

Maine Health Care Claims Data Users' Group  
Notes – October 25, 2006

Attending: Chad Jolin, Rich Linehan, Chris McCarthy, Susan Schow, Al Prysunka, Adam Thebeau, others. On the Phone: Dick Fournier.

The primary topic for discussion during this meeting was regarding identification of IP & OP Hospital records in the DPC data and what level does this data link into the MHDO IP & OP Hospital database tables. The DPC conducted research into this process and reported that if a "narrow" inclusion net is used, example: If the provider on the claim is identified as a ME Hospital and there is either a Room & Board Rev code and/or the Billtype on the claim indicates an IP claim then the number of records identified in this manner are over 90% likable to the MHDO Hospital IP data. Conclusions on the OP Hospital side were that there were far more records in the DPC claims table that were identified as potential ME Hospital OP records that could not easily be linked to the MHDO Hospital OP table. This linkage issue could be differences in claim processing and changing of values of CPT codes, date mistypes, etc that would cause a DPC OP record not to be found in the MHDO OP data. The work also found that as you spread the net wider to try and capture more Hospital IP records in the DPC data you actually begin to inaccurately identify OP Hospital records as IP records. This was found to be typical when you used the Admit date as a determining factor to say a claim is an IP Hospital claim. In many cases the Admin date is inadvertently set to a service authorization date and both IP and OP services may require an authorization date. After much discussion it was the consensus of the group that identification of Hospital IP records should be kept as narrow as possible to avoid over reporting of IP encounters and dollars.

The DPC informed the group that members of the DPC would be attending a National Provider Identification conference call and would bring back information to the group at the next meeting. There was some discussion around the use of the Taxonomy code which the DPC learned during a different conference call is a value that is being enforced at the payer level. Meaning the payer will determine what Taxonomy code a provider should be using relative to the services that are being rendered. This means that a given provider could have multiple Taxonomy codes across payers and even within payers if the provider is submitting claims for a wide range of services.

Al Prysunka gave a status report on addition of the Medicaid and Medicare claims and eligibility data to the DPC data tables. It was discussed that provider files for these two entities would be forth coming and the DPC will work to perform provider linkage work prior to any claims data being updated into the system. It would appear that the earliest the DPC would see any of the claims and/or eligibility data loaded into the system will most likely be in the first quarter of 2007.

It was decided that the frequency of meetings should be moved to bi-monthly, however with Holiday schedules it was finally decided that the next meeting would be held in January 2007.

Possible future topics:

- Attribution
- Code resolution
- Cross walking of codes
- Mapping analysis of Local procedure codes
- MQF discussion on database project
- MHDO discussion on Individual Provider attribution for medical claims

Next Meeting Topics:

- None selected at the meeting

**Next Meeting: January 24 9:30-11:30 Location change: MHDO Office, Augusta**