

BCDA Partially Adjudicated Claims Enhancement User Guide v1.2.0

Beneficiary Claims Data API

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Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model

- The Global Professional Direct Contracting (GPDC) payment model has transitioned to ACO REACH on January 1, 2023.

Beneficiary Claims Data Application Programming Interface (BCDA) Data Enhancement

Partially Adjudicated Claims Data

Version 1.2.0

Date: August 10, 2023

1 Introduction

The purpose of this user guide is to orient Accountable Care Organizations (ACOs) participating in the ACO Realizing Equity, Access, and Community Health (ACO REACH) Model to partially adjudicated claims data that will be available through the Beneficiary Claims Data Application Programming Interface (BCDA) data enhancement, entitled BCDA Partially Adjudicated Claims Enhancement.

This user guide explains:

- What is partially adjudicated claims data.
- Where to find and request additional help and support.
- How partially adjudicated claims data are structured within BCDA.
- The life-cycle of a Fee-for-Service (FFS) claim and how partially adjudicated claims data fit in this process.
- Possible uses of partially adjudicated claims data in claims processing.
- How to try out the partially adjudicated claims data in a sandbox environment.
- On-boarding: How REACH ACOs can access the BCDA production environment and partially adjudicated claims data.

2 Partially Adjudicated Claims Data

The BCDA Partially Adjudicated Claims Enhancement was designed as an expansion of the data already available to Alternate Payment Model (APM) participants from the BCDA. Partially adjudicated claims are claims that have entered the Medicare processing system but are not fully paid or processed by CMS. This reduces the time to access Parts A and B claims from typically up to 14 days for adjudicated claims, to 2-4 days using partially adjudicated claims data. REACH ACOs with BCDA credentials can currently access *adjudicated claims data* through three (3) bulk Fast Healthcare Interoperability Resource (FHIR®) resource types: **Explanation of Benefit, Patient, and Coverage**. The BCDA Partially Adjudicated Enhancement exposes the following two (2) additional bulk FHIR® resource types: **Claim** and **ClaimResponse**, so that REACH ACOs with BCDA credentials can also access *partially adjudicated claims data*.

The following additional key resources are available to help REACH ACOs understand and use partially adjudicated claims data:

- Fee-for-Service (FFS) Claims Processing: <https://4innovation.cms.gov/secure/knowledge-management/view/341>
- BCDA general documentation, available at <https://bcda.cms.gov/>
- Background on the services covered by Medicare Part A and Medicare Part B, available at <https://www.medicare.gov/what-medicare-covers>
- Reporting and Data Sharing Overview: <https://4innovation.cms.gov/secure/knowledge-management/view/491>
- Additional guidance on using the BCDA Production environment: <https://bcda.cms.gov/build.htm>¹

2.1 How partially adjudicated claims data are structured within BCDA

The BCDA Partially Adjudicated Claims Enhancement exposes the following two (2) additional bulk FHIR® resource types, so that REACH ACOs with BCDA credentials access *partially adjudicated claims data*.

Claim

The Claim resource type provides information about professional and institutional claims providers submit for payment (including the services that beneficiaries receive).

ClaimResponse

The ClaimResponse resource type provides information about a claim's adjudication status and processing results.

BCDA partially adjudicated claims data includes the following:

- **Claim type:** Only Part A and B claims will be accessible through the partially adjudicated Claim and ClaimResponse resources; partially adjudicated claims data for Part D and Durable Medical Equipment (DME) claims are not available at this time.
- **Data elements:** Initially, the partially adjudicated claims data adds additional data to a subset of fields that currently exist in BCDA. Based on user research, fields have been prioritized that should be beneficial to support care coordination. Please refer to the [BCDA Partially Adjudicated Claims Enhancement Data Dictionary](#) (available in the 4Innovation (4i) Knowledge Library) for a complete list and detailed description of the data fields.

The BCDA Partially Adjudicated Claims Enhancement does not modify or impact the BCDA adjudicated claims data currently accessed through the three (3) bulk FHIR® resource types specified above and is not changing attribution and alignment processing:

- BCDA filters claims so that REACH ACOs only receive information about their aligned beneficiaries who have not opted out of data sharing.

¹ <https://bcda.cms.gov/build.html>

- BCDA also suppresses claims with alcohol and substance use diagnosis and procedure codes.

2.2 Partially adjudicated claims data in the life-cycle of a Fee-for-Service (FFS) claim

Claims adjudication is the process of reviewing and paying claims by a health plan or government program. The claims adjudication workflow involves the following steps: receiving a claim, validating it, reviewing it, and approving it. A claim's data is categorized into adjudicated and partially adjudicated data. Please see **Appendix A** of this user guide for a description of a typical FFS claim life-cycle and how partially adjudicated claims data fits into the adjudication process.

2.3 Possible uses of partially adjudicated claims data

Based on limited launch participant feedback and customer research, below we provide a walkthrough for several potential ways a REACH ACO might use this data in their work. The following examples suggest ways to use partially adjudicated claims data to inform analytics and care coordination for hypothetical aligned beneficiaries. Additionally, the examples explain if and when corresponding information would be available in other ACO REACH Model data resources:

Example 1: Hospital discharge

This example illustrates how REACH ACOs can use partially adjudicated claims data to check if post-discharge processes are in place for an aligned beneficiary shortly after a hospital discharge.

