



Connecticut's Health Insurance Marketplace

All Payer Claims Database Advisory Group Special Meeting

October 3, 2013

Presentation Agenda

- Overview of APCD – CEO Update
- Insource vs. Outsource of Data Management for APCD
- Overview of Public Comments on Policy and Procedures
- Overview of Public Comments on Data Submission Guide

Overview - APCD

CEO Update

Last time we had announced some of the following:

- Executive Director will be hired for APCD ✓
- APCD will form Access Health Analytics unit ✓
- Separate offices at 280 Trumbull was created and currently functional ✓
- The unit has already hired a Manager for Data Management ✓
- Analytics has been actively engaged in working with various payers ✓
- We have cancelled our consulting contract with Freedman Healthcare ✓
- Data management strategy is changing, more leaning towards insourcing ✓
- Future steps will be dependent upon finalizing Policies and Procedures ✓
- The last point will have 100% influence on finalizing data submission guide ✓
- Future work will prioritize Data Governance, Use, Privacy, and Fees determination ✓
- Complete MOAs between Access Health Analytics, DSS and BEST ✓
- Similar agreements must take place with CMS ✓



Presentation Overview - Insource vs. Outsource

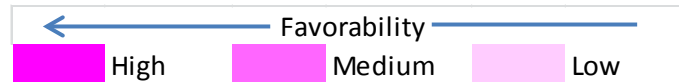
- Objective
- Options
 - Outsourcing
 - Insourcing
- Budget
- Data Integration Details
- Data Architecture for APCD
- Data Architecture for HIX
- Data Governance
- Infrastructure Strength & Security
- Timeline

Objective

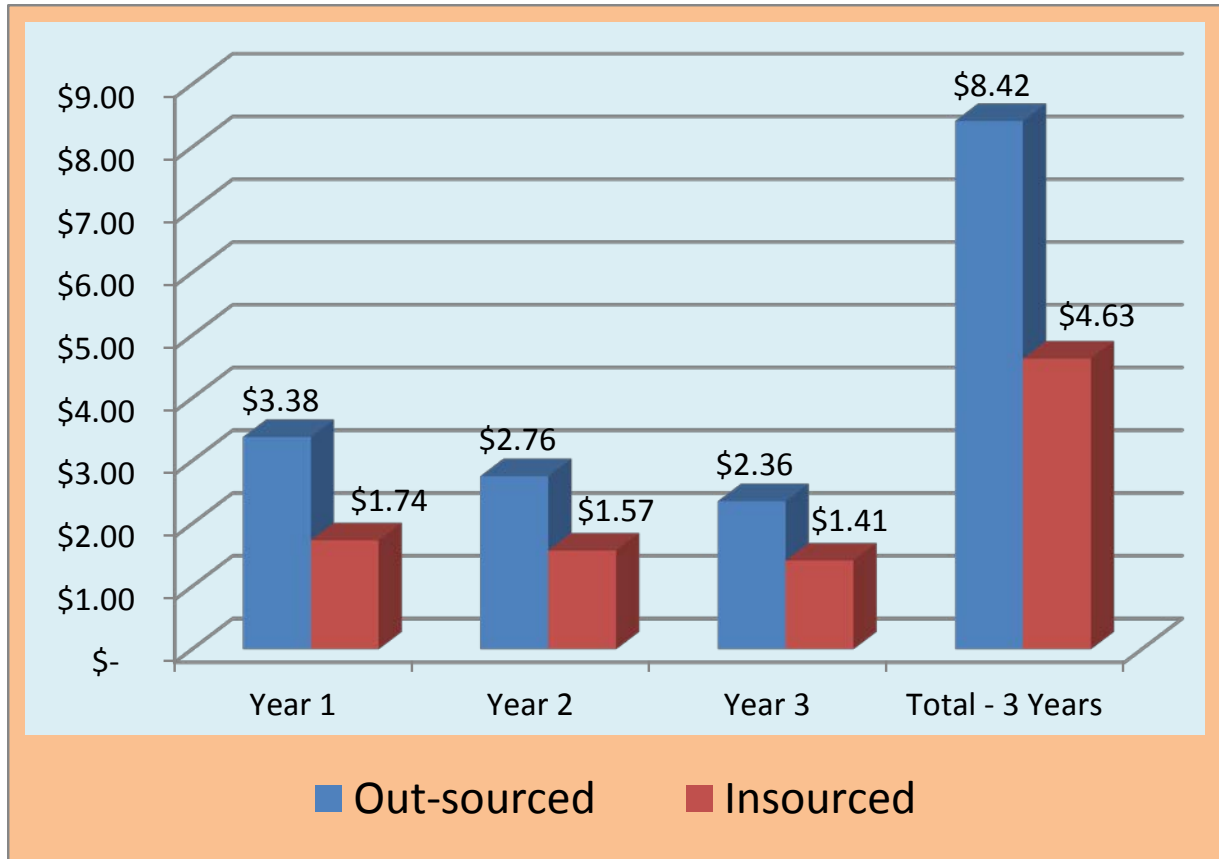
- Develop a strategy for establishing All Payers Claims Database (“APCD”)
- The purpose of APCD is to create “... health care information relating to safety, quality, cost effectiveness, access and efficiency for all levels of health care in Connecticut”
- APCD will include data from commercial carriers, 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, 2014
- APCD primary database will be isolated and secured from the analytic/reporting database, differentiated by the process of deidentification
- Analytic and public use data will be derived from a secondary datamart
- Includes a high level overview of HIX information architecture

