

Statewide All-Payer Claims Databases: Connecting the Dots and Filling Critical Information Gaps

March 25, 2014
9th Annual Pay for Performance Summit

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National Association of Health Data Organizations

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Background

- APCD Overview
 - What are statewide APCDs?
 - Which states are implementing?
 - How are APCDs used?
- APCDs and Data Centers, section 2794(c)(1)(C)
- APCDs as a Tool for Price Transparency

Our Work

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

www.apcdouncil.org

www.apcdshowcase.org



Backdrop 2005-2013

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

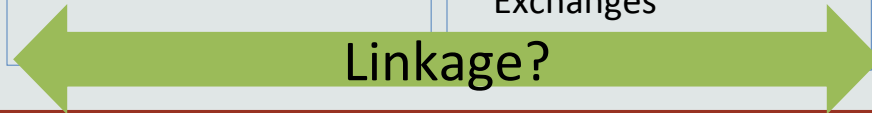
Evolution of Data Sets for States

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



Health Costs: New Payment Reform Approaches Are Data-Intensive

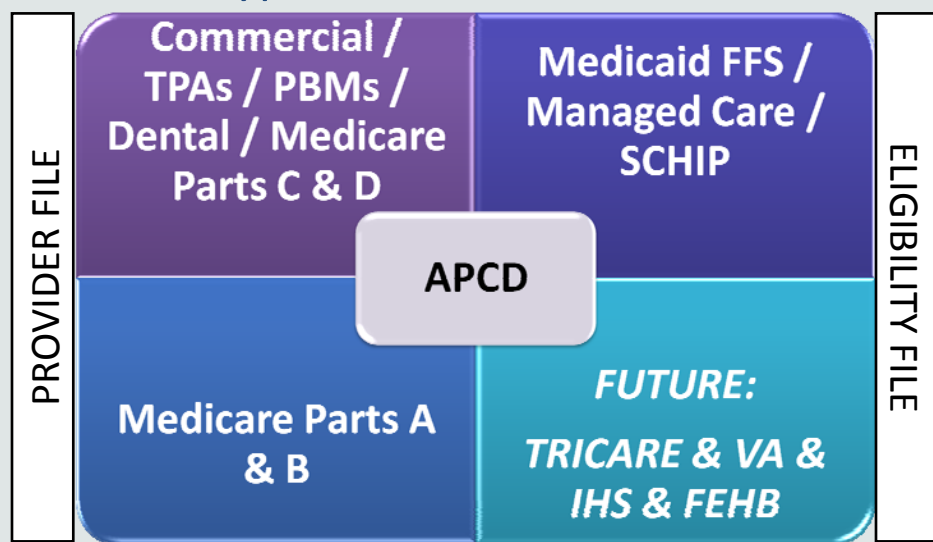
- Both publicly funded programs and private insurance markets are talking a lot about Accountable Care Organizations and "all payer databases" as tools to contain health costs and improve quality.

– (National Conference of State Legislatures)

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



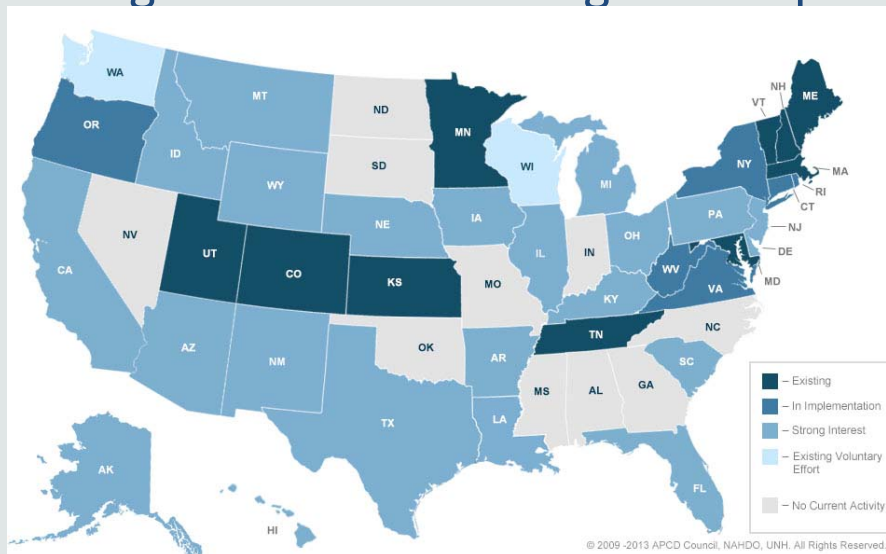
Typically Included Information

- Social Security Number**
- 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



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Paradigm Shift: State Data Silos to “Connecting Dots” Across the System (or why are states building APCDs?)

- States recognize the need for robust, interconnected repositories of data.
- Despite funding constraints, states are investing in their information infrastructure:
 - Enhancement of existing health care data
 - Expansion to outpatient/all payer claims databases
- Essential infrastructure (it’s not all about the IT):
 - Patient identifiers
 - Physician identifiers
 - Payment fields
 - Data analysts

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Areas for Standardization

1. *Data collection / submission*
 - Aligning to HIPAA Standards
 - Edit protocols and thresholds
2. Data release
 - Political
 - State-driven
3. Data Transformation
4. Meta Data
5. Measures and Reporting

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
- Risk Adjustment
- Medical Loss Calculations
- Product Design
- Benefit Design
- Quality Metrics Integration
- TBD...

