



Department
of Health

All Payer
Database

New York State

All Payer Database

Guidance Manual

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Office of Quality and Patient Safety
Division of Information and Statistics
All Payer Database Bureau

www.health.ny.gov/technology/all_payer_database/

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DOH has made every effort to provide accurate and complete information in this manual. Any typographical error is unintentional on our part. Edits, deletions, modifications, or changes to areas of this manual will be maintained in a change log and updated versions of the manual will be released.

I. Program Operations

The **Program Operations** section describes the New York State All Payer Database (“APD”) and how it is administered by the New York State Department of Health (“DOH”).

II. Data Governance

The **Data Governance** section describes the process for the release of APD data based upon categories of requestors, while protecting against unwarranted disclosure of protected health information and personally identifiable information.

III. Submission Specifications

The **Submission Specifications** section describes how to enroll as an APD reporter. DOH will issue and revise submission specifications as needed, with a goal of minimizing the burden on APD reporters. Note that when DOH issues new or revised submission specifications, APD reporters will have at least 120 days to come into compliance.

Section I: Program Operations

Program Purpose

Several states have implemented All Payer Claims Databases (APCDs)¹. In general, APCDs are secure databases, typically created by state mandate, that contain medical, pharmacy and dental claims data received from public and private payers. In addition to claims data, New York's APD will integrate and provide linkages to other non-claim based data sources, such as laboratory and clinical data from electronic health records, data from public health registries, and surveys and other data that examine social determinants of health.

New York State has recognized the need for an All Payer Database (APD) to provide a more complete and accurate picture of the health care delivery system across public and private payers and to improve population health.

By combining claims data and non-claim based data sources, New York's APD will allow a range of stakeholders to discover and monitor patterns in quality of care, conduct population health research, and reduce health care costs. By providing a comprehensive picture of population health in New York State, the APD will serve as a key data and analytical resource to support policy making and research.

Legal Authority

Public Health Law Section 2816 was amended in 2011 to authorize DOH to develop and implement the APD. The regulations pertaining to the APD are located at Part 350 of Title 10 (Health) of the New York Codes, Rules and Regulations, available at: https://www.health.ny.gov/technology/all_payer_database/.

Data Sources

Figure 1 provides an overview of the envisioned data sources to be housed within the APD, delineates various stakeholders, and highlights anticipated uses of the data.

The APD will receive data from multiple data sources. The APD will initially include enrollment data, benefit data, claims data (public payer and commercial) and provider data. Other data sources will be phased in over time. Figure 2 shows DOH's expected ordering of data source integration.

In the long term, the APD will provide a comprehensive repository of information for all categories of participants in the health care system, from policymakers and payers to clinicians and consumers.

Specifically, the first and second phases of data source integration will include hospital discharge data (SPARCS), vital statistics mortality data, the Qualified Health Plan (QHP) enrollment and encounter data, the Medicaid Managed Care (MMC) enrollment and encounter data, Child Health Plus (CHP) enrollment and encounter data, Medicaid Fee-for-Service (FFS) and Medicare Fee-for-Service. The integration will also include the Provider Network Data System (PNDS). Later phases of integration will include enrollment and encounter data from the NY State of Health Essential Plans (EP),

commercial health plans and, if applicable, self-funded commercial health plans. Finally, clinical data and non-claims based data, including survey and registry data and social determinants of health, will be integrated.

¹ To follow the development of APCDs across the county, the All Payer Claims Database Council has set up this dashboard: <https://www.apcdouncil.org/state/map>

