

APCD Advisory Group

August 11, 2022



Agenda

Agenda Item

Welcome and Call to Order & Introductions

Public Comment

Action: Review and Approve Minutes: May 12, 2022

Presentation by National APCD Council

Review Draft APCD Advisory Group Charter

Action: Acceptance of Draft APCD Advisory Group Charter

Review APCD Data Submission Guide Workgroup (APCD-DSGW) Report

Action: Acceptance of APCD-DSGW Report

APCD Updates

APCD Data Release Committee Report

Health Information Technology Advisory Council Update

Wrap up & Meeting Adjournment

Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approve Minutes: May 12, 2022 Meeting

Presentation by National APCD Council

Jo Porter, MPH

*Director, Institute of Health Policy and Practice,
Univ. of New Hampshire
Co-Chair, APCD Council*



APCD Council Updates

**CT APCD Advisory Group Meeting
August 11, 2022**

Jo Porter, MPH
Director, Institute for Health Policy and Practice, UNH
Co-chair, APCD Council

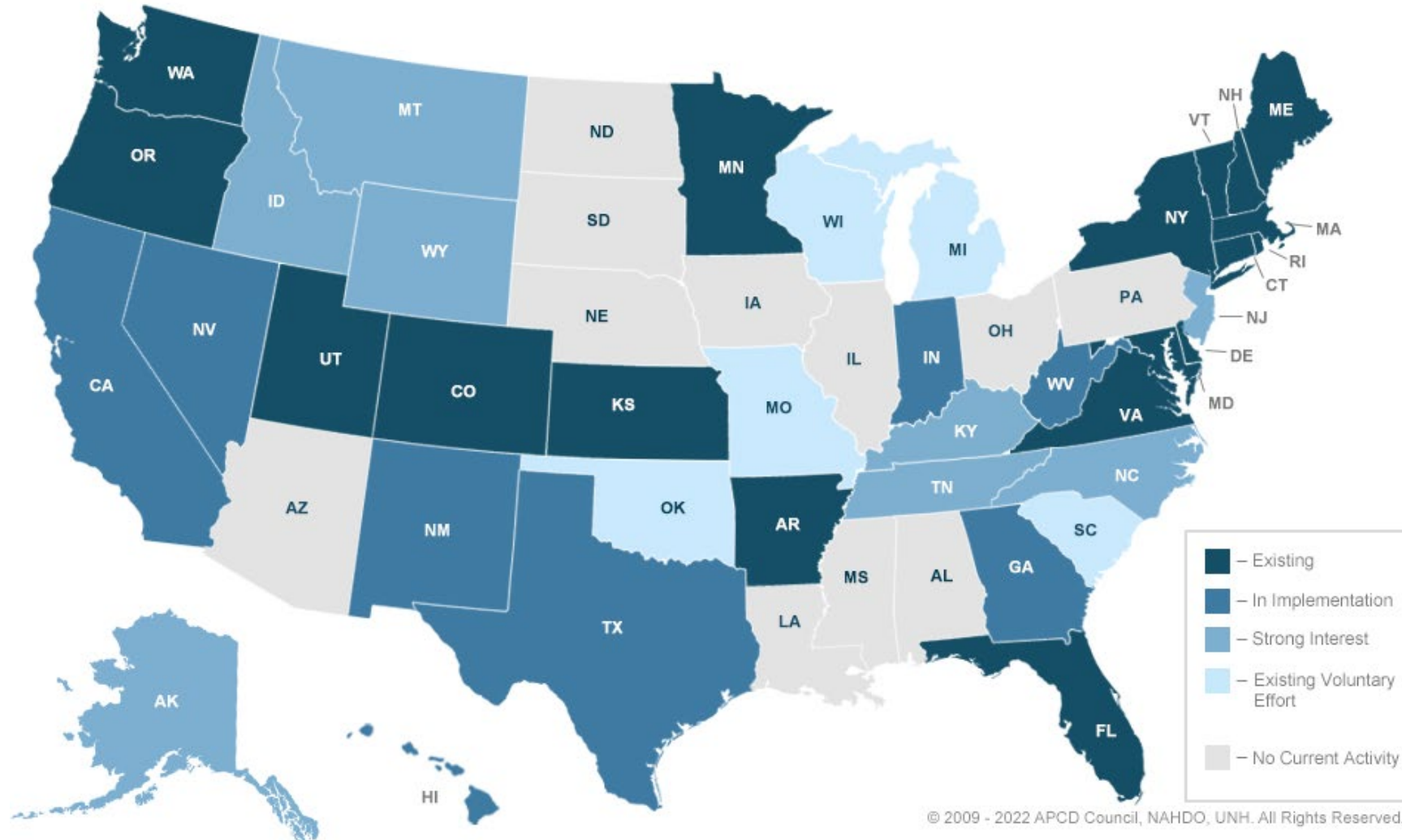
About the APCD Council

The APCD Council is a learning collaborative of government, private, non-profit, and academic organizations focused on improving the development and deployment of state-based all payer claims databases (APCDs). The APCD Council is a program partnership of the National Association of Health Data Organizations (NAHDO) and the Institute for Health Policy and Practice (IHPP) at the University of New Hampshire (UNH).

Our Work

- Early-Stage Technical Assistance to States
- Shared Learning
- Catalyzing States to Achieve Mutual Goals
- Advocacy for State and Federal Policies





- ***Filling Data Gaps***
 - **ERISA-governed Employer Data**
 - 42 CFR Part 2 Guidance
 - Federal Employee Data
 - Veteran's Administration and Indian Health Service
- ***Improving Access and Use of Data***
 - Medicaid
 - Medicare
- ***Funding Opportunities***
 - **Section 115 Grant Funding**
 - Medicaid Match Funds
 - Other Funding

- ***Understanding mandatory and voluntary submissions***
 - Not all self-funded are ERISA plans
 - Governmental plans
- ***Barriers to employer participation***
