

Choice Data

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- Comments do not reflect those of VHA or OCC
- All interpretations and errors are our own.

Objective

- There is considerable interest in analyzing Choice data.
- This provides a starting point for understanding these data and how to work with them.
- This is a work in progress and crowd-sourcing will be important.

Agenda

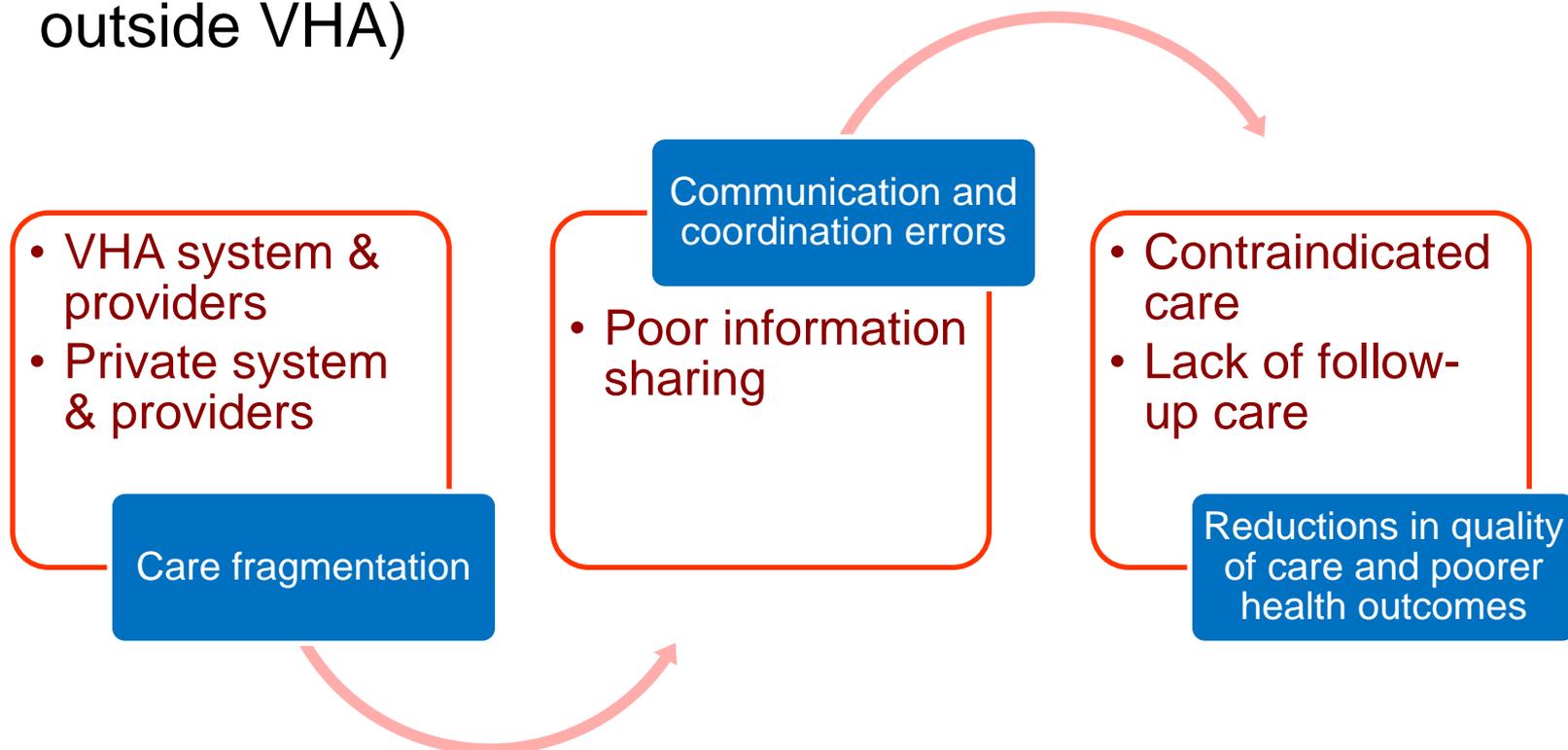
- Veterans Choice Program Overview
- Data
 - Fee and Fee Basis Claims System (FBCS)
 - Veterans Access, Choice and Accountability Act (VACAA) data
 - Performance Integrity Tool (PIT) data
- Q&A

Veterans Choice Program (VCP)

- Congress allocated **\$10 billion** for FY2015-17
- Pays 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
- Purchased care program (“**traditional Fee**”) existed before

