

All-Payer Claims Databases: Lessons From Other States

March 24, 2011
California State Capitol, Sacramento, CA



UNIVERSITY of NEW HAMPSHIRE



NATIONAL ASSOCIATION OF
HEALTH DATA ORGANIZATIONS



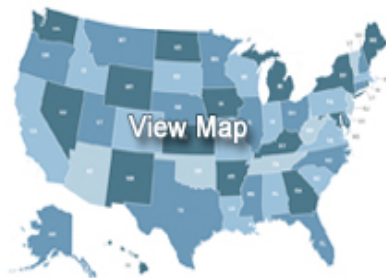
Topics

- Background
- Usage Examples
- Lessons Learned and Challenges
- Questions

Background

Interactive State Reports Map

Click on a state to find out about the APCD in that state.



States: As information about the APCD changes in your state, please contact ashley.peters@unh.edu, so that we can keep the state profiles current.

Welcome to the APCD Council!

The APCD Council, formerly known as the **Regional All Payer Healthcare Information Council (RAPHIC)**, is a federation of government, private, non-profit, and education organizations focused on improving the development and deployment of state-based all payer claims databases (APCD). The APCD Council is convened and coordinated by the **Institute of Health Policy and Practice (IHPP)** at the **University of New Hampshire (UNH)** and the **National Association of Health Data Organizations (NAHDO)**.

RAPHIC was first convened in 2006 by UNH, IHPP staff with the goal of engaging future users of the Maine and New Hampshire APCDs in a discussion about multi-state collaboration. Soon after, states across the country joined the group. Currently, there is participation from nearly a dozen states. NAHDO was established in 1986 to promote the uniformity and availability of health care data for cost quality and access purposes. In 2007, NAHDO forged a collaboration with RAPHIC to expand APCD data initiatives beyond the north east region and to lead fund raising for APCD products and conference support. Together, NAHDO and RAPHIC have been coordinating a multistate effort to support state APCD initiatives and shape state reporting systems to be capable of supporting a broad range of information needs.

In response to a shift from a regional to nationwide focus, RAPHIC has changed its name to the APCD Council. The APCD Council will continue to work in collaboration with states to promote uniformity and use of APCDs.

National Activities

- Standards Development
- Technical Assistance
- Web Resources
- Publications and Issue Briefs
- Annual Conference
- AHRQ USHIK Database
- Partners: APCD Council, NAHDO, States, Carriers, AHRQ, AHIP, National Council for Prescription Drug Programs (NCPDP), AcademyHealth State Coverage Initiatives, The Commonwealth Fund, NGA

Technical Advisory Panel

- Agency for Healthcare Research and Quality (AHRQ)
- All-Payer Claims Database Council (APCD Council)
- America's Health Insurance Plans (AHIP)
- Individual Payers (e.g., Aetna, Cigna, Harvard Pilgrim Health Care, Humana, UnitedHealthcare)
- Centers for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)
- Centers for Medicare & Medicaid Services (CMS)
- National Association of Health Data Organizations (NAHDO)
- National Association of Insurance Commissioners (NAIC)
- National Conference of State Legislatures (NCSL)
- National Governors Association (NGA)
- Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- State Health Plan Associations - various

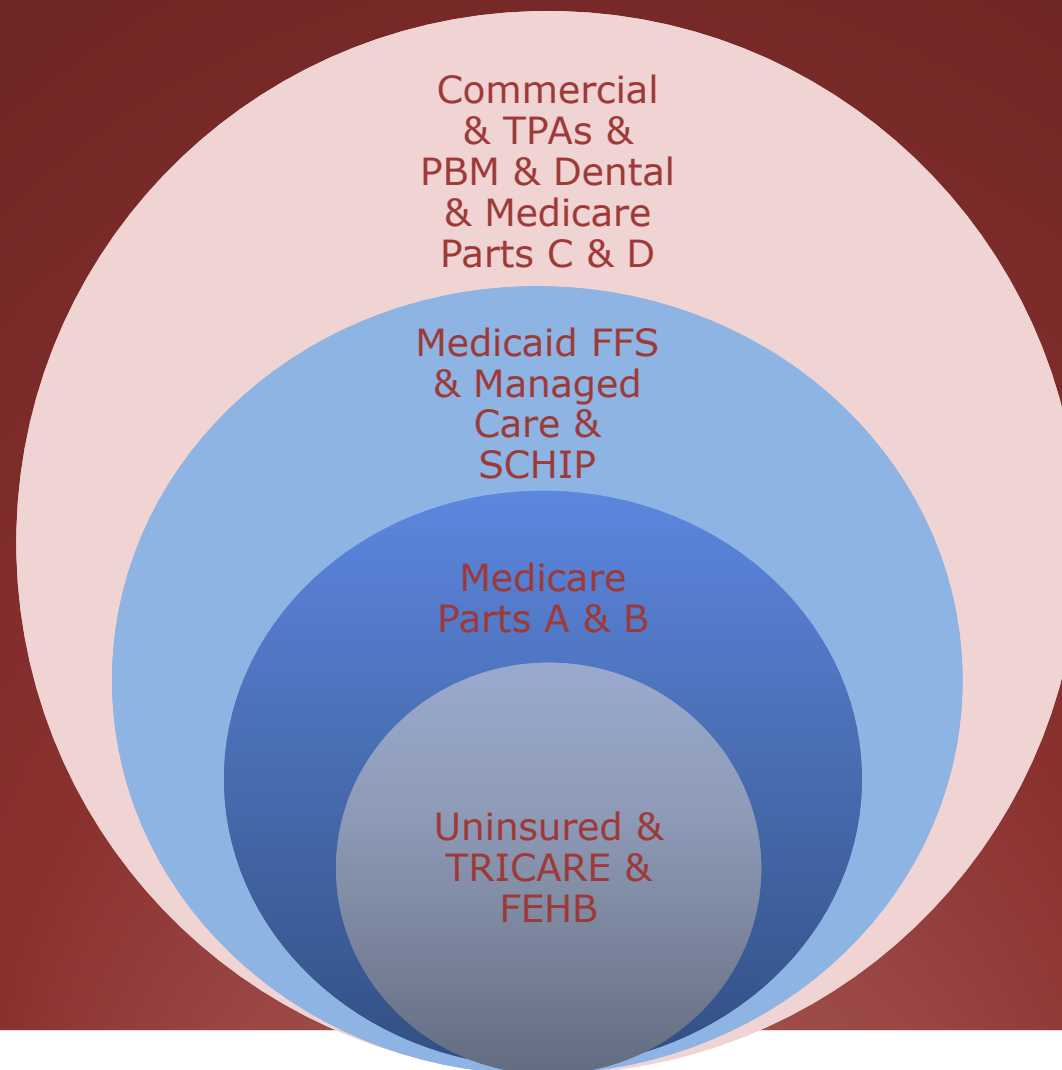
Backdrop 2005-11

- Increased Transparency Efforts
- Employer Coalitions
- Payment Reform
 - Patient Centered Medical Home
 - Accountable Care Organizations
- Health Information Exchange (HITECH)
- Health Reform (PPACA)

