

A Practical Approach to Working with VA-Purchased “Community” Care Data

Erin Beilstein-Wedel, MA

Research Data Analyst, CHOIR COIN, VA Boston
CREEK Data and Measurement Science Hub

Audience

- Investigators and Analysts
- Who have been told to “pull community care data”
- Who want to assess how difficult using community care data may be
- Who want to know what to “put in grant”
 - Data sources
 - Fields to reference
 - Concordance between data sources

The VA-purchased/community care data landscape is often in flux.
All mistakes and omissions are my own.

Agenda

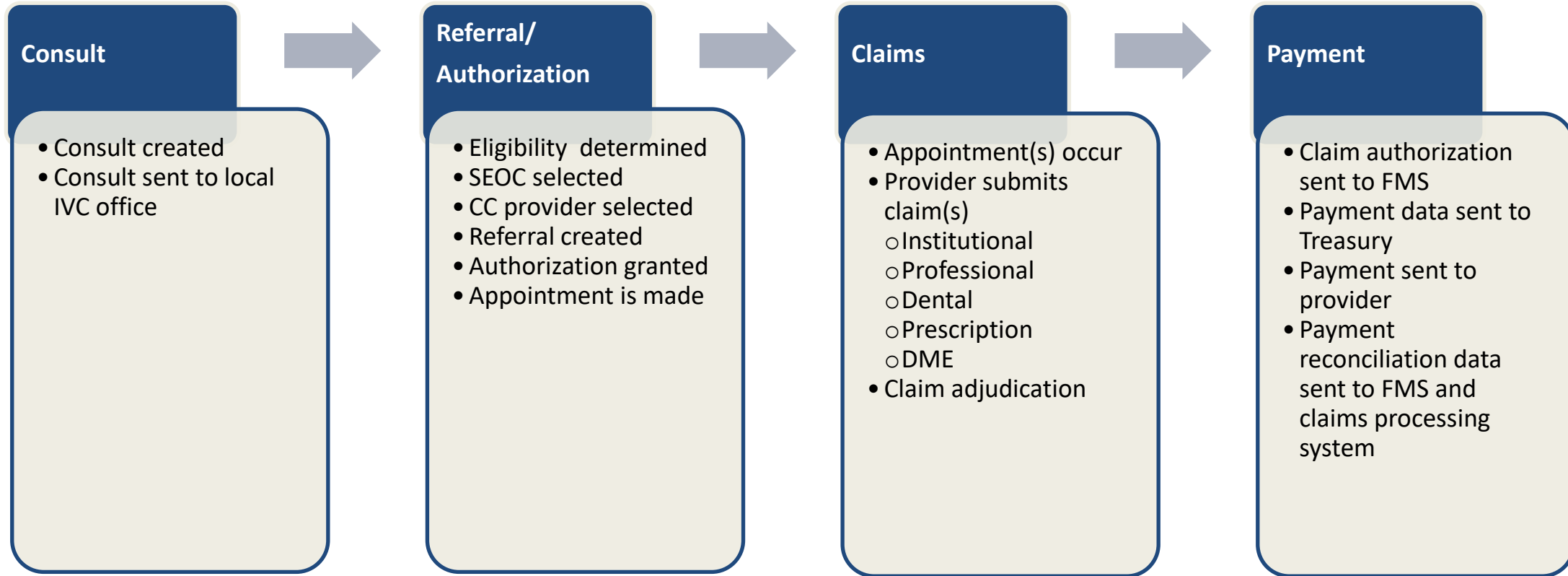
- Overview of community care data
- Data sources
- Deduplication
- PIT
- CCRS
- eCAMS

Overview: What is VA-Purchased Care?

- VA-purchased or “community care” (CC) is care paid for by the VA but delivered by providers outside a VA facility.
 - This care can take place in a multitude of settings
 - Providers could be VA staff at an academic affiliate, DoD providers, IHS/THP providers, or non-VA providers.
 - The Office of Integrated Veteran Care (IVC) oversees VA-purchased care
- VA-provided care
 - Care delivered in VA Healthcare Systems (VAHCS) and other VA facilities

IHS: Indian Health Services
THP: Tribal Health Program

Overview: VA-Purchased Care Process



SEOC: Standardized Episode of Care
DME: Durable Medical Equipment
FMS: Financial Management System

What is Claims Data?

