



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**DEPARTMENT OF COMMERCE, COMMUNITY AND
ECONOMIC DEVELOPMENT
Division of Insurance**

CSSB 93

“An Act relating to the establishment of an all-payer claims database”

Senate Finance

Lori Wing-Heier, Director

April 29, 2021



Health Care – Quadruple Aim





Broad Community Involvement

- Administration and the Legislature
- Congressional delegation
- Tribal partners
- Chamber of Commerce and other business organizations
- Alaska Healthcare Transformation Project
- Alaskans for Sustainable Healthcare Costs
- Alaska Policy Forum
- Mat-Su Health Foundation
- Municipalities, School Districts, and Universities
- Insurance companies and insurance brokers
- Providers



What is missing? Organized, succinct data



Sources of Data

- AlaskaCare
- Medicaid
- Medicare
- Insurance Companies
- Third-Party Administrators
- Trusts and other Self-Insured Plans

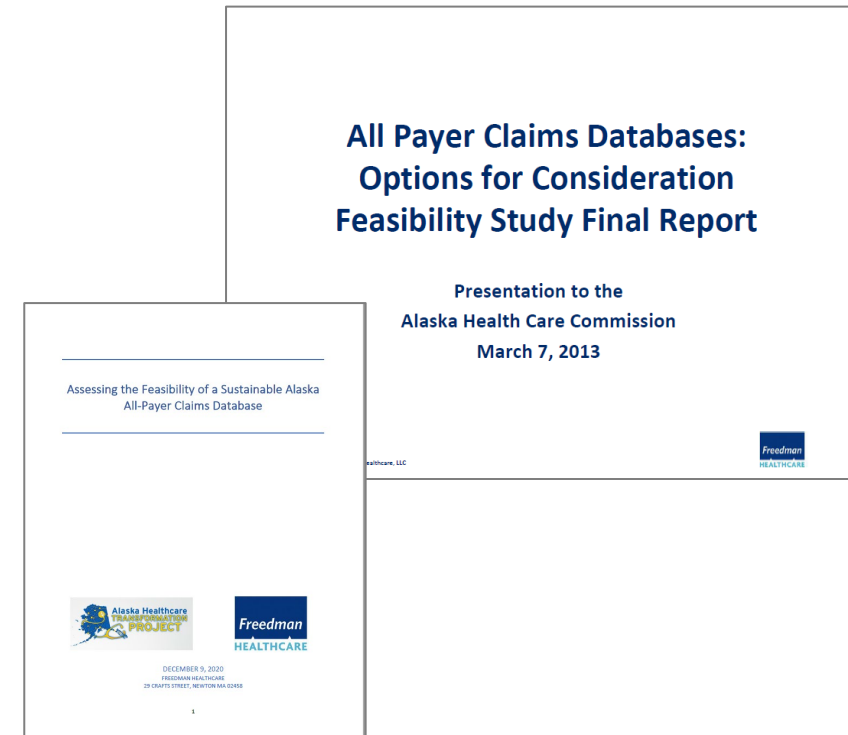
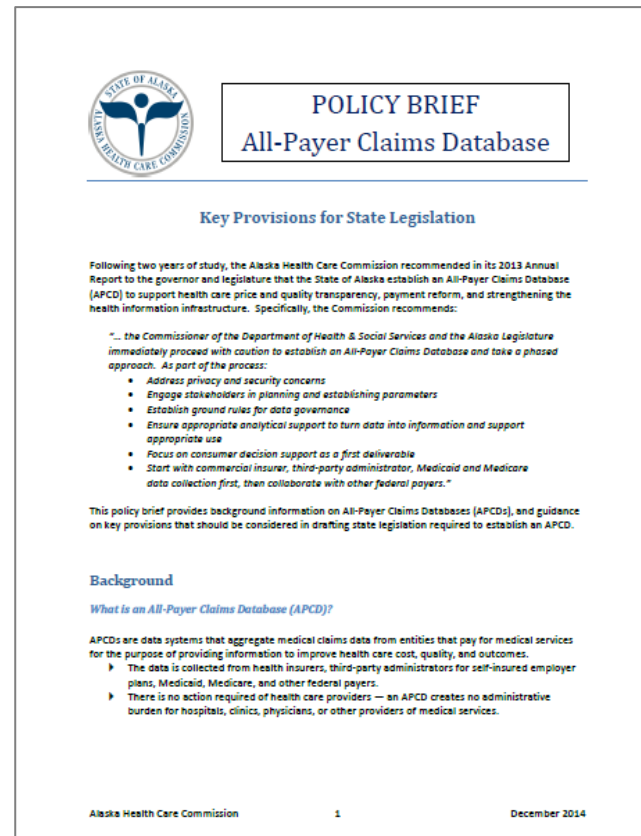
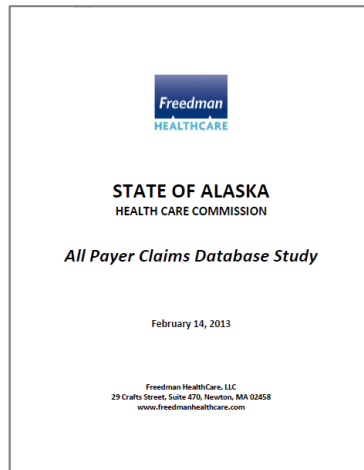
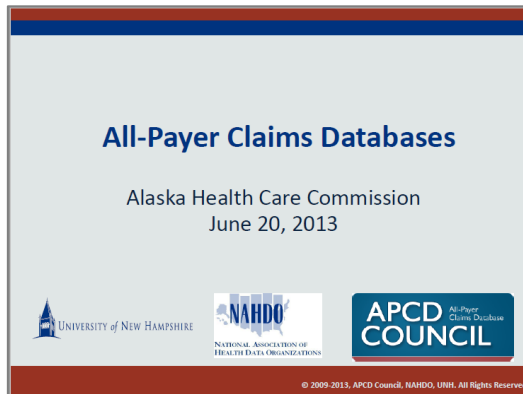


