Connecticut APCD Advisory Group Meeting

June 25, 2013

Agenda

- Call to Order and Introductions
- Public Comment
- Approval of April 29, 2013 Meeting Minutes
- CEO Update
- Data Submission Guide
- Data Management Vendor Request for Proposals
- Next Steps
- Future Meetings
- Adjournment

Opening Business

- Introductions

- Opportunity for Public Comment

- Approval of April 29 Meeting Minutes

- CEO Update

Data Submission Guide

- "Instruction manual" for data submitters
  - Lists all the required components, definitions and formats
  - Lists how frequently a value must appear in a field
  - Describes process for submitting files
  - High level framework for communications among data submitter, the Data Manager, and the APCD Staff (to be refined when Data Manager is on board)
  - Final version includes timelines
- Basis for checking and validation processes
- Incorporated by reference into APCD Policies

Draft Guide Feedback Process

- Draft version posted for informal public review on April 29, 2013
  - Similar to neighboring states' APCDs
- Met with payers to introduce the APCD and the CT data collection process
- Payers were invited to provide informal comments
- Data management firms welcome to comment on the draft guide
- Goal is to complete revisions by July 2 prior to draft Policies discussions

Key Themes in the Carrier Comments

- Received comments from 5 Carriers
- Challenges of meeting minimum data standards
- Standardization
- Challenges of supplying accurate race and ethnicity data
- Requested additional clarification covered lives threshold and definition of "CT Resident"
- Recognize carriers' internal lead times
- Keep information flowing

Meeting Minimum Data Standards

- Data processing systems differ in sophistication; not all data elements are available

- Tension between clean claims law and "complete" data

- Provider files: limited to in-network contracts

- Suggested actions:
  - review test files before setting minimum standard
  - grant waivers of minimum standards

Advantages of a Standard Format

- Sets common definitions and method for pulling medical claims data elements sometimes called "X-12" or "PACDR"

- Will be used by NY and VA when those APCDs start up in 2014 (not currently used elsewhere)

- Some carriers have already invested resources in programming to a national code set; simplifies their submissions to multiple state APCDs

- Simplifies the data manager's tasks around upkeep of codes and tables

Challenges of Using a Standard Format

- Format cannot be changed; no "state-only" data elements can be added
  - Would not be able to obtain: insurance type, PCP indicator, claim status, etc.
- Carrier readiness varies significantly
- Data manager would need to build and maintain two separate intake and checking systems to accommodate both formats

Race and Ethnicity Data

- Researchers' preference is for data reported by the member

- Carriers state that this information is not regularly collected on insurance forms

- Typical completeness is 2% to 10% for the first race field; lower completion rates for ethnicity and language

Recognize carriers' internal lead times

- File upload tools provided by the Data Manager need to be reviewed internally prior to installation; allow 60 business days

- Provide data thresholds (minimum standards) in the data submission guide; share validation processes as soon as available

- Clarify whether "three years of history data" includes calendar year 2010

Communications

- Provide timely feedback about each file submission

- Provide detail that points to the specific problem within the file

- Create and share ongoing reports about the carrier's data as it moves into the production environment

- Make time for monthly check in meetings

Process

- Limit major changes such as new data elements to once a year, and allow lead time for implementation

- Provide formal notifications for changes and updates to timelines, guides, etc.

- Clarify the roles of the Data Manager and the state APCD Administrator to minimize the time needed to answer questions

Vendor Comments

- Varied experience with APCDs
- Emphasized challenges in collecting race, ethnicity, language data.
- Recommended inclusion of a Data Validation File to ensure timely/accurate data loading
- Consider cross-referencing "X-12"/"PACDR" where applicable
- Consider collecting adjudicated claims only – collection of denied claims can be complicated

Next Steps on DSG

- Finish reviewing comments

- Post Version 2 in early July

- Incorporate by reference into Policies going out for comment in mid-July

- Comments about the Policies may include comments about the DSG

- Anticipated effective date: September 2013

UPDATE ON DATA MANAGER RFP

Data Manager Roles & Responsibilities

- Liaison to carriers on behalf of APCD for all data matters
- Manages data intake, validation and receipt
- Develops files for warehouse; runs tools and processes:
  - Unique member identifiers
  - Unique provider identifiers
  - Remove duplicate or earlier versions of claims
  - Add standard condition categories and other grouper tools
  - Apply illness burden categories
- Develop reports and outputs based on specifications designed in consultation with the APCD
- Design and operate public-facing decision support website
- Provide business intelligence tools to APCD to a data mart at appropriate levels of detail

Data Manager Characteristics

- Provider of "software as a service" rather than hardware and software installations
- Experience with combining data from large public and private payers into a single unified dataset
- Capacity to manage a project with multiple work streams
- Financially stable
- Customizes reports to meet state-specific needs
- Attuned to emerging thinking on data uses, ranging from traditional research to web-based graphical reports to mobile apps
- Exemplary history of privacy and security; demonstrates full understanding of APCD's public role
- Understands that state owns the data and the outputs

Projected RFP Schedule

- RFP is currently in development

- Expected to be released in late July with responses due in September

- Evaluation committee meets in September and October

- Oral presentations in October

- Award in November

Timeline

- Projected contract start date: December 2013
- Data manager must be ready to accept test data from submitters by February 2014
- Test data submission deadline: March 5, 2014
- History files: June 4, 2014
- Monthly submissions: August 20, 2014
- First Reports: October 9, 2014

Next Steps

- Data submission guide – incorporate comments and post

- Policies – draft to be approved for posting at July Access Health CT Board of Directors meeting

- RFP – posted in Summer 2013

- Access Health Executive Board gives final review to Policies in September 2013

Questions

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