Presentation Outline

- What are APCDs
- Why are states implementing APCDs?
- Lessons learned
- APCD standardization
- Claims data applications
What are APCDs?

- Large-scale databases
- Systematically collect health care data from a variety of payer sources
- Include claims from most health care providers
About APCDs:

- Typically created by a state mandate*
- Generally include data derived from public and private payer files:
  - Medical claims
  - Pharmacy claims
  - Eligibility files
  - Physician and facility files
  - Dental claims

*In states without a legislative mandate, voluntary APCD reporting may occur through employer coalitions, Chartered Value Exchanges, or other organizations
Sources of APCD Data

- Commercial & TPAs & PBM & Dental & Medicare Parts C & D
- Medicaid FFS & Managed Care & SCHIP
- Medicare Parts A & B
- Uninsured & TRICARE & FEHB

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## Typically Included in APCDs

### Patient/Clinical
- Social Security Number (encrypted)
- Type of product (HMO, PPO, FFS, etc.)
- Type of contract (single person, family, etc.)
- Patient demographics (DOB, gender, residence, relationship to subscriber)
- Diagnosis codes (including E-codes)
- Procedure codes (ICD, CPT, HCPCs)
- NDC code /generic indicator

### Financial
- Revenue codes
- Service dates
- Service provider (name, tax ID, payer ID, specialty codes, location)
- Prescribing physician
- Plan payments
- Member payment responsibility (co-pay, co-insurance, 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, imaging, etc.
- Provider affiliation with group practice
- Provider Networks
APCDs and other Public Health Data Sets

- APCDs are unique and provide information on cost and outpatient services.
- APCDs are early in their development and do not replace existing data systems such as hospital discharge data systems.
- E.g. Hospital-based discharge data provide a complete picture of hospital-based utilization (including emergency care and ambulatory surgery) in a state or jurisdiction.
- Discharge data systems are uniform and well-established.
- Both databases, in tandem, have the potential to enhance the utility of the information for market and policy uses.
Why are states implementing APCDs?

- Transparency: Which hospitals have the highest prices?
- In what geographies is public health improving?
- What percentage of my employees are receiving preventive services?
- Is ED use higher in Medicaid than in commercial plans?
- How does anti-depressant use compare between Medicaid and commercial enrollees?
- How far do people travel for outpatient services? Which ones?
Something for all Stakeholders

- Consumers
- Employers
- Health plans/payers
- Providers
- Researchers (public policy/academic)
- State government (policy makers, Medicaid, public health, insurance department, etc.)
- TBD---federal government
Changing Landscape 2005-10

- Transparency Initiatives
- Employer Coalitions
- Payment Reform
  - Patient-centered Medical Home
  - Accountable Care Organizations
- Health Information Exchange (HITECH)
- Health Care Reform (federal and state)
APCD Implementation Framework

Considerations for Critical Components to Build and Sustain APCDs

Engagement
- Stakeholder Identification
- Education
- Partnerships
- Advocates
- Privacy
- Reporting burden

Governance
- Governance Model
- Structure
- Rules for Collection and Release
- Standards Adoption

Analysis & Application Development
- Reporting
- Applications and Uses
- Meta Data

Technical Build
- Vendor Decision
- Maintenance
- Linkage to Other Data Sources
- Data Quality

Systems Cost
- Build and Maintenance cost's
- Revenue Model
State APCD Implementation Considerations

- Location of state authority by statute
- Funding
- Collection rules/regulation specifications:
  - Covered populations
  - Submission frequency
  - Thresholds and exclusions
- APCD data release rules
- Location of data management/processing
- Payer relationships
- Multi-stakeholder issues and engagement
APCD Challenges

- Completeness of population captured
- Provider as unit of analysis
- Retroactive payment adjustments
- Future potential payment methodologies
- Ability to link to other data sources
- State revenue models for funding APCDs
- Federal engagement (or lack thereof)
- Standardization / uniformity across state APCDs
Status of State Government Administered All Payer / All Provider Claims Databases
Lessons Learned (so far)

- Be transparent and document
- Transactional versus non-transactional uses of APCDs
- Integration and linkage opportunities
- Payer relationships critical
- Understand data across payers/platforms
- Local user consortiums make a difference
- Data management and data analytic contracting options to leverage capacity
Areas for Standardization

