All Payer Claims Database Advisory Group Meeting
Meeting Minutes

Date: January 9, 2014
Time: 9:00 a.m. – 11 a.m.
Location: Legislative Office Building, Hartford, CT, Room 1A

Members Present
Tamim Ahmed, Robert Tessier, Mary Ellen Breault, Robert Aseltine, Kimberly Martone, Jean Rexford, Victor Villagra, Matthew Katz, Demian Fontanella for Vicki Veltri, Robert Scalettar, Jim Iacobellis, Mary Alice Lee, Michael Michaud for Patricia Rehmer, Josh Wojcik for Kevin Lembo, Barbara Parks Wolf for Ben Barnes

Members by Phone
Mary Taylor

Members Absent
Roderick Bremby, Thomas Woodruff

Other Participants
Access Health CT: Matt Salner, Robert Blundo

I. Call to Order and Introductions
Tamim Ahmed called the meeting to order at 9:02 a.m. Members introduced themselves.

II. Public Comment
There was no public comment.

III. Approval of October 3rd and November 14th, 2013 Meeting Minutes
Mr. Ahmed requested a motion to approve the October 3rd and November 14th meeting minutes. Matthew Katz made a motion to approve the minutes. Mary Ellen Breault seconded, all in favor voted, and the motion was passed unanimously.

IV. CEO / ED Updates
Mr. Ahmed provided a brief update of the APCD, and articulated the roles and responsibilities that Access Health Analytics determined the APCD Advisory Group would fulfill. Mr. Ahmed announced the formation of two new subcommittees, which included the Data Privacy and Security Subcommittee and the Policy and Procedure Subcommittee. Mr. Ahmed proceeded to review the Request for Proposal (RFP) process, briefly discussed the

evaluation of external consumer decision support tools, and informed the APCD Advisory Group of the newly formed evaluation team, which included select members from the Access Health CT team, and Advisory Group members: Dean Myshrall and Bob Tessier. Mr. Ahmed concluded his updates by informing the group that Access Health Analytics is in the process of trademarking their name.

V. Data Management – Outsourcing

Mr. Ahmed provided a status and progress update of the RFP process. Robert Scalettar asked for clarification regarding the remaining timeframe for Access Health Analytics to use grant funds. Mr. Ahmed responded by noting that the money for the development of the APCD must be spent by December 31, 2014 and stated that the project completion date is set for March 31, 2015. Mr. Katz posed a question asking whether the money ha d to be allocated or simply spent by the date in December. Mr. Ahmed clarified that the money has to be spent by the last day of December this year. A discussion of the allocation and arrangement of funding ensued.

Mr. Ahmed commented on the ongoing search for a data vendor with experience in working with commercial carriers, Medicaid and Medicare data and reporting. Mr. Ahmed indicated that the number of RFP responses from qualified vendors was to be determined.

Mr. Katz inquired whether the vendor contract would be in place by the first of June and requested information regarding the plans by Access Health Analytics for setting into motion the aggressive timeline requiring the completion of reports within a three month period following December. Mr. Katz asked for additional clarification regarding the reason for the non-inclusion of report completion in the timeline through March 2015. Mr. Ahmed responded by stating that some of the dates mentioned in the timeline were based on a worst-case-scenario perspective, and then added that he would not be able to promise a completed, comprehensive list of reports by early fall 2014. James Iacobellis requested that Access Health Analytics provide the purpose and internal protocol for report development.

Robert Aseltine asked for clarification regarding RFP content concerning data management and reporting. Mr. Ahmed commented on the variety of approaches, including the Enclave Model, to manage and report data as it related to the RFP and future plans. Demian Fontanella asked about the feasibility of communicating pragmatic data to different types of consumers including data that would be agreeable to researchers. Mr. Ahmed responded by expressing his agreement with the statement by Mr. Fontanella and opined that consumers remain the first priority of the APCD data reporting initiative. Mr. Ahmed commented on the importance of accuracy when reporting data on the web and indicated that Access Health Analytics has been considering internal procedures for accurate data generation. Mr. Ahmed reviewed the data management process by referencing the design infrastructure for Access Health Analytics slide.

VI. Observations from the NAHDO Conference

Robert Blundo introduced and discussed new developments in the APCD market and best practices in other states.

