

State Examples of Current APCD Uses, Standardization, and Lessons Learned

Pre-Conference on All-Payer Claims Databases: State-Based Initiatives

Patrick Miller, MPH

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Practice & Co-Founder, APCD Council

The 6th National Pay for Performance Summit

March 23, 2011



UNIVERSITY of NEW HAMPSHIRE



NATIONAL ASSOCIATION OF
HEALTH DATA ORGANIZATIONS



Topics

- Resource Center
- Current APCD Uses
- Standardization
- Lessons Learned and Challenges
- Questions and Answers

Resource Center

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

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

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.

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.

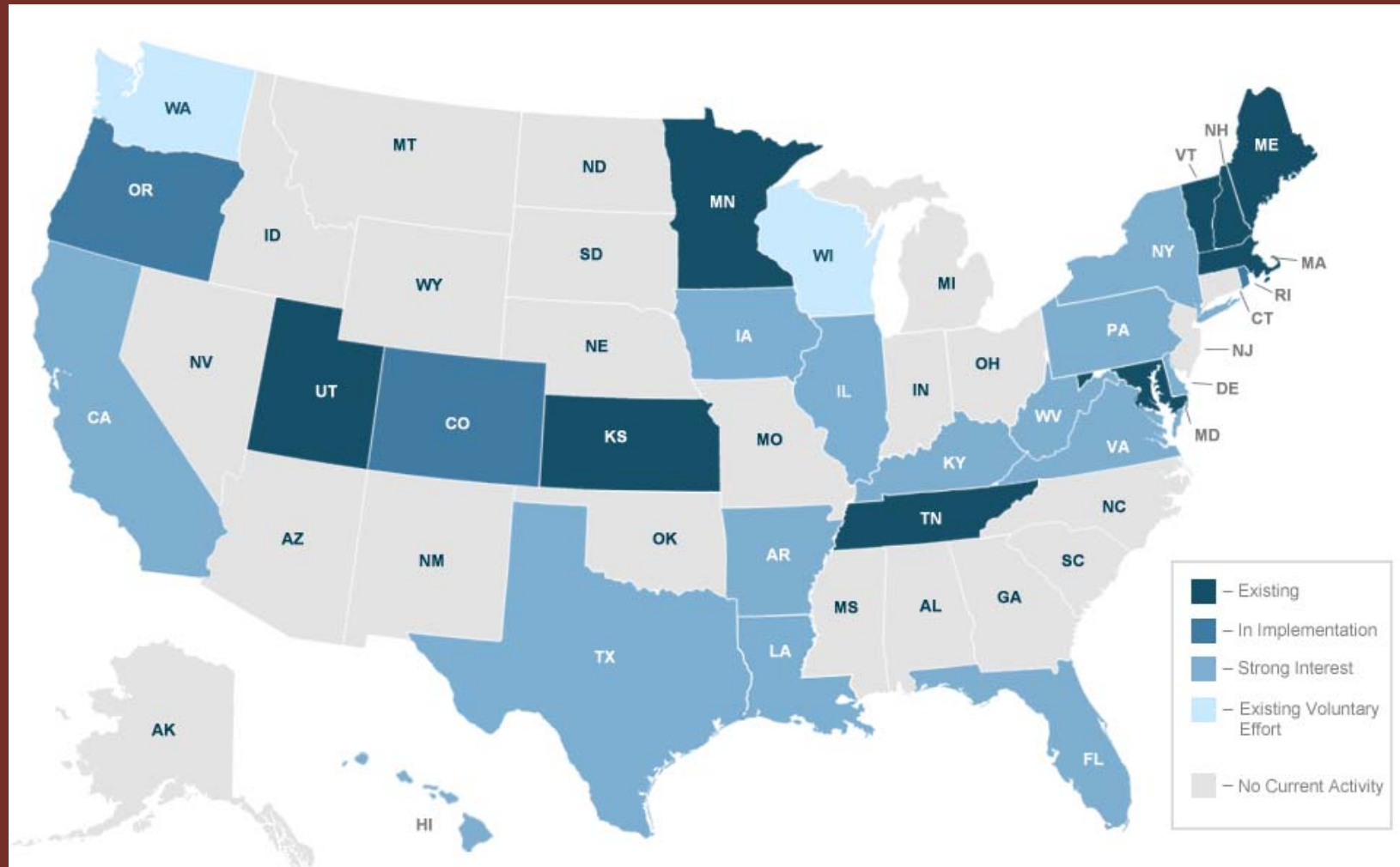
Ashley Peters, MPH, is a Research Associate at the New Hampshire Institute for Health Policy and Practice at the University of New Hampshire. She conducts APCD-related research and manages communications for the Council. For all general inquiries, please contact Ashley at Ashley.Peters@unh.edu

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.

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.

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

State Status 2011-Mar



Current APCD Uses

Something for Everyone...An Evolution

- Consumers
- Employers
- Health Plans/Payers
- Providers
- Researchers (public policy, academic, etc.)
- State government (policy makers, Medicaid, public health, insurance department, etc.)
- TBD (Federal government, etc.)


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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.

Pricing Difference by Carrier and Provider: Colonoscopy

FACILITY	Carrier A	Carrier B	Carrier C
Hospital A	2,091.22	1,552.98	1,757.94
Hospital B	1,243.94	1,169.12	1,192.33
Hospital C	2,325.32	2,148.21	2,065.92
Hospital D	1,658.53	1,200.62	1,431.43
Hospital E	1,715.74	2,075.38	1,514.17
Hospital F	1,381.96	--	1,087.22
Hospital G	1,906.15	1,942.21	1,949.79

Source: www.nhhealthcost.org

Health Cost

http://nhhealthcost.org/employerBenefitIndexComparison-carrier-hms.aspx

maine health management coalition

an official NEW HAMPSHIRE government website

NH HEALTH COST

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Tuesday, March 01, 2011

[NH Insurance Market](#)
[Membership Overview](#)
[Member List/Roles](#)
[Loss Ratio Comparison](#)

[Benefit Index Tool](#)
[Geographic Comparison](#)
[Carrier Comparison](#)

Health Costs for Employers - Benefit Index Tool

CARRIER COMPARISON: Plan Type: HMO

Plan Type	Carrier	Group Size Detailed	Average Premium	Benefit Richness
HMO	Antham, Inc	Employees with 11-99 Employees	392	0.79
HMO	Antham, Inc	Employees with >=100 Employees	384	0.81
HMO	Antham, Inc	Employees with 1 Employee	490	0.73
HMO	Antham, Inc	Employees with 2-9 Employees	455	0.77
HMO	Antham, Inc	Employees with 10-25 Employees	385	0.77
HMO	Antham, Inc	Employees with 26-50 Employees	351	0.80
HMO	Antham, Inc	Employees thru Qualified Trust	362	0.84
HMO	Cigna	Individual (as group conversion)	234	0.96
HMO	Cigna	Employees with 11-99 Employees	435	0.75
HMO	Cigna	Employees with >=100 Employees	506	0.86
HMO	Cigna	Employees with 1 Employee	754	0.85
HMO	Cigna	Employees with 2-9 Employees	529	0.86
HMO	Cigna	Employees with 10-25 Employees	453	0.86
HMO	Cigna	Employees with 26-50 Employees	421	0.85
HMO	Care Gen Life Ins	Employees thru Qualified Trust	492	1.08
HMO	Care Gen Life Ins	Employees with >=100 Employees	506	0.86
HMO	Harvard Pilgrim Health Care	Individual (as group conversion)	438	0.74
HMO	Harvard Pilgrim Health Care	Employees with 11-99 Employees	375	0.72
HMO	Harvard Pilgrim Health Care	Employees with >=100 Employees	426	0.83
HMO	Harvard Pilgrim Health Care	Employees with 1 Employee	631	0.67
HMO	Harvard Pilgrim Health Care	Employees with 2-9 Employees	418	0.71
HMO	Harvard Pilgrim Health Care	Employees with 10-25 Employees	381	0.70
HMO	Harvard Pilgrim Health Care	Employees with 26-50 Employees	373	0.71
HMO	Harvard Pilgrim Health Care	Individual Policy	801	1.88
HMO	WYP	Employees with 11-99 Employees	366	0.79
HMO	WYP	Employees with 2-9 Employees	355	0.76
HMO	WYP	Employees with 10-25 Employees	366	0.79
HMO	WYP	Employees with 26-50 Employees	296	0.83

Plan Type - Denotes the type of insurance product (H, PPO, HMO, POS, Indemnity, etc.)

