[](http://mhdo.maine.gov/imhdo/)

MHDO Index Proposal & Work plan

Last Updated: 3/28/2017 -with the feedback received from the SDUG Subcommittees on March 1st, 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 would be included can be seen in the current activation/deactivation report - a report that we currently include in the release package (see report in link here: <https://mhdo.maine.gov/claims.htm>).

### SDUG Feedback

The group would like the payer field to be fully populated so users know the payer should be used first, before the submitters.

## 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/CHAMPUS/USVA | Keep |
| 05 | BLUE CROSS | Combine with Other Commercial |
| 06 | OTHER COMMERCIAL CARRIERS | Keep |
| 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 |
| 00 | UNKNOWN | New category |

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.

### SDUG Feedback

The group suggested adding the following three fields:

1. MHDO Assigned Payer Code

The group agreed with the MHDO payer categories as presented.

1. Payer Names

There will be some payer names that will go on a non-disclosure list, and will not be released because it is an individual’s name.

1. Payer Codes

Payer Codes are often the facility code or the NAIC Code.

## Timeline

The purpose of this timeline is to outline the tasks and timeline associated with creating the Payer Index.

| Deliverable/  Action Item | Description | Lead | Due by/Status |
| --- | --- | --- | --- |
| APCD: Fully populate the Payer Codes when missing | Fully populated the payer field to be so users know the payer should be used first, before the submitters | Kevin | TBD |
| APCD: Enhanced Payer Information | Using Activation/Deactivation spreadsheet as a base, add all payers | Kate | April 2017 APCD Release |
| APCD: Future | Determine if the current information requested in the payer registration portal is sufficient and if not what additional information is needed for next year. | Kate/Phil | November 2017 |
| Hospital: Finalize MHDO Assigned Payer Codes | Use hospital payer coding proposal to code 2015 Hospital data, follow-up with hospitals as needed | Leanne/Kevin/Kim | March 2017 Hospital Data Release |
| Hospital: Releasable Fields | Release 3 Payer fields: MHDO Assigned Payer Code, Payer Names, Payer Codes (NAIC codes for example) | Kevin | March 2017 Hospital Data Release |
| Hospital: Disclosure List | Create a list of payer names that can be disclosed | Kevin/Karynlee | March 2017 Hospital Data Release |
| Hospital: Future | Finalize strategy regarding payer crosswalk vs. alternative approach. | Leanne/Karynlee | June, 2017 |

# 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: Uniform Reporting System for Health Care Claims Data Sets -Add member street address as a data element to be submitted to MHDO

## Hospital Encounter Data Releases

### Proposal

Chapter 241: Uniform Reporting System for Hospital Inpatient Data Sets and Hospital Outpatient Data Sets - Add patient social security number (if available), patient name, and patient street address as data elements to be submitted to MHDO

### SDUG Feedback

The group agreed that MHDO/HSRI will match patients in the following order, and will use address if necessary:

1. Member/Patient Social Security Number
2. Subscriber Social Security Number
3. Contract Number

The group would like more information on how identifying members are used to make matches, so the users can identify family members.

## Timeline

The purpose of this timeline is to outline the tasks and timeline associated with creating the Patient Index.

| Deliverable/  Action Item | Description | Lead | Due by |
| --- | --- | --- | --- |
| APCD: Determine Format of Patient Index | Create standalone patient index that includes an element to determine most recent location of where patient lives. | Kevin | June 2017 |
| APCD: Populate Patient Index | Pull first round of patient index information. | Kevin | July 2017 |
| APCD: Chapter 243 updates | Initiate rule making process to add patient street address to Chapter 243. If we move to the CDL, it’s on the Eligibility File. | Karynlee/Phil/Debbie | 2018 (effective 2019) |
| Hospital: Chapter 241 updates | Initiate rule making process to add patient SSN, patient name and patient street address to Chapter 241 | Karynlee/Phil/Debbie | 2018 (effective 2019) |

# 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 the data defined in appendix C. 2. (Chapter 120). Practitioner Identifiable Data Elements. Level I, II and III APCD data requests may include the following additional Practitioner Identifiable Data Elements:

* 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

Continue this practice. We also propose that we create 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.

