

Access Health CT

APCD Advisory Group Meeting

August 10, 2017

APCD Advisory Group Meeting

Today's Agenda

...

- ✓ Call To Order and Introductions (5 minutes)
- ✓ Public Comments (10 minutes)
- ✓ Approval of Minutes (10 minutes)
- ✓ Updates & Project Status Overview (15 minutes)
- ✓ APCD Data Release Update (30 minutes)
- ✓ CT APCD Data - Preliminary Analysis Examples & Showcase (30 minutes)
- ✓ Next Steps (5 minutes)
- ✓ Future Meetings & Adjournment (5 minutes)

Public Comments

(2 Minutes per Commenter)

Approval of Minutes

May 11, 2017 Advisory Group Meeting

APCD Updates & Project Status Overview

Recent National Developments



State APCD Activity

Minnesota - Analysis of Low-Value Health Services in the Minnesota All Payer Claims Database¹

Virginia - VHI Five Most Common Avoidable ER Visits²



Cost Transparency Websites

HealthCost.com latest publicly available transparency website released.³



National Policy Update

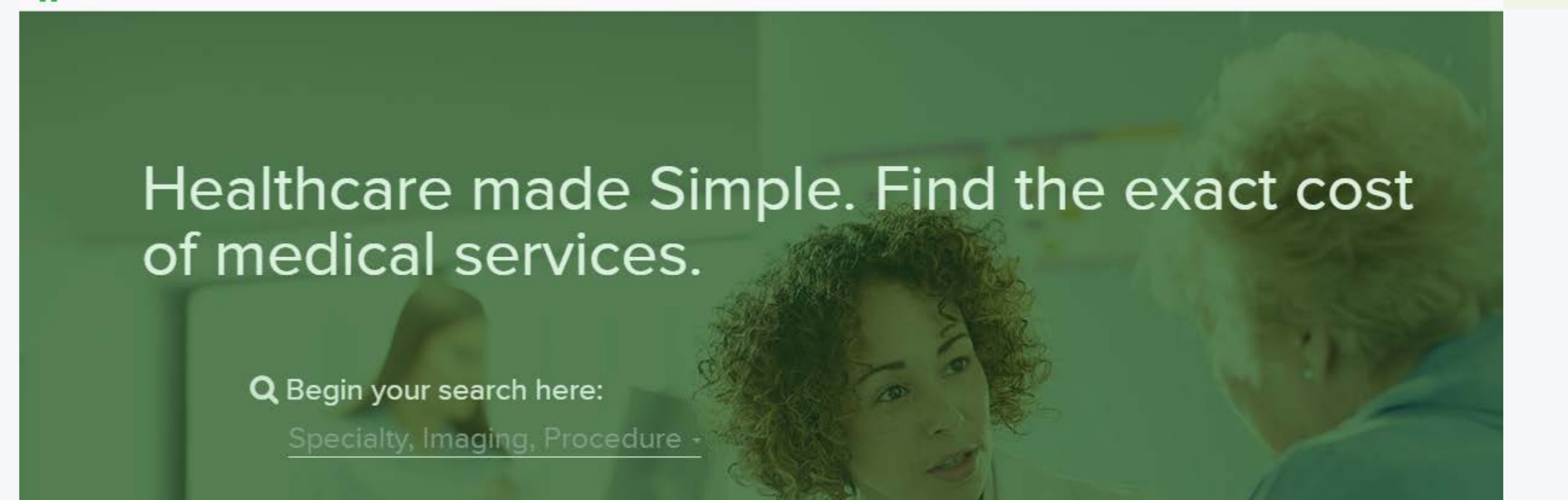
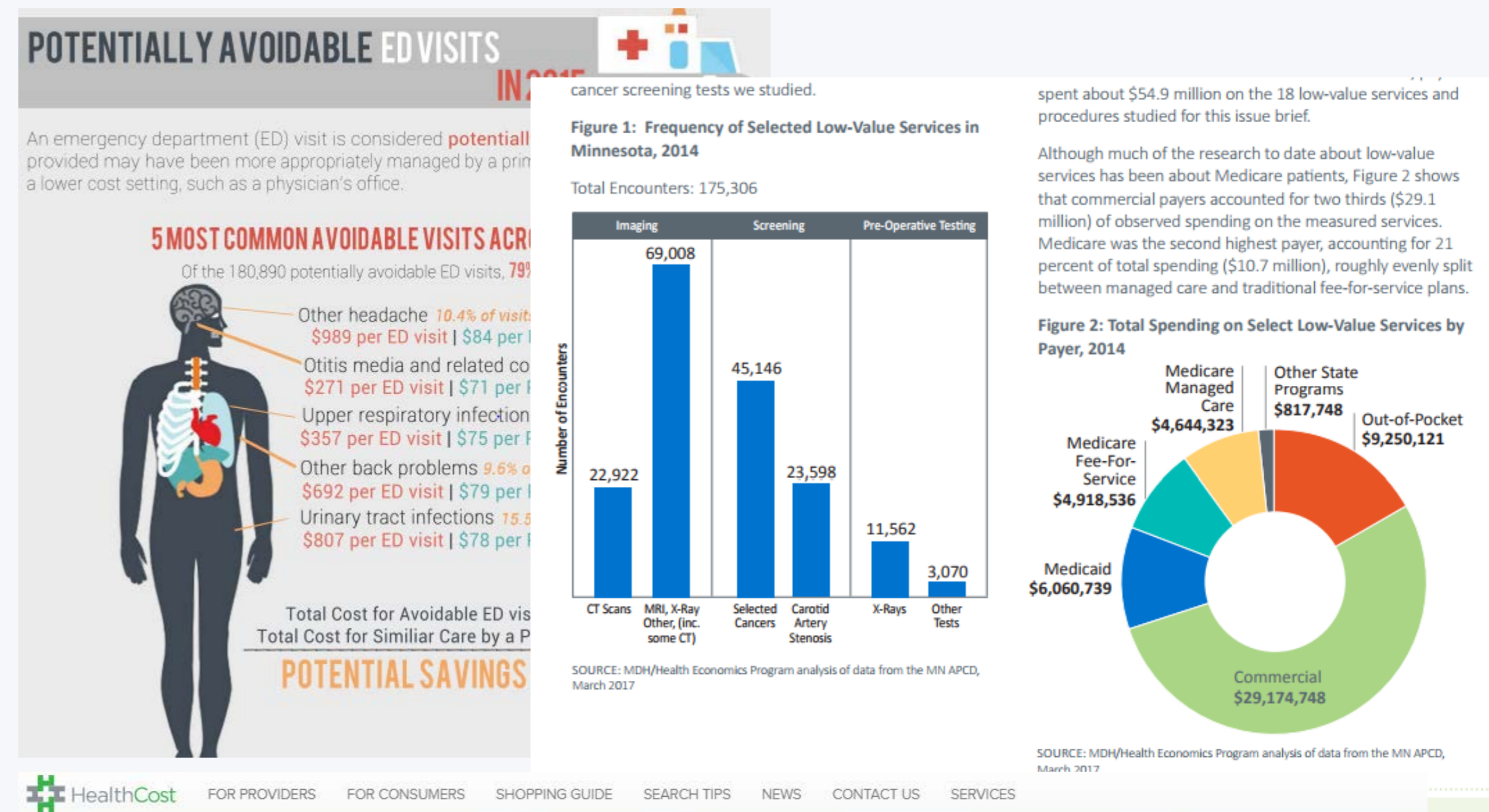
SAMHSA - Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2



