



UTAH DEPARTMENT OF  
**HEALTH**

# Health Data Transparency: Utah's All Payer Claims Database

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# MISSION & VISION



The Utah Department of Health's mission is to protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.

Our vision is for Utah to be a place where *all* people can enjoy the best health possible, where *all* can live and thrive in healthy and safe communities.



# STRATEGIC PRIORITIES



**Healthiest People** – The people of Utah will be among the healthiest in the country.

**Optimize Medicaid** – Utah Medicaid will be a respected innovator in employing health care delivery and payment reforms that improve the health of Medicaid members and keep expenditure growth at a sustainable level.

**A Great Organization** – The UDOH will be recognized as a leader in government and public health for its excellent performance. The organization will continue to grow its ability to attract, retain, and value the best professionals and public servants.

# Utah's All Payer Claims Database



The Office of Health Care Statistics collects, analyzes, and disseminates healthcare data related to cost and quality

The **Utah Health Data Committee** oversees policy and implementation of the APCD. 15 members represent payers, providers, public health, patients, and businesses.

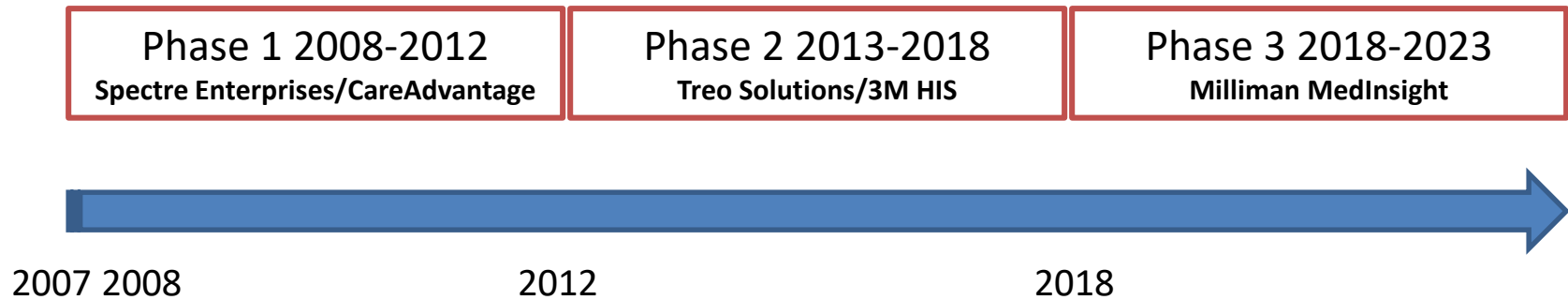
Subcommittees pull in dozens of stakeholders to give input on transparency, data standards, data use and release, and process improvement.

Today –

- Brief overview of the history and progress in establishing the Utah All Payer Claims Database
- Implementation plans for 2019 legislation



## Utah APCD Timeline





## Phase 1 (2008-2012)

### Spectre Enterprises/CareAdvantage

- Utah becomes one of **first 3** APCD states
- Limited vendor capacity
- Limited technical knowledge in the market
- Focused on **setting up infrastructure**
  - Data format
  - Data submission
  - Database structure
- **Vendor issues**
  - One vendor went bankrupt
  - One contract terminated for performance issues

**Learning:** Setting up an APCD is complicated in terms of both **data quality** and **analytic capacity**

# Utah's All Payer Claims Database



## Phase 2 (2013-2018)

### Treo Solutions/3M HIS

- Focused heavily on **data quality**:
  - The Wakely Report (UID looking at risk adjustment)
  - Completeness
  - Compliance with standards
  - Referential integrity
- 2013 new watermark for **useful data**
- Analytic capacity not fully realized (custom build only)

**Learning:** Quality APCD data can be **collected successfully**.  
Next vendor needs more mature analytic capacity.

# Utah's All Payer Claims Database



## Phase 3 (2018-2023)

### Milliman MedInsight

- Substantially **deeper knowledge** of healthcare data and analytics
- New system supports **data quality monitoring**
- Promise of significantly **improved analytic capacity**

#### Status in first 12 months (July 2018-June 2019):

- Data **transitioned** to new system
- Successful data intake and processing systems
- Built-in analytic capacity is functional



