

## Center for Healthcare Transparency

### Subgroup 2: Claims Data

*Suggested joint session for Subgroups 2 & 3 to discuss integration of claims and clinical data.*

- For each intended use
  - What elements are needed?
  - What elements are needed to validate the data?
  - How can the limitations of a particular data set be described to end users?
- Practices for working with entities that supply claims data
  - Payers
  - Purchasers
  - APCDs
  - HIEs
- Standards for data feed (fields, values, periodicity, etc.)
  - Tie-ins with existing/forthcoming standards, PACDR, etc.
- Standards and processes for assessing accuracy and completeness of data
  - Variations by use case
  - Including documenting and communicating condition of data clearly so users know what the data will and will not support
- Standards, alternatives and processes for enhancements to claims data
  - Provider directories
  - Patient attribution
  - Risk adjustment
  - Provider validation
  - Other
- Considerations specific to in-house data management
  - What are staffing and other resources required for this approach?
- Considerations specific to vendor-managed environments
  - What are staffing and other resources required for this approach?
  - Vendor contract recommendations for minimum data access, timeliness, quality, etc.
- Considerations for claims and clinical data integration (Also considered in Subgroup 3)
- How can we help stakeholders use the data? What does it take to make it actionable?
- Potential impact of emerging technologies