



Medical Data Grab by Minnesota Department of Health:

The Minnesota Department of Health (MDH) sought for and received access to patient “encounter data” in the 2008 health care reform law. There were no hearings on the provision before it was inserted into the bill at the end of the 2008 session.

The last time MDH tried to implement this data collection in 2002, the public was outraged, a public hearing was held, and the rule was withdrawn in 2003.

At a cost of \$1.2 million, MDH has now contracted with the Maine Health Information Center (MHIC) for the collection and warehousing of Minnesotan’s medical data. The Center expects to begin collecting “encounter data” on July 1, 2009. The proposed MDH rule will require all third party payers (insurers, etc.) to send private patient data to the MHIC, where MDH officials will have online access to the data for various surveillance, research profiling, and doctor-ranking purposes.

Sources of the Data:

- Insurers must send one insurance record for each covered member for each month eligible for services (*eg.* 24 records sent for a family of four covered January to June 2008)
- Insurers must send a record of every medical encounter and every prescription filled.
- Third Party Payers (insurers, employers, Medicare, Medicaid) must send a record of every medical encounter and every prescription filled.
- Pharmaceutical Benefit Managers (PBMs) working for health plans and others must send a record of every medication filled.

Data to Be Collected and Analyzed:

Insurance/Eligibility

One record per member sent per month

- Payer
- National Plan ID

- Insurance type (HMO, PPO, Fee for Service)
- Year
- Month
- Coverage Level
- Plan Specific Contract Number
- Member Suffix or Sequence Number
- Gender
- Relationship of patient to health plan subscriber
- Date of Birth (to calculate age)
- City
- State
- Zip code (to assign geographic area)
- Medical Coverage
- Prescription Drug Coverage
- Primary Insurance Indicator
- Medical Home Assigned – yes or no
- Subscriber First Name
- Subscriber Last Name
- Subscriber Middle Initial
- Member Last Name
- Member First Name
- Member Middle Initial
- Record Type

Medical Record Data

One record sent to MHIC for each reimbursed service

- Payer
- National Plan ID
- Insurance Type/Product Code
- Payer Claim Control Number
- Line Counter
- Version Number
- Plan Specific Contract Number
- Member Suffix or Sequence Number
- Individual Relationship Code (child, spouse, etc.)
- Member Gender
- Member Date of Birth
- Member City Name
- Member State
- Member Zip Code
- Date Service Approved

Data Elements Taken from “Minnesota Health Care Claims Reporting System Data Element Recommendations,” January 16, 2009, Maine Health Information Center (Manchester, ME, contractor for the Minnesota Department of Health) NOT THE FINAL LIST OF DATA ELEMENTS.

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- Admission Date
- Admission Hour
- Admission Type
- Admission Source
- Discharge Hour
- Discharge Status
- Service Provider Number
- Service Provider Tax ID Number
- National Service Provider ID
- Service Provider Entity Type Qualifier
- Service Provider First Name
- Service Provider Middle Name
- Service Provider Last Name or Organization Name
- Service Provider Suffix
- Service Provider Specialty
- Service Provider City Name
- Service Provider State or Province
- Service Provider Zip code
- Type of Bill – Institutional
- Site of Service on professional claim
- Claim Status
- Admitting Diagnosis
- E-Code (describes an injury, poisoning or adverse effect)
- Principal Diagnosis
- Diagnosis
- Other Diagnosis - 1
- Other Diagnosis - 2
- Other Diagnosis - 3
- Other Diagnosis - 4
- Other Diagnosis - 5
- Other Diagnosis - 6
- Other Diagnosis - 7
- Other Diagnosis - 8
- Other Diagnosis - 9
- Other Diagnosis - 10
- Other Diagnosis - 11
- Other Diagnosis - 12
- Revenue Code (National Uniform Billing Committee Codes)
- Procedure Code
- Procedure Modifier – 1
- Procedure Modifier – 2

