Overview of All-Payer Claims Databases

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NAHDO
National Association of Health Data Organizations

RAPHIC
Regional All Payer Healthcare Information Council

Topics

- Definition of APCDs
- Examples of APCD Output
- Overview of APCDs
- APCD and HIE
- Standardization
- Questions

This Is All About Transparency

- Which hospitals have the highest prices?
- Which health plan has the best discounts?
- What percentage of my employees have had a mammogram?
- If emergency room usage in Medicaid is higher than the commercial population, what are the drivers?
- What is the average length of time people are using antidepressant medications and what are the patient demographics?
- How far do people travel for services? Which services?
- Hundreds of additional questions could be asked….

Definition of APCDs

Definition of APCDs

- Databases, created by state mandate, that typically include data derived from medical, eligibility, provider, pharmacy, and/or dental files from private and public payers:
  - Insurance carriers (medical, dental, TPAs, PBMs)
  - Public payers (Medicaid, Medicare)

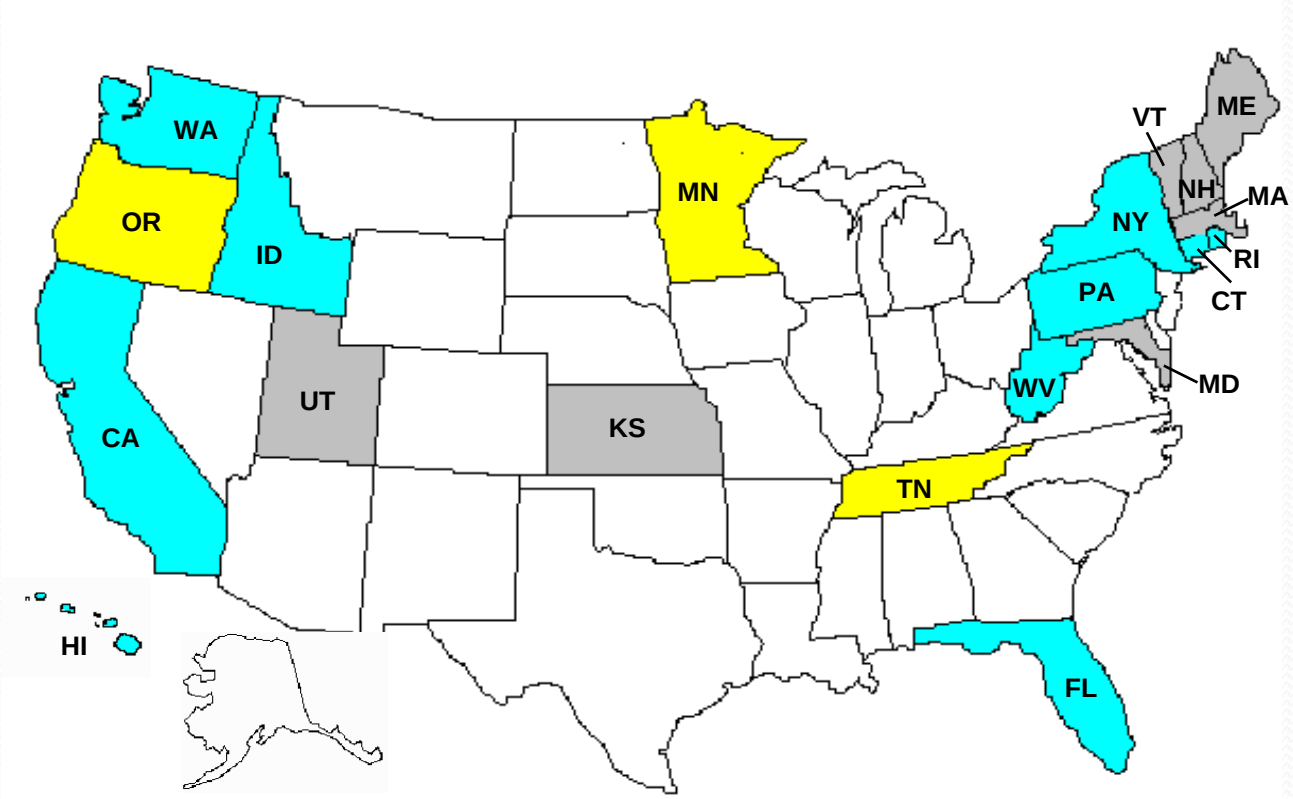
Why APCDs?

