

The Development of the All Payer Database

Brown Bag Lunch Presentation

August 21, 2013

NYS All Payer Database

- ▶ The All Payer Database (APD) will be the repository for a wide variety of health care claims data that can be integrated to support the evolving information and analytical requirements of stakeholders involved in the management, evaluation and analysis of the NYS health care system
- ▶ It will serve as a key resource for supporting finance policy, population health and health care system comparisons and improvements
- ▶ The APD is an essential component of any health care payment reform (ACOs, bundled payments, shared savings, etc.)

Background

- ▶ New York State enacted legislation in the spring of 2011 that allowed for the creation of an All Payer Database (APD)
- ▶ Received funding to support the All Payer Database as part of two separate Level One Health Insurance Exchange Establishment Grants
- ▶ In June 2011, the New York State Health Foundation, in collaboration with NYSDOH hosted a working discussion regarding the establishment of the APD
- ▶ Staff are involved with the national All-Payer Claims Database Council

Potential Uses of the APD

- ▶ **Health Care Transformation** – To evaluate care delivery and payment models, and identify quality improvement opportunities to avoid waste, over-, under-, or misuse of treatments as well as conflicting plans of care
- ▶ **Comparative Effectiveness** – To research the effectiveness, benefits, and harms of various treatment options – used to inform health care decisions for policy makers, payers, providers and consumers
- ▶ **Strengthening Public Health Practice and Improving Population Health** – To monitor health status and identify community health problems including health disparities; detect and investigate health problems and health hazards in the community; evaluate effectiveness, accessibility, and quality of public health services, strategies, and programs, etc.

Potential Uses of the APD

- ▶ **Health Care Resources Needs Assessment** – To support planning and identify resource needs to improve disease prevention, and ensure provision of effective diagnosis, treatment and rehabilitation services
- ▶ **Risk Adjustment Under the Affordable Care Act** – To collect data necessary for the State to make risk adjustment calculations required under the Federal Patient Protection and Affordable Care Act (ACA)
- ▶ **Premium Review To Support the Prior Approval Law and Additional Insurance Regulation Activities** – To enhance and expedite the ability of Health Plans and regulators to prescribe and determine appropriateness of premium rates. For example, to identify underlying cost drivers for premiums, as well as regional variations in premium rates and establish policies for risk adjustment.

Activities To Date

- ▶ Established project governance groups including: APD Steering Committee (with internal and external stakeholders), DOH APD Executive Decision Team, and DOH Data Intake & Collection Team.
- ▶ Issued an RFI to solicit information on a roadmap for implementation, potential funding sources and requirements, a framework for an overall architecture model. Received 27 vendor responses.
- ▶ Reviewed and evaluated RFI responses, looking for creative strategies, and found that one solution would not fit all the components of the APD.
- ▶ Selected the data submission format based on National Standards and developed draft Companion Guides.
- ▶ Developed draft regulations.
- ▶ Initiated project with the NY Health Benefits Exchange for the development, operations, plan management support, and infrastructure/ architecture for receiving and processing post adjudicated claims from NY-HX QHPs.

Initial Focus

- ▶ The initial focus will be on the collection of post adjudicated claims data (“encounters”) which provides critical health care information about insured individuals, their diagnoses, services received and the costs of their care.
- ▶ Examples of how claims data can be used include:
 - ▶ risk adjustment/risk based payment/payment reform
 - ▶ evaluation of clinical risk
 - ▶ quality measurement
 - ▶ price and cost transparency
 - ▶ access to care evaluation and longitudinal health services research

Claims Collection Strategy

- ▶ Multiple Claims Sources:
 - ▶ NY Health Benefits Exchange Qualified Health Plans (QHP)
 - ▶ Medicaid Managed Care Plans
 - ▶ Commercial Insurance Plans
 - ▶ Medicaid Fee for Service Claims
 - ▶ Medicare data

- ▶ Strategy:
 - ▶ Begin by collecting data from Health Benefits Exchange QHPs
 - ▶ Expand to include Medicaid Managed Care Plans
 - ▶ Expand to include others depending on availability of resources and pending procurements
 - ▶ Purchase Medicare data

APD Data Specification

- ▶ Direction: To adopt national standards for post-adjudicated claims (PACDR) data submission by Plans
 - ▶ X12 Transactions Defined for All Payer Claims Databases
 - Post-Adjudicated Claims Data Reporting: Professional (837) – X298
 - Post-Adjudicated Claims Data Reporting Institutional (837) – X299
 - Post-Adjudicated Claims Data Reporting Dental (837) – X300
 - ▶ Pharmacy:
NCPDP Post Adjudication Standard (Version 4.2)
- ▶ Data within the X12 PACDR transaction would meet NYS requirements
- ▶ Adopting the X12 Standard could reduce the burden for Plans reporting to multiple states in the long run as other states adopt the same reporting standard

Development Strategy

▶ Data Intake Solution

- ▶ Develop Data Intake Solution in conjunction with the NY Health Benefits Exchange which will be expanded to receive data from other sources.

