# MAAPCD OUR JOURNEY

Kathy Hines Director of Data Intake and Compliance Marilyn Schlein Kramer, Deputy Executive Director, Services and Strategy Michael Cocchi, Chief Information Officer



...

center for health information and analysis

### Massachusetts APCD

- Funding source: carrier and hospital assessments. Amounts set by Legislature. Covers all agency activities, including MA APCD
- Data submitted monthly
- Files available quarterly for internal CHIA users and state agencies with operational reporting needs
- Data release annually to others, including non-government users working in the public interest
- Administrative simplification key priority
- All done by state employees and contractors

## Legacy Issue: Claim Lines as Submitted

- 75 carriers have 75+ adjudication systems with different values and product configurations
- Each user has to derive their own "inpatient stay" and other health care claims concepts causing large deviations in results
- Heavy data management on end user to get the data usable for their analysis
- Heavy IT burden dealing with massive 10-20TB data sets

#### **Legacy Issues - Release**

- Original releases were 11 months after the last file was collected
  - Data out the door a total of 18 months after last incurred service
- MA APCD built in 2009 before an analytic agenda or agency "use cases" were set
- Applications to use the MA APCD were reviewed for "minimum data use" at the data element level 600+ of them!

# OUR JOURNEY

....



center for health information and analysis

#### **Business Layer Development**

- Master values to normalize carrier adjudication codes
- Standard definitions for key healthcare claims elements like inpatient stay and admission
- DRG, risk adjustment, therapeutic, episodic groupers
- Aggregate member months and utilization marts
- Master Patient Index to follow people as they change carriers and products

#### **New Release Process**

- Data out the door 6 months after last incurred service with 3 months of claims run-out – down from 18 months
- Processing improved to 60 days down from 11 months
- Limited Data Set constructed for non government applicants
  - Generally based at the file level
  - Far fewer fields to evaluate at the element level

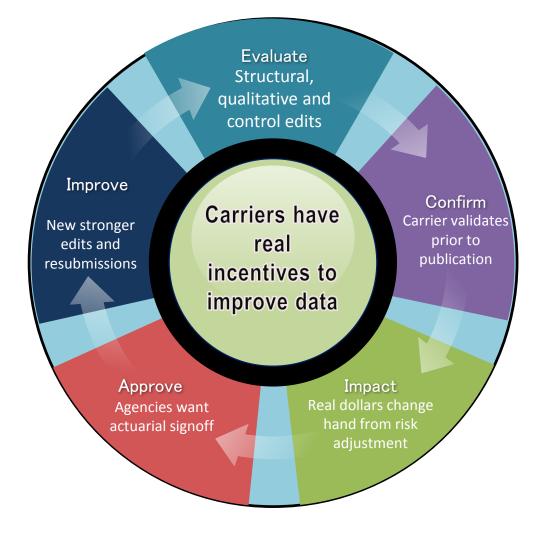


# What Makes the MA APCD Unique? Administrative Simplification

- MA Healthcare Exchange Connector uses MA APCD for risk adjustment, \$\$\$ changed hands beginning in 2015
- Division of Insurance project underway to summarize utilization and enrollment to support rate review
- Group Insurance Commission (state employee purchaser of health care insurance) replacing data warehouse source with MA APCD

Each administrative simplification use case lends energy and weight to the uses of the MA APCD and incents the carriers to improve the data. The carriers benefit from removing the individual and specialized feeds to each of these purposes.

# Administrative Simplification Leads to Improvements in MA APCD for All Users



CHIA.

### **Current Investments**



- Developing "lockbox" service for MA health care agencies to link their datasets (such as death certificate data, cancer registry, etc.) to the MA APCD using our master patient index
- Finalizing our "Limited Data Sets" to ease release to nongovernment agencies while protecting patient privacy
- Designing a new API interface to facilitate self-service queries to our marts
- Building a new actuarial signoff process with the carriers to improve the Division of Insurance and Exchange risk adjustment project results

# THANK YOU

....



center for health information and analysis