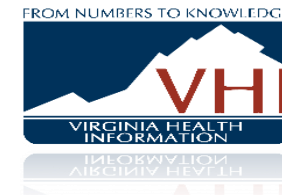


Overview of the VA APCD Data Validation Process

VHI Represents all Health Care Stakeholders

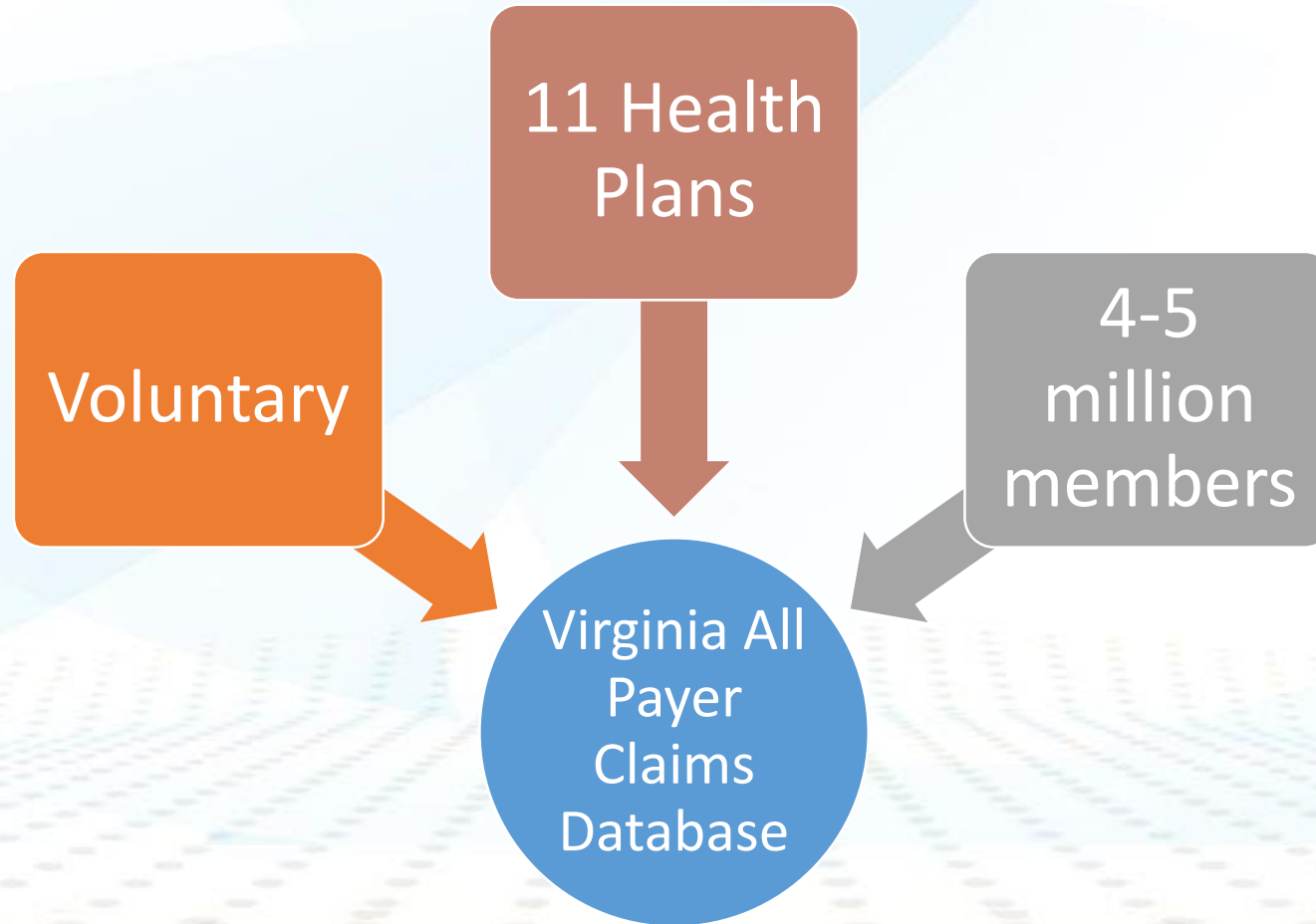
- VHI is an independent, nonprofit, 501(c)(3) health information organization established in 1993
- Formed to administer Virginia Health Care Data Reporting Initiatives to benefit Virginians



