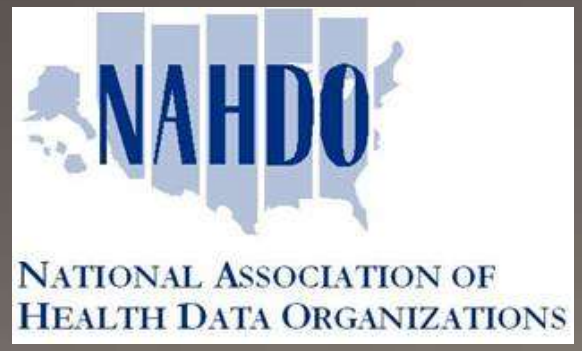
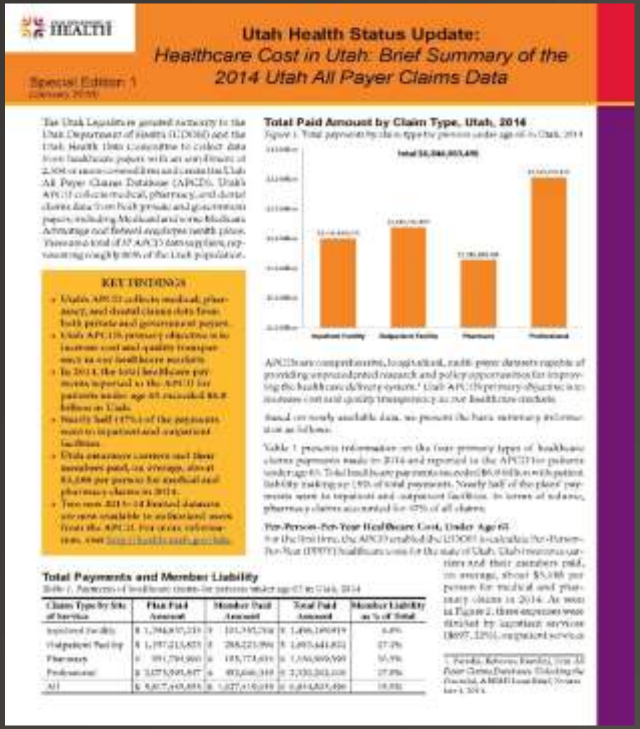
APCD Year in Review 2016

