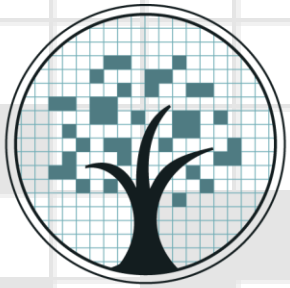
NAHDO Meeting
Oct 04, 2017



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HEALTHCARE COST AND UTILIZATION PROJECT

Using HCUP Fast Stats for Timely State and National Level Trend Analysis

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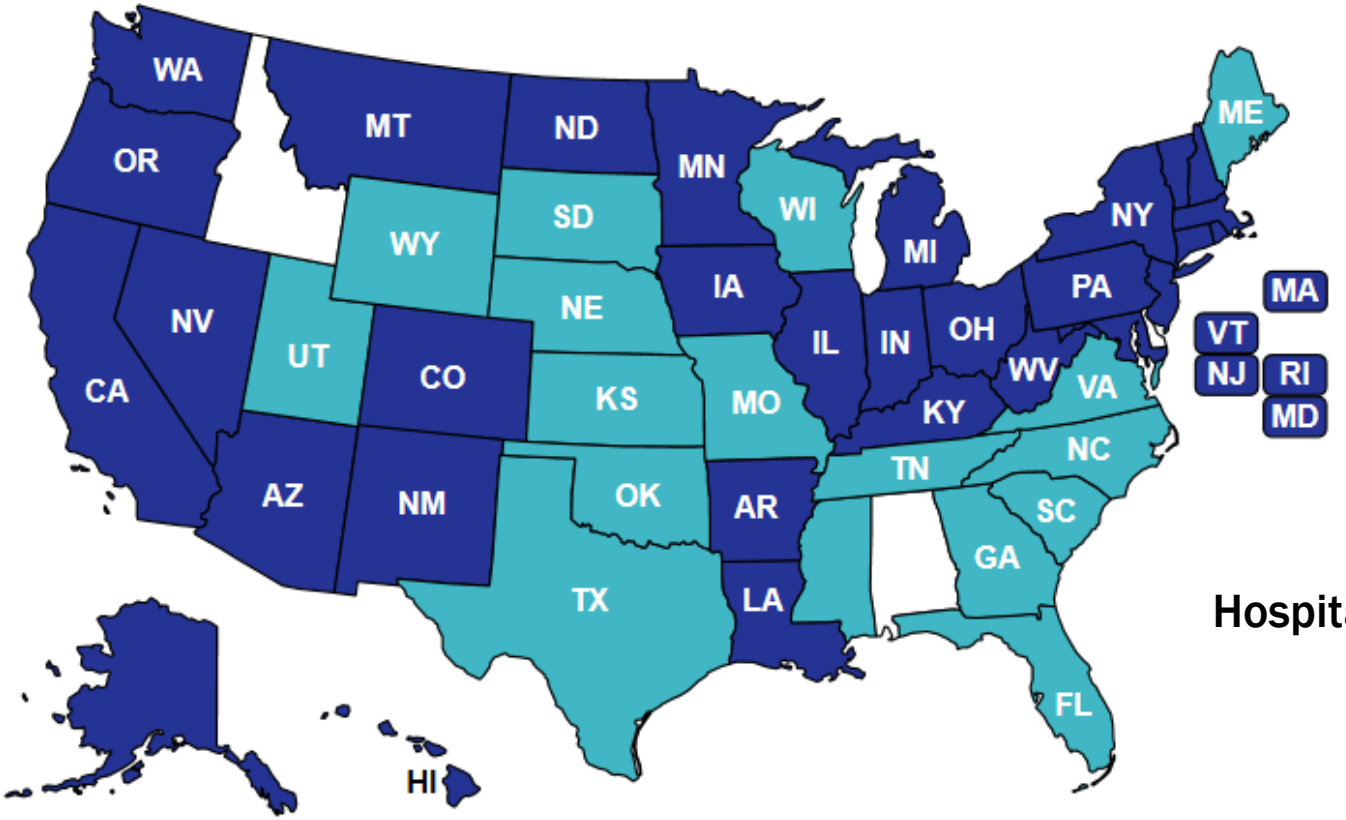
AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

