

2016-2017 **ARKANSAS**
BIENNIAL ALL-PAYER CLAIMS DATABASE
REPORT





INTRODUCTION

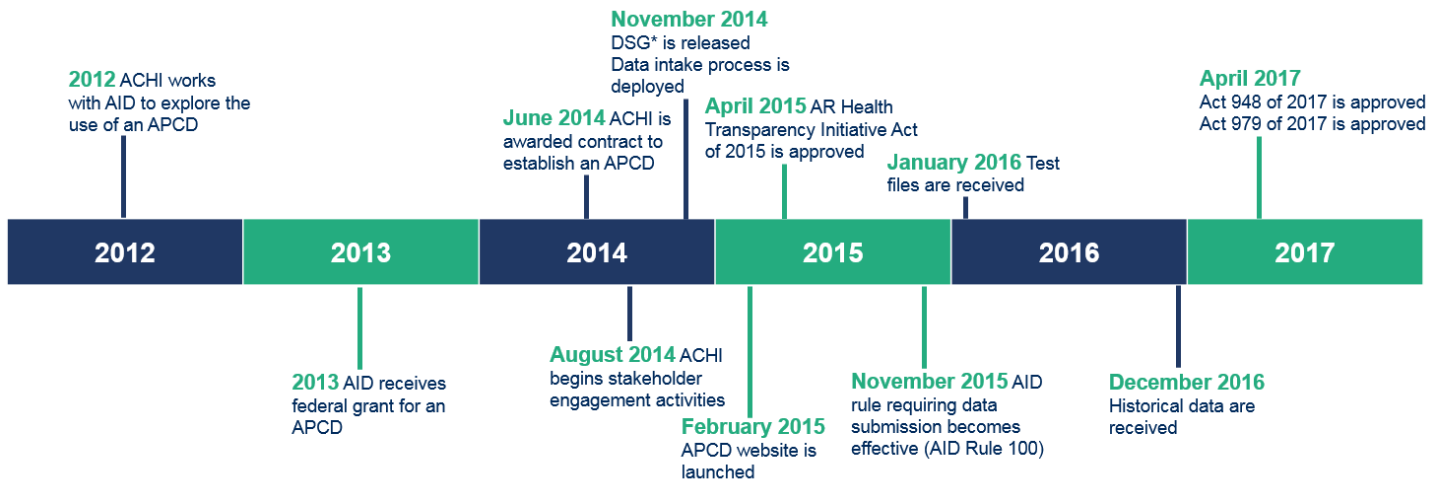
The Arkansas Center for Health Improvement (ACHI), in partnership with Arkansas Insurance Department (AID), has developed the Arkansas All-Payer Claims Database (APCD), which contains healthcare data from a variety of sources. An APCD is a tool used to increase healthcare transparency; better understand and address healthcare cost, quality, and utilization; and support state health system transformation efforts.

The passage of the Arkansas Healthcare Transparency Initiative Act of 2015 ("Act") supports the efforts of the Arkansas APCD project by establishing a mandate for certain entities to submit healthcare data. It was a major step toward increasing transparency in the state's healthcare system and gives Arkansas an opportunity to broaden its standing as a leader in healthcare transformation. The Act authorizes AID to establish rules to collect healthcare data and creates a board to advise AID on matters concerning the Arkansas Healthcare Transparency Initiative ("Initiative"). ACHI is the statutorily designated administrator of the APCD ("Administrator"). The Act and its implementing rules provide the needed guidance for the APCD to optimally fulfill its mission to serve as a trusted and timely source of dynamic information to guide meaningful action to improve health, enhance quality, and lower costs.

