

All Payer Claims Database Implementation in States

Denise Love

National Association of Health Data Organizations

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What is Driving APCD Implementation in States?

- Health care reform and transparency
 - Demand for more robust health care utilization and financial data that extends beyond the hospital setting
- To supplement other data for health care market and policy decisions, including:
 - The financial aspects of health care delivery
 - Understand and evaluate episodes of care
 - Guide benefit design and planning

What is an All Payer Claims Database?

- Medical and pharmacy claims file submissions from insurance carriers, including Third Party Administrators (TPAs) and Pharmacy Benefit Managers (PBMS) and public payers:
 - composed of service level remittance information:
 - member demographics, provider information, charge/payment information, and clinical diagnosis/procedure codes from all non-denied adjudicated claims for each billed service.
 - reported at the visit, service, or prescription level..
- Member Eligibility File is a data file composed of demographic information for each individual member eligible for medical, pharmacy, or dental insurance benefits for one or more days of coverage any time during the reporting month.

Status of APCD Implementation in States

Existing APCD Systems	Early Implementation of APCDs	Actively Exploring APCD Feasibility
MD*, ME, NH, VT, MA, KS*	MN, UT, WI*	CA, CT, FL, HI, NY, OR, PA, RI, TN, WA, WV

*Data system models differ from other states

Observations from the Implementing States

- All states have established statewide hospital discharge data systems for cost, quality, access purposes
 - APCDs do not replace, but *supplement*, facility reporting systems in these states
- Escalating health care expenditures and health care reform created demands for cost and market information
- States vary in the scope of their data collection:
 - States often expand the scope incrementally after system is established
 - Value is not dependent on the complete universe of claims

Strengths of an All Payer Claims Databases

- The data are the only feasible source of professional and ancillary claims for the insured population
- The APCDs leverage existing connections and data flows established for claims reimbursement
 - Reducing reporting burden on the payers
 - Leveraging standardized formats, codes, and billing
- APCDs fill important information gaps
 - Charges, payments, and member liabilities
 - Private insurance market information
 - Inpatient, outpatient, pharmacy, physician, dental
 - Episodes of care

Limitations of APCDs

- APCDs are not a complete universe of the state's population. Common exclusions:
 - Denied claims
 - Uninsured
 - Premium information
 - Workers Compensation
 - Administrative and capitation fees
 - Contractual adjustments
 - Clinical information; e.g. lab test results
 - Out-of-state residents
 - Medicaid in a few states with heavy MCO penetration

Examples of APCD Uses by States

- Assess physician services and reimbursement policies
- Per-capita expenditures and utilization for the insured
- Private payer rates for relative value units (RVUs)
- Payment for non-participating commercial providers
- Effectiveness/value of high-cost drugs
- Employers can evaluate total payments (facility/professional/copay)
- Provide web pricing tools for insured and uninsured
- Chronic disease prevalence by payer type
- Payment rate benchmarking by payer
- In-state patient migration patterns for outpatient care



MAINE HEALTH DATA ORGANIZATION'S HEALTHCOST

Welcome to the homepage of the Maine HealthCost website. This website has been developed by the Maine Health Data Organization in accordance with its mandate to produce reports related to health care facility and practitioner payments for services rendered to Maine residents. Select from the below choices to get started or you can read the methodology ([link](#)) to learn how the reports are generated.

[Statewide
Procedure
Payments](#)

[Procedure
Payments for
the Insured](#)

[Procedure
Payments for
the
Uninsured](#)

[Definitions
and
Methodology](#)

[Providers
and
Procedures](#)

DATA SOURCES

The data used to produce reports has been provided by various sources. Below is a list of the source and/or agreement:

1. **Commercial claims data** provided by payers required to submit to the MHDO under the terms and conditions of CMR 90-590 Chapter 1000, *Reporting System for Health Care Claims Data Sets*
2. **Medicare claims data** provided by the Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, CMS/MHDO Data Use Agreement #14392: *Incorporation of Medicare Patient Level Data for Maine Residents into the Maine Health Data Organization Health Care Claims Database*
3. **MaineCare (Medicaid) claims data** provided by the Office of MaineCare Services, ME Department of Health and Human Services, OMS/MHDO July 21, 2008 *MaineCare Memorandum of Agreement*



WELCOME!

