



The Office of the National Coordinator for
Health Information Technology

Claims and Clinical Data Integration: All Payer Claims Data

SIM Learning Event
May 24, 2016

Patricia MacTaggart, Senior Advisor, OCT/ONC and Denise Love, APCD Council/NAHDO Executive Director



Agenda

- Introductions: Patricia MacTaggart, Senior Advisor OCT/ONC and Denise Love, APCD Council and NAHDO Executive Director
- Framing the Claims and Clinical Data Integration Discussion: Patricia MacTaggart
- APCDs: Denise Love
 - » Basics of APCDs
 - » Potential for Claims and Non-claims Clinical Data Integration
 - » Emerging APCD Issues
 - » State Experiences and Challenges Related to APCD Development
- APCDs: Two States' Experiences and Observations
 - » Karynlee Harrington, Maine
 - » Georgia Maheras, Vermont
- Discussion and Q & A: All Participants

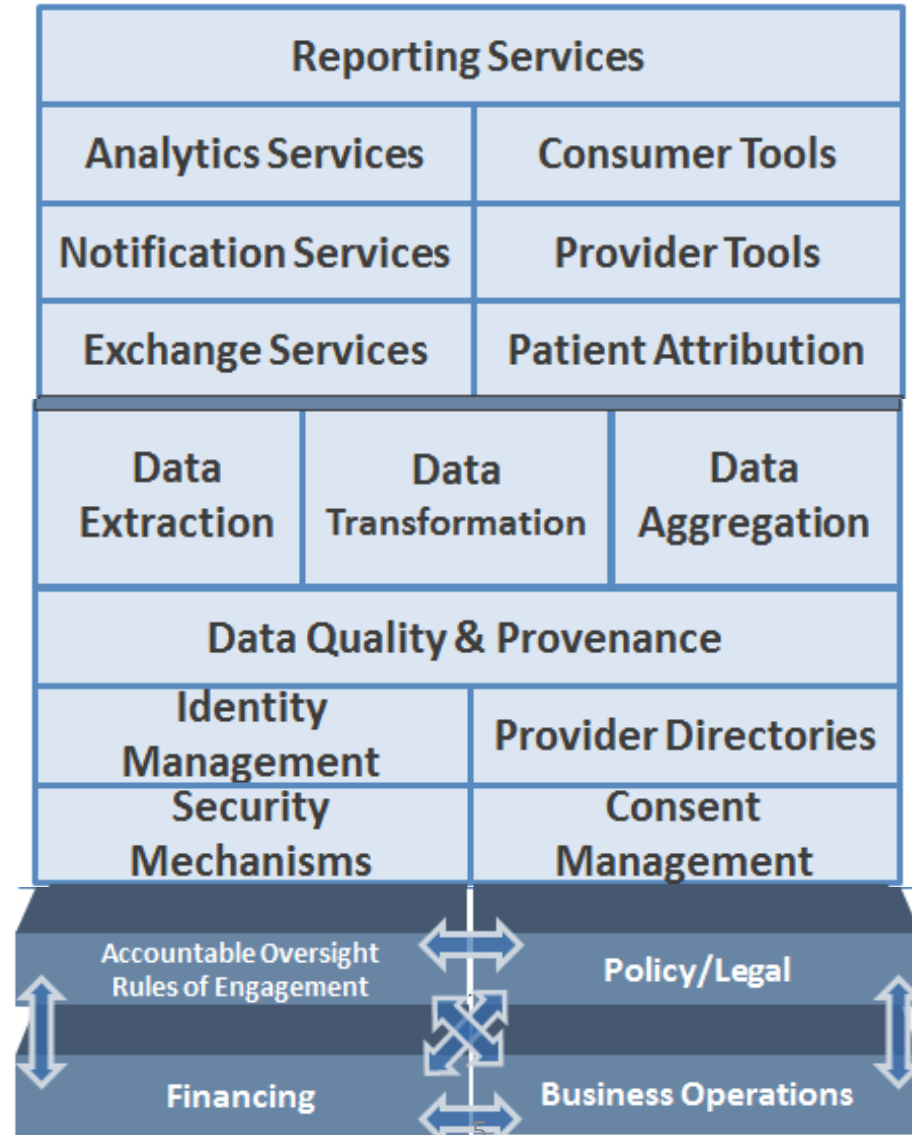
Framing the Claims and Clinical Data Integration Discussion

Payment Reform and Service Delivery Transformation is Dependent on All-Payers Claims and Non-Claims Clinical Information Integration