State Policy Update

PA 17-154 – An Act Concerning Participating Provider Directories⁴

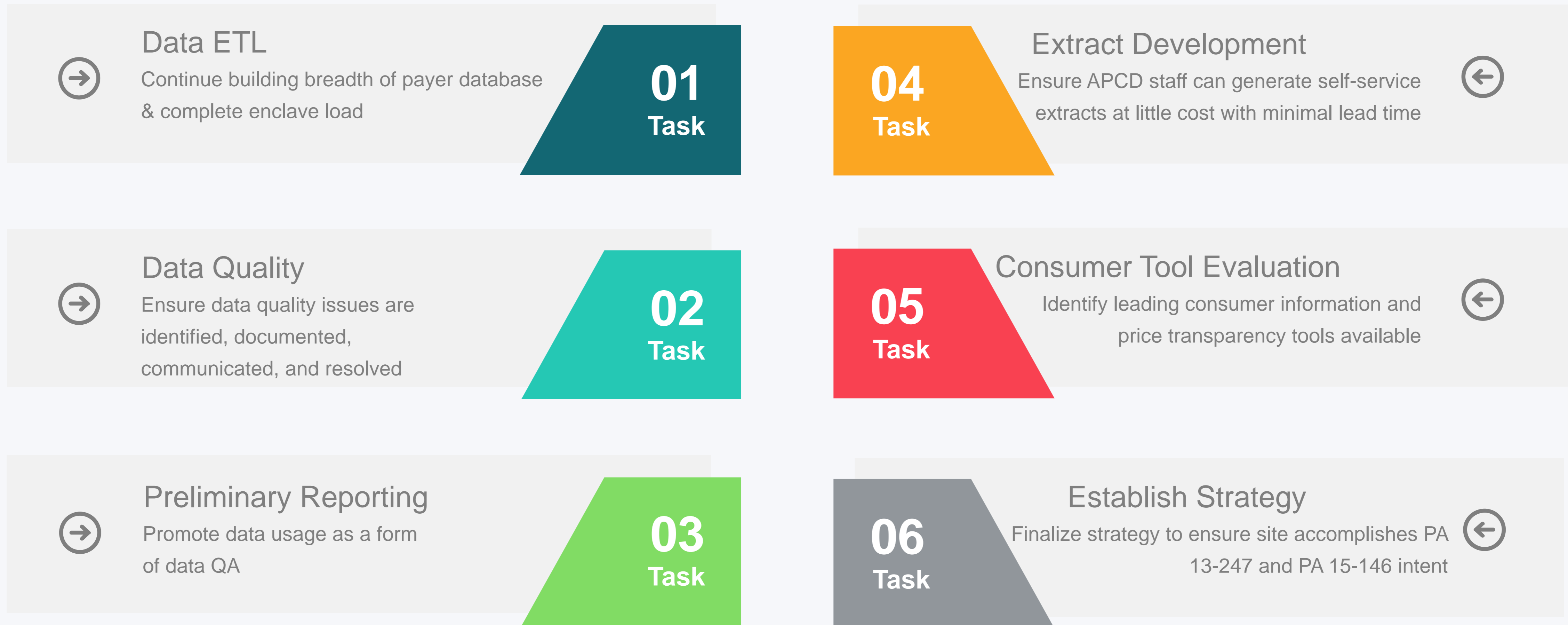
1) <http://www.health.state.mn.us/healthreform/allpayer/lvsissuebrief.pdf>
 2) <http://www.alexandrianews.org/2017/07/virginias-five-most-common-avoidable-er-visits/>
 3) <https://www.healthcost.com/consumer>
 4) <https://www.cga.ct.gov/2017/act/pa/2017PA-00154-R00SB-00546-PA.htm>



