

Maine Health Care Claims Data Users' Group
Notes – May 23, 2007

Attending: Chad Jolin, Susan Schow, Al Prysunka, Adam Thebeau, Josh Cutler, Suanne Singer, Chris McCarthy, Mike Delarenzo

The primary topic for discussion during this meeting was to review the recommendations made in the Health Dialog independent data assessment of the commercial claims data bank and to identify next action steps. The results of these action steps will be the primary topic for discussion at the July User's Group meeting.

The Data Processing Center started the discussion by first presenting a short presentation about the evolution of the DPC from the initial build in 2003 to the NCDMS system build in 2005 to support NH and then the migration of the ME system into NCDMS in 2006. We briefly discussed the issues with small volume payers and the payer level threshold adjustment criteria. All payer level threshold adjustments are maintained in a Meta data table that both the MHDO and DPC have access to. It was also identified how the DPC reviews the Data Quality of the data that has been submitted by a payer. This is a manual review process with feedback directly from a DPC data manager to the payer. The DPC indicated that they are working with the MHDO to review the current DQ edits that are in place and make adjustments and add new edits as necessary. The DPC also indicated that the inclusion and collection of the National Provider Identifier will greatly assist in the validation and linkage of providers across payers, but will fall short of being the silver bullet.

After the presentation, the DPC indicated that it was pleased with the Health Dialog Independent review of the data and would be discussing the report at the next DPC Board meeting to be held at the beginning of June. At this point handouts were passed out that summarized a number of recommendations/observances that were identified throughout the HD report. Some 16 identified items were discussed among the group with a resulting action item for the DPC, MHDO and/or HD. Some of the specific issues/concerns that the DPC will research and report on at the next User's Group meeting are:

- a) Claims with invalid Admit & Discharge dates
- b) Claims with missing primary DX codes, but have secondary
- c) A marked decrease in the occurrence of CPT code 99213
- d) A marked increase in the use of CPT code 36415 for Anthem
- e) DPC to confirm ED visit rate for Anthem (need information from HD)
- f) Provider attribution cleanup and continued process improvement

The DPC also indicated that some concerns/issues will be addressed with modifications and/or additions to the DQ edit review process. An update on this work will also be made at the next User's Group meeting.

The DPC informed the group that the submission of the 1st qtr 2007 data was on schedule to be delivered to the MHDO by the end of June. The DPC also indicated that the Medicaid and Medicare Provider data from the MHDO had been added to the DPC's service level provider tables and that linkage would had begun for this data.

The MHDO gave a status report on addition of the Medicaid and Medicare claims and eligibility data to the DPC data tables. It was noted that the programming to create the DPC formatted files had begun and the MHDO was still expecting to be able to submit data to the DPC during the month of July.

Possible future topics:

- Development of data use methods/Business Rules

Next Meeting Topics:

- Discussion of the research/results on the action items identified during this meeting.

Next Meeting: July 25 9:30-11:30 Location: MHIC Office, Manchester