- Form based
 - HCFA or CMS 1500
 - UB92/UB04 or CMS 1450
 - Electronic submission now, but hasn't always been
- Identifies when services were provided
- Identifies what services were provided
- Identifies who provided services
- Identifies who services were provided to

UB92

1		2		3A PAIL CNTL #		4 TYPE OF BILL	
5 FICD TAX NO.		6 STATEMENT COVER PERIOD FROM		7 THROUGH			
8 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SEC	
16 DHR		17 STAT		18 19 20 21		22 23 24 25 26 27 28	
29 ACCT 30 STATE		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV CD		43 DESCRIPTION		44 HCPCS / RATE / NPI'S CODE		45 SERV DATE	
46 SERV UNITS		47 TOTAL CHARGES		48 NON COVERED CHARGES		49	
PAGE ____ OF ____		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 PRIOR PAYMENTS		53 SST AMOUNT DUE	
56 INSURED'S NAME		57 INSURED'S UNIQUE ID		58 GROUP NAME		59 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66		67		68		69	
70 ADMISSION DATE		71 PRESENT REASON		72 ICD		73	
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING		77 QUAL	
78 LAST		79 FIRST		80 LAST		81 FIRST	
82 OTHER PROCEDURE CODE		83 OTHER PROCEDURE CODE		84 OTHER PROCEDURE CODE		85 OTHER PROCEDURE CODE	
86 LAST		87 FIRST		88 LAST		89 FIRST	
90 REMARKS		91 ICD		92 OTHER		93 QUAL	
94 LAST		95 FIRST		96 LAST		97 FIRST	
98 OTHER		99 QUAL		100 LAST		101 FIRST	

10/11/2022

[7]



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA										PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BOX LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)					1a. INSURED'S I.D. NUMBER (For Program in Item 1)																								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)																			
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)																			
CITY STATE					8. RESERVED FOR NUCC USE					CITY STATE																			
ZIP CODE TELEPHONE (Include Area Code) ()										ZIP CODE TELEPHONE (Include Area Code) ()																			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER																			
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>					a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>																			
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input type="checkbox"/>					b. OTHER CLAIM ID (Designated by NUCC)																			
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>					c. INSURANCE PLAN NAME OR PROGRAM NAME																			
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9c.																			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																			
SIGNED _____ DATE _____										SIGNED _____																			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.					15. OTHER DATE MM DD YY QUAL.					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate to service line below (24E) ICD Ind. A. B. C. D. E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO.																			
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. EPSON Form I. ID. QUAL. J. RENDERING PROVIDER ID. #																													
1															NPI														
2															NPI														
3															NPI														
4															NPI														
5															NPI														
6															NPI														
25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For 99b, 99c, 99d, 99e, 99f, 99g, 99h, 99i, 99j, 99k, 99l, 99m, 99n, 99o, 99p, 99q, 99r, 99s, 99t, 99u, 99v, 99w, 99x, 99y, 99z) YES <input type="checkbox"/> NO <input type="checkbox"/>					28. TOTAL CHARGE \$					29. AMOUNT PAID \$					30. Rvd for NUCC Use				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.					33. BILLING PROVIDER INFO & PH # () a. NPI b.																			
SIGNED _____ DATE _____																													

