

What is the Indiana APCD?

The Indiana All Payer Claims Database (IN APCD) is a large healthcare claims database overseen by the Indiana Department of Insurance (IDOI). Established by the Indiana General Assembly in 2020, the database collects eligibility files, medical claims, pharmacy prescription drug claims, and provider files from public and private payers. The Indiana APCD's purpose is to facilitate the following:

- Identify healthcare needs and inform healthcare policy
- Compare costs between various treatment settings and approaches
- Provide information to consumers and purchasers of healthcare
- Improve the quality and affordability of patient healthcare and healthcare coverage

What kind of data can be found in the IN APCD?

As of Second Quarter 2024 there were over 1.9 billion records within the IN APCD, making it the largest APCD in the Mid-West region.

This includes the following data:

- Eligibility Data – Information on a member's eligibility underneath a submitting health plan, broken down by month.
- Medical Claims – Paid claims information from health insurers & third-party administrators detailing members medical procedures & doctor visits, detailing costs & reimbursements to providers and hospitals.
- Pharmaceutical Claims – Paid claims information from pharmacy benefit managers detailing dispensed medications that were paid for by insurance. Like Medical claims, these claims detail the pharmacies that were used, medication details, and the reimbursement rates for them.
- Provider Data – This details information about providers & facilities that are contracted with the individual health insurers usually just geographical information and demographics, such as NPI #.

IN APCD data is comprised of health care claims data from Medicaid, Medicare, and Commercial insurance payers. The IN APCD collects and integrates insurance claims data to track the cost, utilization, and quality of healthcare in Indiana. It features information related to healthcare providers, facilities, and health plans and compares the cost, volume, and quality of both medical and pharmacy services.

Currently, the IN APCD collects its data from over 30 registered health payers; primarily health insurers, third party administrators, and pharmacy benefit managers. These entities are mandated by statute to submit eligibility, provider, medical & pharmacy claims data to the IN-APCD and are defined by (IC 27-1-44.5-2)



What makes the IN APCD Interactive?

The IN APCD consumer-facing website contains interactive comparison tools:

- **Procedures and Imaging Dashboard** - This dashboard allows you to explore the typical total price and average out-of-pocket costs of common medical procedures – for instance, knee replacements, caesarean sections, and others – that take place in a hospital or larger healthcare facility across Indiana based on ZIP code, distance, and health plan. *(This data is updated annually.)*
 - At a quick glance, the user can see the various facility locations throughout the state. Across the bottom within the grid, we have access to overall quality rankings, typical total prices that a patient might have to pay for a given procedure, and how many claims a facility represents within the database. The user can select the procedure they are interested in to view the costs.
 - There are filters for Health Plan, allowing them to toggle between various plan types within Commercial Insurance. The zip code filter and the distance in miles option enable you to focus on specific geographic areas, helping you narrow down providers based on procedure, health plan, and location.
 - Hovering over the markers on the map will bring up more information, such as the specific spread of cost at a given procedure. Lastly, the typical price range shows how wide of a spread the prices are compared to other entities.
 - The Indiana APCD utilizes Centers for Medicare & Medicaid Services (CMS) ratings for hospitals, providing a comprehensive picture of the quality of care each facility offers. These ratings are based on patient satisfaction and safety, among other factors. This ensures that quality and cost are considered in tandem when selecting a facility. CMS uses a five-star quality rating system, which the Indiana APCD leverages to ensure the highest standards of care are visible to you.
 - Ultimately, this dashboard provides a high-level overview of how much specific procedures or imaging diagnostic tests might cost at a given facility around the state and allows users to compare those costs against other facilities.

- **Office and Labs Dashboard** - This dashboard focuses on the typical total price and average out-of-pocket costs of medical services outside of the hospital setting – for example, a yearly check-up with your primary care provider, screenings for common diseases like diabetes and routine blood work. *(This data is updated annually.)*
 - Selecting this option shifts the dashboard and shifts the layout. In a medical claim, the place of service is not readily apparent, and often for office visits or blood work, the place of service utilized will be the billing office for the provider. This makes us unable to easily identify specific locations where rendering services are provided for these types of claims. To work around this, IDOI has aggregated the data by counties. IDOI's vendor, Onpoint Health Data, has advised that typically, prices do not fluctuate heavily when it comes to doctors' office claims or lab work, unlike with procedures. We see this reflected in the data presented.

 - The map in this view is reflective of the health plan types that are geographically prominent for a given county within our database. As an example, for the Office



Visit Existing Patient (30 minutes) with an Anthem Blue Cross Blue Shield HMO health plan, we can see that Tipton County doesn't have any volume for this service to show. This is for either one of two reasons:

- One, the number of services conducted in that county for 2022 is under 11. When there are under 11 services for any of our dashboards for a given procedure, we hide them. This complies with the Centers for Medicare and Medicaid (CMS) cell suppression policy and is utilized in order to protect patient privacy.
 - Two, there may not be any data available to show. The IN APCD is fed by data being transmitted to us by our data submitters, so if they don't have any claims for that region or don't submit the data, we cannot display it.
- **IN APCD Snapshot** - The APCD Snapshot provides an overview of the data collected for the IN APCD, including how many members are covered under a given health plan, how those members are covered under different types of health plans, information on common procedures and commonly prescribed drugs in Indiana, as well as how healthcare utilization has evolved over time. *(The APCD Snapshot is updated quarterly.)*
 - The Snapshot is a birds-eye view of the type of claims data that we have within the database. The Medical Procedure section of the Snapshot is designed to provide an in-depth look at healthcare procedures within Indiana. The tabs display crucial data such as the rank, procedure description, type of settings, total claim count, total paid amount, and the average paid amount per claim.
 - Users can explore this data based on various criteria, including the frequency of procedures, their cost, and the setting in which they occur. This functionality is key to understanding how different medical procedures are utilized and what they cost within our healthcare system.
 - For example, when clicking on medical procedures and filtering for the 2022 reporting year we can see that the largest procedure category is Office Visits. When switching over to the Drug Prescriptions tab, we can see that the highest claim count is Atorvastatin with nearly 2 million claims for 2022. However, when ranking the results by cost, we can see that Hoosiers and their insurance plans paid the most for Eliquis out of all the drugs dispensed.