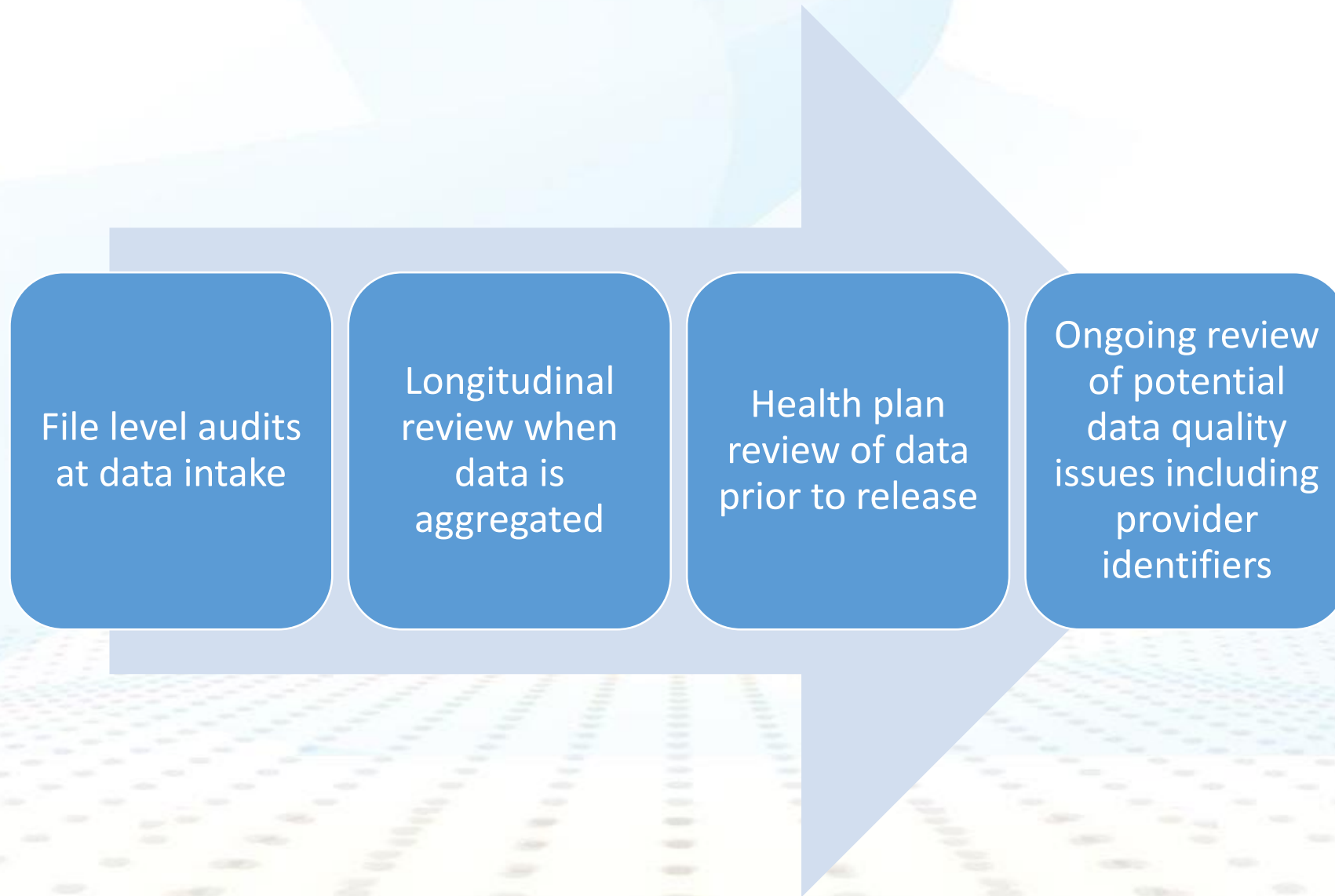
Board Of Directors

<p>BUSINESS REPRESENTATIVES</p> <p> WestRock Lynn Ellis WestRock</p> <p> Dominion Bill Murray Dominion Energy</p> <p> INDIVIOR Scott Schoenborn Indivior Inc.</p> <p> Newport News Shipbuilding T.J. Smith Newport News Shipbuilding</p> <p> BWXT D.C. (David) Ward BWXT Technologies, Inc.</p>	<p>HOSPITAL REPRESENTATIVES</p> <p> VCU Melinda S. Hancock VCU</p> <p> HCA Hospital Corporation of America® Timothy McManus HCA Healthcare</p>	<p>STATE REPRESENTATIVES</p> <p> Senator George L. Barker Joint Commission on Health Care</p> <p> State Corporation Commission Scott A. White State Corporation Commission, Bureau of Insurance</p> <p> DMAS Department of Medical Assistance Services Jennifer S. Lee, M.D.</p> <p> VDH Virginia Department of Health M. Norman Oliver, MD, MA Commissioner Virginia Department of Health</p>
