



Monthly MA APCD / Case Mix User Workgroup Webinar

September 29, 2015

Agenda

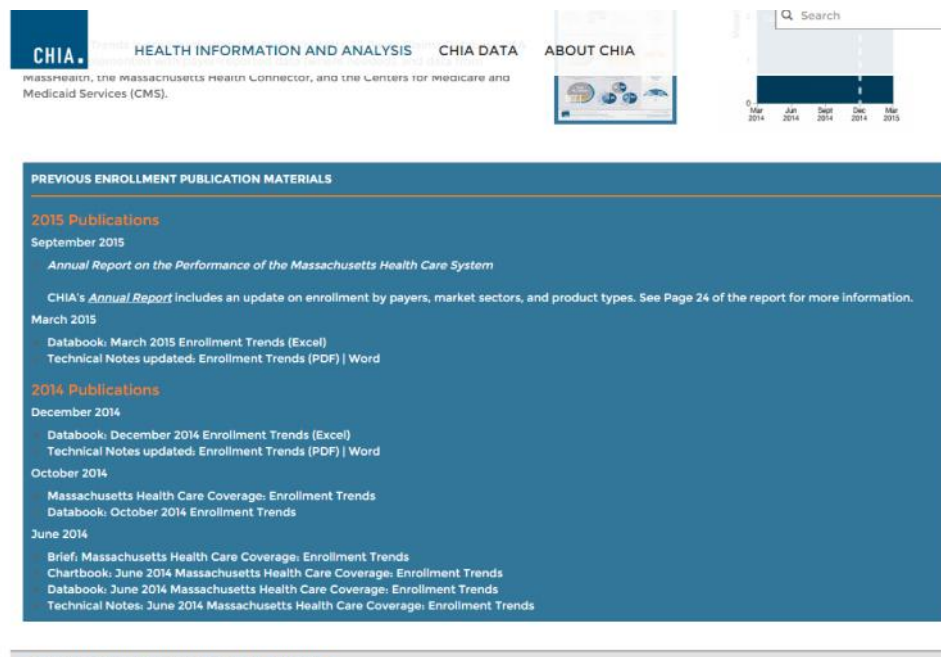


- Announcements
 - Enrollment Trends Follow Up
 - MA APCD Release 4.0 (CY 2014)
 - Limited Data Sets
- Common Application Issues
- User Questions
- Q&A

Enrollment Trends Follow-Up (from the July presentation)



- The Enrollment Trends SQL/SAS code is now available to the public
- You may find it on the CHIA website's [Enrollment Trends page](#) in the “Publication Materials” section



MA APCD Release 4.0



- Will begin accepting applications in November 1
 - An eblast will be sent once new application materials are posted
 - Sign up for MA APCD announcements here:
<http://www.chiamass.gov/join-apcd-email-list/>
- 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.

Change in How APCD Requests are Made and Fulfilled



- All requests for Release 4.0 by Non-Government applicants will be filled using Limited Data Sets (LDSs)
- Thank you for comments many of you shared about the LDS

Recall Issues With Current Process



- Requests are at the element level
- Completing request is time intensive – for requestors and CHIA
- Reviewing and fulfilling data requests are resource intensive
- Data elements with a significant amount of missing data forces users to unexpectedly revise their analytic plans
 - B and C elements with low thresholds, many variances
- Level 2 data elements currently in release may pose re-identification risk
- Amendments (additional elements) often requested

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

CHIA Methodology



- Determined what must be excluded:
 - HIPAA-defined direct identifiers with the exception of carrier specific subscriber and members IDs which are hashed
 - All Level 3 MA APCD data elements
- Excluded elements due to significant amount of missing data:
 - Examples: inpatient DRGs, outpatient APCs, hours of admit/discharge, race and ethnicity
- Investigated elements that potentially should be excluded due to patient privacy concerns
 - Free text fields, including carrier-defined/non-standard lookup tables, names of drugs, street addresses

CHIA Methodology – con't



- Exclude certain quasi-identifiers:
 - Which make individuals unique in the population and thus possibly used for indirect re-identification
 - Examples: Disability Indicator, Family Planning Indicator, Member SIC code
- Retained, but ranged, the following:
 - Individual relationship code
 - Gender
- Maintained substance abuse (Part 2) filter
- Created 11 LDS files
 - Three for PV
 - Two each for MC, PC, DC
 - One for PR and ME

Based on User Input: “Ranged” Geography and Age Information to Reduce Risk of Re-identification



- Geography:
 - MA – 3 or 5 digit zip
 - New England States and New York – statewide only
 - Balance – recoded to “other”
- Age
 - In years at date of service and as of 12/31
 - Cohorts for 65-74 and 75+
(Medicare FFS not in MA APCD for non gov’t users)

