

All-Payer Claims Databases: State Progress and Future of APCDs

December 8, 2011

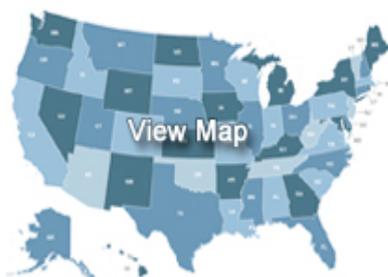
Connecticut Statewide Multi-Payer Data Initiative

Patrick Miller, MPH



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.

Our Team

Patrick Miller, MPH, is a Research Associate Professor at the University of New Hampshire and founder and co-chair of the APCD Council. Patrick works with states across all aspects of APCD development, including stakeholder engagement, governance solutions, and analytic needs. For all media inquiries or for direct technical assistance, please contact Patrick at Patrick.Miller@unh.edu.

Denise Love, BSN, MBA, is the Executive Director at the National Association of Health Data Organizations (NAHDO). For all media inquiries or for direct technical assistance, please contact Denise at dlove@nahdo.org.

Amy Costello, MPH, is a Project Director at the New Hampshire Institute for Health Policy and Practice at the University of New Hampshire and co-chair for the APCD Council. Amy advises organizations and state agencies that are interested in the development, standardization and utility of all-payer healthcare claims databases. For all inquiries regarding standards, please contact Amy at Amy.Costello@unh.edu.

Ashley Peters, MPH, is a Research Associate at the New Hampshire Institute for Health Policy and Practice at the University of New Hampshire. She conducts APCD-related research and manages communications for the Council. For all general inquiries, please contact Ashley at Ashley.Peters@unh.edu

Josephine Porter, MPH, serves as Deputy Director for the New Hampshire Institute for Health Policy and Practice at the University of New Hampshire and co-chair for the APCD Council. Jo focuses much of her time on APCD analysis, including an emphasis of using APCD data in public health. For all business development related inquiries, please contact Jo at Jo.Porter@unh.edu.

Alan Prysunka, is the Executive Director of the Maine Health Data Organization and Chair of the National Association of Health Data Organizations (NAHDO) Board of Directors. For direct technical assistance, please contact Alan at alan.m.prysunka@maine.gov.

Emily Sullivan is a Research Associate at the National Association of Health Data Organizations (NAHDO). For inquiries related to publications and conference events, please contact Emily at esullivan@nahdo.org.

Topics

- Background
- National Activities and Standards
- Usage Examples From States
- Experiences and Lessons Learned
- APCD 2.0
- Questions and Answers

Background

Backdrop 2005-2011

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

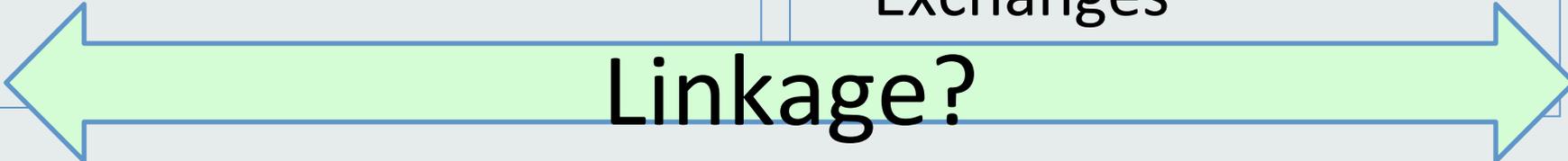
Evolution of Data Sets for States

Administrative Data Sets

- Hospital Discharge
- Medicaid
- Medicare
- All-Payer Claims Databases

Clinical Data Sets

- Public Health Registries
- Clinical Registries
- Electronic Health Records
- Laboratory Systems
- Health Information Exchanges

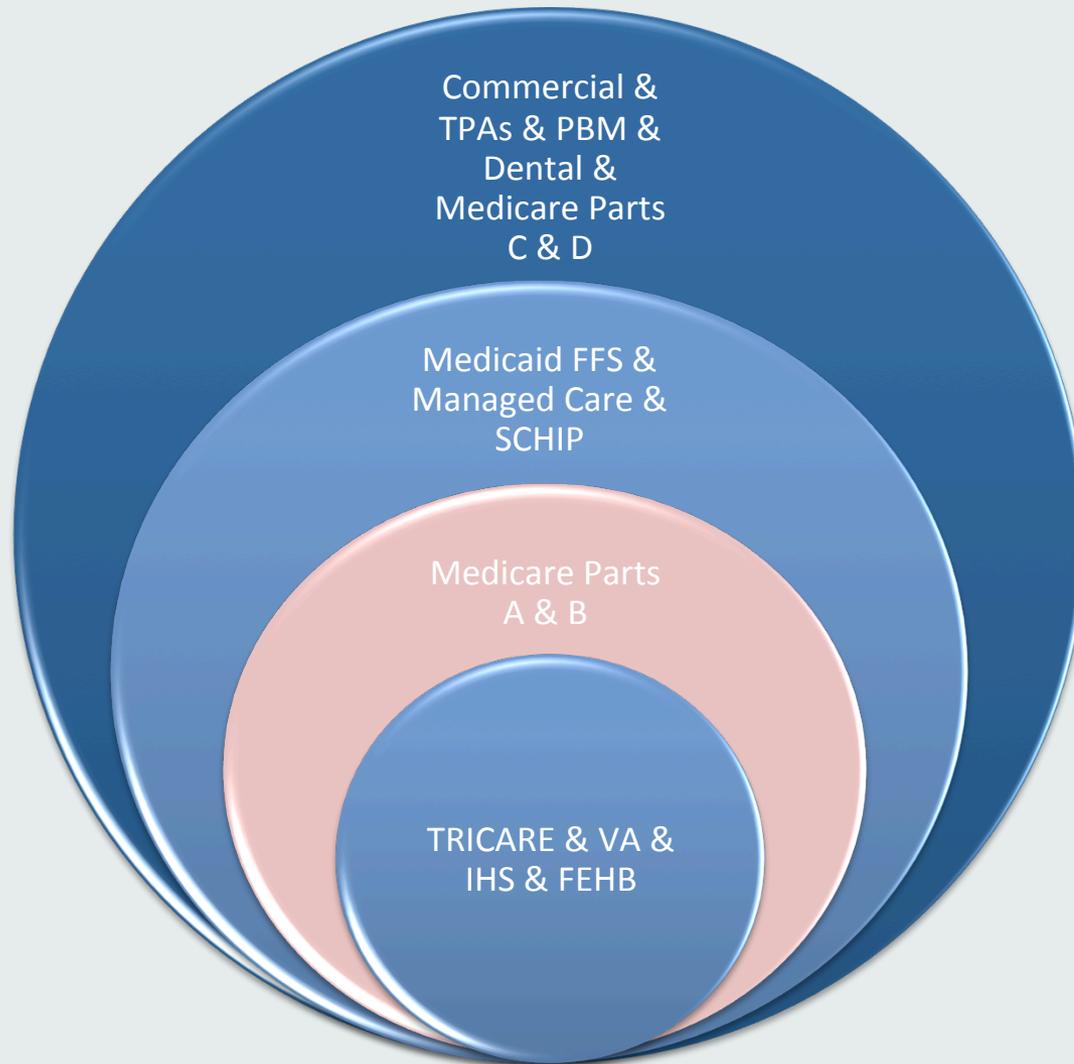


Linkage?

Definition of APCDs

- 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:
 - Insurance carriers (medical, dental, TPAs, PBMs)
 - Public payers (Medicaid, Medicare)
- *Augmenting (not replacing)* hospital discharge, Medicaid, Medicare, registries, and other datasets

Typical APCD Data Sets



APCDs Are About Transparency

- What does a back MRI cost by provider by payer?
- 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 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....

Typically Included Information

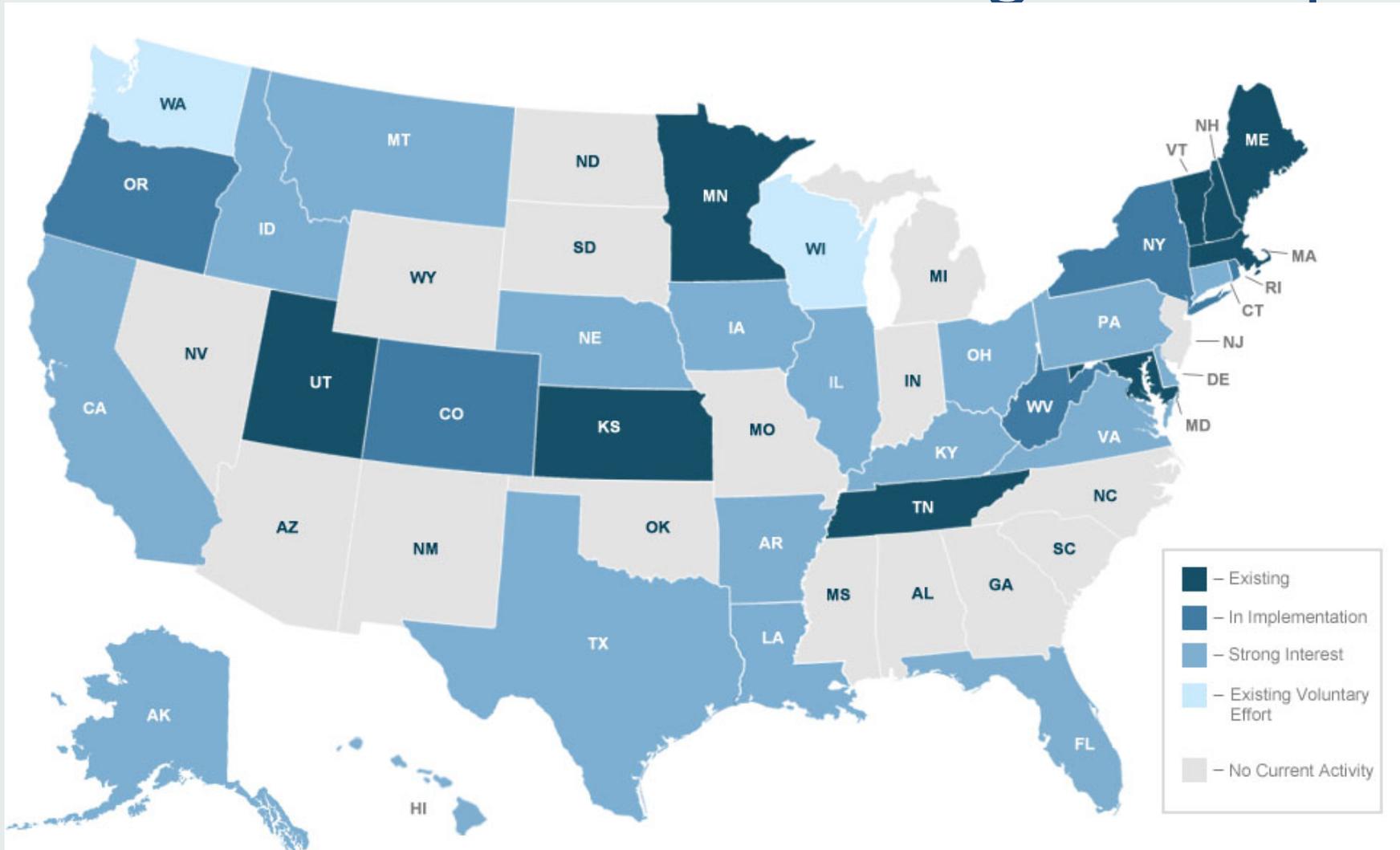
- Encrypted social security**
- Patient demographics (date of birth, gender, residence, relationship to subscriber)
- Type of product (HMO, POS, Indemnity, etc.)
- Type of contract (single person, family, etc.)
- Diagnosis codes (including E-codes)
- Procedure codes (ICD, CPT, HCPC, CDT)
- NDC code / generic indicator / other Rx
- Revenue codes
- Service dates
- Service provider (name, tax id, payer id, specialty code, city, state, zip code)
- Prescribing physician
- Plan charges & payments
- Member liabilities (co-pay, coinsurance, deductible)
- Date paid
- Type of bill
- Facility type
- Other 835/837 fields

