# All Payer Claims Databases

June 5 2014

**Prepared by Consulting**
Health and Benefits

**Presentation to Nebraska Health Care Database Advisory Committee**

Aon Hewitt, the global talent, retirement and health solutions business of Aon plc (NYSE: AON).

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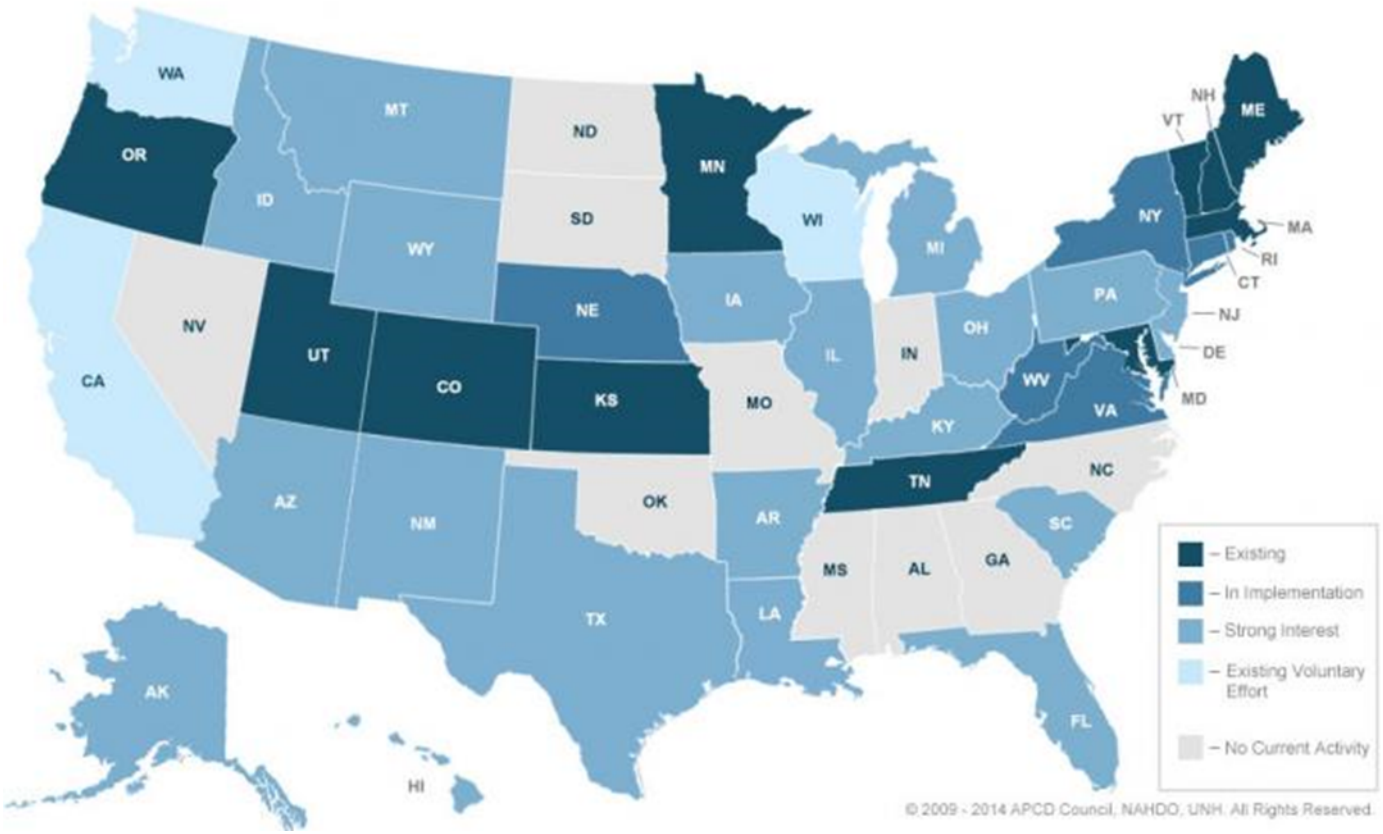
# National Status of All Payer Claims Databases (APCDs)

www.apcdcouncil.org



# Development of State All Payer Databases

- Inpatient Discharge Abstracts
- Inpatient Hospital Bills
- Ambulatory Surgery Bills
- Emergency Department Abstracts