Decision - Insourcing vs. Outsourcing

Categories	Vendor	AHCT
Experience	High	Medium
Resources	High	Medium
Secure Environment	High	High
Technology	High	Medium
Content Knowledge	Medium	High
Quality	Medium	High
Reporting Depth / Quality	Medium	High
Flexibility	Medium	High
Knowledge Curve	Medium	High
Research	Medium	High
Integration to Exchange	Medium	High
Sustainability	Medium	High
Budget	Medium	High



Budget - Insourcing vs. Outsourcing?



All numbers are reported in million \$ term.

Note: * Freedman contract total spend until August 16, 2013. It then ended so that there is a \$210k+ residual value left over.

Depreciation is assumed at 20% per year for APCD storage and SAS server.

Reporting requirements would have been additional charge on top of vendor fees due to changes and add-ons.

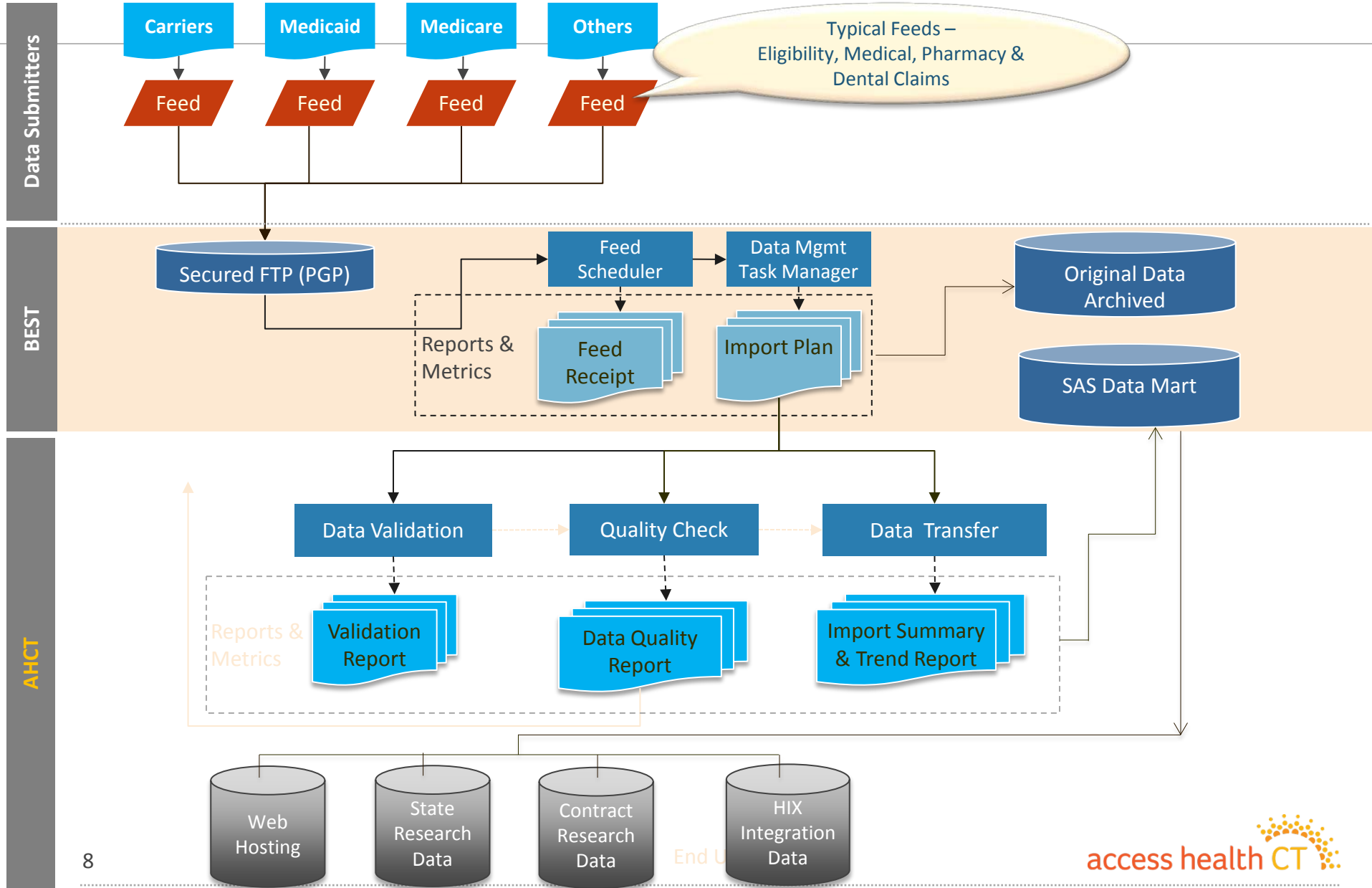
Modest assumption of revenue collection is assumed based on ability to perform data and research services for various research organization and other entities.

