Monthly MA APCD / Case Mix User Workgroup Webinar

November 24, 2015

Agenda

- Announcements
  - MA APCD Release 4.0 – website updates & user documentation
  - 11/5 User Symposium Recap
- Common Application Issues
- User Questions
- Q&A

MA APCD Release 4.0

- Now accepting applications!
- Features / Enhancements:
  - Data for CY 2010-2014 as paid through June 30, 2015
  - Limited Dataset (LDS) for Non-Government applicants
  - Master Patient Index applied to all years
  - Claim line versioning for the largest payers
  - MassHealth Enhanced Eligibility Data (for Government Applicants only)

MA APCD Release 4.0
Updates to the CHIA Website

Today's Overview:

- Application documents posted to same place
- MA APCD tab has changed
- Location(s) of Documentation for Gov't and Non-Gov't Users
- How to find the Data Submission Guides

MA APCD Home Page

www.chiamass.gov/ma-apcd

CHIA

HEALTH INFORMATION AND ANALYSIS   CHIA DATA   ABOUT CHIA

Q Search

MA APCD	Case Mix Data	Information for Data Submitters	Hospital and Other Provider Data	Public Records Request

This tab will bring you to the homepage

CHIA Data » MA APCD

Massachusetts All Payer Claims Database

Massachusetts All Payer Claims Database

The Massachusetts All Payer Claims Database (MA APCD) is the most comprehensive source of health claims data from public and private payers in Massachusetts. With information on the vast majority of Massachusetts residents, the MA APCD promotes transparency, and affords a deep understanding of the Massachusetts health care system.

CHIA's enabling statute allows for the collection of data from commercial payers, third party administrators and public programs (Medicare and MassHealth, Massachusetts' Medicaid program). These data sets come both from medical insurers and from specialty insurers and administrators of "carved-out" services including pharmacy, mental health/chemical dependency, dental, and vision.

It is used by health care providers, health plans, researchers, and others to address a wide variety of issues, including price variation, population health and quality measurement.

How is MA APCD unique?

While several states have All Payer Claims Databases, the MA APCD has a unique focus on the efficiencies to be achieved by having a single independent agency – as opposed to multiple state agencies - collect data from payers.

CHIA offers the additional benefit of having the infrastructure to work collaboratively with payers to improve data quality and completeness and having the specialized staff needed to normalize data across payers to support cross-payer analyses.
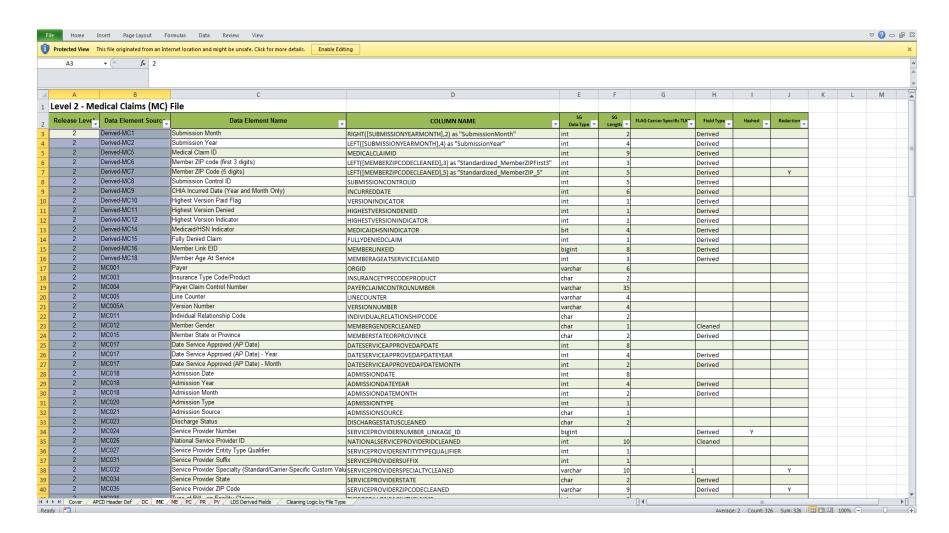
MA APCD Overview Information

- MA APCD Overview
- MA APCD Non-Technical Overview (PPT)
- MA APCD Data Profile Reports
- MA APCD Release Notes (R4.0)

Steps to Request the Data

Government Requests   Non-Government Requests

MA APCD Current Release Documentation

Government	Non-Government (Limited Data Set-LDS)
• Documentation Guide	• Documentation Guide
• Data Element Specifications	• Data Element Specifications

MA APCD Documentation Archive

User Support / Contact Us

Link to overview of the application process and application forms

Link to Release 4.0 user documentation (including LDS Specifications)

LDS Specifications

Data Submission Guides

www.chiamass.gov/information-for-data-submitters/

Data Submission Guides

Data Submission Guides

www.chiamass.gov/apcd-data-submission-guides/

MA APCD User Symposium

- Held November 5th in Boston

- Sponsored by the Blue Cross Blue Shield Foundation of MA

- Included an update on the MA APCD, a user panel and a discussion on future MA APCD enhancements

- ~85 attendees

Goals of the User Symposium

- Highlight research that has been made possible as a result of the MA APCD

- Provide an opportunity to share best practices in using the MA APCD

- Encourage discussion about future opportunities to enhance the MA APCD in an effort to continuously support data-driven research and policy development in the Massachusetts health care sector

- Inform CHIA's efforts to foster continuous improvement in both data quality and processes for data acquisition and release

Key Takeaways and Recommendations

CHIA.

