

Section V

VA Workload Data Manipulations

Many of the analyses conducted for ELDA projections used workload experience data files provided by VA. The most recent year of data available for these analyses is FY 2002. VA provided workload data for inpatient, outpatient, prosthetics, and prescription drug services. VA often captures its workload with definitions and units that are unique to the VA Health Care System, therefore, it is often necessary to manipulate the data for use in various analyses. The manipulations conducted on the workload data are described in subsequent sections. After these manipulations, the workload data is accessed for the Degree of Health Care Management analyses, Actual-to-Expected Analyses, Long Term Care, Special VA Programs, and VA Unit Costs, as documented in those sections of this report.

VA Inpatient Workload Data

VA captures the inpatient workload that it supplies in bed section files for both complete and incomplete (census file) stays. This workload includes acute, long term care, and non-medical bed stays. Workload data for inpatient care that VA purchases for veteran enrollees from the private sector is also provided in a fee-based workload database. All of these workload databases contain individual records for each stay with a SCSSN identifier. The SCSSN was matched against the SCSSNs in the FY 2002 master enrollment file to identify stays provided to veteran enrollees and to attach demographic data to the stay records (Enrollee Type, Priority Level, Age, Gender, etc.). Stays provided to non-veterans are excluded from the analyses.

Inpatient Stay Sorting Criteria

The inpatient workload is sorted into three major categories: Long Term Care (LTC), Non-Acute, and Acute. The VA workload experience from VHA facilities contains a bed section assignment for each record. This workload data is sorted into the three categories using the VA bed section mapping included as Exhibit V-1, with one exception. Stays belonging to the Skilled Nursing Facility (SNF) bed sections are assigned to LTC or Acute depending on the DRG recorded for the bed section. VA staff determined that SNF bed section stays with a Psychiatric DRG were more likely to be psychiatric type stays than the traditional SNF type stays provided in the private sector. Therefore, SNF bed section stays with a Psychiatric DRG are assigned to

the Acute category, while the remaining SNF bed section stays are assigned to LTC. The bed section categories used in the VA bed section mapping are sorted into the three inpatient care categories according to the following table.

Bed Section Categories Allocated to Each Inpatient Care Category		
Long Term Care	Non-Acute	Acute
SNF (non-psych DRG)	Blind Rehab	Acute - General
Nursing Home	SCI	Acute - Psychiatric
	PRRTP	SNF (psych DRG)
	PTSD PRRT	
	SARRTP	
	CWT Program	
	Respite Care	
	Res Rehab Treatment	
	STAR	

The inpatient workload from the fee-based database does not include bed section assignments. It does, however, include a field that indicates if the stay is acute or LTC (non-medical stays are not purchased from private sector facilities). VA provided a key to this field, allowing the sorting of each stay. Once these assignments were complete, the Acute stays were subject to additional criteria, which, at times, changed the stay assignment from Acute to one of the other categories. These additional criteria are described in the next section.

Acute Stay Criteria

VHA staff indicated that stays provided at certain LTC and Non-Acute facilities should always be considered the care type of that facility, even if the recorded bed section is Acute. These facilities include Nursing Home, Residential Rehabilitation Treatment, and PRRTP facilities. Therefore, any acute bed sections that were coded at one of these facilities were re-assigned to the facility's inpatient bed care category.

The bed section stays remaining in the Acute category were then subjected to a bundling process to construct complete acute stay encounters equivalent to the private sector's method of recording acute inpatient stays. To accomplish this, the DRG recorded for each bed section was assigned to either Medical/Surgical or Psychiatric/Substance Abuse. The mapping of each DRG

to these categories is included in Exhibit V-3a. Within each of these categories, bed section stays were bundled together if they met certain criteria.

For Medical/Surgical, any contiguous acute bed sections for a veteran enrollee in the same facility were appended together to form one acute stay. The admit and discharge dates were then revised to reflect the entire bundled stay, and a new length of stay was calculated. For example, if a veteran enrollee had a 3 day stay in a Surgical ICU bed section and then transferred to a General Surgery bed section for 7 days, then this record was bundled into one stay with a 10 day length of stay. If however, the bed section stay was from a Medical/Surgical environment to a Psychiatric/Substance Abuse environment, or vice versa, the stays were not bundled together. The private sector would record this change of care environment as two separate inpatient stays, even if they were contiguous in the same facility.

For Psychiatric/Substance Abuse, contiguous acute bed sections for a veteran enrollee in the same facility were appended together to form one acute stay only if the recorded DRG for each bed section stay was the same. This criteria was imposed because changes in DRG within the Psychiatric/Substance Abuse environment also indicate a significant change of care that warrants a separate stay record.

After the bundling methodology was completed, the diagnoses data recorded for all of the stays were used to assign a DRG to each acute stay (both bundled and non-bundled stays). These DRGs were assigned using the APR-DRG Grouper.

Finally, when the VA bed section mapping was updated for FY 2002 workload data, it was discovered that the bed sections previously used for LTC psychiatric services were no longer being coded by VHA facilities and/or also being used for acute psychiatric services. As a result, none of the psychiatric bed sections were explicitly assigned as LTC psychiatric services. Consequently, stays that actually were part of LTC psychiatric services were still assigned as Acute in the analysis up to this point. To identify these stays and re-assign them to the LTC stay category, all of the psychiatric stays (using the DRG mapping) were summarized and reviewed by average length of stay. With VA assistance, it was determined that stays of 45 days or more would reasonably identify the LTC psychiatric stays. As a result, all psychiatric stays of 45 days or more were removed from the acute psychiatric workload and re-assigned to the LTC stay category.