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

Collection Standards

- Variation in data submission standards by state
- Effort launched 5 years ago at AHIP
- Pharmacy
 - National Council for Prescription Drug Programs, Uniform Healthcare Payer Data Standard Implementation Guide – October 2011, <http://www.ncdp.org/Standards-info.aspx>
- Medical/Dental
 - ASC X12 Post-Adjudicated Claims Data Reporting (PACDR) Guides for Institutional, Professional & Dental - October 2012, <http://store.x12.org/store/healthcare-5010-original-guides>
- Member Eligibility
 - PACDR work group, Implementation Guide for member information, in progress (info@disa.org)

State Experiences and Lessons Learned

All-Payer Road Map



Data Release

- **WHO** Is Granted Access To **WHICH** Data Under **WHAT** Circumstances?
 - Data Release Boards / Privacy Boards
 - Data Use Agreements
- Are Data To Be Considered a Public Utility By The State And Stakeholders?
- Release “Staging” and Formats

Usage Examples

www.apcdshowcase.org



Something for Everyone



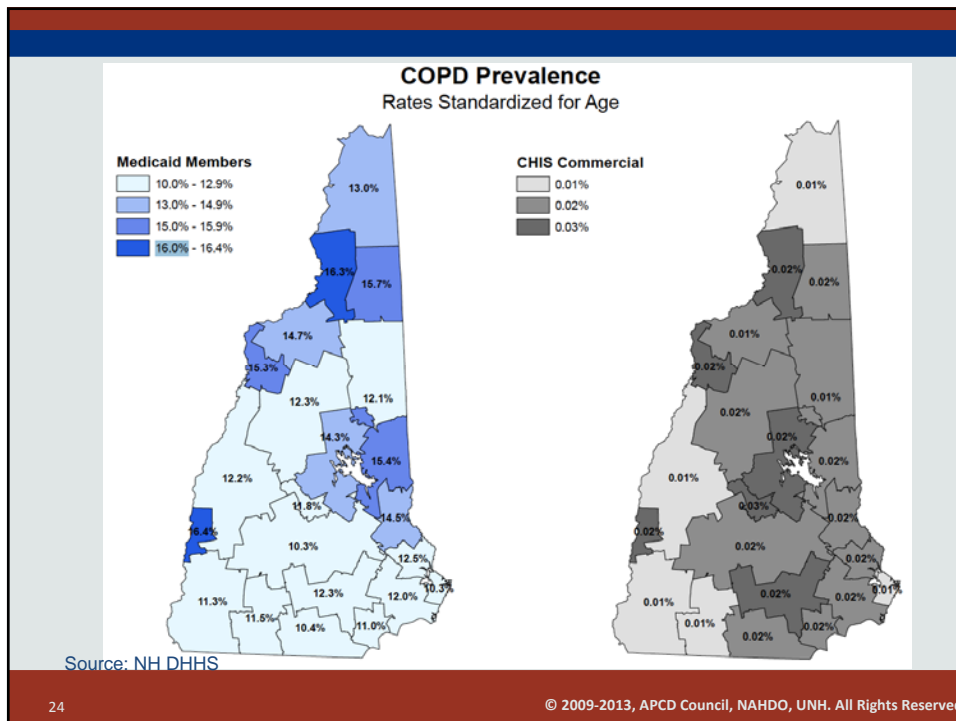
NAHDO Observations on State Reporting

- APCD's that are most developed in terms of public reporting are those that have had APCD systems longer...
- States with mandatory reporting tend to do more public reporting
- Voluntary collections are less likely to report publicly and those that do are more likely to use measures that do not distinguish between providers (e.g., process measures with 99% compliance)
- Newer APCDs challenged by data lags and vendor issues
- Wide variation in number of reports, website availability and website content

NAHDO Observations on Measurement

- Large range of measures in use
 - Likely stakeholder influence in measure selection
- Population health measures are plentiful
 - mainly utilizing geographic variation to examine prevalence of disease, access to care
- Measures less prevalent due to complexity, cost, software, provider resistance :
 - Risk adjustment or diagnostic/episodic groupers
 - Episode measurement very limited
- Quality measures are also limited:
 - May reflect stakeholder push for cost and pricing information
 - Some quality measures in use have little or no variation across providers—and therefore, very little utility
- Because of limitation on quality measures and episode measures—efficiency measures are also lean.
 - No composite measures of efficiency in use.
- At this time, it would be very difficult to create benchmarks or to do regional/national analyses given the lack of consistency in measures used by APCDs

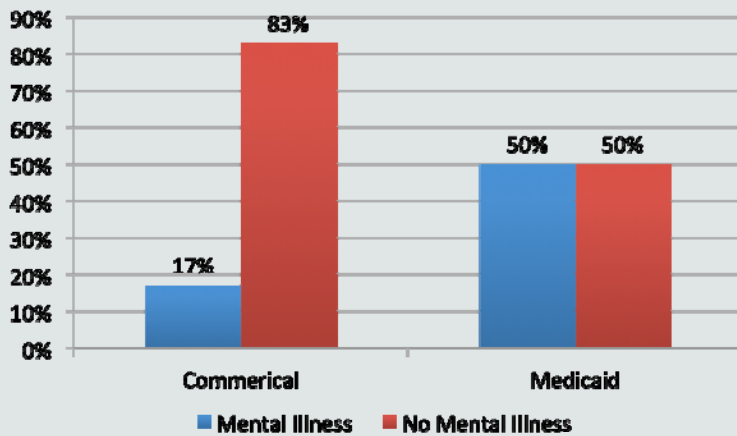
State Report Examples Population Health



Selected Prevalence Conditions – Vermont Commercial Population – 2007-2009

Major Disease Category	Rate/1,000 Members	Rate/1,000 Members	Rate/1,000 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

