Office of Health Care Statistics

This report provides an overview of the Office of Health Care Statistics, its current major functions, datasets under its purview, and impact of Medicaid expansion on the All Payer Claims Database. This report was produced in response to a written recommendation from the Legislative Fiscal Analyst, depicted below:

> *We recommend that the Department of Health report to the Social Services Appropriations Subcommittee by October 1, 2020 on the current and projected impact of Medicaid expansion on the total and percentage of funds from Medicaid for the costs of the all-payer claims database.*

OFFICE OF HEALTH CARE STATISTICS

The Office of Health Care Statistics (OHCS) implements the goals and directions of the Utah Health Data Committee (HDC), which is one of the State Governor's commissioned bodies, established by the Health Data Authority Act (§26-33a, enacted 1990) and created by Section 26-1-7 of Utah Code. The HDC is composed of 15 members who have experience with health data and who represent various perspectives from industry and community – public health, purchasers, providers, payers, and patients. The HDC was established with the purpose of supporting health improvement initiatives through the collection, analysis, and public release of health care information and implements policies to transform data into objective baseline, trend, and performance measurement information, which is made available to all legitimate users, while preserving patient privacy and confidentiality.

As such, the mission of OHCS (created by and enacting the statutory responsibilities depicted in §26-33a) is to promote better health by collecting, analyzing and disseminating health data to increase access and quality, and to reduce the costs of healthcare. Through these efforts, Utahns benefit from improved health and data to make informed decisions, due to the availability of accurate, secure and timely data.

Most recently, the Office of Health Care Statistics has taken on the Patient Safety Surveillance and Improvement program (PSSIP), which exists to ensure that patient safety events (injuries, death or other adverse events) associated with healthcare delivery and administration of anesthesia are reported to the Utah Department of Health, to foster conversations on how to minimize adverse patient safety events in Utah. The administrative rules concerning patient safety include R380-200 (Patient Safety Surveillance and Improvement Program, PSSIP), R380-210 (Health Care Facility Patient Safety Program), and R414-1-28 (Provider-Preventable Conditions).

The strategic goals of the Office of Health Care Statistics include:

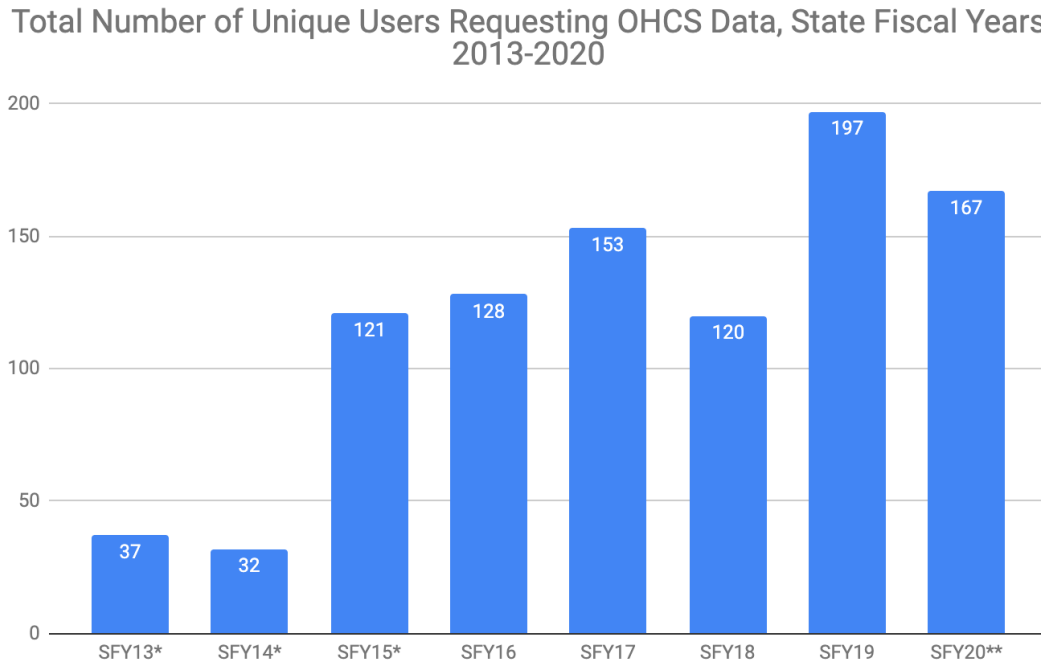
- **Collect:** We collect and produce data that are relevant and useful to our stakeholders
- **Analyze:** We create valuable enhancements to our data resources and our systems have the analytic capacity to transform them into useful information
- **Disseminate:** We make the data and information we collect and produce available to the *right people* at the *right time* for the *right purposes*
- **Great Organization:** This is a great place to work and our employees are organized, trained, and empowered to provide efficient and valuable services to our stakeholders