▶ Data Warehousing Solution

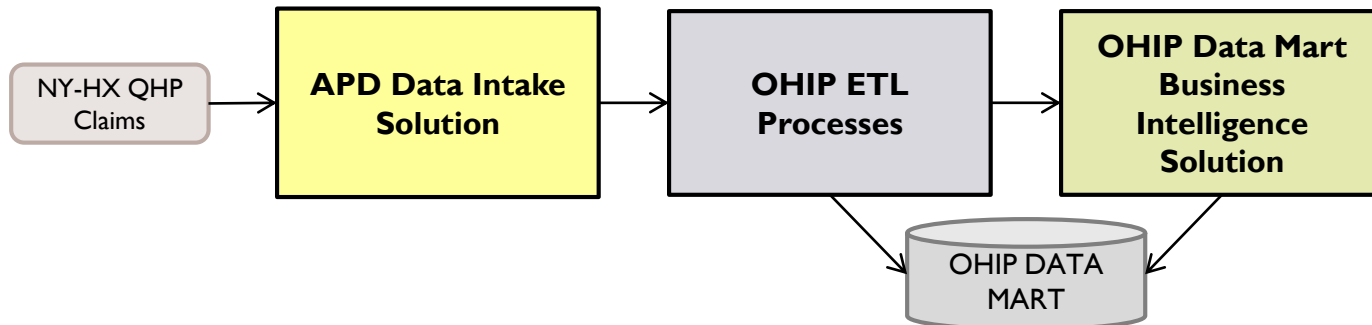
- ▶ Interim: the data will be loaded into the OHIP Data Mart where it will be available for initial reporting and analytics.
- ▶ Permanent: a permanent APD warehousing solution will be procured.

▶ Data Analytics Solution

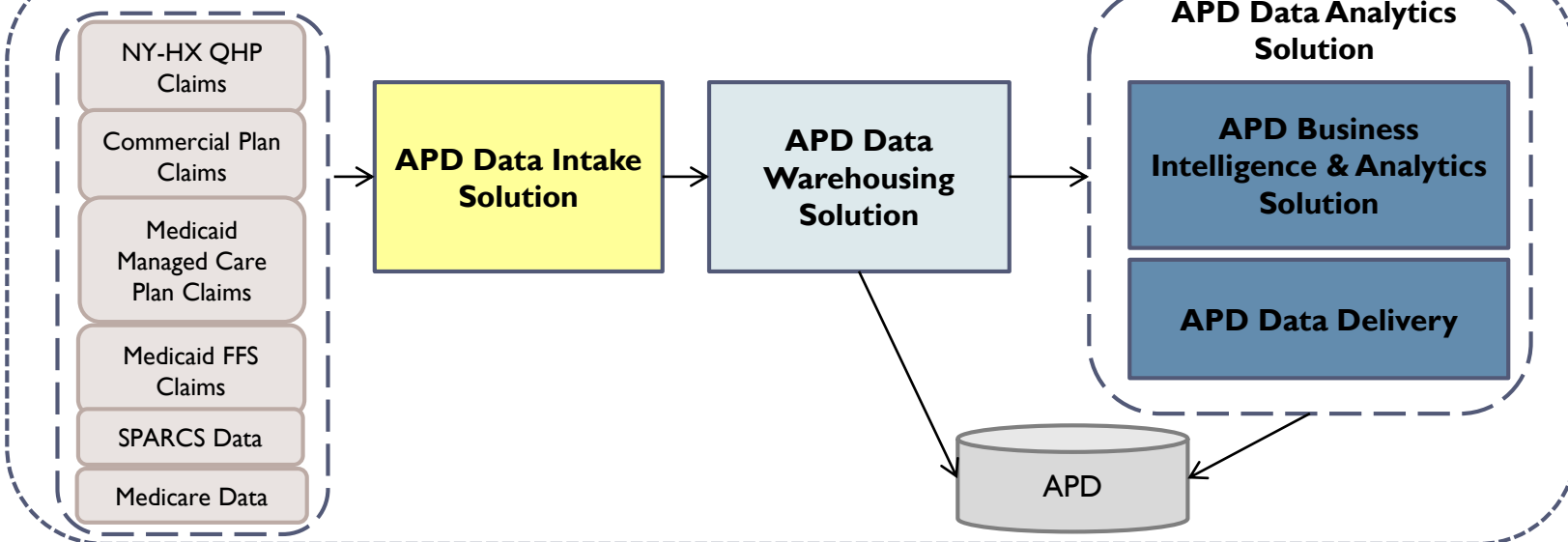
- ▶ A permanent analytics solution will be procured meet the needs of the future data users.

