Rhode Island's All-Payer Claims Database

Overview and Current Status

OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

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APCD: Big Picture

- Mission:
  - Build a robust database that helps identify areas for improvement, growth, and success across the health care system.
  - Provide meaningful comparison data to inform the decisions that consumers, payers, providers, researchers, and state agencies make.
- The project will produce data and reports that are:
  - Robust and complete
  - Accessible and well-used
  - Trusted
  - Relevant

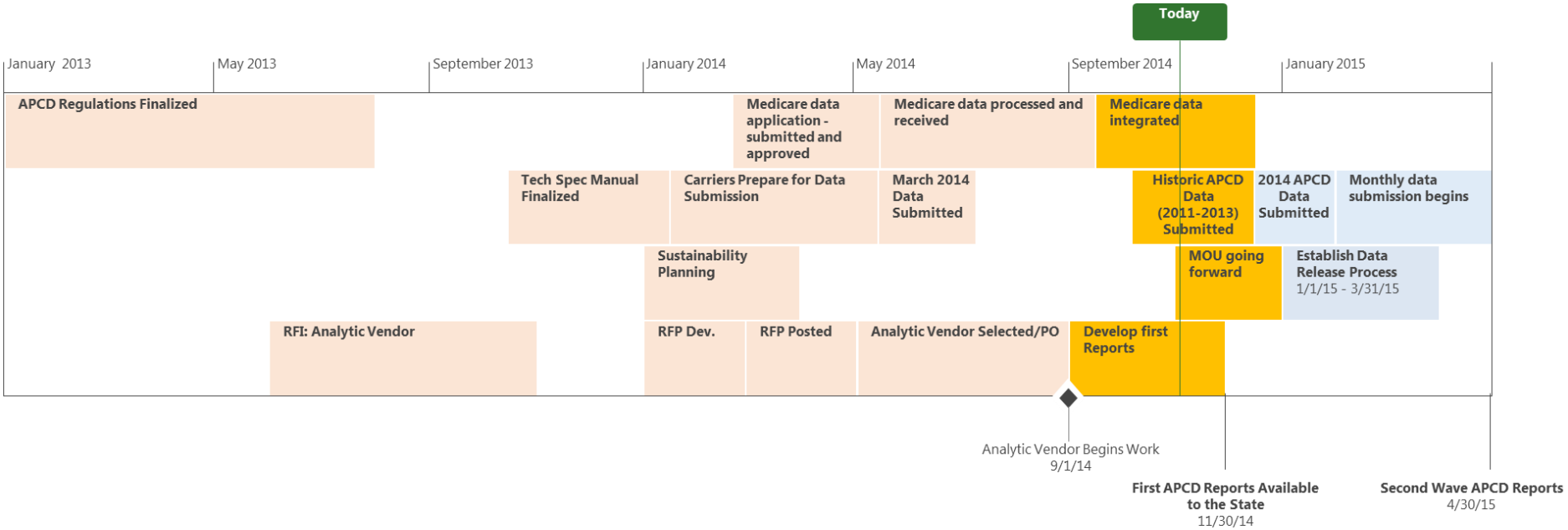
What it is

- Central repository of all claims, 15+ feeds
- Includes commercial, self-insured, Medicare, Medicaid for entities >3000 lives
- Membership, medical & pharmacy claims, providers, 2011-onward
- No PII- elaborate privacy scheme, opt-out
- Value adds: risk adjustment, episode grouper
- Analytic layer with BI for flexible analysis and visualization

Project Timeline

- Law passed in 2008
- First real funding opportunity in late 2012
- Long stakeholder review process with ACLU & others 11/2012- 5/2013
- Regs approved in 7/2013
- First data submitted 5/15/2014 (membership)
- First claims data in (3/2014), historical data flowing
- Analytic vendor started 9/1/14
- On-track for first reports 11/30/2014
- Additional report packages throughout 2015

Project Timeline



What types of data will the APCD have?

