Webinar Q & A

A New Approach for Data Sharing Among Health Care Payers and Providers

January 13, 2021

Q: *The goals, strategy, and initiatives of CHIRP are clear in the presentation. It's also clear how PIPE supports the goals of CHIRP. Is it going to be mandatory for all healthcare systems that operate in MN to use PIPE and participate in CHIRP initiatives?*

A: It is anticipated that PIPE will replace the DDS methodology of data collection.

Q: *If a group has lab results, but no LOINC codes attached, they can still submit data with the LOINC fields blank? If so, is this true for both CHIRP and the regular PIPE submissions?*

A: If CPT codes are used (and not LOINC) there is also a structured field "procedure code" in the lab/procedure file in which the lab CPT code can be submitted. For example, value sets for HbA1c include both LOINC and CPT codes in their definition to accomodate both systems.

Q: *Have you considered the FHIR standard for interoperability?*

A: FHIR, HL7, and other clinical standards have been reviewed and are continually monitored. MNCM will continue to investigate these standards and will integrate where appropriate and meaningful.

Q: *How will the first file sent from provider to payer (historical) differ from incremental monthly files?*

A: It is anticipated that all files will be encounter date of service based with a starting date range, similar to a measurement period.

Q: *Can you please address attribution (plans often attribute patients to a provider that we don't consider "our" patients)?*

A: This process does not require a specific attribution methodology, though future versions may include more detail on type of methodology used. The attribution flag in the enrollment file does indicate if the method the payer used was one in which the patient was enrolled or assigned.

Q: *What about patients that are new for the payer? Will the payer be able to see all historic data (dates of service when they met requirements, etc.)?*

A: Providers do need to know who the patient's payer is; primary payer is included in both the demographic and encounter/cpt file to split the files by each payer. This will be tested during pilot; unclear about ability to load history prior to that point in time. See related questions/ responses.

Q: *We currently send data in our HEDIS extracts that are not based on a standard code set (e.g. we may capture a smart data element or document scan type). How will the data standard address these situations?*

A: There may be specific measure related mapping options in PIPE that can translate over to the CHIRP extract. Options for these scenarios can be explored with MNCM's PIPE implementation team.

Q: *Is there a plan to get NCQA and HEDIS Auditors to recognize and approve the data submitted by providers as "standard" instead of "non-standard"? This is important for payers as part of the HEDIS process.*

A: Yes, MNCM is currently working with our health plan payer stakeholders and NCQA with the Data Aggregator Validation (DAV) program in hopes of getting MNCM certified as a supplemental data source.

Q: *Will there be a specific Data Service Agreement/BAA that will need to be signed as part of this work?*

A: If a group is utilizing PIPE an additional Data Use Agreement (DUA) will be needed to allow MNCM to extract and submit the data to each payer on the group's behalf. If a medical group uses the standard and submits to the payer, agreements will need to be reached separately outside of MNCM.

Q: *What is the source of race/ethnicity data?*

A: Data collected from the patient at point-of-care.

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