HealthCost provides information on the price of medical care in New Hampshire. The New Hampshire Insurance Department and the Commissioner's Advisory Committee on Health Insurance developed the Health Care Cost of Procedure (HealthCost) website in 2005.

WHAT IS THE PURPOSE OF HEALTHCOST?

This site gives patients information about the price of health care services. The price information is based on paid claims data collected from New Hampshire's health insurers by the New Hampshire Department of Health and Human Services as part of the Comprehensive Health Care Information System. This website serves as a resource to help you make informed decisions about purchasing health care services and insurance.

WHAT SHOULD I KNOW ABOUT MY HEALTH INSURANCE PLAN, AND THE PRICE OF MY HEALTH CARE?

It is important to understand your health insurance coverage. The price you pay for the purchase of a health care service will vary depending on whether you are insured or uninsured, the type of insurance you have, and the insurance carrier that is providing the insurance. Insurance plans work differently and cover different types of medical services. The specific details of your plan and the carrier from which you purchase a policy may affect how much you pay for health care services. You can find



Health Costs by Procedure

To obtain a cost estimate of the amount that a hospital, surgery center, physician, or other health care professional receives for its services, click one of the buttons below. The amount you owe will vary depending upon whether you are an insured or uninsured patient. Generally, the cost for services to the uninsured is higher than the amount for insured patients. Financial assistance and other discount programs may be available to reduce the costs to the uninsured.

[Pricing of Health Care Services](#)

[Health Costs For Insured Patients](#)

[Health Costs For Uninsured Patients](#)

PLEASE NOTE: The data found on this website were initially released on March 1, 2007, using 2005 and 2006 claims data. Periodically, there will be updates of pricing information, health care providers, and health care procedures. The website was last updated on November 13, 2007.

Get Started

+ Preventive Health

+ Emergency Visits

+ Radiology

+ **Surgical Procedures**

[close](#)

[Arthrocentesis \(outpatient\)](#)

[Arthroscopic Knee Surgery \(outpatient\)](#)

[Breast Biopsy \(Outpatient\)](#)

[Destruction of Lesion \(outpatient\)](#)

[Gall Bladder Surgery \(outpatient\)](#)

[Hernia Repair \(outpatient\)](#)

[Kidney Stone Removal \(outpatient\)](#)

[Tonsillectomy with Adenoidectomy
\(outpatient\)](#)

+ Maternity

[Home](#)[Health Costs
by Procedure](#)[FAQs and
Methodology](#)[Resources](#)[Contact Us](#)

1. I am seeking pricing on: **Arthroscopic Knee Surgery (outpatient)**

[Change](#)

2. Enter your zip code:

3. Select the Radius from which you want to view selected hospitals and other medical facilities:

50 miles [Change Radius](#)

4. Select your insurance carrier:

Anthem - NH [Change Carrier](#)

5. Select your insurance plan type:

Health Maintenance Organization (HMO) [Change Plan](#)

6. Enter your level of benefit deductible:

\$.00

Deductible amounts refer to individual coverage, not family coverage. If the plan has more than one deductible, use the highest level to appropriate policy type.