### SDUG Feedback

The group commented that the NPPES registry is always most current. As a result the MHDO will continue to provide claim line detail to users so they have the most current information available.

## 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 for any new providers. The old encrypted provider codes will continue to be supplied for old providers.

## 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).

### SDUG Feedback

The group liked both samples A and B. On Sample B, the group suggested that we create two columns for Status and Date.. The sample table below has been updated to reflect the feedback.

## Timeline

The purpose of this timeline is to outline the tasks and timeline associated with creating the Provider Index.

| Deliverable/  Action Item | Description | Lead | Due by |
| --- | --- | --- | --- |
| APCD: Plan for Hashing NPI | Review plan for hashing the NPI w/ SDUG in the release of claims data when the practitioner identifiable data is not requested | Kevin/Leanne | May 2017 |
| APCD: Hashed NPI | Create a hashed NPI as a standard data element in the release of claims data when the practitioner identifiable data is not requested | Kevin | July 2017 |
| Hospital: Continue to Release Integer Replacements | Continue to Release Integer Replacements to non-Provider Identifiable (PI) requestors. | Kevin | Ongoing |
| Hospital: LOS Cross-walk | Release information provided by hospital in the outpatient location of service field. | Kevin | March 2017 |
| Hospital: Determine Format of Provider Index | Release the NPI for the operating and attending providers when data requestors justify getting Provider Identifiable (PI) information. | Kevin | July 2017 |
| Hospital: Provide Chapter 630 Directory | Populate table shells to form directory with information from Chapter 630 | Debbie /David | End of 2017 |

**Chapter 630 Organizational Information: Sample A**

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| [**Organization Name**](file:///C:\Users\nelta_000\AppData\Local\Packages\oice_16_974fa576_32c1d314_2d7b\AC\Temp\FCEA8DFF.xls#Definitions!B2) |  |  | ***NPI*** | [**Tax ID #**](file:///C:\Users\nelta_000\AppData\Local\Packages\oice_16_974fa576_32c1d314_2d7b\AC\Temp\FCEA8DFF.xls#Definitions!B3) | [**Tax Status**](file:///C:\Users\nelta_000\AppData\Local\Packages\oice_16_974fa576_32c1d314_2d7b\AC\Temp\FCEA8DFF.xls#Definitions!B4) | [**Physical Location**](file:///C:\Users\nelta_000\AppData\Local\Packages\oice_16_974fa576_32c1d314_2d7b\AC\Temp\FCEA8DFF.xls#Definitions!B5) | [**Description**](file:///C:\Users\nelta_000\AppData\Local\Packages\oice_16_974fa576_32c1d314_2d7b\AC\Temp\FCEA8DFF.xls#Definitions!B6) | **Relationship** |
| [**Level 1**](file:///\\MDH-HCG1FS00001\mhdopub\Deb%20D\Rules\Memos\OrgData.xls) | [**Level 2**](file:///\\MDH-HCG1FS00001\mhdopub\Deb%20D\Rules\Memos\OrgData.xls) | [**Level 3**](file:///\\MDH-HCG1FS00001\mhdopub\Deb%20D\Rules\Memos\OrgData.xls) |  |  |  |  |  |  |
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|  | Entity 2 |  |  |  |  |  |  |  |
|  |  | Sub |  |  |  |  |  |  |
|  | Entity 3 |  |  |  |  |  |  |  |
|  |  | Sub 1 |  |  |  |  |  |  |
|  |  | Sub 2 |  |  |  |  |  |  |
|  | Entity 4 |  |  |  |  |  |  |  |
|  |  | Sub 1 |  |  |  |  |  |  |
|  |  | Sub 2 |  |  |  |  |  |  |
|  |  | Sub 3 |  |  |  |  |  |  |

**Chapter 630 Organizational Information: Sample B**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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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