Arkansas Healthcare Transparency Initiative

Biennial Report
2018–2019

PREPARED BY:

ACHI
INSPIRING HEALTHY ACTS

AID
ARKANSAS INSURANCE DEPARTMENT
INSURANCE.ARKANSAS.GOV

Introduction

The Arkansas Healthcare Transparency Initiative ("Initiative") was established to provide a source of informative healthcare information to support consumers, researchers, and policymakers. The Arkansas All-Payer Claims Database (APCD) is the tool used to accomplish these efforts. Since its inception in 2015 through the Arkansas Healthcare Transparency Initiative Act, the APCD has developed into a robust data asset used to inform many aspects of the healthcare landscape in Arkansas. It has also been used to inform price transparency and population health strategies. This report provides background on the Initiative and ways in which APCD data are currently being used.

Governance

The Initiative is under the authority of the Arkansas Insurance Department (AID). The Arkansas Center for Health Improvement (ACHI) is the statutorily designated administrator of the APCD. The Healthcare Transparency Initiative Board advises AID on matters concerning the Initiative — predominantly consisting of reviews of APCD data requests. Two subcommittees assist the board with reviews of data requests: the Data Oversight Committee and the Scientific Advisory Committee. The Data Oversight Committee reviews and makes recommendations to the Initiative Board regarding data requests, while the Scientific Advisory Committee serves in a peer review role for academic research requests. Additionally, an Arkansas Department of Health (ADH) representative will join the Data Oversight Committee to

TIMELINE

APRIL 2015
Arkansas Healthcare Transparency Initiative Act of 2015 is enacted.

NOVEMBER 2015
Arkansas Insurance Department Rule 100, requiring data submission, becomes effective.

DECEMBER 2016
Data submission of historical claims and enrollment data begins.

APRIL 2017
Act 948 of 2017 is enacted, permitting the addition of medical marijuana data.

Act 979 of 2017 is enacted, requiring integration of vital records, hospital discharge records, and emergency department records from the Arkansas Department of Health.

2018
Exhibited at national and local conferences to promote the Initiative.

JULY 2018
Implemented a versioning approach applied to claims data to establish the final paid claim.

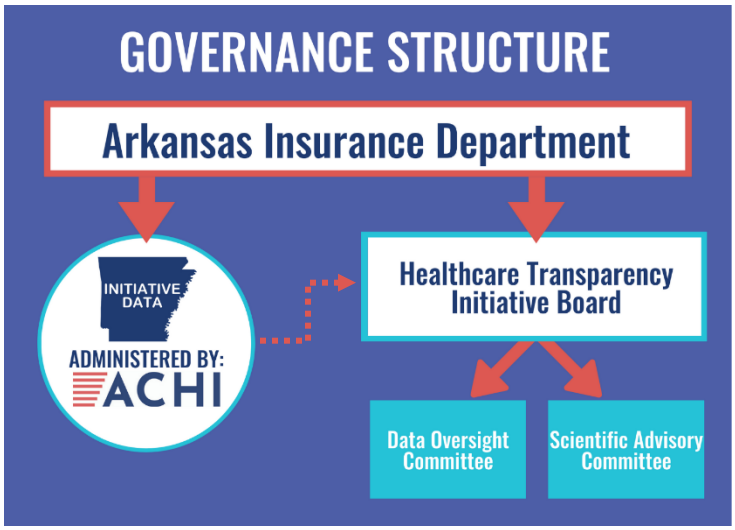
2019
Began receiving managed care organization and Provider-led Arkansas Shared Savings Entity (PASSE) claims data.

SEPTEMBER 2019
Initiated data user workgroup meetings to collaborate on best practices when using data.

2020
Initiative data will be updated quarterly as opposed to biannual for data use availability.

review data requests that include ADH data. See Appendix A for a roster of the Initiative Board and committee members.

Data Submission



Data available in the Initiative's APCD include medical, pharmacy, and dental claims, as well as enrollment and provider data. The following table shows the data elements available by submitting entity and the date range covered for each. Legislative amendments in 2017 added several new data elements to the Initiative, including hospital discharge and emergency department data for the uninsured, cancer registry data, birth and death records, and medical marijuana qualifying patient data.