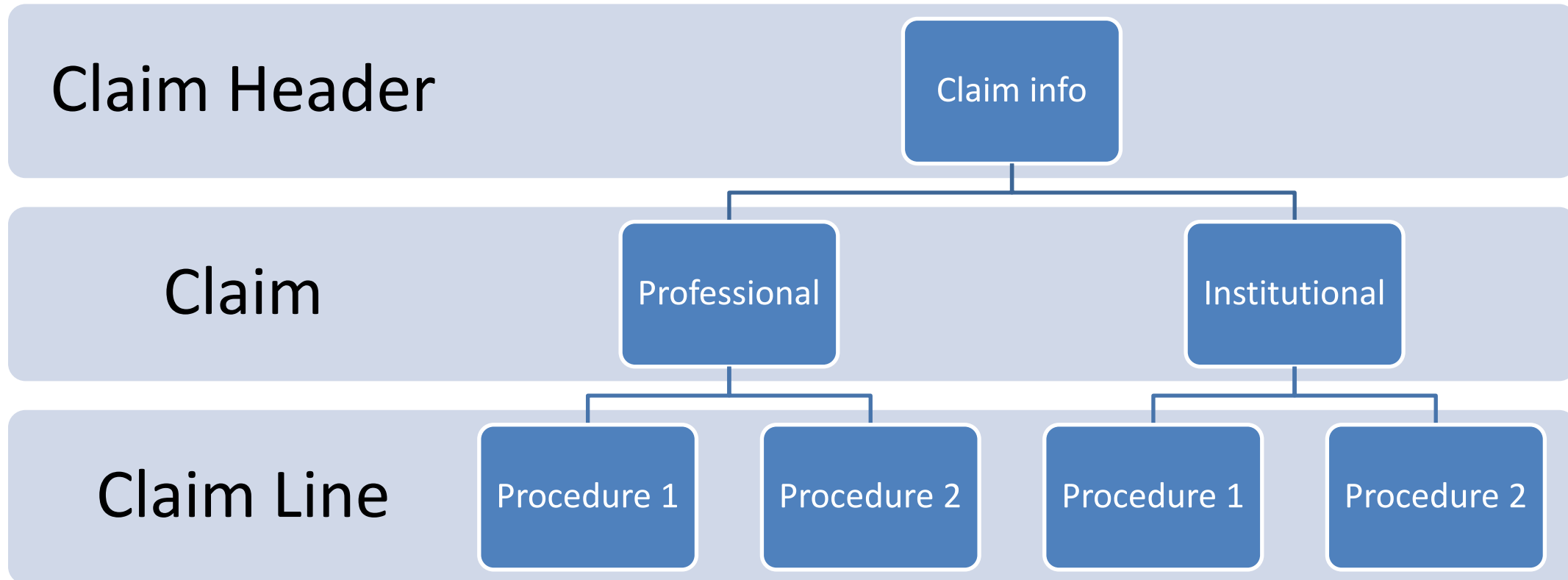
CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

10/11/2022

Claims Data Structure



How do Claims Data Sources Differ?

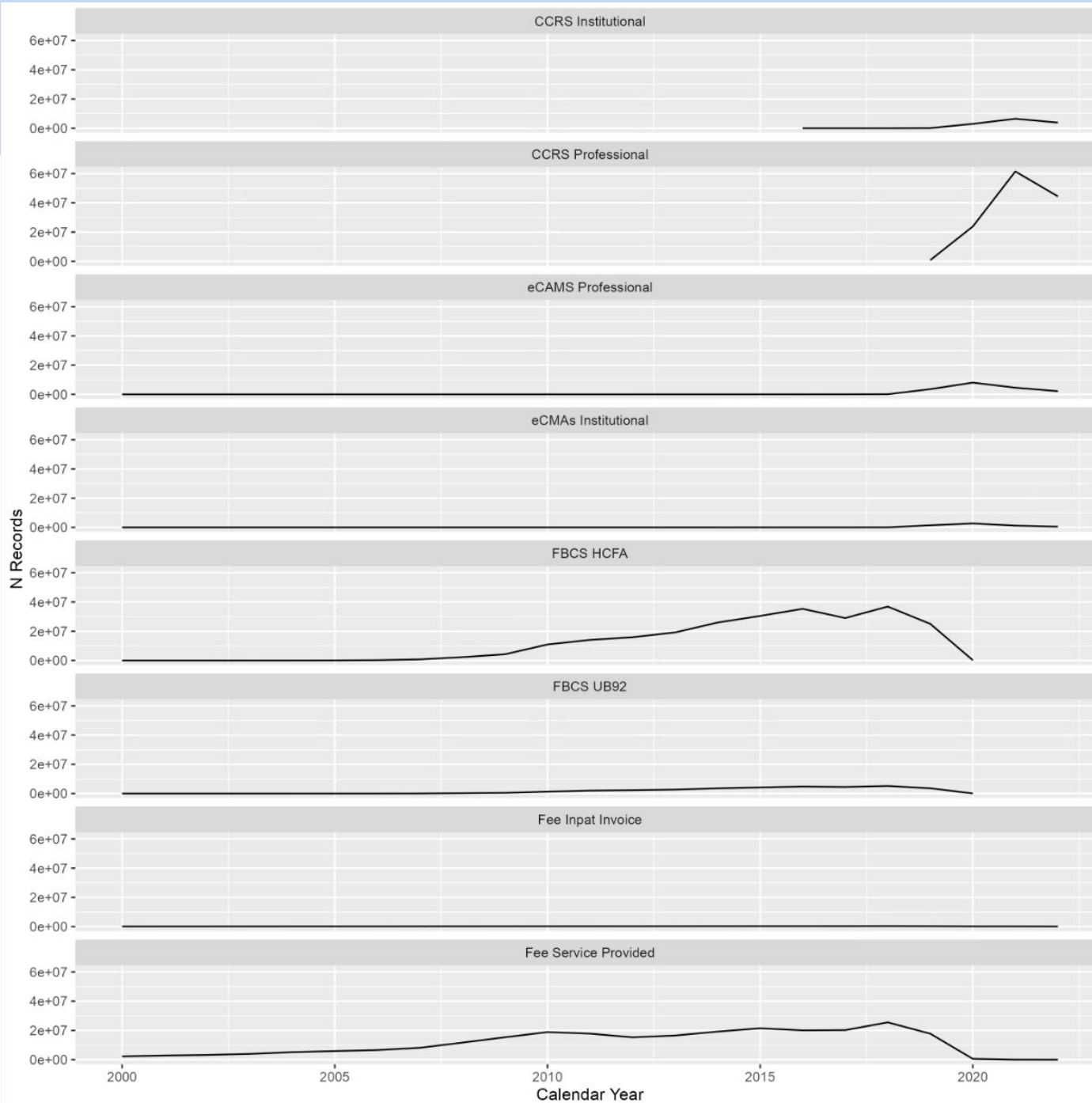
- VA has multiple claims sources
- Considerations when selecting a claims data source
 - Time Range Covered
 - Sources of claims
 - Primary vs Secondary source
 - Ease of use

