

All-Payer Claims Databases by State

State	Name of APCD	Who Maintains the System	Investment	APCD Snapshot / Related Activity	Sources and Status of APCD Data Collection	Types of Data Collected	Primary Users/Uses:	Future Plans	Contact Information
Colorado - Existing	Colorado All Payer Claims Database	Center for Improving Value in Health Care (CIVHC)	Funded entirely by grants. No state funding. Supposed to be self-sustaining by 2016	Data Collected Beginning in 2012 Legislation passed in 2010 outlining the appointment of an advisory committee to guide the creation of Colorado's APCD. The committee was granted a high level of flexibility regarding the APCD, including where it is to be housed and how it is to be managed. Also, as of 2010, the Center for Improving Value in Health Care (CIVHC) a non-profit organization was named the administrator for Colorado APCD and initial grant funding for planning was obtained. A report to the governor and general assembly regarding funding efforts and recommendation statuses was provided in early February 2011. In November 2011, the Colorado APCD achieved a key legislative milestone when the Executive Director of the Division of Health Care Policy and Financing determined that there were sufficient funds in place to create the APCD beginning with the establishment of the data warehouse and intake mechanisms. Data management vendor and partner Treo Solutions began collecting three years of historic claims information in early 2012. The Colorado APCD public facing website will launch on November 1, 2012 and provide high-level views of variation in cost and utilization for approximately two million commercial and Medicaid covered lives.	Commercial Payers & Medicaid - Currently Collected Medicare - Planned Collection			In 2013, the Colorado APCD plans to onboard additional claims data (including Medicare) and expand the public reporting of comparative cost, quality and value information.	Tracey Campbell Director of APCD tcampbell@civhc.org
Kansas - Existing	Data Analytic Interface (DAI)	Kansas Department of Health and Environment (KDHE) and the Division of Health Care Finance (DHCF)		Data Collected Beginning in 2004 The overall goal of the system is accuracy, however, access to the commercial payer data is limited to select individuals and controlled by the Kansas Insurance Department. Kansas Department of Health and Environment (KDHE) is currently reporting from the Medicaid and State Employee Health Plan data sets. Covered Lives: Commercial - 1.2 million; Medicaid - 412,740	Commercial Payers & Medicaid - Currently Collected (18 Commercial Sources of Claims Data) Since July 2011, Kansas has acquired Medicaid claims databases which are integrated into the data warehouse. The data warehouse also includes state employee health plan (2009 onward) and KHIIS commercial claims (2009 onward). All data is maintained on a rolling five year cycle. 2009 - 2012 Medicaid data is fee for service, 2012 onward is managed care.	Medical Claims; Eligibility; Dental; Pharmacy	Analyses of cost, efficiency, quality, system utilization, episodes, and geographical/racial differences.		Jeremy Howard KHIIS Program Manager Kansas Department of Health & Environment Division of Health Care Finance 785-296-2786 jhoward@kdheks.gov
Maine - Existing	Main Health care Claims Database	Main Health Data Organization	\$4-5 million across MHDO/MHDPC for hardware and staff time since 2002. Compliance and resubmissions for failed edits are time-intensive, especially at first. States that use a common format/harmonize with other states will reduce start-up and reporting	Data Collected Beginning in 2003 Maine Health Data Organization, Maine Health Management Coalition and the Maine Health Info Center leveraged a voluntary aggregation pilot into a statewide initiative. Large employers needed cost data as well. Carriers were interested in a broader view of utilization across the system. Hospitals wanted a payment website. Q1 2014 APCD Data was released 8/5/14. This included commercial claims and MaineCare data.	Commercial Payers, Third Party Administrators/Self-Funded, Medicaid, Medicare & Pseudo-claims from some uninsured - Currently Collected (89 Commercial Sources of Claims Data)	Medical Claims; Eligibility; Dental; Pharmacy; Tables of payer homegrown diagnosis/procedure codes; taxonomy code/physicians	Analyses of cost, quality, system utilization, episodes, and geographical differences.		Karynlee Harrington karynlee.harrington@maine.gov

Source: apcdouncil.org

