

All Payer Claims Databases (APCDs)

California Opportunities

March 24, 2011

■ Charge

- To make recommendations and assess the feasibility, opportunities, and challenges of designing and implementing an All-Payer Claims Database (APCD) in California.
 - Services
 - Policy & governance
 - Engagement
 - Technical and operational requirements
 - Financing

■ Project Team & Timeframe

- California HealthCare Foundation (sponsor), Manatt Health Solutions, All-Payer Claims Database Council
- February – May 2011

1. Services

- Identify necessary core functions and business requirements

2. Policy & governance

- Identify where the APCD could be housed and its authority
- Does it require statutory and regulatory action?
- Engagement - multi-stakeholder issues: open, transparent, and fair

3. Data collection, access, use, and disclosures

- Covered populations, frequency of data collection/submission, thresholds for participation, exclusions examples, etc.
- Who can access and for what purpose?
- What types of standard reports and data will be made available?

4. Financing

- Identify sources of implementation and maintenance funding

Background: APCD Value and Functions

- **Transparency - APCD could help answer many questions concerning cost, quality, access, and utilization, including:**
 - How much do quality measures vary by payer or provider type?
 - How do costs of procedures or episodes of care vary by provider or region?
 - In what geographies is public health improving?
 - Is emergency room usage in Medi-Cal different than in the commercial population? What accounts for any observed variances?
 - What is the average length of time people use antidepressant medications? Does this vary by payer or provider?

- **Other functions an APCD could support:**
 - Risk-adjustment for health insurance exchanges
 - Pay-for-performance and quality reporting initiatives
 - ACOs, medical and health homes, etc.