- Multiple Ways to Accomplish
 - Leveraging current APCDs: Today discussion
 - Leveraging Medicare Qualified Entities: June presentation
 - Leveraging other State efforts: Possible future presentations
 - Forming Something New: APCD and/or Other

Considerations No Matter Which Option Selected

- Accountability Oversight/Data Rules of Engagement: role of the state/ population
- Policy/Legal: mandatory/voluntary
- Business Operations: de-identifiable/identifiable
- Financing: role of Medicaid, state non-Medicaid, non-state
- Security Mechanisms and Consent Management: dependent on parameters
- Data Source and Quality: Provider Directly – Provider through Plan/Carrier
- Data Extraction, Transport/Transformation and Aggregation: role of HIE
- Reporting, Consumer and Provider Tools: data use/purpose and dissemination strategy



All-Payers Claims Databases

APCDs

About the APCD Council

The APCD Council is a learning collaborative of government, private, non-profit, and academic organizations focused on improving the development and deployment of state-based all payer claims databases (APCDs). The APCD Council is convened and coordinated by the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire (UNH) and the National Association of Health Data Organizations (NAHDO).

APCD Council Work

- Early Stage Technical Assistance to States
- Shared Learning
- Catalyzing States to Achieve Mutual Goals

Databases, created by state mandate, that typically include data derived from medical, pharmacy, and dental claims with eligibility and provider files from private and public payers:

- Commercial insurance carriers (medical, dental, TPAs, PBMs)
- Public payers (Medicaid, Medicare)

