CONNECTICUT Health Strategy

All Payer Claims Database Advisory Group
DRAFT Meeting Minutes
February 13, 2025 | 1:00 – 3:00 p.m. | Zoom Recording

Attendance: Advisory Group Members					
Olga Armah (Chair)	R	Patricia Checko	X	Bernie Inskeep	R
Paul Lombardo	X	François de Brantes	X	Robert Barry, DAS	X
Robert Aseltine	R	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
William Halsey, DSS	X	Mark Schaefer	R		
Supporting Leadership					
Sumit Sajnani, OHS	R	Elson Guo, OHS	R		
Tina Hyde, OHS	R	Paul Brady, OHS	X		

Agenda			
	Topic	**Responsible Party**	
1.	**Welcome and Call to Order**	**Olga Armah, OHS**	
	The regularly scheduled meeting of the APCD Advisory Group was held virtually on Thursday, February 13, 2025. Olga welcomed members and called the meeting to order at 1:04 p.m. A quorum was established later in the meeting.		
2.	**Public Comment**	**Members of Public**	
	There were no public comments.		
3.	**Review and Approve Minutes: November 14, 2024, Regular Meeting**	**Olga Armah, OHS**	
	Olga requested a motion to approve November 14, 2024, meeting minutes. A motion was made by Mark Schaefer and Bernie Inskeep seconded. There was no discussion. Minutes were approved.		
4.	**APCD Projects–Status Update**	**Olga Armah, OHS**	
	Olga provided status updates of the APCD projects in flight. Olga walked through the Cost Growth Benchmark Data Transparency Dashboards, which was designed to help develop transparency around the Benchmark work, OHS working with consultants, developed the three dashboards and technical notes which are publicly available. The dashboards presented were Cost Drivers Dashboard, Hospital Cost Dashboard and Retail Pharmacy Dashboard. The dashboards utilize APCD data. A walk through of the updated Healthcare Cost Estimator was also provided. Consumers can use this tool to compare and shop for healthcare services. In addition to inpatient and outpatient cost tools, the updated version 2.0. includes cost information on the most used prescription drugs and durable medical equipment. **APCD Snapshot Dashboard**: updated quarterly by OnPoint and has information up to June 2024. The Snapshot is an interactive dashboard which provides an overview of the data available in the APCD including summary data on years of data, participating insurance plans, member counts, average		

per member amount paid by medical diagnoses and procedures, claim counts and drugs prescribed.

Top Ten Outpatient Prescription Drugs Price Transparency. OHS identifies up to 10 drugs that have significant impact on state expenditures and have had experienced price increases of 16% or more, in the last two years. The intent is to identify these drugs and for their manufacturers to provide justification for the prices increased, to help with decisions on making those prescription drugs accessible in the state. OHS released the data for a required 30-day public comment period. If we receive any public comment, OHS will make any necessary changes and then contact the manufacturers of each drug to provide written justification(s) to be published.

CT Insurance Department Medicare Advantage Plans Study: This study looks at utilization management and payment practices in the plans to find out their impact on hospital service delivery and costs, and access to services. The study will provide recommendations on how to reduce provider administrative costs associated with utilization management payment practices that PBMS adopt.

Mark Schaefer questioned whether OHS is monitoring levels of use of cost estimator and tracking over time, and whether we've considered soliciting feedback from folks who used it. The concern is that there are marked discrepancies from what they think out of pocket costs and what the tool generates. The tool's out of pocket costs are not based on actual contracted costs because there are plan designs that can change the high deductible. Patients could ultimately be misinformed and not go somewhere because the price was higher than expected. Maybe an opportunity to evaluate which folks find it useful and information bares out when they get their services to ensure that information is in tune to the patient and their product.

Olga responded that we are tracking. We do receive and encourage feedback on the tool.
In terms of what is in the APCD and what hospitals bill- we do advise (in disclaimer) people to contact the hospital or facility and their insurer to determine the actual price they would pay. The tool also provides links to hospital and health plan cost estimators.

Mark Schaefer suggested that the "additional tools" label be revised to "hospital and health plan cost estimator additional tools."

