

Welcome to the Spring 2008 edition of the National Claims Data Management System Newsletter. You will be notified through e-mail each time the newsletter is posted to www.ncdms.org. The April 2008 newsletter focuses system growth, National Provider Identifier (NPI) updates and the National All Payer Claims Conference.

National Provider Index (NPI) Update

Many of you are aware of the recent updates to the National Claims Data Management System (NCDMS) data quality edits that now require submission of valid NPIs. Additional research by our staff has identified some concerns in how this data is being populated and submitted to the NCDMS. Payers have been using a few known approaches for submission of this data element.

One approach – The majority of carriers have been capturing the NPI that is being submitted on claims sent to them. This NPI is then passed to the processing system. This pass thru approach of the NPI has had several validation issues:

- When the data comes in we validate and find invalid NPIs based on format of the value.
- We have also had issues when validating the values against the National Plan and Provider Enumeration System (NPPES) NPI master file (which is publicly available and updated/released quarterly).
- We have identified multiple physician names and/or provider numbers that are tied to one NPI number.
- We have issues where one provider name is tied to multiple NPIs.

A second approach – A few carriers have identified that they are accepting the NPI as submitted by the provider, but then are validating the value for accuracy using a number of data fields from an internal mapping of the carrier's provider numbers to the NPPES NPI table using the provider name and address.

A third approach – Some carriers have ignored the provider submitted value on the claims and instead create an internal mapping of the carrier's legacy provider numbers to the NPPES NPI master file. This individual physician data mapping to the NPI file is fine; however, in at least one case we know the provider's TAXID is being used to perform this mapping.

As we have seen in the past the TAXID that is submitted on a provider's claim can be the billing provider's information not the performing/servicing provider information. Therefore, for Hospitals and other Facilities where the billing and servicing provider are typically the same entity the mapping may be fine. For individual physicians that work in group practices with billing systems or that have a separate billing agent the number of the practice or too frequently a single provider in the practice is used while submitting a claim. In hospital-owned practices the hospital TAXID is also sometimes used when submitting claims. With any of these methods we may not always be given the proper NPI of the physician associated with the care.

The scenarios listed above pertain primarily to individual physician claims and not facility claims. Centers for Medicare & Medicaid Services (CMS) and NPPES have repeatedly stated that a given facility can apply for multiple NPI values. Knowing this we believe we end up with three possible valid scenarios:

1. a carrier's records for a Hospital may have multiple carrier specific provider numbers and names, but be tied to one NPI;
2. the same carrier specific provider number and name may be tied to multiple NPIs or
3. a combination of the preceding permutations may exist in any given file.

Regardless of what model is being used to supply NCDMS with valid NPIs in a submission all the approaches described above are unlikely to be equally acceptable. We have several ideas for consideration on how to more accurately capture what is designed to be a universal identifier and will be sending our recommendations out to payers and coordinating a conference call in the next few weeks.

National Conference on All-Payer Databases

The National All-Payer Database conference was held on April 17th and 18th, 2008 in Beverly Massachusetts. Sponsored by Massachusetts Health Data Consortium, National Association of Health Data Organizations, Regional All Payer Healthcare Information Council and the New Hampshire Institute for Health Policy and Practice; the conference attracted a large national audience. The conference focused on the increasing interest in all-payer databases and the information they can provide. Several key sessions focused on a variety of topics.

Applications of the Data had presentations from insurance departments, health departments, researchers and employers.

Suanne Singer, President, Maine Health Information Center, presented an overview on the wide variety of work that has been done with claims data.

Tyler Brannen, Health Care Statistician, New Hampshire Insurance Department, presented on the use of claims data to develop an understanding of health cost. This information has been instrumental in developing the New Hampshire health cost web site, <http://www.nhhealthcost.org/>.

Andrew Chalsma, Chief, Bureau of Data Systems and Management, New Hampshire Department of Health and Human Services, presented on the extensive comparative data and in-depth studies that have resulted from the New Hampshire Comprehensive Healthcare Information System (NH CHIS) project.

D. Joshua Cutler, MD, Director, Maine Health Quality Forum, presented on data applications resulting in quality measurement and variation studies undertaken by his organization

Robert J. McGrath, Assistant Professor, Department of Health Management & Policy, University of New Hampshire and Executive Director, New Hampshire Health Information Center and Robert Woodward, Chair of Health Economics, University of New Hampshire, presented on public health research work using claims data.

In Case Studies from States with All-Payer Databases presenters focused on the status of their state data structures, data elements collected and rules for data collection as well as current legislative process surrounding all-payer databases in respective states.