Figure 1: New York All Payer Database Data Sources, Data Users and Data Uses

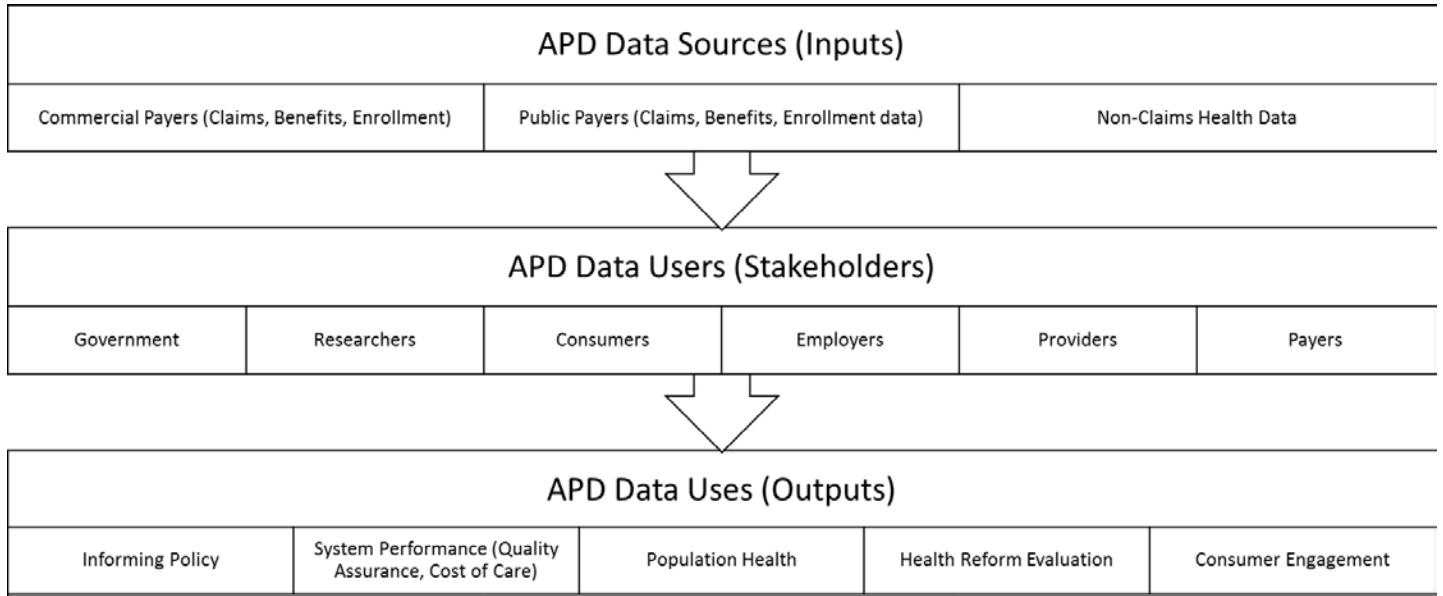
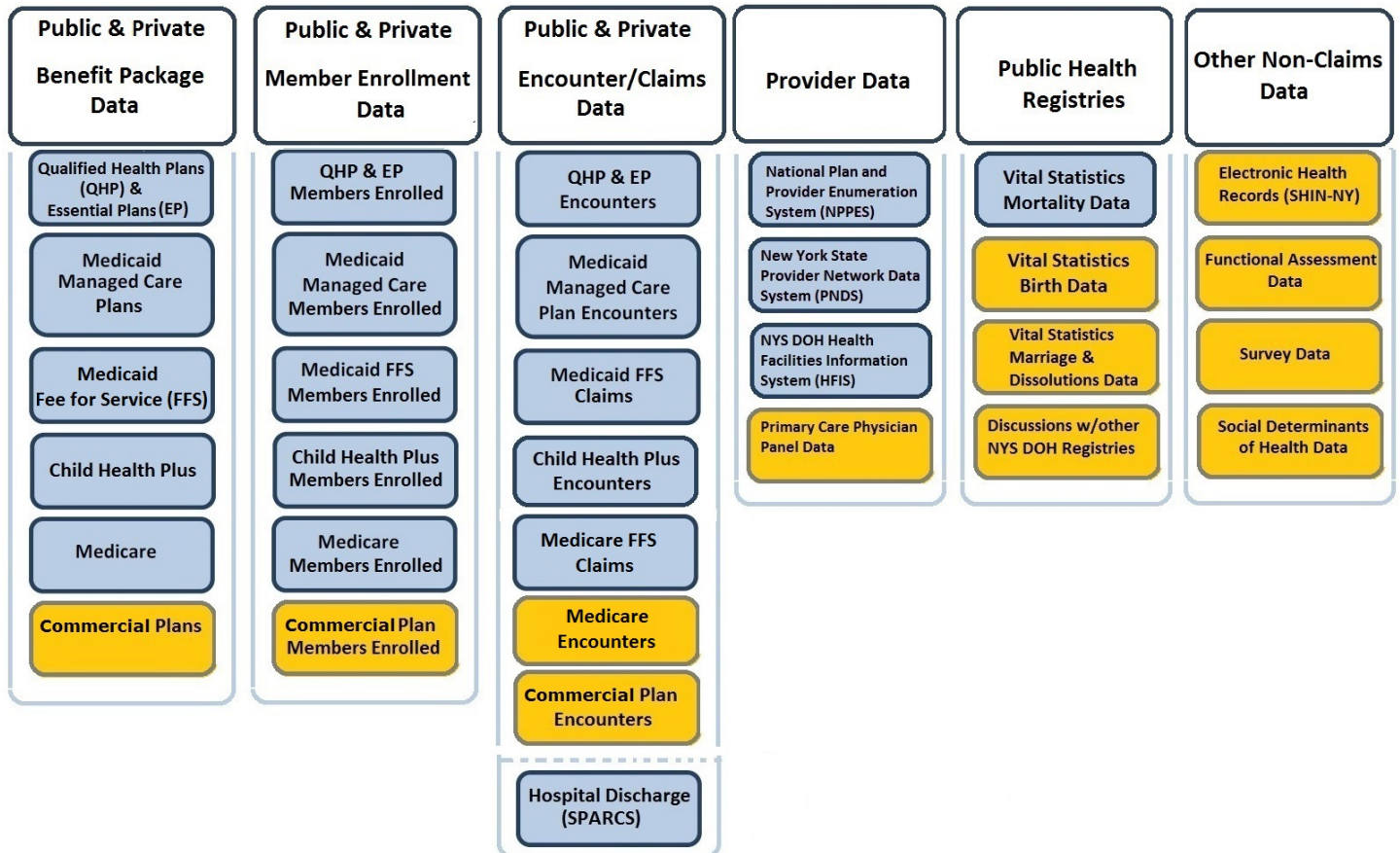


