

EVALUATION OF THE FLORIDA HEALTH CHOICES PROGRAM

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**Florida Health
Choices, Inc.**

Vendor Mini-Conference

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EVALUATION OVERVIEW

■ FOCUS:

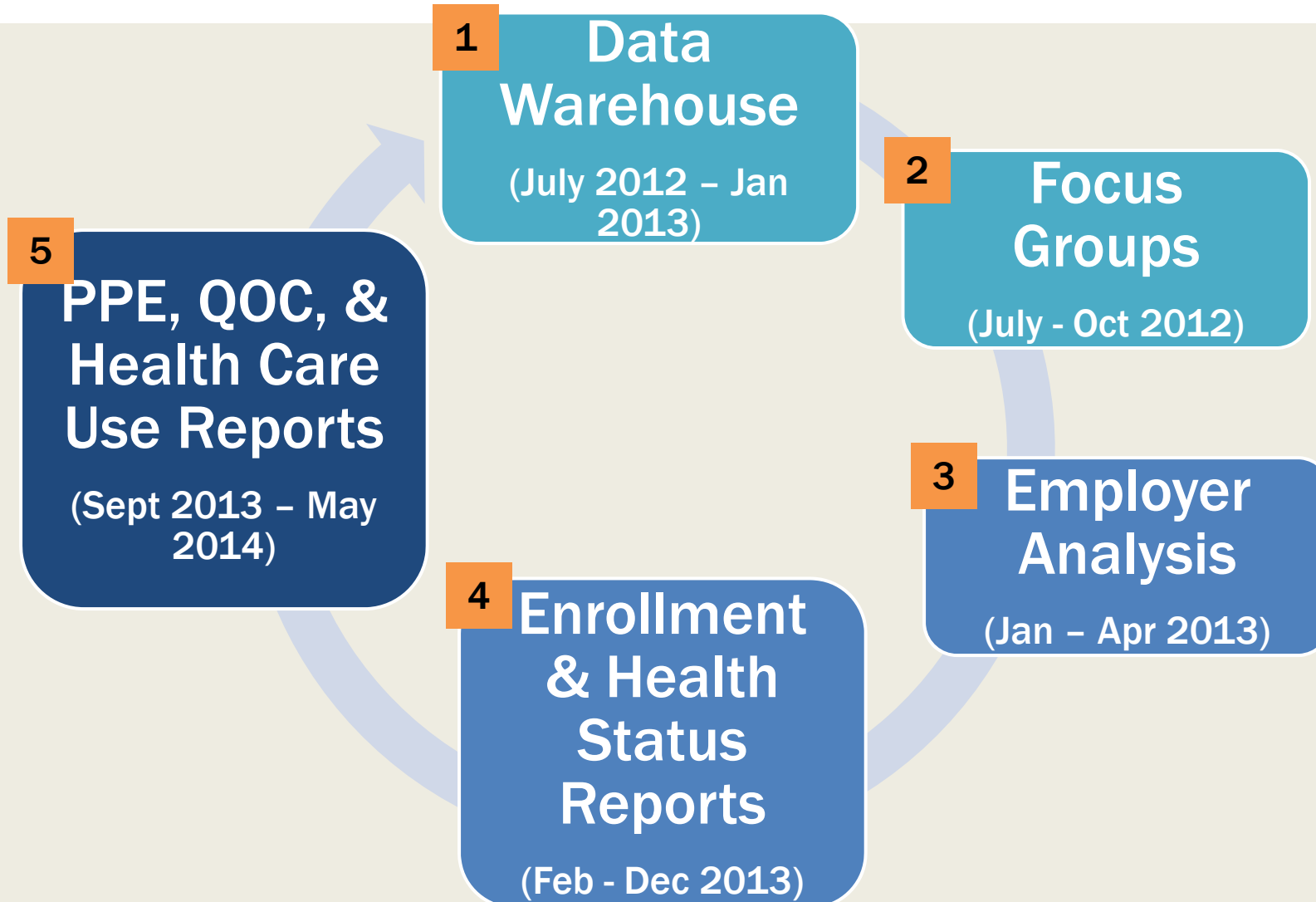
- Clients' experiences with:
 - Application and enrollment process,
 - Access to care, and
 - Quality of care (QOC)