Additional studies that use the APCD data and are pending report release include:

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

Cost and Market Impact Review (CMIR) for hospital Consolidation: OHS is required to carry out CMIR for any application from the 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 the entity is for profit.

OnPoint Collective Impact Behavioral Health Dashboard: To show trends and variations in prevalence and cost associated with treating behavioral health conditions. This information 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.
Exploring use of HE data to fill APCD REL fields (awaiting legal review).

Scott Gaul asked on the use of HIE data to fill APCD REL Fields-is this legal and if it is, how would you do this-what are the mechanics. Is this an exercise for discussion? How we anticipate this work. Does this group have a role in this and are there standard language to go with any use of APCD data?

Olga responded we have standard language at beginning of dashboard of what is included or not included in coverage. Also, there is language that the data Is from claims data. We added technical documentation for users to see what was included and how calculations are done. In terms of using HIE data to fill APCD REL fields, OHS is working with our legal team to confirm if we can. One of the strategic goals of the agency is to improve the information available in the APCD. We will come back to this group for feedback on how to do this, if it is permitted. OHS does not have access to PHI data so CONNIE will be working with OnPoint. We would authorize OnPoint to provide the necessary pieces of information needed for HIE to do the matching and then they would exchange data securely, and ONPOINT would populate the APCD with the REL data.

With regards to the advisory group's role in using HIE data to fill APCD REL fields, we are in the early stages of determining if this is feasible and this group's role. Potentially, we will develop a plan and share it with this group for feedback before we proceed.

6.	**APCD Strategic Activities Update**	**Olga, Armah, OHS**	
	Our APCD strategic plan is organized in two categories: Data enhancements and utilization and operational enhancements. Olga provided an update on the APCD strategic plan including activities which are completed, pending and in progress for data enhancements and utilization, operation enhancements, data visualization prioritization, creating a public use file, and the pending release of the Cost Estimator. Please refer to the [full presentation](#) for a status on the list of activities. Scott asked that when we learn more about the research from public use file, interested in any ways they are deidentified the data-there is increased interest among cross agencies.		
7.	**APCD Update: Data Available**	**Olga Armah, OHS**	
	Olga shared an update on data and years available in the APCD. Commercial and Medicaid data are now available through September 30, 2024. Olga announced that CMS has received OHS' payments, and we have received Medicare data for 2019-2022 which OnPoint will deliver to OHS in the quarterly extract. Mark Schaefer asked about what the barriers were to being able to provide access to Medicare Advantage data to requesters.		

	Olga answered that the Centers for Medicaid and Medicaid Services (CMS) data use agreement (DUA) only allows for Medicare data release to state agencies for state-initiated projects. Individuals or entities that need Medicare data must request it directly from CMS. She noted that OHS has operated under the assumption the CMS DUA covers the Medicare Advantage data. Mark observed that the Medicare Advantage data comes from the health plans and asked for clarity on if the data can be released. Olga agreed to investigate if there is a possibility that OHS can release the Medicare Advantage data		
9.	**APCD Data Release Committee (DRC) Report**	**Dr. Patricia Checko, DRC Chair**	
	Pat provided an update on activities of the DRC. She noted that the committee has approved one data request and four requests are pending. The DRC approved the release of a limited data set to Prospect CT Inc. for their community benefit program. Pending DRC review are the CT Children's Medical Center and Middlesex Health requests for their community benefit program. Other pending applications are from Lightbox Health Inc. for a study to reduce the administrative cost of care and the University of Pennsylvania, Dept. of Healthcare Management for a pain management study. Olga shared there the US Dept of Health and Human Services updated the HIPAA privacy rule to add protection for reproductive health care. For additional information on the new privacy HIPAA rule, refer to: https://www.hhs.gov/hipaa/for-professionals/privacy/index.html.		
10.	**Wrap Up & Adjournment**	**Olga Armah, OHS**	
	Olga requested a motion to adjourn. The motion was made by Bernie Inskeep and seconded by Scott Gaul. The meeting was adjourned at 2:30 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: May 8, 2025