- Data collection/submission alignment with HIPAA X12N standards facilitates efficiencies in metadata, reporting, analysis, and application development
- Collection of patient identifiers
- Data release and access policies are political and state-driven
National Standards Development

- Core APCD data set under development for national standards.
National Standards Technical Advisory Panel

- Agency for Healthcare Research and Quality
- All-Payer Claims Database Council
- America’s Health Insurance Plans
- Individual Payers
  - Aetna, Humana, United Health Care
- Centers for Disease Control and Prevention/NCHS
- Centers for Medicare and Medicaid Services
- National Association of Health Data Organizations
- National Association of Insurance Commissioners
- National Conference of State Legislatures
- National Governors Association
- Office of the Assistant for Planning and Evaluation/DHHS
- State Health Plan Associations (various)
Example APCD Applications
Prevalence of Adult Coronary Artery Disease by Age in NH

NH Medicaid (non-Dual) and NH CHIS Commercial Members, 2005

[Graph showing the prevalence of adult coronary artery disease by age for Medicaid-only and CHIS Commercial members, 2005]
### Detailed estimates for Arthroscopic Knee Surgery (outpatient)

**Procedure:** Arthroscopic Knee Surgery (outpatient)

**Insurance Plan:** Anthem-HMO, Within 50 miles of 03301, Deductible and Coinsurance Amount: $50.00 / 10%

<table>
<thead>
<tr>
<th>Lead Provider Name</th>
<th>Estimate of What you Will Pay</th>
<th>Estimate of What Insurance Will Pay</th>
<th>Estimate of Combined Payments</th>
<th>Precision of the Cost Estimate</th>
<th>Typical Patient Complexity</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salem Surgery Center</td>
<td>$363</td>
<td>$2822</td>
<td>$3185</td>
<td>HIGH</td>
<td>VERY LOW</td>
<td>603.898.3610</td>
</tr>
<tr>
<td>Concord Hospital</td>
<td>$383</td>
<td>$3006</td>
<td>$3389</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td>603.228.7145</td>
</tr>
<tr>
<td>Dartmouth Hitchcock South</td>
<td>$398</td>
<td>$3135</td>
<td>$3533</td>
<td>LOW</td>
<td>MEDIUM</td>
<td>603.650.5000</td>
</tr>
<tr>
<td>Lakes Region General Hospital</td>
<td>$469</td>
<td>$3776</td>
<td>$4245</td>
<td>LOW</td>
<td>MEDIUM</td>
<td>603.527.7171</td>
</tr>
<tr>
<td>Mary Hitchcock Memorial Hospital</td>
<td>$509</td>
<td>$4135</td>
<td>$4644</td>
<td>HIGH</td>
<td>MEDIUM</td>
<td>603.650.5000</td>
</tr>
<tr>
<td>Southern NH Medical Center</td>
<td>$522</td>
<td>$4254</td>
<td>$4776</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td>603.577.2000</td>
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<tr>
<td>Wentworth Douglass Hospital</td>
<td>$524</td>
<td>$4266</td>
<td>$4790</td>
<td>MEDIUM</td>
<td>HIGH</td>
<td>603.742.5252</td>
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<tr>
<td>Portsmouth Regional Hospital - HCA Affil</td>
<td>$548</td>
<td>$4483</td>
<td>$5031</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td>603.436.5110</td>
</tr>
<tr>
<td>Portsmouth Ambulatory Surgery Center</td>
<td>$596</td>
<td>$4918</td>
<td>$5514</td>
<td>HIGH</td>
<td>MEDIUM</td>
<td>603.433.0941</td>
</tr>
<tr>
<td>St Joseph Hospital</td>
<td>$619</td>
<td>$5129</td>
<td>$5748</td>
<td>HIGH</td>
<td>MEDIUM</td>
<td>603.882.3000</td>
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<tr>
<td>Frisbie Memorial Hospital</td>
<td>$670</td>
<td>$5587</td>
<td>$6257</td>
<td>MEDIUM</td>
<td>MEDIUM</td>
<td>603.924.7191</td>
</tr>
<tr>
<td>Monadnock Community Hospital</td>
<td>$701</td>
<td>$5867</td>
<td>$6568</td>
<td>LOW</td>
<td>HIGH</td>
<td>603.778.7311</td>
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<tr>
<td>Exeter Hospital</td>
<td>$731</td>
<td>$6131</td>
<td>$6862</td>
<td>HIGH</td>
<td>MEDIUM</td>
<td>603.527.7171</td>
</tr>
<tr>
<td>Franklin Regional Hospital</td>
<td>$816</td>
<td>$6898</td>
<td>$7714</td>
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<td>MEDIUM</td>
<td>603.526.2911</td>
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<tr>
<td>New London Hospital</td>
<td>$826</td>
<td>$6988</td>
<td>$7814</td>
<td>MEDIUM</td>
<td>VERY LOW</td>
<td>603.526.2911</td>
</tr>
</tbody>
</table>
# Procedure Payments for the Insured

