



State All-Payer Claims Databases (APCD) Overview

National Committee on Vital and Health Statistics
APCD Hearing

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About the APCD Council

The APCD Council is a learning collaborative of government, private, non-profit, and academic organizations focused on improving the development and deployment of state-based all payer claims databases (APCDs). The APCD Council is convened and coordinated by the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire (UNH) and the National Association of Health Data Organizations (NAHDO).

Our Work

- Early Stage Technical Assistance to States
- Shared Learning
- Catalyzing States to Achieve Mutual Goals

- Increased Transparency Efforts (state, consumer, employer, etc.)
- Health Information Exchange (HITECH)
- Health Reform (PPACA)
- Payment Reform
 - Patient Centered Medical Home
 - Accountable Care Organizations
- 2014-2016
 - Medicaid Transformation
 - Community planning assessment
 - High deductible health plans
 - State Innovation Model (SIM) Planning/Implementation Grants
 - Rate Review State Grants (CCIIO)

Databases, created by state mandate, that typically include data derived from medical, pharmacy, and dental claims with eligibility and provider files from private and public payers:

- Commercial insurance carriers (medical, dental, TPAs, PBMs)
- Public payers (Medicaid, Medicare)

PROVIDER FILE

**Commercial / TPAs /
PBMs / Dental / Medicare
Parts C & D**

**Medicaid FFS / Managed
Care / SCHIP**

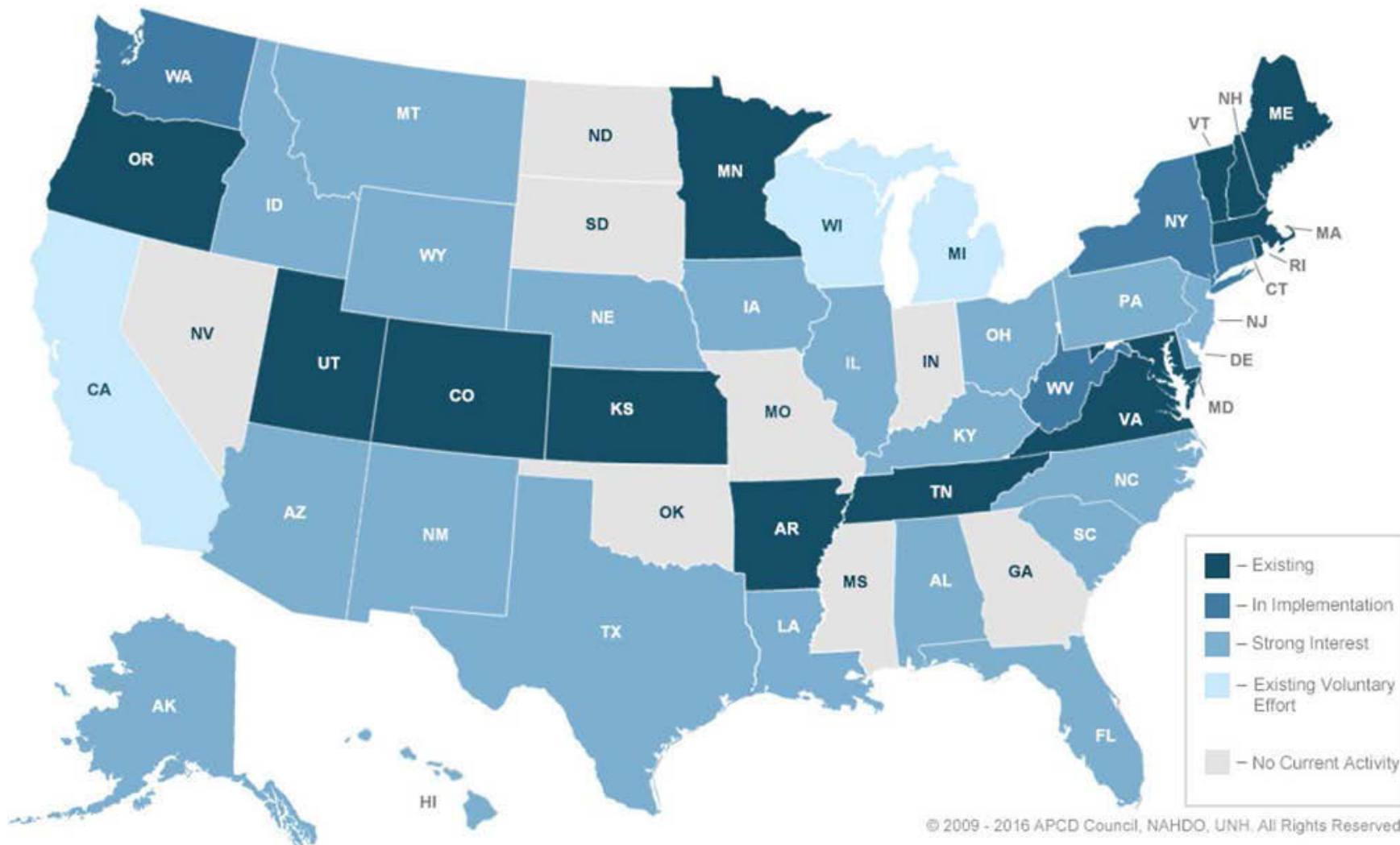
APCD

Medicare Parts A & B

***FUTURE:
TRICARE & VA & IHS &
FEHB***

ELIGIBILITY FILE

May 2016 State Progress Map



State Led	Public-Private	Private Non-profit
State agency led; policy development informed by multi-stakeholder advisory committee	Initial planning led by state agency; day-to-day operations delegated to private non-profit, selected by the state	Private, voluntary reporting initiatives
Kansas, Maine, Massachusetts, Maryland, Minnesota, New Hampshire, Oregon, Tennessee, Utah, Vermont, W. Virginia, Rhode Island, Connecticut, New York, Washington	Colorado, Virginia, Arkansas	Wisconsin, California