Staffing expenses include a 30% load. It also includes selective salary increments for Year 2 and 3% for Year 3.

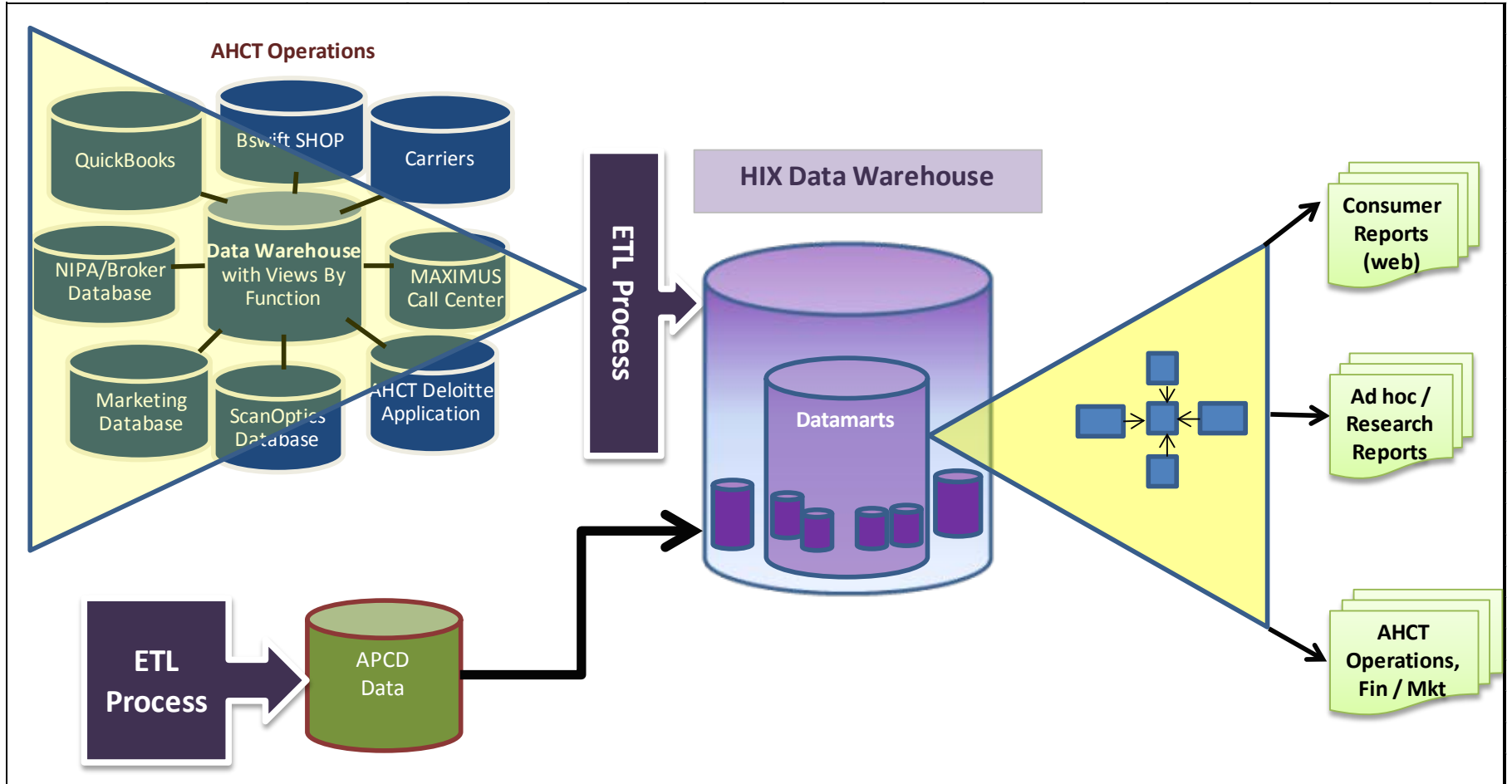
Medicare data is assumed to be derived once every quarter @\$8,000 for all the files. Total expense includes historical files from 2010-2012.