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Maryland - Existing	Maryland Health Care Commission Medical Care Data Base (MCDB)	Maryland Health Care Commission	Approximately \$1 million dollars/year (Contractual funds for ongoing collection \$400k/year, plus extramural analytic costs for research; policy analyses \$250k/year, plus intramural studies/analytics; system maintenance \$250,000/year, plus \$100,000 for ove	Data Collected Beginning in 1998 The system in Maryland was set up for policy uses. Transparency applications are limited and physician/provider comparative quality uses are very limited. The APCD is better at supporting system wide comparisons versus quality.	Commerical Payers, Third Party Administrators/Self-Funded, Medicaid, Medicare - Currently Collected (35 Commercial Sources of Claims Data) No VA, self pay, uninsured, or stand alone TPA payers	Medical Claiams; Eligibility; Pharmacy DME Excluded; Medical data collection expanding to full in 2011 - adding race/ethnicity/language also, pursuing these aggressively; Added pharmaceutical hospital claims data in 2010, from carriers	Analyses of cost, efficiency, system utilization, and currently pushing to enhance geographic/racial difference capabilities.	Full eligibility in 2011, adding race/ethnicity/language.	Ken Yeates-Trotman kenneth.yeates-trotman@maryland.gov
Massachusetts - Existing	Massachusetts All-Payer Claims Database	Massachusetts Center for Health Information and Analysis	7 million	Data Collected Beginning in 2009 The Health Care Quality and Cost Council was established to design a consumer-friendly website that would provide transparency about healthcare costs and quality for the public. The desire to improve health care quality, reduce racial and ethnic disparities and contain health care costs was expressed in their statute. The authority to collect claims data was established under the same legislation that established the Council. Since then, the Division was given authority, under a separate bill, to examine cost containment. Massachusetts began collecting claims in 2008, retro to July 2006. The Division adopted new regulations in July 2010 and includes the collection of medical, pharmacy, and dental claims, and information from member eligibility, provider, and product files encompassing fully insured, self-insured, Medicare, and Medicaid data.	Commercial Payers, Third Party Administrators/Self-Funded, Medicaid, Medicare - Currently Collected (100 Commercial Sources of Claims Data)	Medical Claims; Eligibility; Dental; Pharmacy; Collection of Product and Provider files	1) Cost analysis and 2) Facilitation of administrative simplification by serving as the central repository of health care claims data for Massachusetts state government agencies	Anticipating an expansion of the original regulation to include collection of Medicaid claims and require self-funded to submit. Studies of cost, patterns/episodes, global payments, modeling, behavioral health, co-morbidity, leading indicators; maybe quality, system utilization	Kathy Hines kathy.hines@state.ma.us
Minnesota - Existing	Minnesota Health Care Claims Reporting System	Minnesota Department of Health	3.2 million	Data Collected Beginning in 2008 Minnesota claims collection started in July 2009. Privacy concerns have garnered significant attention in this state. In order to receive the authority to collect this data and compel health plans and TPAs to submit, special attention has been paid to concerns about data privacy. Minnesota has narrowed the research purpose to provider peer grouping to compare on cost, utilization, and quality, and to use APCD pricing data with separate data streams from the Minnesota Statewide Quality Reporting and Measurement System (SQRMS).	Commercial Payers, Third Party Administrators/Self-Funded, Medicaid, Medicare - Currently Collected (64 Commercial Sources of Claims Data)	Medical Claims; Eligibility; Pharmacy	Planning capability to provide analyses of total cost and quality of care reports under the Provider Peer Grouping project, a state health reform initiative.	None listed at this time.	health.apcd@state.mn.us