LTC Stay Criteria

As documented in the “Inpatient Stay Sorting Criteria,” bed section stays with a bed section category of SNF or Nursing Home were assigned to the LTC stay category. This category also received additional stays from the Acute category as a result of the facility and LTC psychiatric criteria documented in the “Acute Stay Criteria” section.

Non-Acute Stay Criteria

As documented in the “Inpatient Stay Sorting Criteria,” bed section stays with a bed section category of Blind Rehab, SCI, PRRTP, PTSD PRRP, SARRTP, CWT Program, Respite, Residential Rehabilitation Treatment or STAR were assigned to the non-Acute stay category. This category also received additional stays from the Acute category as a result of the facility criteria documented in the “Acute Stay Criteria” section.

FY 2002 Stay Criteria

After all of the criteria were applied to assign inpatient stays to the three inpatient care categories, the stays were subjected to further criteria to determine if they should be counted as a FY 2002 stay.

LTC and Acute stays were considered as a FY 2002 stay if they qualified as one of the following:

- A completed stay with a discharge date during FY 2002. Length of stay (LOS) was calculated by subtracting admit date from discharge date (LOS = 1 if admit date same as discharge date) with a maximum of 365. If the admit date pre-dated FY 2002, the same calculation was used, and all days, including days prior to the beginning of the fiscal year, were counted, to a maximum of 365.
- A stay still in progress at the end of FY 2002 with an admit date pre-dating FY 2002. For these multiple year stays, a LOS of 365 was counted.

Stays still in progress at the end of FY 2002 with an admit date during FY 2002 were not counted for FY 2002. While these days are not included in FY 2002 as “run-out,” they are offset

by the days allowed to “run-in” for stays that completed during FY 2002 with an admit date pre-dating FY 2002.

For Non-Acute stays, the FY 2002 bed days were counted as all of the days provided during FY 2002, regardless of the stay being complete. Bed days were counted this way for Non-Acute services for several reasons. First of all, admits are not modeled for these services, so there was not a pressing need to capture complete stays. Most importantly, many of these Non-Acute services are rapidly changing practice patterns. This method of counting bed days gives a more up to date report of current utilization rates.

VA Outpatient Workload Data

VA captures the outpatient workload that it supplies in clinic stop record files. This workload includes up to twelve CPT codes recorded for each clinic stop record, as well as date of service and facility site of care. Workload data for outpatient care that VA purchases for veteran enrollees from the private sector is also provided in a fee-based workload database. All of these workload databases contain individual records with a SCSSN identifier. The SCSSN was matched against the SCSSNs in the FY 2002 master enrollment file to identify care provided to veteran enrollees and attach demographic data to the records (Enrollee Type, Priority Level, Age, Gender, etc.). Services provided to non-veterans are excluded from the analyses.

For the FY04 ELDA update, the outpatient service lines were expanded to identify special VA services. The outpatient service areas in the model now include Ambulatory (services with a private sector counterpart), OP Mental Health VA programs, and Compensation & Pension Exams. A specially assembled VA mental health work group defined the workload associated with the OP Mental Health VA programs using clinic stop locations. Therefore, the workload experience for these services was identified using the clinic stop assignments in the data. The units counted for these services are clinic stop counts. The clinic stops assigned to each OP Mental Health VA program HSC are listed in Table V-1.

Table V-1
OP Mental Health VA Program Clinic Stops

<u>Primary Stop Code</u>	<u>HSC</u>	<u>Stop Code Name</u>	<u>Workload Description</u>
505	102	Day Trmt-Ind	MHSDP Day Treatment Program
553	102	Day Trmt-Grp	MHSDP Day Treatment Program
581	102	PTSD Day Treat	MHSDP Day Treatment Program
522	103	HUD-VASH	MHSDP Homeless Program
529	103	HCHV/HMI	MHSDP Homeless Program
590	103	COMM OUTR HMLS-STAFF	MHSDP Homeless Program
523	104	OPOID SUSTITUTION	MHSDP Methadone Treatment Program
552	105	Mental Health Int (MHICM)	MHSDP MHICM Program
535	106	MH Vocat Assist	MHSDP Work Therapy Program
573	106	MH Incent Wk Ther-Grp	MHSDP Work Therapy Program
574	106	MH Comp Wk Ther-Grp	MHSDP Work Therapy Program
575	106	MH Vocat Assist-Grp	MHSDP Work Therapy Program
121	107	RESID CARE-NON MH	MHSDP Community MH Residential Care
503	107	MEN HLTH RESID CARE	MHSDP Community MH Residential Care

VA also identified certain clinic stop locations that provide workload that is not specifically included in the model’s service lines. This includes services such as chaplain, telephone triage, and bereavement counseling. While the expenditures for these services are included in the unit cost development for Ambulatory services, the utilization is not projected. Therefore, the workload associated with these services was not assigned to any Ambulatory service categories. In addition, the workload associated with clinic stops for Home Health and Adult Day Health Care were also excluded from Ambulatory service category assignments, as workload for these services is projected in the Home Health service line. Exhibit V-2 contains a list of all of the clinic stops excluded from Ambulatory service category assignments due to the various reasons described above.

