

MA Center for Health Information & Analysis

MA APCD User Workgroup

June 27, 2017

Agenda



- Announcements
- MassHealth Patch Update
- Application Reminders
- User Support: Review Using Provider Linking IDs
- <u>User Support</u>: Magnitude of Bordering State Medical Care for Massachusetts Residents
- <u>User Support</u>: Completeness of Value Codes, Condition Codes, and Occurrence Codes
- Q&A

MA APCD Release 5.0



- Application forms are posted on the APCD website: http://www.chiamass.gov/application-documents
- 2011-2015 data is available now
- Release documentation (including full data specifications and release documentation) has been posted to the APCD website: http://www.chiamass.gov/ma-apcd/

MA APCD Release 6.0



- Target release timeframe is Fall 2017
- More information will be announced at the APCD User Workgroup as we get closer to release
- Make sure you're signed up for CHIA's email list to receive important announcements:

Sign Up Here

Case Mix FY16 Release Calendar



CURRENT RELEASE TIMEFRAMES FOR EACH FILE:

Inpatient (HIDD)

JUNE

Emergency Department (ED)

AUGUST

Outpatient Observation (OOD)

SEPTEMBER

Request Future Years of Data



Applicants can now request <u>FUTURE YEARS OF DATA</u> for both APCD and Case Mix.

- Initial project requires Data Privacy Committee and Data Release Committee review
- Additional years (up to 5 years) or release versions of data will be released *upon availability* and the Recipient's completion of a <u>Certificate of Continued</u> <u>Need</u> (Exhibit B of the revised DUA)
- No additional review required for these additional years of data
- Normal data fees still apply

Application Reminders



- Applicants should not use "de-identified" in their application in referring to the data received from CHIA. CHIA datasets are not de-identified as the term is defined by HIPAA.
- Also, make sure your IRB approval is valid for the period you intend to use the data.
- Please remember your application documents must be <u>signed</u> by the appropriate people when you submit them on IRBNet.

More Reminders



- If you're requesting user support, <u>please do not</u> <u>send us any data</u>
 - Aggregate, de-identified data is fine, but sending us any other data may not be allowed. As a general rule, users should not send record or claim-line data to the User Support Team
 - Considered a breach of our Data Use Agreement
 - Run the risk of not being allowed to request data from CHIA in the future

MassHealth Data Issue



Summary

MassHealth claims for submission periods January 2011 – October 2012 included diagnosis codes that were not correctly associated with each claim line. Due to the inherent nature of the issue there is no ability for a researcher to determine the appropriate diagnoses for affected claims.

All APCD Releases that contain this period are affected.

MassHealth Data Issue



Update: June 2016

Delivery of patches is ongoing. Patches have been delivered to everyone except users of Release 2.0/2.1 and Release 3.0.



QUESTIONS?

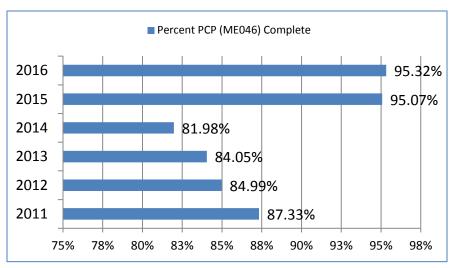
Question: What is the difference between the Member PCP ID field (ME046) and the Attributed PCP Provider ID field (ME124) in the Member Eligibility file?

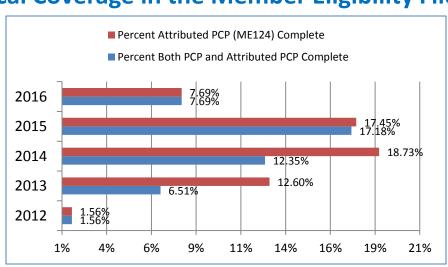


<u>Answer</u>: For ME046 (**Member PCP ID**) carriers report the PCP identifier for their members with a corresponding ID in the Provider File. ME046 is *only used for members whose insurance <u>products require</u> the selection of a primary care physician* (e.g. health maintenance organizations or point of service plans).

For ME124 (Attributed PCP Provider ID) carriers report PCPs attributed to the members whose insurance products do not require the selection of a primary care physician (e.g. preferred provider organization plans or indemnity products). This attribution is based on the carrier's own attribution methodology. This value is reported in December only, for the year prior to the current year. For example: the December 2013 file reports the Attributed PCP for 2012 for members enrolled in 2012.

