

APCD Data Release Committee Meeting

Monthly Meeting

April 13, 2021



Welcome and Call to Order

Agenda

Agenda Item	Time
Welcome & Call to Order	1:00 pm
Public Comment	1:05 pm
Approval of the February 23 rd Meeting Minutes	1:10 pm
Yale University School of Public Health Application Review and Vote	1:15 pm
Update on the Application Committee	1:25 pm
APCD In-Flight Projects Update	1:45 pm
Update on CT APCD Policies and Procedures	2:00 pm
APCD DRC Membership Update	2:15 pm
Meeting Cadence and Meeting Adjournment	2:30 pm

Public Comment

(2 minutes per commenter)

Approval of the February 23rd Meeting Minutes.

Yale University School of Public Health Application Review and Vote

Application Committee Update

Dr. Patricia Checko

All-Payer Claims Database Data Release Committee In flight Project Update

Adrian Texidor
OHS

All Payer Claims Database (APCD) Advisory Group

Committee Structure:

20-member committee created by P.A. 12-166 and codified in C.G.S. §19a-755a

- Chaired by the Health Information Technology Officer (HITO) or designee

Mandated members are:

- ❖ Commissioners or designees - OPM, Comptroller's, DSS, DPH, DHMAS, DOI, Health Advocate, Chief Information Officer
- ❖ Representatives - State medical society, insurance companies (3), insurance purchaser, hospitals, Data Release Committee and a health care provider
- ❖ Additional members recommended by the HITO (4) -
 1. Two health care expert from an academic institution
 2. An expert in payment reform
 3. A representative of OHS

APCD Advisory Group

OHS consults the Advisory Group when:

1. Contracting for, planning, implementing and administering the APCD
2. Obtaining claims data from the State's medical assistance program and Medicare Part A or B
3. Any action to obtain Medicaid and CHIP data
4. Contracting for the collection, management or analysis of data from reporting entities

Purpose of the APCD

1. To provide health services consumers in the state information on the cost and quality of health care services to aid health care related decision-making
2. To be made available to any state agency, insurer, employer, health care provider, consumer, researcher or Access Health CT to review healthcare services utilization, costs and quality while protecting patient privacy

Meetings

Quarterly and public

APCD Advisory Group - Sub Committees

❖ Data Privacy & Security Committee

1. Conducted a review and analysis of data security, privacy, and data release policies and procedures.
2. Met for fixed duration in 2019

❖ Data Release Committee

1. Deliberates on data releases external to OHS
2. Membership
 - i. Advisory Group member and rep of state agency,
 - ii. APCD data manager,
 - iii. public health specialist,
 - iv. health insurance industry,
 - v. attorney specialized in health care, privacy and research,
 - vi. healthcare professional,
 - vii. hospital administrator with a background in analytics and research,
 - viii. health researcher,
 - ix. two consumer representatives with background in health policy, patient advocacy and/or patient safety
3. Meets – Monthly, 2nd Tuesday of each month, or as needed

APCD Data Types & Years Available

The APCD comprises **medical, pharmacy, dental*** and **other insurance***—claims information from enrollment and eligibility files

Payer Source	Claim Type	Years Available
Commercial** - Fully insured claims - State employees & Retirees - Medicare Advantage (Medical only)	Medical claims Pharmacy claims	1/1/2012 – 9/30/2020
Medicaid	Medical claims Pharmacy claims	1/1/2012 – 9/30/2020
Medicare	Medical claims Pharmacy claims	1/1/2012- 12/31/2019 1/1/2012 – 12/31/2018

* Collection yet to begin

**Anthem, Aetna, Cigna East, Cigna West, ConnectiCare, United Healthcare, HealthyCT, Harvard Pilgrim, Optum Health, Oxford, WellCare Health, eviCORE Healthcare, Express Scripts, Caremark