Jean Rexford commented on the benefit of learning from other APCDs' mistakes. Ms. Rexford indicated that she was curious to learn more about the process of generating information for the consumers. Ms. Rexford opined that consumers will want more exposure to information beyond price and suggested they may be interested in quality of care data.

Kim Martone expressed the usefulness of APCD data collection. She mentioned that DPH has 13 programs in which APCD-collected patient identifiable information is essential for the improvement of their data collection and reporting efforts. Ms. Martone indicated that aggregation of this data could have the potential to demonstrate measurable outcomes and may promote initiatives intended to benefit public health across the state. Mr. Blundo contributed to the commentary by Ms. Martone by stating that that patient privacy concerns are critical and only a few states have decided not to take any personal identifiers.

Victor Villagra asked if the APCD would collect Medicaid claims data from Department of Social Services (DSS), and further focused the question further by asking whether Medicaid claims data could be integrated into the APCD. Mr. Villagra requested that Access Health Analytics address its mandate for the collection of Medicaid data, and requested clarification regarding whether the vendor would be expected to offer solutions for all types of payers in its infrastructure and design.

Mr. Blundo reported on the findings of the National Association of Health Data Organization's (NAHDO) 28th annual conference, at which he and Mr. Ahmed were in attendance. Mr. Blundo indicated the purpose for their attendance was to to get a feel of the landscape and to speak with other states about their successes. Mr. Blundo noted that there were 13 states with APCDs, and six states, including Connecticut, in the process of implementation. Mr. Blundo indicated there would be more vendors entering the market and stated his hope for new vendors to be responding to the RFP.

Mr. Blundo provided an overview of the topic concerning states shifting their focus to cost transparency and decision support tools. Mr. Blundo commented on the challenge of the production of a presentation layer and the need to be cognizant of the data privacy laws in Connecticut and at the federal level. Mr. Blundo noted that before working on data reports, Access Health Analytics must be in contact with various stakeholders, including provider groups, consumer advocates, state agencies, researchers, and foundations.

Joshua Wojcik asked for clarification regarding whether quality would be an important component when deliberating cost transparency. Mr. Wojcik added to the question by inquiring about the importance of discussing cost transparency before quality and asked whether the two elements would be tied together provided that people's interpretation of the cost without quality information may be deemed incomplete or inappropriate. Mr. Blundo stated that cost and quality should be reported to consumers and indicated that other states tied in a quality component. Mr. Blundo noted that quality is difficult to report in a standardized manner given the variety of quality measures offered by different organizations. Mr. Blundo suggested that the term quality be defined and indicated that states with success in these efforts maintained iterative processes.

VII. Identifying Stakeholders for APCD

Mr. Ahmed discussed the data use cases for stakeholders. Mr. Ahmed made the APCD Advisory Group aware that these were not the final use cases. Mr. Ahmed referred to the data use cases in the context of straw models to encourage the APCD Advisory group to provide their contributions and aid with the re-definitions of the use cases. Mr. Ahmed noted that some of the APCD Advisory Group members provided contributions and requested continued assistance with this initiative in contexts including, but not limited to, a hospital use case model and a consumer use case model. Mr. Ahmed announced that his team reached out to the state agencies and would like to expand it to other stakeholders. Mr. Ahmed continued his discussion by reviewing the five categories concerning outcomes of interest in the consumer advocate model, which was composed of the items that Access Health Analytics anticipated would be added to the existing use cases for consumer advocates. Mr. Ahmed asked

for Mary Taylor to convey these use cases to the carriers for the purpose of receiving their feedback to investigate ways Access Health Analytics can leverage this data by satisfying the needs of this stakeholder group and other stakeholder groups. Mr. Ahmed clarified that the use cases were examples and he was seeking the Advisory Group's help in putting 'flesh on the skeleton'.

Ms. Rexford expressed her confusion regarding the process of communications within the subcommittees. Ms. Rexford stated the need for better transparency between subcommittees and the main Advisory Group. Mr. Ahmed replied to the question by Ms. Rexford by stating that Mr. Scalettar and Mr. Katz will speak about this shortly.

Mr. Katz opined that the question by Ms. Rexford also ask about how the group can obtain support from Access Health Analytics in the management of subcommittee charges.

Mr. Ahmed indicated that Access Health Analytics would provide a variety of administrative and clerical supports for various subcommittees to ensure smooth function. MR. Ahmed stated that Access Health Analytics would offer assistance with logistics, meeting arrangements, facility renting, materials arrangements, and analytics support for slide presentations.