- Public release *(select elements)*
  - Diagnoses
  - Procedure codes
  - Allowed amount and patient cost sharing
  - Three-digit zip code
  - Insurer and product type, HSRI flag
  - Dates of service (month only)
- Internal or restricted release *(select elements)*
  - Claim and Line-level data
  - Provider or institution name
  - Five-digit patient zip, town
  - Unique member ID
  - Date of service (to the day)

For more information, please see the adopted regulations:
http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7305.pdf

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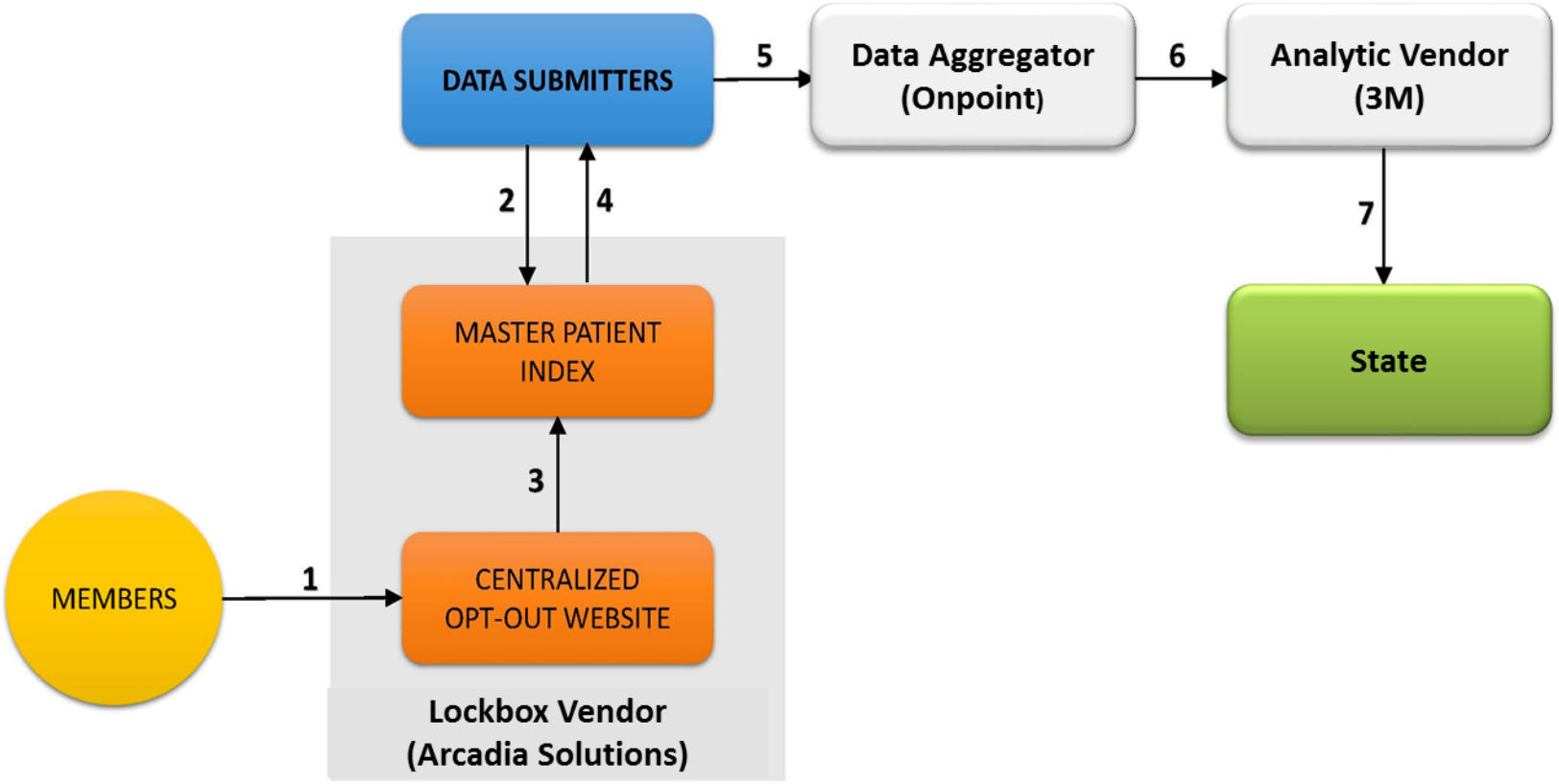
APCD Data: Keep in Mind…