 - Third Party Administrator arrangements
- ***Successful employer engagement***
 - Value propositions are important
 - Employers want information but are not healthcare experts
 - Use cases are important

APCD Showcase: States Leading by Example

Welcome to the APCD Showcase where examples from state all-payer claims databases (APCDs) have been organized in order to provide stakeholders with tangible examples of APCD reports and websites. The examples have been organized by intended audience, and are also searchable by additional criteria. We invite you to explore the site and learn more about the value that APCDs provide to states and their stakeholders.



Choose from the categories below or [See all Case Studies >](#)



Consumers

Consumer websites primarily focused on cost and quality



Employers

Employer and purchasing coalition efforts



Providers

Accountable Care Organizations and quality



Researchers

Academic and "think tank" research



Population Health

Incidence, prevalence, quality, and utilization



Insurance Department

Regulatory and market use cases



Medicaid

Comparisons between Medicaid and Commercial populations



Health Reform

Medical Home, Accountable Care Organizations & Triple Aim



<https://www.apcdshowcase.org/>

Moving to Cost-Effective Sites of Care

Employer Cost Savings Study

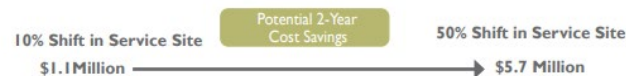
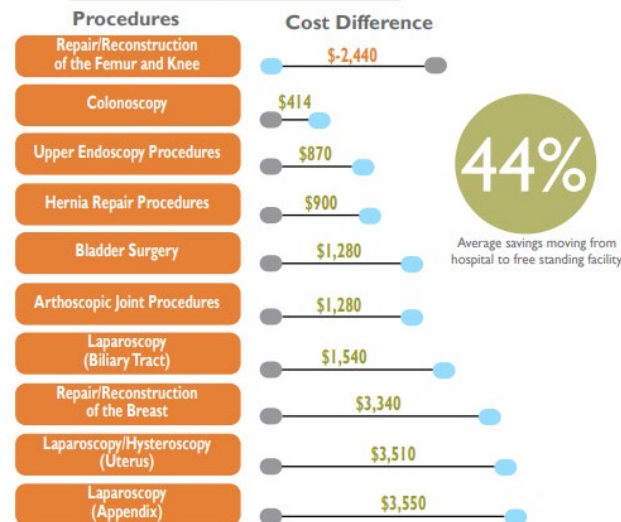


CENTER FOR IMPROVING VALUE IN HEALTH CARE

The [Colorado Purchasing Alliance \(TCPA\)](#) is an employer-led coalition created to leverage combined purchasing power in negotiating agreements for affordable health care services with providers, facilities, and insurance plans.

TCPA asked the Center for Improving Value in Health Care (CIVHC) to analyze Alliance-specific data from the [Colorado All Payer Claims Database \(CO APCD\)](#) to investigate the potential cost savings available with outpatient procedures by comparing costs for services performed at hospitals to those performed at independent, free-standing centers not owned by a health system or hospital.