Typically Excluded Information

- Services provided to uninsured
- Denied claims
- Workers' compensation claims
- Referrals
- Test results from lab work, imaging, etc.
- Provider affiliations
- *Premium information*
- *Capitation fees*
- *Administrative fees*
- *Back end settlement amounts*
- *Back end P4P or PCMH payments*

National Activities and Standards

November 2011 State Progress Map



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, NCPDP, AcademyHealth State Coverage Initiatives, Commonwealth Fund, NGA, NAIC

Technical Advisory Panel

- Agency for Healthcare Research and Quality (AHRQ)
- All-Payer Claims Database Council (APCD Council)
- American Medical Association (AMA)
- America's Health Insurance Plans (AHIP)
- Individual Payers (e.g., Aetna, Cigna, Harvard Pilgrim Healthcare, Humana, United Health Care)
- Centers for Disease Control and Prevention, National Center for Health Statistics (CDC NCHS)
- Centers for Medicare and 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 for Planning and Evaluation (ASPE)
- State Health Plan Associations - various

Areas for Standardization

1. Data collection / submission

- Aligning to HIPAA Standards
- Efficiencies in metadata, reporting, analysis, and application development

2. Data release

- Political
- State-driven

3. Data Transformation

4. Meta Data

5. Applications and Reporting

Data Collection Standards Work Plan - NCPDP

- January 2010 – NCPDP WG1 began work on Implementation Guide, review of Maine and Minnesota regulations and NCPDP post-adjudicated layout
- May 2011 - Draft of Uniform Healthcare Payer Data Standard Implementation Guide presented at NCPDP annual conference
- October 2011 – Release of the Uniform Healthcare Payer Data Standard Implementation Guide Version 1.0 (milestone!)

Data Collection Standards Work Plan – X12N

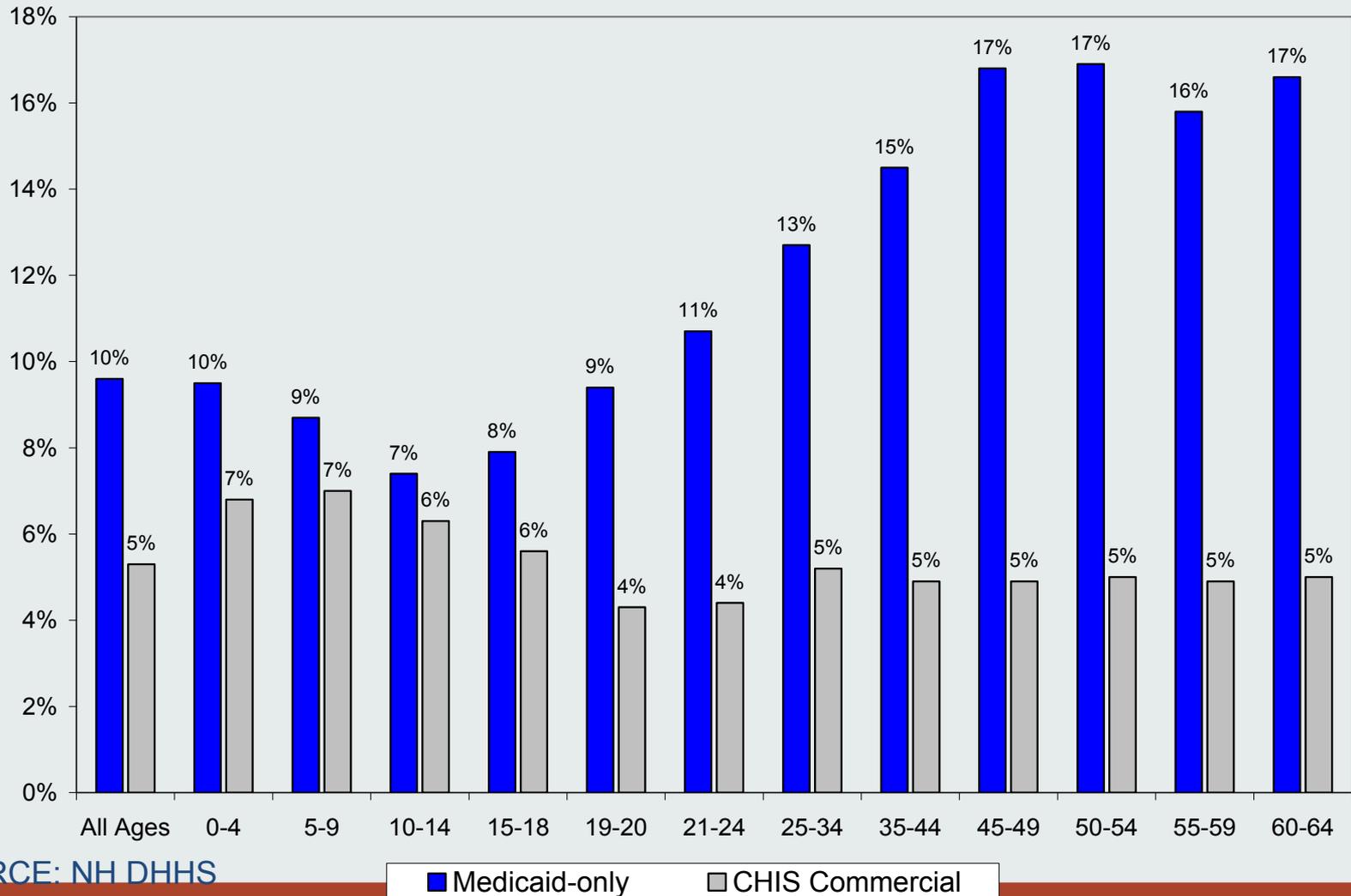
- December 2009: APCD Council inventoried and compared data elements from 4 states' APCD data submission rules; 2 more states were added in 2010
- June - October 2010: Expert consultants and States reviewed and finalized a proposed core set of APCD data elements
- November 2010: APCD Council met with ASC X12
- January 2011: APCD Council convened Technical Advisory Panel
- July 2011: ASC X12 hosted a conference call for X12 co-chairs and members to provide overview of APCD
- October 2011: X12 Kick-off meeting for Uniform Medical Claims Payer Reporting Standard

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.)
- Federal Government (MPCD, CMS, CDC, etc.)
- TBD

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

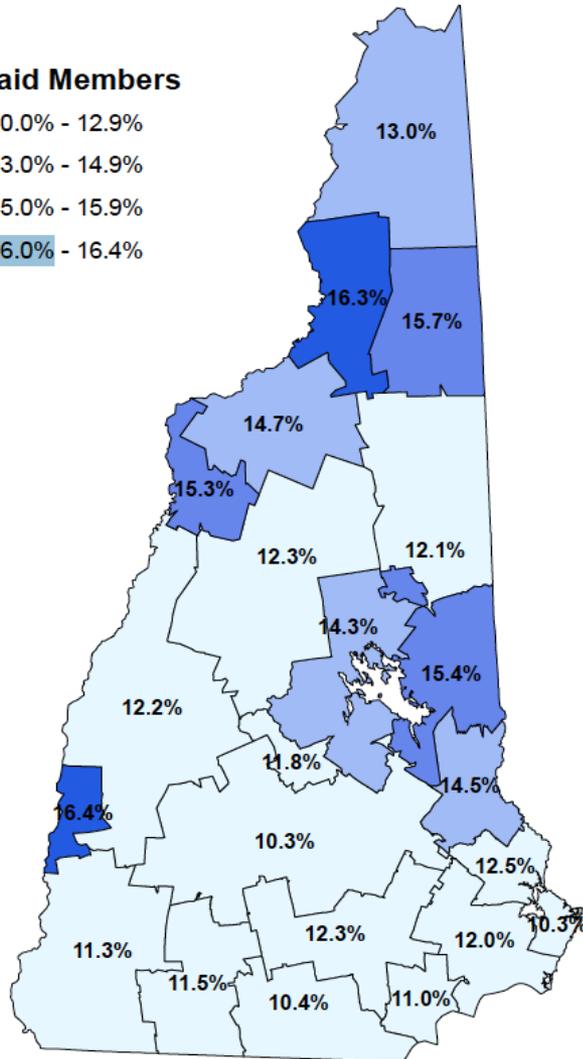
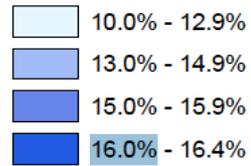


