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Connecticut's Health Insurance Marketplace

All-Payer Claims Database Advisory Group Meeting

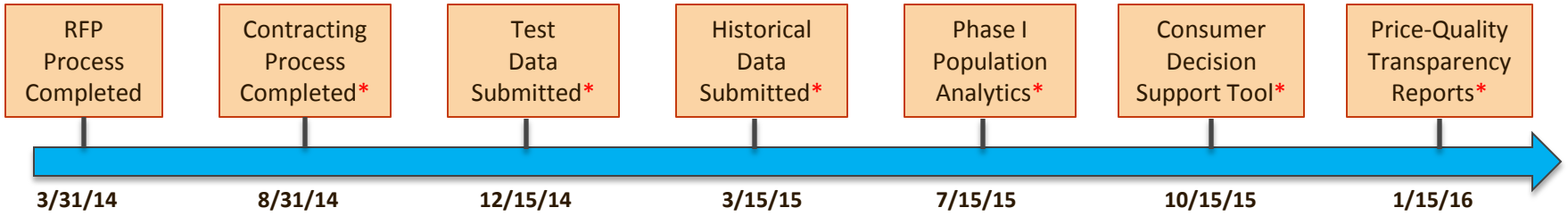
Created By: Access Health Analytics
7/8/2014

Presentation Overview

- Development Planning for APCD
- Medicaid Data Usages – Examples from other States' APCDs
- Update on Medicaid Data from DSS
- Subcommittee Updates
- Next steps

Development Planning for APCD - Timeline

- RFP process for vendor selection for developing & managing APCD completed March 31, 2014
- Vendor negotiation in progress and expected to be completed by August, 2014
- Data in-take infrastructure will need to be created by the data submitters to link with the APCD vendor for automated submissions and retrievals via secured web-based transmissions, Sept. – Nov., 2014
- Test data is expected to be submitted in December, 2014
- Pending data quality validation tests, historical data is expected to be submitted in March, 2015
- Phase I reporting – population analytics – is expected to be available in July, 2015
- Consumer Decision Support Tool, i.e., enabling Exchange enrollees to choose the right plan, is targeted to be released in October of 2015
- Price/Quality transparency tools is expected to be launched in Jan 2016



Note: '*' expected; timeline will slip if contract is not finalized by 8/31/2014

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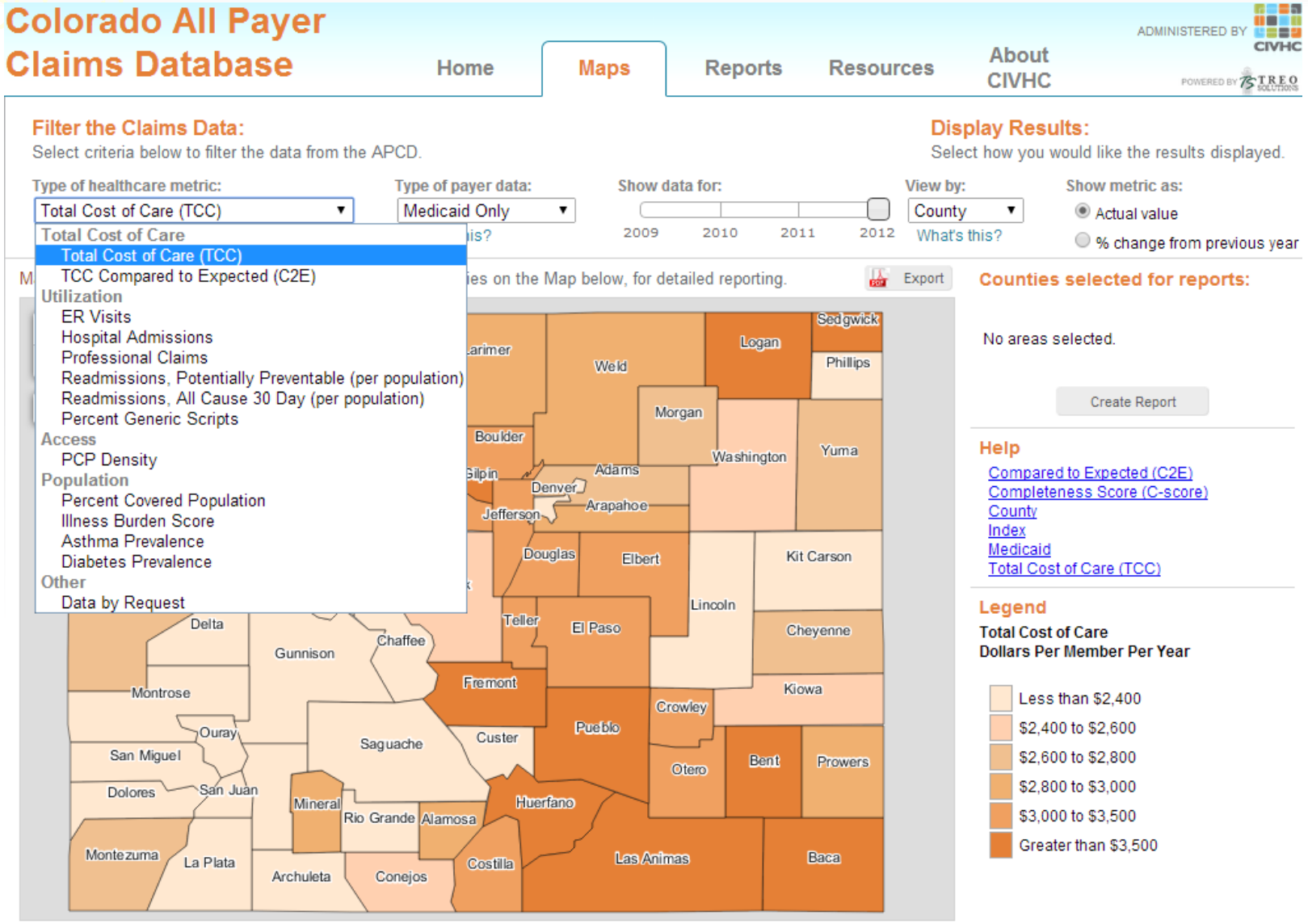
Development Planning for APCD – Core Components

