

**The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS)
Claims Work Group
Teleconference Summary
August 19, 2019
12:30 p.m. to 1:30 p.m. EDT**

Representatives from NCI, IMS, The Scientific Consulting Group, Inc. (SCG), and 11 SEER registries participated in the SEER*DMS Claims Work Group (WG) teleconference on August 19, 2019. Participants included:

REGISTRIES

Detroit	NCI: Peggy Adamo
Georgia (Kevin Ward, WG chair)	
Idaho	IMS: David Angelaszek, Linda Coyle, Chuck May, Suzanne Adams
Iowa	
Kentucky	SCG: Carolyn Fisher - rapporteur
Louisiana	
New Jersey	
New Mexico	
New York	
Seattle	
Utah	

Action Items

- IMS will enable the parent facility toggle on the Electronic Health Record Dashboard.
- IMS will assist the New Jersey registry with assigning National Provider Identifier (NPI) for facilities with a single parent organization.
- The New Jersey and Iowa registries will share their draft documentation on processing claims data.
- IMS will create a query to find patient sets that had Date of Last Contact updated by a claim to share with registries.
- IMS will review the Claims to CTC matches at the Georgia registry in Squish #7655 to determine the reason for the increase in matches from 2015 to 2016.

Casefinding

Linda Coyle

IMS performed a design requirements analysis for Abstract Facility Leads (AFLs) with the goal of implementing a many-to-many relationship between source records and AFLs. This means that instead of creating an AFL for every claim, SEER*DMS will create a single AFL for all claims (and all other record types, eventually) from the same facility for the same case. IMS has defined the data structure for the new process and would like feedback from the registries.

Data will be restricted to Unlimited claims and cases with documented treatment that is part of the Cancer Medications Enquiry Database (CanMED) formulary.

Discussion

A participant asked if there is a primary site field for claims and whether registrars should seek treatment information whenever they find a mention of a reportable case. The amount of time that registrars will need to spend seeking treatment information in claims will depend on the scope of the claims review, as

determined by this WG. Linda suggested initially limiting the scope of review. Auxiliary categories can be supported. NCI is in the process of approving the radiation therapy codes.

AFL managers for death certificates (DCs) are separate from those for other types of records in SEER*DMS because death clearance usually is handled by different registry staff. The AFL manager for claims will be the same as that for pathology reports and casefinding records. Registries will be able to filter and select AFLs.

Discussion

Participants discussed the feasibility of bundling casefinding leads in the same manager versus keeping them separate. Kevin said it would be valuable to bundle them into one manager. He also thinks that having the ability to filter for both claims and pathology would be helpful. IMS staff will consider creating a dual AFL manager, but it will take some time to complete. In addition, IMS will consider the possibility of allowing a patient set that does not have a separate CTC.

Electronic Health Record (EHR) Dashboard

The facility table has been restructured so that a facility can be set as a parent facility with subsidiary facilities. This change will be reflected in the EHR Dashboard, where the parent facility view can be toggled on and off. Changes to the Dashboard are in progress, but registries will need to change the Parent fields in the Facility Table if they want them grouped.

Discussion

In New Jersey, the main provider of claims data is Regional Cancer Care Associates, LLC, which has many facilities throughout the state. In the current dashboard, all facilities that are part of this organization have the same facility number, but each location is listed differently. These differences likely are due to the different NPI values in claims. IMS will work with the New Jersey registry to assign the appropriate NPI values and group facilities under the appropriate Parent organization.

In response to a question, Linda indicated that multiple levels of parent facility organization would be possible.

Processing Claims Data

Linda Coyle

Linda commented on the need to indicate that a claim has been reviewed. She recommended using a single check box to indicate that all existing claims for a patient set at that point in time have been reviewed rather than check boxes for each claim.

Discussion

In response to a question, Linda clarified she expects only one person to sign off as reviewer of all existing claims for a specific patient set, but acknowledged that some registries might have multiple reviewers. Participants expressed concerns about the effort involved in reviewing numerous claims. Automation of the claims review process is the long-term goal. Claims have been reviewed in the past for quality control (QC) activities. QC tabs will not be in place for claims in a patient set that was edited in the normal workflow.

Kevin noted that longitudinal data in SEER*DMS merits consideration by the SEER*DMS Change Control Advisory Board (CCAB) as well as the WGs. Unlike hospital abstracts, claims reflect multiple visits over time for a single patient. The use of QC queries rather than timing rules to inspect claims data

poses a challenge because the QC query might pull a case repeatedly. A mechanism is needed to alert the registry editor that the claims received (current or past) have been reviewed.

Participants responded that having a way to keep track of claims reviews is valuable. Linda clarified that the check box feature would flag claims that were reviewed. This flag could be used in queries and would be indicated in the Patient Set Editor. Although automation is the ultimate goal, approaches are needed to facilitate claims processing in the interim. The NCI has a group that is examining the timeframe for automation.

Kevin asked participants whether their registry has documentation on processing claims, and whether it would be valuable to draft an operations document as a workgroup.

- The Georgia registry does not have documentation on the processes used to process claims.
- The New Jersey registry is in the process of developing a written procedure based on the CTC, which is being tested and is expected to be released to their staff soon.
- The Iowa registry is in the process of developing documentation for using claims data. Initial efforts are focused on the sample SQLs that IMS provided.

Some registry indicated that such a document would be useful. Such a document also would inform SEER*DMS updates and the development of new functionality (e.g., alerts). As a first step, Linda suggested that the New Jersey and Iowa registries share their draft documents. Kevin agreed to search for any existing documents that could be used by the Georgia registry for the time being.

Kevin suggested that registries review their data streams (e.g., billing data frequency) monthly to identify the simplest path to approaching the Unlimited data; QC will be a next step. In response to a participant request, Linda agreed to have IMS create a query to find of patients where Date of Last Contact was updated by a claim.

SEER*DMS Software Issues and Questions—Squish #7655

At the Georgia registry, the proportion of claims matching a patient set increased from 25 in 2015 to 45 in 2016 when using the claims by year query. The registry representative asked if the algorithm changed. Matches are refreshed after algorithm changes in SEER*DMS. IMS will review the Georgia registry claims to CTC match data to determine the cause of the increases.

Next Claims Work Group Call

The next Claims WG call is scheduled for September 16, 2019.