

Maine Health Care Claims Data Users' Group
Notes – July 25, 2007

Attending: Susan Schow, Adam Thebeau, Chris McCarthy, Mike Delarenzo, Dick Fournier, Norm Anderson

The primary topic for discussion during this meeting was to review and discuss the research/action items from the prior User's Group meeting regarding the Health Dialog Independent data validation and usefulness report.

The prior User's Group meeting notes identified six specific topics that the DPC would look into to determine the validity of the data and confirm the Health Dialog analysis. The primary topics that were discussed were:

- 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

For item (a) the DPC confirmed the HD report that a very small percentage of data contained bad dates in the Admit and Discharge date fields. It is the DPCs intention to add a Data Quality edit that would capture this error rate and if over a set percentage the file would be failed. Everybody felt that some level of noise in these fields is acceptable.

For item (b) the DPC determined that the vast majority of records with a null primary DX value was from Anthem data submissions, however, it is not a large enough percentage of any one Anthem file to cause the file to fail. The user's group determined that if this Anthem data is not missing a primary DX but instead all the DX codes on the claim are pushed one field to the right then it would be acceptable to move any valid DX codes back one field to the left so that the Primary DX code was filled in properly. The DPC indicated that they would follow up with Anthem to determine if this is the case and if confirmed the DPC would handle filling the primary DX code field appropriately.

For item (c) the DPC determined the payers driving this decline are T0127 – Machigonne and C0125 – CGLIC. In both cases not only the volume of paid CPT code 99213's declined in 2005, but the monthly rate per 1000 members also declined substantially. Other payers had similar declines in the use of this code, but not as drastic as these two payers. The DPC indicated that they were still looking into the reason for this decline and indicated that some could be the rapid reduction in membership for these two payers or the use of some local billing code for routine office visits or the incorporation of physician practices as hospital own physician groups and thus billed by the Hospital as a clinic or some other code.

For item (d) the DPC determined that in January 2005 Anthem appeared to stop processing any claims using the code of G0001 – HCPCS Blood Stick. From that point on only the 36415 – CPT code Blood Stick would be processed and paid. This change in the Anthem processing system doubled the utilization of the 36415 code as prior data show about 50% of all Blood Stick claim lines were billed using the HCPCS G0001 code.

For item (e) the DPC was given, at the meeting, a chart produced by HD showing the ED visit rates for the major carriers in the State of Maine. The DPC will attempt to reproduce these rates, but has also requested from HD what the basic methodology was that was used to determine an ED visit. During discussions theories ranged from Anthem having very different populations mix, including many over 65 members to access and benefit structure differences for members. The DPC indicated that these results will be shared with the group once the analysis is completed.

For item (f) the DPC indicated that the specific provider linkage issues identified by the HD report had been corrected and that provider linkage, specialty attribution, etc are all part of the day to day provider linkage work happening at the DPC. The DPC also indicated that monthly provider file updates are sent to the MHDO to be disseminated to requesters of the data.

The DPC informed the group that through a complete field level threshold analysis the DPC is recommending to the MHDO default field threshold changes on some 30 plus required data fields. Most of these changes are increases in threshold, but a few fields the DPC is recommending decreases. The DPC also indicated that they are developing programming specifications to either modify existing or create new Data Quality Edit checks. This work will result in approximately 15 new or modified DQ edits. The implementation time table for both the threshold changes and the DQ edits is October 1st, 2007. This time line give plenty of time for communication to payers and testing of new code before applying to any production files.

The DPC informed the group that the submission of the 1st qtr 2007 data was completed by the end of June.

Possible future topics:

- Development of data use methods/Business Rules

Next Meeting Topics:

- No topic was selected at this meeting, DPC to come up with the next meeting topic

Next Meeting: September 26 9:30-11:30 Location: MHIC Office, Manchester