



Connecticut's Health Insurance Marketplace

All-Payer Claims Database Advisory Group Meeting

January 9, 2014

Presentation Agenda

- Overview of APCD – CEO/ED Update
- Data Management Process – Developing RFP
- Observations from the NAHDO Conference
- Develop Data Use Cases
- Annual Registration Process
- Status of Subcommittees
- Next Steps
- Future Meetings

CEO / ED Update

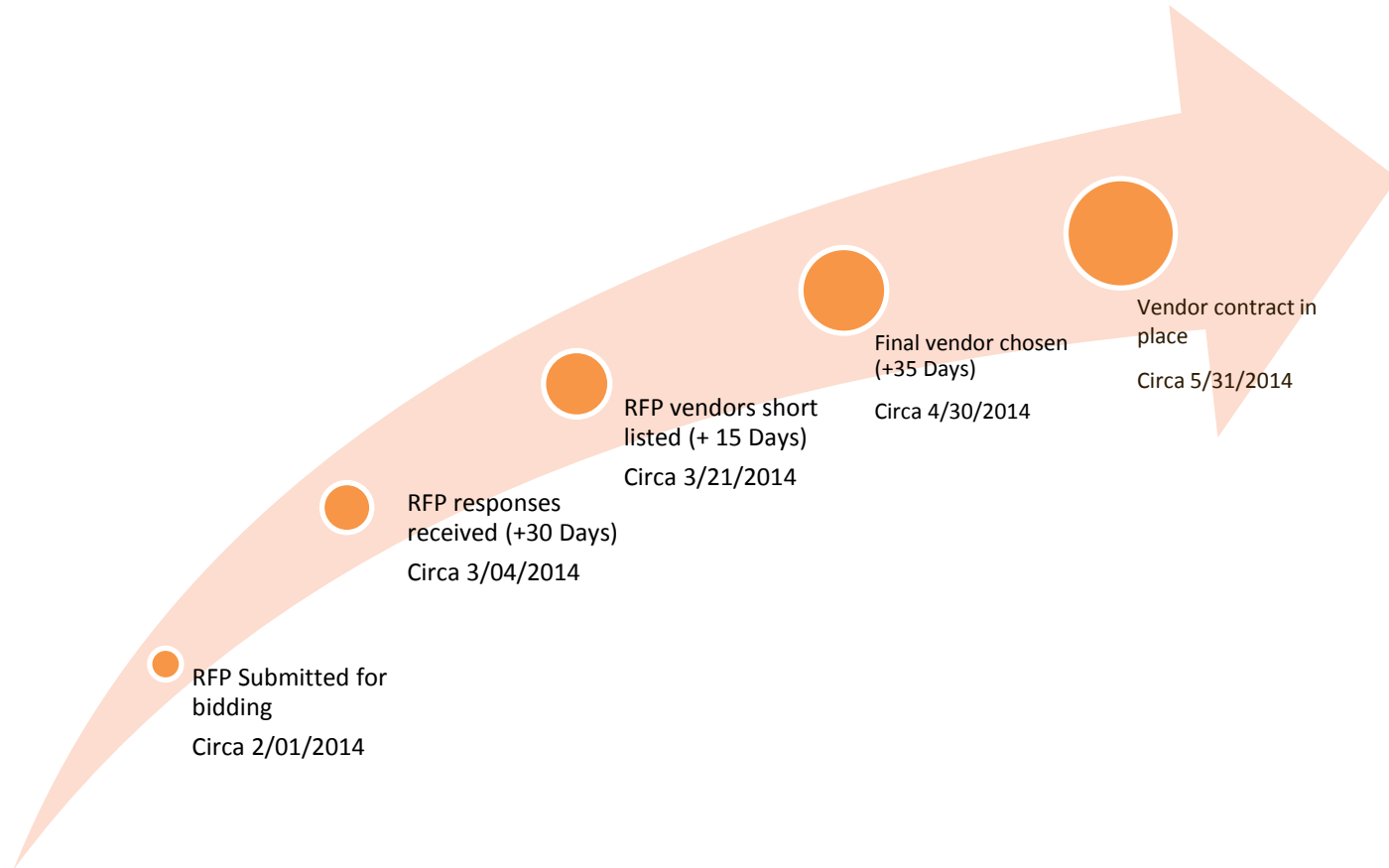
CEO Update

- We have articulated a well defined role of the Advisory Group
- Two subcommittees were formed