- All Payer Claims

# What APCDs Can Do That Other Statewide Health Databases Cannot

## Includes all sites of care

- Allows comparison of inpatient vs. outpatient care for same types of patients
- Allows for population-based risk scores and profiles
  - e.g., all patients with diabetes can be identified, not just those hospitalized.
- Allows for total cost of care measures to help evaluate new provider payment approaches

## Includes all payers, private and public

- Allows for population-based prevalence
- Can include data for out-of-state care

# Input Data

- Eligibility
- Medical Claims
  - Facility
  - Professional
- Prescription Claims
- Dental Claims
- Vision Claims
- Provider data

# Typical Questions that APCDs Can Often Address

- Which hospitals provide the best value? How does this hospital compare to others for the treatment I need?
- What parts of the state have better or worse access to specific services?
- What is the prevalence of specific chronic conditions?
- What services can be safely provided in lower cost settings?
- How health care received by my employees compare with similar groups of people?
- I pay for some of my health care. What is the total cost of care for my procedure, including hospital, physician and ancillary services?
- Are reforms implemented in one region demonstrating better trends than other regions?

# Colorado

## Colorado All Payer Claims Database

Home | Maps | Reports | Resources | About CIVHC

ADMINISTERED BY CIVHC

POWERED BY TREO SOLUTIONS

### Welcome

Our current health care system is costly and doesn't always provide the best results. Many potential solutions exist, but one theme emerges consistently: improving the system starts with better information. This website securely compiles claims data from private and public health insurance payers to provide the most comprehensive picture of costs and service use in the state.

### What's New

- Total Cost of Care by Service Line 2012
- Spot Analysis: PT/OT, Chiro Services, Commercial Payers 2009-12
- **2012 comparison data now available!**
- **Medicaid vs. Commercial Payer** comparisons (click maps or reports)
- **30 Day All Cause Readmissions** (click maps or reports)
- **Percent Generic Scripts use** (click maps or reports)
- Medicaid Readmissions (per population) by county (graph)
- Commercial Payer Readmissions (per population) by county (graph)

### How to Use the APCD

The APCD provides transparent data intended to support improving health, health care quality and containing costs. Communities, policy makers, and others can use information on this website to identify opportunities for improvement. View our Using the APCD to Achieve Triple Aim Webinar for more information.

Visit the maps and reports tabs to view a variety of interactive health care price and service comparisons.

Visit Resources for definitions and detailed instructions on the use of this site.

### Find Costs and Utilization by Geography

Search for Colorado health care costs and utilization of services by counties and ZIP Code 3.

Choose one of the most viewed selections.

- (●) Total Cost of Care (TCC)
- ( ) TCC Compared to Expected (C2E)
- ( ) Percent Generic Scripts
- ( ) 30 Day All Cause Readmissions (per population)
- ( ) ER Visits
- ( ) Diabetes Prevalence
- ( ) Asthma Prevalence
- ( ) Illness Burden

**Total Cost of Care**

represents the total dollars paid for all health care services received by an individual such as hospital, clinic, physician visits, and prescription costs. Amounts paid by both the insurer and by the individual in the form of copays, deductibles and other cost sharing mechanisms are included. The results are displayed as a total dollars per person for the year. The rate represents the population living in that geography, not where the services were received.

View Map | View Report

View all Maps or Reports

### Current Data in the APCD

The CO APCD currently includes 2009-2012 historic claims data from the largest commercial payers' individual and large-group fully-insured lines of business, plus Medicaid, representing over 3 million Coloradans.

Additional payer data, including Medicare and self-insured businesses will be added over time, eventually encompassing the vast majority of covered lives in Colorado. Click here to view a timeline.