What and Why

- HCUP Fast Stats: free interactive online tool
  - Timely visual statistical displays
  - Quarterly data, updated regularly
  - 45 States and national
    - 26 States have data into 2016
  - Downloadable data files
  - https://www.hcup-us.ahrq.gov/faststats/landing.jsp
- What does it cover:
  - Hospital and ED Use by Payer
  - Opioid-Related Hospital and ED Use

State Hospital Use by Payer



Hospital Stay

Medicaid expansion States in HCUP	Medicaid nonexpansion States in HCUP	Non-HCUP States

Inpatient Stays for Surgery by Payer

Initial Selection:

State: Illinois* *Medicaid expansion State

Hospitalization Type: Surgical

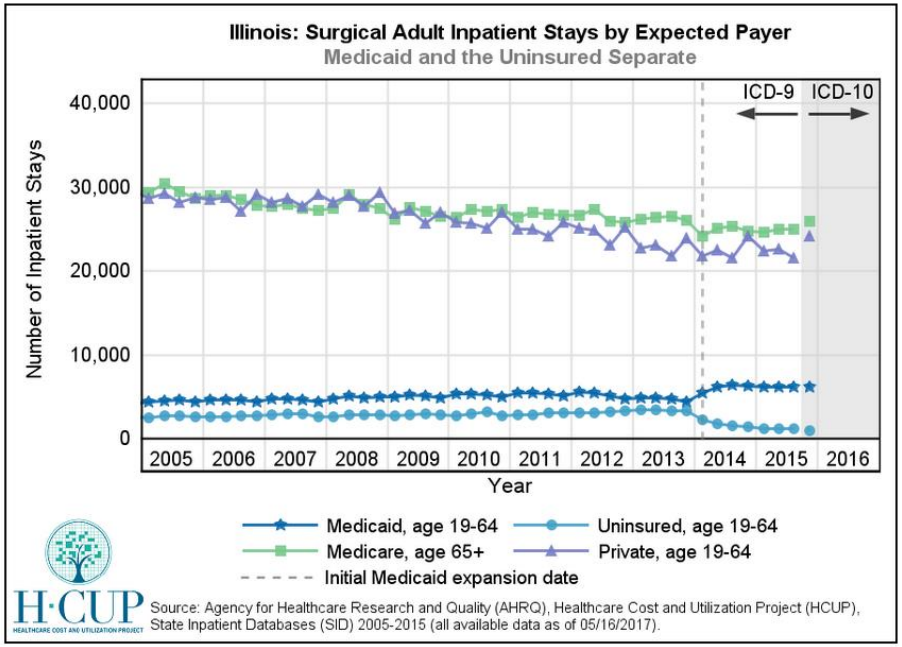
Medicaid and Uninsured: Separate Combined

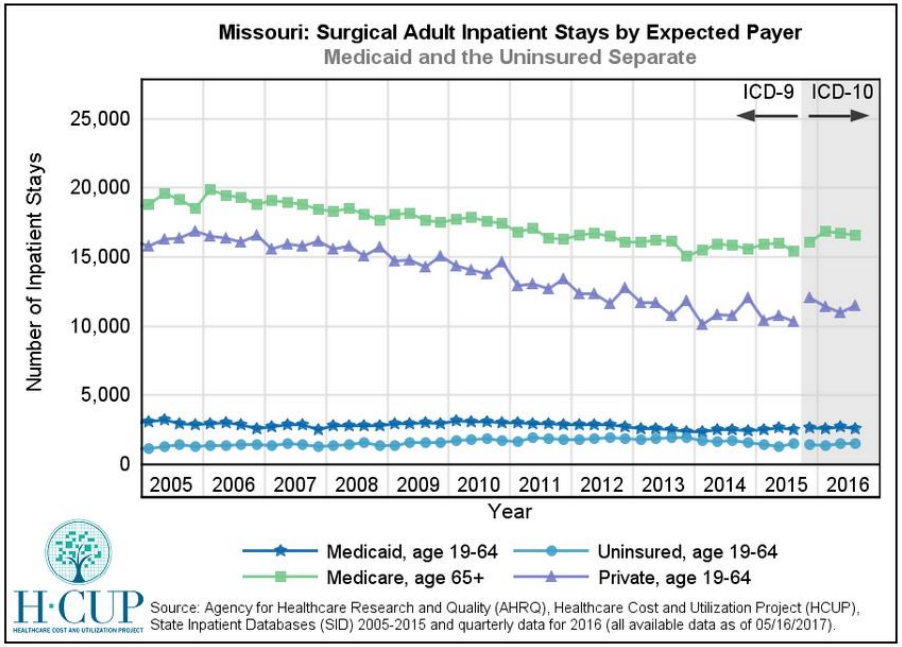
Compare to:

