



# APCD Advisory Group

August 13, 2020



# Agenda

| <b>Agenda Item</b>  | <b>Time</b> |
|---|-------------|
| Welcome and Call to Order   | 1:00 PM     |
| Public Comment  | 1:05 PM     |
| Review and Approval of Minutes –February 13, 2020   | 1:10 PM     |
| Introduction and Welcome to New APCD Chair  | 1:15 PM     |
| Adding Denied, Dental, and Mental Health Claims Discussion  | 1:40 PM     |
| Data Updates: Data Availability, Status of CMS Data Use Agreements, Medicaid DUA Update                   | 2:00 PM     |
| APCD Project Updates: Cost-Growth Benchmark, NESCO Primary Care Spend, COVID-19 Hospitalizations Analysis | 2:30 PM     |
| Data Release Committee Update   | 2:30 PM     |
| Wrap up and Meeting Adjournment   | 3:00 PM     |

# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

# **Review and Approval of:**

## **February 13, 2020 Meeting Minutes**

# Introduction & Welcome to New APCD Co-Chair: Olga Armah

*Allan Hackney*

# Discussion: Adding Denied, Dental, and Mental Health Claims

*Olga Armah*

# APCD Data Updates

*Adrian Texidor*

# Updated Data

- Updated commercial, Medicaid, and Medicare claims data is delivered to OHS on a quarterly basis.
- At this point in time, OHS has the claims data for the following periods:

| Claims Source | Dates  |
|---------------|--|
| Commercial    | 1/1/2012-03/31/2020  |
| Medicaid      | 1/1/2012-3/31/2020   |
| Medicare      | 1/1/2012-9/30/2018 (Medical), 1/1/2012 - 12/31/2016 (Pharmacy) |

# CMS and Medicaid Data Use Agreement Status

## **Medicaid**

- OHS and DSS are renewing the Memorandum of Agreement that allows OHS to receive Medicaid Data.
- Medicaid have agreed in principle to provide OHS with a comprehensive Medicaid dataset from the State of CT's Medicaid Data Warehouse. OHS and DSS are currently working out the mechanics of receiving the claims paid by both the State of CT and Medicaid.

## **Medicare**

- With the sunset of the SIM Program OHS must submit a new DUA Package to CMS by 8/21/20.
- The DUA will remain the same. Three things will change:
  - The project name will change to have no reference to SIM;
  - OHS will pay for continued access to Medicare Data;
  - OHS will receive Medicare Claims Data on an annual basis.
- OHS has obtained extended data use of Medicare data through September 2020.

# APCD Data Projects Update

*Adrian Texidor, Olga Armah, and Jesse Drummond(OnPoint)*

# Governor Lamont's Executive Order #5 Directs Connecticut's Office of Health Strategy to:

1. Develop annual **healthcare cost growth benchmarks** by December 2020 for CY 2021-2025.
2. Set **targets for increased primary care spending** as a percentage of total healthcare spending to reach 10% by 2025.
3. Develop **quality benchmarks** across all public and private payers beginning in 2022, including clinical quality measures, over/under utilization measures, and patient safety measures.
4. Monitor and report annually on healthcare spending growth across public and private payers.
5. Monitor accountable care organizations and the adoption of alternative payment models.

# Cost Growth Benchmark: Recommendation

- The Technical Team has tentatively recommended cost growth benchmarks for the five years, using a **20/80 weighting of projected CT Potential Gross State Product and CT Median Income**. The resulting value of the benchmark would be **2.9%**.
- The Technical Team recommended increasing the benchmark value for the first two years, before settling at 2.9% for the latter years.
  - 2021: 3.4% (Base Value + **0.5%**)
  - 2022: 3.2% (Base Value + **0.3%**)
  - 2023 – 2025: 2.9% (Base Value)

# Analytic framework

| Domain                              | Initial work, 2020  | Extensions  |
|-------------------------------------|---|---|
| Sample                              | Commercial  | Medicaid, Medicare  |
| Types of claims                     | Medical   | Pharmacy, dental  |
| Complexity                          | Simple  | More complex  |
| Focus areas                         | Spending (Total, PMPM, change over time, OOP)<br>Spending by category of service<br>Utilization and spending per unit<br>Out-of-pocket spending<br>Chronic conditions | Avoidable hospital use<br>Low value services<br>Market concentration<br>Quality<br>Price variation  |
| Stratifications and data enrichment | Demographic groups (age and gender), region, payer, populations defined by presence of chronic condition  | Provider groups<br>Episodes of care<br>Adjust spending for medical risk<br>Social determinants of health  |
| Opportunities                       | Regions, populations, services, and/or conditions driving costs   | More specific services and trends<br>Variation among providers in practice patterns and spending  |
| Actionability                       | Descriptive, background, establish trust in data<br>Identify initial set of cost drivers & opportunities to reduce costs  | More complex, specific, controversial, and actionable topics possible<br>Identify more specific drivers and opportunities<br>Promote accountability |



# Data Use Strategy

- Using APCD data, OHS will examine cost drivers and cost variability to help identify opportunities for achieving the cost growth benchmark
- A contractor – Mathematica – will perform the initial analysis, to be completed by the end of 2020.
- Supplemental analyses will include out-of-pocket spending, and stratification of spending by demographic data, chronic conditions, and zip code.
- The strategy will incorporate many of the recommendations made by the Cabinet's 2018 Cost Containment Data Workgroup.

# Questions and perspectives of this Advisory Body

- What questions do you have about this initiative?
- What concerns do you wish to share today?

# COVID-19 Hospitalization Susceptibility

*Adrian Texidor and Jesse Drummond(OnPoint)*

# Use Cases

- With states, identify areas of concern (high numbers of people at risk / beds available)
- Relevant now but also ongoing monitoring – What happens later?
- Potential issues with deferred care for chronically ill patients
- Evaluation of impact of COVID-19 as time goes on

# Who Are the Populations of Concern?

- According to the CDC and World Health Organization
  - Older Adults
  - People with serious medical conditions:
    - Heart Disease
    - Diabetes
    - Lung Disease
    - High Blood Pressure
    - Cancer

# Preliminary Definition of “At Risk”

- Definition included people with:
  - Chronic obstructive pulmonary disease (COPD)
  - Asthma
  - Cancers
  - Diabetes
  - Acute myocardial infarction (AMI), atrial fibrillation (AF), ischemic heart disease, heart failure
  - Stroke
  - Functional disabilities

# Questions?

# Update on Data Release Committee

*Patricia Checko*

# Updates on APCD Data Release Committee Activities

- **Status of Applications**
- **User Survey**
- **Application Workgroup**

# Wrap up and Adjournment