



Monthly MA APCD / Case Mix User Workgroup Webinar

October 27, 2015

Agenda



- Announcements
 - MA APCD Release 4.0 Application Preview
- Common Application Issues
- User Questions
- Q&A

MA APCD User Symposium



- November 5th in Boston
- Sponsored by the Blue Cross Blue Shield Foundation of MA
- Will include an update on the MA APCD, a user panel and a discussion on future MA APCD enhancements
- Invitations were sent by BCBS Foundation to current users in September – please RSVP!
- If you did not receive an invitation and would like to attend, please contact CHIA (apcd.data@state.ma.us)

MA APCD Release 4.0



- Will begin accepting applications on November 1st
 - An e-blast will be sent once new application materials are posted
 - Sign up for MA APCD announcements here:
http://visitor.r20.constantcontact.com/manage/optin?v=001IJYdiyZRKBQsmd0hUv6FHv5YP1gsxUkm0gLxIJwIJE5jQr9htcWt_FJWOElloBfxR4ObbQtFHCT6KFKW5SNGNRO1tlwch_jg2r2w58x-k7rHaRr5KAJTvKmqBLUqQg6miMGs16BAc01jTQ4xmkDgXS6KokB0jXOcfuZeH-Ydpo%3D
- Features / Enhancements:
 - Data for CY 2010-2014 as paid through June 30, 2015
 - Master Patient Index applied to all years
 - Claim line versioning for the largest payers
 - MassHealth Enhanced Eligibility Data (for Government Applicants only)

MassHealth Enhanced Eligibility (MHEE)



- MHEE data derived by the Executive Office of Health and Human Services
- Combines Medicaid Management Information System (MMIS) eligibility, managed care enrollment, Long Term Care (LTC) residency, Medicare eligibility and other member information into a single analytic resource, with non-overlapping effective dates
- As a result, it provides a comprehensive view of MassHealth members on any given day

It will be available to Government applicants only.

LDS for MA APCD



- Applies to non-government users
- Simplified request form. Requestors need to justify need for:
 - Geo breakout – 3 or 5 digit for MA
 - Unencrypted NPI
 - LDS files needed – not elements
- DUAs and Data Management Plans still required
- MassHealth will continue to review requests for MassHealth data
- Details on contents LDS files will be posted

Goals for Limited Data Set (LDS)



- Protect patient privacy
- Serve analytic needs of the non-gov't users as is possible
 - Gov't users would get access to all MA APCD data as needed
- Streamline request and review processes

LDS Pricing



- Data fees for the MA APCD will not change with the LDS
- Fees will still be based on the number of files requested:

Requests for Level 2 Data Elements			
	Academic Researchers	Others – Single Use	Others – Multiple Use
File			
Membership	\$2,500	\$7,500	\$37,500
Medical Claims	\$2,500	\$7,500	\$37,500
Pharmacy Claims	\$2,500	\$7,500	\$37,500
Dental Claims	\$1,000	\$3,000	\$15,000
Provider	\$2,500	\$7,500	\$37,500
Product	\$2,500	\$7,500	\$37,500

MA APCD Fee Schedule:

<http://www.chiamass.gov/assets/docs/g/chia-ab/1506.pdf>

Moving to the LDS



- New requests for Release 3.0 (customized extracts) will no longer be accepted as of November 1st
- Applicants who have requested Release 3.0 that are currently under CHIA review have the opportunity to request Release 4.0 using the LDS
- Release 3.0 requests will be reviewed, but priority will be given to Release 4.0 LDS requests



LDS Application Preview



Common Application Issues and Questions

Application Revisions



- Please remember to “lock” your application on IRBNet after you’ve finished making revisions to your application
- Locking the application will send an automatic notification to CHIA staff letting them know that your revisions are complete and uploaded

Hard Drives



- Please remember to return your hard drive to CHIA after you've loaded your data
- CHIA has a limited number of hard drives, so help us ensure we have a steady supply ready to deliver data to the MA APCD user community



