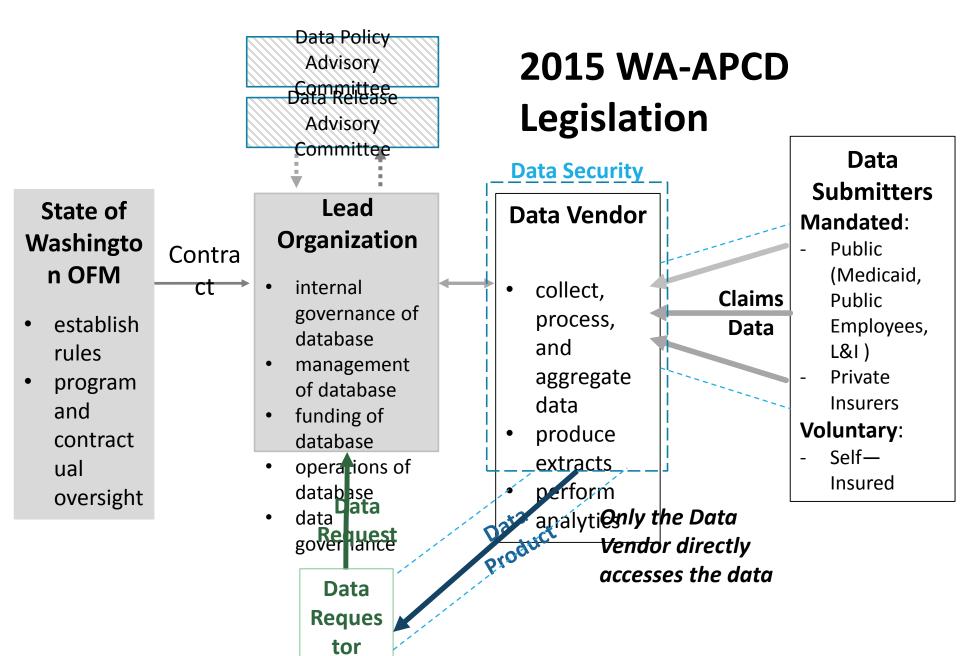
Washington APCD

- 2014 APCD legislation—limited data mandate, very limited data release
- 2015 APCD legislation—mandates data submission (self-insured voluntary)
 - Transparency expectations
 - Proprietary financial information, data access, and health care data reports
 - Claims data cannot be used in direct contracting between providers and employers.
 - Office of Financial Management (OFM) oversight and periodic legislative reports
 - APCD must be self-sustaining after implementation
- WA does not have sovereign immunity—state can be sued
- Transparent processes important—rule-making, RFP, contract oversight



Proprietary financial information

- •Means claims data or reports that disclose or allow the determination of specific terms of contract, discounts, fixed reimbursement arrangements, other specific reimbursement arrangements between an individual health care facility or provider and a specific payer
- Means an internal fee schedule or other internal pricing mechanism of integrated delivery systems owned by a carrier
- Can be used to calculate aggregate cost data in reports issued by lead organization
- •OFM must adopt a rule for a format for the calculation and display of aggregate cost data. Must consider data presented as proportions, ranges, averages, and medians and differences in types of data submitted

Data access and agreements

_	Researchers with IRB	Governme nts	Lead Organization (LO)*	LO approved entities	Released upon request
Confidentiality agreement	Required with LO	Not required	Not required	Not required	Not required
Data use agreement	Required with LO	Required with OFM & LO	Not required	Required with LO	Not required
Direct patient identifiers	+	-	-	-	-
Proprietary financial info	+	+	+	-	-
Indirect patient identifiers	+	+	Ŧ	Ŧ	-
Unique identifiers When not act Other data	+ ing as lead org +	+ anization, the +	+ LO has access t	+ to indirect pation	+ ent identifiers, +

Health care data reports

LO reports should promote awareness and transparency in health care market

- Whether providers and health systems deliver efficient, high quality care
- Geographic and other variations in medical care and costs
- Stratify measures in reports—demography, income, language, health status, geography—to identify disparities in care and successful efforts to reduce disparities
- Cost comparisons—account for differences in case mix, severity of illness, subsidization for uninsured and gov't sponsored patients, teaching expenses (if feasible).

