Center for Health Information and Analysis
APCD Analytical Workgroup
February 26, 2013
[www.mass.gov/chia](http://www.mass.gov/chia)

**Objectives of the APCD Analytic Webinar**

* Provide a forum where you can learn about APCD updates and ask questions
	+ APCD Application Process
	+ APCD Data Fulfillment
	+ Data Definitions, Compliance and Availability
	+ Tools and methodologies
* Share questions and answers that come into CHIA with a broader audience
* Solicit input for improvements to the APCD

**Agenda for Today**

* Profile of Webinar Participants
* Summary of APCD Projects and Applications
* APCD Basics
* QA Insights
* News from APCD

**Participants on January 22, APCD Analytical Webinar**

* **77 Participants**
	+ 43 Massachusetts participants
	+ 34 Participants from 13 other states
* **Of the 77 Participants**
	+ 37 Insurance industry representatives
	+ 13 Massachusetts State Agencies
	+ 7 Universities
	+ 20 Other (hospitals, associations, researchers, consulting firms, etc.)

 **Current Projects using APCD Data**

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| --- | --- |
| **Organization** | **Study Topic** |
| MA Connector Authority | Risk Adjustment per the Affordable Care Act |
| MA Division of Insurance | Aggregate Data Reporting ProjectCost Trends Analysis Project |
| CHIA Internal Projects | Total Medical Expense (TME)Cost Trends |

**Summary of APCD Approved Applications to Date**

|  |  |
| --- | --- |
| Organization | Study Topics |
| MA Department of Public Health | * Utilization of Tobacco Treatment in Massachusetts to Quit Smoking
* Evaluation of Mass in Motion and the Community Transformation Grants
* Substance Abuse Treatment Needs and Services Gap Analysis
* STD, HIV, and Viral Hepatitis Testing, Treatment and Screening Trends
 |
| University of MA Medical School | * Massachusetts Patient Centered Medical Home Initiative Evaluation
* Child Health Care Quality Measurement – Core Measure Set Testing
 |
| MA Department of Public Health and U Mass Medical School | * Health Care Reform and Disparities in the Care and Outcomes of Trauma Patients
 |
| Yale & University of PennsylvaniaBureau of Econ Research | * The Effects of Fragmentation in Health Care
 |
| Mass Health Quality Partners | * Practice Pattern Variation Analysis (PPVA) Program
 |
| Harvard School of Public Health  | * Will the Academic Innovations Collaborative Increase the Value of Primary Care and Improve Providers’ and Trainees’ Experiences?
 |

**Listing of APCD Applications for Review at the 2.28.13 DRC Meeting**

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| --- | --- |
| **Applicant Organization** | **Study Topic** |
| Yale University and the National Bureau of Economic Research | * Maternal and Paternal Health and Children’s Healthcare Access and Use
 |
| University of MA Medical School | * Massachusetts Patient Centered Medical Home Initiative Shared Savings Methodology
 |
| Kyruus | * Understanding Provider Expertise and Behavior
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**APCD Basics: Files and Submission Information**

The APCD starts out with payers creating and sending files

The files are encrypted prior to being transmitted to INET, CHIA’s secure web server

|  |  |  |
| --- | --- | --- |
| **File** | **Unique Aspects** | **Submission Reporting** |
| Membership File | Rolling 2 years | Monthly |
| Medical, Pharmacy & Dental Claims | Paid in prior month | Monthly |
| Provider File | All authorized service providers | Monthly |
| Product File | Products offered in this market | Quarterly |

**Quality Assurance**

Chart showing the process ensuring quality between APCD data submission and production.

**Edits**

* Edits run on each file submission
	+ Expected format (alpha vs numeric, etc.)
	+ Invalid characters (negative values, future dates)
	+ Missing values (nulls)
	+ Data type errors will fail a file automatically
	+ Levels reflect relative analytic value
	+ Documentation Guide (on CHIA website) lists edit level by data element

**Reporting Thresholds**

* Levels of edits reflect relative analytic value
	+ A Levels – must meet APCD Threshold (within 2%)
	+ Other levels – monitored but not enforced
* Assigned to each data element
	+ Expected level of completion
	+ 2% (Service Provider Middle Name) to 100%
* CHIA works cooperatively with payers
	+ Annual variances
	+ Goal more complete data in the future
* Documentation Guide (on CHIA website) has details of variances by data element

**Insights from the QA Team**

Member Language Preference

Behavioral Health Benefit Flag

APCD Data Dictionary Update

**ME033 – Member Language Preference**

Definition: Member's self-disclosed verbal language preference. Carriers report the spoken language preference of the member. Unknown/ Not Specified are only be used when patient/client answers unknown or refuses to answer.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Frequency Ranking** | **Language** **Preference** | **Eligibility Records** | **Frequency** |  | **Frequency Ranking** | **Language Preference** | **Eligibility Records** | **Frequency** |
| **1** | Unknown / not specified |  18,653,628  | 48.719% |  | **13** | Korean |  5,682  | 0.015% |
| **2** | English |  18,264,490  | 47.702% |  | **14** | Hindi |  5,221  | 0.014% |
| **3** | Spanish |  612,226  | 1.599% |  | **15** | Greek |  4,798  | 0.013% |
| **4** | Other Language |  319,787  | 0.835% |  | **16** | Polish |  4,602  | 0.012% |
| **5** | Portuguese |  140,452  | 0.367% |  | **17** | Italian |  3,879  | 0.010% |
| **6** | Chinese |  101,207  | 0.264% |  | **18** | German |  3,720  | 0.010% |
| **7** | Vietnamese |  49,597  | 0.130% |  | **19** | African |  3,669  | 0.010% |
| **8** | Haitian Creole |  33,746  | 0.088% |  | **20** | Japanese |  1,413  | 0.004% |
| **9** | Russian |  22,971  | 0.060% |  | **21** | Urdu |  560  | 0.001% |
| **10** | Cape Verdean Creole |  22,201  | 0.058% |  | **22** | Tagalog |  468  | 0.001% |
| **11** | Arabic |  21,984  | 0.057% |  | **23** | Hebrew |  316  | 0.001% |
| **12** | French |  11,700  | 0.031% |  | **24** | Persian |  257  | 0.001% |