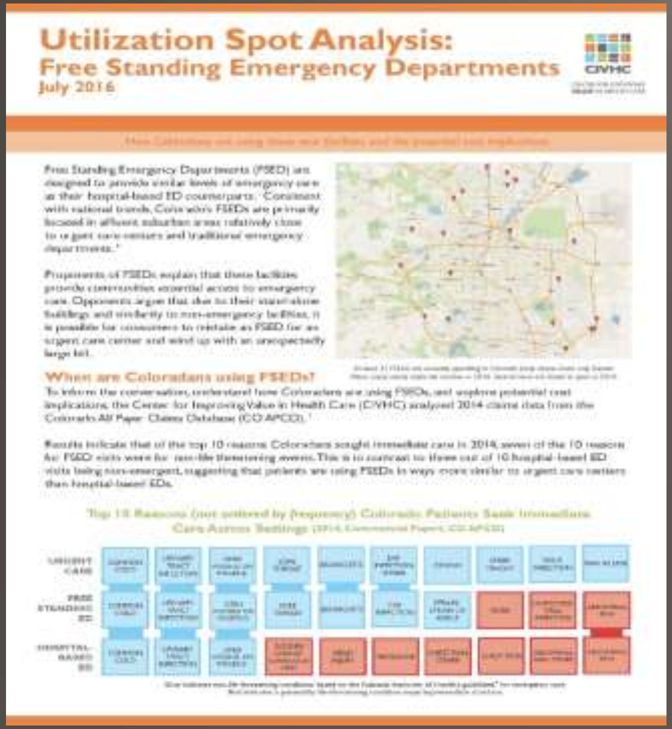


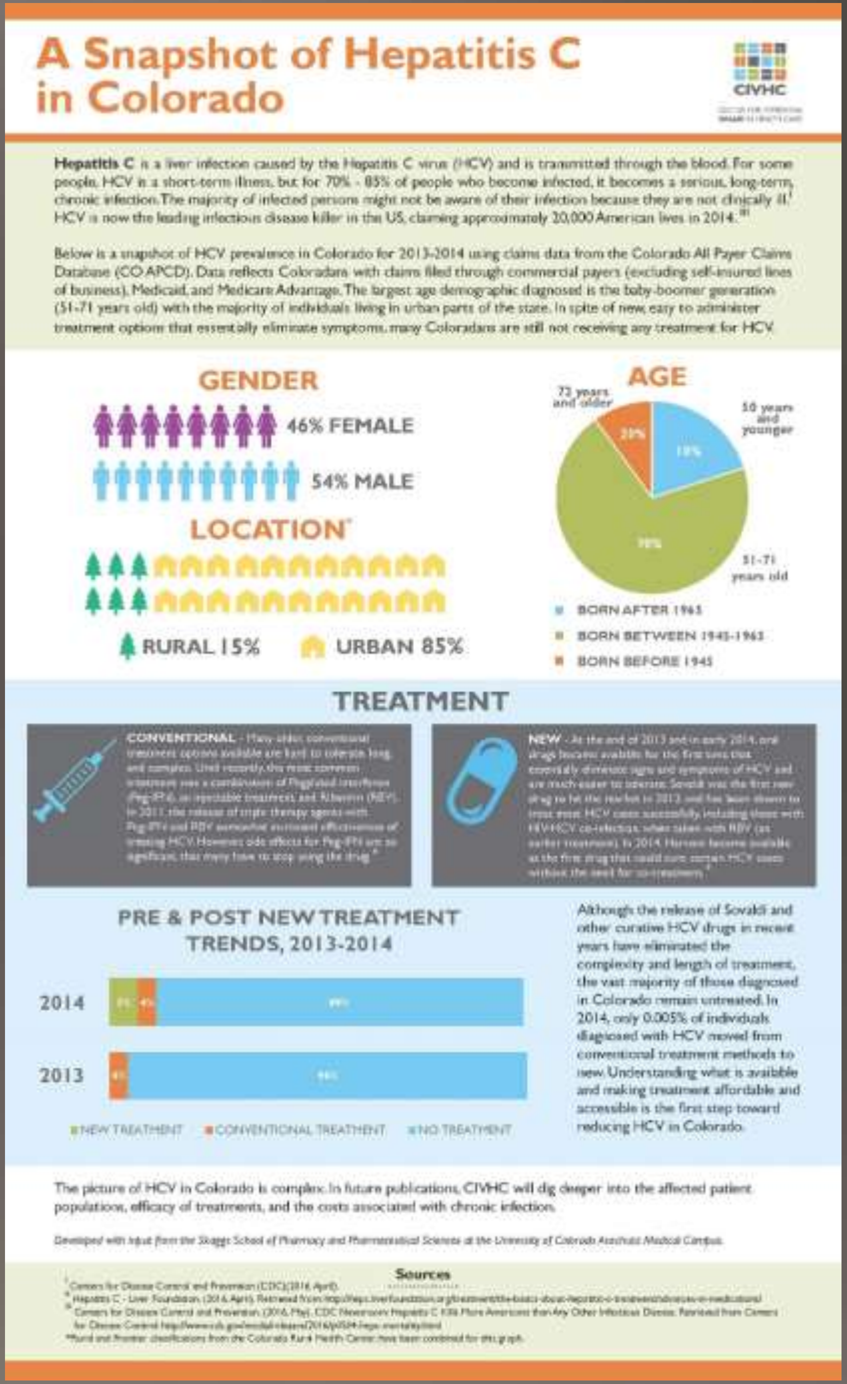
Activity at the State Level

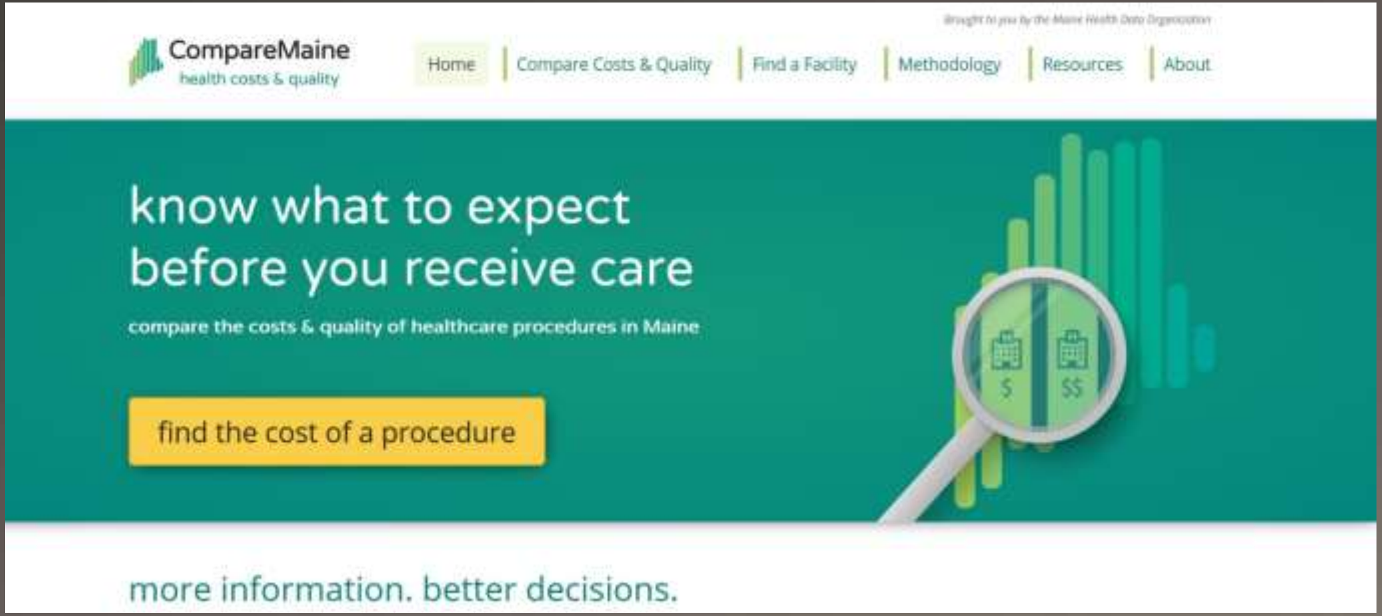
States have been busy using the data!

July 2016	CIVHC Utilization Spot Analysis: Free Standing Emergency Departments
July 2016	Oregon Hospital Payment Report 2014
June 2016	Utah Health Status Update: Using Clinical Risk Groups to Analyze the Utah All Payer Claims Data
June 2016	Spending and Use Among Maryland's Privately Fully Insured
May 2016	A Snapshot of Hepatitis C in Colorado
May 2016	Green Mountain Care Board Price Variation Analysis
April 2016	Vermont's Community-Oriented All-Payer Medical Home Model Reduces Expenditures and Utilization While Delivering High-Quality Care
February 2016	Rhode Island Potentially Preventable Emergency Room Visits
February 2016	Colorado Cost Driver Spot Analysis: Payment Variation by Payer
January 2016	Chronic Conditions in Minnesota: New Estimates of Prevalence, Cost and Geographic Variation for Insured Minnesotans, 2012
May 2016	MassHealth Baseline Statistics – May 2016
July 2016	MA Enrollment Trends Report – July 2016
October 2016	Annual Report on the Performance of the Massachusetts Health Care System
March 2016	MN public use files
June 2016	NH HealthCost update
June2016	CompareMaine update


HEALTH
Utah Health Status Update:
Healthcare Cost in Utah: Brief Summary of the 2014 Utah All Payer Claims Data
Special Edition 1
Total Paid Amount by Claim Type, Utah, 2014
KEY FINDINGS
Total Payments and Member Liability


Utilization Spot Analysis:
Free Standing Emergency Departments
July 2016
CIVHC
When are Coloradans using FSEDs?