- Due to stringent privacy protections in the founding legislation and regulations, the APCD cannot hold certain PHI, such as:
  - Census Tract-level data
  - Patient names, addresses, social security numbers
- However, the APCD will create a hashed Master Patient Identifier using a separate lockbox vendor that enables longitudinal tracking, readmission and frequency analyses, churn reports and statewide data analyses

Data Collection and Analysis Process



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APCD Opt-Out to Date

Health Plan	Total Members who have Opted-Out	Total Covered Lives in APCD (Medical)	% Opted Out
Aetna	**238**	44,681	0.53%
BCBS of RI	**6,559**	324,499	2.02%
Cigna	**157**	23,240	0.68%
Harvard Pilgrim	**113**	9,700	1.16%
NHPRI	**948**	120,000	0.79%
Tufts	**215**	20,728	1.04%
UnitedHealthcare	**4,529**	276,981	1.64%
HP/Medicaid	**449**	255,358	0.18%
Total	**13,208**	**1,075,187**	**1.23%**

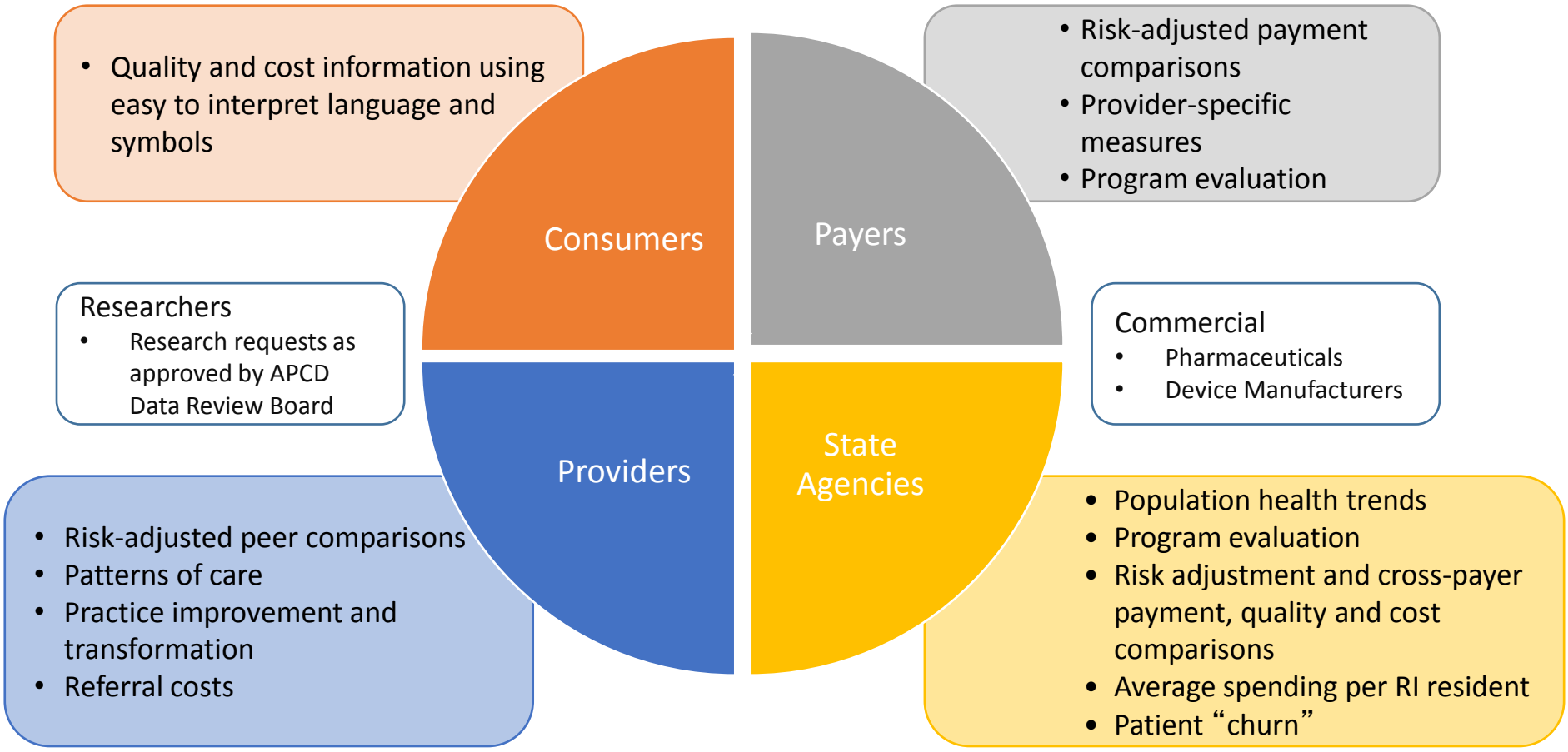
* CVS Health and Medicare not subject to Opt-Out Notification rules