On May 1, 2022, Mrs. Gonzales is doing better after a bout of pneumonia and is released home from the hospital that treated her. The hospital submits a claim for her stay to Medicare on May 3, 2022.

- The partially adjudicated claims data within BCDA will reflect this claim, identified by a Document Control Number (DCN) on approximately May 5, 2022.
- The REACH ACO can set up a dashboard to track newly identified discharges, and then create care coordination alerts to follow up with beneficiaries like Mrs. Gonzales to initiate post-discharge care. Using supplemental data, the REACH ACO can add filters into the dashboard for parameters of interest like whether the discharging hospital is already in-network
- In the following days, the partially adjudicated claims resources will show status changes to claims. For example, the claim could be returned to the provider. These changes may involve updates to key variables used for care coordination like diagnosis code. Status updates show the final status once a claim finishes the adjudication process. For example, the claim is submitted for payment.
- The adjudicated data within BCDA will pick up this claim after several additional processing steps, approximately typically up to 14 days after initial partially adjudicated claim is available.
- The Claim and Claim Line Feed (CCLF)s reflect similar information as the adjudicated data with BCDA, but are produced on a monthly basis.

Example dashboard to track hospital discharges based on partially adjudicated claims data

Patients who have a high risk of readmission can be flagged using partially adjudicated claims data. This data gives the care team time to identify the patient. Raw readmission rates for the beneficiaries can help track the success of the intervention.

Recent Hospital Discharges with High Risk of Readmission

77-year-old female discharged from St. Elsewhere on September 9th post pneumonia with a history of congestive heart failure and chronic obstructive pulmonary disease.

81-year-old male patient discharged from Fredericksburg General on September 8th post congestive heart failure with chronic kidney disease.

Note. Mock data. See the data dictionary for available partially adjudicated variables including service dates and diagnosis codes.

Example 2: Tracking specialist services

This example illustrates how REACH ACOs can use partially adjudicated claims data to monitor outpatient events for aligned beneficiaries who merit prompt follow-up care.

On September 6, 2022, Mr. Fritz undergoes a duplex scan to evaluate for carotid artery stenosis. The cardiology clinic submits a claim for this procedure to Medicare on September 8, 2022.

- The partially adjudicated claims data within BCDA will reflect this claim, identified by an Internal Control Number (ICN) on approximately September 10, 2022.
- This service might signal a vascular surgeon is planning a carotid endarterectomy procedure on Mr. Fritz. But if Mr. Fritz is not having neurological symptoms, this procedure may not be a recommended course of action.
- REACH ACOs can create a dashboard to track procedures that show future uses that merit review. REACH ACOs can also activate protocols to alert Mr. Fritz's primary care provider. This way, the provider can plan for follow-up care.
- As with example 1, in the following days, the partially adjudicated claims data will show status changes.
- Also as with example 1, 11 days later, after several steps, the adjudicated data within BCDA will pick up this claim. CCLFs reflect similar information but are produced on a monthly basis.

Example dashboard to track specialty services based on partially adjudicated claims data

The REACH ACO may want to track the volume of activities that indicate future utilization that can benefit from case management and verify that patients receive appropriate care.

Note. Mock data. See the data dictionary for available partially adjudicated claims data variables including service dates and diagnosis codes.

The REACH ACO may want to track performance on cases where the care may be of limited value. If Mr. Fritz does not have neurologic symptoms, then the scan may be of limited value. <https://www.choosingwisely.org/clinician-lists/american-academy-family-physicians-carotid-artery-stenosis/>² a dashboard tracking the volume of encounters that may be of limited value could be the outcome measure for the REACH ACO.

Example 3: Emergency Services

Ms. Thompson began treatment for breast cancer on March 8th, 2023. As a result of chemotherapy, she has been experiencing nausea and dehydration. While visiting family on March 14th, she drove to an Emergency Room (ER) 50 miles from home. She was treated with IV fluids and nausea medication. A physician in the hospital's emergency room discharged Ms. Thompson that same day.

As of March 17th, 2023, an ICN identified partially adjudicated claims data as part of this claim. The Strong Care ACO monitors cancer patients' use of emergency rooms closely. It has nurse navigators to assist patients in getting the support they need without having to go to the ER. A data team at Strone Care ACO notified Nurse Wagner that Ms. Thompson had visited an outside emergency room. The emergency room was in a different health system, so Nurse Wagner was unable to find out how the care was rendered or how much it cost. Nurse Wagner followed up with the patient to understand the situation and make plans for the next treatment.

Example dashboard to show the percentage of emergency services used by patients

Strong Care ACO has created a dashboard that shows the rate of emergency services used by patients undergoing active cancer treatment and patients following transplantation.

Clinical teams maintain ongoing improvement projects to maintain health and avoid the need for ER treatment and hospitalization for patients in these high-risk areas. In the past, it would take weeks or even months to know whether patients received care outside the network before receiving partially adjudicated claims. It consequently made tracking on the dashboards much less time-consuming and allowed the project teams to investigate soon after the occurrence.