Reporting threshold – 3,000 members

Examples of APCD Use Cases

DRC Approved Data Extracts & Aggregate

1. Brown University – Using big data to determine Pre-exposure Prophylaxis (PrEP) uptake and persistence in Southern New England
2. Yale University study - Population health total cost of care and care continuity enhancement
3. Yale University – Study on HIV
4. Archway Health Advisors -Identifying best performing providers for developing an episode payment market in Connecticut
5. UConn School of Medicine – Opioid prescribing and its consequences
6. UConn School of Medicine – Episode payment market in CT
7. Comptroller's/Segal Group – Evaluate health care options for small employer groups

OHS & State Initiated Projects

1. Online Cost Estimator
2. Online Scorecard (Quality)
3. Outpatient RX Drugs Transparency Mandate
4. **Rand 3.0 Employer initiated study***
5. **NESCSO Primary care investment project***
6. Cost Growth Benchmark
7. Facility fee legislation on Evaluation & Management vs. Assessment & Management codes
8. Service pricing and availability for Certificate of Need decision making
9. Impact of COVID on adult immunizations
10. Identifying COVID at risk populations and towns of residence to support policy



* Summary results shared in next slides

CT APCD Funding Capacity

- ❖ CT APCD transferred from Access Health CT to OHS without additional funding
- ❖ Analytic resource availability has been challenging
- ❖ Funding opportunity
 - Through the Cares Act, there is a federal grant of \$2.5m over three years for states to establish or enhance their APCD
 - The opportunity includes ability for states to apply for the non-competitive grant as a region.
 - Caveat: Development of a common application among regional states for data requestors***
 - There will also be **voluntary** submission of self-insured data using a single yet to be developed standard format
 - New England states are exploring the possibility of a joint application
 - The funding is under the purview of HHS* which has been charged to set up an Advisory group to develop the grant application process
 - The Advisory group is expected to begin work in March and application process to begin in October