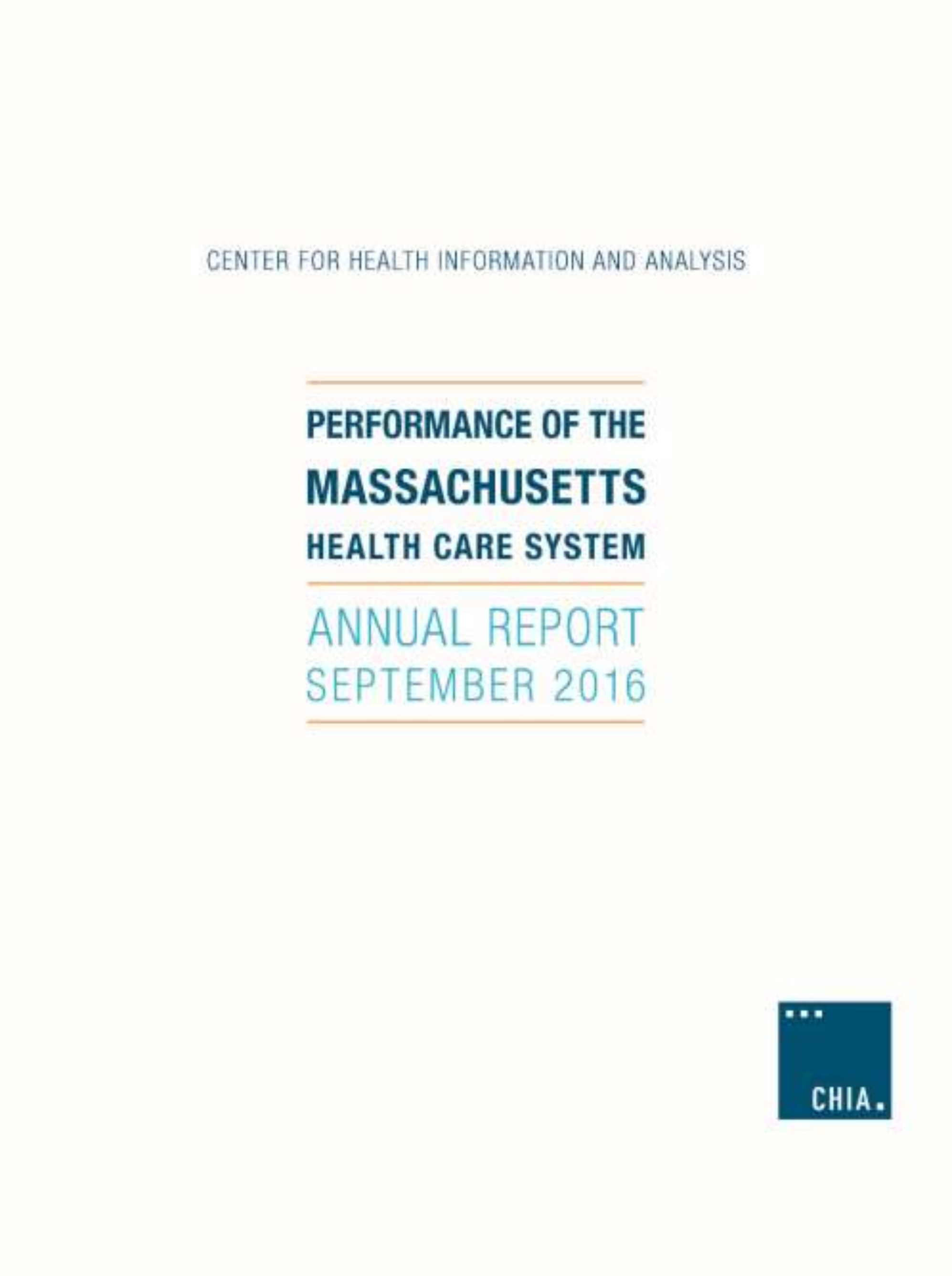

A Snapshot of Hepatitis C in Colorado
CIVHC
GENDER
46% FEMALE
54% MALE
LOCATION
RURAL 15%
URBAN 85%
AGE
72 years and older
50 years and younger
51-71 years old
BORN AFTER 1965
BORN BETWEEN 1945-1965
BORN BEFORE 1945
TREATMENT
PRE & POST NEW TREATMENT TRENDS, 2013-2014
2014
2013
Sources


CompareMaine
health costs & quality
Home
Compare Costs & Quality
Find a Facility
Methodology
Resources
About
know what to expect before you receive care
compare the costs & quality of healthcare procedures in Maine
find the cost of a procedure
more information. better decisions.

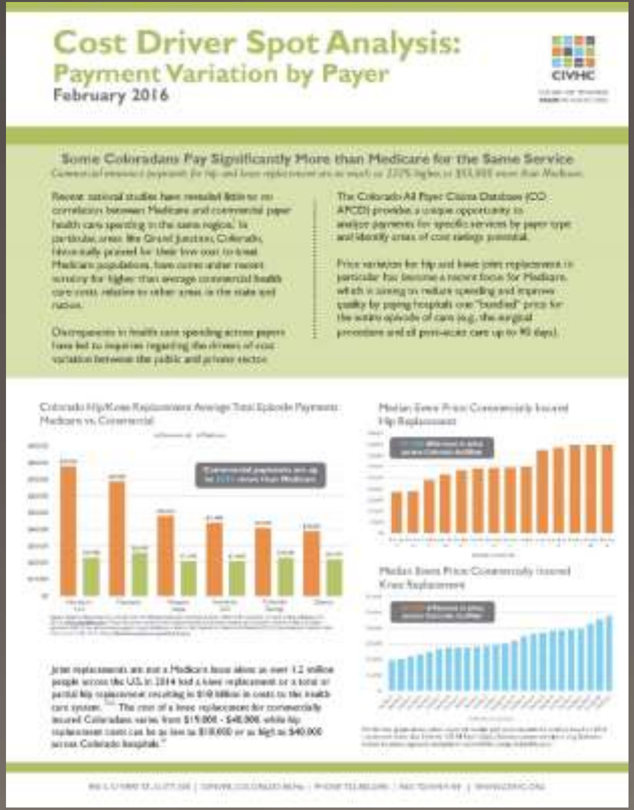

CHRONIC CONDITIONS IN MINNESOTA:
New Estimates of Prevalence, Cost and Geographic Variation for Insured Minnesotans, 2012
JANUARY 2016
MN APCD
All Payer Claims Database
MDH Minnesota Department of Health


