

Maternity

How much does it cost to have a baby?

Why are we doing this?

Utah's All Payer Claims Database collects healthcare claims data for analyzing cost and quality and OHCS is mandated to produce this type of information.

Why are we doing this?

Cycle III Grant was awarded to UDOH and UID to promote healthcare transparency through improvements in the APCD.

Several partnerships established including one with HealthInsight to publish transparency information on UtahHealthScape.org.

Why are we doing this?

OHCS and HealthInsight jointly staff the Transparency Advisory Group, which was established in 2014 to guide the publication of healthcare information relevant to the community.

Conducted survey and focus groups in summer 2014 before publishing geographic maternity cost comparisons on UHS in December 2014.

3M APR-DRG

Weakness:

Will not identify all deliveries and births.

Strengths:

Allows for risk adjusted cost comparisons.

Identifying Claims

Deliveries

540 - Cesarean delivery

560 - Vaginal delivery

Neonate

626 - Neonate birthweight 2000-2499 grams, normal or neonate with other problem

640 - Neonate birthweight >2499 grams, normal or neonate with other problem

Identifying Cost

Claims from APCD

Used allowed amounts to calculate the costs.

Only claims from primary payer.

Excluded Medicaid.

Attribution Using APCD Only

Identifying providers is difficult in the APCD due to various billing practices and data collection or retention prior to submission to OHCS.

Here's an idea: hospitals submit their encounter data and they must know their patients. Can we leverage their data for attribution?

Attributing Claims to Facilities

Delivery (mother)

1. Claim and inpatient discharge records must have matching birthdate, service data, APR-DRG and at least one of the claim or inpatient discharge record must have a valid entry for SSN, then:
 - a. Claim and inpatient discharge records must have matching last 4 digits of the patient Social Security Numbers, or
 - b. Charge amounts must match exactly, or
 - c. Zip codes must match exactly, or
 - d. The first and last name match exactly, or
 - e. The primary diagnosis and principal procedures must match exactly, or
 - f. At least three digits of the Zip code must match and the SSN must match all but three digits.

Attributing Claims to Facilities

Neonate (baby)

Neonates are linked to mother using subscriber and member information in APCD eligibility records.

It is then assumed that the baby and mother are patients at the same hospital and neonate claims are attributed to a hospital based on mother's linkage.

Attribution Rate

Delivery

We identified 28,745 delivery claims in APCD.
88.7% of these claims are attributed to a hospital.

Neonate

We identified 17,403 neonate claims in APCD.
82.8% of these claims are attributed to a hospital.

Initial Findings

Median cost statewide:

Vaginal delivery - \$4,863.25

C-section - \$8,492.41

Neonates (combined) - \$1,794.21

Review Timeline

June 13 - Circulate hospital's results for review.

June 20 - Deadline for hospitals to request line-level data.

June 27 - OHCS shares data with any requestors and mandatory 15 business day review period begins.

July 18 - Comment period closes.