<p>CONSUMER REPRESENTATIVES</p> <p> VCU Jonathan P. DeShazo, PhD VCU</p> <p> Walgreens Charles "Rusty" Maney Walgreens</p> <p> DU PONT Bill Pardo, MBA DuPont Protection Technologies</p>	<p>HEALTH INSURANCE REPRESENTATIVES</p> <p> Anthem Maureen E. Dempsey, MD, MSc, ACC, FAAP Anthem Blue Cross and Blue Shield</p> <p> KAISER PERMANENTE Kay W. Lewis, RN, MS, CPHQ Kaiser Permanente</p>	<p>EXECUTIVE COMMITTEE</p> <p> VHI Charles "Rusty" Maney VHI President</p> <p>Bill Murray VHI Vice President</p> <p>Melinda S. Hancock VHI Treasurer</p> <p>Lynn Ellis VHI Secretary</p> <p>Ibe Mbanu, MD, MBA, MPH VHI Past President</p> <p>Updated May 11, 2018</p>
	<p>PHYSICIAN REPRESENTATIVES</p> <p> Advocate Health Care Ibe Mbanu, MD, MBA, MPH Advocate Health Care</p> <p> OP WOMEN'S CENTER Kathryn K. Stout MD, MBA, CPE Virginia Women's Center</p>	<p>NURSING FACILITY REPRESENTATIVES</p> <p> BETH SHOLOM VILLAGE David Abraham Beth Shalom Village</p> <p> CCR David W. Tacker Commonwealth Care of Roanoke</p>