Commercial vs. Medicaid Adults > Age 19 with Mental Health Diagnosis, NH, 2007



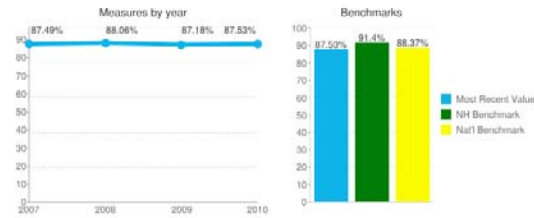
SOURCE: NH Center for Public Policy Studies

- DHHS Home
- DHHS Medicaid Home
- Medicaid Report Card Home
- Report Topics
 - Access to Quality Hospital Services
 - Access to Quality Primary Care Services
 - Dental Access
 - Diabetes
 - Health Risk Behaviors
 - Heart Disease and Stroke
 - Maternal, Infant and Child Health
 - Mental Health and Substance Use Disorders
 - Respiratory Diseases

Medicaid Report Card

Results for: Use of Appropriate Medications for People with Asthma (ASM)

Measures by Year



Data

Year	Measure Numerator	Measure Denominator	Measure Value	NH Benchmark	National Benchmark
2010	1,565	1,788	87.53%	91.4%	88.37%
2009	1,380	1,583	87.18%	89.9%	88.57%
2008	1,542	1,751	88.06%	90.7%	88.9%

Map 1. Per Capita Cost of Care, Medicaid Population, Ages 0-64, 2011

- Less than 90% of the state average
- 90% - 110% of the state average
- Greater than 110% of the state average

State Average: \$2,461

Notes

Data based on residence of 792,000 individuals. Cost of care does not include care for which claims are not submitted (i.e. HMOs and behavioral health). Analysis does not include claims related to substance abuse, but does include patient cost sharing. Data not adjusted for case mix.

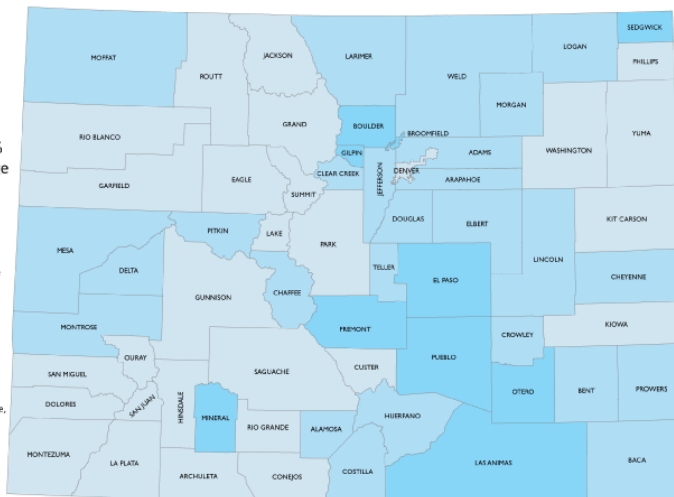
Source

Colorado All Payer Claims Database, Center for Improving Value in Health Care, October 2012
www.cohealthdata.org



CENTER FOR IMPROVING VALUE IN HEALTH CARE

SOURCE: CIVHC, www.cohealthdata.org



Map created by the Colorado Health Institute



NH CLAIMS Web Reporting and Query Module

Report Type: Prevalence
 Report Category: Diabetes
 Report Sub-category: Diabetes Rate

Type of Payer=Commercial
 Measurement Year 2009

Age Group (Standard)	County of Residence=Belknap					State of New Hampshire Total					Significance
	Rate per 1,000	Lower 95% CI	Upper 95% CI	Number of Selected Individuals	Number of Population Individuals	Rate per 1,000	Lower 95% CI	Upper 95% CI	Number of Selected Individuals	Number of Population Individuals	
** Age-Adjusted Total **	28.7	26.9	30.5	N/A	N/A	27.7	27.3	28.1	N/A	N/A	Not Sig
0-4	*	*	*	*	765	0.5	*	*	9	15,154	*
5-14	2.8	*	*	7	2,466	3.1	2.6	3.6	156	49,762	*
15-24	7.7	4.9	11.6	23	2,965	6.0	5.3	6.6	342	56,948	Not Sig
25-34	14.8	10.0	21.0	31	2,086	11.8	10.8	12.8	498	42,011	Not Sig
35-44	26.0	20.7	32.3	82	3,150	26.7	25.4	28.0	1,664	62,237	Not Sig
45-54	56.1	49.1	63.0	249	4,437	56.0	54.4	57.6	4,683	83,558	Not Sig
55-64	110.3	100.2	120.4	457	4,142	107.7	105.3	110.2	7,464	69,243	Not Sig
** Crude Total **	42.5	39.6	45.3	851	20,011	39.1	38.4	39.7	14,816	378,913	N/A

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

Adverse Drug Event IP Discharges, Rates, and Payments, by Carrier, Maine Commercial Claims, 2006-2007