LEGISLATIVE PURPOSE

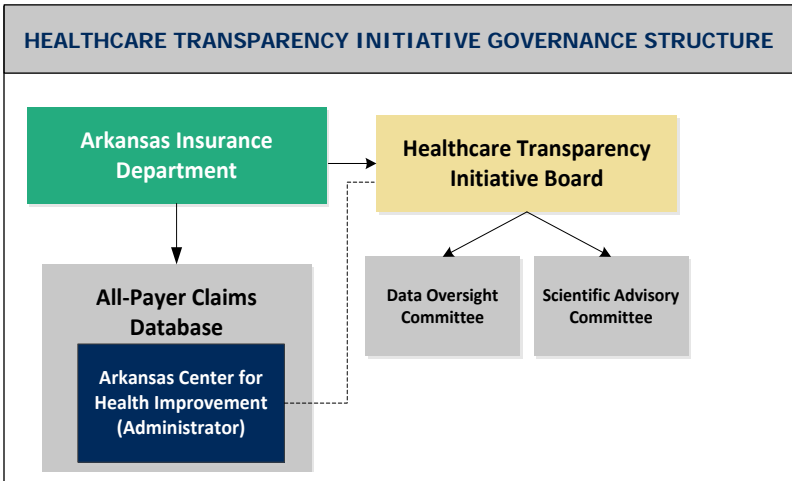
- Empower Arkansans to drive, deliver, and seek out value in the health system**
- Create and establish governance of the Arkansas Healthcare Transparency Initiative**
- Provide authority to collect healthcare information from insurance carriers and other entities**
- Establish appropriate methods for collecting, maintaining, and reporting healthcare information—including privacy and security safeguards**

TIMELINE



* Data Submission Guide

GOVERNANCE



With input from the Arkansas Healthcare Transparency Initiative Board (“Initiative Board”), AID oversees the Initiative. The Initiative Board serves in an advisory capacity, providing input into the various functions of the Initiative and its APCD. The Initiative Board and committees advise AID on all matters concerning data use and release. The Data Oversight Committee reviews and makes recommendations to the Initiative Board regarding data requests. The Scientific Advisory Committee serves in a peer review role for academic research requests. See Appendix A for a list of the Initiative Board and committee members.

DATA SUBMISSION

Data available in the APCD include medical, pharmacy, and dental claims, as well as enrollment and provider data. Table 1 shows the data elements available by submitting entity and the date range covered for each. APCD data are available for approved uses through the data release process, dependent on available funding.

FUTURE ENHANCEMENTS

- ✔ **SAMPLE DATASETS FOR RESEARCHERS**
- ✔ **MEDICAL MARIJUANA FLAG TO INDICATE QUALIFYING PATIENTS**

The Act was amended in 2017, adding several new data elements to the APCD, including hospital discharge and emergency department data for the uninsured, cancer registry data, birth and death records, and medical marijuana qualifying patient data.

Table 1: Available APCD Data Elements

	MEDICAL	PHARMACY	DENTAL	ENROLLMENT	PROVIDER
COMMERCIAL* 4,824,781 Covered Individuals	✔ 2013 - 2016	✔ 2013 - 2016	✔ 2013 - 2016	✔ 2013 - 2016	✔ 2013 - 2016
ARKANSAS MEDICAID 1,427,441 Covered Individuals	✔ 2013 - 2017	✔ 2013 - 2017	✔ 2013 - 2017	✔ 2013 - 2017	✔ 2013 - 2017
MEDICARE 611,466 Covered Individuals	✔ 2013 - 2016	✔ 2013 - 2016	○	✔ 2013 - 2016	○
ARKANSAS STATE/ SCHOOL EMPLOYEES 328,286 Covered Individuals	✔ 2013 - 2016	✔ 2013 - 2016	○	✔ 2013 - 2016	○
ARKANSAS WORKERS' COMPENSATION 26,707 Covered Individuals	✔ 2013 - 2016	○	○	○	○