Many Reports – No Data





Alaska Health Care Commission and others





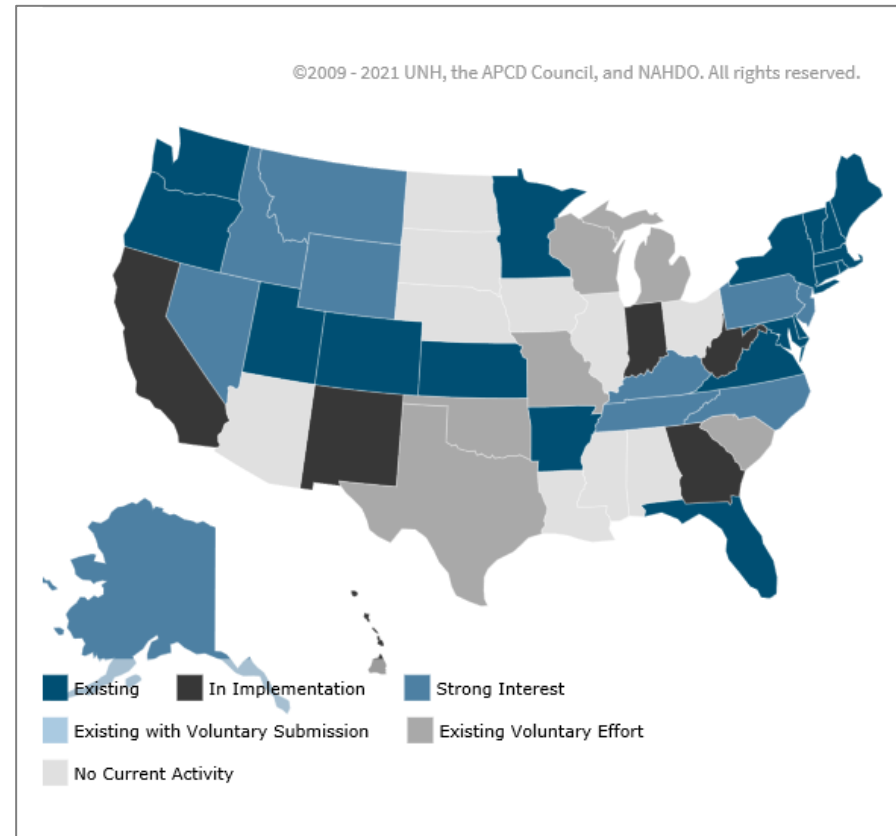
What is an All Payer-Claims Data Base?

