

MHDO Index Proposal

Last Updated: 1/11/2017

# Payer Index

## APCD Data Releases

### Proposal

The current payer index only includes the name and MHDO-Assigned code of each entity. This will be expanded to include information gathered during the annual registration process such as covered lives, activation dates, etc. Since this information varies annually, each payer will likely have multiple rows in the index, each one corresponding to a year, starting with 2015. Payer entities that appear in the historical data but that are not current active payers will have a single row with no year filled in—not all fields will be able to be filled in for these historical payer entities.

An example of the fields that could be included can be seen in the current Payer Activation/Deactivation Status Report - a report that we currently include in the release package (see report in link here: <https://mhdo.maine.gov/claims.htm>). Data elements include:

* MHDO Assigned Code
* Payer Name
* Activation Date
* Deactivation Date
* Data Start Date
* Data End Date
* Expected Data Release Inclusion
* Data Types (ME, MC, PC, DC)
* Medical Covered Lives
* Pharmacy Covered Lives
* Dental Covered Lives
* Medical Medicare Part C Covered Lives
* Pharmacy Medicare Part C Covered Lives
* Pharmacy Medicare Part D Covered Lives
* Submission Frequency

## Hospital Encounter Data Releases

Given the diversity and limitations of the payer information submitted in the hospital encounter data we cannot create a directory similar to what we are proposing for the claims data.

### Proposal

We will create a new payer table based on the updated payer information and crosswalks that are being submitted to the MHDO effective with the 2015 Q3-4 data. We will assign the payer to one of the categories:

|  |  |  |
| --- | --- | --- |
| **Code** | **Category Name** | **Recommendation** |
| 01 | MEDICARE | Keep (see Medicare Advantage, below) |
| 02 | MEDICAID | Keep |
| 04 | TRICARE[[1]](#footnote-1)/USVA | Keep |
| 05 | BLUE CROSS | Combine with Other Commercial |
| 06 | OTHER COMMERCIAL CARRIERS | Keep – Remove the work “Other” |
| 07 | CHARITY/UNCOMPENSATED CARE | Keep |
| 08 | SELF PAY | Keep |
| 09 | WORKERS COMPENSATION | Keep |
| 11 | OTHER | Keep |
| 12 | MEDICARE ADVANTAGE | New category that will be assigned when the payer name allows us to differentiate from Medicare. Work with hospitals to improve the payer information.  |

For those payers that we are not comfortable assigning a category to we will go back to the hospital that submitted the data and request clarification. If we do not get the clarification needed to assign a category we will release the name of the payer submitted.

In addition to this information, we will also include the Payer Name and Payer Code we receive on the encounter records when these values appear on our list of approved entities. This is to prevent releasing payer information when the payer entity is an individual name—over 90% of payer names will be able to be passed on.

We also propose a rule change to Chapter 241 to expand the characters allowed in the Payer Name field, which is currently limited to 26.

Finally, we propose targeted outreach with hospitals to improve and expand the payer information available.

# Patient Index

At this time there is limited utility in developing one patient index across the different data streams (claims and hospital data). Instead we would like to focus our resources on making sure that we have the data elements needed to identify unique individuals in the data streams so that we can accurately link records internally and release de-identified records.

## APCD Data Releases

### Proposal

Chapter 243: Add patient street address

## Hospital Encounter Data Releases

### Proposal

Chapter 241: Add Patient SSN (if available), patient name, and patient street address

# Provider Index

## APCD Data Releases

MHDO currently receives an NPI on about 98% of the claims records submitted. We release NPI to our data users that access Level II data, as defined in appendix C. 2. (Chapter 120).

**Practitioner Identifiable (PI) Data Elements**. Level I, II and III APCD data requests may include the following additional Practitioner Identifiable Data Elements by request:

* Provider First Name
* Provider Middle Initial or Name
* Provider Last Name
* Service Provider Suffix
* Provider NPI
* Billing Provider Last/Organization Name
* Billing Provider NPI

The provided NPI allows data users to look up providers in the NPPES registry, which is a free directory of all National Provider Identifiers (NPIs), both activate and deactivated. It provides information on provider licensing, taxonomy codes, address and other detailed information.

### Proposal

We are proposing to continue what we do currently and in addition we propose creating hashed NPI’s and include those hashed values (or an integer replacement of this value to reduce file size) as a standard data element in the release of claims data when the practitioner identifiable data is not requested. This will allow data users to identify a provider's patients without revealing the provider.

