



States at the Forefront on Price and Quality Transparency

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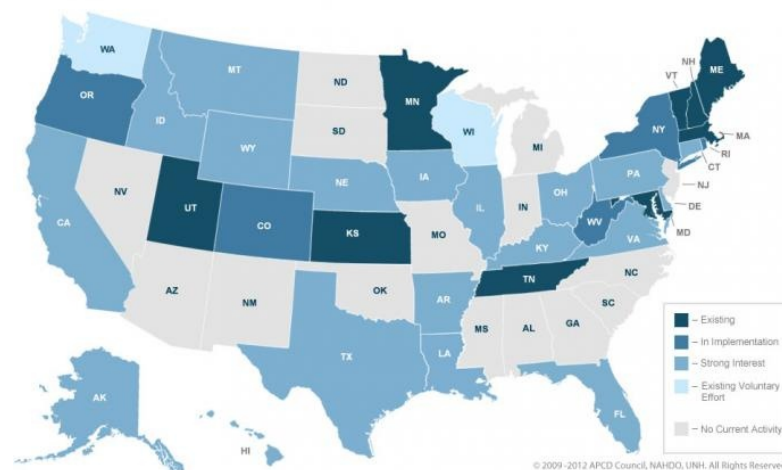
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Thank You!

Outline

- APCD Overview
- State Approaches
- Use Case Examples
- Lessons Learned



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About NAHDO

- Established by the Washington Business Group on Health in 1986
 - 25 state data commissions
- Shared vision:
 - Uniformity and comparability across state hospital data systems
 - Market transparency through publicly available data
 - Facilitate use of data while protecting patient privacy
- NAHDO and the All Payer-Claims Database Council, a partnership to facilitate state APCD implementation
- Find us at www.nahdo.org