- Supplement other data for health services research
  - Medicare: Complete picture of care, but limited population
  - Medicaid: Complete picture of care, but limited population
  - Hospital inpatient/outpatient data: Complete picture of hospital-based care only
  - MEPS (and other surveys): Picture of office-based care, but not population-based (and not robust for states)

Why APCDs?

- To answer research and policy questions
  - Determine utilization patterns and rates
  - Identify gaps in needed disease prevention and health promotion services
  - Evaluate access to care
  - Assist with benefit design and planning
  - Analyze statewide and local health care expenditures by provider, employer, geography, etc.
  - Establish clinical guideline measurements related to quality, safety, and continuity of care

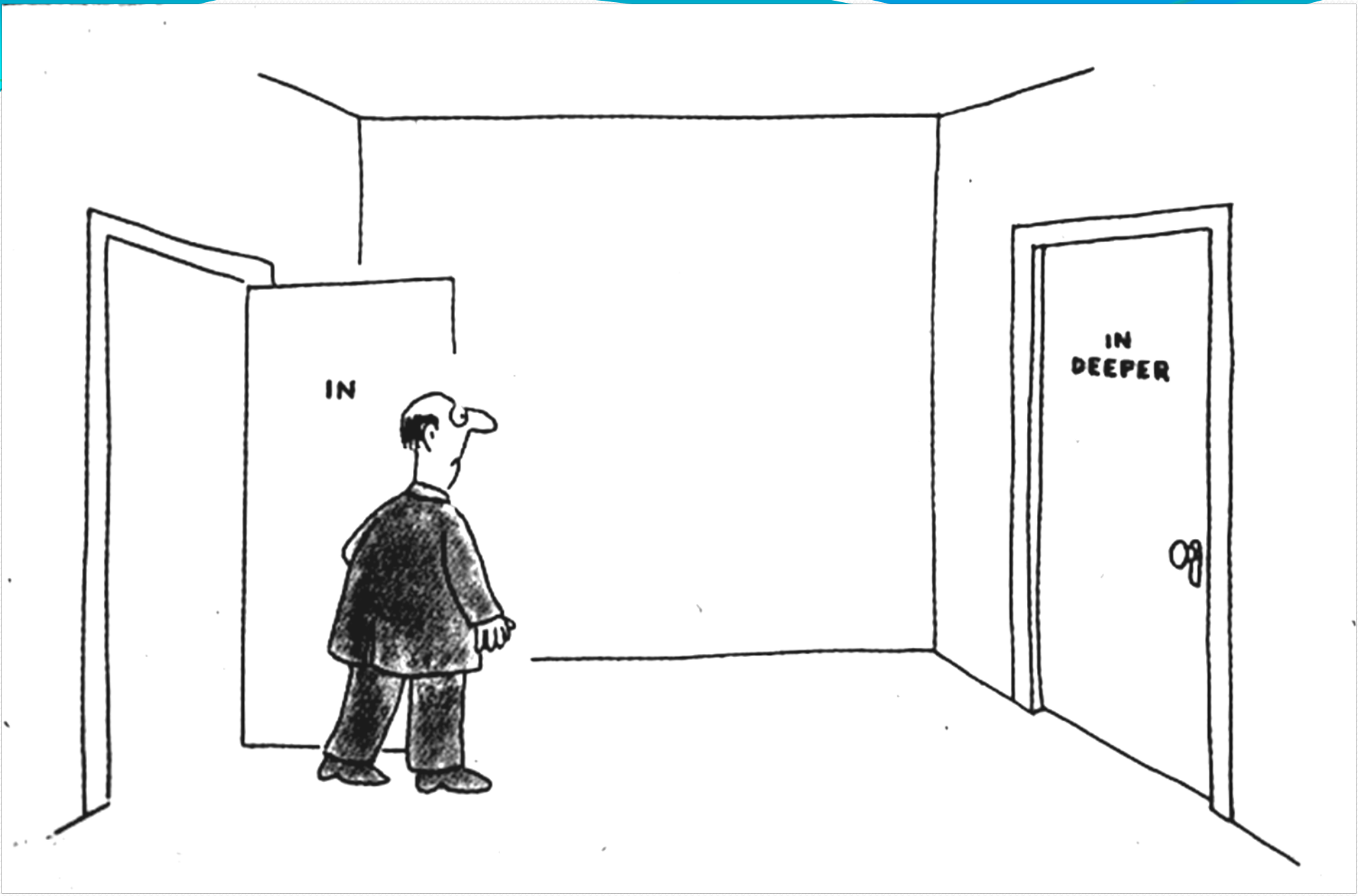
Status of State Government Administered All Payer / All Provider Claims Databases



