



HEALTH CARE
COST INSTITUTE

Power Up Your Analytics on the Privately Insured





Today's Presentation: Agenda

Today's webinar seeks to answer these questions:

- What is HCCI?
- How does HCCI enable the research community?
- What data does HCCI provide?
- How is that data unique?
- How and when can I access that data?



What is HCCI?

HCCI's mission is to *get to the heart* of the key issues impacting the U.S. health care system — by using the best data to get the best answers.

Our values are simple:

- Health care spending information should be transparent and easy to understand.
- Robust analytics can drive improvements in quality and value.
- Health care claims data should be accessible to all who have important questions.



Good Data on Privately-Paid Health Care is Rare

- 170 million people in the US get health insurance through an employer – half the US population
- Largest population, by far, of people with health insurance
 - Historically, there has been more data about populations with other kinds of insurance (e.g. Medicare)
 - Led to a lack of data and insights about costs and spending in the employer-sponsored insurance market
 - *There are very few large, geographically diverse, multi-payer commercial claims datasets with real cost information in the US*
- HCCI fills this gap by licensing access to a large dataset of commercial claims to
 - Academic researchers at any college or university
 - Government agency researchers
 - Some research-focused non-profits

Enabling World Class Research

HCCI's current research partners include:

Dartmouth

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~



MEDPAC Medicare
Payment Advisory
Commission



Weill Cornell
Medicine

Northwestern



UNIVERSITY OF MINNESOTA
Driven to DiscoverSM



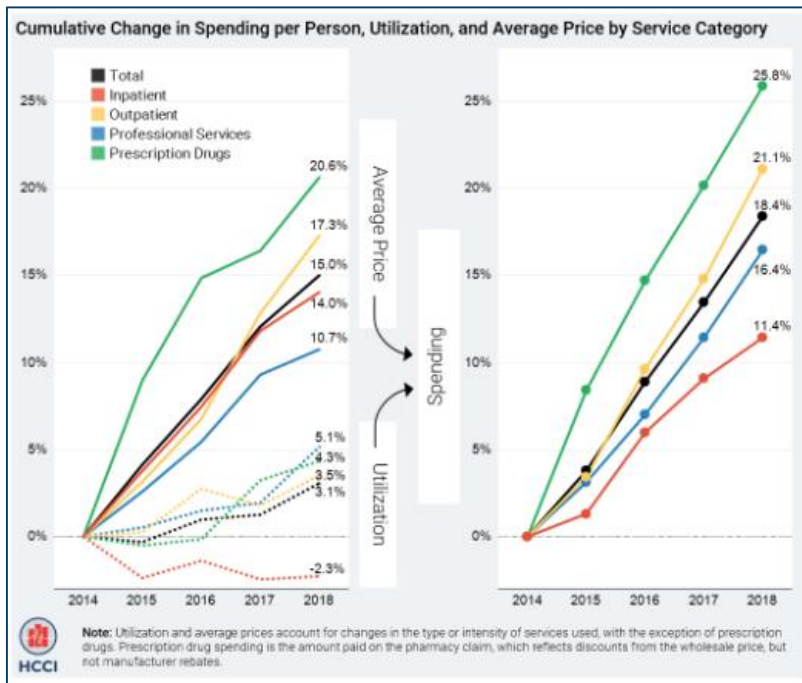
HCCI also facilitates data access and research through foundation partnerships:





