All Payer All Claims Database Opportunities for Transparency and Monitoring

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Oregon's All Payer, All Claims Database (APAC) A Broad Mandate

Authorized in HB 2009 to

- Determine the maximum capacity and distribution of existing resources allocated to health care.
- Identify the demands for health care.
- Evaluate the effectiveness of intervention programs in improving health outcomes.
- Compare the costs and effectiveness of various treatment settings and approaches.
- Provide information to consumers and purchasers of health care.
- Evaluate health disparities, including but not limited to disparities related to race and ethnicity.

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Overview of Oregon's All Payer All Claims Database

- The only source of health care payment and utilization data across lines of business
  - Claim level data representing an estimated 97% of the privately insured market
    - Pharmacy benefit managers
    - OHP Coordinated Care Organizations
    - Medicare Advantage; Medicare FFS application pending
- Now have three years of data for baseline and trend development (January 2010 through March 2013)
- Provides the foundation for regular quarterly monitoring and reporting of expenditure and utilization trends, deep dives on major cost drivers, and comparative quality metrics.

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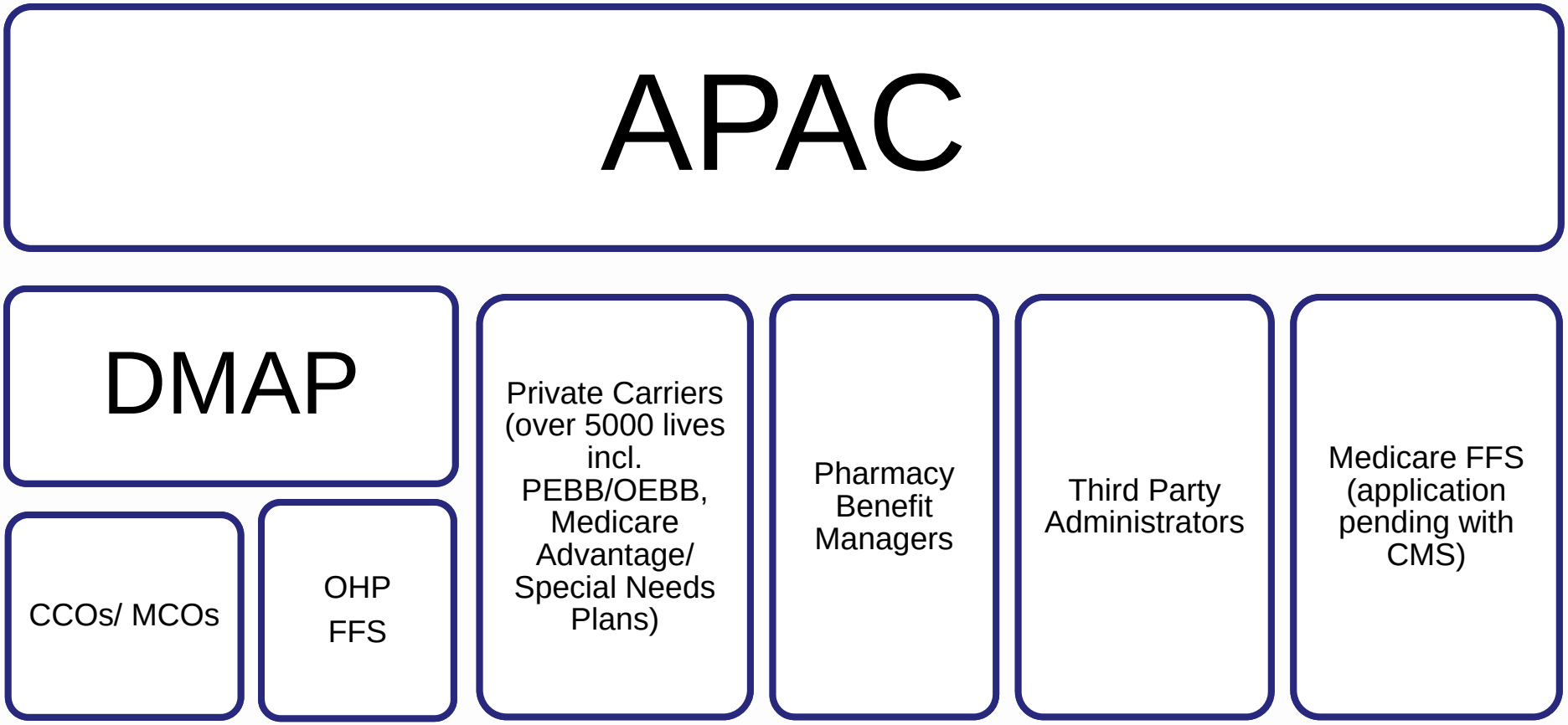
Who submits data to APAC?