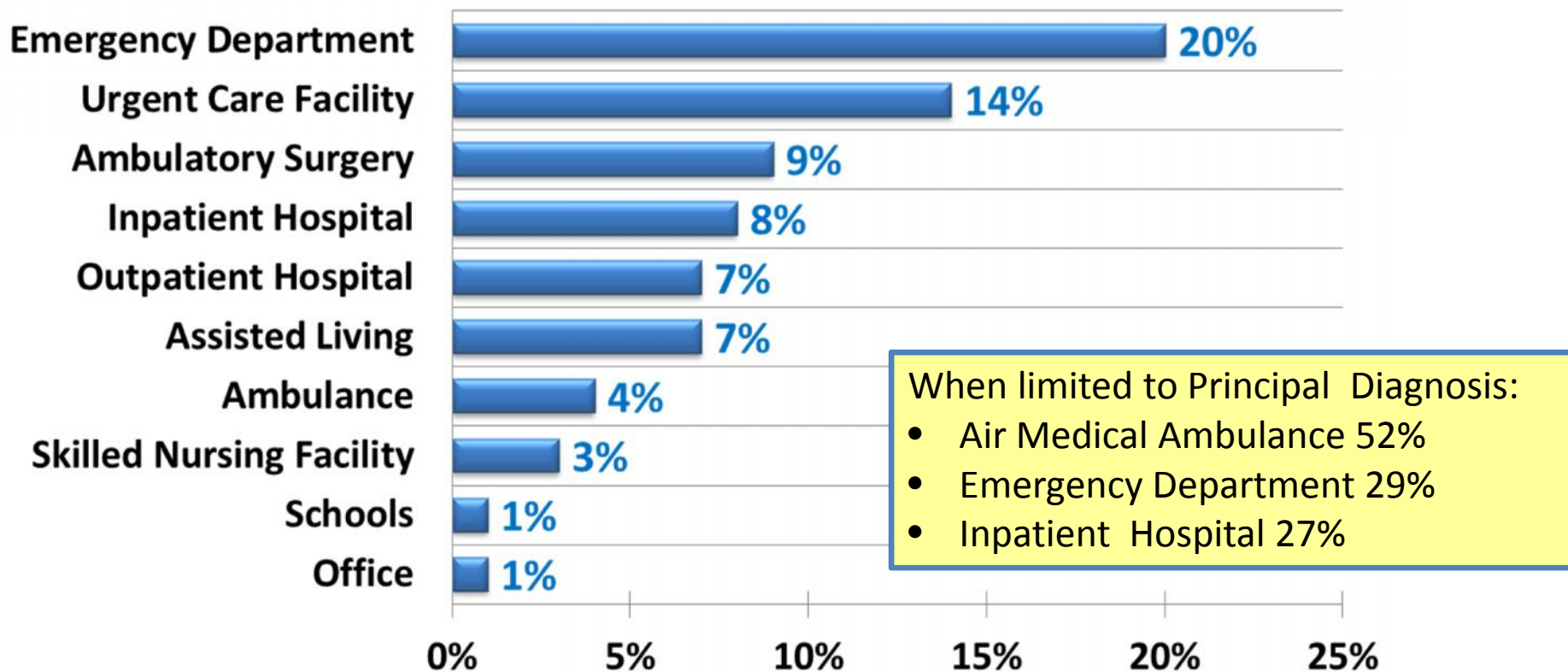
User Questions

Question: I want to use MA APCD to analyze motor vehicle crash injuries. Does the low completeness of external-cause-of-injury codes for injury diagnoses vary by care setting?



Answer: Yes, we looked at E-Codes populated in the dedicated E-Code field or in associated diagnosis codes fields for claims that had an injury diagnosis in any diagnosis field and found that Emergency Departments and Urgent Care Facilities had the highest rate of completeness while Schools and Offices had the lowest. Also, Professional claims had 4% versus 17% for Facility claims.