* Some entities have submitted data through 2017

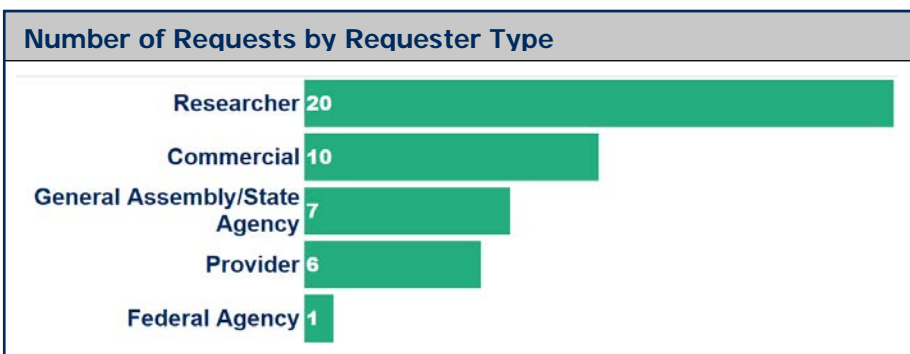
DATA RELEASE PROCESS

The Administrator can provide a range of data offerings to support the long-term sustainability of the APCD. The cost and time to support data delivery and reports depends on a variety of factors. The Administrator can produce a standard data set available to purchasers for one-time use or multiple uses. Multiple-use purchasers may receive a refreshed data set as the APCD is updated. The standard data set may not meet every data requester's needs; in that case, the Administrator can develop a custom data set. Custom data sets allow selected data points to be included. This requires additional effort by the Administrator; therefore, these data sets are priced based on the level of effort required to fulfill the request. The Administrator also offers analytic capacity on a limited basis.

ARKANSAS APCD DATA REQUEST PROCESS

1	DATA REQUESTER SUBMITS DATA REQUEST	The data requester submits a DATA REQUEST FORM and DATA ELEMENT LIST . This allows the Arkansas APCD team to ask additional questions and determine feasibility of the request.
2	ARKANSAS APCD TEAM WORKS WITH DATA REQUESTER	The Arkansas APCD team determines counts, identifies aggregation requirements (if applicable), and allows the data requester to make changes to the data request before initiating the approval process. A price estimate may be given at this time.
3	DATA REQUESTER COMPLETES DATA REQUEST	The completed data request includes a DATA MANAGEMENT PLAN in addition to the data request form and data element list. Data requests are reviewed based on the ARKANSAS APCD DATA REQUEST MONTHLY REVIEW SCHEDULE . A final price for the data will be provided.
4	DATA OVERSIGHT COMMITTEE REVIEWS	The Data Oversight Committee reviews completed data requests. For academic research, the committee may refer the data request to the Scientific Advisory Committee. The Data Oversight Committee offers a recommendation to the Healthcare Transparency Initiative Board and ensures that the request is consistent with the purpose of the Initiative.
5	HEALTHCARE TRANSPARENCY INITIATIVE BOARD REVIEWS	The Board reviews data requests on a quarterly basis and makes final recommendations to the Arkansas Insurance Commissioner. The Board may recommend approval to provide access, approval subject to conditions/modifications, or denial of the request.
6	ARKANSAS INSURANCE COMMISSIONER MAKES DECISION ON DATA REQUEST	The Arkansas Insurance Commissioner may approve or deny data requests in whole or in part.
7	DATA USE AGREEMENT EXECUTION, FULFILLMENT, AND COMPLETION	Data request fulfillment begins after a DATA USE AGREEMENT is signed with the Arkansas Insurance Department and project plan is finalized. A CERTIFICATION OF PROJECT COMPLETION AND DATA DESTRUCTION form must be completed at the end of the project term.

