Office of Health Reform & Innovation

State Innovation Model (SIM)
Consumer Advisory Board
Basic Health Plan Work Group
All Payer Claims Database
Grant Opportunity through Center for Medicare and Medicaid Innovation: State Innovation Model Initiative

A comprehensive Health Care Innovation Plan that’s supported by payment and service delivery models and other “levers and strategies that can be applied to influence the structure and performance of the health care system”.
Sample Planning Process (SIM)

- Requirements
- Work Structure
- Costs
- Schedule
- Project Organization Structure
- Communication
- Procurement
- Quality Management
- Risk Management
- Presentation
- Kick-off Meeting
Sample Planning Process (SIM)

OHRI – October – December Planning

- Information Gathering/Research
- RFP/Sole Source
- PROJECT STAFFING
- Durational Employees-agency based
Consumer Advisory Board

Participation in Health Justice Town Hall

October 23, 2012 LOB-and other locations via social media

Panel discussion

Most advisory board members attended with representatives from their respective organizations

Invited public to participate in health reform activities through the AB
Basic Health Plan Workgroup

Workgroup – Meetings (6) + December 17, 2012

November 19, 2012
October 15, 2012
September 24, 2012
July 9, 2012
May 22, 2012
April 9, 2012

• Presentation by Milliman Actuarial Consultants
• Presentation by University of Massachusetts Consultants
• Governor Malloy's letter to Secretary Sebelius
Basic Health Plan Workgroup

Workgroup Membership

Jeannette DeJesus, Chair
Special Advisor to the Governor on Health Reform
Office of Health Reform & Innovation

Senator Terry Gerratana
Co-Chair, Public Health Committee

Representative Betsy Ritter
Co-Chair, Public Health Committee

Senator Anthony Musto
Co-Chair, Human Services Committee

Representative Peter Tercyak
Co-Chair, Human Services Committee

Patricia Baker
President and CEO
Connecticut Health Foundation

Roderick Bremby
Commissioner
Department of Social Services

Sharon Langer
Senior Policy Fellow
Connecticut Voices for Children

Jane McNichol
Executive Director
Legal Assistance Resource Center of Connecticut

Jewel Mullen, MD
Commissioner
Department of Public Health

Deb Polun
Director of Government Affairs
Community Health Center Association of Connecticut

Patricia Rehmer
Commissioner
Department of Mental Health & Addiction Services

Matt Salner
Policy Analyst
Office of Health Reform & Innovation

Keith Stover

Victoria Veltri
State Healthcare Advocate

Susan Walkama
President and CEO
Wheeler Clinic

Technical Advisors

Robert Seifert
Principal Associate
Center for Health Law and Economics
University of Massachusetts Medical School

Katharine London
Principal Associate
Center for Health Law and Economics
University of Massachusetts Medical School

Bobbi Schmidt
General Counsel
Office of Health Reform & Innovation

Uma Ganesan
Medical Care Administration
Department of Social Services
Basic Health Plan Workgroup

Report to the Working Group -

December 17, 2012 Meeting: Presentation of the Final Report by Milliman to the Workgroup
Presentation to Healthcare Cabinet
Connecticut All Payer Claims Database (APCD)

Office of Health Reform & Innovation

Jeannette DeJesús, Special Advisor to the Governor
Bobbi Schmidt, General Counsel

November 13, 2012
Connecticut All Payer Claims Database (APCD)

Establishment of an APCD in Connecticut—major accomplishments to date

With the guidance of the APCD Advisory Group and strong support of the payer community and a broad range of stakeholders we are on target to achieving the goal of an APCD that can begin to provide data in 2014.

In accordance with Public Act No. 11-58, Section 11, the Office of Health Reform & Innovation convened a work group in the fall of 2011 to develop a plan to implement a state-wide multi-payer data initiative.

In the months leading up to the group’s first meeting, Jeannette conducted a series of meetings with the payers to gain their commitment to the development of an APCD.

The work group accepted the recommendation and the creation of an APCD dedicated to improving healthcare delivery through the collection, public availability and use of health data to support the state’s goals for health care reform became the focus of the OHRI and the advisory group.

The APCD will:

• Improve the quality and affordability of health care coverage
• Achieve better clinical and financial outcomes for Connecticut’s citizens
• Improve performance of the health care delivery system
Connecticut All Payer Claims Database (APCD)

Establishment, continued

The Governor proposed and the Legislature enacted APCD enabling legislation in the 2012 session.