²<https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.choosingwisely.org%2Fclinician-lists%2Famerican-academy-family-physicians-carotid-artery-stenosis%2F&data=05%7C01%7Cjordan%40air.org%7C67d521221c184429ed6708da7407d796%7C9ea45dbc7b724abfa77cc770a0a8b962%7C0%7C0%7C637949874275852390%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiOiJlZCQlIjoiV2luMzliLjBtIl6k1haWwiLCJXVC16Mn0%3D%7C3000%7C%7C%7C&sdata=oEWQy66L%2FMgdW6PkwMpxAl9psZfBM7lX36a5ZaskdCU%3D&reserved=0>

3 Accessing the BCDA Sandbox Environment

All REACH ACOs can try out the synthetic partially adjudicated claims data available in the BCDA sandbox environment. The sandbox will help orient REACH ACOs to the structure and range of data elements available for the partially adjudicated claims data in the BCDA production environment. The BCDA sandbox environment data sets are synthetic, so they can be accessed without any BCDA production environment credentials. Please review the sandbox environment instructions below for access instructions.

To get started using partially adjudicated claims data in the BCDA sandbox environment, REACH ACOs should follow the guidance outlined at <https://bcda.cms.gov/guide.html#try-the-api>, with minor adaptations:

1. Use the cURL command along with one of the synthetic data sets below, to submit credentials for an access token.
2. Use the cURL command to start a job.
3. Check the job status.
4. Download partially adjudicated claims data.

3.1 Important differences in how to access partially adjudicated claims (please use BCDA Version 2 (V2) as shown below):

The cURL examples on the BCDA website follow BCDA Version 1 (V1). However, the partially adjudicated synthetic data only works in BCDA Version 2 (V2). This means that users following the examples provided by BCDA will simply need to replace “v1” with “v2” in their API call requests. For example:

```
curl -X GET 'https://sandbox.bcda.cms.gov/api/v2/Patient/$export' \
```

Job Status returns Claim and ClaimResponse types

In addition to the three (3) resource types shown in the BCDA example, the job status should also return additional files for both “Claim” and “ClaimResponse” resource types.

```

{
  "transactionTime": "2021-12-09T20:44:01.705398Z",
  "request": "https://sandbox.bcda.cms.gov/api/v2/Patient/$export",
  "requiresAccessToken": true,
  "output": [
    {
      "type": "ExplanationOfBenefit",
      "url": "https://sandbox.bcda.cms.gov/data/42/afd22dfa-c239-4063-8882-eb2712f9f638.ndjson"
    },
    {
      "type": "Coverage",
      "url": "https://sandbox.bcda.cms.gov/data/42/f76a0b76-48ed-4033-aad9-d3eec37e7e83.ndjson"
    },
    {
      "type": "Patient",
      "url": "https://sandbox.bcda.cms.gov/data/42/f92dcf16-63a2-448e-a12a-3bf677f966ed.ndjson"
    },
    {
      "type": "Claim",
      "url": "https://sandbox.bcda.cms.gov/data/42/f92dcf16-63a2-448e-a12a-3bf677f966ed.ndjson"
    },
    {
      "type": "ClaimResponse",
      "url": "https://sandbox.bcda.cms.gov/data/42/f92dcf16-63a2-448e-a12a-3bf677f966ed.ndjson"
    }
  ],
  "error": [],
  "JobID": 42
}

```

3.2 Synthetic data

Two synthetic data sets of varying sizes are available. CMS suggests testing with a data set that most closely aligns with the volume of beneficiaries of your REACH ACO to understand the expected volume amount of data that would be available in production. **Note: these credentials will not work in the BCDA production environment.**

Small REACH ACO (100 Synthetic Beneficiaries)

Client ID:

d6975f99-d83e-4eee-9a54-c057be12d1ff

Client Secret:

06e34af5ff68b4d03d5b8167444b044219805ad6bc6525fe221be5aa3a890ff432d74480463d391e

Large REACH ACO (10,000 Synthetic Beneficiaries)

Client ID:

1f4575c9-80ea-425c-9d3e-c2b79e9159da

Client Secret:

e5d8a82f7e9e3b1d1a6aff39333b7d64a03c0aed76fa75b406bd0c52b9fdb69ee2cea511275a498

4 Accessing the BCDA Production Environment

This section provides the necessary steps to access the BCDA Partially Adjudicated Claims Enhancement in the BCDA production environment for REACH ACOs that currently have BCDA access and those who want to on-board to BCDA.

4.1 On-boarding to the BCDA Production environment (for REACH ACOs without current BCDA credentials)

As with all CMS data-sharing, REACH ACOs must complete the Health Insurance Portability and Accountability (HIPAA) - Covered Disclosure Request Attestation and Data Specification Worksheet ('Worksheet' herein) in order to access the BCDA production environment and the partially adjudicated claims data within that environment. For more information on access roles and the Worksheet, [please visit this link](#)³. Representatives from REACH ACOs who complete the Worksheet and have Executive, Entity Primary, and Entity Secondary Contacts may access claims through the BCDA production environment.