**Selection Summary**
- **Procedure:** Colonoscopy ( cpt4:45378 )
- **Insurer:** Anthem Blue Cross and Blue Shield with Preferred Provider Organization ( PPO )
- **Search Radius:** The Entire State
- **Data used for report:** 12/01/2005 through 11/30/2007

If you wish to modify your criteria, click [here](#).
To PRINT this report, click [here](#).

<table>
<thead>
<tr>
<th>Lead Provider</th>
<th>Estimate of Combined Payments</th>
<th>Precision of the Estimate</th>
<th>Patient Complexity</th>
<th>Distance to Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercy Hospital</td>
<td>$559</td>
<td>Very Low</td>
<td>High</td>
<td>30.69 miles away from 04333.</td>
</tr>
<tr>
<td>Northern Maine Ambulatory Endoscopy</td>
<td>$761</td>
<td>Very High</td>
<td>Very Low</td>
<td>105.10 miles away from 04333.</td>
</tr>
<tr>
<td>Portland Endoscopy Center</td>
<td>$828</td>
<td>Very High</td>
<td>Very Low</td>
<td>56.69 miles away from 04333.</td>
</tr>
<tr>
<td>Maine Medical Center</td>
<td>$833</td>
<td>Very Low</td>
<td>Medium</td>
<td>51.61 miles away from 04333.</td>
</tr>
<tr>
<td>Central Maine</td>
<td></td>
<td></td>
<td></td>
<td>16.07</td>
</tr>
</tbody>
</table>
# Statewide Procedure Payments

**Description:** The chart below contains statewide pricing information across all insurance carriers and all medical providers. The chart provides average total charge and payment information, and the individual professional and facility components.

