Arkansas Medicaid Structured Data Sets

Arkansas Medicaid has published the following data sets on the DHS and DMS websites. These data sets are all on Excel Worksheets in *Read Only* format. These data sets provide information for use in the Arkansas Health Care System Transformation Project (the 'Project") described in Governor Mike Beebe's letter of February 11, 2011 to Secretary Sebelius. Hopefully the data sets, when combined with claims, stories and research from other sources, including providers, patients, private insurers, Medicare, and other sources, can provide a new perspective on the Arkansas health care system today. More specifically, Medicaid data together with data and analysis from other sources will help Arkansans understand:

- The components, players, costs and cooperation involved in, and to some extent the outcomes of, the diagnosis and treatment of, episodes of disease (as variously defined) in different parts of Arkansas today.
- The strengths and weaknesses of wellness care, including prenatal care, delivery, and postnatal care in different parts of Arkansas today.
- How the needs of individuals with deficits in activities of daily living today are met (or not) in different parts of Arkansas today.

The analysis of this data can provide a foundation and clear direction for transforming the Arkansas Health Care System into one that focuses on efficiency, effectiveness, quality, and better patient outcomes at a price that Arkansans (as State and Federal taxpayers) can reasonably be expect to afford through 2025.

If done quickly – but carefully – the design and implementation of the Project will enable Arkansas to build a consensus on transformation and avoid the Medicaid and other third party payer rate cuts, benefit cuts, and eligibility cuts - i.e. the "slash and burn" strategies - that appear to be the only other real alternative to dealing with the very significant and all but inevitable state and federal program spending cutbacks that are, or shortly will be, upon us all in Arkansas.

All expenditures in the data sets are based on date of payment. All expenditures reflect total Medicaid payments (state and Federal). Some may include minimal co-payments by Medicaid members.

Medicare Part A and B Premiums and Part D Payments by Arkansas are not included in the Data Set. In State FY 2010:

- Part A Premiums totaled $12,081,229.
- Part B Premiums totaled $136,487,379

Patient payments directly to nursing homes and ICF/MRs are not shown in Total Medicaid Payments to these providers. Patient paid amounts totaled $123,910,300 in SFY 2010.

All Medicaid Provider Manuals with rate and reimbursement information by CPT and HCPC can be found on the DMS website.

There is no personal health information in any of the data sets.

Set I

- SFY 10 Expenditures by Primary Diagnosis (only) for each ICD 9 Code and Proc Class – All ICD Codes
- SFY 09 Expenditures by Primary Diagnosis (only) for each ICD 9 Code and Proc Class – All ICD Codes
- SFY 08 Expenditures by Primary Diagnosis (only) for each ICD 9 Code and Proc Class – All ICD Codes
- SFY 07 Expenditures by Primary Diagnosis (only) for each ICD 9 Code and Proc Class – All ICD Codes
- SFY 06 Expenditures by Primary Diagnosis (only) for each ICD 9 Code and Proc Class – All ICD Codes

Procedure Classes are:

- Evaluation and Management (CPT Codes 99200-99499)
- Radiology (CPT Codes 70100 - 79999)
- Pathology and Laboratory (CPT Codes 80047 – 89356)
- Anesthesia (CPT Codes 00100 – 01999)
- Surgery (CPT Codes 10021 – 69990)
- Medicine (CPT Codes 90281 – 99199 and 99500 – 99607)
- Claim Type S (Regular Inpatient Hospital Claims) (see below for crossover)
- Claim Type M (Regular Outpatient Hospital Claims) (see below for crossover)
- HCPC Codes
  - ✓ A0000-A0999
  - ✓ All Other A Codes
  - ✓ All: B, D, E, G, H,J, K, L, Q, R, S, T, V, Z Codes
- Claim Type K (Dental) (See also HCPC D)
- Claim Type T Regular Nursing Facility and ICF/MR Claims (See below for crossover)
- Crossover Claims
  - ✓ Claim Type E (Professional)
  - ✓ Claim Type X (Nursing Home)
  - ✓ Claim Type V (Inpatient)
  - ✓ Claim Type W (Outpatient)
- Claim Type D (Pharmacy) (See Also Data Set 3)

Hospitals bill on Claim Type S by Revenue Procedure Code. All hospital claims are paid, however, on a per diem basis. The amount on the claim is associated only with the Primary Diagnosis in this data set.

