



All-Payer Claims Database - Introduction, Progress and Current Status

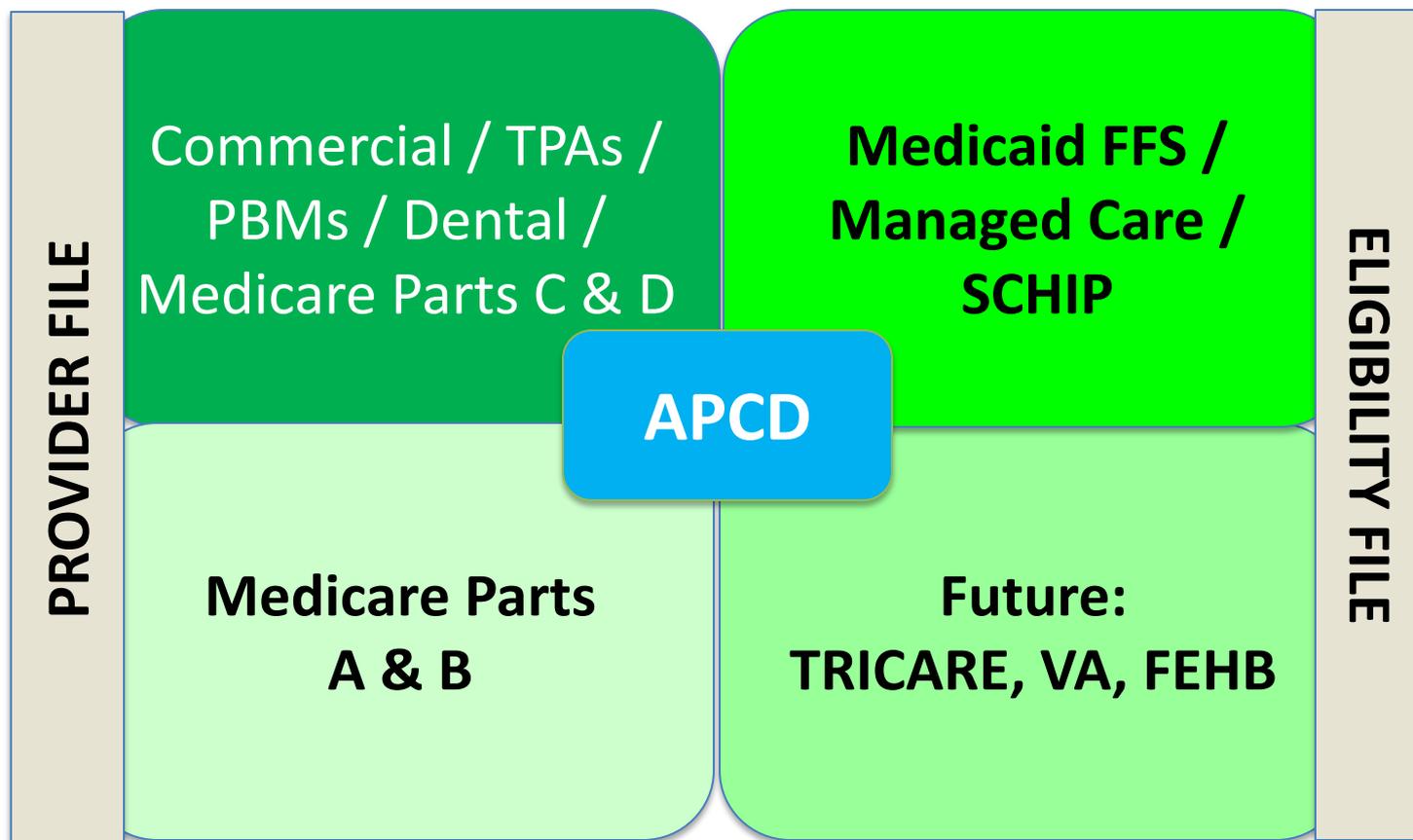
Presented To: Health Care Cabinet

January 13, 2015

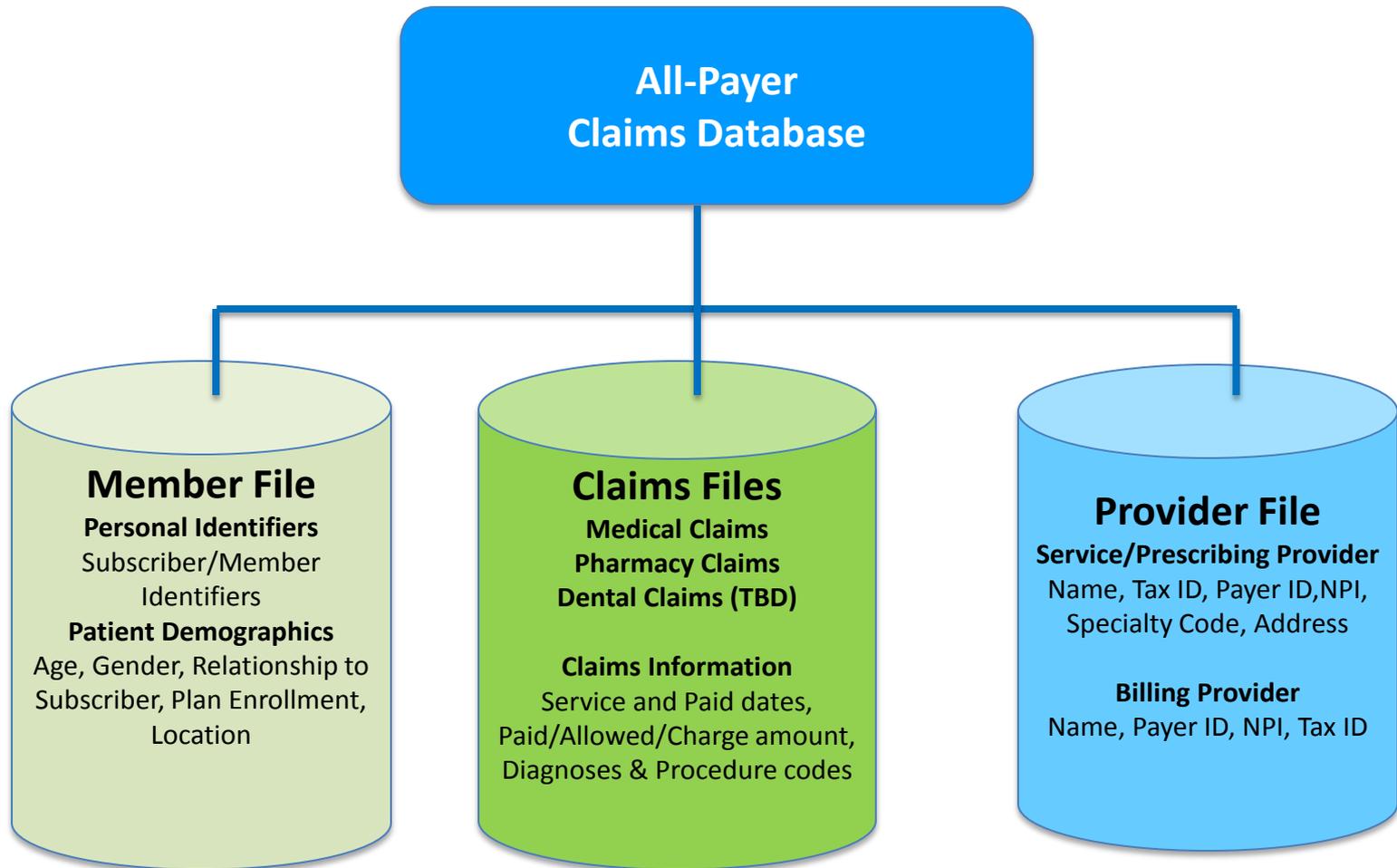
Purpose of All-Payer Claims Database (APCD)

- Public Act 13-247 proposed a plan to create APCD by Access Health CT
- The purpose of APCD is to create “... health care information relating to safety, quality, cost effectiveness, access and efficiency for all levels of health care in Connecticut”
- APCD will include data from commercial carriers, PBMs, CT State Employee Insurance, Medicaid and Medicare enrollees for the residents of CT
- The database will contain historical data (≥ 3 years) and then monthly additions starting from August, 2015
- Public users will only have access to deidentified data through a strict data governance and approval process

Sources of APCD Datasets



APCD - Files and Selected Elements



APCD Dataset Future Not Included Currently

- ✓ Services provided for uninsured members
- ✓ Denied Claims (planned for future collection)
- ✓ Worker compensation claims
- ✓ Referrals
- ✓ Test results from Lab, Imaging
- ✓ Premium
- ✓ Capitation
- ✓ Administrative fees
- ✓ Payments due to P4P or PCMH payments

Stakeholders in APCD

Providers

(Hospitals, Facilities,
Physicians)

Subscribers

(Members, Subscribers,
Patients)

State Agencies

(DSS / Medicaid /
Medicare, OHA, DPH,
OPM, Comptroller, CID)

Researchers

(State & Private
Universities, Research
Foundations)