Protections in health care data reports

May not directly or indirectly identify individual patients

Can't compare performance that includes any provider in a practice with fewer than four providers

Data supplier, hospital, or provider can

- Verify accuracy of information submitted
- Comment on reasonableness of conclusions
- Submit corrections of errors with supporting evidence and comments within 30 days of receipt of the report

Legislative and OFM oversight of LO health care data reports

APCD implementation—Oct. 2015 status

RULE-MAKING

Phase I rules completed by Dec. 2015

Phase II rules January – September 2016

Phase III after September 2016

REQUEST FOR PROPOSAL (RFP)

RFP for lead organization contract

Released in October 2015

Contract negotiated by early 2016

For more information on rules contact Susan Meldazy at Susan.Meldazy@ofm.wa.gov

For more information on the RFP contact Bonnie Lindstrom at Bonnie.Lindstrom@ofm.wa.gov

OFM Health Care Price Transparency website:

History of the Arkansas APCD

2013

CCIIO Funding – Rate Review Cycle 3 – Medical Data Center option

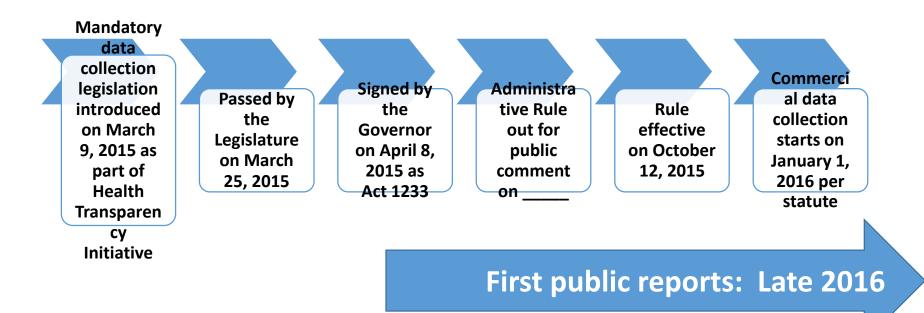
Goals

- Providing increased transparency in healthcare spending and utilization
- Measuring qualified health plan quality
- Helping consumers make health care purchases

2014

- Competitive RFP process awarded to ACHI
- Voluntary data submission to start
- Medicaid and state employee plan contributed data but did not permit release
- No commercial data
- Built prototypes of cost analysis and mapping (not available to the public)

Current Status of the APCD



Clear Direction from the Legislature

 Section 23-61-905 (b) directs the Insurance Department to



"identify and explore the key healthcare issues, questions, and problems that may be improved through more transparent information...."

Features of the AR APCD

- Speed of legislative action
- Legislative direction for ACHI to administer the database
- Continuing Insurance Department support
- Workers Comp data
- Consumer transparency plan:
 - Focus groups
 - Health literacy analysis
 - Mobile apps look up tools
- Public reports and analysis to support health systemetrical evolution

QUESTIONS?

Lesia Carter

Assistant Director

Rate Review Division

Arkansas Insurance Department

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(501) 683-3146



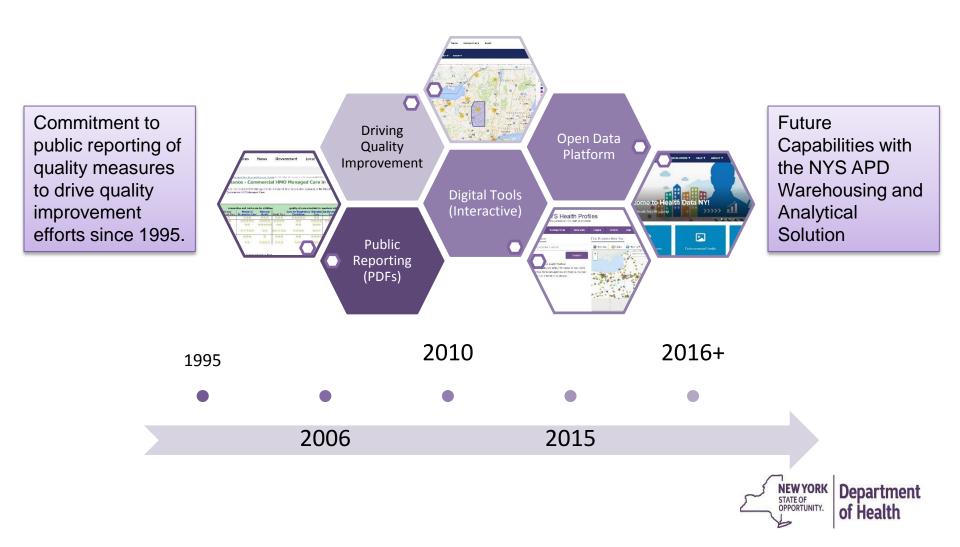
New York State Data Driven Transparency Efforts

