

Medicaid Regional Data Compendium, 2014 was prepared by Lee Kennedy-Shaffer and Chad Shearer of the Medicaid Institute at United Hospital Fund. The entire publication is available at www.uhfny.org and www.medicaidinstitute.org. Funded by the New York State Department of Health.

Medicaid Regional Data Compendium, 2014 Methods and Sources

Following are the definitions of terms, methods, and sources for all data elements used in all chartbooks of the *Medicaid Regional Data Compendium, 2014*. The chartbooks and an overview of the compendium are available on the United Hospital Fund's website, www.uhfny.org.

- All data are based on the region of the beneficiary, unless otherwise noted. The chartbooks analyze the population of Medicaid beneficiaries residing within a particular region or borough (see further description of beneficiaries below) and the services they received, regardless of where those services were provided.
- For purposes of the chartbooks, a claim was defined as a fee-for-service claim or a managed care encounter. In short, a claim was generated when an individual accessed services. Claims included all Medicaid services, even those provided to beneficiaries eligible for both Medicare and Medicaid ("duals") in cases when Medicaid was a secondary payer.
- All data were based on Medicaid claims, encounters, and hospital discharges, with the exception of the top 25 diagnostic categories, which were based on all-payer hospital discharges.
- All years are calendar years unless otherwise noted.
- All DSRIP Dashboard data were accessed on September 9, 2014, and are therefore based on the last data update before that date.

Counties

The regions used here were defined by the New York DSRIP program. Each chartbook lists the counties included; a full list is also available from the DOH. County is based on the Medicaid member county and member regions of the beneficiaries (typically the ZIP code of residence for the beneficiary), rather than the location of the service provider. This means, for example, that claims incurred at a facility in Central New York for a Medicaid beneficiary who lives in the Southern Tier appear in the Southern Tier chartbook, not the Central New York chartbook. The member county is the “county of fiscal responsibility for the member...[which] is typically the area of residency, but may be different due to nursing home or other out of area placements.”¹⁰ The member region is determined by aggregating counties according to the DSRIP regions. Also note, however, that the member county and region may not reflect moves or relocations of members that have not yet been processed in the enrollment records.

Source: NYSDOH DSRIP Design Grant Awards,
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip_award_letters/

Total Population as of July 1, 2013

Estimated populations for the defined geographic area (borough or county, region, or entire state) were based on projections from the 2010 Census.

Source: U.S. Census Bureau, Population Division,
<https://www.census.gov/popest/data/counties/totals/2013/CO-EST2013-01.html>

Medicaid Beneficiaries with a Claim in 2013

The number of unique Medicaid members who had any kind of Medicaid claim in 2013 was based on the member region or borough of the beneficiary (typically place of residence). This is inclusive of dual-eligible Medicare and Medicaid beneficiaries as long as they generated a Medicaid claim. This may not reflect moves or relocations of members that have not yet been processed in the enrollment records.¹¹ The number is not a count of total beneficiaries, only the number of beneficiaries who actually used services. For example, there were 6.2

¹⁰ New York State Department of Health. DSRIP Dashboards (web page). Available at <http://dsripdashboards.health.ny.gov>

¹¹ New York State Department of Health. DSRIP Dashboard Glossary (web page). Available at <http://dsripdashboards.health.ny.gov>

million Medicaid enrollees during 2013, but there were only 5.1 million beneficiaries who had a claim for Medicaid services (see New York State chartbook).¹²

Source: DSRIP Dashboard B1, <http://dsripdashboards.health.ny.gov/>

Medicaid Claims in 2013

The total number of Medicaid claims generated by the beneficiaries from the region or borough. For example, in the Capital Region chartbook, the 162,303 beneficiaries from the region who had a Medicaid claim generated a total of 8,765,762 individual claims in 2013.

Source: DSRIP Dashboard B1, <http://dsripdashboards.health.ny.gov/>

Beneficiaries Enrolled in Managed Care

The number of unique Medicaid beneficiaries with a claim in 2013 from the region or borough who were (as of the last data update prior to September 9, 2014) enrolled in any Medicaid managed care plan (inclusive of all plan types except Family Health Plus). For example, in the Central New York chartbook, 135,436 of the 220,405 beneficiaries with a claim in 2013 were enrolled in a managed care plan.

