

All Payer Claims Database Advisory Group Meeting Minutes

Meeting Date	Meeting Time	Web Conference
Thursday, November 12, 2020	1:00 – 3:00 PM	Zoom Meeting Recording

Advisory Group Members					
Olga Armah, Co-Chair, OHS	X	François de Brantes	X	Cassandra Murphy	X
Paul Lombardo	X	Josh Wojcik, OSC (Sub: Sandra Czunas)	X	Krista Cattanach	
Dr. Robert Aseltine	X	Michael Giralmo, DHMAS	X	Ken Ferrucci	
Scott Gaul, OPM	X	Robert Dr. Scalettar, MD	X	Robert Barry, DAS BEST	X
Ted Doolittle, OHA		James Iacobellis	X	Allan Hackney	X
Kate McEvoy, DSS		Bernie Inskeep	X		
Patricia Checko	X	Victor Villagra			
Supporting Leadership					
Vicki Veltri, OHS		Adrian Texidor	X		
Tina Kumar, OHS	X				

Minutes			
	Topic	Responsible Party	Time
1.	Welcome and Call to Order	TINA KUMAR	1:00 PM
	Allan Hackney recognized a quorum and called the meeting to order at 1:05 pm.		
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		
3.	Review and Approval of August 13, 2020 Minutes	Council Members	1:10 PM
	Allan Hackney asked for a motion to approve the August 13, 2020 meeting minutes. Jim Iacobellis made a motion. Pat Checko seconded. Paul Lombardo abstained. The minutes were approved.		
4.	Status Updates on Denied, Dental and Substance Use Disorder Claims (SUD)	Olga Armah, Adrian Texidor	1:15 PM
	<p>Adrian Texidor recalled that during the previous meeting in August, the advisors had a brief discussion on which use cases should be considered for denied claims, since there will be a large volume of these claims and a lack of coding uniformity among carriers. Advisors also discussed collection of substance use disorder (SUD) and dental claims.</p> <p>Adrian reported that following a discussion with OnPoint, the Office of Health Strategy (OHS) has the infrastructure to accept all three new types of claims data, and the current agreement covers denied and substance use disorder claims collection. We will have to engage in further conversations on how to ingest the dental claims and under a contract amendment.</p> <p>In addition, OHS Legal Counsel, Demian Fontanella has agreed to present at the next APCD Advisory Group Meeting in February on the challenges and potential opportunities which 42 CFR part 2 offers APCD to collect SUD. We anticipate a robust discussion on this topic.</p>		

All Payer Claims Database Advisory Group

Meeting Minutes

5. Use cases - Commercial Covid-19 analysis, Rand 3.0 results, Claims Based Revenue comparison for 1st half of 2020 v. 2019 to evaluate COVID impact	Olga Armah, Adrian Texidor	1:20 PM
<p>Olga provided an update on the Rand Hospital Price Transparency 3.0 Project. This project includes data from CT and compares prices that commercial payers pay relative to Medicare prices for inpatient and outpatient services at hospitals. Please refer to the results of the study here: https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Presentations/OHS_APCD-Advisory-Group_Meeting-Presentation_111220.pdf#page=8</p> <p>Dr. Rob Aseltine observed that CT hospitals are less expensive than U.S hospitals overall in terms of relative costs for commercial vs. Medicare services. Olga commented that as a whole CT hospitals rank seventh lowest in prices compared to U.S hospitals, still CT residents are paying 2.15 times Medicare prices.</p> <p>Dr. Rob Aseltine is confused by the disconnect in the left-hand chart and right-hand panel. The U.S hospitals rate (on right hand) is \$352.08/service which is higher than average in CT hospitals, yet the percentage on left hand side is exceedingly low for U.S hospitals. Olga clarified that the right side is the standardized price, and the left side is comparing the standardized price to Medicare prices.</p> <p>Dr. Rob Aseltine questions how percentage on the left side aligns with costs on right side. Olga assured that this is one of the questions we will follow up with RAND on.</p> <p>Dr. Rob Scalettar questioned if the notion on U.S hospitals is mislabeled, Olga and Jim Iacobellis confirmed it is all hospitals.</p> <p>Francois de Brantes observed a few caveats on this RAND data set. He noted that it is not representative of all data in the United States for the following reasons: 1) very few states contributed their data. 2) The states did not contribute their data but a selected number of their employers and payers contributed data. Francois would caution us not to say we look great comparative to U.S. hospitals. Francois recommended removing the reference to U.S hospitals as it would be more useful to compare hospital rates against the state average rather than US rate.</p> <p>Jim Iacobellis agreed the underlying methodology is also of concern to CHA, however RAND is representing this data.</p> <p>Olga agreed it would be more relevant to focus on CT data.</p> <p>Dr. Bob Scalettar added that there are three years' worth of data in this analysis and suggests an additional year to year analysis would be helpful to see what the degree of increase is for these hospitals in each of the years.</p> <p>Olga commented that RAND provided the data lumping the years together, and by looking at the RAND 1.0, 2.0 and 3.0 studies, they are increasing.</p> <p>Dr. Bob Scalettar expressed interest in having a discussion on hospital pricing increasing and the differences from one hospital to another. Olga offered that they would try to provide analysis on this at the next APCD meeting in February.</p> <p>Francois De Brantes, regarding specific inpatient services, asked how much of the underlying outputs are we receiving from RAND? Or if the data is limited to these types of use? Olga answered they did</p>		