25% additional is added to Insourcing for unanticipated costs.

Data Import & Validation Services, *Typical Workflow*

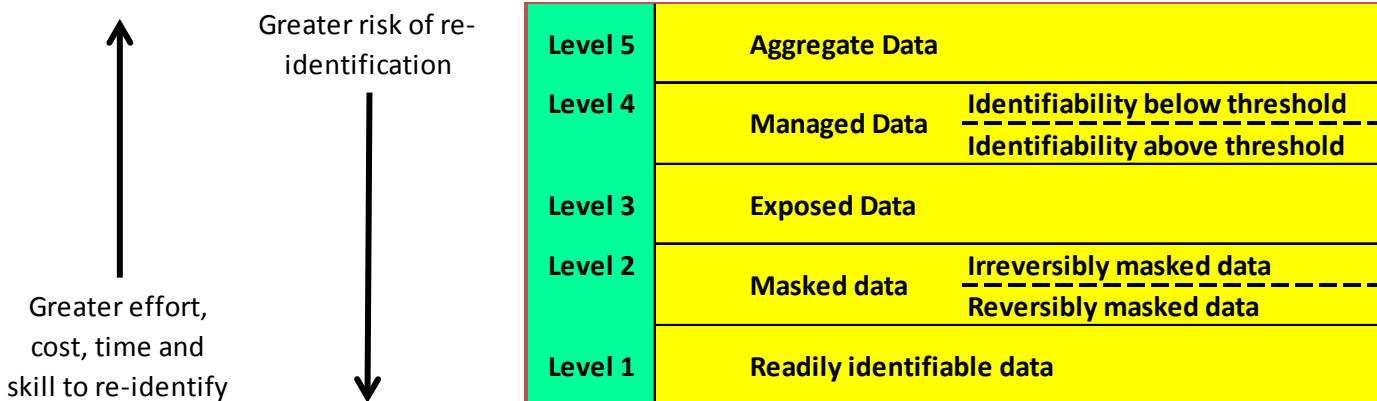


Overview of HIX Infrastructure Integration Opportunity

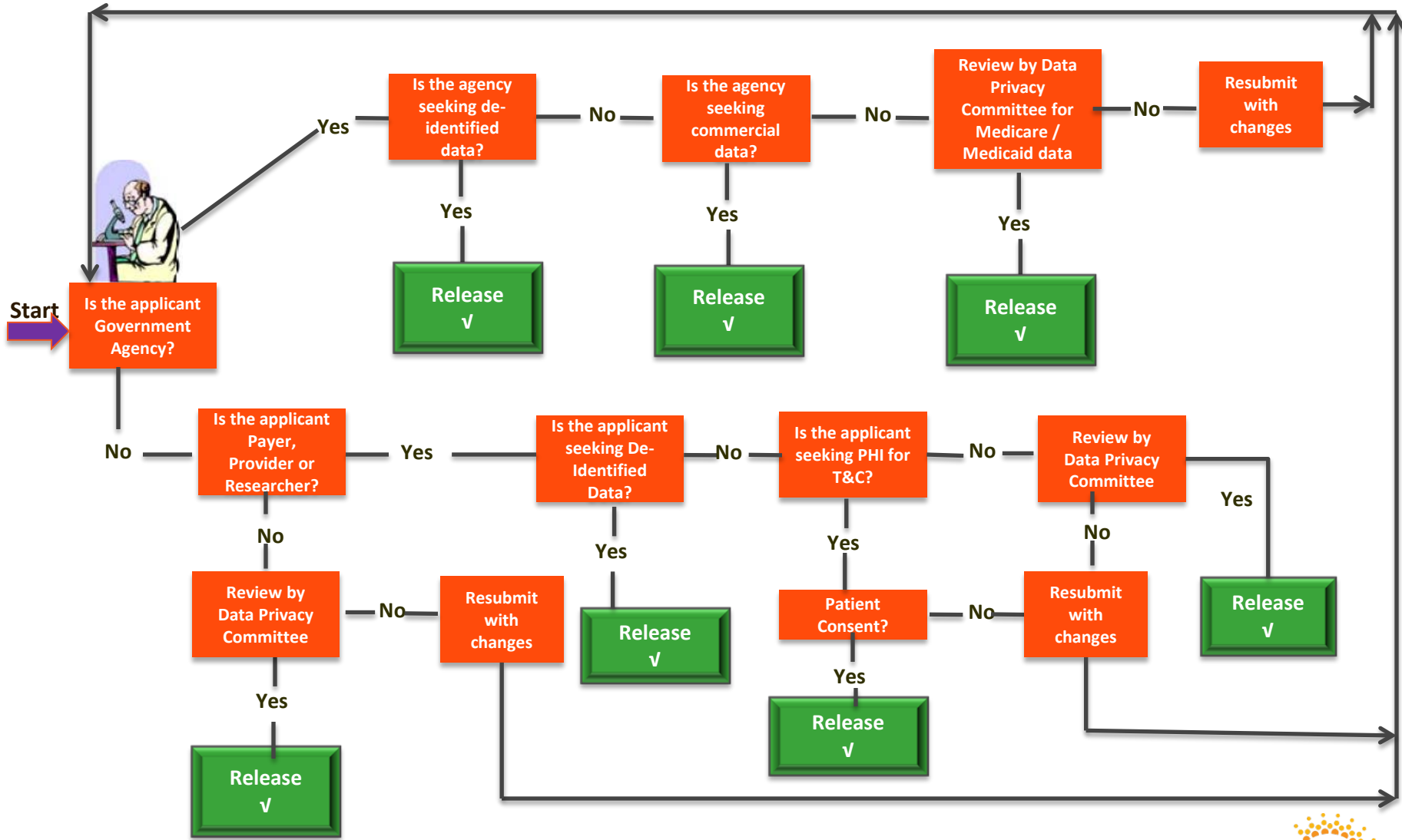


Data Governance - Data Security Level

- Level 1 – data with full identifiable information on members
- Level 2 – data with good quality but limited personal information, masked on limited set of identifiable characteristics like name, SS#, address, email, telephone, etc., also called limited data sets
- Level 3 – data with lower level of identifiable than Level 2; include broader zip 3, target other identifiable variables like dates for admission, etc.
- Level 4 – de-identified with personal information and also other HIPAA sensitive data; can be shared with public
- Level 5 – aggregate data with very no personal information