Figure 2: Overview of New York State All Payer Database Data Source Integration over Time

Note: Applicable state and federal law restrictions on data use and release will apply by data type. Blue indicates data sources that will be incorporated prior to operations phase, yellow indicates data sources that will be incorporated post operations.



Program Governance

DOH's APD Bureau will manage and administer the APD. Additionally, DOH's APD regulations permit DOH to establish an APD Advisory Group, described below.

APD Advisory Group

The APD Advisory Group will provide recommendations in any or all of the following areas: submission specifications, patient privacy and confidentiality, data release, data aggregation, and security. Additionally, the APD Advisory Group may provide recommendations on program governance, strategic planning, fiscal sustainability planning, data sharing and privacy protection, consumer utility frameworks, and cross-agency resource coordination and communication.

The APD Advisory Group will be comprised of representatives from a variety of State and non-governmental entities that have vested interests in the success of the APD. Membership on the APD Advisory Group is expected to consist of representatives from:

- New York State Department of Health, Office of Quality and Patient Safety (OQPS) (Chair);
- New York State Department of Health, Office of Health Insurance Programs (OHIP);
- NY State of Health (NYSOH);
- New York City Department of Health and Mental Hygiene;
- New York State Department of Financial Services (DFS);
- New York State Department of Civil Service (DCS);
- New York State Office of Information Technology Services (OITS);
- health insurers;
- health care facilities;
- health care practitioners;
- purchasers of health insurance or health benefits;
- academic institutions;
- health care consumers and advocates; and
- health care researchers and professionals.

DOH will select members of the APD Advisory Group based on applications and responses to invitations. A membership application will be posted on the APD website.

Data Intake

Data Submitters

Entities that submit data to the APD ("data submitters") will submit data to the APD using the Encounter Intake System (EIS). DOH will work with data submitters to assist them in connecting to the EIS and to test data submission capabilities.

Data submitters must register with DOH. For information on how to register, please refer to Section III: Submission Specifications, **EIS Standard Companion Guide – Trading Partner Information**.