Stakeholder	Key Interests in APCD
Policy Makers	May be a “champion” of the APCD program; Inform policy, payment, and health care reforms
Payers	Data suppliers and technical/content experts
Providers	How the data will be used, non-hospital utilization
Employers	Costs of health services; Price transparency
State Agencies	Governance and use issues; Medicaid applications Leveraging existing infrastructure
Consumers	Informed choices, pricing
Researchers	Access to and use of data
HIE/HIX	Supplement clinical/benefits data with claims; Consumer support tools; Rate review

STATE EXPERIENCES AND LESSONS LEARNED

APCD use cases are maintained at the APCD Showcase,
www.apcdshowcase.org



APCD Showcase

ALL-PAYER CLAIMS DATABASE

CASE STUDIES

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 presented by the APCD Council

Search 

APCD Showcase: States Leading by Example

Welcome to the APCD Showcase where examples from state all-payer claims databases (APCDs) have been organized in order to provide stakeholders with tangible examples of APCD reports and websites. The examples have been organized by intended audience, and are also searchable by additional criteria. We invite you to explore the site and learn more about the value that APCDs provide to states and their stakeholders.



Choose from the categories below or [See all Case Studies >](#)



Consumers

Consumer websites primarily focused on cost and quality



Employers

Employer and purchasing coalition efforts



Providers

Accountable Care Organizations and quality



Researchers

Academic and "think tank" research

- APCDs provide an almost-complete sample of state’s insured population
 - Large sample size = more precise estimates for individual payers
 - Large numbers protect patient confidentiality when analyzes populations and certain conditions
- APCDs are filling critical information gaps for state agencies
 - Payment reform planning and evaluation
 - ACOs have no way of tracking total cost of care per patient
 - Transparency tools and clearer picture of health cost, quality, use

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