The following capabilities and components have been deemed absolutely necessary for a well functioning APCD. Some of these elements in the scope are explicitly included in the Policy & Procedure document. Other elements are needed to complement the primary scope.

- ✓ Collection of medical & pharmacy claims data from various carriers, including ASO data
- ✓ Collection of Medicare data
- ✓ Collection of Medicaid data
- ✓ Developing data validation process for collected data
- ✓ Developing and optimizing various infrastructures – ETL, Production and Managed Hosted environments
- ✓ Ensuring application of risk and clinical groupers from 3M, CMS and others TBD
- ✓ Development of a Master Provider Index
- ✓ Development of a Master Patient Index
- ✓ Development of a web tool for exhibiting reports from APCD data
- ✓ Development of price and quality transparency reports
- ✓ Development of various population & epidemiological reports
- ✓ Collection of dental data

Medicaid Data Usages – Examples from other States' APCDs

Interactive Web Reports – Colorado Medicaid



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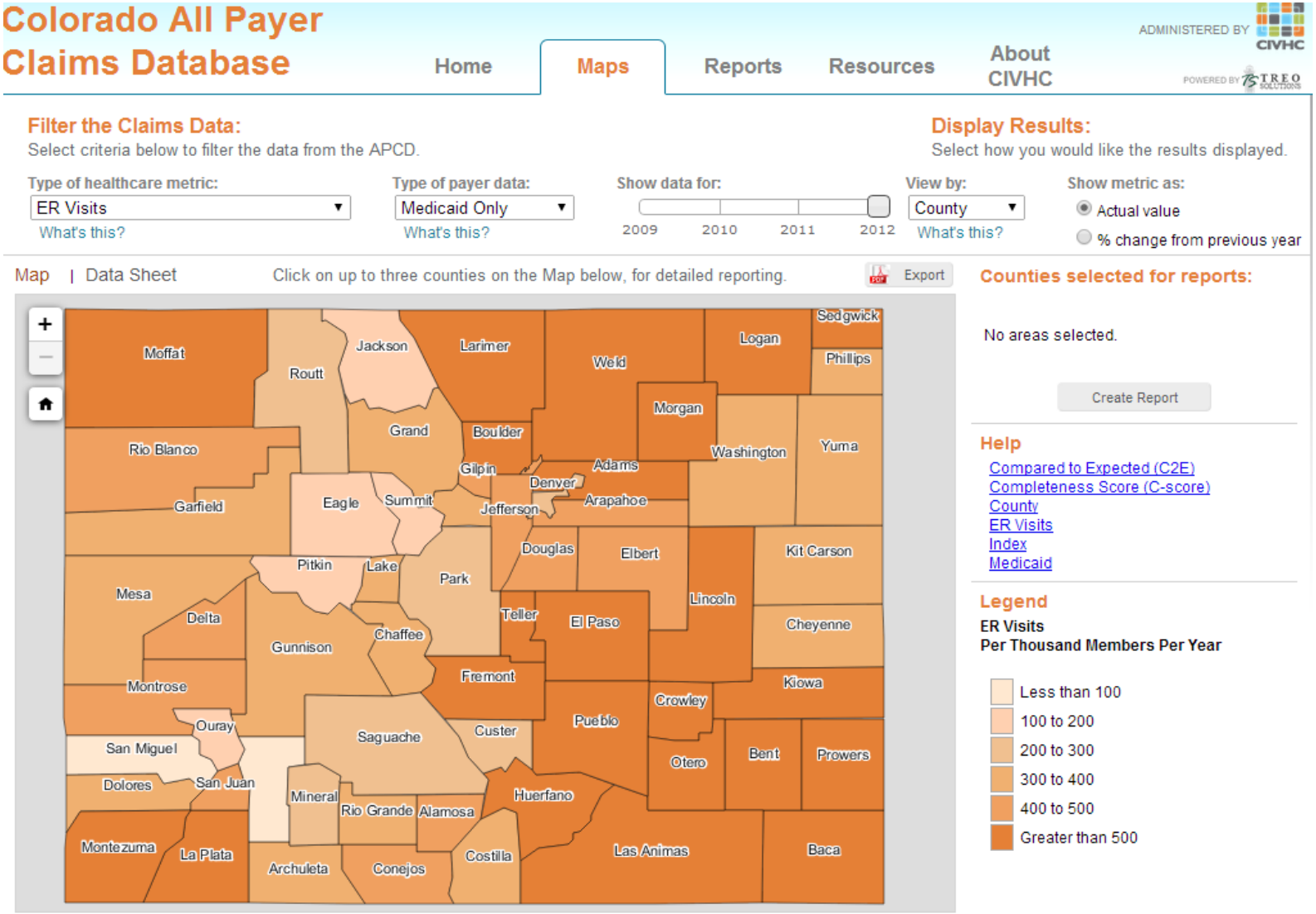
Interactive Web Reports - Colorado Medicaid



