

Access to comprehensive claims data increases the opportunity to improve quality of care, control cost increases, and minimize variations in care. All of these are of critical interest for state government, employers, insurers, providers, and the people of North Carolina. All-Payer Claims Databases (APCDs) can be used to inform public health and public policy priorities, evaluate the outcomes of public health programs and policies, determine the actual cost of health care in a state, provide consumer transparency, analyze geographic variation in health, and more.⁴⁻⁷

This task force report includes eight actionable recommendations to move forward towards the creation of an APCD. The recommendations from the APCD Task Force include information on the primary use cases for a North Carolina APCD, the governing and funding of the project, and the types of claims data that should be included in the database. These recommendations can guide the development of the APCD in our state in order to inform public health and policy priorities.

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+ APCD DRAFT RECOMMENDATIONS

RECOMMENDATION 1

The North Carolina General Assembly should establish an All-Payer Claims Database (APCD). The goal of the database should be to improve the health of North Carolinians. Primary use cases include population health surveillance, research, and public policy analysis. However, the legislation, regulation, and design of the database should allow for flexibility for other uses as appropriate.

RECOMMENDATION 2

The North Carolina General Assembly should create an APCD governing or advisory board that includes health care stakeholders. The types of stakeholders to consider include providers, consumers, employers, national and regional payers, public health professionals, researchers, representatives from NC FAST and the HIE, county social service workers, and others. The governing board should be responsible for making recommendations to the General Assembly regarding an organizational home, regulations surrounding submission and release and infrastructure and maintenance, identification of supplemental funding, and other issues as they arise.

RECOMMENDATION 3

Where legally permissible, the North Carolina General Assembly should require payers who cover 1,000 or more individuals in North Carolina to contribute claims data to the APCD.

RECOMMENDATION 4

The North Carolina General Assembly should appropriate recurring funding to support the North Carolina APCD. The North Carolina General Assembly and the North Carolina APCD governing board should explore supplemental funding from Medicaid funds, philanthropy, HITECH, and data use fees.

RECOMMENDATION 5

The North Carolina APCD should be designed in conjunction with other sources of health and human services data as well as existing data systems.

RECOMMENDATION 6

The North Carolina APCD should collect and manage identified data in accordance with federal and state law.

RECOMMENDATION 7

The North Carolina APCD should collect all claims data. Proxy data on uninsured patients should be incorporated into the database in the future if feasible.

RECOMMENDATION 8

If feasible, the North Carolina APCD should adopt a standard data model.