Source: DSRIP Dashboard B5, <http://dsripdashboards.health.ny.gov/>

Mainstream Managed Care Plans

Medicaid mainstream managed care plans with at least one enrollee in a county in the selected region. Note: Plans in New York City are listed in the New York City chartbook but not in the individual borough chartbooks because the managed care enrollment reports do not break down plans by borough. Not all plans are offered in all parts of the city. For the New York State chartbook, the number of plans offering mainstream managed care in any county is presented.

Source: NYSDOH Medicaid Managed Care Enrollment Report, December 2013, https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/2013/docs/en12_13.pdf

¹² Patchias EM and S Samis. July 2014. *New York's Medicaid in Transition: A New Primer for 2014*. New York: United Hospital Fund. Available at <http://www.medicainstitute.org/publications/880994>

Managed Long-Term Care Plans

Medicaid managed long-term care plans with at least one enrollee in a county in the selected region. Note: Plans in New York City are listed in the New York City chartbook but not in the individual borough chartbooks because the managed care enrollment reports do not break down plans by borough in the City. Not all plans are offered in all parts of the city. For the New York State chartbook, the number of plans offering Managed Long-Term Care in any county is presented.

Source: NYSDOH Medicaid Managed Care Enrollment Report, December 2013,
https://www.health.ny.gov/health_care/managed_care/reports/enrollment/monthly/2013/docs/en12_13.pdf

Health Homes in the Region or Borough

Department of Health-certified Medicaid health home organizations listed by NYSDOH as serving at least one county within the particular region, or listed as serving the borough.

Source: NYSDOH Health Homes by County,
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/contact_information/list_by_county.htm

DSRIP Project Design Grant Awards (New York State only)

The total number and amount of DSRIP project design grants awarded to emerging PPSs, along with the number of public hospitals among those awardees. See each regional chartbook for specific grant recipients and award amounts and conditions.

Source: NYSDOH DSRIP Project Design Grant Final Award Allocation,
https://www.health.ny.gov/health_care/medicaid/redesign/docs/design_grant_app_summary_chart.pdf; NYSDOH DSRIP Design Grant Awards, https://www.health.ny.gov/health_care/medicaid/redesign/dsrp_award_letters/

Percentage of Claims from Providers in the Borough (New York City boroughs only)

The percentage of claims generated by beneficiaries from the borough that were actually delivered by providers also located in the borough.

Source: DSRIP Dashboard B1, <http://dsripdashboards.health.ny.gov/>

Top Outside Provider Locations (New York City boroughs only)

This outmigration metric shows the top three other locations (other boroughs, other New York counties, or “out of state”) where beneficiaries from the borough

received care. While the chartbooks generally focus on beneficiaries from the borough and the care they receive regardless of location, for New York City this metric is provided to help understand the claims of Medicaid beneficiaries from the borough generated at providers not located in that same borough. For example, 24.7 percent of all claims for beneficiaries from Brooklyn were for services from providers in Manhattan.

Source: DSRIP Dashboard B1, <http://dsripdashboards.health.ny.gov/>

Medicaid Beneficiaries by Age Group

The portion of Medicaid beneficiaries from the region or borough within distinct age ranges (0–5 years, 6–11, 12–17, 18–44, 45–64, and 65 years and older) with a claim in 2013. Regional figures are compared to statewide figures; New York City borough figures are also compared to citywide figures.

Source: DSRIP Dashboard B5, <http://dsripdashboards.health.ny.gov/>

Medicaid Beneficiaries by Medicare Enrollment Status

The portion of Medicaid beneficiaries from the region or borough with a claim in 2013 who also had (as of the last data update prior to September 9, 2014) any form of Medicare coverage (Part A, B, C, D, or any combination thereof). This does not include partial-benefit duals for whom Medicaid is only paying certain Medicare premiums and copayments.

