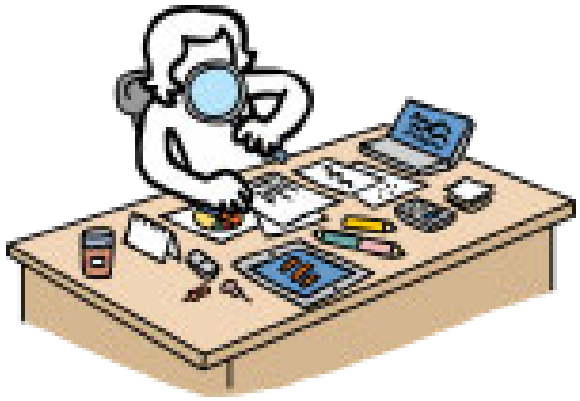
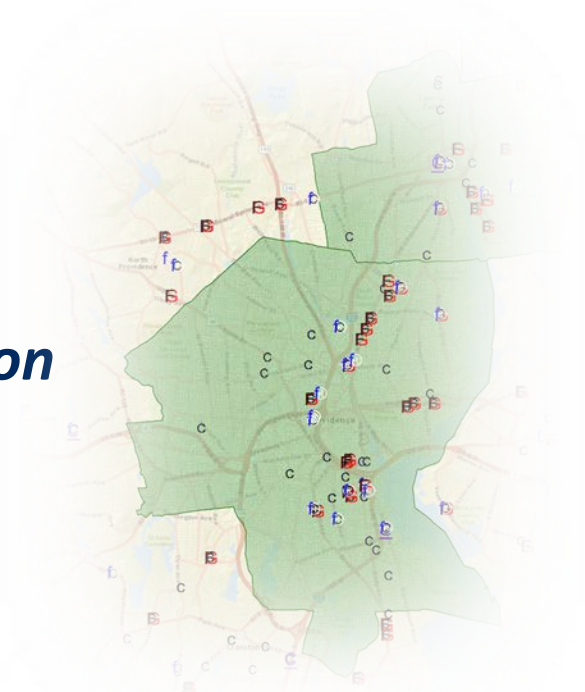
Using Medicaid Claims Data to Calculate Capacity for Federally Designated Shortage Areas



June 21, 2017

PART 2

Data Demonstration



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Promoting and Improving Health

Analysis of Extracted Claims

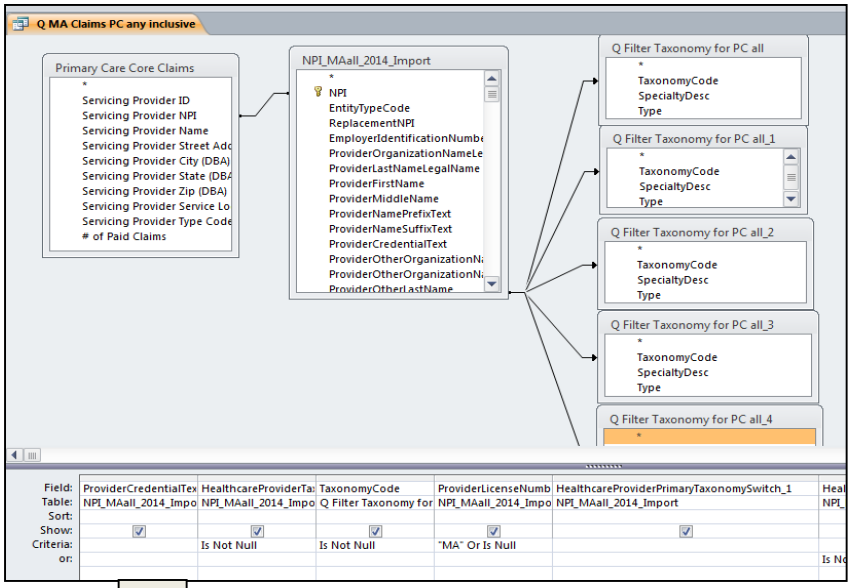
- Need to separate out non-PC, non-physician claims and organizational billing
- Connect to full NPI file listing for providers
  - SDMS won't have organizations and some individuals
- Develop classifications of claims:
  - PC Only, Individual
  - PC Only, Org
  - PC Mixed, Org
  - *Option: PC Mixed, Individual*

Demo Data File - Tables

- MS Access Format (but can use any database platform)
- 'Sample' Data Tables:
  - MedicaidPC_ClaimsRAW
    - Claims pre-aggregated to NPI and Address
    - CPT codes selections pre-defined in Medicaid extract
  - NPI
  - LicenseList
  - SDMS_Download
- Lookup Tables
  - MedPC_Taxonomy_Codes
    - DentPC_Taxonomy_Codes_All (Reference)
    - PsychPC_MDonly_Taxonomy_Codes (Reference)
  - TaxonomyCodeImport