For workload associated with the remaining clinic stop locations, CPT codes are mapped to an outpatient Milliman health care service line (HSC) using the CPT mapping in Exhibits V-3a and V-3b. This mapping also includes Level II CPT codes, more commonly known as HCPCS (Health Care Financing Administration Common Procedure Coding System) codes. Not every published code is assigned to a health care service line. Unmapped codes are typically supplies, educational materials, non-medical transport, etc. that are not counted as health care services. If a single clinic stop record contains more than one code that falls into specific services, only one of these codes is counted. VA staff indicated that these codes should only be counted once

because it is likely a situation where both the attending physician and nurse recorded a code for the same service. The services that are affected by this rule include Office Visits, Emergency Services and Physical Exams. VA also advised that Pathology panels are often coded by recording a code for each individual test in the panel, rather than using the CPT code reflective of the entire panel. Therefore, when individual CPT codes consisting of an entire panel were recorded, they were counted as one Pathology service.

VA Prosthetics Workload Data

VA supplies their health care system with Prosthetics and related items using national dispensaries. Another enhancement to the modeling process was the introduction of FY 2002 data sets from National Prosthetics Data (NPPD) and Denver Distribution Center (DDC) that included all of the units dispensed for the fiscal year, including the HCPCS code, description, costs, and SCRSSN for each unit. The Prosthetics workload data includes medical items and supplies that are represented by the following model service lines:

- Glasses/Contacts
- Hearing Aids
- Durable Medical Equipment (DME)
- Prosthetics
- VA Program Equipment and Services

The Prosthetics workload data was first sorted into detailed HCPCS Categories using the Berenson-Eggers Type of Service mapping developed by Centers for Medicare and Medicaid Services (CMS), the service definition included in Milliman's *Health Cost Guidelines*[™], and analysis of the HCPCS descriptions, as necessary. CMS classifies HCPCS using Berenson-Eggers Type of Service (BETOS) codes. These codes are assigned for each HCPCS procedure code. CMS developed the BETOS coding system primarily for analyzing the growth in Medicare expenditures. The coding system:

- a) covers all HCPCS codes;
- b) assigns a HCPCS code to only one BETOS code;
- c) consists of readily understood clinical categories (as opposed to statistical or financial categories);
- d) consists of categories that permit objective assignment; is stable overtime; and
- e) is relatively immune to minor changes in technology or practice patterns.

The resulting HCPCS categories are contained in Exhibit V-4. Each HCPCS category was further assigned to a modeled service line. These assignments, as well as the total expenditures and average cost per unit, are also displayed in this exhibit. As noted in the exhibit, the Surgical Implant category was not assigned to one of the prosthetics service lines as it contains units dispensed during an Inpatient stay. Consequently, the costs for these items are already reflected in the Surgical per diems. The prosthetic service lines discussed here represent units supplied on an outpatient basis.

The VA Program Equipment and Services model line was developed to account for services and supplies that are provided by VA programs. Unlike the other prosthetic service lines, these services and supplies are not typically included in private sector benefits. The HCPCS categories that were assigned to VA Program Equipment and Services are usually made up of VA "home grown" HCPCS codes, and were developed specifically by VA. These HCPCS categories include Blind Aids, Daily Living Aids, Environmental Control Units, and specially defined DME and related services.

The VA Program Equipment and Services model line does not have a private sector counterpart. Therefore, a modeling basis for this service line was developed using the FY 2002 prosthetics workload data. A description of this modeling methodology is included in Section IV- Special VA Program Projections.

Once the prosthetic units were assigned into model service lines, the SCSSN was matched against the SCSSNs in the FY 2002 master enrollment file to attach demographic data to the records (Enrollee Type, Priority Level, Age Band). The total utilization and expenditures were then summarized by each Enrollee Type, Priority Level, and Age Band combination for each service line. The prosthetics data contained a small amount of supplies (less than 1% of expenditures) that could not be attributed to individual SCSSNs. This data was summarized by service line; the utilization and expenditures were then spread proportionally over the demographic cohorts. Likewise, the prosthetics data contained a small amount of units that were provided to non-veteran patients. The utilization for this population is excluded from the projection model, however, the costs of these units were allocated to the demographic cohorts, as the modeled unit costs do reflect all of the expenditures experienced by VA.

For some HCPCS categories the cost of the items should be included in the service line, but it is not appropriate to include the units in the utilization counts. For example, the Hearing Aid service line includes the following HCPCS categories: Hearing Aid Supplies, Hearing Aids,

Hearing Service, Hearing Items, and Speech Service. The modeled utilization for Hearing Aids should reflect just the hearing aid unit count, while the unit cost should be loaded for the cost of the batteries, fittings, etc. Therefore, the modeled utilization for Hearing Aids includes only the Hearing Aids and Hearing Items categories. However, the Hearing Aid unit cost was calculated by dividing the total expenditures for all of the categories by the modeled utilization count.