Public Reporting: Benchmarks and Resources

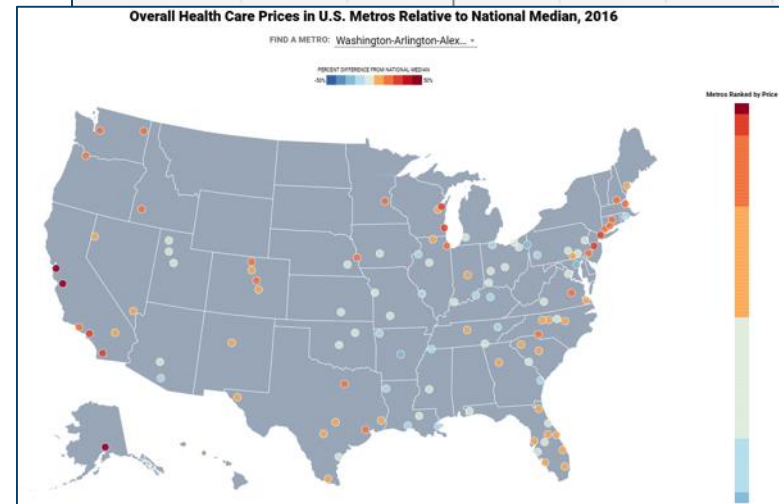
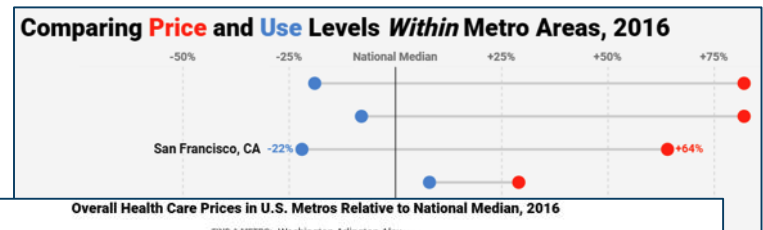
Annual Health Care Cost and Utilization Report



- Tracks metrics year-over-year and over 5 years
- Weighted to reflect all people with employer-based insurance
- Downloadable and state-level data tables and data viz tools available

Healthy Marketplace Index

supported by Robert Wood Johnson Foundation



- Tracks metrics year-over-year and various trend timeframes
- Reports for 112 metropolitan areas in the U.S.
- Downloadable data tables and interactive articles available



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What Data Does HCCI Provide?



HCCI's "2.0" Dataset

- Over 1 billion commercial claims per year
- Over 60 million covered lives per year
- New data added every year
- Years available in 2020: 2012-2018
- All 50 states and D.C.
- Updated annually
- De-identified, HIPAA and anti-trust compliant



65 Million
Employer-Sponsored Insurance
Lives Per Year



HCCI provides:

- Streamlined claims data to the fields used for research studies
- Providing descriptive statistics for each field
- Explanation of fields beyond simple definitions
- Common code repository
 - Data cleaning
 - Grouping claims into utilization measures
 - Identifying patient cohorts
- Crosswalks available alongside data on the server
 - Geographic crosswalks based on 5-digit ZIP code
 - Diagnosis crosswalks for ICD-9 and ICD-10
 - Service category crosswalks for DRG, CPT, NDC

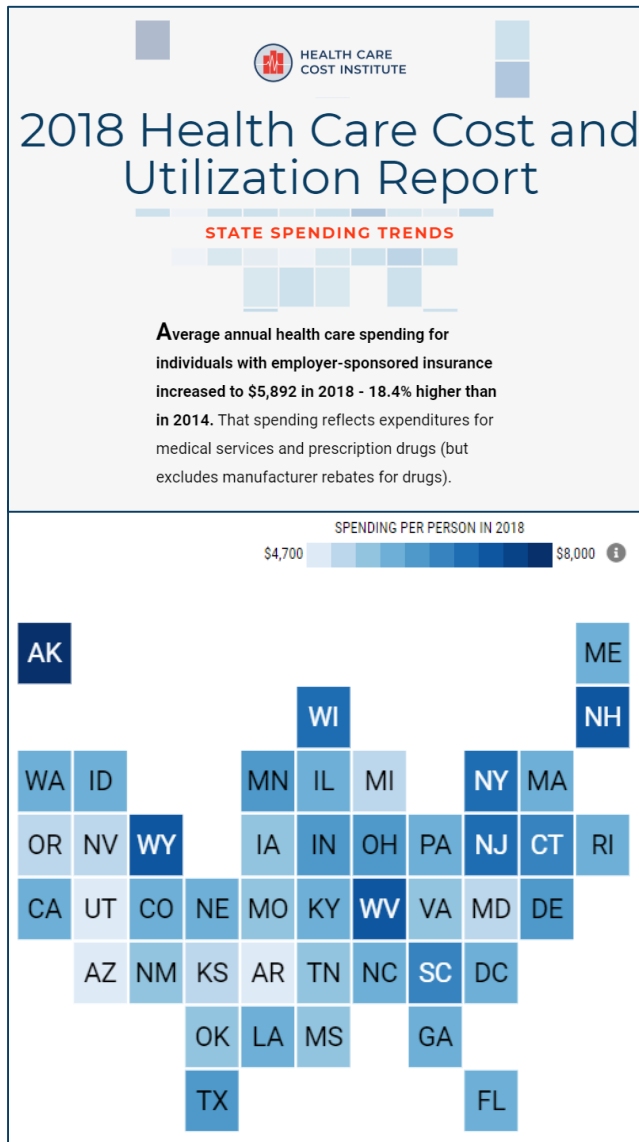


What Makes HCCI Data Different?