Analytic Steps Using Taxonomy and Type

1. Select claims with NPI having any matching PC taxonomies *(PC inclusive)*
2. Select claims with NPI having any that do not match PC Taxonomies *(Non-PC inclusive)*
3. Separate into Individual vs Organizational
   - Claims by providers with both PC and Non-PC taxonomies classified as 'Mixed' – require additional follow up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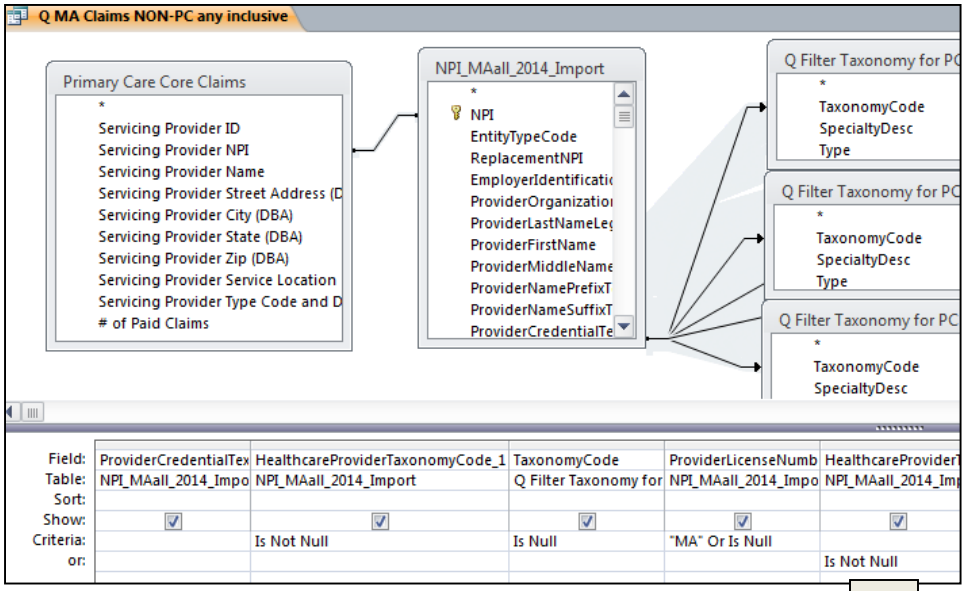
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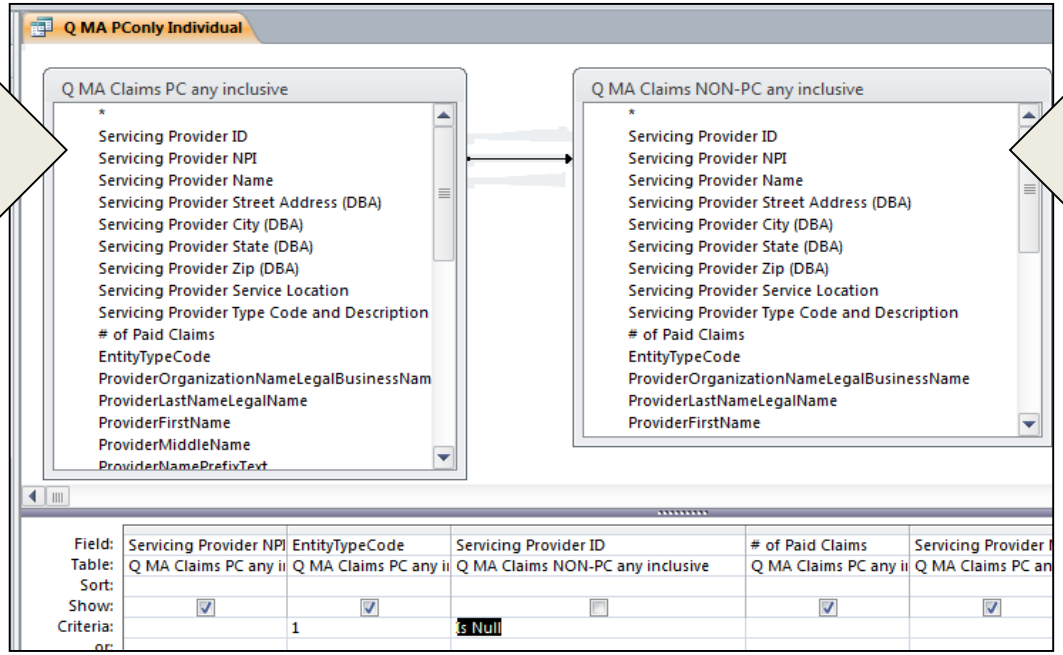