**Data used for report:** 12/01/2005 through 12/27/2007

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>CPT-4 Procedure Code</th>
<th>Average Professional Charges</th>
<th>Average Professional Payments</th>
<th>Average Facility Charges</th>
<th>Average Facility Payments</th>
<th>Average Total Charges</th>
<th>Average Total Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthroscopic Knee Surgery (Outpatient)</td>
<td>29881</td>
<td>$2,998</td>
<td>$1,493</td>
<td>$4,221</td>
<td>$3,698</td>
<td>$7,219</td>
<td>$8,191</td>
</tr>
<tr>
<td>Biopsy - Breast (Auto Vacuum)</td>
<td>19103</td>
<td>$1,475</td>
<td>$671</td>
<td>$2,502</td>
<td>$2,190</td>
<td>$5,977</td>
<td>$6,851</td>
</tr>
<tr>
<td>Bronchoscopy</td>
<td>31622</td>
<td>$4,339</td>
<td>$2,203</td>
<td>$7,304</td>
<td>$6,599</td>
<td>$12,143</td>
<td>$14,002</td>
</tr>
<tr>
<td>Carpal Tunnel Release</td>
<td>64721</td>
<td>$1,729</td>
<td>$898</td>
<td>$2,341</td>
<td>$2,034</td>
<td>$4,770</td>
<td>$5,932</td>
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<tr>
<td>Colonoscopy</td>
<td>45373</td>
<td>$751</td>
<td>$349</td>
<td>$1,223</td>
<td>$1,054</td>
<td>$2,697</td>
<td>$3,408</td>
</tr>
<tr>
<td>Colposcopy With Biopsy</td>
<td>57454</td>
<td>$610</td>
<td>$355</td>
<td>$271</td>
<td>$259</td>
<td>$889</td>
<td>$603</td>
</tr>
<tr>
<td>CT - Abdomen</td>
<td>74160</td>
<td>$289</td>
<td>$101</td>
<td>$1,164</td>
<td>$951</td>
<td>$1,452</td>
<td>$1,631</td>
</tr>
<tr>
<td>CT - Chest</td>
<td>71250</td>
<td>$289</td>
<td>$93</td>
<td>$1,140</td>
<td>$968</td>
<td>$1,249</td>
<td>$1,406</td>
</tr>
<tr>
<td>CT - Head (Without Contrast Material)</td>
<td>70450</td>
<td>$179</td>
<td>$56</td>
<td>$797</td>
<td>$852</td>
<td>$974</td>
<td>$1,118</td>
</tr>
<tr>
<td>CT - Pelvis</td>
<td>72193</td>
<td>$251</td>
<td>$90</td>
<td>$1,042</td>
<td>$852</td>
<td>$1,293</td>
<td>$1,442</td>
</tr>
<tr>
<td>Gallbladder Removal</td>
<td>47852</td>
<td>$3,442</td>
<td>$1,907</td>
<td>$7,573</td>
<td>$6,833</td>
<td>$11,310</td>
<td>$13,193</td>
</tr>
<tr>
<td>Hernia Repair (Outpatient)</td>
<td>40506</td>
<td>$2,117</td>
<td>$1,823</td>
<td>$4,908</td>
<td>$4,388</td>
<td>$7,115</td>
<td>$8,681</td>
</tr>
<tr>
<td>Kidney Stone Removal</td>
<td>50590</td>
<td>$3,053</td>
<td>$1,466</td>
<td>$6,588</td>
<td>$6,084</td>
<td>$9,619</td>
<td>$10,744</td>
</tr>
<tr>
<td>Mammogram (Screening)</td>
<td>76092, 77057, 60232</td>
<td>$91</td>
<td>$50</td>
<td>$140</td>
<td>$127</td>
<td>$221</td>
<td>$177</td>
</tr>
<tr>
<td>MRI - Back</td>
<td>72148</td>
<td>$318</td>
<td>$117</td>
<td>$1,288</td>
<td>$1,048</td>
<td>$3,166</td>
<td>$3,166</td>
</tr>
<tr>
<td>MRI - Knee</td>
<td>73721</td>
<td>$253</td>
<td>$109</td>
<td>$1,162</td>
<td>$973</td>
<td>$1,416</td>
<td>$1,883</td>
</tr>
</tbody>
</table>
NH Hospital Acute Care Pricing Comparison

2006 Combined Inpatient and Outpatient Cost Index By NH Hospital

Cost Index Score

0.6 0.65 0.7 0.75 0.8 0.85 0.9 0.95 1.0 1.05 1.1 1.15 1.2 1.25 1.3 1.35 1.4 1.45 1.5 1.55 1.6 1.65

Sparrow Memorial Hospital
Southern NH Medical Center
Concord Hospital
Huggins Hospital
Parkland Medical Center
Ellac Hospital
Monmaink
Cheshire
Carriage
Lion
Wentworth-Douglass
DHMC
New London
Franklin
St. Joseph
Upper Connecticut Valley
Memorial
Valley Regional
East Kent Peds.
Norwich
Portsmouth
Andover
Weeks
CNC
Frisbie
Lincoln
Exeter

Source: NH Insurance Department, 2008

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Cardiovascular Disease: Bypass Surgery

Bypass surgery involves transplantsing a blood vessel from your leg or chest to the heart to get around (or 'bypass') a blockage in the heart's blood supply. (more)

Diagnostic classification: Coronary Bypass with cardiac catheterization (APR-DRG 105); Coronary Bypass only (APR-DRG 166)

### Quality of Care

**Quality Rating**
- Boston Medical Center: 3 (★★★)
- Brigham & Women's Hospital: 5 (★★★★★)
- Massachusetts General Hospital: 5 (★★★★★)

**Statistical Significance**
- Not different from State Average Quality

### Cost of Care

**Cost Rating**
- Boston Medical Center: $ (1)
- Brigham & Women's Hospital: $ (1)
- Massachusetts General Hospital: $ (1)

**Statistical Significance**
- Below Median State Cost

**Quality of Care - State Legend**
- Below State Average Quality
- Not different from State Average Quality
- Above State Average Quality
- Full enough information was reported
## Payment Rate Benchmarking