■ Evaluation includes:

- Enrollees,
- Agents, and
- Employers



EVALUATION OVERVIEW



1 – DATA WAREHOUSE ENROLLMENT TEMPLATE

Enrollment		
Variable Names (length)	Var type	Description/Notes
Member ID (10)	string	Enrollee ID
LastName (12)	String	Last Name
FirstName (12)	String	First Name
MiddleInitial (1)	String	Middle Initial
SSN (11)	String	
HomePhoneNumber(13)	String	Home Phone
WorkPhoneNumber (13)	String	Work phone
ICS (5)	String	Integrated Care System (ICS) network. Possible values include but not limited to: BHD, JMH, PEDI, MHS, PHT
CountyName (17)	String	Provide description if the field comes as numerical codes
Date of Birth (22)	Date	
Date of Death (22)	Date	
Race (30)	String	1=White, 2=Black, 3=American Indian, 4=Asian, 5=Hispanic, 6=Other/Unknown
Gender (10)	string	F/M
Current Addr Street1 (35)	String	Address1
Current Addr rStreet2 (22)	String	Address2
City (15)	String	City
State (2)	String	State
Zip Code (5)	String	Zip Code
PCP ID	String	Primary care provider ID (NPI)
EffectiveDate (22)	Date	Enrollment start date
EndDate (22)	Date	Enrollment end date

- **Deliverable: Data Warehouse - Jul 2012 – Jan 2013**

1 – MEDICAL ENCOUNTER TEMPLATE

Variable Names	FORMAT	Description
RECIPIENT ID	AN (12)	Program identification number for the Client (SSN)
BIRTH DATE	YYYYMMDD(8)	
GENDER	AN(1)	M=male , F=Female, U=Unknown
*FIRST NAME	AN(15)	NOT REQUIRED
*LAST NAME	AN(15)	NOT REQUIRED
*ZIP CODE	AN(10)	NOT REQUIRED (Format XXXXX-XXXX)
PLAN_ID	AN(5)	Program name or ID
CLAIM_NO (ICN)	AN (27)	Claim number submitted on an encounter submission
CLAIM_LINE_NO	AN (3)	A sequential number which when associated to a Claim Number uniquely identifies a detail line on an encounter submission
CLAIM_SEQUENCE_NUMBER	AN(4)	A sequence number which increases incrementally with each iteration of claim adjustment
FORM CODE	AN(1)	Origin of the claim U=UB or facility , H=professional or HCFA
PLACE_OF_SERVICE_CD	AN (2)	Code designates a Place of Service where client received services based on an encounter submission
PROCEDURE_CD	AN (6)	Submitted procedure code—code representing the medical services , supplies, or procedures performed
REVENUE_CD	AN(4)	Revenue code (facility claims only)
DRG_CD	AN(4)	Diagnosis Related Grouping Code A prospective payment methodology for inpatient hospital services based on the Medicare taxonomy of diagnosis
DIAG1_CD	AN (6)	Principal Diagnosis Code designates a diagnosis on an encounter submission
SURGICAL_PROC_CD_1	AN(6)	First Surgical code for facility claims
SVC_START_DT	YYYYMMDD(8)	Date that services began for a specific encounter submission
SVC_END_DT	YYYYMMDD(8)	Date that services ended for a specific encounter submission