Top 10 TCPA Outpatient Surgical Procedure Categories (2018-2019)



Claims Volume by Facility Type

Free-Standing - 49,000

Hospital-Based - 10,000

The Study

Step 1 - Determine the highest volume outpatient services for the TCPA population.

Step 2 - Identify volume and median prices for Free-Standing vs Hospital-Based procedures.

Findings

- Of the 10 procedures analyzed, only one was less expensive in a hospital setting with the others ranging from \$400-\$3500 more expensive.
- If employees and their dependents changed 50% of these procedures to the least expensive facility type they could save up to \$5.7 million.





<https://www.civhc.org/wp-content/uploads/2021/06/CBGH-TCPA-Case-Study-Final-1.pdf>

Nationwide Evaluation of Health Care Prices Paid by Private Health Plans

Findings from Round 3 of an Employer-Led Transparency Initiative

by Christopher M. Whaley, Brian Briscoe, Rose Kerber, Brenna O'Neill, Aaron Kofner

Related Topics: [Employer Sponsored Health Insurance](#), [Health Care Cost Inflation](#), [Hospitals](#), [Measuring Health Care Costs](#), [Medicare](#)

 Citation  Synopsis (print-friendly)  Embed  View related products

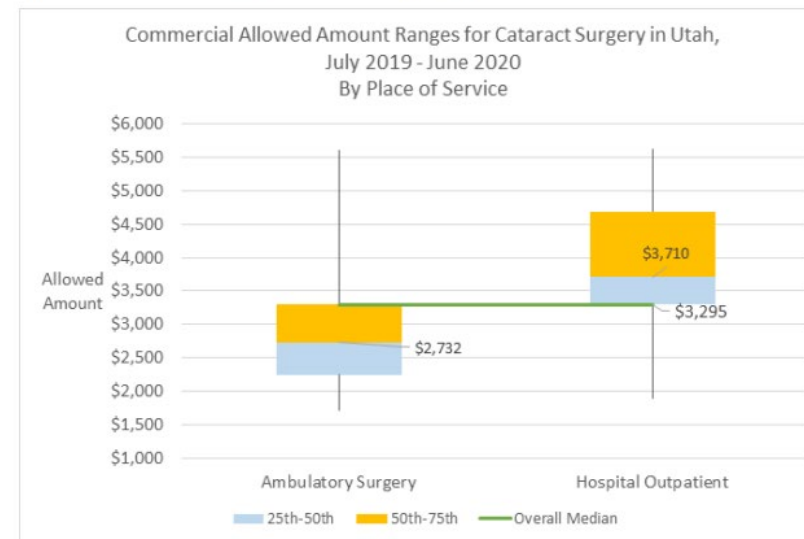


https://www.rand.org/pubs/research_reports/RR4394.html



Exploring the Cost of Cataract Surgery in Utah
July 2019 through June 2020

Figure 1. Box and whisker plot of cataract surgery by place of service.



<https://stats.health.utah.gov/wp-content/uploads/2021/03/Exploring-the-Cost-of-Cataract-Surgery-in-Utah-FINAL-3.23.21.pdf>

L-HHS-ED Appropriations Subcommittee Language DRAFT

“State All Payer Claims Databases.—The Committee includes sufficient funding to support grants of \$1,000,000 to up to 25 eligible States under section 320B of the PHS Act for the first year of activities to establish a State All Payer Claims Database (APCD) or improve an existing State APCD. These grants will support the work the Agency for Healthcare Research and Quality and the Assistant Secretary for Planning and Evaluation are currently conducting on APCD infrastructure.”

From **DRAFT** fiscal year (FY) 2023 appropriations bill of the House Labor, Health and Human Services, Education, and Related Agencies (L-HHS-ED) Appropriations Subcommittee. Details are on page 190 of the associated report (<https://docs.house.gov/meetings/AP/AP00/20220630/114968/HMKP-117-AP00-20220630-SD003.PDF>)

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Review Draft APCD Advisory Group Charter

Adrian Texidor

APCD Advisory Group Charter

Background / Refresher

- OHS requiring charters across all councils and committees
- Initial overview of the draft APCD-AG charter presented in May & members agreed to discuss further in August
- Discussion held in May on process and approach to making recommendations to HITAC
- Updated Article 9, *Duties of the HITAC* [to the APCD-AG] to align with the HITAC charter

APCD Advisory Group Charter

Article 9: Duties of HITAC

In Alignment with HITAC charter:

- HITAC will ensure that all committees and work groups prepare and ratify a charter in a format and manner similar to the HITAC's charter
- The APCD-AG Chair or Co-Chair will report work group findings and recommendations to the HITAC for its information or action
- Advise and consult with the APCD-AG on maintaining written procedures for administering the APCD.