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Average Payment Including Patient Share, 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Plan 1</td>
</tr>
<tr>
<td>99203 Office/Outpatient Visit New Patient, 30min</td>
<td>$124</td>
</tr>
<tr>
<td>99212 Office/Outpatient Visit Established Patient, 10min</td>
<td>$51</td>
</tr>
<tr>
<td>99391 Preventive Medicine Visit Established Patient Age &lt;1</td>
<td>$111</td>
</tr>
<tr>
<td>90806 Individual psychotherapy in office/outpatient, 45-50min</td>
<td>$72</td>
</tr>
</tbody>
</table>

**SOURCE:** NH DHHS
Prevalence of Asthma by Age, NH Medicaid (non-Dual) and NH Commercial Members, 2005

SOURCE: NH DHHS

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Figure 2. Emergency Department Visit Rates by Age: Medicaid Compared to NH Commercial Members, 2005  
Note: age 65 and older not shown, no comparative commercial population

SOURCE: NH DHHS

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Change in Distribution of Costs by Insurance Type: Concord

<table>
<thead>
<tr>
<th>Year</th>
<th>PPO</th>
<th>POS</th>
<th>HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>9%</td>
<td>19%</td>
<td>72%</td>
</tr>
<tr>
<td>2006</td>
<td>10%</td>
<td>18%</td>
<td>72%</td>
</tr>
<tr>
<td>2007</td>
<td>19%</td>
<td>21%</td>
<td>59%</td>
</tr>
</tbody>
</table>

SOURCE: UNH
Summary Metrics

COMPANY ABC and NH Benchmark

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>NH BENCHMARK 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Members</td>
<td>8,736</td>
<td>8680</td>
<td>8647</td>
<td>8786</td>
<td>114,457</td>
</tr>
<tr>
<td>Average Age (Yrs)</td>
<td>36.3</td>
<td>36.7</td>
<td>37.6</td>
<td>37.7</td>
<td>39.2</td>
</tr>
<tr>
<td>Percent Female (%)</td>
<td>52%</td>
<td>53%</td>
<td>52.8%</td>
<td>52.7%</td>
<td>53.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL CLAIM PAYMENTS</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>NH BENCHMARK 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Plan Payments (Millions)</td>
<td>$25.8</td>
<td>$30.4</td>
<td>$29.9</td>
<td>$33.7</td>
<td>481.2</td>
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<tr>
<td>Plan Paid PMPM</td>
<td>$246</td>
<td>$291</td>
<td>$288</td>
<td>$320</td>
<td>$350</td>
</tr>
<tr>
<td>Plan PMPM Trend from Previous Year</td>
<td>NA</td>
<td>19%</td>
<td>-1%</td>
<td>1%</td>
<td>10%</td>
</tr>
<tr>
<td>Member Paid PMPM</td>
<td>$9</td>
<td>$9</td>
<td>$8</td>
<td>$9</td>
<td>$8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHARMACY PAYMENTS</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>NH BENCHMARK 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Pharmacy Payments (Millions)</td>
<td>$5.1</td>
<td>$5.9</td>
<td>$6.6</td>
<td>$7.3</td>
<td>NA</td>
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<tr>
<td>Plan Paid PMPM</td>
<td>$49</td>
<td>$57</td>
<td>$63</td>
<td>$69</td>
<td>NA</td>
</tr>
<tr>
<td>Plan PMPM Trend from Previous Year</td>
<td>NA</td>
<td>17%</td>
<td>12%</td>
<td>8%</td>
<td>NA</td>
</tr>
<tr>
<td>Member Paid PMPM</td>
<td>13</td>
<td>$14</td>
<td>$14</td>
<td>$13</td>
<td>NA</td>
</tr>
</tbody>
</table>

Pharmacy data for some New Hampshire employers currently is under review.

SOURCE: NHPGH

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Prevalence of Selected Conditions

COMPANY ABC (2005–2008)

Cases per 1,000

- Back
- Depression
- Diabetes
- Asthma
- Coronary Heart Disease
- Smoking Related
- Breast Cancer
- Colorectal Cancer

SOURCE: NHPGH

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Percent Members Receiving Preventive Services

COMPANY ABC (2005–2008)

SOURCE: NHPGH
Healthcare Plan Payments PMPM by Category

COMPANY ABC (2005–2008)

SOURCE: NHPGH

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ETGs for Joint Degeneration—Spine
Maine Commercial Claims (2006–2007); Full Episodes Outliers Removed
Preference Sensitive Care