Definition of APCDs

- Databases, created by state mandate, that typically include data derived from medical, eligibility, provider, pharmacy, and/or dental files from private and public payers:
 - Insurance carriers (medical, dental, third party administrators (TPAs), pharmacy benefit managers (PBMs))
 - Public payers (Medicaid, Medicare)

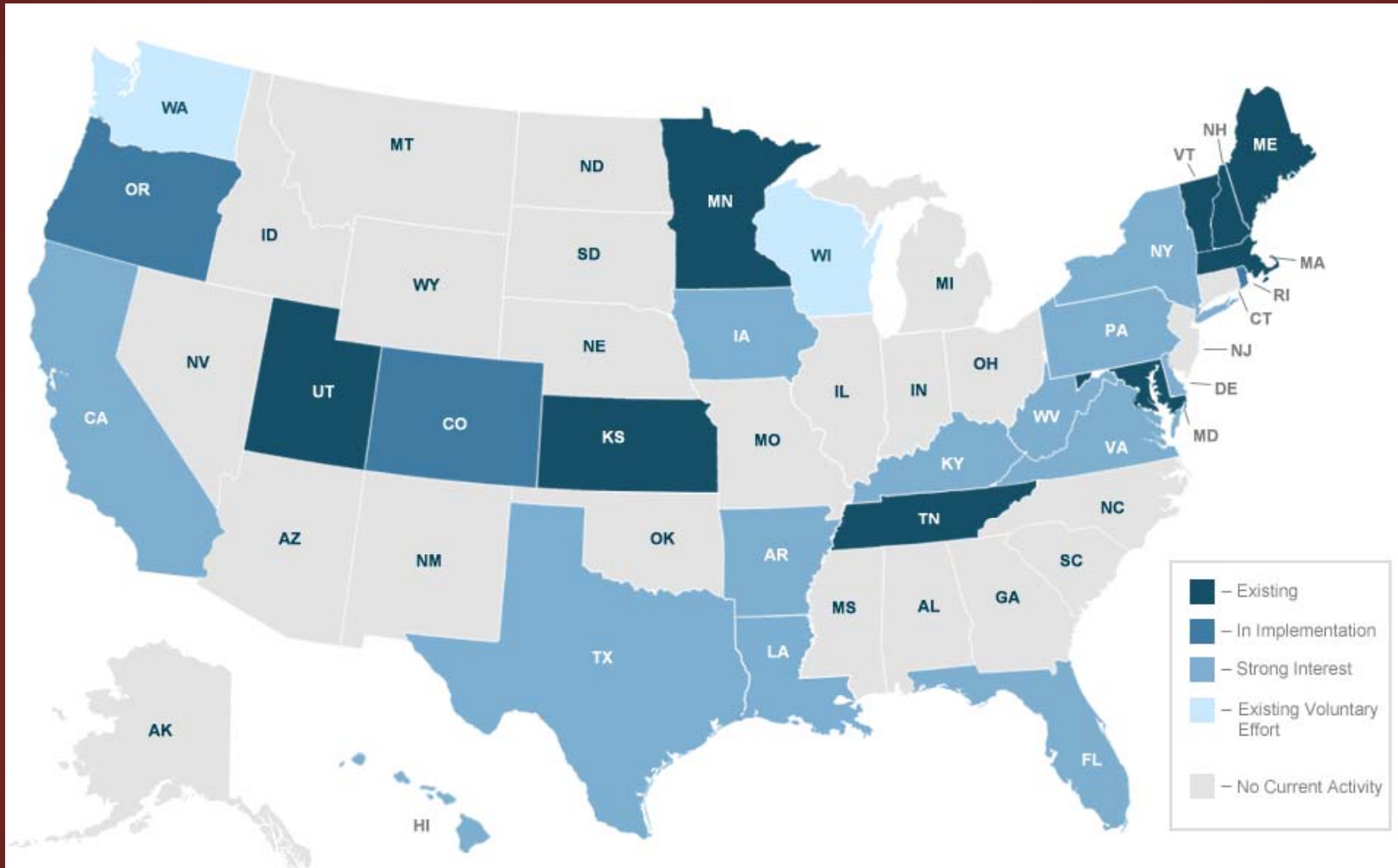
Sources of APCD Data



APCDs Are about Transparency

- In what geographies is public health improving?
- What percentage of my employees have had a mammogram?
- If emergency room usage in Medicaid is higher than in the commercial population, what are the drivers?
- What is the average length of time people are using antidepressant medications?
- How far do people travel for services? Which services?
- Hundreds of additional questions have been asked...