SOURCE: NH DHHS

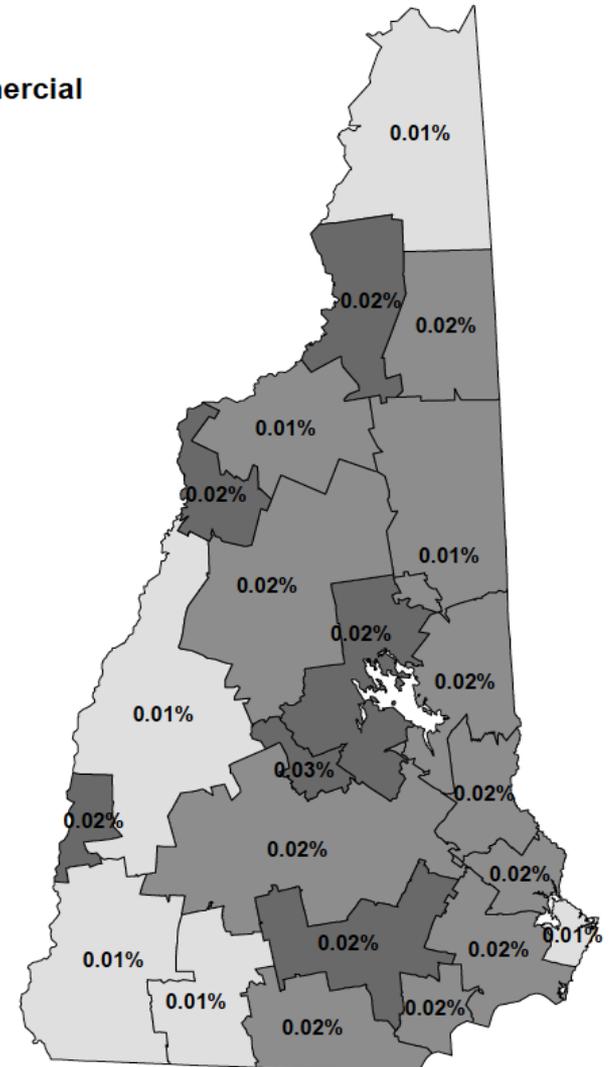
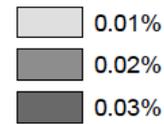
COPD Prevalence

Rates Standardized for Age

Medicaid Members



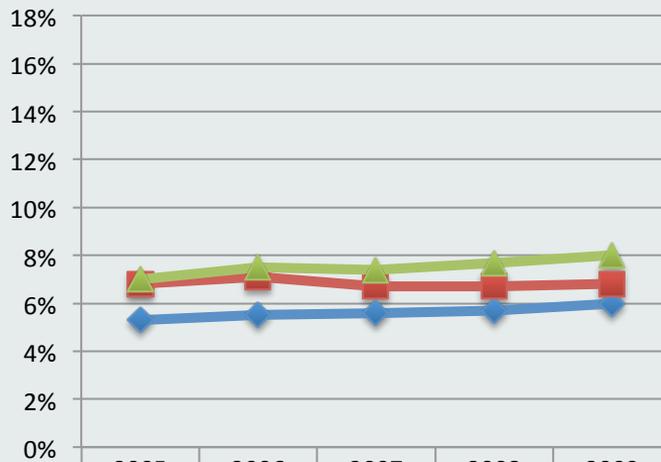
CHIS Commercial



Source: NH DHHS

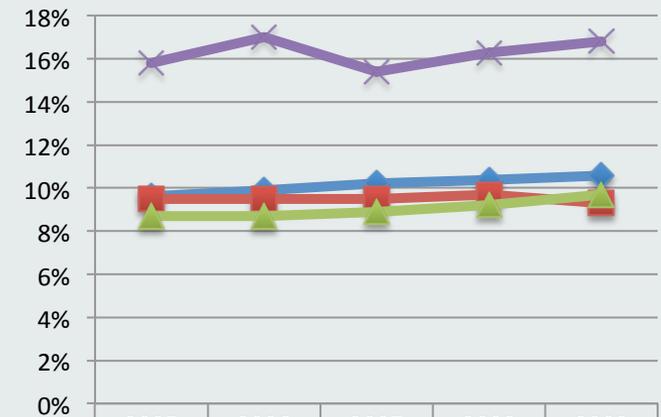
Prevalence of Asthma by Age, NH Medicaid and Commercial Members, 2005-2009

NH Commercial Asthma Prevalence 2005-2009



	2005	2006	2007	2008	2009
Total Asthma Prevalence	5.3%	5.5%	5.6%	5.7%	6.0%
Age 0-4 Prevalence	6.8%	7.1%	6.7%	6.7%	6.8%
Age 5-9 Prevalence	7.0%	7.5%	7.4%	7.7%	8.0%

NH Medicaid Asthma Prevalence 2005-2009



	2005	2006	2007	2008	2009
Total Asthma Prevalence	9.6%	9.9%	10.2%	10.4%	10.6%
Age 0-4 Prevalence	9.5%	9.5%	9.5%	9.7%	9.3%
Age 5-9 Prevalence	8.7%	8.7%	8.9%	9.2%	9.7%
Age 55-59 Prevalence	15.8%	17.0%	15.4%	16.3%	16.8%

SOURCE: NH DHHS; www.nhchis.org

Selected Prevalence Conditions – Vermont Commercial Population – 2007-2009

Major Disease Category	Rate/1,000	Rate/1,000	Rate/1,000
	Members	Members	Members
	2007	2008	2009
Cancers			
Breast Cancer	6.3	6.3	6.6
Lung Cancer	1	1	1
Colorectal Cancer	1.2	1.1	1.2
Digestive System Diseases	101	99.5	101.1
Heart & Other Circulatory Diseases			
Coronary Heart Disease	13.2	12.9	13.5
Stroke	4.8	4.9	5.2
Congestive Heart Failure	2.3	2.3	2.2
Genitourinary System Disorders	160.5	156.3	156.0
Respiratory System Disorders	263.3	255.5	261.1

SOURCE: VT BISHCA

Medicaid Payment Rate Benchmarking

Average Payment Including Patient Share, 2006

Procedure Code	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


[Home](#)
[Health Costs for Consumers](#)
[Health Costs for Employers](#)
[FAQs and Methodology](#)
[Resources](#)
[Contact Us](#)

Sunday, March 13, 2011

➤ [Pricing of Health Care Services](#)
- A Deeper Explanation

➤ [Health Costs for Insured Patients](#)

➤ [Health Costs for Uninsured Patients](#)

Detailed estimates for Arthroscopic Knee Surgery (outpatient)

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

Insurance Plan: Anthem - NH, Health Maintenance Organization (HMO)

Within: 20 miles of 03301

Deductible and Coinsurance Amount: \$500.00 / 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
CONCORD AMBULATORY SURGERY CENTER	\$769	\$2429	\$3198	HIGH	MEDIUM	
CAPITAL ORTHOPAEDIC SURGERY CENTER	\$815	\$2844	\$3659	HIGH	LOW	
DARTMOUTH HITCHCOCK SOUTH	\$841	\$3077	\$3918	MEDIUM	MEDIUM	DARTMOUTH HITCHCOCK SOUTH 800.238.0505
LAKES REGION GENERAL HOSPITAL	\$897	\$3574	\$4471	LOW	HIGH	LAKES REGION GENERAL HOSPITAL 603.527.7171
SPEARE MEMORIAL HOSPITAL	\$949	\$4046	\$4995	HIGH	LOW	SPEARE MEMORIAL HOSPITAL 603.536.1120
FRANKLIN REGIONAL HOSPITAL	\$975	\$4276	\$5251	HIGH	LOW	FRANKLIN REGIONAL HOSPITAL 603.527.7171
CATHOLIC MEDICAL CENTER	\$980	\$4328	\$5308	LOW	LOW	CATHOLIC MEDICAL CENTER 800.437.9666

Lead Provider This is the single entity that all health care procedure costs are assigned to in HealthCost. Even when separate payments are made to a physician and a hospital, the estimated payment amount is the combined total amount paid. When a Lead Provider is not listed in the results, we do not have sufficient data to calculate an estimate.

Estimate of What You Will Pay - This figure represents out of pocket payments you may be required to pay based upon your health coverage, your deductible, and your coinsurance. Deductibles and co-insurance are paid after the service is provided.

Estimate of What Insurance Will Pay - This figure represents the payment made by your insurance company to the health care provider.

Estimate of Combined Payments - This figure represents the combined amount that the health care provider receives from you as a patient and from your insurance company.

Precision of the Cost Estimate - This is an indication of how accurate, based upon statistical analysis and historical experience, the cost estimate is. A lower precision means that there is a greater likelihood that the amount of your bill will differ from the cost estimate. A high precision means that the amount of your bill will have a greater likelihood of being close to the cost estimate. Some estimates are more precise than others because the amount charged for the procedure across all patients is more uniform. When the amount charged for a procedure or services across all patients varies considerably, it is more difficult to estimate an expected cost for the procedure or service, and as result, the cost estimate is less precise.

Typical Patient Complexity - This is an indication of how healthy or sick the patients are that are seen for this particular procedure at this health care provider. Some health care providers see sicker patients, or patients that are more complex, and thus there may be more costs associated with treating them.

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



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

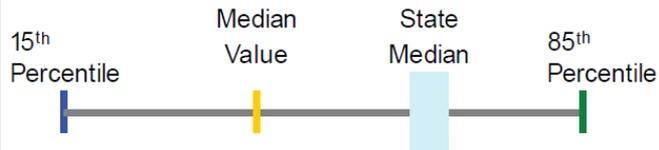
If the 15th Percentile and Median values for a hospital are equal, then only Median and 85th Percentile values are shown on the graph;

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.

MASSACHUSETTS DIVISION OF HEALTH CARE FINANCE AND POLICY • NOVEMBER 2009

Source: <http://hcqcc.hcf.state.ma.us/Default.aspx>



» Comparison of Providers

[Start New Search](#)

[Return to Search Results](#)

[Bookmark](#)

Choose a Topic

Patient Safety

- Patient Safety
- Serious Reportable Events
- Surgical Care

Patient Experience

- Patient Experience

Bone and Joint Care

- Back Procedure
- Hip Fracture
- Hip Replacement
- Knee Replacement

Cardiovascular Disease

- Angioplasty
- Bypass Surgery**
- Cardiac Screening Tests
- Heart Attack
- Heart Failure
- Heart Valve Surgery
- Stroke

Digestive System

- Gall Bladder
- Intestinal Surgery
- Weight-loss Surgery

Obstetrics

- Cesarean Section
- Normal Newborn
- Ultrasound
- Vaginal Delivery

Outpatient Diagnostic

- CT Scan
- MRI

Cardiovascular Disease: Bypass Surgery

Bypass surgery involves transplanting a blood vessel from your leg or chest to the heart to get around (or "bypass") a blockage in the heart's blood supply. [\(more\)](#)

Diagnostic classification: Coronary Bypass with cardiac catheterization (APR-DRG 165); Coronary Bypass only (APR-DRG 166)

[Summarized Report](#) [View Detailed Report](#) [View Statewide Procedure Costs](#)

Quality of Care (more)

	Boston Medical Center	Brigham & Women's Hospital	Massachusetts General Hospital
Quality Rating	★★★	★★★	★★★
Statistical Significance	Not different from State Average Quality	Not different from State Average Quality	Not different from State Average Quality

Cost of Care (more)