Validation and Compliance

The EIS automatically validates data submission for nomenclature, formatting, duplicate submissions, and questionable data patterns. The APD Bureau monitors EIS reports to ensure compliance with submission specifications. The APD Bureau will work with data submitters to resolve any technical issues.

Data Analytics

De-Identification

The APD is designed to protect Protected Health Information (PHI) and Personal Identifiable Information (PII). DOH will ensure that sophisticated de-identification methodologies are used to de-identify APD data that is made available to the public. DOH will make de-identified APD data available to the public through the APD website and/or Health Data NY.

Data Release

When fully developed, the APD will include tools to enable data analysis by a wide variety of stakeholders, including the State, local governments, insurance carriers, health care providers, researchers and consumers. Limited sets of identifiable APD data may be released to researchers and other entities serving a public interest purpose, subject to review and approval by DOH, in compliance with State and federal law.

DOH will develop and adopt policies and safeguards for the release of identifiable data based on applicable law and guidance and input from the APD Advisory Group, as well as a Data Release Review Committee.

APD Communication

APD Website

More Information about the APD is available on the APD website, at: www.health.ny.gov/technology/all_payer_database/. The APD website will include policies, guidance, reports, a summary of data requests, and updates on data refreshes.

Please also consult the APD website to ensure you have the latest version of this Manual, as the Manual will be updated periodically.

Listserv

DOH maintains an electronic distribution list used to communicate important information.

To subscribe to the APD Listserv, send an e-mail request to listserv@listserv.health.state.ny.us. In the body of the message, type: SUBSCRIBE NYS-APD-L First Name Last Name. For example, if your name was "John Doe", you would type: SUBSCRIBE NYS-APD-L John Doe.

To unsubscribe send an email addressed to nys-apid-l-signoff-request@listserv.health.state.ny.us.

E-mail

Inquiries and feedback regarding the APD may be e-mailed to: nysapd@health.ny.gov.

Section II: Data Governance

Data Governance Policies and Procedures

General Information

DOH will publish anonymized data from the APD through the APD website and/or Health Data NY. DOH's process for releasing identifiable data to researchers and other qualified recipients is currently in development. Preliminarily, release of identifiable data is expected to require:

- Execution of a Data Use Agreement (DUA), Data Exchange Application Agreement (DEAA) and/or Business Associate Agreement (BAA)
- Review by an Institutional Review Board (IRB)
- Review by a Data Release Review Committee or similar body, convened by DOH

DOH will charge reasonable fees for release of identifiable data and for analytical services, based on the cost of establishing and operating the APD.

Future versions of this Manual will have additional details concerning Data Governance. Please consult the APD website to ensure you have the latest version of this Manual.

Section III: Submission Specifications

Data Submitters

In accordance with DOH regulations and contracts, data submitters must submit complete, accurate, and timely data to the APD. The term “data submitter” includes third-party health care payers. A third-party health care payer, as defined by DOH regulation, means:

- An insurer, organization, or corporation licensed or certified pursuant to:
 - Article 32, 43, or 47 of the Insurance Law; or
 - Article 44 of the Public Health Law; or
- An entity, such as a pharmacy benefits manager, fiscal administrator, or administrative services provider that participates in the administration of a third-party health care payer system, including any health plan under 42 USC § 1320d.

Unless permitted by federal law, self-insured health plans regulated by the Employee Retirement Income Security Act of 1974 (ERISA) are not required to submit data to the APD, although such plans that operate in New York State may choose to participate as a data submitter.

Data submitters must register with and submit data through DOH’s Encounter Intake System (EIS). Registration instructions are provided in the **EIS Standard Companion Guide – Trading Partner Information**, available at DOH’s APD website:

https://www.health.ny.gov/technology/all_payer_database/

In addition, data submitters must apply for and receive a Health Insurance Oversight System (HIOS) ID number, if the data submitter does not have one already. DOH’s APD staff are available to assist with the application process. DOH APD staff contact information may be found in the Contact Information section of this manual.

Data submission specifications and requirements for accuracy, timeliness, etc. exist for other systems as well (e.g. Provider Network Data System). This section of the APD Guidance Manual focuses on EIS data submitters.