Variable Names	FORMAT	Description
BILLING_PROVIDER_ID	AN (12)	Program ID of the Billing Provider
BILLING_PROVIDER_NPI	AN(10)	NPI number of the provider
BILLING_PROVIDER_TAXONOMY	AN(10)	Taxonomy Code
PERFORMING_PROVIDER_ID	AN(12)	Program ID for provider that performed the service rendered on the detail
PERFORMING_PROVIDER_NPI	AN(10)	NPI number
PERFORMING_PROVIDER_TAXONOMY	AN(10)	Taxonomy Code
*DISCHARGE_REASON_CD	AN (2)	NOT REQUIRED Identifies the patient's status as of the through date of service on an inpatient claim
BILLED_UNITS	AN (8)	Quantity of units billed for a specified line item on an encounter submission
HEADER_LEVEL_STATUS_CODE	AN(1)	Indicates if the claim was Paid, Denied, Adjusted, Voided, or Capitated (P, D, A, V, C)
DETAIL_LEVEL_STATUS_CODE	AN (1)	Indicates if the encounter line item was Paid, Denied, Adjusted, or Capitated (P, D, A, C)
ADMIT_TYPE_CD	AN (1)	Code Identifying the reason for admission to an inpatient hospital facility Valid values are 1=Emergency 2=Urgent 3=Elective 4=Newborn 5=Trauma 9=Not Available
ADMIT_DIAG_CD	AN (6)	Client diagnosis at time of admission
ADMISSION_DATE	YYYYMMDD(8)	Client date of admission to a facility
DISCHARGE_DATE	YYYYMMDD(8)	Discharge date designated on an encounter submission
ADMISSION_SOURCE	AN(2)	Code identifying the source of a client's admission to an inpatient facility
DISCHARGE_STATUS_CODE	AN(2)	Inpatient claims only
OCCURRENCE_SPAN_CODE_1	AN(2)	Inpatient claims only
PLAN_ADJUDICATE_DT	YYYYMMDD(8)	Date that the program adjudicated the encounter submission item
PAID_DT	YYYYMMDD(8)	Date that encounter submission item was paid
*CATEGORY_OF_SERVICE	AN (3)	NOT REQUIRED This field indicates the state-level category of service
*EOB_CD	AN (3)	NOT REQUIRED Code designates an Explanation of Benefits pertaining to an encounter submission
DIAGNOSIS_CODE4_POA	AN(1)	A code indicating whether the associated diagnosis was present at the time of the inpatient admission Valid values could be: Y, N, U, W, 1

■ Deliverable: Data Warehouse - Jul 2012 – Jan 2013

2 – FOCUS GROUPS

- Conducted around the Florida Association of Health Underwriters meetings (Aug 2012)



- **PURPOSE:**
 - Learn insurance agents' views on:
 - Barriers to participating
 - Strategies to enhance collaboration
- **Deliverable: Report - Oct 2012**

3 – EMPLOYER ANALYSIS

- Characterize types of participating employers
 - Type of business, business size, location
- PURPOSE:
 - Compare participating and not participating employers
 - Online, written, or phone surveys
- Deliverable: Report - Apr 2013



4 – ENROLLMENT & HEALTH STATUS

- **Enrollment & enrollee health status**
 - Socio-demographic, employment, & enrollment data
 - Health status - compared to benchmarks
 - Geocode enrollees
- **PURPOSE:**
 - Understand enrollment patterns and enrollee health status
- **Deliverables:**
 - Initial report – Feb 2013: enrollment & health status
 - Monthly reports – Sept 2013: summary of enrollees' characteristics

5 – HEALTH CARE USE, POTENTIALLY PREVENTABLE EVENTS, & QUALITY OF CARE

- **PURPOSE:**

- Understand enrollees' health care use & quality of care

- **Health Care Use**

- Deliverable: Initial Report – September 2013

- **Potentially Preventable Events (PPEs)**

- Deliverable: Report – September 2013

- **Quality of Care (HEDIS)**

- Deliverable: Report – May 2014

EVALUATION SUMMARY

**2012-14
Enrollees**

- Data Warehouse
- Enrollment Analysis
- QOC, Health Care Use, & PPEs

**2012
Agents**

- Focus Groups

**2013
Employers**

- Participating VS. Non-participating

CONTACT INFORMATION

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