# Utah's All Payer Claims Database



Since 2013

## Impressive Usefulness of Data

- **Clinic comparison** of quality measures (11 total measures will be reported on July 1) – 4<sup>th</sup> Year
- **U of U** Institutional license – Medical, health services, & public health research
- **Health plans** looking to improve services
- **Facilities** wanting to improve service quality
- Informing **public health activities**, such as reporting on the opioid crisis
- Publishing aggregate data on **OpenData**
  - Data on price & quality of care in Utah



## Risk Adjusted Episodes of Care The Total Cost of Care Project

- National effort to **compare cost and resource use** across the country
- 4 years of reporting
- 153 Utah clinic reports for CY2016, Project 192 for CY2017
- Documents significant intrastate variation
  - Above-average clinics: \$36.5M per year in added costs for 55,956 patients

# Adult Clinic Comparison Report: Cost and Resource Use

Commerically Insured Adults  
Reporting Period:  
1/1/2015 - 12/31/2015

## About your clinic:

### 1. Risk Score



The Clinic Risk Score represents the morbidity burden of a subset of patients in your clinic. The HealthPartners NQF-endorsed TCoC measures use the Johns Hopkins Adjusted Clinical Groupers (ACG) System which reflects morbidity burden based on disease patterns, age and gender using diagnoses found in claims data.

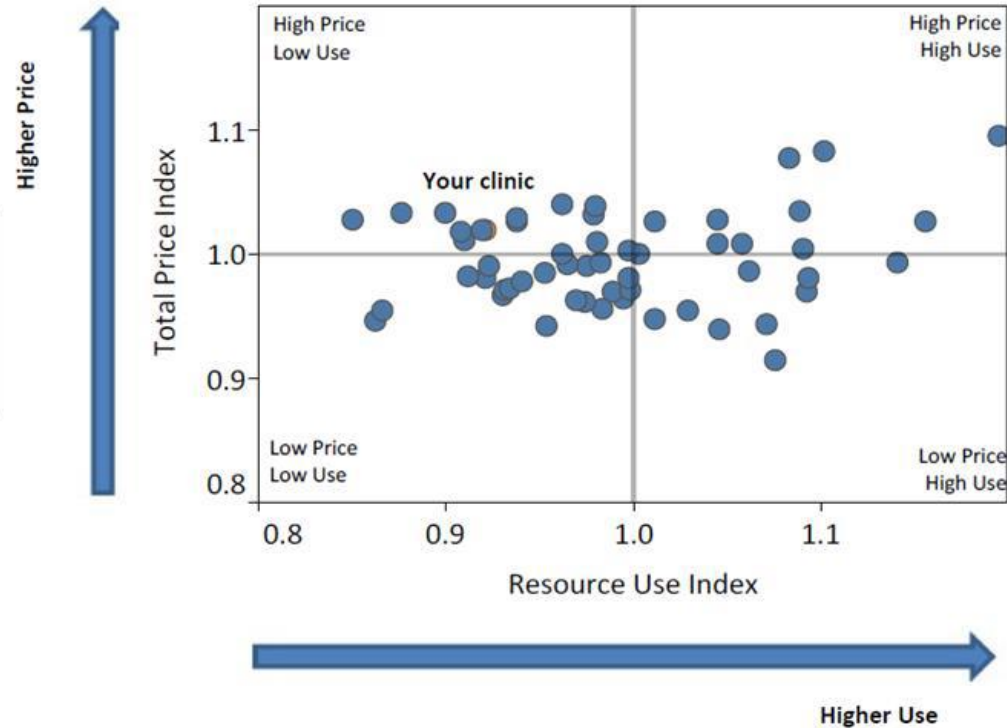
### 2. Patient Demographics, Inpatient, and Emergency Room Use

	Your Clinic	Utah Average
Patient Panel	834.0	1,023.5
Average Age	39.8	41.5
% Male	48.1%	48.3%
% Female	51.9%	51.7%
Inpatient Admissions per 1,000	50.4	52.3
ER Visits per 1,000	298.6	160.8

### 3. Total Cost, Resource Use, and Price Index by Service Category

Service Category	TCI =	RUI x	Price
Inpatient Facility	0.83	0.90	0.92
Outpatient Facility	1.16	1.07	1.08
Professional	0.90	0.92	0.97
Pharmacy	0.80	0.67	1.20
Overall	0.94	0.92	1.02

## Clinic Comparison: Overall Resource Use and Price by Clinic



This chart shows resource use and price for patients attributed to your clinic compared to other clinics in Utah. Clinics that are lower in resource use and price appear in the lower left quadrant.

Note: This work is based on the patented algorithm of HealthPartners, Inc. (Bloomington, MN) and is used with their permission. For medical group use only and may not be disclosed or reproduced for other purposes without written permission.