Al Prysunka, Executive Director, Maine Health Data Organization

Leslie Ludtke, Health Policy Analyst, New Hampshire Department of Insurance

Keely Cofrin Allen, Ph.D, Director, Office of Healthcare Statistics, Utah Department of Health

Dian Kahn, Director of Analysis and Data Management, Vermont Department of Banking, Insurance, Securities and Health Care Administration;

All spoke of the initiatives on-going in their states.

The issues associated with Harmonization of Rules for Collecting and Releasing Data, explored further the data collection and release rules of several New England states as well as collection from the health plans perspective.

Dian Kahn, Director of Analysis and Data Management, Vermont Department of Banking, Insurance, Securities and Health Care Administration

Katharine London, Executive Director, Massachusetts Health Care Quality and Cost Council

Beth Roberts, Chief Operating Officer, Harvard Pilgrim Health Care of New England,

Presented Vermont's, Massachusetts' and Harvard Pilgrim's insight on these issues.

National Conference on All-Payer Databases - Contiued

The keynote address was provided by Kathleen Kendrick, Deputy Director, Agency for Healthcare Research and Quality. Her presentation focused on the nationwide movement to provide value-driven healthcare. Overview on current federal initiatives in quality and cost metrics, Centers for Medicare and Medicaid Services chartered value exchanges (and the implications they have for public data exchange) and other national implementations underway focusing on redefining healthcare.

This informative address was followed by a discussion of the Integration of Public and Private Sector Database work that has gone on in several states and specifically in Maine.

William Saunders, Deputy Director, Office of Information Services, Centers for Medicare & Medicaid Services, spoke on ways that CMS data is used and how to obtain it.

Al Prysunka, Executive Director, Maine Health Data Organization spoke on Maine's work in integrating CMS data with private payer data in Maine.

The conference concluded with a session on Building a Multi-State Database. The presenters demonstrated the value and complexity of multi-state databases including demonstrations on specific applications and research currently underway. Presenters included:

Bill Perry, Vice President of Research and Data Applications, Maine Health Information Center

Suanne Singer, President, Maine Health Information Center

David Goodman, MD, MS, Professor of Pediatrics and Community and Family Medicine, Dartmouth Medical School

Erika C. Ziller, Research Associate, Institute for Health Policy - Muskie School of Public Service, University of Southern Maine.

This exciting event brought focus and attention to the national work that is on-going with all-payer databases. The slate of speakers demonstrated in detail the sophistication of the research that is emerging from this data set and its over-all value to the healthcare community.

An in-depth online recap of this conference can be found at:

http://www.mahealthdata.org/forums/events/2008/SW_0417/agenda.html

including all presentations that were given.

System Updates:

The National Claims Data Management System processed record number 1 billion in the last quarter. This represented a system landmark for us at the processing center. With additional state participation expanding the system we are pleased with the ongoing improvements in performance and throughput for all system users that have continued with NCDMS updates.

Recent system changes have resulted in dramatic improvements in processing time. Turnaround times on file processing have seen a five-fold reduction in most cases. We are thankful for the feedback from all system users.

Please note: some users have reported issues while attempting to view online reports in the NCDMS system. This potential issue appears to be browser-based and we have resolved this. **Please contact NCDMS support staff if you are having issues associated with NCDMS online report viewing (contact information provided to the right).**

Events and Key Dates

4/30/2008 – Data submissions for March 2008 due to NCDMS.

5/31/2008 – Data submissions for April 2008 due to NCDMS to include adherence to new thresholds.

6/30/2008 – Data submissions for May 2008 due to NCDMS to include adherence to new thresholds.

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Maine Health Data Processing Center:

Maine submitters should note

There are numerous issues with NPI submissions that have been covered on page 1 of this newsletter.

The new thresholds for data elements implemented as part of the January data submission has caused some issues for many payers. In some cases the strict thresholds resulted in extensive failure of data submissions. We have been working actively to come up with more acceptable thresholds. In some cases merely setting the threshold down from 100% to 99% has removed submission rejections. We appreciate all constructive feedback that has been provided. Detailed descriptions of the thresholds can still be found at: <http://www.nhchis.org/newsletters/July2007Newsletter.pdf>.

Medicare Data Update:

We have finished processing 2003 and 2004 paid Medicare claims data through NCDMS and have passed the data back to Maine Health Data Organization. While issues remain on the ability to release provider information with Medicare data, early indications on the data integration, extract and processing have been very positive.