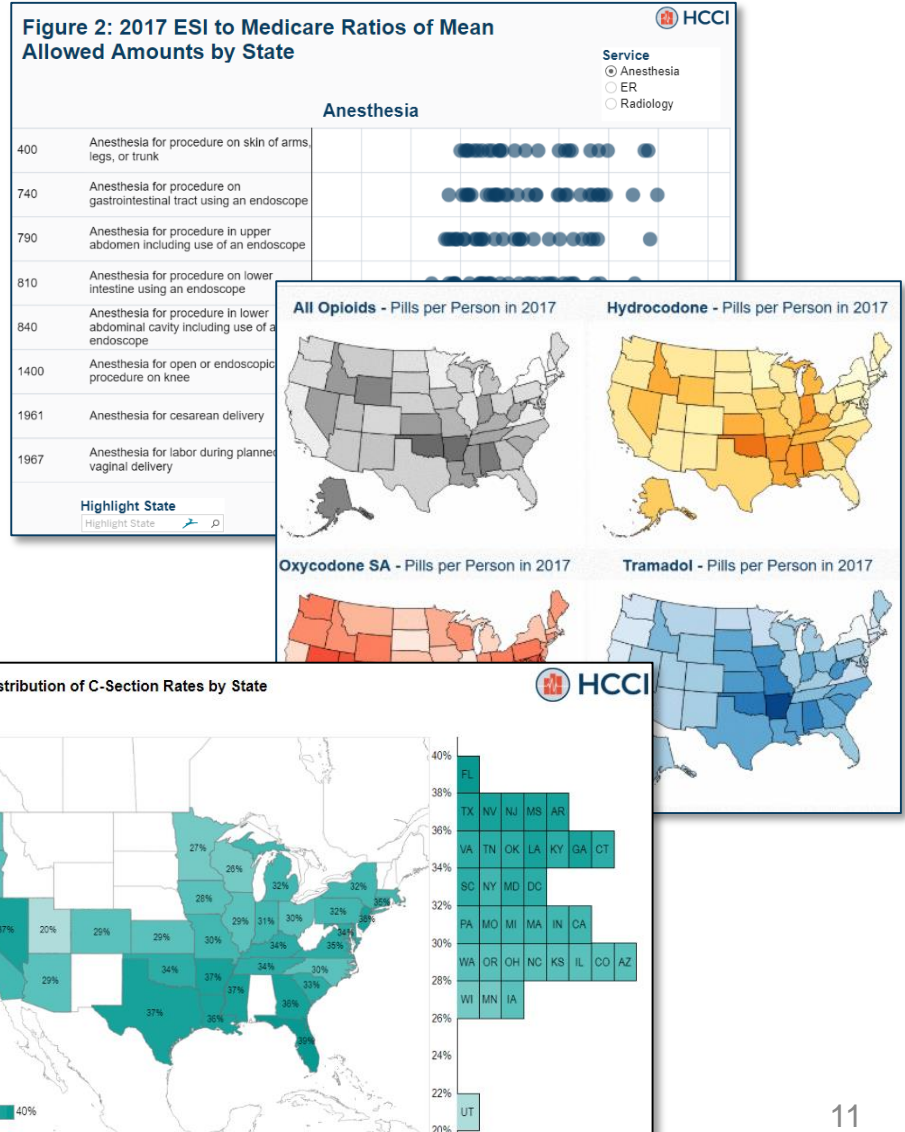
- Sourced directly from payers
 - Adjudicated claims with 6+ months of runout
- Covers all ESI lives the payer manages, either as the direct payer or ASO
 - Not sampled from certain employers, plan types, etc.
- Contains real payment information
 - Allowed amounts
 - Out-of-pocket payments
- Contains patient IDs to enable longitudinal analyses
- Provider IDs – encrypted NPIs
- Five-digit ZIP code of provider and patient
- Data views are statistically deidentified and certified by experts



