

Data Consortium Subcommittee on Affordability and Sustainability

Report to the Data Consortium

April 2008

Workgroup Member Composition

The Subcommittee on Affordability and Sustainability is made up of 16 members from a variety of organizations. Organization representation includes the following:

Gina Maree and Ron Liebman	Kansas Health Institute
Hareesh Mavoori	Kansas Health Policy Authority
Elaine Schwartz	Kansas Public Health Association
Rick Shults	Social and Rehabilitation Services
Larry Bruning	Kansas Insurance Department
Barbara Gibson	Kansas Department of Health and Environment
Tony Wellever	Kansas Association for the Medically Underserved
John Cahill	Coventry
Tom Johnson	Blue Cross and Blue Shield
Doren Fredrickson and Ruth Wetta-Hall	University of Kansas Medical Center – Wichita
Fred Lucky and Sally Perkins	Kansas Hospital Association
Allison Peterson	Kansas Medical Society
Jerry Pope	Lawrence Paper Company

Mission

The mission for this group has not changed from the mission provided by KHPA.

The financing of health care and health promotion in Kansas should be equitable, seamless, and sustainable for consumers, providers, purchasers, and government.

Objectives

The objectives for this group have not changed from the objectives provided by KHPA.

1. Select measures and indicators for reporting in the domain affordability and sustainability.
2. Choose and prioritize measures for public reporting if necessary.
3. Identify essential elements to include in the report design.
4. Identify existing and needed data to produce these reports (Explore creating/improving collection mechanisms if necessary).
5. Coordinate with any current initiatives in other agencies or organizations.
6. Create strategic capacity-building and staffing for routine reporting.

Meeting Schedule and Timeframe

To date we have met as a subcommittee twice. Our next meeting will be in mid May. We have not defined a task specific schedule. We understand that the goal is to have a list of indicators and measures identified and populated by each workgroup by October 2008. We are on track to meet this goal.

Summary of Work group discussions

Our work group discussions have been very active and engaging. The group has grappled with the magnitude of identifying measures for affordability and sustainability of health care. We have been challenged by the fact that affordability and sustainability may differ depending on the audience. Affordability for a consumer may not be the same

for a provider or the state. Thus, we have been focused on developing a definition that we all can agree with as well as deciding on which perspective(s) we will use when developing measures. We also discussed adding an additional indicator to the five KHPA provided. Thus, the six indicators for affordability and sustainability are the following:

1. Health Insurance Premiums
2. Cost Sharing by Consumers
3. Uncompensated Care
4. Medicaid and SCHIP Enrollment
5. Health and Health Care spending
6. Public health Funding - *new*

The subcommittee also has focused on identifying and sharing data resource information. The Kansas Insurance Department, Kansas Health Policy Authority and Coventry provided a list of data sources to which they have direct access. The Kansas Health Institute provided a list of data sources that KHI has utilized but to which they do not currently have direct access. You will find this information in appendix A. The committee also discussed the need for an inventory of regulatory mandates for reporting data in order to better understand the state's legal authority to collect data. The information that KHPA provided is in appendix B.

Next Steps:

1. The subcommittee is currently reviewing a draft definition of affordability and sustainability.
2. The subcommittee is currently reviewing a list of potential tier 1 measures and data sources organized by the 6 indicators noted above.
3. The subcommittee is currently reviewing, editing, and prioritizing a large list of potential measures organized by entity (consumer, provider, insurer, state, and public health).
4. Feedback on the above three items is due back to the group leader by May 9th.
5. Based on the feedback to items 1-3, the work group will need to agree on a definition, decide on perspective and potential measures.
6. Once the potential measures are agreed upon and organized in the three tiers, data availability, validity, and reliability will need to be assessed.

Appendix A.

Data Sources for Consideration

Data Consortium Subcommittee on
Affordability and Sustainability

Kansas Insurance Department Health Insurance Data Sources

Larry J. Bruning

1. Kansas Health Insurance Information System (KHIS)
2. Form 100 Data
3. Med Supp Premium Data
4. National Association of Insurance Commissioners (NAIC) Annual Statement Database
5. A/H Premium Rate Filings (SERF, Paper, Other data files)
6. Auto Medical Claim Data
7. Homeowners Medical Claim Data
8. Workers Compensation Claim Data
9. Firefighter Relief Association Medical Claim Data
10. Kansas Health Insurance Association (KHIA) State High Risk Pool
11. Other Data Sources
 - Society of Actuaries Experience Studies (www.soa.org)
 - a. Credit Disability
 - b. Group disability
 - c. Individual Disability
 - d. Group Health
 - e. Individual Health
 - f. Long Term Care

1. KHIS –

The database contains claim, premium and policy information from 35 health insurance carriers since 1998. Currently quarterly data is being collected from 20 carriers. The 20 carriers comprise around 90% of the total health insurance premium written in Kansas, but includes less than 50% of total insured lives in Kansas. The data can be used to explore utilization patterns, costs by procedure or diagnoses code, geographic market penetration etc. The data collected includes medical expense coverage and medicare supplemental policy information. Data is not collected on disability income, hospital indemnity, accident only, cancer specialty and long term care products.

