APCD Advisory Group

November 4, 2021

OHS
CONNECTICUT
Office of Health Strategy

Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 PM
Introductions	1:05 PM
Public Comment	1:10 PM
Review and Approval of Minutes – August 12, 2021	1:20 PM
APCD Updates	1:25 PM
APCD Denied Claims Feedback by Anthem and Discussion	1:35 PM
APCD Denied Claims Collection & Related Data Submission Guide Change– Vote	1:50 PM
APCD Federal State All Payer Claims Databases Advisory Committee Report Discussion and Key Takeaways	2:00 PM
Wrap up and Meeting Adjournment	3:00 PM

OHS
CONNECTICUT
Office of Health Strategy

Welcome and Call to Order

Introductions

OHS
CONNECTICUT
Office *of* Health Strategy

Public Comment

(2 minutes per commenter)

Review and Approval of:
August 12, 2021, Meeting Minutes

APCD Updates

Dr. Patricia Checko

Updates:
1. Medicaid Data
2. Medicare DUA

APCD Data Types & Years Available

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

Payer Source	Claim Type	Years Available
Commercial** - Fully insured claims - State employees & Retirees - Medicare Advantage (Medical only)	Medical claims Pharmacy claims	1/1/2012 – 03/31/2021
Medicaid	Medical claims Pharmacy claims	1/1/2012 – 9/30/2020
Medicare	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

OHS CONNECTICUT
Office *of* Health Strategy

APCD Data Requests - Update

DRC Approved Data Extracts & Aggregate

1. Yale School Public Health –Cervical cancer screen trends in CT & New Haven County *
2. Yale School of Public Health - Prevalence of genital warts in CT since the introduction o the HPV vaccine*
3. Apperture LLC – Medication adherence in CT for persons diagnosed with asthma, diabetes and cancer (pending review)

OHS & State Initiated Projects

1. Healthcare Benchmarks and Primary Care Target – Round 2 to Mathematica/Bailit Health*

OHS
CONNECTICUT
Office of Health Strategy

* Data Drop Complete

APCD Denied Claims Feedback by Anthem and Discussion

Olga Armah, OHS

Advisors Role from August 12 Meeting

- Consider denied claims use cases, collection options and cost implications

- What additional information is needed to decide

- Provide feedback before December meeting via email to Amy.Tibor@ct.gov

- Possible decision making about collection at December meeting

Denied Claims Collection Comments

From Anthem

- We can support the collection of fully denied claims through either the use of current denial codes or CARC codes – with some limitations/considerations, as outlined below
  - Currently NH is the only state requiring we send all denied claims
    - In NH they require the use of CARC codes - it is not 100% populated within our systems, but we are able to consistently meet the NH thresholds for denial code submission
      - However we are unable to submit CARC codes on pharmacy claim reversals as they are not populated in our claims system
        - Our pharmacy business uses NCPDP rejection codes, not CARC codes
  - We do currently send partially denied claims to CT and they have a cross reference table with our codes assigning a denial reason on their end
    - If this process is expanded to be inclusive of fully denied claims we would need to expand the codes provided to populate the cross reference table
  - Before CT proceeds with collecting all denied claims we would require a DSG update be issued so we could supply more specific feedback/input in regard to any additional limitations/considerations

OHS
CONNECTICUT
Office *of* Health Strategy

Refresher - Adjustment Code Definitions

Code Set	Name	Description	Type	Number of Codes
CAGCs	Claim Adjustment Group Codes	These are payment adjustment categories.	Standard	4
CARCs	Claim Adjustment Reason Codes	These codes identify the reason for the positive or negative financial adjustment.	Standard	<300
RARCs	Remittance Advice Remark Codes	These codes provide additional information for adjustments.	Standard	<1,000
Local	Submitter-specific codes	These are submitters' internal, proprietary codes.	Non-Standard	<36,500

Additional detail: https://x12.org/codes/claim-adjustment-reason-codes

*CARCs preferred standard

OHS
CONNECTICUT
Office of Health Strategy

Technical Changes for Denied Claims Collection

- Update the Onpoint CDM submission portal
- Update reference tables
- Update extract layouts
- Update documentation (e.g., data submission guide, data dictionary)
- Provide submitter training
- Cost for this work will be based on finalized requirements
  - Cost also will be dependent on the increase in claim volume and the number of files received monthly