HCCI Data Enables State and Local Insights



Many HCCI publications include state-level interactive tools





HCCI Data Enables Spending and Price Analyses

Figure 2: Factors Contributing to Growth in Spending per Person

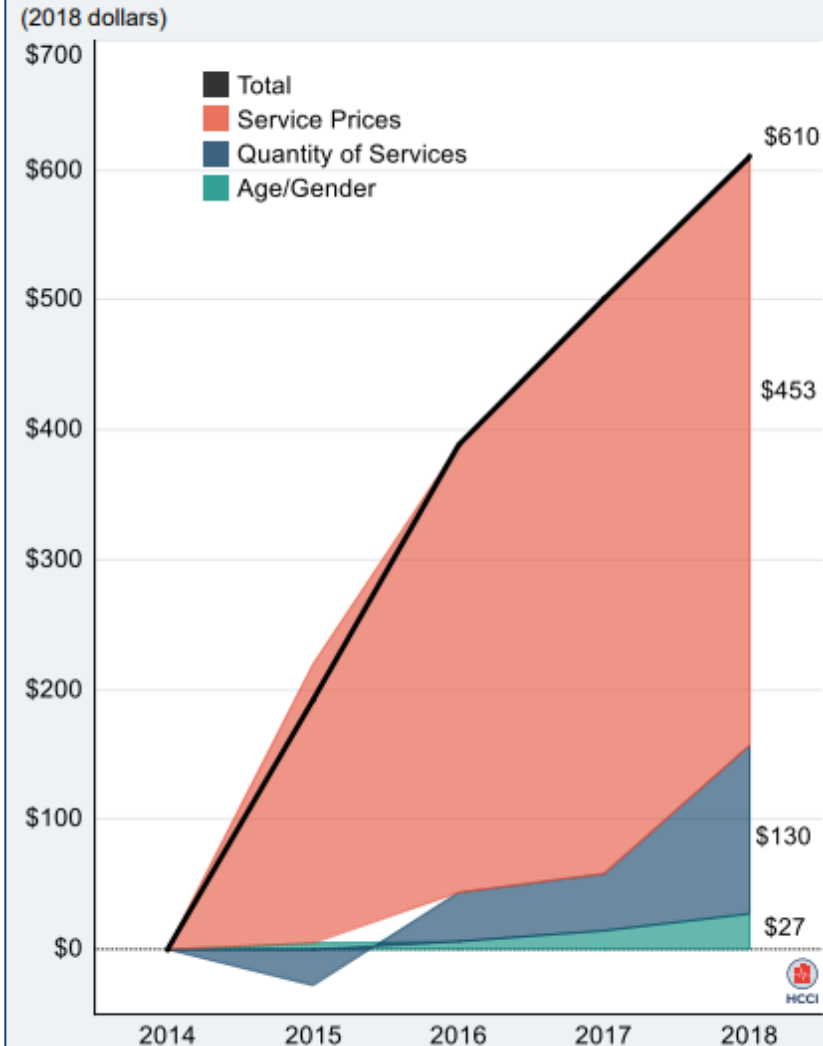


Figure 22: Average Price of Inpatient Admissions

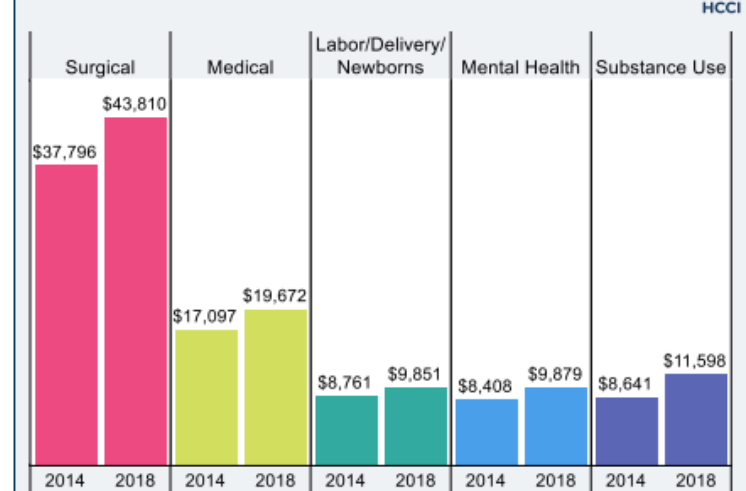
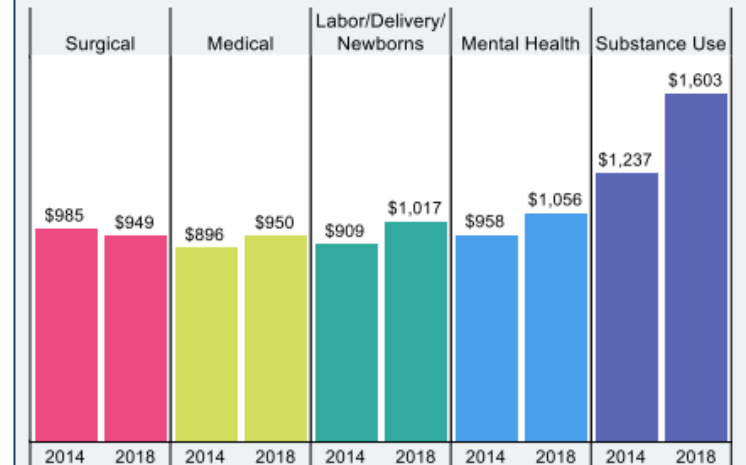


Figure 23: Average Out-of-Pocket Price of Inpatient Admissions



Selected Researcher Publications

HOSPITAL FINANCING

DOI: 10.1097/ATSP.0000000000000103
HEALTH AFFAIRS 35
NO. 8 (2016) 1444-1450
©2016 American Medical Association
The People's Health Institute
Washington, DC

By Laurence C. Baker, M. Kate Bundorf, Aileen M. Devlin, and Daniel P. Kessler

Medicare Advantage Plans Pay Hospitals Less Than Traditional Medicare Pays

TheUpshot

Lawrence C. Baker is a professor of health research and policy at Stanford University in California, and research associate at the National Bureau of Economic Research, in Cambridge, Massachusetts.

M. Kate Bundorf is a professor of health research and policy at Stanford University and a faculty research fellow at the National Bureau of Economic Research.

Aileen M. Devlin is a research fellow at the Stanford Law School.

Daniel P. Kessler (Frostberg) graduated in a professor at the Law School and the Graduate School of Business, a professor (by courtesy) in the Department of Health Research and Policy, and a senior fellow at the Hoover Institution, all at Stanford University. He is also a research associate at the National Bureau of Economic Research.

