

**DRAFT**

## APCD STRATEGIC PLAN - PROPOSALS FOR ENHANCING DATA COLLECTION, QUALITY AND UTILIZATION

The Connecticut All Payer Claims Database (APCD) strategic plan proposals below are in draft/development phase. They will undergo refinement which will entail internal evaluation by OHS leadership, and solicitation of feedback from OHS advisory bodies with cognizance of these matters: Health Information Technology Advisory Council, APCD Advisory Group, APCD Data Privacy and Security Subcommittee, and the APCD Data Release Committee.

### Background/Purpose of the APCD Program

Created in 2012 by Public Act 12-166, later codified as Connecticut General Statutes Section 19a-755a, the APCD was established as a program to receive, store, and analyze health insurance claims data. Health insurers submit medical and pharmacy claims data, as well as provider and eligibility information. As such, CT's APCD is the primary reliable source of commercial and public payer health care services costs, prices, utilization and payments in Connecticut.

The aims of the APCD program include "provid[ing] health care consumers in the state with information concerning the cost and quality of health care services for the purpose of allowing such consumers to make economically sound and medically appropriate health care decisions; and (B) mak[ing] 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." In addition, the Office of Health Strategy (OHS) leverages the APCD to support initiatives that effect CT's healthcare system, including containing the cost of care, price transparency, and evaluating healthcare access and the impact of healthcare policy and legislation. In addition, the Office of Health Strategy (OHS) leverages the APCD to support initiatives that effect CT's healthcare system, including containing the cost of care, price transparency, evaluating healthcare access, and evaluating the impact of healthcare policy and legislation.

### Strategic Proposals

OHS is considering seven strategic initiatives to continue fulfilling the aims of and providing value from the APCD program. The initiatives are in two categories: Data Enhancements and Utilization and Operational Enhancements.

#### Data Enhancements and Utilization

1. Produce and publish data visualizations with APCD data
2. Enhance and enrich APCD data
3. Increase the external uses of APCD data

#### Operational Enhancements

1. Explore fee structure changes
2. Refine APCD data request application and process
3. Enact new APCD policies and procedures
4. Fill APCD Data Release Committee and APCD Advisory Group vacancies

## Data Enhancements and Utilization

### Strategic Focus Area: Produce Data Visualizations with APCD Data

Many states have used their APCD data to provide answers to questions related to healthcare and public health policy development and evaluation; guide healthcare delivery and payment reform; support employers' and individual healthcare services, provider and health plan selection; inform health benefit plan negotiations; identify healthcare cost drivers and trends; identify inequities in healthcare access, utilization and availability; gauge patient adherence to treatment regimens; and provider adherence to standards of treatment; and identify inequities in access to availability of healthcare. CT has used APCD data to accomplish similar analyses. Please view the 2023 HIT Report pages 37-39 for a complete listing of analyses performed in 2023.<sup>1</sup>

**Proposed approach:** OHS is interested in high-value use cases that will accomplish multiple objectives will illuminate the cost, quality and utilization of healthcare for consumers, payors, and providers, and analyze the cost-effectiveness of alternate payment models vis-à-vis fee for service payment models. OHS may produce data products defined as analyses or data visualizations, for the following regarding cost, utilization, and performance:

Table 1: Cost, Utilization and Performance Use Case Data Products Sample Lists<sup>2</sup>

Compare health care utilization over time as individuals transition across different insurance products
Produce an out-of-pocket spending comparison for covered lives who are covered by more than one policy
Analyze differences in cost sharing across insurance plans such as group policies vs self-insured plans (as far as practicable)
Analyze utilization and payments across payors
Analyze surprise billing
Analyze rare disease costs
Evaluate treatment patterns at the provider level including prescribing generic vs brand name drugs to treat conditions
Analyze disease prevalence in particular populations based on demographic factors
Compare CT's Medicaid prices to commercial plan payments/prices for healthcare services
Analyze total cost of care for CT's residents based on APCD data(as far as practicable)
Evaluate preventable ED usage and costs

<sup>1</sup> [2023 Annual Health IT Report](#)

<sup>2</sup> Inspired by "Linking State Health Care Data to Inform Policymaking: Opportunities and Challenges. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the U.S. Department of Health & Human Services <https://aspe.hhs.gov/sites/default/files/documents/96f34fd0474b3da4884836c4341f1bbe/Linking-State-Health-Care-Data.pdf>

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Evaluate the costs of the COVID-19 pandemic pre- and post- public health emergency designation
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Analyze infection rates for inpatient and outpatient procedures (as far as practicable)
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Each data product listed above will aid OHS in accomplishing its overall mission and vision: each visualization will inform the public about health care prices and quality and provide actionable intelligence for policymakers. OHS, however, does not possess the resources to perform each analysis in 2023. OHS will consult with the Health Information Technology Advisory Council, the APCD Advisory Group, and the APCD Data Release Committee, among other stakeholders, for additional use cases and information which will provide the most value at this time, and to prioritize those use cases accordingly.

