Monthly MA APCD User Workgroup Webinar

August 26th, 2014

Agenda

I. Announcements

II. Common Application Issues / Questions

III. Questions from Current APCD Users

IV. Tutorial on how to count patients admitted through the ED in Case Mix data

V. Tutorial on how to identify managed care patients in the MA APCD

Announcements

- Case Mix Level 1 is now fully de-identified
  - Still not a "public" dataset, however
  - You must still apply for the data the same way you would apply for any other Case Mix data

Common Application Issues

- #1 – Failure to specify which years of data are requested

Common Application Issues

- #2 - Data security questions left BLANK

Common Application Issues

- #3 – Missing application materials

Required prior to REVIEW:
- ✓ Data Request Application
- ✓ Data Specification Worksheet
- ✓ Research Methodology
- ✓ Application Fee / Request for Fee Waiver
- ✓ Documentation of IRB Approval (if necessary)

Required prior to FULFILLMENT:
- ✓ Data Use Agreement
- ✓ Confidentiality Agreements for All Members of the Project Team
- ✓ Research Methodology
- ✓ Medicaid Acknowledgement of Conditions (if applicable)
- ✓ Fee Waiver Request

Required prior to DELIVERY OF DATA:
- ✓ Data Fees

[unless you applied for and were granted a fee waiver by CHIA]

Questions from MA APCD Users

QUESTION #1

- The Member Deductible (ME049), Medical Deductible (ME111), Pharmacy Deductible (ME112), and Behavioral Health Deductible (ME114) seem to be categorical variables.

- For instance for Member Deductible, values range from 0-60, with smaller step-wise increments in the lower values (0,1, 1.5, 2, 2.4, 4, 3.5, 4, 5, 6, 7….40, 50, 60 etc).

- This does not match what is specified in the submission guidelines.

Questions from MA APCD Users

QUESTION #1 - Answer

- For currency fields, CHIA imputes a decimal. Note that '0' is a value (not null).

Questions from MA APCD Users

QUESTION #2

- Around 54% of members in the claims sample (when de-duplicated by payer specific member code) have no value in the Member Deductible (ME049) variable.

- Do you have any thoughts on why these values might be missing for those members?

Questions from MA APCD Users

QUESTION #2 - Answer

- A-level fields can have a value of '0'. Please note that member deductible (ME049) is not the same as medical deductible (ME111), as described in the Submission Guide.

- Note that about 90% of ME049 values are expected to be valid and that carriers may request a variance for a threshold lower than 90%.

Questions from MA APCD Users

QUESTION #3

- The Product File Layout makes references to a Lookup Table similar to the other files (Medical Claims, Dental Claims, etc), but there does not seem to be an appended lookup table in this file's documentation.

- Could you point us to the correct document to find the file element Lookup Table for the Product File?

- We do see similar information in the Product File submission guide – can we assume those definitions are the same as what would be found in the Lookup Table?

Questions from MA APCD Users

QUESTION #3 - Answer

- Tables are embedded in the Submission Guide. Please note that tables will be added to the Release 3.0 Documentation Guide.

Questions from MA APCD Users

QUESTION #4

- What is a Coordinated Care model (PR014) for APCD purposes? Does this include HMOs?

- Currently appears that 75% of patients are in a "coordinated care model."

- The submission guide states that "1" means "Member's care is clinically coordinated/managed," but we were wondering if you have further insight into how the payer determines or tracks this field.

Questions from MA APCD Users

QUESTION #4 - Answer

- With the 649,759 Products that have Code 1 (Yes) for the Coordinated Care Model, 88.98% of those products are attributable to HMOs.

- For Release 2.1, this is a C-level field.

- Payers provide information on their website about their Coordinated Care Models. In addition, payers are indicating on their websites their support of GIC's Centered Care Initiative. For more information on this initiative and how it relates to coordinated care, see GIC website.

Questions from MA APCD Users

QUESTION #5

- What is a Health Care Home (ME035-39) for APCD purposes?

- Currently 7% of patients are reported as in one.

- The list of named Health Care Homes includes large hospitals and individual providers. The submission guide defines these as "patient centered medical home," so does that mean that these patients were assigned to a recognized PCMH as of the date of submission?

Questions from MA APCD Users

QUESTION #5 - Answer

- Approved PCMH is determined by each carrier using their own criteria.

- For B- and C-level fields, intake edits are applied but a file does not fail (as noted in the Documentation).

TUTORIAL

How to Count Patients Admitted from the Emergency Department (ED) in the Casemix Hospital Discharge Data (HDD)

How Do I Count Patients Admitted from the Emergency Department (ED) in the Casemix Hospital Discharge Data (HDD)?

