

## 2022 Annual APCD Data Release Committee Report

### All-Payer Claims Database (APCD)

Created in 2012 by [Public Act 12-166](#), Connecticut's All Payer Claims Database (APCD) was established as a program to receive, store, and analyze health insurance claims data. The state's APCD transferred from Access Health CT to OHS in 2019 with the passage of [C.G.S. § 19a-755](#). The statute requires health insurers to submit medical, pharmacy and dental claims data, as well as information on providers, insurance enrollment and eligibility. OHS has utilized the approximately 1 billion claims records in the APCD for varying use cases. These include to support efforts to improve health outcomes, ensure better access to healthcare, identify health inequities, reduce per-capita healthcare spending, stabilize consumer costs across all sectors of healthcare; and evaluate multi-payer healthcare payment and service delivery reforms. OHS is also mandated to "provide health care consumers in the state with information concerning the cost and quality of health care services" to support consumers health care decision-making and "make data in the all-payer claims database available to any state agency, insurer, employer, health care provider, consumer of health care services or researcher for the purpose of allowing such person or entity to review such data as it relates to health care utilization, costs or quality of health care services."<sup>1</sup>

The APCD Advisory Group (APCD-AG) and APCD Data Release Committee (APCD-DRC) advise, and assist OHS in fulfilling its APCD legislative mandates. The APCD-AG and APCD-DRC serve two important functions: advising OHS on data governance and releases.

The [APCD Advisory Group](#), composed of up to 20 advisors, is **consulted 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

In addition, OHS utilizes the expertise of the council members to advise OHS in its efforts leveraging APCD data to increase efficiency, enhance outcomes, and improve understanding of healthcare expenditures within Connecticut.

The [APCD Data Release Committee \(DRC\)](#) aids OHS in its statutorily mandated requirement "to make data in the all-payer claims database available to any state agency, insurer, employer, health care provider, consumer of health care services or researcher for the purpose of allowing such person or entity to review such data as it relates to health care utilization, costs or quality of health care services." Its membership includes up to nine (9)

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<sup>1</sup> [C.G.S. § 19a-755](#)

representatives who review and approve APCD data release requests for external organizations received by OHS.

## Data Release

During 2022 the APCD Data Release Committee met six (6) times. During two meetings, the group deliberated upon and approved two data requests submitted by:

- [Yale University – Understanding Trends in Healthcare Use, Cost, and Outcomes for Populations with Chronic Conditions \(Approved--New\)](#)
- [Yale New Haven Health System APCD Population Health Total Cost of Care and Care Continuity Enhancement \(Approved—Data refresh\)](#)

## Other initiatives

In 2022, the APCD DRC authored and approved its group [charter](#). The charter includes a requirement to assess the potential impact of data release on CT residents including for disparate impact by race, ethnicity, language, sex, gender identity, disability status or other factors.

## APCD Data Available (as of this report)

As of the time of this report, the APCD currently contains more than 1 billion total records spanning data from 2012 through September 2022. Historical data availability enables longitudinal insight and trend analyses. Specifically, commercial insurance and Medicare eligibility and claims data is available from 2012 while Medicaid data is available from 2015.

Payer Source	Claim Type	Years Available
Commercial** - Fully Insured Claims - State Employees & Retirees - Medicare Advantage (Medical only)	Eligibility/Enrollment Medical Claims Pharmacy Claims	1/1/2012 – 9/30/2022
Medicaid	Eligibility/Enrollment Medical Claims Pharmacy Claims	1/1/2015 – 9/30/2022
Medicare	Eligibility/Enrollment Medical Claims Pharmacy Claims	1/1/2012 – 12/31/2019 1/1/2012 – 12/31/2018

\*Collection to begin in 2023

\*\*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*