

NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS (NCVHS)

“Value, Purpose, Structure, Public Reporting and Policy Consideration-Massachusetts APCD”

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Introduction:

- My name is Deb Schiel, Senior Director of Analytics for the Massachusetts Center of Health Information and Analysis—also known as CHIA. Thank you for this opportunity to provide testimony related to the benefits, structure and uses of the Massachusetts All Payer Claims Database (APCD) as well as challenges associated with collecting, maintaining, analyzing and reporting from such a complex database.

Overview of the Center of Health Information and Analysis:

- CHIA was created as an independent state agency through the enactment of Chapter 224 of the Acts of 2012, “An Act Improving the Quality of Health Care and Reducing Costs through Increased Transparency, Efficiency and Innovation”, six years after the passage of Massachusetts health care coverage reform law.
- The agency is funded through assessments on hospitals, ambulatory surgical centers and payer surcharges.
- CHIA is tasked with detailed data collection from both providers and payers that relate to health costs, premiums, utilization, enrollment, and financial performance. The largest and most resource intensive of this data collection is the Massachusetts All Payer Claims Database.

Benefits of the MA APCD

- It supports analysis and research related to the impact of health care reform initiatives, such as:
 - Understanding trends in health plan coverage for Massachusetts residents.
 - Understanding trends in both plan paid and patient out-of-pocket costs by commercial insurance products and Medicaid delivery systems and programs.
 - Understanding trends related to utilization, quality and access to health care services in Massachusetts.
 - Understanding price variation by payer, products, regions, etc.
 - Understanding how ACOs, PCMHs, etc. affect cost, quality and access to health services across payers, health systems and populations in Massachusetts.
 - The encrypted Master Patient Index allows APCD data users to track Massachusetts residents across payers and health insurance products (e.g., analyze health plan migration patterns of residents as they move between plans and insurance products).

- CHIA is also using the APCD to reduce the payers' reporting burden across state agencies. As an example, CHIA is currently developing reports sourced from the APCD so that the payers will no longer have to submit enrollment and utilization statistics to the Commonwealth's Division of Insurance in the near future.

MA APCD Scope

- Payers, including Medicaid (MassHealth) provide monthly APCD submissions that include the following file types: Member Enrollment, Medical Claims, Pharmacy Claims, Dental Claims, Insurance Products and Provider Information.
- CHIA recently added an "enhanced" Member Eligibility File to the APCD specifically for MassHealth. This additional file is necessary because Medicaid enrollment information does not conform to commercial enrollment file specifications due to attributes that are unique to Medicaid including daily eligibility determinations, disability status, dual Medicare and Medicaid eligibility, as well as MassHealth's unique delivery systems. CHIA used this enhanced file along with the APCD claims to publish a report related to MassHealth enrollment and cost trends for its Primary Clinician Care Plan and Fee-for-Service Plan. (Link to the report- <http://www.chiamass.gov/masshealth-baseline-statistics/>)

Ongoing Challenges of the MA APCD

- Assessing, documenting and improving the quality of data that is submitted by the payers is extremely challenging. If you have experience managing, assessing, documenting and mitigating data quality issues at a single health plan, imagine the challenges of this effort across multiple payers and insurance products. This work is performed by CHIA staff and it is not outsourced to external vendors.
- Publishing reports that are sourced from APCD is critical in order to accelerate improvements to the quality of the data files that are submitted by the payers. This improvement largely occurs because CHIA validates all data within a report prior to publication which involves close collaboration between CHIA staff and payers in order to understand discrepancies and initiate corrective actions. An example of a CHIA report that incorporates this agency/payer collaboration into each publication cycle is the Massachusetts Enrollment Trends Report (Link to report- <http://www.chiamass.gov/enrollment-in-health-insurance/>). Payers and policy makers have informed CHIA that they commonly refer to this report. Payers also provide suggestions and feedback on future enhancements to this report.

Challenges Related to 42 CFR Part II

- If the 42 CFR Part II proposed rule is adopted without changes, it would likely present considerable challenges to high priority research and analytic agendas for the following reasons:
 - If payers exclude substance use disorder claims from the MA APCD, it would impede the ability of policy makers, researchers, payers, and providers to analyze and report on trends related to opioid abuse and treatment across payers and insurance products throughout Massachusetts.
 - Payers may use different algorithms to identify and/or exclude substance use disorder claims which would reduce standardization of the APCD medical and possibly pharmacy claims. For example, one payer may use the primary diagnosis to identify substance use disorder claims, while others may use a combination of primary and non-primary diagnoses, procedure codes, and national drug codes to identify or exclude claims,

thereby creating issues when comparing measures of cost, utilization and quality across payers and service categories.

- In an effort to mitigate these challenges, CHIA is proactively developing a standard approach for all payers to use to handle these substance use disorder claims.

Wrap up

- Although there are ongoing challenges with supporting and maintaining the MA APCD, it is the only data set that fully supports researchers, policy makers, state agencies, and other APCD users in understanding the impact of health care reforms in terms of health care coverage (public and private), utilization, cost and quality of health care services provided to Massachusetts residents.
- Thank you again for providing this opportunity to testify at this hearing. My contact information is provided below:

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