State Status – March 2011

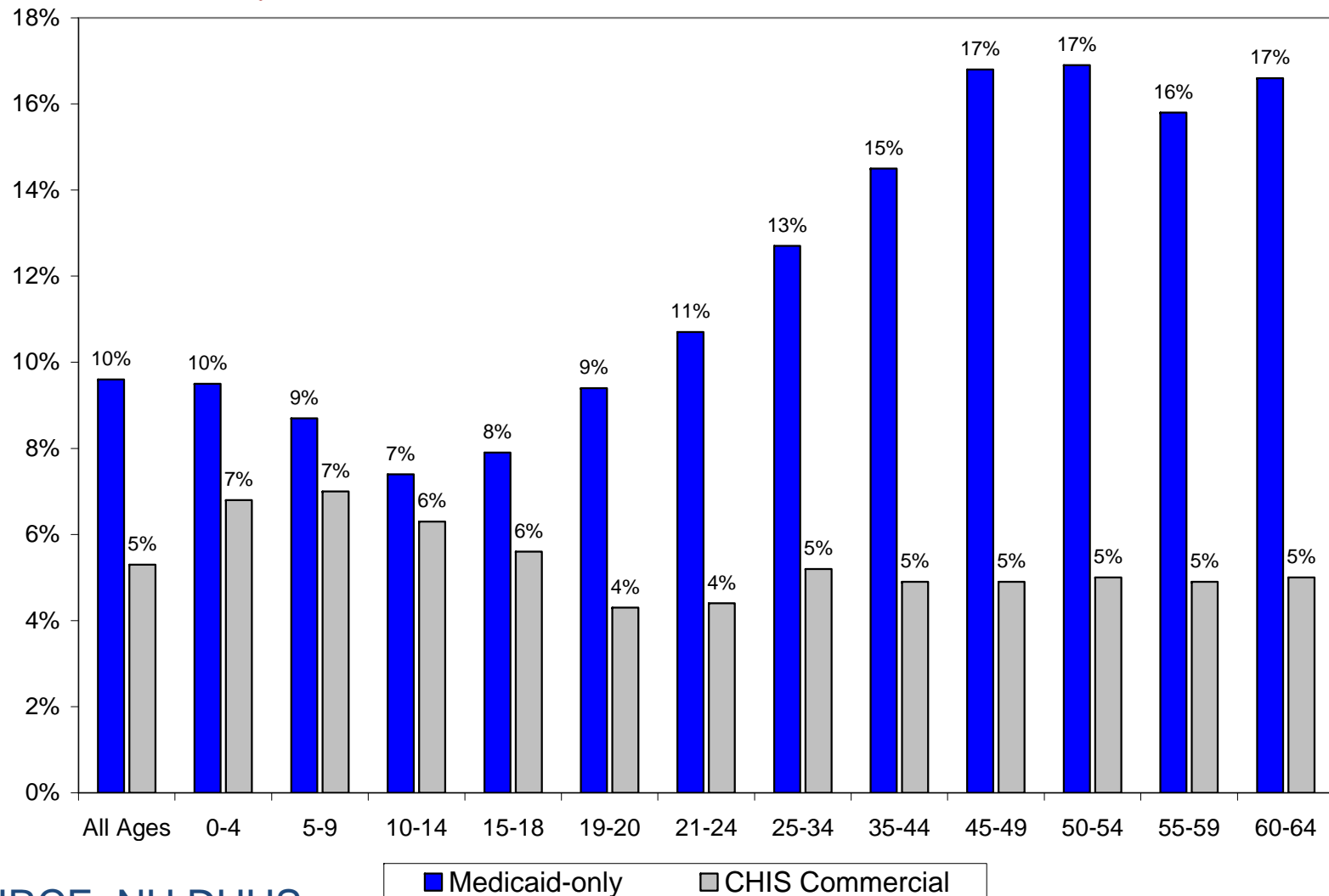


Usage Examples

Something for Everyone...

- Consumers
- Employers
- Health Plans/Payers
- Providers
- Researchers (public policy, academic, etc.)
- State government (policy makers, Medicaid, public health, insurance department, etc.)
- TBD (Federal government, etc.)

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



SOURCE: NH DHHS

Episode Treatment Groups (ETGs) for Benign Conditions of the Uterus

Maine Commercial Claims (2006–2007); Full Episodes Outliers Removed
Preference Sensitive Care

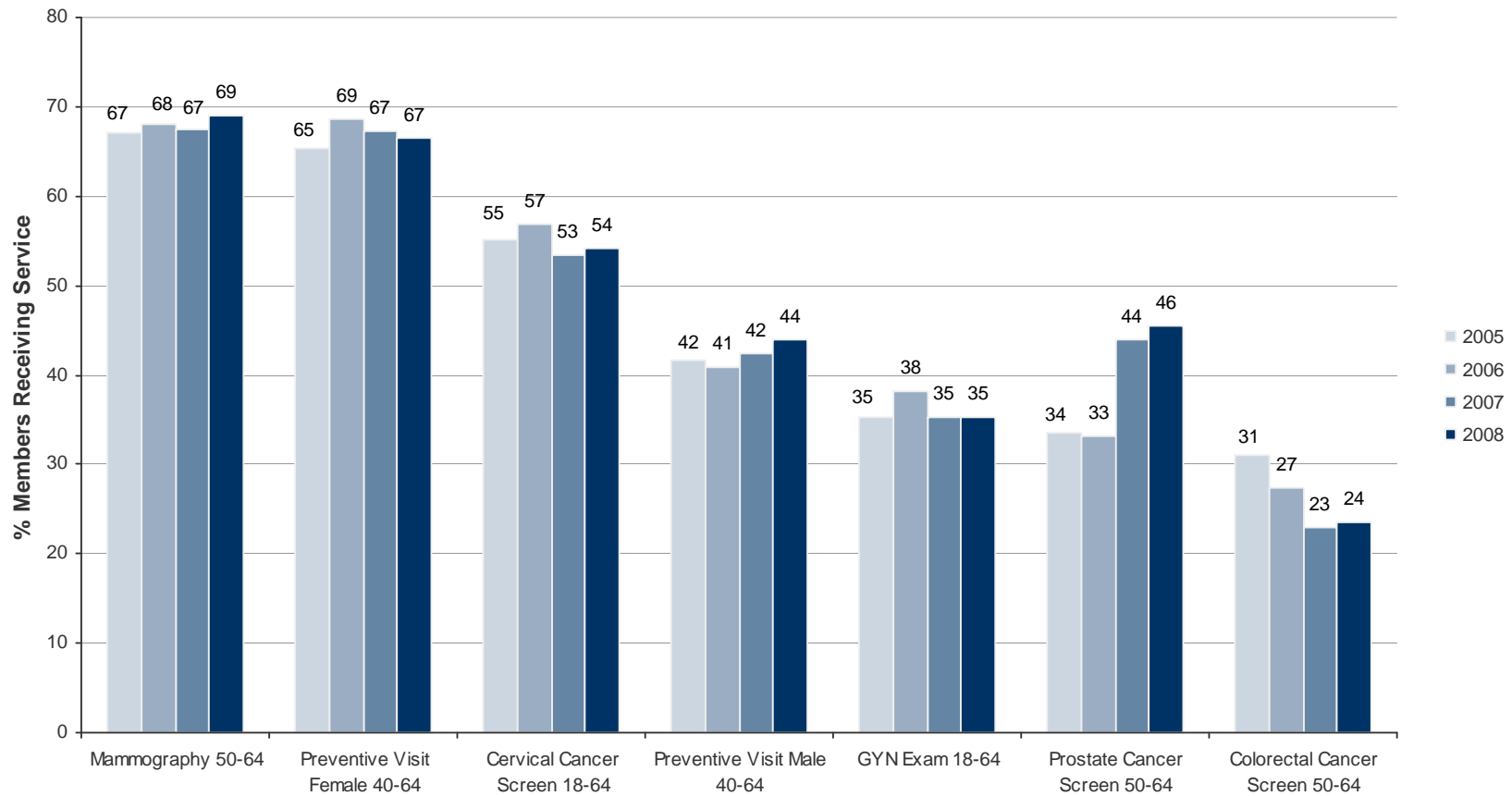
BENIGN CONDITIONS OF THE UTERUS	HYSTERECTOMY	OTHER SURGICAL PROCEDURES	WITHOUT SURGERY
ETG-Subclass	646	646	647
Number of Episodes	938	2,183	7,369
% with CT-Scan	11%	15%	9%
% with Ultrasound	57%	67%	45%
% with Hysteroscopy	7%	48%	9%
% with Colposcopy	1%	2%	17%
% with Endometrial biopsy	20%	13%	9%
Average Payment per Episode	\$11,074	\$7,994	\$1,273

