



All payer, all claims data reporting program: An update

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We don't know, what we don't know

- Oregonians pay for health care without comparable information about cost and quality across the health care system settings.
- From a variety of sources, **estimates** for Oregon health care spending range from \$20-25 billion or between \$5,400 and \$7,000 dollars per Oregonian.
- Currently, Oregon has fragmented, inconsistent and incomplete information about how our health care system is performing
- An all payer, all claims data is a tool for better understanding of cost, quality, and utilization across Oregon's health care system.

What is all payer, all claims (APAC) data?

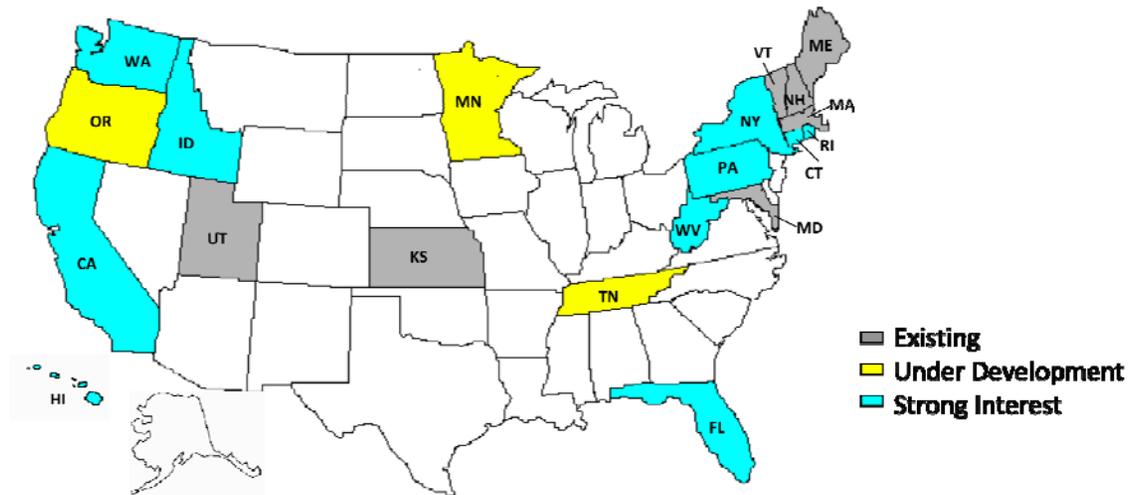
- Data includes
 - Claims (medical, pharmacy, and/or dental)
 - Health plan member demographic information
 - Health plan provider information
- Data from
 - Commercial health insurers
 - Third party administrators
 - Public payers (Medicaid, Medicare)
 - Pharmacy benefit managers

APAC data includes

- Plan payments
- Member financial responsibility (co-pay, coinsurance, deductible)
- Patient demographics (date of birth, gender, geography, race/ethnicity)
- Diagnoses
- Procedures performed
- Type of bill (i.e. inpatient, outpatient, emergency department)

Other states understand value of APAC systems

Status of State Government Administered All Payer / All Provider Claims Databases



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What has driven 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