Virginia All Payer Claims Database



Virginia APCD Validation Process

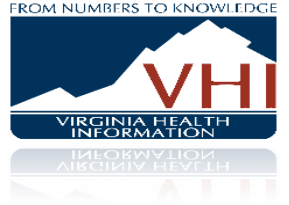


Data Validation at Intake

Quality Tests

Test Name	Test Description	Low Threshold	File Test Result	High Threshold
DQE005	Subscriber SSN (ME008) or Plan Specific Contract number (ME009) must be populated	100.00	100.00	100.00
DQE010	Number of members divided by the total number of contracts	1.00	1.00	3.00
DQE023	Number of records where Gender = `Male` divided by total records	40.00	42.66	60.00
DQE024	Number of records where Gender = `Unknown` divided by total records	0.00	0.00	0.40
DQE026	Average age of dependents.	6.00	0.00	18.00
DQE038	Number of records with members older than 65 and not enrolled in a Medicare Product divided by total records	0.00	41.93	17.00
DQE039	Number of records with members older than 115 or where DOB is after expiry of membership divided by total records	0.00	0.00	3.00
DQE102	Number of members <65 years enrolled for Medicare product divided by the total number of members	0.00	0.00	25.00
DQE182	Number of records with Member Zip Code (ME017) not belonging to primary state divided by the total number of records	0.00	0.63	5.00
DQE309	Number of subscriber records that are not Medicare or Medicaid product divided by total records	20.00	0.00	80.00
DQE311	Number of single contract records that are not Medicare or Medicaid product divided by the total number of records. (All commercial (non-Medicaid and Medicare) members as the denominator, and as the numerator, those members with individual policies (MC007=EMP or IND))	0.00	0.00	30.00

Data Validation at Intake



File Checker Results for Virginia All Payer Claims Database

Status = CATASTROPHIC FAILURE

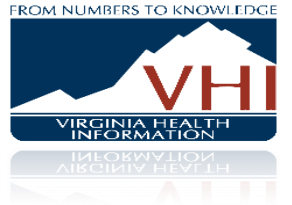
File Checker Results for Virginia All Payer Claims Database

