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**A Collaborative Approach to a Nationally  
Standard Claims Data Submission Guide**

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**NAHDO 30<sup>th</sup> Anniversary Meeting**

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# Who are we?



**Nonprofit**  
**Grant funded **planning****  
**initiative**

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# CHT's Vision: Patients, Providers and Purchasers Have Equal Access to Meaningful Information



Through a **national network of locally governed regional data intermediaries** (“RDIs”), the Center for Healthcare Transparency (CHT) will ensure meaningful and actionable information on the **relative cost and quality of healthcare** services is available to **50 percent of the U.S. population by 2020**.

**The Time is Right**



# Transparency



# CHT is Public, Private & Multi-stakeholder

Executive Committee

**Marc Bennett**, HealthInsight  
**Patrick Conway, MD** CMS  
**Karen DeSalvo, MD** ONC  
**Jon Foley**, OPM  
**David Lansky, PhD** PBGH (Co-Chair)  
**Arnie Milstein, MD** Stanford Clinical Excellence Research Center  
**Elizabeth Mitchell**, NRHI (Co-Chair)  
**David Pryor, MD** Comcast  
**Alicia Staley**, Akari Health (patient engagement)

User Advisory Council

Technical Advisory Council

13 Regional Health Improvement Collaboratives (RHICS) make up CHT's regional "Design Team"

# Current Regional Collaboratives





# CHT Goals, Data & Barriers

Triple Aim Goals	Data Needed	Barriers
Better value	Claims Data	<ul style="list-style-type: none"><li>• Access to complete data, including allowed amounts</li><li>• <b><u>Cost of getting to “clean” data</u></b></li><li>• Resistance to public reporting</li></ul>
Better health	Clinical Data	<ul style="list-style-type: none"><li>• Data access</li><li>• Lack of standards &amp; interoperability</li><li>• Resistance to public reporting</li></ul>
Better care	Patient Reported Data	<ul style="list-style-type: none"><li>• Inadequate tools/methods</li><li>• Cost &amp; burden of data collection</li><li>• Patient survey fatigue</li><li>• Provider skepticism and resistance</li></ul>

# Building Blocks



**APCD Core Set of Data Elements**

**Post-Adjudicated Claims Data Reporting Guides (PACDR)**

**APCD Claims Database Development Manual**

**CHT Data Submission Guide**



# Data Submission Objective & Process to Date

Objective: Develop a more efficient and standardized process for accessing claims data

## Process

- CHT regional data intermediaries with APCD/MPCD
  - Iterative review
  - Analysis of recommended best practices
  - Consideration of tradeoffs
  - Focus on consensus-building for common good

*The goods news: RDIs already have most data elements in common!*

# Standardized Data Submission Benefits

Could include:

- 1) Greater clarity into overall data submission expectations
- 2) Common, consistent understanding of data elements definitions
- 3) Enhanced data quality through consistency across sources – which can lead to stronger analytics
- 4) Faster, more efficient data auditing process, with reduced mapping error
- 5) Reduced claims data submission burden, especially for national and multi-region data suppliers
- 6) Reduced vendor claims data intake difficulty and scope
- 7) Enhanced ability to share best practices across APCDs that are getting data the same way

# CHT Claims Data Submission Guide Features

## Files

- Eligibility; medical and dental, claims & encounters; provider

## Data Element Information

- All APCD Council core medical claims (86) and eligibility data elements (43)
- A description for each data element
- PACDR / NCPDP Reference\*
- Reference sets for Insurance Type/Product Code, Relationship, Race, Ethnicity, Admission Source, Discharge status, Type of Bill, Place of Service and Claims status
- Required or optional indicator

# CHT Claims Data Submission Guide Features

## Standard Layout

- File format
- Field Type
- Field length



## Other Value-Add Resources

- Global dataset parameters (e.g., filing responsibility)
- Recommended file submission methods
- Filing period tradeoffs
- Recommended data quality audits

# Next Steps

## 2015

- PACDR and NCPDP references included
- Data quality audit definitions included
- Additional review and input from national organizations

## 2016

- Dissemination to all interested parties
- Roll-out to CHT sites begins

*More efficient, less costly way of producing high value measures*

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