LDS for MA APCD



- Applies to non-government users only
- 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 LDS files will be posted

Moving to the LDS



- New requests for Release 3.0 (customized extracts) will no longer be accepted as of November 1st
- Applicants who 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

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 last week
- If you did not receive an invitation and would like to attend, please contact CHIA (apcd.data@state.ma.us)

MA APCD Submission Guide – 5.0



- We are currently working on developing 5.0 MA APCD Submission guides for the carriers including new/updated elements, conditions, thresholds and guidelines
- Looking for input from MA APCD data users on what are:
 - Priority elements that could have better quality
 - What data do we want to add, change or remove in MA APCD?
- Contact Lauren Dale with input by 10/15:
Lauren.Dale@state.ma.us



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



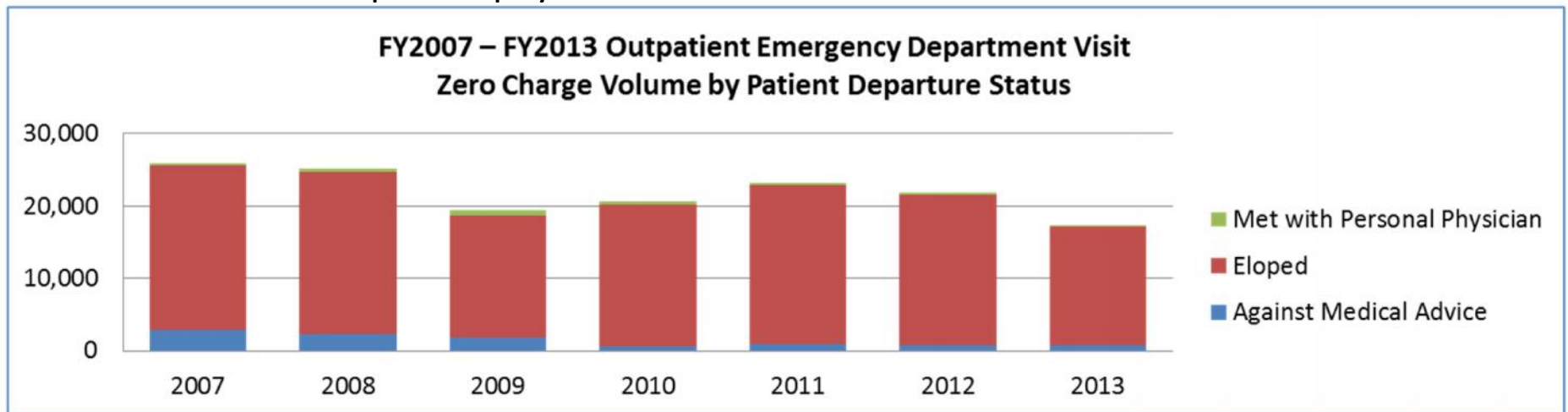
- Please remember to return your hard drive to CHIA after you've loaded your data
- CHIA has a limited number of hard drives, so help us ensure we have a steady supply ready to deliver data to the MA APCD user community



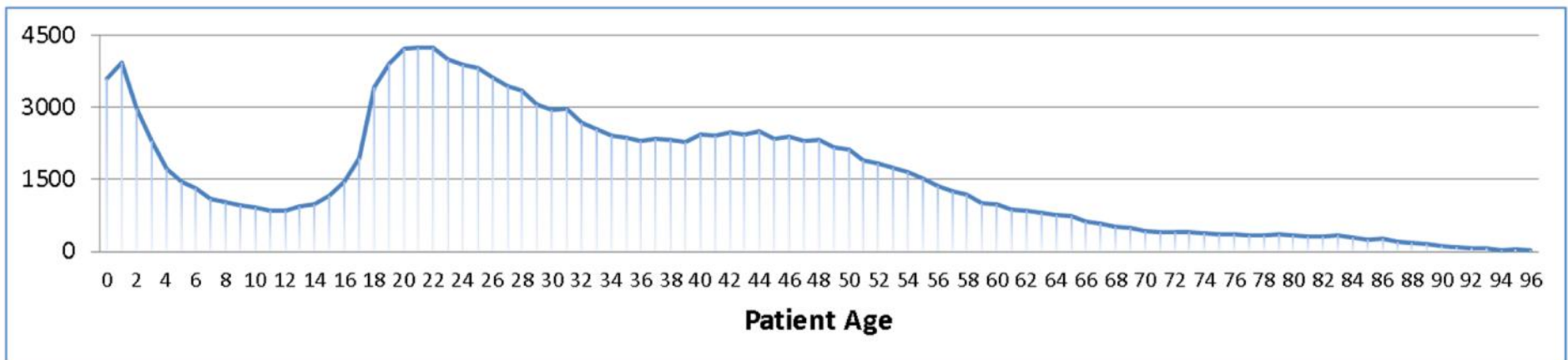
User Questions

Question: Why are there Zero Charges on Thousands of Case Mix Outpatient Emergency Department Records?