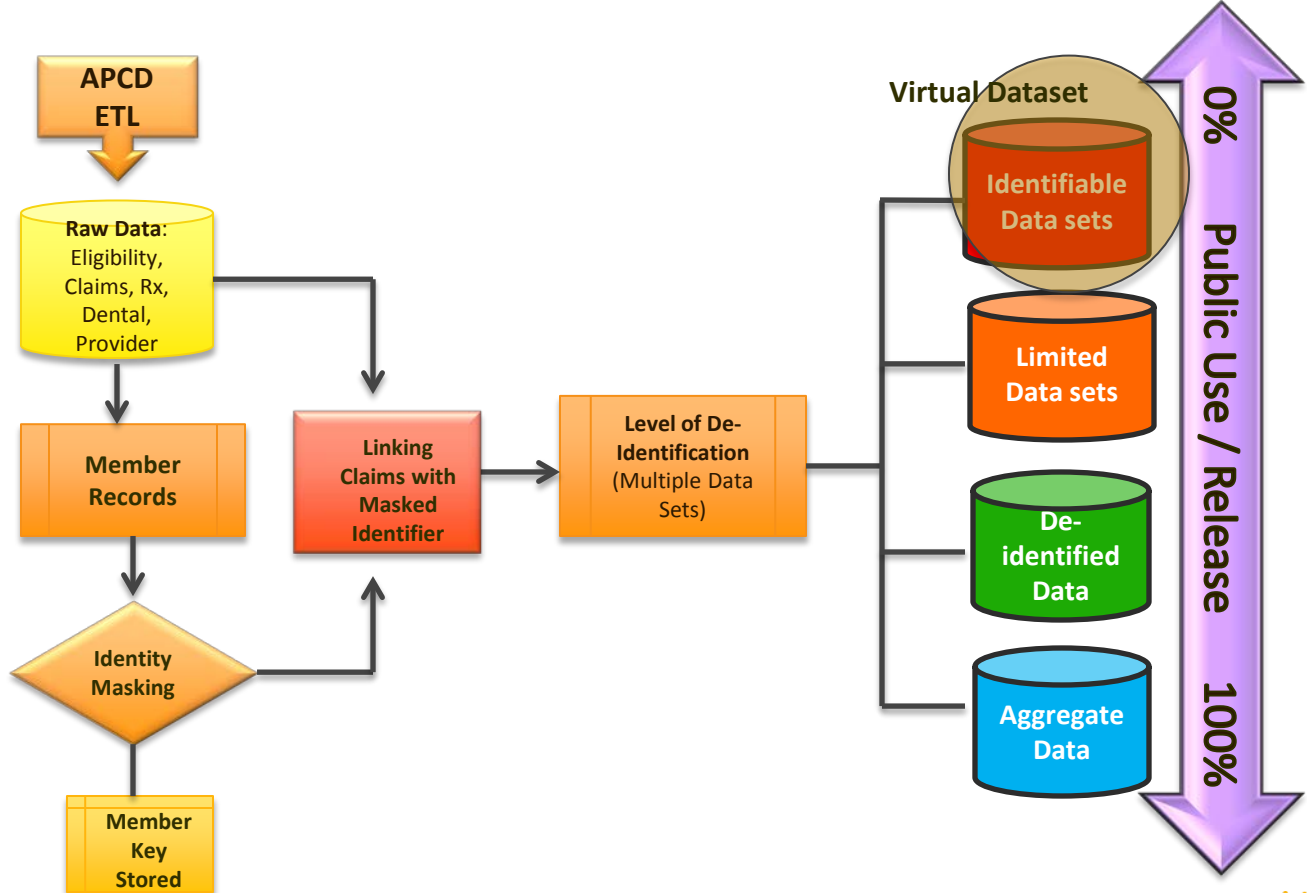
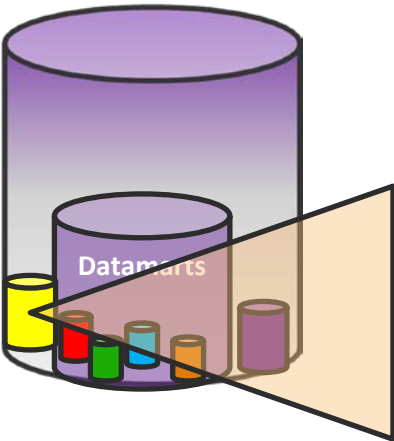


