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

- **Commercial / TPAs / PBMs / Dental / Medicare Parts C & D**
- **Medicaid FFS / Managed Care / SCHIP**

**APCD**

- **Medicare Parts A & B**
- **FUTURE: TRICARE & VA & IHS & FEHB**
State Approaches to Governance

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

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 >
• 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
## Use Highlights

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

• 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)
APCD Use Cases: Population and Evaluation

• 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
Population-based APCD Use Cases

• 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
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.

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

Surgical Procedures
- Angioplasty
- Arthrocentesis: shoulder/hip/knee
- Arthroscopic Knee Surgery
- Breast Biopsy
- Destruction of Lesion
- Gall Bladder Surgery
- Hernia Repair

Maternity
- Cesarean Delivery
- Ultrasound
- Vaginal Delivery

Radiology/Other
- Ankle X-Ray
- Bone Density Scan
- Chest X-Ray
- Endoscopy
- Foot X-Ray
### Search Criteria

**Hip Joint Replacement, Denver (80201): Private Insurance**

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Provider</th>
<th>Distance</th>
<th>Estimated Price</th>
<th>Patient Complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>Exempla Saint Joseph Hospital</td>
<td>1 mi</td>
<td>$21,235</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>Presbyterian/St. Luke’s Medical Center</td>
<td>1 mi</td>
<td>$31,450</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>Rose Medical Center</td>
<td>3 mi</td>
<td>$36,446</td>
<td>Medium</td>
</tr>
<tr>
<td>Facility</td>
<td>Porter Adventist Hospital</td>
<td>5 mi</td>
<td>$34,994</td>
<td>Low</td>
</tr>
<tr>
<td>Facility</td>
<td>Children’s Hospital Colorado on Anschutz Medical Campus</td>
<td>6 mi</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Facility</td>
<td>Exempla Lutheran Medical Center</td>
<td>6 mi</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Facility</td>
<td>Swedish Medical Center</td>
<td>6 mi</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Facility</td>
<td>University of Colorado Hospital</td>
<td>6 mi</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Facility</td>
<td>St. Anthony North Hospital</td>
<td>6 mi</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>Facility</td>
<td>OrthoColorado Hospital at St. Anthony Medical Campus</td>
<td>8 mi</td>
<td>$25,713</td>
<td>Low</td>
</tr>
</tbody>
</table>

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.*
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.

INSURED PATIENTS:
Get a cost estimate for a medical procedure

UNINSURED PATIENTS:
Get a cost estimate for a medical procedure

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.
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

Health Data Infrastructure
- EMRs in place
- Care Management Tools
- Data and analytics

Practice Transformation Tools
- Care coordination
- Patient centered
- Participation in regional and community Collaboratives

Provider and Payer Readiness Assessment

Payment Model Implementation
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
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.
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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