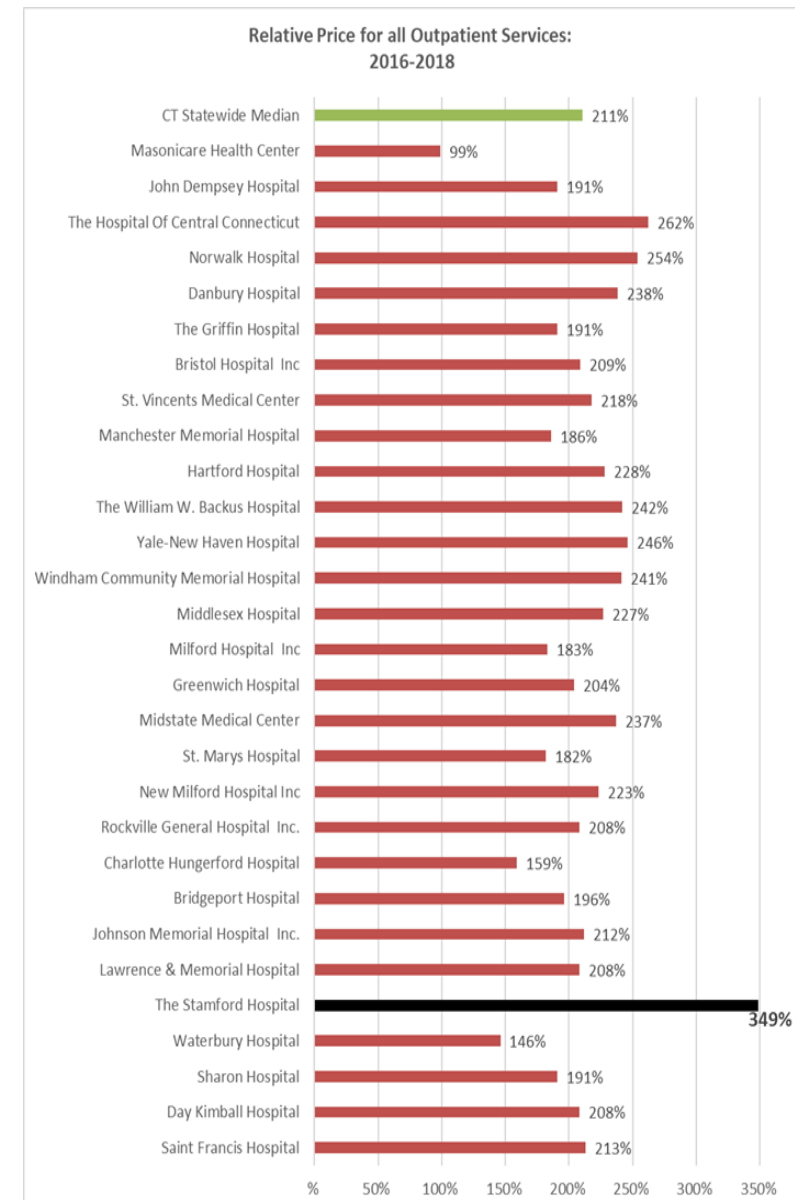
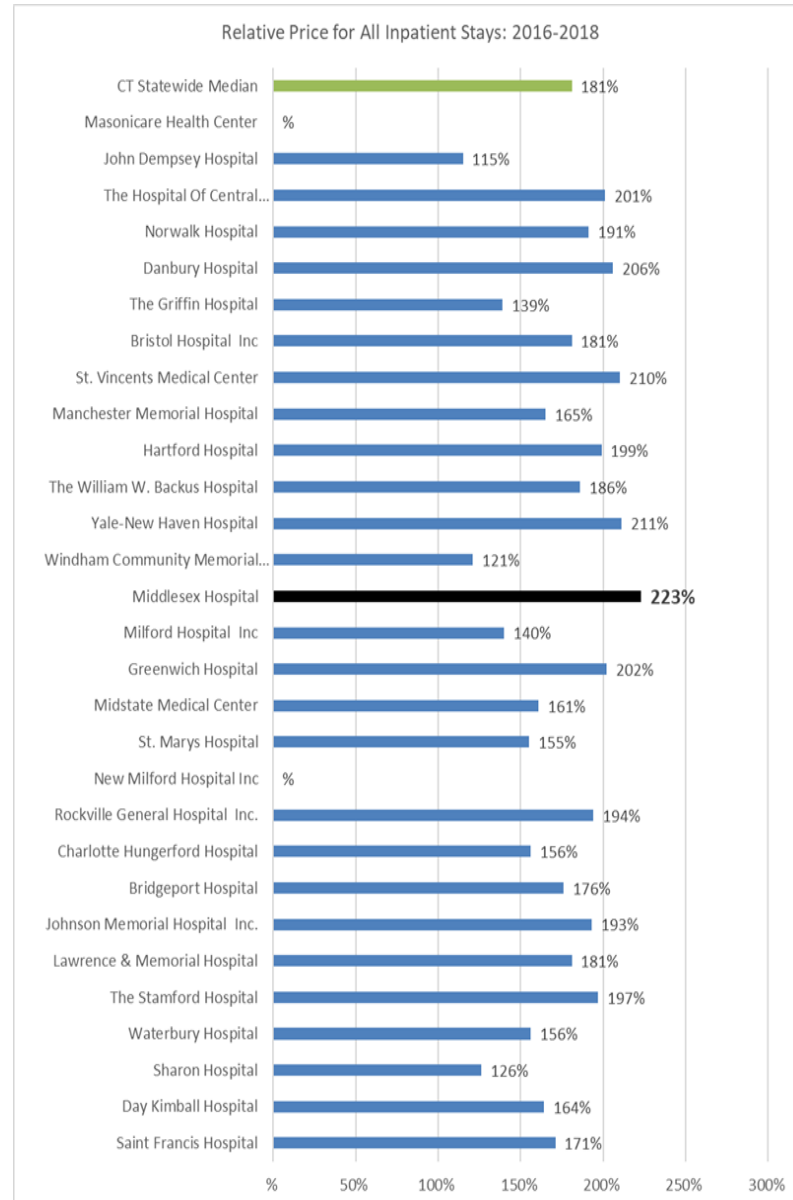
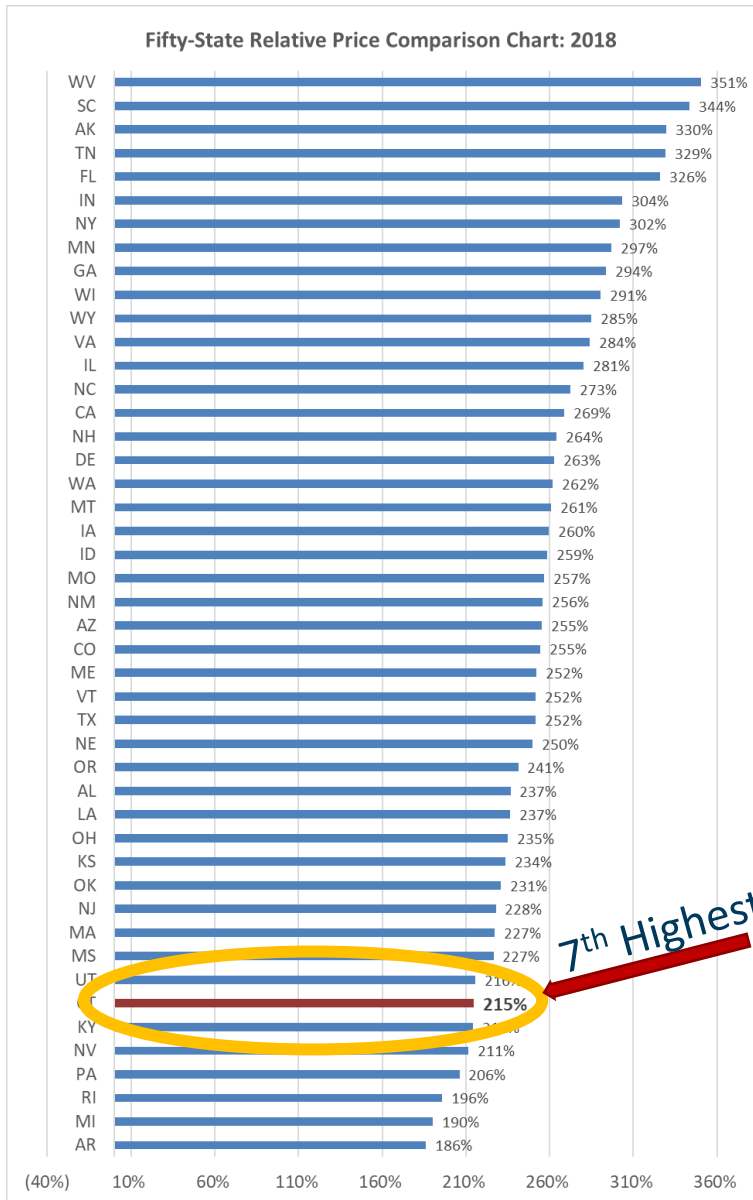
*Correction – US Department of Labor Not HHS . Dedicated website - <https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/state-all-payer-claims-databases-advisory-committee>