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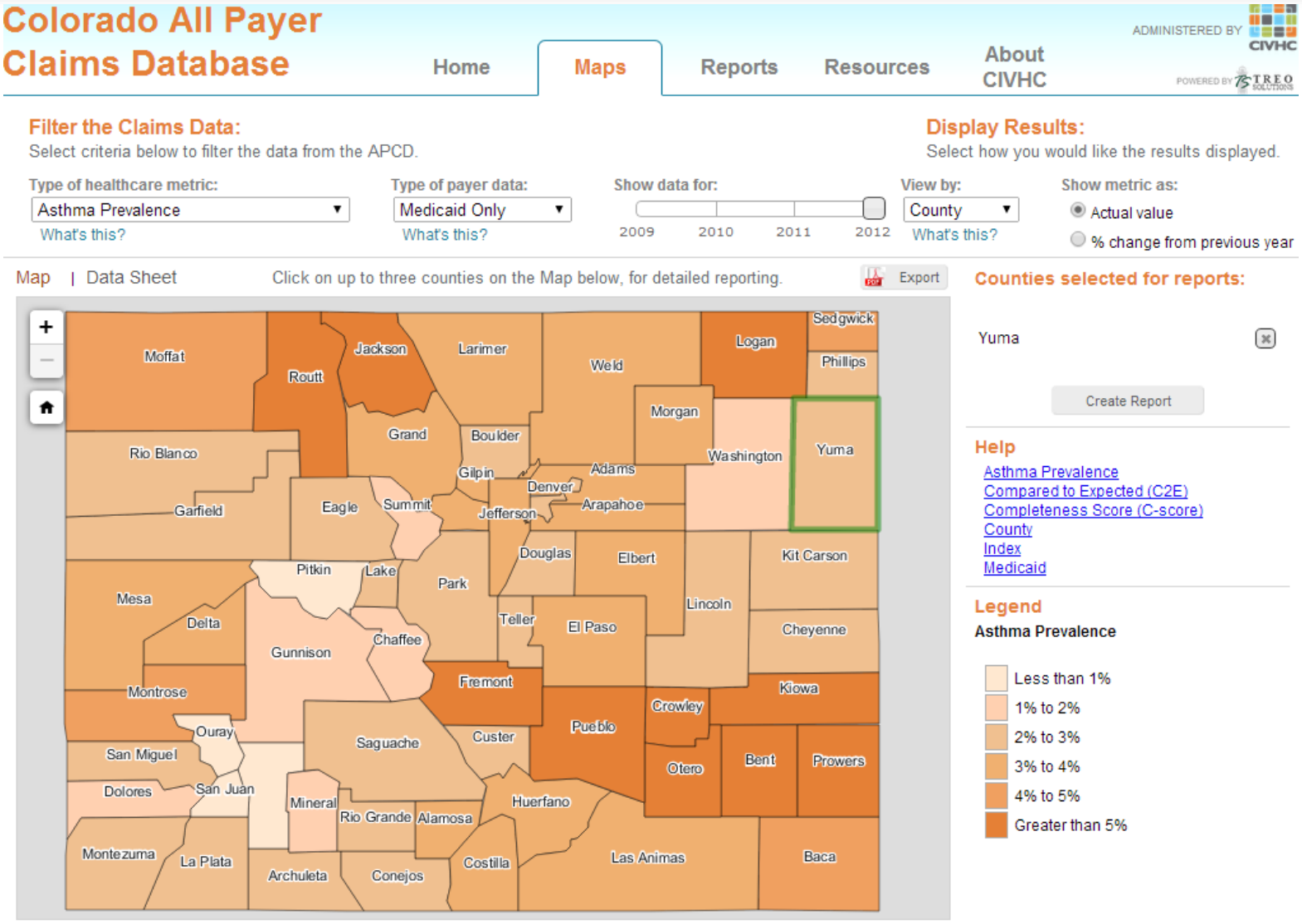