The average episode payment for members with abdominal hysterectomy was \$11,221, and the average payment for members with vaginal hysterectomy was \$10,990. Of members with a hysterectomy, 66% had abdominal and 34% had vaginal hysterectomy. Other surgical procedures included hysteroscopy ablation, laparoscopic removal of lesions, myomectomy, and removal of ovarian cysts.

SOURCE: ONPOINT HEALTH DATA

Members Receiving Preventive Services

COMPANY ABC (2005–2008)



SOURCE: NH Purchasers Group on Health

Payment Rate Benchmarking

Procedure Code	Average Payment Including Patient Share, 2006			
	Health Plan 1	Health Plan 2	Health Plan 3	NH Medicaid
99203 Office/Outpatient Visit New Patient, 30min	\$124	\$115	\$130	\$42
99212 Office/Outpatient Visit Established Patient, 10min	\$51	\$48	\$52	\$30
99391 Preventive Medicine Visit Established Patient Age <1	\$111	\$102	\$107	\$61
90806 Individual psychotherapy in office/outpatient, 45-50min	\$72	\$71	\$71	\$61

SOURCE: NH DHHS

Detailed estimates for Arthroscopic Knee Surgery (outpatient)

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

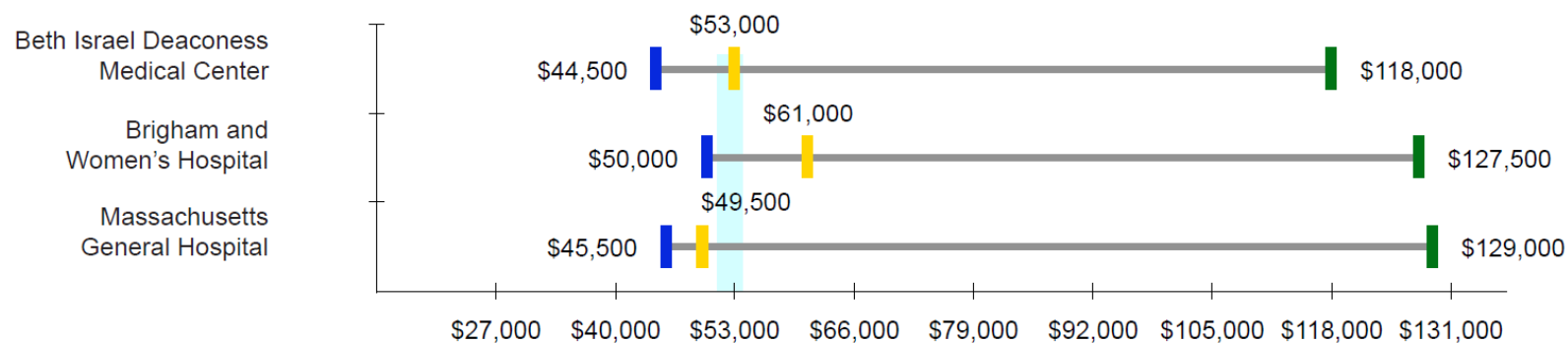
Insurance Plan: Anthem-HMO, Within 50 miles of 03301, Deductible and Coinsurance Amount: \$50.00 / 10%

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: <http://www.nhhealthcost.org>

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Range of Costs for Cardiac Valve Surgery[‡] by Hospital



[‡] There are no cost ratings for this procedure.

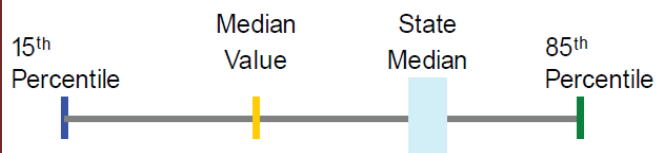
If the 15th Percentile and Median values for a hospital are equal, then only Median and 85th Percentile values are shown on the graph;

If the Median and 85th Percentile values for a hospital are equal, then only 15th Percentile and 85th Percentile values are shown on the graph;

If only the 85th Percentile value is shown for a hospital, then the 15th Percentile, Median, and 85th Percentile values are equal.

Refer to the hospital-specific data table to see all cost values for each hospital.

