

All Payer Claims Database Advisory Group

DRAFT Meeting Minutes

November 12, 2024 | 1:00 - 3:00 p.m. | Zoom Recording

	1101		1 12, 2024 1.00 – 3.00 p.111.				
		Α	ttendance: Advisory Group N	/lembe	rs		
Olga Armah (Chair)		R	Patricia Checko	R	Bernie Inskeep		R
Paul Lombardo		R	François de Brantes	R	Robert Barry, DAS		X
Robert Aseltine		X	Sandra Czunas	R	Michaela Dinan		R
Scott Gaul, OPM		R	Michael Girlamo, DHMAS	X	Cassandra Murphy		R
Sarah Carr, OHA		R	Robert Scalettar, MD	X	Gary Archambault, DPH		R
Wil	liam Halsey, DSS	X	Mark Schaefer	X			
			Supporting Leadership)			
Sumit Sajnani, OHS			Elson Guo, OHS R				
Tina Hyde, OHS		R	Paul Brady, OHS	R			
			Agenda				
	Topic			R	esponsible Party		
1.	Welcome and Call to Order Olga Armah						
	The regularly scheduled meeting of the APCD Advisory Group was held virtually on Thursdo						
	November 12, 2024. Olga welcomed members and called the meeting to order at approximately 1:05						
			ed later in the meeting.		9	, , ,	
2.	Public Comment		and the same of th	M	embers of Public		
	There were no public comments.						
3.	Review and Approve Minutes: August 8, 2024 Regular Olga Armah, OHS						
	Meeting				.g /		
	Olga requested a motion to approve the August 8, 2024, meeting minutes. A motion was made by						
	Pat Checko and Sandra Czunas seconded There was no discussion. Minutes were approved.						
4.	Review and Approve 2025 APCD AG Regular Meeting Olga Armah, OHS						
	Schedule						
		meetin	a schedule dates and remind	ed the	Council these regular n	 neetinas	will
	Olga shared the 2025 meeting schedule dates and reminded the Council these regular meetings will continue to be held quarterly on Thursdays. Olga requested a motion to approve the 2025 meeting						
	schedule. A motion by Bernie Inskeep was made and Gary Archambault seconded. There was no						
	•		calendar was approved.				
5.	APCD Projects-Status			0	lga Armah, OHS		
	Olga provided a status updates of the APCD projects in flight.						
	CT Healthcare Affordability Index: publicly available dashboard OHS and OSC developed in support						
	with Univ. of Washington, allows public to view different towns and examine family						
	composition/household ability to afford healthcare. Currently, working with University of Washington						
	to develop issue brief to explore what would happen to families or households should American						
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	Rescue Plan Act funding goes away and what would happen to CT households, as CT health insurance premiums continue to rise.						
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Cost Growth Benchmark Data: Transparency Dashboards: to help develop transparency around the Benchmark work, OHS in consultation with consultants has developed 3 dashboards and technical notes will soon be made public. (3 dashboards include: Cost Drivers Dashboard, Hospital Cost Tool Dashboard and Retail Pharmacy Tool Dashboard). The data in these dashboards are supported by APCD data.

APCD Snapshot Dashboard: updated with OnPoint and has info after June 2024. Snapshot is interactive dashboard which combines summary data, types of insurance plans, medical procedures and drugs prescribed.

Cost Estimator: statutory requirement, we're supposed to provide consumers in state ability to do comparison shop. Expected to be released to the public to include services in hospital.

Pharmacy Benefit Manager (PBM) Study: OHS in consultation with the CT Insurance Dept. is responsible for this study (PA 23-171 sec. 7). APCD data will be used in this study. The report upon completion will explore PBMS and total spend, rebates accounted for, and how PBMS are utilizing spread pricing in the state. Report is due in Jan 2025.

CT Insurance Department Medicare Advantage Plans Study: (CID) to look at utilization management and payment practices in the plans and to find out what the final impact is on hospital services and how it affects access of services. Study will provide recommendations on how to reduce provider administrative costs associated with utilization management payment practices that PBMS adopt. Report due in Jan 2025.

Cost and Market Impact Review (CMIR) for hospital Consolidation: OHS is required to carry out CMIR for any application from hospital or health system that is planning to merge with another hospital. The CMIR reviews is completed only when any one of the transacting parties has a net revenue of 105 billion or if entity is for profit.

Top Outpatient Prescription Drugs OHS identifies up to 10 drugs that have significant impact on state expenditures. The intent to identify these drugs and for manufactures to justify why the prices of these drugs are increasing, to help with decisions on making prescription drugs accessible in the state.

OnPoint Collective Impact Behavioral Health Dashboard: to develop behavioral health dashboard to show trends and variations in prevalence of behavioral health conditions. This will support and inform public policy decision making for action to improve access to behavioral health services.

Health Equity Dashboard: OHS requested ARPA funds to provide this dashboard to help community-based providers make decisions about the care they provide to their communities, identify needs and provide appropriate services to improve health and health outcomes.

OHS is exploring use of HIE Data to fill APCD Race/Ethnicity and Language (REL) fields including looking at what other states are doing.

Discussion:

Pat Checko inquired if the REL standards information is out there, if people are responding and if it is improving the response rate? Olga responded that we have not seen a lot of improvement and that may be because payers and providers are still coming to terms with the changes in the standards.

Sumit Sajnani added that there was a change made to the REL standards by OMB, which resulted in OHS issuing new standards for state agencies, payers, and providers to follow. We anticipate there will be a major uptick once implementation goes through, a number of providers are still in process of implementing this change. There are also efforts by community leaders to explain the need to collect this data, which will in turn help populate the APCD data.

6. APCD Strategic Activities Update

Paul Brady, OHS

Paul provided an update on APCD strategic plan including completed, pending and in progress activities for data enhancements and utilization, operational enhancements, data visualization prioritization, creating a public use file, and the pending release of the Cost Estimator.

7. APCD Updates - Data Available and Projects Supported by APCD Data Paul Brady, OHS

Paul shared an update on data and years available in the APCD. Commercial and Medicaid data are now available through June 30, 2024. Paul announced that CMS has received OHS' payments, and we have received Medicare data for 2019-2022 which OnPoint will deliver to OHS in the March 2025 quarterly extract.

Paul highlighted the achievements and initiatives in 2024 in which a total of 21 projects used the APCD data. Please see the full presentation here: <u>APCD Advisory Group Meeting Presentation</u>

9. APCD Data Release Committee (DRC) Report

Olga Armah, OHS

Pat provided an update on activities of the DRC. She noted that the committee has approved seven data requests from CT hospitals/health systems related to their hospital community benefit program. The seven reported the Connecticut Hospital Association (CHA) is their analytic entity. The DRC also approved an application from Stamford Health to utilize the data set for their own hospital community benefit program. Additionally, there have been six data inquiries received and awaiting further action.

10. Wrap Up & Adjournment

Olga Armah, OHS

Olga requested a motion to adjourn. The motion was made by Bernie Inskeep and seconded by Sandra Czunas. The meeting was adjourned at 3:00 p.m.

*In accordance with current FOIA statutes re: meetings held by solely by electronic means: R = attended remotely, IP = attended in person

Upcoming Meeting: February 13, 2025