Mary Beth Conroy, MPH, Director
Division of Information and Statistics
Office of Quality and Patient Safety
Thursday, October 29, 2015 – NAHDO's 30th Anniversary Meeting

Current Transparency Landscape

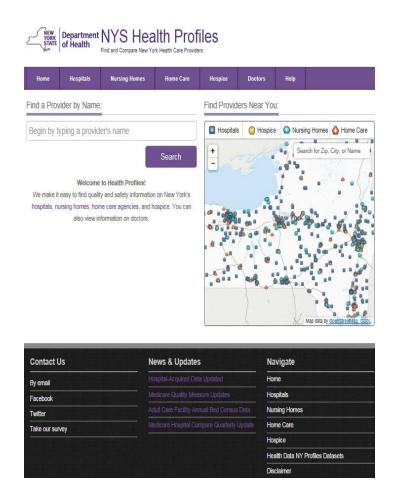
- FAIR Health -- Consumer Cost Look Up
- OpenData NY (https://data.ny.gov/)
- Health Data NY (https://health.data.ny.gov/)
- NYS Health Profiles
 (http://profiles.health.ny.gov/)
- Insurers have been working to make data more accessible and understandable to consumers
- NYSDOH has been conducting Consumer Focus Groups

Current DOH Data-Driven Transparency Efforts



New York State Health Profiles

- Consumer facing DOH website for hospital, nursing home, home care, hospice and physician performance
 - Includes measures on quality, utilization, surveillance and services provided
 - Includes both NYS and national measures of provider quality
 - Ability to compare facilities and quality measures

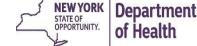




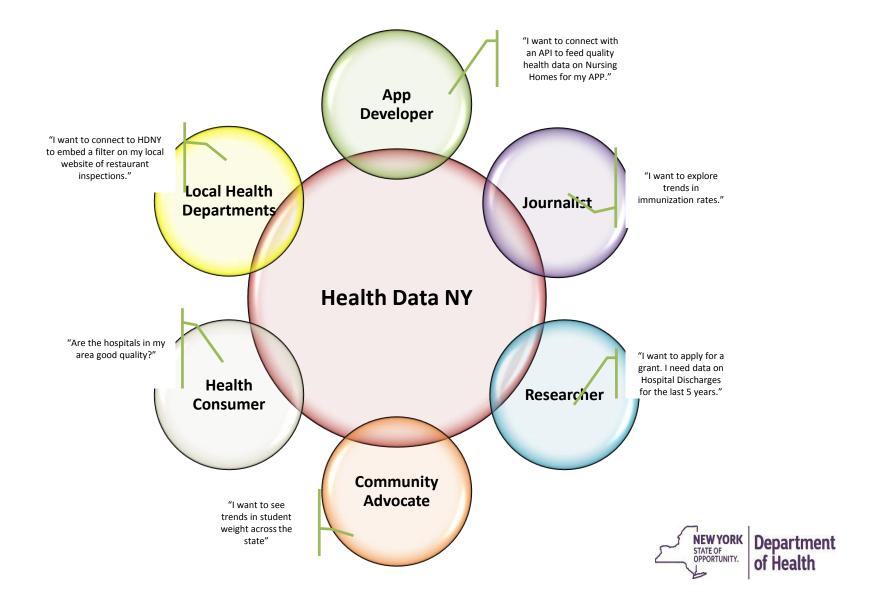
Health Data NY

- Open Data Portal for Health Data
 - Currently 150+ data sets available to the public
 - Includes financial, utilization, quality, public health, surveillance, provider network data and vital statistics (birth, death data)
 - Includes some de-identified discharge level data from the all payer hospital discharge data collection, including charges and costs (SPARCS)
- Other digital tools include: Quality
 Measurement (eQARR) and Managed Care
 Consumer Guides