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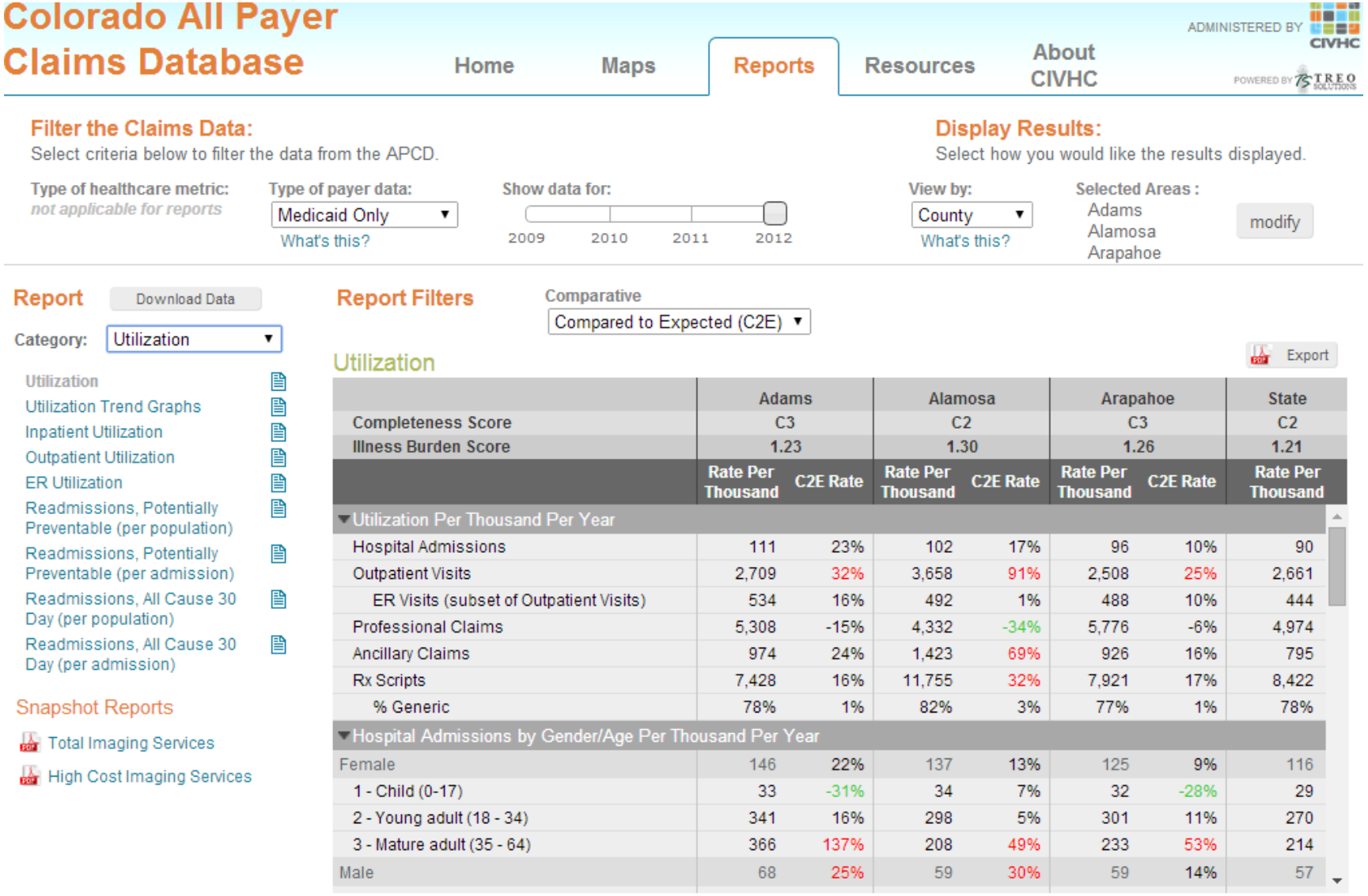
Interactive Web Reports - Colorado Medicaid