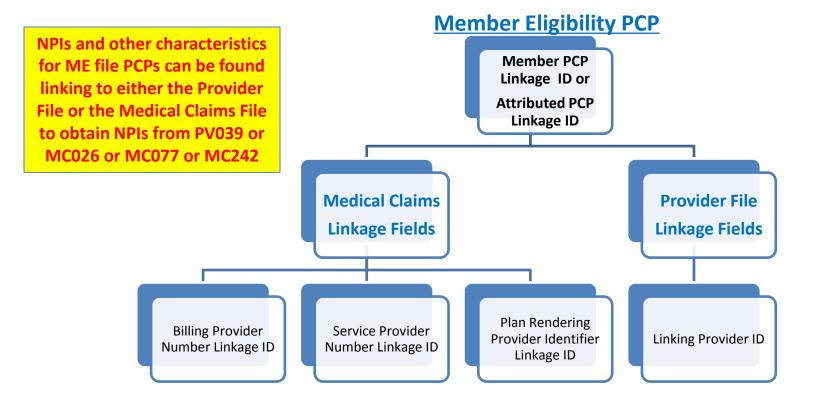
Comparison of Percent Completeness of Member PCP ID and Attributed PCP ID for Massachusetts Residents with Medical Coverage in the Member Eligibility File





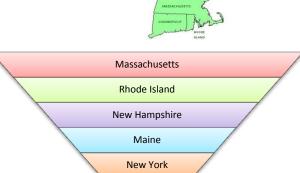
Question: I have requested the decrypted National Provider Identifier (NPI). How to I obtain the NPI for the PCP or Attributed PCP since the NPI is not available in the Member Eligibility file?

Answer: The Member Eligibility fields named the "MemberPCPID_Linkage_ID" or "AttributedPCPProviderID_Linkage_ID" can be used to link to the "LinkingProviderID" field in the Provider File to obtain decrypted PV039 NPI in the Provider File. NPIs are also available in the Medical Claims file for the service provider (MC026 NPI), billing provider (MC077 NPI), and plan rendering provider (MC242 NPI). These NPIs are only valid for the PCP if their "MemberPCID_Linkage_ID" or "AttributedPCPProviderID_Linkage_ID" can be linked to "ServiceProviderNumber_Linkage_ID" or "BillingProviderNumber_Linkage_ID" or "PlanRenderingProviderIdentifier_Linkage_ID".



Question: What is the magnitude of medical claims for Massaresidents seeking care in New England states?

Answer: In limiting medical claims to their highest version for New England area care provided to Massachusetts Residents since 2011 in APCD Release 5.0, after Massachusetts, Rhode Island ranks highest in claims, followed by New Hampshire. In looking at specific Member counties, 1.5 counties by Member, 1.49% of Essex County claims are for care provided in New Hampshire and 1.12% of Hampden County Claims for care provided in Connecticut.



Connecticut

Volume of Highest Version New England Area Medical Care Claims for MA Residents by Resident County

Member County	Total Claims	СТ	MA	ME	NH	NY	RI	VT
Barnstable	33,466,164	62,084	33,106,641	72,274	37,638	70,456	107,577	9,494
Berkshire	20,503,211	84,726	20,129,342	35,455	16,560	129,915	9,743	97,470
Bristol	89,835,642	66,835	86,062,398	365,092	63,980	88,799	3,178,341	10,197
Dukes	2,224,213	6,320	2,191,250	4,290	3,153	10,979	6,801	1,420
Essex	123,718,814	97,254	120,673,613	726,316	1,837,575	205,710	144,636	33,710
Franklin	10,285,575	18,800	10,138,152	16,485	48,650	15,092	8,016	40,380
Hampden	83,663,577	936,353	82,411,928	56,019	65,614	102,983	61,815	28,865
Hampshire	19,457,241	105,751	19,219,029	20,138	35,470	42,629	15,631	18,593
Middlesex	218,603,798	194,694	215,319,641	676,936	1,488,306	540,417	314,399	69,405
Nantucket	1,245,231	3,987	1,216,656	3,161	4,489	10,282	3,859	2,797
Norfolk	97,803,927	101,780	96,432,779	276,937	152,781	248,529	559,185	31,936
Plymouth	75,436,763	74,176	74,537,866	258,289	102,578	132,576	313,997	17,281
Suffolk	105,330,623	84,773	104,578,031	148,785	122,178	230,674	146,125	20,057
Worcester	127,575,427	195,021	126,055,749	365,991	218,376	243,110	463,024	34,156
Unknown	4,323,423	6,878	4,259,270	9,253	12,917	8,222	24,763	2,120

Question: What is the expected completeness of Value Codes, Condition Codes, and Occurrence Codes?

Answer: While the value codes, condition codes, and occurrence codes have a 1% threshold in the filing specifications, 3.65% of the medical claims (n=63,589,225) have these fields populated. When these codes are populated their associated value amounts, occurrence dates, and condition spans have a 100% threshold.

Questions?



- Questions related to APCD: (apcd.data@state.ma.us)
- Questions related to Case Mix: (<u>casemix.data@state.ma.us</u>)

REMINDER: Please include your IRBNet ID#, if you currently have a project using CHIA data

Call for Topics and Presenters



If there is a **TOPIC** that you would like to see discussed at an MA APCD or Case Mix workgroup in 2017, contact Adam Tapply [adam.tapply@state.ma.us]

If you are interested in **PRESENTING** at an MA APCD or Case Mix workgroup in 2017, contact Adam Tapply [adam.tapply@state.ma.us]

You can present remotely from your own office, or in-person at CHIA.