1. To obtain your organization's credentials to access the BCDA production environment, you must have obtained BCDA credentials from your 4Innovation (4i) account. To view instructions on how to manage BCDA credentials, log into your 4i account and navigate to the 4i Knowledge Library: <https://4innovation.cms.gov/secure/knowledge-management/view/537>.
 - a. For questions related to the 4i system access, please contact the Tier 1 Help Desk Support at 1 (888) 734-6433 and select "Option 1".
2. Once you have obtained your BCDA credentials, please follow the steps described below for on-boarding to the BCDA Partially Adjudicated Claims Enhancement for REACH ACOs with BCDA credentials

4.2 On-boarding to the BCDA Partially Adjudicated Claims Enhancement (for REACH ACOs with current BCDA credentials)

For REACH ACOs with current BCDA credentials, the following actions will allow access to the partially adjudicated claims data:

1. To gain access to partially adjudicated claims data, you need to be using BCDA V2.
2. Making a call to BCDA V2 will by default retrieve all five (5) bulk FHIR® resource types. No more action is necessary to retrieve the new Claim and ClaimResponse resource types.

4.3 Accessing the BCDA Partially Adjudicated Claims Enhancement

The following options are available in the BCDA production environment to access partially adjudicated claims data, along with adjudicated claims data. You can also elect to not access the partially adjudicated claims data.

What to do if you want access to partially adjudicated claims data:

1. Making a call to BCDA V2 will by default retrieve all five (5) resource types. No additional action is necessary to retrieve the partially adjudicated claims data Claim and ClaimResponse resource types.
2. On the BCDA website, there is type parameter information. This parameter allows users to select the bulk FHIR® resources they want to receive. To retrieve all five (5) resource types, exclude the type parameter. and you will automatically see partially adjudicated claims data available in your results. You can use the type query parameter to select specific resource types. For a subset of resource types, the desired resources are

³ <https://4innovation.cms.gov/secure/knowledge-management/view/491>

set in the type query parameter. For example, to request only partially adjudicated claims data, make sure you include Claim, and ClaimResponse:

For partially adjudicated claims access

`GET /api/v2/Group/$export?_type=Claim,ClaimResponse`

What to do if you do not want access to partially adjudicated claims data:

1. BCDA V2 will by default deliver partially adjudicated claims data in the form of the two (2) **new** bulk FHIR® resource types (Claim and ClaimResponse to REACH ACOs).
 - a. On the BCDA website, there is type query parameter information. This parameter allows REACH ACOs to select the bulk FHIR® resources they want to receive. If you are not using the type query parameter, you will automatically see partially adjudicated claims data available in your results.
 - b. To request only adjudicated claims data, include Explanation of Benefit, Coverage, and Patient:

For adjudicated claims access

`GET /api/v2/Group/$export?_type=ExplanationOfBenefit,Coverage,Patient`

5 Appendix

- Appendix A - Life-Cycle of a Fee-for-Service (FFS) Claim

5.1 Appendix A - Life-Cycle of a Fee-for-Service (FFS) Claim

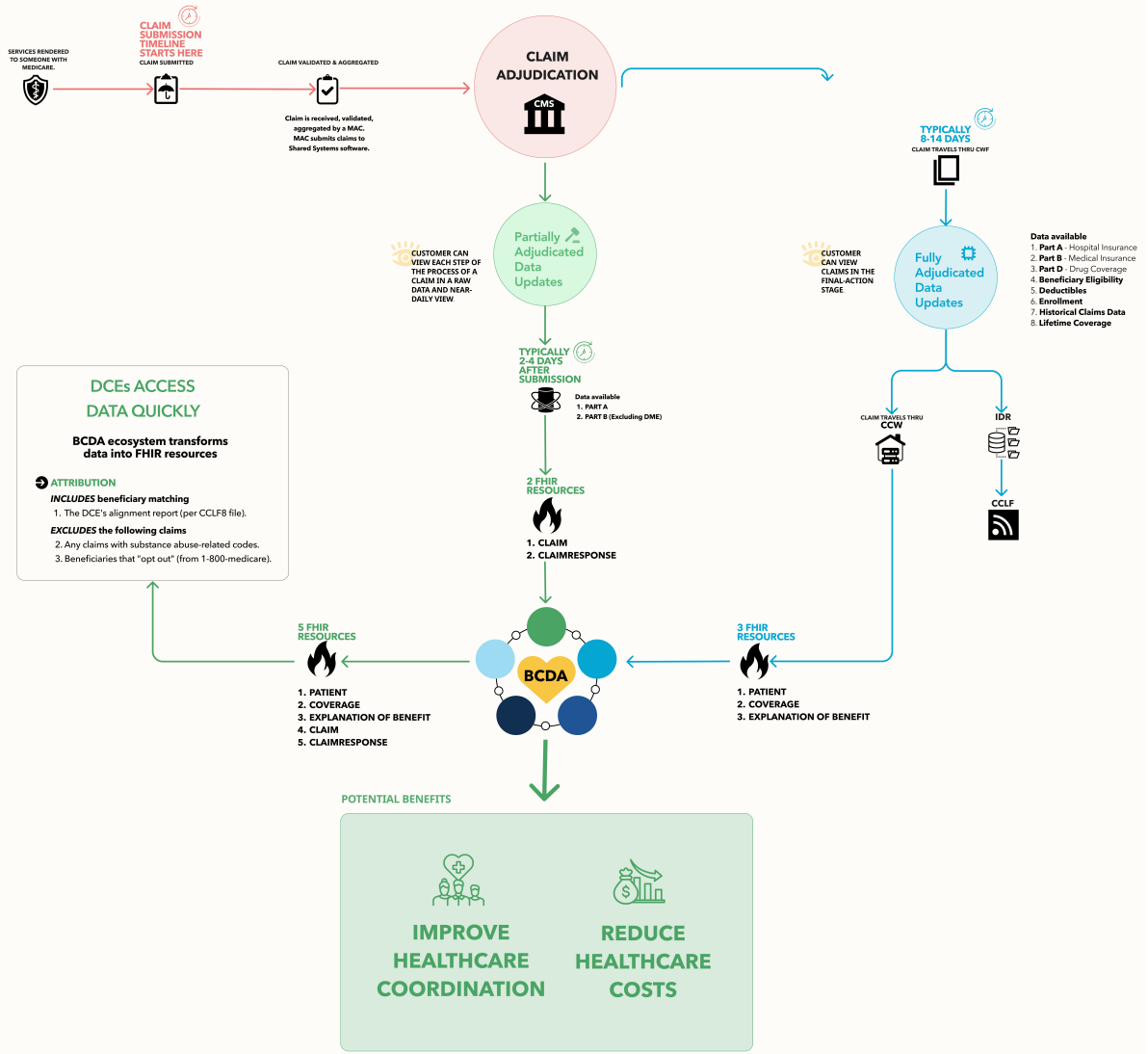
This appendix explains the key steps in the adjudication of an FFS claim and highlights how partially adjudicated claims data fit in this process. Claims adjudication is the process of reviewing and paying claims by a health plan or government program. The claims adjudication workflow involves the following steps: receiving a claim, validating it, reviewing it, and approving it. A claim's data is categorized into adjudicated and partially adjudicated data.