An All-Payer Claims Data Base (APCD) is a large database that includes medical, pharmaceutical, and dental claims. These databases are hosted, directly or through a contract, by states.

Public (i.e. Medicaid) and private payors (i.e. insurance companies and third-party adjusters) submit the data, in a pre-determined standard format, to the state.



Who has an established APCD?





If not now, when? If not us, who?

If we are to continue with our partners, towards the Quadruple Aim of Health Care – we need to take the first step.

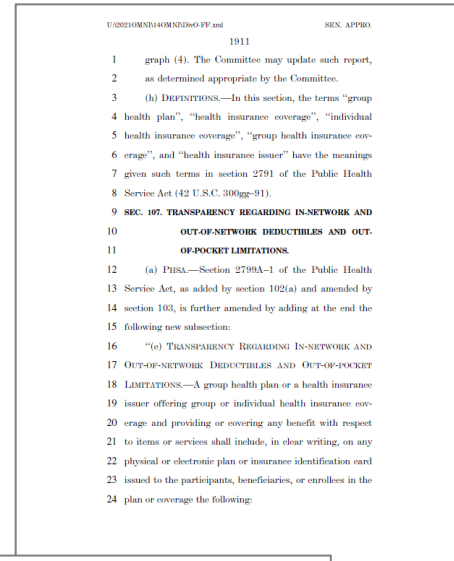
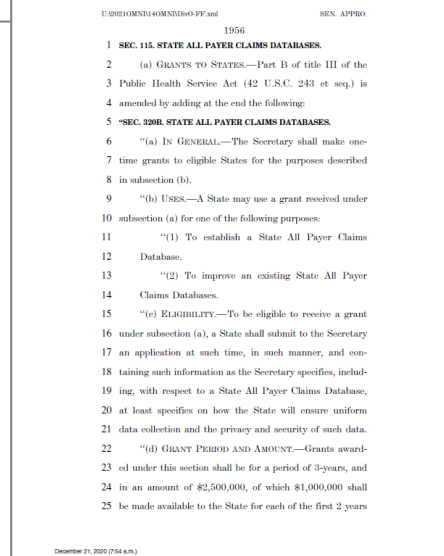
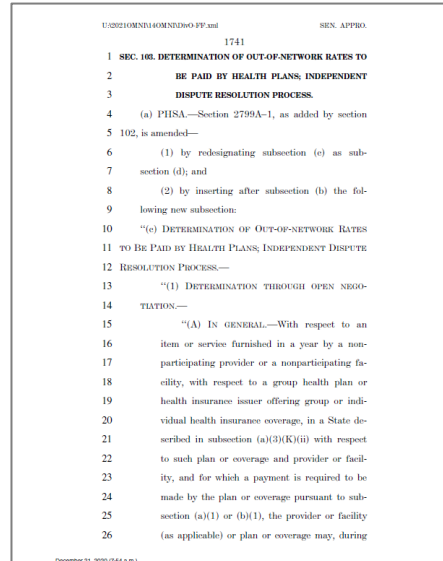
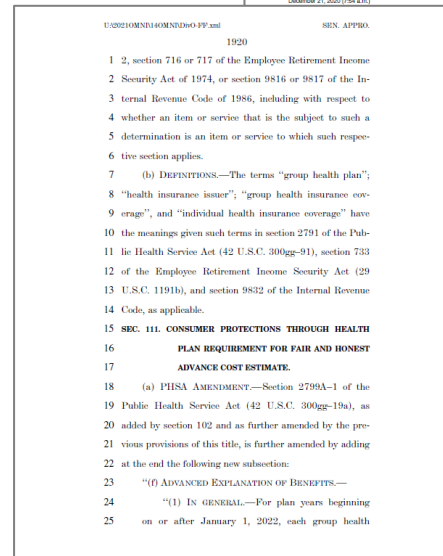
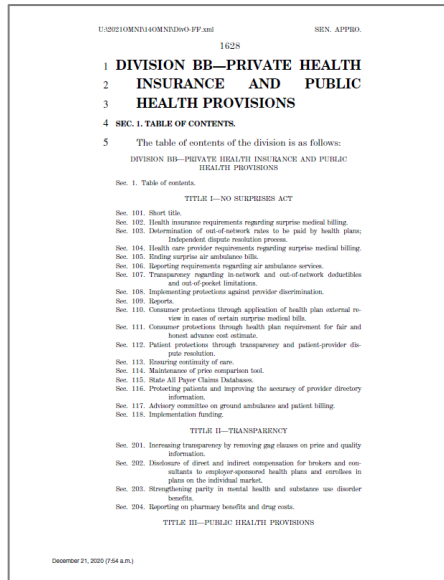
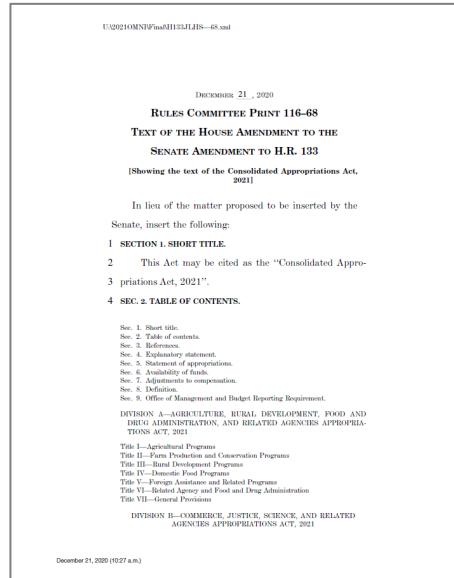
And the No Surprise Bill Act under the Consolidated Appropriation Act of 2021 – just gave us a gentle nudge.