Typical APCD Data Sets

PROVIDER FILE

ELIGIBILITY FILE

**Commercial / TPAs /
PBMs / Dental / Medicare
Parts C & D**

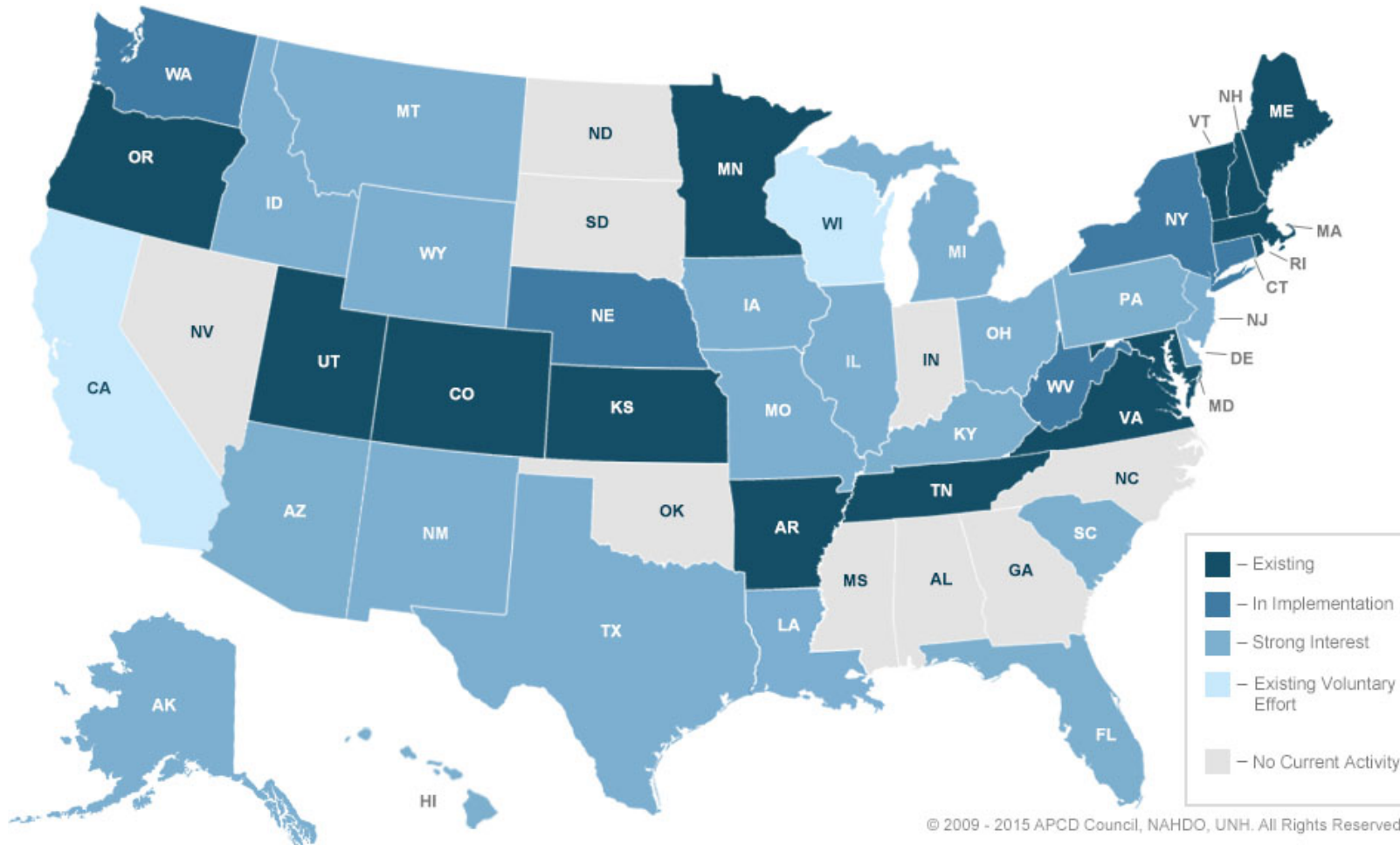
**Medicaid FFS / Managed
Care / SCHIP**

APCD

Medicare Parts A & B

***FUTURE:
TRICARE & VA & IHS &
FEHB***

September 2015 State Progress Map



State Led	Public-Private	Private Non-profit
State agency led; policy development informed by multi-stakeholder advisory committee	Initial planning led by state agency; day-to-day operations delegated to private non-profit, selected by the state	Private, voluntary reporting initiatives
Kansas, Maine, Massachusetts, Maryland, Minnesota, New Hampshire, Oregon, Tennessee, Utah, Vermont, W. Virginia, Rhode Island, Connecticut, New York, Washington	Colorado, Virginia, Arkansas	Wisconsin, California

APCD Showcase

ALL-PAYER CLAIMS DATABASE

 presented by the APCD Council

CASE STUDIES

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APCD Showcase: States Leading by Example

Welcome to the APCD Showcase where examples from state all-payer claims databases (APCDs) have been organized in order to provide stakeholders with tangible examples of APCD reports and websites. The examples have been organized by intended audience, and are also searchable by additional criteria. We invite you to explore the site and learn more about the value that APCDs provide to states and their stakeholders.



Choose from the categories below or [See all Case Studies >](#)



Consumers

Consumer websites primarily focused on cost and quality



Employers

Employer and purchasing coalition efforts



Providers

Accountable Care Organizations and quality



Researchers

Academic and "think tank" research

- APCDs provide an almost-complete sample of state’s insured population
 - Large sample size = more precise estimates for individual payers
 - Large numbers protect patient confidentiality when analyzes populations and certain conditions
- APCDs are filling critical information gaps for state agencies
 - Payment reform planning and evaluation
 - ACOs have no way of tracking total cost of care per patient
 - Transparency tools and clearer picture of health cost, quality, use

Category of Use	Application/Use Examples
Health and Payment Reform	Payment methodologies and outcomes Reduce regional price variation Effectiveness of care/Episodes of Care
Transparency	Price transparency websites Purchasing negotiation
Care Delivery Design	Provider network performance Inform PCP referrals to specialist
Population Health	Disparities Rural/urban comparisons Chronic disease prevalence Mental health access/utilization
System Accountability	Medicaid value analysis and benchmarking Inform rate review Total cost of care/outcomes Administrative Simplification
Policy and Budget Information	Evaluation of reform policies

- Evaluate vaccines claims data to assess completeness of an immunization registry (CO)
 - APCD provided a robust data source
 - Dose level and provider saturation at county level
 - Assessed completeness of state immunization registry
- What is the total spend in a state? (CO)
 - Variation in pricing for common procedures
 - How is health care service use changed over time?
- Community Health Assessment in NH
 - Enhanced web modules for vital record, hospital use, BRFSS, etc.
 - Claims module generates public health indicators of interest (chronic, preventive care)

- Chronic Pain Management Analysis (MN)
 - 83,000 Minnesotans received chronic pain procedures in a 3 year period
 - Increased volume of procedures by 13.2 percent between 2010-2012
 - One procedure for every 19 persons
- Leading Indicators for Oregon's Health System Transformation
 - APCD represents 81% of Oregon's 4 million residents
 - Triple Aim goals: every dollar saved on unnecessary health expenses is a dollar that can be reinvested in children/families, education, jobs, etc.
 - Health System Transformation savings: \$139 million in health care costs 2013-2014
 - Total spend PMPM by Medicaid CCOs and Public Employees declined between 2011-2013

- APCD helps Utah figure out where their health care dollars are going
 - Chronic disease among 21.1% of Utahns represents 53.3% of the health care costs
- Population-based Measures in Vermont
 - Eligibility/claims data sources plus other public data sources
 - Adult and pediatric profiles from public/commercial data
 - Add ACO payment and reporting measures
 - Integrate data from Vermont's DocSite clinical registry and BRFSS

