

ALL-PAYER CLAIMS DATABASES

National Association of Health Data Organizations
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UNIVERSITY of NEW HAMPSHIRE



Presentation Outline



- What are APCDs
- Why are states implementing APCDs?
- Lessons learned
- APCD standardization
- Claims data applications

What are APCDs?

- ▣ Large-scale databases
- ▣ Systematically collect health care data from a variety of payer sources
- ▣ Include claims from most health care providers



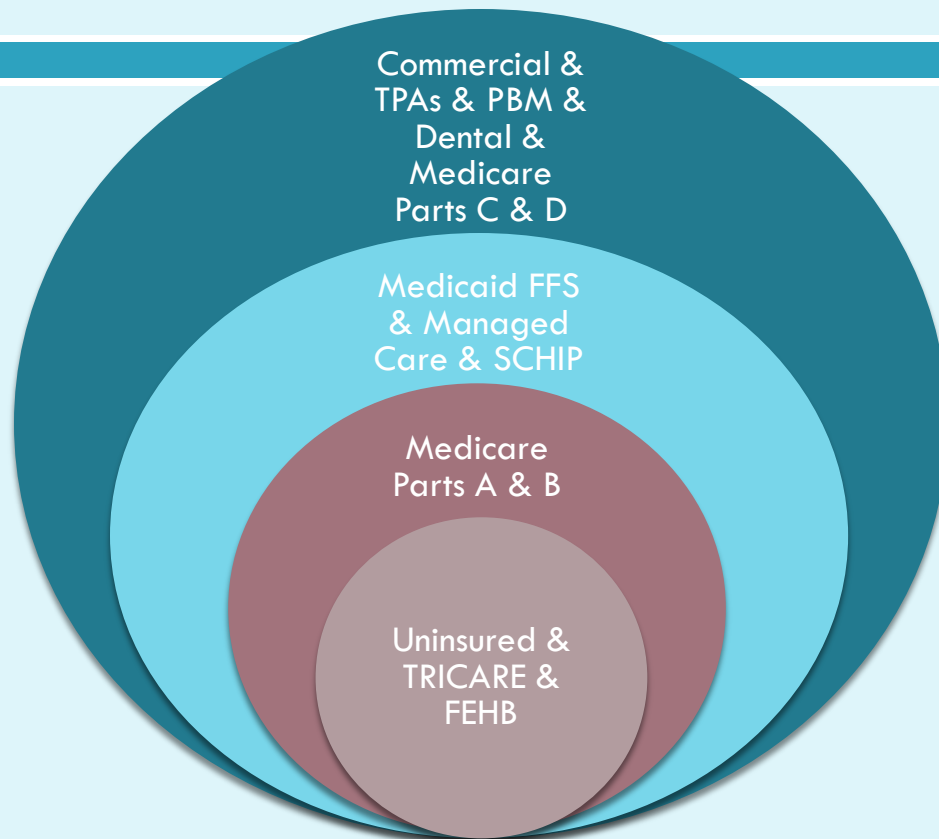
About APCDs:

- Typically created by a state mandate*
- Generally include data derived from public and private payer files:
 - ▣ Medical claims
 - ▣ Pharmacy claims
 - ▣ Dental claims
 - ▣ Eligibility files
 - ▣ Provider files

*In states without a legislative mandate, voluntary APCD reporting may occur through employer coalitions, Chartered Value Exchanges, or other organizations

Sources of APCD Data

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Typically Included in APCDs

Patient/Clinical

- ❑ Social Security Number (encrypted)
- ❑ Type of product (HMO, PPO, FFS, etc.)
- ❑ Type of contract (single person, family, etc.)
- ❑ Patient demographics (DOB, gender, residence, relationship to subscriber)
- ❑ Diagnosis codes (including E-codes)
- ❑ Procedure codes (ICD, CPT, HCPCs)
- ❑ NDC code /generic indicator

Financial

- ❑ Revenue codes
- ❑ Service dates
- ❑ Service provider (name, tax ID, payer ID, specialty codes, location)
- ❑ Prescribing physician
- ❑ Plan payments
- ❑ Member payment responsibility (co-pay, co-insurance, deductible)
- ❑ Date paid
- ❑ Type of bill
- ❑ Facility type

Typically Excluded Information

- ❑ Services provided to uninsured (few exceptions)
- ❑ Denied claims
- ❑ Workers Compensation Claims
- ❑ Premium Information
- ❑ Capitation Fees
- ❑ Administrative Fees
- ❑ Back-end Settlement Amounts
- ❑ Referrals
- ❑ Test results from lab, imaging, etc.
- ❑ Provider affiliation with group practice
- ❑ Provider Networks