 - Data Privacy & Security
 - Policy & Procedure Enhancement
- Included 2 Advisory Group members in RFP Evaluation committee
- RFP Evaluation Committee includes
 - Select AHCT's SLT (CEO, CFO, COO, CIO)
 - ED / Manager of Access Health Analytics (AHA - new name for CT's APCD)
 - 2 Advisory Group members (Dean Myshrall and Bob Tessier)
- Proceeding to obtain Trademark for AHA
- Evaluated various vendors for consumer decision support tools/information

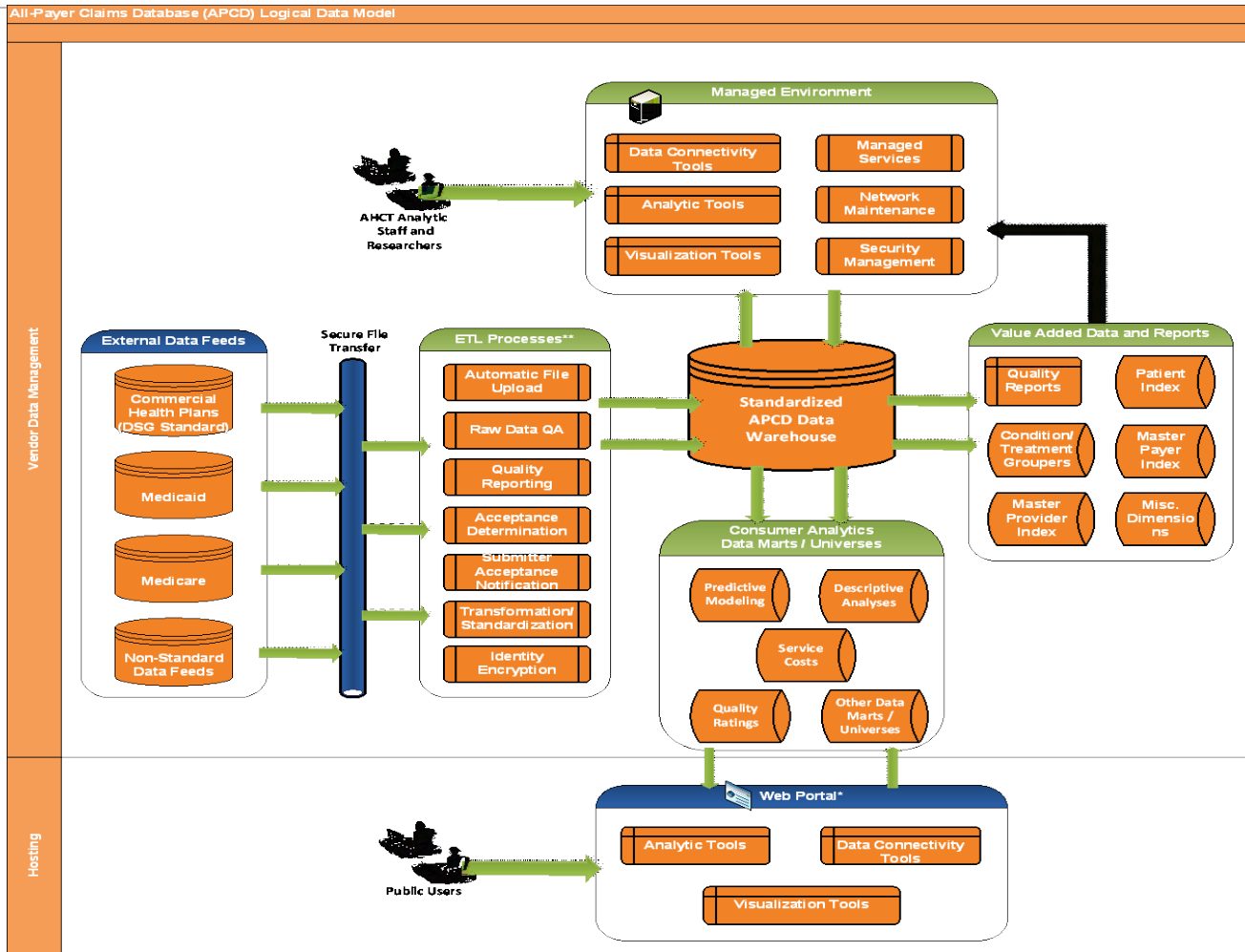
Data Management Process - Developing RFP

