



## Executive Summary

Across the CSG South region, states are increasingly developing Health Data/Utilization (HDU) systems, including All-Payer Claims Databases (APCDs), hospital discharge datasets, and integrated data platforms. These systems are designed to support policymakers, agencies, and stakeholders in understanding healthcare costs, utilization patterns, and system performance.

While approaches vary, several CSG South states have begun using these systems to inform policy decisions and identify opportunities for cost containment.

## Research Methods

Review of state statutes via Quorum.

## Findings and Analysis

### *Policy Differences*

State policies governing Health Data/Utilization Databases fall into one of five categories: comprehensive All-Payer Claims Databases (APCD), hospital discharge-focused systems, Medicaid-dominant/program-specific systems, integrated data systems, or emerging systems. Table 1 provides an overview of these categories and identifies the states that possess them.

Table 1. Types of Health Data/Utilization Database Systems by State

Category	Definition	States
<b>Comprehensive All-Payer Claims Databases</b>	Databases include claims from commercial insurance and public programs (Medicaid/Medicare)	Arkansas, Florida, Georgia, Virginia, and West Virginia
<b>Hospital Discharge-Focused systems</b>	Facility level utilization data often collected through hospital reporting requirements	Kentucky, Missouri, South Carolina
<b>Medicaid-Dominant/Program-Specific Systems</b>	Databases composed of Medicaid and program data	Alabama, Louisiana, Mississippi, Oklahoma
<b>Integrated Data Systems</b>	Systems combine claims data with Health Information Exchange data	North Carolina, Tennessee
<b>Emerging Systems</b>	Fragmented databases, not yet consolidated into a single, statewide database	Texas

### *Examples of Cost Savings*

The type of data system a state uses can impact the scope of how the data may be used for cost savings. For example, Georgia, which uses an APCD, has been able to analyze emergency department utilization, compare prices for common procedures, and identify trends in spending growth across service categories because its database has that



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type of data available. Based on this analysis, Georgia estimated approximately \$716 million in avoidable emergency department costs in 2024.

This information may be used for cost-saving measures like training providers to identify and redirect non-emergent cases, expand primary care access, or used to discuss reimbursement rates.<sup>i</sup>

States with Medicaid-dominant systems may use their data to detect fraud and waste as well as assess administrative cost savings. This is seen in Mississippi's Real-Time Clinical Data Exchange with the University of Mississippi Medical Center, allowing clinical encounter data to be transmitted back to Medicaid systems within three hours. This rapid data flow may help lower costs by providing providers with immediate access to clinical summaries, reducing redundant tests, and improving care efficiency.<sup>ii</sup>

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<sup>i</sup> "Avoidable Emergency Department Costs." 2024. All-Payer Claims Database. 2024. [https://apcd.georgia.gov/avoidable-emergency-department-costs?utm\\_source=chatgpt.com](https://apcd.georgia.gov/avoidable-emergency-department-costs?utm_source=chatgpt.com).

<sup>ii</sup> Westerfield, Matt. 2017. "Mississippi Division of Medicaid Exchanges Clinical Data in Real-Time with Hattiesburg Clinic - Mississippi Division of Medicaid." Mississippi Division of Medicaid -. November 14, 2017. <https://medicaid.ms.gov/mississippi-division-of-medicaid-exchanges-clinical-data-in-real-time-with-hattiesburg-clinic/>.