	Adams		Alamosa		Arapahoe		State
Completeness Score	C3		C2		C3		C2
Illness Burden Score	1.23		1.30		1.26		1.21
	Rate Per Thousand	C2E Rate	Rate Per Thousand	C2E Rate	Rate Per Thousand	C2E Rate	Rate Per Thousand
▼Utilization Per Thousand Per Year							
Hospital Admissions	111	23%	102	17%	96	10%	90
Outpatient Visits	2,709	32%	3,658	91%	2,508	25%	2,661
ER Visits (subset of Outpatient Visits)	534	16%	492	1%	488	10%	444
Professional Claims	5,308	-15%	4,332	-34%	5,776	-6%	4,974
Ancillary Claims	974	24%	1,423	69%	926	16%	795
Rx Scripts	7,428	16%	11,755	32%	7,921	17%	8,422
% Generic	78%	1%	82%	3%	77%	1%	78%
▼Hospital Admissions by Gender/Age Per Thousand Per Year							
Female	146	22%	137	13%	125	9%	116
1 - Child (0-17)	33	-31%	34	7%	32	-28%	29
2 - Young adult (18 - 34)	341	16%	298	5%	301	11%	270
3 - Mature adult (35 - 64)	366	137%	208	49%	233	53%	214
Male	68	25%	59	30%	59	14%	57

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Oregon All Payer All Claims Database

What is included in APAC?

- All carriers and licensed third-party administrators with at least 5,000 covered lives are required to report to APAC

- In addition, all pharmacy benefit managers, managed care organizations (MCOs), coordinated care organizations (CCOs), and entities with Dual Eligible Special Needs Plans in Oregon are mandatory reporters

- In sum, APAC includes claims information from commercial health insurance carriers, licensed third party administrators, pharmacy benefit managers, Medicaid managed care organizations, Medicaid fee-for-service and Medicare parts C and D

A A A

an official NEW HAMPSHIRE government website

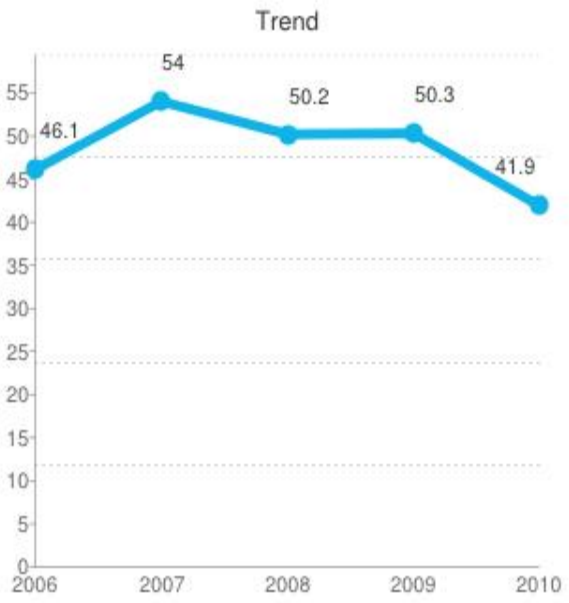
dhhs New Hampshire Department of HEALTH AND HUMAN SERVICES