APAC data strengths

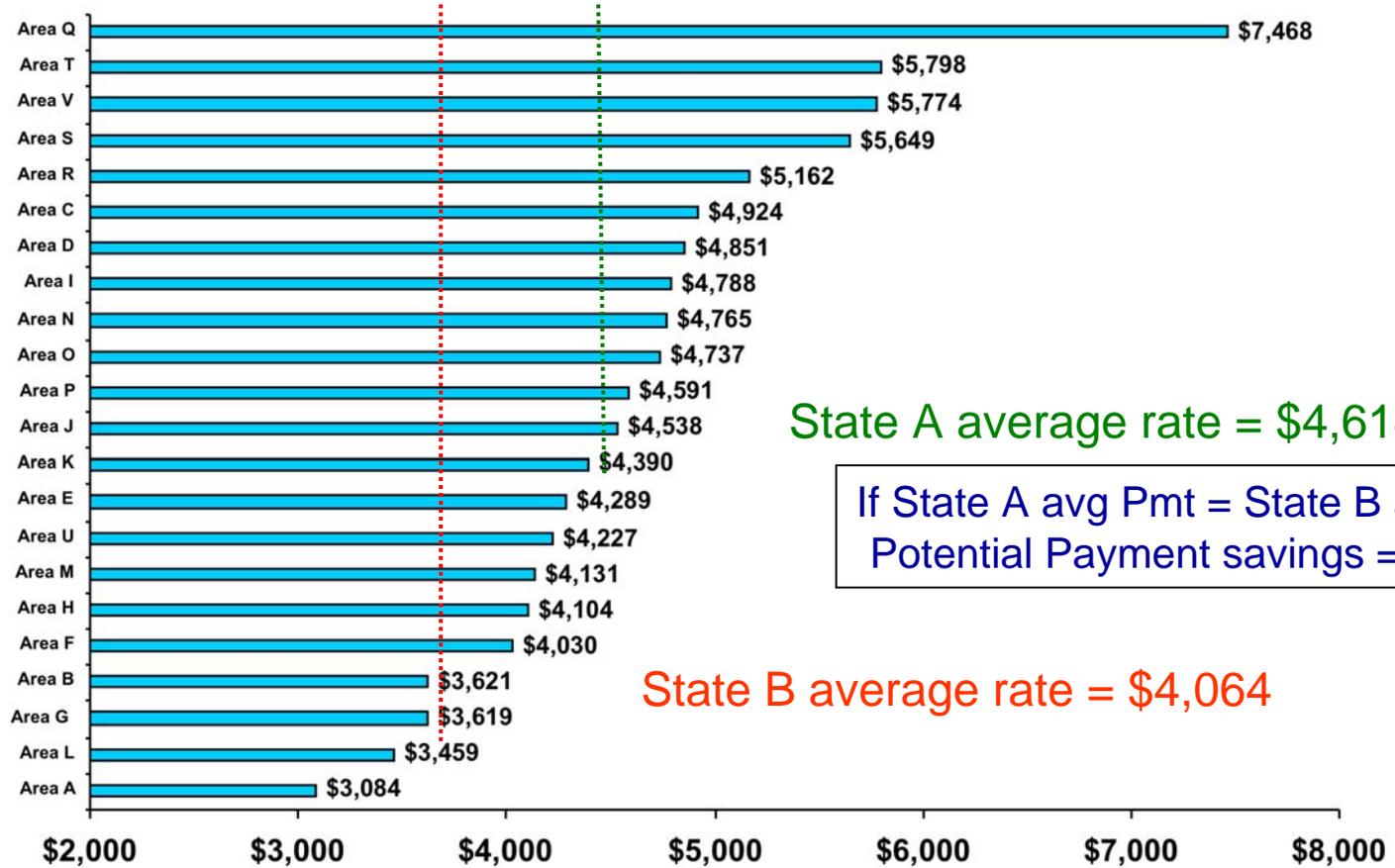
- Leverage existing connections and data flows established for claims reimbursement
 - Minimizing reporting burden on payers
 - Standardized formats, codes, and billing
 - Inexpensive relative to other approaches to getting this data
- Fill important information and analysis gaps
 - Payments, and member financial responsibilities
 - Inpatient, outpatient, pharmacy, physician, dental
 - Information exists in silos, both public and private sector, making meaningful comparisons difficult (i.e. no apples vs. apples possible)