## Hospital Encounter Data Releases

We currently release an encrypted provider ID, the provider specialty and taxonomy code.

### Proposal

Release the NPI for the operating and attending providers when data requestors justify getting Provider Identifiable (PI) information. For non-PI data requestors, release hashed NPIs (or integer replacements of this value to reduce file size) in order to allow all patients associated with a particular provider to be identified. This would replace the current encrypted provider codes that are supplied. To aid the transition between these two identification schemes, a one-time crosswalk of old encrypted provider IDs to new hashed provider identifiers would be created for all providers that appear in the transition dataset.

## Chapter 630 Data

Rule Chapter 630: Uniform system for reporting baseline information and restructuring occurrences for Maine hospitals and parent entities - This rule contains the provisions for filing and specifies the information to be submitted to the Maine Health Data Organization regarding baseline information and major structural changes relevant to the restructuring of hospitals and their parent entities in Maine.

### Proposal

Develop a directory of information based on the data submitted to the MHDO under Rule Chapter 630 (see samples below for a summary of the information available).

**Chapter 630 Organizational Information: Sample A**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [**Organization Name**](file:///C%3A%5CUsers%5Cnelta_000%5CAppData%5CLocal%5CPackages%5Coice_16_974fa576_32c1d314_2d7b%5CAC%5CTemp%5CFCEA8DFF.xls#Definitions!B2) |  |  | ***NPI*** | [**Tax ID #**](file:///C%3A%5CUsers%5Cnelta_000%5CAppData%5CLocal%5CPackages%5Coice_16_974fa576_32c1d314_2d7b%5CAC%5CTemp%5CFCEA8DFF.xls#Definitions!B3) | [**Tax Status**](file:///C%3A%5CUsers%5Cnelta_000%5CAppData%5CLocal%5CPackages%5Coice_16_974fa576_32c1d314_2d7b%5CAC%5CTemp%5CFCEA8DFF.xls#Definitions!B4) | [**Physical Location**](file:///C%3A%5CUsers%5Cnelta_000%5CAppData%5CLocal%5CPackages%5Coice_16_974fa576_32c1d314_2d7b%5CAC%5CTemp%5CFCEA8DFF.xls#Definitions!B5) | [**Description**](file:///C%3A%5CUsers%5Cnelta_000%5CAppData%5CLocal%5CPackages%5Coice_16_974fa576_32c1d314_2d7b%5CAC%5CTemp%5CFCEA8DFF.xls#Definitions!B6) | **Relationship** |
| [**Level 1**](file:///%5C%5CMDH-HCG1FS00001%5Cmhdopub%5CDeb%20D%5CRules%5CMemos%5COrgData.xls) | [**Level 2**](file:///%5C%5CMDH-HCG1FS00001%5Cmhdopub%5CDeb%20D%5CRules%5CMemos%5COrgData.xls) | [**Level 3**](file:///%5C%5CMDH-HCG1FS00001%5Cmhdopub%5CDeb%20D%5CRules%5CMemos%5COrgData.xls) |  |  |  |  |  |  |
| Parent |   |   |   |  |   |   |   |  |
|   | Entity 1 |   |   |  |   |   |   |  |
|   | Entity 2 |   |   |  |   |   |   |  |
|   |   | Sub  |   |  |   |   |   |  |
|   | Entity 3 |   |   |  |   |   |   |  |
|   |   | Sub 1 |   |  |   |   |   |  |
|   |   | Sub 2 |   |  |   |   |   |  |
|   | Entity 4 |   |   |  |   |   |   |  |
|   |   | Sub 1 |   |  |   |   |   |  |
|   |   | Sub 2 |   |  |   |   |   |  |
|   |   | Sub 3 |   |  |   |   |   |  |

**Chapter 630 Organizational Information: Sample B**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Parent*/Hospital Name:**  |  |  |  |  |  |  |  |
| **Department Name (or) Group Practice Name** | **Physicians Name** |   | ***NPI*** | **Status/Date** | **Physician's Specialty** |
|   | **Last Name** | **First Name** | **Middle Initial** | **Degree** |  | **H=Hire or T=Terminated** |   |
|   |   |   |   |   |   |   |   |
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1. Tricare (styled TRICARE), formerly known as the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), is a health care program of the United States Department of Defense Military Health System. [↑](#footnote-ref-1)