Maryland's response to questions posed by the National Committee for Vital Health Statistics

The Maryland Health Care Commission encourages the NCVHS to recommend that the Department of Labor develop data submission standards for ERISA-protected plans that will enable states to continue development of comprehensive APCDs encompassing all insured populations.

Examples of benefits and value of claims-based databases, including APCDs, in improving health, quality, access, lowering costs

Since 2000, Maryland's APCD, also known as the Medical Care Data Base (MCDB), has formed the basis for more than 50 reports and issue briefs released by the Maryland Health Care Commission (MHCC), the majority of which were legislatively mandated. Policy makers have also requested APCD-based information through presentations and special analyses for groups tasked with making recommendations to the Governor or to the Maryland legislature. MHCC produces two annual reports that describe costs and payment rates. In its report on privately insured spending, MHCC details total per capita and per member per month (PMPM) spending, trends in spending, and variations in spending by benefit (i.e., medical vs. pharmacy, high deductible plans, etc.), risk scores, provider reimbursement vs. out-of-pocket spending, and member demographics (e.g., age, geographic region). In its report on payment rates for professional services, MHCC compares payment rates standardized per Relative Value Unit among large and small private payers, Medicare, and Medicaid, and reports variation in payments for in-network and out-of-network services, by region and by type of service. In addition, MHCC produces special reports using APCD data at the request of the Maryland General Assembly. Two recent examples that focused on provider-level spending and involved payers and provider stakeholders are: a report on Maryland's law prohibiting physician ownership of imaging services (e.g., MRI) and self-referral for such services; and a report on Maryland's assignment of benefits law that specifies rules for physician payment and limits balance billing to patients for certain hospital services.

MHCC also administers the Maryland Multi-Payor Patient Centered Medical Home Program (MMPP) initiative for which patients are attributed to specific practices, and costs and shared savings are calculated at the practice-level and discussed with providers. In this context, the APCD is also used to assess the impact of the MMPP on: quality of care; access to and delivery of health care; costs due to changes in utilization, and health disparities (racial and urban/rural). It is unlikely that MHCC could have launched the MMPP unless the APCD existed. A number of self-insured employers, including the State-employee health plan, participated the program. The recent Supreme Court decision likely constrains third party administrators from not only submitting data, but also from agreeing to participate in a State multi-payer program.

In January 2014, the Centers for Medicare and Medicaid Services and the State of Maryland entered an agreement that launched the new Maryland All-Payer Model Design, under which Maryland agreed to establish a new hospital global budget payment program in which all payers in aggregate pay hospitals a fixed annual amount for inpatient and outpatient services, adjusted

for quality, and irrespective of hospital utilization. The rationale for the new model was that, by being assured fixed, predictable revenue, hospitals could focus on investments in population health improvement. Under the agreement, Maryland agreed to keep Medicare hospital cost growth per capita .5 percent below the national average and to keep annual growth of per capita hospital costs for all payers to 3.58 percent, while also demonstrating significant improvements in the quality and safety of care. Maryland also committed to submitting a proposal for including non-hospital services under the model by the fourth year of the contract.

In anticipation of entering a broader contract in 2019, Maryland committed to the Centers for Medicare and Medicaid Services (CMS) to monitor the total cost of care for all Maryland residents, including health care costs outside of hospitals. Under the 2014 agreement, with the Center for Medicare and Medicaid Innovation (CMMI), Maryland stated it would leverage the existing APCD to monitor total cost of care trends. To ensure compliance with the monitoring requirement, in the contract, Maryland agreed "to make the best efforts to obtain data from Maryland payers necessary to evaluate and monitor the model." Without complete reporting compliance to the APCD for all insurers, Maryland will be severely compromised in its ability to fully monitor and control the healthcare costs of Maryland residents.

Benefits to state, public health, employers, payers, hospitals and providers, and consumers.

MHCC is currently developing a number of web-based tools to assist consumers, practitioners, and other health care professionals in health care decision-making. Currently, we are building an industry portal that will display health care data, such as provider and procedure level prices and geographic distribution of services. Next, MHCC will develop a consumer portal that will display health care prices for entire episodes of care, such as hip replacement, that will permit consumers to review costs and compare providers by cost and quality measures. Finally, MHCC will develop Total Cost of Care (TCoC) and Resource Use measures for primary care practices, engage stakeholders to solicit design and content feedback, and ultimately publish results in a dynamic public portal. The MHCC's plan for this total cost of care project is for the MHCC to package and deliver to practices information on the total cost of care received by their commercial and Medicaid patients. The specific goal of the project is for practices to find that this TCoC information is useful, usable on an ongoing basis, and of sufficient value that the practices would be willing to pay a subscription to receive the information on a routine basis, providing long-term sustainability for this effort. For both the episode-of-care expenditures and the TCoC measures, having complete information on the provider's total privately insured population is essential for accurate assessment of the provider's performance; the absence of the self-insured patients can result in an incorrect assessment of provider performance, or prevent any assessment due to insufficient private patient volume.