Pharmacy PBM Claims:

We have become aware of potential issues with the DEA number in PBM submitted pharmacy claims. It appears that the DEA number as a data element is disappearing from PBM data feeds and in some cases is being replaced by the PBM with an NPI or other number during submission. We are actively exploring this issue and plan on contacting submitters affected by this data element.

Events and Key Dates

5/16/2008 – DPC Exec Committee meeting

5/28/2008 – DPC User's Group meeting

6/6/2008 – DPC Board meeting.

Key email Addresses

- meinfo@ncdms.org for general MHDPC questions
- medata@ncdms.org for MHDPC questions or issues regarding a Data Submission or data file status and encryption software. This includes questions about sending data via the web.



New Hampshire submitters should note

There are numerous issues with NPI submissions that have been covered on page 1 of this newsletter.

The New Hampshire Insurance Department (NHID) is beginning the process of rule change in association with legislation relating to Chapter Ins 4000 Uniform Reporting System for Health Care Claims Data Sets. This is the legislation that governs the submission of claims data sets to NCDMS. The plan is to modify the rule so that it is more in line with data elements collected in surrounding states. There is also an attempt to make the order of data elements more standardized as well. As this rule change moves through comment period and toward adoption, payers will be actively engaged from our and New Hampshire's ends.

Notes from April 17 & 18, 2008 National Conference on All-Payer Databases

The New Hampshire Comprehensive Health Care Information System (NH CHIS) project was highlighted during several of the sessions and presentations at the National Conference on All-Payer Databases in Beverly Massachusetts on April 17 and 18, 2008. Andrew Chalsma, Chief, Bureau of Data Systems and Management, New Hampshire Department of Health and Human Services and Tyler Brannen, Health Care Statistician, New Hampshire Insurance Department, both provided presentations. Andrew's talk focused on the extensive comparative data and in-depth studies that have resulted from the NH CHIS project. Tyler presented on the use of claims data to develop an understanding of health cost. This information has been instrumental in developing the New Hampshire health cost web site, <http://www.nhhealthcost.org/>.

New Thresholds:

The new thresholds for data elements implemented as part of the January data submission has caused some issues for many payers. In some cases the strict thresholds resulted in extensive failure of data submissions. We have been working actively to come up with more acceptable thresholds. In some cases merely setting the threshold down from 100% to 99% has removed submission rejections. We appreciate all constructive feedback that has been provided. Detailed descriptions of the thresholds can still be found at: <http://www.nhchis.org/newsletters/July2007Newsletter.pdf>.

Consolidated Datasets:

The latest release of the consolidated datasets containing 2005, 2006 and 2007 incurred data have been delivered to NH DHHS and NHID. Continued work with existing payers and new payers helps us to validate and/or improve claim rollup methodology and identify potential short comings in the data. This ongoing work results in improved and more comprehensive data for inclusion in future consolidated datasets.

Work is also being performed to provide integrated group/practice level detail in conjunction with the current provider information as a part of the NH consolidated dataset. This information is being provided by the NH Department of Insurance and will be available as part of the next consolidated dataset.

2007 Public Use Data Files were made available to requestors earlier in January.

Key email Addresses

- nhinfo@ncdms.org for general NHCHIS questions
- nhdata@ncdms.org for NHCHIS questions or issues regarding a Data Submission or data file status and encryption software. This includes questions about sending data via the web.



Vermont Healthcare Claims Uniform Reporting & Evaluation System

The Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) has posted the proposed rule sets which set forth standards and procedures for the submission and release of uniform health care claims data for Vermont health care system participants. The expressed goals of this initiative are to improve the quality and affordability of health care and inform health care policy in Vermont.

Health insurers, third party administrators, pharmacy benefit managers and similar entities will be required to register with BISHCA and submit detailed claims data for comprehensive reporting and analysis. The rule specifies particular information and data requirements, establishes filing schedules, and describes the procedures and conditions for release and use of data including protections for any confidential information.

The proposed data collection system and associated regulations for the Vermont Healthcare Claims Uniform Reporting & Evaluation System can be found at:

http://www.bishca.state.vt.us/RegsBulls/propregs/Proposed_Reg_H-2008-01.pdf

The proposed rule is currently posted for comment and review.

Detailed information on the medical eligibility, medical claims and pharmacy claims file layouts can be found at:

http://www.bishca.state.vt.us/RegsBulls/propregs/Proposed_Reg_H-2008-01_Appendix.pdf

The appendix also provides registration forms and details of data release sets.