- Objective – optimize Federal funding in rapidly developing credible data center, analytics and web-hosting capabilities for AHA
- Option – outsource model
- Budget – maximize use of Federal grant but drive down annual operations costs
- Data Integration Details – choice of vendor possessing ability to integrate multi-payer data, e.g., commercial carriers, Medicaid and Medicare
- Design Infrastructure for AHA – flexible dual environment (see slide)
- Design Infrastructure for HIX – integrated with HIX operations (see slide)
- Data Governance – subcommittee developing
- Infrastructure Strength & Security – technical strength demonstrated by vendor and policy strength being developed by data governance subcommittee
- KPMG is administering RFP process; included an APCD specialist in advising AHA
- Timeline – test data available as early May and historical data by July (see slide)

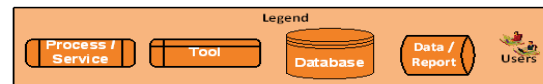
Projected Timeline for APCD's RFP Process



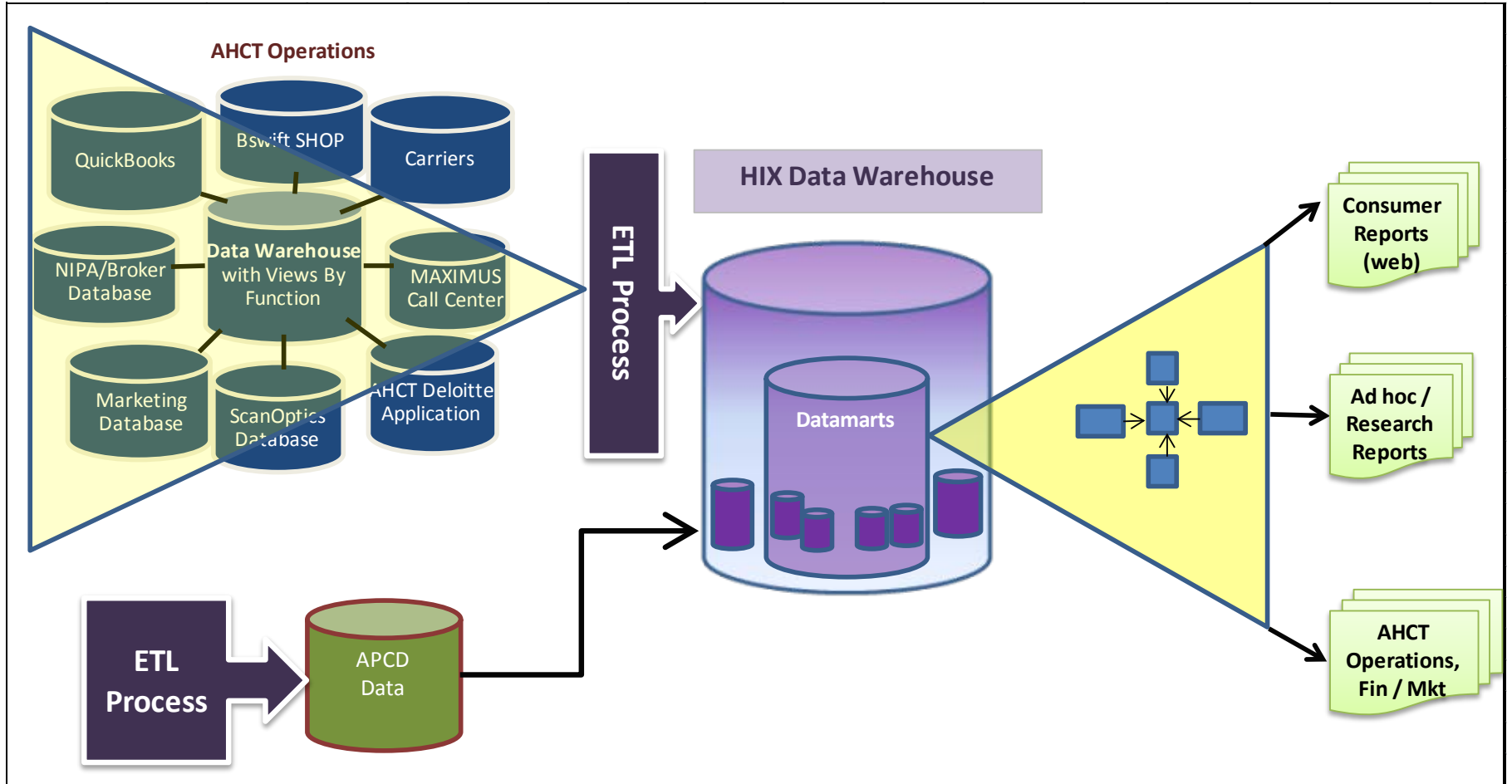
Data Management Process - Design Infrastructure for AHA