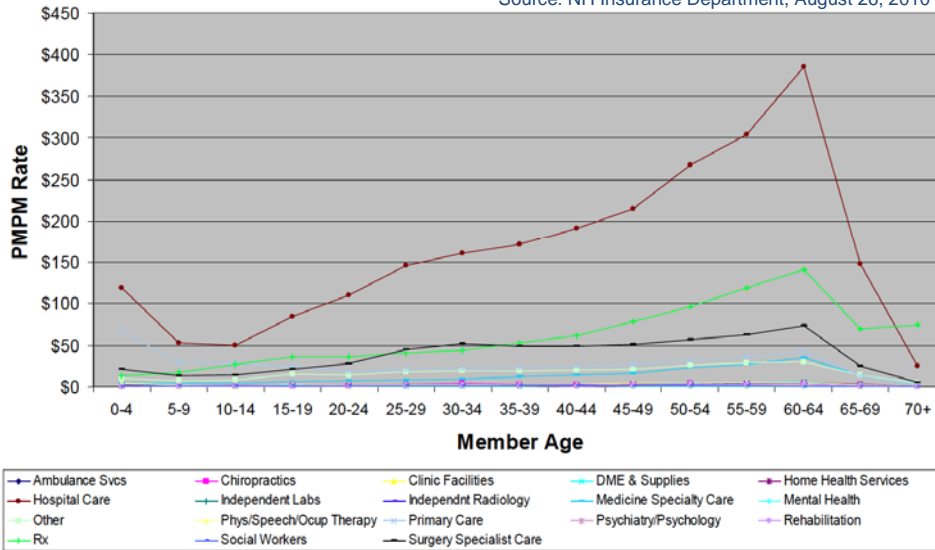
Carrier (Blinded)	ME Discharges	Rate / 1,000 Discharges	ME Payments	% Total Payments
1	39	0.77	\$273,288	1%
2	127	2.52	\$1,320,522	0%
3	9	0.18	\$55,807	0%
4	1,254	24.92	\$23,014,786	90%
5	4	0.08	\$21,312	0%
6	84	1.67	\$884,545	3%
Total	1,517	30.14	\$25,570,259	100%

Source: MEHAF

State Regulatory Agency Examples

2009 PMPM Rates by Age Group and Service Type

Source: NH Insurance Department, August 26, 2010

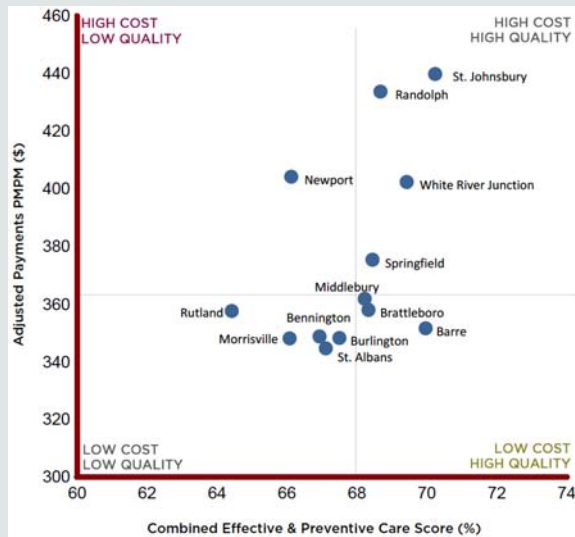


Medicaid Payment Rate Benchmarking

Procedure Code	Average Payment Including Patient Share, 2006			
	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

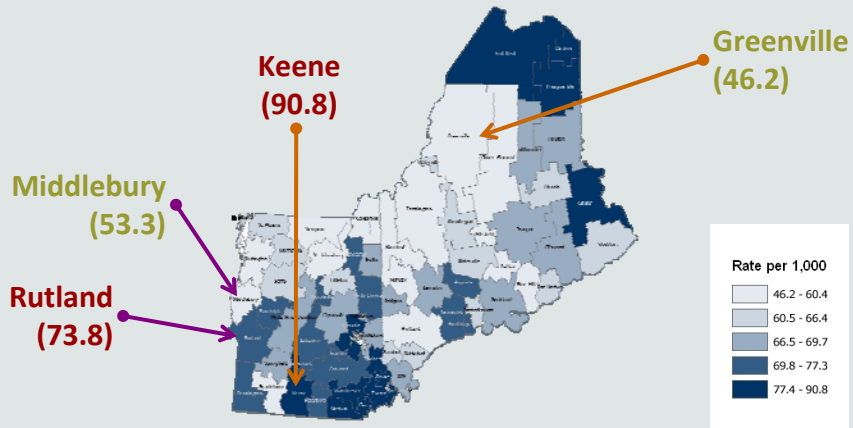
Vermont Comparative Costs and Quality by Region



