



DE Health Care Claims Database

Original Mandate Medicare-Medicaid QHP 2013 to current 16 months Work from June 2018					
Payer	Data Lake				Data Warehouse
	Staging	Level 1	Versioning	Level 2	
1.1					2019
1.2					2018
2.1					2019
3.1					2019
4.1					2019
5.1					2019
6.1					2018
6.2					
7.1					2019
8.1					
CMS Medicare					
Second Mandate for Commercial 2015 to current 6 months work from April 2019					
1.3					2018
2.2					
6.3					
7.2					
8.2					
9.1					

When does the data administrator enhance the data, vs. when do we ask the data sender to fix the data so that it conforms appropriately?

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Challenges

1. Disparate systems
2. Subcontractor systems
3. Code set tolerances
4. Liberal Redactions such as Infectious Disease
e.g. Flu
5. SSN type elements
6. Provider Names
7. Lack of Unique Member identifiers
8. Creative claims versioning
9. Delaware differences from APCD historic norms e.g. Institutional claims
10. Small teams
11. Shared documentation
12. Team turnover in a 16 month effort
13. 110 Rounds of Override Exception forms
 - 598 Override Exceptions
 - 49 code set adjustments
 - 12 field structure
 - 436 threshold allowance adj.
 - 72% of 196 data elements
 - Payer avg 39 with high of 99 items

Successes

1. Productive Engagement
2. Tenacious resources
3. Teamwork
4. Shared Documentation
5. Skill set and experience

What specifications does your APCD use? And where do your payers have challenges?