The Surveillance, Epidemiology, and End Results Data Management System (SEER*DMS)
Claims Workgroup
Teleconference Summary
October 16 2017
11:00 a.m. to 12:00 p.m. EDT

Representatives from NCI, IMS, the Scientific Consulting Group, Inc. (SCG), and five SEER registries participated in the SEER*DMS Claims Workgroup conference call on October 16, 2017. Participants included:

REGISTRIES:

Detroit
Georgia
New Jersey
New Mexico
Utah

NCI: Angela Mariotto, Marina Matatova, Lynn Penberthy, and Donna Rivera

IMS: Linda Coyle, Chuck May

SCG: Glendie Marcelin, rapporteur

Action Items

- Barbara Evans of the New Mexico registry agreed to update the Workgroup regarding the status of the New Mexico agreements to allow for integration of unlimited data.
- The Detroit registry representative agreed to inquire about the format of their claims data file.
- Kevin Ward agreed to draft guidelines for implementing a claims data stream and investigate approaches for receiving claims in real time.
- Donna agreed to send to Linda the following lists: (1) Healthcare Common Procedure Coding System (HCPCS); (2) a National Drug Code (NDC) list for chemotherapy, hormonal therapy, and ancillary treatment; (3) administration codes; and (4) radiation therapy codes (under development).
- Chuck agreed to integrate drug agent lists into SEER*DMS.
- The Workgroup agreed to implement a short-term goal to develop a process for testing coding assessment rules for matching claims.
- Each registry participating in the Claims Workgroup should provide feedback on the Workgroup Goals and Objectives document by October 27, 2017.

Claims Workgroup Goals

The four overarching goals for the Claims Workgroup are to:

- Standardize processes for working with claims across all registries.
- Maximize automation.
- Facilitate researcher access to source claims (or at least selected fields).
- Expand capture.

A standard process for working with claims should maximize automation. The approach to claims processing employed by the Georgia registry could be applied across all registries that receive claims. Marina asked meeting participants about potential hurdles to the standardization of claims processing. Participants did not mention any specific hurdles.

Marina, Angela, Donna, Linda, and Kevin (Claims Workgroup Chair) drafted a document outlining short, medium, and long-term goals for the Claims Workgroup.

Short-Term Goals

Linda outlined short-term goals that the Claims Workgroup should accomplish in 6 to 12 months. The first short-term goal was to:

- *Gain an understanding of the status of local agreements in each SEER area to allow for the integration of unlimited data.*

All registries should retrieve unlimited data when possible. Georgia and New Jersey registries have all of their local agreements in place. The Georgia registry is receiving data and the dataflow process has begun at the New Jersey registry. Utah registry staff are completing the paperwork for their agreements. A representative from the New Mexico registry suggested contacting Barbara Evans regarding the status of agreements at that registry. The Detroit registry is supporting a research project that might facilitate the uploading of claims data to their registry database. The Detroit registry representative agreed to ask the research group about the format of their claims data file.

Marina suggested creating guidelines for implementing a claims data stream. Linda suggested that Kevin draft these guidelines.

Donna announced that a new workgroup will be created in response to a NAACCR recommendation. This workgroup will convene within the next 1 to 2 months to discuss database linkage issues. Donna asked participants who are interested in participating in this workgroup to contact her. The Detroit representative expressed interest in joining the workgroup.

Marina would like the new workgroup to facilitate integration of claims data with other data sources, and provide guidelines for accessing claims data from local vendors. NCI will work closely with regional vendors and registries to develop a kit for this purpose.

The second short-term goal for the Claims Workgroup was to:

- *Explore what additional data can be accurately gleaned from international statistical classification of diseases (ICD-10) and related health problems codes available in 2015 (metastases, progression, second primary, etc.).*

The third short-term goal for the Claims Workgroup was to:

- *Incorporate drug agent lists (with classes, regimens) for all oncologics (chemotherapy, hormone therapy, and immunotherapy).*

The Claims Workgroup has been working mainly with data related to chemotherapeutic agents and requires lists for the other types of therapies. The Workgroup should:

- *Develop a comprehensive list of radiation therapy codes.*
- *Develop methods to address regimens with reference dates (e.g., considered chemotherapy at one point and immunotherapy at another).*

Linda asked participants for comments on the short-term goals. Concerning the goal to incorporate drug agent lists, Donna agreed to send Linda the following lists: (1) Healthcare Common Procedure Coding

System (HCPCS); (2) a National Drug Code (NDC) list for chemotherapy, hormonal therapy, and ancillary treatment; (3) administration codes, and (4) radiation therapy codes (under development). Chuck also should receive these lists to begin integrating them into SEER*DMS. Donna has the official version of these lists. The final versions of the HCPCS and NDC lists will be housed on the SEER website. Donna and her assistant will maintain the HCPCS list. Representatives from IMS will manage the NDC list.

