All Payer Claims Database Data Release Committee Meeting

February 14, 2023



Agenda

Agenda Item

Welcome and Call to Order & Introductions

Public Comment

Action: Review and Approve Minutes: January 10, 2023

Hospitals' Community Benefit Presentation

OHS Data Compendium Overview

APCD Strategic Planning Proposals

2022 Annual APCD-DRC Report

Update on APCD Applications and Releases

General Discussion

Action: meeting Adjournment

Public Comment

(2 minutes per commenter)

Review and Approve Minutes: January 10, 2023 Meeting



Hospitals' Community Benefit

February 14, 2023

Olga Armah

Brent Miller



Agenda

- What is community benefit?
- CGS §19a-127k and Public Act 22-58 §50
- All-Payers Claim Data
- Data Use Agreements
- Discussion

What is Community Benefit?



- Community Benefits are "initiatives and activities undertaken by nonprofit hospitals to improve health in the communities they serve"
- "Community benefit program" means any voluntary program or activity to promote preventive health care, protect health and safety, improve health equity and reduce health disparities, reduce the cost and economic burden of poor health and improve the health status for all populations within the geographic service areas of a hospital

- Nonprofit hospitals are relieved of taxes for demonstrating community benefit pursuant to:
 - Internal Revenue Code 501(c)(3) and 501(r)
 - IRS Revenue Ruling 69-545
- There are six factors hospitals may demonstrate to qualify for tax exemption
- The IRS uses a standard to test if those factors were demonstrated, but no one factor is determinative
- IRS Form 990 Schedule H is how hospitals document evidence of community benefit

- Patient Protection and Affordable Care Act (2010)
- Internal Revenue Code 501(r)
 - Financial Assistance Policy
 - Community Health Needs Assessment
 - Implementation Strategy
 - Limitation on Charges
 - Billing and Collection

- Examples of community benefit include:
 - Unreimbursed costs from Medicaid patients
 - Charity care discounted or free care for qualifying patients
 - Health professions education
 - Nurse education for those free to pursue employment elsewhere
 - Community Health Improvement Services and Community Benefit
 Operations
 - Activities solely to improve a community; Community Health Needs Assessments

- Examples of community benefit include:
 - Subsidized health services
 - Service provided despite a loss that addresses an identified health need
 - Psychiatric inpatient beds
 - Unfunded research by the organization or funded by a tax-exempt organization or government entity
 - Cash and in-kind contributions
- Activities that must be justified include community building, as well as the unreimbursed costs from Medicare patients and bad debt

CGS §19a-127k and Public Act 22-58 §50



Legislative Update

- CGS §19a-127k
 - Office of the Healthcare Advocate
 - OHS designee prior to passage of SB 5500
- Public Act 22-58 §50
 - Federal requirements of CHNA + State requirements
 - Federal requirements of Implementation Strategy + State requirements
 - Hospital Community Benefit Annual Report
 - OHS Community Benefit Report, public comment period
 - OHS make APCD available for community benefit programs
 - Includes for profit hospitals

All-Payers Claim Data



Community Benefit All-Payers Claim Data Release Public Act 22-58 §50(f)

Notwithstanding the provisions of section 19a-755a, and to the full extent permitted by 45 CFR 164.514(e), the Office of Health Strategy shall make data in the all-payer claims database available to hospitals for use in their community benefit programs and activities solely for the purposes of

- \checkmark (1) preparing the hospital's community health needs assessment,
- \checkmark (2) preparing and executing the hospital's implementation strategy, and
- √ (3) fulfilling community benefit program reporting,

as described in subsections (c) to (e), inclusive, of this section. Any disclosure made by said office pursuant to this subsection of information other than health information shall be made in a manner to protect the confidentiality of such information as may be required by state or federal law."

Office of Health Strategy

45 CFR 164.514(e)

(e)(1) Standard: Limited data set. A covered entity may use or disclose a limited data set that meets the requirements of paragraphs (e)(2) and (e)(3) of this section, if the covered enters into a data use agreement with the limited data set recipient, in accordance with paragraph (e)(4) of this section.

- (e)(2) Zip codes and dates
- **(e)(3)** Permitted purposes for uses and disclosures: purposes of research, public health, or health care operations.
- (e)(4) Data use agreement -
 - Establish the permitted uses and disclosures;
 - Who is permitted to use or receive the limited data set;
 - Disallow further disclosure and safeguards to ensure that;
 - Any agents allowed access are under the same restrictions & conditions; and
 - Not identify or contact individuals/patients

Community Benefit Data Use Agreements

Community Benefit APCD Data Use Agreement

- Each hospital to fill a data request application; and
- Execute DUA with OHS to access a standard limited data set
- DUAs will include:
 - The public act and the three allowed uses
 - The contract length, renewable upon request
 - Data protection (security)
 - Data destruction
 - Prohibition on re-identification of individuals in data
 - Prohibition on linking of the data to other data sets
 - (Patient privacy and confidentiality)

Advisors' recommendations for consideration for inclusion in DUA

Questions

OHS Data Compendium Overview

Alla Veyberman, OHS

Strategic Planning Proposals

Adrian Texidor & Olga Armah, OHS

APCD Strategic Plan Proposals

Data Enhancements and Utilization

- Produce and publish data visualizations with APCD data
- Enhance and enrich APCD data
- Increase the external uses of APCD data

Operational Enhancements

- Explore fee structure changes
- Refine APCD data request application and process
- Enact new APCD policies and procedures
- Fill APCD Data Release Committee and APCD Advisory Group vacancies

2022 Annual APCD-DRC Report

APCD Data Release Committee Purpose Charter

Article 2: Purpose

Section 1: The purpose of the APCD-DRC shall be to:

- (i) review and approve or deny Data Release Applications submitted by Applicants for the release of Data (in accordance with policy and established procedures);
- (ii) provide support to the OHS during the receipt and review of Data Release Applications; and
- (iii) assess the potential impact of the release of data on Connecticut residents, including for disparate impact by race, ethnicity, language, sex, gender identity, disability status or other factors.

2022 Data Release Committee Data Release Approvals

Meeting Data	Data Released	
February 8 th 2022	 Yale University – Understanding Trends in Healthcare Use, Cost, and Outcomes for Populations with Chronic Conditions(ApprovedNew) 	
March 8 th 2022	 Yale New Haven Health System APCD Population Health Total Cost of Care and Care Continuity Enhancement (Approved—Data refresh) 	
April 12, 2022	No Applications Reviewed	
July 12, 2022	 No Applications Reviewed 	
October 11, 2022	No applications Reviewed	
December 13, 2022	No applications Reviewed	

Other DRC Initiatives

- The APCD Data Release Committee created its charter
 - incorporated equity-based language requested by the APCD Advisory Group; vote to occur later this meeting; discussed operationalizing equity
- APCD Application Enhancements: DRC invited other APCD Programs to present APCD Data Release process:
 - Washington
 - New Hampshire
 - Vermont
 - NAHDO Representative—APCD Advisory Group members with DRC members in attendance

Update on APCD Applications and Releases

Adrian Texidor, OHS

APCD Projects In-Flight

- Snapshot of APCD Data Available
- Cost Estimator
- Cost Growth Benchmark
- Healthcare Costs Forum
- Studies:
 - **≻**Telehealth
 - ➤ Behavioral Health Parity
 - ➤ Hospital Community Benefits

APCD Data Types & Years Available

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

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 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

Wrap up and Adjournment