All Payer Claims Database Advisory Group Meeting Minutes

provide some specific services, and but we are unable to drill down further than what we are seeing right now.

Olga suggested we can make the data which RAND provided available to the advisors if they are interested.

Dr. Rob Aseltine asked for clarification on what the price components are. Olga answered that the price components refer to allowed amount, which is equal to how much the plan pays for and the patient out of pocket costs.

Scott Gaul asked if there is a process in place where the results are reviewed before it is published? Olga explained that this is the first time CT provided the data to RAND. The only process OHS was involved in was to preview the results and react a few weeks before RAND published the results.

Dr. Aseltine suggested the advisors to continue this conversation in a future meeting for a full-scale turnover of the data to see what the uses are. Dr. Pat Checko agreed that this would be an important discussion to help understand and realize the difference between the external and internal review application and process.

Olga said OHS releases data for OHS purposes, if the state decides to participate in any project or study. The review is internal OHS; this is the 2nd OHS study that we have been involved in, and we do not have a specific form of process for reviewing the results for projects such as this.

Jim Iacobellis requested for the next meeting in February, that we review the OHS/state agency process and procedures for releasing data to external, non-state agencies. Dr. Bob Scalettar seconded this and agrees this would be a helpful discussion.

Olga presented an update on the hospital revenue trends during Covid-19. This internal OHS use case was to study the impact of COVID-19 on claims or revenue of certain hospitals and providers. Please refer to Olga's presentation on commercial claims here:

https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Presentations/OHS_APCD-Advisory-Group_Meeting-Presentation_111220.pdf#page=16

Dr. Bob Scalettar asked if there was consideration to compare the quarters of data to the same period in the prior year to mitigate the problem of the run out? Olga answered that we did not try the first quarter, we wanted to look at the COVID-19 impact, we will run the numbers again when we receive the next set of data.

Dr. Rob Aseltine questioned how this data is permeating into the policy discussions around what has happened to health care providers around the state and what the overall spend looks like? And if we can then ultimately project this onto Medicaid expenditures, we must be saving a ton of money in Medicaid. How are we utilizing the APCD to impact policy discussions in the state?

Olga responded that this is the initial use of the APCD data to see how COVID-19 has impacted programs, and hospitals and services. OHS must justify Medicaid data use for each use case. It takes a while to receive authorization to use the data; we are in the process of obtaining permission to use the data to evaluate how COVID-19 is impacting the Medicaid claims.

Olga added, that in terms of the hospital revenue analysis using commercial claims, OHS was looking at the data to inform decisions on what kind of relief the hospitals will need. This was only in the initial

All Payer Claims Database Advisory Group Meeting Minutes

stages of the discussion; the data available is out of synch with what is happening now as we are approaching end of the year. The whole idea of pulling this data was to gauge the shortfalls that the hospitals were facing.