CURRENT DATA REQUESTERS



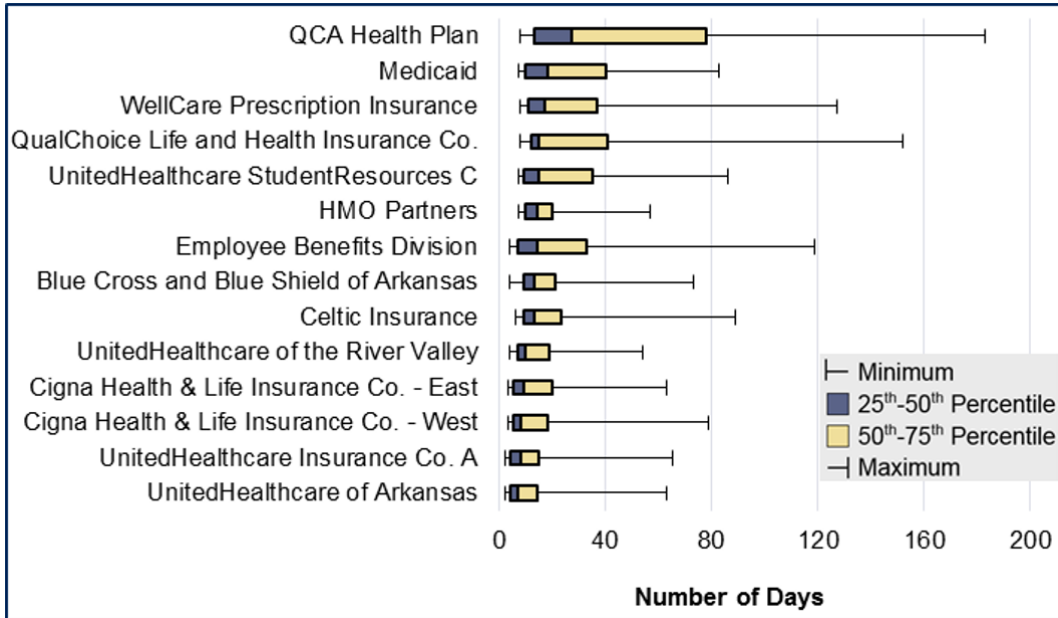
APCD DATA USES

INFORM	Price transparency
MONITOR	Quality improvement
STUDY	Population health
SUPPORT	Service utilization
	System performance

PUBLIC REPORTS

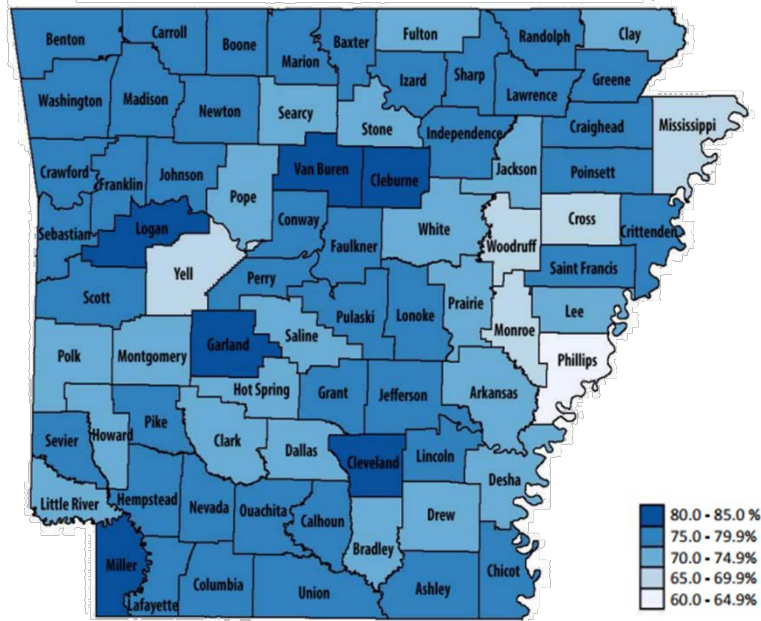
The Administrator has developed several reports to demonstrate the value and quality of data produced from the APCD. Current reports are responsive to current health policy interests and activity and are intended to support the Initiative’s long-term sustainability goals. These reports capitalize on state-based activities, while concurrently charting a path toward more digestible and actionable consumer-facing information.

Time to Paid Claim, Office (Oct. 2014–Sept. 2015)



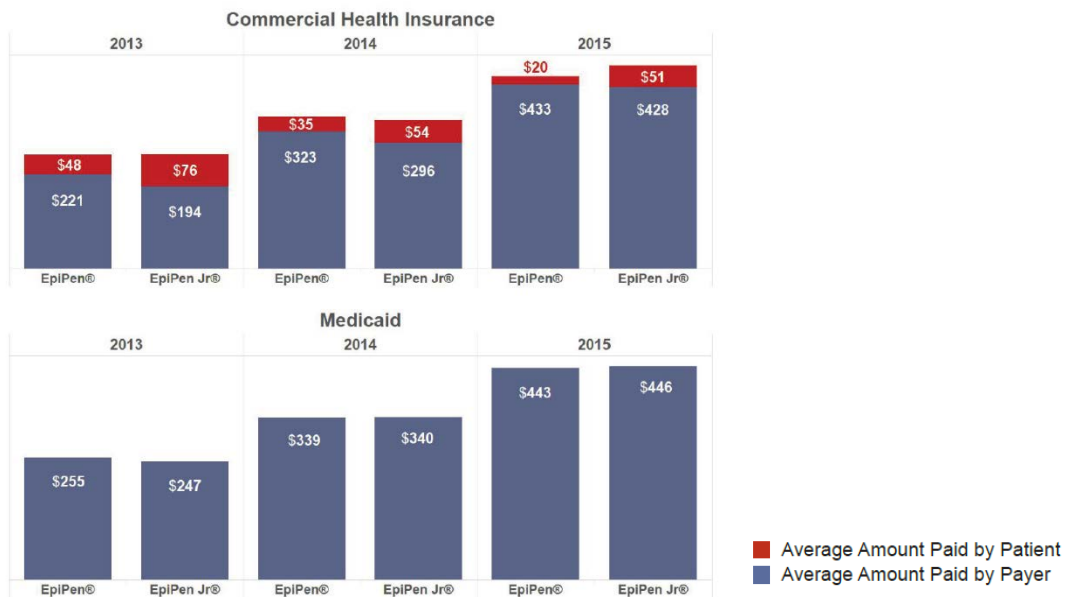
APCD data were used to explore the payment aspect of revenue management—an assessment of the number of days until claims are paid in various healthcare settings. This graph illustrates time to paid claim in an office setting.