Claims Data Sources

Data Source	Claim Time Range	Type of Claims	Primary/Secondary Source
VISTA FEE	1985—current		Primary
MedSAS VISTA Fee	1985—current	Contains Plexis	Primary
FBCS ^d	2014—2019		Primary
PIT	2000—current	Contains Plexis	Secondary
CCRS	2019—current	Community Care Network, MISSION only	Primary
eCAMS	2018—current	Community Care Non-Network Claims, replaced FBCS	Primary
CDS ⁱ	2019—current	All claims	Secondary

d: Depreciated

i: In development




Should I use PIT?

- PIT is meant to detect fraud, waste, and abuse
 - IVC recommends *against* using it
 - But it is the only way to access claims from some systems
- Use PIT cautiously until CCRS and eCAMS come onto DART
 - Know what claims are only in PIT
 - Plexis
 - Expedited payments

PIT: Performance Integrity Tool

IVC: Office of Integrated Veterans Care

Data Source Recommendations

- Use CCRS and eCAMS when they come onto the DART
- Use CDS when it comes onto the DART
 - Will replace  all other sources
- If you can wait for CCRS/eCAMS and have resources to learn them then do so
 - Otherwise use PIT at your own risk
- If you can wait for CDS then do!

Duplication: Some causes

- Separate claims submitted for same service
 - Professional + Institutional
- Multiple claim submissions
- Slightly different dates between systems
- Claims in multiple systems
 - Fee + PIT
 - FBCS + PIT
 - CCRS + PIT
 - eCAMS + PIT

Some Methods of Deduplication

- Only include paid/accepted/approved and current claims
 - Current flags only don't work well with CCRS claims
- Between sources
 - Claim id
 - VIREC factbook for PIT and FBCS
- Between and/or within sources
 - Patient + procedure
 - Patient + day

Picking a Deduplication Method

What method of deduplication you choose depends on what you are measuring

- Utilization? Probably deduplicate at the patient-day
 - Allows for alignment between VA-provided and VA-purchased data
- Cost? Probably need to keep both institutional and professional so you can sum the payments
- People with X diagnosis: maybe you don't want to exclude rejected claims
 - Some claims are rejected not because the care wasn't delivered or the diagnosis was incorrect, but because the
 - Procedures not included in the SEOC
 - Occurrence of CPTs exceeds what is allowed by a SEOC

SEOC: Standardized Episode of Care. Like Medicare bundled payments, but the payments are not bundled