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- ICD-9-CM Procedure Code
- Date of Service - from
- Date of service - Thru
- Quantity – count of services performed
- Charge Amount
- Paid Amount
- Prepaid Amount
- Copay Amount
- Coinsurance Amount
- Deductible Amount
- Discharge Date
- Service Provider Country Name
- Billing Provider Number
- National Billing Provider ID
- Billing Provider Last Name
- Referring Provider Number
- Referring Provider Tax ID Number
- National Referring Provider ID
- Referring Provider First Name
- Referring Provider Middle Name
- Referring Provider Last Name
- Subscriber Last Name
- Subscriber First Name
- Subscriber Middle Initial
- Member Last Name
- Member First Name
- Member Middle Initial
- Record Type (ie. “Medical Claim”)

Pharmacy/Medication Data

One record sent to MHIE without patient consent for each filled prescription

- Payer
- Plan ID
- Insurance Type/Product Code
- Payer Claim Control Number
- Line Counter
- Plan Specific Contract Number
- Member Suffix or Sequence Number
- Individual Relationship Code
- Member Gender
- Member Date of Birth

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- Member City Name
- Member State
- Member Zip Code
- Date Service Approved
- Pharmacy Number
- Pharmacy Tax ID Number
- Pharmacy Name
- National Pharmacy ID Number
- Pharmacy Location City
- Pharmacy Location State
- Pharmacy Location Zip code
- Pharmacy Country Name
- Claim Status
- Drug Code
- Drug Name
- New Prescription or Refill
- Generic Drug Indicator
- Dispense as Written Code
- Compound Drug Indicator
- Date Prescription Filled
- Quantity Dispensed
- Days Supply
- Charge amount
- Paid amount
- Ingredient cost/List Price
- Postage amount claimed
- Dispensing fee
- Copay amount
- Coinsurance Amount
- Deductible Amount
- Prescribing Physician First Name
- Prescribing Physician Middle Name
- Prescribing Physician Last Name
- Prescribing Physician DEA Number
- Prescribing Physician National Provider ID number
- Subscriber Last Name
- Subscriber First Name
- Subscriber Middle Initial
- Member Last Name
- Member First Name
- Member Middle Initial

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- Record Type
- Date prescription filled
- Prescribing provider
- Drug Enforcement Administration number
- National prescribing provider ID
- Name of provider

Information Not Collected¹

- Services provided to uninsured
- Fully denied claims
- Workers' compensation bills
- Premium information
- Administrative fees
- Test results from lab work, imaging, etc.

Summary²

- Eligibility data
 - One record for each member for each covered month whether services were received that month or not
- Medical claims
 - One record for each billed service eligible for payment by data reporter or member through co-pay, coinsurance or deductible
- Pharmacy claims
 - One record for each filled prescription eligible for payment by data reporter or member through co-pay, coinsurance or deductible.

QUOTES FROM MHIC & MDH PRESENTERS AT 1/29/09 PUBLIC (Stakeholder) MEETING HELD BY MDH:

- * "[We're] looking at care patterns of a provider"
- * "We want to know about the entire population the provider is serving"
- * "We want to get as complete a picture as possible of a provider's population"
- * "[Use for] development and reporting of provider peer groups" based on "cost, quality, value, and efficiency"
- * "create a single standard that the community agrees on."
- * "to look at the quality of care provided...resources used to achieve quality...and price of resources used"
- * "Payers are required under statute to use that information" to steer patients toward higher quality, lower cost, more efficient providers

¹ 1/29/09 MHCCRS Stakeholder Meeting Powerpoint

² 1/29/09 MHCCRS Stakeholder Meeting Powerpoint

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- * "We can look and see if that individual gets the appropriate treatment"
- * "We need to count. We need to classify."
- * "Gather all medical and pharmaceutical data and track members [patients] across plans"
- * Need pharmacy data to monitor "Treatment patterns...Resource consumption...Payment information"

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