New Hampshire - Existing	New Hampshire Comprehensive Health Care Information System	The NH Insurance Department and NH Department of Health and Human Services partner to maintain NHCHIS	Approximately \$3M since 2005	Data Collected Beginning in 2005 The New Hampshire Comprehensive Healthcare Information System began accepting claims submissions in 2005 in response to a need for more transparency in the commercial insurance system. The drivers listed in their statute include the provision of a resource for continuous review of health care utilization, expenditures, and performance data by insurers, purchasers, employers, providers and state agencies. Also expressed was the goal to help consumers and employers make informed and cost effective health care choices. In addition, data were desired for comparison to Medicaid quality, cost, utilization, and price.	Commercial Payers, Third Party Administrators/Self-funded, Medicaid, Medicare - Currently Collected (26 Commercial Sources of Claims Data)		For the NH Department of Health and Human Services, Office of Medicaid Business and Policy (OMP), the reporting agenda is focused on how health care quality, access, use, and cost vary geographically, between providers, and most importantly between the Medicaid-covered and commercially insured populations as well as benchmarking of payment rates. The NHID is using the claims data to better understand the health insurance market in New Hampshire as well as to provide New Hampshire residents with information about the cost of health care services. To date, the NHID has developed the NH HealthCost website for insurers and is in the process of developing a second website for employers.	None at this time.	Mary Fields Mary.Fields@dhs.state.nh.us

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Oregon - Existing	Oregon All Payer All Claims (APAC) Database	Office for Oregon Health Policy and Research	Initial budget was \$700,000	Data Collected Beginning in 2010 Oregon has created a state-based APCD to collect data on all paid claims (starting January 2010) from commercial health insurance carriers, licensed third party administrators, pharmacy benefit managers, Medicaid managed care organizations, Medicaid fee-for-service and Medicare parts C and D.	Commercial payers; third party administrators/self-funded; medicaid; medicare - currently collected	Mecial Claims; Eligibility; Pharmacy - Currently Collected Dental - Planned Collection	In support of health system transformation in Oregon, the APCD will provide comprehensive date about the quality and cost of health care to allow policy-makers to monitor efforts to reduce health care costs and improve both quality and population health.		apac.admin@state.or.us
Rhode Island - Existing	HealthFacts Rhode Island Database	A collaborative effort amongst the Rhode Island Department of Health, the Office of the Health Insurance Commissioner, the Health Benefits Exchanges, and the Executive Office of Health and Human Services		Data Collected Beginning in 2010 Legislation establishing an APCD was passed in 2008. Because the statute did not provide funding for the Department of Health to develop and operate an APCD, the state has mobilized a series of federal grants to support start-up operations. Following the end of these federal grants, the project's four partner agencies -- Medicaid, the Health Insurance Exchange, the Office of the Health Insurance Commissioner, and the Dept. of Health -- will commit funding and staff to the ongoing operations of the APCD. The RI APCD will be used to ensure transparency of information about the quality, cost, efficiency, and access of Rhode Island's healthcare delivery system. It will also provide state agencies and policy makers with the information they need to improve the value of healthcare for Rhode Island residents. Data is expected to be available in early 2015.	Commercial Payers, Medicaid, Medicare	Medical Claims, Pharmacy	Medicaid, Dept. of Health, Health Insurance Commissioner and the Health Insurance Exchange	The data gathering process will begin in January 2014, with data submission scheduled to begin in May 2014. The plan as of January 2014 calls for the release of a Request for Proposals for Analytics March-April of 2014.	Jim Lucht James.Lucht@ohic.ri.gov
Tennessee - Existing	Tennessee All Payer Claims Database	Health Care Finance and Administration, TennCare	Estimated Annual Budget is \$500,000	Data Collected Beginning in 2009 In 2008, the Department of Finance and Administration convened the "Health Quality Initiative", a state and private sector stakeholder group, to discuss how best to measure and report health quality data. The group met for approximately a year before the Division of Health Planning proposed the APCD as a solution. Legislation was drafted with the input of stakeholders and passed in June 2009. Data collection began in the summer of 2010 and is ongoing.	Comercial payers, third party administrators/self-funded, medicaid - currently collected (42 Commercial Sources of Claims Data) Medicare - plannec collection	Mecial claims; eligibility; pharmacy		None listed at this time.	Rodger Oren rodger.oren@tn.gov
