VHA Community Care Data Q&A Session

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Acknowledgements and Disclosures

- The views expressed herein are not necessarily those of the Department of Veterans Affairs (VA) or other organizations

Presentation Outline

- Overview of VHA Community Care
- Utilization and outcomes
- Questions and Answers (35-40 minutes)

Background

VA Community Care Prior to FY2015

- Several names: Fee Basis, VA Purchased Care, Non-VA Medical Care
- VA paid non-VA health care providers for services in certain emergent/urgent cases or when VA could not offer the needed care
- Care commonly provided in the community: short-term acute inpatient care, community nursing home care, emergency outpatient treatment, home-based care, ongoing outpatient treatment where nearest VA facility is distant
- Accounted for approximately 11% of VA expenditures in fiscal year 2014

Veterans Choice Program (VCP)

- Congress allocated $10 billion for FY2015-17
- Paid for Veterans to receive care outside VHA
- Eligible if long wait times, large driving distances, and/or particular hardships
  - Wait-time qualify for specific services outside VHA
  - Mileage/hardship qualify for any services outside VHA

MISSION Act

- Established a VA Community Care Network (VCCP), a new, permanent discretionary community care program

- An additional >640,000 VA-enrolled Veterans are estimated to seek care through community care providers under MISSION*
  - ~1/3 of VA enrolled Veterans already access community care under Choice

*May be higher given newly-released access standards

	VA Fee Basis/ Non-VA Medical Care Program	Veterans Choice Program (VCP)	VA MISSION Act/ Veterans Community Care Program (VCCP)
Years	**1947-present**	**2014-2018**	**2019-**
Eligibility Criteria	VA facility or services not "feasibly available"	Unable to schedule appointment at VA within 30 days ("wait time eligibility") Lives >40 miles from nearest VA facility ("distance eligibility")	1) VA does not offer care at all or is unable to provide care within a specified wait time (proposed standard: 28 days for specialty clinics);[6] or 2) Veteran resides in a state lacking a full-service VA; or 3) Veteran lives beyond a maximum drive time from a VA facility offering the care needed (proposed standard: 60-minute average drive time for specialty care); or 4) VA cannot provide Veteran with care meeting specified VA quality standards; or 5) Veteran and primary care provider determine it is in Veterans' "best medical interest" to receive care in the community * **Note:** patients meeting distance eligibility criteria for care under VCP also may qualify for community care under VCCP if not otherwise eligible under a legacy provision.

