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ARKANSAS APCD DATA USERS GROUP

Kenley Money

Director of Information Systems Architecture

1.25.2023

HEALTHCARE TRANSPARENCY INITIATIVE

Agenda

- Welcome
- Topics
  - Featured Project – *AHRQ Innovations in Physician, Physician Practice, and Social Determinants of Health Data* presented by:
    - Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends (AHRQ-CFACT)
    - NORC, the nonpartisan and objective research organization at the University of Chicago
  - Arkansas Breast Cancer Screening Analyses
  - Questions From Other APCDs
- Latest APCD Release Information and Data Tips
- Questions/Discussion

Presenters

- **Kenley Money, MA, MFA** — Director of Information Systems Architecture/ACPD Director, ACHI
- **Dr. Herbert Wong** — Director of the Division of Statistical Research and Methods (AHRQ-CFACT)
- **Dr. Jennifer Smith** — NORC's Principal Data Scientist
- **Mike Motley, MPH** — ACHI Director of Health Analytics
- **Sara Crawford, MPA** — ACHI Senior Data Analyst

Featured Topic – AHRQ Innovations in Physician, Physician Practice, and Social Determinants of Health Data

Featured Speaker: Dr. Herbert Wong

Director of the Division of Statistical Research and Methods (DSRM) in the Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends (CFACT)

Dr. Wong provides strategic direction for data innovations, statistical methods, and research in the areas of markets and systems.

He has 30 years of experience working for the federal government on healthcare related issues and research database development, playing an integral role in the development of the Healthcare Cost and Utilization Project. He has expertise with discharge level and insurance claims level database and has led several AHRQ data innovations initiatives, including “Synthetic Healthcare Database for Research” (SyH-DR) and “Physician and Physician Practice Research Database” (3P-RD). He is also involved with the development of the Social Determinants of Health Research Database.”

In his past research, he has analyzed issues related to pricing and healthcare market competition. Dr. Wong’s work appears in journals such as Health Services Research, Journal of Health Economics, Medical Care Research and Review, and Southern Economic Journal. He serves on the editorial board of Medical Care Research and Review. Dr. Wong received his PhD and MA in economics from Northwestern University. He earned his BA in economics from Brandeis University.

Featured Speaker: Dr. Jennifer Kitlas Smith

Principal Data Scientist at NORC

In her current capacity at NORC, Dr. Smith applies her expertise in developing modeling strategies, grounded in research and real-world experience, for developing effective programming pipelines to extract and link data from large-scale healthcare claims for health policy analysis.

The projects she leads leverage the use of Medicare, Medicaid, hospital discharge data, All-Payer Claims Databases, and social determinant datasets to assess healthcare quality of care, cost, and utilization patterns across populations.

Prior to NORC, Dr. Smith's work focused on conducting analysis for the Maryland Medicaid program and access to care for underserved populations in Honolulu, Hawaii. She holds a PhD from the University of Maryland, Baltimore County, and an MPH from the University of Illinois at Chicago.

Arkansas Breast Cancer Screening Analyses

Breast Cancer Screening Analyses

Question: What percentage of women 50–74 had evidence of a breast cancer screening in Arkansas APCD data?

Analytic Design Overview:

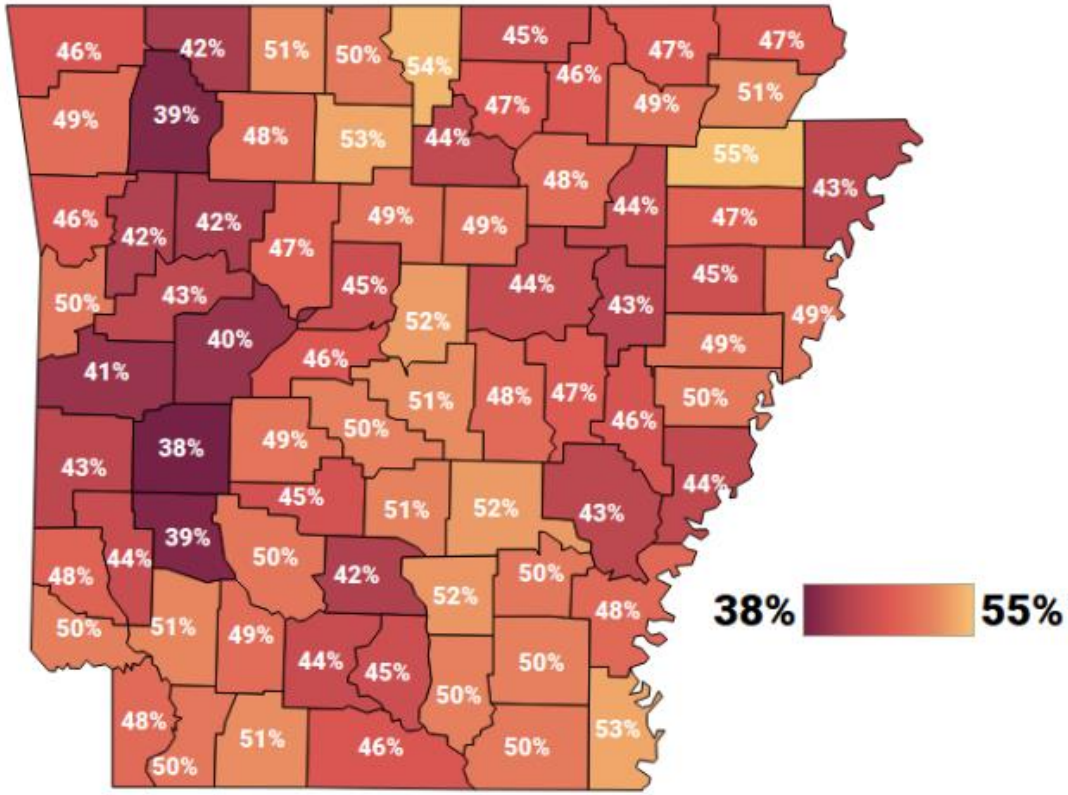
- Primary study year 2019 (last pre-pandemic year, last year of available Medicare data at time of analyses)
- Denominator population is women 52-74 as of 12/31/2019 who were continuously enrolled in a single coverage type from 10/1/2017 to 12/31/2019

Breast Cancer Screening Analyses

Analytic Design Overview (Cont.):

- Screening rates calculated statewide and by county
- Populations include overall and by coverage type (Medicare, Medicaid, ARHOME, or commercial)
- Limitations include lack of data from non-claims-based screening events (e.g., pop-up screenings)

Percentage of Eligible Arkansas Women Who Received a Mammogram by County, 2019



State Percentage: 51%

Continuous Enrollment vs. Continuous Coverage

- Many studies require the study population be limited to individuals with continuous insurance coverage over a designated period
- Studies that seek to compare experiences across coverage types may require continuous enrollment (e.g. quality measurement)
- Studies that seek to assess any evidence of outcomes of interest may only require continuous coverage (e.g., disease incidence) which can be across different types of coverage

Continuous Enrollment vs. Continuous Coverage

Working definitions

- Continuous enrollment: Individuals who had evidence of continuous enrollment in **only one** coverage type within the continuous time period, with no more than a 45-day gap in coverage
- Continuous coverage: Individuals who had evidence of continuous enrollment in **one or more** coverage types within the continuous time period, with no more than a 45-day gap in coverage

Continuous Enrollment vs Continuous Coverage

- For continuous enrollment, identify each member's plan(s) by coverage type
  - Groupings may change according to your project, but for this project our groupings were Medicare, Medicare Advantage, Medicaid, Medicaid QHP, and Commercial
- Create a new field compressing this type of coverage group with their studyid

Continuous Enrollment vs Continuous Coverage

- Individuals may have multiple covtype_studyids during the time in question
- An individual may also have multiple plans under a covtype_studyid
  - An individual may have multiple commercial coverages that span the time in question, but be considered continuously enrolled in a commercial plan during the time if they meet the rest of the criteria