Source: DSRIP Dashboard B5, <http://dsripdashboards.health.ny.gov/>

Top 25 Diagnostic Categories of All-Payer Inpatient Admissions

The 25 Clinical Classification Software (CCS) diagnostic categories presented here are those with the largest number of unique discharges for patients whose listed ZIP code at time of discharge was within the particular region or borough. The table also presents the percentage that each diagnostic category represents of the total inpatient discharges for individuals from the region or borough, and how that compares to the portion of discharges for each diagnostic category across all discharges in the state. This is the only information included in the chartbooks based on non-Medicaid data. All data are for inpatient admissions in 2012 across all payers (including Medicaid). Note that these figures are not risk-adjusted and thus should not be used for quality measurement.

Source: NYSDOH Health Data Query System, <https://apps.health.ny.gov/pubdoh/sparcsqry/SelectType.do>

Top Five Inpatient Providers Serving the Region's or Borough's Medicaid Beneficiaries

This measure presents the five inpatient providers, regardless of location, with the greatest number of unique inpatient admissions of beneficiaries from the region or borough. Also presented is the total number of inpatient claims generated by those beneficiaries. The percent of unique patients column represents the number of unique patients divided by the total number of unique patients that had at least one inpatient visit regardless of hospital. A beneficiary could be counted in multiple rows of this table if he or she had an admission at multiple hospitals during the year. The data shows where Medicaid beneficiaries from the region or borough went for their inpatient care, not the number of Medicaid claims from a particular provider. Note: This data is at the billing entity level. In New York City, this means that some hospitals are rolled up into larger system entities, while others are listed individually. Consequently, these tables should not be used to draw any conclusions regarding the scope of services provided by any one hospital or hospital system in comparison to its peers.

Source: DSRIIP Dashboard B3, <http://dsripdashboards.health.ny.gov/>

Emergency Room Visit Rates

The number of “treat-and-release” emergency room visits each month from 2011 through 2013, per 100,000 members enrolled in the region or borough in that particular month. The numerator does not include emergency room visits that resulted in an inpatient admission. The denominator is all Medicaid beneficiaries actually enrolled in the region or borough in that month, regardless of whether they ever had a Medicaid claim. The statewide rate is also presented; for New York City boroughs, the citywide rate is shown too. Note that these figures are not risk-adjusted (standardized by demographic characteristics) and thus should not be used for quality measurement.

Source: DSRIIP Dashboard C2, <http://dsripdashboards.health.ny.gov/>

Inpatient Admission Rates

The number of inpatient admissions each month from 2011 through 2013, per 100,000 members enrolled in the region or borough in that particular month (see caveat about denominator in “Emergency Room Visit Rates,” above). The

statewide rate is also presented; for New York City boroughs, the citywide rate is shown too. Note that these figures are not risk-adjusted and thus should not be used for quality measurement.

Source: DSRIP Dashboard C6, <http://dsripdashboards.health.ny.gov/>

Primary Care Visit Rates

The number of primary care visits (based on primary care procedure codes) each month from 2011 through 2013, per 100,000 members enrolled in the region or borough in that particular month (see caveat about denominator in “Emergency Room Visit Rates,” above). The statewide rate is also presented; for New York City boroughs, the citywide rate is shown too. Note that these figures are not risk-adjusted and thus should not be used for quality measurement.

Source: DSRIP Dashboard C4, <http://dsripdashboards.health.ny.gov/>

Potentially Preventable Emergency Room Visits

The rate of Potentially Preventable Visits (PPVs) is a proprietary measure developed by 3M that assesses “emergency visits that may result from a lack of adequate access to care or ambulatory care coordination.” The PPVs presented here are based on discharge data from 2012 and are presented as annual rate per 100,000 Medicaid members whose ZIP code at the time of discharge was within the given region or borough.

PPVs and Prevention Quality Indicators (PQIs; see below) are especially helpful because these large datasets allow for the creation of risk-adjusted expectations of what the visit or admission rates should be for a particular condition given the demographic characteristics of the patients from a region or borough. “Region Observed” provides the actual rate per 100,000 Medicaid members. “Region Expected” provides the expected rate per 100,000 Medicaid members in the region based on the age, gender, and race/ethnicity makeup of the region’s population. “State Observed” provides the statewide observed rate per 100,000 Medicaid members.