Data Governance - Data Use Policy



Data Governance - Data De-identification Levels

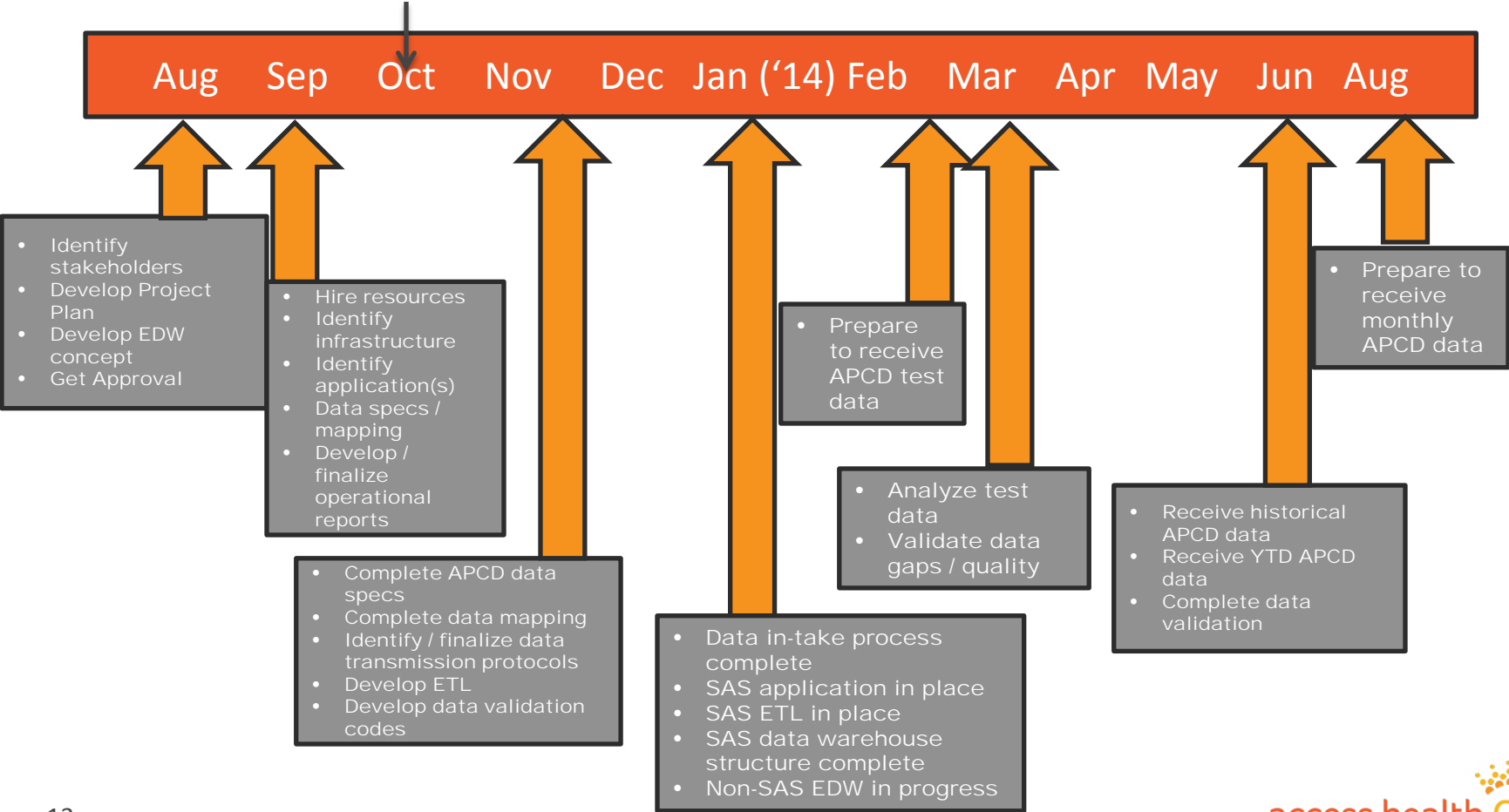
HIX Data Warehouse



APCD Timeline for Insourced Development