Hemoglobin A1c Annual Test Rate for Medicare Beneficiaries Diagnosed with Type II Diabetes, 2013



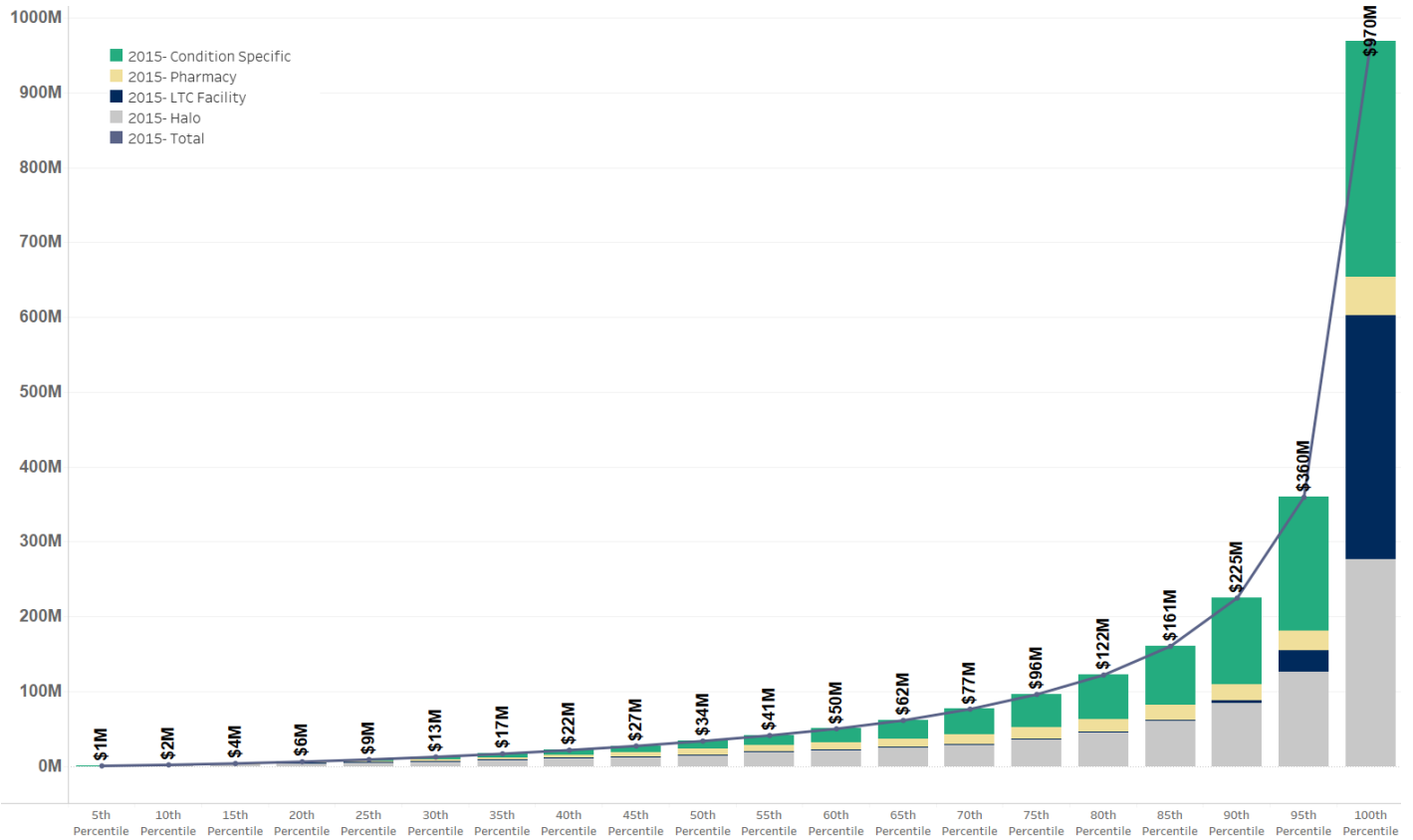
Medicare claims data were used to analyze diabetes in adults 65 and older in Arkansas. The study showed counties that had a large percentage of their patients participating in routine Hemoglobin A1c tests, avoided developing medical complications associated with diabetes.