There is no data collected on employers who self insure and no data collected on ERISA business. There also have been problems with inconsistent data reporting and integrity of data. Another problem with the data is the lack of a unique insured identifier such that if an insured changes from one insurance carrier to another during a benefit enrollment period, the insured cannot be tracked, because each insurance carrier assigns their own member identifier. Therefore the ability to track the insured in the health insurance system is lost. There is no provider information collected in the database making provider comparisons impossible.

2. Form 100 Data –

The database contains insurance carrier premium information collected from companies filing the annual premium tax forms. An example of the type of information collected is as follows:

Health Insurance Premiums By Year

Year	Total Premiums	Individual Premiums	Companies Writing Health
2005	\$ 2,323,457,056	\$ 231,759,799	42
2006	\$ 2,471,404,547	\$ 273,836,308	51
2007	\$ 2,566,351,425	\$ 278,501,716	42

3. Med Supp Premium Data –

The database contains annual premiums charged for individual Med Supp Insurance Plans. This information is gathered in the premium rate filings by insurance carriers.

4. NAIC Annual Statement Database –

Annually all insurance carriers are required to file financial statements with each State’s Insurance Regulatory Official. Currently the NAIC accepts on behalf of the states an electronic filing of this annual statement information. State regulatory officials have access to this electronic database. For health insurance carriers various health exhibits are required to be filed. Premium, paid claims and reserves are common items that have to be reported.

5. A/H Premium Rate Filings –

Group and Individual health insurance contracts must be filed with the insurance department and those filings contain insurance premiums charged and benefits provided.

6. Auto Medical Claim Data –

The insurance department currently does not collect auto claim data that breaks out medical claim payments. Such data may be obtained however, through statistical agents that capture Kansas P&C statistical information by requesting a specific data call.

7. Homeowners Medical Claim Data –

The insurance department currently does not collect homeowners claim data that breaks out any medical claim payments. Such data may be obtained however, through statistical agents that capture Kansas P&C statistical information by requesting a specific data call.

8. Workers Compensation (WC) Claim Data –

Generally, all Kansas employers with annual payroll of \$ 20,000 or more must provide Workers Compensation. Workers Compensation may be provided in 1 of 3 ways: 1) Workers Compensation Insurance from a licensed insurance carrier (note this includes an assigned risk plan), 2) Employer Self Funded, and 3) Group Funded Pool (Self Insurance). The workers compensation division of the department of labor administers employer self funded plans and the Kansas Insurance Department regulates the insurance companies writing WC insurance and the group funded pools. The data on insurance carriers is not broken down by type of claim, however the National Council on Compensation Insurance (NCCI) collects state statistical information from insurance carriers and can

break out medical and indemnity losses. Also note that the Kansas Insurance Department administers the second injury fund which involves second injury claims, insolvent employer claims and other claims exempted by law from payment by insurance companies. Data from this fund is broken down by category of claim including medical claims.

9. Firefighter Relief Association Medical Claim Data –

The Kansas Insurance Department does not collect any medical claim data on these associations.

10. Kansas Health Insurance Association State High Risk Pool –

KHIA was created by the legislature in 1992 as a nonprofit association offering comprehensive health insurance benefits to several groups of eligible individuals with health conditions that make it difficult for them to obtain health coverage through an insured plan. An individual is eligible if they are a Kansas resident for 6 months prior to applying for coverage and if the applicant is not eligible for Medicare or Medicaid coverage and their health coverage was terminated for reasons other than non payment of premiums. Evidence must be provided that their application was turned down by 2 health insurance carriers because of health conditions or they were quoted a premium rate that exceeded the Plan rate or they were accepted for health coverage subject to a permanent exclusion of a preexisting medical condition. KHIA collects premium, claim and enrollment data on the State's High Risk Pool.

11. Society of Actuaries Experience Studies

These studies collect data from insurance companies on a voluntary basis. The SOA puts out a notice that a new study is going to be conducted and invites companies to participate (participation is not mandatory). The data collected covers business written in all states, however the SOA may be able to break out data for a particular state.

