

# APCD Advisory Group

May 12, 2022



# Agenda at a glance

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## Agenda Item

Welcome and Call to Order & Introductions

Public Comment

**Action:** Review and Approve Minutes: February 10, 2022

Update: Health Information Technology Advisory Council

Race, Ethnicity and Language (REL) American Rescue Plan Act (ARPA) Funding Request

APCD Updates

APCD Data Release Committee Report

APCD Coverage Completeness

**Action:** Review and Approve Draft APCD Advisory Group Charter

**Action:** Review and Approve Draft APCD Data Submission Guide Workgroup Charter

Wrap up & Meeting Adjournment

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# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

# **Review and Approve Minutes: February 10, 2022 Meeting**

# **Race, Ethnicity and Language (REL) American Rescue Plan Act (ARPA) Update**

*Adrian Texidor, OHS*

# Race, Ethnicity & Language ARPA Update

## Background

- American Rescue Plan Act of 2021 (ARPA)
  - Federal COVID-19 relief bill
  - Approx. \$6 billion distributed to Connecticut (\$2.6b for state government programs)
- REL Mandate – Efforts to date
- OHS/DSS REL ARPA Concept to support **C.G.S. Sec. 19a-754d**
- Anticipated Roadmap for REL ARPA project

# Background: Race, Ethnicity & Language Mandate

## **C.G.S. Sec. 19a-754d:** *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic*

- Mandate went into effect on January 1, 2022
- Applies to any state agency, board, or commission that collects or contracts with an entity to collect race, ethnicity or primary language data for health care or public health purposes to collect REL Data according to the REL Data Standards and Implementation Guide
- OHS is the entity responsible for developing the REL Data Standards and Implementation Guide(<https://portal.ct.gov/OHS/HIT-Work-Groups/Race-Ethnicity-and-Language>)
- Health Information Exchange—mandates health providers with electronic health records (EHR) connected to the statewide health information exchange (Connie) to provide patient self-reported race, ethnicity, primary language. Two additional data points should be collected: insurance and disability status



# REL Mandate: Efforts to Date

- OHS developed & published version 1 REL Standards and Implementation Guide for providers and impacted state agencies;
- Connecticut Health Foundation and Yale University's Equity Research and Innovation Center holding series of convenings to educate and support providers and impacted state agencies with implementation of REL data collection
- OHS organizing convenings for state agencies to address unique agency needs
- Ongoing collaborations to develop version 2 of Standards and Implementation Guide

# OHS/DSS REL ARPA Concept

- Request for \$1.5m in ARPA funds over two years to support **C.G.S. Sec. 19a-754d**

## **Purpose(s):**

- To update OHS & DSS systems to enable collection of patient self-reported REL data; and
- To create health equity dashboard

# Anticipated REL ARPA Project Roadmap

## FY23 | \$500k

- Continued stakeholder engagement
- Discussions with DSS/OHS re: systems upgrade
- Analysis of OHS and DSS systems
- Secure resources to develop REL standards & implementation guide v2;
- Secure resources for project management

## FY24 | \$650k

- Project management;
- Integration of OHS & DSS systems & system upgrades of remaining identified OHS and DSS systems;
- Build connection to HIE (Connie) to provide REL data to State;
- Secure health equity dashboard & dashboard expertise
- Deploy REL-based health equity dashboard

# APCD Advisory Group Charter

*Adrian Texidor*

# APCD Advisory Group (APCD-AG) Charter

## APCD-AG Charter Identifies Council:

- ✓ Purpose
- ✓ Membership composition
- ✓ Officers
- ✓ Committees and workgroups

## The APCD Advisory Group Advises and Consults:

- on strategic guidance, recommendations, and ongoing support to the Health IT Advisory Council and the Office of Health Strategy (OHS) including but not limited to:
  - (a) contracting for, planning, implementing and administering the APCD;
  - (b) obtaining claims data from the State's medical assistance program and Medicare Part A or B,
  - (c) contracting for the collection, management or analysis of data from reporting entities;
  - (d) any action to obtain Medicaid and CHIP data; and
  - (e) enhancing the state's use of data to increase efficiency, improve outcomes and the understanding of health care expenditures in the public and private sectors.

# APCD-AG Charter Review

## 8 Articles within APCD-AG Charter

Article 1 Name (APCD-AG)

Article 2 Purpose

Article 3 Membership

Article 4 Officers

Article 5 Sub Committees

Article 6 Duties of APCD-AG

**Article 7 Operating Procedures**

Article 8 Duties of OHS

Article 9 Duties of HITAC

## 8 Sections within Article 7: Operating Procedures

Sect. 1 All records maintained by OHS

Sect. 2 Meetings may be held virtually\*

- Sect. 3
- Meetings governed by Robert's Rules, Abbrev.
  - Majority of members shall constitute a quorum

Sect. 4 Chair may solicit agenda items from members in advance of meetings & establish agendas in collaboration with OHS designated staff

Sect. 5 Meetings must be published on Secretary of State site and OHS web site

Sect. 6 All votes shall be posted to OHS website within 48 hours of meeting

Sect. 7 All Draft (and approved) minutes shall be posted to OHS website within 7 calendar days.