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### Strategic Focus Area: Enhance and Enrich APCD Data

Data quality facilitates OHS ability to produce the previously mentioned data products in Produce Data Products Strategy. OHS proposes to engage in a data quality initiative to determine whether the data is fit for the proposed use and when possible, make the APCD data more usable. This will facilitate OHS's ability to answer questions related to utilization, cost, and quality of healthcare services in Connecticut and support policy development and evaluation.

The CT APCD contains about 1 billion records on claims, enrollments, and providers with which OHS has produced various analyses and reports.<sup>3</sup> Through these OHS has learned the limitations of APCD data. One example has to do with pre-authorizations. At present, OHS cannot determine the scope of medical claims that require pre-authorizations as indicated in APCD data. Using the claims data OHS learned that 75% of claims reported contained a preauthorization value of unknown for 2020 and 66% for 2021. OHS expects "unknown" to hover around 10% of claims needing prior authorizations, and intends to work with the data vendor, OnPoint Health Data and payors to increase data quality for this item.

OHS will also look to enrich APCD data to enable estimation and review of the total cost and utilization of healthcare in CT. This includes exploring how to obtain and enrich the APCD through the collection of non-claims data such as alternative payment method payments, drug rebates, and recoveries.

Proposed approach: OHS will convene a data quality workgroup that includes the technical staff from payors and OnPoint Health Data to identify how we can improve the data quality and completeness for the previously mentioned use cases.

## Strategic Focus Area: Pursue Employment Retirement Income Security Act (ERISA) Plan involvement

As a result of the [Liberty Mutual vs. Gobeille decision](#), no state can require ERISA (or self-insured) plan data to be submitted to their APCDs.<sup>4</sup> Consequently, except for state employee/retirement and partnership plans that voluntarily submit data to CT's APCD, no other ERISA plan submits data to CT's APCD. As a result, CT's APCD is missing anywhere between 30%-60% of the total medical claims occurring within CT and missing more than approximately 50% of the privately insured covered lives in CT.<sup>5</sup> Not having the ERISA plan data limits OHS's ability to understand the total cost of care in CT and hinders OHS's ability to effectively perform analyses such as those mentioned in the Producing Data Visualizations Strategy.

OHS has worked to update its data submission standards to align with the State All Payer Claims Advisory Committee (SAPCDAC) [recommendations](#) to the Secretary of Labor on standardizing APCD data reporting and releasing. Doing so is a critical component of voluntary ERISA plan submission.

With ERISA plan data in the APCD, OHS will produce more complete analysis on utilization of and costs of healthcare in CT.

**Proposed approach:** Convene virtual stakeholder listening sessions with ERISA plan sponsors. OHS will potentially convene 3-6 stakeholder listening sessions to ask and answer questions such as what is the CT APCD, what data does it contain, how is data securely stored, and why should ERISA plan sponsors voluntarily submit claims data to the APCD, what reporting will entail and what are the benefits for reporting to CT APCD .

OHS will continue to incorporate the recommendations of State All Payer Claims Advisory Committee (SAPCDAC) [recommendations](#) to the Secretary of Labor on utilizing the Common Data Layout for APCD data reporting. Doing so will facilitate voluntary reporting from ERISA plans.

OHS's Data Submission Guide closely aligns with version 2.0. OHS will work to align with the latest Common Data Layout Standard version 3.0. The alignment will facilitate standard collection of APCD data and ease the burden of data submission by ERISA plans.

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<sup>4</sup> [For more please read: The Consequences of Gobeille v. Liberty Mutual For Health Care Cost Control:](#)

<sup>5</sup> [Connecticut Department of Insurance](#)

## Operational Enhancements

### Strategic Focus Area: Increase the External Use of APCD Data

Approaches to increase CT state and non-state agencies APCD uses include: (1) website redesign to make APCD information more accessible for data requests and postings of publications demonstrating uses, (2) e-Marketing campaign to encourage data release requests and, (3) press releases for the new APCD tools; (4) creation of a public use file for external researchers who cannot afford APCD data, and (5) improve data release processes for more timely data releases.

#### Website Redesign:

1. Ease of navigation, search, and usability
2. Feature the APCD on the front page of the OHS website so that interested parties can easily find related information including how to request APCD data

#### Marketing Campaign:

1. Create e-marketing campaign in Mail chimp or constant contact. The email marketing campaign will include emails sent to a targeted list of APCD users such as educational organizations, research organization, non-profit organizations, state agencies, and other states. The content of the email(s) will include information on how the APCD has been used to support various data projects, links to OHS published data products utilizing APCD data, and a succinct description of the APCD and how to request APCD data. It will also include information targeted to each subgroup regarding how OHS is looking to partner with different organizations according to use cases.
2. Create list of academic departments that may be interested in using APCD data for research and analyses and email marketing copy outlined in task 1 to that group as well. Collaborate in joint projects with other organizations such as educational non-profit organizations, state agencies, and with other states.