EMERGENCY HOSPITAL Main Entrance

Patient Inpatient Admissions Trajectory

Patient Arrives at Hospital
HOSPITAL

Patient Arrives at Outpatient ED

Patient is a direct Outpatient Observation Stay

Patient is a direct Inpatient Admission

Emergency Department
- Dead on Arrival, Routine Department, Left Against Medical Advice, Transferred, Expired in ED
- **Patient Seen in Observation Stay**
- **Patient Admitted to Hospital**

Patient Admitted to Hospital

Observation Stay
- Routine Departure, Left Against Medical Advice, Transferred, Expired in Observation Stay
- **Patient Admitted to Hospital**

Inpatient Admission
- Routine Discharge, Left Against Medical Advice, Discharged/Transferred to another facility, Expired while inpatient

CHIA.
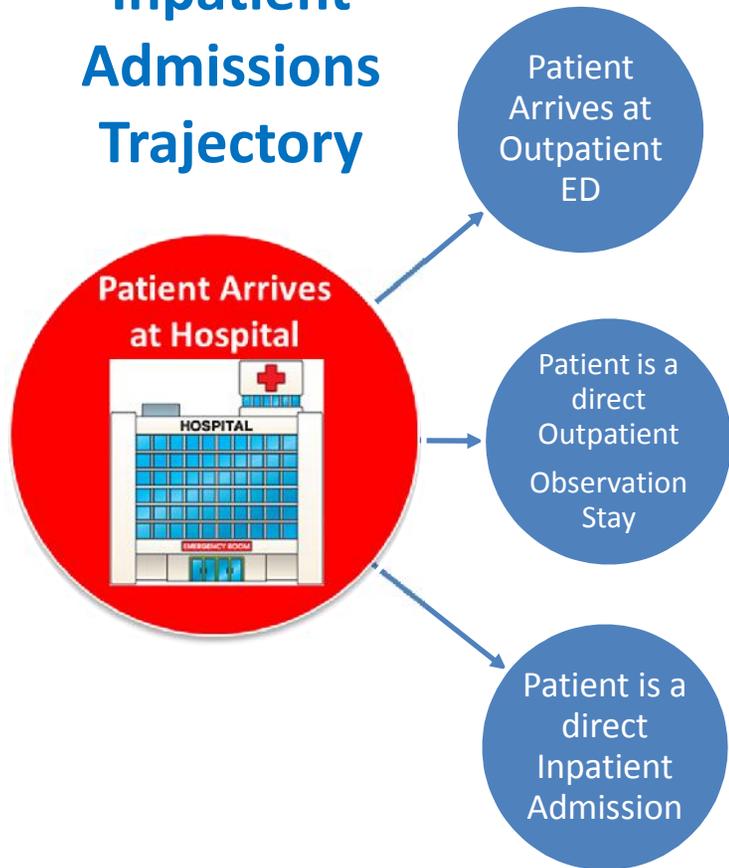
How to Count Patients Admitted from the Emergency Department (ED) in the Casemix Hospital Discharge Data (HDD)

Patients admitted directly from the ED do not have a record in the ED Visit data. Services associated with their ED visit are rolled into their inpatient hospital discharge data (**HDD**). If you need to include these patients in an ED volume count or determine what proportion of ED patients contribute to inpatient discharge volume, here are the methods you can use.

ED Flag Code
HDD contains an **ED Flag Code** with the following coding options:

ED Flag Code	Admitted ED Patient Status Definition
0	Not admitted from the ED, no ED visit reflected in this record
1*	Not admitted from the ED, but ED visit(s) reflected in this record
2	Admitted from the ED

METHOD

2 Filter HDD by **ED Flag Code 2** to count inpatient discharges admitted from the ED

Filter by ED Flag Code 2

Approximately 90% of hospitals submit enough data ED Flag Code data to determine the number of patients admitted through the ED. Other field can be used to determine admissions through ED for the other 10%.

* Note: Code 1 is for patients not admitted as an inpatient directly from the ED, but a recent ED visit is included in this record because of "payment window" rules.

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How Do I Count Patients Admitted from the Emergency Department (ED) in the Casemix Hospital Discharge Data (HDD)? *(continued)*

Source of Admission

While 90% of hospitals consistently use the ED Flag Code to indicate admissions through ED, for the 10% that do not, primary and secondary **source of admission codes** can be used.

HDD contains **Source of Admission Code** with the following coding options:

0 = Information N/A	9 = Other (to include level 4 Nursing Facility)
1 = Direct Physician Referral	L = Outside Hospital Clinic Referral
2 = Within Hospital Clinic Referral	M = Walk-In/Self Referral
3 = Direct Health Plan or HMO Referral	**R = Within Hospital ED Transfer**
4 = Transfer from an Acute Hospital	T = Transfer from Another Institution's Ambulatory Surgery
5 = Transfer from a SNF	W = Extramural Birth
6 = Transfer from Intermediate Care	X = Observation
7 = Outside Hospital ED Transfer	Y = Within Hospital Ambulatory Surgery Transfer
8 = Court/Law Enforcement	

METHOD   Filter by Code R

R

Filter HDD by **Primary or Secondary Source of Admission Code R** to count Inpatient discharges admitted from the ED

CHIA.