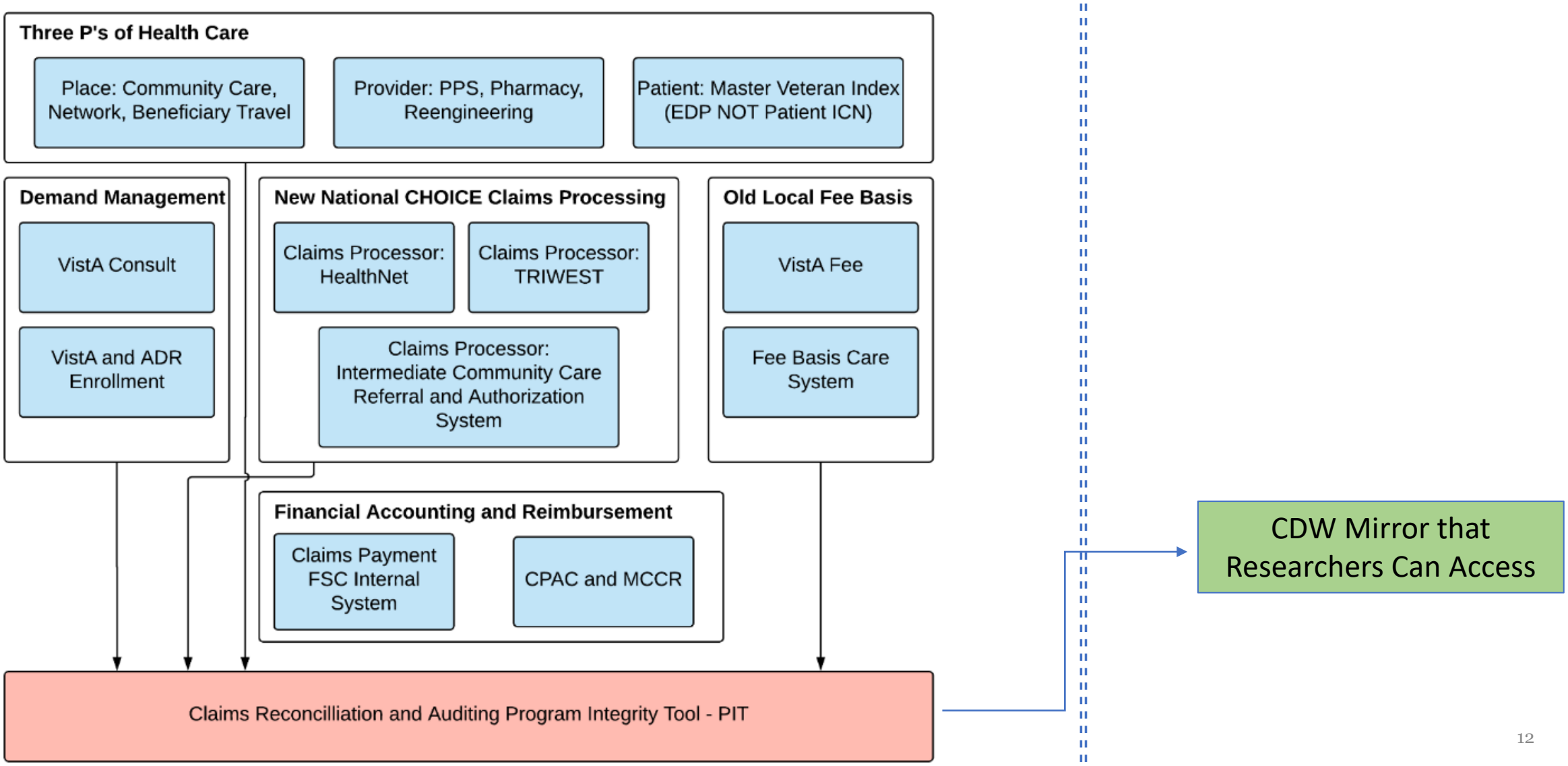
VCCP Eligibility Criteria

	VA Fee Basis/ Non-VA Medical Care Program	Veterans Choice Program (VCP)	VA MISSION Act/ Veterans Community Care Program (VCCP)
Years	**1947-present**	**2014-2018**	**2019-**
Key Points	• Individual contracting with local/regional providers • Pre-authorization required (except in emergency situations) • Each VA facility has separate criteria to determine eligibility • Claims for authorized care submitted within 6 years of service	• Primarily utilized 2 third-party administrators (TPAs) to coordinate care/create provider network • Significant implementation challenges, including delayed payment of claims	• 6 Community Care Network (CCN) regional provider networks facilitated by TPA contracts • Supplemented by individual contracting/local provider agreements • Access and quality standards to be defined in future regulations • Claims for payment submitted within 6 months of service • Payment mandated within 30 (electronic) or 45 days (paper)

Community Care Data

- Clinical Care Referral Authorizations (CCRA)
- Clinical Care Network (CCN)
- Clinical Care Reimbursement System (CCRS)
  - Most of our work has focused on the reimbursements (paid claims)

Community Care Claims Data



PIT vs CDW

- With care provided in VA
  - Patient is seen → procedures/services entered into Vista → data into CDW
- With care provided outside VA
  - Patient is seen → procedure/services entered into provider's medical record →provider's billing team reviews and sends a bill to a third party administrator (TPA) → data into PIT ←→ claim adjudicated

PIT: structure & content

- Structure
  - Division of data follows standard medical billing process
    - Institutional: facilities (UB-92)
    - Professional: individual providers and ambulatory surgical centers (ASC) (HCFA-1500)
  - Not connected to standardized CDW
    - No PatientSID
    - DIM tables are in NDim schema
    - **Will need real SSN access to link back to rest of CDW**
- Content
  - Only “adjudicated” claims (accepted or rejected)
  - Veteran and non-veteran care

PatientSID: Patient Surrogate ID

Example Institutional Claim

ID	Date	CurrentFlag	PayFLag	ClaimStatus	Adjusted	RevenueCode	ChargeAmount
1	XXX	Y	n	Accepted	N	456	0
1	XXX	Y	n	Accepted	N	324	0
1	XXX	Y	n	Accepted	N	658	0
1	XXX	Y	n	Accepted	N	654	0
1	XXX	Y	n	Accepted	N	8766	0
1	XXX	Y	Y	Accepted	N	200	16,700

Lots of “claim” rows, but only one is paid. Need to look filter out denied and unpaid claims.