Data Currently Collected Coventry

1. Membership related data collected primarily from group or individual insurance application forms.
 - a.) Individual identifiers (Name and number, Medicare ID if applicable)
 - b.) Address (Street, City, State, Zip code, county)
 - c.) Employer name and address
 - d.) Demographic (Age, Sex)
 - e.) Effective date, term date
 - f.) Member PCP (If applicable)
2. Group related data collected from group at time of application
 - a.) Group identifier and relation to other groups (group, subgroup)
 - b.) Group size
 - c.) Address (Street, City, State, Zip code, county)
 - d.) Group contact
 - e.) Effective date, term date
 - f.) SIC Code
3. Premium related data comes primarily from invoices and receipts.
 - a.) Amounts billed and received
 - b.) Dates of billing, etc.
 - c.) Premium tax
 - d.) Commissions
4. Product data sourced internally based on product purchased
 - a.) Product
 - b.) Plan type to ID specific benefits applicable
 - c.) Coverage category
 - d.) Benefit plan
5. Provider information source primarily from provider application materials.
 - a.) Provider identifiers (Name and Number)
 - b.) Address (Street, City, State, Zip code, county)
 - c.) Federal Tax ID
 - d.) Par flag
 - e.) Primary and secondary specialty
 - f.) Effective and term dates
 - g.) Product affiliations
 - h.) Group affiliation
 - i.) Fee schedule or other reimbursement information
6. Claims – Information submitted on the claim is captured as submitted and other data elements are developed as a part of adjudication.
 - a.) Claim number
 - b.) Status
 - c.) Final claim flag
 - d.) Header date
 - e.) Line dates
 - f.) Pay date
 - g.) Capitation flag
 - h.) Units – days, units, procedures, visits
 - i.) Amounts – billed, allowed, paid

- j.) Cost sharing – co-insurance, co-pay, Deductible, COB
- k.) Admission type
- l.) Procedure and modifier codes
- m.) POS number
- n.) Admit type
- o.) Discharge status
- p.) Diagnoses
- q.) Fee schedule indicators
- r.) Patient and provider information

7. Rx

- a.) Group/Member identification
- b.) Drug code
- c.) Pharmacy name, address, number, etc.
- d.) Brand/Generic flags
- e.) DOS
- f.) New or refill
- g.) Amounts – billed, paid, co-pay
- h.) Drug – ID, class, name, status, strength, type, packaging
- i.) Formulary – flag, class

8. Auth

- a.) Referral or auth number
- b.) Length of stay – expected and actual
- c.) Admitting physician – name, specialty, par code
- d.) Attending physician – name, specialty, par code
- e.) Approved visits or days
- f.) Admitting diagnoses
- g.) Complaint
- h.) Discharge info – date, where to
- i.) PCP Info
- j.) Facility referred to
- k.) Estimated and actual confinement
- l.) Level of care
- m.) Approved services

9. Other

- a.) Commercial – ERG Scores
- b.) Medicare HCC Scores
- c.) Stop loss insurance info
- d.) Data from lab provider

List other outside data sources used but not owned.

Standard reference materials and data such as:

1. CPT-4 coding books
2. ICD-9 coding books
3. Anesthesia coding RVU books
4. RBRVS, DRG, APC, and other similar information from CMS

List any work/studies you know being done in this domain by other states/organizations

1. Kaiser Foundation Health Plan does some research on selected health concerns.
2. Milliman and Robertson and other consulting actuaries have a variety of databases of commercial and Medicare data. Utilization and or cost reports can be purchased for comparative purposes.

Data Managed by KHPA - 2008

Medicaid/SCHIP

- Medicaid Management Information System (MMIS) and Decision Support System (DSS)
- Medicaid/Healthwave claims, payments, encounters, enrollment, and quality
- Used for:
 - » Utilization and Expenditure (MAR – Medical Assistance Report)
 - » Caseload projections
 - » Institutional reimbursement
 - » Program management and procurement
 - » Managed care enrollment
 - » Ad hoc reports

State Employee Health Benefit Plan

- Claims and enrollment data from multiple private companies who provide health insurance coverage to State of Kansas employees, affiliated non-State entities and the State Worker's Compensation System
- Used for :
 - » Monitoring utilization and expenditures
 - » Benchmarking with Medicaid
 - » Routine reports to Health care Commission
 - » Program redesign and procurement

KHIS

- Data from the major health insurance carriers in Kansas (Commercial group insurance plans)
- Health benefit, enrollment and claims data
- Collected and managed on behalf of the Commissioner of Insurance
- Data is to support assessment of insurance benefits and their relationship to costs

Licensure (Health care professional) database

- Data from eight credentialing boards with 66 healthcare licenses/permits
- Name and address, primary specialty, license number, license type (MD, DO, PA, etc.), license status (active, inactive, military, exempt), date of birth, school, degree date, license issue date, license expire date, last license renewal date, phone number associated with the address, indication of those who volunteer in emergencies (with how far they are willing to travel to volunteer)

Data Sources Used by KHI

Census

- Census 2000-Profile of General Demographic Characteristics, Census 2000 Summary File 1 (SF 1) and Summary File 3 (SF 3), every 10 years, sub-county-level
- American Community Survey, annually, state-level and six Kansas urban counties.

