APCD Advisory Group Meeting

August 13, 2015

Presentation Overview

- Approval of June 4, 2015 Minutes
- CEO/ED Updates
- Status of Medicaid Data
- Presentation of Proposed Policies and Procedures for Data Disclosure
- Review of SB 811 and Role of APCD
- Review of Consumer Decision Support tool
- Next Steps
- Future Meetings
- Adjournment

CEO / ED Updates

- We have been able to complete the revision of data disclosure and security policies and procedures (P&P), taking into account the latest feedback from the June 4th Advisory Group meeting. We'll discuss the highlights of those changes in this meeting.
- As mentioned in the last meeting, we have expanded the scope of security audit on our data vendor. We're very close to wrapping up the security audit, by the end of this month (August). Based on the outcome of this report we'll appropriately address next steps. We'll keep you updated about the status of this project shortly.
- There will be an overview of SB 811, using APCD data. We'll discuss highlights of that initiative today.
- We are filing amicus brief in support of Vermont by end of August. We are filing it to reinterpret ERISA preemption by the U.S. Supreme Court for ASO data for APCD.
- AHA is developing a Consumer Decision Support (CDS) tool to enable enrollees to select the appropriate metal and plan. More will be discussed at it's demo later. We had earlier (8/6/2015) engaged Consumer Advisory Committee for AHCT to provide us with feedback on design and display of the tool.

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Medicaid Data

– Comments by DSS on status of submission of Medicaid data to APCD

Data Security and Privacy Policies and Procedures

– Overview of Data Security and Privacy Policies and Procedures

Review of PA 15-146 (SB 811) and Role of APCD

Bill Overview/Summary:

Wide range of provisions impacting:

- **Hospitals/Health Systems:**
  - » Limitations on allowable fees for Outpatient Services
  - » Modifications to Certificate of Need requirements/process
  - » Additional oversight in ownership transitions
  - » New notification requirements for billing and referrals
- **Health Carriers:**
  - » New notification requirements related to benefits, network, billing
  - » New In-Network Billing Requirements (emergency, surprise services)
  - » Maintain a website and telephone line containing cost information
- **Miscellaneous:**
  - » Establishes a state-wide Health Information Exchange to be overseen by DSS
  - » Promotes cost containment working groups and studies

Review of PA 15-146 (SB 811) and Role of APCD

Bill Overview/Summary:

- **Access Health CT / All Payer Claims Database:**
  - » Encourage health carriers to offer tiered health care provider network (§ 16)
  - » Post links on its website to the entities' policy/benefit information for each qualified health plan offered or sold through the exchange. (§ 7)
  - » Information collected, stored and published by the exchange pursuant to this section is subject to the federal Health Insurance Portability and Accountability Act of 1996, P. L. 104-191, as amended from time to time. (§ 2)

Review of PA 15-146 (SB 811) and Role of APCD

Development of a Consumer Website

On and after July 1, 2016

§ 2(b) (1), the exchange shall, within available resources, establish and maintain a consumer health information Internet web site to assist consumers in making informed decisions concerning their health care and informed choices among health care providers.

Such Internet web site shall:

(A) Contain information comparing the quality, price and cost of health care services, including, to the extent practicable,

(i) comparative price and cost information for the primary diagnoses and procedures reported pursuant to subsection (c) of this section categorized by payer and listed by health care provider,

(ii) links to the Internet web sites for The Joint Commission and Medicare hospital compare tool where consumers may obtain comparative quality information,

(iii) definitions of common health insurance and medical terms so consumers may compare health coverage and understand the terms of their coverage,

(iv) factors consumers should consider when choosing an insurance product or provider group, including provider network, premium, cost-sharing, covered services and tier information, and

(v) patient decision aids;

Review of PA 15-146 (SB 811) and Role of APCD

Development of a Consumer Website

On and after July 1, 2016

(b)(B) be designed to assist consumers and institutional purchasers in making informed decisions regarding their health care and informed choices among health care providers and allow comparisons between prices paid by various health carriers to health care providers;

(C) present information in language and a format that is understandable to the average consumer; and

(D) be publicized to the general public. All information received by the exchange pursuant to the provisions of this section shall be posted on the Internet web site.

(3) The exchange may consider adding quality measures to the Internet web site as recommended by the State Innovation Model Initiative program management office.

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Review of PA 15-146 (SB 811) and Role of APCD

Procedure Reporting

Not later than July 1, 2016, and annually thereafter

(c) The Insurance Commissioner and the Commissioner of Public Health shall, to the extent the information is available, jointly report to the exchange and make available to the public on the Insurance Department's and Department of Public Health's Internet web sites:

(1) The fifty most frequently occurring inpatient primary diagnoses and procedures in the state;

(2) the fifty most frequently provided outpatient procedures performed in the state;

(3) the twenty-five most frequent surgical procedures performed in the state; and

(4) the twenty-five most frequent imaging procedures performed in the state. Such lists contained in the report may include bundled episodes of care and be compiled using discharge and claims data available to said departments. At the request of the exchange, such lists may be expanded to include additional admissions and procedures.