Status = FAILED

File Checker Results for Virginia All Payer Claims Database

Status = PASSED

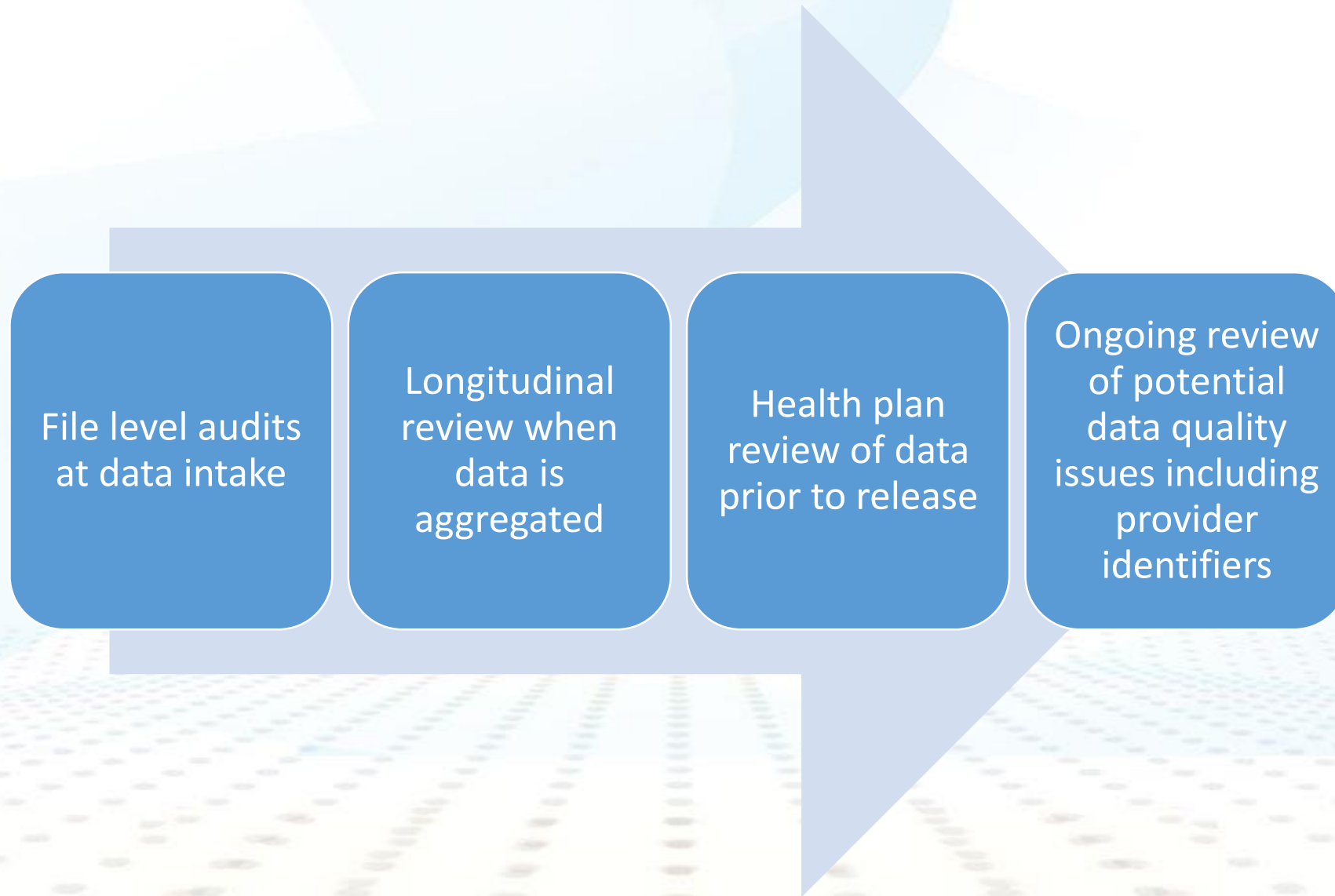
Data Validation at Intake



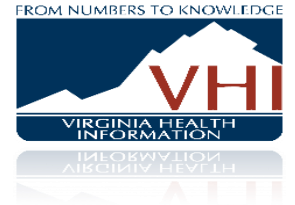
Quality Failures										
Name	Description	Current MIN Threshold	File Results	Current MAX Threshold	Proposed Thresholds Minimum - Maximum		Reason	Pass/Fail	Valid Through (mm/dd/yyyy)	Ruling Notes
DQM437	Number of adjustment claim records with charge amount < 0 or Quantity >=0 divided by total records	1.70	1.61	1.97	1.700	1.610	This is the data which is contained in our database.	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	<input type="text"/>	

Enter ruling notes that will be presented to the data supplier upon your ruling.

Virginia APCD Validation Process



Longitudinal Review during Data Aggregation



MedInsight Data Audit Summary

Member:	[REDACTED]	Date:	06/06/2021
Data Acceptance Recommendation:	Accept	Reviewed by:	[REDACTED]
Sign-Off Advisory Board			

Summary Data Findings:

The data is fine to process. There are some data quality issues that need investigation:

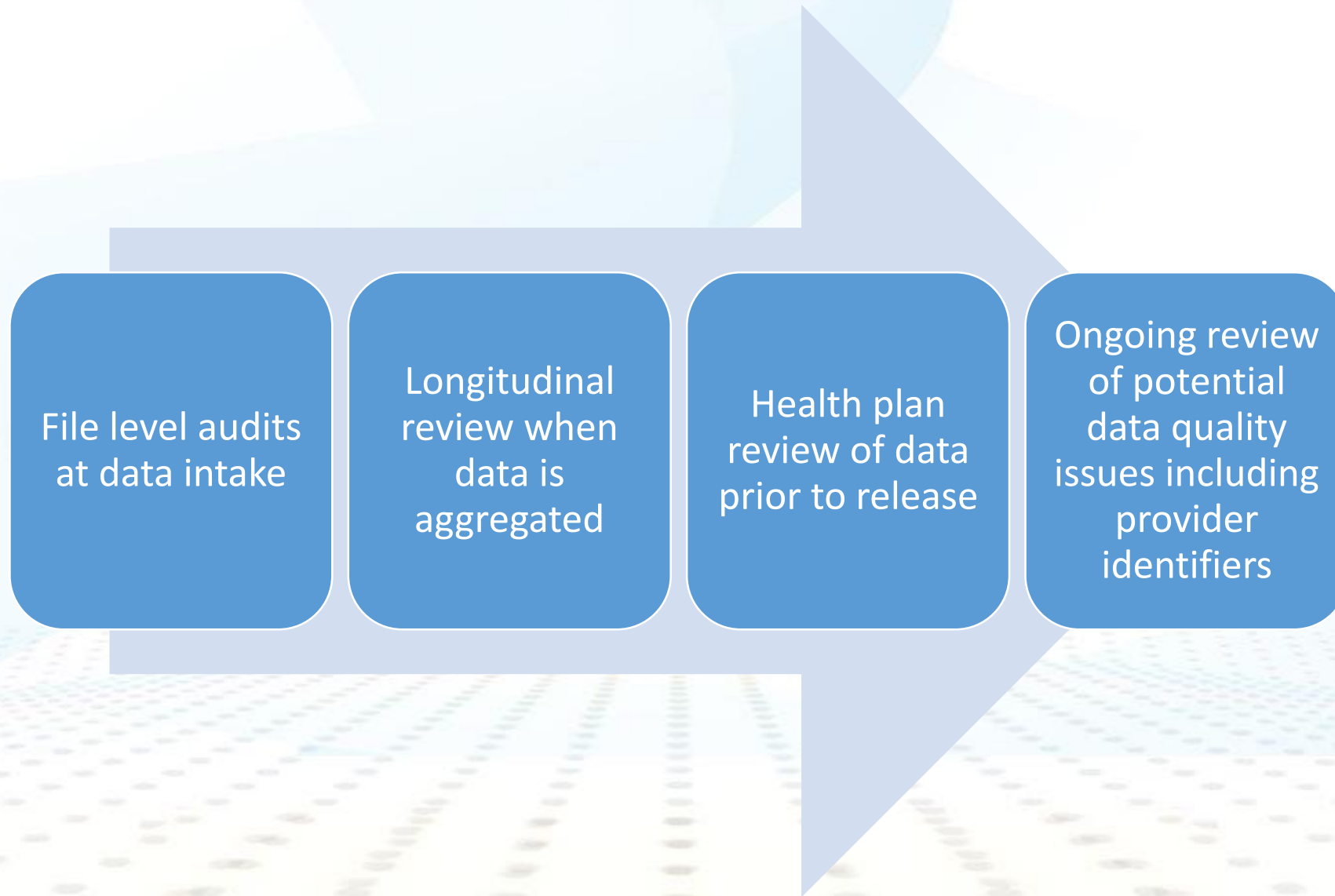
- There is only 1 line per inpatient facility claim.
- Allowed amounts are greater than billed amounts.
- Units are often zero on the claim lines; this is the most important issue to resolve.
- There is only 1 icd9 procedure code.

Detailed Data Quality Findings:

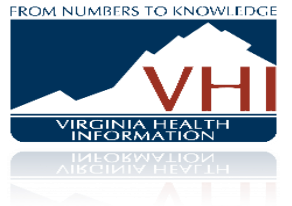
Enrollment		
Finding	Impact	Recommendation
We don't have PCP is column in Source table (A057).	The system can't use the assigned (chosen) PCP if there is one.	The system will attribute a PCP. Discuss if the assigned PCP is used with the Data Supplier.

Medical Claims		
Finding	Impact	Recommendation
There is only 1 line per inpatient facility claim. Usually facility claims average at least 12 lines (A010).	Can't analyze the utilization that occurred during the inpatient stay.	Need to investigate whether this will impact any other engines. Discuss with the Data Supplier.
Units are almost all showing up as zero (A014).	This may impact utilization counts.	Discuss with the Data Supplier.
We don't have DRG Column in Source (A037).	Inpatient HCGs will not be correct.	Milliman will run DRG grouping. Discuss with data supplier.