### Engage

Data in the APCD is updated periodically and additional reports and analysis are generated regularly.

Join our email list and follow us on social media to receive notification of the latest updates and information.

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# Massachusetts

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The Official Website of the Center for Health Information and Analysis

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## All-Payer Claims Database

The APCD is comprised of medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers for all payers covering Massachusetts residents. The APCD streamlines required data submissions for payers and also affords a deep understanding of the Massachusetts health care system by providing access to timely, comprehensive, and detailed data. The APCD is an essential tool to improve quality, reduce costs, and promote transparency.

### APCD Introduction

The Center for Health Information and Analysis (CHIA) offers a variety of data and analytic products to support continual improvement in health care quality, affordability, access, and outcomes. The Massachusetts All-Payer Claims Database (MA APCD) is critical to this effort, enabling CHIA and its partners and customers to pursue a wide variety of projects, including complex research and analyses that support state agency operations and enhance the ability of payers and providers to deliver care.

### Accessing the APCD

Learn how to apply for Massachusetts APCD data as well as review and comment on data applications

### Submitting Data to the APCD

See APCD regulations, data submission guidelines, quality assurance edit, data dictionaries, and database schema.

**News & Updates**

- Workgroup Presentation from May 27, 2014
- APCD Release 2.1 Information
- APCD Release 2.0 Information
- Researchers Applying for APCD Data
- Preliminary List of Version 3 File Edits
- APCD Data Volume Reports
- See All

**Engage with APCD**

- View & Comment on Applications to the APCD
- Subscribe to an APCD Email List
- Join an APCD Workgroup

APCD

# Vermont

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- Insurer, TPA, PBM Registration

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## Vermont Healthcare Claims Uniform Reporting and Evaluation System - VHCURES

On July 1, 2013, the Green Mountain Care Board assumed responsibility for VHCURES, Vermont's all-payer claims database. VHCURES data provides the population-based view of Vermont's health landscape that assists clinicians in better managing care and allows health policy leaders to analyze health care system performance.

**Registration Requirements**
Pharmacy Benefit Managers & Third Party Administrators: Click here for information on Health Insurer Registrations

Vermont law (Act 79 of 2013, Section 40, Regulation H-2008-01) requires the GMCB to collect data on Vermont residents from commercial health insurers and Vermont's Medicaid program. For the purposes of VHCURES data collection, the definition of "health insurers" includes third-party administrators (TPAs), pharmacy benefit managers (PBMs), hospitals and health systems, administrators of self-insured or publicly insured health benefits plans, and any other similiar entity with claims data, eligibility data, provider files and other information relating to health care provided to Vermont residents. Click here for annual registration requirements.

**Data Submission Information**

- Data Requirements Reference Manual
- Re-clarification of Medicare Supplement data reporting requirements
- Coding Insured Group Name and the Blueprint Integrated Pilot Program Attribution
- Non-resident Reporting Exemption

**SPECIAL NOTICE:** Click here for information about proposed changes to the VHCURES program.

**VHCURES Reports**

- PCSA Spatial Analysis
- Tri-State Variation in Health Services Utilization & Expenditures in Northern New England

**Claims Data for Researchers**

**Notification Effective April 29, 2014: GMCB Moratorium on New Data Use Agreements**

Researchers may apply to be considered for limited use of health care claims data sets. For information about obtaining an application for the VHCURES data, contact:

*Dian Kahn, Director of Analysis and Data Management*
*VHCURES Program Director*

# Maine

MHDO Maine Health Data Organization

Information | Insight | Improvement

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**DATA**
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**REPORTING**
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**UPDATES**
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**USER GROUPS**
- Consumer User Group
- Data User Group (DUG)
- Payer User Group (PUG)

## 2014 Upcoming Events

**June 5th 9:00 - 3:00** MHDO Board Retreat
FAME Board Room, 5 Community Drive, Augusta
**June 17th 9:00 - 12:00** Interested Parties Input Session regarding PHI per LD 1740.
MHDO Board Room, 151 Capitol Street, Augusta

**Improving our website is part of our transformation. Check back often to see our updates!**

**MHDO** is a state agency that collects health care data and makes those data available to researchers, policy makers, and the public while protecting individual privacy.