Current State

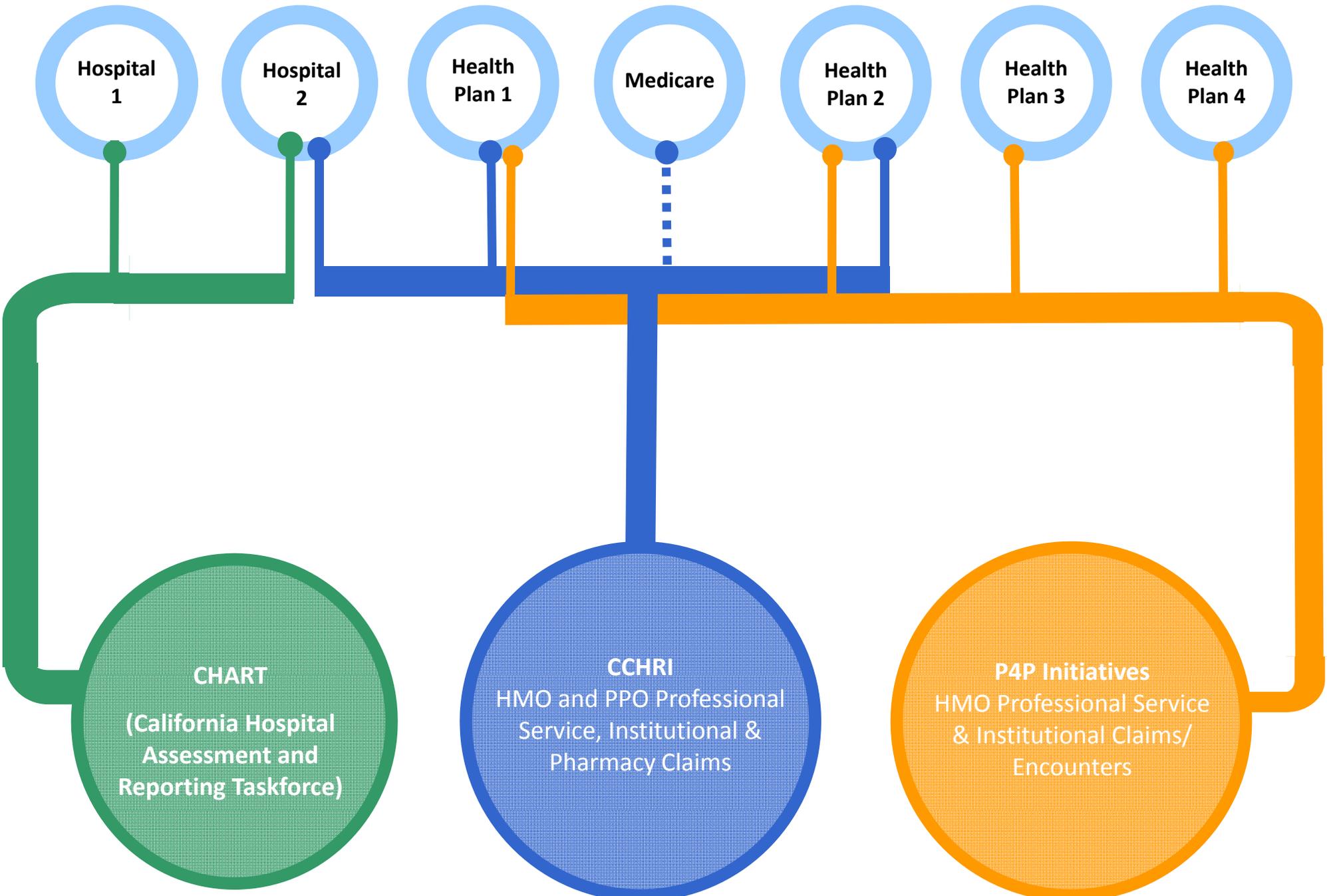


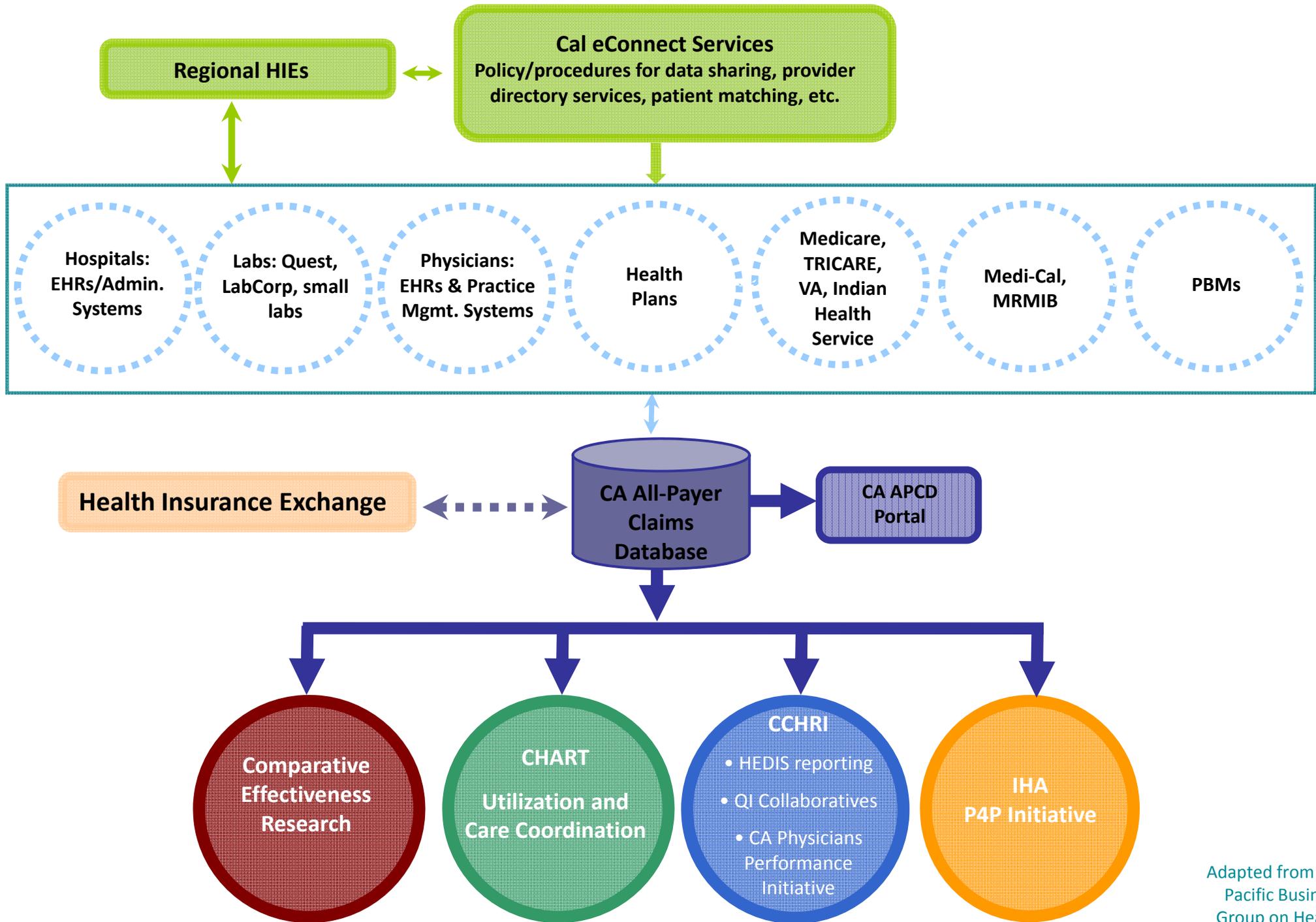
CHART
(California Hospital
Assessment and
Reporting Taskforce)