Utah - Existing	Utah All-Payer Claims Database	Utah Department of Health, Office of Health Care Statistics	Utah receives annual, on-going funding; \$615,000 from general funds and an \$185,000 Medicaid match.	Data Collected Beginning in 2009 The Utah All Payer Claims Database became the fifth operating APCD in the nation in September 2009. Participating plans submit enrollment, medical, and pharmacy files starting from 1/1/2007 until they are current. As of November 2011, Utah's APCD includes data from several health plans which cover approximately 2.1 million lives representing 93% of the state's commercially-insured market.	Commercial Payers, third party administrators/self-funded, medicaid - currently collected (15 commercial sources of claims data) Medicare - planned collection	medical claims; eligibility; pharmacy - currently collected Dental - 2012, planned collection	Planning capability to provide analyses of cost, efficiency, quality of care, system utilization, patterns of care, geographic differences, and physician based reporting.	Analyses of cost and efficiency, quality of care, system utilization, patterns of care/episodes of care, geographic differences, physician-based reporting.	Norman Thurston nthurston@utah.gov
Vermont - Existing	Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES)	Vermont Green Mountain Care Board	On an annualized basis, we have been spending approximately \$750,000 for outsources data collection, processing, consolidation, analytics and report generation, and for agency FTEs to administer the program. We anticipate that this increase if we include	Data Collected Beginning in 2007 Vermont's statute indicates that their APCD was created as a resource for multiple stakeholders to measure performance of the health care system. There have also been requests to use the data for modeling ACOs through the Health Care Reform Commission and developing population based reports on spending and utilization in the commercial population.	Commercial Payers, third party administrators/self-funded, medicaid, medicare - currently collected (10 commercial sources of claims data)	Mecial claims; eligibility; pharmacy	Analyses of cost, utilization, variations in quality, episodes, geographic differences, and risk adjustment.	Working with others to secure potential ARRA funds to create a multi-state provider index, registry data, EMR, lab, etc.	Susan Barrett Susan.barrett@vermont.gov

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California (#1 Military Base) - Existing Voluntary Effort	California Healthcare Performance Information System (CHPI)	California Healthcare Performance Information System (CHPI) Collaborative	4 million, including start-up to date	Data Collected Beginning in 2003 The California Healthcare Performance Information System is a public benefit corporation officially launched at the end of 2012 to serve as a voluntary multi-payer claims database. CHPI was designated as a CMS Qualified Entity in February 2013. As of November 2015, CHPI has taken in several years' worth of CMS Fee-for-Service data and commercial claims (HMO, POS, PPO, Medicare Advantage products) from the three largest health plans in the state (Anthem Blue Cross of California, Blue Shield of California and UnitedHealthcare of California). Discussions with other data sources are underway. The first public reports on physician level quality ratings are expected in 2016 (reporting on MY2014 and MY2012). In 2013, CHPI acquired the nation's largest system for evaluating and publishing medical group ratings based on the patient's experience, the Patient Assessment Survey (PAS). This survey, which measures patients' experience with their medical groups, began under a prior collaborative in 2001. The 2014 medical group ratings were published in January 2015. 12 Million covered lives	Commercial payers; third party administrators/self-funded; medicare - currently collected (3 commercial sources of claims data) Medicaid - planned collection	Mecial claims; eligibility; pharmacy; provider information			Pete Sikora psikora@pbgh.org
Michigan - Existing Voluntary Effort				An APCD was proposed in 2013 via Senate Bill 333 ("The Michigan Healthcare Transparency Act") but didn't pass. In April 2014, the state Legislature did approve a feasibility study on an APCD as part of the Healthy Michigan Medicaid expansion that recommended that the Legislature pursue a "staged approach for establishment of an APCD."					Myron Hepner Director, Information and Data Management Michigan Data Collaborative Medical Center IT University of Michigan Health System 734-232-1698 734-232-6847 mhepner@med.umich.edu
