

# All Payer Claims Database Advisory Group

## Meeting Minutes

Meeting Date	Meeting Time	Web Conference
Thursday, August 13, 2020	1:00 – 3:00 PM	<a href="#">Zoom Meeting Recording</a>

<b>Advisory Group Members</b>					
Olga Armah, Co-Chair, OHS	X	François de Brantes		Cassandra Murphy	X
Paul Lombardo		Josh Wojcik, OSC (Sub: Sandra Czunas)	X	Krista Cattanach	
Dr. Robert Aseltine	X	Michael Girlamo, DHMAS		Ken Ferrucci	
Scott Gaul, OPM	X	Robert Dr. Scalettar, MD	X		
Ted Doolittle, OHA (Sub: Adam Prizio)	X	James Iacobellis	X		
Kate McEvoy, DSS		Bernie Inskeep	X		
Patricia Checko	X	Victor Villagra	X		
<b>Supporting Leadership</b>					
Vicki Veltri, OHS		Allan Hackney, OHS	X	Adrian Texidor, OHS	X
Tina Kumar, OHS	X				

<b>Minutes</b>			
	Topic	Responsible Party	Time
<b>1. Welcome and Call to Order</b>		<b>TINA KUMAR</b>	<b>1:00 PM</b>
Allan Hackney recognized a quorum and called the meeting to order at 1:05 pm.			
<b>2. Public Comment</b>		<b>Attendees</b>	<b>1:05 PM</b>
There was no public comment.			
<b>3. Review and Approval of February 13, 2020 Minutes</b>		<b>Council Members</b>	<b>1:10 PM</b>
Allan Hackney asked for a motion to approve the February 13, 2020 meeting minutes. Dr. Scalettar made a motion. Jim Iacobellis seconded. The minutes were approved.			
<b>4. Introduction of New APCD Co-Chair, Olga Armah</b>		<b>Allan Hackney</b>	<b>1:15 PM</b>
<p>Allan Hackney welcomed and introduced Olga Armah from the Office of Health Strategy to serve as the Co-Chair of the committee. Olga will be providing oversight and day to day administration of the APCD in a resource balancing decision. Allan turned the meeting over to Olga to lead the discussion.</p> <p>Olga introduced herself and is excited to be working with the Advisory Body. Olga is the lead for the Data and Reports team at the Office of Health Strategy. Her role is to optimize use of data to evaluate and establish health care policy and to make appropriate data accessible for research and to the public. Olga commented that she is looking forward to working with this group to improve the data collected and how it is used to help improve health outcomes in the state.</p> <p>Dr. Scalettar welcomed Olga. And asked for clarification on if we have a formal relationship with other states, specifically if we are active members of the APCD Council and other national health data organizations, if not this is something we should think about.</p>			

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	<p>answered we do participate in the national APCD Council monthly meetings, Adrian Texidor attends the meetings.</p> <p>Allan Hackney added that we routinely participate in national organizations such as the National Academy for State Health Policy and the New England States Consortium Systems Organization (NESCSO) meetings in which APCDs uses are discussed.</p> <p>There are also ongoing discussions and have been a fair amount of progress with Massachusetts to participate in reciprocal data sharing. There is our date use agreements and security issues to be resolved with them before we begin sharing data.</p>
<b>5. Adding Denied, Dental, and Mental Health Claims Discussion</b>	<p><b>Olga Armah</b>      <b>1:20 PM</b></p> <p>Olga reported that OHS continues to ask for additional information for the collection of denied claims. Olga opened the floor up for discussion.</p> <p>Bernie Inskeep supported potentially adding denied claims, during the last discussion and was asked what some of the limitations were and how denied claims may not be very helpful. The response was that denied claims were desirable. OHS should clearly articulate the need for denied claims. Some thought that denied claims could potentially indicate surprise billing issues that need be resolved. Additionally, if there are any surprise billing it would be helpful to look at in- and out- of network claims, and to monitor out of network claims where the health plan member is most at risk</p> <p>Bernie asked for clarification on the purpose for collecting denied claims.</p> <p>Olga responded that one of the reasons for collecting denied claims was to determine the adequacy of services that are available for Certificate of Need decision making which is based on volume and equitable distribution of services available to residents in an area.</p> <p>Victor Villagra commented that surprise medical bills are a subset but not the main motivation for capturing denials. He recalled in the last conversation, the Advisors were not interested in denials based on administrative issues or due to errors. We are interested in denials based on medical judgement, medical necessity, investigational or experimental.</p> <p>Bernie was not under the impression that those categories were excluded claims, and additionally, that denied claims were not going to illustrate or lead you to surprise billing as much of the out of network indicator. She recommended that using the out of network indicator is what other states are using and is working very well. Victor Villagra agreed that they are both separate queries and agrees they are both helpful and necessary.</p> <p><b>Olga commented that OHS must craft a reason for collecting denied claims. We will need assistance to narrow down the scope to provide us with important information, so we will be contacting the APCD members for any information to help us.</b></p> <p>Dental and Mental Health claims: Olga shared that the Technical Team and Stakeholder Advisory Board of the Cost Growth Benchmark initiative have indicated how significant the claims are to estimating total healthcare expenditure and cost growth in the state. She also noted the dearth of information on outpatient behavioral health services relevant for CON decision-making and how most hospital community health needs assessments highlight inadequate availability of those services. Olga asked if members had any comments about obtaining dental and mental health claims.</p>