Consumer Advocates

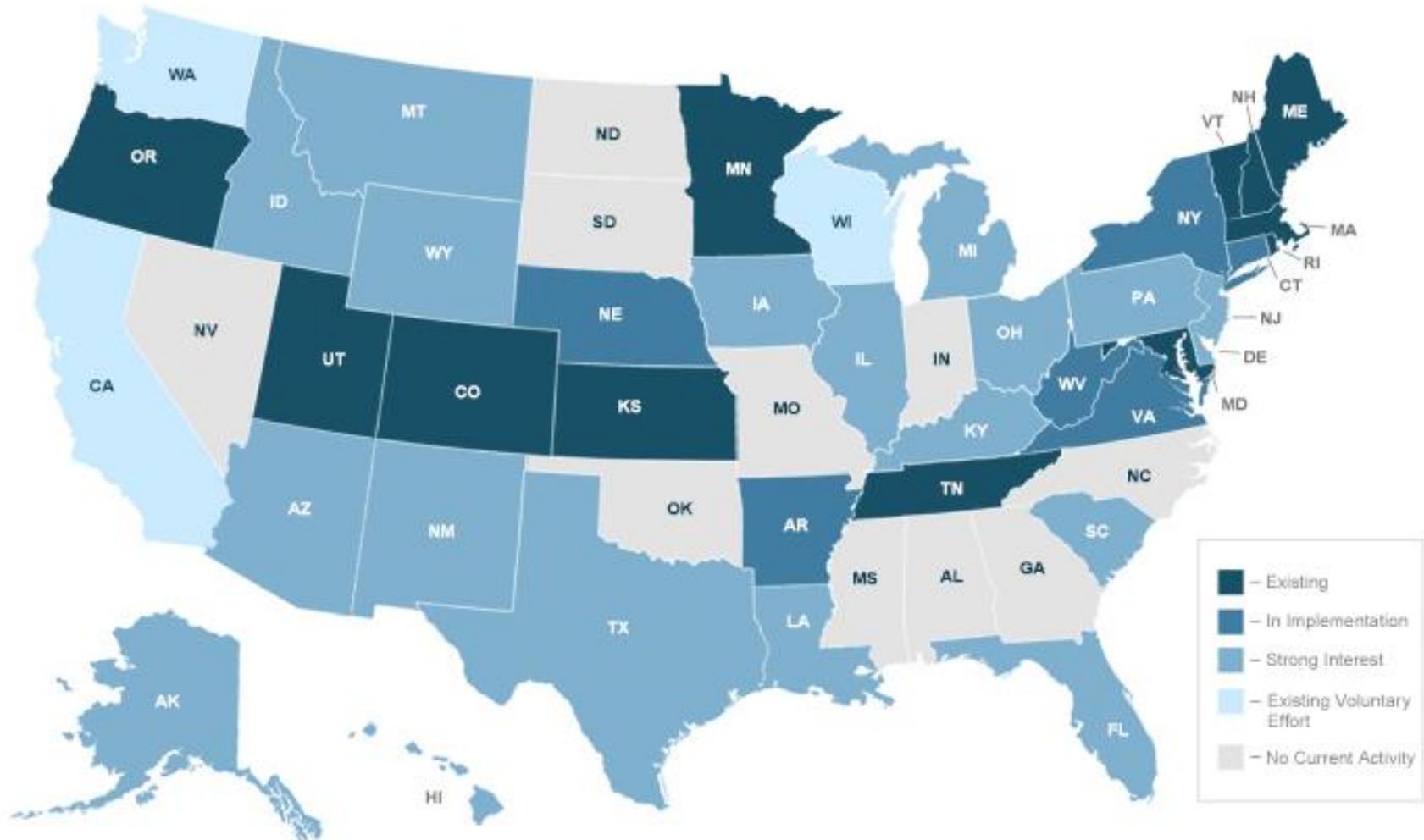
Exchange Analytics

Carriers

Employer Groups

Commercial Entities

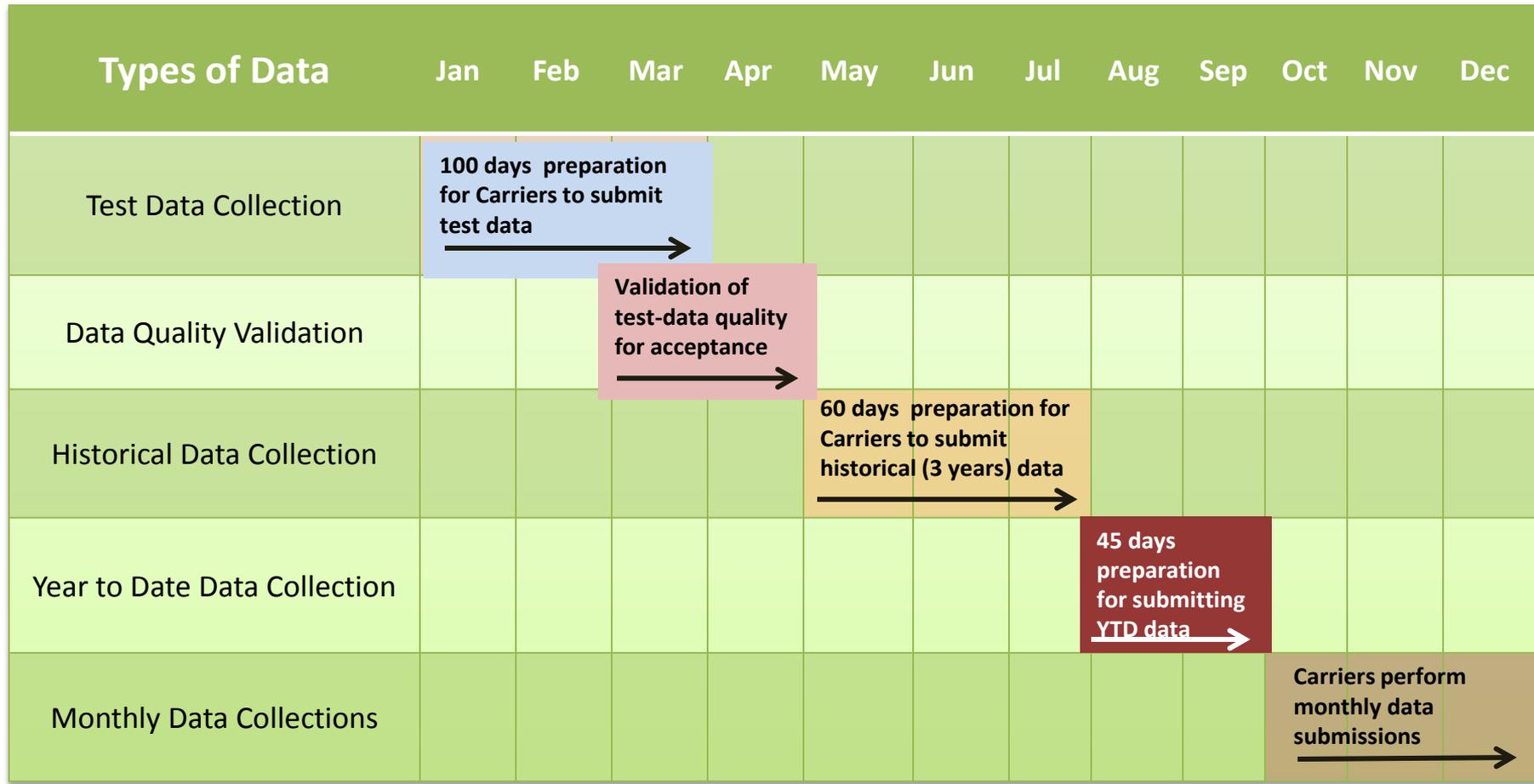
APCDs in Other States - End of 2014



Overview of APCD Data & Analytics Vendor Contract

- Access Health CT (AHCT) has signed an agreement with Onpoint Health Data (Onpoint) to provide data management and analytics services for CT's APCD
- AHCT went through a rigorous and transparent vendor RFP process (presented in detail on 3/27/2014 AHCT Board and June 12, 2014, Advisory Group meetings)
- Initially 16 vendors expressed interest to submit bids, but by RFP deadline only 10 vendors submitted proposals
- Only 5 vendors met the criteria to be eligible for appraisal - Analytic Partners, Onpoint, Optum, SAS and Treo Solutions
- Top 3 vendors were invited for Oral presentations - Onpoint, Treo Solutions and Analytic Partners
- Onpoint was the front-runner on costs, experience and solutions offered
- Contract is for 5-year duration with an option to extend an additional 5-year
- Total value of the contract for 1st 5-year is \$6.88m; 2nd 5-year is \$4.70m