Review of PA 15-146 (SB 811) and Role of APCD

Data Collection

Not later than January 1, 2017, annually thereafter

(d) each health carrier shall submit to the exchange, in a format to be decided by the exchange, a report that lists by provider the

(1) billed and allowed amounts paid to health care providers in the health carrier's network for each diagnosis and procedure included in the report submitted to the exchange by the commissioners pursuant to subsection (c) of this section, and

(2) out-of-pocket costs for each such diagnosis and procedure.

Medicaid Data Collection

(f) For the purposes of administering the Medicaid program and to the extent permitted by federal law, the Commissioner of Social Services shall submit to the exchange all Medicaid data requested for the all-payer claims database, established pursuant to section 38a-1091 of the general statutes.

Review of PA 15-146 (SB 811) and Role of APCD

Data Disclosure Provisions

On and after January 1, 2016

§4. No contract entered into or renewed between a health care provider and a health carrier shall contain a provision prohibiting disclosure of

(1) billed or allowed amounts, reimbursement rates or out-of-pocket costs, and

(2) any data to the all-payer claims database program established under section 38a-1091 of the general statutes for the purpose of assisting consumers and institutional purchasers in making informed decisions regarding their health care and informed choices among health care providers and allow comparisons between prices paid by various health carriers to health care providers.

Review of Consumer Decision Support (CDS) tool - Overview

- Consumers who purchase health plans from the exchange have only premium and/or net premium to consider in the decision making process
- Consumer Decision Support (CDS) tool will provide consumers enrolling in the exchange with information on *total costs* instead of the current premium costs
- Total costs consist of enrollees' (net) premium plus out-of-pocket
- Out-of-pocket costs are typically spent as copays, deductibles or coinsurances
- We would like to make this CDS tool an important source of their decision making process, i.e., enable them to consider all types of costs under consideration before making informed decisions
- This tool has components which were already built and maintained in the shopping portal of the www.accesshealthct.com. We maintained that continuity and expanded around it to make the experience of using this tool seamless
- We have tried to develop this tool with utmost simplicity in design and contents for the enrollees

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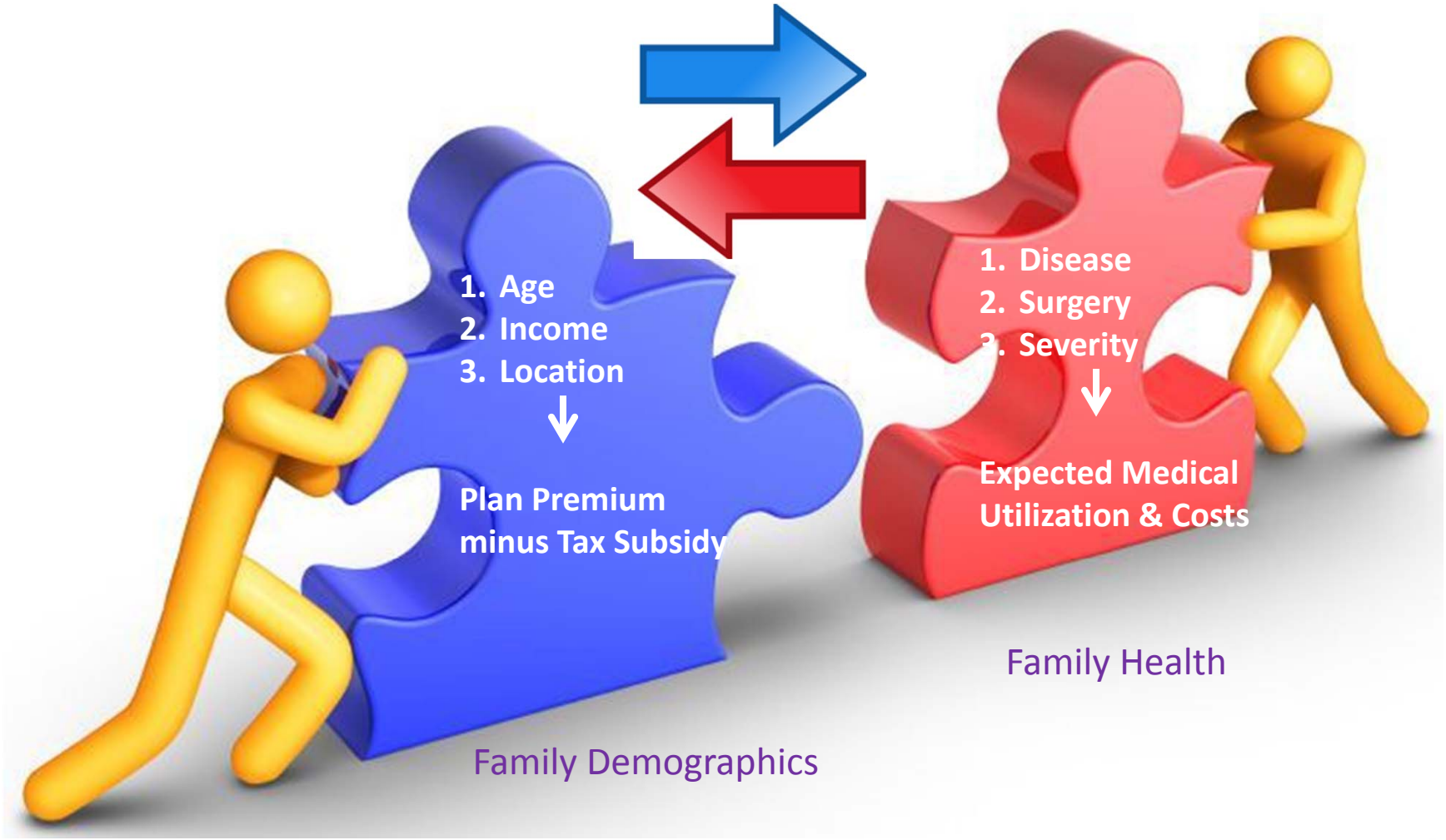
Consumer Decision Support (CDS) Tool – How does it work?