	Boston Medical Center	Brigham & Women's Hospital	Massachusetts General Hospital
Cost Rating	\$	\$\$	\$\$\$
Statistical Significance	Below Median State Cost	Not Different from Median State Cost	Above Median State Cost

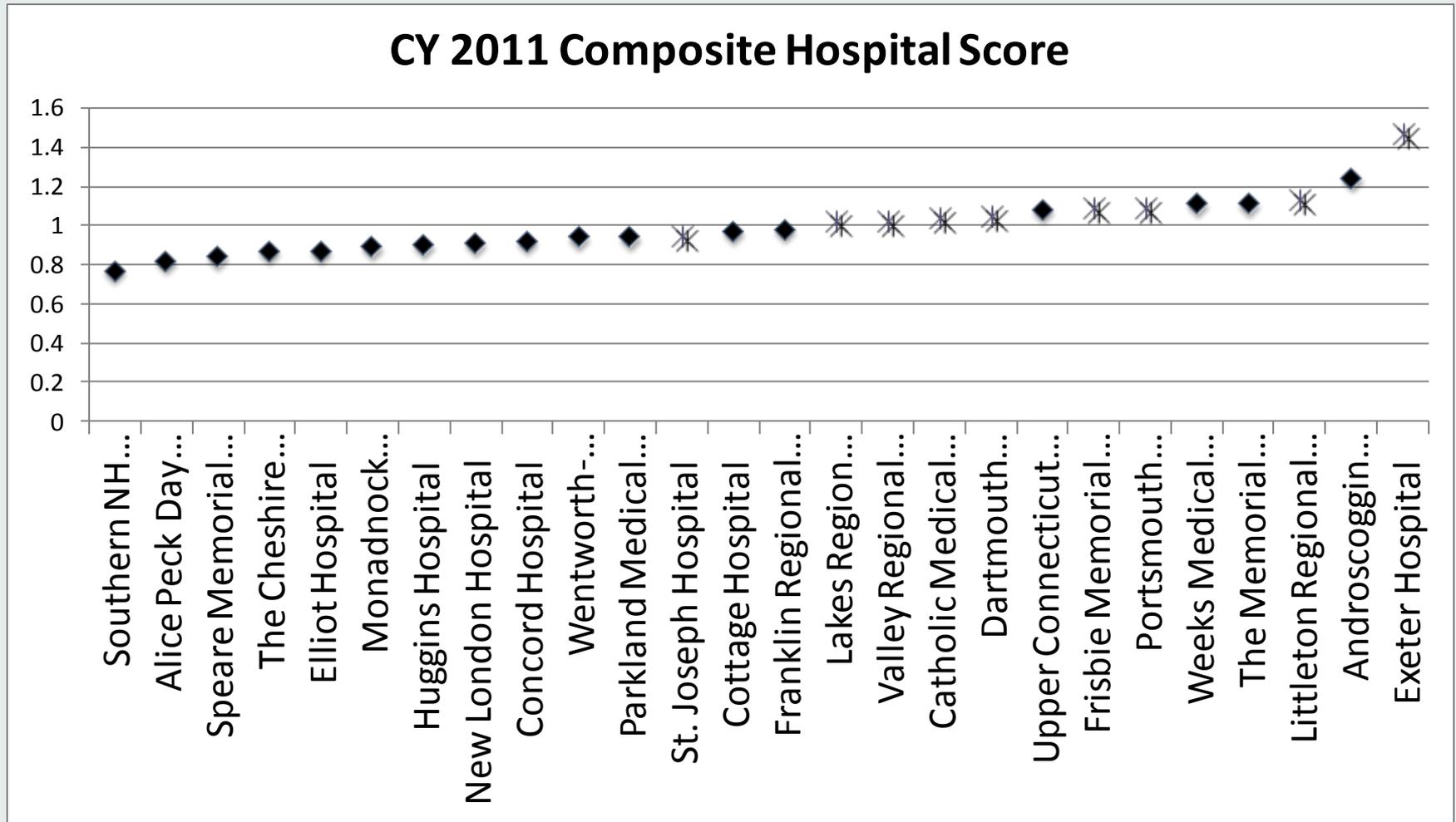
	Boston Medical Center	Brigham & Women's Hospital	Massachusetts General Hospital
	remove	remove	remove

Quality of Care - State Legend

- ★ Below State Average Quality.
- ★★ Not Different from State Average Quality.
- ★★★ Above State Average Quality.
- N/A Not enough information was reported.

Source: <http://hcqcc.hcf.state.ma.us/Default.aspx>

CY 2011 Composite Hospital Score

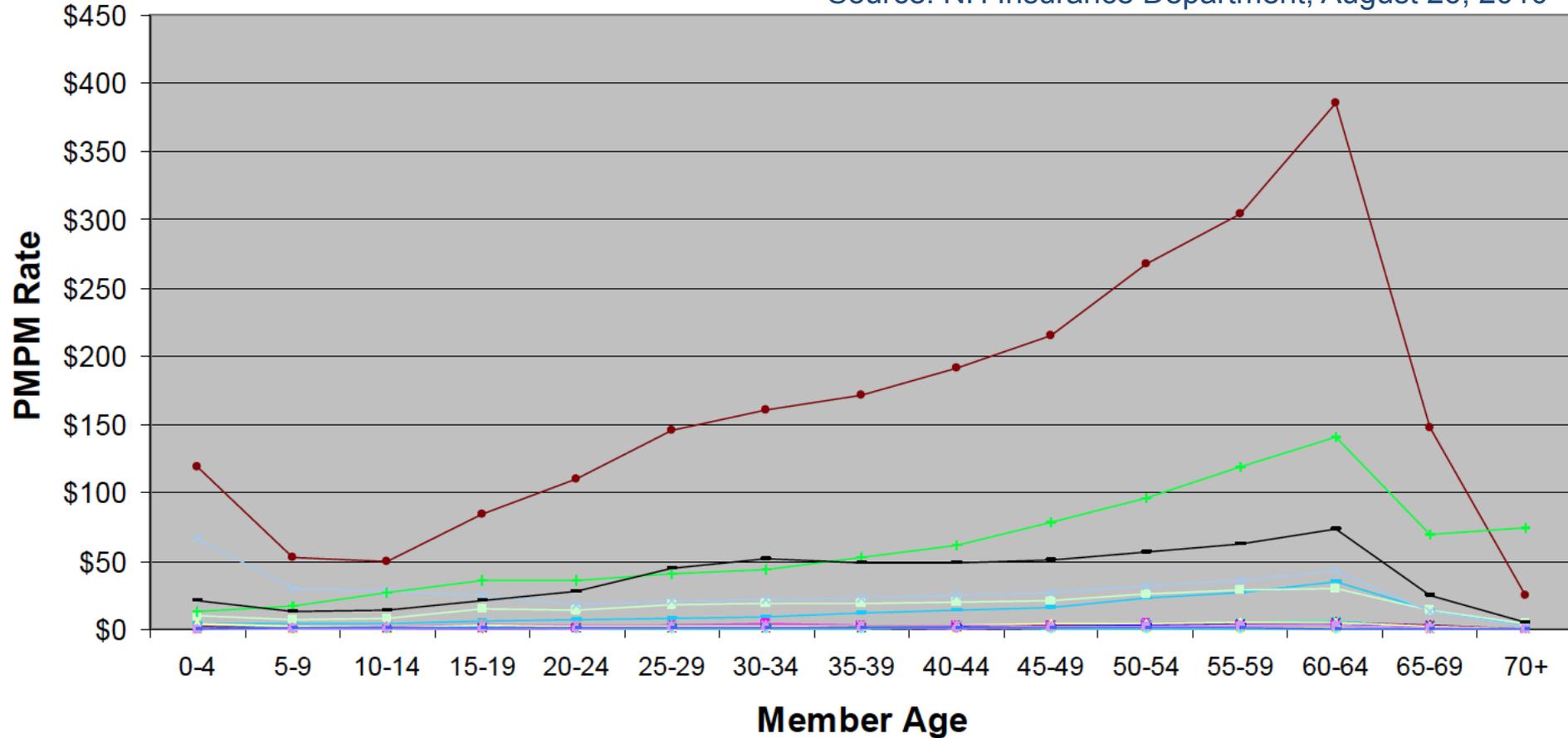


Tier 1=Diamond, Tier 2=Asterisk

Source: NH Insurance Department

2009 PMPM Rates by Age Group and Service Type

Source: NH Insurance Department, August 26, 2010



NH Carrier Discounts – 2009 Commercial

Aggregate Discounts (Below)

HMO Discounts by Carrier (Right)

- 1) Anthem – NH = 38.6%
- 2) Harvard Pilgrim Health Care = 38.5%
- 3) Connecticut General Life Insurance/Cigna = 32.9%
- 4) MVP = 30.4%
- 5) All other insurance = 20.5%

HMO – All Providers Included

Carrier	Observations	Average Discount	Lower CI	Upper CI
All Other Insurance	2,281	34.3%	33.4%	35.2%
CGLI/Cigna	11,079	34.1%	33.8%	34.5%
Anthem - NH	590,534	31.2%	31.2%	31.3%
Harvard Pilgrim HC	240,825	30.2%	30.1%	30.3%
MVP	303	30.1%	27.8%	32.5%

HMO – Hospitals Only

Carrier	Observations	Average Discount	Lower CI	Upper CI
Anthem - NH	106,527	38.6%	38.5%	38.8%
Harvard Pilgrim HC	48,330	36.0%	35.8%	36.1%
CGLI/Cigna	2,064	34.1%	33.5%	34.8%
MVP	69	22.4%	19.5%	25.4%
All Other Insurance	435	21.5%	20.1%	22.8%

HMO – No Hospitals

Carrier	Observations	Average Discount	Lower CI	Upper CI
All Other Insurance	1,846	37.3%	36.4%	38.3%
CGLI/Cigna	9,015	34.1%	33.7%	34.5%
MVP	234	32.4%	29.5%	35.2%
Anthem - NH	484,007	29.6%	29.5%	29.6%
Harvard Pilgrim HC	192,495	28.8%	28.7%	28.9%

Source: NH Insurance Department, January 28, 2010

NH vs. Out-of-State Spending

2009 Commercial Membership

Health Insurance Carrier	Location of Care Provided	Average Membership	Patients*§	Patients as a Percent of Membership§	Percent of Allowed Dollars	Payments per Patient	Average Risk Score¥
Anthem - NH	MA	161,556	23,561	15%	10%	\$2,472	1.30
	NH		166,260	103%	85%	\$3,047	0.91
	Other		38,663	24%	5%	\$838	1.21
Totals/Overall Average						\$2,614	1.00
HPHC	MA	95,662	19,552	20%	12%	\$2,053	1.32
	NH		96,064	100%	84%	\$2,949	0.90
	Other		15,096	16%	5%	\$1,011	1.24
Totals/Overall Average						\$2,591	1.00
CIGNA	MA	45,560	13,667	30%	12%	\$1,525	1.23
	NH		46,630	102%	77%	\$2,919	0.87
	Other		25,334	56%	11%	\$743	1.12
Totals/Overall Average						\$2,053	1.00