Table contains duplicates (e.g. a member who opts-out and has Medicaid *and* Aetna, will be counted in the opt-out numbers of both payers)

APCD: Reports and Uses

- Role of APCD Reports
  - Provide essential all-payer risk adjustment
  - Longitudinal tracking of health data trends
  - Measure the effect of reforms on Rhode Island's health care system
  - Evaluate access and barriers to care
  - Identify areas for improvement in spending, disease management, and program effectiveness
  - Enable consumer decision support
  - Analyze population health trends and monitor public health indicators

APCD Users and Potential Uses



Specific Report Examples

- **Phase 1:** The earliest reports available will be for broad public health and policy efforts. These will present information at a high, aggregate level.
  - Total cost of care, readmission comparisons, inpatient and outpatient cost of care by county.
  - Risk adjustment for select groups

- **Phase 2:** The next level of reports will be more sophisticated and detailed, allowing for deeper drill-downs.
  - Trend data for various sites and providers of care
  - Estimates for out of pocket expenditures
  - Churn reports
  - Spread of payment reforms and value-based payments

Reporting Timeline

50 base reports in five packages

1. 12/2014: First statewide summary data
2. 4/2015: More detailed summary data
3. 6/2015: Updated 1 & 2, six new detailed reports
4. 9/2015: Updated 1-3, seven more detailed reports
5. 12/2015: Updated 1-4, six more detailed reports

3-5 include reports commissioned specifically for Health, OHIC, EOHHS, HSRI

Report Package One

Package 1: Available 11/30/2014		
APCD Data included in Reports: Test File (3/1/14 – 3/31/14)		
1	Summary Statistics: Demographics/Access	Total covered lives by health insurer, age, race, sex, ethnicity, county and % in PCMHs; Payment arrangements by provider
2	Summary Statistics: Coverage	Total covered lives by insurance type, coverage level, age, sex, county
3	Summary Statistics: Medicaid	Beneficiaries by program, age, sex, county. # of beneficiaries: dually eligible; receiving long-term care, covered by add'l commercial insurance (TPL) with breakdown by age, sex, county. Dually eligibles by type (i.e. Medicare Part A only), age, sex, county
4	Summary Statistics: Medicare	# of Medicare beneficiaries and % in Medicare Advantage plan with breakdown of age, sex, and county
5	Summary Statistics: HSRI	% of plans purchased through HSRI with breakdown of age, sex, and county; HSRI plans by plan tier and market type (i.e. SHOP) with breakdown of age, sex, and county.
6	Summary Statistics: Pharmacy Claims	% of claims/prescriptions filled by mail-order pharmacy and out-of-network, by insurer, sex, age, county; city/state distribution of pharmacies where prescriptions are filled by health insurer; top 10 prescription drugs; average dispensing fee, copay, coinsurance, deductible of these drugs, by health insurer.
7	Summary Statistics: Inpatient and Outpatient Claims and Procedures	Total medical claims submitted by age, sex, and county; Top 10 admitting, principal, secondary diagnoses, and procedures; Average charge, amount paid, co-pay, coinsurance, and deductible for procedures, by health insurer/by member; Utilization of healthcare services per 1,000: ambulatory care and ED visits, including "admitted for observation" vs. "short stay"
8	Summary Statistics: Providers	# of providers by entity type (i.e. professional group, retail site); # of providers by entity code (i.e. urgent care, nursing home); City/state distribution of providers, by health insurer

