History of APCD Council Harmonization Efforts | October 2011

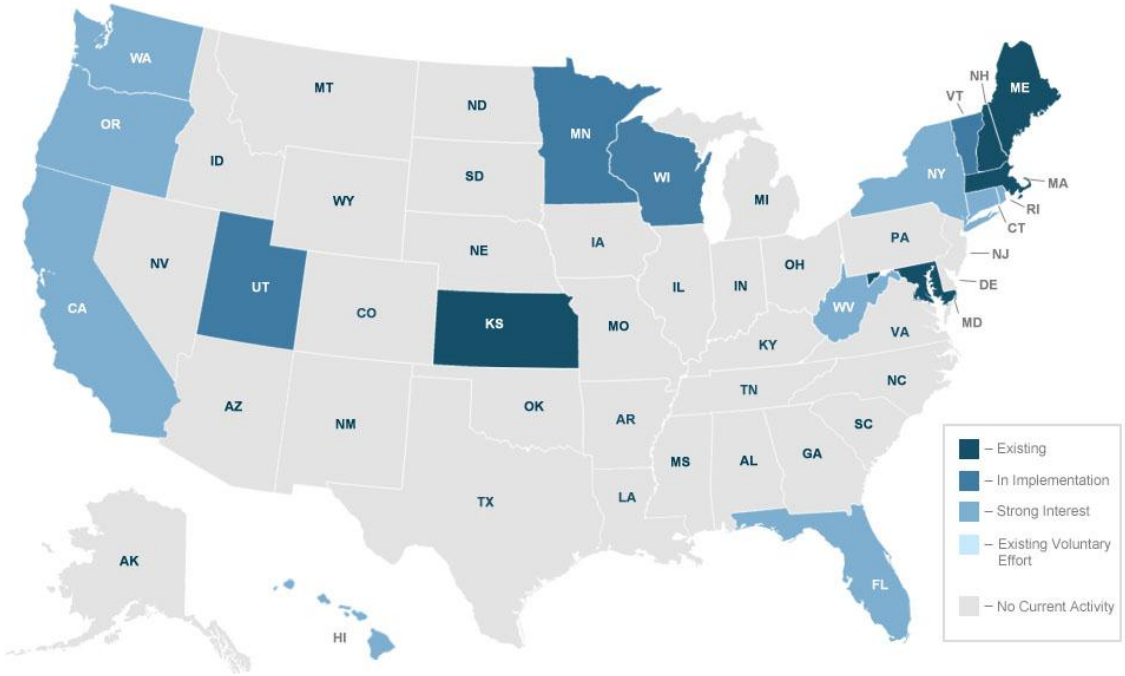
Background

In 2008, the emergence of All Payer Claims Databases (APCD) was not only promising in terms of the potential of APCDs to explain and bend the cost curve of rising health care costs, but also presented a potential problem if each of the 50 states did not require the use of national standards for collecting the data from the payers. The APCD Council was formed to respond to this problem. With a learning network of states, insurers, vendors, and other stakeholders who are advancing the knowledge and development of All-Payer Claims Databases (APCD)[1], the APCD Council has been involved in the advocacy for and development of standards for APCD data collection for three years. Our work has been supported to date by The Commonwealth Fund, Academy Health's State Coverage Initiative, Agency for Healthcare Research and Quality, National Governor's Association, and with direct funding from UNH and NAHDO.

This is our story.

By 2008, five states had passed legislation and established all payer claims databases (see Figure 1).

Figure 1: All-payer claims database progress by state, October 2008



[1] The APCD Council defines all-payer claims databases as *large-scale databases, created by a state mandate, that generally include data derived from medical claims, pharmacy claims, dental claims, eligibility files, and provider (physician and facility) files from private and public payers.*

THE COMMONWEALTH FUND

NAHDO
National Association of Health Data Organizations

APCD COUNCIL All-Payer Claims Database℠

University of New Hampshire
New Hampshire Institute for Health Policy and Practice

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February 2009

Agency for Healthcare Research and Quality (AHRQ) and APCD Council met in Hyattsville MD to discuss the potential for 50 states to develop APCDs in the absence of national standards for reporting. In partnership, AHRQ and APCD Council agreed to convene two meetings within the year to draft a plan for standardization.