APAC data value

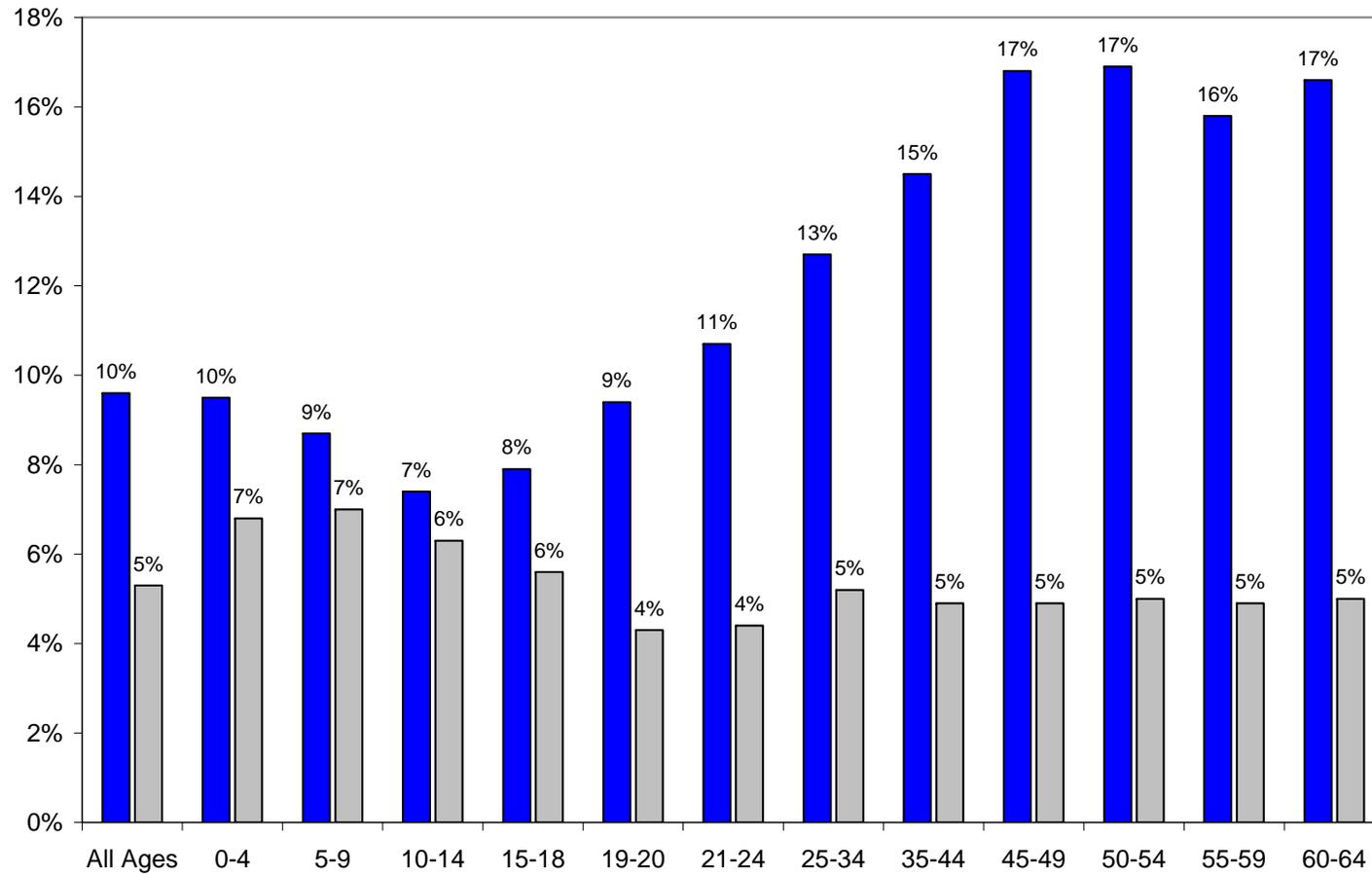
- APAC data provides information necessary to describe health care utilization, patterns of care, disease prevalence, and cost of care.
- Bringing in all payers eliminates biases created when assessing only Medicare, commercial or Medicaid in isolation—much greater precision.
- Community level assessment and comparisons
 - Comparison of the current world
 - Comparison of a future world (i.e. accountable care organizations)