Something for Everyone…An Evolution

- Consumers
- Employers
- Health Plans/Payers
- Providers
- Researchers (public policy, academic, etc.)
- State government (policy makers, Medicaid, public health, insurance department, etc.)
- TBD (Federal government, etc.)

Overview of APCDs



What Data Are Being Collected?

- **Sources** (private, Medicaid, Medicare, uninsured, others are envisioned such as TRICARE)
- **File Types** (eligibility, medical, provider, pharmacy, dental)
- **Submitters** (carriers, TPAs, PBMs)
- **Data Elements/Variables**

APCD Data Sources

State	Medicaid	Medicare	Commercial /TPAs	Uninsured
MA	No	No	Yes but not TPAs	No
ME	Yes	Yes	Yes	Partial
NH	Yes	Interested	Yes	Interested
MN	Yes	Requesting	Yes	No
UT	Yes	Interested	Yes	Interested
VT	Planned	Planned	Yes	No

APCD Data Files

State	Eligibility	Provider	Medical	Pharmacy	Dental
MA	Yes	Yes	Yes	Yes	No
ME	Yes	Yes	Yes	Yes	Yes
NH	Yes	Yes	Yes	Yes	Begin 2010
MN	Yes	Planned	Yes	Yes	No
UT	Yes	Yes	Yes	Yes	Begin 2010
VT	Yes	Planned	Yes	Yes	No

APCD Data Submitter Volumes

State	Carriers	TPAs	PBMs	Dental
MA	21	1	0	N/A
ME	53	45	Began 2009	18
MN	20	20	0	N/A
NH	30	22	2	Begin 2010
UT	12	2	2	Begin 2010
VT	41	18	2	N/A

Typically Included Information

- Encrypted social security
- Type of product (HMO, POS, Indemnity, etc.)
- Type of contract (single person, family, etc.)
- Patient demographics (date of birth, gender, residence, relationship to subscriber)
- Diagnosis codes (including E-codes)
- Procedure codes (ICD, CPT, HCPC, CDT)
- NDC code / generic indicator
- Revenue codes
- Service dates
- Service provider (name, tax id, payer id, specialty code, city, state, zip code)
- Prescribing physician
- Plan payments
- Member payment responsibility (co-pay, coinsurance, 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 work, imaging, etc.
- Provider affiliation with group practice
- Provider networks

Other Considerations

- State Authority by Statute Resides Where?
- Development of Collection Rules
- Development of Release Rules
- Covered Population
- Submission Frequency
- Location of Processing
- Thresholds and Exclusions Examples