Source: NH Insurance Department, August 2, 2010



Narrow Search of

[View Results](#)

New Hampshire Hospital Ratings

Page last updated June 2010

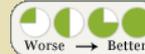
Highest Rated

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	\$\$

Top Drugs by Therapeutic Class by Paid Amount 2009-2010

Therapeutic Class	2009		2010		PMPM Percent Change
	Total Cost	PMPM Cost	Total Cost	PMPM Cost	
Antidepressants	\$1,018,030	\$91	\$1,253,857	\$94	2.8%
Antihyperlipidemic Agents	\$866,514	\$115	\$1,089,322	\$127	9.4%
Proton Pump Inhibitors	\$757,566	\$211	\$811,354	\$195	(8.0%)
Cns Stimulants	\$552,953	\$190	\$779,371	\$204	6.8%
Sex Hormones	\$607,203	\$64	\$743,387	\$69	7.5%
Antidiabetic Agents	\$595,973	\$186	\$729,592	\$202	8.3%
Analgesics	\$599,848	\$71	\$593,199	\$62	(16%)
Immunosuppressive Monoclonal Antibodies	\$310,807	\$4,144	\$550,817	\$4,080	(1.6%)
Bronchodilators	\$477,051	\$147	\$541,940	\$153	3.6%
Dermatological Agents	\$303,467	\$89	\$371,602	\$87	(1.5%)
Anticonvulsants	\$326,883	\$80	\$326,487	\$64	(25%)
Interferons	\$280,646	\$6,527	\$322,900	\$8,073	19%
Antirheumatics	\$250,400	\$2,385	\$301,250	\$2,575	7.4%

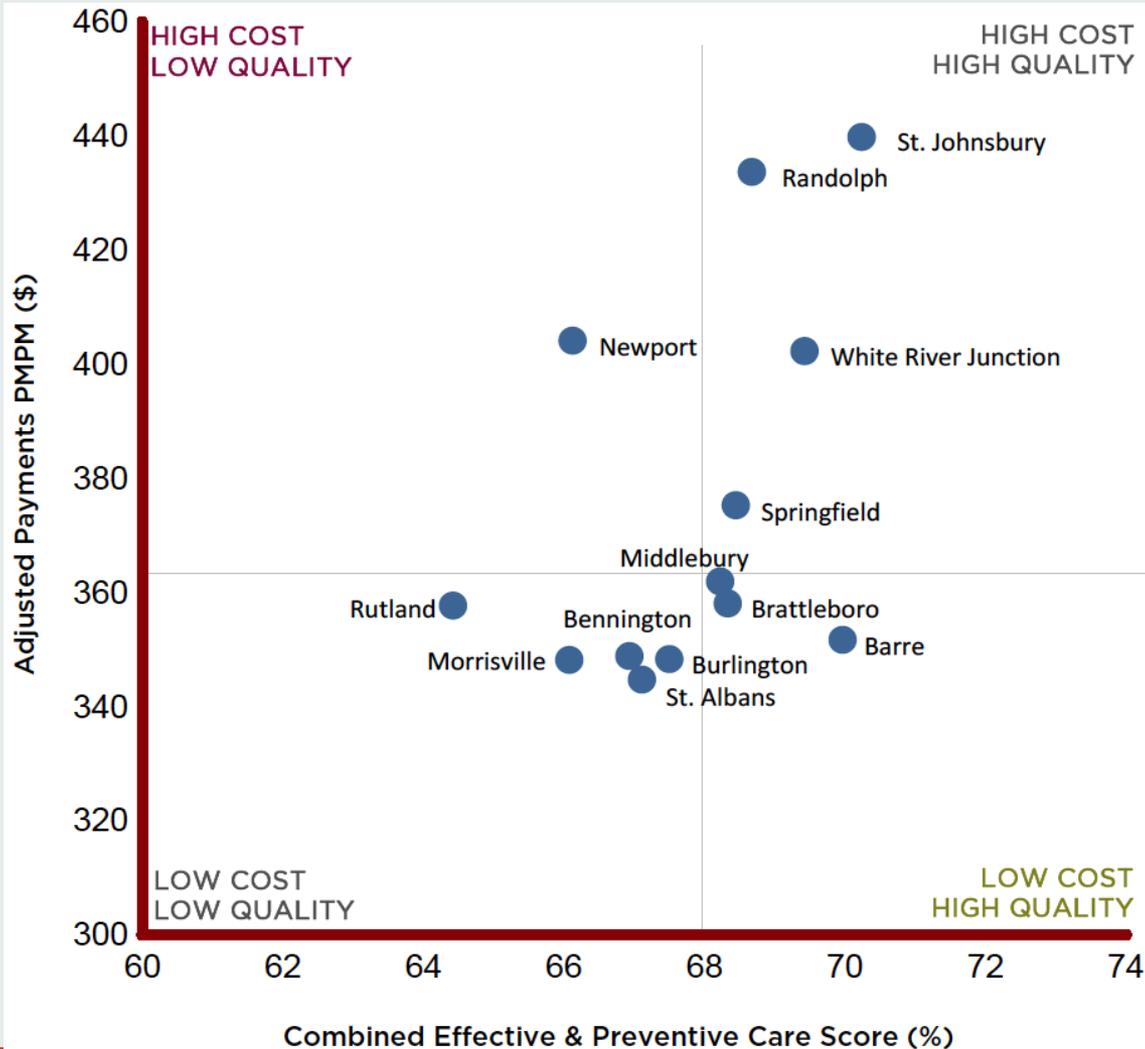
Source: UNH

Top Drugs by Volume – 2009-2010

	2009	2010	
Drug Name	Total Fills	Total Fills	Volume Percent Change
Simvastatin	3,190	3,629	12%
Lisinopril	2,989	3,361	11%
Levothyroxine Sodium	2,612	3,007	13%
Acetaminophen-Hydrocodone Bitartrate	2,129	2,452	13%
Hydrochlorothiazide	1,937	2,298	16%
Sertraline Hydrochloride	1,647	2,035	19%
Amoxicillin	1,635	1,996	18%
Lipitor	1,671	1,933	14%
Citalopram Hydrobromide	1,474	1,850	20%
Metoprolol Succinate Er	1,441	1,715	16%
Fluoxetine Hydrochloride	1,292	1,645	21%
Lorazepam	1,208	1,641	26%
Lexapro	1,375	1,626	15%

Source: UNH

Vermont Comparative Costs and Quality by Region



The scattergraph shows the relationship between the rate of payments and the rate of effective and preventive care. The graph's vertical axis displays the rate of payment per member per month (PMPM) adjusted for differences in age, gender, and health status of the population. The graph's horizontal axis displays the combined effective and preventive care score. The crosshair lines display the statewide average for each axis; subpopulations are classified into quadrants based on comparison to the statewide average.

SOURCE: VT BISHCA



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

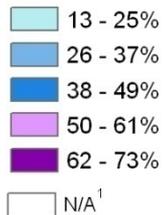
Source: <http://www.nhchis.org>

www.nhchis.org

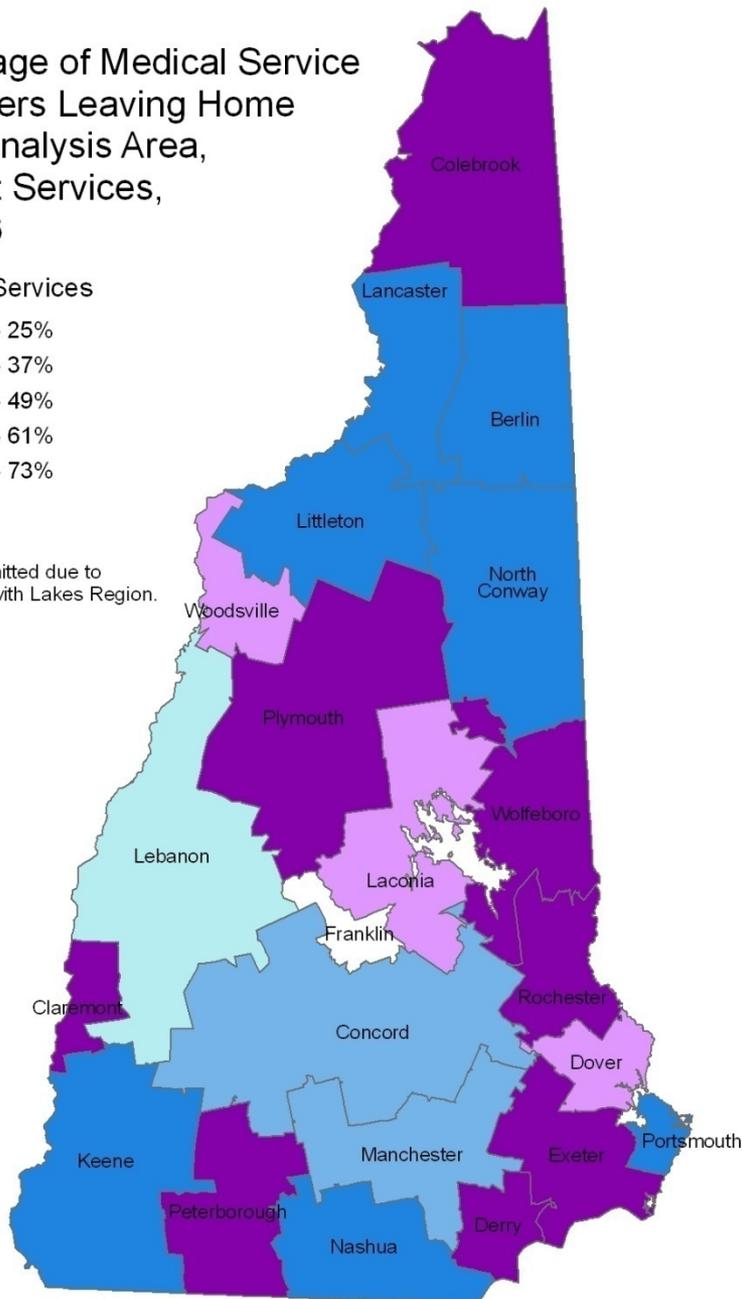
- Application for Data Sets
 - Limited release and public release
- Web query tool
- Special studies by NH DHHS
- Presentations
- Data collection requirements
- Data status by carrier

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

Percent of Services

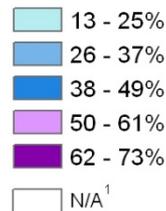


¹Franklin HAA omitted due to hospital merger with Lakes Region.



