All Payer Claims Databases (APCDs)
California Opportunities

March 24, 2011
Introduction

■ Charge
  ▪ To make recommendations and assess the feasibility, opportunities, and challenges of designing and implementing an All-Payer Claims Database (APCD) in California.
    ▪ Services
    ▪ Policy & governance
    ▪ Engagement
    ▪ Technical and operational requirements
    ▪ Financing

■ Project Team & Timeframe
  ▪ California HealthCare Foundation (sponsor), Manatt Health Solutions, All-Payer Claims Database Council
  ▪ February – May 2011
Focus Areas

1. Services
   ■ Identify necessary core functions and business requirements

2. Policy & governance
   ■ Identify where the APCD could be housed and its authority
   ■ Does it require statutory and regulatory action?
   ■ Engagement - multi-stakeholder issues: open, transparent, and fair

3. Data collection, access, use, and disclosures
   ■ Covered populations, frequency of data collection/submission, thresholds for participation, exclusions examples, etc.
   ■ Who can access and for what purpose?
   ■ What types of standard reports and data will be made available?

4. Financing
   ■ Identify sources of implementation and maintenance funding
Background: APCD Value and Functions

**Transparency - APCD could help answer many questions concerning cost, quality, access, and utilization, including:**

- How much do quality measures vary by payer or provider type?
- How do costs of procedures or episodes of care vary by provider or region?
- In what geographies is public health improving?
- Is emergency room usage in Medi-Cal different than in the commercial population? What accounts for any observed variances?
- What is the average length of time people use antidepressant medications? Does this vary by payer or provider?

**Other functions an APCD could support:**

- Risk-adjustment for health insurance exchanges
- Pay-for-performance and quality reporting initiatives
- ACOs, medical and health homes, etc.
Potential Future State

Cal eConnect Services
Policy/procedures for data sharing, provider directory services, patient matching, etc.

Regional HIEs

- Hospitals: EHRs/Admin. Systems
- Labs: Quest, LabCorp, small labs
- Physicians: EHRs & Practice Mgmt. Systems
- Health Plans
- Medicare, TRICARE, VA, Indian Health Service
- Medi-Cal, MRMIB
- PBMs

Health Insurance Exchange

CA All-Payer Claims Database

- CA APCD Portal

 comparative
Effectiveness
Research

CHART
Utilization and Care Coordination

CCHRI
- HEDIS reporting
- QI Collaboratives
- CA Physicians Performance Initiative

IHA P4P Initiative

Adapted from the Pacific Business Group on Health
# Governance: State Models – Alternatives to consider

<table>
<thead>
<tr>
<th><strong>Lead Agency</strong></th>
<th><strong>Approach</strong></th>
<th><strong>State Examples</strong></th>
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<tbody>
<tr>
<td><strong>Mandatory</strong></td>
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<tr>
<td>State Health Data/Policy Agency</td>
<td>State health policy agency or health data authority collects and manages data. Penalties are enforced for noncompliance.</td>
<td>Kansas, Maine, Maryland, Massachusetts, Minnesota, Oregon, Tennessee, Utah</td>
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<tr>
<td>State Department of Insurance</td>
<td>An agency responsible for the oversight of insurance carriers manages the APCD. Penalties are enforced for noncompliance.</td>
<td>Vermont</td>
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<tr>
<td>Shared Among Multiple State Agencies</td>
<td>Two state agencies share in governance and management of data collection and release. Penalties are enforced for noncompliance.</td>
<td>New Hampshire (Dept. of Health &amp; Human Services, Dept. of Insurance)</td>
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<tr>
<td><strong>Voluntary</strong></td>
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<tr>
<td>Non-Governmental Organization</td>
<td>Established without legislative authority. Data collected voluntarily. No penalties for non-reporting.</td>
<td>Washington, Wisconsin</td>
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<td><strong>Hybrid</strong></td>
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<tr>
<td>Regulated non-profit or public-private partnership</td>
<td>Established by legislative authority. Data collection required. Policies established through regulation and/or governing board.</td>
<td>Colorado (in implementation)</td>
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Policy and Regulation

- Aligning with HIPAA, Confidentiality of Medical Information Act, other
- Statutory authority of governing organization/agency
- Data collection and release policies and approaches
  - Political considerations
  - State-driven decision making
  - Individual privacy and security considerations
Technical Operations

- Data collection, submission, & release
  - Aligning with HIPAA, other technical standards
  - Procurement
  - Design & architecture
  - Audit, updates, and corrections
  - Reporting, analysis, and application development

- Data release policies and approach
  - Political considerations
  - State-driven decision making
  - Individual privacy and security considerations – state regulations, statute, etc.
Funding: Cost Drivers

- Population covered (size)
- Number of carrier feeds
  - Membership thresholds
- Provider & member identity management
- Data release / access
- Analytics, reporting, applications
Funding: Potential Sources of Revenue

Implementation & maintenance funds could include a mix of:

- Assessed fees on plans based on market share and other criteria
- Assessed fees on providers based on market share and other criteria (e.g., facility or provider type)
- Data release fees (minimal source of revenue)
- Fines for non-compliance (minimal source of revenue)
- Grants: federal, state, private
- Medicaid (assuming federal match is available)
- Products/Services: Data aggregation/reporting for required HEDIS activities
- Products/Services: Data aggregation/reporting for P4P programs
- State funds: general, special, other
- State-supported fees (e.g., on claims transactions)
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