Events and Key Dates

Proposed Rule Public Hearing Date: Monday, May 12 at 10:00 at BISHCA 89 Main St. Montpelier, VT

Proposed Rule Written Comment deadline: May 19, 2008

Kick-off meeting with health insurers for data submission – early June, Montpelier

Key email Addresses

- vtinfo@ncdms.org for general VHCURES questions
- vtdata@ncdms.org for VHCURES questions or issues regarding a Data Submission or data file status and encryption software. This includes questions about sending data via the web.

Massachusetts Health Care Quality and Cost Council:

The Official Website of the Massachusetts Health Care Quality and Cost Council

Health Care Quality and Cost Council



In Massachusetts we continue to aggressively move forward with health plan data submissions. The following payers successfully submitted complete historical data (July 2006 through December 2007) during the quarter for the data types indicated below:

- Aetna Health (Eligibility, Pharmacy)
- Aetna Life (Eligibility, Medical, Pharmacy)
- Aetna Life Self Insured (Medical, Pharmacy)
- Blue Cross Blue Shield (Eligibility, Pharmacy)
- Cigna Behavioral Health (Eligibility, Medical)
- Cigna Healthcare (Eligibility, Medical, Pharmacy)
- Connecticare (Eligibility, Medical, Pharmacy)
- Connecticut General (Eligibility, Medical, Pharmacy)
- Fallon (Eligibility, Medical, Pharmacy)
- Harvard Pilgrim (Eligibility, Medical, Pharmacy)
- Health New England (Eligibility, Medical, Pharmacy)
- Tufts Health Plan (Eligibility, Medical, Pharmacy)
- United Healthcare (Eligibility, Medical, Pharmacy)
- United Healthcare – HPJV (Eligibility, Medical, Pharmacy)

Current Data Issues:

2006 and 2007 actual completeness rates for eligibility and pharmacy claims are greater than or equal to the thresholds in the statistical plan. However, calculated completeness rates for the following medical claims data elements are less than the thresholds specified in the statistical plan:

- Provider first name
- External cause of injury (E-Code)
- Other diagnoses 1-4
- Inpatient fields:
 - Revenue code
 - ICD-9 CM procedure code

While poor population of provider first name for individuals can make provider linkage more difficult; the possible negative impact of lower completeness rates for the fields identified above will not become evident until the data is used for reporting and analysis

The Council is working on a plan to determine the best method for a carrier to be able to report race and ethnicity data. A series of meetings will be held by the Council to explore this issue. Although the race, ethnicity and Hispanic indicator fields do not need to be populated until July 2008, they may be reported now in the file formats. If it is not available, the fields should remain null. We will report on the quality and completeness of any data in these fields but we will not fail any submissions due to poor quality or incomplete race or ethnicity data until the fields are required

Resolved Data Issues:

In general, the payers have been very proactive and receptive to resolving data issues. Several of the payers requested standing weekly conference calls with the MHIC staff to address data issues. The majority of the data issues were resolved by lowering the completeness and data quality thresholds for fields that are not captured in the payer's data warehouse. This was particularly true for the inpatient related fields of admit source, admit type, admit and discharge date and discharge status.

Some payers submitting pharmacy claims data that had been processed by their pharmacy benefit manager (PBM) were limited in the data elements they could provide. In at least one instance, the PBM was unwilling to provide the actual amount charged by the pharmacy. In that case, the payer was instructed to report the total paid by the PBM plus the member responsibility in the total charge field.

New Data Submitters:

During the first quarter of 2008, payers with fewer than 2,000 covered lives were contacted and conference calls were conducted to initiate the data testing process. Small payers must begin submitting 2008 historical data in June. The following small payers are responsible for initially submitting live data in June:

- Fallon Health and Life Assurance Company*
- First Health and Life Insurance Company
- Guardian Life Insurance*
- John Alden Life Insurance Company*
- Metropolitan Life Insurance Company
- Union Security Insurance Company*

Those with asterisks beside their name have begun submitting test data

Database Status

The volume of records processed during January through March 2008 (292 million) was more than 10 times the volume submitted in November and December of 2007

Dataset Extract

We released a test dataset extract to Massachusetts' Health Care Quality and Cost Council (HCQCC) during March 2008. NCDMS analytical staff continues the process of contacting payers regarding rollup methodologies as we develop the production consolidated and limited use public datasets.

A further limited data set on hospital comparative cost and utilization has been released to the Council in support of their ongoing cost and quality developmental work. This data set will be vetted over the coming weeks.

Events and Key Dates

Council Meeting schedule:

available at www.mass.gov/healthcare under the "For the Council" tab.

Key email Addresses

- mainfo@ncdms.org for general HCQCC questions
- madata@ncdms.org for HCQCC questions or issues regarding a Data Submission or data file status and encryption software. This includes questions about sending data via the web.