

AetlInfo's Standard Universal Files

April 20, 2006

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

This update includes information that may require you to revise your intake/load program. If you have questions about these changes (or about other aspects of U Files), please contact any of the AetlInfo contacts listed later in this document.

Additions/Changes to CONTENT Since Last Update: AetlInfo made no additions or changes to the U Files since our last bulletin. Therefore, this section exclusively addresses possible future content additions/changes.

In 2006, we'll give further consideration to 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, the change would most likely become effective in July 2007 or January 2008. We will keep you apprised of our plans and provide sufficient advance notice before introducing a material modification.

Additions/Changes to DOCUMENTATION Since Last Update: We've made only minor refinements to U File documentation so far during 2006. Therefore, we haven't posted any revised record layouts or data dictionaries on our Internet website. But we have made some changes to the AetlInfo documentation page at <http://www.aetna.com/info/aetinfo/> as follows:

A cosmetic change to the web page entailed grouping the links to record layouts and data dictionaries according to the frequency with which a given file request can be run (e.g., weekly/bi-weekly versus monthly/quarterly). We believe that this makes it easier for the user to ascertain that they are using the correct documentation, corresponding to the file that they've requested.

A content change to the web page entailed adding 6 new links, to the record layouts and data dictionaries of our most recently introduced products under the "Weekly or Bi-Weekly" section of documentation links. The 6 new documents are:

- FSA Medical/Dental Claim File Data Dictionary
- FSA Medical/Dental Claim File Record Layout
- FSA Aetna Pharmacy Management (Rx) File Data Dictionary
- FSA Aetna Pharmacy Management (Rx) File Record Layout
- Aetna Pharmacy Management (Rx) File Data Dictionary
- Aetna Pharmacy Management (Rx) File Record Layout

The new page layout for <http://www.aetna.com/info/aetinfo/> went online Monday, April 10.

AetInfo's Standard Universal Files

April 20, 2006

Data CONTENT Alerts (U Med/Dent File):

Field # 9 Preferred vs. Non-Preferred Benefit Level (non_prfrd_srv_cd @ position 60): we have learned that the the value in this field may be incorrect in certain situations. Here is our most current information, as of April 10, 2006.

For the sake of brevity, we'll refer to this field as the "Non-Preferred Indicator" for the remainder of this discussion.

Background

The Non-Preferred Indicator is designed to quickly identify claim-line records where the adjudicated paid benefit was calculated at a non-preferred level of benefits. When the paid benefit is at the non-preferred level, the value for this indicator is set to 'Y.' Conversely, when the claim is paid at the full, preferred benefit level, the Non-Preferred Indicator is to 'N'.

We have learned that this indicator may, in some specific circumstances, be showing a value of 'Y' (indicating a non-preferred benefit level) when, in fact the preferred benefit level was allowed.

Findings

AetInfo's investigation of this issue has determined that it occurs only for two specific products: Open Access and Choice POS II. These are managed care benefit plans that do not require a primary-physician referral or a medical pre-certification for most services.

The problem originates in the ACAS claim system environment, when an online indicator mistakenly looks for a referral or a pre-cert, even though the plan does not require one. **Even though the claim is correctly adjudicated and paid at the preferred level**, the activation of a referral look-up flag causes a "no-referral" indicator to pass downstream. That indicator, in turn, leads to the record being marked, on our Data Warehouse, as having been paid at the non-preferred benefit level.

It is important to note that these claims are adjudicated and paid correctly, and that all of the financial data fields associated with these claims are populated with correct values. The only data field that's incorrect is Field #9, the Preferred/Non-Preferred indicator, which is populated with an 'N' (non-preferred benefit level) instead of the correct 'Y' (preferred benefit level).

We do not yet have quantification results as to the percentage of Open Access/Choice POS II claims where the Preferred Indicator value is incorrectly marked as 'N.' We suspect that the percentage is high. Fortunately, there is a relatively quick and easy technique for finding and correcting those records. That technique is discussed on the following page.

AetInfo's Standard Universal Files

April 20, 2006

How to identify and correct records where the Preferred Indicator value is incorrect

Identification: Open Access and Choice POS II records can be identified using Field #13, Benefit Identification Code (bnft_pkg_id @70). The Benefit Identification Codes (BICS) associated with this issue are 46500, 46501, and 47400. The quickest way to identify all of the records within a given dataset that potentially have an incorrect value in Field #9 is to select the following:

- Field #7, Source System Platform (file_id@55 = '27')
- Field #13, Benefit Identification Code (bnft_pkg_id @70) is one of ('46500', '46501', '47400')
- Field #9, Preferred/Non-Preferred Benefit Level (non_prfrd_srv_cd @60) = 'Y')

Correction: For records selected via the criteria listed above, check the value in Field #57, Participating Provider Code (paid_prvdr_par_cd @608). For records where Participating Provider Code = 'Y' (yes, it's an Aetna PAR provider) correct the value of Field #9, Preferred/Non-Preferred Benefit Level, to 'N'.

The rationale behind the above correction is that these are plans that do not require a referral or pre-cert. So if the provider is an Aetna PAR provider, it's clear that the claim would have adjudicated at the preferred benefit level, even if the Preferred Indicator appears to indicate otherwise.

We will send you prompt notification if the information or recommendations above should change in any way.

Data CONTENT Alerts (U Pharm File):

There are no new issues or developments to report for the Universal Pharmacy data at this time.

Contacts: Below are the primary contacts for U File questions. All work in the Plan Sponsor Information Services group within AetInfo.

Monica Nolan, NolanML@aetna.com, 860-636-2924.

Bob Bopp, BoppIIRE@aetna.com, 860-636-6224.

Carol Telford, TelfordCA@aetna.com, 860-636-6213.

Mike Giles, GilesM@aetna.com, 860-636-7211.