**MHDO Analytic Dataset Proposal: Feedback from SDUG Members**

*Summarized on 2/25/2019*

**OVERVIEW**. Feedback on the MHDO Analytic Dataset Proposal was solicited on January 23rd, 2019 and received between January 24th and February 14th. A total of eight respondents provided feedback on the value of analytic datasets to their use cases and / or had suggestions for areas to further details or edits in the proposed work. Below is a summary of their feedback.

**VALUE OF NEW ANALYTIC DATA STRUCTURE**. Several respondents agree that it would be valuable to them to be able to access the planned analytic datasets; for some, these analytic data files would be preferred over the current released data structures. Some respondents, though, would not find use for the new structures, because they have already invested in programming to prepare similar data structures based on the currently available (raw) data structures. There were a few respondents who were not APCD data users.

**MODIFICATIONS TO PROPOSAL AND QUESTIONS**. Four of the eight respondents had detailed suggestions for changes to the proposal or additional questions. These are aggregated below.

1. **Questions and suggestions that we plan to implement:**

|  | **Question/Suggestion** | **Response/Implementation Notes** |
| --- | --- | --- |
| 1 | Clarify the availability of historical years in the new format. | Data starting with year October 2015 will be available in the new format. The proposal will be edited to specify this. |
| 2 | Will these new data structures be available to data users in the enclave, extract or both? | Both. |
| 3 | What is the timing and frequency of the release of these analytic data structures and lag time compared to recency of the data? | Will include in updated proposal.  |
| 4 | Will data submitters be affected in any way by the new data structures? | No. All new processing is done by MHDO. |
| 5 | How will updates and corrections be handled? | Dependent on update or correction type. We will provide more details in updated proposal. |
| 6 | Clarify the provider file contents and how it is linked to the claim header, claim line structures; also clarify what provider fields will be available on claim structures. | Claim header and line structures will have only the MHDO assigned provider IDs, for each of the provider type that is present on claims (depending on whether it is medical, dental, etc.). The proposal will be edited to provide a clearer description of provider processing, including a diagram that displays the key processing steps. |
| 7 | Will the patient’s location of residence be available at the claim/service date? In addition to location information in the eligibility data. | Yes, will be available in both places. The proposal will be edited to specify this. |
| 8 | Clarify whether patient’s insurance information will be available at the claim level in addition to eligibility month level. | Yes, will be available in both places. The proposal will be edited to specify this. |
| 9 | Use all capital or all lowercase of camel case for field names. | Will use all lowercase. |
| 10 | Users would find it useful to know the relationship between the new user-friendly field names and the original submitted fields. | This can be added to the field layout documentation as part of release files and on MHDO website. |
| 11 | Provide more information on the DRG groupers being used and the basic value add fields, such as the Member Eligible Flag. | The proposal will be edited to add more information. |
| 12 | Provide more information on the data quality issues that will be communicated to users. | The proposal will be edited to add more information about proposed data quality reports. |
| 13 | In MaineCare some members will have retro eligibility – how will you be handling this? | We need to discuss with MaineCare. |
| 14 | Will there be any revision to the Type of Bill (TOB) field? UB-04 standards specify it should have 4 characters. | While the OB-04 Type of Bill field is 4 characters, the MHDO only receives two of these: the type of facility and the type of care. The leading zero and the frequency are not currently part of the MHDO data submission. |
| 15 | Is billing provider ID on Claim Line going to be the same as the billing provider ID on Claim Header? | If there are multiple billing NPI values on the raw Claim Line records (for the same provider type, such as servicing provider), processing will choose the Provider ID that is associated with the most frequent NPI on claim lines for the header. |

1. **Questions and suggestions for further group discussion:**

|  | **Suggestion** | **2/27/19 Discussion & Decision** |
| --- | --- | --- |
| 1 | Keep invalid values in the dataset and flag them instead of removing them. Special case: local codes used for Medicaid services, such as those used to identify FQHC and RHC visits, that are not present on standard lists and would be flagged as invalid. |  |
| 2 | Keep ICD-9 and ICD-10 in separate fields (as they are in current released data structures). |  |
| 3 | In the Medical Claims Dx table, group Principal and Other diagnoses together as the same type (in DX Code Type), with Principal Dx having sequence of 1, rather than of different type, where the first Other Dx has sequence of 1. |  |