Fee Basis Roll-up Data

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Background

- More than 10% of the VHA budget now goes to purchased care, with 10-20% growth per year.

- The primary vehicle for purchasing care is the Fee Basis program.

- Fee Basis care is authorized when…

  - VA cannot provide timely care

  - It is cost-efficient to purchase care (getting equal or better outcomes)

  - Under limited circumstances, the Veteran had no other payment source.

Fee Basis payment system

- Fee Basis payment scenario:

    1. Veteran receives care at General Hospital (GH)

    2. Vendors bill VA for services rendered

        a. GH sends facility invoice to VA

        b. GH doctor(s) send professional fee invoice(s) to VA

        c. Laboratory serving GH sends invoice to VA

        d. Ambulance service sends invoice to VA

            (often in vain)

    3. VA receives electronic claims, re-enters them manually into a separate system, and processes them.

        a. >90% of claims are paid within 30 days

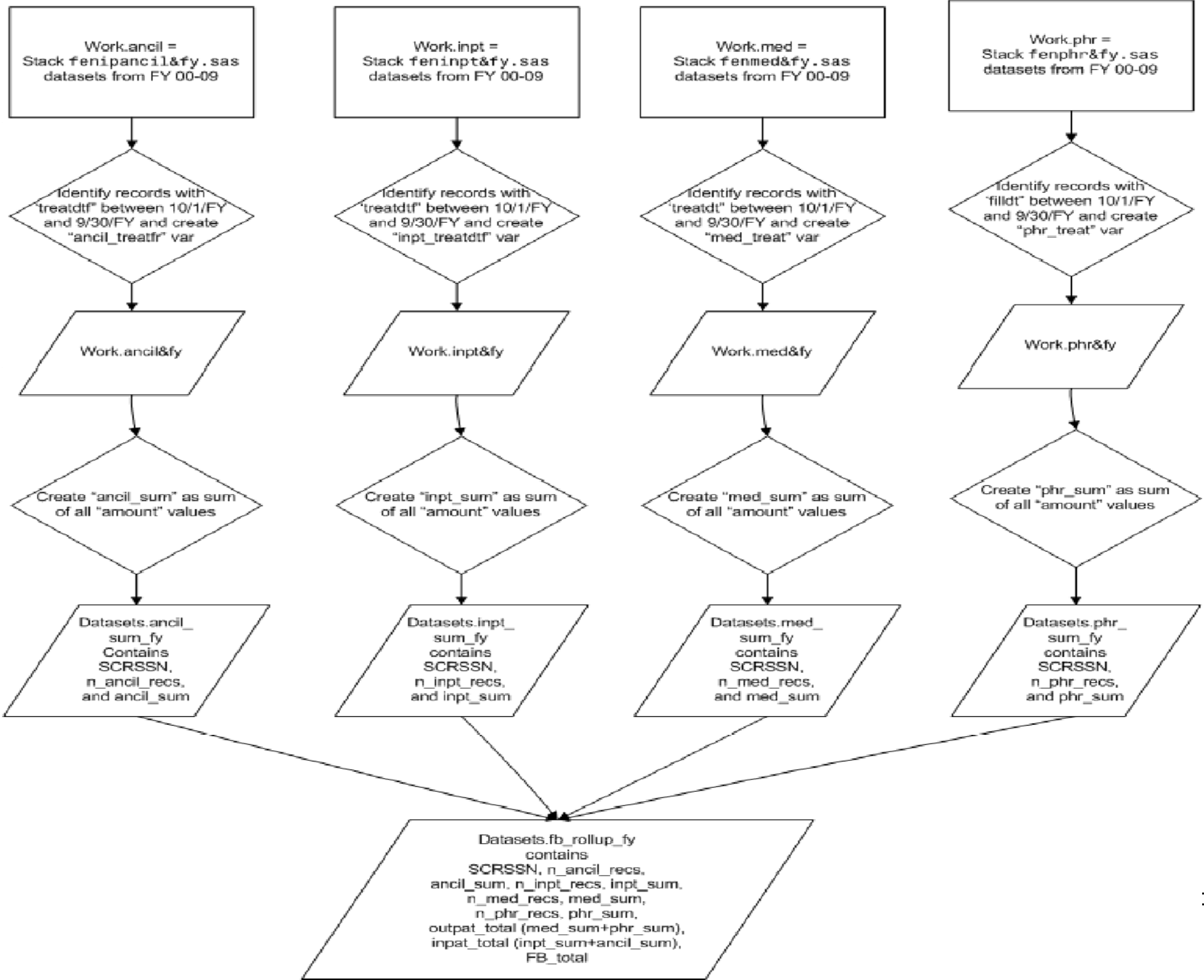   *of receipt by VA.*

Project Goals

- HSR&D funded HERC to create two files:
  - Summary of annual Fee Basis spending at person-level
  - Encounter-level roll-up of claims data
    - total inpatient
    - total outpatient
    - total