7. Enter level of Coinsurance:

If unsure, enter 0

%

8. Once you click submit, it may take a few moments to calculate your results.

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%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments	Precision of the Cost Estimate	Typical Patient Complexity	Contact Info
SALEM SURGERY CENTER	\$363	\$2822	\$3185	HIGH	VERY LOW	603.898.3610
CONCORD HOSPITAL	\$383	\$3006	\$3389	MEDIUM	MEDIUM	603.228.7145
DARTMOUTH HITCHCOCK SOUTH	\$398	\$3135	\$3533	LOW	MEDIUM	603.650.5000
LAKES REGION GENERAL HOSPITAL	\$469	\$3776	\$4245	LOW	MEDIUM	603.527.7171
MARY HITCHCOCK MEMORIAL HOSPITAL	\$509	\$4135	\$4644	HIGH	MEDIUM	603.650.5000
SOUTHERN NH MEDICAL CENTER	\$522	\$4254	\$4776	MEDIUM	MEDIUM	603.577.2000
WENTWORTH DOUGLASS HOSPITAL	\$524	\$4266	\$4790	MEDIUM	HIGH	603.742.5252
PORTSMOUTH REGIONAL HOSPITAL - HCA AFFIL	\$548	\$4483	\$5031	MEDIUM	MEDIUM	603.436.5110
PORTSMOUTH AMBULATORY SURGERY CENTER	\$596	\$4918	\$5514	HIGH	MEDIUM	603.433.0941
ST JOSEPH HOSPITAL	\$619	\$5129	\$5748	HIGH	MEDIUM	603.882.3000
FRISBIE MEMORIAL HOSPITAL	\$670	\$5587	\$6257	MEDIUM	MEDIUM	
MONADNOCK COMMUNITY HOSPITAL	\$701	\$5867	\$6568	LOW	HIGH	603.924.7191
EXETER HOSPITAL	\$731	\$6131	\$6862	HIGH	MEDIUM	603.778.7311
FRANKLIN REGIONAL HOSPITAL	\$816	\$6898	\$7714	MEDIUM	MEDIUM	603.527.7171
NEW LONDON HOSPITAL	\$826	\$6988	\$7814	MEDIUM	VERY LOW	603.526.2911

Source: www.nhhealthcost.org

Pricing Difference by Carrier and Provider: Colonoscopy

FACILITY	ANTHEM	CIGNA	HARVARD
CHESHIRE MEDICAL CENTER	2,091.22	1,552.98	1,757.94
DARTMOUTH HITCHCOCK SOUTH	1,243.94	1,169.12	1,192.33
EXETER HOSPITAL	2,325.32	2,148.21	2,065.92
FRISBIE MEMORIAL HOSPITAL	1,658.53	1,200.62	1,431.43
PORTSMOUTH REGIONAL HOSPITAL	1,715.74	2,075.38	1,514.17
SPEARE MEMORIAL HOSPITAL	1,381.96	--	1,087.22
WENTWORTH DOUGLASS HOSPITAL	1,906.15	1,942.21	1,949.79

“Understanding the true cost of health care is critical for reform to move forward. Without it, it will be difficult to hold all stakeholders, including consumers, accountable for better health outcomes and greater participation in health care decision making”.

Rep. David Litvack (D-Salt Lake)
Member of the Utah Health Care Reform Task Force