Infrastructure Gap & Mitigation

We are here



Policies & Procedures (P&P)

Data Submission Guide (DSG)

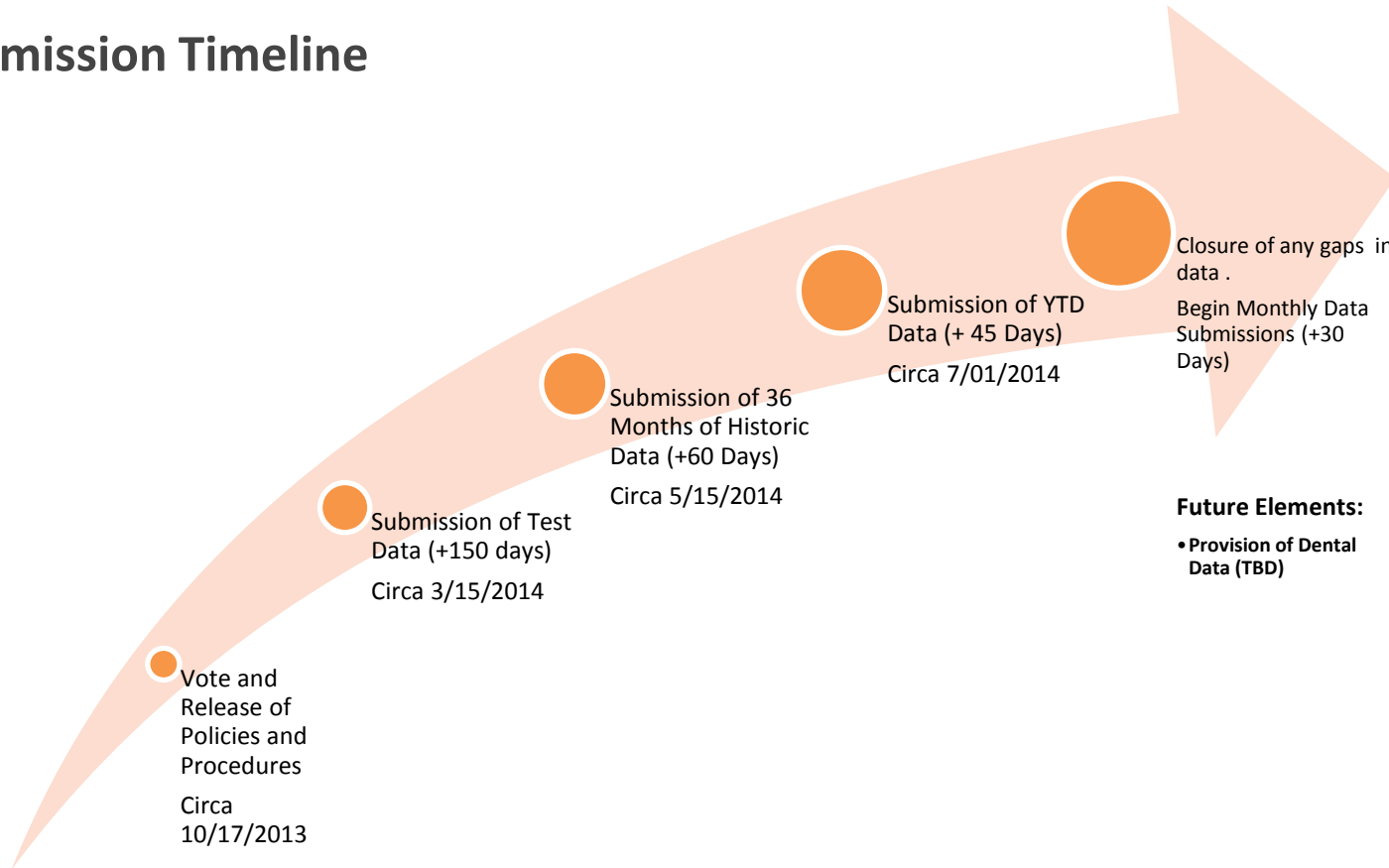
Finalizing P&P and DSG – Overview of Public Comments and Final Amendments