Linda suggested that the Claims Workgroup develop a method to address regimens with reference dates for chemotherapy and immunotherapy. Lynn agreed with this idea.

The fourth short-term goal for the Claims Workgroup was to:

- *Optimize Multiple Primary and Histology (MPH) coding assessment rules for matching claims to Cancer Tumor Cases (relaxed rules for claims).*

Marina suggested developing a standard process for testing coding assessment rules for matching claims. Such a plan could be disseminated to other workgroups. Linda and Marina agreed to make the development of this process another short-term goal.

The fifth short-term goal was to:

- *Use retrospective data from 2013–2015 to quantify gains in treatment augmentation from these data.*

The sixth and seventh short-term goals were to:

- *Make available standard queries to conduct focused manual review of the claims data for augmentation (SQL server sample in existing data search).*
- *Finalize DMS workflow for the processing of prospective claims.*

Defining the workflow in SEER*DMS will rely, in part, on the use of retrospective data.

The eighth and ninth short-term goals were to:

- *Finalize fields for immediate auto-consolidation.*
- *Implement viewer to track incoming claims by source (Provider National Provider Identifier); create a dashboard.*

Linda noted that a dashboard is needed to visualize the claims data by source. The dashboard would alert users when there is an interruption of data transfer.

The tenth short-term goal was to:

- *Develop a checklist for registries to use to evaluate the data that they receive.*

This checklist would help registries immediately evaluate how well incoming claims data adheres to an established standard.

A representative from the Utah registry asked about a standard process for importing claims data into SEER*DMS. Linda replied that registries can choose whatever process works best for importing claims data into SEER*DMS.

The last short-term goal was to:

- *Discuss impact of different sources and the timelines for receiving claims data (e.g., Utah will receive data in batches submitted yearly).*

The implementation of the All-Payer Claims Database at the Utah registry will be delayed by one year. Linda noted that this delay should not affect the auto-consolidation process.

Marina recommended using a real-time process like the unlimited database to receive claims to avoid delays that could affect the overall workflow. She was concerned that delays in the workflow might affect use cases. Linda did not believe the delays would affect use cases, but asked that Kevin investigate this issue.

Medium-Term Goals

Medium-term goals will build on the short-term goals. The first medium-term goal is to:

- *Develop the data query capability for non-SQL user (like Data Search in SEER*DMS).*

This goal would involve the creation of a new data search that accommodates Boolean statements (e.g., for Patient Set searches).

The second and third medium-term goals would be to:

- *Develop specific rules for automation.*
    - *Define all fields for the automation process.*
    - *Identify first versus later course of therapy.*
    - *Capture drug agents.*
- *Establish the processes for conducting quality control on automated data.*

Concerning the process of developing rules for automation, Marina recommended adding a goal for testing automation rules and processes for quality control of automated data.

The fourth medium-term goal would be to:

- *Establish processes and analytical files containing SEER identification and information from claims that probably include dates, services, and diagnosis codes for internal researchers to analyze. This will expand the capabilities to validate, test, and create processes for the new data beyond SEER*DMS. The data would be analyzed using external software (SAS or Stata) to create/validate algorithms to be compared with other data sources (e.g. SEER-Medicare).*

A process exists for using the SEER data submission to create research databases, which are then made available to people outside the SEER community.

Long-Term Goals

The initial long-term goal is to:

- *Develop methods for research use of the data (data documentation, data query, ability to export, export format).*

- *Develop rules for automation for research use.*
    - *Complete decisions regarding population of additional discrete data fields (comorbidity, change in agents/regimens, completion, early termination of therapy, etc.).*

Part of the process of developing methods for research use of the data is to identify fields that require auto population.

The third long-term goal would be to:

- *Expand implementation to other oncology practices and vendors.*

Implementation at other oncology practices and vendors can be accomplished either short- or long-term.

The fourth long-term goal would be to:

- *Develop methods for working with incoming claims that do not match a Patient Set (case finding).*

It is important to decide how to proceed with claims data that do not match a Patient Set.
The fifth long-term goal would be to:

- *Implement methods to get data for self-pay services.*

Marina emphasized the importance of having the CCB Workgroup review the Claims Workgroup Goals and Objectives document. She requested that each registry participating in the Claims Workgroup provide feedback on this document by October 27, 2017. Participants from Utah, Detroit, Georgia, New Jersey, and New Mexico indicated that they would provide their input by that date. The Workgroup Goals and Objectives will be presented to NCI leadership on November 2, 2017.

Next Claims Workgroup Call

The next CCB Workgroup meeting is scheduled for November 20, 2017.