Based on discussions with VA, it was also determined that a portion of the DME units reported in the prosthetics data were provided during inpatient stays. To adjust the modeled utilization and expenditures for DME to an outpatient basis, \$115,000,000 was removed from DME proportionally across all of the demographic cohorts. The cost per unit of the DME removed to inpatient was assumed to be the same as the outpatient unit cost, therefore, the same proportion of utilization was also removed from the demographic cohorts.

After these allocations and adjustments, the utilization counts by demographic cohort were ready for use in the Actual-to-Expected analysis (see Section VI). The utilization and expenditures for each modeled service line were also used to develop VA unit costs and unit cost intensity adjustments (see Section VII).

VA Prescription Drug Workload Data

VA captures the prescription drug workload that it supplies in clinic files with individual prescription detail. This workload includes a 30-day prescription equivalent count for prescriptions dispensed via mail order. Workload data for prescription drugs that VA purchases for veteran enrollees from the private sector is also provided. This data contains individual records with a SCSSN identifier. The SCSSN was matched against the SCSSNs in the FY 2002 master enrollment file to identify prescription drugs provided to veteran enrollees and attach demographic data to the records (Enrollee Type, Priority Level, Age, Gender, etc.). Prescription drugs provided to non-veterans were excluded from the analyses. For analyses used in ELDA, prescription drugs were counted using the 30-day prescription drug count provided in each record.

Exhibit V-1
Database Mapping and Methodology

Bed Section Mapping to Bed Section Categories

Bed Section	Definition	Bed Section Category
-99	99FY84 ONLY	Unclassified
1	ALLERGY	Acute - General ¹
2	CARDIOLOGY	Acute - General ¹
3	PULMONARY TB	Acute - General ¹
4	PULM NON-TB	Acute - General ¹
5	GERONTOLOGY	Acute - General ¹
6	DERMATOLOGY	Acute - General ¹
7	ENDOCRINOLOGY	Acute - General ¹
8	GASTROENTEROLOGY	Acute - General ¹
9	HEMATOLOGY/ONCOLOGY	Acute - General ¹
10	NEUROLOGY	Acute - General ¹
11	EPILEPSY CENTER	Acute - General ¹
12	MEDICAL ICU	Acute - General ¹
14	METABOLIC	Acute - General ¹
15	GEN(ACUTE) MED	Acute - General ¹
16	CARDIAC STEP DOWN	Acute - General ¹
17	TELEMETRY	Acute - General ¹
18	NEUROLOGY OBS	Acute - General ¹
19	STROKE	Acute - General ¹
20	REHAB MEDICINE	Acute - General ¹
21	BLIND REHAB	Blind Rehab
22	SPINAL CORD INJ	SCI
23	SCI OBSERVATION	SCI
24	MEDICAL OBSERVATION	Acute - General ¹
25	PSYC RES REHAB TRMT	PRRTP
26	PTSD RES REHAB PGM	PTSD PRRP & Dom PTSD
27	SUB ABUSE RES REHAB	SARRTP & SA Dom
28	HCMC CWT/TR	CWT Program
29	SA CWT/TR	CWT Program
31	GEM ACUTE MEDICINE	Acute - General ¹
32	GEM INTERMEDIATE	SNF ²
33	GEM PSYCHIATRY	Acute - Psychiatric ¹
34	GEM NEUROLOGY	Acute - General ¹
35	GEM REHAB	Acute - General ¹
36	BLIND REHAB OBS	Blind Rehab
37	DOM CARE HMLS(DCHV)	Domiciliary
38	PTSD/CWT/TR	CWT Program
39	GENERAL CWT/TR	CWT Program
40	INTERMEDIATE MED	SNF ²
41	REHAB MEDICINE OBS	Acute - General ¹
50	SURGERY (GEN)	Acute - General ¹

Exhibit V-1 (cont.)

Bed Section	Definition	Bed Section Category
51	GYNECOLOGY	Acute - General ¹
52	NEUROSURGERY	Acute - General ¹
53	OPHTHALMOLOGY	Acute - General ¹
54	ORTHOPEDIC	Acute - General ¹
55	EAR,NOSE&THROAT	Acute - General ¹
56	PLASTIC SURGERY	Acute - General ¹
57	PROCTOLOGY	Acute - General ¹
58	THORACIC SURGERY	Acute - General ¹
59	UROLOGY	Acute - General ¹
60	ORAL SURGERY	Acute - General ¹
61	PODIATRY	Acute - General ¹
62	PERIPHERAL VASCULAR	Acute - General ¹
63	SURGICAL ICU	Acute - General ¹
65	SURGICAL OBS	Acute - General ¹
70	ACUTE PSYCH	Acute - Psychiatric ¹
71	LONG-TERM PSYCH	Acute - Psychiatric ¹
72	ALCOH DEPEND-HI INT	Acute - Psychiatric ¹
73	DRUG DEPEND-HI INT	Acute - Psychiatric ¹
74	SUBS ABUSE-HI INT	Acute - Psychiatric ¹
75	HALFWAY HOUSE	Unclassified
76	PSYCH MED INFIRM	Acute - Psychiatric ¹
77	PSYCH RES REHAB	PRRTP
79	SPEC INP PTSD UNIT	Acute - Psychiatric ¹
80	NURSING HOME CARE	Nursing Home
81	GEM NHCU	Nursing Home
83	RESPITE CARE	Respite Care
84	PSY SA (INTER CARE)	Acute - Psychiatric ¹
85	DOMICILIARY	Domiciliary
86	DOM SUBSTANCE ABUSE	SARRTP & SA Dom
87	GEM DOMICILIARY	Domiciliary
88	DOM PTSD	PTSD PRRP & Dom PTSD
89	STAR I,II,&III PGMS	STAR
90	SUB AB STAR1,11,111	STAR
91	EVAL/BRF TRMT PTSD	Acute - Psychiatric ¹
92	PSYC-GENERAL INTER	Acute - Psychiatric ¹
93	HI INT GEN PSCH-INP	Acute - Psychiatric ¹
94	PSYCHIATRIC OBS	Acute - Psychiatric ¹
95	NHCU LONG TERM CARE	Nursing Home
96	NHCU HOSPICE LTC	Nursing Home
98	NON-DOD BEDS	Unclassified
99	DOD BEDS	Unclassified