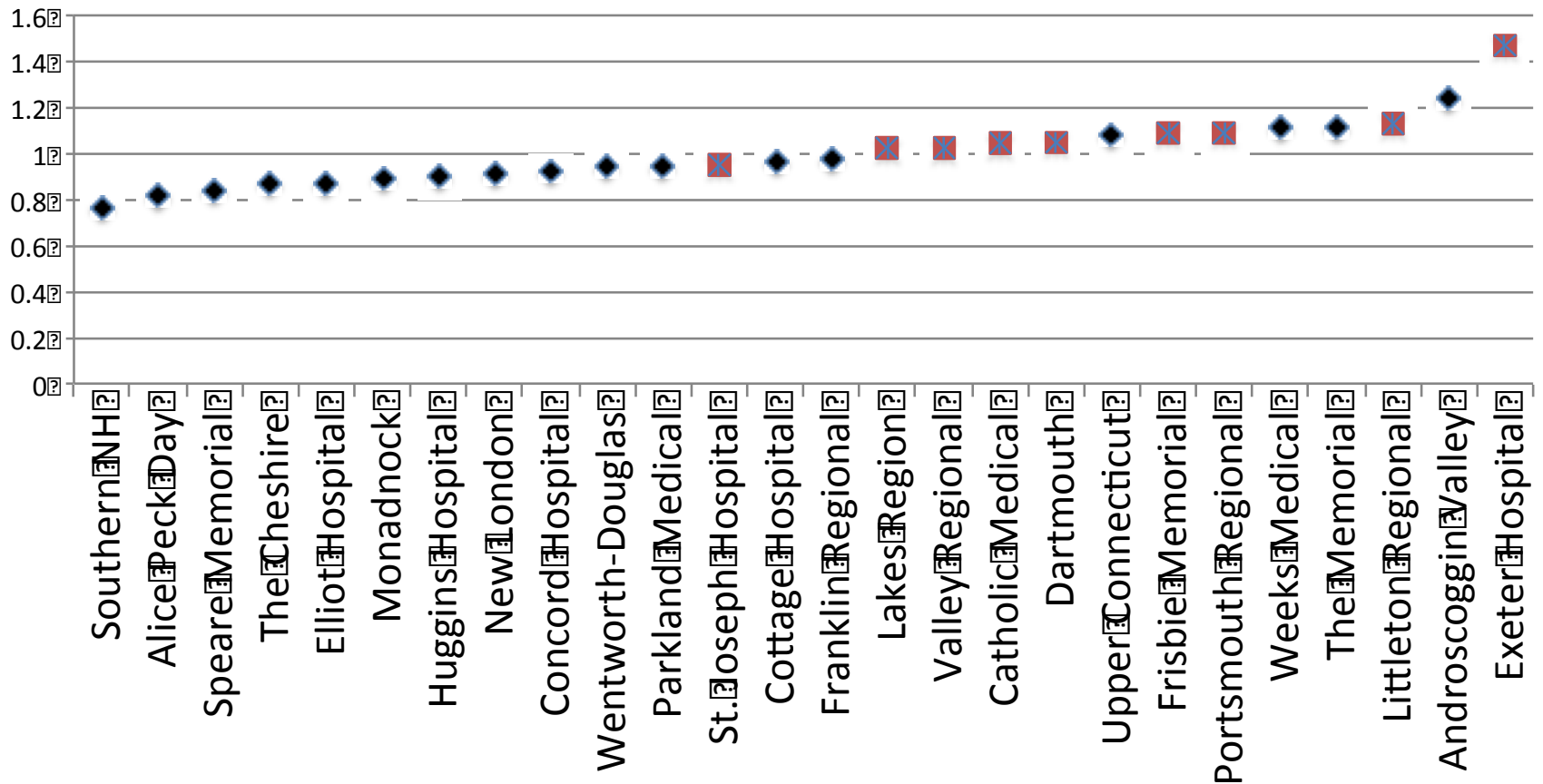
County - New Hampshire County name.

Group Size - High level classification of market category. Large group is for policies with at least 51 employees; small group is for 1-50 employees; and non-group is for individual policies.

Group Size Detailed - A further breakdown of the group size. Carriers in NH are permitted by law to vary insurance rates based on group size within the small group market.

Average Premium - Average premium per member per month based on the total premiums and covered lives reported to the NH Insurance Department. Since policies vary in structure (family, couple, etc.) and are adjusted for other factors such as enrollee age, these rates are unlikely to reflect the actual premium paid for a specific policy.

CY2011 Composite Hospital Score



Tier 1=Diamond, Tier 2=Asterisk



New Hampshire Hospital Scorecard

New Hampshire
Hospital Ratings

How Do I Get
Quality Care?

Narrow Search within 10 miles of zip code

View Results

New Hampshire Hospital Ratings

Page last updated June 2010

Highest Rated

Name

City

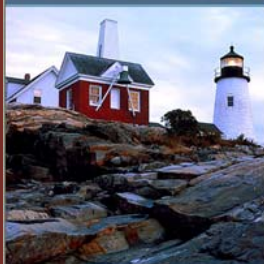
Cost

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				\$
CATHOLIC MEDICAL CENTER 100 McGregor Street Manchester 03102 view map		DID NOT REPORT 		\$\$
WENTWORTH-DOUGLASS HOSPITAL 789 Central Avenue Dover 03820 view map				\$
MARY HITCHCOCK MEMORIAL HOSPITAL One Medical Center Drive Lebanon 03756 view map				\$\$
MONADNOCK COMMUNITY HOSPITAL 452 Old Street Road Peterborough 03458 view map		DID NOT REPORT 		\$
FRISBIE MEMORIAL HOSPITAL 11 Whitehall Road Rochester 03867 view map		DID NOT REPORT 		\$\$



QUESTIONS OR COMMENTS?

Please contact:
Maine Health Data
Organization
Phone: 207-287-6722

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PROCEDURE PAYMENTS FOR THE INSURED

SELECTION SUMMARY

Procedure: Colonoscopy (cpt4:45378)
Insurer: Anthem Blue Cross and Blue Shield with Preferred Provider Organization (PPO)
Search Radius: The Entire State
Data used for report: 12/01/2005 through 11/30/2007

If you wish to modify your criteria, click [Here](#).

To PRINT this report, click [Here](#).

Lead Provider	Estimate of Combined Payments	Precision of the Estimate	Patient Complexity	Distance to Provider
Mercy Hospital Phone: (207) 879-3000	\$559	Very Low 	High 	50.69 miles away from 04333.
Northern Maine Ambulatory Endoscopy Phone: (207) 764-0679	\$761	Very High 	Very Low 	185.10 miles away from 04333.
Portland Endoscopy Center Phone: (207) 773-7964	\$828	Very High 	Very Low 	50.69 miles away from 04333.
Maine Medical Center Phone: (207) 662-0111	\$833	Very Low 	Medium 	51.61 miles away from 04333.
Central Maine				18.57



QUESTIONS OR COMMENTS?

Please contact:
Maine Health Data
Organization
Phone: 207-287-6722

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STATEWIDE PROCEDURE PAYMENTS

Description: The chart below contains statewide pricing information across all insurance carriers and all medical providers. The chart provides average total charge and payment information, and the individual professional and facility components.

Data used for report: 12/01/2005 through 12/27/2007

Procedure Description	CPT4 Procedure Code	Average Professional Charges	Average Professional Payments	Average Facility Charges	Average Facility Payments	Average Total Charges	Average Total Payments
Arthroscopic Knee Surgery (Outpatient) View Histogram	29881	\$2,998	\$1,493	\$4,221	\$3,698	\$7,219	\$5,191
Biopsy - Breast (Auto Vacuum) View Histogram	19103	\$1,475	\$671	\$2,502	\$2,190	\$3,977	\$2,861
Bronchoscopy View Histogram	31622	\$4,338	\$2,203	\$7,304	\$6,559	\$11,643	\$8,762
Carpal Tunnel Release View Histogram	64721	\$1,729	\$898	\$2,341	\$2,034	\$4,070	\$2,932
Colonoscopy View Histogram	45378	\$751	\$349	\$1,223	\$1,054	\$1,974	\$1,403
Colposcopy With Biopsy View Histogram	57454	\$618	\$355	\$271	\$258	\$889	\$613
CT - Abdomen View Histogram	74160	\$288	\$101	\$1,164	\$951	\$1,452	\$1,053
CT - Chest View Histogram	71260	\$289	\$93	\$1,140	\$968	\$1,429	\$1,061
CT - Head (Without Contrast Material) View Histogram	70450	\$178	\$66	\$797	\$652	\$974	\$718
CT - Pelvis View Histogram	72193	\$251	\$90	\$1,042	\$852	\$1,293	\$942
Gallbladder Removal View Histogram	47562	\$3,442	\$1,907	\$7,573	\$6,643	\$11,016	\$8,551
Hernia Repair (Outpatient) View Histogram	49505	\$2,117	\$1,323	\$4,998	\$4,358	\$7,115	\$5,681
Kidney Stone Removal View Histogram	50590	\$3,053	\$1,466	\$6,566	\$5,578	\$9,619	\$7,044
Mammogram (Screening) View Histogram	76092, 77057, G0202	\$81	\$50	\$140	\$127	\$221	\$177
MRI - Back View Histogram	72148	\$318	\$117	\$1,288	\$1,048	\$1,606	\$1,166
MRI - Knee View Histogram	73721	\$253	\$109	\$1,162	\$973	\$1,416	\$1,083

