

# Agenda Item VI: APCD States' Approaches to Non-Claims Data Collection & Reporting

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# Topics for Today

- Overview of existing state APCD approaches to collecting non-claims payment data.
- Of the states that collect this data, where do they coalesce and where are they different?
- What information do states produce using non-claims payment data?
- Special considerations that will drive California's choices regarding the collection of this data.

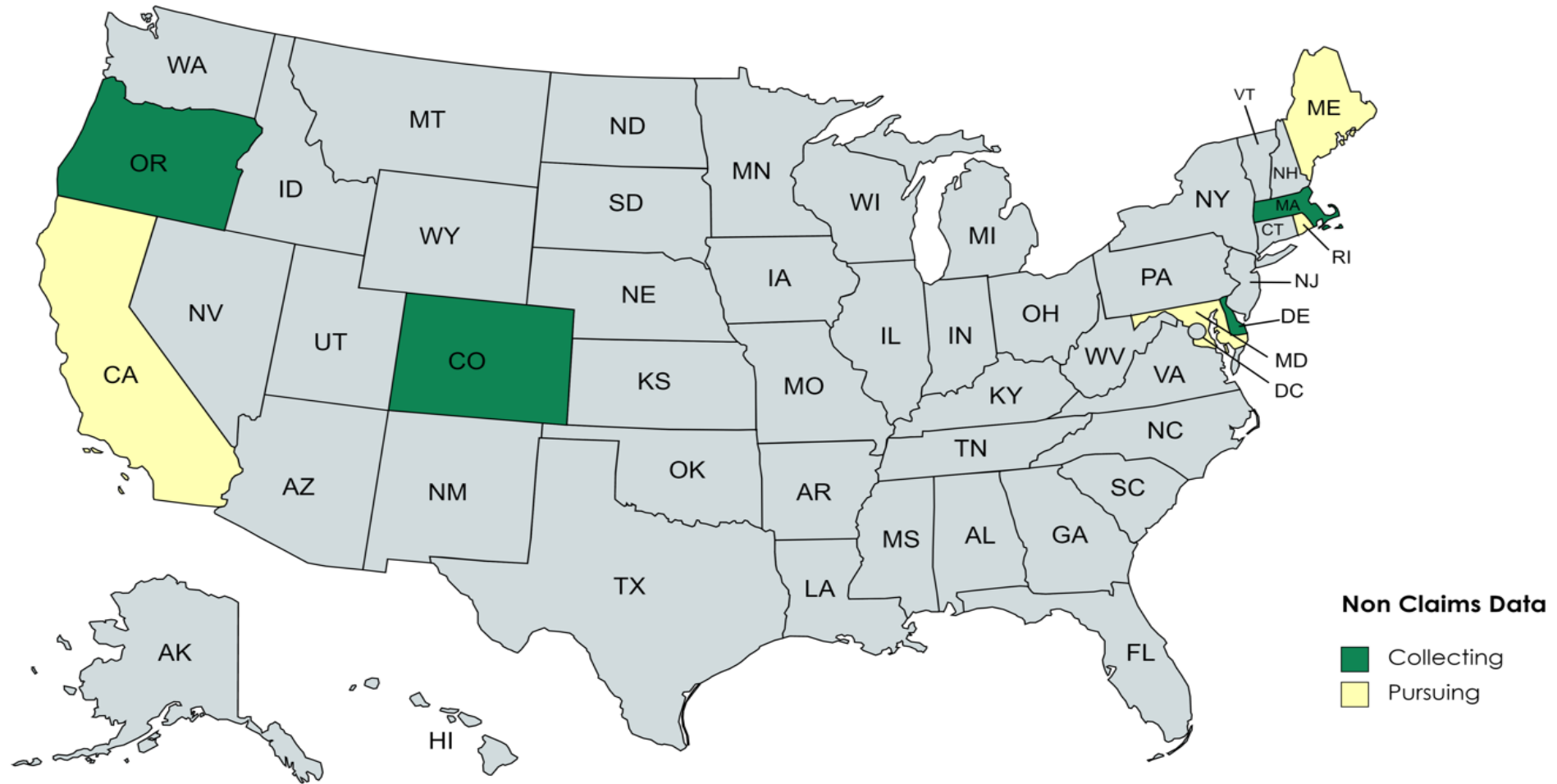
# National Standards Development

- For purposes of collecting core HPD data files, HCAI adopted the emerging national standard or APCD-CDL.
- Unlike claims and eligibility data, a national standard for collection of non-claims payment data has not yet been developed.
- NAHDO and the APCD Council are exploring creation of a standard format that could meet all states' reporting needs (conceptually similar to the APCD-CDL).

# Current Landscape

- Eight APCD states are currently collecting or pursuing data collection
  - CO, DE, MA, OR currently collect non-claims payment data.
  - MD, ME, RI, CA are pursuing similar data collection.
- Non-claims files are prepared by finance departments, not sourced from claims & eligibility systems.
- Payers submit annual files in September to allow time for payment reconciliation.
- Access
  - Not currently available through APCD data access & release programs.
  - APCDs generate public reports based on internal analysis of the data.

# States Collecting Non-Claims Payment Data



# Non-Claims Payment Data Collection

Dimension	CO	DE	MA	OR	RI*	MD*	ME*
Annual Submission	X	X	X	X	X	X	X
Timing	September	September	September	September	September	September	September
First Collected	2020	2020	2013	2016	N/A	N/A	2022
Years Collected per Submission	3	3	3	1	2	1	1
HCP-LAN Categories	X	X		X w/mods			
Homegrow Categories		X	X	X	X		
Prescription Drug Rebates	X	X	X				

\* Denotes states pursuing collection of this data. Details of California's data collection are TBD.