HEALTH
Utah Health Status Update:
Healthcare Cost in Utah: Brief Summary of the 2014 Utah All Payer Claims Data
Special Edition 1
(January 2016)
Total Paid Amount by Claim Type, Utah, 2014
KEY FINDINGS
Per-Person-Per-Year Healthcare Cost, Under Age 65
Total Payments and Member Liability

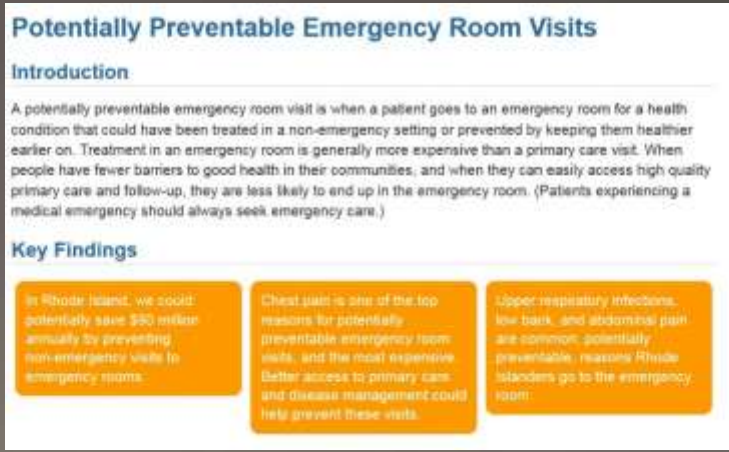

POPULATION HEALTH MANAGEMENT
Vermont's Community-Oriented All-Payer Medical Home Model Reduces Expenditures and Utilization While Delivering High-Quality Care
Abstract
Introduction
Description of the Blueprint for Health program


CENTER FOR HEALTH INFORMATION AND ANALYSIS
PERFORMANCE OF THE
MASSACHUSETTS
HEALTH CARE SYSTEM
ANNUAL REPORT
SEPTEMBER 2016
CHIA.


CENTER FOR HEALTH INFORMATION AND ANALYSIS
MASSHEALTH
BASELINE
STATISTICS
FROM THE MA APCD
FFS & PCC PLAN
(SFY2013 – SFY2014)
MAY 2016
CHIA.