Documentation

- We are working to document the Community Care data.
- We have just built a partnerships with the PIT Program Office team to formalize the documentation
- Our internet and intranet sites that are updated.

  vaww.herc.research.va.gov/include/page.asp?id=choice-pit

  www.herc.research.va.gov/include/page.asp?id=choice-pit

  - Note that our site is a constant work in progress
- BISL also has metadata documentation (find through ViREC CDW Documentation)

PIT: variables of interest*

Category	PITInstitutional	PITProfessional
Dates	StatementFromDate StatementToDate	ServiceFromDate ServiceToDate
Procedure	PITProcedureCodeSID	PITProcedureCodeSID
Diagnosis	AdmittingPITDiagnosisCodeSID	PIT.PITProfessionalClaimDiagnosis

PIT: variables of interest continued*

Category	PITInstitutional	PITProfessional
Provider	AttendingPITProviderSID OperatingPITProviderSID	RenderingPITProviderSID
Biller	BillingPITProviderSID	BillingPITProviderSID RenderingFacilityPITProviderSID
Place	PITPlaceofServiceSID	PITPlaceofServiceSID
	TotalCharges	TotalCharges
Payment	PaidAmount	AmountPaid PaidAmount
Other	CurrentFlag PayFlag ClaimStatus	IsCurrentFlag PayFlag ClaimStatus

PIT: other variables of interest*

Category	Schema.Table	Variable	Use
Patient Identifiers	Sveteran.PITPatient	MemberID (SSN) PatientICN	Connect to SPatient
Authorization	PIT.PITVAAuthorization	AuthID	Connect claims together
Claim Information	PIT.PITClaim	VistaID	Connect to FBCS
Provider	SStaff.PITProvider	NPI	Connect to NPPES/PPMS

SSN: Social Security Number
PatientICN: Patient Integration Control Number
NPI: National Provider Identifier
NPPES: National Plan & Provider Enumeration System

PIT: opportunities & challenges

Opportunity	Challenge
Location and type of provider	Multiple provider fields, many missing
Detailed information about service	Missing CPT modifiers Mixed procedure codes (ICD9/10, CPT) Missing diagnosis qualifier
Broader understanding of care received in community	Incomplete VistaID Missing AuthID Lag between appointment and data availability

CPT: Current Procedural Terminology
ICD: International Classification of Diseases

Building a Cohort

- Dates
- Procedure
  - ICD
  - CPT
- Diagnosis
- Location
  - Ambulatory surgical centers, hospitals
  - Sta3n
- Types of providers

CPT: Current Procedural Terminology
ICD: International Classification of Diseases

Limitations with PIT

- The data are not well documented
  - “Member id” holds the SSN, not the “SSN” variable.
- The data can change rapidly
- The data are messy
- ICD and CPT procedure codes are stacked in one variable
- FEE and FCBS schema still in CDW, possible some encounters may not end up in PIT
  - For more recent studies, key to still check FEE for encounters for more complete picture
  - Depends if interest is Choice/MISSION utilization vs. all non-VA

Q&A Session

More on Building a Cohort

Building a Cohort

- Dates
- Procedure
  - ICD
  - CPT
- Diagnosis
- Location
  - Ambulatory surgical centers, hospitals
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CPT: Current Procedural Terminology
ICD: International Classification of Diseases

Analysis plan

- Time period: FY15-FY19
- Procedures

Procedure	CPT	ICD procedure
Cataracts	66984, 66982	
Total Knee Replacement	27447	0SRC07Z, 0SRC0J9, 0SRD0JZ…

- Main CDW Data Sources (schema.table)

VA	Community Care
Surg.SurgeryProcedureDiagnosisCode	PIT.PITInstitutionalClaimDetails
Outpat.WorkloadVProcedure	PIT.PITProfessionalClaimDetails
Inpat.InpatientCPTProcedure	Fee.FeeInitialTreatment
Inpat.InpatientSurgicalProcedure	Fee.FeeServiceProvided

Data Process

- Pull raw data from all tables (VA, Fee, PIT)
- Combine datasets
  - ifiers
  - issu
  - ssues
  - & PI
  - ies (C
  - PIT claims not with: Paid='Y' and claimstatus='Accepted' and currentflag='Y'