How Do I Count Patients Admitted from the Emergency Department (ED) in the Casemix Hospital Discharge Data (HDD)? *(concluded)*

Revenue Codes

Outpatient ED services provided to those admitted to inpatient status appear in the inpatient HDD **Revenue Codes**.

HDD contains **Revenue Codes with** the following coding options for ED use:

0450 = Emergency Room
0451 = Emergency Room: EM/EMTALA
0452 = Emergency Room: ER/ Beyond EMTALA
0456 = Emergency Room: Urgent care
0459 = Emergency Room: Other emergency room
0981 = Professional fees : Emergency room

METHOD   **Filter by Revenue Codes**

Revenue Codes — Filter HDD by Revenue Codes associated with ED use
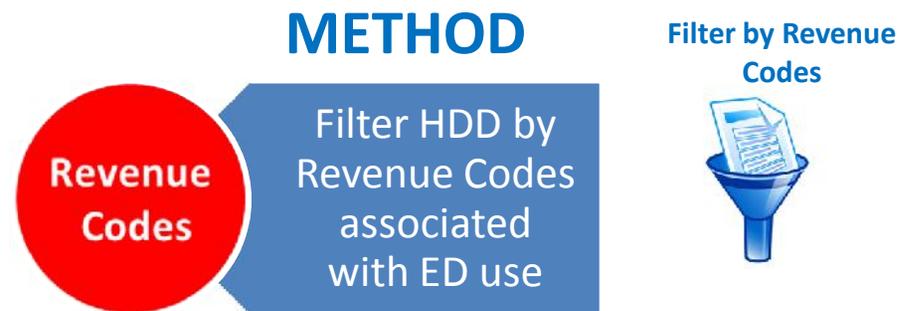
The most commonly used revenue code for emergency department services is Revenue Code 0450. In the past 2 years, a few began using codes 0459 and 0981.

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TUTORIAL

What APCD Fields Can be Used to Filter for Medicaid Managed Care Beneficiaries?

In Currently Released Data, Two APCD Fields in the Product File and Eligibility File Can be Used to Filter for Medicaid Managed Care Beneficiaries

Product File – PR004 – Product Line of Business

Code	Product Line Of Business Model
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Advantage
AC	Accident Only
BH	Basic Hospital
CH	CHAMPUS
DM	Dental Maintenance Organization
DS	Disability
HC	HMO - Closed
HO	HMO - Open
IN	Individual
LM	Liability Medical
MC	Medicaid FFS
MO	**Medicaid Managed Care Organization**
MP	Medicare Primary
MR	Medicare
OF	Other Federal Program (e.g. Black Lung)
PC	Medicaid Primary Care Clinician Plan
PR	Preferred Provider Organization (PPO)
QM	Qualified Medicare Beneficiary/SLMB
SA	Self Administered Group
SC	Senior Care Option
SP	Supplemental Policy
TV	Title V
VA	Veterans Administration Plan
WC	Workers' Compensation
ZZ	Mutually Defined Other

Member Eligibility – ME003 – Insurance Type /Product

Code	Insurance Type
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Advantage
17	Dental Maintenance Organization (DMO)
AM	Automobile Medical
DS	Disability
HM	Health Maintenance Organization
HN	HMO Medicare Risk/Medicare Part C
LI	Liability
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
MD	Medicare Part D
MO	**Medicaid Managed Care Organization**
MP	Medicare Primary
OF	Other Federal Program (e.g. Black Lung)
QM	Qualified Medicare Beneficiary
SC	Senior Care Option
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WC	Workers' Compensation

CHIA.

In the June 2013 APCD Specifications, a new Medical Claims Field was incorporated to designate Medicaid Managed Care Beneficiaries

In addition to **Product File** – PR004 – Product Line of Business and **Member Eligibility** – ME003 – Insurance Type /Product, in June 2013 filing specifications a new data element to designate

New Field MC241 Member Enrollment Type

Value	Description
1	FIG - Fully-Insured Commercial Group Enrollee
2	SIG - Self-Insured Group Enrollee
3	GIC - Group Insurance Commission Enrollee
4	MCO - MassHealth Managed Care Organization Enrollee
5	Supplemental Policy Enrollee
6	ICO - Integrated Care Organization
0	Unknown / Not Applicable

Will be available with Release 3.0

CHIA.

Questions?

- General questions about the APCD:
  (CHIA-APCD@state.ma.us)

- Questions related to APCD applications:
  (apcd.data@state.ma.us)

- Questions related to Casemix:
  (casemix.data@state.ma.us)

Upcoming Workgroup Topics

- CHIA will be publishing data profiles in the coming months

  - Frequencies on common fields for the top 7 payers

- Lessons learned from CHIA's analysis of the Member Eligibility file

- Additional Suggestions?

Poll

Are you interested in seeing more information / tutorials during these webinars on Case Mix data?