Health Data NY Stakeholder View



Future Capability with the NYS APD

- Quality, Utilization and Costs. Building off the experience using Medicaid data the APD will be able to:
 - Create provider measures of performance at various levels of aggregation (plan, region, municipality, PPS, ACO, provider, practice, etc.)
 - Compare quality, utilization and costs across various levels of aggregation
 - Provide evidence based quality measurement across payers, essential for the success of DSRIP and SIM



Future Capability with the NYS APD

- Safety. The APD will compliment current DOH programs like the NYS Patient Occurrence and Tracking System (NYPORTS) and Office Based Surgery (OBS).
 - Measures could be calculated using APD
 - Cross validation of reportable events
- Public Health. The APD will augment the multiple public health data streams including:
 - Use by registries for initial case finding and validation
 - Add important claims data to rich clinical data (e.g. Adding Rx, radiology and chemotherapy information to the cancer registry)
- Population Health. The APD with data on all NYers will help in multiple ways monitoring chronic conditions across the state



Contact Information

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MAINE QUALITY FORUM MONITOR AND IMPROVE QUALITY OF HEALTH CARE



More information. Better decisions.

October 2015

Agenda



Background on MHDO & MQF Public Reporting Requirements

Overview of new CompareMaine Website & Consumer Advisory Group Involvement

CompareMaine Video Tutorial

What are MHDO's & MQF's Public Reporting Requirements

Title 22 Chapter 1683 §8712-Maine Health Data Organization (MHDO)

Title 24-A Chapter 87 §6951-Maine Quality Forum (MQF)

The Maine Health Data Organization, in collaboration with the Maine Quality Forum, is required by law to promote the transparency of healthcare cost and quality information via a publicly accessible website.

Law requires the website to display health care quality information **and** payments paid for services rendered by health care facilities and practitioners by individual health insurance companies, 3rd-party administratorsand, unless prohibited by federal law, governmental payors.

What is MHDO already publicly reporting?

Cost Information

 HealthCost (historically provided average payment by health plan, by facility, by procedure)

Quality Information

- MONAHRQ 5.2 (software developed by Agency for Healthcare Research and Quality-Maine's hospital inpatient data along with data from Medicare Provider Charge Data, CMS Hospital Compare, and AHRQ Quality Indicators)
- Patient Experience Matters (the Maine Quality Forum launched the PEM initiative to collect and publicly report the experience of patients served by Maine's primary and specialty care practices)
- Annual Healthcare Associated Infections Report
- MQF Hospital Utilization/Variation Reporting

What is CompareMaine?

With financial supportapproximately \$3.7 million from the Centers for Medicare & Medicaid Services (CMS) we have enhanced the content, volume and display of health care cost and quality information on our new website. Replaces Current MHDO HealthCost Site which Reports Cost Information by Procedure by Facility

Allows for the Comparison of Costs by Procedure by Health Care Facility by Top 5 Health Plans in State

Integrates three quality measures: Patient Experience, Serious Complications and Healthcare Associated Infections

Uses Maine's All-Payer Claims
Database (APCD) for Cost Estimates

Development Included Stakeholder Input, including a MHDO Consumer Advisory Group

MHDO Consumer Advisory Group

Established in April 2014

Charge: provide input and guidance to the Agency on its efforts to provide and integrate comprehensive and useful health care cost and quality data through its publically accessible website for Maine people.

Group meets bi-monthly (since May 2014) and on the off months meets via conference call to further discuss various issues.

Feedback from Members on the Website and Process

"Using this website and making decisions based on the information it provides is one of the best ways for patients to engage and take responsible for their own health care. This website gives patients choices."

"As consumers, it's been a pleasure for us to work with the MHDO. They asked our opinion and they listened and acted on many of our suggestions. Consumers were genuinely involved in the creation of this website. We are proud of what we have made together."

CompareMaine Video Tutorial



CompareMaine.org