Fields to consider across sources pt 1

	Patient SSN	Patient ICN
FBCS*	Fbcs.hcfa.1a fbcs.ub92.box60a	—
FEE	Spatient.PatientSSN	Spatient.PatientICN
PIT	Sveteran.PITPatient.MemberID	Sveteran.PITPatient.PatientICN
CCRS	Ccrs.claim_cob.insured_id	Ccrs.claim_cob.insured_id
ECAMS	Ecams_replica.ad_claim_header.mbr_sid -> ecams_replica.mbr_dmgrpnc.social_security_nmbr	ecams_replica.ad_claim_header.mbr_identifier Where MBR_IDNTRF_TYPE_CID=20

* Some claims are scanned, and data imported via optical text recognition

PIT

- PIT has claims from multiple sources, including ones that researchers don't currently have direct access to
- Multiple claim sources now flowing into PIT
 - Each primary claims database has its own structure
 - Creating differences between sources within PIT

Identifying claim source in PIT

Data Source	SourceSystem	Batchlogkey
VISTA FEE	Does not flow into PIT FBCS	
MedSAS VISTA Fee		
FBCS	FBCS	RXVXXX
CCRS	CCRS	CCRS_XXXX
eCAMS	CCNNC	CCNNC_XXX
Plexis	FBCS	VACDB_XXX

Comparing Claims in PIT to Source

- Fee and FBCS already covered by VIREC
- CCRS
 - Not all CCRS resubmissions are in PIT
 - PIT does not always contain the most recent submission
 - Delay between CCRS and PIT
- eCAMS

Why claim status may be missing in PIT

- Sometimes ClaimStatus is NULL in PIT in these cases:
 - Claim XM (SourceSystem= 'CXM')
 - EDI (Claims Processing & Eligibility; CHAMPVA claims)
 - FBCS (SourceSystem= 'FBCS'; using CurrentFlag='Y' will remove most of these)
- ClaimStatus is based on processed claims
 - Some claims are loaded into PIT before processing
 - ClaimXM & EDI
 - May be better to look at PITVAPayment tables
 - EDI

Partition Key Issues

- Sometimes the partition key isn't the data you want
 - NULL values in partition key
 - You want a different date

Schema	Partition Key	Issue
Fee. FeeInitialTreatment	InitialTreatmentDateTime	✓
Fee. FeeInpatInvoice	InvoiceReceivedDateTime	Usually want TreatmentFromDateDateTime
PIT. PITClaim	ServiceDate	Is often NULL (91.4% of records)
PIT. PITInstitutionalClaim	ServiceDate	Is always NULL (100% of records)
PIT. PITProfessionalClaimDetails	ServiceFromDate	✓

“But I want that date!” What to do

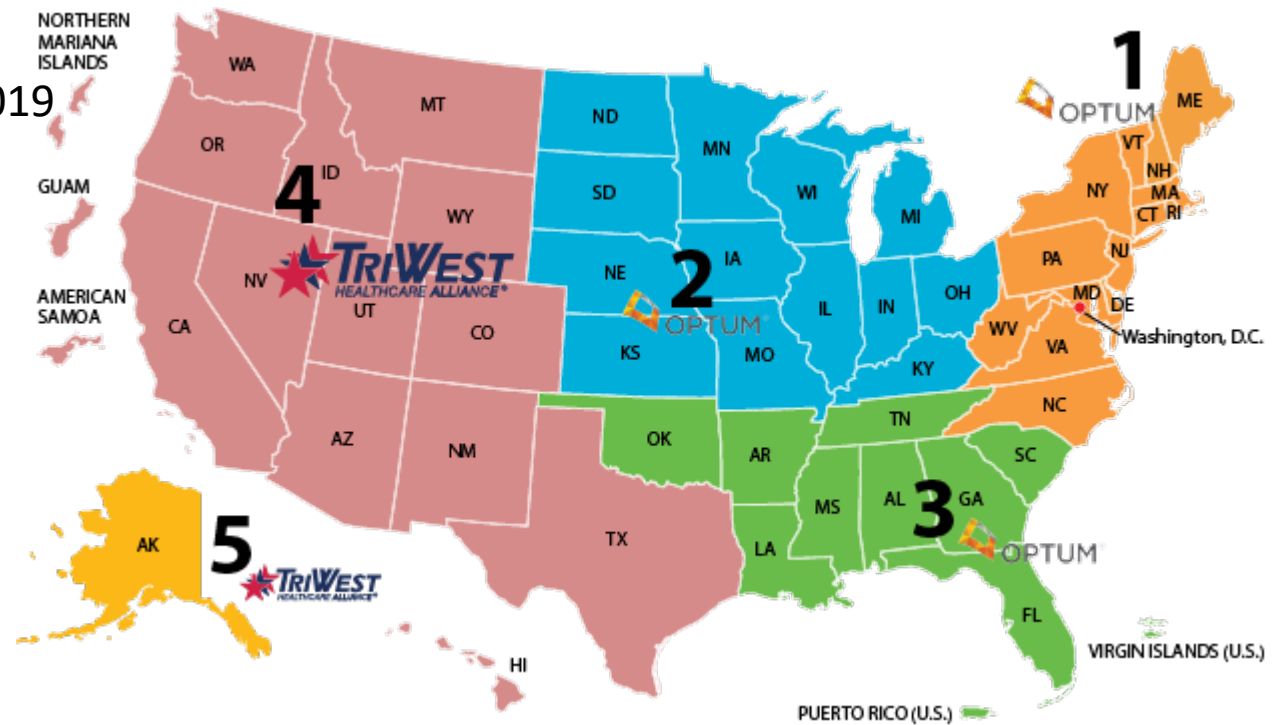
- When you want to a field other than the partition key

```
select FeeInpatInvoiceSID
FROM CDWork.Fee.FeeInpatInvoice
where InvoiceReceivedDateTime > convert(datetime2(0), '2015-01-01')
and TreatmentFromDateTime > convert(datetime2(0), '2015-01-01')
```

