

Massachusetts All-Payer Claims Database: Review of Recent Efforts

June 13, 2011



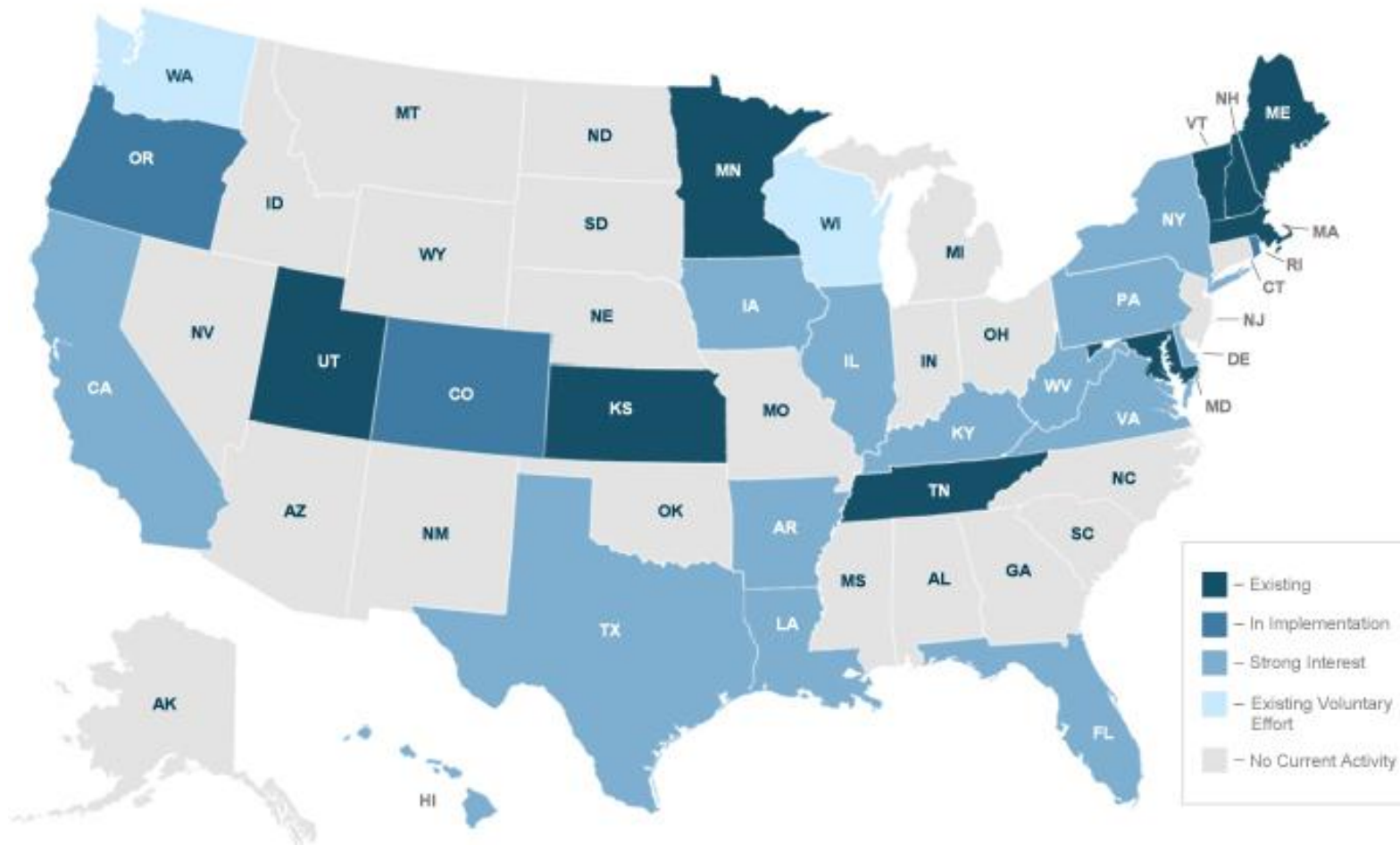
DIVISION OF
Health Care
Finance and Policy

What is an All-Payer Claims Database (APCD)?

- All-Payer Claims Databases (APCDs) are large-scale databases that systematically collect health care claims data from a variety of payer sources which include claims from most health care providers*
 - Includes Medicare and Medicaid and encompasses both fully-insured and self-insured
 - Components can include medical claims, dental claims, pharmacy claims, and information from member eligibility files, provider files, and product files
 - These components may also include definitions of insurance coverage (covered services, group size, premiums, co-pays, and deductibles) and carrier-supplied provider directories

* Source: National APCD Council, www.apcdcouncil.org

The development of an APCD is a growing national trend



Why develop an APCD?