CCHRI
HMO and PPO Professional
Service, Institutional &
Pharmacy Claims

P4P Initiatives
HMO Professional Service
& Institutional Claims/
Encounters

Adapted from the Pacific Business Group on Health

Potential Future State



Adapted from the Pacific Business Group on Health

Governance: State Models – Alternatives to consider

Lead Agency

Approach

State Examples

	Lead Agency	Approach	State Examples
Mandatory	State Health Data/Policy Agency	State health policy agency or health data authority collects and manages data. Penalties are enforced for noncompliance.	Kansas, Maine, Maryland, Massachusetts, Minnesota, Oregon, Tennessee, Utah
	State Department of Insurance	An agency responsible for the oversight of insurance carriers manages the APCD. Penalties are enforced for noncompliance.	Vermont
	Shared Among Multiple State Agencies	Two state agencies share in governance and management of data collection and release. Penalties are enforced for noncompliance.	New Hampshire <i>(Dept. of Health & Human Services, Dept. of Insurance)</i>
Voluntary	Non-Governmental Organization	Established without legislative authority. Data collected voluntarily. No penalties for non-reporting.	Washington, Wisconsin
Hybrid	Regulated non-profit or public-private partnership	Established by legislative authority. Data collection required. Policies established through regulation and/or governing board.	Colorado <i>(in implementation)</i>

- Aligning with HIPAA, Confidentiality of Medical Information Act, other
- Statutory authority of governing organization/agency
- Data collection and release policies and approaches
 - Political considerations
 - State-driven decision making
 - Individual privacy and security considerations

Technical Operations

- Data collection, submission, & release
 - Aligning with HIPAA, other technical standards
 - Procurement
 - Design & architecture
 - Audit, updates, and corrections
 - Reporting, analysis, and application development
- Data release policies and approach
 - Political considerations
 - State-driven decision making
 - Individual privacy and security considerations – state regulations, statute, etc.

Funding: Cost Drivers

- Population covered (size)
- Number of carrier feeds
 - Membership thresholds
- Provider & member identity management
- Data release / access
- Analytics, reporting, applications

Funding: Potential Sources of Revenue

- Implementation & maintenance funds could include a mix of:
 - Assessed fees on plans based on market share and other criteria
 - Assessed fees on providers based on market share and other criteria (e.g., facility or provider type)
 - Data release fees (minimal source of revenue)
 - Fines for non-compliance (minimal source of revenue)
 - Grants: federal, state, private
 - Medicaid (assuming federal match is available)
 - Products/Services: Data aggregation/reporting for required HEDIS activities
 - Products/Services: Data aggregation/reporting for P4P programs
 - State funds: general, special, other
 - State-supported fees (e.g., on claims transactions)

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