Sect. 8 Each member shall be entitled to one vote upon any matter that requires a vote. Voting upon any issue shall be voice vote, or by show of hands, of the members. Roll call may be utilized for video-conference meetings if a voice vote is unclear.

\*Meetings held solely by electronic means must be noticed accordingly in accordance with Public Act 22-3

# Approval of APCD Advisory Group Charter

*Olga Armah*

# **Review & Approve Draft APCD Data Submission Guide Charter**

***Adrian Texidor***



# APCD-DSGW Charter & Key Highlights

## Purpose



### 7 Articles within APCD-DSGW Charter

Article 1	Name (APCD-DSGW)
Article 2	Purpose
Article 3	Membership
Article 4	Officers
Article 5	Operating Procedures
Article 6	Duties of APCD-DSGW
Article 7	Duties of OHS

Provide Data Submission Guide modifications that will enable the collection and submission of dental and denied claims in alignment with industry and national standards pursuant to the purpose of CT's APCD program.

# APCD-DSGW Charter & Key Highlights

## Membership

### 7 Articles within APCD-DSGW Charter

Article 1	Name (APCD-DSGW)
Article 2	Purpose
Article 3	Membership
Article 4	Officers
Article 5	Operating Procedures
Article 6	Duties of APCD-DSGW
Article 7	Duties of OHS



### APCD-DSGW Membership Shall Include:

- (A) a representative of the Office of Health Strategy;
- (B) a representative of a health insurance company;
- (C) a healthcare expert from an academic institute;
- (D) at least one expert in the field of dental claims from an insurance company;
- (E) a member of the CT-APCD Data Release Committee; and
- (F) a representative of a state agency

# APCD-DSGW

## Process & Next Steps



- Timeboxed for 4–6 weeks: one-hour meetings; or until recommendations are finalized
- Kickoff meeting: May 23, 2022
- Goal: APCD-DSGW to provide recommendations to APCD-AG at August 11 meeting & acceptance of recommendations

# Approval of APCD Data Submission Guide Workgroup Charter

*Olga Armah*

# APCD Data Release Committee Report

*Dr. Patricia Checko*

# APCD Coverage Completeness

*Olga Armah*

# APCD Coverage Completeness

## Private Sector Employees Enrolled in Employer Sponsored Insurance (ESI) Coverage: 2017 - 2020

Private Sector (PS)	2017	2018	2019	2020
# of Employees	1,463,183	1,563,397	1,481,128	1,423,587
# of Employees Enrolled in ESI	531,693	547,933	526,147	593,984
Employees in Self-Insured Plans	323,269	328,212	254,129	378,962
% of PS Employees Enrolled in ESI	36%	35%	36%	42%
% of PS Employees Enrolled in Self-Insured Plans	22%	21%	17%	27%
% of PS Employees Enrolled in ESI that are in Self-Insured Plans	61%	60%	48%	64%

Source: Agency for Healthcare Research and Quality Medical Expenditure Panel Survey (MEPS) Insurance Component (IC)

## Health Insurance Coverage Vs. All Payer Claims Database Coverage: 2019

	2019 US Census Insurance Tables	APCD 2019 Enrollment (includes dual eligibility)	APCD as % Census Data of Insured
<b>CT Population Total</b>	<b>3,515,000</b>		<b>76%</b>
<b>Any coverage</b>	3,307,000	<b>2,658,527</b>	80%
Uninsured	207,000		
<b>Private</b>	<b>2,440,000</b>	<b>1,047,013</b>	<b>43%</b>
<b>Employer-based</b>	<b>2,081,000</b>	<b>1,047,013</b>	<b>50%</b>
Direct-purchase	423,000		
TRICARE	48,000		
<b>Public</b>	<b>1,303,000</b>		<b>100%</b>
Medicaid*	766,000	766,000	100%
Medicare	648,000	845,514	100%
VA Care	55,000		

Source: US Census Bureau Insurance Tables and CT Office of Health Strategy All Payer Claims Database Extract #6002

\*Medicaid data not available for this purpose so Census data used.

# APCD Updates

*Olga Armah*



# 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)	Medical claims Pharmacy claims	1/1/2012 – 12/31/2021
Medicaid	Medical claims Pharmacy claims	1/1/2015-12/31/2021
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

# Wrap up and Adjournment