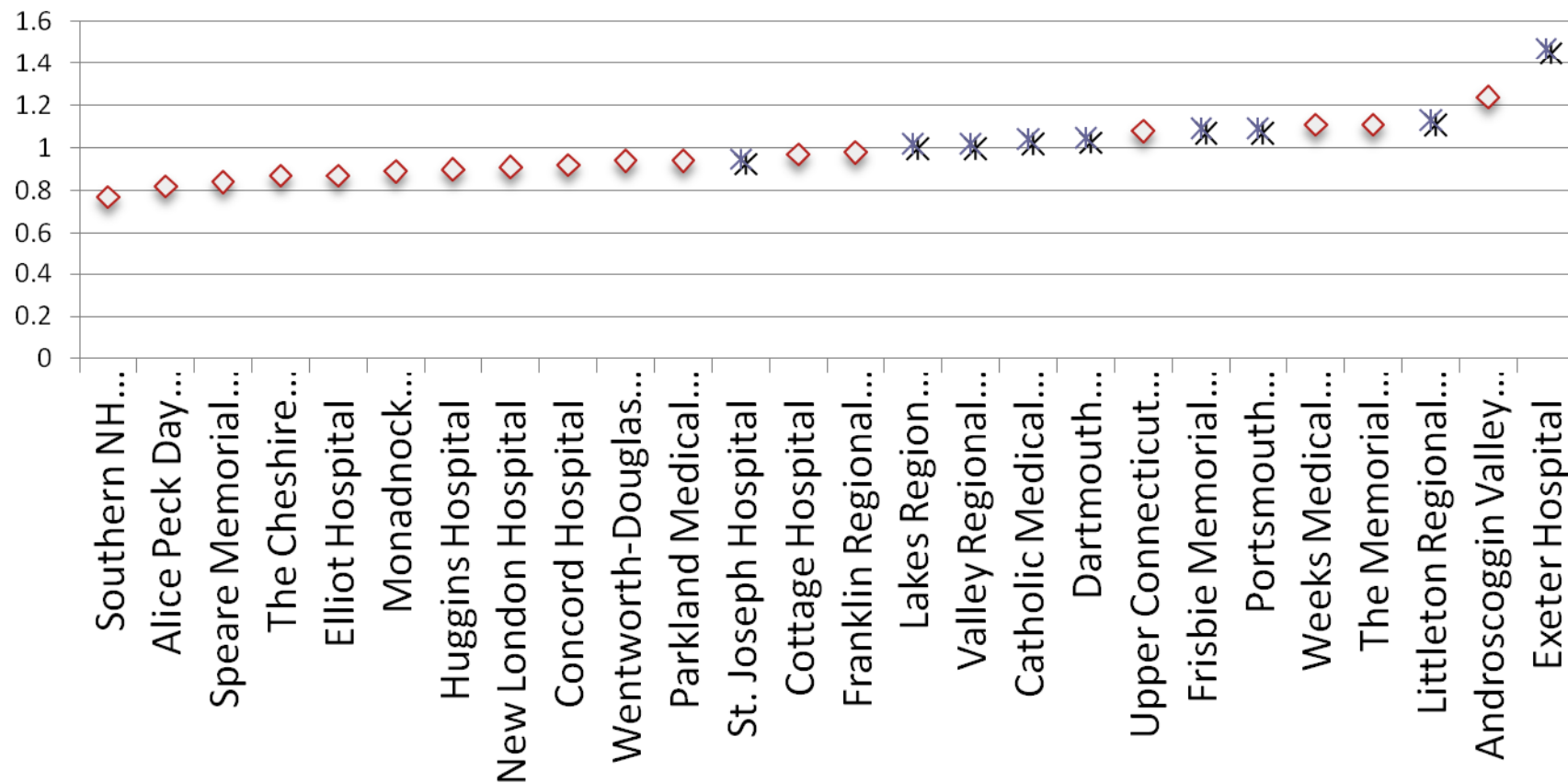
Legend



Cost Ratings

- \$ The hospital is among the least costly. This cost is lower than 85% of all hospitals in the state.
- \$\$ The hospital cost is below average. This cost is above 15% but below 50% of all hospitals in the state.
- \$\$\$ The hospital cost is above average. This cost is above 50% but below 85% of all hospitals in the state.
- \$\$\$\$ The hospital is among the most costly. This cost is higher than 85% of all hospitals in the state.

CY 2011 Composite Hospital Score



Tier 1=Diamond, Tier 2=Asterisk



New Hampshire Hospital Scorecard

New Hampshire
Hospital Ratings

How Do I Get
Quality Care?

Narrow Search within 10 miles of zip code

View Results

New Hampshire Hospital Ratings

Page last updated June 2010

Highest Rated

Name

City

Cost

Sort By:



Please note: Each hospital can only earn one blue ribbon per category (Patient Experience, Patient Safety, & Select Clinical Quality).

	Patient Experience ratings explained	Patient Safety ratings explained	Select Clinical Quality ratings explained	Cost Index ratings explained
CONCORD HOSPITAL 250 Pleasant Street Concord 03301 view map	 Overall Recommend	 National Survey	 Heart Attack Heart Failure Pneumonia Surgical Infection	\$
CATHOLIC MEDICAL CENTER 100 McGregor Street Manchester 03102 view map	 Overall Recommend	 DID NOT REPORT National Survey	 Heart Attack Heart Failure Pneumonia Surgical Infection	\$\$
WENTWORTH-DOUGLASS HOSPITAL 789 Central Avenue Dover 03820 view map	 Overall Recommend	 National Survey	 Heart Attack Heart Failure Pneumonia Surgical Infection	\$
MARY HITCHCOCK MEMORIAL HOSPITAL One Medical Center Drive Lebanon 03756 view map	 Overall Recommend	 National Survey	 Heart Attack Heart Failure Pneumonia Surgical Infection	\$\$
MONADNOCK COMMUNITY HOSPITAL 452 Old Street Road Peterborough 03458 view map	 Overall Recommend	 DID NOT REPORT National Survey	 Heart Attack Heart Failure Pneumonia Surgical Infection	\$
FRISBIE MEMORIAL HOSPITAL 11 Whitehall Road Rochester 03867 view map	 Overall Recommend	 DID NOT REPORT National Survey	 Heart Attack Heart Failure Pneumonia Surgical Infection	\$\$

NH CHIS Home

Reports Home

Chronic Diseases

Diabetes

Mental Health
Disorders

Chronic Respiratory
Disease

Cardiovascular Disease
Reports

Use and Cost

Categories of Service

Ambulatory Care
Sensitive Conditions

Payment Categories

Emergency
Department Use

Pharmacy Use and
Cost

Type of Service

Payments Members per
Month

Enrollment

**Child Health and
Care Reports**

Enrollment

Mental Health
Disorders

Selected Cost

Utilization

Health Status

NH CHIS Medicaid Cardiovascular Disease

Report Type:

Medicaid Adult Cardiovascular Disease Payments and Service Use by DX Group (4A)

Eligibility Category:

All Elig Cat Groupings
Total Medicaid Enrollment
Low Income Child
Low Income Adult

Health Analysis Area:

All HAA Groupings
State Total
Berlin
Claremont

Dx Group:

Any Circulatory Disorder
Coronary Heart Disease
AMI
Congestive Heart Failure

Medicare Eligibility Selection

All Members
Only Members not Eligible for Medicare
Only Members also Eligible for Medicare

Year: 2009

Display Report

NH CHIS Commercial Cardiovascular Disease

Report Type:

Commercial Adult Cardiovascular Disease Payments and Service Use by DX Group (4A)

Product Type:

All Commercial Groupings
Total Commercial Enrollment
Health Maintenance Org (HMO)
Indemnity

Health Analysis Area:

All HAA Groupings
State Total
Berlin
Claremont

Dx Group:

Any Circulatory Disorder
Coronary Heart Disease
AMI
Congestive Heart Failure

Year: 2009

Display Report

Source: <http://www.nhchis.org>

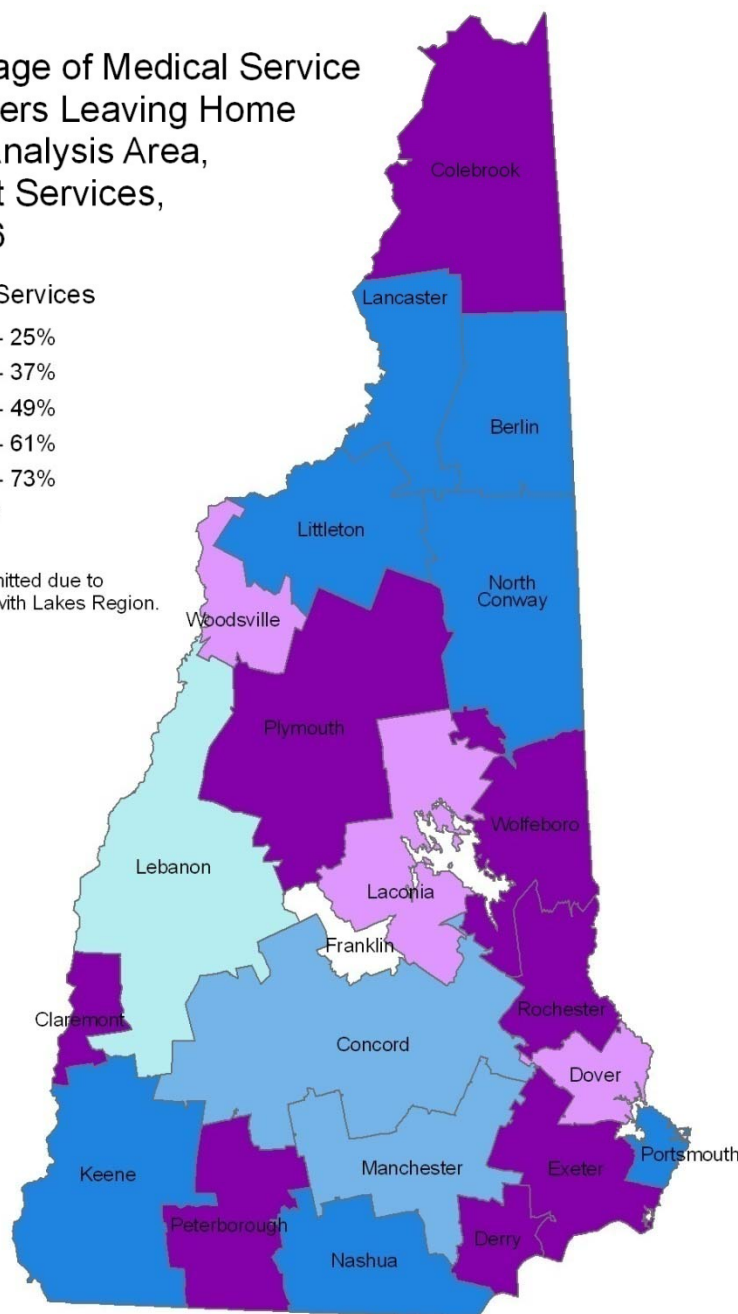
Percentage of Medical Service Encounters Leaving Home Health Analysis Area, Inpatient Services, CY 2006

Percent of Services

- 13 - 25%
- 26 - 37%
- 38 - 49%
- 50 - 61%
- 62 - 73%

N/A¹

¹Franklin HAA omitted due to hospital merger with Lakes Region.



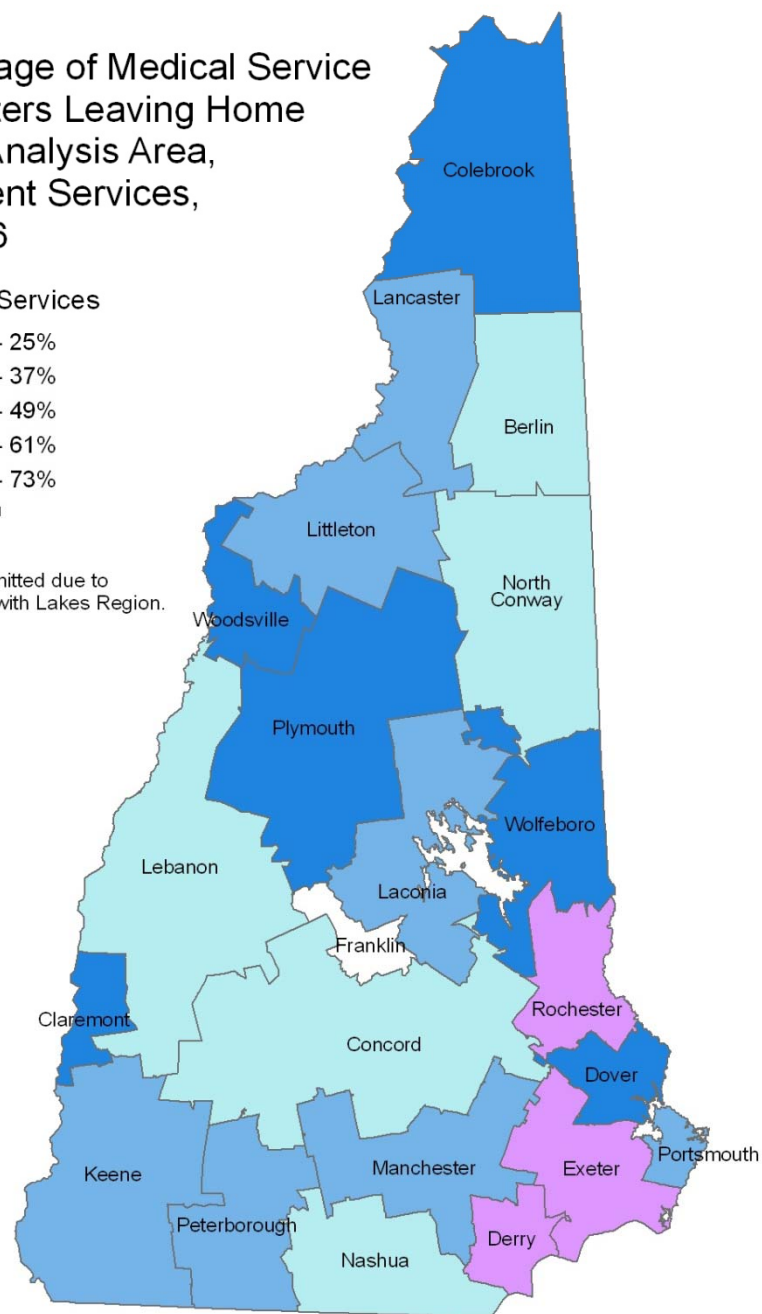
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SOURCE: UNH