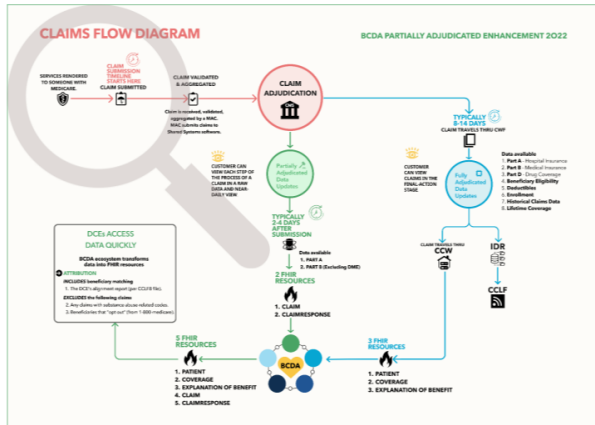
The diagram below illustrates the flow of this data in both adjudicated and partially adjudicated areas. You may be familiar with the adjudication process; what's new is the addition of partial adjudication claims data.

Figure A1: The Life-Cycle of a FFS Claim

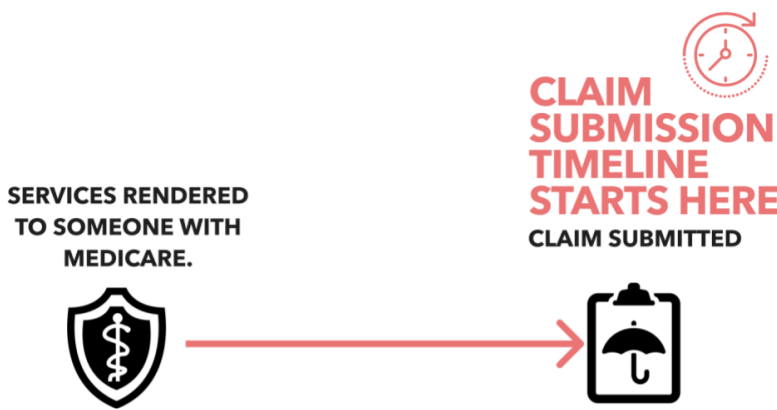
CLAIMS FLOW DIAGRAM

BCDA PARTIALLY ADJUDICATED ENHANCEMENT 2022





Starting over on the left, where the process starts, please follow the red line.