Commercial Data Collection Plan in 2015

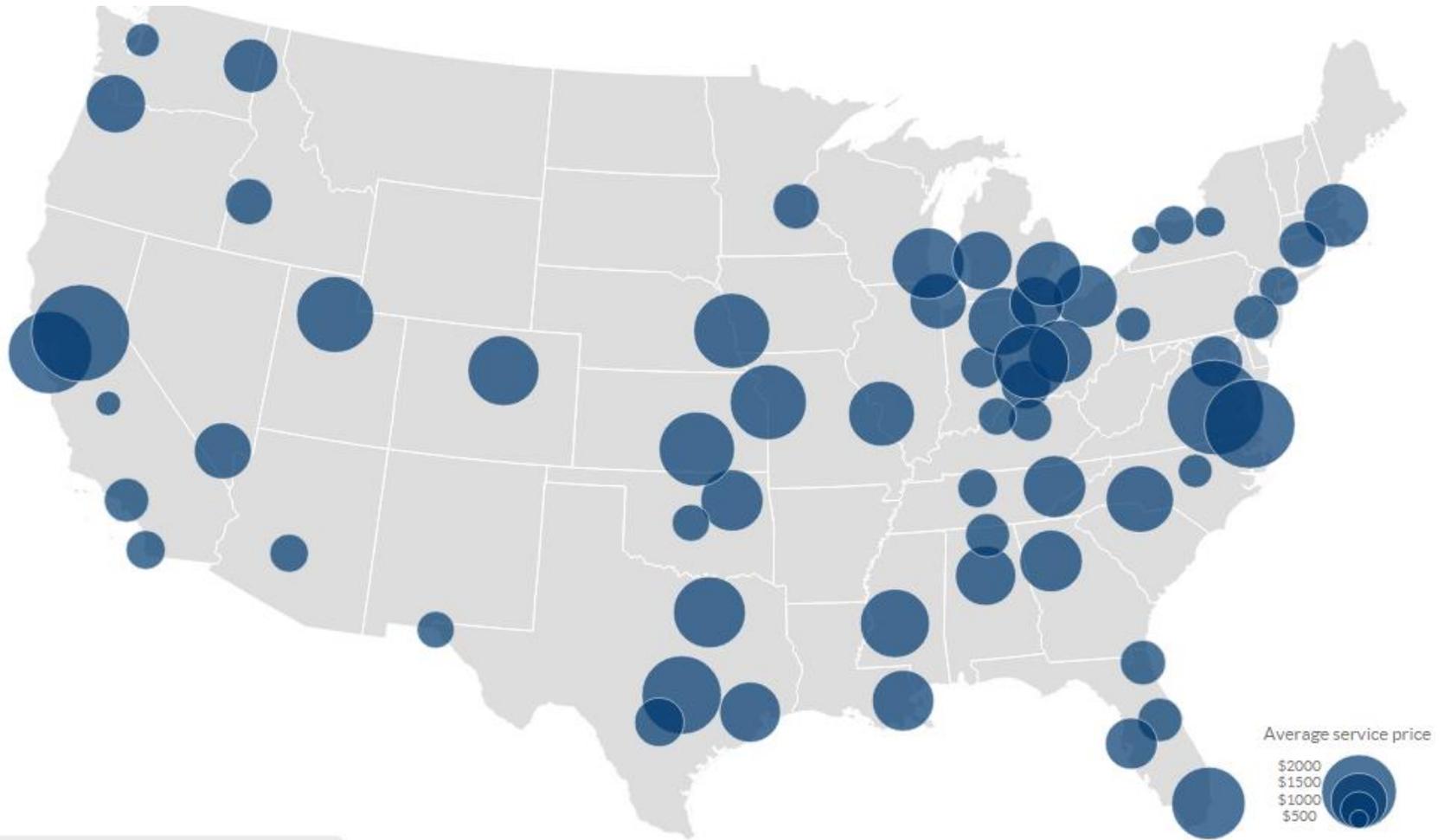


Definition: Price Transparency

- *Price Transparency in health care is the information readily available for healthcare services, together with quality and safety information, helps defines the value of those services and enables patients and other care purchasers to identify, compare, and choose providers that offer the desired level of value (HFMA)*
- *Availability of provider-specific information on the price for a specific health care service or set of services to consumers and other interested parties (CPR)*
- *... Price transparency discussion usually focuses on patients and providing them with more information on out-of-pocket costs. That focus is far too narrow. Shopping for healthcare is a multistep process involving five key audiences—patients, physicians, employers, health plans and policymakers, each with distinct needs and uses for price information (West Health Policy Center)*

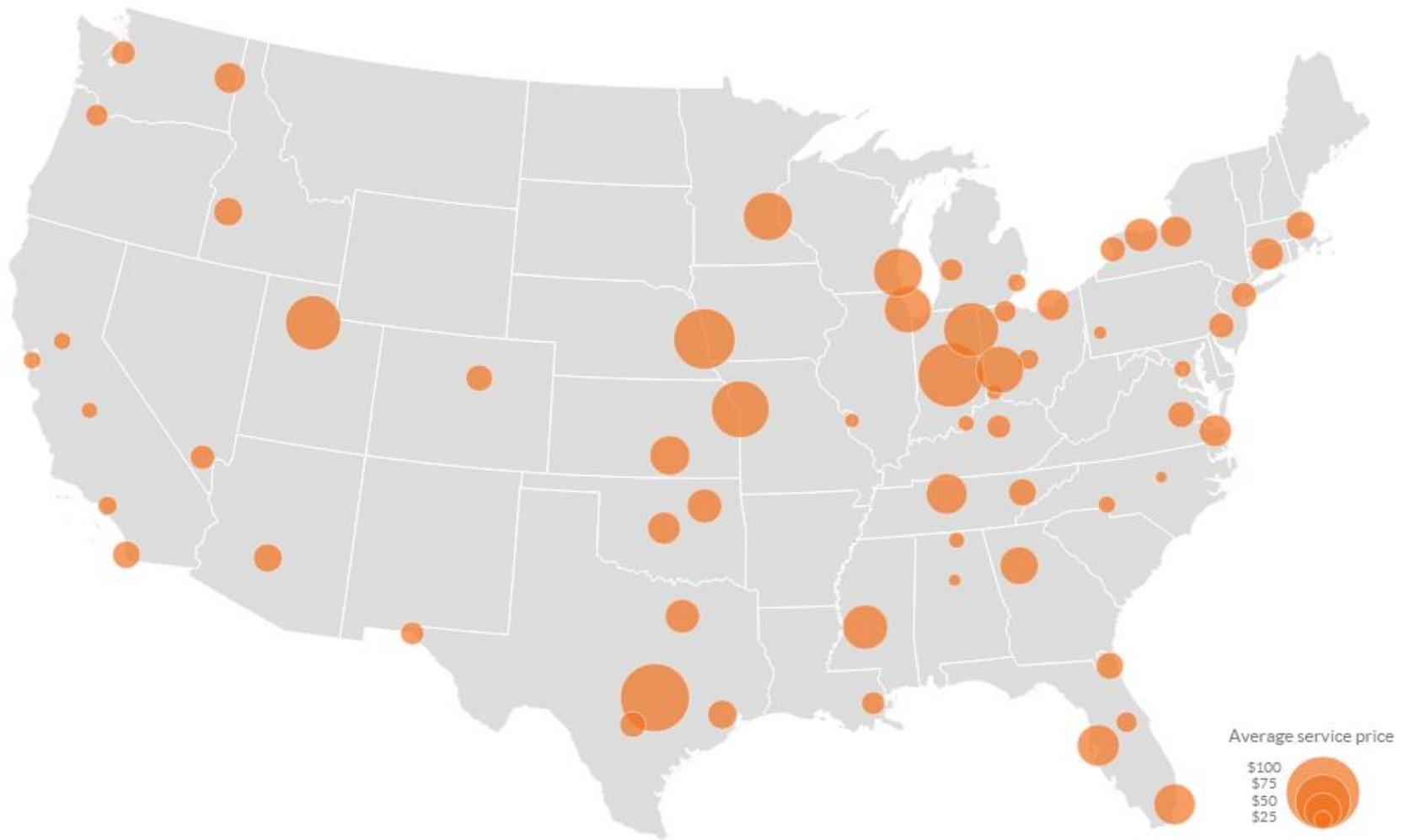
Note: HFMA – Healthcare Financial Management Association; CPR – Catalyst for Payment Reform