AVAILABLE INITIATIVE DATA ELEMENTS

	MEDICAL	PHARMACY	DENTAL	ENROLLMENT	PROVIDER
COMMERCIAL 5,777,967 covered individuals	✓ 2013 - 2018	✓ 2013 - 2018	✓ 2013 - 2018	✓ 2013 - 2018	✓ 2013 - 2018
ARKANSAS MEDICAID 1,419,283 covered individuals	✓ 2013 - 2018	✓ 2013 - 2018	✓ 2013 - 2018	✓ 2013 - 2018	✓ 2013 - 2018
MEDICARE 611,466 covered individuals	✓ 2013 - 2016	✓ 2013 - 2016		✓ 2013 - 2016	
ARKANSAS STATE/ SCHOOL EMPLOYEES 275,333 covered individuals	✓ 2013 - 2018	✓ 2013 - 2018		✓ 2013 - 2018	
ARKANSAS WORKERS' COMPENSATION 34,065 covered individuals	✓ 2013 - 2018				

Data Release

The steps below illustrate the process to request Initiative data. Currently, only datasets can be requested from the Arkansas APCD. Analytics to produce reports are not available at this time.

ARKANSAS DEPARTMENT OF HEALTH DATA

BIRTH CERTIFICATE
180,071 children
2013 - 2017

EMERGENCY DEPARTMENT*
369,279 individuals
2013 - 2016

DEATH CERTIFICATE
154,104 individuals
2013 - 2017

CANCER REGISTRY
46,674 individuals
2013 - 2015

HOSPITAL DISCHARGE*
65,387 individuals
2013 - 2017

MEDICAL MARIJUANA CARDHOLDERS
29,160 individuals
2018 - 2019

* Self-pay and uninsured only

ARKANSAS INITIATIVE DATA REQUEST PROCESS

1 DATA REQUESTER SUBMITS DATA REQUEST	The data requester submits a data request form and data element list. This allows the Initiative Administrator to ask additional questions and determine feasibility of the request.
2 INITIATIVE ADMINISTRATOR WORKS WITH DATA REQUESTER	The Initiative Administrator 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 committee reviews completed data requests. The committee may refer the data request to the Scientific Advisory Committee for academic research. The committee offers a recommendation to the Healthcare Transparency Initiative Board.
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 HEALTHCARE TRANSPARENCY INITIATIVE BOARD REVIEWS	Data request fulfillment begins after a data use agreement is signed with the Arkansas Insurance Department and a 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

Data requests have increased during the two years prior to this report. Data may be purchased for one-time use on a project or through a subscription that allows use for

multiple projects. State agencies are currently eligible to receive a subscription without a fee. The Arkansas Legislative Audit, ADH, ACHI, AID, and Arkansas Biosciences Institute (ABI) have a subscription for Initiative data. The ABI subscription is used for projects by ABI-affiliated researchers at the University of Arkansas for Medical Sciences, University of Arkansas, Arkansas Children's Research Institute, and Arkansas State University. ABI projects include studies of healthcare disparities, maternal morbidity, opioid use disorder, medical marijuana, and HIV care. Accountable care organizations and clinically integrated networks have indicated significant interest in Initiative data for clinical management of patients. Notably, the act does not mandate entities to submit direct personal identifiers, and reidentifying individuals is prohibited without consent. In 2019, the Initiative board, AID, and ACHI worked to establish a process to permit reidentification with individual consent.

INITIATIVE DATA REQUEST SUMMARY: 2017–2019

Inquiries by Type	2017	2018	2019
Carrier	0	2	0
Private Industry	10	18	5
Employer	0	1	0
Other	1	2	2
Provider	1	3	1
Researcher	30	38	42
State Agency/General Assembly	9	19	14

Data Inquiries by Year	Inquiries
2017	51
2018	83
2019	64
Total	198

Note: A single inquiry could be counted more than once if the request initiated multiple tickets.

Type of Requester	Applications Received	Projects in Progress	Subscriptions	Canceled	Completed
Researcher	4	2	2	7	1
State Agency/General Assembly	2	3	3	0	4
Federal Agency	0	2	0	0	0
Private Industry	1	1	0	6	1
Provider	1	0	0	1	0

Definitions: *Applications Received*: data requests received and under review. *Projects in Progress*: requests fulfilled and used during the project period. *Subscriptions*: a type of data request where the data is refreshed twice annually. *Canceled*: the data request has been canceled either by the requester, or has been denied by AID. *Complete*: project is complete and the data has been destroyed.