MHCC releases detailed data from the APCD consistent with HIPAA regulations and State law, and following approval by the full Commission. About two years ago, MHCC established an expanded data release program modeled after CMS's approach for releasing Medicare data through the Research Data Assistance Center (ResDAC.) An entity seeking APCD data must describe the planned use of the data, document need for specific sensitive data elements, develop a data management plan, and obtain approval from the MHCC IRB or another IRB recognized

by MHCC. MHCC has released data through this process to researchers: studying access to health care services on Maryland's Eastern Shore; evaluating the new global payment model contract on behalf of CMS; and evaluating the patient-centered medical home (PCMH) program for a major carrier in the state. APCD data has also been provided to IMPAQ for the evaluation of the State's multi-payor PCMH program. At the same time, MHCC developed broader data use agreements with several prominent academic institutions in Maryland. These agreements permit ongoing access and are akin to the state agency agreements supported by CMS for Medicare data. MHCC is examining additional data release strategies, including allowing access on a subscription basis to users that can demonstrate ongoing need for the current data sources. Going forward, an APCD limited to claims from beneficiaries from the fully-insured and government payers will be less useful to potential applicants that would qualify for access to the APCD.

MHCC has a Predictable Funding Source and Collaborations with the Federal Government are Expanding Use Cases

The MHCC is funded through a $12 million assessment on hospitals, health insurers and HMOs, health care professionals, and nursing homes. Assured funding has provided predictability in making investments in the Maryland APCD. The APCD competes with multiple priorities at the Commission, including efforts to advance primary care, diffuse health information technology, traditional state health planning functions, and quality measurement and reporting efforts.

Key investments by the Center for Consumer Information & Insurance Oversight (CIIO) at CMS have allowed MHCC to expand use of the APCD. During the Fall of 2013, CMS/CCIIO awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly $3 million over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allowed MHCC to: (1) assist the Maryland Insurance Administration (MIA) with its rate review activities; and (2) enhance Maryland's medical pricing transparency efforts through the expansion of the APCD. The grant money has been used to speed up processing of APCD data submissions so that the MIA has timely access to the data. The funds were also used to create software that will automatically generate measures the MIA deems important for rate review. On September 19, 2014, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than $1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to further expand the APCD to support additional rate review and pricing transparency efforts in Maryland. These federal funds will support the development of publically-accessible web portals that will display medical prices in a user friendly layout and will be easily available and understandable for consumers and health care professionals.

The Maryland APCD is an Important Element of Maryland's Health IT Infrastructure

The MHCC is responsible for advancing a strong, flexible health IT ecosystem that can further patient-centered care, support clinical decision-making, and enable delivery system reform, while balancing the opportunities for information sharing with the need for strong privacy and security policies. As shown in Figure 1, the claim data from APCD is one element of an evolving ecosystem in Maryland.

Over the next several years, Maryland stakeholders hope to link the APCD with clinically meaningful electronic health records (EHR) and registry data accessible through the MHCC-designated statewide health information exchange (HIE), Chesapeake Regional Information System for our Patients (CRISP). MHCC is working with CRISP to develop a common patient identifier that would enable linkage of clinical and administrative information for appropriate purposes. At the same time, MHCC recognizes that administrative data captured after a prolonged adjudication process may not meet all uses for administrative needs. MHCC is working with several administrative networks to test the feasibility of using unadjudicated claims submissions to enrich the encounter notification services offered to providers by CRISP and several local HIEs in the State. The priorities align well with Maryland obligations under its All-Payer Model Agreement with CMS. It is likely that evolution of the State's APCD will be shaped by State-specific needs. MHCC strongly supports the movement toward national standardization of submission formats while protecting state-specific flexibility collection needs where the law permits.

The recent Supreme Court decision presents challenges to continued development of Maryland's APCD. MHCC remains hopeful. The consensus-building initiatives that have already developed suggest that, with the federal government's active participation, stakeholders can develop a solution that balances the information needs of multiple stakeholders with the protections afforded self-insured ERISA-protected private employers.