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The Experts Were Wrong About the Best Places for Better and Cheaper Health Care

By KEVIN QUEALY and MARGOT SANGER KATZ DEC. 15, 2015

Brief Report

November 9, 2017

Out-of-Pocket and Health Care Spending Changes for Patients Using Orally Administered Anticancer Therapy After Adoption of State Parity Laws

Stacie B. Dusetzina, PhD^{1,2,3,4}; Haiden A. Huskamp, PhD²; Aaron N. Winn, PhD, MPP²; et al

Author Affiliations
JAMA Oncol. Published

Original Investigation
September 2016

Out-of-Pocket Spending for Hospitalizations Among Nonelderly Adults

Emily R. Adron, PhD, MSc¹; Andrew M. Ryan, PhD^{1,2,3,4}; Amanda C. Seltzer, MHA²; et al

Author Affiliations | Article Information
JAMA Intern Med. 2016;176(9):1325-1332. doi:10.1001/jamainternmed.2016.3663

Editorial Comment

Related Articles

Key Points

Question How have their use, out-of-pocket

Findings In this analysis, laws appeared to reduce distribution but appear. Parity laws were not

Meaning Although consistently reduced

Abstract

Importance Patients' out-of-pocket spending for major health care expenses, such as inpatient care, may result in substantial financial distress. Limited contemporary data exist on out-of-pocket spending among nonelderly adults.

Objectives To evaluate out-of-pocket spending associated with hospitalizations and to assess how this spending varied over time and by patient characteristics, region, and type of insurance.