Examples of uses

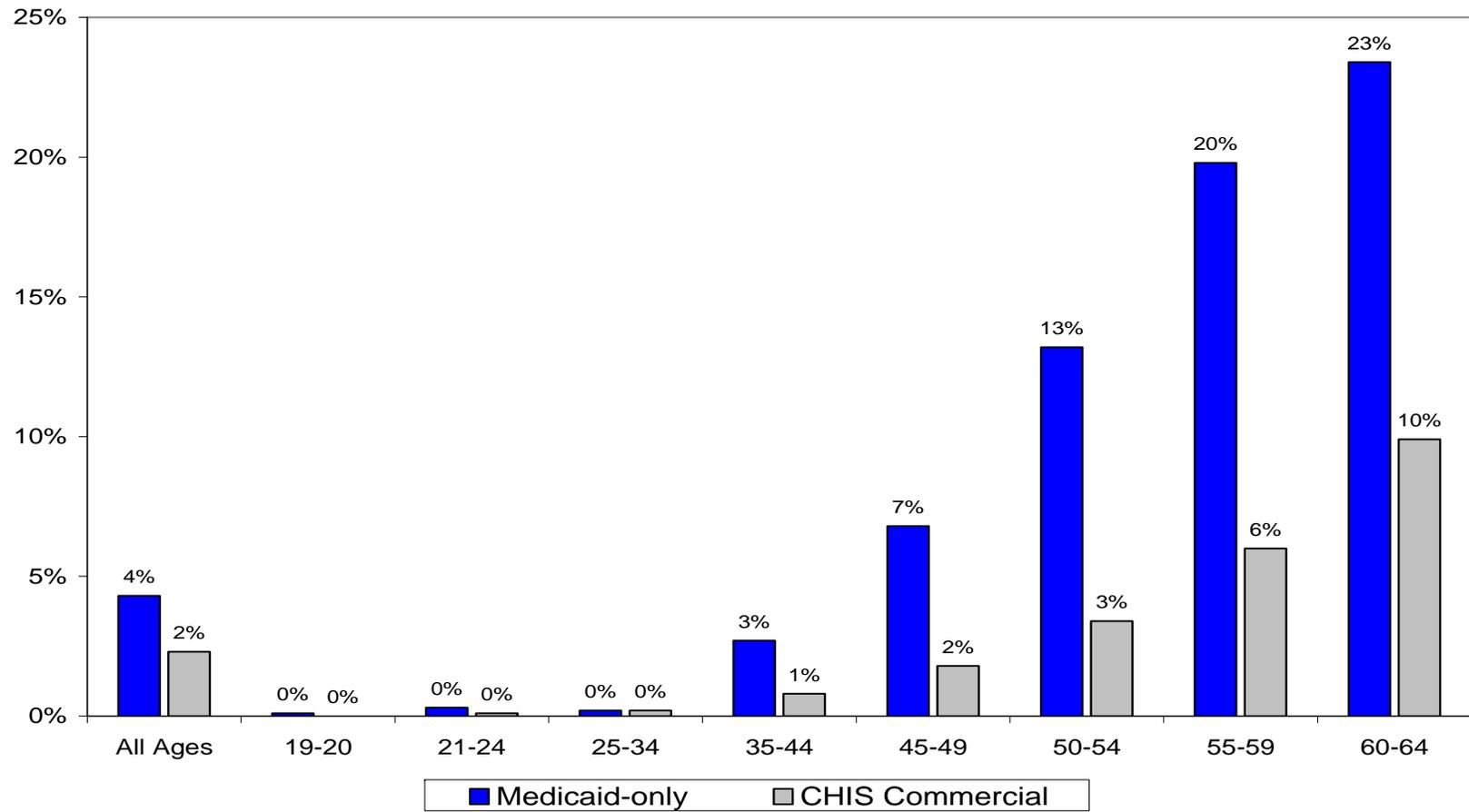
Variation in payments by geography



Variation in asthma by payers



Variation in coronary heart disease by payer



Current progress towards implementation

Overview of administrative rule process

- Convene a rules advisory committee
- Publish draft rule
 - Notify legislators no later than 49 days prior to effective date
 - Notify the public no later than 21 days prior to effective date
- Conduct a public hearing
- Finalize final rule
 - Complete a report documenting public comments and addressing each comment