- When partition key is NULL (or truly unknown)
 - Be cautious of your query plan!

Intro to CCRS

- Community Care Reimbursement System (CCRS)
- Claims for providers in the Community Care Network (CCN)
 - MISSION Act
 - Rolling deployment
 - Start of Health Care delivery 6/26/2019
 - Full Health Care delivery: 1/25/2022
- Permissions: CDW_SPatient



CCRS Structure

- Status at the claim line, not claim level
- Contains resubmissions
- “Test” records: claim_ids containing ‘MISSING’

```
29 |  
30 | select top 50 claim_id  
31 | from CDWork.ccrs.DIM_VA_CLAIM  
32 | where claim_id like '%missing%'
```

claim_id
VA-CCN1-MISSING_27b4931ca7f1f14739bb2e0281b312b0b6
VA-CCN1-MISSING_27d12881222c41bcb48f95d7904ceeac
VA-CCN1-MISSING_2807e216f25942c39ccfd40289fca85c
VA-CCN1-MISSING_281430eab839459c98d4a6050a9000f1
VA-CCN1-MISSING_282422b684ec4e929fc5eec8c1dc690f
VA-CCN1-MISSING_285f9462122e4249a85dcf6f6b7b1db4
VA-CCN1-MISSING_28a86286135e41879ca83c18ec767365
VA-CCN1-MISSING_29404f31442641a3ac464ef8511be570
VA-CCN1-MISSING_29635a0f7c5a4ca485b220ea26597f86
VA-CCN1-MISSING_297d352d9a5d44cdb072869188cc0345
VA-CCN1-MISSING_2999b5febd014939828d5d3b447a0ade
VA-CCN1-MISSING_29b0e5f7009442b5a3b584931411b158
VA-CCN1-MISSING_2a38eaec07564b82812767589d45a7e9
VA-CCN1-MISSING_2af815a72d4347e699e618f69f5356c7
VA-CCN1-MISSING_2aff78f103c54fe48bb953bc96691f0a
VA-CCN1-MISSING_2b22e62295734c9d90bd68b8841db95c
VA-CCN1-MISSING_2ba24f04771745058dd3c6bde40a56b3
VA-CCN1-MISSING_2ba74b8549604971932ea55df59ca3c2
VA-CCN1-MISSING_2bb22d95b21546b8b2393f476f2ddc13
VA-CCN1-MISSING_2be0ddb4a736476c84f9ef7826b3c4b0
VA-CCN1-MISSING_2bf94f546b194aae866380785118f5e0
VA-CCN1-MISSING_2bfd49431f764700b137e0268a0208e0

CCRS Tables of Interest

- Claim header: dim_va_claim
- Patient Demographics: claim_cob
- Claim status: decision
- Institutional claim information: dim_institutional_claim
 - F_Institutional_Medical_Claim_Details
- Professional claim information: dim_professional_claim
 - F_Professional_Medical_Claim_details
- Diagnosis information: claim_diagnosis (ICD-10)
- Procedure information: claim_procedure (majority—96.4%—ICD-10 PCS)
 - F_Professional_Medical_Claim_details (CPT/HCPCS, a few records with HIPPS)
 - F_Institutional_Medical_Claim_Details (CPT/HCPCS, 3% of records with HIPPS codes)