Virginia Health Information: Health Care Prices



Virginia Health Information FROM NUMBERS TO KNOWLEDGE

HEALTH INSURANCE

HEALTH INSURANCE INTRODUCTION

HEALTH CARE PRICES

COMPARE HMOs

HMO FINDER

HEALTH INSURANCE OPTIONS

MEDICARE & MEDICAID

OUTSIDE SOURCES

OTHER HMO WEBSITES



VA gets a B for Health Care Price Transparency-Top 7 in the country



[Home](#) > [Health Insurance](#) > Health Care Prices

HEALTH CARE PRICES



Today, more people are paying for all or a greater share of their health care costs. Not having health insurance or membership in [high deductible health plans](#) are some reasons for this.

How much you pay for a doctor's visit, medical test or surgery can depend on which doctor, hospital or other health care provider you choose.

Here's How This Report Can Help You

- + [Are you uninsured?](#)
- + [Do you have a High Deductible Health Plan or high co-pay?](#)



Preventive Health

- [Colonoscopy](#)
- [Mammogram](#)
- [Office Visits: Adult Office Visit](#)
- [Office Visits: Well Child Visit](#)



Emergency Room Visits

- [Emergency Room Visit- Medium](#)
- [Emergency Room Visit- Very Minor](#)



Imaging

- [CT Scan: Abdomen](#)
- [CT Scan: Head/Brain](#)
- [MRI Scan: Back](#)
- [MRI Scan: Knee](#)



Maternity

- [Cesarean Delivery](#)
- [Ultrasound](#)
- [Vaginal Delivery](#)




Surgical Procedures

- [Angioplasty](#)
- [Arthrocentesis shoulder/hip/knee](#)
- [Arthroscopic Knee Surgery](#)
- [Breast Biopsy](#)
- [Destruction of Lesion](#)
- [Gall Bladder Surgery](#)
- [Hernia Repair](#)



Radiology/Other

- [Ankle X-Ray](#)
- [Bone Density Scan](#)
- [Chest X-Ray](#)
- [Endoscopy](#)
- [Foot X Ray](#)





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Start > Search Results

Search Criteria

Hip Joint Replacement; Denver (80201); Private Insurance [Search Again](#)

Hip Joint Replacement

Note that Saint Joseph Hospital and Good Samaritan prices for private insurance are lower in part due to a high percentage of Kaiser patients which only reflect hospital payments. Additional bills for the provider and other services are not included. To view non-Kaiser prices at these hospitals, see... [Show More](#)

Search Results

Display Facilities within 10 miles Hospital Quality Patient Perspective Display as: Table | Map

Type	Provider	Distance	Estimated Price	Patient Complexity
Facility	Exempla Saint Joseph Hospital	1 mi.	\$21,235	Medium
Facility	Presbyterian/St. Luke's Medical Center	1 mi.	\$31,460	Medium
Facility	Rose Medical Center	3 mi.	\$36,446	Medium
Facility	Porter Adventist Hospital	5 mi.	\$34,594	Low
Facility	Children's Hospital Colorado on Anschutz Medical Campus	6 mi.	**	**
Facility	Exempla Lutheran Medical Center	6 mi.	**	**
Facility	Swedish Medical Center	6 mi.	**	**
Facility	University of Colorado Hospital	8 mi.	**	**
Facility	St. Anthony North Hospital	8 mi.	**	**
Facility	OrthoColorado Hospital at St. Anthony Medical Campus	8 mi.	\$25,713	Low