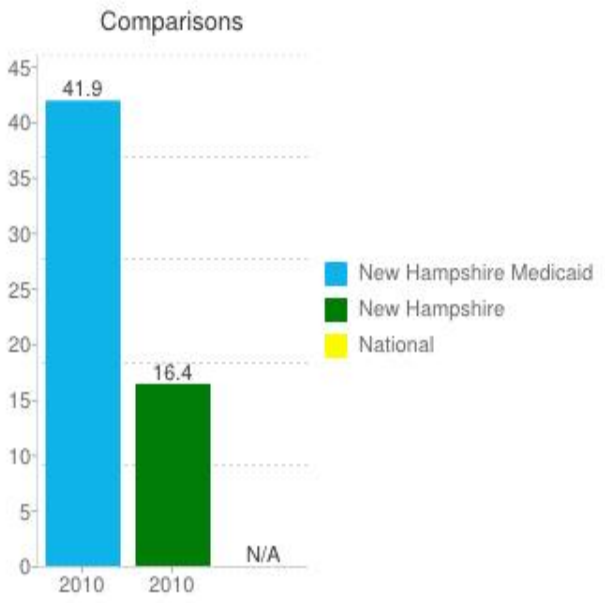
A-Z Index of Quality Indicators

- DHHS Home
- DHHS Medicaid Home
- Medicaid Quality Indicators Home
  - Quality Indicators
    - Health Care Services
      - Hospital Services
      - Preventive Services
      - Primary Care Services
    - Specific Health Topics
      - Health Behaviors
      - Respiratory Health
      - Behavioral Health
      - Cardiovascular Health
      - Diabetes Health
      - Maternal, Infant and Child Health
    - CMS Quality Indicators
      - Adult Quality

NH Medicaid Quality Indicators

Admission for Asthma per 1,000 Adult Medicaid Recipients Diagnosed with Asthma





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Medicaid Quality Indicators Home
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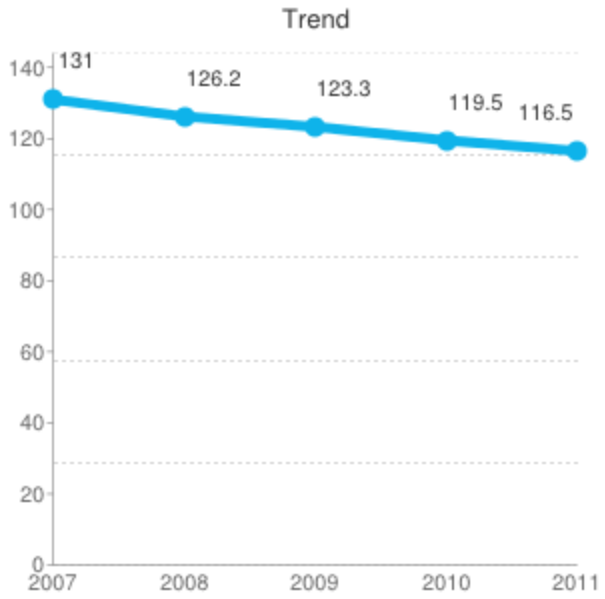
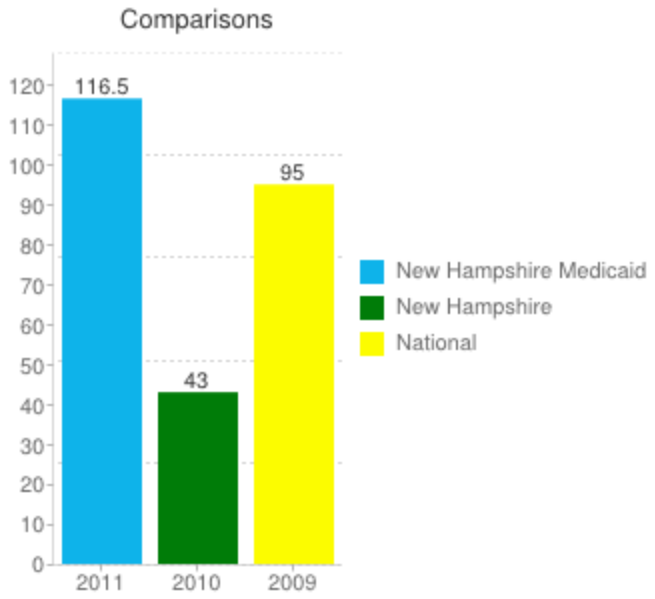
CMS Quality Indicators
Adult Quality Indicators
Pediatric Quality Indicators
Care Management Quality Indicators
MCO A