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

Percent of Services



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

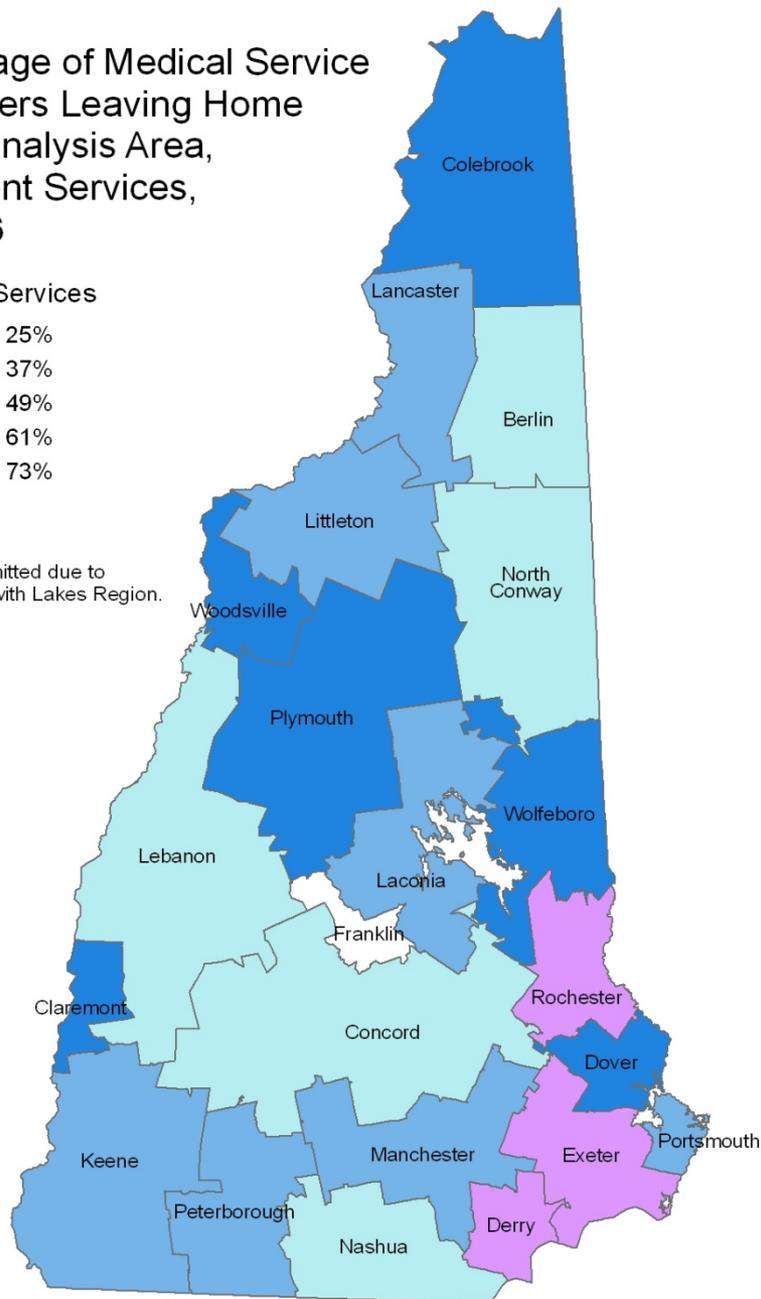
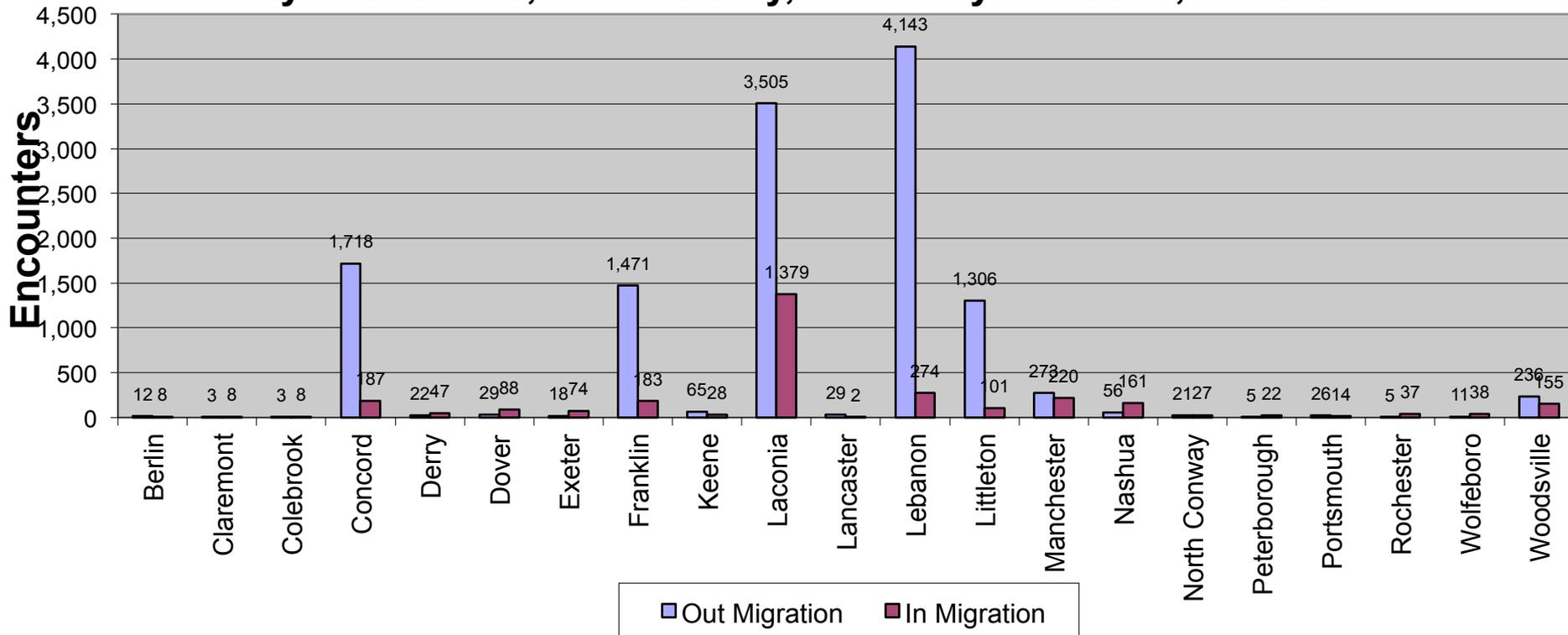


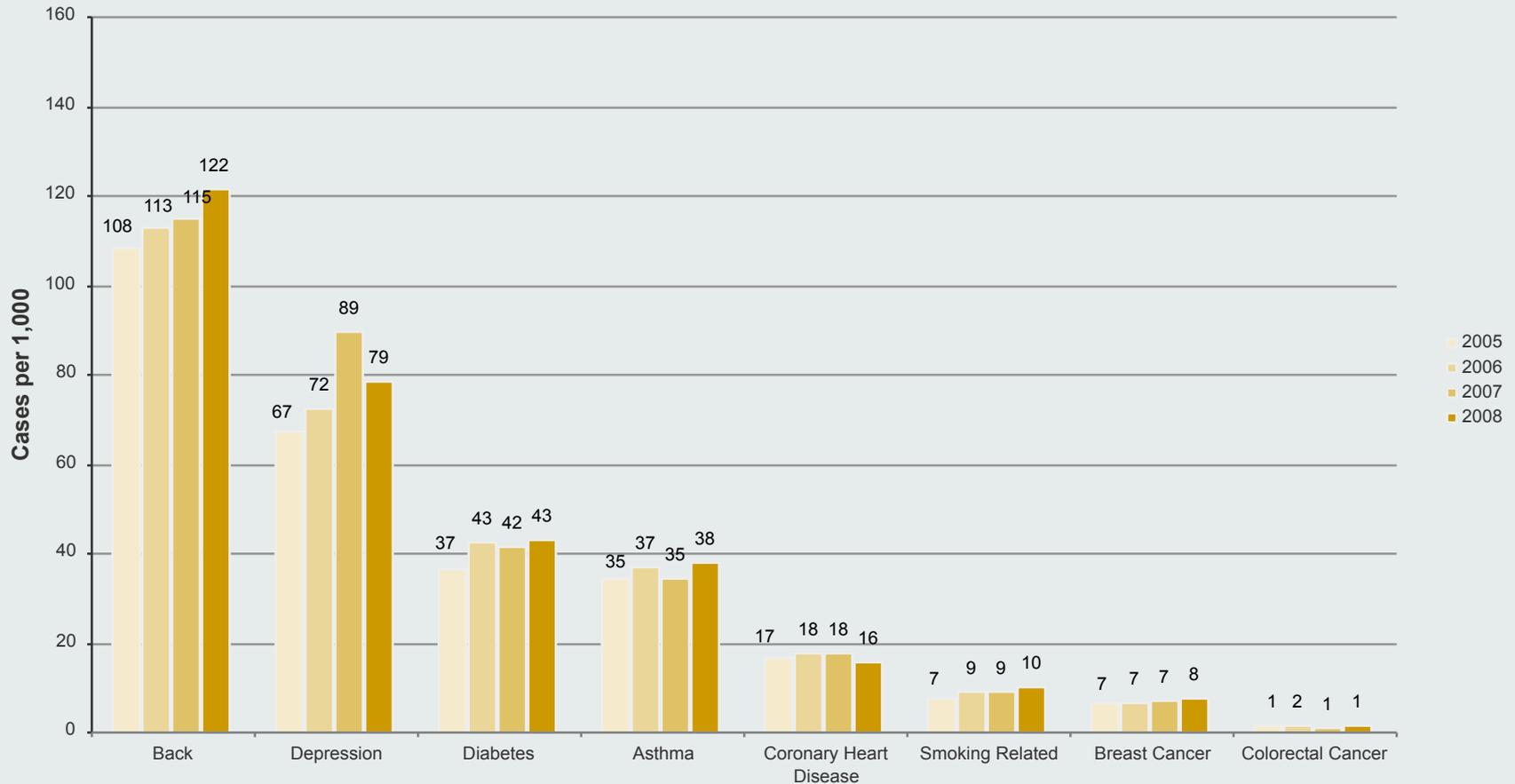
Figure 3c: Plymouth Out Migration vs. In Migration, Outpatient Facility Encounters, In-State Only, Pharmacy Excluded, CY2006