Continuous Enrollment vs Continuous Coverage

- Perform continuous determination based on this covtype_studyid for continuous enrollment
  - Perform them based on just the studyid for continuous coverage
- Your results for a continuously enrolled population denominator will be less than your results for a continuously covered population denominator
- This is helpful when you are trying to determine if there are differences in utilization between different coverage types and/or the populations within them

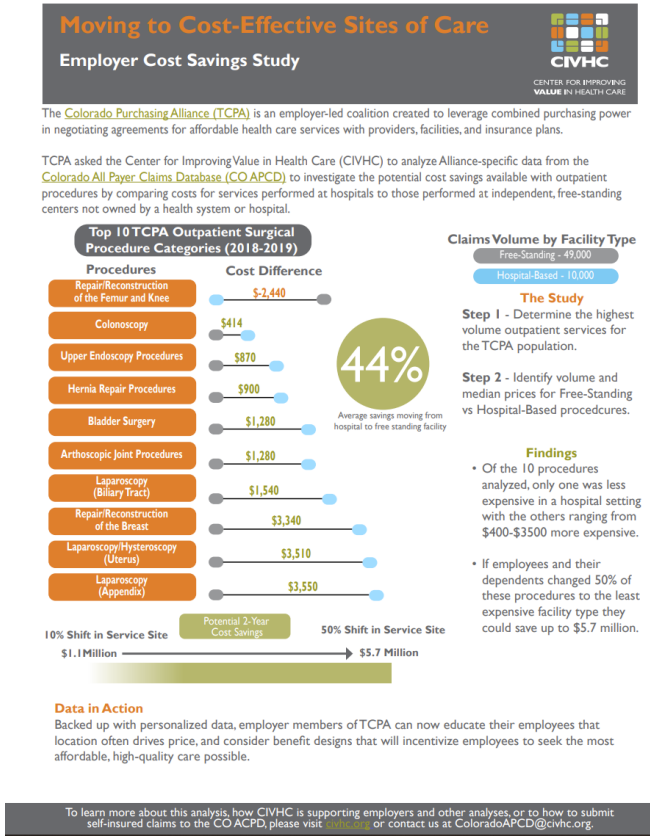
Questions From Other APCDs

Center for Improving Value in Health Care (CIVHC) — Colorado APCD

Moving to Cost-Effective Sites of Care Employer Cost Savings Study

- The Colorado Purchasing Alliance asked CIVHC to analyze alliance-specific data from the Colorado APCD to investigate the potential cost savings available for services performed at independent, free-standing centers not owned by a health system or hospital

- 44% — Average savings incurred by moving from hospital settings to free-standing facilities



https://www.civhc.org/wp-content/uploads/2021/06/CBGH-TCPA-Case-Study-Final-1.pdf

Using State All-Payer Claims Data to Identify the Active Primary Care Workforce: A Novel Study in Virginia

