



APCD Council Testimony to the National Committee for Vital and Health Statistics Hearing on Claims-based Databases for Policy Development and Evaluation: Overview and Emerging Issues

Washington, DC 20024

Friday, June 17, 2016

Part 3: STANDARDS: BACKGROUND, EMERGING ISSUES AND CHALLENGES

Panel 3 - Overview of Reporting Standards and Previous Standards Efforts

Testimony

Thank you very much for the opportunity to discuss reporting standards and previous standards efforts, related to state All-Payer Claims Databases, or APCDs. I am speaking on behalf of the APCD Council, which I co-chair. The APCD Council, a collaboration between the Institute for Health Policy and Practice at the University of New Hampshire and the National Association of Health Data Organizations, has been working with states related to all aspects of APCD development for almost 10 years.

Early Efforts to Define a Core Set of Data Elements for State APCDs

Through the early years of the APCD Council's work – particularly in 2008 and 2009 – as state APCD development was growing rapidly, there was an expressed need for consistency in the APCD data collection efforts. For states, there was an interest in harmonizing data collection in order to support collaboration, for such things as sharing of data analysis tools. For data submitters, consistency was sought to better support efficiency in data submission in multiple states. In 2008, the Director of the State of Maine's Maine Health Data Organization (Al Prysunka), which houses the Maine APCD, reviewed the New England states' data submissions and documented the common fields among those states in an effort to support regional analysis and share tools for common analytic needs. Building on that work, in 2010 and 2011, the APCD Council compared the data collection in the then 6 active state APCDs to determine if there was a common set of data elements across the states.

The APCD Council also convened a Technical Advisory Panel (TAP) at that time to build consensus around the APCD data collection standardization process. The APCD Council TAP included participants from the following organizations: Aetna, America's Health Insurance Plans, Agency for Healthcare Research and Quality, American Dental Association, American Medical Association, Assistant Secretary for Planning and Evaluation, Cigna, Centers for Medicaid and Medicare Services, Harvard Pilgrim Healthcare, Humana, Kaiser Permanente, Medco, National Conference of State Legislators, National Committee for Vital and Health Statistics, National Governors Association, and United Healthcare.

Many in the TAP and the broader APCD stakeholder community felt it was valuable to identify a formal standards mechanism to define data submission standards to work toward APCD data collection consistency. This impetus led to two efforts with standards bodies in 2010-2012: one with National



Council for Prescription Drug Programs (NCPDP) for pharmacy claims data, and the other with ASC X12 for medical and dental claims.

Working with Data Maintenance Standards Organizations

In 2010, the APCD Council joined the NCPDP WG1 Post Adjudication Task Group to help draft what is now the *Uniform Healthcare Payer Data Standard Implementation Guide Version 1.0*. Approved in October 2011 by the NCPDP Advisory Board, this standard was developed to support the reporting requirements for pharmacy claims data submission to state APCDs.

The APCD Council approached ASC X12 to develop a standard for the medical and dental claims data submissions. Historically, state APCDs had referred to both the 837 and 835 as the industry referent standards for the medical claims data submission, instead of a single transaction or standard for post-adjudicated data reporting. It was becoming apparent that state APCDs needed a transaction for post-adjudicated data reporting. In meetings with ASC X12, it was discovered that there were multiple business needs that required post adjudicated data reporting. As stated in the release announcing this effort in August 2011, “In addition to state reporting requirements, Medicare and Medicaid have defined business needs for similar claim/remittance data. The information included in this business process is very similar to the information reported by plans to Medicare and state Medicaid programs for paid encounter reporting.”

