

Accuracy of Charge Transparency: Processes to Validate Electronic Data from State and Federal Repositories for Hospital Charges

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Purpose

- Determine accuracy of hospital claims data
- Validate state repositories as all-payer databases
- Empirical data for future transparency policy
- Articulate processes towards report-card metrics
- Utilization of government open data initiatives

Methods

- Medicare FFS claims top 100 DRGs
 - State & MPCD* repositories
- Sample - Common hospitals(131) for 10 DRGs
- Accuracy of discharges & avg. total charges
- Medicare data used as gold standard
- Bland-Altman; Multilevel fixed effects regression

*Texas Health Care Information Collection

*Medicare Provider Charge Data

Findings

- Mean difference of 8 discharges in Texas
- 4.58% outside the limits of agreement (Figure 1)
- Texas reported discharges were not in complete agreement with the Medicare repository
- No difference between repositories for reported average total covered charges (Figure 2)

Figure 1. Agreement between Medicare & Texas Discharges, by hospital

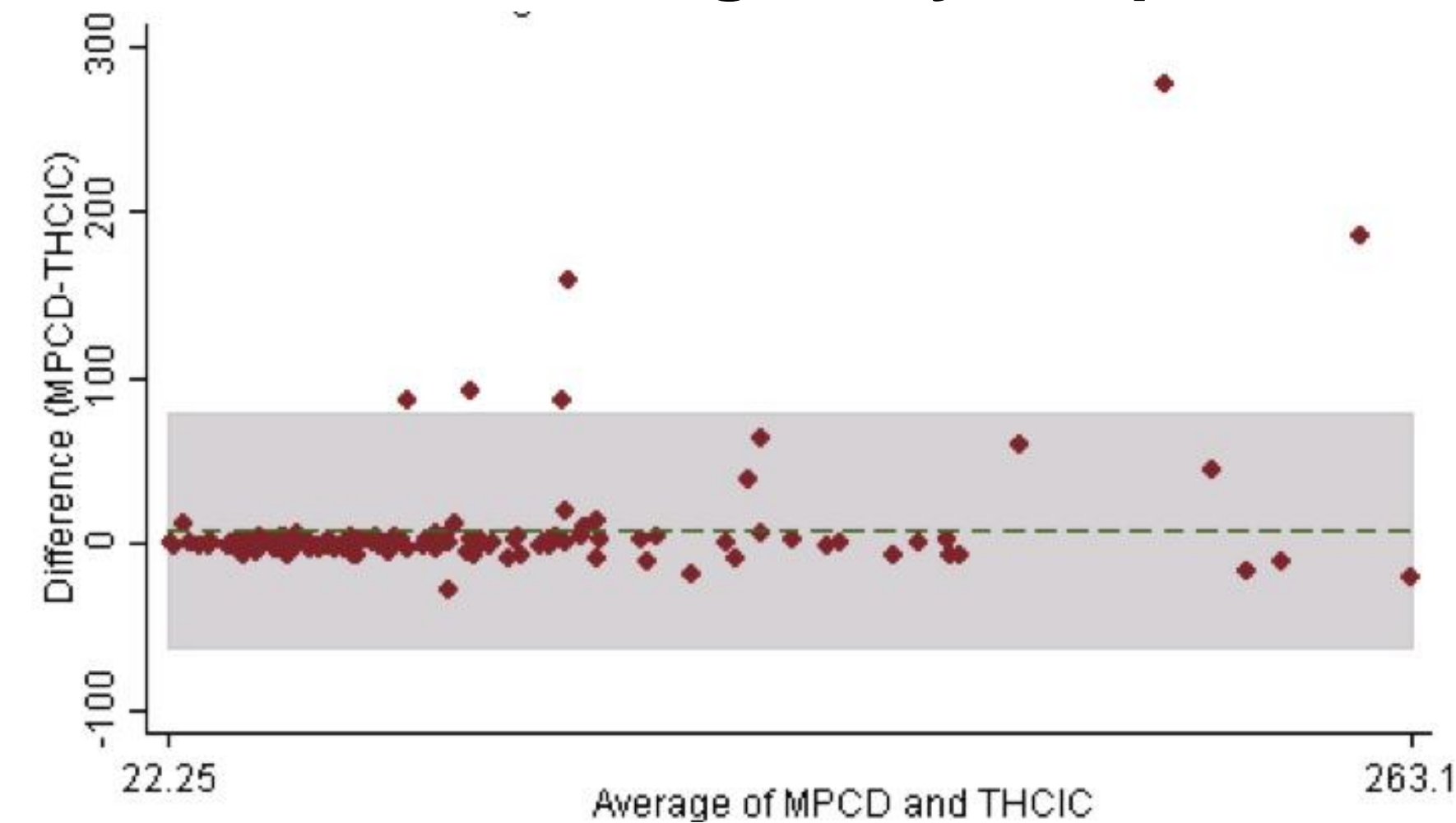
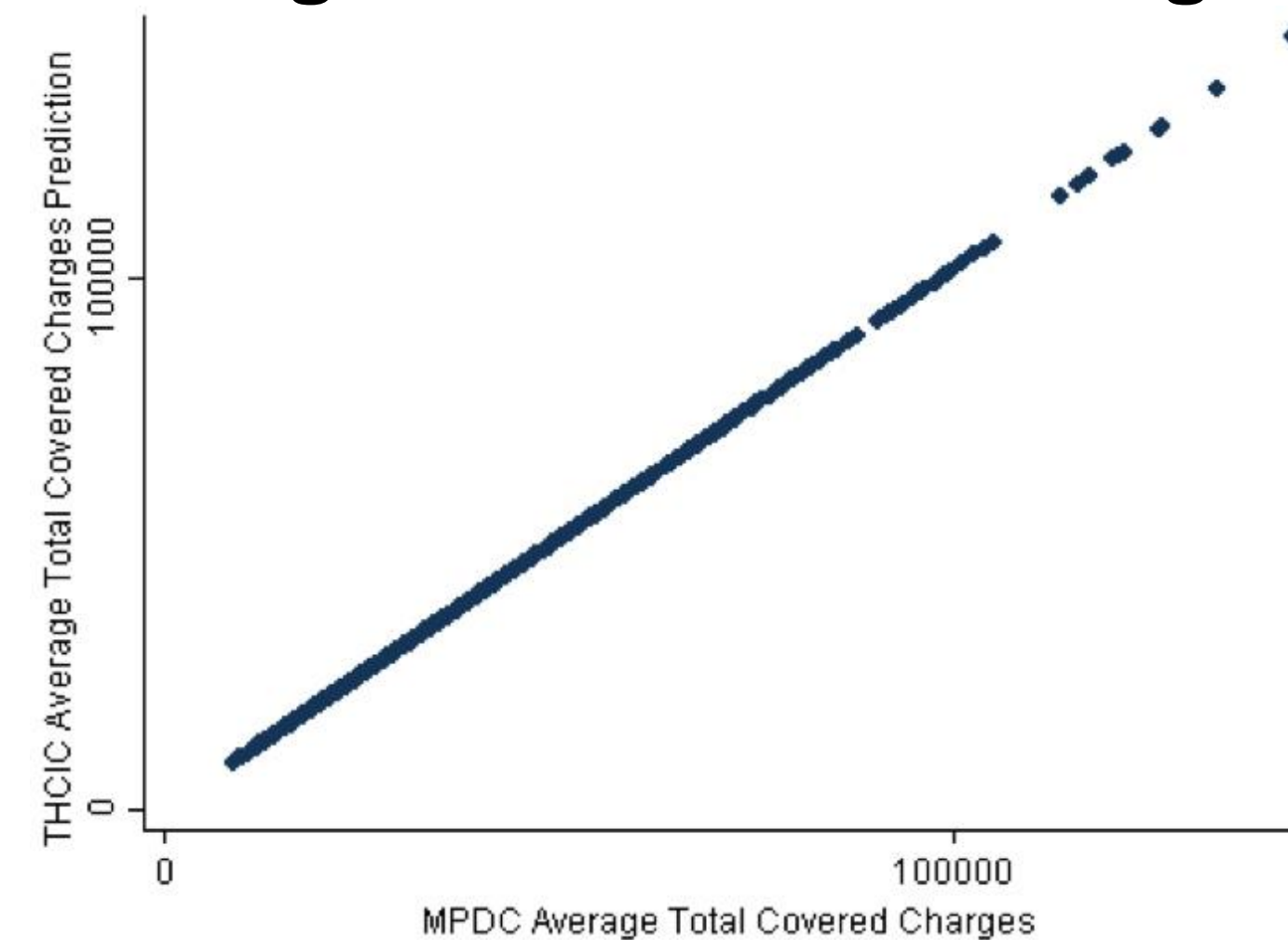


Figure 2. Prediction of THCIC and MPCD average total covered charges



Discussion

- Medicare FFS & Advantage coding (Table 1)
- Level of data agreement is far above average
- Texas hospital price transparency efforts effective
- Secondary use of government provided open data
- Developed methods for states with claims data

Table 1. Differences in total reported discharges between repositories

Medicare claims	MPCD	THCIC	Difference
FFS & Medicare Advantage (PPO/POS)	100,820	111,413	-10,593
FFS & Medicare Advantage (HMO/PPO/POS)	113,525	111,413	2,112

Next Steps

- Extend to 40+ states with claims data
- Create metrics for state score-card transparency
- Expand to include public federal 2012-2013 data
- Validate frameworks towards APCD*

*All-payer claims databases

Acknowledgements

- Funded in part by NLM Grant T15LM011270-02