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

Tri-State Variation in Health Services Advanced Imaging – MRIs

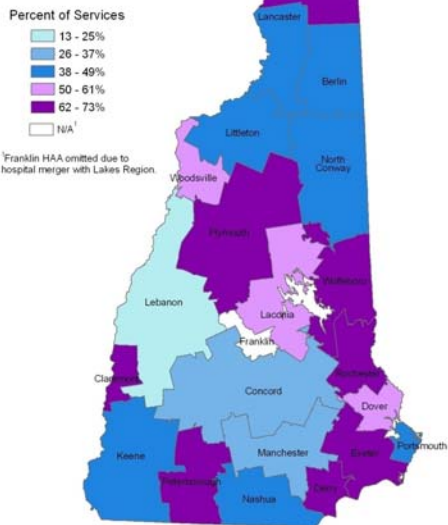


Source: State of Vermont

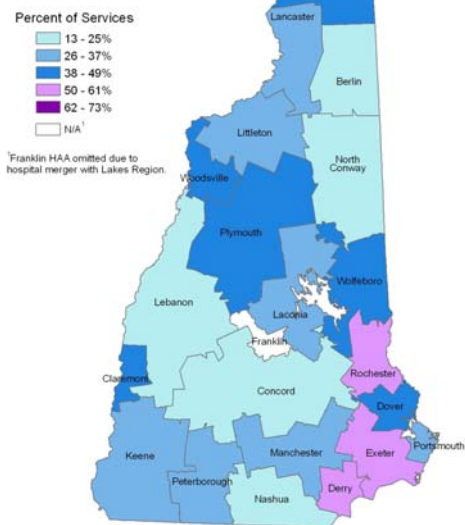
Tri-State Variation in Health Services Utilization & Expenditures in Northern New England, June 2010

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



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



SOURCE: UNH

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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* \$	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

Consumer Site Examples

The screenshot displays the MyHealthCareOptions website interface. At the top, there is a navigation bar with links for 'For Physicians & Providers' and 'For Insurers & Employers'. Below this is the site logo and a tagline: 'A Health Care Resource Provided by the Commonwealth of Massachusetts Health Care Quality and Cost Council'. A secondary navigation bar includes links for 'For Patients & Families', 'About The Ratings', 'Frequently Asked Questions', 'Resources & Tools', 'About Us', and 'Feedback'. The main content area is titled 'Comparison of Providers' and features a search bar with options to 'Start New Search', 'Return to Search Results', and 'Bookmark'. A sidebar on the left allows users to 'Choose a Topic' with categories like Patient Safety, Patient Experience, Bone and Joint Care, Cardiovascular Disease, and Digestive System. The main content area is focused on 'Cardiovascular Disease: Bypass Surgery', providing a description of the procedure, diagnostic classification, and three tabs: 'Summarized Report', 'View Detailed Report', and 'View Statewide Procedure Costs'. Two tables are presented: 'Quality of Care' and 'Cost of Care', both comparing three hospitals: Boston Medical Center, Brigham & Women's Hospital, and Massachusetts General Hospital. The Quality of Care table shows quality ratings (two stars) and statistical significance (not different from state average) for all three hospitals. The Cost of Care table shows cost ratings (\$, \$\$, \$\$\$) and statistical significance (below, not different from, above median state cost) for the same three hospitals.

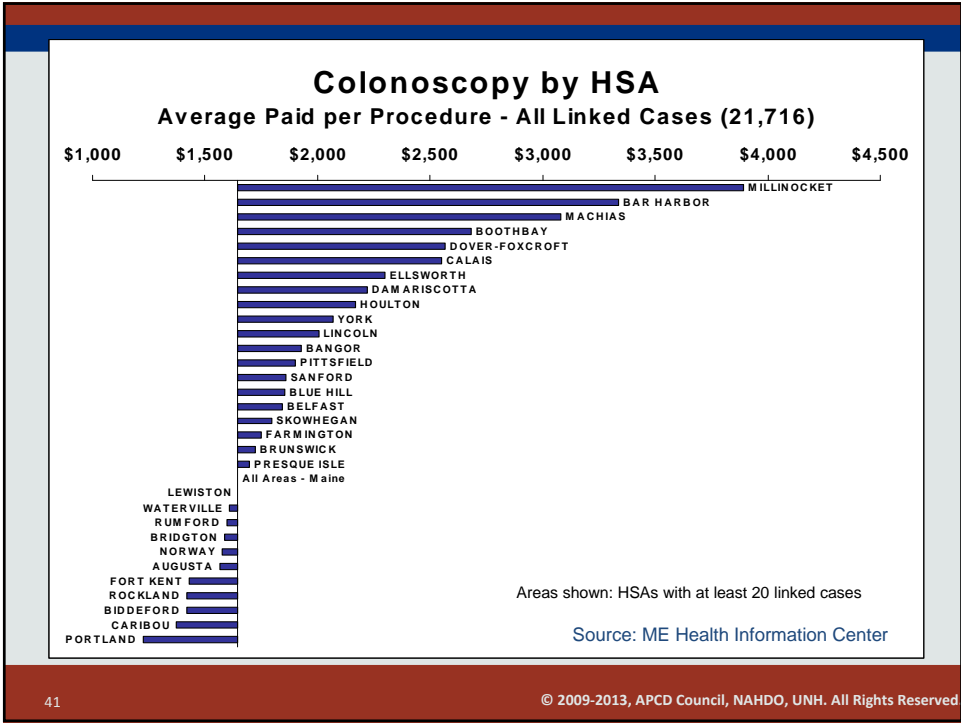
Cardiovascular Disease: Bypass Surgery

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)

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

Source: <http://mass.hc-options.com/Default.aspx>



Purchaser Information Examples

New Hampshire Hospital Scorecard

New Hampshire Hospital Ratings

How Do I Get Quality Care?

New Hampshire Hospital Ratings

Sort By: Highest Rated | Name | City | Cost

Please note: Each hospital can only earn one blue ribbon per category (Patient Experience, Patient Safety, & Select Clinical Quality).