Data Types and Transaction Formats

Currently, the APD’s EIS accepts data submissions in the following formats:

- X12 Post Adjudicated Claims Data Reporting (PACDR)
- National Council for Prescription Drug Programs (NCPDP) Post Adjudication Standard

DOH requires that data submitters submit post-adjudicated claims data for all members and for all health care related claims, including payment data, that have been adjudicated. This includes outpatient visits, inpatient admissions, dental care, emergency room and urgent care visits, and pharmacy and laboratory services. Each of these “encounters” must be recorded as a unique occurrence of service to a member by a provider.

After adjudication, claims data is submitted using X12 PACDR and the NCPDP Post Adjudication Standard transactions. X12 PACDR is used for institutional, professional, and dental claims. The NCPDP Post Adjudication Standard is used for pharmacy claims.

Data submitters that are also commercial plans will be required to submit enrollment data as part of APD data. This function is still under development, and details regarding this requirement will be made available soon.

DOH selected the X12 and NCPDP Standards Organizations to support the anticipated adoption of a single set of data reporting standards for health care post adjudicated claims data relative to the format, data elements, and code sets to be used for reporting to APCDs nationwide. Data submitters must collect, maintain, and submit information contained within the provider’s claim transactions as required by the associated **X12 and NCPDP Implementation Guides** and the **EIS Standard Companion Guides – Transaction Information: X12 and NCPDP**, which conform to the requirements of any associated **X12 and NCPDP Implementation Guides**.

Administrative Claims Denials

Data submitters must submit encounter data to the EIS for paid claims and claims that are administratively denied. Denied claims are not reported.

A claim is administratively denied if it is generally covered by an insurance policy, but is denied for other reasons that may include, but are not limited to:

- claims for services that require prior authorization;
- claims for services that are covered within a capitated arrangement;
- claims that are covered within a previous global bill; and
- claims that did not meet prompt payment rules (submitted after 90 days).

Because data submitters may have unique systems for coding claims, DOH is not able to identify specific denial or service codes that represent administrative denials.

Timing of Submissions

Data submitters must submit APD data at least monthly. In some instances, DOH may require more frequent submissions.

Data submitters must submit at least 95 percent (95%) of APD data within 60 days from the end of the month of the adjudicated claims being submitted for payment, and 100 percent (100%) of APD data within 180 days from the end of the month of the adjudicated claims being submitted for payment.

In the event that technical difficulties prevent timely submission of APD data, data submitters must contact the APD Bureau for assistance. DOH may issue extensions of the submission deadline when deemed appropriate.

Method of Submissions

APD data submissions are made electronically by data submitters to the EIS in accordance with specifications detailed in the **EIS Standard Companion Guide – Trading Partner Information**; **EIS Standard Companion Guide – Transaction Information: X12**; and **EIS Standard Companion Guide – Transaction Information: NCPDP** (see Technical Data Submission Documents section below).

Data Resubmissions

If a submission is rejected by the EIS, detailed response files are transmitted electronically to data submitters for submission rejections. If directed, data must be corrected and resubmitted, and remain subject to APD submission frequency and completeness requirements, as well as APD data validation and compliance processes and requirements.

Technical support is available from both the APD Bureau and the contracted EIS data intake vendor to assist data submitters with understanding EIS response files and with correcting data submission errors.

Technical Issues

Submission Specifications include technical EIS documents developed and maintained by DOH and the EIS vendor that describe the procedures for registration as a data submitter, transaction formatting and submission, file processing, and validation. Submission Specification documents are posted to the APD website at www.health.ny.gov/technology/all_payer_database/.

EIS Standard Companion Guides are revised and released on a quarterly schedule. The EIS Tier 2 Edit Disposition Spreadsheet is updated as needed.

Currently, the **EIS Standard Companion Guides** and the Tier 2 Edit Disposition Spreadsheet are distributed by the APD team to data submitters via email. Data submitters may contact the APD team at APDIntake@health.ny.gov to receive copies of these materials. In the near future, these materials will also be available on the APD website in a Data Submitters section at www.health.ny.gov/technology/all_payer_database/.

EIS Standard Companion Guide – Trading Partner Information

The **EIS Standard Companion Guide – Trading Partner Information** provides detailed technical information needed by trading partners to exchange EDI data with the EIS. This includes information about registration, testing, support, supported transactions, file processing, editing and validation.