¹ If the bedsection is coded by a Nursing Home, SNF, Domiciliary, or PRRTP Facility then it is not considered to be the indicated bed type. Instead it is classified according to the treating facility.

² Unless determined to be a psychiatric stay.

Exhibit V-2
FY 2002 Stop Codes Excluded From VA Ambulatory Service Lines

PrimaryStopCode	Stop Code Name	Workload Description
103	TELEPHONE TRIAGE	Telephone Care
118	HOME TRTMT SVCS	Excluded Workload
119	CNH FOLLOW-UP	Excluded Workload
121	RESID CARE-NON MH	MHSDP Community MH Residential Care
147	PHONE/ANCILLARY	Telephone Care
148	PHONE/DIAGNOSTIC	Telephone Care
160	CLINICAL PHARM	Excluded Workload
163	CHAPLAIN-CLIN SVC IND	Chaplain
164	CHAPLAIN-CLIN SVC GRP	Chaplain
165	BEREAVE. COUNSEL	Dependent Care
166	CHAPLAIN-IND	Chaplain
167	CHAPLAIN-GROUP	Chaplain
168	CHAPLAIN COLLATERAL	Chaplain
169	TELEPHONE/CHAPLAIN	Telephone Care
170	HBPC PHYSICIAN	HBPC
171	HBPC-RN/RNP/PA	HBPC
172	HBPC-NURSE EXTEND	HBPC
173	HBPC-SOCIAL WORK	HBPC
174	HBPC-THERAPIST	HBPC
175	HBPC DIETICIAN	HBPC
176	HBPC-CLIN PHARMACY	HBPC
177	HBPC-OTHER	HBPC
178	TELEPHONE/HBHC	Telephone Care
179	TELE HOME CARE	Telephone Care
180	DENTAL	Dental
181	TELEPHONE/DENTAL	Telephone Care
190	ADULT DAY HEALTH	HBPC
202	REC THERAPY SERVICES	Recreational Therapy
215	SCI HOME PROGRAM	Excluded Workload
216	PHONE REHAB SUPP	Telephone Care
324	PHONE MEDICINE	Telephone Care
325	PHONE NEUROLOGY	Telephone Care
326	PHONE GERIATRICS	Telephone Care
351	ADV ILL COORD (AICC)	Excluded Workload
424	PHONE SURGERY	Telephone Care
425	TELE/PROSTH/ORTH	Telephone Care
428	TELEPHONE OPTOMETRY	Telephone Care
451	451-LOCAL CREDIT PAIR	Excluded Workload
452	452-LOCAL CREDIT PAIR	Excluded Workload
453	453-LOCAL CREDIT PAIR	Excluded Workload
454	SPECIAL REGISTRY 5	Excluded Workload
455	455-LOCAL CREDIT PAIR	Excluded Workload
456	SPECIAL REGISTRY 6	Excluded Workload
459	SPECIAL REGISTRY 8	Excluded Workload
460	460-LOCAL CREDIT PAIR	Excluded Workload

Exhibit V-2 (cont.)