CCRS Joins

FKTable ¹	FKField ¹	PKTable ²	PKField ²
claim_cob	claim_key	dim_va_claim	claim_key
dim_institutional_claim	claim_key	dim_va_claim	claim_key
F_Institutional_Medical_Claim_Details	claim_key	dim_institutional_claim	claim_key
dim_professional_claim	claim_key	dim_va_claim	claim_key
F_Professional_Medical_Claim_details	claim_key	dim_professional_claim	claim_key
claim_diagnosis	claim_key	dim_va_claim	claim_key
Decision	Claim_key	F_Professional_Medical_Claim_details	claim_key
Decision	Claim_key	F_Institutional_Medical_Claim_Details	claim_key

¹ Foreign Key

² Primary key

CCRS Structure: handling resubmissions

- Claims tied together based on resubmissions
- Dim_va_claim
 - One row per submission
 - Prior_claim_id and prior_claim_key link to the prior (1) submission
- Ledger table
 - Not all resubmissions are in ledger
 - Contains 'root' (initial) claim key: RootClaimKey field
- Max resubmissions by year
 - 2019 up to 32 resubmissions
 - 2020 up to 9 resubmissions
 - 2021 & 2022 up to 10 resubmissions

Example query

```
;with cte_most_recent_sub_in_ledger as ( -- get most recent iteration from ledger table for each root key
    select top 50 max(iteration) as max_it , l.RootClaimKey
    from CDWork.ccrs.Ledger as l
    group by l.RootClaimKey
)
select l.RootClaimKey, claim.*
from cte_most_recent_sub_in_ledger as cte
inner join CDWork.ccrs.Ledger as l on cte.max_it=l.Iteration and cte.RootClaimKey=l.RootClaimKey
inner join CDWork.ccrs.DIM_VA_CLAIM as claim on l.NewClaimKey=claim.claim_key -- join on data for most recent claim submission
```

- There are some claims with non-NULL values for prior_claim_key in the dim_va_claim table that *are not* in the ledger

Claim Statuses in CCRS

Decision Value	Meaning
APPROVED	
BILL_SENT	
DENIED	“If counting paid claims, exclude”
NO_ACTION	“Lines that weren’t paid as part of the normal dynamic of claims payment methodology but may still be relevant to see the overall picture of what was provided on that claim” Not the same as denied
PAID	Paid & processed claims
PENDING_REVIEW	Awaiting processing; no data in payment tables
REJECTED	Most with no data in payment tables
VOID	Most with no data in payment tables

Intro to eCAMS

- Electronic Claims Adjudication Management System
- Community Care Non-Network Claims (CCNNC)
 - Claims for emergency care
 - Claims for providers not in a CCN
- Permissions: CDW_SPatient
- ecams_replica
 - Tables starting with Ad_ tables = adjudicated claims
- Contains resubmissions
 - Root claim is usually original_TCEN
 - Immediately prior claim is usually parent_TCEN

eCAMS structure: claim type

- Tables are not explicitly split into institutional and professional
 - Use values in `ecams_replica.ad_claim_header.Invoice_type_lkpcd` to determine type of claim

```
16
17 SELECT TOP (1000) [LKP_VALUE_SID]
18     , [LKP_DOMAIN_CID]
19     , [LKP_VALUE_CODE]
20     , [LKP_VALUE_NAME]
21     , [LKP_VALUE_DESC]
22     , [OPRTNL_FLAG]
23     , [CREATED_BY]
24     , [CREATED_DATE]
25     , [MODIFIED_BY]
26     , [MODIFIED_DATE]
27 FROM [CDWork].[ecams_replica].[lookup_value]
28 where LKP_DOMAIN_CID=34
```

