

January 11, 2010

Oregon Health Policy Board  
500 Summer Street NE  
Salem, OR 97301

**Re: The Process to Establish Oregon's All-Payer Healthcare Claims Data Reporting Program (a.k.a. the "All-Payer All-Claims Database")**

Dear Chair Parsons and Members of the Health Policy Board:

We appreciate the opportunity to discuss our concerns about the process of developing Oregon's All-Payer Healthcare Claims Data Reporting Program. However, because of upcoming hearings on the establishment of the program, we felt it premature to address the Board directly, and opted instead to submit written testimony that summarizes our concerns up to this point.

As you may know, on January 19<sup>th</sup>, OHPR will be holding an administrative hearing on the proposed administrative rules to establish the Claims Data Reporting Program. Between now and then, we will be working with staff at DMAP and OHPR, and we plan to submit comments and recommendations at the rulemaking hearing. We remain optimistic that our concerns will be addressed and we welcome the opportunity to continue to work as partners with DMAP and OHPR to ensure that the Claims Data Reporting Program is implemented as efficiently as possible.

Attached you will find two letters that were created in collaboration with several fully capitated health plans sent to Judy Mohr-Peterson at DMAP and Sean Kolmer at OHPR in December. As you will see, our primary concern is how expedited the process has been to establish the Claims Data Reporting Program. Recent experiences implementing new IT systems in the State demonstrate how critical it is that all contingencies are thoroughly planned for and addressed to minimize unintended consequences and unnecessary expense, and to ensure that implementation is sensible and smooth.

If you have any specific questions about our concerns, please feel free to contact Manuel Rivera 503-587-5116, Rhonda Busek 541-338-2934, or Erin Fair at 503-416-1797. We are happy to serve as a resource to you for information about Oregon's Medicaid Managed Care system and look forward to working with you all through your tenure as Oregon Health Policy Board Members.

Sincerely,

CareOregon  
Cascade Comprehensive Care  
Clear One  
Doctors of the Oregon Coast South (DOCS)  
Douglas County IPA  
FamilyCare  
LIPA

Marion-Polk IPA  
Mid-Rogue IPA  
ODS Community Health  
Oregon Health Management System (OHMS)  
Providence Health Assurance  
Samaritan Intercommunity Health Plan  
Tuality Health Alliance

December 14, 2009

Judy Mohr-Peterson  
Assistant Director  
Division of Medical Assistance Programs  
500 Summer Street  
Salem, OR 97301

Sean Kolmer  
Acting Deputy Administrator  
Oregon Health Policy and Research  
1225 Ferry Street SE, 1<sup>st</sup> Floor  
Salem, OR 97301

Dear Judy and Sean:

Thank you for your willingness to include the Fully Capitated Health Plans (FCHPs) in the development of the paid claims submission process as it relates both to our contract with Division of Medical Assistance Programs (DMAP), and the All Payer All Claims (APAC) Database being developed by the Office for Oregon Health Policy and Research (OHPR). As you know, the FCHPs have expressed concerns about the processes associated with the planning for submission of paid claims data both to DMAP and OHPR. We write to you in hopes that we can resolve our concerns about how expedited the process for developing this new program to submit paid claims data has been.

The following points outline our primary concerns and associated requests to address those concerns:

1. **We request that FCHP representatives participate in a meeting that clarifies which entity will be collecting claims data and how new requirements will affect our 2010 contractual obligations with DMAP so that we may offer assistance and information from a “FCHP perspective.”**

It is our understanding that DMAP and OHPR will be meeting to determine which agency will be collecting FCHP claims data, so that there will not be duplicative submission requirements for the plan. Until we have clarification from DMAP and OHPR, it is difficult for us to provide input in a rules advisory group for a process that has not been defined. As of the meeting December 2, this has not occurred. We are concerned that the rules will be finalized before the plans are able to have informed input. We request that FCHP

representatives be a part of the meeting to clarify these issues so that we may offer assistance and information from a “FCHP perspective.”

In addition, we would like to address how any new requirements will fit within our 2010 contractual requirements with DMAP with regard to submission of paid claims data. As of this time, we have not received any information from DMAP about how the FCHPs will be submitting information, including companion guides that will be needed upon submission to DMAP.