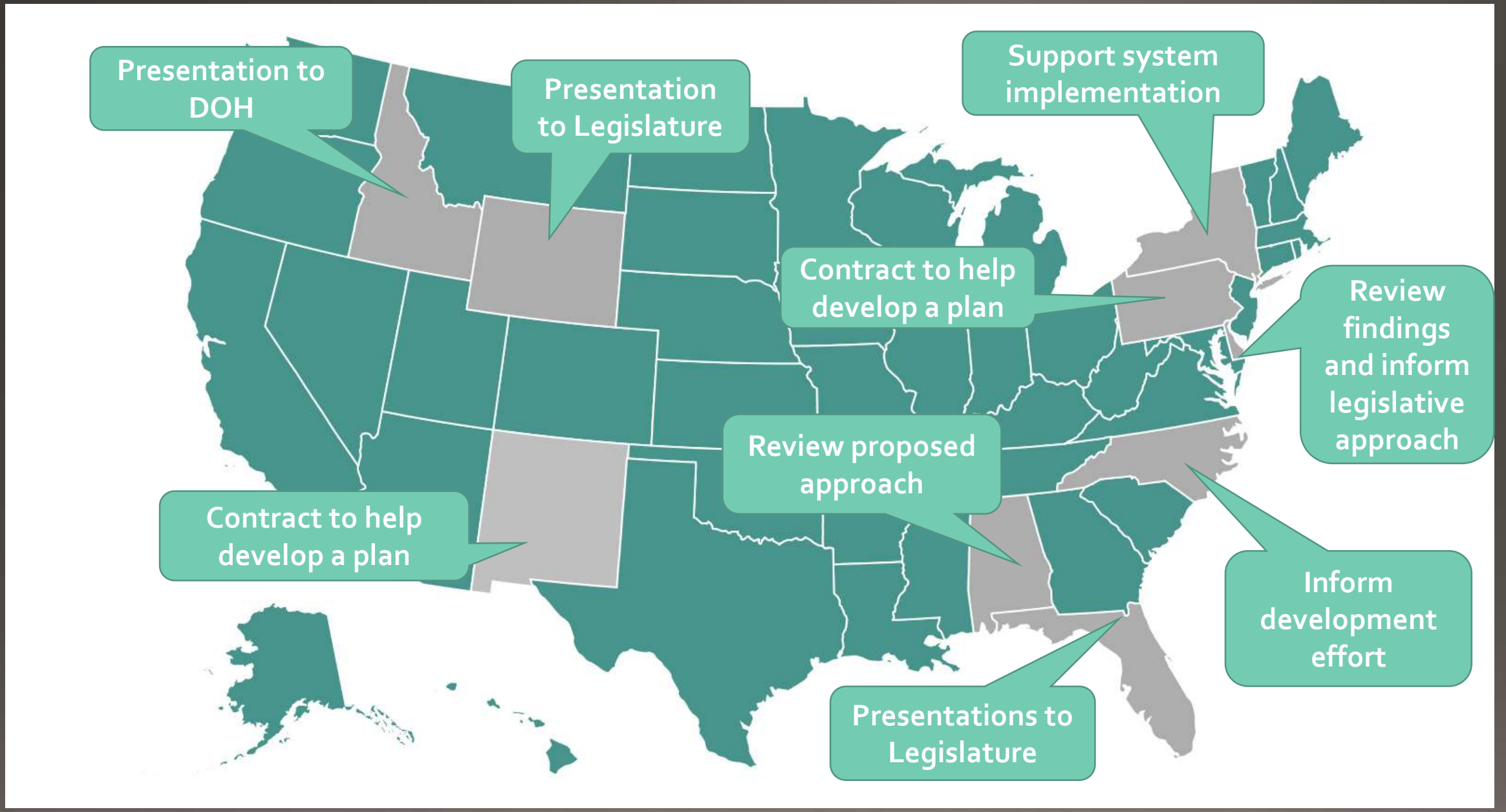

Cost Driver Spot Analysis:
Payment Variation by Payer
February 2016
CIVHC
Some Coloradans Pay Significantly More than Medicare for the Same Service


SPENDING AND USE
AMONG MARYLAND'S
PRIVATELY FULLY INSURED
Highlights: Spending and Use in Maryland
BACKGROUND


Potentially Preventable Emergency Room Visits
Introduction
A potentially preventable emergency room visit is when a patient goes to an emergency room for a health condition that could have been treated in a non-emergency setting or prevented by keeping them healthier earlier on. Treatment in an emergency room is generally more expensive than a primary care visit. When people have fewer barriers to good health in their communities, and when they can easily access high quality primary care and follow-up, they are less likely to end up in the emergency room. (Patients experiencing a medical emergency should always seek emergency care.)
Key Findings