Alaska Division of Insurance

2020 No Surprise Bill

Over 5,500 pages.....





What the No Surprise Bill provides:

- Provides a structure to protect consumers against surprise medical bills and determining out-of-network provider payments including air ambulances
- Notice and consent provisions for balance billing of non-emergency services by non-participating providers at participating facilities
- Establishes requirements for provider directories
- Establishes a dispute resolution process for uninsured
- Provides guidance for continuity of care
- Requires insurers and other plans to have a price comparison tool
- Modifies requirement on insurance cards
- Requires plans to provide an advance explanation of benefits
- Encourages All-Payer Claims Databases and provides grants up to \$2.5 million to each state



An APCD provision in the No Surprise Bill

ALASKA DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT



APCD – Grants - \$2.5 million

The state shall submit an application, containing such information as the Secretary specifies including how the state will ensure uniform data collection and the privacy and security of data.



Authorized Users

An entity wanting access to the APCD, that has received a grant, shall submit to the State APCD an application for such access which shall include:

- In the case of an entity requesting access for research purposes a description of the uses and methodologies for evaluating health system performance using the APCD; and
- Documentation of approval of the research by an institutional review board, if applicable for a particular plan or research
- The entity shall enter into a data use and confidentiality agreement with the state – the agreement shall include a prohibition on attempts to reidentify and disclose individually identifiable health information and proprietary financial information
- If the entity is an employer, health insurance company, third-party administrator, or health care provider requesting access for the purpose of quality improvement or cost-containment, a description of the intended use of the data.
- Employers and employer organizations may request customized reports, at cost, subject to the requirements of privacy, security, and proprietary financial information.
- The state shall make available, to all eligible users, aggregate data sets – free of charge.