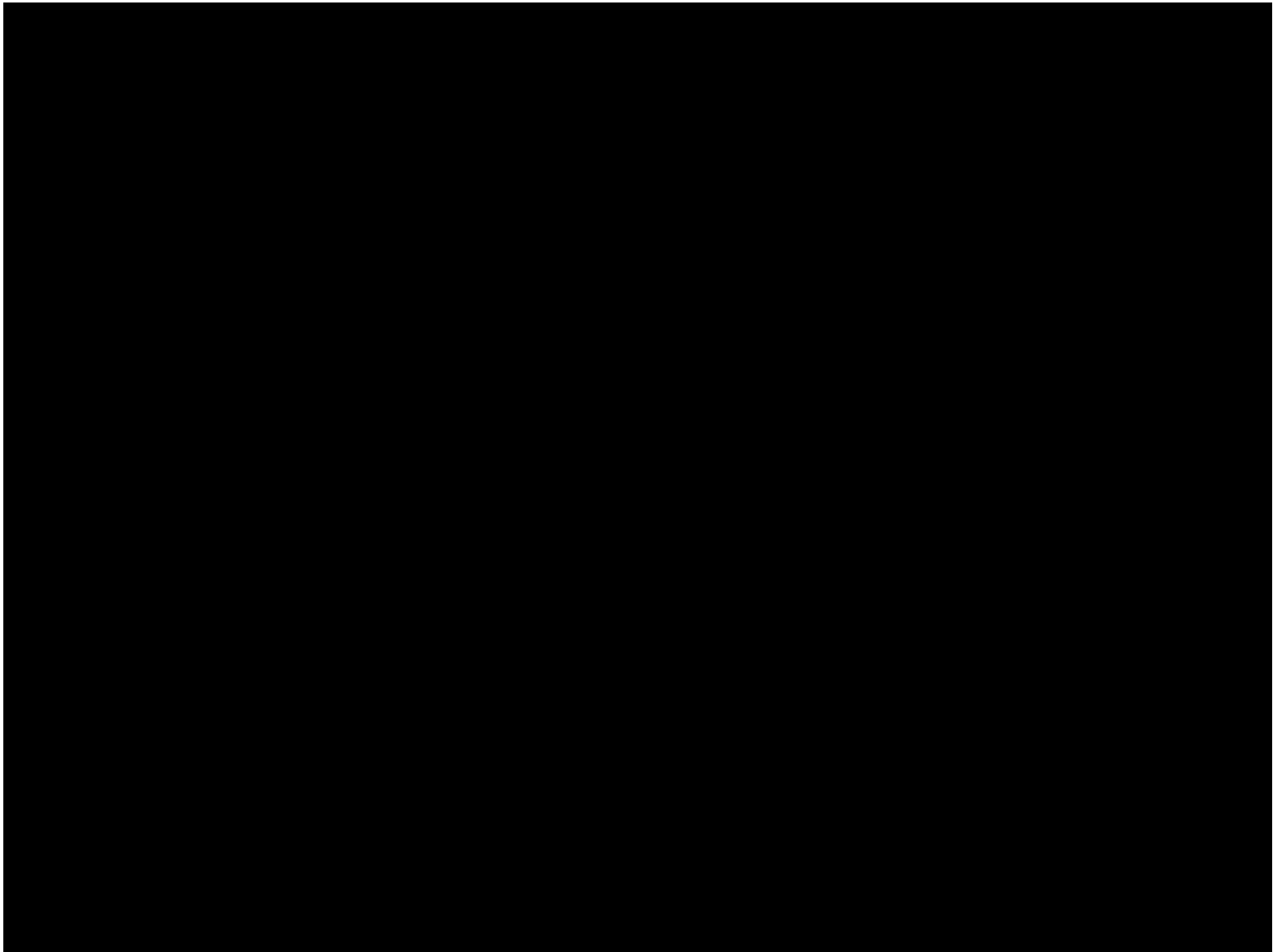
The APCD Council

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

www.apcdcouncil.org

www.apcdshowcase.org





Definition of an APCD

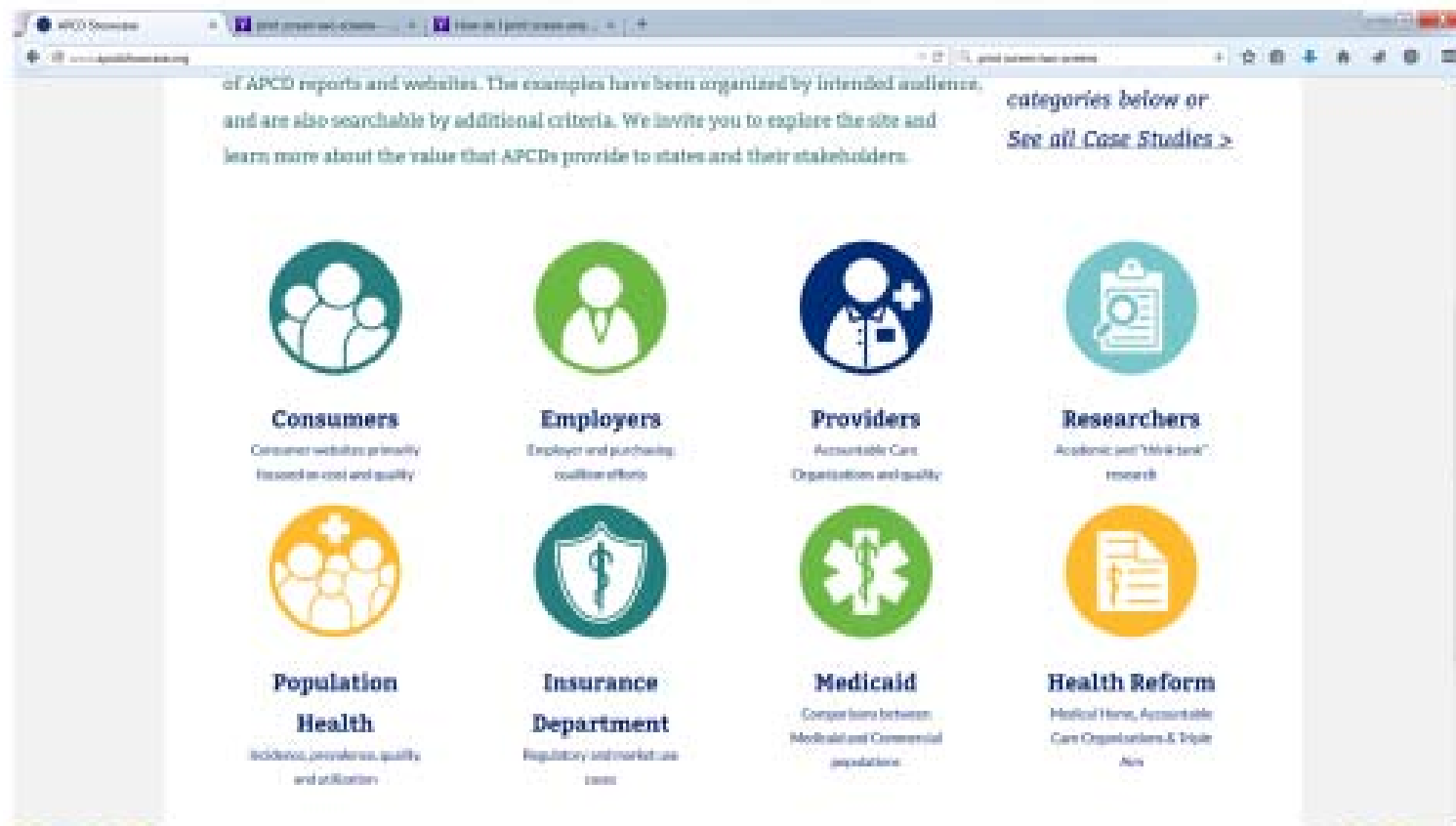
Databases, created by state mandate or multi-stakeholder collaboratives, that typically include data derived from *medical, pharmacy, and dental claims with eligibility and provider* files from private and public payers:

- Insurance carriers
- TPAs, PBMs
- Public payers (Medicaid, Medicare, *TriCare, FEHB*)

State Approaches

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
Examples: Kansas, Maine, Massachusetts, Maryland, Minnesota, New Hampshire, Oregon, Tennessee, Utah, Vermont, W. Virginia, Rhode Island, Connecticut, New York	Examples: Colorado, Virginia	Examples: Wisconsin, Washington

<http://www.apcdshowcase.org/>



[Home](#)[Health Costs for Consumers](#)[Health Costs for Employers](#)[FAQs and Methodology](#)[About](#)**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/NH/>.

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.

Emergency Room Visit - Very Minor (o...

Postal code

Distance

- ☐ Entire State
- ☐ 10 Miles
- ☒ 20 Miles
- ☐ 50 Miles
- ☐ 100 Miles
- ☐ 250 Miles

Enter your zip code and select the Radius from which you want to view selected hospitals and other medical facilities.

Search

Detailed estimates for Uninsured Procedure

Procedure: Emergency Room Visit - Very Minor (outpatient)

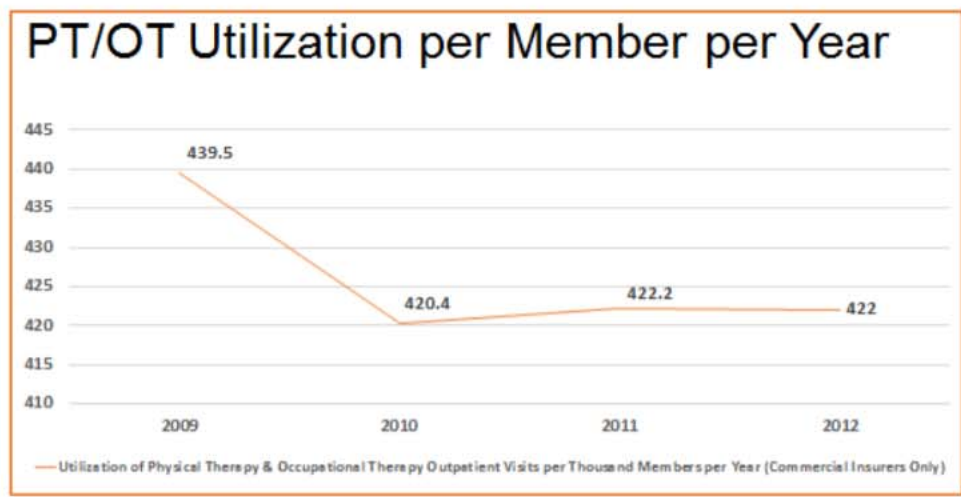
Procedure Description: Emergency room visit for minor problems.

