



ONPOINT
Health Data

Step Two:

Policy and Technical Issues Related to Data Management, Collection and Dissemination

National Association of Health Data Organizations
October 14, 2009

Known as the Maine Health Information Center
– MHIC since 1976

Rebranded as of October 1, 2009 as Onpoint
Health Data with a new website
www.onpointhealthdata.org

Claims processing system known as NCDMS
has been renamed Onpoint CDM (claims data
manager) with a new look and feel. The new
portal to our claims processing system is
www.onpointcdm.org

All Payer Claims Data Management Components

All Payer Claims Data (APCD) Components

- Governance
- Data Collection
 - Sources
 - Types of Data
 - Covered Populations
 - Submission Frequency
 - Processing
- Data Release

APCD Governance

- Cabinet level state agency
 - Within an existing state agency or department
 - Minnesota, New Hampshire, Utah, Vermont
- Non-cabinet state agency
 - State entity often governed by a Board of Directors
 - Kansas, Maine, Massachusetts, West Virginia
- Private entity with state participation
 - Oregon, Wisconsin

APCD Data Collection Sources

- Commercial carriers or health plans
 - Administrative services only (ASO)
- Third party administrator (TPA)
 - Licensed, registered
- Pharmacy Benefit Manager (PBM)
- Medicare
 - CMS
 - Authorized carriers (e.g. managed care, Part D)
- Medicaid
 - Managed care
 - Dual eligibles

APCD Data Collection Sources by State

State	Commercial	TPAs	PBMs	Medicaid	Medicare	Uninsured
Kansas	Yes	State employees only	Yes	Yes	Planned	No
Maine	Yes	Yes	Yes	Yes	Yes	No
Massachusetts	Yes	No	Yes	No	No	No
Minnesota	Yes	Yes	Yes	Yes	Requesting	No
New Hampshire	Yes	Yes	Yes	Yes	Interested	Interested
Utah	Yes	Yes	No	Planned	Interested	Interested
Vermont	Yes	Yes	Yes	Planned	Planned	No

APCD Data Collection

Volume of Submitters by State

State	Carriers/ Health Plans	TPAs	PBMs	Dental
Kansas	14	7	3	550
Maine	53	45	Began 2009	18
Massachusetts	21	1	0	N/A
Minnesota	25	25	3	N/A
New Hampshire	30	22	2	Begin 2010
Utah	12	2	2 (thru plan)	Begin 2010
Vermont	41	18	2	N/A

APCD Data Collection

Types of Data

- Eligibility/Enrollment
- Medical claims
 - Carve out services – mental health, dental, vision, long term care, cancer
 - Student coverage
 - Supplemental coverage
- Pharmacy claims
 - Medicare Part D
- Dental claims
- Workers' compensation
- Uninsured

APCD Data Collection Types of Data by State

State	Enrollment/ Eligibility	Medical Claims	Pharmacy Claims	Dental Claims	Master Provider Index
Kansas	Yes	Yes	Yes	Yes	Planned
Maine	Yes	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	Yes	No	Yes
Minnesota	Yes	Yes	Yes	No	Planned
New Hampshire	Yes	Yes	Yes	Begin 2010	Yes
Utah	Yes	Yes	Yes	Begin 2010	Yes
Vermont	Yes	Yes	Yes	No	Planned

APCD Data Collection Covered Population

- Policy holders
- State residents
- Patients treated by in-state providers
- Employee assistance programs (EAP)
- Supplemental coverage
(e.g., paid as secondary, Medicare)

APCD Data Collection

Covered Population by State

State	Covered Population and Thresholds for Determining Who Must Submit
Kansas	Medicaid – Kansas residents; Kansas state government employees; Kansas residents with carriers having at least 1% market share based upon annual premium volume reported to Insurance Department; excludes ERISA and self-insured
Maine	Maine residents covered by health plans, TPAs and PBMs with 50+ covered lives
Massachusetts	Massachusetts residents covered by licensed carriers having \$250,000+ in premiums annually
Minnesota	Minnesota residents covered by health plans and TPAs with \$3 million in paid claims annually and PBMs with \$300,000 in paid claims annually
New Hampshire	Medicaid – all recipients; NH policy holders including NH residents and non-residents and all covered employees and dependents of out of state employers with a branch location in NH for carriers having \$250,000+ in premiums annually
Utah	Utah residents covered by carriers with 200+ covered lives
Vermont	Vermont residents covered by carriers with 200+ covered lives

APCD Data Collection Submission Frequency by State

State	Frequency of Data Submissions
Kansas	Monthly for Medicaid and KS state government employees; quarterly for commercial carriers
Maine	Monthly for 2,000+ covered lives, quarterly for 500-1,999 covered lives and annually for 50-499 covered lives
Massachusetts	Monthly for 2,000+ covered lives; quarterly for < 2,000 covered lives
Minnesota	Semi-annually (Note: submitters are encouraged to provide data monthly)
New Hampshire	Monthly for 2,000+ covered lives; quarterly for < 2,000 covered lives
Utah	Monthly for enrollment and pharmacy and real time for medical claims (through Utah's RHIO – Utah Health Information Network)
Vermont	Monthly for 2,000+ covered lives, quarterly for 500-1,999 covered lives and annually for 200-499 covered lives

APCD Data Collection Processing by State

State	Handles data collection and management
Kansas	Vendor selected through RFP process
Maine	Maine Health Data Processing Center – public-private non-profit organization created by Maine State Legislature
Massachusetts	Processing is done in-house
Minnesota	Vendor selected through RFP process
New Hampshire	Vendor selected through RFP process
Utah	Vendor for X-12 translation service and remainder of processing is done in-house
Vermont	Vendor selected through RFP process

APCD Data Collection

Release of APCD Data Set to Public by State

State	Data Release
Kansas	Data requests must be for legitimate public health purposes and be approved by Kansas Insurance Commission. Usually requires a data use agreement or a business associate agreement.
Maine	Unrestricted data set, restricted data set, and practitioner identified restricted data set. There are published, fixed prices associated with each type
Massachusetts	3 levels – no PHI, limited PHI, full PHI for state agencies only. A formal application must be completed for each.
Minnesota	No release allowed per statute
New Hampshire	Annual public use data set and customized data sets for approved researchers. A formal application must be completed for the customized data set and a fee for its preparation is charged. The public use data set is free of charge.
Utah	Policies are being defined. It is anticipated that both a research data set and a public use data set will be available.
Vermont	Annual public use data set and limited research health care claims data set. A formal process must be followed to acquire the data. There are handling fees and variable consulting fees associated with each data request.

APCD Data Collection Summary

While the rules and regulations governing the collection and release of data across the states have many common characteristics, no two states have exactly the same requirements. There are as many models for doing this as there are states.

Before you begin drafting legislation, rules or regulations around the collection and dissemination of health care claims data, contact people who are already doing this. Find out what worked well and, even more importantly, what problems they had.

Tap into RAPHIC – www.aphic.org

A special thank you is due to Patrick Miller from the University of New Hampshire, Keely Cofrin Allen from Utah and Hareesh Mavoori from Kansas for the information they supplied.

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