Rand 3.0 Employer Hospital Price Transparency Project

- ❖ The hospital price transparency study is the third in an ongoing employer-led initiative to measure and publicly report prices paid for hospital care at hospital- and service-line level
 - i. to enable employers to be better-informed shoppers for health plans and provider networks;
 - ii. to hold hospitals, hospital systems, and health plans accountable for the prices they have negotiated;
 - iii. to report hospital prices relative to a Medicare benchmark.

- ❖ The Rand Corporation utilized CT's APCD data to prepare a state specific price report which includes summary price measures for CT hospital inpatient, outpatient ED, medical imaging and outpatient surgery
 - ❖ The data includes both professional and facility claims for CT hospital providers.

Commercial vs. Medicare Prices for Hospital Services in CT



NESCSO Primary Care Investment Project (PCIP)

Primary care:

- No national standard definition and no APCD data field or value in data field to define primary care
- Existing studies vary in definitions (Milbank-Bailit, CO, MA, ME, OR, VT, WA, NESCSO-proposed); payers within states vary (ME study)
- Some studies lack sufficient information (e.g., taxonomy codes) to replicate with APCD data

New England member states (CT, MA, NH, RI, ME) of NESCSO agreed to the PCIP:

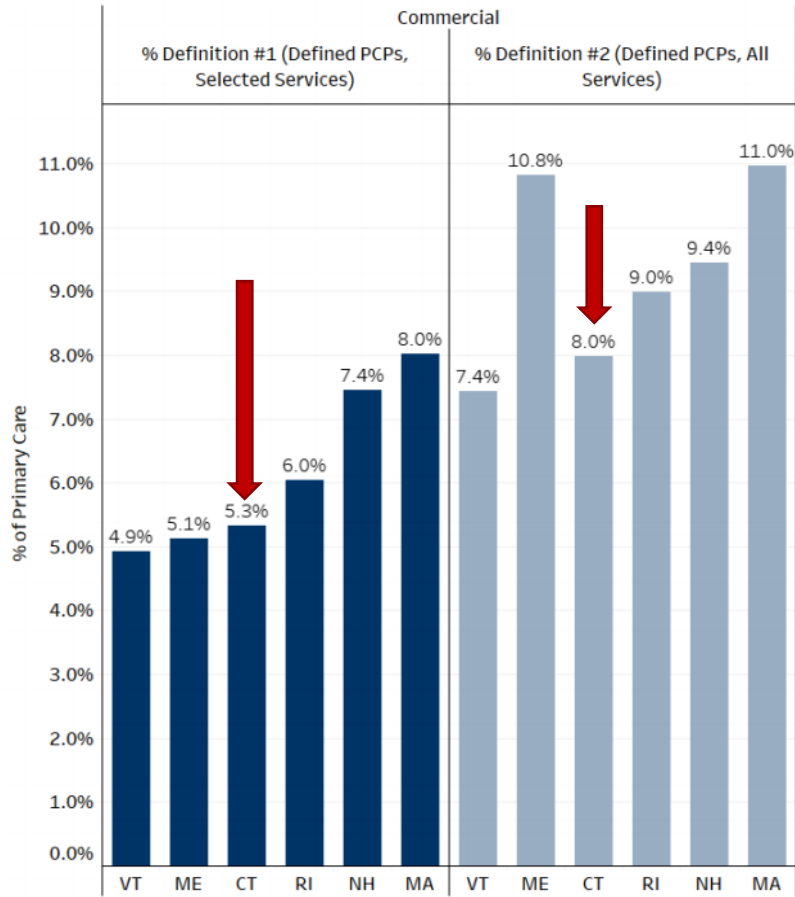
- Define and report primary care expenditures as a percentage of total healthcare expenditures by payer with 2017 and 2018 claims data
 - Form the basis for increasing spend to 10% of expenditure as required by EO#5
 - Enable comparability among states and payers
 - Standardize methodology among the state based on provider taxonomy codes and CPT/HCPCS codes
 - Enable ongoing analysis
 - To support state policies on primary care

PCIP timeline:

- Project duration – April – September
 - Data collection and validation – June – August
 - Combined states report – August - September

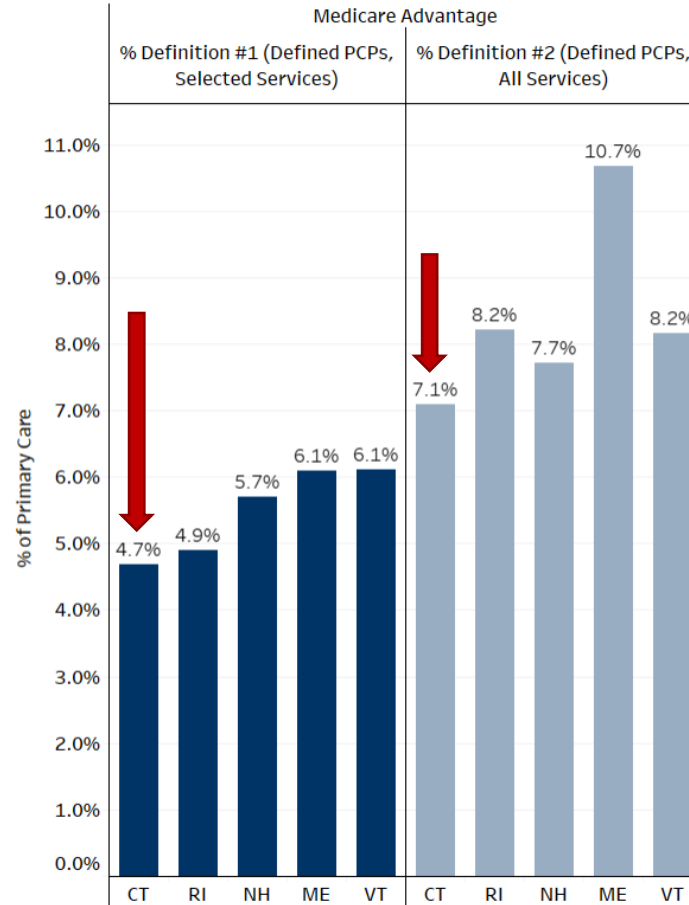
NESCSO Primary Care Investment Project Results