State: Missouri *Medicaid expansion State

Hospitalization Type: Surgical

Medicaid and Uninsured: Separate Combined





- Show Health Insurance Expansion Information for These States
- Show Underlying Data Tables
- Show Definitions
- Show Data Export Options
- HCUP Fast Stats FAQs

Show Health Insurance Expansion Information for Each State

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Hide Health Insurance Expansion Information for These States

- **Colorado uses a State-based marketplace and is a Medicaid expansion State.**
- **Colorado implemented an early Medicaid expansion effective April 1, 2012.**
- Statistics on the number of eligible individuals who enrolled in marketplace plans are available at the State level from the Office of The Assistant Secretary for Planning and Evaluation (ASPE) in periodic Enrollment Reports posted on their Web site under Affordable Care Act Research.
- Information on Medicaid and CHIP enrollment is available at the State level from the Centers for Medicare & Medicaid Services (CMS) in monthly reports posted on the Medicaid Web site under Medicaid and CHIP Enrollment Data.
- Information on the income-based eligibility levels required by the Affordable Care Act and effective as of October 1, 2014 is available at the State level from CMS on the Medicaid Web site under Medicaid and CHIP Eligibility Levels.
- Yearly information on the percent of adults aged 19 to 64 years who were uninsured is available from the Kaiser Family Foundation (KFF) Web site under State Health Facts.

- **Missouri uses a federally facilitated marketplace and is not a Medicaid expansion State.**
- Statistics on the number of eligible individuals who enrolled in marketplace plans are available at the State level from the Office of The Assistant Secretary for Planning and Evaluation (ASPE) in periodic Enrollment Reports posted on their Web site under Affordable Care Act Research.
- Information on Medicaid and CHIP enrollment is available at the State level from the Centers for Medicare & Medicaid Services (CMS) in monthly reports posted on the Medicaid Web site under Medicaid and CHIP Enrollment Data.
- Information on the income-based eligibility levels required by the Affordable Care Act and effective as of October 1, 2014 is available at the State level from CMS on the Medicaid Web site under Medicaid and CHIP Eligibility Levels.
- Yearly information on the percent of adults aged 19 to 64 years who were uninsured is available from the Kaiser Family Foundation (KFF) Web site under State Health Facts.

Show Underlying Data Tables
Show Definitions
Show Data Export Options
Show Tutorial and FAQ Links

Show Underlying Data Tables

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Show Health Insurance Expansion Information for These States
Hide Underlying Data Tables

Illinois: Surgical Adult Inpatient Stays by Expected Payer

State	Year	Qtr.	Medicare, age 65+	Medicaid, age 19-64	Private, age 19-64	Uninsured, age 19-64
IL	2005	1	29,350	4,350	28,650	2,550
IL	2005	2	30,450	4,550	29,200	2,750
IL	2005	3	29,550	4,600	28,200	2,700
IL	2005	4	28,700	4,350	28,800	2,600
IL	2006	1	29,050	4,650	28,550	2,650
IL	2006	2	29,050	4,650	28,800	2,650
IL	2006	3	28,500	4,650	27,150	2,800
IL	2006	4	27,800	4,350	29,150	2,700
IL	2007	1	27,700	4,700	28,200	2,850
IL	2007	2	28,000	4,750	28,650	2,900
IL	2007	3	27,500	4,700	27,700	3,050
IL	2007	4	27,300	4,350	29,150	2,700
IL	2008	1	27,500	4,800	28,200	2,650
IL	2008	2	29,150	5,150	29,050	2,800
IL	2008	3	28,000	4,850	27,650	2,850

Missouri: Surgical Adult Inpatient Stays by Expected Payer

State	Year	Qtr.	Medicare, age 65+	Medicaid, age 19-64	Private, age 19-64	Uninsured, age 19-64
MO	2005	1	18,800	3,050	15,750	1,150
MO	2005	2	19,600	3,250	16,350	1,350
MO	2005	3	19,150	2,950	16,400	1,450
MO	2005	4	18,550	2,900	16,850	1,300
MO	2006	1	19,900	2,950	16,500	1,400
MO	2006	2	19,500	3,000	16,350	1,350
MO	2006	3	19,300	2,850	16,050	1,450
MO	2006	4	18,800	2,550	16,600	1,400
MO	2007	1	19,100	2,750	15,600	1,400
MO	2007	2	18,950	2,850	15,900	1,500
MO	2007	3	18,800	2,850	15,800	1,450
MO	2007	4	18,450	2,550	16,100	1,300
MO	2008	1	18,350	2,800	15,550	1,400
MO	2008	2	18,550	2,850	15,750	1,450
MO	2008	3	18,100	2,800	15,100	1,550