2. **We request that FCHP representatives be included in the process that will further define public disclosure and how that will occur.** We are concerned about “unintended consequences” and the impact it could have on our contractual relationships. We work diligently with our providers to ensure access for the populations we serve. Some of these relationships may be put in jeopardy, depending on how disclosures occur.
3. **We request further discussion on data elements and which elements are needed to accurately report payments for services** (as these relate specifically to the FCHPs). FCHPs often have risk models and reimbursement methodologies that are not commonly used by our commercial partners. Encounter data alone does not give a sufficient representation of the dollars that are paid out in different risk arrangements. Using encounter data alone could result in inaccurate assumptions about the cost of care. Furthermore, because of the differences between individual FCHPs, data from one compared to another is not an apples-to-apples comparison; it is even *less* of an apples-to-apples comparison with our commercial colleagues’ data. Which data elements to collect for the purposes of the database merits more discussion.
4. **Finally, and perhaps most importantly, we request that you proceed with great caution.** Recent history suggests that it is easy to underestimate the necessary commitment of time, money, expertise, and overall resources required to make a successful technology transition. Our concern is based, in part, on MMIS implementation difficulties, as well as the Secretary of State’s 2008 audit of the State Data Center. These examples illustrate the problems (not to mention additional cost) that can occur when technology projects are poorly planned and executed. With caution and thorough planning, such problems can be avoided and we ask that all involved remain cognizant of that fact.

We look forward to continued collaboration as these and future health reform efforts are implemented. Meanwhile, we seek to be as helpful to you all as possible so that such implementation is as seamless and successful as possible.

Sincerely,

CareOregon  
InterCommunity Health Network (IHN)  
Lane Individual Practice Association (Lipa)  
ODS Community Health



December 9, 2009

Judy Mohr-Peterson  
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Division of Medical Assistance Programs  
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Sean Kolmer  
Acting Deputy Administrator  
Oregon Health Policy and Research  
1225 Ferry Street SE, 1<sup>st</sup> Floor  
Salem, OR 97301

Dear Judy and Sean:

We write to express our serious concerns over the process and current status of the rules being developed related to the all-payor all-claims (APAC) database. As described more fully below, we identified critical issues to the MCO's early-on in the meetings of the APAC Rule Advisory Committee. However, despite resolving other concerns brought before the Committee, the MCO's issues did not receive similar attention and the APAC Rule Advisory Committee has now concluded its meetings.

While we appreciate the commitment made at the final meeting to address our concerns going forward, the lack of time and attention to our issues during the formal process is troublesome.

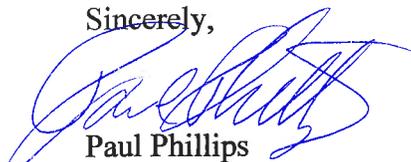
As announced, the initial public filing of the proposed rules related to the APAC database will impose significant additional operating and administrative burdens on the MCOs. Although we understand that there is time to "correct" the rules before they become final, it makes the process we must undertake more difficult and raises the risk for an outcome that is less than ideal, both of which could have been avoided.

Before finalizing the rule COHO feels it is critical we resolve the following issues:

1. A meeting must occur with DMAP, OHP, and the MCOs to determine which agency the FCHPs will be submitting data to so that there will not be duplicative submission requirements for any MCO. It is in the best interest of OHP, DMAP, and MCOs an additional administrative burden not be placed on MCOs to manipulate the data we already send into DMAP. It is our request we submit only one data file to one entity.
2. As noted in nearly every meeting of the advisory committee we continue to have concerns surrounding the definition of public disclosure and the potential access by outside entities of the data submitted. We have concerns about “unintended consequences” and the impact it could have on our contractual relationships. As MCOs, we work diligently with our providers to ensure that there is access for the populations we serve. We are concerned that some of those relationships may be put in jeopardy dependent upon how the disclosures occur. In addition, while we understand OHP’s read of their policy surrounding the protection of data internally, we are very concerned with the ability of outside entities accessing sensitive data.
3. The MCOs would like to further discuss the data elements and what elements are needed to accurately report the payments for services as related specifically to the FCHPs. FCHPs often have risk models and other reimbursement methodologies that are not commonly used by our commercial partners.
4. Several MCOs have integrated practices that prohibit the sale of data to promote specific medications, DME items, and other medical services. We are hopeful those plans are able to maintain those practices.

Thank you for your attention to this matter. We look forward to meeting with both of you soon.

Sincerely,



Paul Phillips  
COHO

Cc: Dr. Bruce Goldberg, DHS Director