Oklahoma - Existing Voluntary Effort		MyHealth Access Network		MyHealth is a statewide health information exchange and voluntary all payer claims database in Oklahoma. APCD activities include aggregating claims data from Oklahoma Medicaid, Commercial payers, and Medicare. MyHealth Access uses a master patient index to tie clinical and claims data together, but also preserve the claims data in its original format to support calculation of health and value metrics such as HEDIS measures. X12 and NCPDP standards are used where the claims data sources support it and all data is processed into a relational database where it is used to support analytics on cost and utilization as well as the calculation of electronic clinical quality measures (when combined with clinical data). MyHealth has clinical data on more than 3M patients and more than 3 years of complete claims history on nearly 1M Oklahomans. 1 Million covered lives	Commerical payers, Medicaid, Medicare - Currently Collected (2 commercial sources of claims data - blue cross and community care of Oklahoma)	Medical Claims			Mike Noshay mike.noshay@myhealthaccess.net
Wisconsin - Existing Voluntary Effort	WHIO Health Datamart	Wisconsin Health Information Organization (WHIO)	\$4 million (includes staff/contracts/legal)	Data Collected Beginning in 2006 The Wisconsin Health Information Organization (WHIO) was voluntarily created in 2005 by members made up of providers, employers, payers and the state to improve the transparency, quality and efficiency of healthcare in Wisconsin. WHIO members and subscribers use the data to identify gaps in care for treatment of chronic conditions, and provide real-world data about the costs per episode of care, population health, preventable hospital readmissions, variations in prescribing patterns, and much more. WHIO releases two updates each year, often adding new data contributors with each release. As of the last release (DMV13), the WHIO Datamart contains 308 million claims for care provided to more than 4.1 million residents in Wisconsin (72% of the population), exceeding \$80 billion in billed charges.	Commercial payers, third party administrators/self-funded, medicare, medicaid FFS and HMO data - currently collected (16 commercial sources of claims data)	medical claims; eligibility; pharmacy - currently collected Dental - planned collection	Analyses of cost, efficiency, quality, system utilization, episode analysis, variation in care and public reporting of provider performance.	Combine with EMR and socio-economic data to enhance value.	Josephine Musser jo.musser@wisconsinhealthinfo.org

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Washington - Existing Voluntary Effort / Mandated Effort In Implementation	Washington State All Payer Claims Database	Voluntary: Washington Health Alliance (formerly Puget Sound Health Alliance) Mandate: Chapter 246, Laws of 2015 (ESSB 5084) requires the Washington State Office of Financial Management (OFM) to issue a Request for Proposal (RFP) and follow the state's competitive procurement process to select a lead organization to maintain the WA-APCD.	Voluntary: \$1.5 million (initial), \$20 million since inception Mandate: CMS Cycle III and Cycle IV grants to implement WA-APCD, develop a public website and produce products.	Washington currently has a legislatively mandated and voluntary APCD effort. Data Collected by Voluntary Effort Beginning in 2004, and by Mandated Effort in 2016 Puget Sound Health Alliance kicked off in 2004 by King County Executive Ron Sims in response to concerns about rising health care costs and quality in the delivery of health care services. King County rallied business groups to the table and started the Puget Sound Health Alliance (now called the Washington Health Alliance). The Alliance is a purchaser-led, multi-stakeholder collaborative. One of the initiatives of the Alliance was to develop a claims database. Today, the Alliance's database comprises approximately 65% of the non-Medicare claims in the region. The database currently captures information from 1/1/2004 through 12/31/2013, representing over 3 million lives and approximately 1.3 billion claim lines from commercial insurance, managed Medicaid and Medicaid Fee for Service. Since its beginning, the Alliance focused on a 5-county area in the greater Seattle metropolitan area (the Puget Sound region). In late 2013, the Alliance re-branded