Lower Back MRI



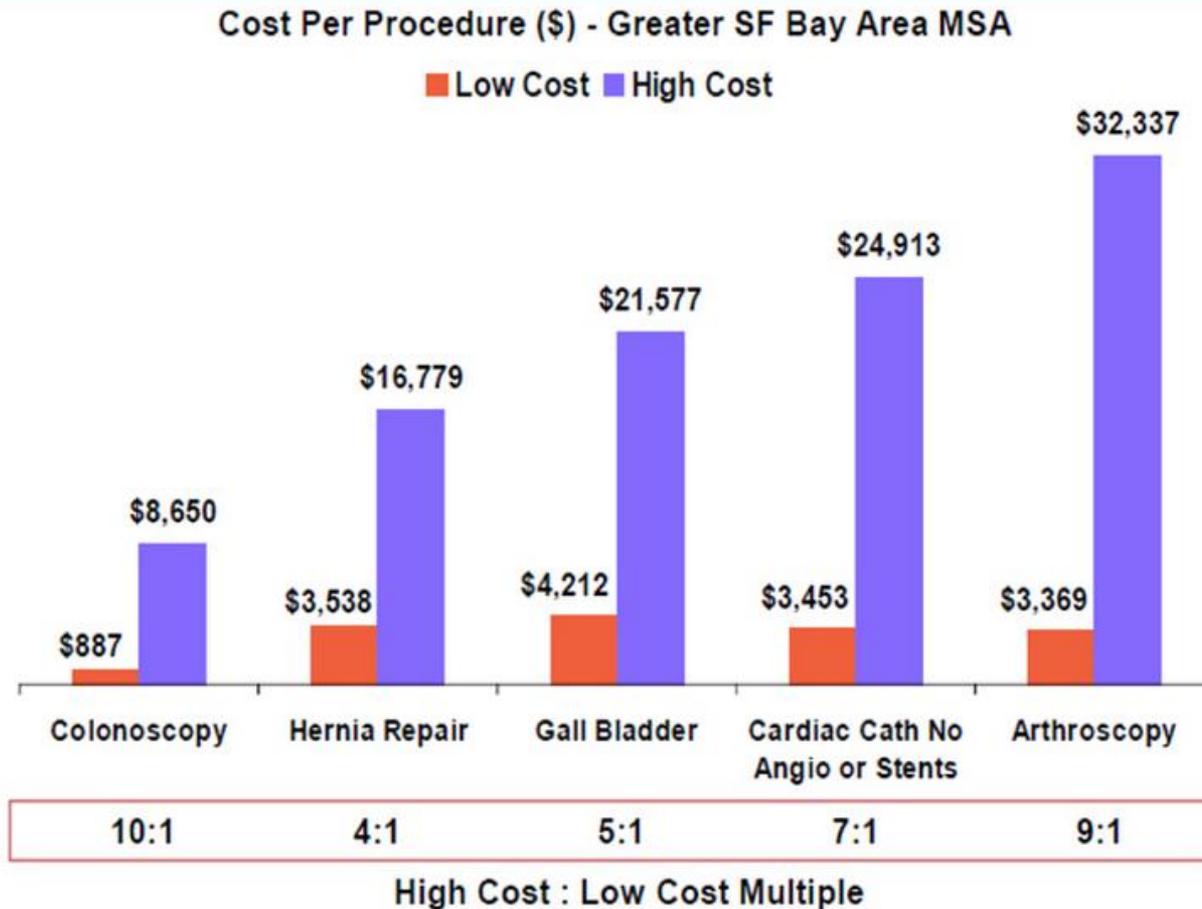
Source: <http://www.castlighthouse.com/price-variation-map/>

Lipid Panel



Source: <http://www.castlighthealth.com/price-variation-map/>

Transparency Matters



Source: <http://healthblog.ncpa.org/the-emerging-market-for-medical-care/>

Price transparency in other countries

03

Oct 2013

MORE TRANSPARENCY IN SINGAPORE HEALTHCARE COST

Uncategorized 0 Comment

■ HOW MUCH PATIENTS CAN EXPECT TO PAY

Each of Parkway's four hospitals now have a price list that separates the doctor's fee from hospital charges. Here are the median bills for five common procedures.

