processing capacity currently available in the Data Warehouse environment. As a result, a difficult decision had to be made between fixing the demographic information in increments or deferring any improvement until all of the impacted data fields could be simultaneously corrected. Additional details will be communicated as they become available. NOTE: This item originally appeared in the October 1, 2004 update.

Fields #71, #72 and #73, Claim Level ICD-9 Procedure Code 1, 2 and 3: AetInfo has found HMO claim records where a specific hospital was electronically submitting claims that included the entry of CPT-4 Procedure Codes in both the CPT-4 field and the ICD-9 Procedure Code field. The end result was that the U Med/Dent File reflected a valid CPT-4 value in Field #68, Line Level Procedure Code, but an invalid value in Field #71, #72 or #73, Claim Level ICD-9 Procedure Code 1, 2 or 3. HMO claim records can be identified based on the value of "03" in Field #7, Source System Platform.

Fields #85 – #87 Not Covered Amounts 1, 2, 3 and Fields # 88 - #90 Action or Reason Codes 1, 2, 3: In the course of conducting a recent ACAS Medicare claim investigation, a noteworthy shift was discovered in the availability of Action or Reason Codes that have the potential to be critical to Medicare reporting. The noted shift is from Medicare-specific Codes "060" and "065" to generalized Codes "712" or "752" that are NOT unique to Medicare claims records. Our research revealed that Codes "712" and "752" were NOT entered when claims are adjudicated. They were assigned downstream after the claims had been processed but before they were passed to Aetna's databases for reporting. The assignment of Codes "712" and "752" was triggered when an individual ACAS record contained multiple Action or Reason Codes and (apparently for HIPAA compliance purposes) the different Codes and corresponding Not Covered Amounts were consolidated under all-inclusive Codes "712" or "752." In addition to limiting the ability to report key components of Medicare claims, the increased frequency of generalized Codes "712" and "752" has the potential to reduce the availability of the Codes previously employed to isolate R&C Savings (5XX – 6XX series), Copayment Amounts (290) and other Action or Reason Codes. Cryptic text descriptions of the involved Codes are shown below. NOTE: The item originally appeared in the October 1, 2004 update.

- 060 = Expense paid by Medicare. Claimant not responsible for paying Not Covered Amount.
- 065 = Provider accepted Medicare-approved amount as payment in full. Claimant not responsible for paying Not Covered Amount.
- 712 = Claimant responsible for paying Not Covered Amount.
- 752 = Claimant not responsible for paying Not Covered Amount.

Fields #85 – #87 Not Covered Amounts 1, 2, 3 and Fields # 88 - #90 Action or Reason Codes 1, 2, 3: To support the administration of Aetna HealthFund plans, Action or Reason Code values may be added to ACAS during First Quarter 2005. The purpose of this expansion would be to

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separately identify expenses that would NOT normally be covered under medical, dental or pharmacy plans but are included within the scope of IRS Section 213. The processing of Section 213 expenses has been described as a manual and labor-intensive process. These Section 213 expenses will NOT reduce benefits plan maximums or limits (e.g., deductibles), but will reportedly apply toward Stop Loss thresholds.

Field #104, Savings – Negotiated Fee: Aetna's Data Warehouse Team has recently initiated an investigation of a scenario that seems to have caused network savings from hospitals and other facilities to have been understated. These potential understatements appear to have primarily involved claims for facility ancillary services that were "rolled up" and processed on the ACAS platform, as described in the paragraph below devoted to Field #113, Status of Claim. The missing savings appears to have been captured on ACAS records with a Status of Claim (Field #113) value of "D" (Denied) and a Not Covered Amount 1, 2 or 3 corresponding to an Action or Reason Code value of "104" (No Legal Obligation to Pay). Additional details concerning a possible workaround will be communicated as they become available.

Field #113, Status of Claim: For per diem facility claims processed on ACAS (i.e., Field #7, Source System Platform = "27"), the financials for multiple expense lines may be "rolled up" to the first record (typically, a room and board record). In the U Med/Dent File, all of the Allowed Amount, Covered Expense, Benefit Payable and Paid Amount dollars for that claim will be shown on the first record among a series of related records. The remaining expense line records (usually records for ancillary services) will show a Status of Claim value of "D," although the dollar amounts in these remaining records were not actually denied. The "D" in these ancillary service records was used as a workaround to indicate that none of the Allowed, Covered, Payable or Paid Amount dollars for the claim were reported in the expense line records displaying the "D" value for Status of Claim. If the scope of a reporting application is to review all related records associated with a facility ancillary claim (i.e., Field #74, Type of Service = "51"), records with a Status of Claim value of "D" (Denied) should be included and not excluded. NOTE: This item originally appeared in the October 1, 2004 update.

Outpatient Behavioral Health Encounter Records: In December 2003, AetInfo was informed of a possible problem that limited the number of Magellan outpatient HMO/QPOS behavioral health encounter records loaded into Aetna's Data Warehouse reporting. Also, our Data Warehouse Team provided a reminder that Magellan inpatient facility HMO/QPOS encounter records have never been available for reporting, due to interface incompatibilities between Aetna and outsource vendors. According to the Data Warehouse Team, a problem was identified and material progress has been steadily made toward resolution. The latest update is that the problem is slated to be fixed in October 2004. In Aetna's U Med/Dent File, Magellan HMO/QPOS encounter records can be isolated using Source System Platform (Field #7) value of "48" for inpatient services and "48" or "04" for outpatient/ambulatory services. NOTE: This item originally appeared in the October 1, 2004 update.

Data CONTENT Alerts (U Pharm File):

Pharmacy Field #55, Copayment Amount: Within the Aetna Pharmacy Management environment, the term "Copayment" is broadly defined to encompass the drug benefits plan's copayment, coinsurance and deductible provisions. As a result, we have changed the name of the Copayment Amount data field in the U Pharm File record layout and data dictionary to Member's Out-of-Pocket Amount. NOTE: This item originally appeared in the October 1, 2004 update.

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Contacts: Shown below are the primary contacts for U File questions. All work in the Plan Sponsor Information Services group within Aetna Integrated Informatics (AetInfo).

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