itself the Washington Health Alliance and is expanding its various activities statewide, including performance measurement and public reporting. At present, access to the Alliance's database by researchers and other interested parties is possible but is quite limited. In 2015, the Washington State Legislature passed Chapter 246, Laws of 2015 (ESSB 5084) that directs the Washington State Office of Financial Management (OFM) to establish a statewide all payer claims database (WA-APCD) to support transparent public reporting of health care information. The following data suppliers must provide claims data: the Medicaid program, the Public Employees Benefits Board program, all health insurance carriers operating in this state, all third-party administrators paying claims on behalf of health plans in this state, and the state Labor and Industries program. The OFM Director may expand this requirement to include other types of insurance policies, such as long-term care policies and Medicare supplemental coverage. Employer-sponsored self-funded health plans and Taft-Hartley trusts may voluntarily provide claims data. The law requires OFM to use a competitive procurement process to select a lead organization to coordinate and manage the WA-APCD. In turn, the lead organization must contract with a data vendor to perform data collection, processing, aggregation, extracts, and analytics. OFM plans to issue a Request for Proposal (RFP) in the summer of 2015 and finalize the lead organization selection and contract by	Voluntary: Commercial payers, third party administrators/self-funded, medicaid - currently collected (20 commercial sources of claims data) Mandate: Medicaid - Currently Collected; Commercial Payers (25+), Third party administrators/self-funded - planned collection Washington also plans on collecting data from the Public Employees Benefit Board and the WA State Labor and Industries. Self-funded and Taft-Hartley data will be collected voluntarily. Other data sources are to be determined by OFM Director.	Voluntary: medical claims, eligibility, dental, pharmacy, vision Mandate - Planned Collection: medical claims, eligibility, dental, pharmacy The State of Washington is required through mandate to collect medical, pharmacy, dental, member eligibility and enrollment, and provider data with necessary identifiers.	Voluntary: Analyses of RVU for resource use measurement, HEDIS, system utilization, episodes, and geographic/racial differences. Mandate: The database must improve transparency to: assist patients, providers, and hospitals to make informed choices about care; enable providers, hospitals, and communities to improve by benchmarking their performance against that of others by focusing on best practices; enable purchasers to identify value, build expectations into their purchasing strategy, and reward improvements over time; and promote competition based on quality and cost.		Voluntary: Mark Pregler Director of Performance Measurement Washington Health Alliance mpregler@wahealthalliance.org Mandate: Susan Meldazy Health Care Price Transparency Project Director apcd@ofm.wa.gov
Virginia (3rd largest military population) - Existing with Voluntary Submission	Virginia All Payer Claims Database	Virginia Health Information under the authority of the Virginia Department of Health	Initial 30 month funding in total of \$3,281,500 with 40% from participating health insurance companies, 40% from the Virginia Hospital and Healthcare Association, and 20% from Virginia Health Information.	Data Collected Beginning in 2011 Virginia's APCD includes paid claims from commercial health insurance companies and the Department of Medical Assistance Services (DMAS). This voluntary program facilitates data driven, evidence-based improvements in the access, quality and cost of healthcare. The Virginia Department of Health has contracted with VHI to implement the APCD to be consistent with the law and in collaboration with healthcare stakeholders.	Commercial Payers, third party administrators/self-funded, medicaid - currently collected (9 commercial sources of claims data) Medicare and TriCare - planned collection	Medical Claims; Eligibility; Pharmacy	Virginia APCD data can be accessed via the Milliman MedInsight Platform, data extracts and through custom reports.		Debbie Condrey debbie.condrey@vdh.virginia.gov