Source: ME Health Data Organization

For Physicians & Providers
For Insurers & Employers

MyHealthCareOptions™


A Health Care Resource Provided by the Commonwealth of Massachusetts Health Care Quality and Cost Council

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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
remove

Brigham & Women's Hospital
remove

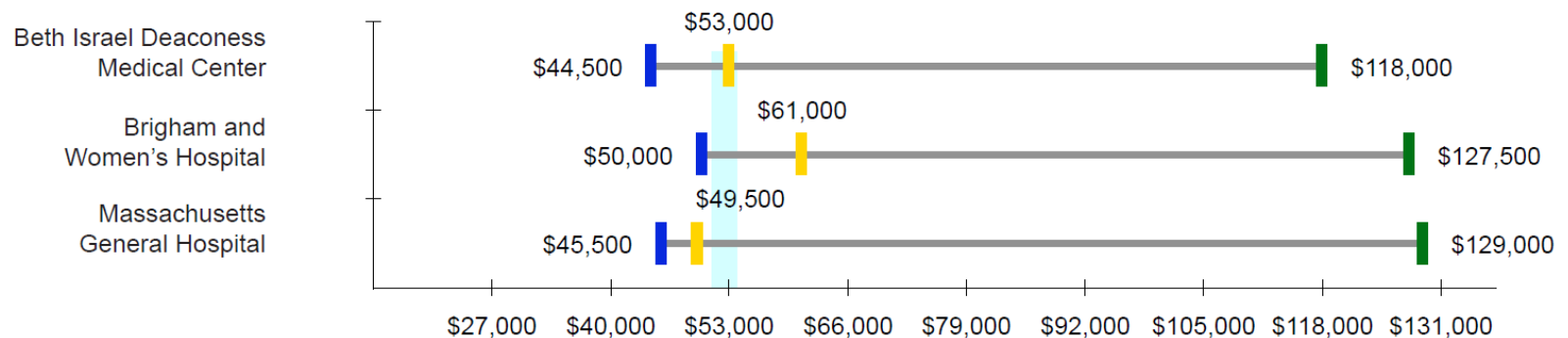
Massachusetts General Hospital
remove

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>

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



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

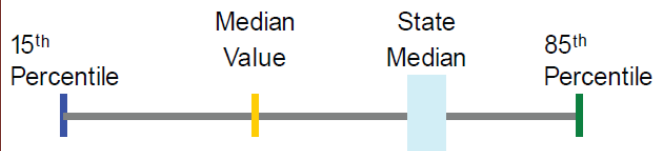
If the 15th Percentile and Median values for a hospital are equal, then only Median and 85th Percentile values are shown on the graph;

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.