EpiPen® and EpiPen Jr® Cost Trends in Arkansas



APCD data were used to better understand expenditures associated with drug price increases and industry practices. These graphs illustrate the potential of using APCD data to quickly produce information to inform policy dialogue.

Cost of Patients with Developmental Disability (DD) and Serious and Persistent Mental Illness (SPMI), 2015



Arkansas Medicaid is transitioning to a provider-led managed care payment system for services provided to special populations. Medicaid data were used to examine cost of care for these special populations. In 2015, \$1.555B was spent on the top 15 percent of the Developmental Disability (DD) and Serious and Persistent Mental Illness (SPMI) population.

DATA PROTECTION

All data collected under the Act are treated as confidential and exempt from the Freedom of Information Act and not subject to subpoena except under AID authority. The data cannot be used to disclose trade secrets, re-identify individuals, or create a national APCD. Direct personal identifiers (e.g., name, address, Social Security number, and date of birth) are not collected. The Administrator ensures data within the APCD are protected to prevent access by unauthorized individuals through encryption, meaning the information is unreadable without appropriate authority. Physical barriers, such as housing the data in a high-security space with no public access, are in place to provide additional safeguards.

CONCLUSION

Since its inception in 2015 through the Arkansas Healthcare Transparency Initiative, the APCD has helped support the program needs of AID and other state agencies. The Arkansas Biosciences Institute, a consortium of five academic research institutions across the state, has committed to strengthen its research capacity through use of the APCD. These efforts have demonstrated the value of the APCD, but short-term fiscal support is needed to sustain the Initiative and continue to achieve the vision of the APCD.

APPENDIX A

The Arkansas Healthcare Transparency Initiative Board consists of four statutorily named members and nine governor-appointed members.

Renee Mallory (Chair)

Director, Center for Health Protection, Arkansas Department of Health

Jill Arnold (Vice-Chair)*

Consultant, Consumer Reports

Doug Weeks*

Executive Vice President, Baptist Health

Cal Kellogg*

Executive Vice President and Chief Strategy Officer, Arkansas Blue Cross and Blue Shield

Bradley C. Martin

Professor, Division Head of Pharmaceutical Evaluation and Policy, University of Arkansas for Medical Sciences

Dawn Stehle

Deputy Director for Health/Medicaid Director, Arkansas Department of Human Services

Chad Aduddell

Market Chief Executive Officer, CHI St. Vincent

Shirley Tyson

Arkansas Health Information Technology Interim Coordinator/Chief Technical Officer, Office of Health Information Technology

Billy Roehrenbeck*

Owner, Pulaski County Title

John Ryan

President and CEO, Arkansas Health & Wellness Solutions

Dr. Greg Bledsoe

Arkansas Surgeon General

Jeff Brinsfield

Vice President of Information Systems, QualChoice

Vacant

Representative from a self-insured employer

*Member of the Data Oversight Subcommittee

SCIENTIFIC ADVISORY SUBCOMMITTEE

Bradley C. Martin

Professor, Division Head of Pharmaceutical Evaluation and Policy, University of Arkansas for Medical Science

Richard R. Owen

Director and Principal Investigator, Center for Mental Healthcare and Outcomes Research

Associate Chief of Staff for Research, Central Arkansas Veterans Healthcare System

Professor, University of Arkansas for Medical Sciences

D. Keith Williams

Professor, College of Public Health, University of Arkansas for Medical Sciences