APCD Policies and Procedures: Process

- Policies and Procedures drafted in July
- Data Submission Guide (DSG) incorporated by reference
- AHCT Board approved publication of draft Policies and Procedures and DSG for public comment at July 30 Board meeting
- Public comment period began August 13 when notice was published in CT Law Journal, ended September 12
- Several public comments received
- AHCT Board scheduled to vote on approval of Policies and Procedures, DSG at October 17 Board meeting

Status Update on P&P and DSG

Data Submission Timeline



APCD Policies and Procedures: Public Comment

- Definitions: Member
 - Includes all insured/covered Connecticut residents
 - Also includes population necessary for risk adjustment
- Definitions: Collection of Denied Claims Data
 - Only paid claims data will be collected
 - Denied claims data are difficult to collect and use for APCD goals
- Reporting Requirements: Subcontractor Data
 - Carriers should submit data from carved-out benefits subcontractors
- Reporting Entities' Data Submission Schedule
 - Test files – 150 days, historic files – 60 days
 - Dental data will not be collected in first year
- Annual Registration
 - Registration date for 2013 will change from 10/1 to 11/15

APCD Policies and Procedures: Public Comment

- Non-Compliance and Penalties
 - Administrator may audit reporting entities to monitor compliance
 - Administrator will work with reporting entities to address non-compliance and impose penalties if necessary
- Data Utilization and Disclosure
 - New set of Policies and Procedures on data utilization and disclosure are being drafted and will be released in 2014
- Privacy and Confidentiality
 - Privacy and confidentiality taken very seriously
 - APCD will be consistent with highest standards, including HIPAA and applicable federal and state laws

Data Submission Guide: Public Comment

- **Data Submission Guide General Requirements**
 - Documentation Requirements:
 - Definitions for home grown values
 - Identification and description of variations within health plan's claims adjudication systems
 - Details of health plan's enrollment and benefit system
 - Information about strategic variables falling outside of expected thresholds
 - Retroactive Eligibility Adjustments:
 - Eligibility information to be submitted using a rolling period methodology instead of a point in time approach.

Data Submission Guide: Public Comment

- **Technical Specifications and Data Formats**
 - Requirement for Separate Control Totals File
 - Header/Trailer records to be added to improve data quality checks and data submission efficiency for all parties involved.
 - Conformation to ASC X12 Standard
 - CT's data standard will align with the majority of existing APCDs. ASC X12 PACDR standard will not meet CT requirements at this point in time.

Data Submission Guide: Public Comment

- **Data Quality Requirements**

- Enforcement of Data Thresholds

- The goal is to provide a benchmark for health plans based on other state experiences. Thresholds will be re-evaluated with CT specific data.

- Coding Standards, References, and Descriptions

- Reference tables and links added to the DSG. In addition, a FAQ based on carrier questions to be added.

Milestones for Data Submission

Item	Date
1) CT APCD to release updated DSG to health plans	Oct 04-15, 2013
2) P&P to be finalized and released by AHCT	Oct 17, 2013
3) Completion of annual registration by health plans	Nov 15, 2013
4) Test Data Submission Deadline	Mar 3, 2014
5) Historical File Submission Deadline	May 15, 2014
6) YTD Files Submission Deadline	Jul 1, 2014
7) Monthly Files Submission Start Month	Jul 31, 2014