

Topic: Accepting Insurance Data

Request Date: October 2nd, 2017

Information Requested: We are interested to know from other IIS:

- Does your jurisdiction accept data from private insurance companies?
- Does your jurisdiction accept Medicaid claims data?
- What are the benefits and challenges with accepting insurance information?

Requesting Member: Michelle Hood (NE)

Responding Member(s): Deborah Richards (OR), Kim Salisbury (RI), Kevin Allen (TX)

Results:

OR:

1. Oregon does accept demographic and immunization data from private insurance companies. We also provide HEDIS data to health plans. Of note, the system will only accept the demographic data if one or more immunizations updates the record. Historical immunizations will not update administered immunizations.
2. Oregon does accept demographic and immunization claims data from DMAP. We also provide HEDIS files for Medicaid clients. Similarly, the system will only accept the demographic data if one or more immunizations updates the record. Historical immunizations will not update administered immunizations.
3. Early on, this data was critical to fill in reporting gaps to achieve one consolidated immunization record per client. More recently we have seen less benefit and more duplicate information. This is largely due to interoperability improvements in receipt of (and response to) clinical provider immunization data. We would like to analyze benefit of demographic only and secondary source data feeds in the future.

An additional challenge is the inability for health plans to make corrections when an immunization is miscoded (e.g., they might send an updated corrected record, however the original record is typically not deleted).

The feedback loop for following-up on data issues is another gap in working with health plan data. There often isn't staff to field immunization-specific queries, so resolution is not always possible. This can result in frustration with other IIS users that question the data's validity.

RI: RI does not accept immunization data from either private insurers or from Medicaid. However, RI does update insurance type based on data exchange with insurers. This information is used to look at differences between publicly and privately insured individuals.

IX:

1. Yes
2. Yes
3. Benefits include receiving immunization data which otherwise is not reported directly from providers. Some data received from these entities sometimes include specific data that may not be reported by providers. In general, most entities are easy to work with and quick in responding to issues or error resolution.

Challenges consist of inaccuracies of billing date or paid claim date instead of actual date of administration, insured's address being reported instead of patient's residential address, and some delay in receiving patient records due to claims billing errors, etc.