- <u>Expand and Improve Data Collection</u>
  - Increase data elements collected to enhance and expand the policy and research questions that can be addressed based on this data source
  - Examples:
    - Plan Design Information (including benefit design, network structure (tiered network, limited network, etc.)
    - Demographic information – race/ethnicity fields, improvement in demographic data (e.g., age and gender) captured within prescription drug claims
    - Ensure collection and comprehensiveness of substance use disorder data

Key Takeaways and Recommendations

CHIA.

- <u>Reduce Latency</u>
  - CHIA has recognized concerns associated with time between request for data, review process, and receipt of data (if approved)
    - Developed expedited limited data set (LDS) in response to this concern
  - CHIA is reducing the run-out period and enhancing its IT processes so 2015 MA APCD data will be available in June 2016

Key Takeaways and Recommendations

- Improve Usability of the Data
  - Enhance ability to link providers to practices and systems (akin to master patient index, develop master provider index)
  - Identify opportunities and mechanisms to link to other state agency data (e.g., birth/death data)
  - Reduce the complexity and size of the eligibility file and provide more information on MassHealth programs

Key Takeaways and Recommendations

- <u>Expand User Knowledge</u>
  - Continue current user workgroups, but also consider development of additional "interest groups" based on specific issues/areas of interest (e.g., prescription drugs, complex patients, methods, etc.) to identify opportunities for sharing best practices for coding, algorithm development, etc.
  - Use CMS's Research Data Assistance Center (ResDAC) as an example of a useful resource for user support and training

Common Application Issues and Questions

MEIDs for Subsequent Data Requests

- If you currently have MA APCD data and are applying for a new year of data, you should request refreshes of all previous years of data that you received
  - New MEIDs are generated for each release
    - (example: if you previously received Release 3.0 with MEIDs for 2010-2013, those MEIDs will not match the MEIDs in Release 4.0 for the same years)
  - Some data may also be more complete
  - No additional cost

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: Why were Discharge Hour and Admission Hour excluded from the Limited Data Set?

Answer: Due to missing data from one of the high volume carriers, the discharge hour and admission hour for acute care inpatient admissions are not complete.

In checking acute care admissions/discharges for one month (January 2012), the discharge hour was 65% complete and the admission hour 74%.

In addition, inconsistencies were found in how providers define discharge hour, with some simply using computer software default time for the beginning of the day '0000' hours. In speaking with providers on how they define time, some record the time of written order to admit/discharge, while others record the time the patient physically leaves the facility.

Once data quality issues are resolved, these data elements might be included in a future release of the Limited Data Set.

Question: Does CHIA have any data at all on Veterans?

*Answer: Hospital inpatient discharge case mix data contains a Veterans Status indicator. This field code indicates the patient's status as a **United States veteran**.*

FY2012 to FY2014 Veterans Inpatient Discharge Volume

The recent decrease in Veteran Inpatient volume has paralleled the over decreasing trend in inpatient utilization.

	FY2012	FY2013	FY2014
Distinct VA Patients	43,423	42,815	39,807
Total VA Inpatient Discharges	67,426	65,605	61,234

Also, MA APCD Medical Claims reflects the portion of payments made by private carriers for medical care provided at VA facilities.

Question: Does MA APCD cover claims for college students or other young people living in MA, but who are covered by their parent's out-of-state payers?

Answer: Yes, it does to the extent the parents' carriers are required to submit to MA APCD. ME012 (Individual Relationship Code) allows you to determine the Member to Subscriber Relationship and ME061 (Student Status) allows you to determine the Member's Student Status.

Question: Our project includes linkage of MA APCD inpatient records to pharmacy claims to determine post discharge medication use and we are have been unable to get expected. Does the Medical Claims and Pharmacy Claims have a low linkage rate?

To answer this questions, we ran two tests:

Test 1: One month of medical claims data for beneficiaries with a **principal diagnosis of V681 (Issue of Repeat Prescription)** was linked to pharmacy claims.   The rationale for using V681 is that if a pharmacy claims match failure occurred for a diagnosis related to refills, this would provide the best evidence of a linkage problem. In MC file, there were **454 distinct MEIDs** with this V681 diagnosis. In the PC file, 95% of the MEIDs (**431 distinct MEIDs)** successfully linked with the MC file.

Test 2: One month of acute care hospital inpatient medical claims were linked to pharmacy claims. Rehab, nursing, mental health, and other specialty hospitals were excluded. To get an estimate of expected inpatient distinct MA APCD cases, we obtained the case mix inpatient discharge distinct count for non-Medicare patients under 65 years old for the month of interest (n = 25,814). The MA APCD inpatient distinct count was 6% less than case mix (n=24,126). In the PC file, 96% of MEIDs (**23,059 distinct MEIDs**) successfully linked with the MC file.

Answer: No, the MA APCD Medical Claims and Pharmacy Claims do not have a low linkage rate.

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

- December 17 – Data Release Committee Meeting [a week early]
- December 22 – Next User Workgroup Webinar