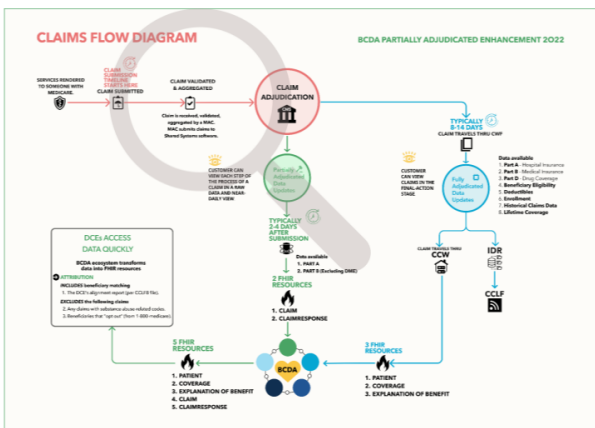


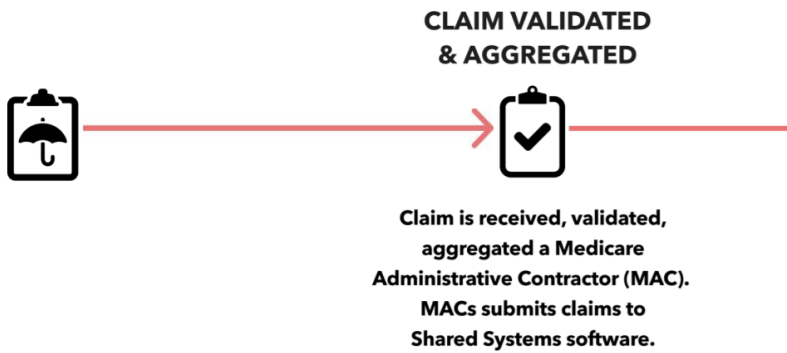
Services are rendered to someone with Medicare.

After the care is given, a claim is submitted.

This is when the clock starts.

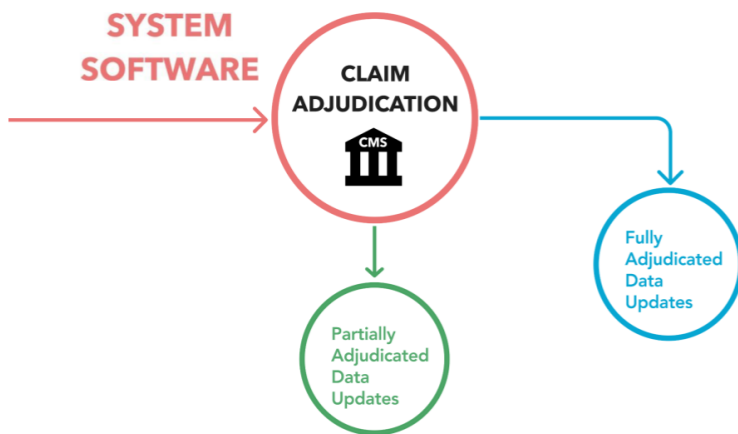
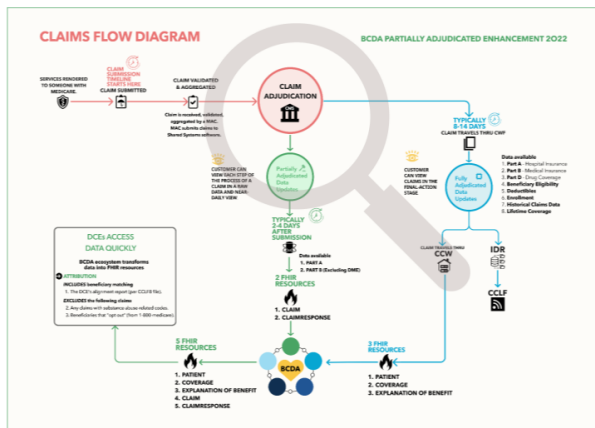
The claim submission timeline starts here.





The claim is received, validated, and aggregated by Medicare Administrative Contractors (MACs).

A MAC submits claims to the Shared Systems software in CMS.



This is where claims adjudication begins (seen in 'red').

Adjudicated claims data are illustrated by the 'blue' line

The 'green' line represents the partially adjudicated data.



Typically, the data from claim submission to Common Working File (CCWF) takes 8-14 days.

Customers can view claims in final-active status here.

In terms of adjudicated data, we have the following:

PART A - Hospital Insurance

PART B - Medical Insurance

PART D - Drug Coverage

Historical Claims Data

Deductibles

Lifetime Coverage

Enrollment

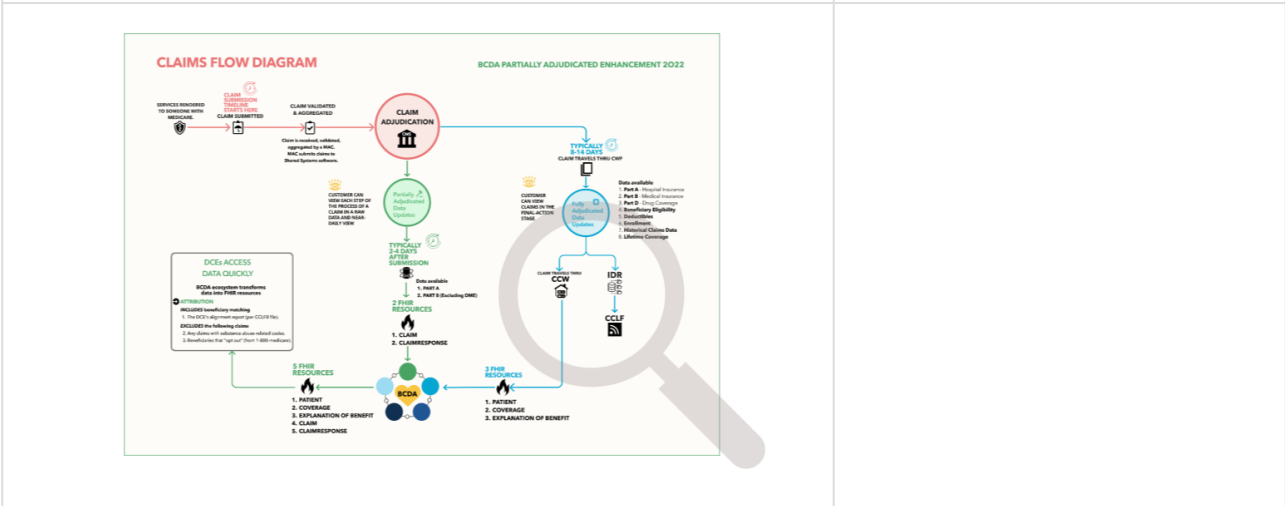
Beneficiary Eligibility

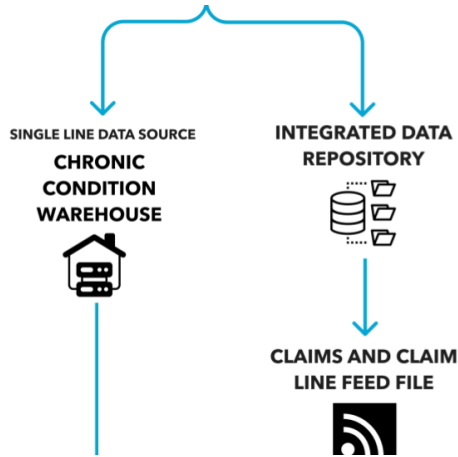
Deductibles

Enrollment

Historical Claims Data

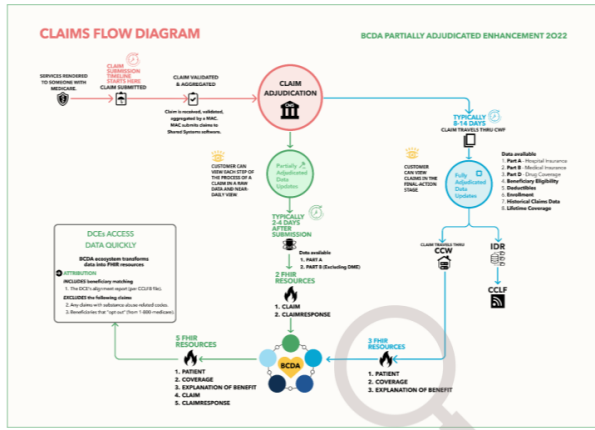
Lifetime Coverage





Following adjudication, the data is split and part goes to the Chronic Conditions Warehouse (CCW).

Another part goes through the Integrated Data Repository (IDR) and then to the Claim and Claim Line Feed File (CCLF).





The FHIR standard transforms claims data into three models:

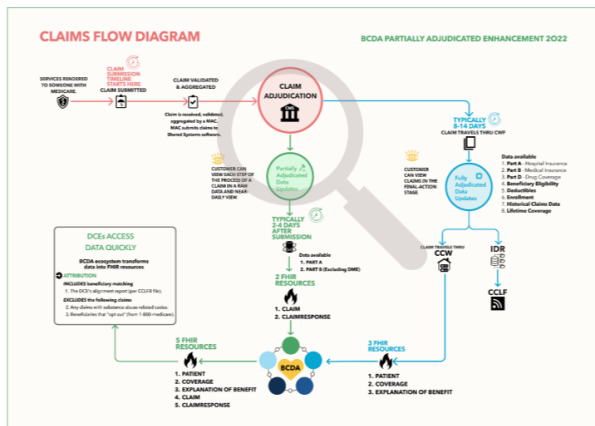
Patient

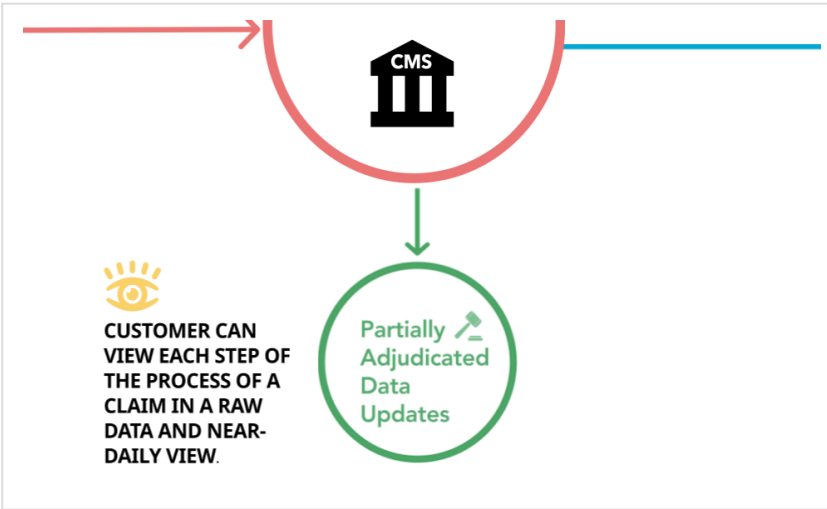
Coverage

Explanation of Benefit

The Fast Healthcare Interoperability Resources (FHIR) are:

A standard development organization, Health Level Seven (HL7), developed FHIR. It is a standard that defines how healthcare information can be exchanged between different computer systems regardless of how it is stored in those systems. It allows healthcare information, including clinical and administrative data, to be available securely to those who have a need to access it, and to those who have the right to do so for the benefit of a patient receiving care. HL7 uses a collaborative approach to develop and upgrade FHIR.

