



# ALL-PAYER CLAIMS DATABASE

2021 Annual Report

## **I. BACKGROUND AND PURPOSE**

The All-Payer Claims Database (APCD) statute originally authorized three separate state agencies to collaborate in the development of this program. Since the Legislature transferred the Health Care Authority to the West Virginia Department of Health and Human Resources (DHHR) in 2017, W. Va. Code §33-4A-1 *et seq.* and W. Va. Code R. §114A-01 were subsequently amended to more accurately reflect the powers and duties of DHHR and the Offices of the Insurance Commissioner (OIC) to collect, retain, use, and disclose information concerning the claims and administrative expenses of health care payers.

## **II. ACTIVITIES**

Duties and responsibilities of the DHHR and the OIC have been reviewed.

### **A. DHHR Duties and Responsibilities**

DHHR has primary responsibility for the APCD program, including:

- Development of the technical specifications and policies for submission of data.
- Oversight of payer compliance with the rules and policies governing reporting and submission of claims data and any other required information.
- Preparation of the budget for the APCD under timeframes and conditions applicable to the general budget process for the agency. DHHR will present a budget proposal for the next applicable fiscal year and will include the sources and amount of all anticipated funding.
- Assuring that the APCD data collection system complies with all privacy and security laws, regulations and policies including the "Response to Unauthorized Disclosures," <https://privacy.wv.gov/incidentresponse/Pages/default.aspx>.
- Assuring that use of the APCD data complies with all privacy and security laws, regulations and policies, including the HIPAA Privacy Rule.

### **B. OIC Duties and Responsibilities**

As the regulator of insurance carriers and third-party administrators, OIC will have primary responsibility for activities related to enforcement of the collection of APCD data from the payers, including:

- Determining which payers and other parties are subject to the requirements for submission of data.
- Drafting rules or guidance concerning the penalties for violations of rules governing the submission of data, including a schedule of fines for failure to file data or to pay any required fees and handling of moneys received by the program.
- Seeking enforcement, in its own name or in conjunction with DHHR, of the payers' duties through the use of remedies in the insurance code as well as through injunctive relief in the Kanawha County Circuit Court. See W. Va. Code §33-4A-6.

- Administering a special revenue account pursuant to W. Va. Code §33-4A-7, including responsibility for investments through the investment management board.

### III. APCD ACTIVITIES

#### A. Development of Data Submission Manual

The proposed manual may include the following:

- Specifications based on national standards.
- Reporting requirements related to adjustment records, capitated service claims, co-insurance/co-payments, coordination of benefit claims, denied claims and exclusions.
- Information on file format, data elements, mapping, and code value sources.
- Data submission schedule.
- Data quality standards.

After a proposed manual has been developed, it will be adopted as a legislative rule subject to the provisions of W. Va. Code §29A-3-1 *et seq.*

#### B. Data Collection and Assessment

DHHR has begun initial data collection for the APCD with a focus on the largest public and commercial payers. Current data begins in data year 2013 and includes:

- **Medicaid** - Complete for all Medicaid identified claims. Data is submitted monthly.
- **CHIP** - Complete for all CHIP identified claims. Data is submitted monthly.
- **PEIA** - Complete. Data is submitted quarterly.
- **Highmark Blue Cross Blue Shield** - Once testing is complete, Highmark will be submitting data in spring of 2022
- **Hospital Uniform Billing Data** - Complete. Data is submitted quarterly. The West Virginia Hospital Association collects identified data and provided it to DHHR under a third-party vendor contract.
- **Medicare** - DHHR has received seven years of Medicare data from the Centers for Medicaid and Medicare Services (CMS). At this time the data are restricted to the study of the effects of COVID-19 in WV.

Overall, the APCD will include data for nearly 80% of state residents. As in other states with APCD collections, some types of claims cannot be required for submission:

- ERISA self-insured plans (federal law)
- Federal employees (guidance from the federal Office of Personnel Management)
  - Veterans Affairs, TRICARE
  - Indian Health Service
  - Uninsured/self-pay

#### C. Establishment of APCD Advisory Board

In 2021, the DHHR Cabinet Secretary established an APCD Advisory Board, as permitted under

W. Va. Code §33-4A-8(g). The APCD Advisory Board consists of executive leadership from select West Virginia commercial insurance companies, OIC, consumer advocacy health organizations, medical schools, and bureau/department leads from DHHR. The purpose of the Advisory Board is to provide advice to the DHHR Cabinet Secretary with respect to the various functions of the APCD. The APCD will be designed to serve as a resource for insurers, researchers, employers, providers, purchasers of health care, consumers, and state agencies toward the goal of improving the health of West Virginians.

Initial meetings of the Advisory Board focused on data uses and how other states are using the data to inform decision-makers at the state and national levels to improve health and identify areas of concern.

#### **D. Stakeholder Discussions: Uses APCD Data**

DHHR has convened meetings with stakeholders to discuss uses of the APCD data. Priority topics include:

- Population health trends;
- Access to care;
- Chronic conditions (prevalence, cost to treat);
- Overutilization or the appropriateness of the care;
- Health policy and program evaluation;
- Prescription pattern assessment; and
- Total costs of care with an objective to improve overall health for the population and improve the policies to increase levels of care.

Stakeholder meetings have included:

- DHHR Commissioners
- APCD Advisory Board
- OIC