



Impact of COVID-19 on Vulnerable Populations in Texas

Texas Medicaid/CHIP COVID-19 Demographics Dashboard Notes

Data Source

Claims and encounters data are from TMHP's Analytical Data Store. Demographic and program information are from HHSC's 8-month eligibility file, 24-month eligibility file, TT FFS file, and CHIP History file.

Data Description

Data is subject to change. Claims and encounters data are generally considered to be complete for analysis eight months after the end of a service period. The lag after the end of the service period allows for submission, processing, and any retroactive changes. What may appear as recent decreases in the number of clients receiving COVID-related services may be due, at least in part, to the lag in claims processing rather than solely due to a reduction in diagnoses or tests. Only paid claims and encounters are included. The testing data are based on paid claims that indicate that a test has been performed. However, the claims do not have the results of the test. Testing and diagnosis information are calculated independently and cannot be directly compared to calculate a COVID-19 positivity rate. The dashboards will be refreshed monthly with a three-month lag and therefore cannot be used for daily tracking.

Measure Information

COVID-19 clients may receive more than one test a day or over time. Similarly, COVID-19 diagnosed clients may have multiple claims over time. Daily counts are unique clients per day.

The trend charts showing the cumulative and daily number of unique clients who received a COVID-related service are shown by the first time the client received a service. For example, if a client received one test on March 20 and a second test on

April 18, he or she would be captured in the top chart on March 20 and in the bottom chart on March 20 and every day thereafter.

Demographic information represents the number of unique clients per demographic category. This information is collected from Medicaid/CHIP clients when they enroll in the programs. The category "Unknown/Other" indicates that the corresponding demographic fell into a category too small to present on its own or the data element was missing for that client. Maps do not include an Unknown/Other category since there is no way to represent clients with unknown county geographically. "NULL" indicates that no demographic data at all were available for the client. "NULL" clients were excluded from the visualizations.

Totals may differ from the sum of categories because clients may change categories over time (e.g. a client turns 22 during the year and is counted the <21 and in the 21-64 age group).

Rates per 10,000 are calculated as the average of monthly utilization per average monthly member enrollment. The use of rates creates a standardized comparison among different programs and demographics that have different sizes in the client population.

The Diagnosis, ED, and Inpatient dashboards include clients who received any type of service with a diagnosis of COVID (primary or non-primary). For example, if a client went to the ED and received a diagnosis of COVID, the client would be included in the ED dashboard and the amount paid for the service would be included in the Paid Amount. However, if the same client went to a speech therapist but did not receive a COVID diagnosis on the associated claim/encounter, the speech therapy service is not included in the Paid Amount.

Visualizations are suppressed when client counts are less than 20 with COVID-related services to prevent potential identification of individuals. Due to these suppressions, totals from each individual visualization may not equal each other or the grand total.

Definitions

COVID-19 testing is broken out by molecular (procedure codes U0001, U0002, 87635, U0003, U0004, 0223U, 0202U, 0225U, 0226U, 87636, and 87637), antibody (procedure codes 86328, 86769, 86318, 86408, 86409, 0224U, and 86413), and antigen (procedure codes 87426 and 87811). Additional specimen collection codes are included, both COVID-19 specific (G2023, G2024, and C9803) and non-COVID-19 specific (99001, 99211, and S8301). Specimen collection codes are matched to client and date of service to categorize as molecular or antibody. If

the specimen collection codes cannot be matched to a molecular or antibody test, they are classified as unknown. COVID-19 specific specimen collection codes count as new COVID-19 tests, while the non-COVID-19 specific specimen collection and PPE codes are only counted if they match to a COVID-19 client who was tested. Testing categories will be updated as new procedure codes are approved for COVID-related testing.

COVID-19 diagnosed clients with a service are defined as a primary to 24th diagnosis of U07.1 (2019-nCoV acute respiratory disease). Other possible diagnosis codes are not included in the analysis.

COVID-19 inpatient includes clients with a primary to 24th diagnosis of U07.1 on an inpatient hospital claim or encounter. Other possible diagnosis codes and admitting diagnosis codes are not included in the analysis.

COVID-19 emergency department visits include clients with a primary to 24th diagnosis of U07.1. Other possible diagnosis codes are not included in the analysis. ED visits are identified by procedure codes (99281, 99282, 99283, 99284, and 99285), revenue codes (450, 451, 452, 456, 459, and 981) or place of service (23 for professional encounters).

Additional Information

- <https://hhs.texas.gov/services/health/coronavirus-covid-19/medicaid-chip-services-information-providers>
- <https://www.tmhp.com/topics/covid-19>