May and July 2009

Two meetings were held at America's Health Insurance Plans (AHIP) to draft a plan for standardizing submission of all-payer claims data. Attendees included representatives from APCD Council, AHRQ, National Association of Insurance Commissioners (NAIC), National Governors Association (NGA), National Association of State Medicaid Directors, National Conference of State Legislatures (NCSL), Centers for Medicare and Medicaid Services (CMS), as well as representatives from individual health plans. The plan was approved in July 2009.

December 2009

As the first part of the Standardization Plan, the APCD Council completed an inventory of the data elements collected by APCDs in Maine, New Hampshire, Vermont, and Minnesota. APCD Council later added Massachusetts to the APCD data element inventory.

January 2010

APCD Council joined National Council of Prescription Drug Programs (NCPDP) WG1 Post Adjudication Task Group to develop standards for uniform submission of pharmacy claims data.

March 2010

The inventory of the six states and a proposed core set of data elements for pharmacy claims, eligibility files, medical (institutional and professional) claims and dental claims were presented to a group of industry stakeholders at a meeting hosted by America's Health Insurance Plans (AHIP).

June 2010

The APCD states reviewed the list of core data elements and APCD Council published the approved core set of APCD data elements.

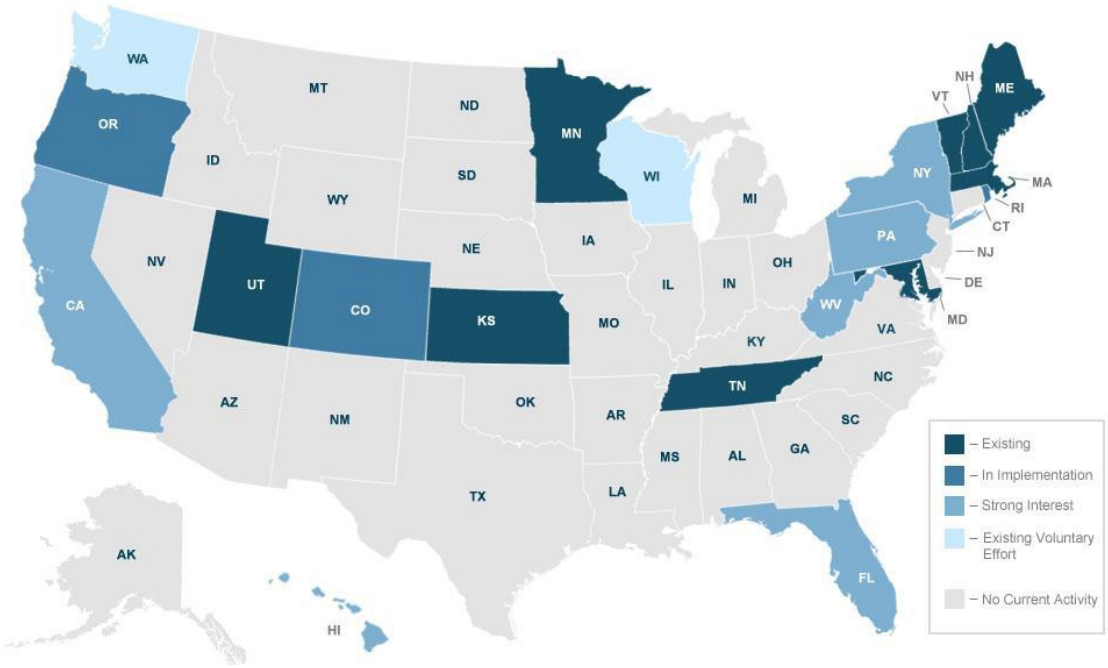
July 2010

APCD Council partnered with Agency for Healthcare Research and Quality to catalog APCD Council proposed core data set and each of the state APCD data sets in United States Health Information Knowledgebase (USHIK).