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Medical Home Pilot Preliminary Indicators Report

Total Costs by Practice Site vs. Non-Medical Home Sites

July 2009-March 2010 – Commercial Payers

PRACTICE	TOTAL COST	TOTAL PMPM
Site #1	\$1,664,702	\$81
Site #2	\$2,666,268	\$104
Site #3	\$3,596,334	\$147
Site #4	\$4,949,153	\$74
Site #5	\$4,314,375	\$135
Site #6	\$1,820,459	\$148
Site #7	\$911,153	\$116
Site #8	\$1,236,719	\$87
Site #9	\$2,628,653	\$93
Total	\$23,787,817	\$103
Non-Medical Home Sites	\$1,010,233,075	\$144

*Notes: Preliminary data, excludes pharmacy, not risk adjusted, not annualized, and not adjusted for contractual differences

Vermont Utilization Measures - 2008 Commercial

Burlington Hospital Service Area: Commercially Insured Under Age 65

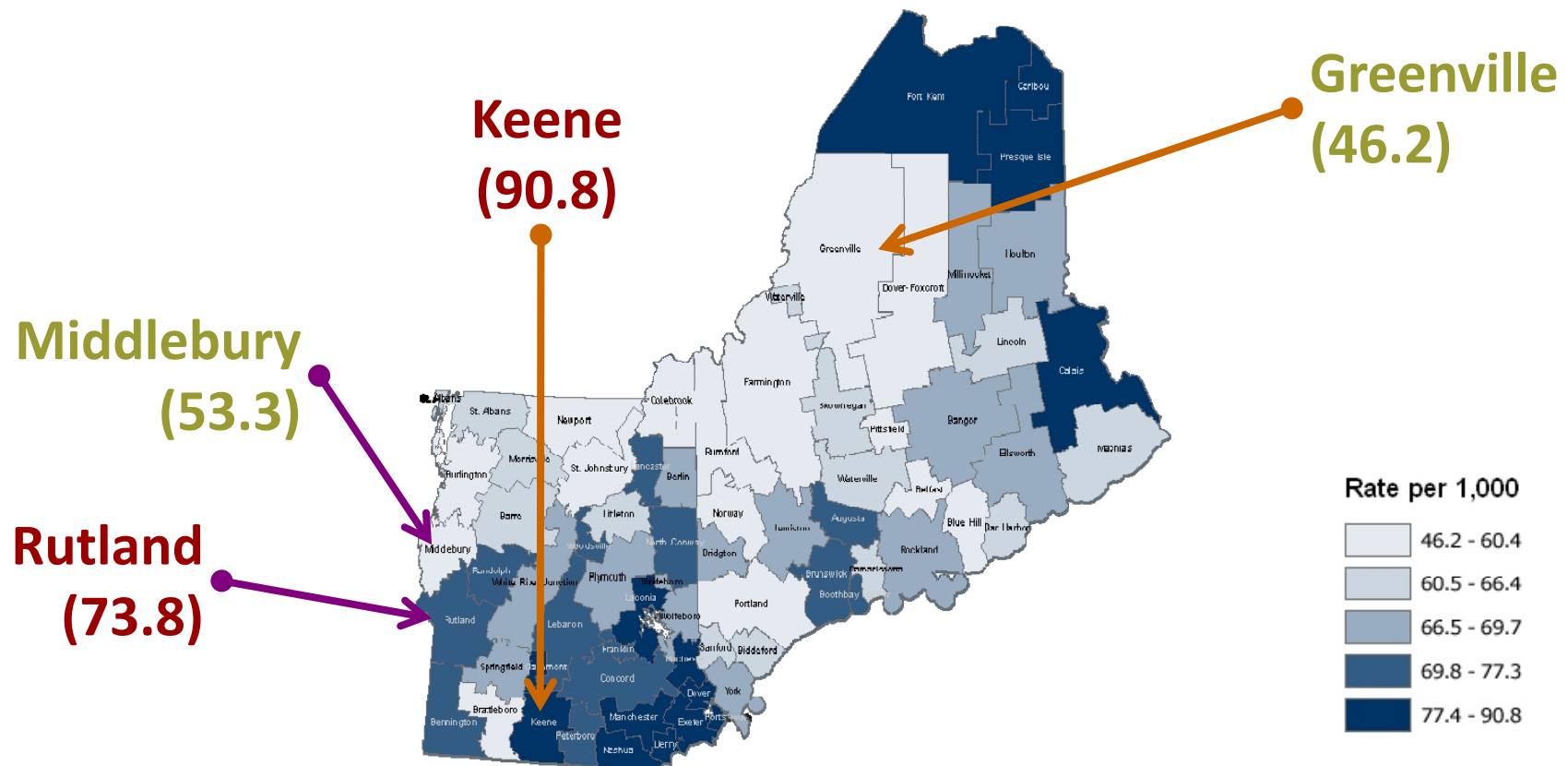
Burlington Hospital Service Area Data						Vermont			New Hampshire	Maine	Tri-State Combined
Utilization Measure	Average Members	Number of Services or Procedures	Adj. Rate PER 1,000	95% LCL	95% UCL	Highest VT HSA	Lowest VT HSA	Adj. Rate PER 1,000	Adj. Rate PER 1,000	Adj. Rate PER 1,000	Adj. Rate per 1,000
Computerized Tomography (CT)	91,200	5,885	65.6	63.9	67.3	100.4	63.3	75.66	92.02	83.82	84.8
Magnetic Resonance Imaging (MRI)	91,200	5,180	57.8	56.2	59.4	73.8	53.3	62.39	81.06	64.40	69.5
Inpatient Hospitalizations	91,200	4,025	44.3	42.9	45.7	63.9	41.2	48.07	53.69	51.35	51.3
Inpatient Readmissions Within 30 Days	91,200	302	3.38	3.01	3.79	9.13	3.27	4.73	5.67	6.15	5.70
Inpatient Hospitalizations for Ambulatory Care Sensitive Conditions	91,200	175	1.96	1.68	2.27	5.98	1.96	2.94	4.38	3.97	3.90
Outpatient Emergency Department Visits	91,200	11,478	125.1	122.8	127.4	267.2	125.1	183.25	231.67	223.99	218.2
Potentially Avoidable Outpatient Emergency Department Visits	91,200	1,478	16.1	15.2	16.9	50.8	16.1	30.74	43.35	44.91	41.5
Non-Hospital Outpatient Visits	91,200	432,716	4,799	4,784	4,813	4887	3872	4561.97	5053.43	4512	4705
Office-Clinic Visits	91,200	305,860	3,395	3,383	3,407	3683	2974	3338.45	3757.71	3254.27	3442
Chiropractic or Osteopathic Manipulation	91,200	67,250	745	739	750	745	148	622.91	707.87	875.90	767
Hysterectomy, Females Age 20-64	34,741	141	4.09	3.44	4.83	11.37	3.38	5.79	7.19	6.94	6.78
Back Surgery, Age 20-64	67,850	201	3.01	2.61	3.46	4.32	1.81	3.01	3.81	3.77	3.62