LKP_VALUE_SID	LKP_DOMAIN_CID	LKP_VALUE_CODE	LKP_VALUE_NAME	LKP_VALUE_DESC	OPRTNL_FLAG	CREATED_BY	CREATED_DATE	MODIFIED_BY	MODIFIED_DATE
11563.000000	34.000000	H	Pharmacy	Pharmacy	A	1.000000	2006-08-03 17:53:23	1415.000000	2019-12-05 19:25:54
11564.000000	34.000000	S	Social Services	Social Services	I	1.000000	2006-08-03 17:53:23	1415.000000	2019-10-18 16:40:08
2046.000000	34.000000	F	Internal Feed	Internal Feed	I	1.000000	2002-11-08 00:00:00	1415.000000	2019-10-18 16:40:08
500002834.000000	34.000000	A	All	All	I	1.000000	2009-10-06 14:33:33	1415.000000	2019-10-18 16:40:08
134.000000	34.000000	D	Dental	Dental	A	1.000000	2002-10-25 00:00:00	1.000000	2002-10-25 00:00:00
135.000000	34.000000	I	Institutional	Institutional	A	1.000000	2002-10-25 00:00:00	1.000000	2002-10-25 00:00:00
136.000000	34.000000	P	Professional	Professional	A	1.000000	2002-10-25 00:00:00	1.000000	2002-10-25 00:00:00

eCAMS Structure: claim status

```
66 select top 50 head.tcn, head.BSNS_STATUS_CID, head.BSNS_STATUS_TYPE_CID, s.STATUS_NAME
67 FROM [CDWork].[ecams_replica].ad_claim_header as head
68 inner join CDWork.ecams_replica.status as s on head.BSNS_STATUS_CID=s.STATUS_CID
69 and head.BSNS_STATUS_TYPE_CID=s.STATUS_TYPE_CID
```

%

Results Messages

tcn	BSNS_STATUS_CID	BSNS_STATUS_TYPE_CID	STATUS_NAME
302029600040617000	71.000000	8.000000	Paid
302029600040615000	71.000000	8.000000	Paid
302029600040618000	71.000000	8.000000	Paid
302029600040619000	72.000000	8.000000	Denied
302029600040620000	72.000000	8.000000	Denied

eCAMS Tables of Interest

- Claim header: ad_claim_header
- Patient Demographics: mbr_demographic
- Claim status: status
- Claim line: ad_claim_line
- Diagnosis information:
 - ad_clm_hdr_x_diagnosis
 - ad_clm_x_dgns_x_clm_ln
- Procedure information: ad_clm_hdr_x_procedure (CPT/HCPCS and ICD-10 PCS)

eCAMS Joins

FKTable ¹	FKField ¹	PKTable ²	PKField ²
ad_claim_header	bsns_status_cid	status	status_cid
ad_claim_header	bsns_status_type_cid	status	status_type_cid
ad_claim_line	claim_header_sid	ad_claim_header	claim_header_sid
ad_clm_hdr_x_diagnosis	claim_header_sid	ad_claim_header	claim_header_sid
ad_clm_hdr_x_procedure	claim_header_sid	ad_claim_header	claim_header_sid
ad_claim_header	mbr_sid	mbr_dmgrpnc	mbr_sid

¹ Foreign Key

² Primary Key

Summary

- PIT is mostly complete (in terms of claims submitted across systems)
 - IVC recommends *against* using PIT
 - Delay in claims moving from source systems to PIT
 - PIT contains unprocessed claims—Be careful and thoughtful!
 - Duplication of claims is an issue
 - Currentflag='Y' used to take care of most of these, but no longer does because of CCRS
- CCRS and eCAMS are currently being added to the DART
 - Different structures than each other and than PIT
- CDS is in development
 - FY19 onwards
 - Most recent/summarized claims from all systems
 - Initial iteration will be available for operations in December
 - Will be available for researchers in 2023

Resources: Weblinks

VIReC

- [Community Care for Veterans \(va.gov\)](https://www.va.gov/community-care/)

IVC

- [OCC FGB Landing Page \(sharepoint.com\)](https://sharepoint.com)
- [Community Care Home \(va.gov\)](https://www.va.gov/community-care/)
- [Community Care Hub Home - VHA Office of Integrated Veteran Care \(va.gov\)](https://www.va.gov/vha/office-of-integrated-veteran-care/)
- [Data locations](#)

Community Care Research Evaluation & Knowledge Center

HERC

BISL Daily Community Care CDW-Raw Updates

Non-VA resources

- [Find, Request and Use CMS Data | ResDAC](#)
- [CMS claims manual](#)
- [CMS costs](#)

Thank you
erin.beilstein-wedel@va.gov

Questions?