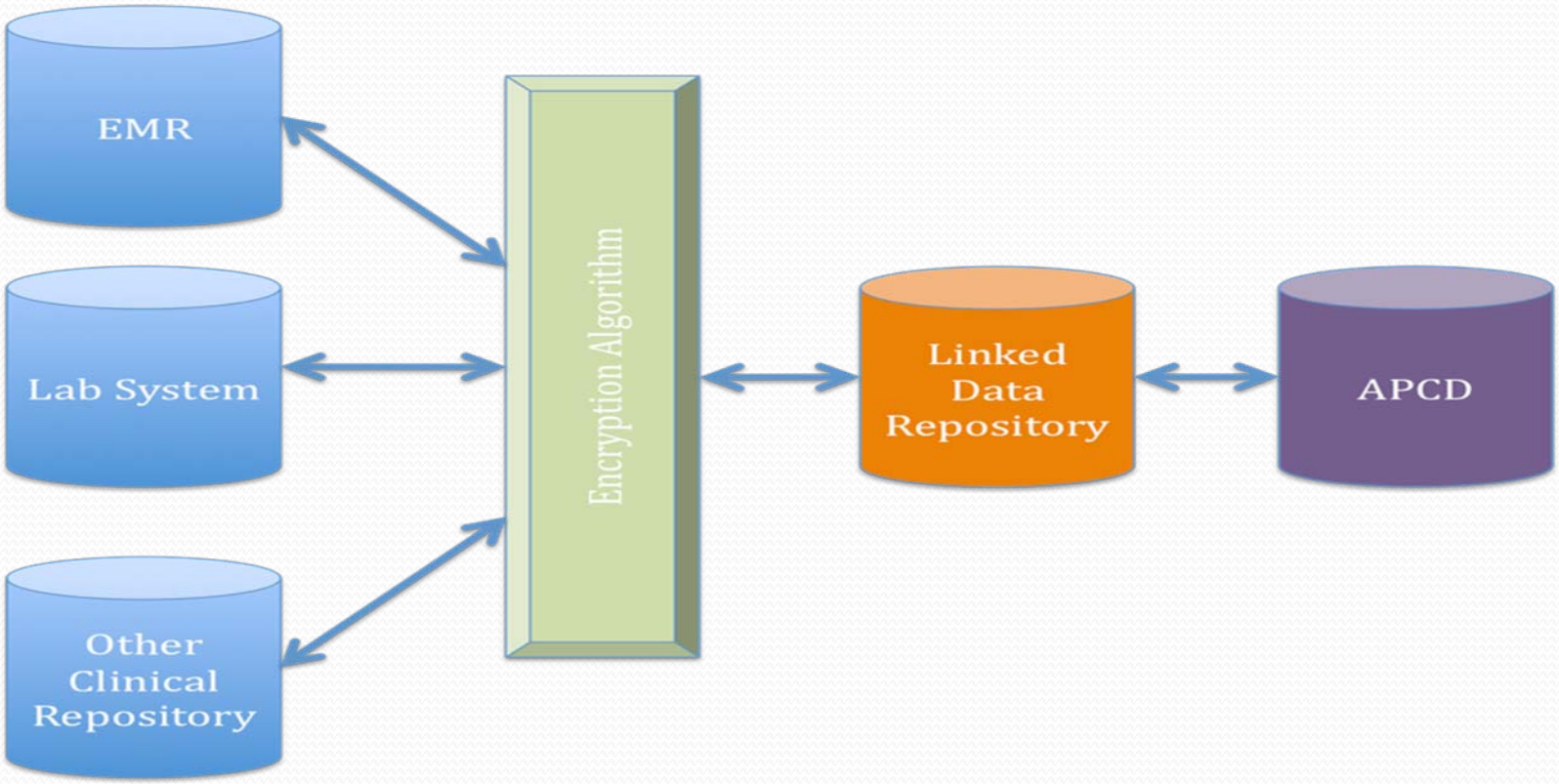
APCD and HIE

APCD and HIE Comparative Discussion

- Cost
- Timeliness to launch
- Completeness of data
- Return on investment

How Might We Accomplish It?