#### Public Use File

To facilitate access to APCD Data, OHS will explore the creation of public use files for research purposes. Other states have successfully published public use files based on APCD data such as Minnesota's APCD program. Public Use Files are deidentified datasets. The public use files will provide information on healthcare services provided within CT, HealthCare utilization, and prescription drugs.

### Strategic Focus Area: Explore Fee Structure Changes

OHS has received feedback in the past that the data extract fees are too high and unaffordable for some researchers. Specific feedback includes feedback that the current pricing model makes APCD unattainable for non-profit organizations to use in consumer driven advocacy. It is in the purview of the Office of Health Strategy's Executive Director to set fees for data release.<sup>6</sup>

**Proposed Solution:** OHS will evaluate APCD pricing models to facilitate access to APCD data, including providing fee waivers to researchers with valid research proposals that will further the aims of CT's APCD program, including cost containment, quality improvement, price transparency, health equity, reporting on healthcare safety, quality, cost-effectiveness, access, and efficiency for all levels of health care; and research on health care services utilization, costs or quality and advancing health equity.

OHS will:

1. Prepare a report on comparative costs with other APCDs. Based on the findings OHS will offer various solutions for new pricing structures, including pros and cons.
  - Report will include a data visualization comparing cost of APCD data among states nationwide and possibly post online to HealthScoreCT.
2. Provide the report to the Health Information Advisory Council (HITAC), APCD Advisory Group, and APCD Data Release Committee for feedback.
3. Consult with the APCD Advisory Group, APCD Data Release Committee, and HITAC to create a new fee structure, as needed.

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<sup>2</sup> Per [C.G.S Sec. 19a-755a. All-payer claims database program](#): "The executive director of the Office of Health Strategy may set a fee to be charged to each person or entity requesting access to data stored in the all-payer claims database."

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### Strategic Focus Area: APCD Application Refinement:

The DRC chair has recommended updating the CT APCD application form to align with national APCD Council best practices and examples from other states e.g., Massachusetts, to improve completeness of initial application and support timely request processing, review, approval and data release. Such standardization will also be in alignment to the State All Payer Claims Advisory Committee (SAPCDAC) [recommendations](#) to the Secretary of Labor on standardizing APCD data reporting and releasing standards. OHS sees opportunities to enhance the APCD data release application, and data release application process.

Proposed Approach: OHS will work in conjunction with the Data Release Committee on revamping the APCD Data Release Application to fulfill current needs and develop a more efficient workflow to process these requests.

- Continue inviting the New England states to present to the APCD Data Release Committee its application process and application forms as resources.
- OHS will gather and incorporate all feedback, to update the application form.
- OHS will also update the application form with a section for state agencies requesting Medicaid and Medicare data.
- OHS will provide the updated form to the APCD DRC for feedback and approval and then to the APCD Advisory Group for feedback and its approval.
- OHS business units will work collaboratively to create a more efficient process for APCD Data Request processing including with legal for data use agreement creation and execution upon DRC approval, and the business office for invoicing and receiving payments from data applicants before the data release. Process improvements include the use of online tools such as Jira, which P-20Win has been using effectively to manage data releases.



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Strategic Focus Area: Enact new APCD Policies and Procedures and fill outstanding vacancies on APCD committees.

As part of OHS's ongoing process to enhance data governance, OHS will propose enhancements to the policies and procedures and fill vacancies on the APCD Advisory Group and the APCD Data Release Committee.

Proposed Solution: APCD policies and procedures enhancements will include delineating the data request process for internal state agency data use and external data use, adding a data equity assessment component as a requirement of data release, and developing a data release framework that centers around equity.

OHS will solicit feedback from the APCD Data Privacy and Security Subcommittee and other bodies with cognizance of these matters: APCD Advisory Group, the APCD Data Release Committee and the Health Information Technology Advisory Council.

### APCD Advisory Group Vacancies

Membership in the APCD Advisory Group is enumerated in C.G.S. § 17b-59f. The group consists of up to 20 members. Currently there are 16 seats filled and three (3) vacancies which are as follows:

- 1) Commissioner of Public Health or designee
- 2) Representative of the Connecticut State Medical Society

### APCD Data Release Committee Vacancies

Currently the APCD Data Release Committee has three (3) vacancies: The Medicaid Director, the OHS Executive Director or Designee, an Attorney with experience in health care, data privacy or research matters, and healthcare professional, such as a physician, nurse, social worker, or psychologist.

Proposed Solution: OHS will engage in a recruitment effort to fill the vacancies above. The effort will ensure adherence to the mandate and facilitate data release.