Denied Claims Collection – Next Steps

For Advisors

- Vote on whether to approve denied claims collection and related Data Submission Guide change to enable collection of denied claims

OHS
CONNECTICUT 16
Office of Health Strategy

APCD Denied Claims Feedback by Anthem and Discussion

Vote

Update on Federal Grant Funding for State APCDs

SAPCDAC Report Discussion and Key Takeaways

Olga Armah, OHS

The State All Payer Claims Databases Advisory Committee (SAPCDAC)

The federal Secretary of Labor (SOL) convened SPACDAC

1. In 2021 as directed by section 735 of Employee Retirement Income Security Act of 1974 (ERISA)

2. Under the new section 115(b) of the No Surprises Act enacted in December 2020 as part of the Consolidated Appropriations Act 2021

3. Governed by the Federal Advisory Committee Act (FACA)

OHS
CONNECTICUT
Office of Health Strategy

SAPCDAC Membership

Fifteen experts from diverse backgrounds

- Data science
- Research
- State APCDs
- National data organizations
- Consumer organizations,
- Key federal agencies, Large self-funded employers

Maureen Mustard, Director of Health Analytics, New Hampshire Insurance Department – Committee Chair.

Stefan Gildemeister, Minnesota State Health Economist and Director of Health Economics Program – Representative of a State All-Payer Claims Database.

Carol DeFrances, Acting Director of NCHS Division of Health Care Statistics – Representative of the National Center for Health Statistics.

Allison Oelschlaeger, Chief Data Officer at CMS and Director in CMS Office of Enterprise Data & Analytics – Representative of the Centers for Medicare & Medicaid Services.

Dr. Tricia Lee Rolle, Senior Advisor in Office of the National Coordinator for Health Information Technology – Representative of the Office of the National Coordinator for Health Information Technology.

Linda Sanches, Senior Advisor for Health Information Technology, HHS Office for Civil Rights Health Information Privacy Division – Representative of the Office for Civil Rights, HHS.

Dr. Herbert Wong, Director of Division of Statistical Research and Methods in Agency for Healthcare Research and Quality – Representative of the Agency for Healthcare Research and Quality.

Emma Hoo, Director, Pay for Value, Pacific Business Group on Health – Representative of Employer Sponsor of a Group Health Plan

Mike Kapsa, Chief Financial Officer, Solidaritus Health Inc.; and Chief Economist, America's Agenda – Representative of Employee Organization Sponsor of a Group Health Plan

Dr. Cheryl Damberg, Principal Sr. Economist, Director, Center of Excellence on Health System Performance, RAND Corporation – Academic Researcher

Frederick Isasi, Executive Director, Families USA – Consumer Advocate

Niall Brennan, President & CEO, Health Care Cost Institute – Additional Member

Josephine Porter, Director, Institute for Health Policy and Practice, University of New Hampshire; co-chair of the APCD Council – Additional Member

Susan Queen, Senior Advisor for Data Policy in the Office of the Assistant Secretary for Planning and Evaluation – Representative of the Assistant Secretary for Planning and Evaluation.

SAPCDAC Focused On…

- Collection process
- Standardized reporting format for voluntary reporting by self-funded plans to state's APCDS
- Encouraging self-funded plans sponsors to provide data in a manner consistent with state APCD collection from fully insured and some self-funded plans, Medicare, and Medicaid
- Creating efficiencies by improving alignment in operational areas such as data collection and managing data privacy and security
- Supporting the business case for collecting additional self-funded plans data while reducing their administrative burden

SAPCDAC Report Makes 14 Recommendations in 4 Key Areas

1. Standardized data layout

2. Data submission process

3. Data privacy, security, and release

4. Voluntary data submission processes

OHS
CONNECTICUT
Office of Health Strategy

Key Area 1: Standardized data layout

1. Utilize open, tested, and widely used mature industry standards

2. Reference technical feasible and adoptable standards in a short-term adopt freely available APCD Common data layout (APCD-CDL) developed by the APCD Council

3. DOL to work with states to create capture standards for non-claims payments in a separate file and enhanced APCD-CDL to capture other high priority data elements for cost and utilization analyses

4. DOL to work with states to create capture standards for non-claims payments in a separate file and enhanced APCD-CDL to capture other high priority data elements needed to support cost and utilization analysis