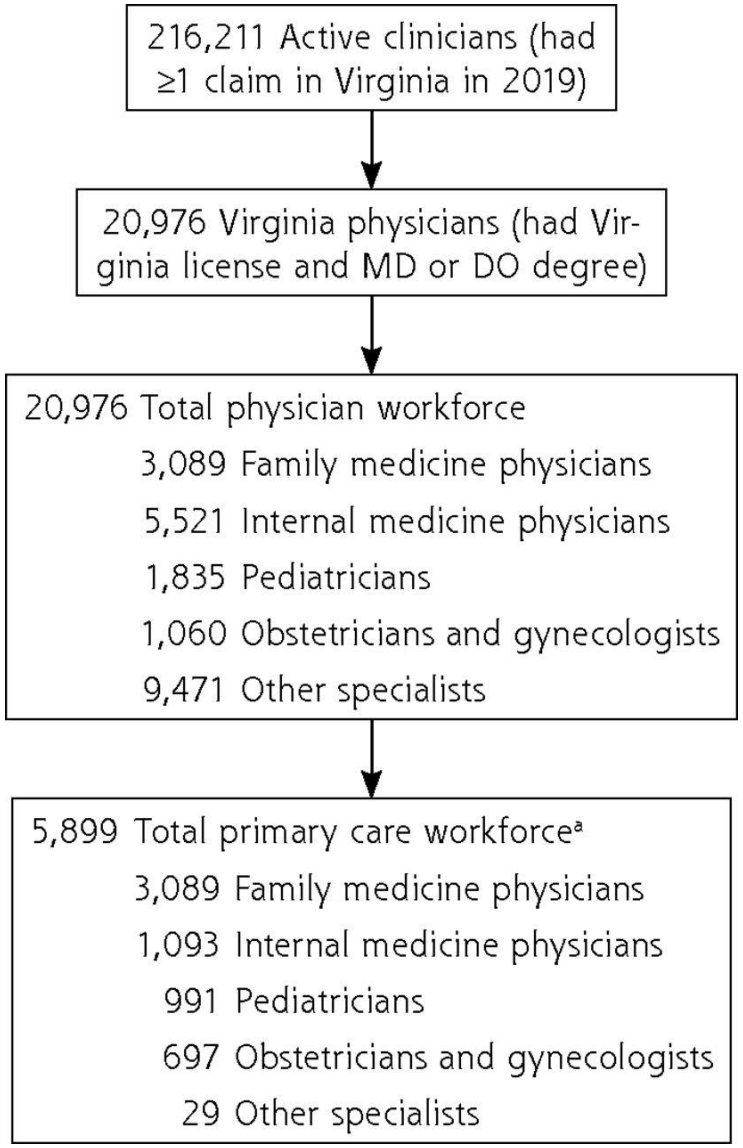
Using State All-Payer Claims Data to Identify the Active Primary Care Workforce

- In September 2022, this project was published in the Annals of Family Medicine
- Purpose:
  - Primary care is the foundation of the healthcare workforce and the only part that extends life and improves health equity
  - Previous research on the geographic and specialty distribution of physicians has relied on the American Medical Association's Masterfile, but these data have limitations that overestimate the workforce