SOURCE: UNH

Prevalence of Selected Conditions

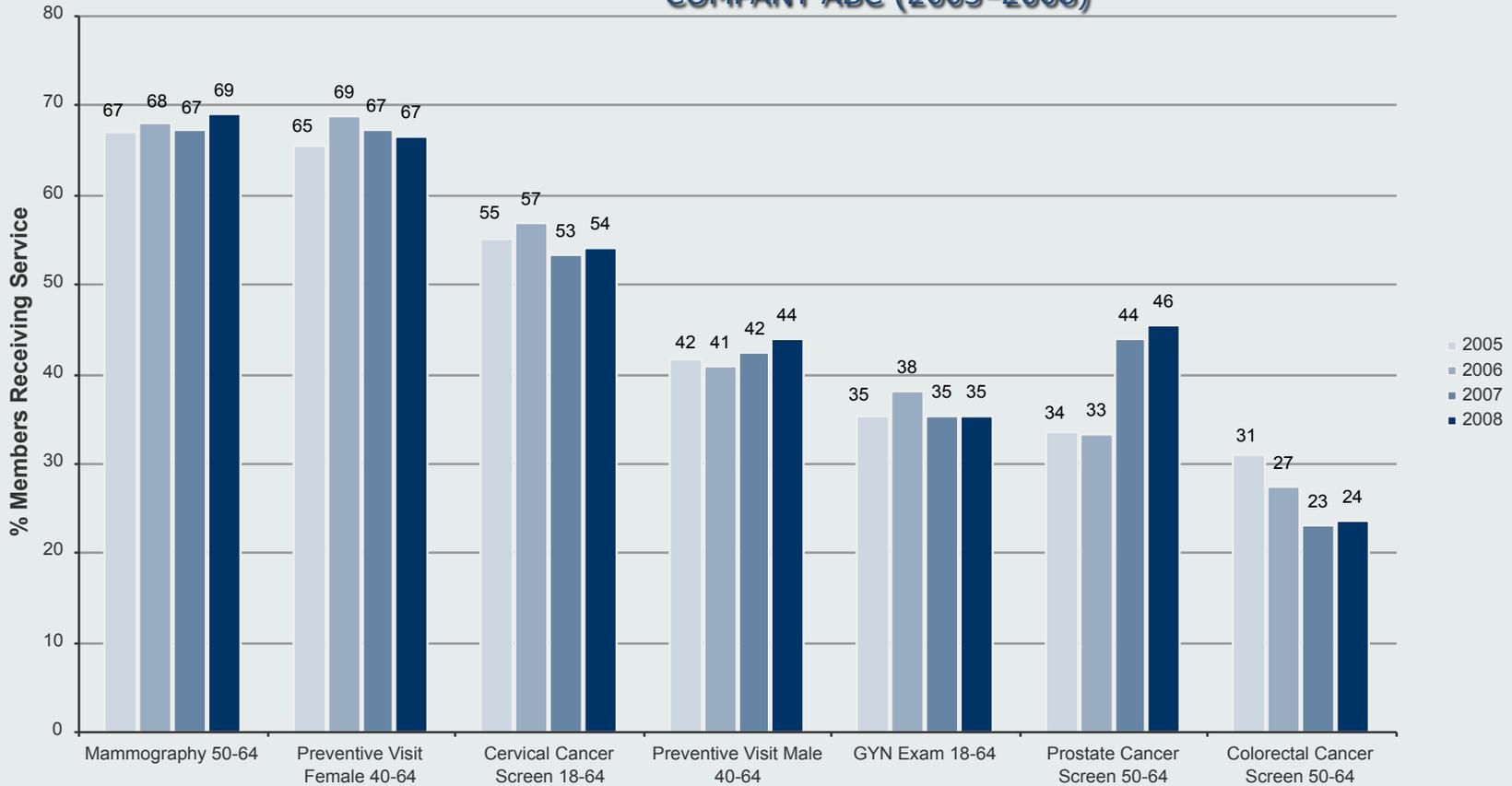
COMPANY ABC (2005-2008)



SOURCE: NHPGH

Percent Members Receiving Preventive Services

COMPANY ABC (2005-2008)



SOURCE: NHPGH

Preliminary Indicators Report, NH Medical Home Pilot Total Costs by Practice Site vs. Non-Medical Home Sites

Practice Site	Total Cost PMPM Baseline Period January 2008 – June 2009	Total Cost PMPM Pilot Period July 2009 – September 2010
Site #1	\$196	\$118
Site #2	\$218	\$158
Site #3	\$335	\$229
Site #4	\$172	\$110
Site #5	\$261	\$207
Site #6	n/a	\$225
Site #7	\$251	\$127
Site #8	\$182	\$128
Site #9	\$203	\$120
Total NH MH Sites	\$240	\$151
Total NH Non MH Sites	\$240	\$222

*Notes: PRELIMINARY DATA: Excludes pharmacy data, is not risk adjusted, is not annualized, and unadjusted for contractual differences.

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

Vermont Utilization Measures -2008 Commercial

Burlington Hospital Service Area: Commercially Insured Under Age 65

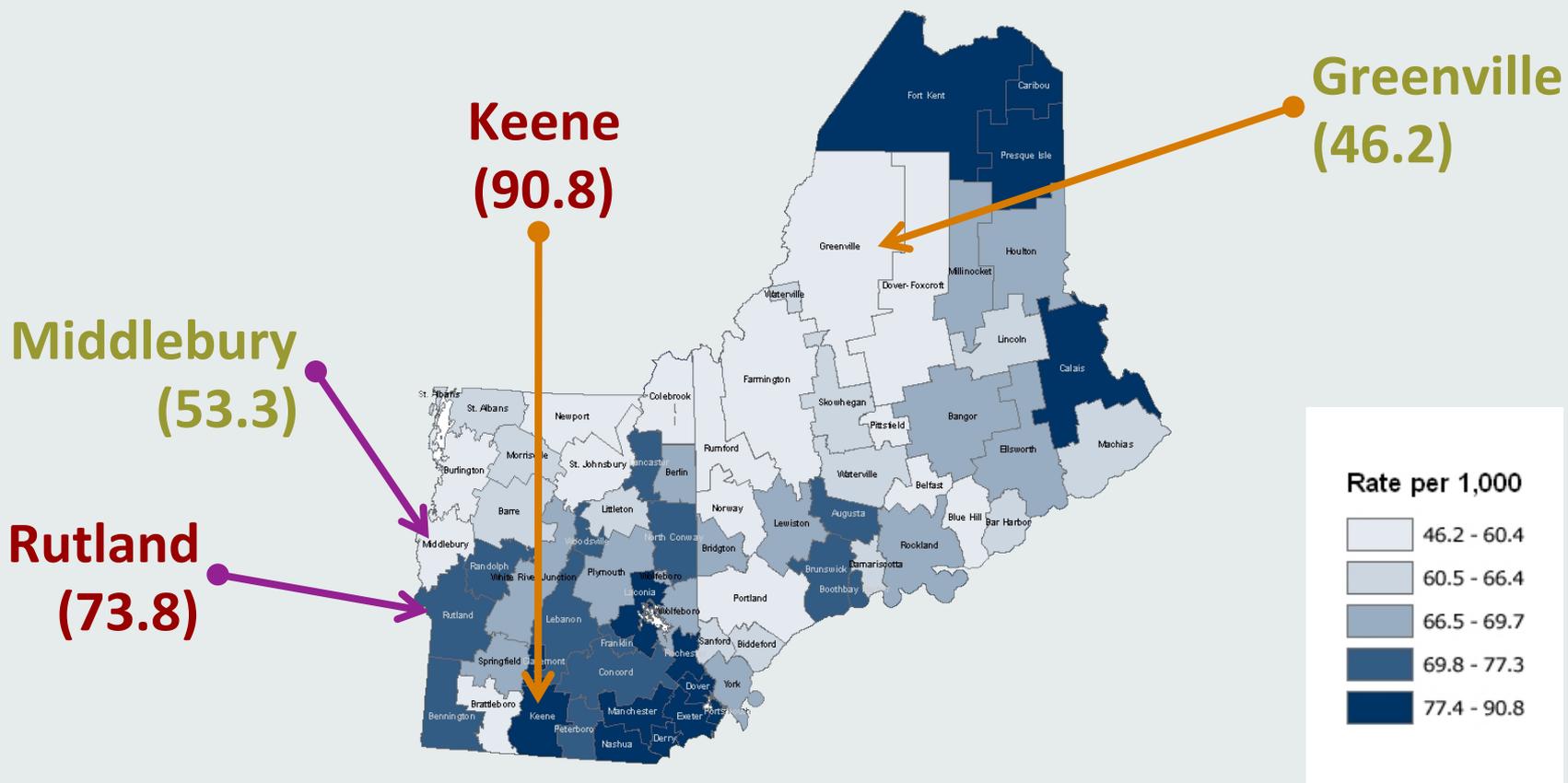
Burlington Hospital Service Area Data						Vermont			New Hampshire	Maine	Tri-State Combined
Utilization Measure	Average Members	Number of Services or Procedures	Adj. Rate PER 1,000	95% LCL	95% UCL	Highest VT HSA	Lowest VT HSA	Adj. Rate PER 1,000			
Computerized Tomography (CT)	91,200	5,885	65.6	63.9	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

