

Overview of Medicaid Claims Processing Steps for Use in HPSA Designation

Background

This resource brief is a supplement to a 4-part webinar series on using Medicaid Claims data for Federal Shortage Designation. The webinar series along with other resources can be available at: <http://www.healthworkforceta.org/resources/pco-resource-center/>.

Parameters for Requesting and Extracting Claims

The key to extracting the proper claims for use in designation is to select all activity that would constitute office visits that may be defined as primary, but not other billed services. Note that, at this phase, these visits will also include activity by non-physicians and specialist physicians. This will be addressed, as possible, in the next step. To select the proper claims:

- Define 12-month timeframe (allowing 4+ months from final month for claims to settle before extracting)
- Do not ask Medicaid to limit by provider type, specialty, or setting, but request any elements in the claims data describing these parameters
- Assure that managed care ‘encounter’ claims (not used for payment) are collected and included
- Data elements need to include, at minimum, the **provider’s NPI number** and the **service delivery address**:
 - Where available, the NPI number of the individual provider (“rendering”, “servicing”, “attending” provider) is ideal. Some states only track the billing provider or allow organization-level billing.
- Define claims to include based on CPT codes as follows:

Primary Care	Dental	Mental Health (Psychiatry)
Evaluation and Management	Oral Evaluation	Psychiatric Diagnosis
99201-99215	D0120-D0180	90791-90792
Preventive	Prophylaxis	Psychotherapy
99381-99397	D1110-D1120	90832-90853
FQHC specific		Med E&M Codes*
HCPC Code T1015		99201-99215 with modifier
* Use caution with medical E&M codes for psychiatry if billing is at the organizational level.		

- The following tables show the taxonomy codes associated with primary care for each discipline. Link this list to each of the associated taxonomy codes in the related claims files and develop two queries that identify providers as follows:
 - Primary Care Inclusive: those that have at least one of the codes listed, regardless of other codes
 - Non-Primary Care Inclusive: those that have at least one taxonomy code other than those listed
- Additionally, use the 'Entity Type' code in NPI to separate Individual (1) from Organizational (2) NPIs
- Compare the records in the two queries to identify PC-Only claims (records in the PC inclusive list that are not in Non-PC inclusive list) and PC-Mixed claims (in both PC and Non-PC queries). The latter may require further work to determine if all or part should be counted as PC activity. The final categories will be: PC only individual, PC only organizations, PC mixed individual, PC mixed organization.

Primary Care					
Type	Code	Specialty Description	Type	Code	Specialty Description
Individual	207Q00000X	Family Medicine	Individual	207QA0505X	Adult Medicine
Individual	208D00000X	General Practice	Organization	251K00000X	Public Health or Welfare
Individual	207R00000X	Internal Medicine	Organization	261Q00000X	Clinic/Center
Individual	207RA0000X	Adolescent Medicine	Organization	261QC1500X	Community Health
Individual	207RG0300X	Geriatric Medicine	Organization	261QF0400X	Federally Qualified Health Center (FQHC)
Individual	207V00000X	Obstetrics & Gynecology	Organization	261QM1000X	Migrant Health
Individual	207VG0400X	Gynecology	Organization	261QM1300X	Multi-Specialty
Individual	208000000X	Pediatrics	Organization	261QP0904X	Public Health, Federal
Individual	2080A0000X	Adolescent Medicine	Organization	261QP0905X	Public Health, State or Local
Individual	207QG0300X	Geriatric Medicine	Organization	261QP2300X	Primary Care
Individual	207QA0000X	Adolescent Medicine	Organization	261QR1300X	Rural Health

NOTE: The methods and code selections presented here are based on processes developed by John Snow, Inc. for the purpose of analyzing Medicaid claims for HPSA designation applications. They are not intended to represent any form of official HRSA/BHW policy or guidance on this process.

Mental Health (Psychiatry)					
Type	Code	Specialty Description	Type	Code	Specialty Description
Individual Physician	2084P0805X	Geriatric Psychiatry	Organization	261QF0400X	Federally Qualified Health Center (FQHC)
Individual Physician	2084P0804X	Child & Adolescent Psychiatry	Organization	261QM1000X	Migrant Health
Individual Physician	2084P0800X	Psychiatry	Organization	261QM1300X	Multi-Specialty
Organization	261QP2300X	Primary Care	Organization	261QP0905X	Public Health, State or Local
Organization	251K00000X	Public Health or Welfare	Organization	251S00000X	Community & Behavioral Health
Organization	261Q00000X	Clinic/Center	Organization	261QR1300X	Rural Health
Organization	261QC1500X	Community Health	Organization	261QM0801X	Mental Health*
*Includes Community Mental Health Centers.					

Dental					
Type	Code	Specialty Description	Type	Code	Specialty Description
Individual	1223G0001X	General Practice	Organization	261QF0400X	Federally Qualified Health Center (FQHC)
Individual	1223D0001X	Dental Public Health	Organization	261QM1000X	Migrant Health
Individual	122300000X	Dentist	Organization	261QP0904X	Public Health, Federal
Individual	1223P0221X	Pediatric Dentistry	Organization	261QP2300X	Primary Care
Organization	261QP0905X	Public Health, State or Local	Organization	261QR1300X	Rural Health
Organization	251K00000X	Public Health or Welfare	Organization	261QD0000X	Dental
Organization	261Q00000X	Clinic/Center	Organization	261QM1300X	Multi-Specialty
Organization	261QC1500X	Community Health			

Data Limitations

Be aware that the organizational vs individual claim type is not determined by the taxonomy code classifications noted in the tables above, as individuals are not restricted from selecting organizational taxonomies and vice versa. Organizational NPI's are noted as Entity_Type = 2 in the NPI data. Organizational PC claims must be matched and allocated to individual PC provider NPI's in order to be entered in to SDMS.



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