Showing 1 to 10 of 12 entries

** Data not available *** Under Review

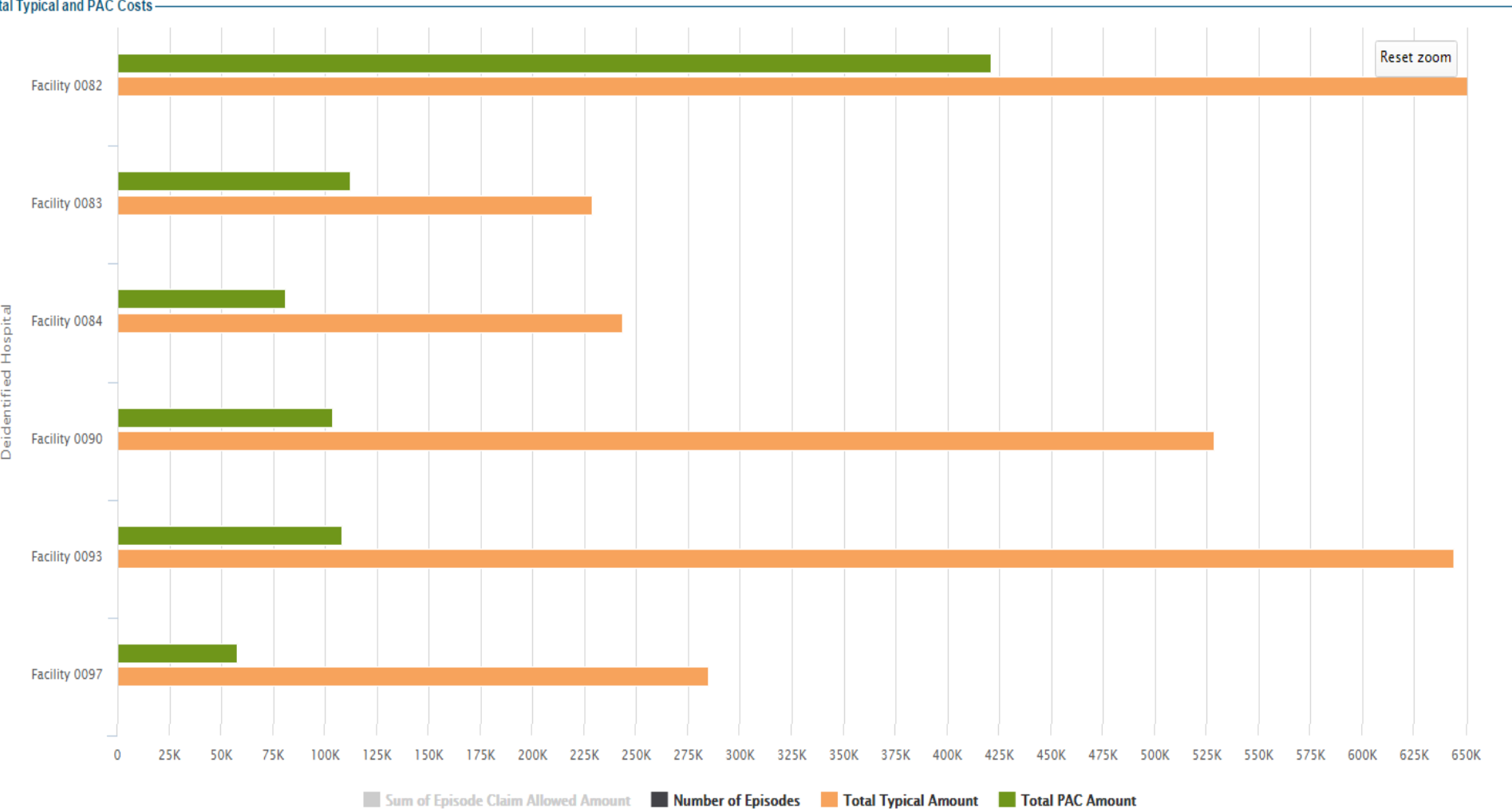
*Currently, data in the APCD includes only those members from Colorado aged 64 and under. See the [Data Vintage](#) item in the glossary for more details
 CIVHC 950 S. Cherry Street, Suite 208, Denver, Colorado 80246 | 720-583-2095 (main phone) | 720-549-9189 (fax) | [contact us](#) | [terms of use](#) | [privacy policy](#) | [Medical Service Pricing Disclaimer](#) | Portions © 2014 Center for Improving Value in Health Care | Portions © 2014 3M

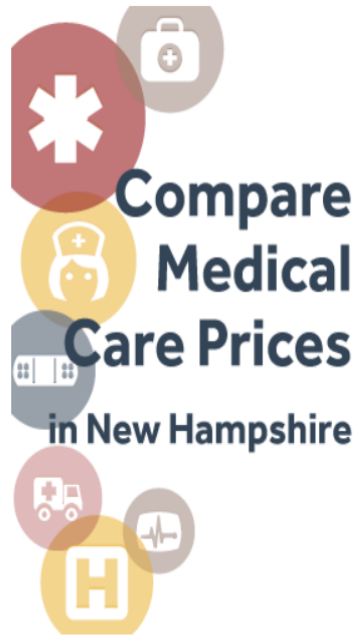
Source: www.comedprice.org

Variation in Facility Specific Total Typical and PAC Costs

Knee Replacement Review for Medicaid Line of Business

Total Typical and PAC Costs





INSURED PATIENTS:

Get a cost estimate for a medical procedure

UNINSURED PATIENTS:

Get a cost estimate for a medical procedure

HealthCost was developed by the New Hampshire Insurance Department to improve the price transparency of health care services in New Hampshire. The website is currently receiving updates, and many significant changes are planned over the next year. Please send us an [email](#) if you would like to be notified as the improvements take place, as well as receive helpful information on how to use the site.