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

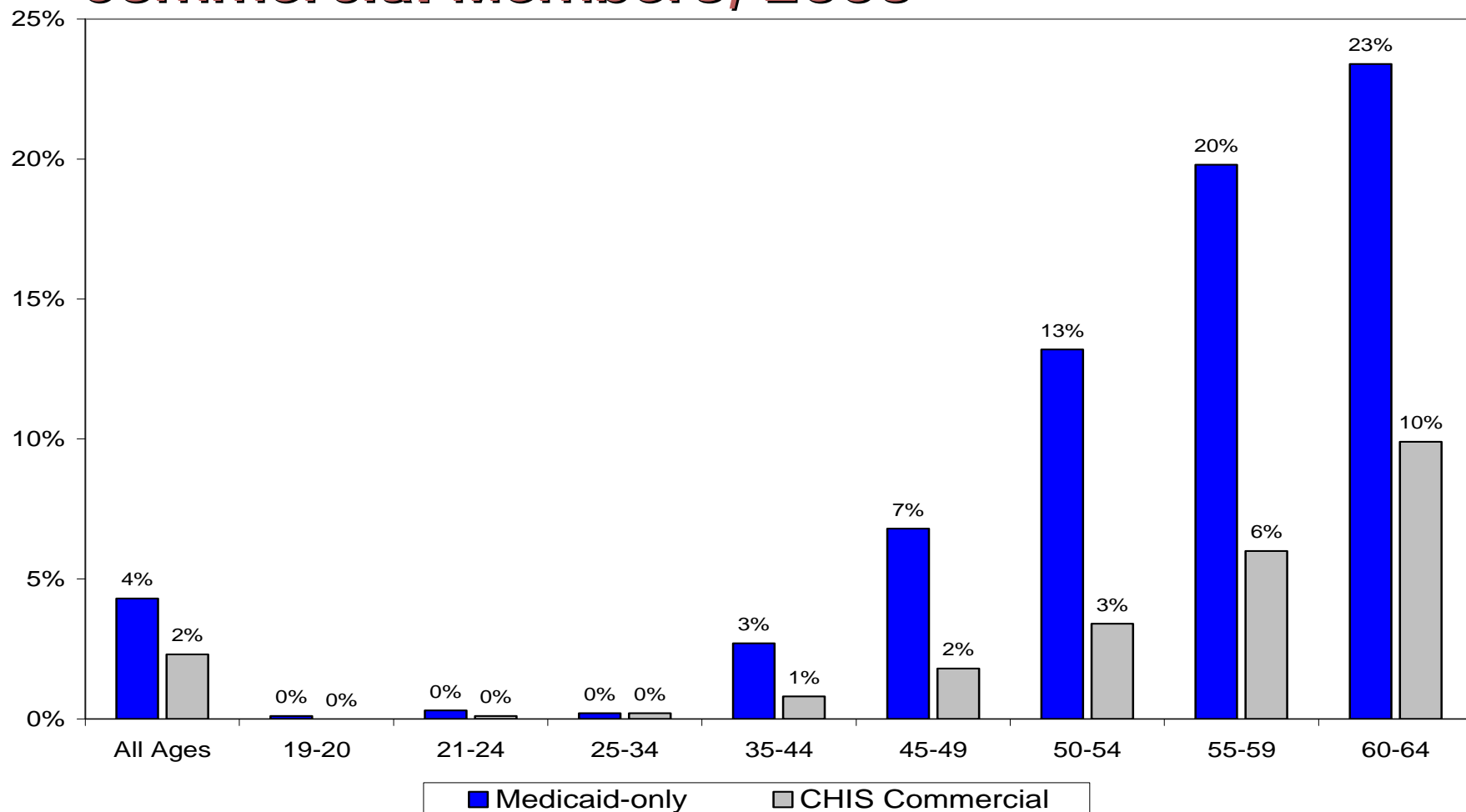
Display Report

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

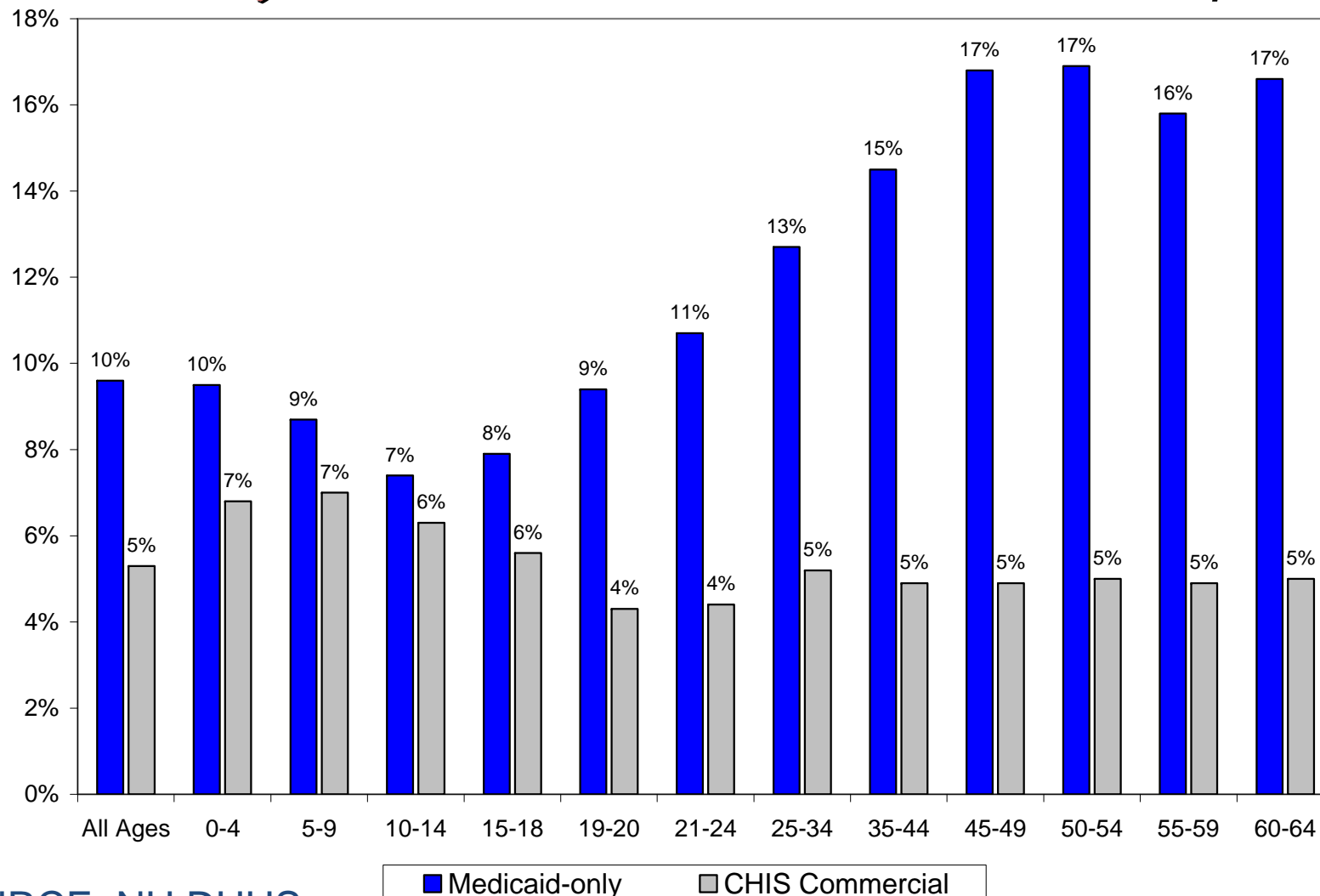
SOURCE: NH DHHS

Prevalence of Adult Coronary Artery Disease by Age, NH Medicaid (non-Dual) and NH CHS Commercial Members, 2005



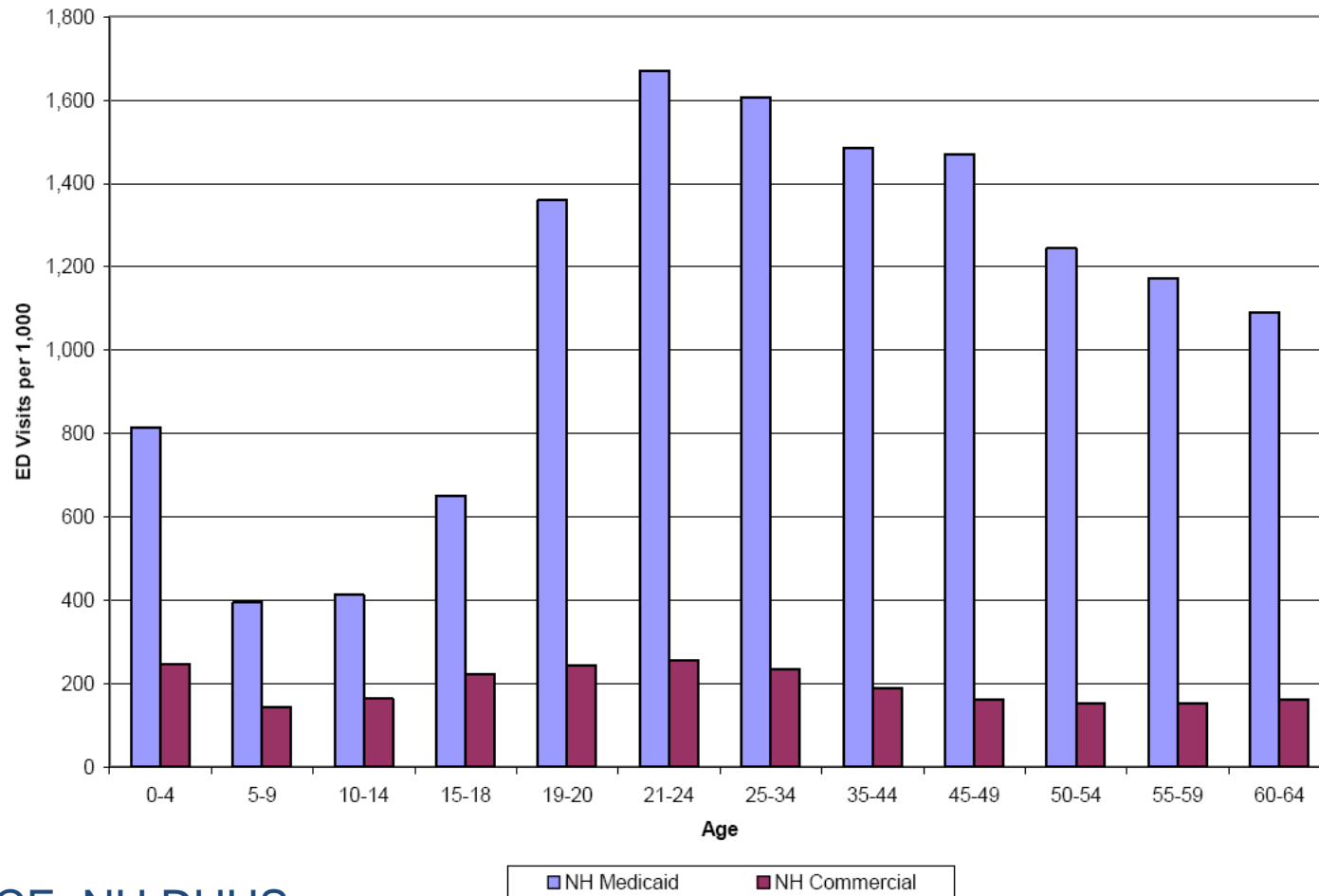
SOURCE: NH DHHS

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



SOURCE: NH DHHS

Figure 2. Emergency Department Visit Rates by Age: Medicaid Compared to NH Commercial Members, 2005 *Note: age 65 and older not shown, no comparative commercial population*



SOURCE: NH DHHS



CLAIMS FOR COMMERCIAL AND MEDICAID MEMBERS

The claims module is a pilot component of the New Hampshire Web Reporting and Query System (NH HealthWRQS). The claims module provides reports about the number of members with claims for particular conditions or diseases. The reports are based on healthcare claims data that are part of the [New Hampshire Comprehensive Health Information System](#) (NH CHIS).

- Access to Care
 - + Adults' Access to Preventive/Ambulatory Health Services (AAP)
 - + Children and Adolescents' Access to Primary Care Practitioners (CAP)
- Cardiovascular Disease
 - + Cardiovascular Disease Prevalence
 - + Cardiovascular Disease Prevalence and Cholesterol Screening
- Diabetes
 - + Diabetes Prevalence
 - + Diabetes Prevalence and HbA1c Test
- Diabetes (EM2)
 - + Diabetes Prevalence
 - + Diabetes Prevalence and HbA1c Test
- Mental Health Disorder
 - + Mental Health Disorder Prevalence
 - + Mental Health Disorder Prevalence with Mental Health Emergency Department Visit
 - + Mental Health Disorder Prevalence with any Emergency Department Visit

Measurement Year=2008
Type of Payer=Commercial

NH HealthWRQS
Report Category: Diabetes
Report Title: Diabetes Prevalence and HbA1c Test