Hospital Name	Patient Experience	Patient Safety	Select Clinical Quality	Cost Index
CONCORD HOSPITAL 200 Pleasant Street Concord 03301 (603)552-5000	Overall: 4.5 (5 stars) Recommend: 4.5 (5 stars)	National Survey: 4.5 (5 stars)	Heart Attack: 4.5 (5 stars) Heart Failure: 4.5 (5 stars) Pneumonia: 4.5 (5 stars) Surgical Infection: 4.5 (5 stars)	\$
CATHOLIC MEDICAL CENTER 200 McChesney Street Manchester 03102 (603)552-5000	Overall: 4.5 (5 stars) Recommend: 4.5 (5 stars)	National Survey: 4.5 (5 stars)	Heart Attack: 4.5 (5 stars) Heart Failure: 4.5 (5 stars) Pneumonia: 4.5 (5 stars) Surgical Infection: 4.5 (5 stars)	\$\$
WENTWORTH DOUGLASS HOSPITAL 784 Central Avenue Dover 03820 (603)552-5000	Overall: 4.5 (5 stars) Recommend: 4.5 (5 stars)	National Survey: 4.5 (5 stars)	Heart Attack: 4.5 (5 stars) Heart Failure: 4.5 (5 stars) Pneumonia: 4.5 (5 stars) Surgical Infection: 4.5 (5 stars)	\$
MARY HITCHCOCK MEMORIAL HOSPITAL One Medical Center Drive Lebanon 03756 (603)552-5000	Overall: 4.5 (5 stars) Recommend: 4.5 (5 stars)	National Survey: 4.5 (5 stars)	Heart Attack: 4.5 (5 stars) Heart Failure: 4.5 (5 stars) Pneumonia: 4.5 (5 stars) Surgical Infection: 4.5 (5 stars)	\$\$
MONMOUTH COMMUNITY HOSPITAL 400 Oak Street Portsmouth 03801 (603)552-5000	Overall: 4.5 (5 stars) Recommend: 4.5 (5 stars)	National Survey: 4.5 (5 stars)	Heart Attack: 4.5 (5 stars) Heart Failure: 4.5 (5 stars) Pneumonia: 4.5 (5 stars) Surgical Infection: 4.5 (5 stars)	\$
FERRIS MEMORIAL HOSPITAL 11 Whitehall Road Manchester 03107 (603)552-5000	Overall: 4.5 (5 stars) Recommend: 4.5 (5 stars)	National Survey: 4.5 (5 stars)	Heart Attack: 4.5 (5 stars) Heart Failure: 4.5 (5 stars) Pneumonia: 4.5 (5 stars) Surgical Infection: 4.5 (5 stars)	\$\$

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

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Rx Volume by Type – NH 3 Largest Payers 2009 and 2010

% of Payments 2009

68.5%
24.5%
5.4%
1.6%

% of Payments 2010

66.5%
25.8%
5.9%
1.7%

■ Brand ■ Generic ■ Specialty ■ Other

Source: NH Purchasers Group on Health; UNH Center for Health Analytics

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Top 10 Therapeutic Class by Number of Scripts, Utah, 2009

	Therapeutic Class	Total Cost	Utilizing Members	Cost Per Member	Number of Scripts	Average Cost Per Script	Percent Generic
1	ANTIDEPRESSANTS	\$18,338,790	94,876	\$531	526,540	\$35	80 %
2	ANALGESICS - OPIOID	\$11,508,735	129,968	\$469	444,927	\$26	96 %
3	ANTIHYPERTENSIVES	\$15,201,559	62,289	\$658	325,794	\$47	63 %
4	ANTIHYPERTENSIVES	\$9,771,828	58,762	\$418	320,653	\$30	67 %
5	ULCER DRUGS	\$22,198,987	71,613	\$1,136	279,649	\$79	76 %
6	CONTRACEPTIVES	\$5,943,860	48,213	\$373	230,791	\$26	57 %
7	THYROID AGENTS	\$1,878,011	45,379	\$116	221,639	\$8	89 %
8	ANTIDIABETICS	\$19,249,166	33,623	\$1,445	220,602	\$87	53 %
9	PENICILLINS	\$1,660,924	134,258	\$110	195,531	\$8	99 %
10	DERMATOLOGICALS	\$10,904,253	99,052	\$864	190,709	\$57	69 %

Source: Utah Department of Health, 2011

Top 10 Therapeutic Class by Total Cost, Utah, 2009

	Therapeutic Class	Total Cost	Utilizing Members	Cost Per Member	Number of Scripts	Average Cost Per Script	Percent Generic
1	ULCER DRUGS	\$22,198,987	71,613	\$1,136	279,649	\$79	76 %
2	ANTIDIABETICS	\$19,249,166	33,623	\$1,445	220,602	\$87	53 %
3	ANTIDEPRESSANTS	\$18,338,790	94,876	\$531	526,540	\$35	80 %
4	ANTIHYPERTENSIVES	\$15,201,559	62,289	\$658	325,794	\$47	63 %
5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$14,187,136	52,501	\$1,360	175,722	\$81	8 %
6	ANALGESICS - OPIOID	\$11,508,735	129,968	\$469	444,927	\$26	96 %
7	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$11,245,893	29,251	\$1,187	134,252	\$84	38 %
8	ANTICONSULSANTS	\$11,111,165	34,016	\$990	175,778	\$63	86 %
9	DERMATOLOGICALS	\$10,904,253	99,052	\$864	190,709	\$57	69 %
10	ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$9,880,361	10,620	\$3,018	52,552	\$188	31 %

Source: Utah Department of Health, 2011

Health Care Reform Examples

APCDs and Health Reform

- Population health evaluation
- Prevalence measures
- Utilization and spending
- Quality measures
- Risk stratification for chronic conditions
- Risk adjustment
- Rate review audits
- Consumer engagement
- Employer engagement

