

Kansas Health Insurance Information System (KHIIS) Update - January 2009

Follow-up for Joint Committee for Health Policy Oversight

What is the KHIIS?

The Kansas Health Insurance Information Systems (KHIIS) is established under the authority of the Kansas Insurance Department. There are more than 20 insurance companies which presently submit data quarterly to the State for inclusion in the KHIIS database. During SFY 2007 we received over 900 files from the various companies which include more than 30.1 million detailed medical records, 16.6 million summary records, and about 4.3 million member records (or roughly 800,000 individuals). The rich data set includes detailed medical billing information such as diagnoses, procedures, billed and allowed charges, deductibles, co-insurance and co-payments, and represent the full range of health care reimbursed through private insurance, e.g. hospital, physician, and pharmacy claims.

KHIIS management

With creation of the Kansas Health Policy Authority (KHPA), the Kansas legislature transferred administration of the KHIIS to KHPA and on July 1, 2006, KHPA began administering the KHIIS database. Administration of the KHIIS program includes managing the insurance company database, collecting fees from insurance carriers for administration of the program, and managing relationships with participating insurance companies. With the transfer of KHIIS administration to KHPA, the database was migrated into a relational design in an SQL Server database format. In late calendar year 2009, we will begin transitioning new quarterly submissions of the KHIIS data into KHPA's new integrated data management system, the Data Analytic Interface (DAI), however, the SQL Server will continue to house the old legacy data after the DAI is online. During the last year we have moved all company submissions to the KHPA FTP (File Transfer Protocol) site rather than the DVDs and intranet process used in the past. We have built a number of techniques to validate the various data transmissions to ensure consistency with data standards. As part of the validation process, we have created a Standard Data Quality and Validation Report that is returned to every submitting company within 20 days of receipt of the data file. The Report provides insurance companies with a comprehensive listing of all aspects of their data submission, as well as concerns, and items that need correction, thus limiting the number of resubmissions companies have to go through. In general terms, during this year, we have been able to minimize the number of resubmissions by evaluating the data issues, discussing concerns with the insurance carriers, and closely monitoring data changes.

Use of the data

During the last year, KHPA has met with a number of the insurance carriers in an effort to improve the file structures used in the data set. As a result, we are currently reviewing a fourth edition of the data set which will include a number of improvements and allow additional reporting on health savings accounts, actual member costs of care, and uniform provider numbers. In addition to improving the data coming into the system, we have begun using the data to analyze issues of interest to state policy makers including the cost of bariatric procedures and the costs related to some types of central nervous system drugs.