Data Use

Initiative data are used for a variety of purposes, such as to examine health policy issues, examine disease patterns and treatment, evaluate health programs, and provide price transparency tools. Another purpose of the Initiative is to provide information to support consumer decisions. MyMedicalShopper — a consumer-facing, web-based transparency tool — requested and received Initiative data to provide price estimates for procedures and provider quality scores to consumers. Examples of additional data uses are shown in Appendix B.

National Recognition

Kenley Money, director of information systems architecture at ACHI, was named to the board of directors for the National Association of Health Data Organizations (NAHDO) to serve a three-year term. NAHDO provides assistance and guidance to state health data organizations and is governed by a board whose members are recognized as experts in the health information industry. In November 2019, NAHDO convened for its 34th annual conference, which ACHI hosted in Little Rock. During the conference, Dr. Joe Thompson, ACHI's president and CEO, received the Elliot Stone Award of Excellence in Health Data Leadership, presented annually to an individual who represents the highest ideals in data collection, analysis, or outcomes measurement and whose creative efforts have made outstanding contributions to improvements in the collection, application, and/or dissemination of health data.

Looking Forward

The Initiative continues to advance and to enhance efforts to be more responsive to the needs of data users. The focus of the Initiative is now on linking to other data sources, such as clinical data from the State Health Alliance for Records Exchange (SHARE), Prescription Drug Monitoring Program data, and criminal justice data, as well as promoting the value of the Initiative data.

At the national level, state APCDs have been recognized as potential tools for establishing a benchmark for out-of-network rates to combat surprise billing, which has been reflected in bills introduced to Congress.

Lastly, a marketing plan has been developed to build awareness of Initiative data and its various uses. The plan focuses on email marketing, presenting data and research at conferences, earned media, updating the Initiative website, and search engine optimization.

Appendix A

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

Cal Kellogg (Chair)*
Executive Vice President and Chief Strategy Officer, Arkansas Blue Cross and Blue Shield

Jill Arnold (Vice-Chair)*
Consultant, Consumer Reports

Austin Porter*
Deputy Chief Science Officer, Arkansas Department of Health

Doug Weeks*
Executive Vice President, Baptist Health

Bradley C. Martin
Professor, Division Head of Pharmaceutical Evaluation and Policy, University of Arkansas for Medical Sciences

John Carter
Information Systems Manager
Arkansas Department of Human Services

Chad Aduddell
Market Chief Executive Officer, CHI St. Vincent

Anne Santifer
Executive Director, Office of Health Information Technology
Arkansas Department of Health

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

Robert McGehee
Dean, UAMS Graduate School
University of Arkansas for Medical Sciences

Vacant
Representative from a self-insured employer

*Member of the Data Oversight Subcommittee

SCIENTIFIC ADVISORY SUBCOMMITTEE

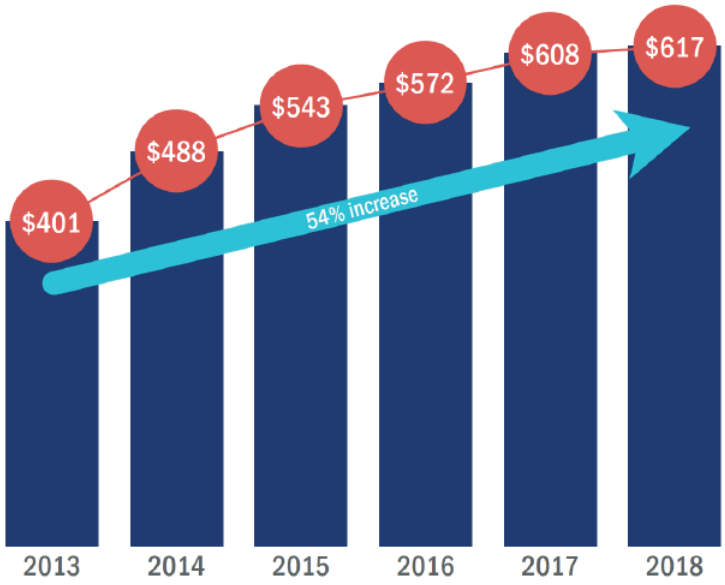
Bradley C. Martin
Professor, Division Head of Pharmaceutical Evaluation and Policy, University of Arkansas for Medical Science