Standardized format

The Secretary shall establish, and periodically update, a standardized reporting format for voluntary reporting, by group health plans of:

- Medical claims;
- Pharmacy claims;
- Dental claims;
- Eligibility; and
- Provider files



Alaska Division of Insurance

CSSB93 – Sectional Analysis

Section 1 Establishes a new chapter 92 in Title 21 with the following sections:

Section 21.92.010 – All-payer claims database (APCD) is established.

- (a) Defines the purpose of a statewide APCD:
 - 1) collect and analyze existing health care cost and quality data;
 - 2) create a central repository that is objective and reliable;
 - 3) provide transparent access to health care information while protecting individual privacy and proprietary data; and
 - 4) enable researchers, policymakers, and the public to make informed decisions regarding health care.
- (b) APCD must provide:
 - 1) publishable analytics to improve transparency;
 - 2) systematic collection of data; and
 - 3) enhanced transparency.
- (c) The director may:
 - 1) require an insurer to submit data;
 - 2) establish penalties to ensure compliance;
 - 3) create agreements for voluntary reporting;
 - 4) solicit, receive and administer funding from public and private sources;
 - 5) establish, by regulation, a schedule of reasonable fees to be charged to an authorized requestor that is a business entity for the use and distribution of data from the database to the business entity; and
 - 6) carry out other activities.

Section 21.92.020 – Selection and duties of lead organization.

- (a) By competitive bid, the director shall select an organization to manage the APCD.
- (b) The selected organization shall:
 - 1) apply to be certified as a qualified entity under 42 C.F.R. 401.703(a) by the Centers of Medicare and Medicaid;
 - 2) enter into a contract with a data vendor or multiple data vendors to perform data collection, processing, aggregation, extracts, and analytics;
 - 3) be responsible for internal governance, management, and operations of the database;
 - 4) engage stakeholders in the development and maintenance of the database;
 - 5) provide an annual report to the director regarding the status of the database and any recommendations for change;
 - 6) establish a process for making claims and other data from the database available for use and distribution upon request to authorized users;
 - 7) engage consumer protection stakeholders and the community in the process to ensure claims and other data from the database are available in a format accessible to all authorized requesters;
 - 8) prepare a health care data report each calendar year that aggregates and analyzes the data submitted to the database; and
 - 9) perform other duties as required by the director to fulfill the purposes of this chapter.

Section 21.92.030 – Confidentiality.

- (a) The APCD shall be secure and confidential and shall not be subject to public records public inspection. Aggregated information can be shared as provided in regulations. Individually identifiable health care information will be confidential; and
- (b) Information in the database will not be subject to subpoena in any civil, criminal, judicial, or administrative proceeding.