Show Definitions
Show Data Export Options
Show Tutorial and FAQ Links

Show Definitions

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Show Health Insurance Expansion Information for These States
Show Underlying Data Tables
Hide Definitions

Surgical

Adult discharges are categorized into five hospitalization types in the following hierarchical order: maternal, mental health/substance use, injury, surgical, and medical. Surgical discharges are identified by a surgical diagnosis-related group (DRG). The DRG grouper first assigns the discharge to a major diagnostic category (MDC) based on the principal diagnosis. For each MDC, there is a list of procedure codes that qualify as operating room procedures. If the discharge involves an operating room procedure, it is assigned to one of the surgical DRGs within the MDC category; otherwise it is assigned to a medical DRG. If the DRG indicates the information on the record is ungroupable (i.e., not identifiable as medical or surgical), then the discharge is assumed to be medical. This rarely occurs (less than 0.1 percent of total discharges).

Medical

Adult discharges are categorized into five hospitalization types in the following hierarchical order: maternal, mental health/substance use, injury, surgical, and medical. Medical discharges are identified by a medical DRG. The DRG grouper first assigns the discharge to an MDC based on the principal diagnosis. For each MDC there is a list of procedure codes that qualify as operating room procedures. If the discharge involves an operating room procedure, it is assigned to one of the surgical DRGs within the MDC category; otherwise it is assigned to a medical DRG. If the DRG indicates the information on the record is ungroupable (i.e., not identifiable as medical or surgical), then the discharge is assumed to be medical. This rarely occurs (less than 0.1 percent of total discharges).

Asthma

Asthma discharges are identified by a principal diagnosis CCS code of 128 (asthma) as defined in the Clinical Classifications Software (CCS) for ICD-9-CM and for ICD-10-CM tools.

Congestive Heart Failure

Congestive heart failure discharges are identified by a principal diagnosis CCS code of 108 (congestive heart failure; nonhypertensive) as defined in the Clinical Classifications Software (CCS) for ICD-9-CM and for ICD-10-CM tools.

Show Data Export Options
Show Tutorial and FAQ Links

Data Export Options: Excel Download

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⊕ Show Health Insurance Expansion Information for These States
⊕ Show Underlying Data Tables
⊕ Show Definitions
⊖ Hide Data Export Options

Use this export feature to download all of the underlying data for all available States in Microsoft Excel (.xls) format. Values have been rounded to the nearest 50 discharges.

1. Click this Excel Export link to request the download.
2. Follow the prompts to save a copy of the Excel file to your computer. Prompting will vary by browser.
3. If you decide to use these data for publishing purposes please refer to Requirements for Publishing with HCUP Data.

⊕ Show Tutorial and FAQ Links

Tutorial

- Tutorial: HCUP Fast Stats: State Trends in Inpatient Stays by Payer
- HCUP Fast Stats FAQs

Opioid-related Hospital Inpatient Stays

Initial Selection:

National Level or State: National * * ED data available

Characteristic: Sex - rate

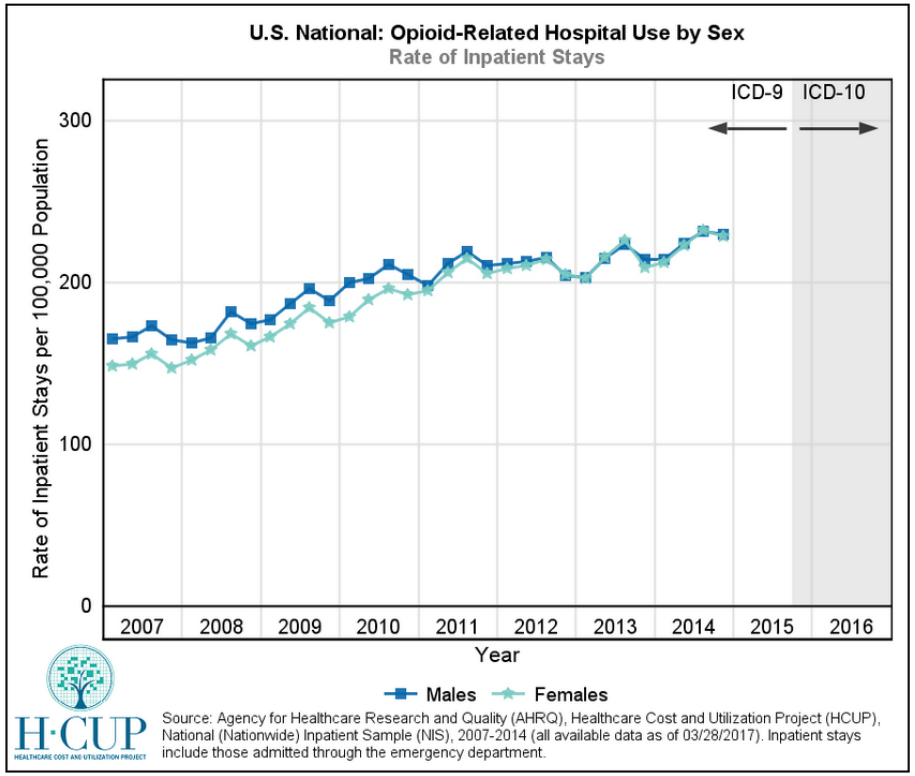
Hospital Setting: Inpatient Stays ED Visits

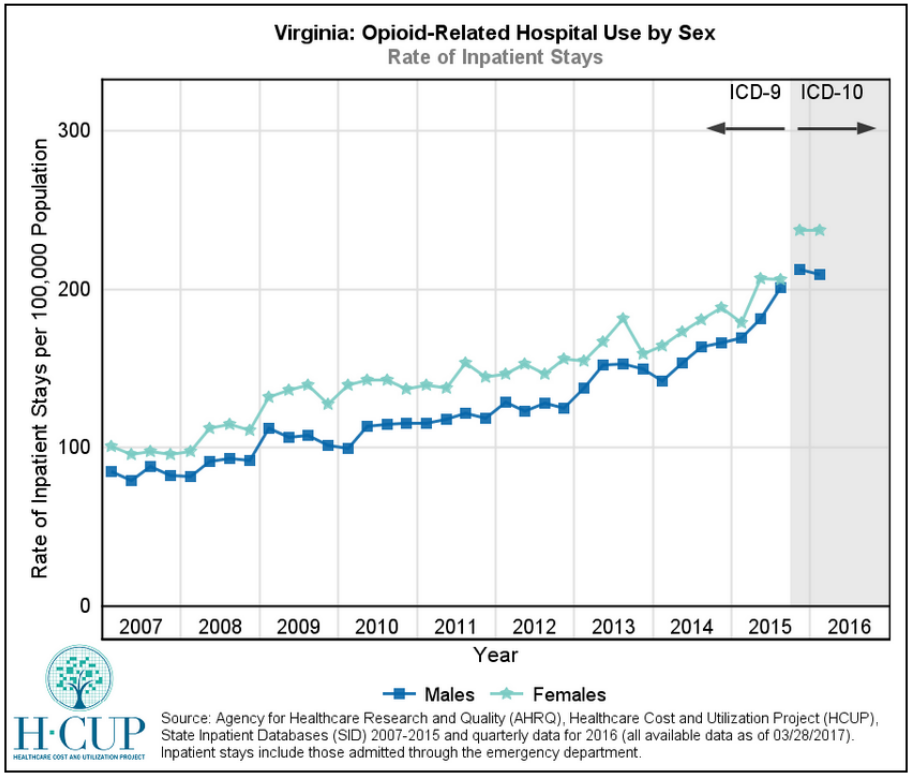
Compare to:

National Level or State: Virginia * ED data available

Characteristic: Sex - rate

Hospital Setting: Inpatient Stays ED Visits





Opioid-related Inpatient Stays by Payer

Initial Selection:

National Level or State: Colorado * ED data available

Characteristic: Payer - count

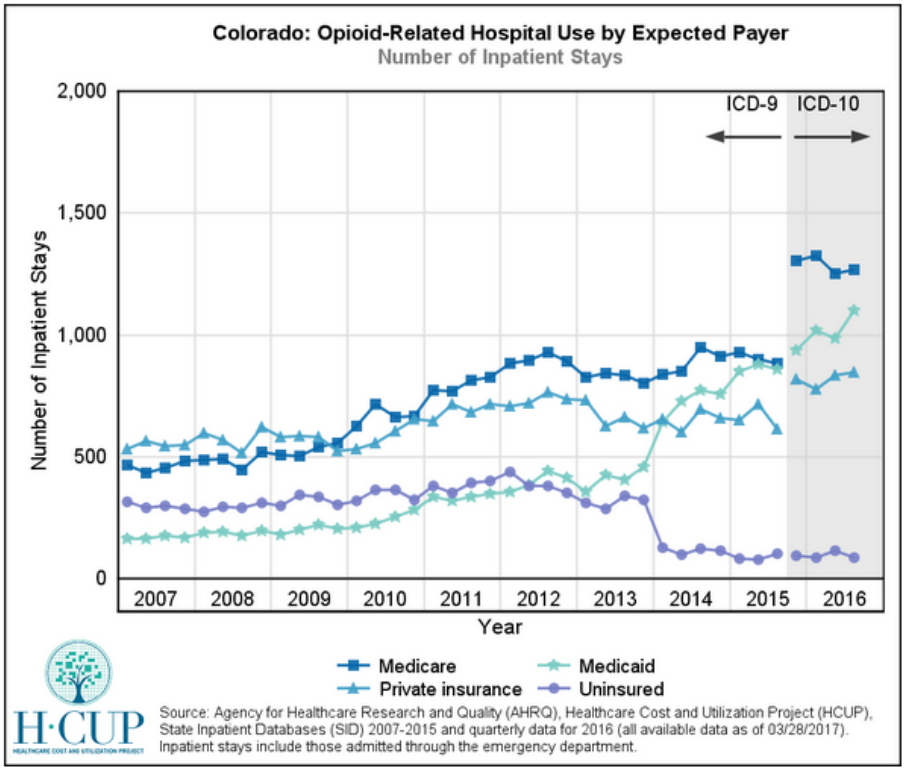
Hospital Setting: Inpatient Stays ED Visits

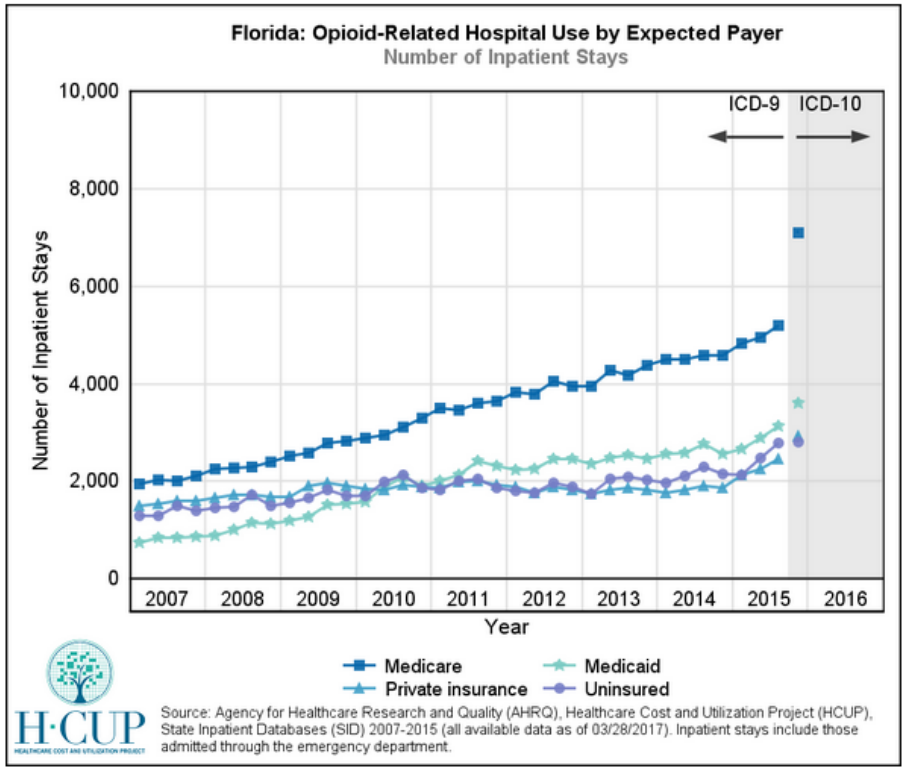
Compare to:

National Level or State: Florida* * ED data available

Characteristic: Payer - count

Hospital Setting: Inpatient Stays ED Visits





How Fast Stats Has Been Used

- Within 2 months of Fast Stats going live:

http://www.kff.org/health-reform/issue-brief/new-analysis-shows-states-with-medicaid-expansion-experienced-declines-in-uninsured-hospital-discharges/

- Paper published in Health Affair
- Research Study in George Washington University

Show Health Insurance Expansion Information for These States
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HCUP Fast Stats FAQs

Health Reform

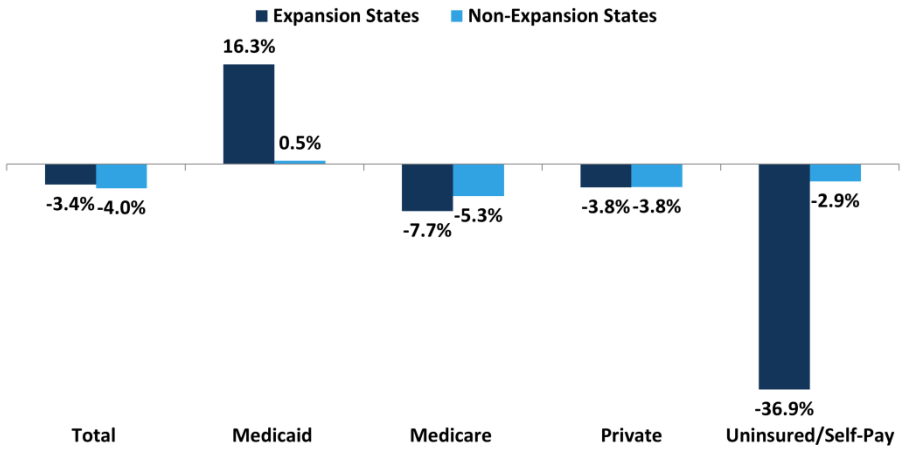
Home // Health Reform // **New Analysis Shows States with Medicaid Expansion Experienced Declines in Uninsured...**

New Analysis Shows States with Medicaid Expansion Experienced Declines in Uninsured Hospital Discharges

Sep 17, 2015 | Robin Rudowitz and Rachel Garfield

Figure 3

Median Percent Change in Inpatient Hospital Stays by Payer, 2013-2014



NOTE: Change is measured as change between first two quarters of 2013 and first two quarters of 2014.
Source: Kaiser Family Foundation analysis of hospital inpatient data from the Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases and quarterly 2014 data. Data available at: http://www.hcup-us.ahrq.gov/faststats/landing.jsp.

Acknowledgements: The authors gratefully acknowledge all HCUP Partners.

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AL	Department of Health and Social Services State Hospital and Nursing Home Association
AR	Department of Health
AZ	Department of Health Services
CA	Office of Statewide Health Planning and Development
CO	Hospital Association
CT	Hospital Association
DC	Hospital Association
FL	Agency for Health Care Administration
GA	Hospital Association
HI	Health Information Corporation
IA	Hospital Association
IL	Department of Public Health
IN	Hospital Association
KS	Hospital Association
KY	Cabinet for Health and Family Services
LA	Department of Health
MA	Center for Health Information and Analysis
MD	Health Services Cost Review Commission
ME	Health Data Organization

Acknowledgements: The authors gratefully acknowledge the HCUP Partners that participate in the Fast Stats.

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MI	Health & Hospital Association
MN	Hospital Association
MO	Hospital Industry Data Institute
MT	MHA – An Association of Montana Health Care Providers
NC	Department of Health and Human Services
ND	Data provided by the Minnesota Hospital Association
NE	Hospital Association
NH	Department of Health & Human Services
NJ	Department of Health
NM	Department of Health
NV	Department of Health and Human Services
NY	State Department of Health
OH	Hospital Association
OK	State Department of Health
OR	Association of Hospitals and Health Systems Office of Health Analytics
PA	Health Care Cost Containment Council
RI	Department of Health
SC	Revenue and Fiscal Affairs Office

Acknowledgements: The authors gratefully acknowledge the HCUP Partners that participate in the Fast Stats.

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SD	Association of Healthcare Organizations
TN	Hospital Association
TX	Department of State Health Services
UT	Department of Health
VA	Health Information
VT	Association of Hospitals and Health Systems
WA	State Department of Health
WI	Department of Health Services
WV	Health Care Authority
WY	Hospital Association