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

Appendix B

CHANGE IN AVERAGE COST PER INSULIN PRESCRIPTION IN ARKANSAS: PRIVATE INSURANCE



Initiative data were used to report the average cost — paid amount by insurer plus patient out-of-pocket costs — per insulin prescription. The average days' supply per prescription is 34.3 days. The figures do not reflect rebates or coupons from the manufacturer. Patient out-of-pocket costs will vary based on the insurance plan.

SMOKING-ATTRIBUTABLE COSTS

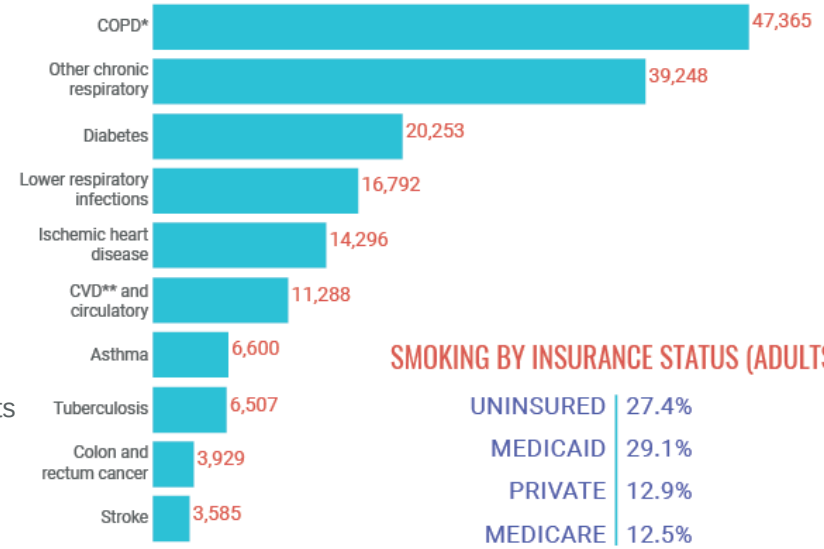
SMOKING-ATTRIBUTABLE SPENDING

Medicaid
$795 Million

Private
$542 Million

Using Initiative data, ACHI estimated smoking-attributable costs to Medicaid and private insurance for individuals age 30–65.

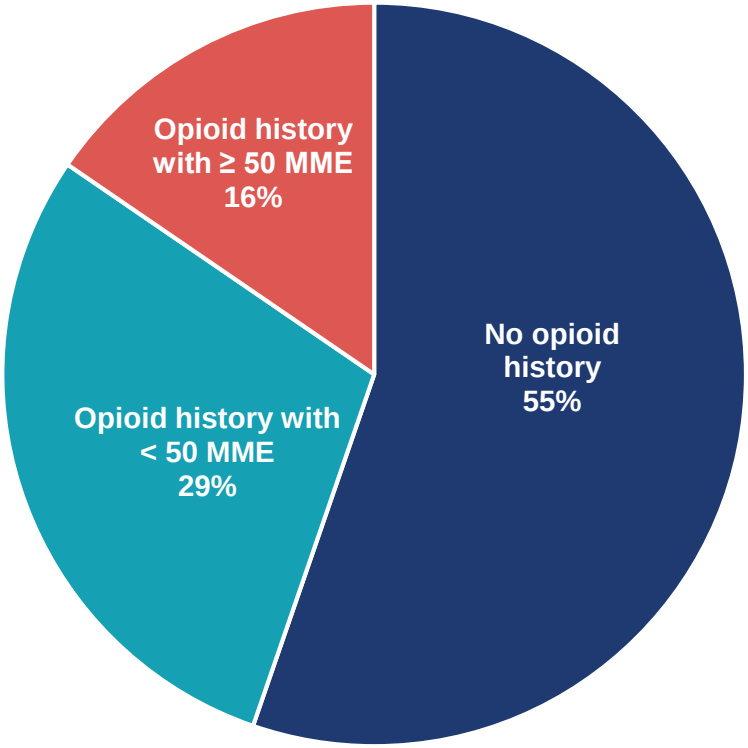
TOP 10 | NUMBER OF MEDICAID ENROLLEES WITH CONDITION



SMOKING BY INSURANCE STATUS (ADULTS)