Virginia APCD Validation Process



Health Plans Review their own Data within Vendor Tool



ED Visits by ICD Incomplete



Milliman

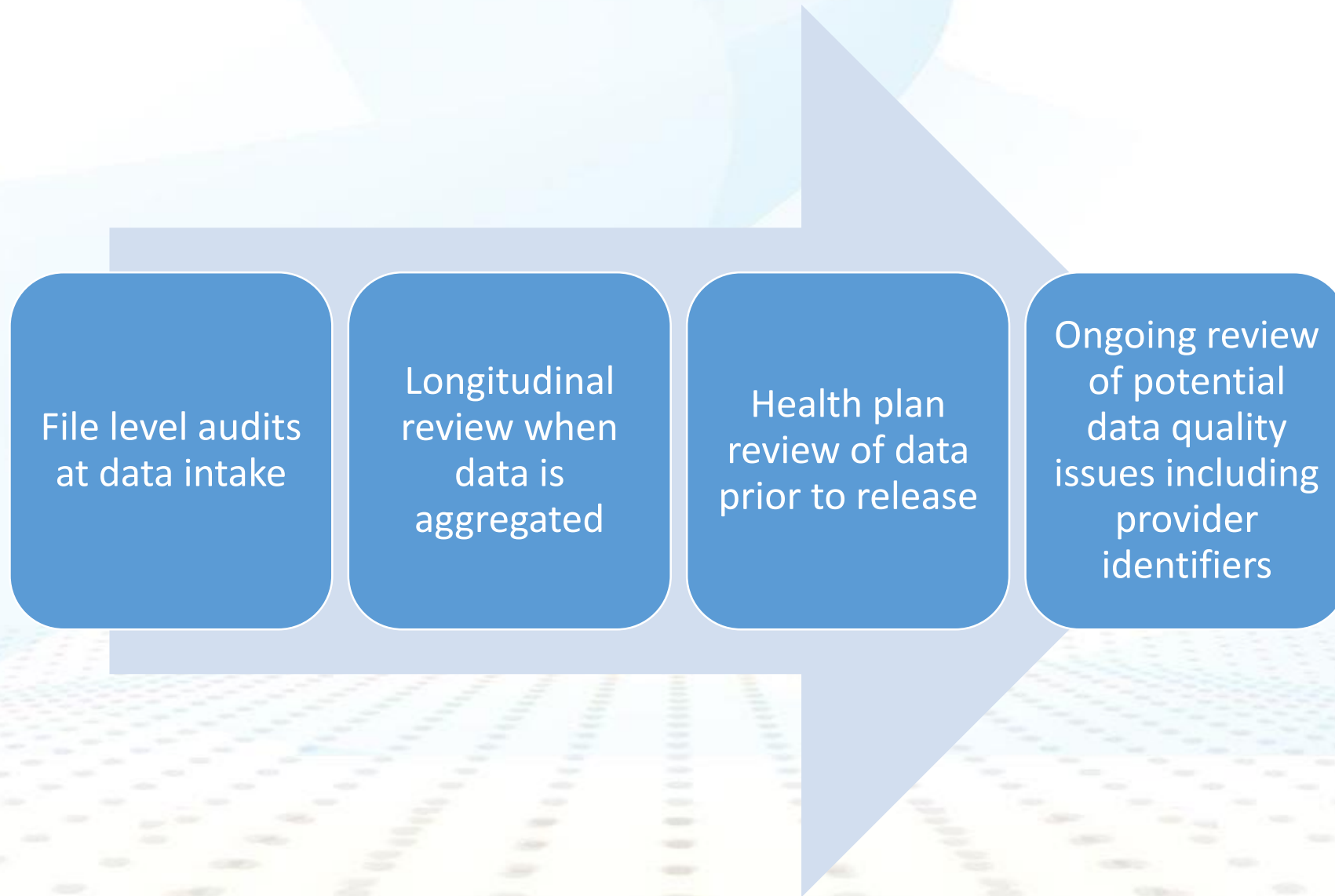
MedInsight

Incurred 2016-04 to 2017-03
 Paid 2011-01 to No Paid Date
 HCG Setting All
 Gender All Age Band All
 Unfiltered Group Name, Parent Payer Code, Insurance Type, Health Planning Region, Health Planning District, Virginia County, Medical And Rx Eligibility, Acc Rating Area