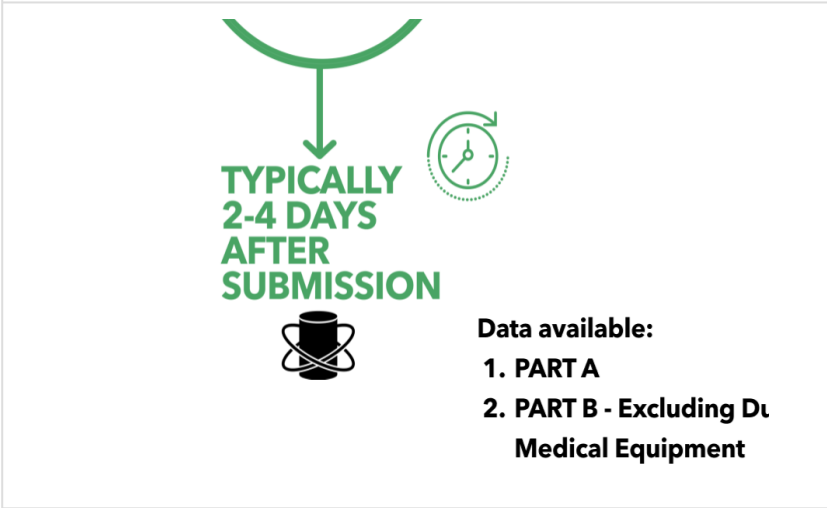
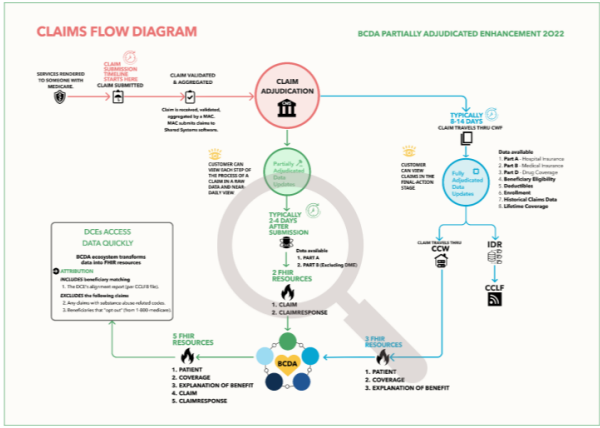




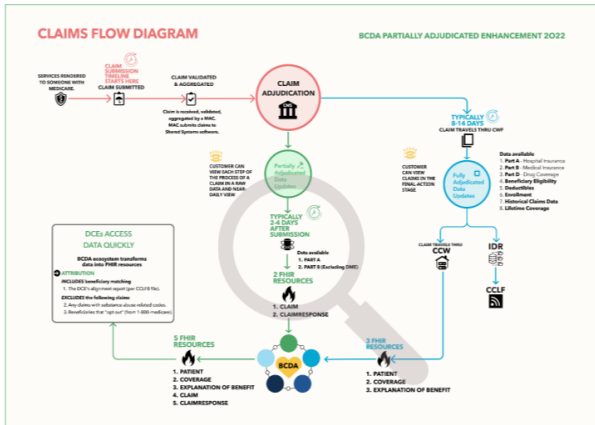
Moving back up to the partially adjudicated claims data flow.

Here is where customers can view each step of the process of a claim in a raw form in the near-daily view.

These can be referred to as ‘snapshots’ of a claim.



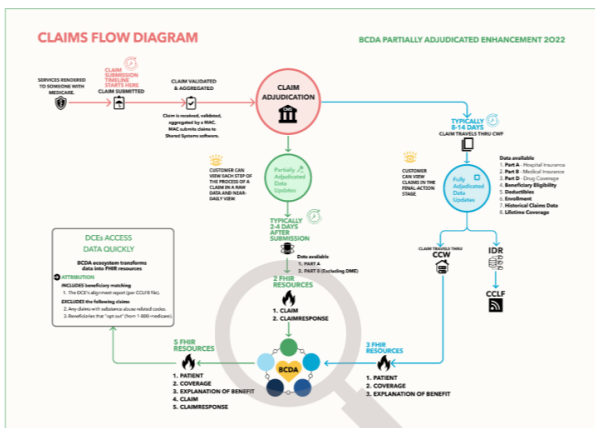
The snapshots a customer can view of the data are Part A and Part B data – excluding Part D and Durable Medical Equipment (DME).



Following the data into Fast Healthcare Interoperability Resources (FHIR)

Customers have two resource models from FHIR: Claim and ClaimResponse.

Claim and ClaimResponse travel into BCDA.



5 FHIR RESOURCES



1. PATIENT
2. COVERAGE
3. EXPLANATION OF BENEFIT
4. CLAIM
5. CLAIMRESPONSE



This is the view of what a customer can access from BCDA

There are 5 resource models of data to choose from

- PATIENT
- COVERAGE
- EXPLANATION OF BENEFIT
- CLAIM
- CLAIMRESPONSE

A customer sees all 5 resources together. They choose the one they need for their analysis. When they see all 5 resources together, they choose the one(s) they need for their analysis.