Public Act No. 12-166 creates a foundation upon which to build an APCD

• APCD is to be administered by the Office of Health Reform & Innovation

• APCD Advisory Group was substituted for the original working group

• Funding: obtained $6.5 million as part of the Level II Establishment Grant for the Connecticut Health Insurance Exchange for the start-up of the APCD

• Issued Proposed Regulations for the APCD on October 30, 2012. A Public hearing is scheduled for November 19, 2012, and public comment period ends on November 29, 2012

• APCD Work Plan - initial data files and reports to be available to the Exchange in the 2Q of 2014.
APCDs very specific in purpose

Increasing interest in APCDs as a tool to support broad-based health improvement efforts

11 states Operate APCDs

Massachusetts, New Hampshire and Maine.

Connecticut is one of the states in the region—including New York and Rhode Island—that are at various stages of developing APCDs
What Data is Included?

- Eligibility and claims data, including member demographic information, type of product (HMO, POS, Indemnity, etc.),

- Diagnosis and procedure codes, service dates, provider information, plan charges and payments, and member responsibility (i.e., co-pay, coinsurance, deductible)

- Claim and eligibility data can be augmented with information on non-claim based financial transactions (i.e., capitation, pharmacy rebates, etc.) product/benefit information, and premium information
CT-All Payer Claims Database

Initial Focus—Supporting the Exchange

- Help consumers make health care purchases
- Monitor the quality of care provided both at the health plan and at the provider level
- Evaluate the impact of the Exchange on access, quality, health status and changes in health outcomes for Exchange enrollees.
- Market coverage and structure decisions
- Evidence of adverse selection
CT-All Payer Claims Database

APCD will also:

• Support activities that improve the cost and quality of health care

• Provide data to support the state’s health reform goals

• Provide consumers with information through a web-based portal concerning the cost and quality of healthcare services to allow economically sound and informed health care decisions

• Make data available to the Connecticut Health Insurance Exchange, policy makers, researchers and others to better understand statewide costs, quality, utilization patterns, and other healthcare measures
Other potential uses:

• To evaluate care coordination and payment models to identify and build on successful models that provide cost-effective, quality care

• Support quality improvement through better understanding of variation in services and disparities in quality

• Enable targeted public health initiatives

• Support informed decision-making by employers in designing health benefits plans for their employees

• Give providers tools to improve quality and effectiveness through performance review and benchmarking
Examples of questions the APCD may help to answer:

What is the average length of time people are using anti-depressant medications?

How far do people travel for services? Which services? In what geography is public health improving?

What proactive programs should be established to address chronic conditions—e.g., diabetes?

What is the cost of care in all health care settings for an episode of care for specific conditions, e.g., diabetes, asthma, pregnancies, etc.?

What can be done to reduce the cost of ER Admissions?
CT-All Payer Claims Database

Critical Next Steps

• Finalize Regulations

• Hire APCD Team (Executive Director, General Counsel, Senior Project Manager, Senior Business Analyst, and Contract Manager/Administrative Assistant)

• Prepare and Issue RFP for a Data Management Vendor to provide data intake and warehousing services as well as analytics services

• Develop Data Submission Guide with detailed technical reporting specifications

• Begin Data Collection
  Once Data Management Vendor is in place, will begin to collect data from reporting entities in phases over a series of months, beginning with test files and ultimately moving to monthly file submissions
Revised CT APCD Timeline

December 2012
- Funding Available
- Staff Hiring Begins
- Support Resources

April - June 2013
- Data Management
- RFP Evaluation and Contracting Process

October - December 2013
- Historic file submissions due
- Sustainability planning
- Load Medicare data

July - December 2014
- Provide data and reports to state agencies and provide public-facing reports (Tier 1)
- Develop custom reports (Tier 2)
- Develop consumer-facing website

January - March 2013
- Regulations
- Effective Data Management
- RFP Developed and Issued
- Collaboration with Health Plans on Data Submission Specifications

July - September 2013
- Data Management Vendor establishes environment; develops specifications for reports
- Outreach to Health Plans on data submission readiness for Test Data in September

January - June 2014
- Year to date submissions due;
- Monthly file submissions begin
- Produce initial data file and reports for the Exchange

As of October 30, 2012
Questions, Comments, Considerations

Thank You!