Design, Setting, and Participants A retrospective analysis of medical claims for 7.3 million hospitalizations using 2009-2013 data from Aetna, UnitedHealthcare, and Humana insurance companies representing approximately 50 million members was performed. Out-of-pocket spending was evaluated by age, sex, type of insurance, region, and principal diagnosis or procedure for hospitalized adults aged 18 to 64 years who were enrolled in employer-sponsored and individual-market health insurance plans from January 1, 2009, to December 31, 2013. The study was conducted between July 1, 2015, and March 1, 2016.

Main Outcomes and Measures Primary outcomes were total out-of-pocket spending and spending attributed to deductibles, copayments, and coinsurance for all hospitalizations. Other outcomes included out-of-pocket spending associated with commonly occurring inpatient diagnoses and procedures: acute myocardial infarction, live birth, pneumonia, appendicitis

Research Letter

October 2017

Association Between Quality of Care for Breast Cancer and Health Insurance Exchange Coverage

An Analysis of Use of Radiation Therapy After Breast-Conserving Surgery

Ya-Chen Tina Shih, PhD¹; Ying Xu, MD, MS¹; Mariana Chavez-MacGregor, MD, MSc^{1,2}; et al

Author Affiliations
JAMA Oncol. 2017;33

Research comparing insurance or with new insurance categories. Insurance Market quality of cancer surgery (BCS), and

ELSEVIER

Original Research
Gynecology

Nationwide trends in the utilization of and payments for hysterectomy in the United States among commercially insured women

Presented at the Society for Gynecologic Surgeons, March 27, 2017, San Antonio, TX.

Daniel M. Morgan MD ¹, Neil S. Kamdar MS ², Carolyn W. Svensson MD ³, Emily K. Kobernik MPH ⁴, Anne G. Sammarco MD ⁵, Brahmasree Nallamothu MD, MPH ⁶

Show more
<https://doi.org/10.1016/j.ajog.2017.09.017>

Background
Laparotomy for surgical care
laparoscopy

Objectives
The objective of this study was to evaluate the impact of insurance-based insurance

Previous Article

Volume 68, Issue 12, December 01, 2017, pp. 1303-1306

Next Article

Telehealth Delivery of Mental Health Services: An Analysis of Private Insurance Claims Data in the United States

Fernando A. Wilson, Ph.D., Sankeerth Rampa, Ph.D., Kate E. Trout, Ph.D., Jim P. Stimpson, Ph.D.

<https://doi.org/10.1176/appi.ps.201700017>

Abstract

Objective: This study characterizes telehealth claims for mental health and substance abuse (MH/SA) services by using national private claims data.

Methods: Telehealth-related mental health service claims were identified with private claims data from 2009 to 2013. These data—provided by the Health Care Cost Institute—included claims from Aetna, Humana, and UnitedHealth for more than 50 million individuals per year.

Results: In 2009–2013, there were 13,480 MH/SA telehealth provider claims out of 3,986,159 claims, with the majority of telehealth claims submitted by psychiatrists. For telehealth services, there was a decreasing trend for average reimbursements (\$54.61 in 2009 to \$43.28 in 2013). Average reimbursements for telehealth claims were half those for non-telehealth claims. Reimbursements for nine of the top 10 telehealth services were lower in 2015 dollars than for the same services provided during face-to-face treatment.

Conclusions: Widespread adoption and use of costly telehealth technologies for mental health services may be limited by low reimbursements for telehealth services.