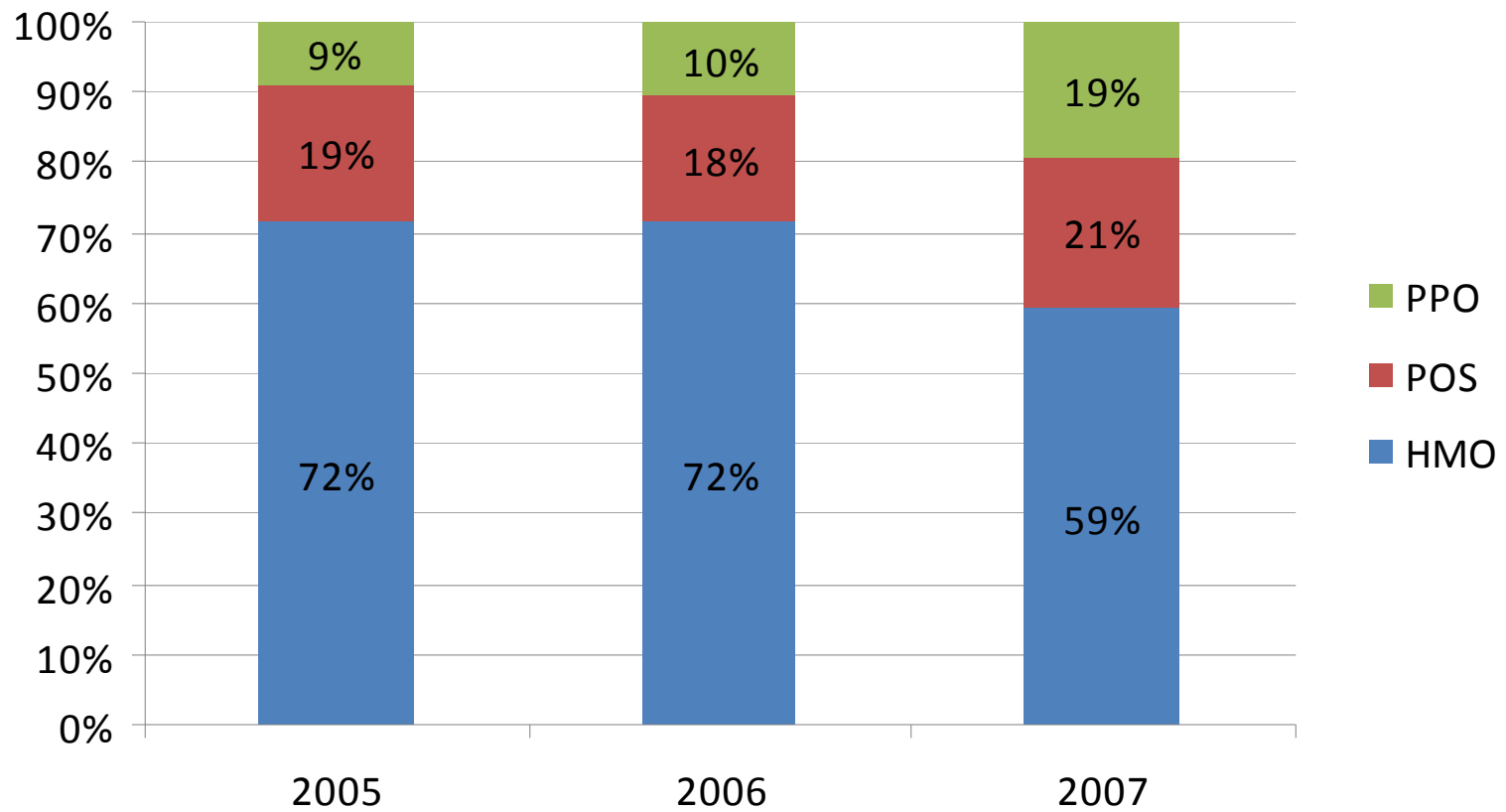
Age Group (Standard)	County of Residence=Hillsborough					State of New Hampshire Total					Significance
	Rate per 1,000	Lower 95% CI	Upper 95% CI	Number of Selected Individuals	Number of Population Individuals	Rate per 1,000	Lower 95% CI	Upper 95% CI	Number of Selected Individuals	Number of Population Individuals	
0-4	*	*	*	*	2	600.0	*	*	6	10	*
5-14	833.3	595.3	1,000.0	40	48	886.1	739.3	1,000.0	140	158	Not Sig
15-24	830.2	665.8	1,000.0	88	106	791.8	697.3	886.2	270	341	Not Sig
25-34	657.3	531.2	804.4	94	143	724.0	649.4	798.6	362	500	Not Sig
35-44	781.8	707.9	855.7	430	550	797.6	756.6	838.6	1,454	1,823	Not Sig
45-54	808.4	761.4	855.3	1,139	1,409	821.0	795.4	846.7	3,927	4,783	Not Sig
55-64	822.6	783.5	861.7	1,702	2,069	831.1	810.1	852.0	6,051	7,281	Not Sig
** Crude Total **	807.5	780.7	834.3	3,494	4,327	819.7	805.1	834.2	12,210	14,896	N/A

Number of Selected Individuals: Members who were continuously enrolled for 11+ months and have a primary diagnosis of diabetes (ICD-9 CM 250, 357.2, 362.0, 648.0, 366.41) and an HbA1c test (CPT codes 83036 or 83037).

Number of Population Individuals: Members who were continuously enrolled for 11+ months and have a primary diagnosis of diabetes (ICD-9 CM 250, 357.2, 362.0, 648.0, 366.41) .

Data Source: NH Department of Health and Human Services, Office of Medicaid Business and Policy, Bureau of Systems and Data Management, Comprehensive Healthcare Information System data, on HealthWRQS Pilot Claims Module. Accessed at <http://healthwrqs-pre.sr.unh.edu/>

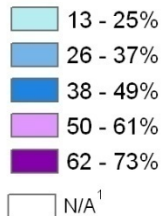
Change in Distribution of Costs by Insurance Type: Concord



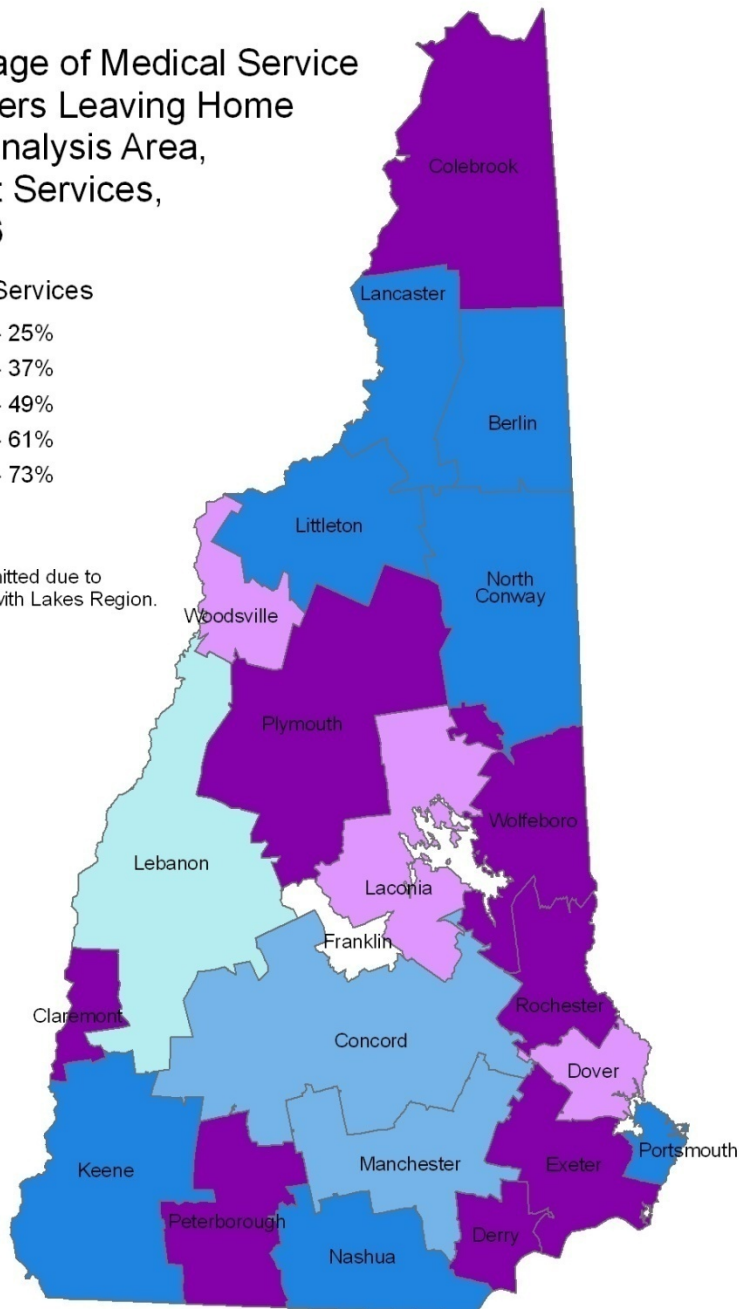
SOURCE: UNH

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

Percent of Services

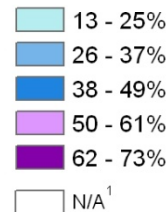


¹Franklin HAA omitted due to hospital merger with Lakes Region.