APD Architecture Strategy

Interim

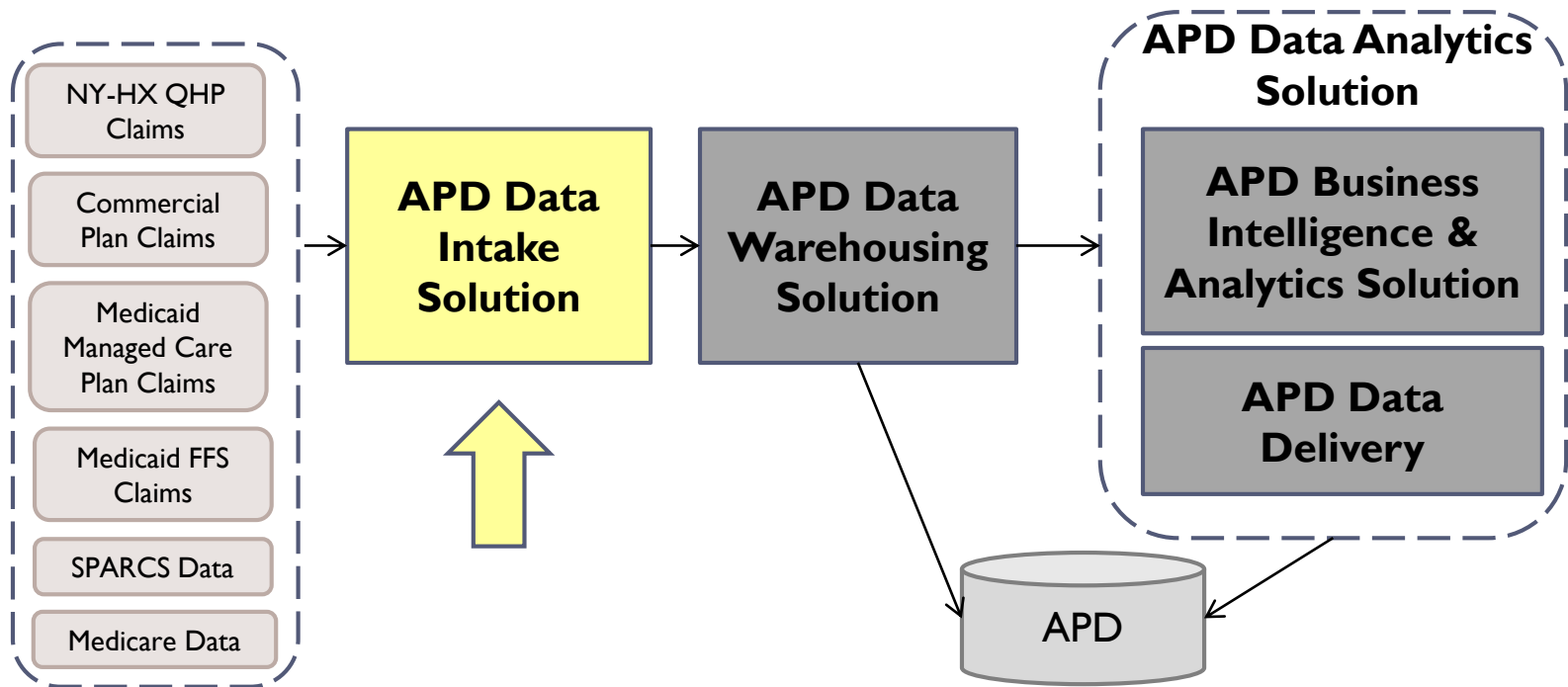


Permanent



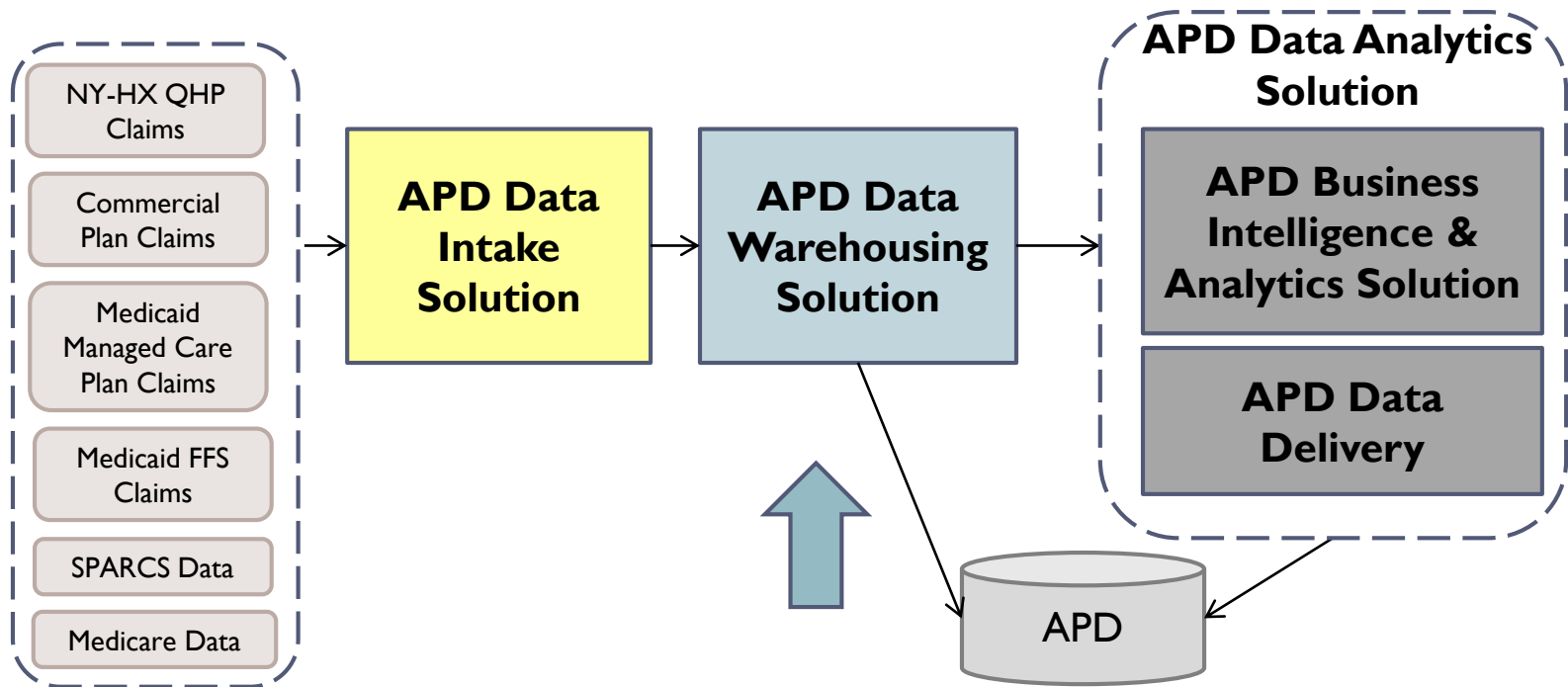
Data Intake Solution

- ▶ Receive and process post-adjudicated claims data files from health plans, validate the data, and perform quality assurance editing.
- ▶ Perform operations and management activities to ensure that the claims data is received in a timely manner and resolve any data quality issues that are identified.