Procedure Code: 99281

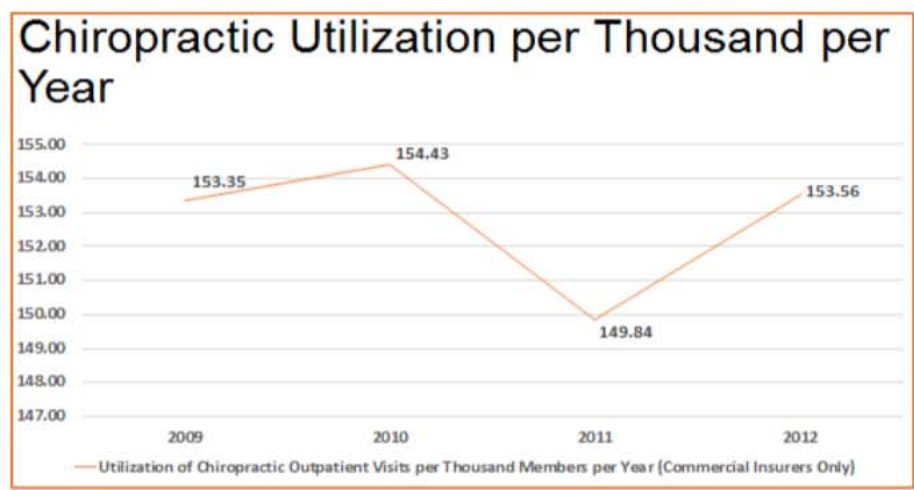
Within: 1000 Miles of Concord, NH (03301)

No postal code entered. Showing results for entire state.

Lead Provider	Estimated Charge Amount	Uninsured Discount Rate	Estimate of Amount Due	Typical Patient Complexity
HUGGINS HOSPITAL 📞 603.569.7500	\$146	30%	\$102	MEDIUM
MEMORIAL HOSPITAL 📞 603.356.5461	\$159	20%	\$128	MEDIUM
COTTAGE HOSPITAL 📞 603.747.2900	\$173	25%	\$130	MEDIUM
CATHOLIC MEDICAL CENTER 📞 603.668.3545	\$175	15%	\$149	MEDIUM
CHESHIRE MEDICAL CENTER 📞 603.354.5400	\$183	45%	\$101	MEDIUM
ELLIOT HOSPITAL 📞 603.669.5300	\$184	25%	\$138	HIGH
LAWRENCE GENERAL HOSPITAL 📞 978.683.4000	\$189	0%	\$189	MEDIUM
PARKLAND MEDICAL CENTER 📞 603.432.1500	\$197	59%	\$81	MEDIUM
NEW LONDON HOSPITAL 📞 603.526.2911	\$226	25%	\$170	MEDIUM
WENTWORTH-DOUGLASS HOSPITAL 📞 603.742.5252	\$230	40%	\$138	HIGH
FRISBIE MEMORIAL HOSPITAL 📞 603.332.5211	\$253	45%	\$139	HIGH



CENTER FOR IMPROVING
VALUE IN HEALTH CARE



While claims data do not tell us the reason for these utilization patterns, they do highlight questions for policymakers, payers, purchasers and patients to consider:

- What accounts for the drop from 2009-10? Was there a marked increase in the use of high-deductible health plans during that period that subjected patients to greater cost-sharing?

Click on topic areas or photos below to explore ways organizations are using **customized data requests** from the **Colorado All Payer Claims Database** to inform their health care improvement work.

Please [click here](#) to download a summary of all projects by requester type.

All

Health Coverage/Rate Setting

Outcome/Cost Improvement

Payment Reform/Bundled Payments

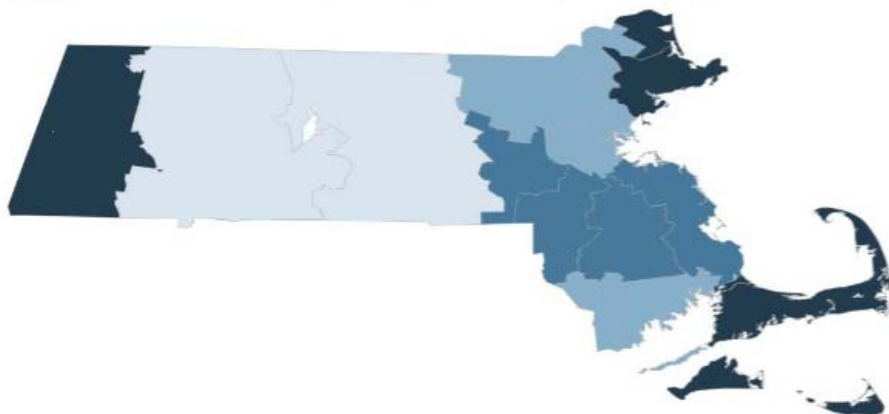


The Cape and the Islands had the highest per member per month spending and the highest risk score.