* Hosting Services required
 ** Tools and Technology required

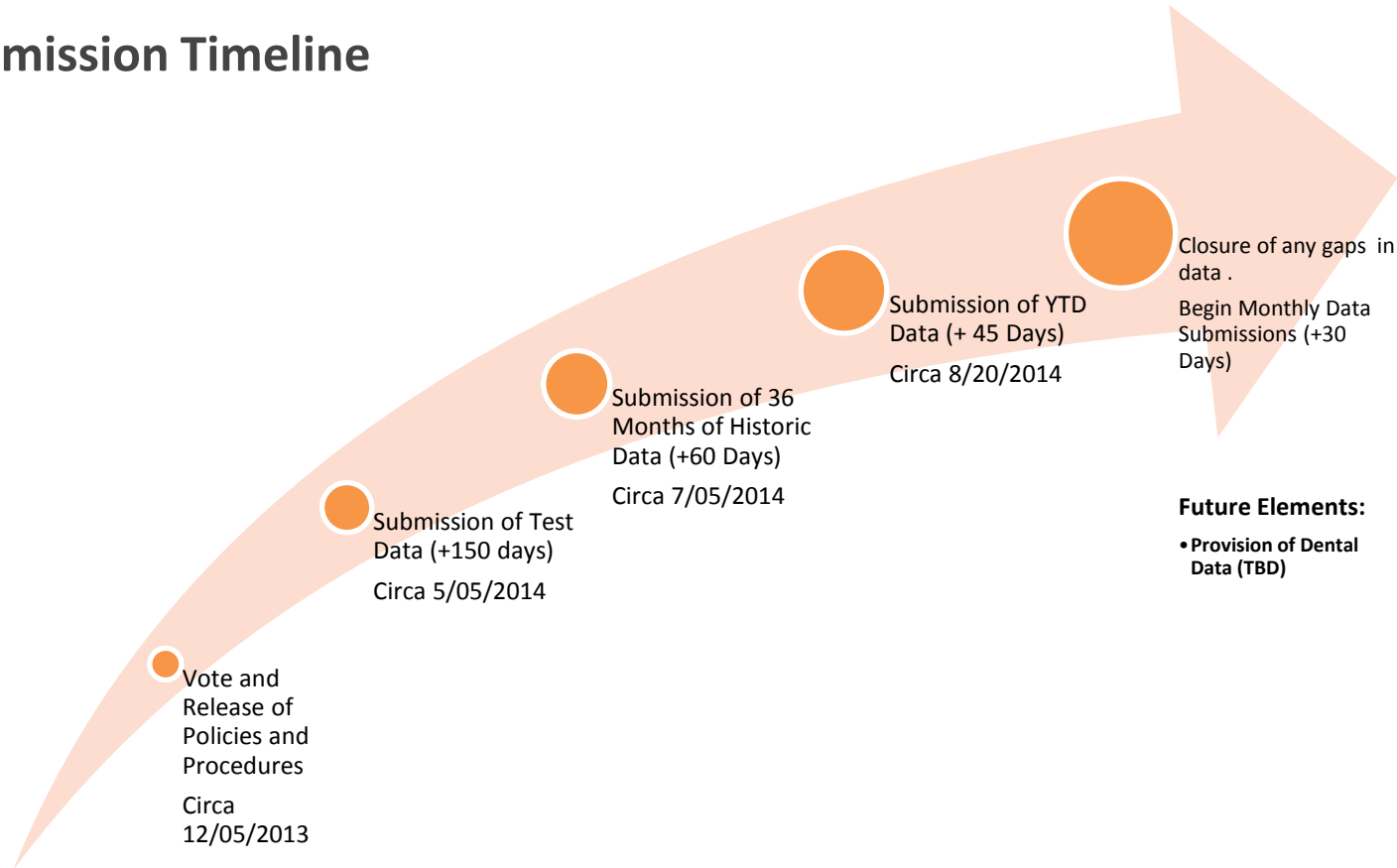


Data Management Process - Design Infrastructure for HIX



Projected Timeline for APCD's Data Submissions

Data Submission Timeline



APCD Landscape -National Association of Health Data Organizations (NAHDO) 28th Annual Conference

- **APCD interest and implementations expanding across the nation.**
 - 10 existing APCDs
 - Approx. 6 in implementation (including CT)
 - Over 20 with strong interest in establishing an APCD
- **Data management implementations can be challenging.**
 - Communication amongst stakeholders during testing and acceptance is crucial
 - Data quality edits and testing must be transparent and documented
 - Varying degrees of implementation difficulty and data quality across submitters

APCD Landscape -National Association of Health Data Organizations (NAHDO) 28th Annual Conference

- **Levels and degrees of data accessibility vary across states.**
 - Data Enclave vs. Synthetic Data
 - Accessibility layers for internal and external stakeholders impact data utility
- **Creation of a master provider index is one of the biggest challenges in the creation of a useful APCD.**

Challenges

Provider migration & turnover

Weaknesses in unique identifiers (NPI)

“Incident to” Billing and Physician Extenders

Multi-Location Practices and Practitioners

Tools

National Provider Registries

State-Specific Supplemental Data

Statistical Testing, Data Scrubbing, and QA

Carrier Maintained Provider Registries

APCD Landscape -National Association of Health Data Organizations (NAHDO) 28th Annual Conference

- **States shifting focus to cost transparency, decision support, and public facing reporting tools.**
 - Cost transparency and quality tools now available in four states
 - Presentation layer is half the battle
 - Data privacy, and anti-trust considerations must remain in the picture during development
 - Iterative process based on development and data availability successes

Develop Data Use Cases - Stakeholders

1. PROVIDER –

- Hospital (CHA)