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

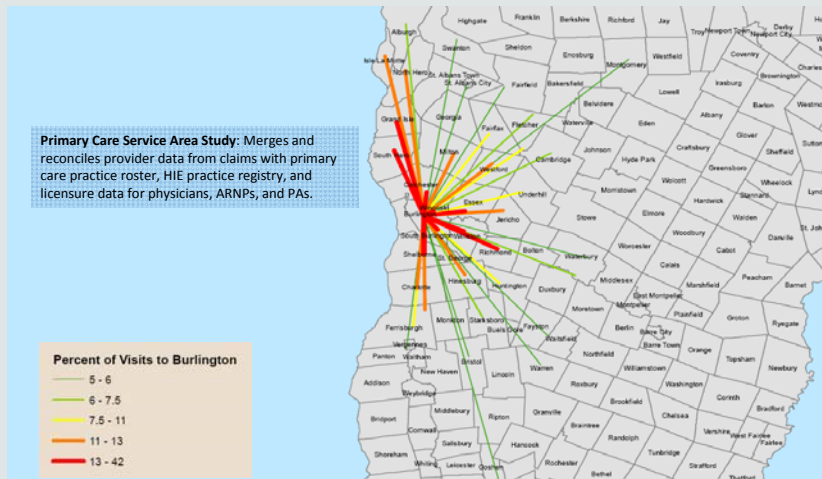
Practice Site	Total Cost PMPM Baseline Period January 2008 – June 2009	Total Cost PMPM Pilot Period July 2009 – September 2010
Site #1	\$196	\$118
Site #2	\$218	\$158
Site #3	\$335	\$229
Site #4	\$172	\$110
Site #5	\$261	\$207
Site #6	n/a	\$225
Site #7	\$251	\$127
Site #8	\$182	\$128
Site #9	\$203	\$120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

% of Each Vermont Town's Primary Care Visits to Burlington

49.6% of Burlington member visits (05401 Zip Code) were to providers in the 05401 Zip Code.

These data (05401 to 05401) cannot be shown using a spider diagram.



Source: VHCURES

Preliminary Analysis Chronic Condition Costs

2011 Member Counts and Medical Claims PMPM for Chronic Conditions*, NH ACP Sites and State Comparator

* Diabetes, CVD, CHF, COPD, Asthma, using OptumInsight ETG Grouper

Population	State Comparator Total Members	State Comparator Total PMPM
No Chronic Conditions	291,867	\$293
With Chronic Condition	79,733	\$762
1 Chronic Condition	65,238	\$613
2 or More Chronic Condition	14,495	\$1,428
All Members	371,600	\$394

Source: UNH, Center for Health

Analytics.

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Preliminary Analysis ACP ED Utilization

Emergency Department, PCP-Attributed Members, Commercial (CY 2011) and Medicaid (July 2011-June 2012), ACP Total Population

	COMMERCIAL			MEDICAID		
	% of Members	Rate per 1000	Overall PMPM	% of Members	Rate per 1000	Overall PMPM
0 Emergency Dept. Encounters	83.3%	0	\$258	63.2%	0	\$281
1 Emergency Dept. Encounter	12.6%	1,017	\$704	20.4%	1,039	\$397
2-4 Emergency Dept. Encounters	3.8%	2,395	\$1,435	13.7%	2,617	\$586
5+ Emergency Dept. Encounters	0.3%	7,133	\$3,770	2.7%	7,768	\$1,208
All Emergency Dept. Encounters	100.0%	241	\$369	100.0%	793	\$373

Source: UNH, Center for Health

Analytics.

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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

Filling APCD Information Gaps

Capturing Supplemental Information

- Other fiscal information
 - Non-claims based payments, e.g.
 - Contract settlement payment
 - P4P payment
 - Quality bonus payment
 - Primary care centered medical home payment
 - Premium payments
- Benefit Structure Information
 - Plan Design details, e.g.
 - Deductible
 - Service limits

Proposed Supplemental Fiscal File

Source G/L (Not Claims):

- Carrier ID
- Provider ID
- Transaction date
- Debit or credit amount
- Transaction reason code (i.e., contract settlement payment, P4P payment, quality bonus payment, primary care centered medical home payment, capitation fee, other payment)

Kathy Hines (CHIA).pdf - Adobe Acrobat Pro


File Edit View Window Help

Create

6 / 8 100%

Emerging Data Fields

PRODUCT/BENEFIT PLAN	MEMBER	CLAIMS
Line of Business	Coinsurance %	Additional Diagnosis Codes
Risk Type	Premiums	Present on Admission Indicators
Actuarial Value	Family Size	Condition Codes
Metal Level	Employer Zip Code	Value Codes
Risk Adjustment Covered Plan	Attributed PCP	Occurrence Codes
NAIC Code	Physician Group of the PCP	GIC ID - State Employees/Retirees
	Risk Adjustment Covered Plan	Coinsurance Days
	Global Budget Payment Indicator	Patient Total Out of Pocket Amount
PROVIDER	Billable Member	
Local Practice Group	Benefit Plan Contract ID	
Registered Provider Organization		



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APCDs and Data Center, section 2794