PrimaryStopCode	Stop Code Name	Workload Description
460	460-LOCAL CREDIT PAIR	Excluded Workload
461	SPECIAL REGISTRY 1	Excluded Workload
462	462-LOCAL CREDIT PAIR	Excluded Workload
463	463-LOCAL CREDIT PAIR	Excluded Workload
467	467-LOCAL CREDIT PAIR	Excluded Workload
469	SPECIAL REGISTRY 2	Excluded Workload
470	SPECIAL REGISTRY 3	Excluded Workload
473	473-LOCAL CREDIT PAIR	Excluded Workload
474	RESEARCH	Excluded Workload
475	475-LOCAL CREDIT PAIR	Excluded Workload
477	477-LOCAL CREDIT PAIR	Excluded Workload
481	481-LOCAL CREDIT PAIR	Excluded Workload
485	485-LOCAL CREDIT PAIR	Excluded Workload
503	MEN HLTH RESID CARE	MHSDP Community MH Residential Care
505	Day Trmt-Ind	MHSDP Day Treatment Program
522	HUD-VASH	MHSDP Homeless Program
523	OPOID SUSTITUTION	MHSDP Methadone Treatment Program
527	PHONE GENERAL PSYCH	MH Telephone Care
528	PHONE/HMLESS MENT ILL	MH Telephone Care
529	HCHV/HMI	MHSDP Homeless Program
530	TELEPHONE/HUD-VASH	MH Telephone Care
535	MH Vocat Assist	MHSDP Work Therapy Program
536	TELE/MH VOC ASSIST	MH Telephone Care
537	TELE PSYC/SOC REHAB	MH Telephone Care
542	TELEPHONE PTSD	MH Telephone Care
545	TELE SUBSTANCE ABUSE	MH Telephone Care
546	TELEPHONE/MHICM	MH Telephone Care
552	Mental Health Int (MHICM)	MHSDP MHICM Program
553	Day Trmt-Grp	MHSDP Day Treatment Program
573	MH Incent Wk Ther-Grp	MHSDP Work Therapy Program
574	MH Comp Wk Ther-Grp	MHSDP Work Therapy Program
575	MH Vocat Assist-Grp	MHSDP Work Therapy Program
579	TEL/PSYCHOGERIATRICS	MH Telephone Care
581	PTSD Day Treat	MHSDP Day Treatment Program
590	COMM OUTR HMLS-STAFF	MHSDP Homeless Program
611	TELEPHONE DIALYSIS	Excluded Workload
650	CONTRACT NH DAYS	Excluded Workload
656	DOD NON-VA CARE	Excluded Workload
670	ASSIST LIVING VHA-PAID STAFF	Excluded Workload
680	HOME/COMM ASSESS	Excluded Workload
681	VA-PD HOME/COMM HC	Excluded Workload
682	VA-REF HOME/COMM CARE	Excluded Workload
725	DOM OUTREACH SERVICE	Excluded Workload
726	DOM AFTERCARE COMMUN	Excluded Workload
727	DOM AFTERCARE-VA	Excluded Workload
728	DOM ADMIT/SCREEN SVC	Excluded Workload
729	TELEPHONE/DOMICILIARY	Telephone Care
801	IN-VISN OTHER VAMC 2-103	Excluded Workload

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This report and all of the associated databases and summary reports were produced for the internal use of the Department of Veterans Affairs. If any portion of this report or the associated databases is released, reference must be made to the entire report. If this report or associated databases are released to parties outside the government, CACI, INC.-FEDERAL and Milliman USA, Inc. do not accept liability to any such third party.

Exhibit V-3a

<i>Type of Service</i>	<i>Procedure Codes (DRG or HCPCS)</i>	<i>Comments</i>
Inpatient Hospital		
Non-Maternity		
Medical	9-35, 43-48, 64-74, 78-102, 112, 115-118, 121-145, 172-190, 202-208, 235-256, 271-284, 294-301, 316-333, 346-352, 366-369, 376-377, 385-390, 395-399, 403-405, 409-414, 416-423, 444-460, 462-467, 469-470, 473-475, 487, 489-490, 492, 504-511	Reflects DRG Grouper 17 & 18
Surgical	1-8, 36-42, 49-63, 75-77, 103-111, 113-114, 119-120, 146-171, 191-201, 209-234, 257-270, 285-293, 302-315, 334-345, 353-365, 392-394, 400-402, 406-408, 415, 424, 439-443, 461, 468, 471-472, 476-486, 488, 491, 493-503	Reflects DRG Grouper 17 & 18
Psychiatric	425-432	Reflects DRG Grouper 17 & 18
Alcohol/Drug	433-438	Reflects DRG Grouper 17 & 18
Maternity		
Deliveries	370-375, 391	Reflects DRG Grouper 17 & 18
Non-Deliveries	378-384	Reflects DRG Grouper 17 & 18
Ambulatory		
Allergy Immunotherapy	95115-95199	
Allergy Testing	95004-95078	Count Tests
Anesthesia	00100-00841, 00843-00849, 00858-00945, 00947-00954, 00956-01959, 01962-01963, 01965-01966, 01969-09999, 99100-99142	
Cardiovascular	92950-92971, 92975-92979, 93000-93350, 93539-93556, 93600-93799, G0004-G0007, G0015-G0016, M0300-M0302, S3902-S3904, S9025, S9109, S9472	
Consults	99241-99275	
Emergency Room Visits	99217-99220, 99281-99288, G0244	
Glasses/Contacts/Hearing Aids	92325-92326, 92340-92342, 92370, 92390-92392, S0500, S0580-S0590, V2020-V2599, V2700-V2781, V2799, V5011-V5298	
Hearing/Speech Exams	92506-92510, 92551-92599, V5008-V5010, V5299, V5362-V5364	
Immunizations	90471-90749, G0008-G0010, G0190-G0192	
Inpatient Visits	90816-90829, 99221-99239, 99290-99299, 99300-99319, 99356-99357, 99430-99431, 99433-99449, H0008-H0011, H0017-H0019, S9526	
Maternity Deliveries	00850-00857, 00946, 00955, 01960-01961, 01967-01968, 59400-59430, 59500-59524, 59526-59614, 59618-59622, 59898-59899	Only count cases for codes 59400-59410, 59510-59515, 59610-59614. Codes with assistant surgeon or anesthesia modifier, or with specialty = anesthesia, are included for procedure and charges, but do not result in a case.
Maternity Non-Deliveries	00842, 01964, 59000-59350, 59812-59871, 59898-59899	Must count cases separately for codes 59000-59350, 59812-59871, 59898. Codes with assistant surgeon or anesthesia modifier, or with specialty = anesthesia, are included for procedure and charges, but do not result in a case.