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How is Demographics used in CDS tool?

CDS tool uses the following information to determine premium and tax credit

- Family / Household Tax Filing Size
- Develops Federal Poverty Line %
- Runs algorithm to determine QHP vs. Medicaid eligibility
- Uses location within state to determine premium rates
- Estimates the 2nd lowest silver plan in a county
- Determines maximum amount payable for household for health premium
- Determines APTC (Tax Credit) if eligible for QHP
- Determines if eligible for Cost Savings Reduction plans

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How is Demographics used in CDS tool?

In addition, this tool includes two refinements not currently present in the anonymous shopping portal

- Adds question regarding American Indian or American Native
- Adds question regarding legal residency status
- These allow for more accurate determination of plan variants, needed to estimate accurate CSR benefits
- Supplemental question regarding gender is also added to estimate the demand side more accurately

How is Family Health information used in CDS tool?

Family Health predicts expected utilization of medical services and pharmacy scripts, developed with the following approach -

- Most common diseases and conditions, considered to be chronic and/or long lasting were identified with historical claims data
- Most common elective surgery list was developed
- If people have multiple diseases, we identified such cases so that their utilization of medical services and pharmacy scripts were defined
- Utilization pattern in medical services and pharmacy types were used to define diseases as being low, medium and high severity
- Utilization was also developed for multiple age bands and gender
- Each disease would have 3 levels of severity, 4 level of age bands and 2 levels of gender; elective surgery has just average severity

How is Family Health information used in CDS tool?

23 Service Utilization is matched to plan-benefit details

- Each diseased or surgical member's utilization is captured along 23 discrete services, e.g., PCP, Specialists, Preventative, Maternity, ER, Hospital, Outpatient, Pharmacy, etc.
- Benchmarks for each disease or surgery has been developed for utilization and unit costs on the basis of the following categories – gender, 4 age bands, and severity levels of the diseases, by 23 medical and pharmacy services
- Each medical or pharmacy service for each plan has a specific set of information regarding costs of coverage – copay, coinsurance, and deductibles
- CDS tool reprices each plan-variant across 23 services for each applicant based on demographics and family health characteristics
- CDS tool develops estimates of enrollees' out-of-pocket costs for medical and pharmacy services, and puts it together with estimated premium, allowing applicant to view/review plan options based on total costs

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Enrollees ability to see total costs improves plan purchase decisions

Case Study: Individual 35 Years age, Income at $24,500 with Arthritis and Partial Hip Replacement Gets APTC Credit of $207/month.

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CDS Tool Demo

- Amtex will demo the CDS tool as it will be on the web

Next Steps

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Future Meetings

Access Health Analytics
All Payer Claims Database – 2015 Meetings Schedule
All meetings are held on the second Thursday of each month from 9:00 – 11:00 a.m. EST.
(unless otherwise indicated)
*Session - indicates that the meeting will not be held at the LOB due to Legislative Session.

Date	Venue	Venue
February 5, 2015	9:00 – 11:00 AM	Htfd. Hilton
February 18, 2015^	9:00 - 11:00 AM	Htfd. Hilton
March 4, 2015^	9:00 - 11:00 AM	Htfd. Hilton
June 4, 2015^^	9:00 – 11:00 AM	LOB
August 13, 2015	9:00 – 11:00 AM	LOB 1D
November 12, 2015	9:00 – 11:00 AM	LOB

^ Special Meeting **^^ May 14 Meeting Moved**

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