ASC X12 convened a Post Adjudicated Claims Data Reporting Special Appointed Committee (PACDR SAC) to define a standard to meet the data collection needs across these multiple business cases, including State APCD, Medicaid Encounter Reporting, and Medicare Encounter Reporting. The process included reviewing the existing standards (837 and 835), and data elements from the common APCD core developed by the APCD Council. Ultimately, the PACDR guides were published in 2012:

1. The Post Adjudicated Claims Data Reporting: Professional Implementation Guide (005010X298)
2. The Post Adjudicated Claims Data Reporting: Institutional Implementation Guide (005010X299)
3. The Post Adjudicated Claims Data Reporting: Dental Implementation Guide (005010X300)

In addition to the reporting required by state APCDs, the Guides support many other business needs for the reporting of Post-Adjudicated Claims Data (e.g. Medicaid encounter reporting). Thus, the guides support the reporting of the Proposed Core Set of Data Elements (described above), as well as many other data elements that are not required by a state APCD. That being said, the APCD Council recommends using the Proposed Core in conjunction with the Guides where state data collection rules direct the use of industry standards.

Currently, many state data elements are referenced in PACDR. However, as data needs have evolved, there are now items in state data submission rules that are not in the PACDR guides. While ASC X12 supports a formal process for data maintenance, states are not required to submit data maintenance to ASC X12; and ASC X12 is not required to survey states for their data maintenance needs.

The APCD Council submitted testimony to NCVHS in June of last year, for a meeting with a focus to “Assess effectiveness and usage of adopted HIPAA healthcare transaction standards, code sets, and



operating rules” on the challenges on updating the standard. The sentiment the APCD Council expressed then was:

“...the efforts of the [authors of the ASC X12 guides], and the state APCD representatives in the workgroups, are all voluntary. Many states cannot afford to volunteer their staff for these types of efforts (e.g. weekly meetings, and trimester in-person meetings) so their participation becomes limited. In turn, key voices and knowledge of the business are not heard and incorporated in the development of the standards and guides. While we do not have a proposed solution for this issue, it is critical for the Committee to be aware of this issue.”

Supporting a process for the updating and maintenance of the standards remains an opportunity.

Development of a Model Data Submission Manual

In 2015, the Center for Healthcare Transparency (CHT) drafted a Model Data Submission Manual to support some of its work with Regional Data Intermediaries, which have business purposes that require administrative claims data, similar to APCDs. In an effort to standardize data collection for its Regional Data Intermediaries, CHT drafted a model data submission guide that incorporated references to the NCPDP and PACDR guides, as well as updates and additions to the core set of data elements developed by the APCD Council (e.g., HIOS Plan ID). Given the historical experience with the development of the core set of data elements, the APCD Council worked with CHT in the process of reviewing this guide at the end of 2015.

Where we, the APCD Council and the states in the learning network, find ourselves today is with a need, given the anticipated desire for more consistency, especially for reporting self-insured claims data in light of the SCOTUS decision in the *Gobeille v. Liberty Mutual Insurance Company* case, in re-evaluating state variation in data collection.

With permission from CHT, the CHT Model Data Submission Manual is currently being reviewed by APCD states, in meetings facilitated by the APCD Council, to identify a common data layout for APCD efforts that meet current needs of the states. Once the data layout is agreed upon by the states, it will be shared with payers and vendors in the APCD community for broader input.

Summary

There are many demonstrated needs for APCD data at the local level, as has been discussed in prior panels today. States have identified and responded to those needs for better information for many years, and have done so in ways suited to meet the needs for health system improvement for their populations. The APCD Council appreciates the willingness of NCVHS to better understand the history and opportunity for standardizing the data collection for these state APCD efforts. The APCD Council also looks forward to future conversations with NCVHS to further strengthen the data collection efforts at the state level.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Joseph", followed by a long horizontal flourish.



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Additional reference documents related to the APCD Council efforts around standardization.

- https://www.apcdouncil.org/sites/apcdouncil.org/files/media/timeline_of_apcd_harmonization_work_final.pdf
- https://www.apcdouncil.org/sites/apcdouncil.org/files/media/standardization_fact_sheet_final_for010711release.pdf