Section 21.92.040 – Eligibility for state grants

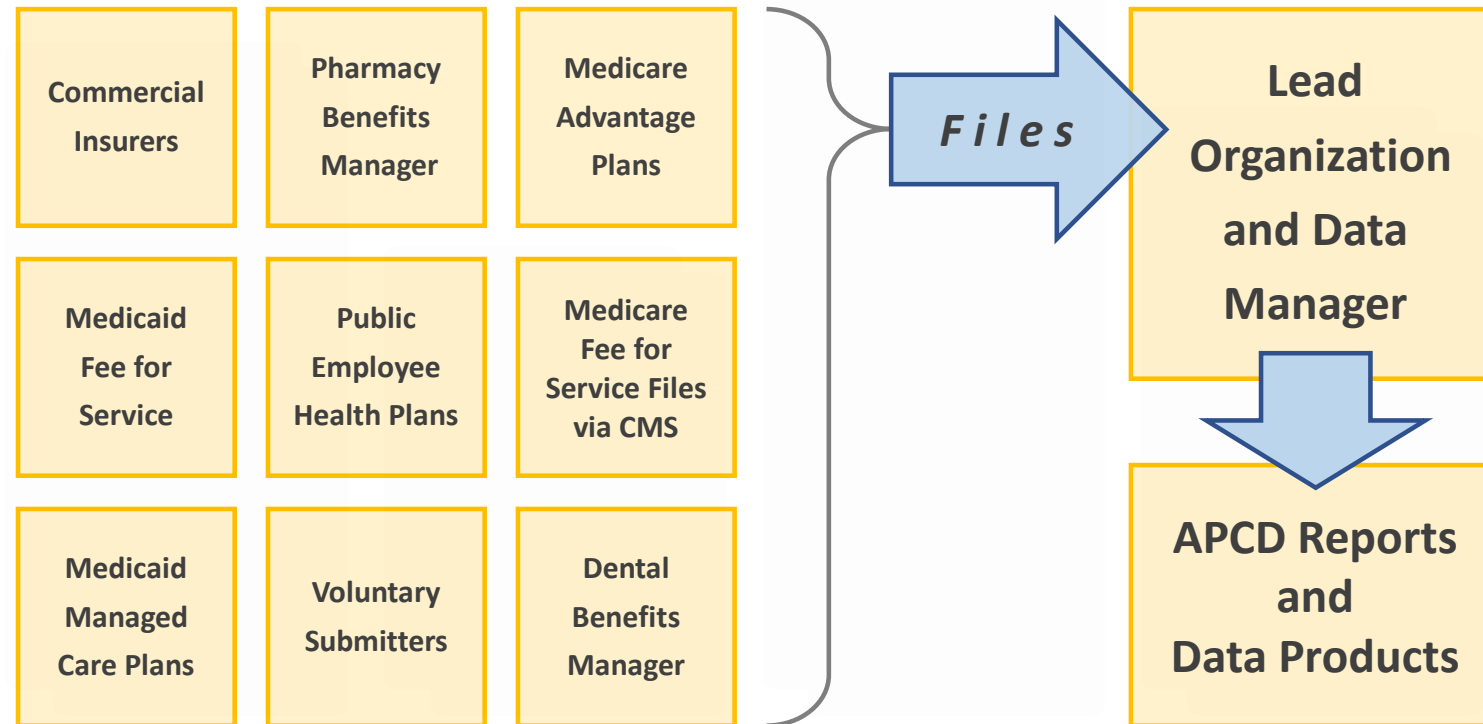
- (a) A health care insurer that is required to submit health care data to the statewide all-payer claims database may not receive a state grant unless the insurer submits the data as required in AS 21.92.010.
- (b) A health care payer that is required to submit health care data to the statewide all-payer claims database may not receive a state grant unless the insurer submits the data as required in AS 21.92.010.

Section 21.92.040 – Regulations.

Allows for the director of the Division of Insurance to adopt regulations.



Sources and Flow of APCD Data Submissions





Nearly 70% of Alaskans Covered

Table 1: Types of Coverage

Type of Coverage	Covered Lives	% of Alaska Population
Medicaid and CHIP	235,000	32%
Medicare FFS	104,000	14%
Dual Eligibles ¹	(18,000)	(2%)
Fully Insured Commercial Plans	60,000	8%
State Employee Plans	114,000	16%
Total (minus Dual Eligibles to avoid double counting)	498,000	68%

¹ Dual eligible lives may be counted in multiple categories; this adjustment avoids double counting of approximately 18,000 Alaskans who are eligible for both Medicare and Medicaid.



Key Tasks and Timing

FOUNDATIONAL

Year 1

State

- Regulatory action
- Contracting
- Funding

State and Local NP

- Stakeholder engagement
- Reporting plan

START-UP

Year 2

LO with State Oversight

- Submitter Outreach
- Registration
- Historical Data
- Current Data
- Policies

OPERATIONS

Year 3

LO with State Oversight

- Processing
- Advanced DQ
- Enhancements
- Data Access
- Website



Thank you!