Dr. Rob Aseltine emphasized that the COVID-19 pandemic has provided a tremendous use case for the value of health information exchange broadly, this is one critically important element of it. We can see the relevance of this data for how states navigate with the financial challenges we face in the coming months.

Olga cautioned that that the data does not include all commercial claims, as it excludes claims for the self-insured, so we do not know the full extent of the impact on claims. The analysis was used to gauge the impact of COVID-19 on hospitals.

Jim Iacobellis asked if we can do analysis for Medicaid data? Olga responded that we must obtain permission to use Medicaid data. The intent is to use the APCD more to support or evaluate policy. Department of Social Services (DSS) may authorize analysis for use cases like COVID and its impact on Medicaid expenditures, if OHS can justify that each use would be beneficial to the Medicaid program.

Commercial Claims COVID-19 Analysis Dashboard:
Adrian reported that OHS has received several requests from state agencies and consumers of health care information, so we needed a way to quickly analyze what is going on in CT's ecosystem relative to COVID-19. We provided OnPoint with a set of business and functional requirements to deliver a COVID dashboard to OHS with every new data extract. The dashboard provides OHS a preview of what is happening among the commercial and Medicare populations.

Jesse Drummond, OnPoint shared the dashboard noting a few key points. The first is that the report was created to provide an overall snapshot of what is in the APCD to answer general questions, to serve as a guide and resource to answer more specific questions. Few key considerations: we did not apply typical analytic filter, did not exclude any denied claims, and did not include only claims paid as a primary, and a full three-month of paid run out is not included. The reason why is to see a full picture of what is in the extract.

6.	Medicaid Data Updates	Adrian Texidor	2:00 PM
<p>Adrian recalled during the last APCD meeting, there was discussion on OHS receiving data from the Medicaid data warehouse (MDW). Medicaid has agreed to this in principle and we are undergoing administrative reviews to ensure our existing agreement covers OHS ingesting and using data from DSS' Medicaid data warehouse.</p> <p>We had a meeting last week on developing a crosswalk between the CT APCD data submission guide and the Medicaid data warehouse data dictionary. There are both exact 1:1 and no matches. We are reviewing how OnPoint can build logic to receive and ingest the MDW data in accord with the data submission guide. Adrian reported that progress is being made and we hope to have our first MDW extract by February and a test run in January.</p>			

All Payer Claims Database Advisory Group Meeting Minutes

7.	Data Release Committee Update	Dr. Patricia Checko	2:15 PM
<p>Dr. Pat Checko provided a brief update on the Data Release Committee (DRC). Dr. Checko reported there were not many meetings held during the COVID-19 period, and though the DRC continued to receive data release applications, all have failed the completeness.</p> <p>The Data Release Survey will be sent out to analyze the value of data the applicants received. The DRC has created an application subcommittee to review the application and data release process, compare, and contrast with other APCDs around the country on who can use the data, how it is released, etc.</p> <p>Dr. Checko added the committee is looking forward to DRC reviewing applications that have been deemed complete.</p>			
8.	Future Use Cases for Next meeting (low value care, price variation among providers of outpatient services)	Olga Armah	2:45 PM
<p>Olga announced that OHS is about to sign an agreement with MedInsight to do utilize APCD in a study on the cost of low value care. Olga hopes the results of this study will be ready to present at the February meeting. OHS is aiming to do an analysis of the price variation among providers of outpatient services.</p> <p>Adrian added that we hope to share a Covid dashboard analysis at the February meeting. Adrian suggested that we can provide a continuing report at every APCD meeting if the Advisors wish. Jim Iacobellis and Bernie Inskeep supported this suggestion.</p>			
9.	Wrap-up and Meeting Adjournment	Olga Armah	2:24 PM
<p>Olga Armah asked for a motion to adjourn. Dr. Robert Scalettar made a motion to adjourn, Bernie Inskeep seconded. None opposed. The meeting adjourned at 2:24 pm.</p>			

Upcoming Meeting Schedule: February 11, 2021

Meeting information located at: <https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Advisory-Group>