VA	
PatientID	SurgeryDate
4	2015-07-29
5	2014-12-25
6	2019-01-11
7	2018-09-30

PIT	
PatientID	SurgeryDat
1	2016-10-01
1	2016-10-03
2	2018-04-27
3	2017-01-15

PatientID	SurgeryDate	Source
1	2016-10-01	PIT
1	2016-10-03	PIT
2	2018-04-27	PIT
2	2018-04-27	FEE
5	2014-12-25	VA
6	2019-01-11	VA
7	2015-03-12	FEE
7	2018-09-30	VA
9	2014-06-11	FEE
7	2018-09-30	VA
8	2016-12-05	FEE
9	2014-06-11	FEE

SSN: Social Security Number
PatientICN: Patient Integration Control Number
CPT mod: Current Procedural Terminology Modifier

Data Process

- Transpose data
- Remove records based on exclusion criteria
  - Surgeries too close clinically
  - Surgeries after first on side

PatientID	SurgeryDate1	SurgeryDate2	Source
1	2016-10-01		PIT
2	2018-04-27	2018-04-27	PIT, FEE
5	2014-12-25		VA
6	2019-01-11		VA
7	2015-03-12		FEE
9	2014-06-11		FEE

7	7	2015-03-12	FEE	
9	7	2018-09-30	VA	
	9	2014-06-11	FEE	

Challenges Faced

- Identifying surgery records for inclusion
  - Use CPT modifiers
  - Use cost
- Missing side CPT modifier
  - Use diagnosis data
- Connecting Sveteran.PITPatient to Spatient.Spatient
  - MemberID = SSN
  - PatientICN is gold standard
- Accurate payment totals

SSN: Social Security Number
PatientICN: Patient Integration Control Number
CPT mod: Current Procedural Terminology Modifier

More on Costs

Costs vs. Utilization

- Can pick out any claim that is associated with a certain procedure code (e.g. cataract, imaging for low-back pain, etc)
- Fairly straightforward to answer if this procedure happened and to count these
- Costs more tricky, some duplicates are valid

Why Do missing Modifiers Matter?

- Preoperative and postoperative care averages $120. If you treat this as a standalone procedure
  - You will misrepresent the number of procedures done
  - Your average costs per procedure (knee , cataract) will be off

- You must develop plans for handling this type of missing data.

- Same is true for location of care.

Payment Rules

- Payments rule differ by location of care
  - Ambulatory Surgical Centers– one payment to the provider for some services (cataracts)

    ASCs provide same-day surgical care
  - Clinic– one payment to the provider
  - Outpatient hospital– one facility payment and one payment to the provider

Recommendation: triangulation

- You will need to build samples using inclusion and exclusion criteria (standard algorithms).
- Each algorithm makes different assumptions.
- Create different target samples using different assumptions.
- Triangulate.

Recommendation: triangulation

- Use FEE schema for cross-validation when possible
- Be prepared to make judgement calls and show sensitivity

PIT Data: À la Carte

- If you pull costs for for CPT codes, you will only get those payments
- There may be other paid procedures that were concurrent with these cataracts
  - Anesthesia
  - Post-op, pre-op
- PIT data are like an À la Carte Menu, whereas VA cost data (MCA) is a fix-price menu.

Concurrent Procedures

- PIT has a variable called authorization key.

- For cataracts, we pulled all care that shared authorization keys for cataracts.
- You see
  - Lens fitting
  - Anesthesia
- But you also see
  - Acupuncture
  - PT
  - Ambulance rides

Define Related Procedures

- We identified cataract surgeries at VA hospitals using procedure codes plus clinic stop.

- We identified all CPT codes that were used with these procedure codes.
  - A clinician reviewed this list
  - These became our definition of **related procedures**

Total Payment Vs Total Cost

- The total payment in PIT *excludes*

    1. Administrative fees to third party administrators (TPAs).
    2. The cost of running the Office of Community Care.

- We're estimating the cost of the Office of Community Care through the ALBCC.

- OCC is helping us understand TPA fees

Other Data: Drive Distance & Provider Type

- Rendering and Attending Provider
  - NPI from SStaff schema
  - Historical NPPES data or PPMS
  - Merged by NPI and FY
- Patient home address
  - PSSG Geocoded Enrollee Files

NPI: National Provider Identifier
NPPES: National Plan & Provider Enumeration System
PSSG: Planning Systems Support Group