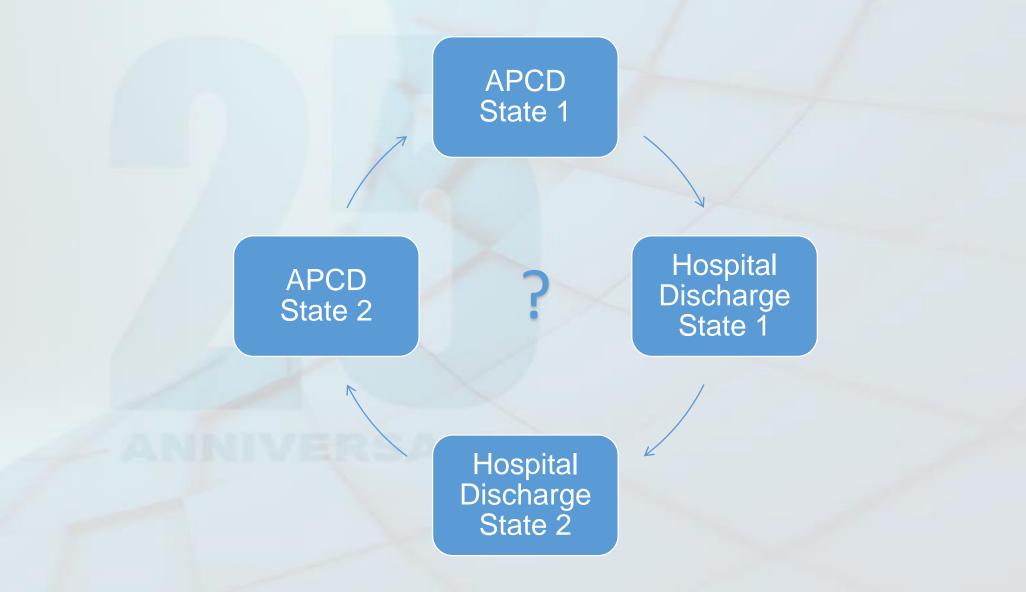


## NAHDO Data Quality Forum Cross State Metrics to Assess Data Quality

2019 Annual Meeting Kyle Russell, Virginia Health Information

## Data Quality Benchmark Work





### APCD Measures: 2017 claims States Reporting: 5



Measures	High	Low	Average
% records with valid NPI	100%	92.7%	97.32%
% claims with valid secondary Dx (2,3,4 etc)	78%	53%	63%
% OP facility w valid CPT	99.24%	78.02%	91.9%
% members w valid race	44%	13.1%	28.4%
% members w valid ethnicity	34.72	0	11.5%
% commercial <65 w Rx/Med eligibility	96%	45%	76.5%
% commercial market represented	81%	34.9%	56.1%
% of medical claims lines where claim status = 'PAID' and copay, coinsurance and deductible all = 0 for commercially insured individuals	58.8%	40.4%	48%
most recent month	Varies by state and by payer (FFS Medicare greatest time lag)		

# Inpatient Discharges, CY 2017 States Reporting: 7



Measures	High	Low	Average	
% w secondary diagnosis	99.9%	98.5%	98.8%	
% valid race code	99%	80.5%	91.2%	
% valid ethnicity	98.6%	32.5%	65.4% (of states collecting)	
% MSDRG ungroupable	1.25%	0	.2%	
% Medicare as payer	45.9%	27.1%	37.5%	
% Medicare MCO/Med Adv	States vary widely in how they collect/categorize types of Medicare Payer			
% duals	7.73%	.9%	N/A	
% Medicaid FFS as payer	26.45%	15.5%	23.9%	
% Medicaid MCO as payer	15.22%	.86%	N/A	
% commercial payer code	States vary in how commercial payers categories (BCBS may be separate category)			
% self/charity pay	6.57%	1.5%	3.27%	
% other pay	4.62%	0	3.9%	

### **Observations and Questions**



- In general there is much less variation in quality for inpatient hospital discharge data (not surprising). How much does time play a factor?
- Why are hospital discharge databases able to collect race and ethnicity at a very high level in most states but APCDs across the board cannot?
- States that release APCD data for periods without Medicare FFS- is there much appetite for this?
- Why is there such a wide variation in the % of commercial market represented in some state APCDs vs others?
- Lack of standardization in payer categories across states



#### For Conversation

- Is this exercise meaningful?
- How do we increase the number of states reporting?
- How do we make this actionable?