Develop fee schedules and other database tools that fairly and accurately reflect market rates for medical services and the geographic differences in those	High Potential: APCDs capture system-wide financial and geographic fields to support variation studies
Use the best available statistical methods and data processing technology to develop such fee schedules and other database tools	High Potential: Analytic tools are under development for state APCDs and best practices are shared across states through the APCD Council.
Regularly update such fee schedules and other database tools to reflect changes in charges for medical services	High Potential: Annual, and in some cases, quarterly updates to APCDs are feasible
Make health care cost information readily available to the public through an Internet website that allows consumers to understand the amounts that health care providers in their area charge for particular medical services	Actual: NH, ME Health Cost Web Portals: other states will follow
Regularly publish information concerning the statistical methodologies used by the center to analyze health charge data and make such data available to researchers and policy makers.	Actual: Transparency and documentation in health data management and analytics

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Price Transparency

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Price Transparency Drivers

- Policymakers:
 - Identify high performing communities & cost effective care
 - Benchmark Medicaid payments/utilization
 - Validate carrier rate filings
- Employers
 - Forecast health care costs
 - Top providers, services by cost
- Inform Consumers
 - Out of pocket cost increases stimulates demand for information

Price Transparency Challenges

- Data collection and data quality issues
- Provider Identifiers and attribution methodology
- Sensitive information disclosure (negotiated rates between providers and payers)
- Linking cost with quality



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: \$200.00 / 10%

Lead Provider Name	Estimate of What you Will Pay	Estimate of What Insurance Will Pay	Estimate of Combined Payments
CONCORD AMBULATORY SURGERY CENTER	\$507	\$2769	\$3276
CAPITAL ORTHOPAEDIC SURGERY CENTER	\$553	\$3177	\$3730
DARTMOUTH HITCHCOCK SOUTH	\$601	\$3609	\$4210
LAKES REGION GENERAL HOSPITAL	\$664	\$4178	\$4842
SPEARE MEMORIAL HOSPITAL	\$673	\$4264	\$4937
FRANKLIN REGIONAL HOSPITAL	\$681	\$4334	\$5015
CATHOLIC MEDICAL CENTER	\$759	\$5036	\$5795

HealthCost

State Averages Procedure Payments & Charges Definitions & Methodology Procedure

MAINE HEALTHCOST

Welcome to the Maine HealthCost website. This website has been developed by the Maine Health Data Organization in accordance with its mandate to produce health care facility and professional payments for services rendered to Maine residents. It is our hope that data on this website will be used to support our mission to provide useful and objective data to improve the health of Maine citizens.

State Averages: Statewide charges and payments across all commercial insurance carriers and all health care facilities grouped by procedure

Procedure Payments and Charges:

- Payment information for common medical procedures based upon specific selections - for those with insurance
- Estimated charges an individual can expect for common medical procedures - for those without insurance

Definitions and Methodology: Definitions of terms found on this site as well as the methodology behind data reported

Providers and Procedures List: All procedures reported on this site, as well as facilities providing the services

Data Sources: Data used to produce reports is from commercial claims data provided by payers required to submit to the Maine Health Data Organization (MHD) and conditions of CMR 90-590 Chapter 243: *Uniform Reporting System for Health Care Claims Data Sets*.


Note: Medicare and MaineCare (Medicaid) data were not available to include in the analysis at the time of publication.

To learn how reports are generated, see [Definitions & Methodology](#).

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Maine HealthCost

Home State Averages Procedure Payments & Charges Definitions & Methodology



PROCEDURE PAYMENTS AND CHARGES

Maine Health Data Organization has made every effort to ensure the reports on this website are both statistically accurate and valid. To learn how reports are generated see [Definitions & Methodology](#).

Procedure Payments for the Insured Commercial insurance payment information for common medical procedures is provided based on

Procedure Charges for the Uninsured Estimated charges an uninsured individual can expect for common medical procedures

We Need YOU!
MHD is interested in your feedback in improving our website.

Please take a moment to **Provide Feedback**.

For information about choosing doctors and hospitals, go to [Maine Quality Forum's website](#).

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[Home](#)
[State Averages](#)
[Procedure Payments & Charges](#)
[Definitions & Methodology](#)



PROCEDURE PAYMENTS FOR THE INSURED

To obtain an estimate of total dollars paid by specific commercial health insurance companies for a procedure performed at various locations, please use the form below.

Disclaimer: The dollar amounts represent the payments made for the selected health care service. An individual's contribution to the policy terms and conditions (such as deductible, co-pay, etc.). Additionally, because the amounts shown are *estimates*, they may be higher or lower than the amount shown. The estimates are impacted by the accuracy (or precision) of the data, which is reflected in the "Precision of Estimate" score. The higher the "Precision of Estimate" score, the greater the probability the payment will be at, or close to, the estimate. The payment will differ from the estimate.

These reports are produced using the latest medical claims data available at MHDO. Hospital's that do not have enough statistical information see [Definitions & Methodology](#).

We Need YOU!
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Please take a moment to **Provide Feedback**.

[For information about choosing doctors and hospitals, go to Maine Quality Forum's website.](#)

1: Select Year of Data:
 2: Select Category of Procedure:
 3: Select Procedure:
 4: Select Your Health Insurer:
 5: Select Your Health Plan Type: [click to read definitions](#)
 6: Your Zip Code:
 7: For What Distance:

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Lessons Learned by States

- Develop Multi-Stakeholder Approach
 - Form Provider and Payer Relationships
 - Establish trust and process to disagree respectively
- Establish a common vision and goals
- Be Transparent and create structures that value progress
- Understand Uses and Limitations
- Seize Integration & Linkage Opportunities
- Develop Use Cases



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