Percent Completeness of E-Codes for any Injury Diagnosis by Care Setting

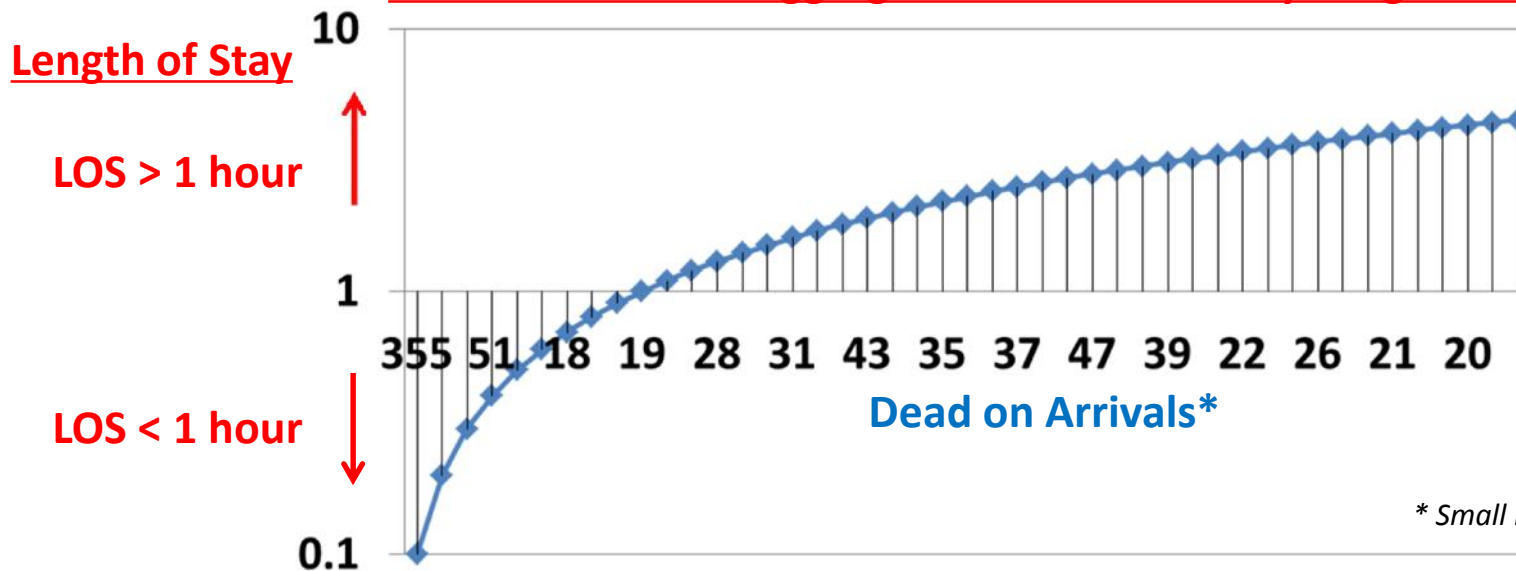


Question: Even though the ED Visit Rate has decreased since FY2012, the FY2014 ED Visit data shows a 24% increase in the ED Death Rate and 26% increase in the Dead on Arrival rate. Is that data accurate?



Answer: Hospitals review and return validation reports before CHIA releases their data. For ED Deaths, part of the increase may be attributable to deaths associated with substance abuse disorders, alcohol-related disorders, and severe open head injury wounds. For dead on arrivals, we did identify an anomaly in the use of the DOA code in FY2014 and FY2013 with a shift in reporting in ED death volume to dead on arrivals. Our State Medical Examiner's criteria for a dead on arrival is a patient who arrives in asystole, with no cardiac electrical activity, meaning no blood is flowing to the brain or other vital organs. Based on FY2010 – FY2014 ED data, most DOAs have an LOS less than 15 minutes. The anomaly is in the length of stay for DOAs exceeding an hour suggesting an ED Death instead of a DOA.

FY2010 to FY2014 Aggregated DOA Volume by Length of Stay



* Small DOA Cells Suppressed

Question: I would like to analyze procedures performed by ambulance services licensed by Massachusetts. Are claims for all of these ambulance services in the MA APCD?



***Answer:** Yes, the MA APCD medical claims contains claims from the ambulance services licensed by the state including both public, private, hospital-based, and fire department based, and also ambulance services licensed outside of the state. There are instances where the provider file contains the service license number issued by DPH. Some large services with multiple locations might share the same NPI, while others might have a different NPI for different locations.*



HCPCS codes allow you to distinguish basic transports from paramedic advanced life support. Procedure code modifiers can distinguish origin and destination type and special circumstances, such a multiple transport. Private payers, MassHealth and CMS have online their payment rules for specific HCPCS codes. For example, they might restrict payment to in state transports or might limit payment for ambulance wait time.



Question: With regard to MA APCD data, are the claim code and entity type flags, something that is added by CHIA, or are they present on the claim?



Answer: The Type of Claim Code (MC094) is submitted by the insurance carrier. They are instructed to report the value that defines the type of claim submitted for payment using the following coding options:

Value	Description
001	Professional
002	Facility
003	Reimbursement Form

Likewise, the entity type (MC027) is submitted by the insurance carrier using the following coding options:

Value	Description
1	Person
2	Non-person entity

Question: In Release 3, how many of the payers have pharmacy claims versioned?



Answer: *Release 3.0 pharmacy claims have been versioned for:*

MassHealth

BlueCross Blue Shield of Massachusetts

Harvard Pilgrim Health Plan

Tufts Health Plan

These payers are versioned for incurred periods January 2010 through December 2013. For all other carriers , you will see the number '9' in the version field.



Question: If newborn services claims are bundled with the Mother's claim and the MA APCD does not contain a dedicated field for birthweight, how do I find low birthweight babies?

***Answer:** Only healthy baby claims are bundled with the mother's claim. The fifth digit subclassification of the baby's diagnosis code 764 (slow fetal growth) and 765 (low birthweight) will indicate the baby's weight range:*

Fifth Digit	Weight Range
0	unspecified [weight]
1	less than 500 grams
2	500-749 grams
3	750-999 grams
4	1,000-1,249 grams
5	1,250-1,499 grams
6	1,500-1,749 grams
7	1,750-1,999 grams
8	2,000-2,499 grams
9	2,500 grams and over

Questions?



- General questions about the APCD:
(CHIA-APCD@state.ma.us)
- Questions related to APCD applications:
(apcd.data@state.ma.us)
- Questions related to Case Mix:
(casemix.data@state.ma.us)

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

Calendar



- November 5 – MA APCD User Symposium
- November 19 – Data Release Committee Meeting
- November 24 – Next User Workgroup Webinar