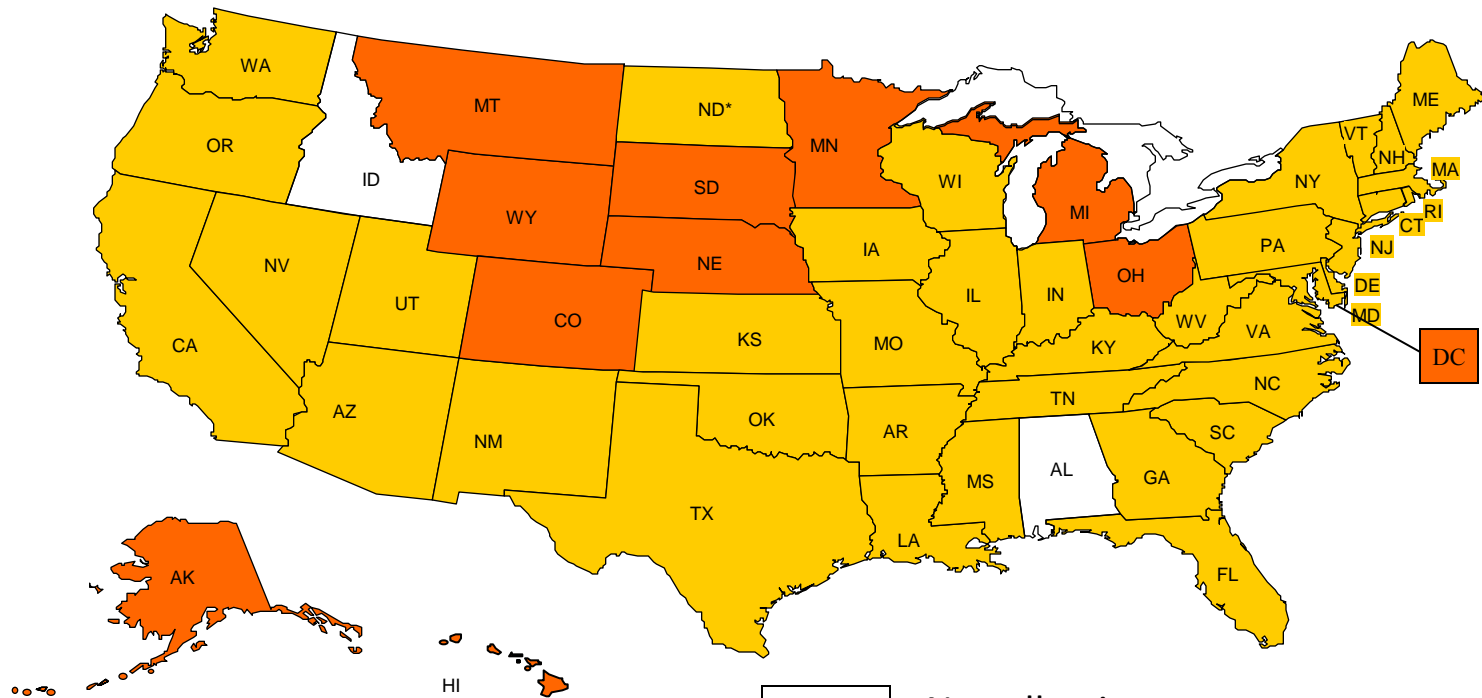


APCDs and other Public Health Data Sets

- ❑ APCDs are unique and provide information on cost and outpatient services
- ❑ APCDs are early in their development and do not replace existing data systems such as hospital discharge data systems
- ❑ E.g. Hospital-based discharge data provide a complete picture of hospital-based utilization (including emergency care and ambulatory surgery) in a state or jurisdiction.
- ❑ Discharge data systems are uniform and well-established
- ❑ Both databases, in tandem, have the potential to enhance the utility of the information for market and policy uses.

Statewide Hospital Inpatient Data Programs

Prepared by NAHDO 2010



Legislative mandate

Voluntary collection

*ND has a mandate-no collection since 2005

No collection

Why are states implementing APCDs?

- ❑ Transparency: Which hospitals have the highest prices?
- ❑ In what geographies is public health improving?
- ❑ What percentage of my employees are receiving preventive services?
- ❑ Is ED use higher in Medicaid than in commercial plans?
- ❑ How does anti-depressant use compare between Medicaid and commercial enrollees?
- ❑ How far do people travel for outpatient services? Which ones?