## Overall Summary by Service Category

PMPM	Your Clinic Raw	Your Clinic Adjusted	Utah Average Adjusted
Inpatient Facility	\$53.92	\$56.05	\$67.91
Outpatient Facility	\$153.65	\$159.73	\$137.84
Professional	\$130.38	\$135.54	\$151.31
Pharmacy	\$78.05	\$90.35	\$113.47
Overall	\$416.00	\$441.67	\$470.53

### Definitions:

**Raw per Member per Month (PMPM)** is the total allowed amount for all patients attributed to your clinic, divided by the member months. Annual per member costs are capped at \$100,000.

**Adjusted (Adj) PMPM** is the retrospective, risk-adjusted total allowed amount. The **Utah Average** represents adjusted PMPM for all patients attributed to clinics receiving these reports.

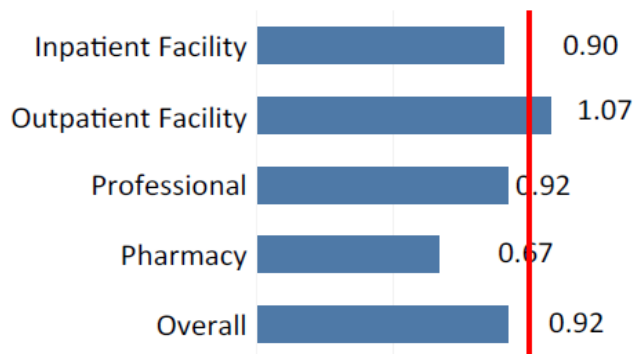
**Total Cost Index (TCI)** is a risk-adjusted measure of the overall cost effectiveness of managing patient health relative to the Utah average. It reflects the frequency and intensity, and the price of services provided.

**Resource Use Index (RUI)** is a risk-adjusted measure of the frequency and intensity of the services used to manage a patient's health relative to the Utah average. RUIs are calculated based on standard weights for each service in a service category.

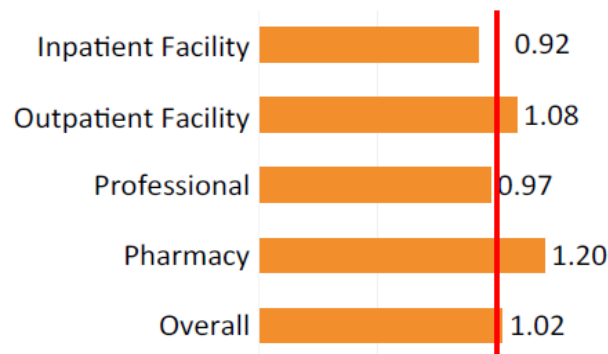
**Price Index** is a risk-adjusted measure of the price component of managing patient health relative to the Utah average. It is affected by fee schedules, referral patterns and place of service. The Price Index is the TCI divided by the RUI.

## Comparison to Utah Average

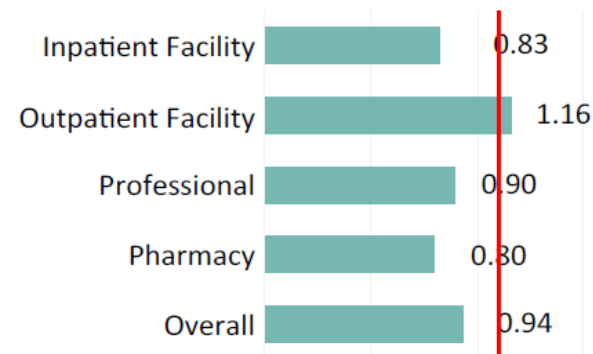
### Resource Use Index



### Price Index



### Total Cost Index



Reference line is Utah Average (1.00)



## Expectations and Limitations

- We are just **scratching the surface** of what the APCD can be used for
  - Linked data across six years (2013-2018) and growing
  - Quarterly releases are on the horizon
  - Data quality continues to improve
  - Filling in the gaps (Medicare data, self-funded plans)
- Real world **limitation for consumerism** – There is a mismatch between how care is billed and what a patient perceives or understands



## 2019 Legislation

### Implementation Plans

- 50 most commonly performed medical procedures – Median paid amounts
  - Consult with Transparency Advisory Group
- Make cost data available to the public
  - Expand current data through OpenData
- Made data available to the State Auditor for HB 178 (Transparency Website Amendments)

# Contact Us



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