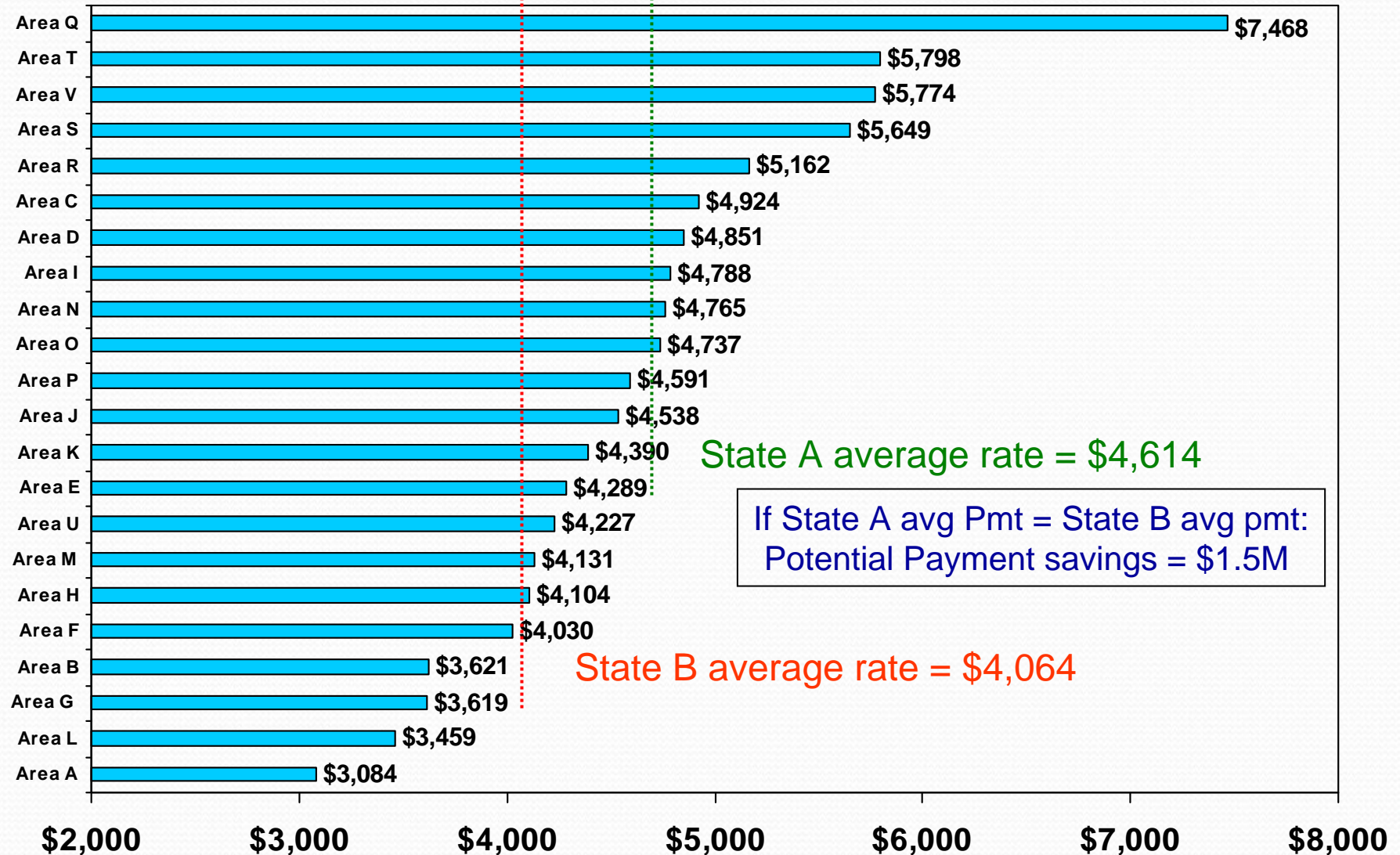
In Summary

- APCDs leverage existing information and connections to:
 - Fill important gaps in information for consumers and policy makers:
 - Outpatient care
 - Episodes of care
 - Costs of care
- An APCD application base and technical solutions are established by a growing number of states
- Harmonization of APCDs across states:
 - Reduces costs to the state and to the data suppliers
 - Facilitates comparable benchmarks, common tools, and information

Resources

- Regional All Payer Health Information Council (RAPHIC): www.aphic.org
- National Association of Health Data Organizations (NAHDO): www.nahdo.org