- Policies to promote delivery and payment reforms, and facilitate cost and quality transparency, require timely and reliable state-level data
- Unfortunately, traditional data sources are often insufficient to adequately inform and affect change in our health care delivery system
 - Data sources may have limited service sites, such as hospital discharge data and sample-based data
 - Data sources may pertain to limited populations, such as Medicare or Medicaid
- An all-payer claims database supplements other data for more robust and enhanced health research
- There is currently no single repository for health care claims data in MA
 - Health care claims data are collected by several government entities in various formats and levels of completeness

Overview of efforts in Massachusetts

- The Division of Health Care Finance and Policy (DHCFP), per M.G.L. c. 118G, §§ 6 and 6A, has broad authority to collect health care data
- Four phases of APCD development:
 - Planning ✓
 - Implementation
 - Information Production (analytics and extracts)
 - Potential Ongoing Enhancements

Recap of Phases 1 and 2: Planning and implementation

When	Milestone
April 2010	DHCFP issued a notice of public hearing and released draft regulations for both collection and release of health care claims data
May 2010	DHCFP held a public hearing on the proposed regulations
July 2010	DHCFP adopted final regulations
October 2010	DHCFP collected self-insured data for cost trends analyses
January 2011	DHCFP began conducting daily technical assistance calls with payers
February 2011	Health care payers began submitting all health care claims data to DHCFP for November 2010, December 2010, and January 2011
March 2011	Payers are submitting regular data updates, on a monthly basis
May 2011	DHCFP convened a series of public forums to discuss data uses, release, and governance strategy
May 2011	Payers submitted health care claims data for 2008, 2009, and 2010

Phase 3:

Information production (or vision for the APCD)

- **Utilization of data for DHCFP's statutorily required analyses**
 - Analysis of health care cost trends and factors underlying their growth
 - Public reporting of total medical expenses and relative prices
 - Other efforts to monitor the Massachusetts health care delivery system
- **Provision of data to other governmental agencies for their statutorily required uses**
 - APCD can serve as the central repository of health care claims data for Massachusetts state agencies, thereby eliminating duplicative data requests by state governmental entities
 - DHCFP is in active discussions with other state governmental agencies (HCQCC, GIC, DOI, MassHealth, Connector, DPH, DOR) to consolidate existing and future reporting requirements
- **Release of data to external entities for uses in public interest**
 - Two tiers of data extracts will be made for each of the six APCD file types (medical claims, dental claims, pharmacy claims, member eligibility file, provider file, and product file)

Phase 4: Potential ongoing enhancements

Estimated timeframe: Calendar year 2013 onwards

- DHCFP can create pre-determined modules based on specific, common data uses
 - Traditional model for release is to create files based on tiers of data sensitivity. These all-encompassing files are relatively easy to produce but require applicants to prepare and purchase technical hardware and software to support data intake and analysis
- DHCFP may provide enhanced data access through a web-based interface that would give applicants access to approved files and the ability to utilize analytic software tools, such as episodic treatment groupers (ETGs) and risk-adjustment software (DxCG), and tools to generate reports and dashboards for analysis
 - This web-based access is beneficial to those who otherwise would not have the IT infrastructure or resources to invest in expensive analytic tools and the experienced staff to manipulate data files
- DHCFP's analytic and technical staff could be made available, for an additional fee, to guide users of the data and help troubleshoot issues

Commitment to transparency and engagement: Highlights from the APCD forums

- Over 200 stakeholders attended a series of three forums on APCD data uses, release, and governance
- Discussed potential data uses that are in the public interest
- Provided an overview of the APCD data release application process
- Discussed the role and composition of the Data Release Committee, which will review applications and recommend release of data
- Proposed to create an analytic and technical workgroups in order to maintain commitment to transparency and stakeholder engagement

Next steps

Timeline

Summer 2011	Post administrative bulletin to reflect comments and feedback from the APCD forums Send invitations to public meetings of Technical and Analytic Workgroups
Winter 2011	Nominations for Data Release Committee
Late 2011	Datasets may be made available for other governmental agencies to utilize for their statutorily required uses
2012	APCD release files may be made available via application depending on the timeliness, quality, and completeness of the data submitted by payers