Figure 3. Primary Care Percentage of Total Medical Payments by State, 2018 – Commercial *



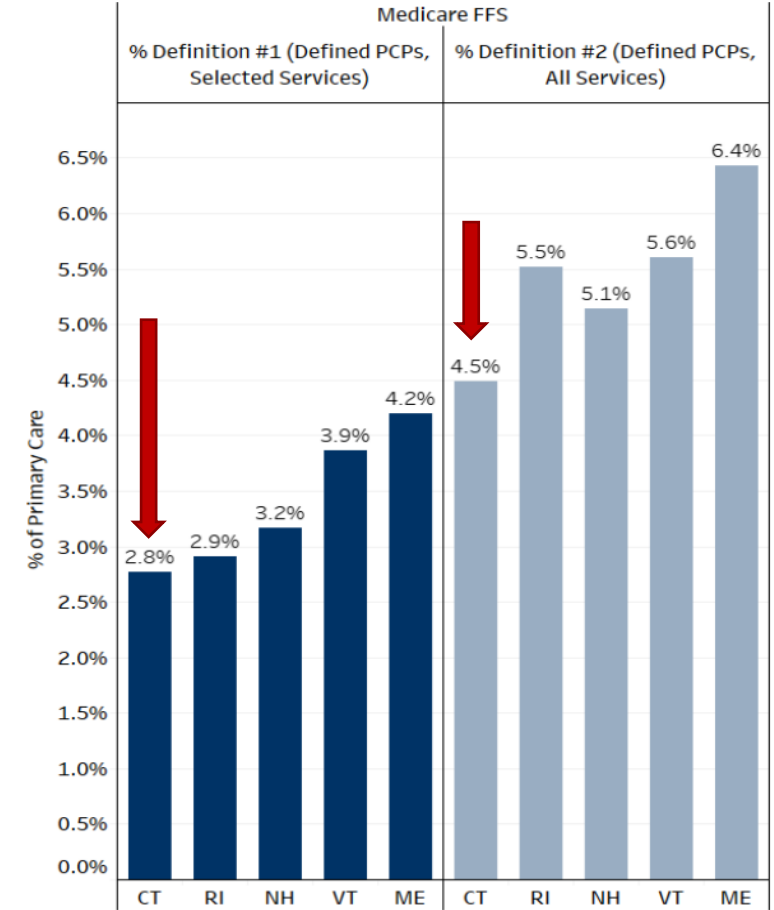
* Massachusetts data: Commercial (2017)

Figure 4. Primary Care Percentage of Total Medical Payments by State, 2018 – Medicare Advantage *



* Massachusetts did not report Medicare data

Figure 5. Primary Care Percentage of Total Medical Payments by State, 2018 – Medicare FFS *



* Massachusetts did not report Medicare data

QUESTIONS

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APCD Policies and Procedures Update

Demian Fontanella, Esquire, OHS

APCD DRC Membership Update

Dr. Patricia Checko

Meeting Cadence and Adjournment

Upcoming Scheduled DRC Meeting

May

11

1:00 - 3:00pm