Data Linking and Repository Architecture, Source: University of New Hampshire 2009



Standardization

Areas for Standardization

- Data collection
- Data release
- Metadata
- Reporting / Analysis
- Applications

RAPHIC

Regional All Payer Healthcare Information Council

- Home
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- Resources

Letters to Senator Baucus and Grassley: Medicare Data

Welcome to the Regional All Payer Healthcare Information Council!

We are a federation of government, private, non-profit, and education organizations focused on improving the development and deployment of all payer claims databases that many states are undertaking.

The RAPHIC first met in the summer of 2006. It was convened by the NH Citizens Health Initiative and University of New Hampshire staff with the goal of engaging future users of the Maine and New Hampshire all payer healthcare claims databases in a discussion regarding multi-state collaboration. Soon after, other New England states joined the group. Currently, there is participation from nearly a dozen states. A list of participating organizations can be found by clicking here.

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for more resources in assisting states to move forward

Uses of NH's Claims Database: Comprehensive Health Care Information System (CHIS)

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January 27, 2010

NH CHIS Uses

- Medicaid program analysis, program and policy development and decision making;
- program analysis;
- program and policy development; and
- decision making.

Program Analysis, Policy Development and Decision Making

- **Primary Care**
- Depression
- Children in Out-of-Home Placement
- ED Use
- Chronic Respiratory Disease
- CV Diseases and Circulatory Disorders
- **Q-CHIP**

Cont.

- Prevalence/Utilization Mental Health Disorders in Children's Health Insurance Programs
- Diabetes
- Health Plan Performance Summary
- Adult Preventive
- **Payment Rate Benchmarking**
- Adolescents

Cont.

- Medicaid children without preventive visits
- OB patterns of care

Q-CHIP

… once is not enough

- What is going on with adolescents?
- What is driving mental health utilization?
- Are findings consistent across geographic areas?
- How does clinical status affect utilization and cost?

“So What Factor”

- Plan a statewide effort to improve adolescent use of preventive care.
- Shape an Enhanced Care Coordination Program.
- Perform a Primary Care Study.
- Target efforts to decrease ED utilization by Medicaid beneficiaries.
- Decide whether to pursue risk-based managed care contract.
- Pilot Medical Home.

Cont.

- Incorporate age standardization, CRG and statistical significant testing into future studies.
- Examine impact of FPL on cost/utilization.
- Report to legislative committee – and make public – Medicaid payment rates relative to commercial.
- Dispel some myths.

Primary Care Study

- 25% of NH Medicaid beneficiaries go to 2 types of provider groups (FQHCs and Dartmouth-Hitchcock Clinic).
- FQHCs see a higher proportion of adults; DHC sees more children.
- FQHCs had higher ED utilization.
- Evaluation of Medical Home Pilot.

Payment Rate Benchmarking

Procedure Code	Average Payment Including Patient Share, 2006 Health Plan 1	Health Plan 2	Health Plan 3	NH Medicaid
99203 Office/Outpatient Visit New Patient, 30min	$124	$115	$130	$42
99212 Office/Outpatient Visit Established Patient, 10min	$51	$48	$52	$30
99391 Preventive Medicine Visit Established Patient Age <1	$111	$102	$107	$61
90806 Individual psychotherapy in office/outpatient, 45-50min	$72	$71	$71	$61

Conclusion

- Be patient.
- Involve Medicaid program and clinical staff in report development/review.
- Budget/allocate funds for analysis.
- Publicize who is using data.
- NH is in good shape for health care reform.

NH DHHS Contact Information

www.nhchis.org

www.dhhs.state.nh.us/DHHS/OMBP/LIBRARY/Financial+Report/rate_benchmarks.htm

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