Office of Health Care Statistics

The Office is responsible for maintaining, managing, and analyzing the following data series:

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** – Annual customer satisfaction surveys relating to health plan performance
- **Healthcare Effectiveness Data and Information Set (HEDIS)** – Annual quality measures relating to health plan performance
- **Healthcare Facility Data (HFD)** – Information about all inpatient, emergency room, and outpatient surgery and diagnostic procedures performed in the state
- **All Payer Claims Data (APCD)** – A dataset which contains data about health care that is paid for by third parties, including insurers, plan administrators, and dental and pharmacy benefits plans
- **Patient Safety Surveillance and Improvement Program (PSSIP)** – A reporting mechanism which captures patient safety events (injuries, death or other adverse events) associated with healthcare delivery and administration of anesthesia, which fosters conversations on how to minimize adverse patient safety events in Utah.

As a measure of performance, the total number of users who have requested one or more data products produced by OHCS has been tracked for the last few years. Data products requested include data from the Utah Healthcare Facility Database and All Payer Claims Database. Users are defined as researchers or teams in an academic setting, an external entity/company, an external institutional license subscriber or a specific internal State of Utah Government project. The chart below represents the number of unique data requesters, for each state fiscal year, from 2013-2019, and year to date, 2020.



**Note: Data from the All Payer Claims Database was not available for distribution prior to SFY15. In addition, beginning in September 2014, OHCS improved methods for tracking data user requests. As a result, users represented prior to FY16 may not be fully representative of total data requests. Double asterisk (**) denotes YTD.*

Presently, the Office of Health Care Statistics liaises with many data requesters, which include, but are not limited to: payers, government, researchers from academic institutions, hospital systems, and non-profit organizations committed to improving health and healthcare.

MEDICAID EXPANSION

In response to this request, on Thursday, August 13th, the Office of Health Care Statistics reached out to the Division of Medicaid & Health Financing, to inquire about when Medicaid expansion began in Utah, the estimated number of Medicaid lives expected over the next few years, and to secure information to estimate the total percent of funds from Medicaid for the cost of the All Payer Claims Database.

CURRENT IMPACT OF MEDICAID EXPANSION ON THE ALL PAYER CLAIMS DATABASE

Medicaid expansion began on August 1st, 2019. According to the Department's Medicaid division, the program will continue in the foreseeable future as long as there is adequate funding and assuming neither the Utah State Legislature or Congress make any changes to eliminate Medicaid expansion. For SFY 2020, enrollment was 40,106 members per month on average.

CURRENT COST ALLOCATION FORMULA

The current cost allocation formula approved by CMS is the percentage of Medicaid data within the database to all data within the database matched in accordance with 42 CFR 432.50 (b) (6) or 42 CFR 433.15 (b) (7) at 50 percent. This includes the cumulative data back to 2013. Cumulative data was approved for the methodology because of the volatility of single year data.

PROJECTED IMPACT OF MEDICAID EXPANSION ON THE ALL PAYER CLAIMS DATABASE

According to the Department's Medicaid division, the SFY 2021 projection is 92,252 persons per month, on average. The projections from SB 96 for SFY 2022 were at 127,792 per month on average. The table below depicts projections for the cumulative number of claim lines in the APCD attributed to Medicaid beneficiaries. Currently, the cumulative portion of the APCD attributed to Medicaid is approximately 21.3%, as illustrated in the column labeled "2013-Current, SFY20". Using projections from Medicaid and SB 96, the cumulative portion of the APCD attributed to Medicaid is expected to increase by only half of a percent (0.5%) points in 2021 to 21.8%, and by 0.6% in 2022, to 22.4%.

	2013-Current, SFY20	2021 Projection	2022 Projection
Cumulative Commercial Claim Lines	335,139,814	371,451,789	407,763,764
Cumulative Medicaid Claim Lines	90,762,746	103,566,971	117,401,856
Cumulative Total Claim Lines	425,902,560	475,018,760	525,165,620
Medicaid % of Cumulative Claim Lines	**21.3%**	**21.8%**	**22.4%**

The increase due to an increase of .5% in FY21 and an additional .6% in FY22 would be $2,558.61 and $8,187.56, respectively. So, the increase in enrollment due to expansion will bring in approximately $10K in additional revenue to OHCS over the two years. This calculation

assumes that the CHIP portion of the calculation remains constant, which may not be the case because CHIP is no longer being matched at 100% (now being matched at a lower rate) however that is a negligible amount.

In conclusion, unless the predicted number of Medicaid recipients generates an unusually large number of claims, OHCS does not expect a significant change in the amount of funding received from Medicaid over the next few years for the APCD.