NH Medicaid Quality Indicators

Inpatient Utilization - Total Hospital Admissions for Any Condition (Children and Adult) per 1000 Medicaid Recipient





Last updated: 09/06/2012

Data

Year	Measure Numerator	Measure Denominator	NH Medicaid Rate	NH Rate	National Rate
2011	11,732	100,680	116.5	N/A	N/A
2010	11,871	99,303	119.5	43.0	N/A

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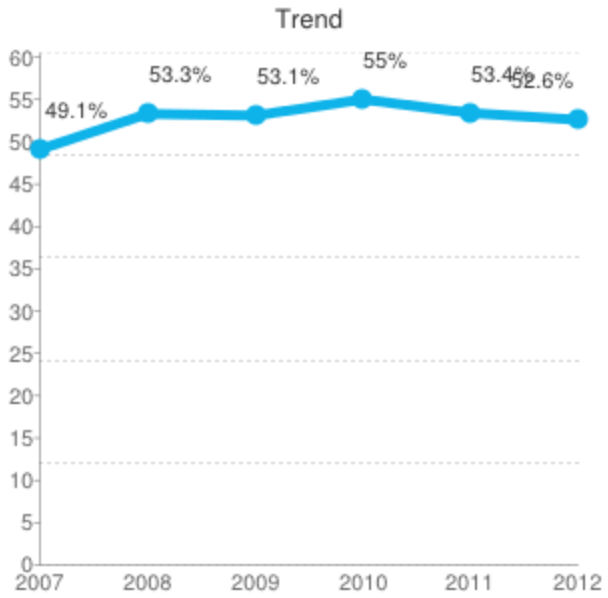
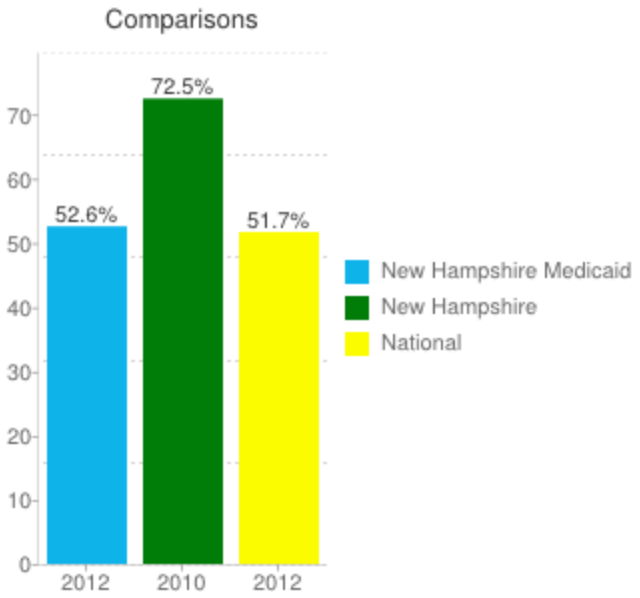
NH Medicaid Quality Indicators

Percent of Women Receiving Breast Cancer Screening





Last updated: 04/09/2014

Data

Year	Measure Numerator	Measure Denominator	NH Medicaid Rate	NH Rate	National Rate
2012	1,583	3,009	52.6%		51.7%
2011	1,638	3,069	53.4%		50.4%
2010	1,694	3,081	55.0%	72.5%	51.4%

