10/22/2026 Health Carrier Data Call, Question/Answers

1. **QUESTION:** The |Data Dictionary| tab asks for the “full code without decimal point” for the [Primary ICD-10-CM Code] field in Exhibit D. For example, are we required to enter “R1030” instead of “R10.30”? The latter is how the codes show up in our database.

   ANSWER: Yes, that's correct. For part of our analysis, we are using the Clinical Classifications Software Refined (CCSR) for ICD-10-CM Diagnoses, developed and published by the Agency for Healthcare Research and Quality (AHRQ). Their tools require the ICD-10 codes to not have the decimal.

2. **QUESTION:** There is a problem with the excel file “reconciliation” tab where it is not pulling in the data for small group or large group because on the exhibit A tab the years are “20222”, “20223”, etc. when it is looking for just 2022. How do we go about correcting the Exhibit A years so the reconciliation captures all the data? Please let us know what the next steps we need to take.

   ANSWER: We've updated the template to correct that issue: Idaho DOI Health Cost Drivers Data Call Template.

3. **QUESTION:** Carrier wishes to confirm self-funded group health plans data is not to be included in the data call. Self-funded group plans fall outside the DOI's regulatory jurisdiction.

   ANSWER: Yes, self-funded data is included. Bulletin 26-16 applies to each insurer that reported Idaho comprehensive major medical business on its MLR Annual Reporting Form for any year from 2022 through 2025. It covers the insurer’s individual, small group, and large group business, plus the self-funded employer plans the insurer administers. The cover letter and the workbook instructions say the same, and the workbook has a separate Self-Funded segment for this data. The data call does not regulate the self-funded plans or ask anything of the employers that sponsor them.

4. **QUESTION:** Does Idaho have their own URRT with service categories?

   ANSWER: Idaho does not have our own URRT or instructions. We ask all respondents to use the service category definitions that apply to the Federal URRT. See 2027 PY URR Instructions, but splitting out Emergency Room = outpatient facility claims containing any revenue code 045x:

- Inpatient Hospital: Includes non-capitated facility services for medical, surgical, maternity, mental health, and substance abuse disorder, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- Outpatient Hospital - ER: outpatient facility claims containing any revenue code 045x.
- Outpatient Hospital - All Other: Includes non-capitated facility services for surgery, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.
- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services.
- Prescription Drug: Includes drugs dispensed by a pharmacy. This amount should be net of rebates received from drug manufacturers.