Report Package Two

Package 2: Available 4/30/2015		
APCD Data Included in Reports: Historic Data (1/1/11-12/31/13)		
This package will also include updated versions of all reports in package 1, trended over time		
1	MMIS extract	
2	HSRI extract	
3	CSI-RI report	
4	Total cost to expected cost of care	By gender, county, age, and service type
5	Payment Variation	By carrier, by discharge and risk-adjusted for impatient discharges
6	All-Cause and Preventable Readmissions	Detailed report on readmissions
7	Churn Report*	The #/% of beneficiaries that move in/out of Medicaid, Medicare and Commercial Plans. Who they are and "how" they churn.
8	High Utilizer Report	Detailed report, by insurance type
9	Out-of-State Healthcare Migration Patterns	
10	Preventive Procedures	Rate/cost of preventive procedures (i.e.mammograms, colonoscopies, HPV vaccine). Incl. geographic variation and demographic info.

Report Package Three

Package 3: Available 6/30/2015		
APCD Data Included in Reports: Historic Data and 2014 Data (1/1/11-12/31/14)		
This package will also include updated versions of all reports in package 1-2, unless otherwise specified by (*). Reports with an (*) will be updated annually.		
1	MMIS extract	
2	HSRI extract	
3	CSI-RI report	
4	Chronic Disease Report	Detailed report on top 10 chronic diseases and their associated costs. This includes prescription patterns (what medication is prescribed for what disease, and in what combination) and medication management (are prescriptions being refilled at a rate which implies dosage compliance?).
5	Provider Comparison (Hospitals)	Cost/quality of hospitals through an analysis of 10 common procedures.
6	Draft: Medicaid Utilization Report*	portion and types of procedures paid for by Medicaid (i.e. does Medicaid pay for a disproportionate number of births in RI?). An analysis of where beneficiaries receive their care and the relative costs of different facility types. This report will be a "draft" and available for internal use only.
7	Health Status Indicators: RI-vs. US*	RI vs. national average. may include maternity indicators, quality measures, prevalence of diseases, etc.
8	Alternative Service Delivery and Payment System Report*	Comparative effectiveness of PCMHs and global capitation
9	HSRI Report	Report on residents on/off exchange (by insurance product type, tier, and carrier). Incl. demographics, product choices, tiers, and carriers. This also includes a “risk adjustment factor” and trend analysis

Report Package Four

Package 4: Available 9/30/2015		
APCD Data Included in Reports: Historic Data, 2014 Data, 1Q2015 (1/1/11-3/31/15)		
This package will also include updated versions of all reports in packages 1-3, unless otherwise specified by (*). Reports with an (*) will be updated annually.		
1	MMIS extract	
2	HSRI extract	
3	CSI-RI report	
4	Behavioral Health Utilization	
5	Behavioral Health Prescriptions	This will include common DRGS, and medication management.
6	End-of-Life Care Report	Utilization and associated costs. This includes hospice, nursing homes, etc.
7	Private vs. Public Insurance Comparison	Utilization patterns and differences in cost
8	Opioid Use Report*	
9	Lead Poisoning Report*	
10	Final Version: Medicaid Utilization Report*	Final report based on State feedback (draft provided in Package 3).

Report Package Five

Package 5: Available 12/30/2015		
APCD Data Included in Reports: Historic Data, 2014 Data, 1Q2015, 2Q2015 (1/1/11-6/30/15)		
This package will also include updated versions of all reports in package 1-4, unless otherwise specified by (*). Reports with an (*) will be updated annually.		
1	MMIS extract	
2	HSRI extract	
3	CSI-RI report	
4	Member Profile Report	
5	Substance Abuse Treatment Report	
6	Referral Patterns	
7	Small Employer Plans	A benchmark report
8	Dual Eligible Population	A detailed report including the triggers for dual eligibility
9	Provider Comparison Report (Facilities and Providers)	The cost and quality of procedures by facility and provider type through an analysis of 10 common procedures to be determined.