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Exhibit V-3b

<i>Type of Service</i>	<i>Procedure Codes (DRG or HCPCS)</i>	<i>Comments</i>
Miscellaneous Medical	36415, 90901, 90911, 90918-90999, 91000-91299, 92018-92287, 92311-92313, 92315-92317, 92330, 92335, 92352-92358, 92371, 92393-92499, 92502-92504, 92511-92526, 92531-92548, 93875-93990, 94010-94799, 95250, 95805-96004, 96100-96117, 96150-96155, 96400-96549, 96567-96571, 96900-96999, 97802-97804, 99000-99070, 99090-99091, 99170, 99175-99199, 99360, A4650-A4929, A6000-A6406, G0001-G0002, G0025-G0027, G0108-G0118, G0128, G0166-G0167, G0175, G0184-G0187, G0193-G0195, G0197-G0201, G0237-G0239, G9001-G9016, J7330-J7340, J7500-J7599, J8499, J8510-J9999, K0415-K0416, M0075-M0100, P9010-P9615, Q0083-Q0085, Q0144, Q0163-Q0181, Q0183-Q0185, Q2001, Q3014, S0012-S0014, S0088, S0091, S0155-S0157, S0170, S0172-S0176, S0177-S0183, S0187, S0189, S0630, S0820-S0830, S1025, S2202, S3818-S3837, S3900, S5000-S5001, S8110, S8950, S9015, S9023, S9055-S9056, S9075, S9090, S9140-S9141, S9435-S9470, S9473-S9474, S9526-S9529, S9533, V2785-V2790	
Office/Home Visits	99201-99215, 99321-99355, 99358-99359, 99361-99380, 99499, G0179-G0182, S0220-S0260, S0340-S0342, S9083, S9088	
Outpatient Psychiatric & Alcohol/Drug	90801-90815, 90830-90899, H0001-H0007, H0012-H0016, H0020-H1005, M0064, S9475	
Pathology	80048-89399, G0103, G0107, G0123-G0124, G0141-G0148, P2028-P7001, Q0091, Q0111-Q0115, S2120, S3600-S3708	
Physical Exams	99382-99387, 99392-99397, 99401-99429, G0101-G0102, S0605-S0612	
Physical Medicine	97001-97750, 97799, 98925-98929, G0129, Q0086	
Radiology	70000-79999, A4641-A4647, A9500-A9700, G0030-G0050, G0122, G0125-G0126, G0130-G0132, G0163-G0165, G0173-G0174, G0178, G0188, G0196, G0202-G0236, G0242-G0243, Q0035, Q0092, Q3001-Q3012, R0070-R0076, S8030-S8092, S9024	
Surgery	10021-36410, 36420-55899, 56405-58301, 58340-58960, 58999, 59525, 60000-69020, 69100-69990, 92973-92974, 92980-92998, 93501-93536, 93561-93572, G0104-G0106, G0120-G0121, G0127, G0168, S0206, S0400, S0601, S2052-S2115, S2140-S2180, S2205-S2250, S2300-S2411, S3906, S8001, S9022, S9085 except codes listed under Sterilizations.	
Sterilizations	55250, 56301-56303, 58600-58615, 58662, 58670-58671	
Therapeutic Injections	90281-90399, 90780-90799, J0120-J7320, Q0081, Q0136, Q0160-Q0161, Q0187, Q2002-Q2022, Q3013, Q9920-Q9940, S0009, S0016-S0087, S0092-S0096, S0171, S5002-S5014, S5022	
Vision Exams	92002-92015, 92310, 92314, 99172-99173, S0592, S0620-S0621	
Compensation & Pension Exams	99450, 99455, 99456	

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Exhibit V-4

VA Prosthetics Data Analysis
 HCPCS Category Descriptions and Mapping

<u>HCPCS Category</u>	<u>Description</u>	<u>VA Model Line</u>	<u>Total Cost</u>	<u>Unit Cost</u>	<u>Modeled Utilization</u>
C-Codes Prosthetics	<i>Temporary codes that change annually, assigned to prosthetics based on code descriptions</i>	Prosthetics	45,065,861	2,392.54	YES
DME - Hospital beds	<i>Defined by BETOS, included in HCG DME description</i>	DME	14,863,244	254.66	YES
DME - Medical/surgical supplies	<i>Defined by BETOS, included in HCG DME description</i>	DME	2,636,562	45.87	YES
DME - Medical/surgical supplies (HCG Misc. Med Other)	<i>Defined by BETOS, included in HCG Misc. Med. Description</i>	DME	487	243.50	YES
DME - Orthotic devices	<i>Defined by BETOS, included in HCG DME description</i>	DME	35,793,713	88.91	YES
DME - Orthotic devices (HCG Prosthetics)	<i>Defined by BETOS, included in HCG Prosthetics description</i>	Prosthetics	68,149,545	229.30	YES
DME - Other DME	<i>Defined by BETOS, included in HCG DME description</i>	DME	65,032,404	76.03	YES
DME - Other DME (non HCG)	<i>Defined by BETOS, noted as excluded in HCG descriptions</i>	VA Program Equipment and Services	1,012,298	58.01	YES
DME - Oxygen and supplies	<i>Defined by BETOS, included in HCG DME description</i>	DME	73,822,756	73.90	YES
DME - Wheelchairs	<i>Defined by BETOS, included in HCG DME description</i>	DME	80,220,167	405.23	YES
Dental Supplies	<i>CMS defines HCPCS codes that begin with D as dental, descriptions implied supplies as opposed to services</i>	DME	2,081,185	257.83	YES
ESRD Supplies	<i>Defined by BETOS, included in HCG Misc. Medical description</i>	DME	4,836,235	40.24	YES
ESRD Supplies (HCG DME)	<i>Defined by BETOS, included in HCG DME description</i>	DME	374,593	312.94	YES