***Note:*** *Carriers do not report language data if they do not have it.* ***For 45,625,414 eligibility records submitted in August 2012, 84% of records had language data*.** *Filing Specifications inform carriers that MA APCD is expecting a 3% base percentage in reporting volume of data in regards to condition requirements. Category B Reporting margin.*

**ME034 – Member Language Preference: Other**

**Definition:** Member's Other Language Preference. Carriers report the other language the member / subscriber has identified. Do not report any value If no other language identified. If Chinese if reported as the Member’s Preferred Language, the Other Language Preference Field is used to describe the variety of Chinese.

|  |
| --- |
| **TOP TEN OTHER LANGUAGES** |
| **Frequency Ranking** | **Language** **Preference** |
| **1** | Armenian |
| **2** | Thai |
| **3** | Cambodian (Khmer) |
| **4** | Burmese |
| **5** | Lithuanian |
| **6** | Gujarati |
| **7** | Turkish |
| **8** | Bengali |
| **9** | Romanian |
| **10** | Indonesian |

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| **TOP TWO CHINESE LANGUAGES** |
| **Frequency Ranking** | **Language** **Preference** |
| **1** | Mandarin |
| **2** | Cantonese |

***Note:*** *Unlike Member Language Preference, Other Language Preference is a* ***free text field****. Worldwide over 6,000 different languages are spoken. MA APCD contains over 300 different languages and it is estimated that the number will be reduced to under 200 after the field is cleaned for spelling and typographical errors.*

**Member Language Preference
 18,653,628 Records Unknown/Not Specified**

Unknown/Not Specified are only be used when patient/client answers unknown or refuses to answer their language preference.

The Largest Percent of Unknown/Not Specified Member Language Preference Records Is Limited to Eight Carriers

|  |  |  |
| --- | --- | --- |
|  | ***Unknowns*** | ***Percent of Total Unknowns*** |
| Carrier One | 4,691,399 | 25% |
| Carrier Two | 4,315,762 | 23% |
| Carrier Three | 2,247,217 | 12% |
| Carrier Four | 1,119,370 | 6% |
| Carrier Five | 1,112,318 | 6% |
| Carrier Six | 998,984 | 5% |
| Carrier Seven | 806,364 | 4% |
| Carrier Eight | 793,796 | 4% |
| All Other Carriers | 2,568,418 | 14% |
| **Total** | **18,653,628** |   |

**ME051 – Behavioral Health Benefit Flag**

**Definition:** Carrier uses the flag to report whether Behavioral/Mental Health is a covered benefit using coding options for Yes (1), No (2), Unknown (3), Other (4), Not Applicable (5).

|  |  |  |
| --- | --- | --- |
| **Behavioral Health Benefit Flag** | **Total Flags** | **Flag Frequency** |
| Invalid Code |  53,391  | 0% |
| **Yes** |  **18,743,238**  | **42%** |
| No |  10,326,220  | 23% |
| Unknown |  3,563,119  | 8% |
| Not Applicable |  11,818,853  | 27% |
| **Total** |  **44,504,821**  |   |

***Note:*** *Filing Specifications inform carriers that MA APCD is expecting a 100% base percentage in reporting volume of data in regards to condition requirements. As of August 2012,* ***97.5% (44,504,821) of the eligibility records (45,625,414) contain data on Behavioral Health Benefit Flag status****.*

**Sample Data Dictionary Page based on all APCD Data as of December 2012**

**Status of Developments and Enhancements (As of February 2013)**

**We are on track with the 2011 and 2012 public releases**

 **2011 Public Release will be available in June 2013**

* + 2009-2011 Dates of Service
	+ MassHealth
	+ Medicare (state agencies only\*)

 **2012 Public Release will be available in December 2013**

* + Master Member Index

\* In discussions with CMS about possible re-release by CHIA

Master Member Index

* Files arrive monthly from more than 90 payers, each using their own unique member IDs
	+ IDs may change as a member switches products within a payer
	+ Rolling 24 months in each monthly submission so there are many duplicate records
* Master Patient Index will create a unique identifier so members can be tracked – across products and payers
* Preliminary runs (de-duping) have compressed member file from 25M to 9M records; target is approximately 6M
* Plan to have in December 2013 release

**APCD Received Two Grants
Which will help build out its infrastructure**

* ACA Implementation (CCIIO)
	+ Risk adjustment
	+ Master Member
* State Innovation Models (CMS)
	+ Provider portal to the APCD
	+ Master provider
	+ <http://innovation.cms.gov/initiatives/State-Innovations-Model-Testing/index.html>

**The APCD User Group**

* The next group of APCD users will receive their extracts in the coming weeks *(3 extracts have been delivered to date)*
* An APCD User Group will be established once we have 3-5 users ready to proceed *(To date that includes DPH and UMMS)*
* The purpose of this group is to:

 - Answer questions about using APCD data

 - Facilitate exchange of “know how” among users

 - Provide CHIA feedback on data quality

**Topics for March APCD Analytic Webinar
Please submit questions and topics for our March Webinar
Questions?**

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Thank you for your interest in the Massachusetts All Payer Claims Database