Something for all Stakeholders

- ▣ Consumers
- ▣ Employers
- ▣ Health plans/payers
- ▣ Providers
- ▣ Researchers (public policy/academic)
- ▣ State government (policy makers, Medicaid, public health, insurance department, etc.)
- ▣ TBD---federal government



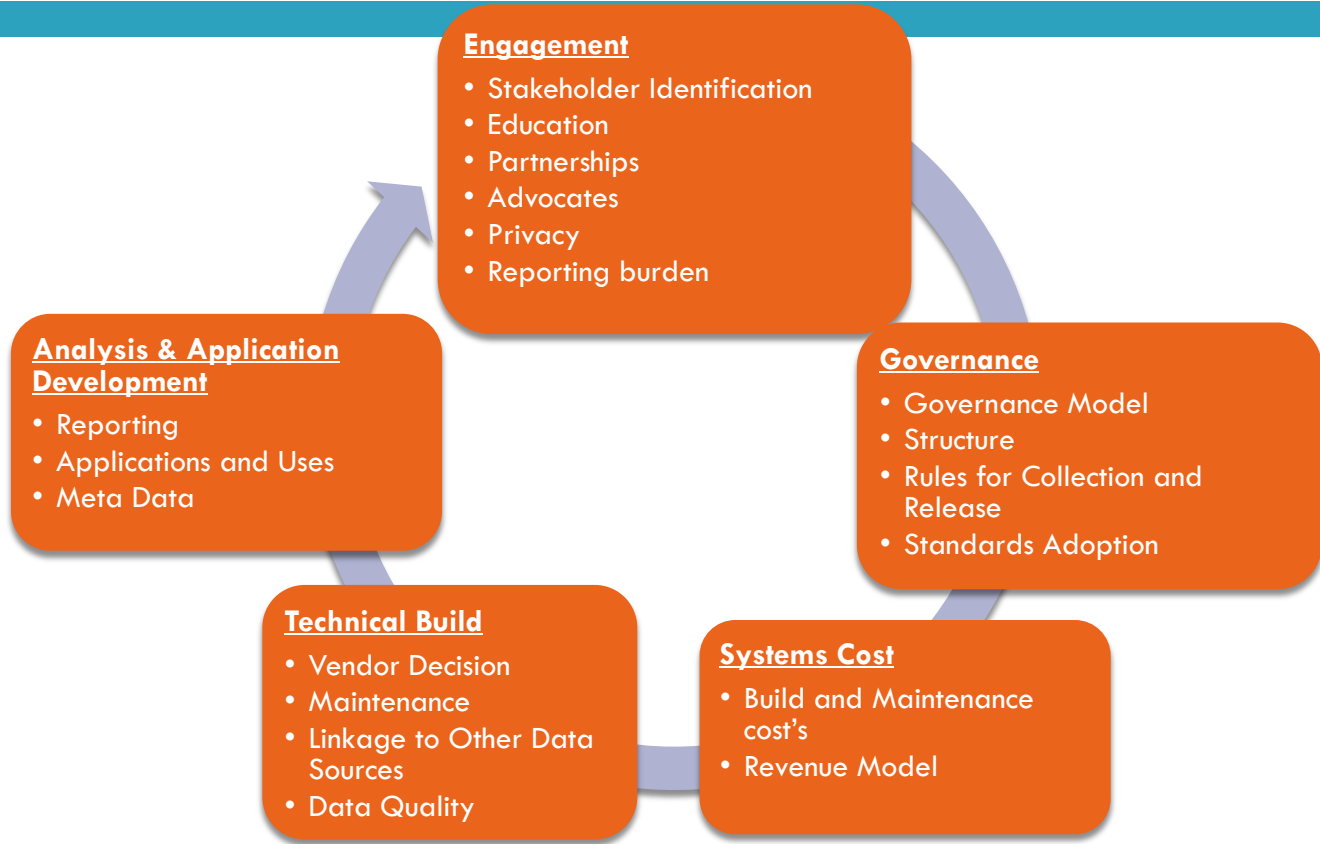
Changing Landscape 2005-10

- ▣ Transparency Initiatives
- ▣ Employer Coalitions
- ▣ Payment Reform
 - Patient-centered Medical Home
 - Accountable Care Organizations
- ▣ Health Information Exchange (HITECH)
- ▣ Health Care Reform (federal and state)



APCD Implementation Framework

Considerations for Critical Components to Build and Sustain APCDs



State APCD Implementation Considerations

- ❑ Location of state authority by statute
- ❑ Funding
- ❑ Collection rules/regulation specifications:
 - ▣ Covered populations
 - ▣ Submission frequency
 - ▣ Thresholds and exclusions
- ❑ APCD data release rules
- ❑ Location of data management/processing
- ❑ Payer relationships
- ❑ Multi-stakeholder issues and engagement



