

What is an All-Payer Claims Database?

An All-Payer Claims Database (APCD) is a statewide database that systematically collects health care claims data from all health care payers in order to further cost containment and quality improvement efforts. APCDs generally collect patient demographic information, provider information, eligibility data, and claims information, including clinical, financial, and utilization data. APCDs may be either mandated by state law or be private or voluntary data collection efforts.

Health care payers that participate in APCDs include:

- Private health insurers
- Medicaid
- Children's Health Insurance Program (CHIP)
- Medicare
- TRICARE
- Federal and state employee health benefit plans
- Prescription drug plans
- Dental health plans

State examples of mandated APCDs:

- Maine law established the Maine Health Data Organization to collect and disseminate health care data to consumers, policy-makers, and providers, and to evaluate the costs of health care services.
- New Hampshire law created the New Hampshire Comprehensive Health Care Information System, which provides comparative information about health care provider costs.
- Maryland law created the Maryland Medical Care Database, which allows the Maryland Health Care Commission to use the claims data to report on health care costs, utilization, and variations in charges.

State examples of voluntary APCDs:

- Wisconsin Health Information Organization, a private, non-profit organization, is comprised of several payers who voluntarily submit claims data to the organization.
- The Washington Puget Sound Health Alliance is a non-profit organization that measures and evaluates provider performance, and provides public access to performance reports.

Benefits of an APCD:

- Allows consumers to make informed decisions to determine the most effective and efficient health providers and treatments.
- Enhances quality improvement activities.
- Enables provider comparisons based on quality.
- Provides valuable information on health care costs, prices charged, and utilization patterns.
- Allows policymakers to institute reform efforts to provide high quality care at lower costs.

For more information on state and federal laws related to payment reform, see

<http://www.healthinfolaw.org/topics/53>. For more information about provider resource use measurement and reporting, see <http://www.healthinfolaw.org/topics/66>.

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