Arkansas - In Implementation	Arkansas All-Payer Claims Database	ACHI administers the APCD with support and oversight from the Health Insurance Rate Review Division (HIRRD) at the Arkansas Insurance Department (AID)		The Health Insurance Rate Review Division (HIRRD), a division of the Arkansas Insurance Department (AID), was awarded a Cycle III grant from the Centers for Medicare and Medicaid Services/Center for Consumer Information and Insurance Oversight to "Support Health Insurance Rate Review and Increase Transparency in Health Care Pricing." The award included specific funding for an all-payer claims database (APCD). HIRRD conducted a national search and solicitation for qualified and competitive bidders. Following an extensive evaluation process, the Arkansas Center for Health Improvement(ACHI) was awarded the contract to establish an APCD for the State of Arkansas. ACHI along with the Health Insurance Rate Review Division (HIRRD) at the Arkansas Insurance Department (AID) are pleased to announce the release of the Arkansas All-Payer Claims Database website. Please visit www.arkansasapcd.net for all Arkansas APCD related resources including fact sheets, stakeholder meeting materials, information about statewide and national-level health care system transparency efforts, and more.					Kenley Money kmoney@uams.edu

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Connecticut - In Implementation	Connecticut All Payer Claims Database	Access Health CT		The Connecticut APCD was established in 2012. With the passage of Public Act 13-247, the Connecticut General Assembly authorized Access Health CT (Connecticut's health insurance exchange) to "(A) Oversee the planning, implementation and administration of the all-payer claims database program for the purpose of collecting, assessing and reporting health care information relating to safety, quality, cost-effectiveness, access and efficiency for all levels of health care; (B) ensure that data received from reporting entities is securely collected, compiled and stored in accordance with state and federal law; and (C) conduct audits of data submitted by reporting entities in order to verify its accuracy." PA 13-247 further directs Access Health CT to "(A) Utilize data in the all-payer claims database to provide health care consumers in the state with information concerning the cost and quality of health care services that allows such consumers to make economically sound and medically appropriate health care decisions; and (B) make data in the all-payer claims database available to any state agency, insurer, employer, health care provider, consumer of health care services or researcher for the purpose of allowing such person or entity to review such data as it relates to health care utilization, costs or quality of health care services. Such disclosure shall be made in accordance with subdivision (2) of subsection (b) of section 38a-1090 of the general statutes, as amended by this act. The exchange may set a fee to be charged to each person or entity requesting access to data stored in the all-payer claims database."					Tamim Ahmed 860-757-5300 tamim.ahmed@ct.gov
New York - In Implementation	New York All Payer Database	New York State Department of Health		New York State enacted legislation in the spring of 2011 that allowed for the creation of an All Payer Database (APD). New York is developing its APCD in a phased approach and is in the planning stage and beginning early implementation. New York is currently developing a data intake system for the collection of data. The initial focus and approach of the APD is in collecting encounter data. The first data source in active collection is from Qualified Health Plans (QHPs) and will expand to collect from Medicaid managed care plans in Fall 2015. Regulations are in development and the state released an RFP in April 2015 for the APD's data warehousing and analytics solutions.					nysapd@health.state.ny.us
West Virginia - In Implementation	West Virginia Health Care Authority Database	West Virginia Health Care Authority	\$200k invested in the development and analytics of APCD to date	The claims data in West Virginia were originally collected to answer policy questions. Understanding cost was an important issue. In addition, Public Health was very interested in geographic variation in health status and incidence of chronic disease. Additionally, Health Policy planners were interested in evaluating the development of managed care.	Commercial Payers (3), Third party administrators, medicaid - currently collected	medical claims, eligibility, dental, pharmacy	Analyses of cost, efficiency, quality, system utilization, episodes, geographic/racial differences, CON, and pharmaceutical versus medical costs.		Laura Anderson 304-558-7000 Landerson@hcawv.org