# Considerations for Non-Claims Payments

- Non-claims payments cannot always be meaningfully assigned to individual members.
- Capitation payments (for a defined set of services) can be assigned to individual members.
- More Challenging Categories
  - Payments with no direct link to patient care, e.g., IT/EMR investments, pay for reporting programs.
  - Pay for performance and shared savings/risk where goals or benchmarks are tied to a specific patient population or subgroup.
  - Prescription Drug Rebates.

# Prescription Drug Rebates

Definition: Rebates and other price concessions paid by a PBM or drug manufacturer to a health insurance payer.

State	Purpose of Collection	Frequency, Timing	Level of Detail	Drug Categories
MA	Consider the effect of rebates and other price concessions on costs. Compare costs and trends to state benchmarks	Annual September Up to 3 years	Aggregated by drug and insurance category No product or manufacturer specific info	Specialty, Brand, Generic
CO	Measure the effect of rebates on Total Cost of Care, overall pharmacy spending & growth	Annual September Most recent 3 years	Aggregated by drug and insurance category	Specialty, Brand, Generic
DE	Provide an understanding of pharmacy spending to inform state policymakers, regulators and efforts to improve access	Annual Most recent 3 years	More detailed, by National Drug Code (NDC) and drug name	Traditional Brand & Generic, Specialty Brand & Generic



# Use Cases

# Alternative Payment Model Adoption in CO

Category	Total APM Payments	Payments
Pay for Performance (2C)	\$1.7B	61%
Shared Savings with Upside Risk Only (3A)	\$379M	13%
Capitated Payments Not Linked to Quality (4N)	\$357M	12%
Risk Based Payments Not Linked to Quality (3N)	\$155M	5%
Condition-Specific Population-Based Payments (4A)	\$134M	5%
Foundational Payments for Infrastructure & Operations (2A)	\$82M	3%
Shared Savings with Downside Risk (3B)	\$30M	1%
Comprehensive Population-Based Payment (4B)	\$947K	0%

APM Infographic: [https://www.civhc.org/wp-content/uploads/2022/08/APM-Infographic-2022-Update\\_FINAL.pdf](https://www.civhc.org/wp-content/uploads/2022/08/APM-Infographic-2022-Update_FINAL.pdf).