Expenditures do not appear more than once because only the primary diagnosis code is associated with each claim payment.

Some procedure codes require a modifier. This data set does not distinguish procedure expenditures by modifier.

Set 2

- SFY 10 Expenditures for each CPT/HCPC – All Codes Paid
- SFY 09 Expenditures for each CPT/HCPC – All Codes Paid
- SFY 08 Expenditures for each CPT/HCPC – All Codes Paid
- SFY 07 Expenditures for each CPT/HCPC – All Codes Paid
- SFY 06 Expenditures for each CPT/HCPC – All Codes Paid

Set 3

- SFY 10 Pharmacy Expenditures by HIC Code
- SFY 09 Pharmacy Expenditures by HIC Code
- SFY 08 Pharmacy Expenditures by HIC Code
- SFY 07 Pharmacy Expenditures by HIC Code
- SFY 06 Pharmacy Expenditures by HIC Code

(See Also Expenditures by J Code.)

Set 4

- SFY 10 Expenditure by Provider Type, Specialty and County – Each Provider Paid
- SFY 09 Expenditure by Provider Type, Specialty and County – Each Provider Paid
- SFY 08 Expenditure by Provider Type, Specialty and County – Each Provider Paid
- SFY 07 Expenditure by Provider Type, Specialty and County – Each Provider Paid
- SFY 06 Expenditure by Provider Type, Specialty and County – Each Provider Paid

Set 5

- SFY 10 Average Monthly Enrollment by State Eligibility Category
- SFY 09 Average Monthly Enrollment by State Eligibility Category
- SFY 08 Average Monthly Enrollment by State Eligibility Category
- SFY 07 Average Monthly Enrollment by State Eligibility Category
- SFY 06 Average Monthly Enrollment by State Eligibility Category

Set 6

- SFY 10 Monthly Enrollment by Age – Each Month
- SFY 10 Arkansas Hospital Inpatient Payments by Primary Diagnosis Group - Each Hospital
- SFY 10 Outpatient Hospital Payments by Category of Service and Primary Diagnosis Group - Each Hospital (Arkansas and Out-of-State)
- SFY 10 Other Payments to Providers not reflected in Claims Data. (Cost Settlements, etc.)

Primary Diagnosis Groups ICD – 9 CM are:

- Infectious and Parasitic Diseases (1-139)
- Neoplasms (140 – 239)
- Endocrine, Nutritional & Metabolic Diseases (240 - 279)
- Disorders of the Blood and Blood Forming Organs (280 - 289)
- Mental Disorders (290 - 319)
- Diseases of the Nervous System and Sense Organs (320 - 389)
- Diseases of the Circulatory System (390 - 459)
- Diseases of the Respiratory System (460 - 519)
- Diseases of the Digestive System (520 - 579)
- Diseases of the Genitourinary System (580 - 629)
- Complications of Pregnancy, Childbirth and the Puerperium (630 – 679)
- Diseases of the Skin and Subcutaneous Tissue (680 – 709)
- Diseases of the Musculoskeletal System and Connective Tissue (710 – 739)
- Congenital Anomalies (740 – 759)
- Certain Conditions Originating in the Perinatal Period (760 – 779)
- Symptoms, Signs and Ill-Defined Conditions (780 – 799)
- Injury and Poisonings (800- 999)
- Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (V01- V89)

Set 7

- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Equal To Or Greater Than $500,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $101,000 and $499,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $70,000 and $100,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $60,000 and $69,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $50,000 and $59,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $40,000 and $49,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $30,000 and $39,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $20,000 and $29,000 Each.

- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $15,000 and $20,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $10,000 and $14,000 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $5,000 and $9,999 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $3,000 and $4,999 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $2,000 and $2,999 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $1,000 and $1,999 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $750 and $999 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $500 and $749 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $300 and $499 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $100 and $299 Each.
- SFY 10 Expenditures by Category of Service for All Individuals, for Whom Total Expenditures Were Between $0 and $99 Each.

The payments in this set do not include PCCM payments to providers or payments for non-medical transportation paid to Transportation Brokers.

Set 8

This data set summarizes the sources and uses of Medicaid funds from SFY 2006 through SFY 2010 and shows the budgeted amounts for SFY 2011.