Data Collection from Hospitals and Insurers for Minnesota’s State Health Database

- As Approved by Administrative Law Judge Allan W. Klein -
- Unofficial Copy of Revisor's Draft – January 7, 2003 -

Data Collection Requirements – Group Purchasers

Claims and Encounter Data Elements

Data Elements Related to Claim or Encounter
- Payer’s unique claim identification number
- Indicator for whether professional, institutional, or pharmacy
- Indicator for whether record is electronic or paper

Data Elements Related to Diagnosis
- Each diagnosis code
- External cause of injury code
- Date of onset of current illness, injury, or pregnancy

Data Elements Related to Payer
- Payer’s name and address
- Payer’s federal tax identification number
- National payer identification number

Data Elements Related to Patient
- Number assigned by the payer to identify patient
- Medical record number for institutional claims
- Patient account number for professional claims
- Patient’s status at discharge for inpatient claims
- Patients’ zip code

Data Elements Related to Prescription Drugs
- Number of days’ supply dispensed
- Quantity dispensed in metric decimal units
- Indication of whether the drug dispense was formulary or nonformulary
- Product code and qualifiers identifying the drug
- Indication of an original fill for prescription or the refill number for existing prescription
• Prescription identification code or service reference number
• Prescriber identification code qualifiers
• Provider identification code and the provider identification code qualifiers

Data Elements Related to Attending and Operating Physicians and Rendering Provider
• Federal tax identification number
• National provider identification number
• Provider’s name

Data Elements Related to Service Provided
• First and last dates of service for both the individual service and the claim, including admission date for an inpatient claim and fill date for a prescribed drug
• Dollar amount charged by the provider for both the individual service and the total for the claim
• Source and type of admission for inpatient claims
• Place of service code for professional claims and type of bill for institutional claims
• Number of units of services provided
• Number of units of services provided, such as the number of days, visits, miles, or injections
• Each procedure code and modifier, including injection codes
• The revenue code, which identifies a specific accommodation or ancillary service for institutional claims
• National provider identification number of the service location

Enrollment or Demographic Data

Data Elements Related to the Covered Individual
• Individual’s name
• Individual’s street address, city, state, and zip code
• Individual’s marital and employment status
• Effective date of coverage
• Date of termination of coverage
• Number assigned by payer to identify covered individual
• Number assigned by payer to identify subscriber
• Individual’s relationship to the subscriber
• Group name and number
• Payer name
• National payer identification number
• Group name or number

Medical and Personal Data to be Collected by
Minnesota Department of Health
Minnesota Rule 4653
Minnesota Statute 62J.301 – 62J.45
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• Subscriber identification number to identify another source of payment
• Indication of the type of public medical coverage
• Individual’s date of birth
• Individual’s gender
• Individual’s race
• Individual’s ethnicity
• Unique patient identification number

Data Elements Related to Benefit Coverage, including an indication of whether claims and encounter data are…for chemical dependency services, mental health services, and pharmacy services for each covered individual

Data Collection Requirements – Hospitals

Inpatient Discharge and Outpatient Data

Data Elements Related to the Diagnosis
• Principal diagnosis code
• Each additional diagnosis code
• Each external cause of injury code
• Diagnostic-related grouper code
• Major diagnostic category code

Data Elements Related to the Payer
• Names of the primary, secondary and tertiary payers
• National payer identification numbers for primary, secondary and tertiary payers
• Indication of Medicare managed care as a payer
• Indication of Medicaid managed care as a payer

Data Elements Related to the Patient
• Name
• Account number
• Medical record number
• Status at discharge
• Street address, city, zip code, state, country of residence
• Marital status
• Date of birth
• Gender
• Race
• Ethnicity
• Unique patient identification number

Data Elements Related to the Service Provided
• Admission date
• Source and type of admission
• Discharge date
• Type of bill
• Number of units of services provided, such as number of days, visits, miles, or injections
• Length of stay
• Each procedure code and procedure code modifier
• Dates of the principal and secondary procedures
• Revenue code, which identifies a specific accommodation or ancillary service
• National provider identification number of the service location
• Detailed and total charges

Data Elements Related to Attending and Operating Physicians and Rendering Provider
• Federal tax identification number
• National provider identification number
• Provider’s name

Data Elements Related to the Hospital
• Federal tax identification number of the hospital
• State hospital identification number