Pros and Cons of VCP

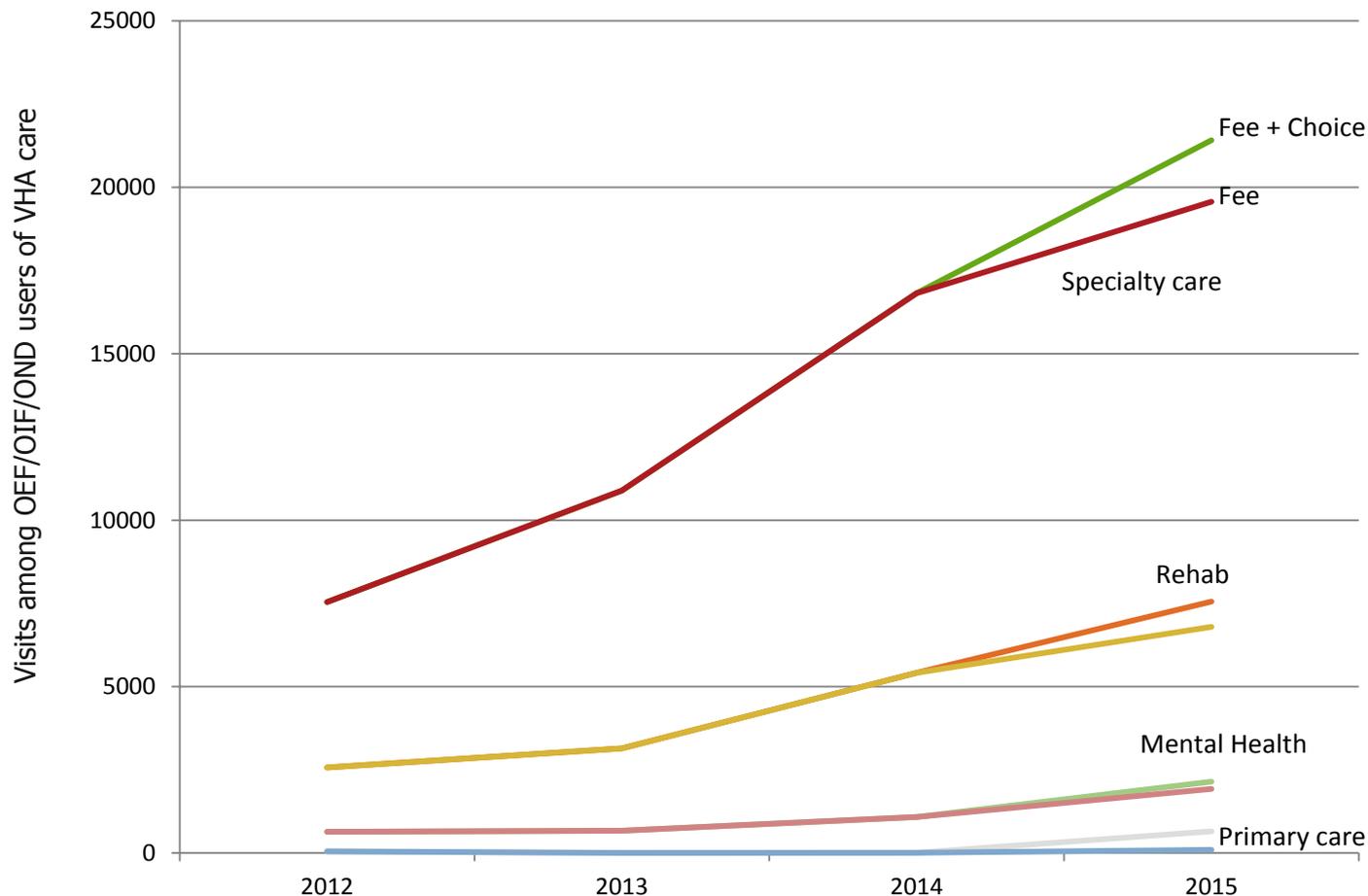
- Broader **access** and **coverage**
- **Care fragmentation** (having providers both inside and outside VHA)



Unit of analysis

- Authorizations
- Referrals
- Appointment
- Visits
- Paid claims

Early Evidence of Choice and Fee



Growth of Community Care Spending

- In FY2013, Fee Basis accounted for approximately 11% of the medical care appropriation
- By FY2017, Fee Basis + Choice visits accounted for approximately 30% of the medical care appropriation

Data

- Utilization
 - TPA Monthly Choice—referrals and appointments
 - FBCS— paid claims
 - PIT— expedited payments
- Veterans' experience
 - SHEP

- Any questions on the background of VACAA and the Veterans Choice Program?