- Specialty Services (Outpatient Centers, Standalone Facilities, etc.)
- Professional (Various Groups)

2. SUBSCRIBER/MEMBER/PATIENT

3. STATE AGENCIES -

- DSS/Medicaid/Medicare
- OHA
- DPH
- OPM
- Comptroller
- CID

4. RESEARCHERS

- State University
- Private Universities
- Research Foundations

5. CONSUMER ADVOCATES

6. EXCHANGE ANALYTICS

7. HEALTH INSURANCE COMPANIES

8. EMPLOYER GROUPS

Develop Data Use Cases - Consumer Advocate

Types	Measures	Categories	Data	Challenges
Variations in Care	<ul style="list-style-type: none"> • Prevalence • Costs / Utilization • Episodes of care • Risks • Clinical quality • Access to care • Under delivery of care • Barriers to care • Safety • Complications 	<ul style="list-style-type: none"> • Conditions • Types of services • Payer • Race • Regions • Urban vs. Rural • Hospitals • Physicians • Facilities 	<ul style="list-style-type: none"> • APCD • Hospital's administrative data • ED • Others 	<ul style="list-style-type: none"> • Developing Master Physician Index • Attributing services to physicians • Determining location of services • Episode of Care • Episode completeness • Claims leakage • Establishing equivalence
Variations in Costs	<ul style="list-style-type: none"> • Costs • Quality • Sanctions • Safety/Risks 	<ul style="list-style-type: none"> • Conditions • Types of services • Payer • Facilities • Physicians • Regions/Locations 	<ul style="list-style-type: none"> • APCD • Hospital's administrative data • ED • Others 	<ul style="list-style-type: none"> • Same as above

Annual Registration Process

Purpose:

- Capture submitter POC information
- Retrieve estimates of submitter population size and claims volume
- Determine number of submitters who meet the 3,000 member requirement
- Establish communication pipeline for waivers, questions, updates, etc
- Assignment of submitter IDs for future data submissions

Development Process

- Feedback collected from internal/external stakeholders with experience in registration process.
- Modifications made to make registration less burdensome for submitters while maintaining CT specific components.