CONSUMERS

HealthCost provides information on the price of medical care in New Hampshire by insurance plan and by procedure. It also provides an estimate for uninsured patients. **Through HealthCost, New Hampshire residents can compare prices from health care providers throughout the state on more than two dozen medical procedures, including MRIs, CT scans, ultrasounds, and X-rays.** The information is derived from claims data collected from New Hampshire's health insurers and stored as a part of the Comprehensive Health Care Information System (NHCHIS), and the data on the HealthCost website will be updated quarterly. More information about the NHCHIS can be found here: <https://nhchis.com>.

This website serves as a resource to help you make informed decisions about purchasing health care services. The FAQs section of this website provides information on the site's methodologies as well as information on health insurance.

EMPLOYERS

The New Hampshire Insurance Department collects information from insurance carriers and publishes a report annually on the insurance marketplace. At this time, this section links you to the report, but in the future, you will have the opportunity to use the data interactively. Please send us an [email](#) if you would like to be notified as the improvements take place.

Brought to you by the Maine Health Data Organization



Home

Compare Costs & Quality

Find a Facility

About

Resources

Contact

know what to expect before you receive care

compare the costs & quality of healthcare procedures in Maine

find the cost of a procedure



more information. better decisions.

The *Maine Health Data Organization*, in collaboration with the *Maine Quality Forum*, is required by law to promote the transparency of healthcare cost and quality information via a publicly accessible website. The cost and quality of healthcare procedures can vary widely among providers. You have a choice in where you receive care. CompareMaine shows the average cost of common healthcare procedures at different facilities in Maine. You can also see patient experience ratings and how Maine hospitals compare on patient safety.

Two States' Perspectives

Georgia Maheras, Vermont

Karynlee Harrington, Maine

Health Data Infrastructure in Vermont

Georgia J. Maheras, Esq.