Data

- VACAA Tables (e.g., TPA Monthly Choice)
- Fee (from Vista) and Fee Basis Claims System
- PIT

VACAA Data

- There are 26 VACAA data tables (2 are active¹) in the VA Corporate Data Warehouse (CDW)
- We focused on the VACAA table TPA_mnthlyChoice, which includes all Veterans with at least 1 authorization created by the Contractor/Third Party Administrator (TPA; TriWest or HealthNet) and where the Contractor/TPA was reported to VA via the monthly report

1. https://vawww.cdw.va.gov/bisl/Database/Shared%20Documents/Extractor/Extraction%20-%20VACAA%20Veterans%20Choice%20Program%20Eligibility.htm#_Toc501437275

TPA Monthly Choice

- This dataset describes the Choice administrative processes
- Probably the place to go if you want to understand dates (e.g., wait times, with the exception of visit dates)

TPA Monthly Choice: Dates

Variable	Description
accptddt	Accepted date
authcreatedt	The date the TPA created an authorization for the requested care
clinneeddt	Date clinical need was determined. NOTE: This only applies to 30 Day Veteran. Should be provided by the VAMC
cmpfrstapptexptn	Reason for reschedule if the original appointment date and date of first appointment completed are different
dt207ltrsnt	The date the letter was sent to the Veteran NOTE: also defined through 'Date Letter Sent'
dtapntd	Date patient was contacted for appointment scheduling
dtfrstcmpltdappt	Date of the first appointment being complete
dtofmeddoctrn_othermeddoc	Date medical documentation for the 'Other Service Type' appointment was returned to the VA Medical Center
dtofsvc_othermeddoc	Date of service for other medical doctor
dtrtrnd	Date authorization was returned by the Contractor to the VA
dtvetoptin	Date Veteran provided oral or written notification to opt in or out of the Choice.
eocenddt	Date of the last appointment to complete episode of care
eocstartdt	Date of the initial appointment to start the episode of care
frstmeddoctrndt	Date medical documentation of the 1st appointment was returned to the VA Medical Center
imprtdt	Derived Column: Date & time the data was imported into the database
inptapptdoctrndt	Date of Inpatient Appointment Medical Documentation Returned Date
inptdischgdtd	Date in which the patient discharged from inpatient hospitalization status
lstapptdt	Date of the last appointment of that episode of care
lstmeddoctrndt	Date medical documentation for the last appointment was returned to the VA Medical Center
rqstdt	The date care was requested by the Veteran or Vendor

TPA Monthly Choice

- Hard to know if the visit was completed
- No clinical information (e.g., diagnostic or procedure codes)
- Best way to link to other datasets not clear
- Live data (i.e., always changing); new variables are added; lots of missing info

TPA Complete

(data pulled 5/16/2017)

Variable	Description	%_MISSING	N_OK
cntrctr	Derived Column: "TriWest" for TriWest data ETL; "HealthNet" for HealthNet data ETL	0	6,678,979
cntrctrau thno	Contractor's unique authorization number	0	6,678,979
fy	FY	0	6,678,979
imprtdt	Derived Column: Date & time the data was imported into the database	0	6,678,979
mnthofr pt	Last day of weekly reporting period. Weekly reporting period runs from Saturday thru Friday. Example: WkOfRpt='2015-07-24' for reporting period of 7/18 thru 7/24.	0	6,678,979
region	Defines Geographical Area -- Selected from drop down list	0	6,678,979
vamcna me	VA Medical Center who issued authorization to authorize care	0	6,678,979

TPA Incomplete

(data pulled 5/16/2017)

Variable	Description	%_MISSING
vetprefdt	Date Veteran preferred to receive care. NOTE: This only applies to the 40 mile Veteran	89.64
lstapptdt	Date of the last appointment of that episode of care	92.15
ohiname	Name of the other health insurance (ex. AARP, Aetna, BlueCross BlueShield, etc.)	95.06
urgappntnghr	Urgent appointing (hr/min) If marked as Urgent Status, appointment hr/mins are required	96.84
commutemiles	Commute distance in miles	99.37
inptdischgdtdt	Date in which the patient discharged from inpatient hospitalization status	99.63
inptapptdoctrndt	Date of Inpatient Appointment Medical Documentation Returned Date	99.66
retroauth	The value 'Retro Auth' indicates that the authorization was created by the contractor after the care had been provided.	99.99