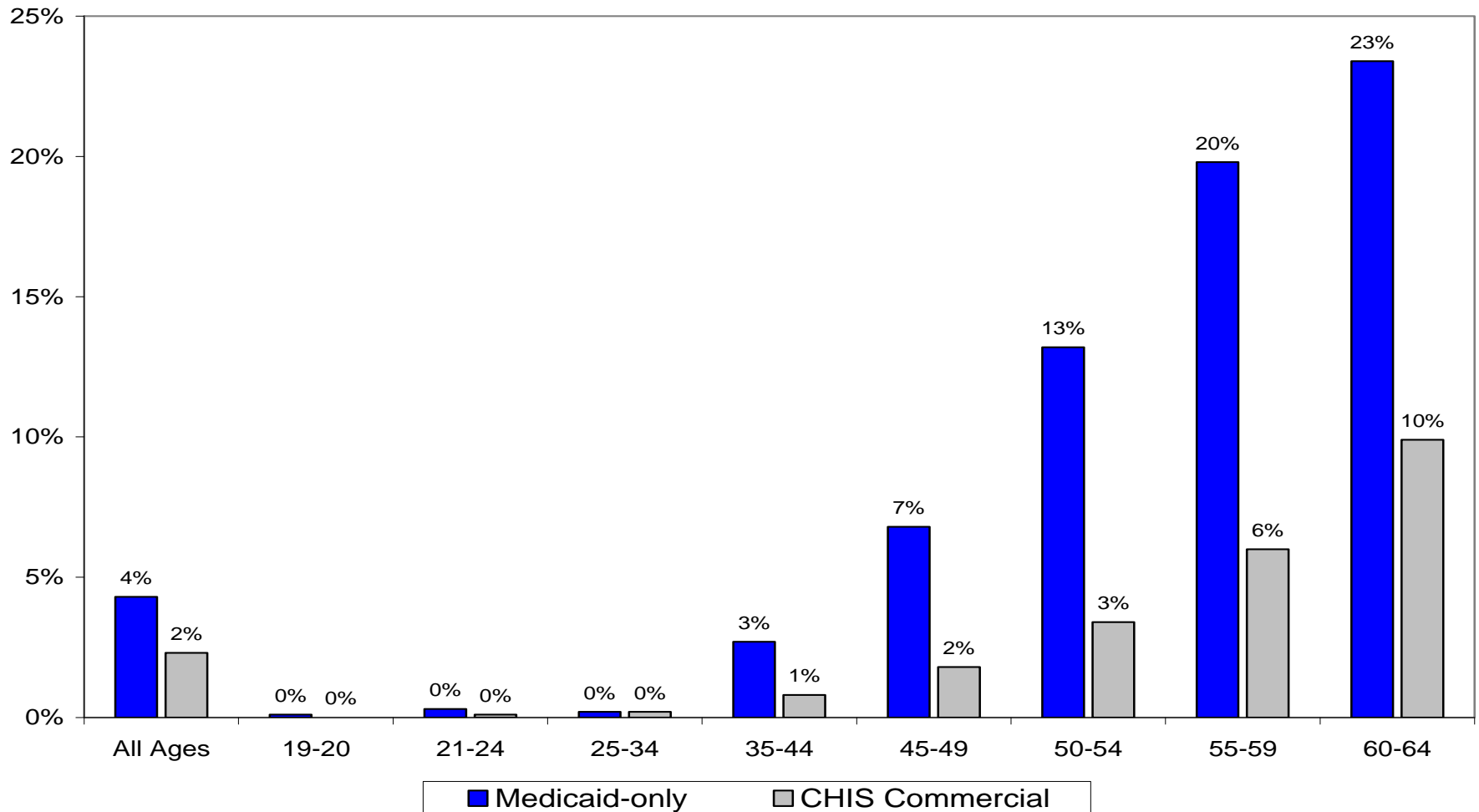
Outpatient Knee Arthroscopy Procedures: Average Paid per Procedure By Area: State A 2005 Incurred Claims - private payer claims