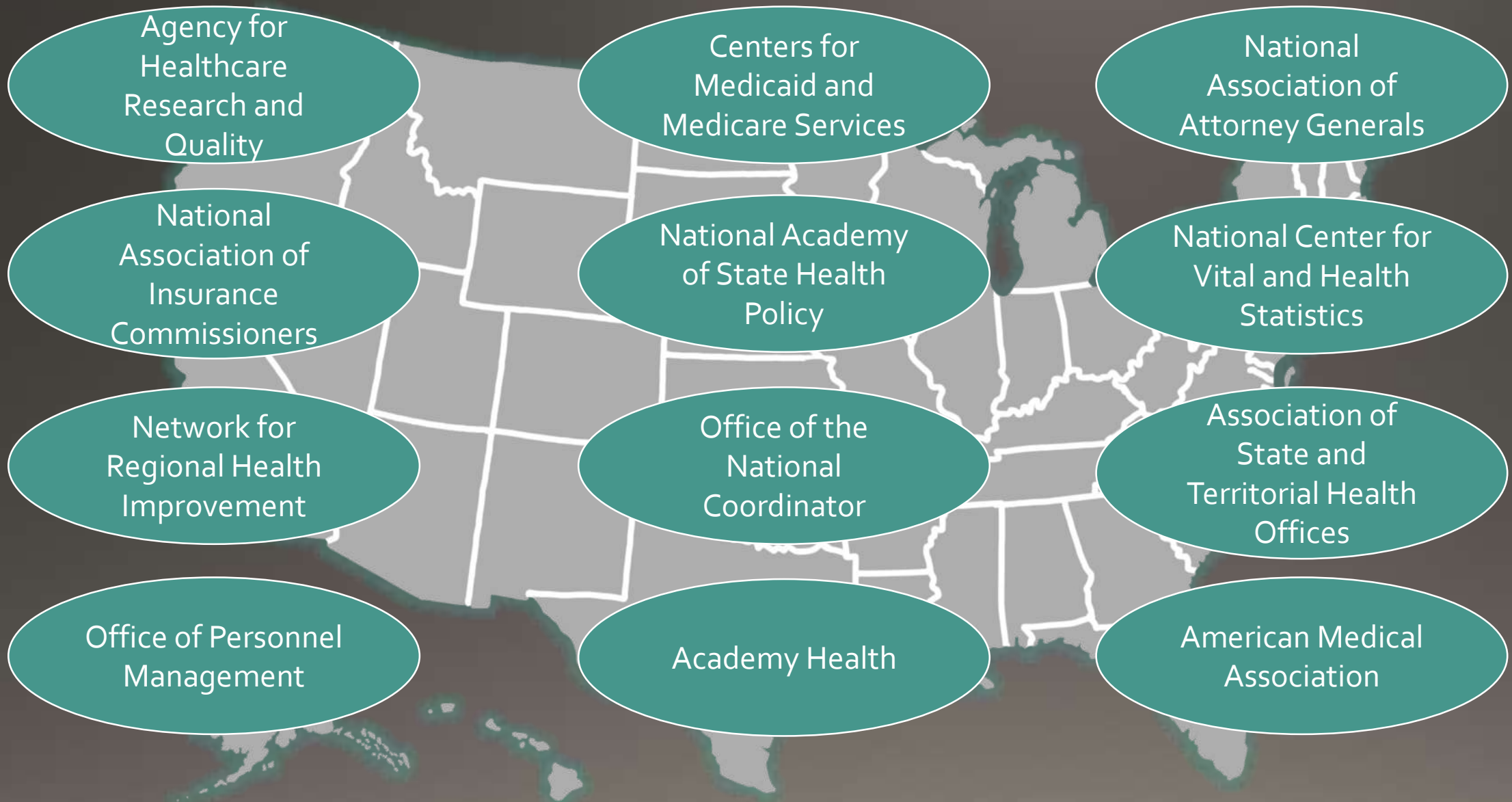
Legislative Activity

- **Florida** – HB1175 was signed by Gov. Rick Scott on April 14th and went into effect on July 1, 2016.
- **Delaware** - Senate Bill 238 was signed by Gov. Jack Markell on July 21, 2016.


Presentation to DOH
Presentation to Legislature
Support system implementation
Contract to help develop a plan
Review findings and inform legislative approach
Review proposed approach
Contract to help develop a plan
Inform development effort
Presentations to Legislature

Activity at the National Level

Conversations at the National Level



Responding to key issues

SAMHSA Comments 42 CFR Part 2 – April 2016

MACRA Comments June 2016

SCOTUS *Gobeille vs. Liberty Mutual* ruling – March 2016

- Legal Workgroup with NASHP Finalized comments October 2016
- Common Data Layout Workgroup - Ongoing

DOL Annual Reporting and Disclosure Comments – October 2016

NCVHS APCD Hearing June 2016

And follow up continues…

The Value of All-Payer Claims Databases for Employers

What are All-Payer Claims Databases (APCDs)?

APCDs are databases, typically created by a state mandate, that generally include data derived from medical claims, pharmacy claims, eligibility files, provider (physician and facility) files, and dental claims from private and public payers. Data are submitted directly from health insurers, third-party administrators, and pharmacy benefit managers.

Why have APCDs been developed?

States have established state-sponsored APCD systems to fill critical information gaps needed to make effective health policy decisions, to support health care and payment reform initiatives, and to address the need for transparency in health care. States with APCDs are responding to a need for comprehensive, multi-payer data that allows a variety of health care stakeholders – including employers – to understand the cost, quality, and utilization of health care.

Why are APCDs important for employers?

The health of employees is of paramount importance for employers; helping employees stay healthy is a goal for wellness and productivity in the workplace. In addition, one of the most important issues for employers is controlling health care costs. A recent article from Castlight Health summarized the issue this way:

> "Rising healthcare costs place a huge strain on business. According to a new Harris Poll, which consisted of more than 100 CFOs at large self-insured U.S. companies, **80%** say they feel powerless when it comes to managing their company's healthcare spending. Even more so, **98%** agree that if their company's healthcare costs were lower, they could afford to invest more in their businesses."[1]

Health system performance improvement requires the availability of comprehensive local data. Employers often seek more information to understand the quality of care their employees receive, how much variation there is in health care costs, and what opportunities exist to improve the health and health care of their employees. Given the importance of health, health care, health insurance, and health policy to business, many employers are interested in making data-driven decisions for themselves and in the states in which they do business. APCDs can serve this purpose.