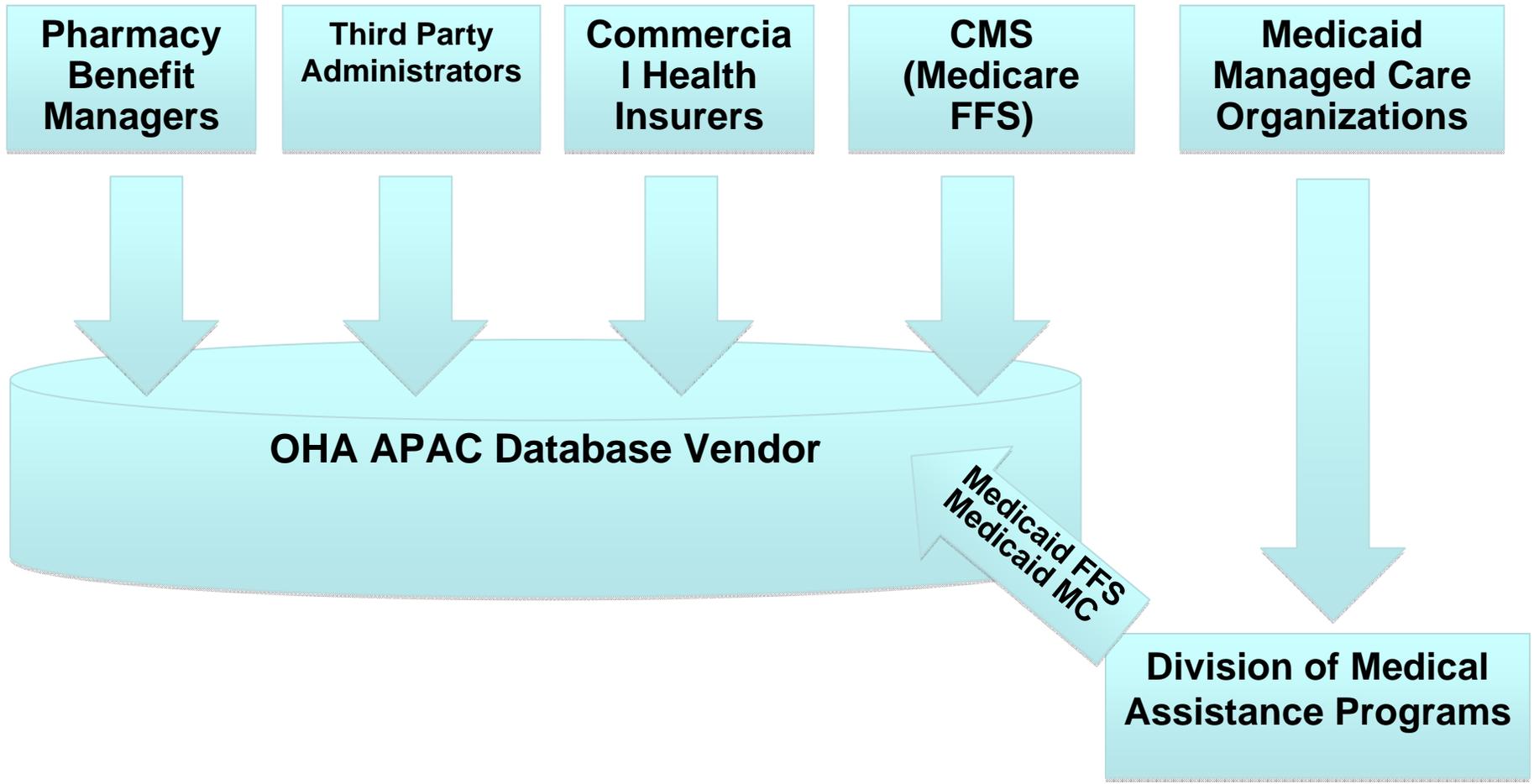
Implementation challenges and concerns

- Administrative burden
- Public disclosure
- Medicaid managed care has unique characteristics that should be reflected in this process
- Proceed with caution

Completed implementation activities

- Four rules advisory committee meetings in November-December
 - Representatives from private insurers, Medicaid MCOs, business community, professional organizations, TPAs, advocates, state agencies
- Draft administrative rules publicly available
 - <http://www.oregon.gov/OHPPR/rulemaking/index.shtml>

Proposed data flow



Next implementation steps

- Public comment period ending January 21, 2010
 - Public hearing January 19, 2010
- Final rule effective February 1, 2010
- Vendor RFP released (Spring 2010)
- Vendor selection (Spring 2010)
- Operational program (Fall 2010)