	Removal of breast lump		Cataract surgery		Removal of tonsils and adenoids		Colonoscopy (to check for colorectal cancer)		Surgery for carpal tunnel syndrome	
	Doctor	Hospital	Doctor	Hospital	Doctor	Hospital	Doctor	Hospital	Doctor	Hospital
Gleneagles Hospital	\$2,541	\$2,475	NA		\$4,681	\$3,475	NA		\$2,855	\$1,625
	Total: \$5,016				\$8,156				\$4,480	
Mount Elizabeth Novena Hospital	\$3,277	\$2,850	\$3,210	\$1,400	NA		\$1,552	\$725	\$1,605	\$1,250
	\$6,127		\$4,610				\$2,277*		\$2,855	
Mount Elizabeth Hospital	\$3,277	\$2,850	\$3,210	\$1,400	NA		\$1,552	\$725	\$1,605	\$1,250
	\$6,127		\$4,610				\$2,277*		\$2,855	
Parkway East Hospital	\$3,317	\$1,600	\$4,601	\$1,200	\$6,420	\$2,575	\$1,498	\$500	NA	
	\$4,917		\$5,801		\$8,995		\$1,998			

NOTE: * Includes removal of polyps

Source: PARKWAY HOSPITALS

ST GRAPHICS

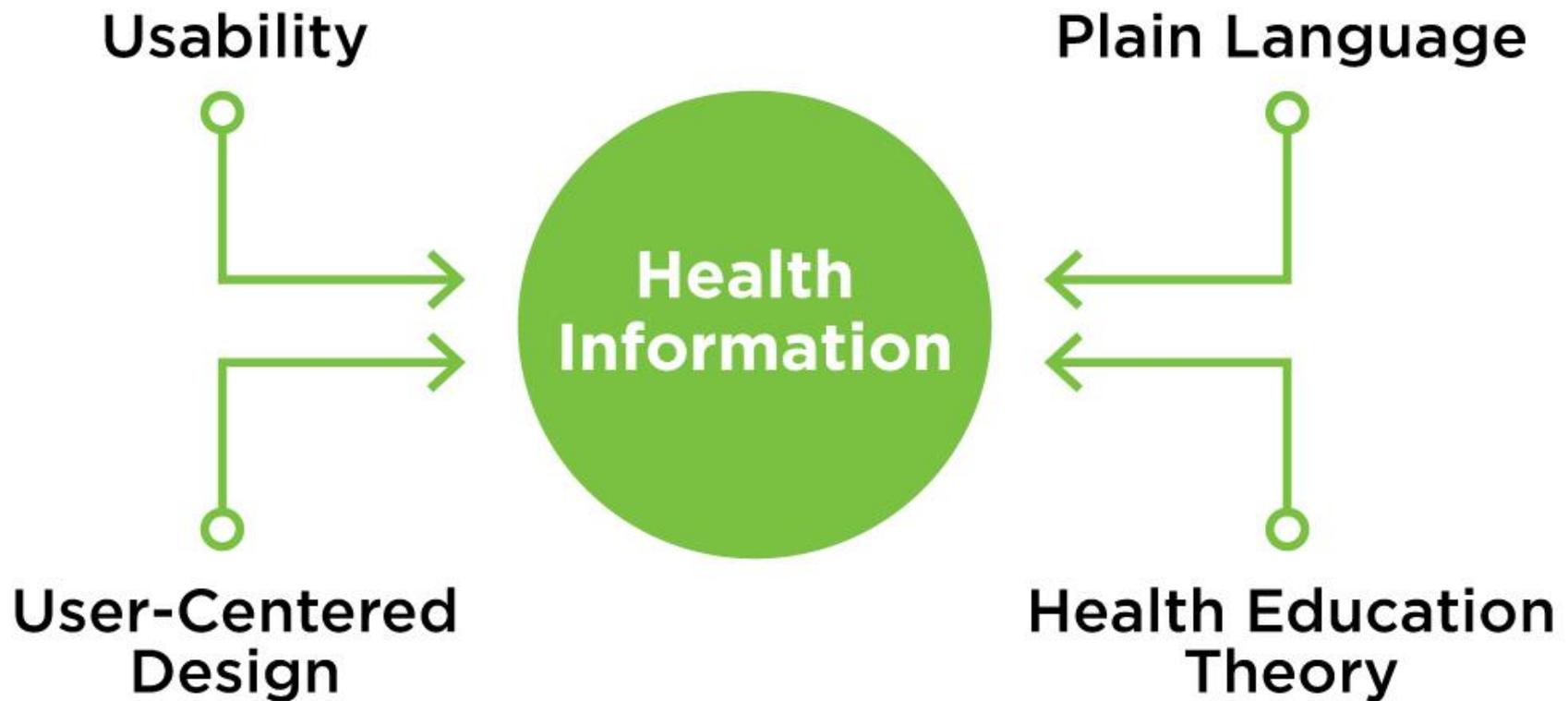
Price Transparency in Practice

1. What will it cost to get the medical service?
2. How much will I have to pay out of my pocket?
3. Will there be some services not covered by my health plan?
4. What will it cost for the entire treatment?
5. What will it cost if I go out-of-network?