# Oregon Primary Care Spending Report

Primary Care Spending in Oregon 2020



## Non-claims primary care spending by line of business

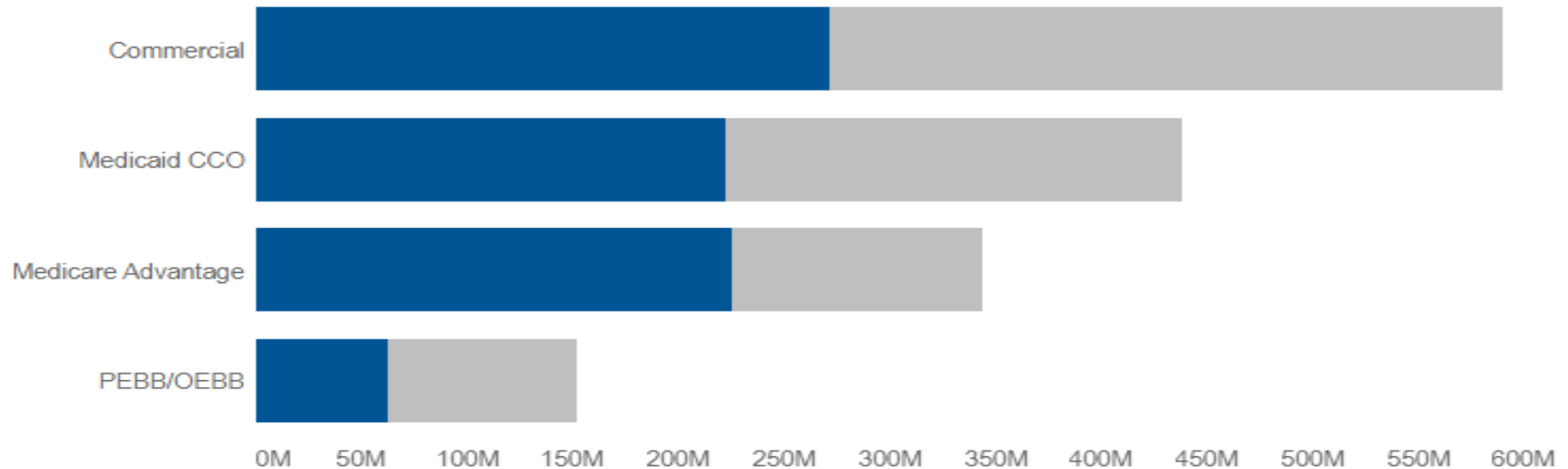
Select Units

Dollars (\$)

