

All-Payer Claims Databases: A Tool for Transparency

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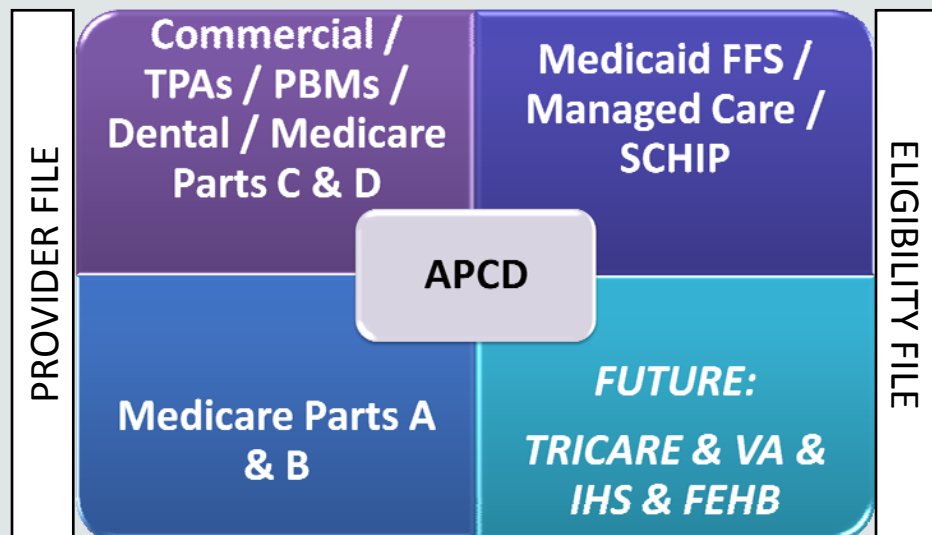
Backdrop 2005-2012

- Increased Transparency Efforts (state, consumer, employer, etc.)
- Health Information Exchange (HITECH)
- Health Reform (PPACA)
- Payment Reform
 - Patient Centered Medical Home
 - Accountable Care Organizations

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)

Typical APCD Data Sets



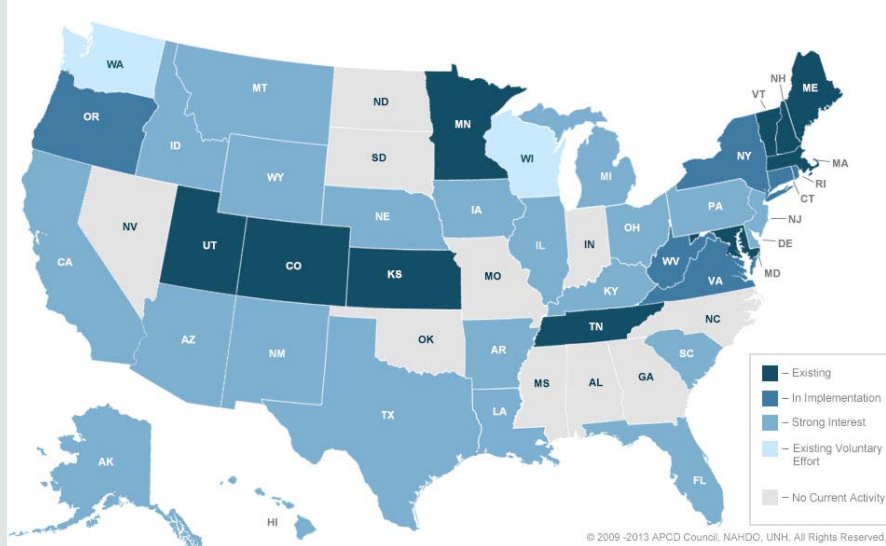
Typically Included Information

- 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 Not Included 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

August 2013 State Progress Map



7

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Example Uses

- Understanding overall and categorical costs for care (e.g., CO, NH, ME, VT, UT, MA, MD)
- Consumer tools (e.g., MA, NH, ME)
- Intrastate cost variation (e.g., CO, ME, NH, VT)
- Benchmarks for purchasers (e.g., NH)
- Medical home evaluation (e.g., VT, NH)
- Accountable care – regional cost profiles (e.g., NH)

8

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