



Impact of COVID-19 on Vulnerable Populations in Texas

Texas Medicaid & CHIP COVID-19 Hospitalizations 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 dashboards will be refreshed monthly with a three-month lag and therefore cannot be used for daily tracking.

Measure Information

COVID-19 clients may have more than one inpatient hospitalization over time. Daily counts are unique clients per day.

The trend charts showing the cumulative and daily number of unique clients who had a COVID-related inpatient hospitalization are shown by the first time the client received a service. For example, if a client was admitted for an inpatient hospitalization on March 20 and a second time 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 in 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 Inpatient dashboard includes clients who received any type of service with a diagnosis of COVID (primary or non-primary). For example, if a client was admitted into the hospital and received a diagnosis of COVID, the client would be included in the Inpatient 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 inpatient includes clients with a primary to 24th diagnosis of U07.1 (2019-nCoV acute respiratory disease) on an inpatient hospital claim or encounter. Other possible diagnosis codes and admitting diagnosis codes are not included in the analysis.

Additional Information

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