Approval of APCD Advisory Group Charter

Olga Armah

Review APCD Data Submission Guide Workgroup (APCD-DSGW) Draft Final Report

Olga Armah

Draft APCD-DSGW Final Report

Membership

Name	Representation
Olga Armah, Chairperson Office of Health Strategy	Representative of the Office of Health Strategy
Bernie Inskeep United Health Group	Representative of a Health Insurance Company
Laurel Buchanan UCONN Health	Healthcare Expert from an Academic Institute
Sandra Czunas Office of the State Comptroller	Expert in Dental Claims and a Representative of a State Agency
Sheryl A. Turney Anthem Blue Cross Blue Shield	Member of the CT All Payer Claims Database Data Release Committee
Technical Support	
Jesse Drummond OnPoint Health Data	CT APCD Data Manager/Vendor
Robert Viens Serna OnPoint Health Data	CT APCD Data Manager/Vendor

Draft APCD-DSGW Final Report

Goals of DSGW

To review and recommend modifications to the Data Submission Guide (DSG) 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.



Draft APCD-DSGW Final Report

Background & Process

- APCD-AG approved DSGW charter on May 12th
- DSGW met six times between May and August to review denied and dental claims layout and form recommendations to modify Data Submission Guide to enable collection

Draft APCD-DSGW Final Report

Denied Claims Review Process

- The DSGW reviewed the current state vs future state of denied claims collection and all Claims Adjustment Reason Codes (CARC)
- The DSGW agreed to collect all fully denied claims that carriers have in their data warehouse related to denied claims (all CARC codes)

Draft APCD-DSGW Final Report:

Dental Claims Review Process

- Currently, CT APCD DSG requests data submission for multiple teeth per row and includes three data elements only
- The DSGW reviewed two approaches:
 - **Approach 1:** use the current CT DSG which requests submissions of multiple teeth per row and add more elements to accommodate the additional columns identified in the APCD Common Data Layout (CDL)
 - **Approach 2:** update the CT DSG to have one tooth per row, allow for submissions of multiple teeth per row, and add more elements to accommodate the additional columns identified in the APCD CDL
- Both approaches consistent with:
 - The X12 dental claims standard (837D)
 - APCD CDL
- Final decision was to go with Approach 2