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	<p>Dr. Rob Aseltine commented that he would like to advocate on behalf of both for the APCD, he does not think there would be a need to justify the importance of mental health claims. The biggest barriers would be on the regulatory and privacy side. In regard to dental claims, UConn is the only dental school in the state, and having the claims opens up important possibilities for research around how dental health correlates with physical conditions and disease that they do not have access to otherwise. There is poor integration of dental and medical clinical records. Dental claims data availability would create some possibilities in cardiovascular and immunology research. t.</p> <p>Pat Checko commented on the importance of adding dental health and mental health data since it they would have great implications for health inequity work.</p> <p>Dr. Bob Scalettar reminded the Advisors that this has been an ongoing discussion for many years. In May 2014, Access Health (which had previous administrative oversight of the APCD) had formed a subcommittee who had a desire to add dental and mental health claims. The Advisors agreed it would be helpful to share this archived document to learn the history of the pros and cons of adding denied dental and mental health claims to the APCD. Dr. Bob Scalettar volunteered to share this document with Olga and Allan to distribute to the Advisors.</p> <p>Adrian Texidor added that there have been regulatory environment changes for the substance use disorder (SUD) claims. There is a rule change that goes into effect tomorrow (August 14), to allow SUD data in APCDs for the purposes of public health. This is also reflective in statute in the New Cares Act. <b>Adrian noted we are hoping to address this rule and what it means in the APCD Advisory Group meeting in November.</b></p> <p>Olga mentioned what we do not have is the mental health claims, and that it would be interesting to find out what portion of the claims currently in the APCD are mental health related. <b>This is one of the research areas we will be working on in the next few months before the next meeting.</b></p> <p><b>Adrian will share (through Tina) with APCD group the brief on the rule that affect substance use disorder claims following this meeting.</b></p>	
	<b>6. Data Updates: Data Availability, CMS Data Use Agreement, Medicaid DUA</b>	<b>Adrian Texidor</b> <b>2:00 PM</b>
	<p>Adrian provided an update on the commercial, Medicaid and Medicare data delivered to OHS. Please refer to Adrian's update here : <a href="https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Presentations/OHS_APCD-Advisory-Group-Meeting-Presentation_081320.pdf#page=9">https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Presentations/OHS_APCD-Advisory-Group-Meeting-Presentation_081320.pdf#page=9</a></p> <p>Adrian noted there is a lag in the Medicare data as a result of an update of a CMS Data Use Agreement and transfer of data from Medicare to OnPoint.</p> <p>Olga clarified that the Medicaid data that we are trying to obtain from DSS, are the claims that are paid for the state and federal government, and the state only claims.</p>	
	<b>7. APCD Project Updates: Cost Growth Benchmark NESCO Primary Care Spend Study, COVID-19</b>	<b>Olga Armah, Adrian Texidor</b> <b>2:15 PM</b>

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Please refer to Olga's presentation on Cost Growth Benchmark here:

Page 12-16: [https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Presentations/OHS\\_APCD-Advisory-Group-Meeting-Presentation\\_081320.pdf#page=12](https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Presentations/OHS_APCD-Advisory-Group-Meeting-Presentation_081320.pdf#page=12)

Scott Gaul asked how often these benchmarks would be revisited for current economic conditions? Olga said they will be revisited if inflation rates go up. However, providers and payers under the benchmark will be given an opportunity to explain where they exceed the benchmark, OHS will review the reasons and proceed from there. There is no penalty for exceeding the benchmark.

#### Analytic Framework:

Victor Villagra said there is a very large portion of out of pocket spending that is in the form of medical debt. The only data that has come available is a small portion of that debt that ends up in court and as lawsuits against patients. If this is not included in the analytic framework, this affects minority disproportionately. Olga commented that the initial work is going to utilize commercial work that is available, this will be included in the analysis. If out of pocket spending is available, it will be incorporated in the analyses.

Olga clarified that out of pocket spending for the uninsured there is unavailable as part of this work. However, if the patient has commercial coverage, and a larger portion of the expenditure is out of pocket that will be captured because it is part of the allowed claim. There are two different data sets to be used in this benchmark initiative- one is the APCD which will be used to identify the cost drivers, rapidly growing costs and wide price variation among providers. For estimating the benchmarks OHS will be obtaining annual aggregate data directly from the payers, using an OHS specified reporting format.

Olga opened the floor for questions and asked the Advisors to email any recommendations on how to enhance the cost growth benchmark, quality of care and primary care initiative work.