By region

PER MEMBER PER MONTH (PMPM) SPENDING COMPARED TO STATE AVERAGE

- At least 5% below (less expensive than) state average
- Between 5% below state average and exactly state average
- Between state average and 5% above (more expensive than) state average
- More than 5% above (more expensive than) state average



State Average PMPM \$350

Lowest PMPM

Pioneer Valley/Franklin

\$306 – 12% lower than state average

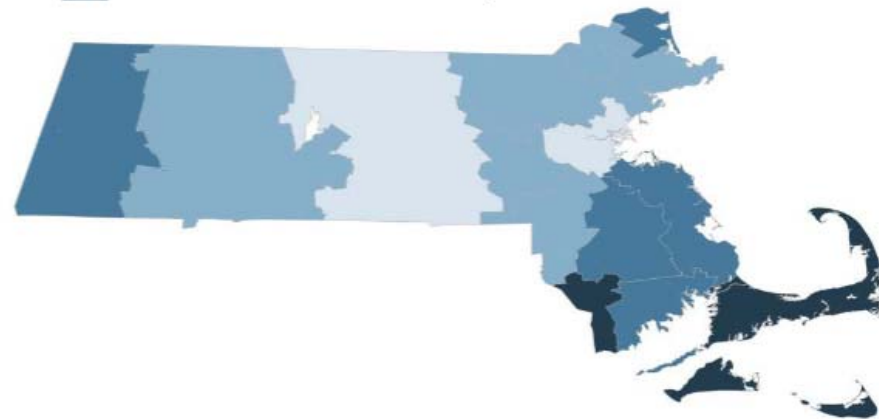
Highest PMPM

Cape and Islands

\$429 – 23% higher than state average

RISK SCORE COMPARED TO STATE AVERAGE

- Between 2% and 6% below state average
- Between 2% below and 2% above state average
- Between 2% and 6% above state average
- More than 6% above state average



Lowest risk score tie

**Central Massachusetts and
Metro Boston**

4% better than state average

Highest risk score

Cape and Islands

11% worse than state average

Note: Risk scores measure expected health care spending, based on a population's age, sex, and burden of illness, as observed in claims data. Risk scores were calculated using the Symmetry Episode Risk Group software and are limited to members with six months of enrollment in one year. Divisions of categories for the maps were made at points with more than 2% difference between regional values and also at state average for PMPM.

Source: The Lewin Group analysis of medical claims data from the Massachusetts's All-Payer Claims Database, three major commercial carriers. Databook Exhibit 8.

Welcome to the 2014 *Blueprint Hospital Service Area (HSA) Profile* from the Blueprint for Health, a state-led initiative transforming the way that health care and comprehensive health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint HSA Profiles are based on data from Vermont's all-payer claims database, the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial, Full Medicaid, and Medicare members attributed to Blueprint practices that began participating by December 31, 2013.

Blueprint HSA Profiles for the adult population cover members ages 18 years and older; pediatric profiles cover members between the ages of 1 and 17 years. Practices have been rolled up to the HSA level.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

For the first time ever, these profiles

Demographics & Health Status

	HSA	Statewide
Average Members	9,772	244,958
Average Age	50.5	50.0
% Female	53.9	55.0
% Medicaid	22.9	16.5
% Medicare	29.1	25.5
% Maternity	1.6	1.9
% with Selected Chronic Conditions	44.9	40.8
Health Status (CRG)		
% Healthy	36.0	40.6
% Acute or Minor Chronic	19.1	19.2
% Moderate Chronic	27.0	24.9
% Significant Chronic	16.5	14.1
% Cancer or Catastrophic	1.3	1.3

Table 1: This table provides comparative information on the demographics and health status of the specified HSA and of the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, maternity status, and health status.

Average Members serves as this table's denominator and adjusts for partial lengths of enrollment during the year. In addition, special attention has been given to adjusting for Medicaid and Medicare. This includes adjustment for each member's enrollment in Medicaid or Medicare, the member's HSA's percentage of membership that is Medicaid or Medicare, Medicare disability or end-stage renal disease status, and the degree to which the member required special Medicaid services that are not found in commercial populations (e.g. day treatment, residential treatment, case management, school-based services, and transportation).