ICD9	ED Patient Visits per 1000	ED Cases	Paid / ED Case	ED Patient Visits Admitted	Admits	% Admits from ED
J089 - Acute upper respiratory infection, unspecified	6.4	21,258	\$328	30	44	68.2%
N390 - Urinary tract infection, site not specified	3.7	11,818	\$703	392	633	61.9%
R509 - Fever, unspecified	3.3	10,788	\$475	70	108	64.8%
R0789 - Other chest pain	3.3	10,712	\$885	123	165	74.5%
R51 - Headache	3.2	10,451	\$733	13	28	46.4%
J029 - Acute pharyngitis, unspecified	3.0	9,795	\$372	3	6	50.0%
R079 - Chest pain, unspecified	2.9	9,445	\$942	88	111	79.3%
B349 - Viral infection, unspecified	2.7	8,743	\$439	44	65	67.7%
R109 - Unspecified abdominal pain	2.6	8,546	\$888	43	57	75.4%
R112 - Nausea with vomiting, unspecified	2.6	8,488	\$641	41	63	65.1%
J209 - Acute bronchitis, unspecified	2.3	7,648	\$490	58	84	69.0%
4659 - ACUTE URI NOS	2.3	7,504	\$310	33	37	89.2%
M545 - Low back pain	2.2	7,418	\$517	12	31	38.7%
J020 - Streptococcal pharyngitis	1.9	6,249	\$390	7	11	63.6%
S0990XA - Unspecified injury of head, initial encounter	1.8	6,125	\$867	1	2	50.0%
K529 - Noninfective gastroenteritis and colitis, unspecified	1.8	5,749	\$830	163	213	76.5%
R1110 - Vomiting, unspecified	1.7	5,790	\$454	5	9	55.6%
K5900 - Constipation, unspecified	1.7	5,723	\$575	31	54	57.4%
J189 - Pneumonia, unspecified organism	1.7	4,899	\$688	677	1,017	66.6%
R05 - Cough	1.6	5,368	\$381		1	0.0%
Top 20 ICDs	52.6	172,497	\$576	1,834	2,739	67.0%
Remaining ICDs	218.1	684,666	\$634	38,044	110,234	34.5%
Total	270.7	857,163	\$622	39,878	112,973	35.3%

Demo Data

Virginia APCD Validation Process



Ongoing Validation of Data Quality

Names that come in:

John Jones MD
Jones, John
Jones, John MD
John A Jones
/////Jones, John*** PROVIDER



Jones, John MD

Creation of standardized core value (JONESJOHN) and manual adjustment

Ongoing Validation of Data Quality



VHI Provider Identifier Improvement Plan

Proposal for Review June 2018

Overview:

Non-standardized provider information has become one of the largest focus areas to improve the analytical utility of Virginia APCD and APCDs around the country. Potential causes for these issues include:

1. Healthcare providers not submitting accurate NPI data, particularly for practitioners or service providers
2. Health plans not retaining NPI data or leveraging all internal databases that may contain NPIs for APCD submissions
3. Health plans submitting billing provider information within service provider fields
4. Health plans and healthcare providers submitting non-standardized provider names that do not match corresponding NPI data
5. Healthcare providers having multiple NPIs with non-standardized names and address information

To ensure provider information analytically useful within the Virginia APCD VHI has developed several proposed operational improvements. The impact of each improvement area based on tests performed on existing provider data within the APCD is also available for further analysis through an accompanying dataset.

Thank You!