



ISSUE BRIEF

All Payer Claims Databases and Dental Data

Many states have established all-payer claims databases (APCDs) with the goal of improving the health-care delivery system through data transparency. However, challenges related to the collection and use of claims data remain—such as the lack of standardization, privacy concerns, use of proprietary data, and validity of the data collected.

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

APCDs are large-scale databases that systematically collect health care claims data from a variety of payer sources which include claims from most health care providers.

apcdcouncil.org/frequently-asked-questions

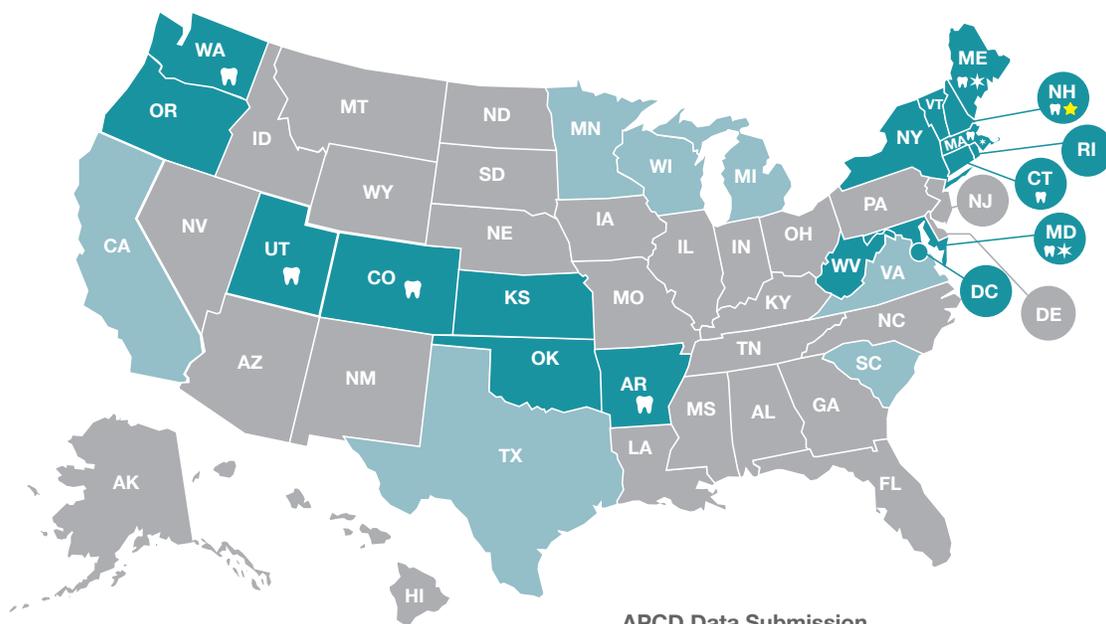
APCD legislation should seek to:

- Recognize existing state collection efforts and key differences between medical and dental.
- Encourage states to adopt a standardized collection format for APCD reporting.
- Not duplicate existing consumer resources by creating a federal APCD which would increase administrative costs.
- Specify that the claims information collected from carriers will be used solely for the purposes of oral health advancement.
- Provide states with necessary time (2 years) to adopt and implement the administrative and technical changes to existing systems

Standardization Must Be a Goal

Approximately 24 states have established APCDs to collect health care claims data and make it available to utilize in research and transparency initiatives. Of these 24 states, 10 currently collect dental data. Policymakers should encourage standardization of APCD reporting by 1) developing or adopting a uniform APCD format with a common, core set of APCD data elements; 2) providing grants to states that adopt the standardized format for collection of claims data.

State All-Payer Claims Databases



APCDs collect an array of data across healthcare programs and plan types, but submission requirements vary significantly. Currently, there is no standard approach for collecting and reporting data to APCDs. APCDs collect data across healthcare programs and plan types but requirements vary significantly by state with respect to data elements, storage formats, database systems and information models, creating administrative difficulties related to APCD reporting for dental carriers.

APCD Data Submission

- Mandatory
- Voluntary
- ☞ Dental data collected
- ★ Consumer access to dental data
- ★ Consumer access to medical data



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Data Collected by APCDs Should Be Used for the Advancement of Oral Health

Claims data is a valuable healthcare analytics tool which can help researchers understand patient demographics, diagnosis codes and the cost of services. The primary goal of APCDs should be the collection of data relevant to public health and oral health research.

A New Federal APCD Mandate Increases Costs without Increasing Transparency

Dental insurance plans traditionally cover preventive services at 100% with little to no cost to the enrollee. Currently, average pricing is available to the public via FAIR Health, an independent nonprofit that collects data for and manages the nation's largest database of privately billed health insurance claims. FAIR Health provides consumers with zip code-specific information on average price and insurance reimbursement for dental procedures.

A federal APCD for dental would be duplicative of existing consumer resources and would increase the administrative reporting burden for carriers without lowering costs of care or encouraging price competition.

Examples of Variation in State APCD Reporting & Data Collection



Most states require submission of eligibility, claims and provider files monthly. Washington requires only quarterly eligibility and claims files submission. Oregon requires the submission of 4 additional monthly files.



Different state APCD have different file layouts. Utah's eligibility file has 57 data elements and Washington's eligibility file has 87 data elements. **Carriers cannot use the same template to populate data.**



Most states are using the text file format for data submission; New York requires the X12 Electronic Data Interchange (EDI) 834 for Plan Membership Reporting and EDI 837 for Post-Adjudicated Claims Data Reporting. **Carriers have multiple IT teams supporting different state data submission format.**



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