

## **SEER\*DMS Claims Workgroup**

Chair: Kevin Ward

Members:

- Lyn Almon - GA
- Judy Andrews - GA
- Carrie Bateman - UT
- Eric Durbin - KY
- Barbara Evans - NM
- Jennifer Hafterson - SE
- Stephanie Hill - NJ
- Bin Huang - KY
- Loretta Huston - UT
- Mireille Leimieux - NJ
- Nancy Lozon - DT
- SuAnn McFadden - UT
- Jenna Mazreku - CA Central Cancer Reg
- Cheryl Moody - CA Central Registry
- Mary Potts - SE
- Antoinette Stroup - NJ
- Fawn Vigneau - DT
- Ginger Williams - NM
- Kacey Wigren - UT

NCI: Angela Mariotto, Marina Matatova, Donna Rivera, Nadia Howlader, Lynne Penberthy

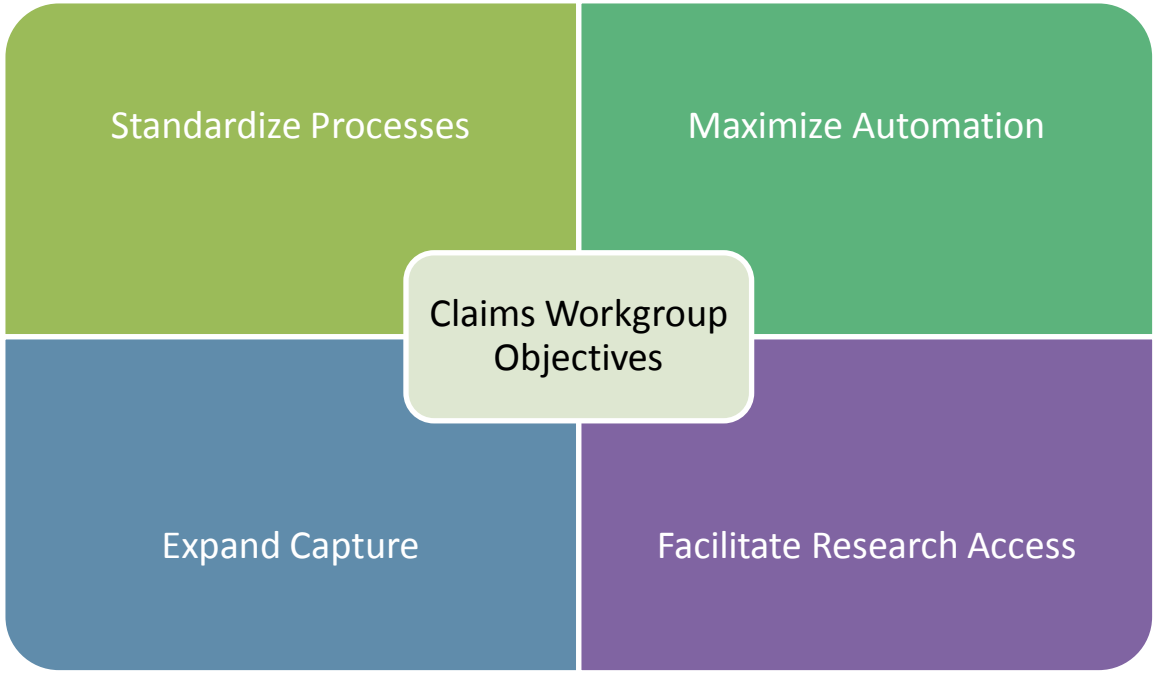
IMS: Linda Coyle, Chuck May, Philip Crider, David Angelaszek

Registries: GA, UT, KY, NM, SE, NJ, DT, CA Central

**Objectives: There are four overarching objectives for this group.**

### Big Picture

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



## Short Term

### Onboarding

- Assess the current landscape - gain understanding of status of local agreements in each SEER area to allow integration of Unlimited data
- Develop a checklist for registries to use to evaluate the data that they receive
- Discuss impact of different sources and the timelines for receiving claims data (eg, UT will receive data in batches submitted yearly; get more info from UT)
- Implement viewer to track incoming claims by source (Provider NPI) – Dashboard

### Codes and Formularies

- Explore what additional data can be accurately gleaned from ICD-10 codes available in 2015 (mets, progression, second primary, etc)
- Incorporate drug agent lists for all oncologics (chemo, hormone, and immunotherapy)
- Develop comprehensive list of radiation therapy codes
- Develop methods to address agents with reference dates (ex. considered chemotherapy at one point and immunotherapy at another)

### Workflow

- Finalize decisions on claims matching (Patient only vs CTC)
  - If patient only, timing rules would still allow treatment augmentation
  - If CTC, need to optimize MPH assessment rules for matching claims to CTC's (relaxed rules for claims)
- Finalize DMS workflow for the processing of prospective claims
  - AFL generation
  - Fields for autoconsolidation – Follow-up, race, dob, gender, current address, SSN, others (aside from follow-up, focus on unknown to known values - i.e. conservative approach)

### Quality Control

- Make available standard queries to conduct focused manual review of the claims data for augmentation (SQL sample in existing data search)
- Use retrospective data (2013-2015) to quantify gains in treatment augmentation from these data

## Medium Term

### Case finding

- Develop processes for follow-back on incoming claims that do NOT match a Patient Set

### Automation

- Develop rules
  - Define all fields for automation

- Identify first vs later course therapy (timing – consider SEER timing rules for assuming first course for early stage disease less likely to have progressed); list of usual courses by cancer type; flag for manual review)
- Capture of agents

#### Quality Control

- Establish processes for conducting quality control on automated data (developing test plans – suggestions to include epidemiologists in these analyses to evaluate research usability of the data – repeat QC on ongoing basis to ensure quality over time)

#### Data Access

- Develop data query capability for non-SQL user (like Data Search in SEER\*DMS)
- Facilitate internal access to research file of claims data for analyses.

#### **Long Term**

- Expand implementation to other oncology practices and vendors (mandatory reporting via claims for practices not submitting data in other ways)
- Develop methods for broad 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)