- Current Population Survey, Annual Social and Economic Supplement, state-level
- Small Area Income and Poverty Estimates (SAIPE), annually, county-level
- Economic Census 1997, 2002, every five years, county-level

Labor Statistics

- Unemployment Rate, county-level

CMS <http://www.cms.hhs.gov/home/rsds.asp>

CDC (national or divisional level for most survey)

<http://www.cdc.gov/nchs/datawh/ftpserve/ftpdata/ftpdata.htm>

National Vital Statistics System, annually

National Health and Nutrition Examination Survey (NHANES), 3 times

National Ambulatory Medical Care Survey (NAMCS), 1993-2000

National Hospital Ambulatory Medical Care Survey (NHAMCS), 1992-2000

National Hospital Discharge Survey (NHDS), 1996-2002

National Home and Hospice Care Survey (NHHCS), 1996

National Nursing Home Survey (NNHS), 1995 and 1997

National Survey of Ambulatory Surgery (NSAS), 1994-1996

National Employer Health Insurance Survey (NEHIS), 1994

National Survey of Family Growth (NSFG)

National Health Interview Survey (NHIS), annually

National Immunization Survey (NIS), annually

National Survey of Children's Health (NSCH), SLAITS, 2003 and 2007.

BRFSS county-level supplement

http://www.cdc.gov/brfss/technical_infodata/surveydata/2006/BRFSS_2006_County_Variables.rtf

Youth Risk Behavior Surveillance System (YRBSS), odd years

AHRQ

- Medical Expenditure Panel Survey (MEPS), Annually, 2005, national and divisional level
- HCUP—Healthcare Cost and Utilization Project. Annually, Kansas Hospital Association is the Kansas partner

HRSA

- <http://datawarehouse.hrsa.gov/> for their awarded grant data sets.
- Area Resource File (ARF), annually, county-level

EPA <http://yosemite.epa.gov/ee/epa/eed.nsf/Webpages/EPADatasets.html>

USDA

<http://www.ers.usda.gov/Data/> <http://www.fns.usda.gov/pd/fspmmain.htm>

USDA Food and Nutrition Service: Food Stamps data, state-level

Kansas State Department of Education, KSDE

- K-12 Schools statistics, building-level
- Building Report Card / School finance report/ School nutrition report
- Communities That Care Survey by Southeast Kansas Education Service Center

KID

- Kansas Health Insurance Information System (KHIS)

KDOT

- Kansas Accident Records System (KARS),

KDHE

- Vital statistics, annually
- Kansas Information for Communities, table query
- HIV/STD reports, Immunization Retro Study, annually
- Kansas BRFSS, annually. K-HANS, 2005 one-time.

KHPA

- Medicaid and SCHIP claims data
- Medicaid and SCHIP enrollment data

SRS

- Dollar Amount and Number of Recipients of Food, Child Care and various other assistances.
- Data for Child Abuse and Child support and protection programs.

KBI

- Crime report, annually, county-level

KU and KUMC

- Policy Research Institute. Kansas Statistical Abstract
- Kansas Cancer Registry

Kansas Hospital Association

- Hospital Discharge Data, annually
- <http://www.kha-net.org/DataProductsandServices/default.aspx>

Kaiser Family Foundation

<http://www.statehealthfacts.org/topiclist.jsp> compilation of data elements, state-level

Appendix B.

Kansas has the Statutory Authority to Collect Data from:

- Medical Care Facilities
- Health Care Providers
- Providers of Health Care
- Health Care Professionals
- Home Health Agency
- Psychiatric Hospitals
- State Institutions for the Mentally Retarded
- Community Mental Health Centers
- Adult Care Homes
- Laboratories
- Pharmacies
- Board of Nursing
- Kansas Dental Board
- Board of Examiners in Optometry
- State Board of Pharmacy
- State Board Of Healing Arts and third party payors, including but not limited to licensed insurers, medical and hospital service corporations, health maintenance organizations, fiscal intermediaries for government funded programs, self funded employee health plans.