UNINSURED	27.4%
MEDICAID	29.1%
PRIVATE	12.9%
MEDICARE	12.5%

PERCENTAGE OF DEATHS FROM EXAMINED CAUSES* BY OPIOID USE HISTORY FOR AGES 12–50 (N=123) IN TARGET COUNTIES, 2017



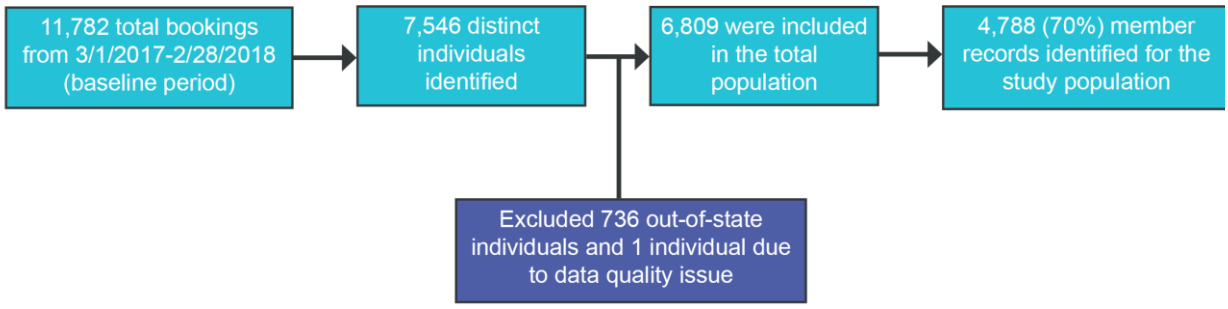
Initiative data were used to conduct a death certificate review based on history of opioid use in 11 target counties.

ED VISITS OF JAIL DETAINEES IN TWO ARKANSAS COUNTIES

Act 423 of 2017, passed by the 91st General Assembly, provided the legal structure for regional crisis stabilization units (CSUs), an alternative to incarceration and a means of providing better treatment for the mentally ill population. ACHI collected information from county jail officials regarding jail detainees with three or more bookings during the assessment period. Using a hashing method that combines last name and date of birth, ACHI created a unique identifier for each individual, and then searched for the concordant hashed identifier in the Initiative data and associated diagnoses and claims. (See the Flow Chart of Sebastian County Jailed Individuals Found in the Initiative Data and the Pulaski County Jailed Individuals Found in the Initiative Data on the following page). Using this cohort criteria, Initiative data were used to profile jail involvement, medical diagnoses, and healthcare utilization and costs of unique jail detainees in two Arkansas counties where CSUs are operating. Jailed individuals with an ED visit were profiled by the prevalence of a serious and persistent mental illness (SPMI) and the number of bookings.

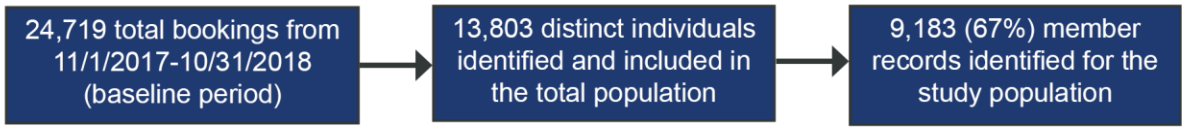
FLOW CHART OF SEBASTIAN COUNTY JAILED INDIVIDUALS FOUND IN THE INITIATIVE DATA

Sebastian County



PULASKI COUNTY JAILED INDIVIDUALS FOUND IN THE INITIATIVE DATA

Pulaski County



Sebastian County – ED Visits

March 2017 to February 2018

Key

- SPMI and fewer than three bookings
- SPMI and three or more bookings
- No SPMI and fewer than three bookings
- No SPMI and three or more bookings