Fee Basis national files

■ Fee Basis data are rolled up into eight national files per year. Four contain paid invoices:

1. Inpatient facility (INPT)

2. Ancillary (inpatient professional fees, laboratories, other) (ANCIL)

3. Outpatient (MED)

4. Monthly total payments to pharmacies for outpatient medications (PHR)

Patient-level summary of annual Fee Basis spending

- FB costs obtained from four FB (FEN) datasets:
  - Inpatient (FENINPT),
  - Ancillary (FENANCIL),
  - Outpatient (FENMED), and
  - Pharmacy (FENPHR).
- Dates of service FY00 to FY10 Fee Basis datasets.

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┌────────────────────────┐   ┌────────────────────────┐   ┌────────────────────────┐   ┌────────────────────────┐
│   Work.ancil =         │   │   Work.inpt =          │   │   Work.med =           │   │   Work.phr =           │
│ Stack fenipancil&fy.sas│   │ Stack feninpt&fy.sas   │   │ Stack fenmed&fy.sas    │   │ Stack fenphr&fy.sas    │
│  datasets from FY 00-09│   │  datasets from FY 00-09│   │  datasets from FY 00-09│   │  datasets from FY 00-09│
└────────────────────────┘   └────────────────────────┘   └────────────────────────┘   └────────────────────────┘
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Identify records with "treatdtf" between 10/1/FY and 9/30/FY and create "ancil_treatfr" var

Identify records with "treatdtf" between 10/1/FY and 9/30/FY and create "inpt_treatdtf" var

Identify records with "treatdt" between 10/1/FY and 9/30/FY and create "med_treat" var

Identify records with "filldt" between 10/1/FY and 9/30/FY and create "phr_treat" var

Work.ancil&fy

Work.inpt&fy

Work.med&fy

Work.phr&fy

Create "ancil_sum" as sum of all "amount" values

Create "inpt_sum" as sum of all "amount" values

Create "med_sum" as sum of all "amount" values

Create "phr_sum" as sum of all "amount" values

Datasets.ancil_sum_fy Contains SCRSSN, n_ancil_recs, and ancil_sum

Datasets.inpt_sum_fy contains SCRSSN, n_inpt_recs, and inpt_sum

Datasets.med_sum_fy contains SCRSSN, n_med_recs, and med_sum

Datasets.phr_sum_fy contains SCRSSN, n_phr_recs, and phr_sum

Datasets.fb_rollup_fy contains SCRSSN, n_ancil_recs, ancil_sum, n_inpt_recs, inpt_sum, n_med_recs, med_sum, n_phr_recs, phr_sum, outpat_total (med_sum+phr_sum), inpat_total (inpt_sum+ancil_sum), FB_total

Rollup datasets for each FY

SCRSSN

n_med_recs

   med_sum

n_inpat_recs

   inpat_sum

n_ancil_recs

   ancil_sum

n_phr_recs

   phr_sum

outpat_total

inpat_total

FB_total

Patient-level summary of annual Fee Basis spending

■ Two new variables in the Person-Level Cost datasets with Fee Basis information:

- FB_Total is the sum of all of an individual's Fee Basis encounter costs for the fiscal year

- TOTPLCST is the total of all an individual's VA expenditures for the year including their Fee Basis expenditures. (total cost +FB_Total)

Questions?

Encounter-level roll-up of claims data

- To provide roll-up of data for all inpatient, all outpatient and all care at the encounter level

Definition of an encounter

- Inpatient care
  - an inpatient stay

- Outpatient care
  - one or more services from one or more records that have the same SCRSSN, STA3N, VEN13N, PAYCAT, and Date of Service (DOS).

Encounter-level roll-up of claims data

- An <u>inpatient encounter</u> begins with a start date (admission to hospital) and ends with a stop date (discharge from hospital)

  - reported in one single record

  - or two or more records that have <u>contiguous service dates.</u>

- FB Pay Amount Variable was used to calculate cost.

Example Fee Basis INPT Rollup

Ob	Scrssn	VEN13N	Pmt cat.	startdt	stopdt	admitid
1	-11XX	161469571	CH	04/28/08	05/01/08	0000000001
2	-14XX	721159928	CNH	11/01/99	11/04/99	0000000002
3	-14XX	721159928	CNH	10/01/99	10/31/99	0000000002
4	-14XX	721159928	CNH	09/01/99	09/30/99	0000000002
5	-14XX	721159928	CNH	08/01/99	08/31/99	0000000002
6	-18XX	3102		08/31/03	09/07/03	0000000003
7	-28XX	55035705004	CH	05/24/07	05/24/07	0000000004
8	-28XX	550404900	CH	02/18/07	02/22/07	0000000005

Questions?