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Accessing HCCI 2.0 Data



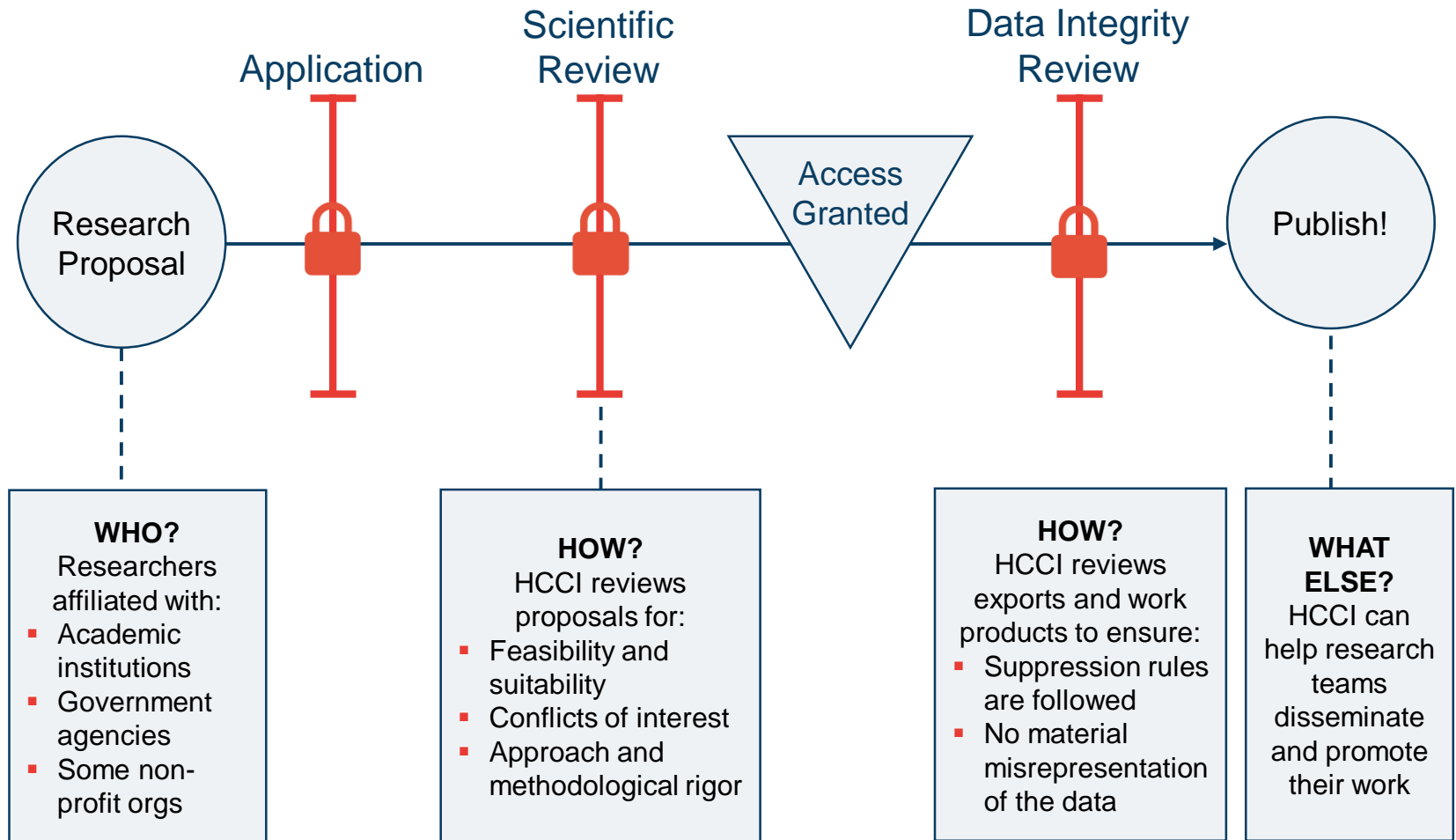
Timeline and Pricing for Access

- The dataset is being built as we speak
- We expect to open the application process in Fall 2020
- We expect research teams to gain access to the data starting in December 2020
- Pricing details:

PER PROJECT ANNUAL ACCESS FEE \$45,000 (2020)	INSTITUTIONAL MEMBERSHIPS Customized for each partner organization	STANDARD ADD-ONS (additional seats, data merges, etc.) Prices vary by add-on
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- HCCI partners with foundations and organization to subsidize or sponsor research projects e.g. Health Data for Action

HCCI Data Access: Who and How





Available Resources and Updates

- Data dictionary available upon request; more resources on HCCI's website coming soon
- Sign up for HCCI's newsletter to receive periodic updates
- While you're on our website...
 - Check out HCCI's public use files and research studies for examples of what the data can do

HCCI Website:

healthcostinstitute.org

Email Us Anytime:

data@healthcostinstitute.org



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Thank you!
Questions?