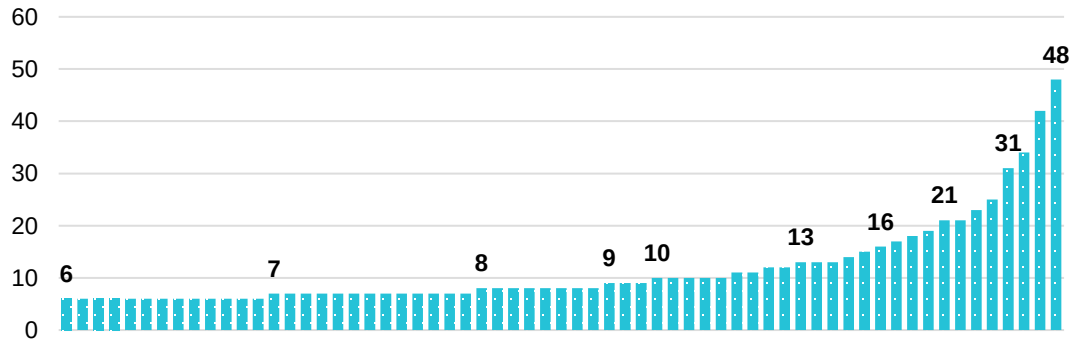
All ED Visits

Number of Jailed Individuals with ED Visits (n=2,086)	Percentage of Jailed Individuals with an ED Visit	Total ED Visits for Jailed Individuals (n=6,274)
790	66.2%	2,718
223	78.2%	1,126
840	31.4%	1,851
233	36.6%	579

Six or More ED Visits

Number of Jailed Individuals with Six or More ED Visits (n=250)	Percentage of Jailed Individuals with Six or More ED Visits	Total Visits by Jailed Individuals with Six or More ED Visits (n=2,506)
117	9.8%	1,157
63	22.1%	739
48	1.8%	425
22	3.5%	185

ED Utilization for Jailed Individuals with SPMI Diagnosis, Three or More Bookings, and Six or More ED Visits (n=63)



Pulaski County – ED Visits

November 2017 to October 2018

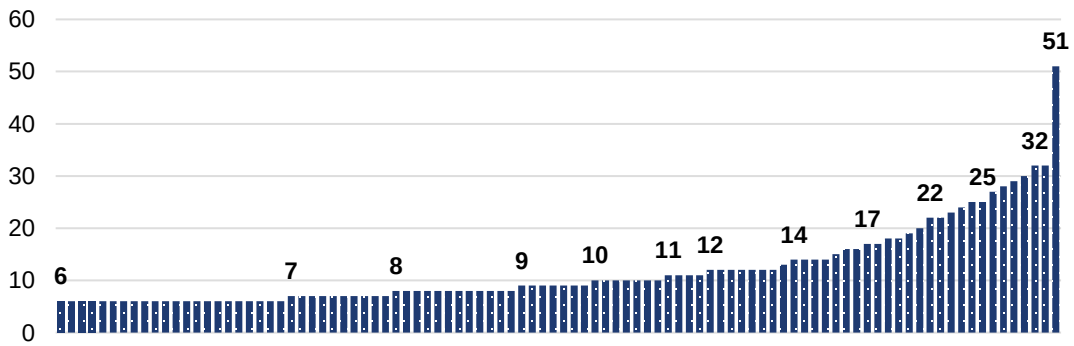
Key

- SPMI and fewer than three bookings
- SPMI and three or more bookings
- No SPMI and fewer than three bookings
- No SPMI and three or more bookings

All ED Visits

Number of Jailed Individuals with ED Visits (n=4,007)	Percentage of Jailed Individuals with an ED Visit	Total ED Visits for Jailed Individuals (n=11,369)
1,449	63.8%	5,014
407	73.3%	1,891
1,816	33.3%	3,667
335	36.9%	797

Six or More ED Visits

Number of Jailed Individuals with Six or More ED Visits (n=409)	Percentage of Jailed Individuals with Six or More ED Visits	Total Visits by Jailed Individuals with Six or More ED Visits (n=4,391)
220	15.2%	2,351
96	23.6%	1,154
74	4.1%	672
19	5.7%	214

ED Utilization for Jailed Individuals with SPMI Diagnosis, Three or More Bookings, and Six or More ED Visits (n=96)