Draft APCD-DSGW Final Report

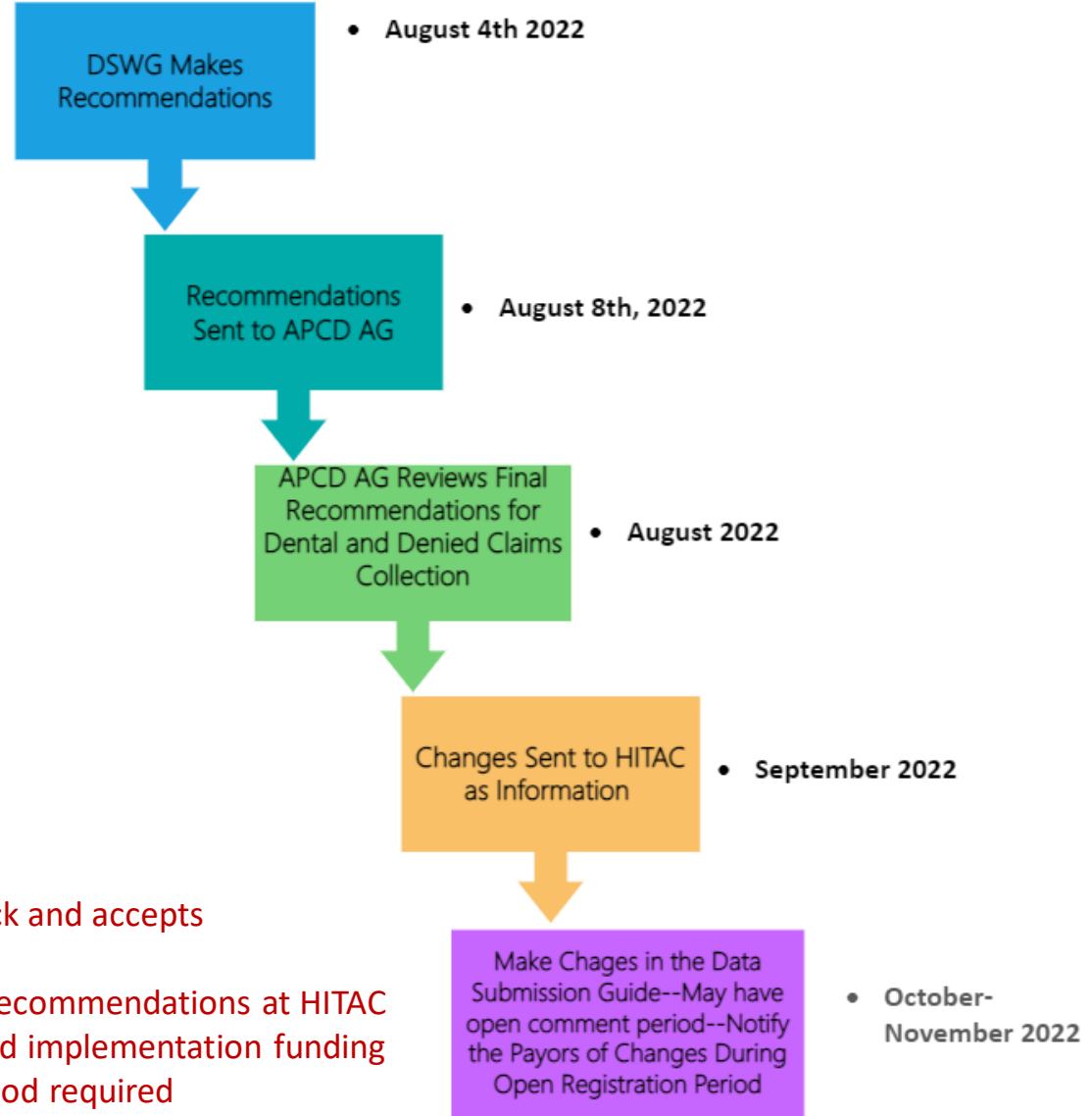
Next Steps

- DSGW members voted unanimously to accept the modifications to the DSG to include denied and dental claims and the final report
- Upon approval of the DSGW draft final report by APCD-AG, OHS will work with Onpoint on a communications strategy, and implementation

Assumptions:

- APCD-AG has no feedback and accepts recommendations.
- Do not have to present recommendations at HITAC
- Obtain cost estimates and implementation funding
- No 30-day comment period required

DSG UPDATE TIMELINE



Approval of Draft APCD-DSGW Report

Olga Armah

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 – 3/31/2022
Medicaid	Medical claims Pharmacy claims	1/1/2015 – 3/31/2022
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

APCD Data Release Committee Report

Dr. Patricia Checko

Health Information Technology Advisory Council Update

Sumit Sajnani, OHS HITO

HITAC Update

- Behavioral Health Provider Engagement
- Race, Ethnicity, & Language
- Health Information Exchange (“Connie”)

HITAC Update: Behavioral Health Provider Engagement

Background

- Connecting BH providers to HIE identified as 1 of 6 focus areas to include in the 5-Year Statewide Health IT Plan (following eScan)
- Identified as top priority to begin in 2022 by HITAC

Status

- Engagement plan drafted to better understand concerns around privacy, consent, and data sharing & any challenges from a technological perspective
- Focus groups being considered to identify questions for future regional town hall meetings

HITAC Update: Race, Ethnicity & Language

- Presentation to APCD-AG during May covered:
 - REL Mandate
 - Development of Version 1 Standards and Implementation Guide by OHS American Rescue Plan Act (ARPA) Funding
 - OHS/DSS REL ARPA Concept
 - Project Roadmap for use of ARPA Funds FY2023 and FY2024
- REL Data Collection Implementation Efforts to Date
 - State agency and provider convenings to identify challenges & unique needs and support individual
 - Evaluation of OHS and DSS systems for upgrade
 - Continued collaboration to develop Version 2 of Standards and Implementation Guide
- Next Steps
 - Development of Implementation Plan
 - Implementation Plan will indicate when data collection will begin and be available for public consumption

HITAC Update: Health Information Exchange “Connie”

➤ Connectivity

- By end of June 2022, 85% of hospitals were either committed to connecting to Connie, in the technical implementation phase of connecting or already providing data

➤ Patient Data

- As of July 2022, medical data for approximately 3.5 million unique patients

➤ Provider Directory

- Established a tool that provides consolidated view of state healthcare providers

➤ Radiology Images

➤ Submission of empanelment and encounter notification services

Wrap up and Adjournment