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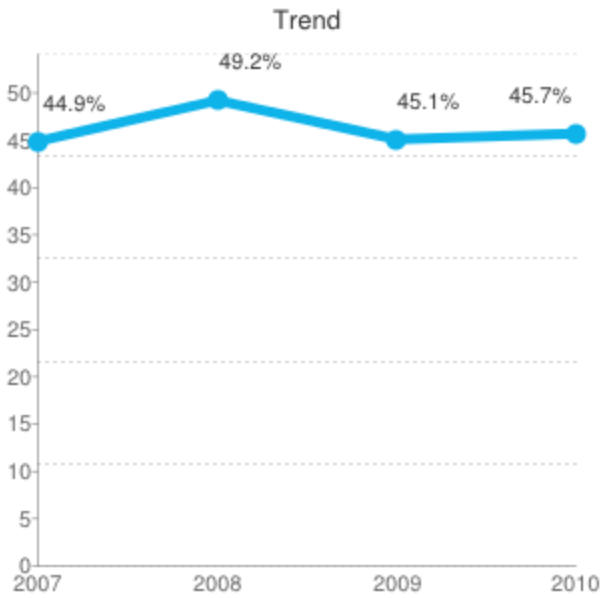
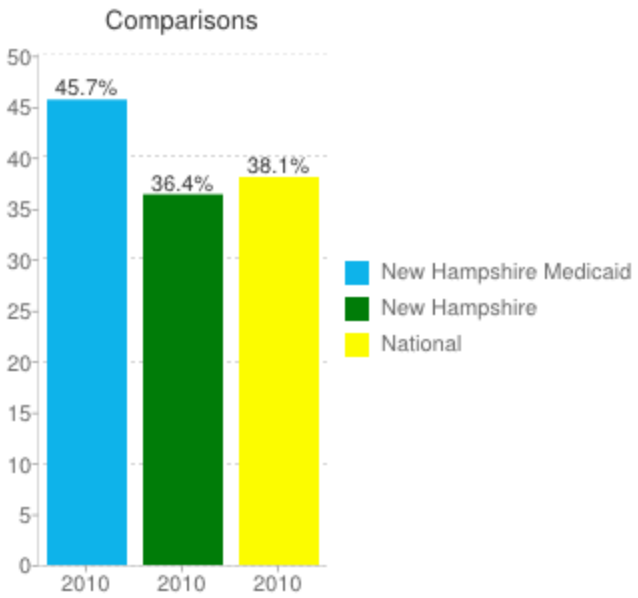
NH Medicaid Quality Indicators

Follow-up Care for Children Prescribed ADHD Medication - Initiation Phase





Last updated: 08/01/2013

Data

Year	Measure Numerator	Measure Denominator	NH Medicaid Rate	NH Rate	National Rate
2010	598	1,309	45.7%	36.4%	38.1%
2009	518	1,149	45.1%	32.3%	36.6%
2008	566	1,150	49.2%	29.5%	

Update From DSS

Status of Subcommittees

Policy & Procedures Enhancement Subcommittee

- Mattew Katz

Data Privacy & Security Subcommittee

- Dr. Robert Scalettar

Data Privacy and Security Subcommittee Meeting – 6/26

- **Security Related RFP and RTM Requirements For The Data Management Vendor**
  - Data Collection
  - Data Management
  - Managed Environment
  - Reporting Software and Services
- **Update and Overview of Preferred Vendor Security Audit**

Auditor Tasks:

1. Cyber Security Evaluation of Proposed APCD Data Management Vendor
2. Proposal and Proposed Methodology Review
3. Provision of Technical Assistance in Contract Language
4. Software Code Review (Future Service)

Data Privacy and Security Subcommittee Meeting – 6/26

- **Proposed Outline of Data Governance Process**
  - Data Release Protocol Overview for Internal/External Users
  - Data Release & Governance Tools for External Release:
    - Data Disclosure Rules
    - Data Release Process and Criteria
    - Data Review Committee Construct and Policies
    - Data Use Agreement Components
  - AHCT to propose a Straw Man Model to the subcommittee:
    - Leverage processes from other APCDs/IRBs
    - Communicate strategy for DRC composition
    - Incorporate vendor technical capabilities

Next Steps

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~~ April 10, 2014	9:00 – 11:00 AM	*Session
~~May 8~~ June 12, 2014	9:00 – 11:00 AM	LOB, Room IE
July 10, 2014	9:00 – 11:00 AM	LOB, Room 1D
September 11, 2014	9:00 – 11:00 AM	LOB, Room TBD
November 13, 2014	9:00 – 11:00 AM	LOB, Room TBD