Medical Expenditures (excluding pharmacy claims for prescription drugs)					
Area	Member Months	Payments (millions)	Adjusted PMPM	Hospital/Facility Proportion	Physician/Other Proportion
Burlington HSA	1,094,378	\$257.7	\$240	50.7%	49.3%
Highest VT HSA	1,094,378	\$257.7	\$301	69.8%	49.3%
Lowest VT HSA	71,817	\$20.1	\$240	50.7%	30.2%
Vermont	3,262,837	\$869.2	\$261	59.5%	40.5%
New Hampshire	5,409,270	\$1,684.2	\$317	60.0%	40.0%
Maine	7,196,791	\$2,057.1	\$284	60.3%	39.7%
Tri-State Combined	15,868,898	\$4,610.5	\$291	60.1%	39.9%

<http://www.bishca.state.vt.us/sites/default/files/Act49-Tri-State-Data-Compendium.pdf>

Tri-State Variation in Health Services

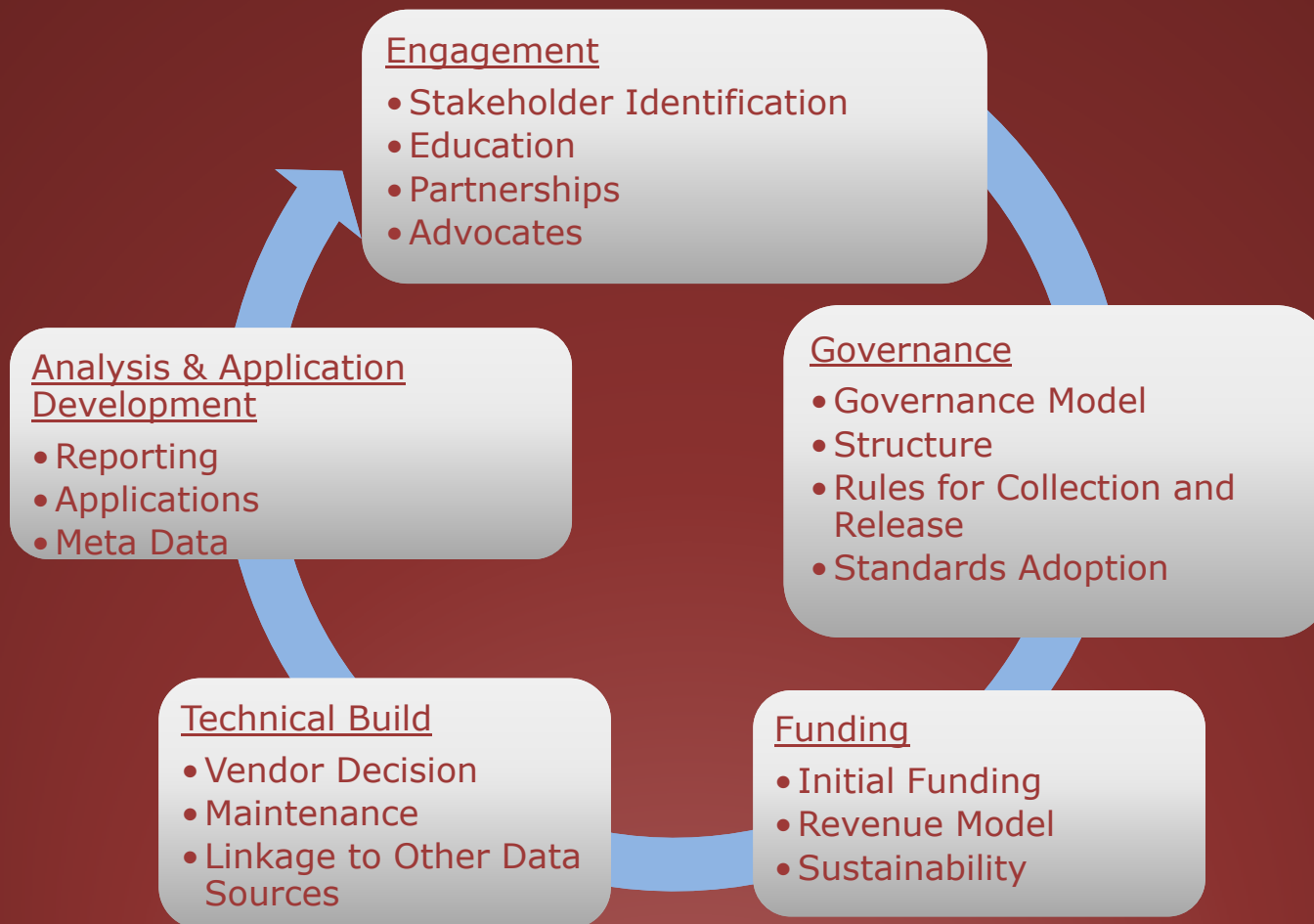
Advanced Imaging – MRIs



Source: State of Vermont
Tri-State Variation in Health Services Utilization & Expenditures in Northern New England, June 2010

Lessons Learned and Challenges

All Payer Road Map



Lessons Learned

- Form Payer Relationships
- Be Transparent and Document
- Understand Uses and Limitations
- Seize Integration & Linkage Opportunities
- Develop Local User Analytic Consortia
- Determination of Process for Data Management and Data Analytic Contracting

APCD Challenges

- Completeness of Population Captured
- Collection & Release Standardization
- Provider as Unit of Analysis
- Non-Claim Payment Adjustments
- To-be-Developed Payment Methodologies
- Consistency Among State Databases
- Ability to Link to Other Sources
- State Revenue Models
- Federal Engagement

Questions and Answers

Contact Information

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801.532.2262

www.APCDCouncil.org
www.nahdo.org

for more resources in assisting states to move forward