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Who does not submit to APAC?

- Federal self-insured programs
  - Medicare FFS (application submitted in August)
  - Tricare
- Self-Pay / Uninsured
- Stand-Alone Vision Coverage
- Stand-Alone Dental Coverage
- Non-Mandatory Reporters (<5k covered lives)

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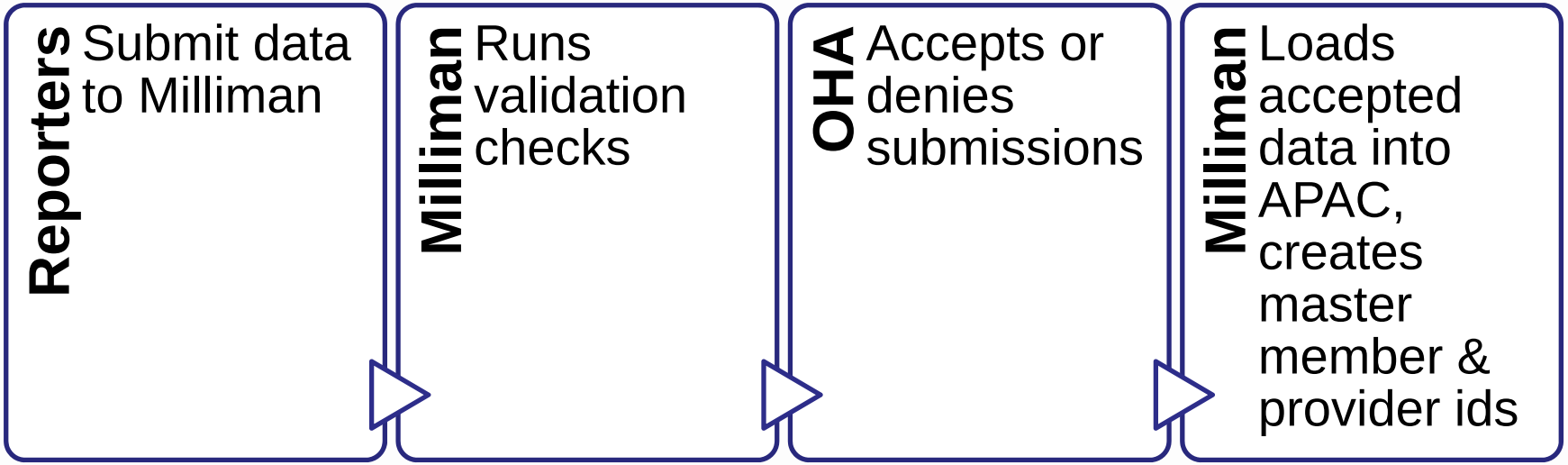
How is the data collected & processed?



What data is available in APAC?

- Claims files
  - Paid claims (medical, pharmacy)
  - Diagnosis
  - Procedures performed
  - Health plan provider information
  - Member financial responsibility (co-pay, coinsurance, deductible)

- Enrollment files
  - Health plan member information (name, DOB, gender, geography)

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What is not available in APAC?