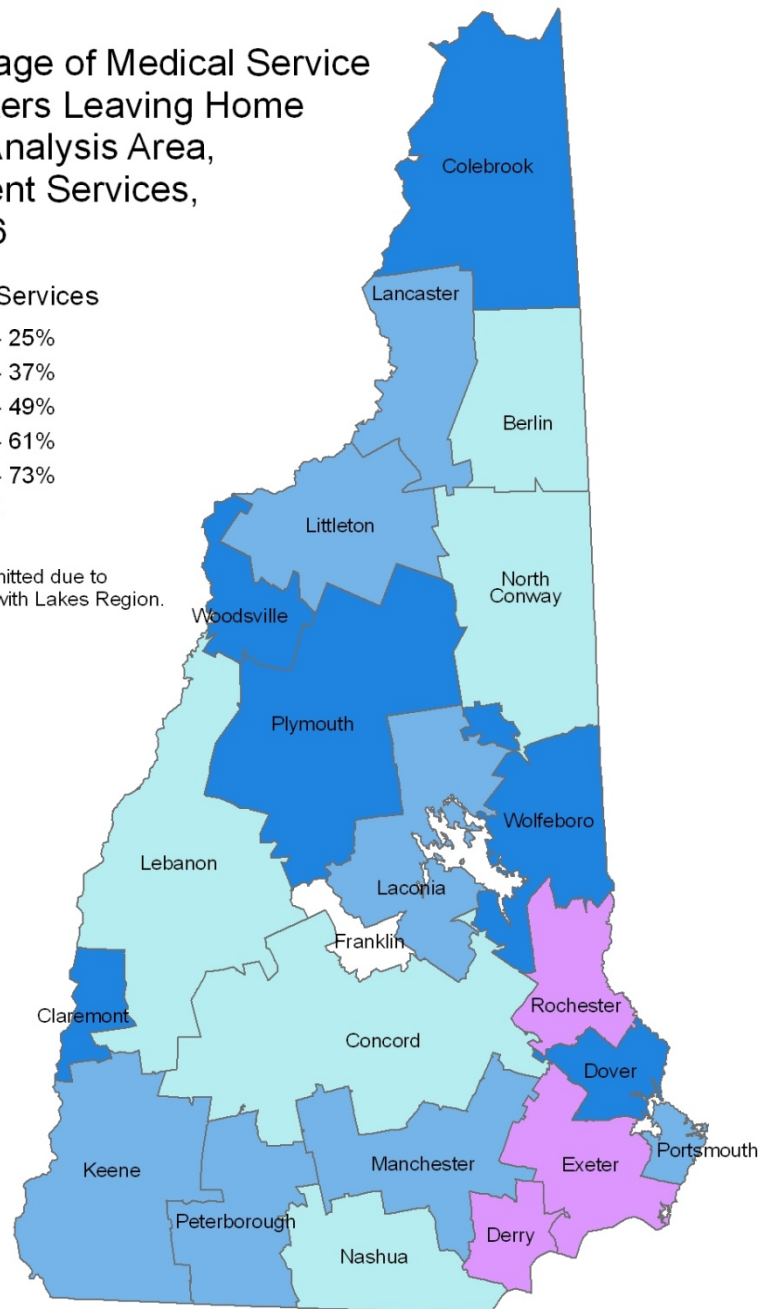


Percentage of Medical Service Encounters Leaving Home Health Analysis Area, Outpatient Services, CY 2006

Percent of Services

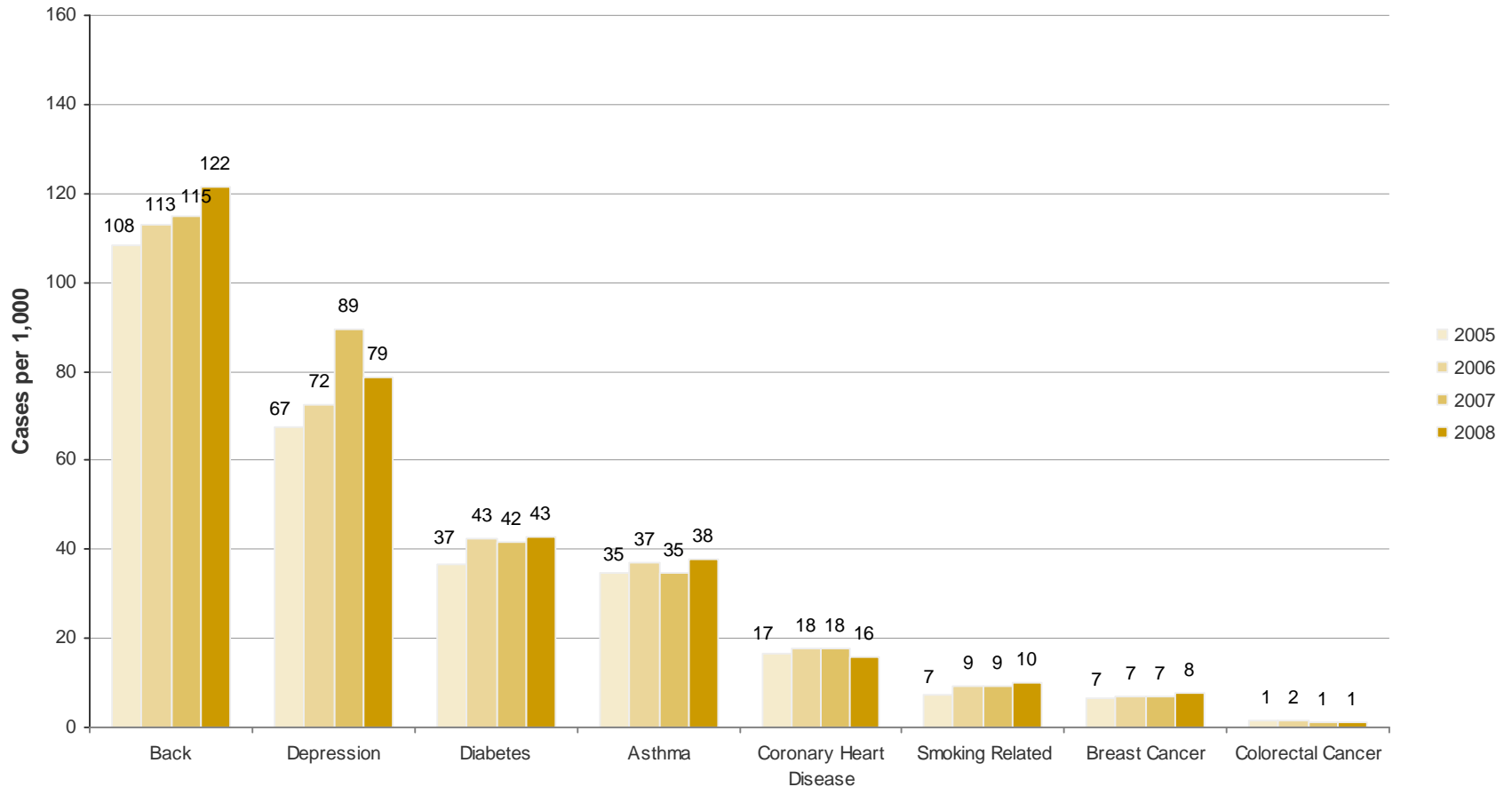


¹Franklin HAA omitted due to hospital merger with Lakes Region.



Prevalence of Selected Conditions

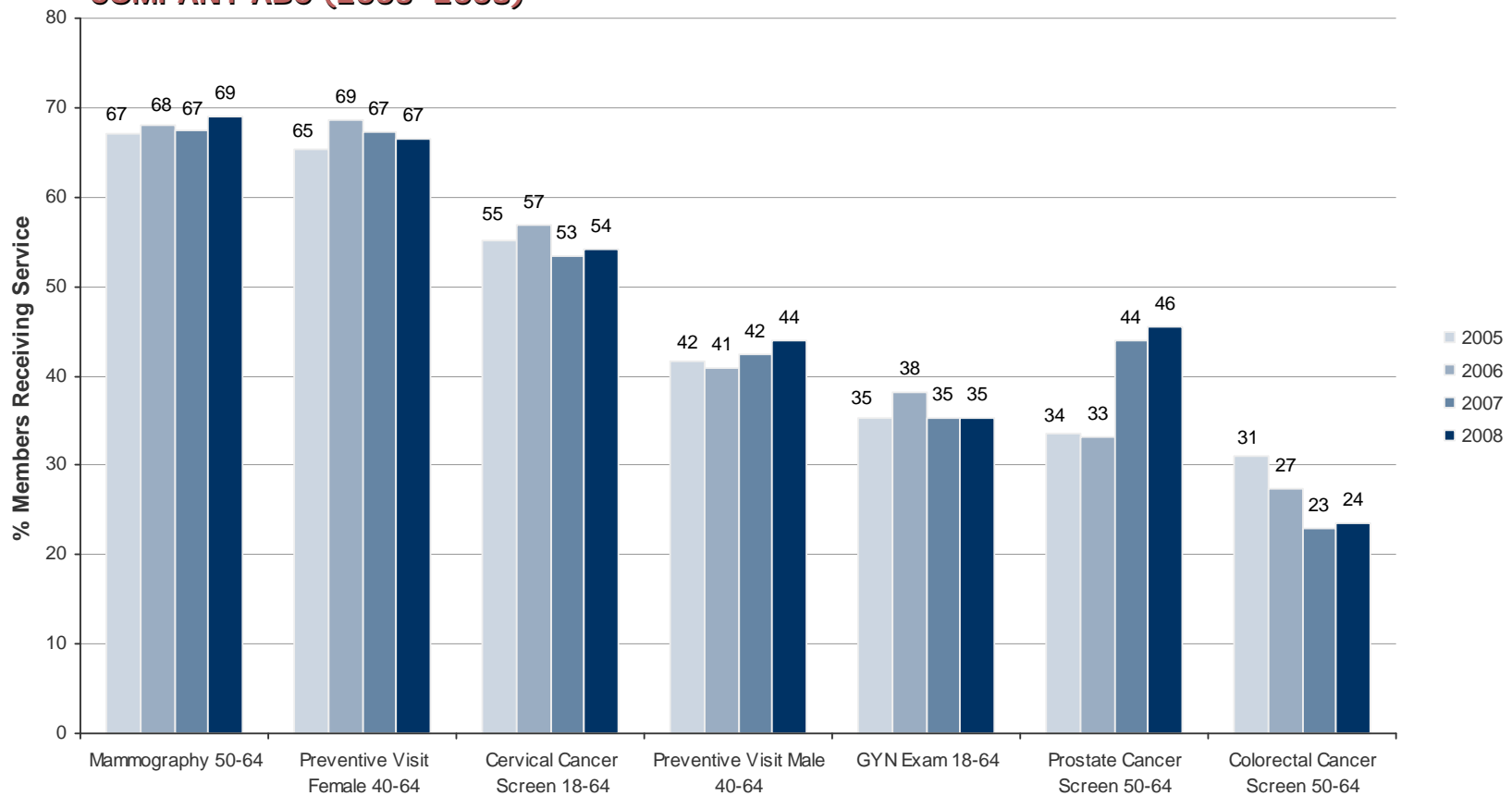
COMPANY ABC (2005–2008)