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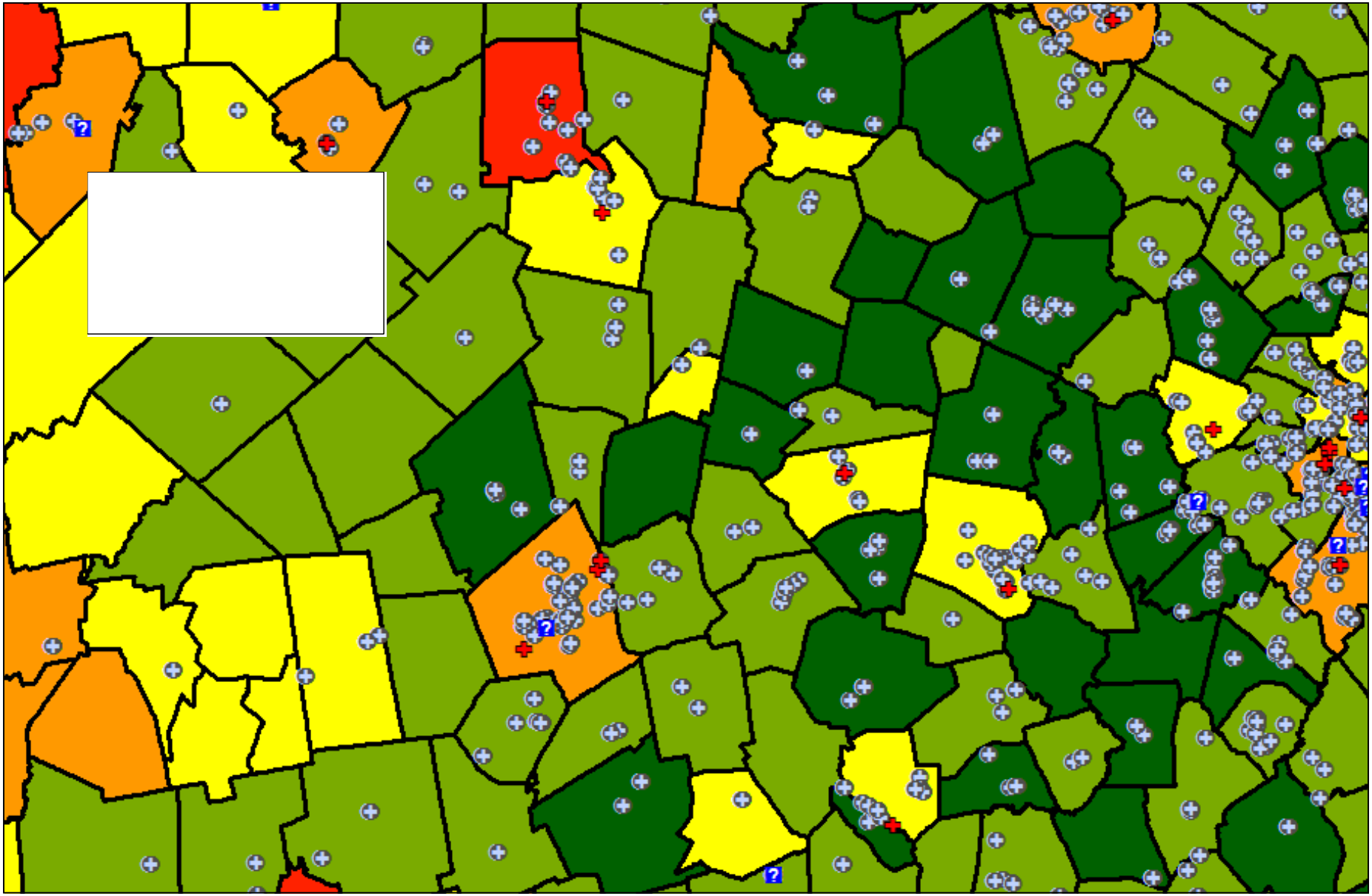

Integrity Checks

- Test results to look for underlying issues
  - Compare total PC visits to Medicaid enrollees (or member years ideally) for same period: Is visit rate reasonable?
  - Look at locations with highest counts: Assure site is not a billing office/service (Google)
  - Compare to recent low income HPSA survey: Are providers similar?
  - Check if providers appear at multiple addresses: Some should

Questions / Discussion?

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