WHAT'S DIFFERENT?

Quick Start Guide

Updated 8/16/2022

BlueCross BlueShield Minnesota

Terminology

New	Old
Blinded Employee / Member ID	Scrambled Subscriber / Member ID
Client ID	Market ID (MID)
Coverage Tier	Contract Type
Eligibility	Status
Employee	Subscriber
Level of Aggregation (LOA)	Filter *(see User Guide for details)*
Paid Amount	Plan Paid
Paid Month	Process Month
PPO Savings Amount	Provider Discount Amount
Report Tag	Group Structure Insights or Client Preferred Set Up

Prebuilt Reports

Employer Reporting offers a reporting suite of prebuilt reports. Populations (groups, state, etc.) can be defined when reports are run or scheduled. Report customization is not the same as in the prior reporting tool. The prebuilt reports enable ease of reporting and support reporting precision. Bundled reporting can be used to group reports that need to be run together on the same population and date basis. Bundles will produce a multi-tabbed / multi-page output. Bundles can also be scheduled.

Elasticsearch

Employer Reporting has phased out Elasticsearch in the application as of August 2022, and it will only be applied to reports with >10 million rows.

Employer Reporting uses a technology called Elasticsearch, which is based on the HyperLogLog++ algorithm. It is used for counting in some reports (e.g., claims, claimants, utilization). Elasticsearch technology uses mapping to create and search an inverted index of data. Results are close to actuals but are not exact values. Variance is often less than 1% - it may be up to 3% in rare cases. It is never used to calculate paid dollars, which will always be precise. PMPM calculations are not impacted by Elasticsearch.

Topic	New	Old	Type
Age Bands	Breaks do not change with filters (e.g., filter for age 26+ but age band reads 25-29. Members age 25 are excluded in count but age band label does not change to 26-29)	Breaks were dynamic	Functionality
Blinded Employee / Member ID (Formerly Scrambled IDs)	Mapped to a Person ID that follows a member behind the scenes. Even if Blinded ID occasionally changes, the counter for High Case Claim reports will no longer reset, allowing for a more accurate picture.	Scrambled IDs could change and reset the counter for High Case Claim reports.	Data
Block of Business 1 (BOB1)	Organizes clients / groups by business type - Level 1 *(e.g., National Accounts, Large Group, Public Sector). Available as Level of Aggregation (Filter) - see Employer Reporting User Manual for additional details*	N/A	Data
Block of Business 2 (BOB2)	Organizes clients / groups by business type - Level 2 *(e.g., National Accounts SI, Large Group FI, Public Sector FI). Available as Level of Aggregation (Filter) - see Employer Reporting User Manual for details*	N/A	Data
Bundled Reporting	Supports bundled reporting to deliver multi-tabbed reports for easier output	N/A	Functionality
Data Range	Claims incurred as of 1/1/2018 are in the tool *(claims incurred prior to 1/1/2018 are not in the tool)*. The tool contains members active as of 1/1/2018	Included all claims in a rolling 48-month cycle	Data
Drug Classification / Pharmacy Data	Use First Data Bank classification *(industry standard)*	Used Medispan *(industry standard with slightly different design)*	Data
Emailed Report Information	System sends emails notifying user that report is available in the tool for pick up; no reports are sent externally	System delivered reports via email as scheduled or on an ad hoc request basis	Functionality
Favorites	N/A – users can run a report with specific filters and schedule for monthly delivery into the tool	Ability to save a report layout and reuse	Functionality
Group ID / Subgroup ID	Includes only Group ID	Legacy identifiers of groups	Data
Historical Data Refresh	Uses Last Adjusted Logic, which applies the Last Positive Adjustment to data. This means that the data is always updated and current; however, it also means you may notice changes reflected in historical data over time.	N/A	Data

Topic	New	Old	Type
Inpatient	Based on place of service. Includes professional services. For example, normal newborns are not captured as an admit *(rolled under mother)*, preemies are a separate admit. Continuous admissions are counted as one *(e.g., SNF, mental health)*	The facility component billed on a UB92 claim form for services relating to a hospital admission.	Data
ICD 9 / ICD 10	Presents data using ICD 10 mapping	Presented data using ICD 9 mapping	Data
Market IDs (MID)	N/A	Legacy identifier of clients	Data
Member Age	Age reported as of the date the report is run and remains consistent across all reporting months of that report	Age displayed as specific member age for each month in the report	Data
Member Counts	Based on whether member was covered for at least one day during the month	Based on members active on the 15th of the month	Data
Member Liability	Member Liability = Charges – Provider Savings – Plan Paid + ITS Fees. Provider Savings includes only Medical savings. Future enhancement to rename Provider Savings to Med Provider Savings and add Rx Provider Savings to the MER to better supports different reporting needs of different business segments. At that time, the Member Liability calculation will be updated to include both Medical and Rx savings.	Member Liability = Charges – Provider Savings – Plan Paid + ITS Fees. Provider Savings includes Medical + Rx savings combined.	Data
Office Visit	Based on place of service	N/A	Data
Outpatient	Based on place of service. Combines professional services tied to the outpatient admit or procedure	The facility component billed on a UB92 claim form for services that do not result in a hospital admission	Data
Pharmacy Claim Counts	Uses methodology based on paid amount of each claim rather than unique claim ID – *see example below*	Used core claim ID for counts	Data
Professional	Professional is not a utilization category. Professional services are reported under the corresponding place of service	The services billed by a health care provider on a HCFA 1500 claim form; services include professional evaluation and management services, surgical procedures, and medical services as defined by CPT-4 code ranges of 00100 through 69999 and 90000 through 99999	Data
Provider Savings	Calculating medical Provider Savings. Future enhancement to rename Provider Savings to Med Provider Savings and add Rx Provider Savings to the MER. This better supports different reporting needs of different business segments.	Calculating a combination of Medical and Rx Provider Savings.	Data

Rx Claim Count Methodology Comparison

**** NOTE: These are not actual data and are for illustrative display only ****

Date	Claim Number	Core Rx Number	Paid Amount	New Count	Old Count
1/2/2021	D12398745665478999900000R	123987456654789	$0.00	0	1
1/3/2021	D11223344556677899900000P	112233445566778	$12.35	1	1
1/3/2021	D11223344556677899900000X	112233445566778	($12.35)	(1)	
1/3/2021	D11223344556677899800000P	112233445566778	$12.35	1	
1/4/2021	D22446688997755399900000P	224466889977553	$123.45	1	1
1/4/2021	D22446688997755399900000X	224466889977553	($123.45)	(1)	
1/7/2021	D19283746591827399900000P	192837465918273	$4.25	1	1
1/17/2021	D99887766554433299900000P	998877665544332	$95.32	1	1
1/17/2021	D99887766554433299900000X	998877665544332	($95.32)	(1)	
1/23/2021	D99887766554433299800000P	998877665544332	$95.32	1	
1/23/2021	D99887766554433299800000X	998877665544332	($95.32)	(1)	
1/26/2021	D99887766554433299700000P	998877665544332	$84.25	1	
		Totals	**$100.85**	**3**	**5**

Methodology Notes

1. New tool uses a different methodology for counting pharmacy (Rx) claims than what is employed for medical claims.
2. Claims are counted as "+1" for any claims that have a positive payment amount.
3. Claims are counted as "-1" for any claims that have a negative payment amount.
4. Claims are counted as "0" for any claims with a zero payment amount. These claims are EXCLUDED from claim counts in both tools.
5. New tool count is the sum of hashes of 1 and -1.
6. Old tool count based on logic for Core Rx Number so will almost always be higher than the new tool count.