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Exhibit V-4 (cont.)

<u>HCPCS Category</u>	<u>Description</u>	<u>VA Model Line</u>	<u>Total Cost</u>	<u>Unit Cost</u>	<u>Modeled Utilization</u>
Hearing Aid Supplies	<i>Defined by BETOS as Hearing Item, mostly hearing aid batteries</i>	Hearing Aids	4,376,068	0.26	NO
Hearing Aids	<i>Defined by BETOS as Hearing Item</i>	Hearing Aids	90,013,595	247.65	YES
Hearing Items	<i>Defined by BETOS as Hearing Item, amplifier and caption devices</i>	Hearing Aids	138,520	131.80	YES
Hearing Service	<i>Defined by BETOS as Hearing Item, hearing aid fittings</i>	Hearing Aids	175,284	59.56	NO
Other - Enteral and parenteral	<i>Defined by BETOS, included in HCG DME Description</i>	DME	545,284	288.51	YES
S-Codes DME - Medical/surgical supplies	<i>Temporary codes that change annually, assigned to DME supplies based on code descriptions</i>	DME	78,167	125.27	YES
S-Codes DME - Other DME	<i>Temporary codes that change annually, assigned to DME other based on code descriptions</i>	DME	426,293	238.55	YES
S-Codes Vision Items - Lenses	<i>Temporary codes that change annually, assigned to Lenses based on code descriptions.</i>	Glasses/Contacts	17,065	46.00	YES
Speech Services	<i>Defined by BETOS, only code with VA workload is Hearing Item Repair</i>	Hearing Aids	27,147	226.22	NO
Unknown	<i>Unit and Cost records in VA data without a HCPCS Code assignment</i>	VA Program Equipment and Services	2,179,611	11.22	YES
VA Defined Blind Aids	<i>VA "home grown" codes beginning with BA, such as braille poker chips, crock pots, non-skid plates, etc.</i>	VA Program Equipment and Services	9,352,351	156.01	YES
VA Defined DME	<i>VA "home grown" codes beginning with VA to indicate specially defined codes, identified as DME, Services, or Supplies based on VA description</i>	VA Program Equipment and Services	37,449,929	254.63	YES

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Exhibit V-4 (cont.)

<u>HCPCS Category</u>	<u>Description</u>	<u>VA Model Line</u>	<u>Total Cost</u>	<u>Unit Cost</u>	<u>Modeled Utilization</u>
VA Defined Daily Living Aids	VA "home grown" codes beginning with DL, such as pillows, reachers, sock aids, utensil holders, car door openers, etc	VA Program Equipment and Services	1,675,536	16.23	YES
VA Defined Environment Control Unit	VA "home grown" codes beginning with ECU to indicate environmental control units supplied to the veteran patient	VA Program Equipment and Services	1,724,073	1,441.53	YES
VA Defined Home Improvement Structural Alterations	VA "home grown" codes beginning with HISA to indicate home improvement structural alterations performed for the veteran patient	VA Program Equipment and Services	5,729,632	2,003.37	YES
VA Defined Service	VA "home grown" codes beginning with VA to indicate specially defined codes, identified as DME, Services, or Supplies based on VA description	VA Program Equipment and Services	1,632,870	62.20	YES
VA Defined Supply	VA "home grown" codes beginning with VA to indicate specially defined codes, identified as DME, Services, or Supplies based on VA description	VA Program Equipment and Services	128,944	10.80	YES
VA Defined Surgical Implants	VA "home grown" codes beginning with SI, appear to be prosthetic implants with more specific descriptions than existing prosthetics codes	Included in Inpatient Surgical Services	113,851,185	1,935.82	NO
VA Defined Unknown HCPCS	VA HCPCS label of UNKNOWN in HCPCS field	VA Program Equipment and Services	1,544,352	170.57	YES
Vision Items - DME	Defined by BETOS as Vision Item, included in HCG DME description	DME	2,393,680	71.77	YES
Vision Items - Frames	Defined by BETOS as Vision Item	Glasses/Contacts	292,658	33.45	YES
Vision Items - Lenses	Defined by BETOS	Glasses/Contacts	28,339,699	48.34	YES
Vision Items - Prosthetics	Defined by BETOS as Vision Item, included in HCG Prosthetics description	Prosthetics	2,909,207	175.04	YES
Vision Service - MSC	Defined by BETOS as Vision Item, more specific lable assignment was created	Glasses/Contacts	484,592	22.07	NO
Total			699,374,303	32.11	

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