Groupers and Other Analytical Tools for Consideration by the APAC Technical Advisory Group (TAG)
October 1, 2014 Meeting

BACKGROUND

The APAC TAG was chartered to advise OHA on data sources, measures specifications, and data validation processes required to produce accurate, reliable, and valid reports using APAC data; and to advise on additional data elements necessary to address expanding needs and goals for APAC data. Its charter directs the TAG to assess the need to expand APAC data collection and recommend additional data elements to be included in APAC submissions by December 1, 2014. In its December 2013 report to the Governor on aligning the Affordable Care Act (ACA) with Oregon's health system transformation, the Oregon Health Policy Board recommended using APAC data to help measure the impact of the ACA and Oregon's health system reforms; and help consumers, providers, and purchasers achieve the Triple Aim.[1] As part of this effort, OHA and the Oregon Insurance Division (OID) will collaborate on validating and making accessible APAC data for consumer-facing reports and insurance rate review using resources from the federal Rate Review Grant.

This document is intended to facilitate discussion of groupers and other analytical tools that should be applied to APAC data for Rate Review Grant activities and other measurement efforts. It lists analytical tools identified by key stakeholders and provides basic information about each tool. To compile the list, OHA asked four stakeholder organizations (OID, Oregon Health Care Quality Corporation, Center on Health Systems Effectiveness, and Milliman) to provide input on analytical tools that would be valuable for APAC data analysis. Stakeholders were also asked to rank each tool as High, Medium, or Low priority. The table below summarizes the results.

[1] Oregon Health Policy Board. *Recommendations for Aligning Affordable Care Act Implementation with Oregon's Health System Reform*. December 16, 2013. http://www.oregon.gov/oha/srgdocs/recommendations-governor.pdf

Groupers and Other Analytical Tools Proposed by APAC Stakeholders

Analytical Tool	Priority	Description/Comments
Johns Hopkins Adjusted Clinical Groups (ACG)	High	***Critical to Q Corp Rate Review Grant work.*** Q Corp owns a license for ACG and Milliman has the information needed to implement it. Q Corp has permission to use the license for OID work. Other risk adjusters could be used (e.g., Milliman Advanced Risk Adjusters, MARA), but ACG has the advantage of being NQF endorsed.
Health Partners Total Care Relative Resource Value (TCRRV)	High	***Critical to Q Corp Rate Review Grant work.*** SAS code for TCRRV is free and Milliman has the information needed to implement it.
3M All Patient Refined DRG or other DRG grouper	High	Carriers submit DRG codes with their inpatient claims. If a claim is not paid with a DRG contract, the data are often missing. The DRG grouper can fill in this missing data. It can also be used to validate the DRG submitted on the claim.
Major Diagnostic Categories (MDC) Grouper	High	Groups DRG codes into Major Diagnostic Categories.
CMS Ambulatory Payment Classifications (APC)	High	
Chronic Illness and Disability Payment System (CDPS) Risk Score	High	DMAP provides CDPS in Medicaid data; however, it is not in APAC or the Actuarial Services Unit dataset.
Health Care Cost Grouper	High	Groups claims into typical service categories used for reporting claims expense; example: Milliman Health Cost Guidelines Grouper.
Therapeutic Class Grouper	High	Uses NDC from pharmacy claims to group prescriptions into meaningful categories; needed to produce meaningful reports using pharmacy data.
Episode Grouper	Medium	Groups claims related to a single medical episode together. It is important to ensure that an episode grouper includes a reasonable method for grouping claims for patients with chronic conditions, as well as correctly grouping for acute episodes. The Episode Treatment Grouper (ETG) licensed through Milliman is set to expire; Truven Medical Episode Grouper (MEG) may be licensed in its place.
AHRQ Clinical Category Software	Low	AHRQ provides crosswalk tables that allow diagnosis codes or ICD9 procedure codes to be rolled up into meaningful categories. This can be downloaded for free from the AHRQ website and is easy to implement, and it facilitates reporting to have the codes added to the claim records.