VIII. Annual Registration Process (ARP)

Mr. Blundo spoke about the Annual Registration Process (ARP) in detail. Mr. Blundo noted that the issues in the ARP concern registering health plans and other data submitters. Mr. Blundo stated the purpose of the ARP is to capture submitter POC information, retrieve estimates of submitter population size and claims volume, determine number of submitters who met the annual 3k member threshold requirement, establish communication to the data submitters for waivers, field questions, provided updates, and assigned submitter IDs for future data submitter among other functions. The ARP form was released on December 17, 2013. Mr. Blundo discussed the three-pronged approach through which Access Health Analytics identified submitters:

a. Access Health Analytics Market Knowledge
b. Connecticut Insurance Department Resources
c. An Analysis by Freedman Consulting.

Robert Tessier requested clarification regarding whether freestanding TPAs were being reviewed in the process of compiling the list. Mr. Blundo replied by stating that Access Health Analytics was communicating with third party administrators during this process and indicated two responses have been received from Optum Rx and a dental organization. Mr. Blundo stated his expectation for the inclusion of additional TPAs in the near future and clarified that Access Health Analytics had not reached out to traditional TPAs.

Mr. Blundo announced that a registration database had been designed and created and discussed future enhancements to the ARP, which would allow submitters to return electronically. Mr. Blundo stated that Access Health Analytics identified all of the major medical carriers and explained that there were 36 medical, PBM, and dental reporting entities identified within Connecticut. Mr. Blundo noted that 15 dental submitters were identified and stated that dental claims data and policies would be considered for APCD inclusion in the future. Mr. Blundo displayed table of submitters and registrants.

Mary Alice asked whether Access Health Analytics assumed that the comprehensive medical carriers would report on behavioral health services by a subcontracted carve-out. Mr. Blundo responded by indicating that the form requested information concerning carve out services and providers.

Dr. Lee raised the concern that the list did not indicate that Access Health Analytics was working with DSS. Mr. Blundo clarified the dialogue between Access Health Analytics and DSS was ongoing.

Mr. Iacobellis contributed his opinion in favor of treating Medicaid as a different entity wherein hospitals receive payment on a per 'case' basis. Mr. Blundo requested assistance with the identification of the Medicaid submitters.

IX. Status of Various Subcommittees

Mr. Katz provided a brief Policy and Procedure Enhancement Subcommittee update and indicated that the subcommittee met in the morning and continued to correspond via email. Mr. Katz reviewed the goals set by the subcommittee, which were indicated in the bullets below.

- The goal of the subcommittee is to assist in the development of comprehensive and meaningful policies and procedures to the APCD.
- The subcommittee will strive to create understandable, clear, transparent and relevant P&Ps.
- The subcommittee will assist in the dissemination of any draft P&P documents.

Mr. Villagra asked for clarification regarding the relationship between APCD and Access Health CT (AHCT), and how Access Health Analytics worked within this hierarchy. Mr. Salner replied by indicating that Access Health Analytics served as the analytic component of Access Health CT. Mr. Salner added that Access Health Analytics was to be viewed as a quasi-public entity and was subject to the oversight of the Advisory Group and the policies and associated procedures.

Mr. Scalettar mentioned that the Data Privacy, Confidentiality and Security Subcommittee would aid in the production of a framework to develop and implement data privacy policies. The subcommittee was scheduled to meet for the first time on January 23, 2014. Mr. Scalettar announced that all meetings would be public. Mr. Scalettar indicated that he and Mr. Ahmed would work to create a draft charge and educational materials, which he would send to the APCD Advisory Group within the next week. Mr. Scalettar noted the potential need for additional legal support in the subcommittee. Mr. Scalettar and Mr. Katz requested the slides from Access Health Analytics. Mr. Katz expressed his appreciation of the hard work to staff.

Mr. Katz inquired about the RFP due date and asked whether Access Health Analytics would be able to share the draft with the APCD Advisory Group before sending it out. Mr. Ahmed mentioned that the RFP draft would be on the website and would be sent to the APCD Advisory Group.

X. Next Steps

No next steps were indicated.

XI. Future Meetings

Future meetings were not discussed.

XII. Adjournment

Mr. Scalettar moved to adjourn the meeting. Mr. Tessier seconded this motion. The meeting was adjourned at 10:59 a.m.