<table>
<thead>
<tr>
<th>JOINT DEGENERATION—SPINE</th>
<th>WITH SURGERY</th>
<th>WITHOUT SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETG-Subclass</td>
<td>721-08</td>
<td>722-08</td>
</tr>
<tr>
<td>Number of Episodes</td>
<td>802</td>
<td>15,830</td>
</tr>
<tr>
<td>% with MRI</td>
<td>84%</td>
<td>26%</td>
</tr>
<tr>
<td>% with CT-Scan</td>
<td>12%</td>
<td>2%</td>
</tr>
<tr>
<td>% with Standard Musculoskeletal Imaging</td>
<td>82%</td>
<td>36%</td>
</tr>
<tr>
<td>% with Chiropractor</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>% with Osteopathic Manipulation</td>
<td>12%</td>
<td>10%</td>
</tr>
<tr>
<td>% with Physical Medicine or Rehab</td>
<td>61%</td>
<td>54%</td>
</tr>
<tr>
<td>Avg. Payment per Episode</td>
<td>$18,088*</td>
<td>$1,605</td>
</tr>
</tbody>
</table>

* The average payment for 272 episodes with spinal fusion was $28,290 compared with $12,853 for 530 episodes with other types of spinal surgery such as laminectomy or diskectomy.

SOURCE: ONPOINT HEALTH DATA
ETGs for Benign Conditions of the Uterus

Maine Commercial Claims (2006–2007); Full Episodes Outliers Removed
Preference Sensitive Care

<table>
<thead>
<tr>
<th>BENIGN CONDITIONS OF THE UTERUS</th>
<th>HYSTERECTOMY</th>
<th>OTHER SURGICAL PROCEDURES</th>
<th>WITHOUT SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETG-Subclass</td>
<td>646</td>
<td>646</td>
<td>647</td>
</tr>
<tr>
<td>Number of Episodes</td>
<td>938</td>
<td>2,183</td>
<td>7,369</td>
</tr>
<tr>
<td>% with CT-Scan</td>
<td>11%</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>% with Ultrasound</td>
<td>57%</td>
<td>67%</td>
<td>45%</td>
</tr>
<tr>
<td>% with Hysteroscopy</td>
<td>7%</td>
<td>48%</td>
<td>9%</td>
</tr>
<tr>
<td>% with Colposcopy</td>
<td>1%</td>
<td>2%</td>
<td>17%</td>
</tr>
<tr>
<td>% with Endometrial biopsy</td>
<td>20%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Average Payment per Episode</td>
<td>$11,074</td>
<td>$7,994</td>
<td>$1,273</td>
</tr>
</tbody>
</table>

The average episode payment for members with abdominal hysterectomy was $11,221, and the average payment for members with vaginal hysterectomy was $10,990. Of members with a hysterectomy, 66% had abdominal and 34% had vaginal hysterectomy. Other surgical procedures included hysteroscopy ablation, laparoscopic removal of lesions, myomectomy, and removal of ovarian cysts.

SOURCE: ONPOINT HEALTH DATA

Copyright 2009-2010 APCD Council, NAHDO, UNH
No correlation between Medicare mix and commercial payments—two data bases: APCD and Hospital Discharge.
Correlation Between Percent Medicare as Payer and Case Mix Adjusted Average Commercial Paid Amount per Weighted Discharge, Critical Access Hospitals Highlighted, Inpatient and Claims 2007 Data

Paid Amount Per Weighted Discharge

Percent of Weight Discharges Paid by Medicare

High % Medicare - Low Paid
High % Medicare - High Paid
Low % Medicare - Low Paid
Low % Medicare - High Paid

Source: Maine Health Data Organization
### Total IP Adverse Drug Events Discharge, Rate, Total Paid, and Average Paid, 2006-2007 for Maine and New Hampshire