Using State All-Payer Claims Data to Identify the Active Primary Care Workforce

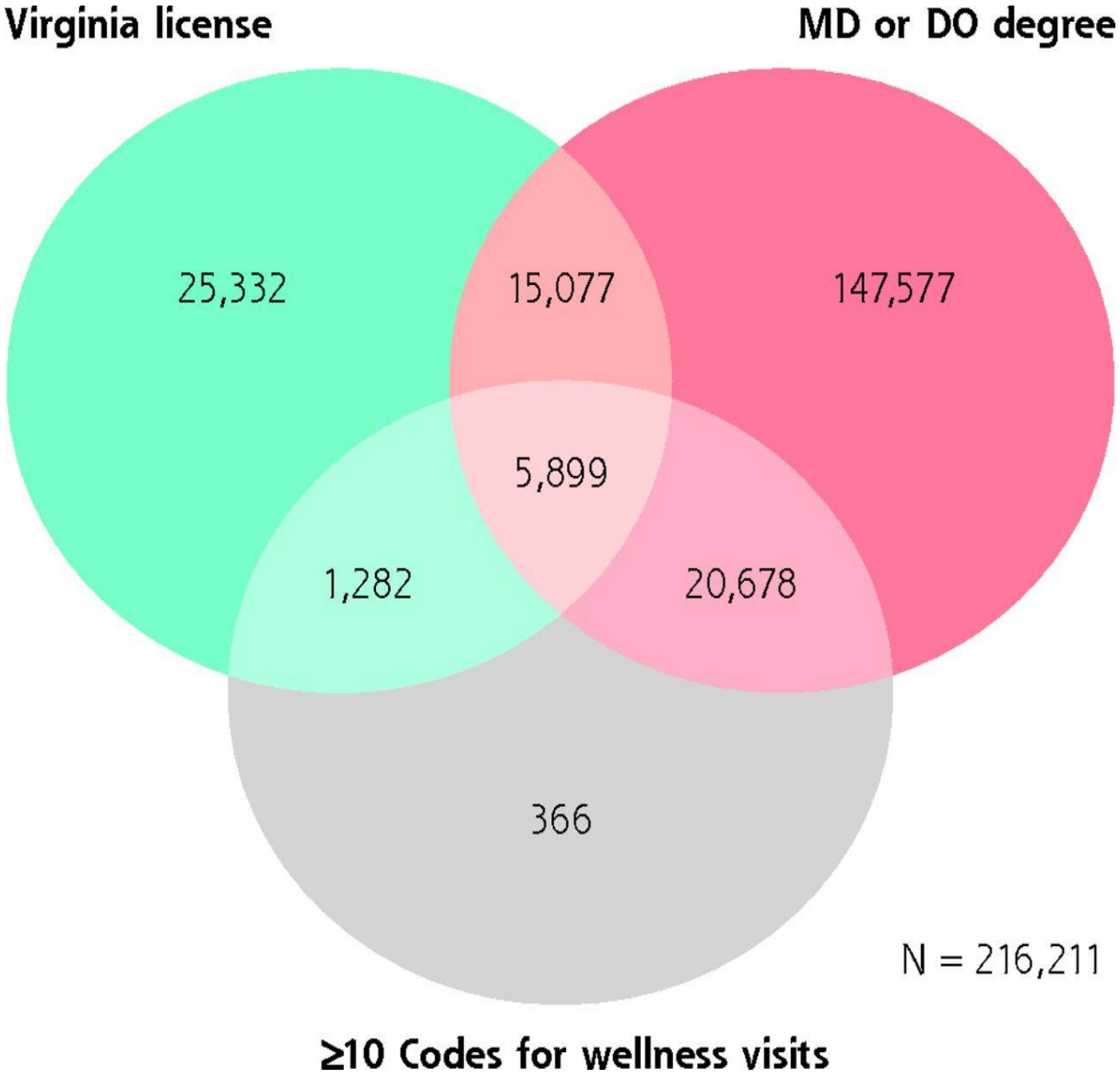
- Methods:
  - All Virginia physicians and their specialties through National Plan and Provider Enumeration System (NPPES)
  - Active physicians defined by at least 1 claim in Virginia APCD
  - Specialty determined hierarchically by NPPES
  - Wellness visits used to identify non–family medicine physicians providing primary care
  - Focus years: 2015–2019

Multistep Method for Identifying Active Primary Care Workforce in Virginia, 2019



Alison N. Huffstetler et al. Ann Fam Med 2022;20:446-451

Identifying 5,899 Members of Virginia's Active Primary Care Workforce in 2019



Alison N. Huffstetler et al. Ann Fam Med 2022;20:446-451

HEALTHCARE TRANSPARENCY INITIATIVE

ANNALS OF FAMILY MEDICINE

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Using State All-Payer Claims Data to Identify the Active Primary Care Workforce

- Conclusion:
  - This novel method of identifying active physicians with primary care scope provides a realistic size of primary care workforce in Virginia, smaller than some previous estimates
  - Although method should be expanded to include advanced practice clinicians and to further delineate the scope of practice, this simple approach can be used by policymakers, payers, and planners to ensure adequate primary care capacity

Latest APCD Release Information and Data Tips

Release Information

- Available APCD data
  - Current APCD Data: Jan. 1, 2013–June 30, 2022 (new update!)
  - Data user resources:
    - Release Notes for each release
      - Overall coverage dates
      - Source-specific release notes (problematic submitting entities)
      - DSG 8.0 changes
    - Universe counts
    - Data element frequency counts
    - Claim counts by month
    - Searchable Arkansas APCD data dictionaries & tip sheets

Helpful Hint:
Refresh linkage methodology by reviewing the Data Attributes deck

Release Information

- DSG 8.0 - New and Updated Fields
  - Arkansas APCD Data Submission Guide (DSG 8.0) was put in place in December 2021, requiring submitters to submit changes including new fields and updated fields by June 2022
  - Latest Arkansas APCD update includes these changes
  - Some submitters are still incorporating coding changes to meet these requirements, although many have already begun to submit new data
  - A complete list of changes can be found in Release Notes