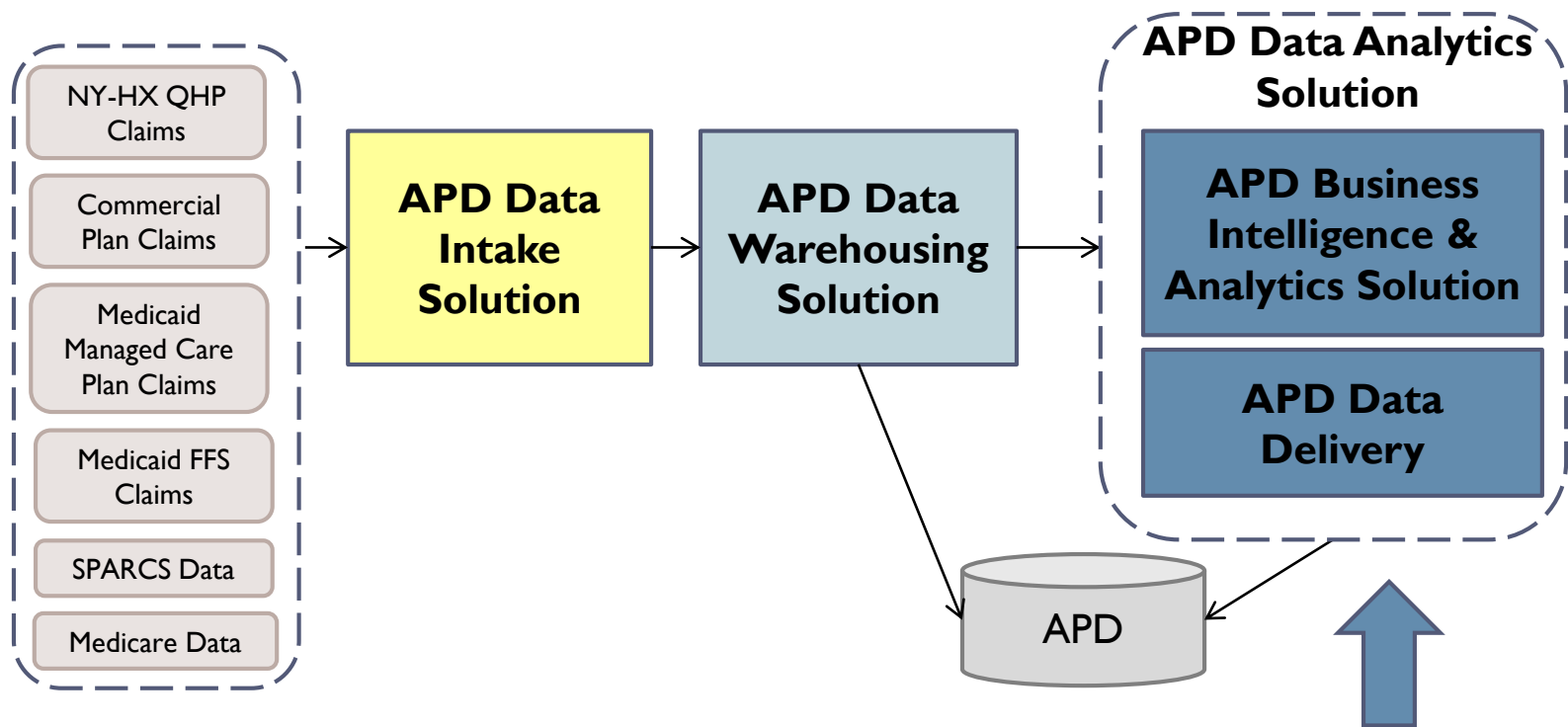
Data Warehousing Solution

- ▶ Load and store data from all sources



Data Analytics Solution

- ▶ Create standard reports
- ▶ Develop business intelligence and analytical capabilities
- ▶ Develop health care reporting data extracts



Activities Planned for Next 18 Months

- ▶ Engage other Department stakeholders for collaboration
- ▶ Hire a full time director to lead development and implementation
- ▶ Establish governance model for APD activities
- ▶ Build Data Intake Solution
- ▶ Work with health plans on reporting requirements questions
- ▶ Begin receiving test files from QHPs by end of Q1 2014 (production files by Q2 2014)
- ▶ Load APD data into the OHIP Data Mart until permanent solution is available
- ▶ Develop and issue RFPs; select vendors for Data Warehousing Solution and Data Analytics Solution
- ▶ Complete APD regulatory process
- ▶ Develop data governance and data release policies and processes
- ▶ Develop sustainability model

Other Resources

- ▶ For more information about All Payer Claims Databases, visit the APCD Council: <http://www.apcdcouncil.org/>
- ▶ Issue Briefs: <http://apcdcouncil.org/issue-briefs-and-fact-sheets>
- ▶ For examples of other state APCDs, visit the following websites:
 - ▶ Colorado: <http://www.cohealthdata.org/>
 - ▶ Maine: <http://mhdo.maine.gov/imhdo/index.aspx>

Questions & Discussion