Summary of TPA Monthly Choice

- This dataset has lots of information on the administrative processes
- No diagnostic or clinical information
- Hard for researchers to use without help

Fee and Fee Basis Claims Systems

- The Fee Basis system was developed years ago to manage VA's purchased care
- It was designed to capture a summary of the clinical and payment information

Fee/ FBCS

- Fee data comes from VistA
- FBCS is a SQL Server based system from vendor Document Storage Systems (DSS) (implemented after Fee)
- Most data in Fee in FBCS, with some exceptions (e.g., category of care only in FBCS)
- FBCS does not contain unauthorized (MilBill) or community nursing home claims
- We linked Fee &FBCS data to obtain all variables

Fee Basis Claims System (FBCS)

- FBCS was designed for VA purchased care. It was used for Choice, but it was not designed for Choice.
- Delays
 - It takes a minimum of 7 days for a paid claim to show up in this system
 - Delays are often due to the vendor.¹
 - VA is working to ensure prompt payment once a complete claim is made
- FBCS tables show payments paid through the FBCS; if the payment was made outside of FBCS, the data will not be in these tables
- Different ways to identify Choice:
 - Obligation number. There are Choice specific numbers.
 - Also 'Box5' and 'specialprovcat'="CHOICE" can further refine care on or after November 4, 2014.
 - Box 5 is the Tax ID portion of an UB-92 form (can differentiate between HealthNet and TriWest TPAs). There is a similar variable TAXIDCLEAN, but Box5 was easier.

(1) Gidwani R, Hong J, Murrell S. Fee Basis Data: A Guide for Researchers. Menlo Park, CA. VA Palo Alto, Health Economics Resource Center; November 2015. Accessed at <http://vaww.herc.research.va.gov/include/page.asp?id=guidebook-fee-basis>.

Types of Service

- In VA, we have clinic stops
- In Medicare, type of care is not always clear.
 - Berenson Eggers Type of Service (BETOS) uses CPT/HCPCS codes
 - BETOS+ modifies BETOS with information on the provider
- Choice has “category of care” variable

Category of Care

- A variable used to describe type of care (e.g., cardiology)
- Currently 161 values in VACAA, 140 in FBCS
- Assigned by VA when care is authorized
- Assigned by TPAs when care is delivered
 - Some manual entry leads to misspelled categories of care in VACAA

Understanding Utilization Patterns

- We're starting to dig into the outpatient FBCS data to understand utilization patterns.
- Be careful
 - There are some CPT codes associated with physician services related to inpatient care.
 - G0165 is very common (Services of an aide for home health or hospice care)

- Questions about Fee and FBCS data?

Program Integrity Tool (PIT)

- Program Integrity Tool (PIT) is an IBM product purchased by VA that aggregates many sources of data and allows for checking for fraud, waste, and abuse.
- Has an elevated privilege and operations users can request access via ePAS
- Starting in FY2016, some Choice data began bypassing FBCS and residing in the PIT.

Example: Colonoscopies in the FBCS data

- Visit=Patient x treatment date x Choice utilization flag
 - Choice flag=1 → Choice utilization
 - Choice flag=0 → traditional fee

FY	Traditional Fee Visits	Choice Visits	Total
2012	15331	--	15331
2013	15282	--	15282
2014	18518	--	18518
2015	17456	718	18174
2016	3604	5552	9156
2017	1985	1	1986

} Emergence of
PIT

PIT

- We have requested access to the PIT data, but we haven't accessed it yet

Advice

- There are a lot of data on the CDW related to Choice
- Folks in OCC are really busy, so we need to find ways to support each other
- Allow for time to explore and be prepared for dead ends.

Dead Ends and Small Wins

- Tried linking UB-92 forms to FBCS/Choice authorizations using sta3n → facility, PatientIEN → vistapatkey, AuthorizationIEN → vistauthkey
 - Found SPECIALPROVCAT was missing in 93% of records
 - Found 0.94% of records were approved Choice claims (SPECIALPROVCAT='CHOICE' and STATUS='A')
- So for our work, we've focused on obligation number

Next Steps

- HERC is supporting the data documentation efforts from the PABSLC team.
- HERC and VIREC are developing data documentation and we will work to coordinate the information.

Questions?