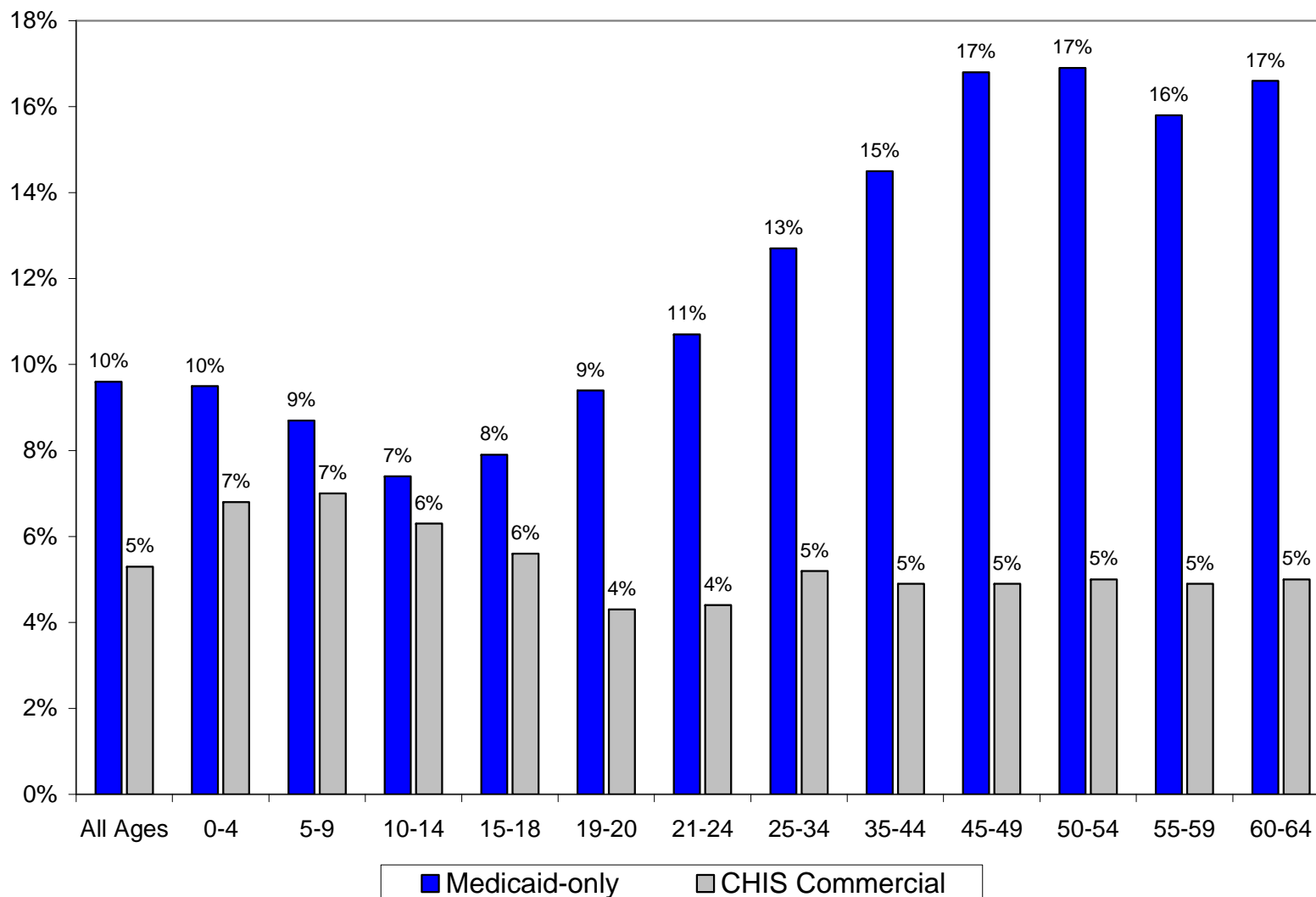


Examples of APCD Applications from New Hampshire

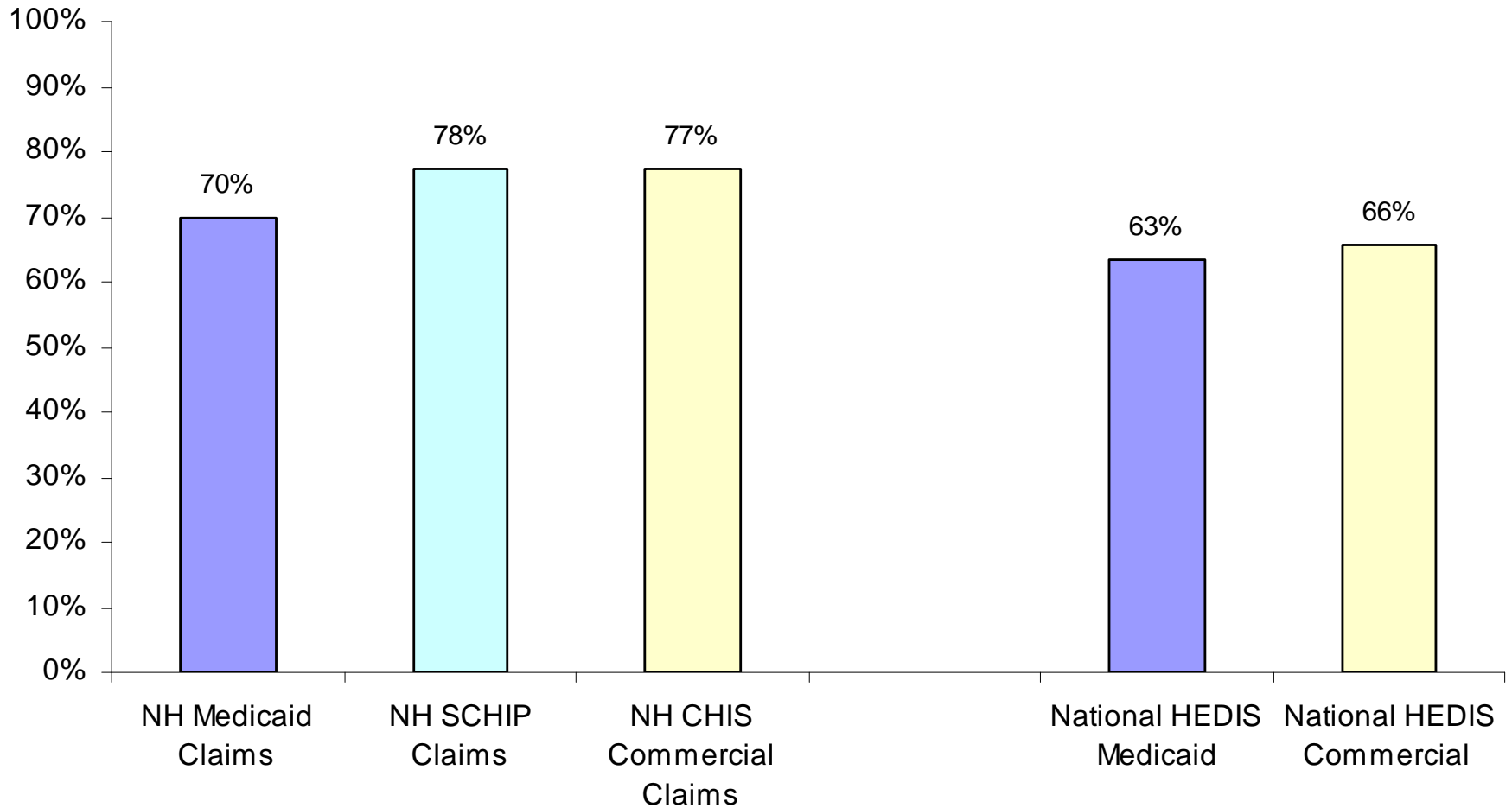
Prevalence of Adult Coronary Artery Disease by Age, NH Medicaid (non-Dual) and NH CHIS Commercial Members, 2005



Prevalence of Asthma by Age, NH Medicaid (non-Dual) and NH CHIS Commercial Members, 2005



Percent of Children Age 3 to 6 Years with a Well-Child Visit During the Year, SFY2006



Outpatient Emergency Department Visit Rates per 1,000 Members by Age, SFY2006