#### **COVID 19 Hospitalization and Susceptibility:**

Adrian recalled that Covid-19 came swiftly in CT and had significant impact. A part of OHS's statutory responsibilities is the Certificate of Need (CON) Program. Through the CON program HS granted hospital bed surge capacity which aided the State's COVID response.

Adrian discussed how we use the APCD data to identify areas and populations at increased susceptibility to be being hospitalized for Covid-19.

Please refer to Adrian's presentation here: [https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Presentations/OHS\\_APCD-Advisory-Group-Meeting-Presentation\\_081320.pdf#page=17](https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/APCD-Advisory-Group/Presentations/OHS_APCD-Advisory-Group-Meeting-Presentation_081320.pdf#page=17)

Adrian introduced Jesse Drummond from OnPoint to present a live interactive Tableau dashboard of the Covid-19 work completed using the APCD data.

Olga added the reason we included the zip code level was to assist with the reopen planning. To identify the high-risk areas and determine if they need special intervention for those areas. This narrows the scope and provides effective use of resources by helping to determine which zip codes to focus on.

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	<p>Jim Iacobellis asked if there was any analysis on how this projection actually plays out, given the data submitted to the state on a daily basis about number of cases and hospitalizations. Has that been added into this? And how do we use this to plan for a second wave of Covid-19?</p> <p>Jesse responded that the dashboards include this information, and there are a number of reasons why there are larger case counts in some areas rather than others (e.g. population density, etc.) with respect to individuals of high risks.</p> <p>Pat Checko commented that she is impressed with the work that was done. She added that one of the issues is that one hospital may serve many communities, these are cases by town of residence. One of the things to consider is rather than using cases, consider case definition to look at the hospitalization rate by town. This way will accommodate issues related to population density.</p> <p>Scott Gaul added that the APCD has potential to have value for the state. Some of the possible uses where the APCD will have value are:</p> <ul style="list-style-type: none"> <li>-data on other health conditions, need full picture of the individual, potential to look at high risk populations</li> <li>-trends in mental health claims because people on lockdown during the pandemic, they anticipate an increase in mental health claims. This can be observed through the APCD.</li> <li>-how many are forgoing other types of care such as immunizations</li> </ul> <p><b>NESCSO Primary Care Spend Study</b></p> <p>Adrian shared that as result of APCD availability and OHS' involvement in NESCSOS, we participated in the NESCSO primary care spend study. The study will look at primary care spend in CT and use as numerator, and total spend as a denominator and come up with a % of primary care spend.</p> <p>NESCSO asked us not to share the preliminary results now, because the results are undergoing quality assurance and data validation. We will bring the results to the November meeting, and a copy of the final report to the members. This report may be used to inform some of the primary care spend work. We will show you another dashboard when we return in November.</p>		
<b>8.</b>	<b>Data Release Committee Update</b>	<b>Patricia Checko</b>	<b>2:45 PM</b>
	<p>Pat Checko provided an update on the Data Release Committee (DRC) activities.</p> <p><b>Status of applications</b></p> <p>4-5 applications have been received since the DRC last met in February, most of them not worthy of review but Adrian and Pat will continue to work with the applicants to put into shape for Committee review.</p> <p>The DRC approved an application for Archway. Archway is looking to understand the key drivers that lead to the high episode costs and quality variation among CT healthcare providers.</p> <p><b>User Survey</b></p> <p>The user survey went through a total revision, we decided not only to update the questions, but to expand the survey and find out the experiences for people who used or attempted to use the APCD data. The survey was distributed by email/Survey Monkey, the response rate was low so we will readminister it in the fall. Pat added that it is important to learn about applicants' experience through the entire process from the initial application. This will give us baseline information on where we go with the Application Workgroup.</p>		

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	<b>Application Workgroup</b> The five-member Application Workgroup will develop a user survey based on their own experience with the APCD. They will also be researching all the existing APCDs in other states, review their applications and procedures, and the types of data they are allowed to release. Pat is hopeful we can bring an application for the Advisors to review by next year.	
<b>9. Wrap-up and Meeting Adjournment</b>	<b>Olga Armah</b>	<b>3:00 PM</b>
Allan Hackney asked for a motion to adjourn. Patricia Checko made a motion to adjourn, Dr. Scalettar seconded. None opposed. The meeting adjourned at 2:53 pm.		

**Upcoming Meeting Schedule:** Thursday, November 12, 2020

**Meeting information located at:** <https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Advisory-Group>

APCD Advisory Body Information on denied, dental and mental health claims.

1. [https://agency.accesshealthct.com/wp-content/uploads/2016/12/07172014\\_DRAFT\\_PPSC.pdf](https://agency.accesshealthct.com/wp-content/uploads/2016/12/07172014_DRAFT_PPSC.pdf)
2. [https://agency.accesshealthct.com/wp-content/uploads/2016/12/Presentation\\_Cases\\_APACD-PP-Enhancements-20140505-1.pdf](https://agency.accesshealthct.com/wp-content/uploads/2016/12/Presentation_Cases_APACD-PP-Enhancements-20140505-1.pdf)