OHS
CONNECTICUT
Office of Health Strategy

Key Area 2: Data submission process

1. Encourage existing state methods for APCD collection or implementation of collection that mirror existing common state methods
2. New collectors to use the most efficient processes with the goal to commonality in methods among states
3. DOL, in consultation with stakeholders, establish an ongoing process for states to evaluate existing and emerging standards and methods for quality assurance
4. States to collect data on a uniform monthly timeline and capitated payments, alternative payments models and non-based claims on an annual basis, to benefit health plans

OHS
CONNECTICUT
Office of Health Strategy

Key Area 3: Data privacy, security, and release

1. Existing APCDs maintain and new APCD establish rigorous privacy and security protections, and comprehensive administrative, technical, and physical safeguard for claims data to protect their citizenry and assuage data submitter concerns
   i. Including de-identification and longitudinal identifiers to create public use files
   iii. Security and privacy protocols for data at rest and in motion/transit
   v. Attribute and acknowledge use of the data

   ii. Data application review process
   iv. Identify authorized data users and uses
   vi. Impose penalties for violation

2. DOL to consider the utility and feasibility of establishing a uniform set of data release protocol/requirements and DUAs that enable allowable uses with the appropriate privacy and security safeguards

3. When state law permits, APCD should be adequately resourced to institute infrastructure and process for timely data release to approved requestors using articulated and transparent steps that include:
   i. Information to supply in application
   iii. Application review
   v. Data transmission to approved users

   ii. Application receipt
   iv. Required application modifications, if any, to permit use and transmission to approved users

4. In addition to individual state's dissemination processes, explore secure and privacy protective multi-state aggregation and dissemination model to encourage wider use of data:
   e.g., a single entity to disseminate a file that contains select APCD data fields under a standard DUA (HCUP model) with federal involvement

OHS
CONNECTICUT
Office of Health Strategy

Key Area 4: Voluntary data submission processes

1. The SOL in partnership with the Secretary of HHS should, through annual communication or public policy statement, clarify and emphasize public policy and business interest in having self-insured plans report to State APCDs, such as:
   i. To improve health care affordability and quality
   ii. To inform consumers about quality, outcomes, and treatment costs of care
   iii. To identify and improve health inequities within and among socioeconomic and demographic groups   iv. For health sector regulation and oversight   v. To evaluate impact of proposed legislative changes   vi. For other public health issues

2. The Secretaries could convene a round-table of self-funded employers or publish a white paper to:
   i. Highlight and document the benefits of state APCDs
   ii. Illuminate how data from self-funded plans, e.g., state employee/retiree plans, currently collected are being used and could be used

3. DOL to establish an effective and streamlined standard process for self-insured plans to opt-in to participate in APCD data submission:

   i. Through a standard online portal or standalone APCD opt-in form for use by states   ii. Define end users' data use cases

   iii. Encourage states to utilize this standardized process

   vi. Allow self-insured group plans to utilize DOL Form 550, or similar, to opt-in to maximize participation

   v. Clarify that self-insured plans have the authority to decide to opt-in not the TPAs

   v. Survey and publicly report on difficulties group plans experience working with TPAs to report and provide guidance for common difficulties e.g., legal concerns and unreasonable fees

OHS
CONNECTICUT
Office of Health Strategy

Key Area 4: Voluntary data submission processes (cont.)

4. DOL to engage employers and union that sponsor self-insured ERISA-covered to identify submission process changes will enhance plans' participation to submit to APCDs

5. SPACDAC recommended a committee or roundtable, supported by DOL staff, to focus on addressing other known issues SPACDAC was not charged to address including;

    i. Learning from states how to increase use of APCD and cooperation from submitters through adopting the APCD-CDL

    ii. Working with states to streamline collection for increased efficiency

    iii. Surveying existing states' APCD privacy and security protocols and synthesize for additional common features and best practices

6. Secretaries of Labor & HHS should work with states and stakeholders to invest system-wide to standardize collection of race, ethnicity and gender data not typically collected by payers to help address pervasive health inequities

Federal Grant Funding Next Steps….

States awaiting instructions on the application process and requirements

OHS
CONNECTICUT
Office of Health Strategy

Questions?

Wrap up and Adjournment