The examples below illustrate the ways state APCD data are used to support needs of importance to employers.

State and Regional Benchmarking

Employers contribute significant amounts of money, often over $10,000 per employee, in premiums for health insurance[2]. Given this level of investment, employers are actively engaged in understanding health care cost and utilization. While some employers have access to data about the health and health care of their own employees through their insurance companies, third party administrators, or other contractors, many businesses lack any information to which they can compare, or benchmark, their own experience. Many state APCDs have state and regional reporting that provide analysis across payers, providing comparisons that employers often lack. Examples include:

1

Key Regulatory Issues Facing APCD States Post *Gobeille v. Liberty Mutual*

The All Payer Claims Database (APCD) Council has collected and compiled responses to key questions posed to regulators in APCD states since the March 1 decision by the Supreme Court of the United States (SCOTUS) in *Gobeille v. Liberty Mutual*, related to key regulatory enforcement issues to be considered by states.

These responses are not meant to provide legal advice and should not be relied upon as such. Instead, this is a compilation of opinions and regulatory interpretations that may help guide states as they assess the impact of the SCOTUS decision on APCD efforts.

REGULATORY ENFORCEMENT ISSUES FOR APCD STATES

Issue 1: Are state APCD statutes still enforceable?

Yes. APCD statutes are and remain, for the most part, enforceable. Health insurance companies, providers, government health plans, and other APCD-regulated entities are still authorized to comply with APCD reporting statutes. Unless specifically directed by self-funded plan sponsors otherwise, Third-Party Administrators (TPA) should also continue to comply with state APCD reporting requirements.

In *Gobeille v. Liberty Mutual*, a self-funded plan sponsor (employer) challenged the state of Vermont's right to compel the employer's TPA to submit claims data to the state's APCD regulated by the Green Mountain Care Board. In its March 1, 2016 decision, SCOTUS confirmed that Vermont's statute, as applied to the self-funded employer's Employees Retirement Income Security Act of 1974 (ERISA) plan, was preempted by ERISA.

Health insurance companies and TPAs have questioned the breadth of the Gobeille decision. In light of the facts giving rise to the decision, legal scholars agree that states can continue to require the submission of claims data from regulated health insurance issuers, including fully insured plans; non-ERISA plans; and TPAs, as long as self-funded employer plans governed by ERISA have the opportunity to decide whether or not to submit their data.

Given the ruling, employers who offer self-funded ERISA plans may inform their TPA or the APCD that they decline to submit their data, and the state must comply with such a refusal.

Issue 2: Are governmental plans or other plans exempt from ERISA?

Generally, governmental plans are exempt from ERISA's provisions and are not impacted by the Gobeille decision with regard to claims submission. ERISA defines a governmental plan as "a plan established or maintained for its employees by the Government of the United States, by the government of any State or political subdivision thereof, or by any agency or

Calendar 2015 - 2016

Events, Conferences,
And Where the Conversations
are Happening

November 2015

State-University Partnership
Learning Network Annual Meeting
19th & 20th
Washington, DC

December 2015

SCOTUS Oral Arguments

The 2nd

Washington, DC

January 2015

Improving Cost Transparency and Quality of Care: Making All Payer Claims Databases (APCDs) Work for You

The 11th Webinar

March 2016

State Healthcare IT Connect Summit

21st & 22nd

Baltimore, MD

June 2016

NCVHS Claims Database Hearing

16th & 17th

Washington, DC

June 2016

Health IT Summit

The 24th

Boston, MA

July 2016

American Heart Association
Corporate Forum Policy Dialogue
The 28th
Washington, DC

July 2016

Healthcare Measurement and APCDs: Creating an APCD Measure Inventory and Lessons for the Future of APCD Measure Development

The 20th
Webinar

October 2016

NASHP Conference

17th, 18th & 19th

Pittsburgh, PA

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ONPOINT Health Data

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MedInsight

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HSRI Human Services Research Institute

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Co-Chair, APCD Council

dlove@nahdo.org
(801) 532-2262

Jo Porter, Director
UNH Institute for Health Policy and Practice (IHPP)

Co-Chair, APCD Council

jo.porter@unh.edu
(603) 862-2964

APCD COUNCIL All-Payer Claims Database SM

NAHDO
National Association of Health Data Organizations

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