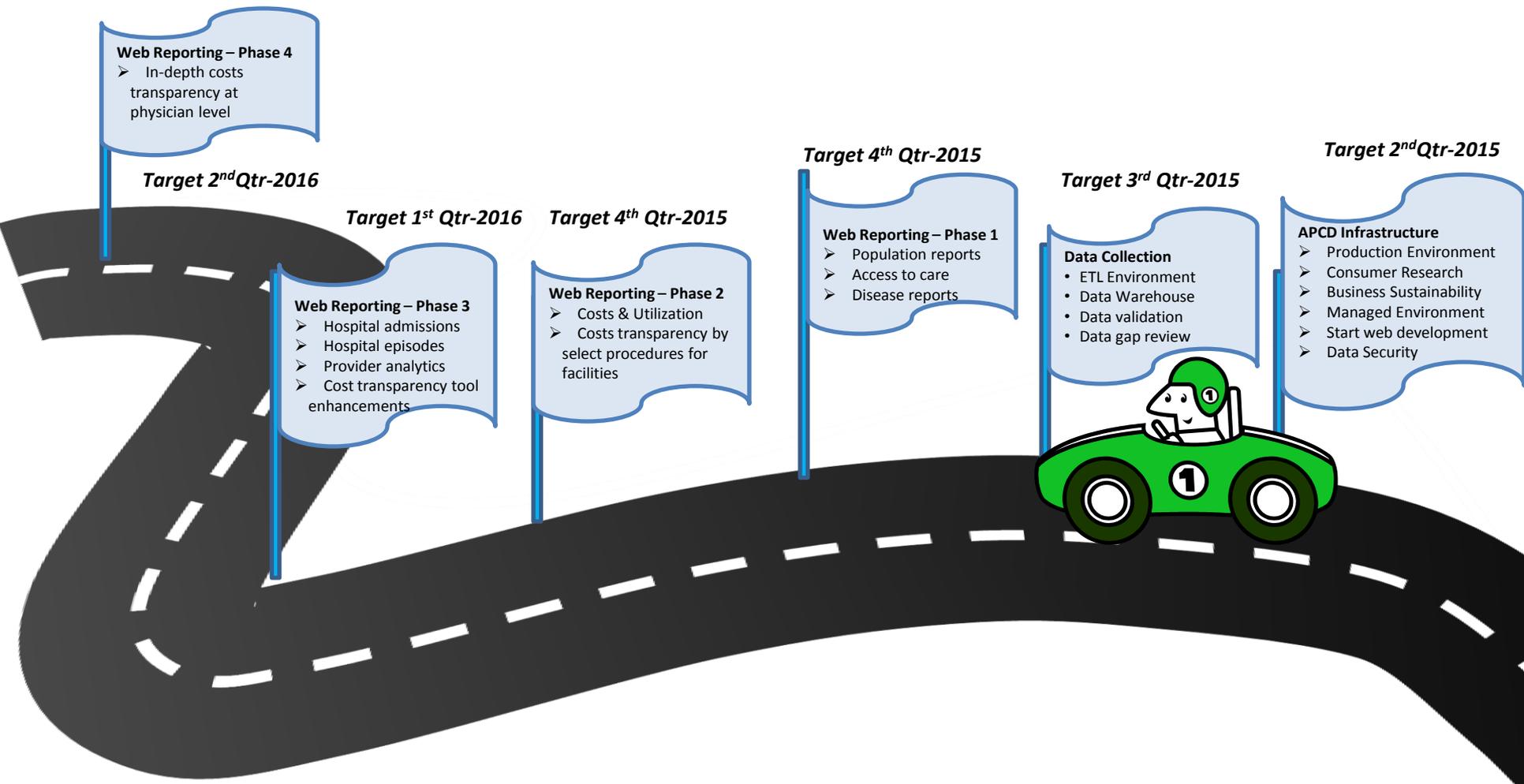


1. Web-based information availability
2. Prices of common procedures clearly listed along with provider
3. Price should include negotiated discounts
4. Quality and safety information improves patient acceptance
5. Plan benefit concepts, e.g., out-of-pocket costs, paid amount, in- vs. out-of-network payments, explained with simple understandable language
6. Patient's accountability for financial amounts across entire episode of care, i.e., for multi-specialty care it should include hospital, professional, lab, pharmacy and ancillary fees

Designing Price Transparency Information



Short-term Roadmap for APCD



Long-term Roadmap for APCD

2015

APCD Infrastructure built; web environment developed; population analytics and costs transparency reports completed; dental, Medicare & Medicaid integrated; consumer decision Support tool developed.

2016

Data distribution for research and in-house healthcare analytics are fully operational; more advanced reporting on the web developed; develop more sophisticated self-serving reports.

2017

Subscription model for provider and employer analytics developed; data used progressively for patient management.

2018

Long-term business sustainability model fully implemented. Revenue collection is expected to meet 75% of vendor and administrative costs of running APCD.

2019

2020