Instructions for enrolling as a NYSOH Trading Partner, obtaining technical assistance, initiating and maintaining connectivity, sending and receiving test files, and other related information can also be found in this **EIS Standard Companion Guide**. This guide does not provide detailed data specifications, which are published separately by the industry committees responsible for the creation and maintenance of such standards.

EIS Standard Companion Guide – Transaction Information: X12

The **EIS Standard Companion Guide – Transaction Information: X12** provides detailed technical information for creating X12 transactions for data submission to the APD. It covers institutional, professional and dental claims, and includes additional DOH specific instructions for how certain data elements should be formatted and submitted, including NYS Medicaid category of service and provider specialty codes. The **EIS Standard Companion Guide – Transaction Information: X12** must be used in conjunction with the associated **X12 Implementation Guide**.

EIS Standard Companion Guide – Transaction Information: NCPDP

The **EIS Standard Companion Guide – Transaction Information: NCPDP** provides detailed technical information on creating NCPDP compliant transactions for data submission to the APD. It covers pharmacy claims and includes additional DOH specific instructions for how certain data elements should be formatted and submitted. The **EIS Standard Companion Guide – Transaction Information: NCPDP** must be used in conjunction with the **NCPDP Post Adjudication Standard Implementation Guide, Data Dictionary and External Code List**.

EIS Tier 2 Edit Disposition Spreadsheet

The EIS Tier 2 Edit Disposition Spreadsheet provides a detailed list of the descriptions, logic and disposition codes (hard or soft) for all Tier 2 edits applied to professional, institutional, dental and pharmacy claims submissions.

Communications and Technical Assistance

New data submitters should contact DOH to ensure they have all necessary and current submission specifications documentation to facilitate successful registration and submission of data to the EIS. Data submitters may also receive technical assistance and support from DOH. Contact information can be found below and on the APD website at www.health.ny.gov/technology/all_payer_database/.

Contact Information

We welcome comments and feedback on this guidance document. Please contact us at:

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Email: nysapd@health.ny.gov

Website: www.health.ny.gov/technology/all_payer_database/

Appendix A: Terms and Acronyms

The table below contains commonly used NYS APD Terms and Acronyms.

Table 2: Common Terms and Acronyms

Term	Description
42 CFR Part 2	Commonly referred to as "Part 2" are the Federal regulations governing the confidentiality of drug and alcohol abuse treatment and prevention records.
APCD	All Payer Claims Databases
APD	All Payer Database
BAA	Business Associate Agreement
CCIO	Center for Consumer Information and Insurance Oversight
CHP	Child Health Plus
CMS	Centers for Medicare and Medicaid Services
DCS	Department of Civil Service
DEAA	Data Exchange Application Agreement
DFS	Department of Financial Services
DOH	Department of Health
DPE	Data Providing Entity
DRRC	Data Release Review Committee
DUA	Data Use Agreement
EDI	Electronic Data Interchange
EIS	Encounter Intake System
EP	Essential Plan
ERISA	Employee Retirement Income Security Act
FFS	Fee-for-Service
HHS	Health and Human Services
HIOS	Health Insurance Oversight System
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HITECH	Health Information Technology for Economic and Clinical Health Act
MMC	Medicaid Managed Care
MPI	Master Patient Index or Master Provider Index
NCPDP	National Council for Prescription Drug Programs
NYS	New York State
NYSOH	NY State of Health
OHIP	Office of Health Insurance Programs
OITS	Office of Information Technology Services
OQPS	Office of Quality and Patient Safety
PACDR	Post Adjudicated Claims Data Reporting

Term	Description
PHI	Protected Health Information
PHL	Public Health Law
PII	Personally Identifiable Information
PPACA	Patient Protection and Affordable Care Act
PUF	Public Use File
QHP	Qualified Health Plan
ResDAC	Research Data Assistance Center
SHIN-NY	State Health Information Network of New York
SPARCS	Statewide Planning and Research Cooperative System
TPIN	Trading Partner Identification Number
X12	X12 has developed uniform standards for inter-industry electronic exchange of business transactions, namely electronic data interchange.