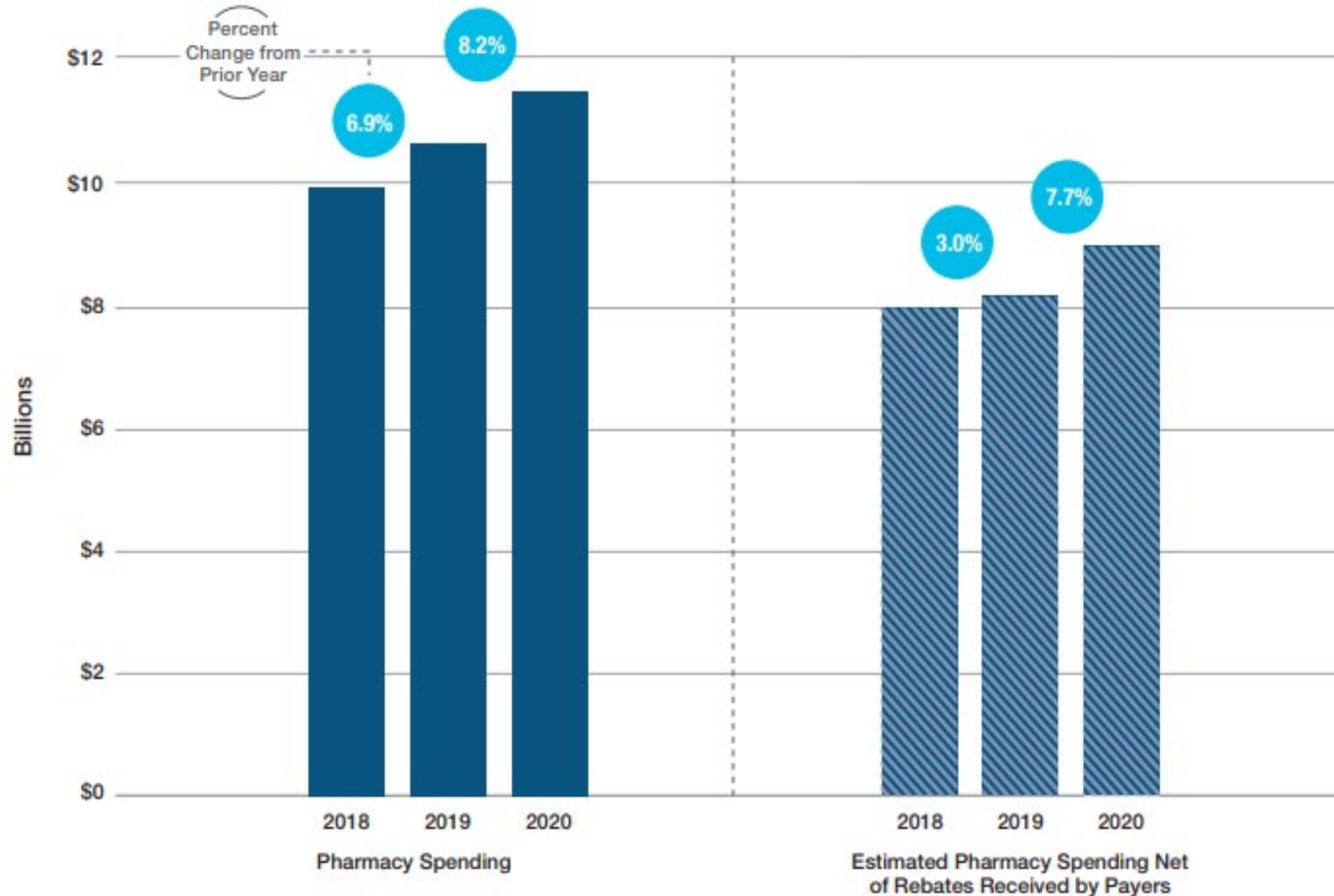
Percent (%)

Selecting dollars (\$) compares amount of spending by line of business.  
Selecting percent (%) compares non-claims spending versus spending from claims.

Dollars (\$) of primary care spending that is **non-claims** versus claims-based



# Impact of Rebates on Pharmacy Spending - MA



- 2020 Gross pharmacy spending: \$11.4 billion.
- Prescription drug rebates: \$2.5 billion, or approximately 22% of gross pharmacy spending.

Source: Annual Report on the Performance of the Massachusetts Health Care System, March 2022, <https://www.chiamass.gov/assets/2022-annual-report/2022-Annual-Report-Rev-2.pdf>.

# Lessons Learned & Guidance for California

- Clearly define the purpose(s) and intent of collecting non-claims payment data.
- Develop specific use cases to satisfy the purpose(s) and intent.
- Work closely with payers and PBMs to create a shared understanding of what data is needed and how it will be used/reported.
- Engage with submitters' technical *and* contract staff in developing data submission formats, definitions, and technical specifications to support collection of the “right” data.

# Public Comment