Annual Registration Process

Submitter Identification Strategy

- Passive vs. Pro-active Identification Approach
- Materials used to identify submitters:
 - AHA experience of the CT health insurance market
 - CID approved list of health plans
 - External analysis by Freedman HealthCare (5/2013)
- Identification of submitters in CT is an ongoing process. AHA is seeking input from the advisory committee on other sources of information to identify submitters absent from current list.

Annual Registration Process

- Annual Data Submitter Registration forms finalized and delivered to submitters on 12/17/2013.
- Electronic/paper submissions will be accepted.
- A registration database has been designed and created. A process to automatically upload submitter responses into the database has been deployed.
- 36 medical, PBM, and dental reporting entities identified within CT.

Submitters	Comprehensive Medical	Pharmacy Benefit Manager	Dental Policies	TPA	Grand Total
Identified by AHA*	15	4	15	2	36
Contacted by AHA*	15	4	5	2	26
Registration Received*	7			2	9

* Results as of 1/8/2014

Annual Registration Process

Submitter Type / Org. Name	Registered	Submitter Type / Org. Name	Registered
Comprehensive Medical	7	Dental Policies	0
Aetna Health Inc	1	Aetna Life Insurance Company	
Aetna Life Insurance Company	1	Ameritas Life Insurance Corporation	
All Savers Insurance Company	1	Anthem Health Plans Inc.	
Wellpoint		Chesapeake Life Insurance Company	
Assurant Health		Connecticare Insurance Company	
Celtic Insurance		Connecticut General Life Insurance Company	
Cigna		Dentegra Insurance Company *	
Connecticare		Golden Rule Insurance Company	
Harvard Pilgrim	1	Humana Dental Insurance Company*	
Healthy CT	1	Mega Life & Health Insurance Company *	
Trustmark Life Insurance Company		Renaissance Life & Health Insurance Company Of America *	
United Health Care		Security Life Insurance Company Of America	
United Health Care Student Resources	1	Starmount Life Insurance Company (Alwayscare)	
UnitedHealthcare Life Insurance Company	1	Stonebridge Life Insurance Company * (Encore Dental)	
WellCare		United Concordia Insurance Company	
Pharmacy Benefit Manager	0	TPA	2
Catamaran		Delta Dental of New Jersey, Inc.	1
CVS Caremark		OptumRx, Inc.	1
Express Scripts			
Prime Therapeutic			

* Results as of 1/8/2014

Policy & Procedure Enhancement Subcommittee

- The goal of the Policy & Procedure (P&P) committee is to assist in the development of comprehensive and meaningful policies and procedures relating to the APCD.
- The P&P committee will strive to help create understandable, clear, transparent and relevant policies and procedures. Transparency and meaningful public comment should be a key component of any Policy or Procedure.
- The P&P committee will assist in the dissemination of any draft Policies and Procedures to relevant stakeholders and review stakeholder and public comments received for consideration.
- The P&P committee will make recommendations to the APCD board as to any changes or modifications to the policies and procedures for APCD based on pertinent comments received.
- All information will be presented publicly in a manner that conforms to State of Connecticut general business practices for state or regulatory agencies.

Future Meetings

Access Health Analytics

All Payer Claims Database – 2014 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
January 9, 2014	9:00 – 11:00 AM	LOB, Room 1A
March 13, 2014	9:00 – 11:00 AM	*Session
May 8, 2014	9:00 – 11:00 AM	LOB, Room tbd
July 10, 2014	9:00 – 11:00 AM	LOB, Room tbd
September 11, 2014	9:00 – 11:00 AM	LOB, Room tbd
November 13, 2014	9:00 – 11:00 AM	LOB, Room tbd