

DRAFT: MHDO’s Definition of Data Quality

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Data quality is an assessment of a data’s ability to serve its purpose in a given context. If you apply valid statistical techniques, the user will be able to conduct accurate/correct analysis. The characteristics of quality data include accuracy, completeness, integrity, relevance, and timeliness. The following table details the characteristics of Data quality, their definitions, and a proposed metric as it relates to MHDO’s APCD data.

| Characteristic | Definition | Proposed Standard |
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|  |  | Incoming Data | Release Data |
| Accuracy | The degree to which something is close to its true value. | **Internal QC*** Annual review of Chapter 243 data requirements.
* Validations where data are checked against external lists should meet specified standards (see validation rule table). Refer to Appendix A for code list sources.
 | **Internal QC*** Mechanism for payers to confirm data extracts to data in their systems? (future)
* Check of APCD against Inpatient/Outpatient? (future)
* Compliance to Members/Dollars

**External QA*** MHDO has performed a transformation/substitution including but not limited to:  provider ID’s; SSN’s; claim numbers; member ID’s and contract numbers.
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| Completeness | The degree to which the expected information is received, X% of required attributes are present. | **Internal QC*** Compliance standard – check against Chapter 243 rules.
* Required data fields must be populated [to the extent available?]. Refer to Appendix A for code list sources.
 | **Internal QC*** Quarterly data releases must include [95 or 98, for discussion purposes?]% of the expected claims volume for the quarter.
* Claims data released must have a matching eligibility file 100% of the time.
* Calculate average number of claims per member per month
* Calculate percentage of claims supported by eligibility
* Number of eligible people who have a claim
* End State Vision: Release notes will include a comparison of what was previously released and what changes have been made.
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| Integrity | The degree to which the information is valid, consistent and reliable.Common data across multiple sources follow the same definition, codes and formats (field integrity; overlap with accuracy). Data consistent between systems (internal and external), files, records, data elements and over time (referential and historical integrity).  | **Internal QC*** Validation checks against external lists match. Refer to Appendix A for specific standards.
* Intersystem: data in MHDO warehouse accurately reflect what is required in Chapter 243 and what exists in payer systems (importance of metadata)
* Intra-record: combination of data elements resolves to a specific individual, facility, encounter, etc.
 | **Internal QC*** Provider Index Match Rate.
* Payer Index Match Rate.
* Patient Index Match Rate.
* Track payer enrollment and claim volume over time.
* Interfile: % claims supported by eligibility for any period.
* Inter-record: % records that can be matched or rolled up; identification and handling of orphaned records.
* Calculate average cost per CPT per provider.
* Calculate average monthly payment per member per month.
* Calculate average paid (allowed) per member per month.
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| Relevance | Contains information that is important to the Users in the effort to advance health reform and improve health care quality. | **Internal QC*** Annual needs assessment of

user group (use case review) | **Internal QC*** Websites will have a mechanism to collect user feedback and feedback will be addressed at least annually.
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| Timeliness: Transparency regarding data releasesAccess to data: |  How current are the data? How timely are new data integrated and then released, published or made available? | **Internal QC*** Data are due monthly for submitters with ≥ 2,000 total # of members and quarterly for submitters with 200 – 1,999 total # of members.
 | **Internal QC*** Data releases will be made available quarterly-end state vision Self-service Architecture (2015-16) data will be updated monthly.
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