<table>
<thead>
<tr>
<th></th>
<th>IP Discharges</th>
<th>Rate / 1,000 Discharges</th>
<th>Total Paid</th>
<th>Average Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maine</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>747</td>
<td>26.7</td>
<td>$11,864,264</td>
<td>$15,883</td>
</tr>
<tr>
<td>2007</td>
<td>770</td>
<td>34.5</td>
<td>$13,705,995</td>
<td>$17,800</td>
</tr>
<tr>
<td>Total</td>
<td>1,517</td>
<td>30.1</td>
<td>$25,570,259</td>
<td>$16,856</td>
</tr>
<tr>
<td>% Increase</td>
<td>3%</td>
<td>29%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>New Hampshire</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td>459</td>
<td>22.3</td>
<td>$5,712,414</td>
<td>$12,445</td>
</tr>
<tr>
<td>2007</td>
<td>504</td>
<td>25.1</td>
<td>$6,719,104</td>
<td>$13,332</td>
</tr>
<tr>
<td>Total</td>
<td>963</td>
<td>23.7</td>
<td>$12,431,518</td>
<td>$12,909</td>
</tr>
<tr>
<td>% Increase</td>
<td>10%</td>
<td>12%</td>
<td>18%</td>
<td>7%</td>
</tr>
</tbody>
</table>

SOURCE: UNH & HEALTHINFONET
Tri-State Variation in Health Services

Advanced Imaging – MRIs

Greenville (46.2)
Keene (90.8)
Middlebury (53.3)
Rutland (73.8)

Source: State of Vermont
## New Hampshire

**Title of APCD System:** New Hampshire Comprehensive Health Care Information System  
**Title Suggesting the System:** NHCHIS reflects a partnership between NH Insurance Department and NH Department of Health and Human Services  
**Website:** [http://www.nhchis.org](http://www.nhchis.org)

### Legal Authority
- **Statute:** [http://www.gencourt.state.nh.us/new/html/CON/02.L/02-0012-O-03-11-a.htm](http://www.gencourt.state.nh.us/new/html/CON/02.L/02-0012-O-03-11-a.htm)  
- **Investigation:** Approximately 20,000 since 2005  
- **Submission Rules:** [http://www.gencourt.state.nh.us/docs/state_agencies/a4.400.html](http://www.gencourt.state.nh.us/docs/state_agencies/a4.400.html)  
- **Release Policy:** [http://www.nhchis.org](http://www.nhchis.org)

### First Year APCD Collected Data
- **APCD Snapshot:** New Hampshire Comprehensive Health Care Information System began accepting claims submissions in 2005 in response to a need for more transparency in the commercial insurance system. The data collected in their system include the provision of a means for continuous review of health care utilization, expenditures, and performance data by insurers, employers, providers, and state agencies. Also, expressed was the goal to keep consumers and employers more informed and cost-effective health care choices. In addition, data were desired for comparison to Medicaid quality, cost, utilization, and price.

### Number of Commercial Sources of Claims Data
- **20**

### Sources and Status of APCD Data Collection

<table>
<thead>
<tr>
<th>Types of Data Collected</th>
<th>Currently Collected</th>
<th>Planned Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Claims</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Also planned, the collection of some form of unused claim information.</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Users/Uses:** Analysis of costs, HEDIS, system utilization, epidemiology, and geographical differences. Also provides Medicaid payment rate benchmarking and competition within the commercial health market.

**Future Plans:** None at this time.

**Consumer Website:** [www.nhhealthmr.org](http://www.nhhealthmr.org)

**Contact Information:** For more information, please contact Andrea Childs at andrea.chalms@dhhs.state.nh.us
Step 1: Getting Started in Your State

Applications of All-Payer Claims Data

The following resources provide a general overview of how APCDs can be applied:

- "Overview of All-Payer Claims Databases" Presentation, Miller 2010
- Academy Health - All-Payer Claims Databases: An Overview for Policymakers
- APCD Development Progress per State

Utilization of All-Payer Claims Data

The following sites link to reports or web sites that use claims data:

- VHCURS Reports
  - 2007-2008 Vermont Healthcare Utilization Profile Highlights
  - 2007-2008 Vermont Healthcare Utilization Profile Report
  - 2008 Vermont Expenditure and Utilization Report

- NH CHIS - See "Data and Reports" for examples of reports that the New Hampshire Department of Health and Human Services has released based on claims data analysis.

- NH Health Cost - This website uses the New Hampshire claims data to provide information about the price of medical care in NH.

- APC Applications Resource Guide - This document summarizes many of the projects that use claims data. It provides the project sponsor, a description of the project, and links to project web sites (if available).

- All-Payer Analysis of Variation in Healthcare in Maine

- Maine HealthCost - This website uses the Maine claims data to provide information about the price of medical care in Maine

- West Virginia Compare Cost