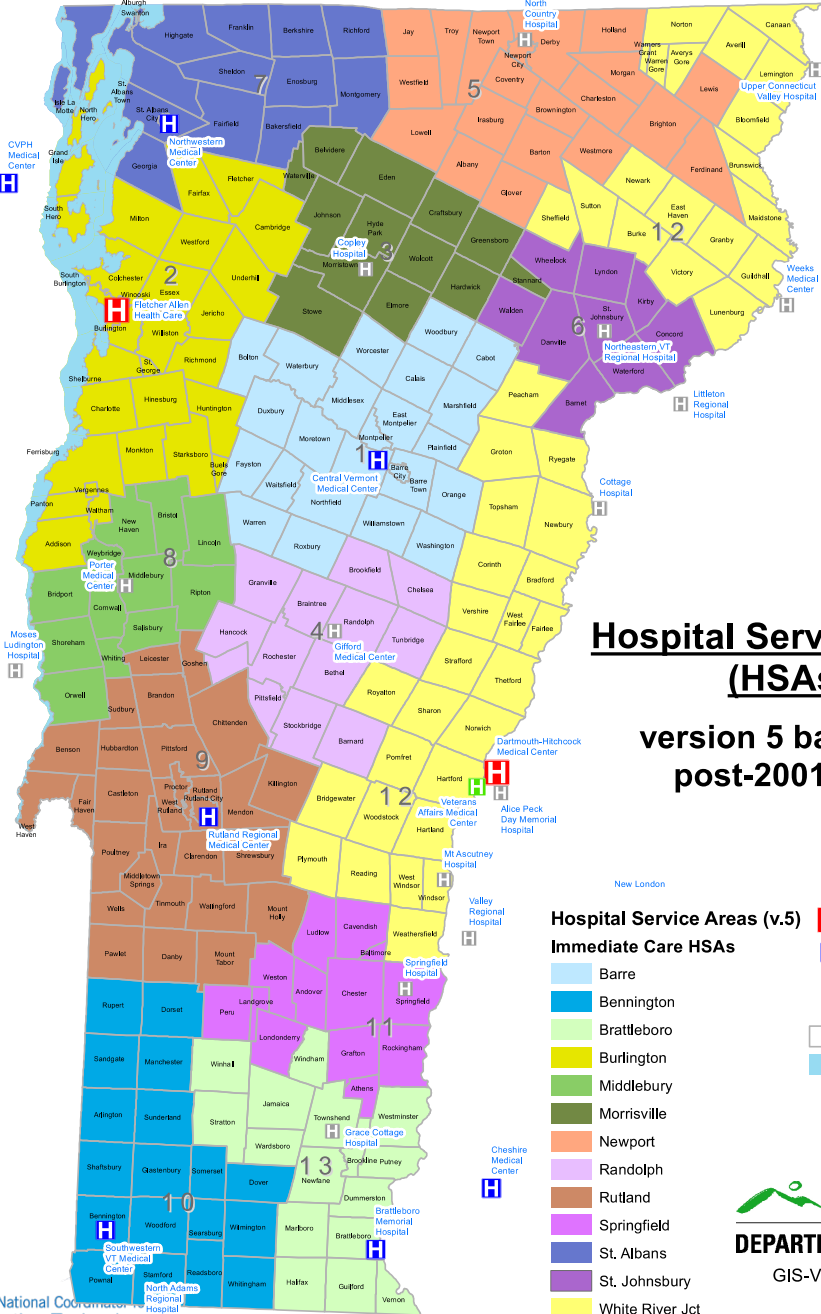
Deputy Director for Health Care Reform

State of Vermont

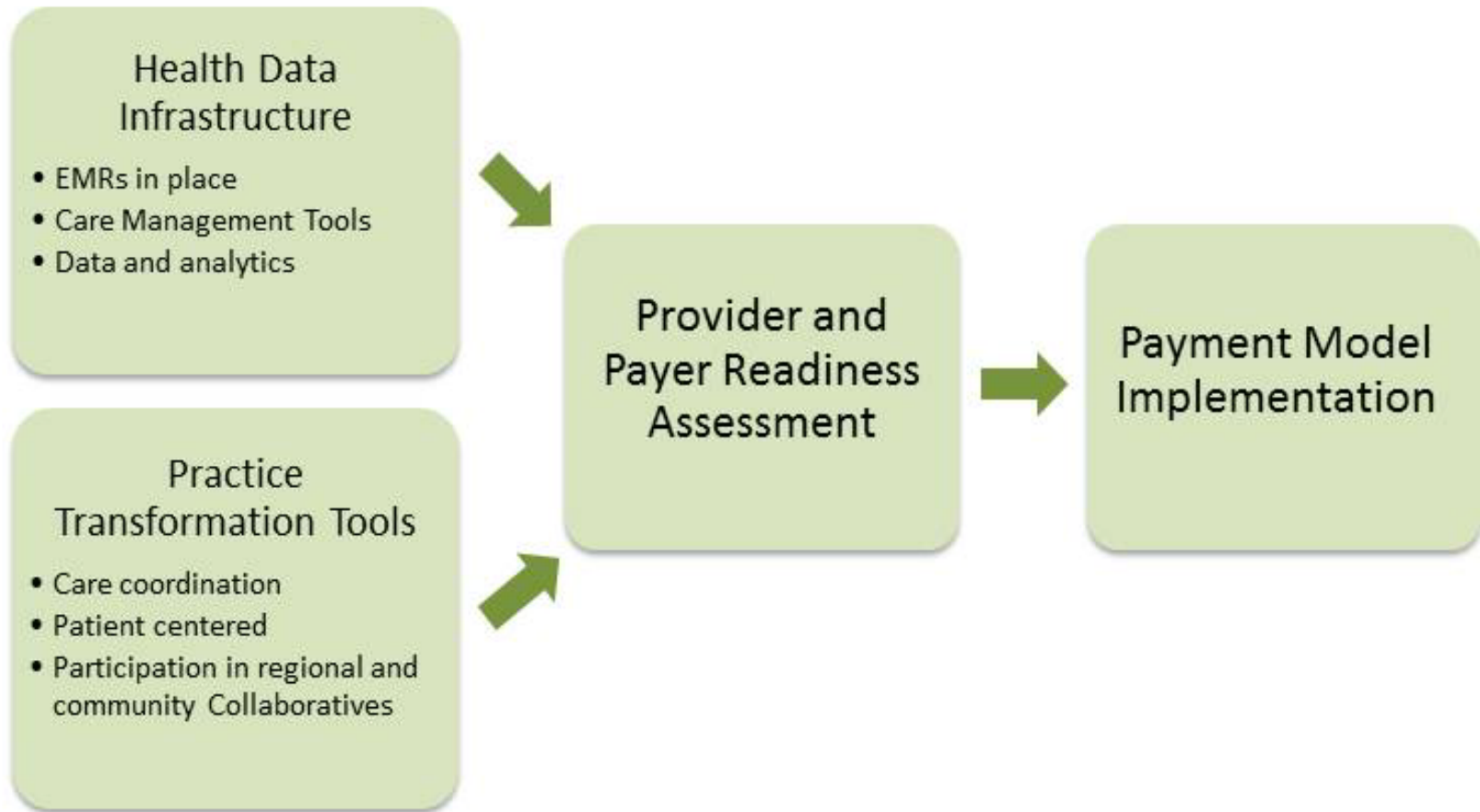
Vermont's Delivery System

Some Features of Vermont's Health System

- 14 community hospitals, including 8 critical access hospitals (fewer than 25 beds)
- 1 in-state academic medical center, plus Dartmouth-Hitchcock, provide most tertiary care
- 11 FQHCs serving more than 120,000 Vermonters
- Fewer than 2000 physicians, more than half of whom are employed
- 3 health insurance carriers, only 2 in small group market
- 2.9% uninsured



Building Blocks to a Successful Payment Model



Case Studies*:

- ***PCMH Practice Profiles***: claims data (APCD) + clinical registry data (HIE + additional sets).
- ***Shared Savings Program***: clinical (APCD & payer feeds) + HIE data + surveys.
- ***Event Notification System and Care Management Tools***: HIE data.

*data quality is critical

ONC Learning Event- APCD: Where States are Now and Where They are Headed

Karynlee
Harrington

Executive Director-
MQF

Acting Executive
Director-MHDO

5/24/16



MHDO Maine Health
Data Organization

Information | Insight | Improvement

State of Maine's Data Center-Maine Health Data Organization (MHDO)

- 1. Establishment-** Legislature Created the MHDO in 1995 as an independent executive agency-Title 22 Chapter 1683.
- 2. Governance-** Multi stakeholder board includes representation from: hospitals, providers, employers, consumers, payers, government.
- 3. Purpose of the Agency-** MHDO Data are obtained to fulfill MHDO's legislative mandate to create and maintain a useful, objective, reliable and comprehensive health information database that is used to improve the health of Maine citizens and to issue reports promoting public transparency of health care quality, outcomes, and costs. The MHDO will make data publically available and accessible to the broadest extent consistent with the laws protecting individual privacy, and proprietary information.

Data Types Collected & Released for Approved Use

Claims Data- All Payer Claims Data (APCD) - over 60 commercial payers including Medicare and MaineCare (Medicaid) includes medical, pharmacy, dental and eligibility data beginning in 2003

Maine Hospital Encounter Data- All encounters for inpatient and outpatient hospital and provider based clinics beginning in early 1990s.

Maine Hospital Quality Data-includes Healthcare-Associated Infections (HAI) and Nursing Sensitive Indicators (NSI) data