Answer: Over the past 7 years, **92%** of the zero charge ED visit records are for patients who **eloped**, **7%** for patients who **left against medical advice** and 1% percent for patients who met with their person physician.

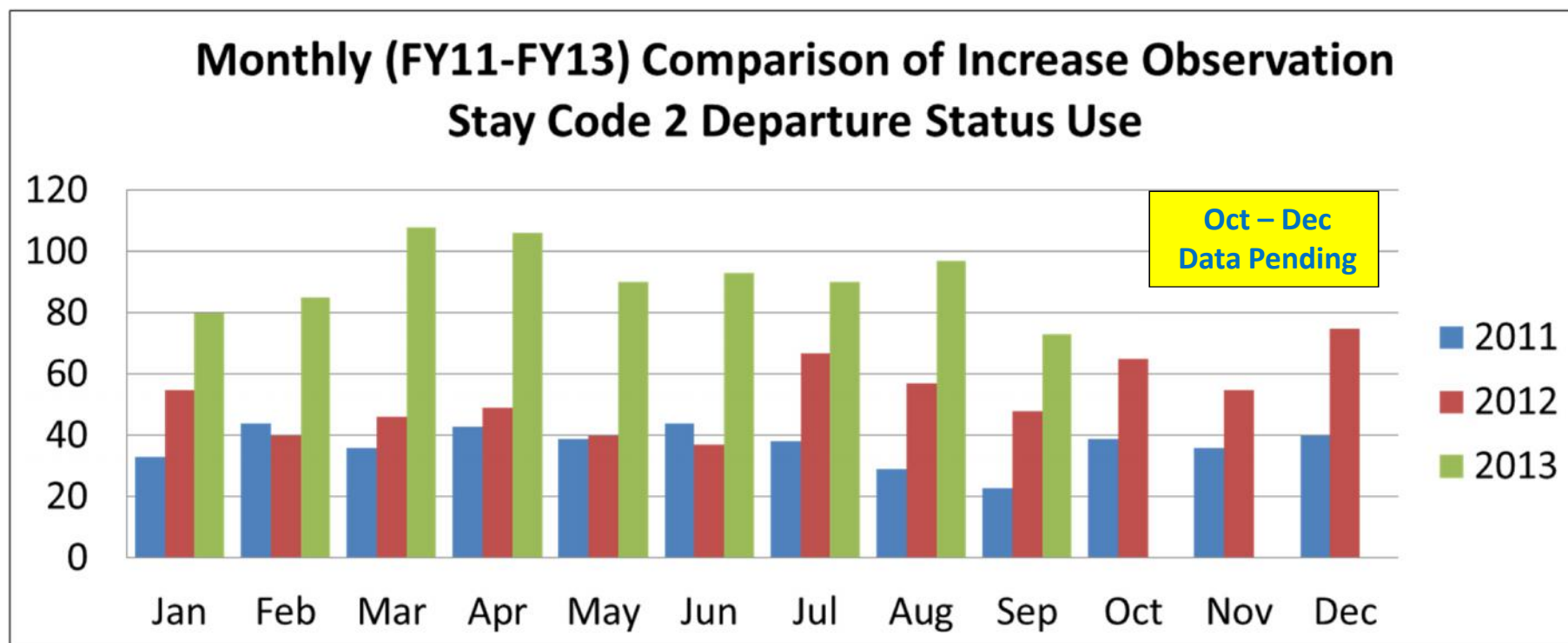


FY2007 – FY2013 Age Distribution of Patients with Zero Charges who Elope or Leave Against Medical Advice (Approximately 25% attributable to those between ages 18 to 26 years old)



Question: If a patient is admitted from the ED or Observation Stay (OS), we understood that their services are rolled into their case mix inpatient record and will not appear in the ED or OS data release. If that is truly the case, what does OS Departure Status = 2 (Admitted to Hospital) mean?

Answer: Medicare guidelines indicate that Code 2 is used when the hospital is *aware of a planned admission even if it doesn't occur immediately after the discharge*. CHIA was able to corroborate that, yes, Code 2 patients were admitted, some to the same hospital, some to different hospitals, and some not immediately after they end their observation stay. In the table below, you will see that the use of OS Code 2 has escalated in the past two years. Even with the partial calendar year 2013 data, the number is higher than previous years.



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



- October 23 – Data Release Committee Meeting
- October 27 – Next MA APCD / Case Mix User Workgroup Meeting
- November 5 – MA APCD User Symposium