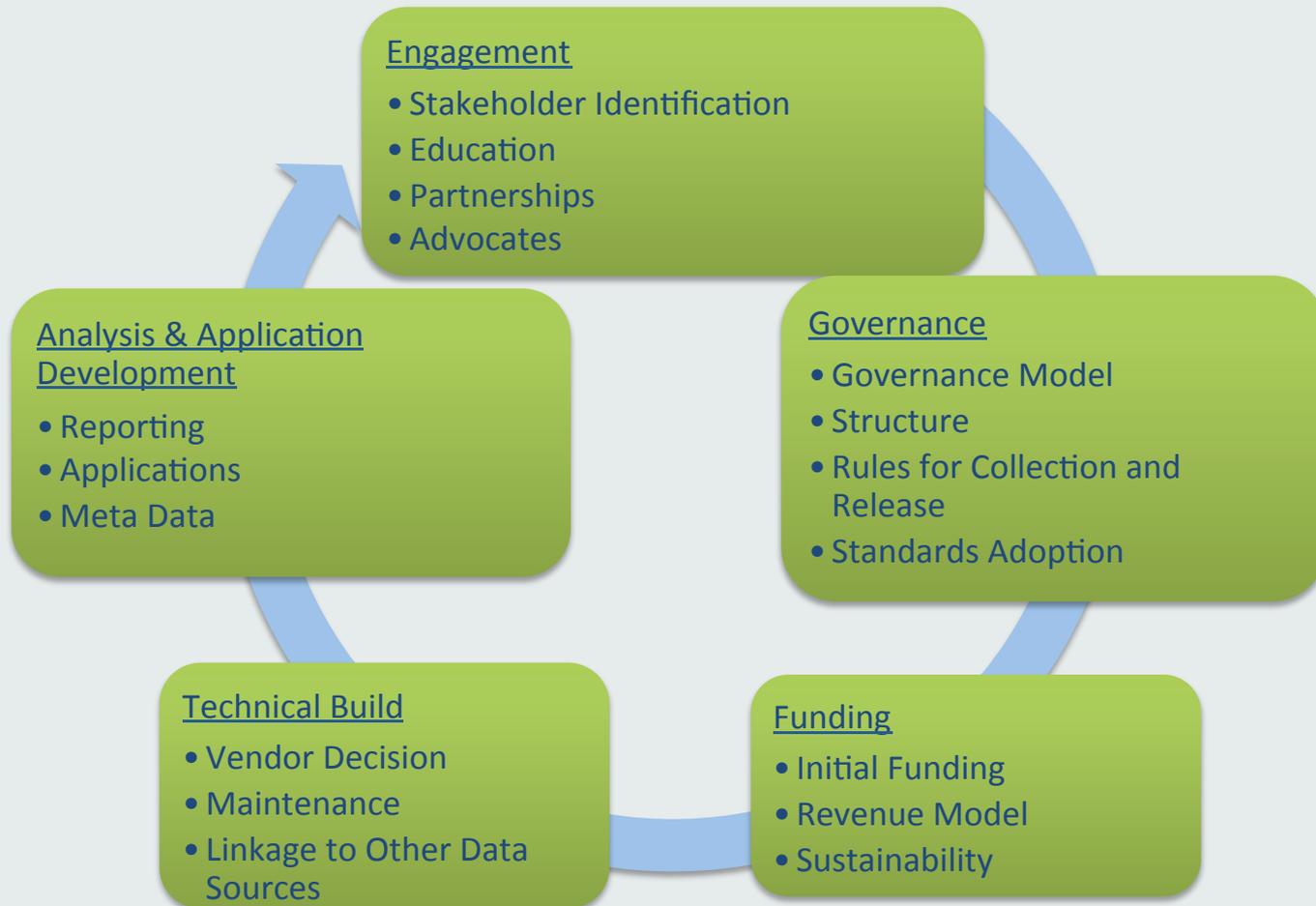
Advanced Imaging – MRIs



Source: State of Vermont

Experiences and Lessons Learned

All-Payer Road Map



Components of Cost

- Population Covered (size)
- Number of Carrier Feeds
 - Membership Thresholds
- Provider Database
- Data Release / Access
- Analytics, Reporting, Applications

Funding Models

- General Funds
- Assessments (payers, providers)
- Medicaid (various options)
- Private Foundations
- Data Sales (minimal)
- Fines for non-compliance (minimal source of revenue)
- Grants: federal, state, private
- Products/Services: Data aggregation/reporting for required HEDIS activities
- Products/Services: Data aggregation/reporting for P4P programs
- Beacon Community Grant

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 Amongst State Databases
- Ability to Link to Other Sources
- State Revenue Models
- Federal Engagement

APCD 2.0

APCD 2.0

- Completeness of Data Sets
- Data Collection Standards
- Data Release Standards
- Collection of Direct Patient Identifiers for Linkage Purposes
- Collection of Premium Information
- Collection of Supplemental Financial File
- Collection of Benefits Information
- Master Provider Index

Linkage Opportunities

Population Health

CER studies;
supplement
HIE with APCD
transactions;
etc.

Rate review; MLR
review; product /
benefit design;
etc.

APCD

Link
clinical
w/
financial

Send claims,
eligibility,
non-claim
fiscal
transactions

Shared
Services*

HIE

HIX

Link
benefits
w/ care
delivery

Relationship studies
between benefits
and care delivery;
quality rankings for
HBE/HIX; etc.

* Future shared
services opportunities
might include master
provider or patient
indexes or other
services.

Status by State of Direct Patient Identifier Collection

State	Status
Colorado	Based upon an initial 2011 report to Governor and General Assembly, all data transmitted from the carriers, including patient identifiers will be encrypted during transmission and while stored within the APCD. Data will be decrypted briefly as received from the carriers so that a unique identifier can be attached to each patient, and then re-encrypted. All data will be released without direct patient identifiers.
Kansas	Not currently allowed for commercial data, but due to the HBE, Kansas expects that within six months there will be an effort to change this. Kansas currently collects identifiable information for state employees and Medicaid.
Maine	Allowed by law, but prohibited by law from being disclosed; not currently collected. A 2011 legislative proposal intended to allow for release did not pass, but will be evaluated under a legislative study.
Maryland	Allowed by law. Currently collecting unencrypted patient identifiers.
Massachusetts	Allowed by law. Currently collecting unencrypted patient identifiers.
Minnesota	Not currently allowed.
New Hampshire	Not currently allowed.
New York	Allowed by law. System not implemented yet.
Oregon	Currently collecting a subset of unencrypted patient identifiers.
Rhode Island	Not currently allowed.
Tennessee	Not currently allowed.
Utah	Allowed by law. Currently collecting unencrypted patient identifiers.
Vermont	Allowed by law. Currently collecting encrypted patient identifiers.
West Virginia	Allowed by law to be collected, but not disclosed.

APCD Opportunities with HIE* & HIX



- Calculating Fiscal Impact of Clinical Decision-Making and Comparative Effectiveness
- Public Health Research
- Health Services Research
- Risk Adjustment and Episodic Analyses
- Populating the HIE With APCD “Non-Clinical Events”
- TBD...



- Rate Review
- Medical Loss Calculations
- Product Design
- Benefit Design
- Quality Metrics Integration
- TBD...

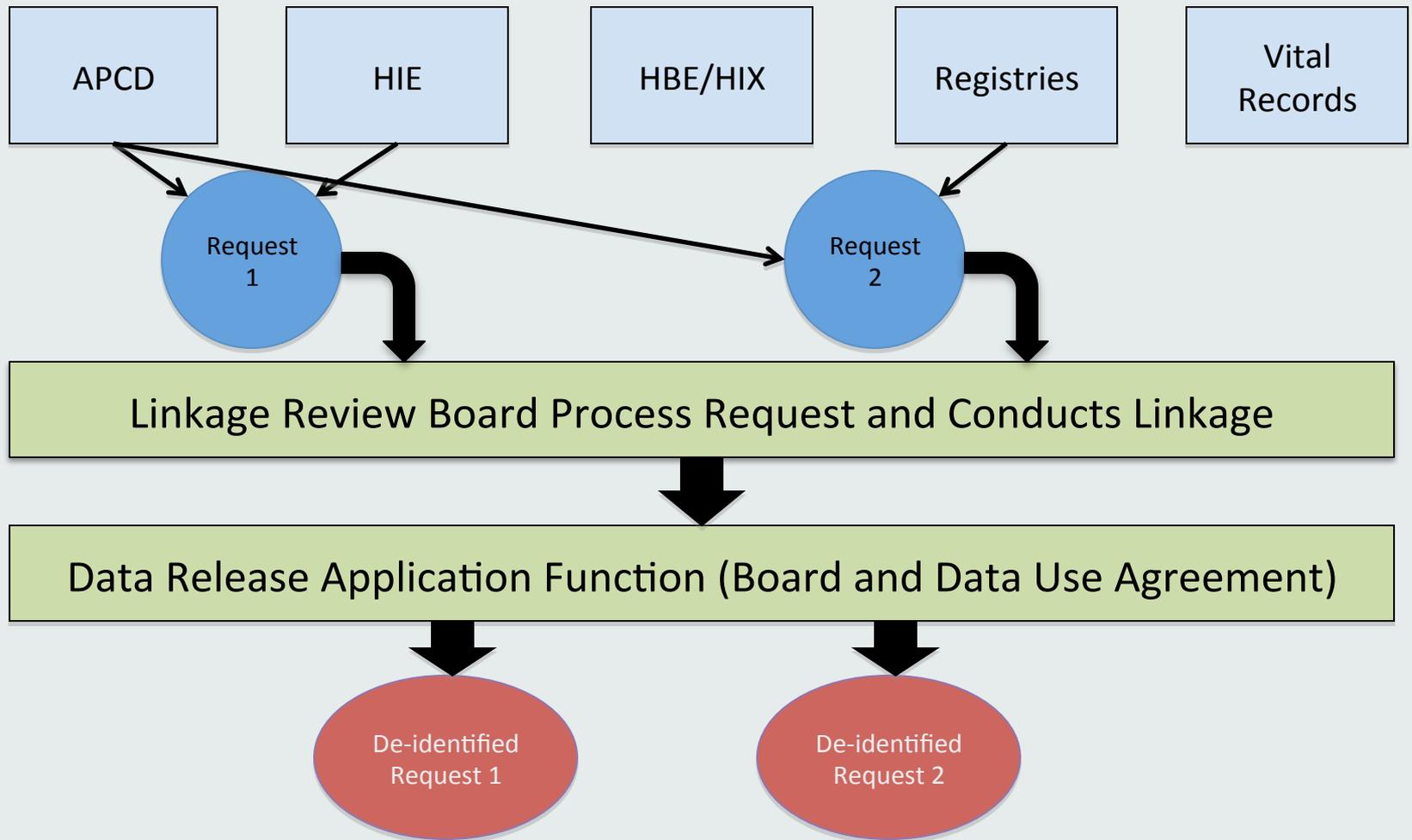
* Or Other Clinical Repositories Such As Registries or Electronic Health Records.

APCD + HIE Challenges

- Silos (funding and operational)
- Data Linkage
- Integrating IT Strategies and Aligning Funding Streams to Achieve High Performing Healthcare Systems
- Sustainable Funding
- “Relevancy” to Policy Makers for Health Reform Efforts
- Provider Identification and Hierarchy
- Governance

* Or Other Clinical Repositories Such As Registries.

Proposed Governance Model for Linkage of Direct Patient Identifiers and Data Release



Master Provider Index Concept

Affiliation (i.e., PHO or other structure)

- Affiliation Name, Street Address (not billing), City, State, Zip, Phone

Owner (i.e., Goodwill Hospital)

- Owner Name, Street Address (not billing), City, State, Zip, Phone

Practice (i.e., Primary Care Associates)

- Practice Name, Street Address (not billing), City, State, Zip, Phone

Provider (i.e. Dr. Smith)

- First Name, Last Name, TIN, NPI, Practice Name, Specialty 1, Specialty 2, Street Address (not billing), City, State, Zip, Phone



Questions and Answers

Contact Information

patrick.miller@unh.edu

603.536.4265

www.apcdouncil.org