DSG 8.0 – New Fields

Data Element Number	Data Element Name	Description
DC910	Medicaid AID Category	This field contains the primary Medicaid State Aid Category value for dental, medical and pharmacy claims submitted by Arkansas Medicaid and Provider-Led Arkansas Shared Savings entities (PASSE). On the member record, this field contains the primary Medicaid State Aid Category value for member plans submitted by Arkansas Medicaid and Provider-Led Arkansas Shared Savings entities (PASSE). *This data was previously populated in ME040. ME040 will contain the Federal Medicaid State AID Category going forward.*
MC910	Medicaid AID Category	
PC910	Medicaid AID Category	
ME910	Medicaid AID Category	
ME024	Member Hispanic Indicator	Indicator represents member's or subscriber's Hispanic origin.
ME159A	Subscriber Hispanic Indicator	
DC113	Payment Arrangement Type	Indicates payment methodology at the claim level, e.g. capitation, fee for service, DRG, global payment, etc.
PC113	Payment Arrangement Type	

DSG 8.0 – New Fields

Data Element Number	Data Element Name	Description
MC021	Point of Origin Code	This code indicates the source of the referral for an admission or visit. Required except for Bill Type 14X, (the bill type is used for non-patient laboratory specimens and the point of origin would not be known).
PC038	Postage Amount Claimed	Amount of postage claimed on the claim line.
MC966	Other Insurance Paid Amount	Amount already paid by another carrier. Report the amount that a prior payer has paid for this claim line. Indicates the submitting payer is not the primary payer. Only report "0" if the prior payer paid 0 toward this claim line; or if there is no prior payer.
DC911	Diagnosis Code	This field contains the ICD-9-CM or ICD-10-CM diagnosis code indicating the reason for the service. Decimal point is not coded.
DC915A	ICD Indicator	Indicates use of ICD-9 or ICD-10 code sets. Code sets cannot be mixed on a record.

DSG 8.0 – Changes to Existing Fields

Data Element Number	Data Element Name	Description
ME021, ME022	Member Race 1, Member Race 2	These fields were originally optional. Submitting entities are now required to submit them.
ME025, ME026	Member Ethnicity 1, Member Ethnicity 2	
ME033, ME157A	Member Language, Subscriber Language	
ME154A, ME155A	Subscriber Race 1, Subscriber Race 2	
ME156A, ME166A	Subscriber Ethnicity 1, Subscriber Ethnicity 2	
ME040	Member Product Code	This change applies to Arkansas Medicaid. This field now contains Federal Medicaid AID Category codes. State AID Category codes are now in ME910.

DSG 8.0 – Changes to Existing Fields

Data Element Number	Data Element Name	Description
ME112	Referring National Provider ID	These fields were originally optional. Submitting entities are now required to submit them.
ME122	Grandfather Status	New data element values added.
MC023	Final Discharge Status	These fields are now populated for Institutional claims as well as inpatient claims.
MC039	Admitting Diagnosis	
MC058-MC058L	ICD Procedure Codes	
MC092	Covered Days	
MC154-MC166	Present on Admission Codes	

Data Tips and Issues

- What's New?
  - Quick link to Featured Data Tips and Issues
  - Monthly Data Tips and Issues email
    - Features new and updated tips and issues
    - Reviews older, still relevant data tips and issues
    - Highlights newly resolved data issues

Click here for the *Arkansas APCD Latest Data Tips and Issues* added or updated in the last 30 days.

Always check the Arkansas APCD Data Issues and Tips page for the latest information!

APCD Technical Support

- Reach out to adrs@achiapcd.atlassian.net for questions about data requests, data use, or pricing

Call to Action

- Sign up for the ACHI Newsletter
- Follow on social media: ACHI and the Arkansas Healthcare Transparency Initiative featuring the Arkansas APCD

- Check out the blog posts on ACHI website
- Next data users group meeting: April 26, 2023

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