The purpose of the organization is to create and maintain a useful, objective, reliable and comprehensive health information database that is used to improve the health of Maine citizens. Learn More

## Agency Transformation

We are currently undergoing an operational transformation to improve the ways we collect and release data and work with our partners.

**New April 2014** - **MHDO HealthCost 2014** Public website with average cost information for just under 200 common medical procedures by healthcare facility. The website includes a link to GoodRx which provides drug pricing information from pharmacies nationwide so that consumers can search to find the lowest price for their medication. The site also includes the recently released 2014 annual report on Healthcare associated infections in Maine. Go visit HealthCost and let us know what you think by completing the **on line survey**. More enhancements are coming to the website over the next 18 months so stay tuned!

**New-March 2014** **Public website of Patient Experience Survey data (CAHPS-PCMH survey tool).** Review results of the Maine Quality Forum's survey initiative on how Maine patients rate their experience at their primary and specialty care physician practices throughout the State.

## Latest Updates & Key Activities

## Upcoming Data Releases:

**New-March 2014** **Next Release of the APCD Data:** The next release of the APCD data is currently scheduled for the second week in April. This data release will include the 4th quarter of 2013 claims data from commercial plans as well as MaineCare (Medicaid) and CY 2012 and the first two quarters of 2013 Medicare data.

**New-March 2014** **Next Release of Hospital Inpatient and Outpatient Encounter Data:** The next release of the hospital encounter data for CY 2012 which was scheduled for the end of March has been

# Stakeholder Benefits: State Policy Makers

- Identify high-performing communities that provide cost-effective care and leverage that success to promote similar activities elsewhere.
- Collect data and report measures related to safety, quality, utilization, outcomes, and cost.
- Enable targeted public health initiatives and interventions based on strategic assessment of health care disparities.
- Compare the quality, quantity and cost of care received by patients covered by public programs with the care received by commercial populations.
- Identify needs for public health programs to address chronic conditions.
- Help verify contents of state health registries (e.g., cancer registry, birth defect registry).

# Stakeholder Benefits: Health Plans

- Support design and evaluation of new provider payment approaches, including measuring total cost of care.
- Evaluate medical management programs against benchmarks.
- Identify opportunities to promote or incentivize higher quality and lower cost treatments or refine reimbursement models.
- Evaluate contracts with providers in a geographic location based on the health needs of that area.
- Compare quality, utilization and cost across health care providers.

# Stakeholder Benefits: Employers

- Help evaluate the value of health care benefits.
- Empower businesses to design benefits and select providers based on quality, cost, and efficiency.
- Compare health outcomes, utilization rates and cost for their members with regional benchmarks.
- Compare the prevalence of specific diseases among their members with regional benchmarks.
- Help evaluate the impact of wellness and disease management programs.

# Stakeholder Benefits: Providers

- Better understand the needs of their communities.
- Strengthen quality measurement and provide tools so that providers can better manage their entire community of patients.
- Better understand competitive landscape and opportunities to strengthen their service offerings.
- Measure the spread of new services and treatments.

# Stakeholder Benefits: Patients

- Access to tools to help select providers based on such factors as:
  - Quality
  - Access
  - Cost
- Access to tools to help make decisions about pending procedures:
  - Post procedure complication rates
  - Post procedure costs

# Levels of Access to Data

- Static reports for large populations
- Drill-down reporting by provider, procedure or location
- Data extracts for researchers

# Ongoing Needs

- Ongoing stakeholder input, including data suppliers and users.
- Secure data collection, storage and reporting infrastructure.
- Data access and release policies.
- Reporting tools.
- User feedback.

# Contact

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# About Aon Hewitt

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