November 2010

APCD Council met with Margaret Weiker and John Bock of Accredited Standards Committee X12 (ASC X12) to discuss the business need for reporting standards for states. By December 2010, 9 states had implemented APCDs (see Figure 2).

Figure 2: All-payer claims database progress by state, December 2010



January 2011

APCD Council, with funding from a Task Order from AHRQ, established a Technical Advisory Panel (TAP) including members from organizations like AHIP, AHRQ, NCSL, NAIC, NGA, UnitedHealth, Wellpoint, Kaiser Permanente, and Aetna.

Also, during January, the APCD standards effort was announced at the ASC X12 standing meeting; in response, it was discovered that Medicaid and Medicare may have similar reporting needs.

May 2011

APCD Council attended workgroup meetings at the NCPDP Annual Conference in Phoenix, AZ for the presentation of the *Uniform Healthcare Payer Data Standard Implementation Guide.*

July 2011

ASC X12 hosted a conference call with APCD Council to provide an overview of reporting needs for APCDs to ASC X12 co-chairs and members.

Additionally, the Notice of Proposed Rule for Patient Protection and Affordable Care Act; Standards Related to Reinsurance, Risk Corridors and Risk Adjustment (CMS-9975-P) proposes national data collection standards for state-based submission of data.

August 2011

Publication of press release from APCD Council and ASC X12 about Development of a Uniform Medical Claims Payer Reporting Standard, (http://www.disa.org/apps/pr/prdoc.cfm?Name=1218)

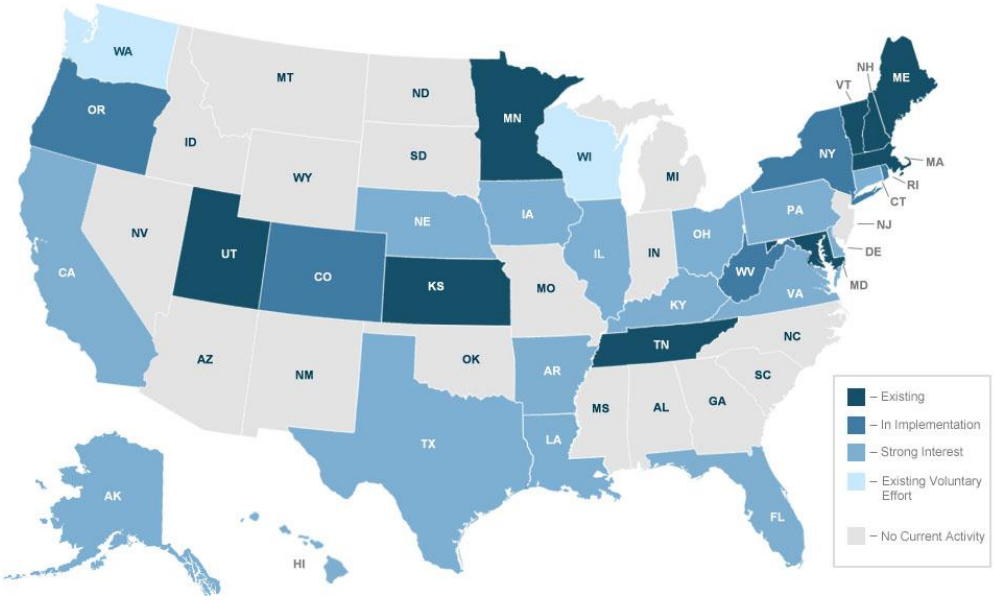
October 2011

NCPDP is anticipating initial release of the *Uniform Healthcare Payer Data Standard Implementation Guide Version 1.0.*

ASC X12 is hosting a kick-off meeting in Pittsburgh PA for a new initiative to develop a *Uniform Medical Claims Payer Reporting Standard*.

Interest in APCDs has grown over the last three years. Over thirty states either have or are building an APCD, or expressed strong interest[2] in APCDs.

Figure 3: All-payer claims database progress by state, October 2011



[2] "Strong interest" is defined as any or all of the following: the establishment of a formal working group with a state to explore APCD development; the establishment of a legislative study committee to study APCDs; or the drafting of APCD legislation.