Maine Hospital Financial Data- Annual summaries of hospital financial data as reported by Maine's non-governmental hospitals. Profitability, Liquidity, Capital Structure, Asset Efficiency, and other common ratios are also provided in the reports.

Hospital Restructuring Data- Reports on major structural changes relevant to the restructuring of hospitals and their parent entities in Maine. Organizational charts depicting the organizational structure and relationships, in terms of ownership, control, and membership, and the individual corporate tax status, tax identification number, and functional description, among the persons and health care facilities owned by or affiliated with the hospital and parent entity.

Primary Use of MHDO Data

- To produce meaningful analysis in pursuit of improved health and health care quality for Maine people. Acceptable uses of MHDO Data include, but are not limited to, study of health care costs, utilization, and outcomes; benchmarking; quality analysis; longitudinal research; other research; and administrative or planning purposes.

How the States Data Center Supports SIM

Use Case Example: SIM Evaluation

The SIM work represents the largest collective healthcare transformation effort in the state's history, and understanding the impact of this effort will inform those engaged in the SIM initiative to date and help set future performance targets and priorities.

Core Metrics Dashboard Reports- Using the States APCD data the Lewin Group has created a dashboard that shows progress on core metrics that have been selected by the SIM Steering Committee (a multi-stakeholder group that has guided SIM work from the beginning). The dashboard is broken out by MaineCare, Medicare, and commercial patients, and it includes metrics on things like non-emergent emergency department use, use of imaging studies for low back pain treatment, and developmental screenings for children in the first three years of life. Each metric shows how the measure has moved toward the goal.

The Dashboard is publically reported and can be found here:
<http://www.maine.gov/dhhs/sim/evaluation/dashboard.shtml>

Continued-Use Case

- The State's APCD data will be used to support planned evaluation activities for SIM at both the state and national level. The data will be used to evaluate healthcare quality & effectiveness as well as statewide healthcare utilization and expenditure trends.

Q & A



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