SOURCE: NHPGH

Percent Members Receiving Preventive Services

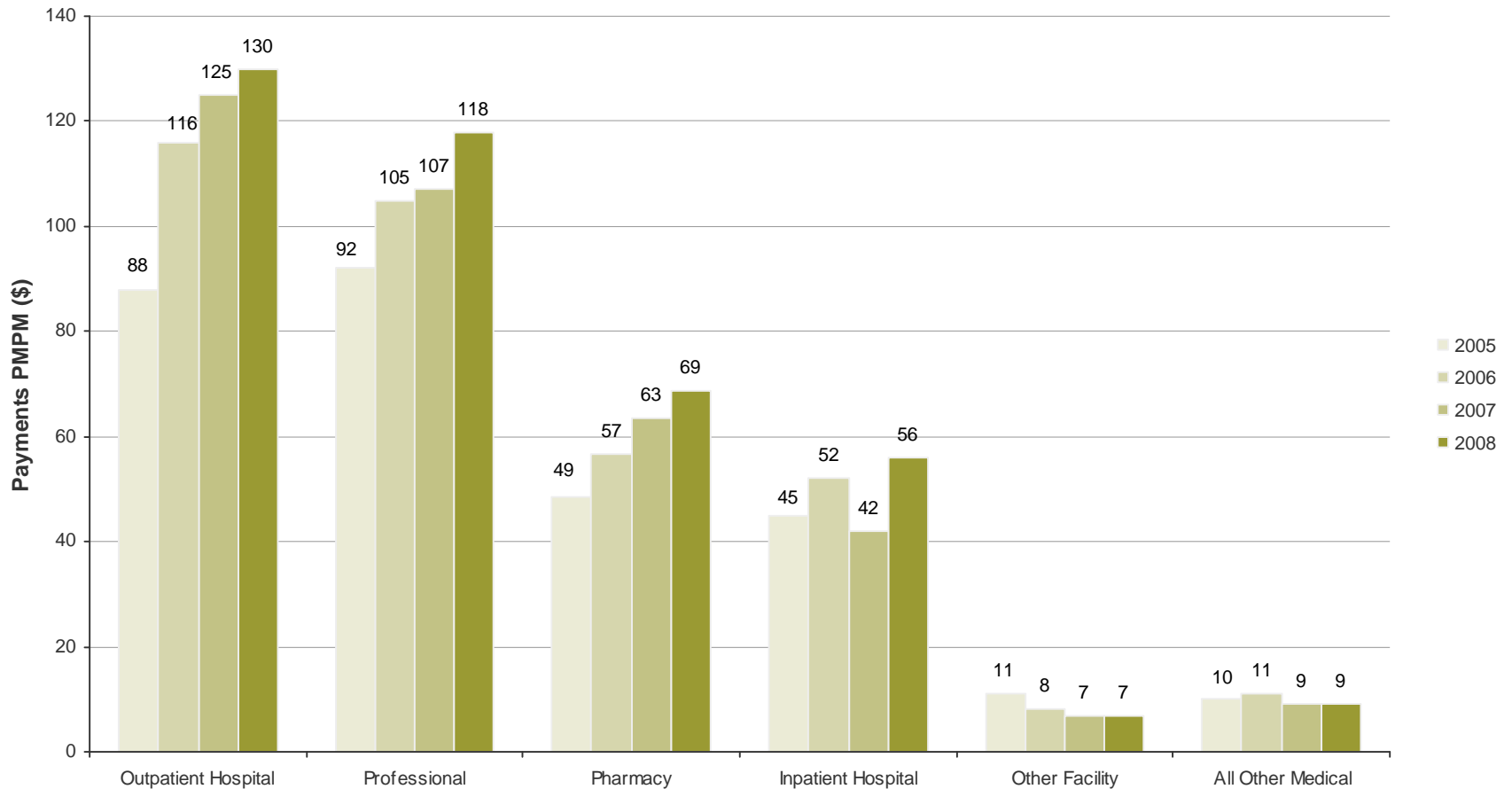
COMPANY ABC (2005–2008)



SOURCE: NHPGH

Healthcare Plan Payments PMPM by Category

COMPANY ABC (2005–2008)



SOURCE: NHPGH

ETGs for Joint Degeneration—Spine

Maine Commercial Claims (2006–2007); Full Episodes Outliers Removed
Preference Sensitive Care

JOINT DEGENERATION— SPINE	WITH SURGERY	WITHOUT SURGERY
ETG-Subclass	721-08	722-08
Number of Episodes	802	15,830
% with MRI	84%	26%
% with CT-Scan	12%	2%
% with Standard Musculoskeletal Imaging	82%	36%
% with Chiropractor	20%	50%
% with Osteopathic Manipulation	12%	10%
% with Physical Medicine or Rehab	61%	54%
Avg. Payment per Episode	\$18,088*	\$1,605

* The average payment for 272 episodes with spinal fusion was \$28,290 compared with \$12,853 for 530 episodes with other types of spinal surgery such as laminectomy or disectomy.

SOURCE: ONPOINT HEALTH DATA

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

Medical Home Pilot Preliminary Indicators Report

Total Costs by Practice Site vs. Non-Medical Home Sites

July 2009-March 2010 DOS – Commercial Payers

PRACTICE	TOTAL COST	TOTAL PMPM
Site #1	\$1,664,702	\$81
Site #2	\$2,666,268	\$104
Site #3	\$3,596,334	\$147
Site #4	\$4,949,153	\$74
Site #5	\$4,314,375	\$135
Site #6	\$1,820,459	\$148
Site #7	\$911,153	\$116
Site #8	\$1,236,719	\$87
Site #9	\$2,628,653	\$93
Total	\$23,787,817	\$103
Non-Medical Home Sites	\$1,010,233,075	\$144

*Notes: Excludes pharmacy, preliminary, not risk adjusted, they were not annualized, and they were further not adjusted for contractual differences

Total Inpatient Adverse Drug Events Discharge, Rate, Total Paid, and Average Paid, 2006-2007 - Maine and New Hampshire

Maine	IP Discharges	Rate / 1,000 Discharges	Total Paid	Average Paid
2006	747	26.7	\$ 11,864,264	\$ 15,883
2007	770	34.5	\$ 13,705,995	\$ 17,800
Total	1,517	30.1	\$ 25,570,259	\$ 16,856
% Increase	3%	29%	16%	12%

New Hampshire	IP Discharges	Rate / 1,000 Discharges	Total Paid	Average Paid
2006	459	22.3	\$ 5,712,414	\$ 12,445
2007	504	25.1	\$ 6,719,104	\$ 13,332
Total	963	23.7	\$ 12,431,518	\$ 12,909
% Increase	10%	12%	18%	7%