The % with Selected Chronic Conditions measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma,

States with the right APCD foundation have unique opportunities

Vermont: Linking clinical and claims data sets:

- Unified community collaborative / improvement

- Quality and performance reporting

New Hampshire: Accountable Care Project Website

- Regional PMPM Comparative Metrics

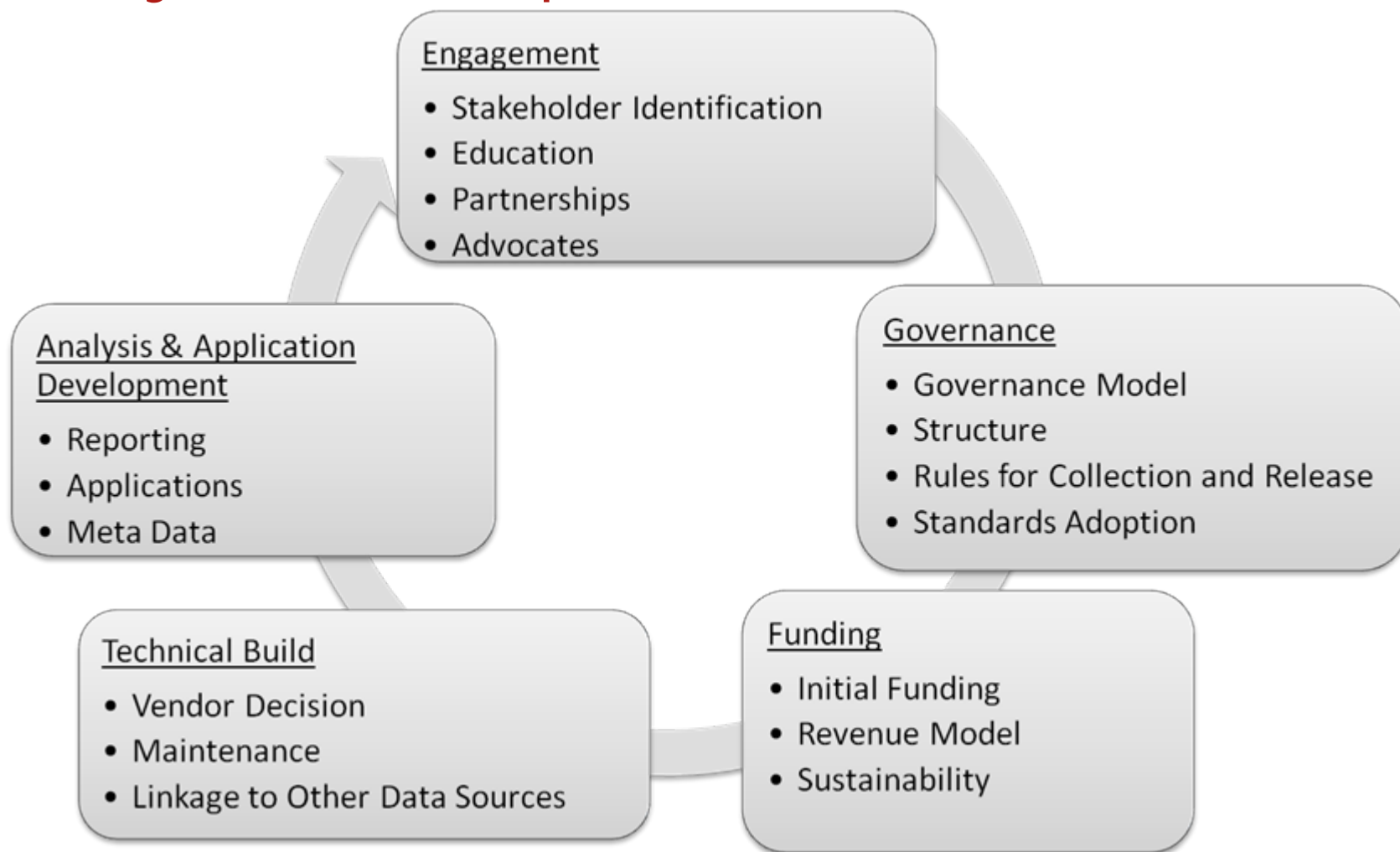
Utah: Coordination of Benefits across payers

- Building the carrier value proposition for APCD

Lessons Learned by States

- IT CAN BE DONE
- Stakeholders Matter!
- States working together can find solutions to complex challenges:
 - Provider attribution
 - Data quality improvement
 - Analytic tools and reports
- Don't let the 'perfect' be the enemy of 'pretty good'

All-Payer Road Map





All-Payer Claims Database

DEVELOPMENT MANUAL

APCD Development Manual Overview Webinar

March 31, 2015 – Free Entry

The APCD Council will provide an overview of the All-Payer Claims Database Development Manual which was released in early February 2015 with the support of the West Health Policy Center.



Visit www.apcdouncil.org for more information
& email questions to info@apcdouncil.org

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