- Insurance market segment (individual, small group, large group, through Cover Oregon, etc.)
- Insurance product information (deductible, coinsurance requirements, actuarial value)
- Capitation arrangements
- Workers' compensation claims
- Substance abuse claims
- P4P & PCMH payments

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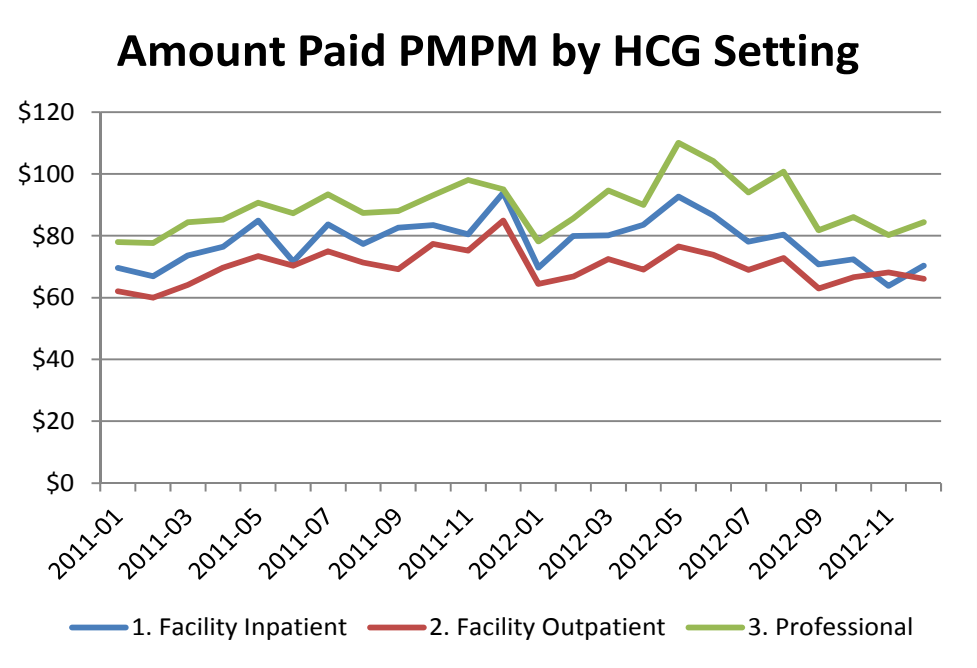
So what?

APAC provides us with the opportunity to track ACA implementation and Oregon's health system transformation with:

- quarterly dashboards
- annual reports
- topical briefs on population health, cost trends, and quality.



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Cost and Utilization Trends

- Total per member per month expenditures
  - *Allowed, paid, and patient pay amounts*
- Utilization Rates
  - *ER, Inpatient admits, high cost imaging*
- Most expensive or most common
  - *Diagnoses, procedures, episode treatment groups*

Can be looked at by:

- Line of business
  - *Medicaid, Medicare Advantage, Commercial, PEBB/OEBB*
- Total and by service categories
  - *Healthcare Cost Guidelines Grouper*
- Geography
  - *Zip code, County, CCO service area, Hospital Referral Region*
- Facility
  - *Hospital directory under development*
- Carrier

Initial reports by 12/2013 (selected data elements)

2014/15

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Facility and Plan Level Cost & Quality Measures

- Hospital facility price and quality variation
  - Hospital identifier in development
- Apply CCO claims-based quality measures to commercial market
  - By line of business, carrier, product (requires product identifier)
- Application to work of Cover Oregon and DCBS
  - Cost, utilization, and quality comparisons of Cover Oregon plans with other commercial plans
  - Enhanced market data for DCBS rate review process
  - Requires Cover Oregon, market segment, and product identifiers

Work toward this output in 2014/15

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Additional Work Short Term/Long Term

- External vetting of data
  - Need input from carriers and other stakeholders on data validation and output
- Additional data will be needed to capitalize on APAC as a resource for Cover Oregon and DCBS rate review work
  - Cover Oregon identifier
  - Market segment identifier
  - Product identifier
- Web/external tools to enable data access
- Medicare FFS data (application submitted)

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