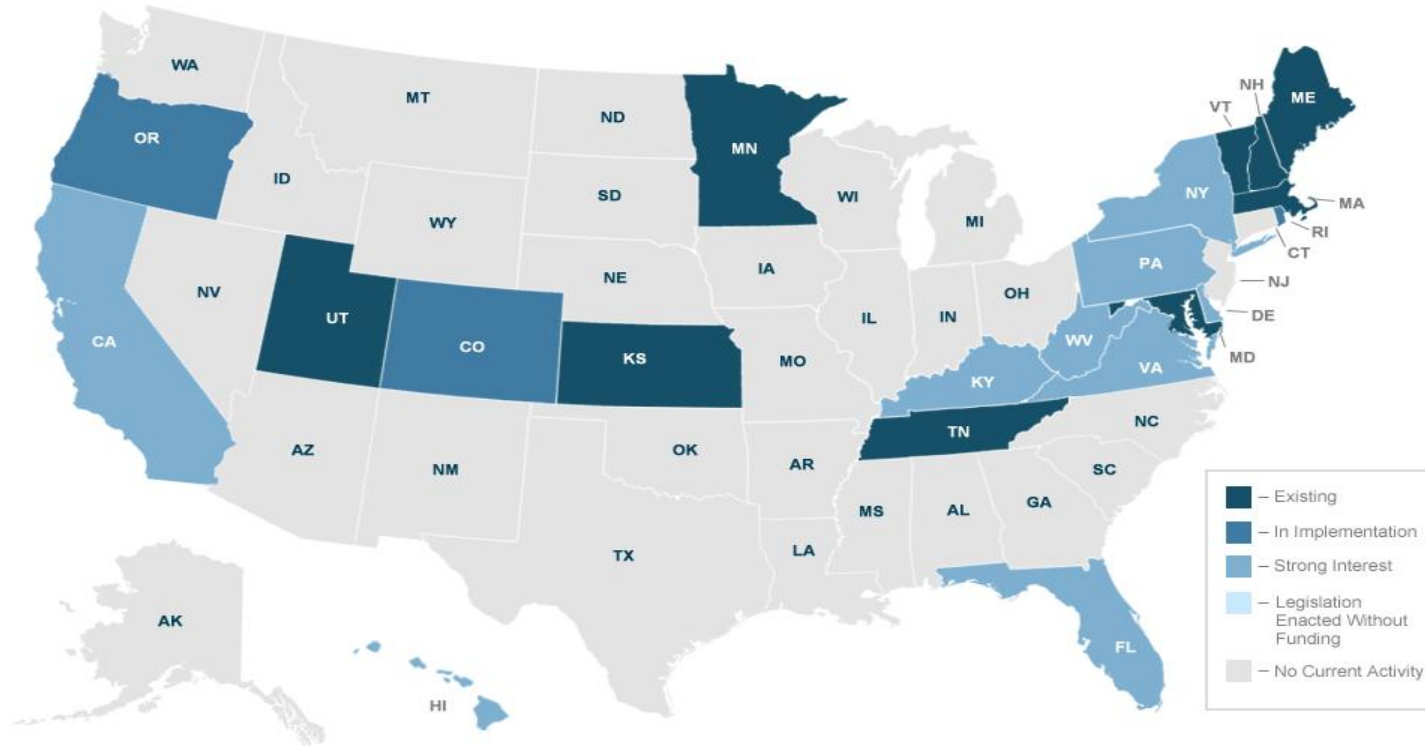
APCD Challenges

- ❑ Completeness of population captured
- ❑ Provider as unit of analysis
- ❑ Retroactive payment adjustments
- ❑ Future potential payment methodologies
- ❑ Ability to link to other data sources
- ❑ State revenue models for funding APCDs
- ❑ Federal engagement (or lack thereof)
- ❑ Standardization / uniformity across state APCDs



Status of State Government Administered All Payer / All Provider Claims Databases

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Lessons Learned (so far)

- ❑ Be transparent and document
- ❑ Transactional versus non-transactional uses of APCDs
- ❑ Integration and linkage opportunities
- ❑ Payer relationships critical
- ❑ Understand data across payers/platforms
- ❑ Local user consortiums make a difference
- ❑ Data management and data analytic contracting options to leverage capacity

Areas for Standardization

- Data collection/submission alignment with HIPAA X12N standards facilitates efficiencies in metadata, reporting, analysis, and application development
- Collection of patient identifiers
- Data release and access policies are political and state-driven

National Standards Development

- Core APCD data set under development for national standards.
 - ▣ Interim core available at <http://www.apcdouncil.org/step-3-data-collection-rules>

National Standards Technical Advisory Panel

- Agency for Healthcare Research and Quality
- All-Payer Claims Database Council
- America's Health Insurance Plans
- Individual Payers
 - Aetna, Humana, United Health Care)
- Centers for Disease Control and Prevention/NCHS
- Centers for Medicare and Medicaid Services

- National Association of Health Data Organizations
- National Association of Insurance Commissioners
- National Conference of State Legislatures
- National Governors Association
- Office of the Assistant for Planning and Evaluation/DHHS
- State Health Plan Associations (various)