

Data Narrative Request

(HB 53-Delivery of Necessary Diabetic Supplies Template)

In preparation for the upcoming NM HB 53 reporting period, please note that the Office of Superintendent of Insurance has introduced a **new reporting template** designed to replace the prior versions. These updates are necessary due to recurring instances where submitted reports contained blank templates.

What we need from you:

1. **Completed the new excel template.**
2. **Submit a separate data narrative as a pdf, the data narrative is different than the narrative tab in the HB53 excel template.**

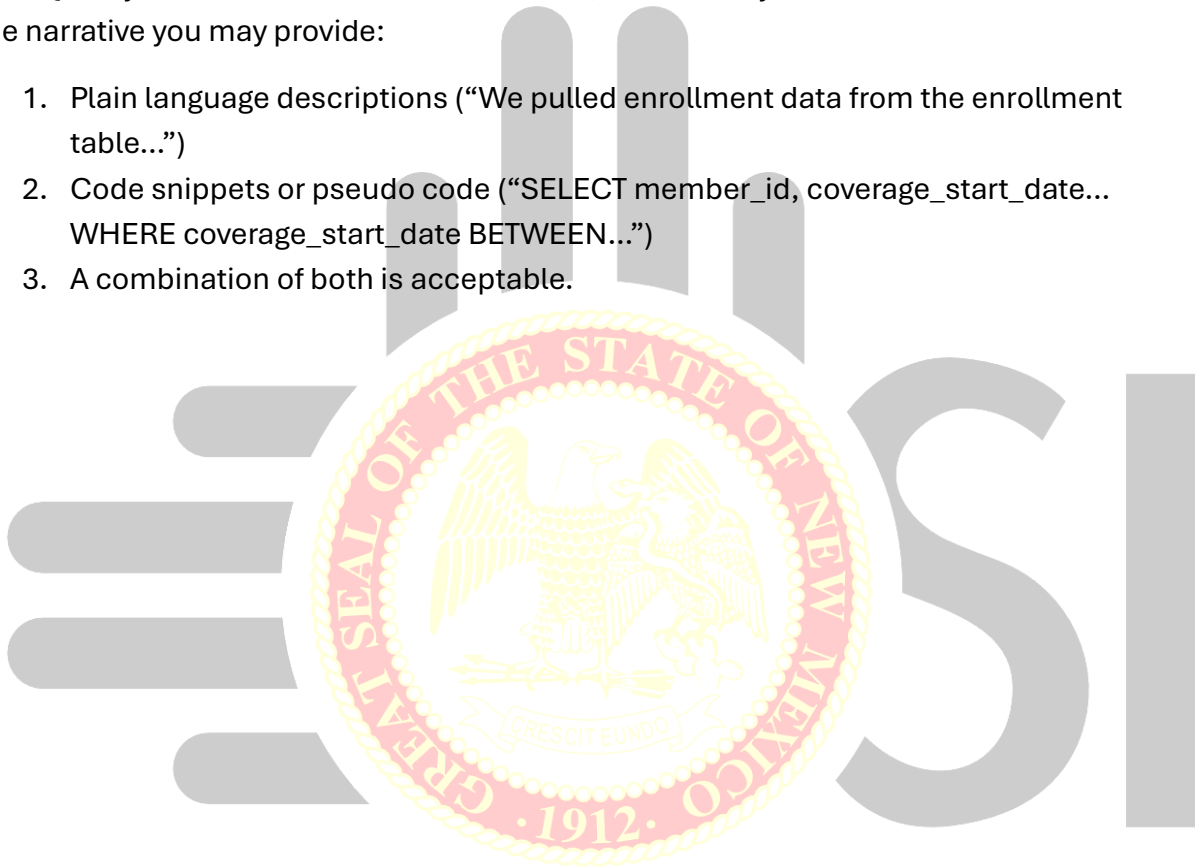
[Instructions on how the carrier gets the new template if the template is lost. (TBD)]

- ! Only current templates will be accepted this cycle. If the incorrect template is used the report will be rejected and a revised report will be requested.
- ! A report and a narrative must be submitted for each line of business/each NAIC company code.
- ! Important! Submit the HB53 template in its native Excel file format. Use the following naming convention for the reporting template: **NAIC Company Code_HB53_OSI_Report_Quarter (Q1, Q2, Q3, Q4)_Rundate (as year month day).xlsx**
- ! For the PDF data narrative use the following naming convention: **NAIC Company Code_HB53_OSI_Narrative_Quarter (Q1, Q2, Q3, Q4)_Rundate (as year month day).pdf**
- ! E-mail both the Excel report and the PDF narrative, to lifehealthdata@osi.nm.gov.
- ! If there are any changes in the methodology you use, gather the data for the Delivery of Necessary Diabetic Supplies you need to update your narrative.

Data Extraction Narrative Instructions

To promote transparency and data quality, we also request a detailed narrative description (verbal or code) of how the data was sourced and extracted from your internal systems. At a minimum, your narrative should address:

1. Which modules (e.g., claims, enrollment) were used to retrieve reportable fields.
2. Filtering logic or transformation steps applied (e.g., date filters, code list joins, de-duplication).
3. Quality controls, such as data validation, consistency checks, or exclusion rules. For the narrative you may provide:
 1. Plain language descriptions (“We pulled enrollment data from the enrollment table...”)
 2. Code snippets or pseudo code (“SELECT member_id, coverage_start_date... WHERE coverage_start_date BETWEEN...”)
 3. A combination of both is acceptable.



Example of Data Narrative

Below are examples of how to write Data Extraction Narrative in plain language. **Explain how each section in the template was populated, your explanation must use the template sheet name and the specific template section as headers.** The following example demonstrates the format for the first few sections only:

Sheet: 1. Reimbursement: Population Section

We identified the population by pulling member information from our Enrollment data model. We selected members who had active coverage as of the last day of each month in the reporting period. To determine whether a member had a qualifying diabetes diagnosis, we joined the enrollment data problem list/diagnosis tables and filtered for the specific ICD-10 codes listed in the Instructions sheet of the HB53 template (E08, E09, E10, E11, E13, O24.4, O24.9). Only members with both active enrollment and at least one qualifying ICD code were counted in the “Total Lives with a qualifying diagnosis” field.

Sheet: 1. Reimbursement: Member Reimbursement Section

For the Member Reimbursement section, we used our Claims data model. We extracted claims flagged as self-submitted or self-pay with a qualifying diagnosis. These include requests where members sought reimbursement for out-of-pocket purchases from pharmacy or DME providers. We filtered claims to include only those finalized (paid or denied) during the reporting month, as required by the template. We then calculated counts of approved requests, denied requests, total amounts reimbursed, and interest amounts for each category (Pharmacy and DME/Supplies).

Sheet: 1. Reimbursement: Provider/Supplier Reimbursement Section

For the Provider/Supplier reimbursement fields, we again pulled data from the Claims data model, limiting the data by qualifying dx. For this section excluded all claims that were self-submitted or self-pay.

- This narrative will help us validate the integrity of your submission and better understand differences between carriers’ methodologies.
- Please confirm receipt of this message and indicate if you foresee any challenges meeting both requirements.
- We appreciate your cooperation in ensuring a smooth and transparent reporting process. Should you have any questions or require clarification, feel free to reach out.