SOURCE: UNH & HEALTHINFONET

Vermont Utilization Measures -2008 Commercial

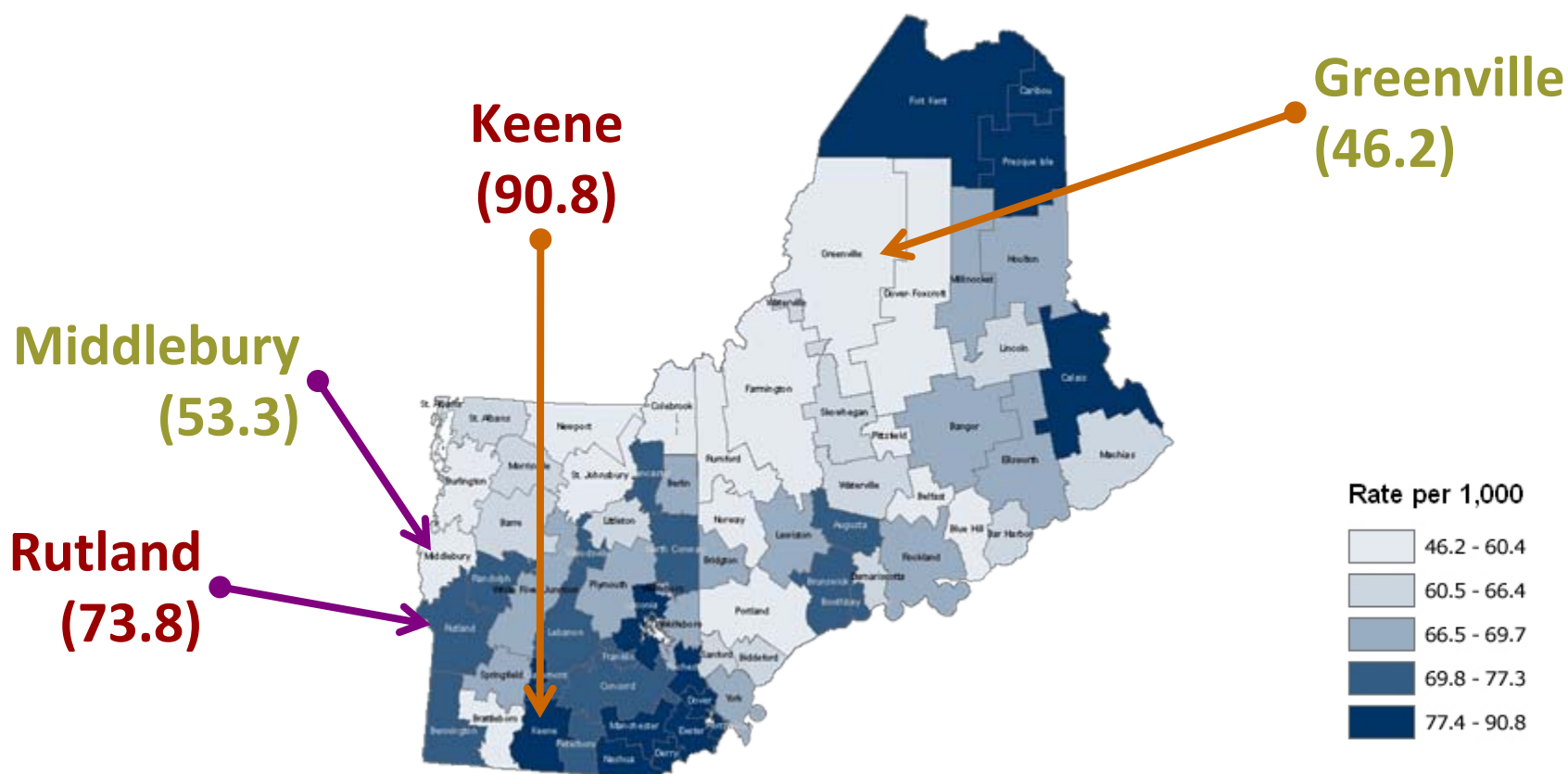
Burlington Hospital Service Area: Commercially Insured Under Age 65

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	Adj. Rate PER 1,000	Adj. Rate PER 1,000	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%

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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Lessons Learned and Challenges

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

Standardization

Key Benefits of Standardization

- Reduced Payer Acquisition Cost
- Reduced Data Collection Cost
- Ability to Create Multi-State Analyses
- Support from Data Management Standards Organizations (NCPDP, ANSI X12), AHRQ, AHIP, and others

Areas for Standardization

- Data collection / submission
 - Aligning to HIPAA Standards
 - Efficiencies in metadata, reporting, analysis, and application development
- Data release
 - Political
 - State-driven

Technical Advisory Panel

- Agency for Healthcare Research and Quality (AHRQ)
- All-Payer Claims Database Council (APCD Council)
- 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

Work Plan

- Comparison of 6 states' APCD data elements for submission is complete; including mapping to HIPAA reference standards for each element
 - Maine
 - New Hampshire
 - Vermont
 - Minnesota
 - Tennessee
 - Massachusetts
- Concurrently, working with AHRQ/USHIK

Work Plan

- Pharmaceutical Claims
 - NCPDP review of APCD pharmaceutical data elements with APCD Council and states
- Eligibility and Medical Claims
 - AHRQ Task Order
 - X12

Work Plan

- September 2010: Expert consultants reviewing proposed core set of APCD data elements
- October 2010: states will vet proposed temporary core set of elements and method to address state specific elements
- November 2010: APCD Technical Advisory Panel will vet and complete plan for advancing an APCD standard
- January 2011: X12 Introduction
- March 2011: NCPDP Draft Implementation Guide
- TBD: X12 Sign Off
- TBD: NCPDP Sign Off

Questions and Answers

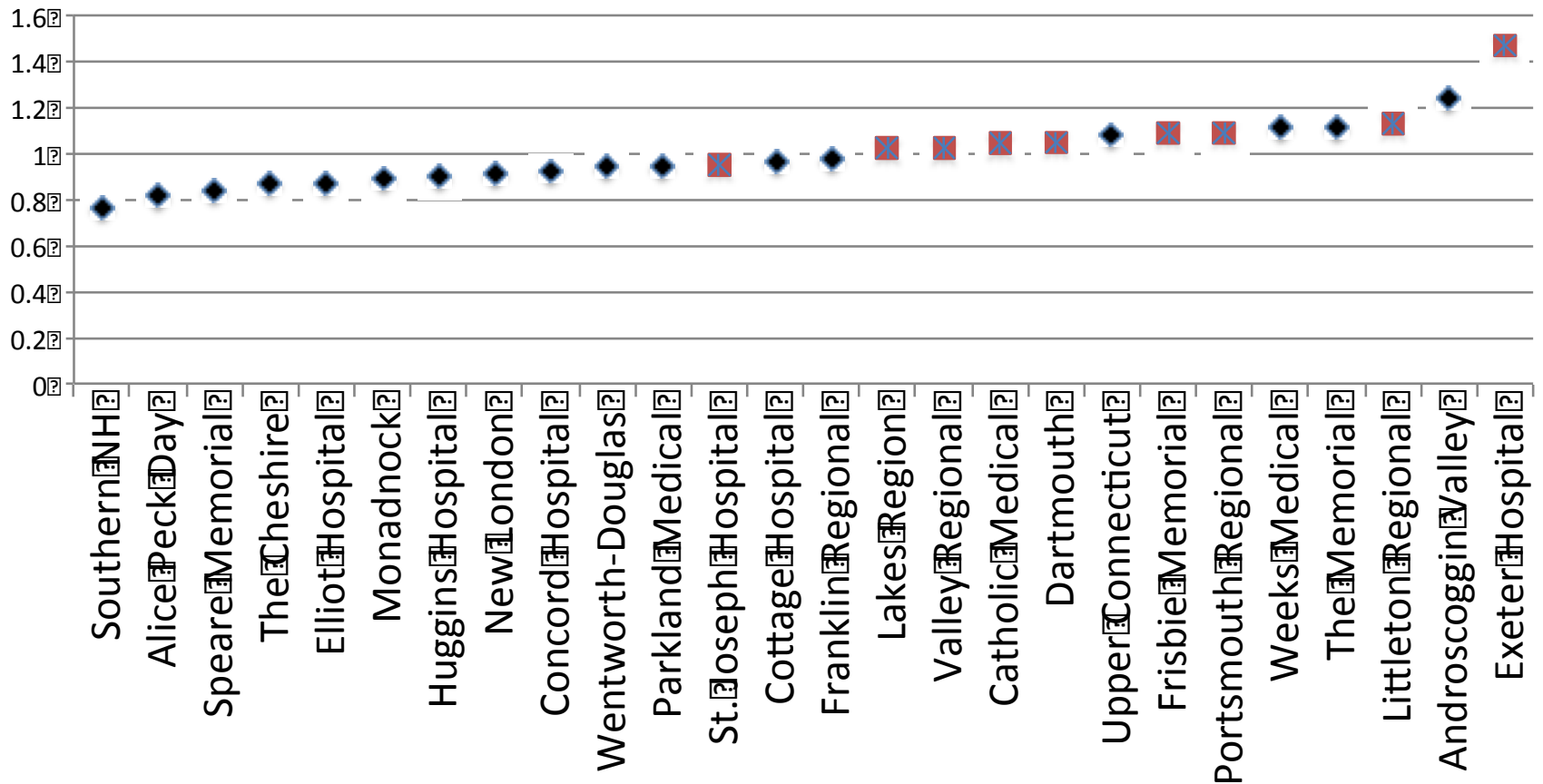
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www.APCDCouncil.org
www.nahdo.org

for more resources in assisting states to move forward

CY2011 Composite Hospital Score



Tier 1=Diamond, Tier 2=Asterisk