Source: NYSDOH Medicaid Potentially Preventable Emergency Visits (PPV) Rates by Patient County: Beginning 2011, <https://health.data.ny.gov/Health/Medicaid-Potentially-Preventable-Emergency-Visit-P/cr7a-34ka>

Prevention Quality Indicators for Adult Discharges

The Agency for Healthcare Research and Quality defines a PQI as “a set of measures that can be used with hospital inpatient discharge data to identify quality of care for ‘ambulatory care sensitive conditions.’ These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. The PQIs are population based and adjusted for covariates.”¹⁴

The PQIs here are presented as annual hospitalization rates per 100,000 members based on Medicaid inpatient discharges in 2012 for beneficiaries whose listed ZIP code at discharge is within the particular region or borough. The PQIs here are selected conditions (e.g., dehydration) or condition-level composites (e.g., diabetes—overall) for adults age 18 or older. The adult composites include more PQIs than are presented separately in the chart, and they are categorized into acute and chronic conditions. The acute and chronic composites are then added to the comprehensive adult composite.

PQIs, like PPVs, are risk-adjusted, and the descriptions of expected and observed rates above also apply here.

Source: NYSDOH Medicaid Inpatient Prevention Quality Indicators (PQI) for Adult Discharges by Patient County: Beginning 2011, <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/6kjt-7svn>

Prevention Quality Indicators for Pediatric Discharges

The PQIs presented here include annual hospitalization rates for selected conditions for Medicaid beneficiaries under the age of 18. All information for the adult PQIs above is also relevant for the pediatric PQIs, although the specific conditions measured and selected vary. Again, the composites include more PQIs than are presented separately in the chart, which are categorized into acute and chronic conditions. The acute and chronic composites are then added to the overall composite. These figures are risk-adjusted, and the descriptions of expected and observed rates above also apply here.

Source: NYSDOH Medicaid Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges by Patient County: Beginning 2011, <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/64yg-akce>

13 Agency for Healthcare Research and Quality. Prevention Quality Indicators Overview (web page). Available at http://www.qualityindicators.ahrq.gov/modules/ppqi_resources.aspx

Regional Quality Measure Comparisons (New York State only)

For risk-adjusted measures such as adult and pediatric PQIs and PPVs, the ratio of the observed value to the expected value is an indicator of a region's performance on that indicator relative to other regions, standardizing for the demographics of each region. Figures greater than 1.0 indicate that the region has more preventable hospitalizations or emergency room visits than predicted based on its demographics, while figures less than 1.0 indicate fewer such visits than its demographics would suggest. Observed-to-expected ratios are shown for adult composite PQIs, pediatric composite PQIs, and PPVs, broken out by region. See above for descriptions of these measures and of expected and observed rates.

Source: NYSDOH Medicaid Inpatient Prevention Quality Indicators (PQI) for Adult Discharges by Patient County: Beginning 2011, <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/6kjt-7svn>; NYSDOH Medicaid Inpatient Prevention Quality Indicators (PDI) for Pediatric Discharges by Patient County: Beginning 2011, <https://health.data.ny.gov/Health/Medicaid-Inpatient-Prevention-Quality-Indicators-P/64yg-akce>; NYSDOH Medicaid Potentially Preventable Emergency Visits (PPV) Rates by Patient County: Beginning 2011, <https://health.data.ny.gov/Health/Medicaid-Potentially-Preventable-Emergency-Visit-P/cr7a-34kaw>

DSRIP Project Design Grants Awarded in the Region or Borough

For all emerging PPSs designated in the selected region that were awarded a DSRIP Project Design Grant on August 6, 2014, the table presents the lead provider name, counties served, total design grant award amount, NYSDOH conditions (if any) as of the award date, and whether the lead provider is a public hospital.

Source: NYSDOH DSRIP Project Design Grant Final Award Allocation, https://www.health.ny.gov/health_care/medicaid/redesign/docs/design_grant_app_summary_chart.pdf; NYSDOH DSRIP Design Grant Awards, https://www.health.ny.gov/health_care/medicaid/redesign/dsrp_award_letters/