

# All-Payer Claims Database

## Frequently Asked Questions

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### What is an All-Payer Claims Database (APCD)?

APCDs are statewide health insurance claims data repositories. They are used to collect health insurance claims information from the vast majority of health care payers in a state. Once collected, the data may be released to organizations for projects to study and improve health care outcomes and decrease and/or contain health care costs. As of 2018, 18 states passed legislation enabling them to create APCDs, with 16 of those APCDs now operational. Another 12 states have APCD proposals being considered in their state legislatures.

### How are APCDs governed?

Governance models vary widely. Currently, 11 of the states with existing APCDs have incorporated governance directly into their state's government system. One state—Washington—uses the state system of Oregon. Three states (Colorado, Arkansas, and Connecticut) have APCDs established by law, but managed by independent entities with independent governance boards. Funding varies with many APCDs government-funded, but several license data releases to private companies on a fee-for-service basis.

### What data is included and excluded from an APCD?

#### What are the safeguards of the data of an APCD?

#### How is the claims data collected and disseminated by APCDs different from other data resources?

*(e.g., electronic health record [EHR] data from Regional Health Information Organization [RHIOs], geographic information systems [GIS] and other geospatial data resources from the Centers for Disease Control and Prevention [CDC], etc.).*

APCDs collect the data elements available on insurance claim forms (typically UB-04 or SR-1500 forms), which are typically submitted to them by various major payers within their state (commercial, Medicare, Medicaid, etc.). Each claims form contains hundreds of data elements per claim with millions of members per state, meaning that APCDs often house tens of billions of data elements, including diagnostic, cost, and demographic information. The manner by which this information may be released varies greatly from state to state with some states only allowing for limited, de-identified information to be released. Some states license the release of both de-identified and personally-identifiable health information with strict safeguards and only for purposes approved under the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH).

Under the Supreme Court decision, [Gobeille vs. Liberty Mutual Insurance Company \(https://nashp.org/gobeille-vs-liberty-mutual-insurance-company/\)](https://nashp.org/gobeille-vs-liberty-mutual-insurance-company/), state APCDs cannot currently compel self-funded Employee Retirement Income Security Act (ERISA) plans to submit data to them. The decision is currently under review for regulatory action at the Department of Labor, which is considering standards for compelling such submission. Despite this, the most complete APCDs in the country typically contain claims information on 75-80% of the state population.

### How can claims data be used?

APCD data sets can provide community-wide cost and quality data for use by clinics, payer groups, health systems, consumers, policymakers, and advocates.

For quality, APCD data is used to provide benchmarks for payer performance improvement programs; quality scorecards for consumers; mandatory quality improvement reporting to maintenance of certification (MOC) bodies; and demonstrating quality for contract negotiations. When a data set is truly “all payer,” the data set demonstrates the quality for nearly all of a population of patients and can assist a clinician understanding their performance across all payer types and for their whole population.

For cost, APCD data contains claims information. Claims data includes the amount paid for care by patients and payers. Benchmarking system-wide costs for care can allow a community to understand health care costs and address variation across the community. Practices or health systems can demonstrate their cost performance compared to peers and use that data for contract negotiation. Consumer price-transparency tools have been developed to assist consumers to shop for health care prices for care.

For policy, APCD data gives states and other parties a view of the whole health care delivery and payment system. It allows for geographic, facility, or provider-level data to target quality, safety, and cost-saving interventions. Successful campaigns to measure and improve the percent of a state's health care budget on primary care are important potential uses for family physicians.

## How are states using the APCD data for projects?

The following APCDs have used their data for the following projects.

The non-profit [Oregon Health Care Quality Corporation \(www.q-corp.org/\)](http://www.q-corp.org/) uses their voluntary all-payers claims data for public reporting for their website, [Compare your Care](#). The website provides [statewide \(www.q-corp.org/reports/statewide-reports\)](http://www.q-corp.org/reports/statewide-reports) and [public \(www.q-corp.org/reports/public-reports\)](http://www.q-corp.org/reports/public-reports) reports on the cost, quality, and utilization of care. Data is benchmarked and trended to help primary care practices demonstrate performance for improvement and contracting purposes. Custom reports are also available.

The [Center for Improving Value in Health Care \(CIVHC\)](http://www.civhc.org/) administers Colorado's APCD. It contains a range of public and private offerings using APCD data, including a very popular [Shop for Care \(www.civhc.org/shop-for-care/\)](http://www.civhc.org/shop-for-care/) price tool where consumers can shop for imaging and other procedures. Its [Cost of Care \(www.civhc.org/get-data/public-data/interactive-data/cost-of-care/\)](http://www.civhc.org/get-data/public-data/interactive-data/cost-of-care/) tool shows variation in health care costs across the state. CIVHC recently partnered with [Project Angel Heart \(www.civhc.org/change-agent-gallery/project-angel-heart-nutrition-and-chronic-conditions/\)](http://www.civhc.org/change-agent-gallery/project-angel-heart-nutrition-and-chronic-conditions/), a company providing medically-tailored meals to clients. The partnership is working on a groundbreaking study showing improved health quality and decreased cost for this intervention. CIVHC has also partnered with a wide range of other [public and private institutions \(www.civhc.org/change-agents/\)](http://www.civhc.org/change-agents/) on research, business, and non-profit uses of APCD information.

Minnesota's APCD has numerous [examples of policy-related studies \(www.health.state.mn.us/data/apcd/publications.html\)](http://www.health.state.mn.us/data/apcd/publications.html) developed with APCD data, including state-wide assessments of opioid prescribing, cost of pharmaceuticals, and the delivery of low-value care in hospitals, clinics, and health systems.

The presence of an APCD has been considered critical in states successfully implementing [statewide primary care investment strategy programs \(www.aafp.org/news/government-investment-strategy-programs\)](http://www.aafp.org/news/government-investment-strategy-programs) ([www.aafp.org/news/government-medicine/2019042./4statespending.html](http://www.aafp.org/news/government-medicine/2019042./4statespending.html)). The AAFP has a policy toolkit on this topic and highlights successes in Oregon and Rhode Island in advocating for increased resource allocation to primary care. To access this toolkit contact your [state chapter executive \(https://nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory\)](https://nf.aafp.org/MyAcademy/contactmychapter/Index/ChapterDirectory).

## Does my state have an APCD? How do I find out?

The APCD Council, a national association for APCDs, has produced an [interactive state report map \(www.apcdouncil.org/state/map\)](http://www.apcdouncil.org/state/map) showing the locations of APCDs and APCDs in adoption.

## My state does not have an APCD. How do we create one?

APCDs are typically created through the state legislation. [Model all-payer claims database legislation \(www.apcdouncil.org/publication/model-all-payer-claims-database-legislation\)](http://www.apcdouncil.org/publication/model-all-payer-claims-database-legislation) have been created by the APCD Council for that purpose. The council also provides specific [APCD legislation by state \(www.apcdouncil.org/apcd-legislation-state\)](http://www.apcdouncil.org/apcd-legislation-state).

## Where do I go for more information?

In addition to individual state APCD websites, more information can be found at the [APCD Council \(www.apcdouncil.org\)](http://www.apcdouncil.org), the [National Association of Health Data Organizations \(www.nahdo.org\)](http://www.nahdo.org), the [National Academy for State Health Policy \(https://nashp.org\)](https://nashp.org), and the [National Conference of State Legislatures \(www.ncsl.org/research/health/apcd-postcard.aspx\)](http://www.ncsl.org/research/health/apcd-postcard.aspx).

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