Target Initiatives Since Last Meeting



Distinguish Critical Paths Across and Within Strategic Priorities and **Maintain Focus** on “Must Haves” and “Quick Wins”



Accomplishments Since Last Meeting



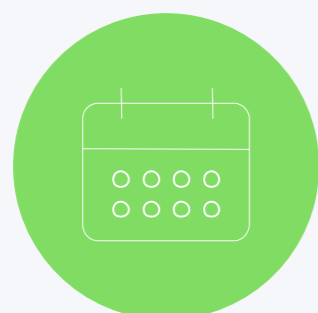
Data Collection Status

2016 Commercial data normalization and load into enclave to be completed by May 15th.



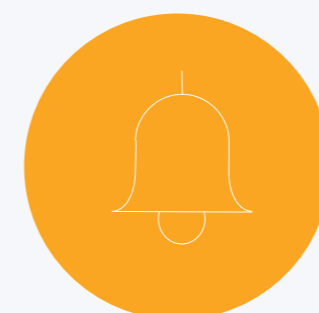
First Data Release Application

1st completed data release application received.



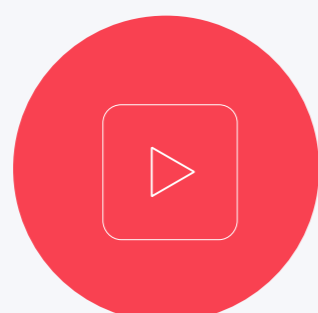
Data Release Architecture Complete

Preliminary data dictionary released. Data release extract tool development nearly complete.



Data Release Training and Coordination

Data Release Committee re-engaged and 1st release review scheduled August 16th.



Medicare Data Approved

Application for CMS Medicare data approved. Data received and integration in progress.



Preliminary Analysis and End User Feedback

Population segmentation and profiling underway, value added tables & software in various phases of implementation (knowledge bases, risk scoring software, etc.).

Data Collection Status Update

	Eligibility		Medical		Pharmacy		Provider		Status/Notes
	Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date	
Aetna									
Aetna Health Insurance HMO FI	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
Aetna Health Insurance HMO on ACAS FI	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	N/A	N/A	Submitter is current with file submissions to Onpoint.
Aetna Life Insurance Company Aetna Student Health	01/2012	06/2017	01/2012	06/2017	N/A	N/A	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
Aetna Life Insurance Company HMO Medicare	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	N/A	N/A	Submitter is current with file submissions to Onpoint.
Aetna Life Insurance Company Traditional	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
Anthem									
	01/2012	01/2017	01/2012	01/2017	01/2012	01/2017	01/2012	01/2017	Submitter to resume data submissions in October 2017.
Caremark, LLC.									
	01/2012	06/2017	N/A	N/A	01/2012	06/2017	N/A	N/A	Submitter is current with file submissions to Onpoint.
Cigna									
Cigna Health and Life Insurance Company, Inc. - West	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
Cigna Health and Life Insurance Company, Inc. - East	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
ConnectiCare									
ConnectiCare	01/2012	05/2017	01/2012	05/2017	01/2012	05/2017	01/2012	05/2017	Submitter has not yet supplied June 2017 file submissions.
ConnectiCare, Inc - Medicare Advantage	01/2012	05/2017	01/2012	05/2017	01/2012	01/2017	01/2012	05/2017	Submitter has not yet supplied June 2017 file submissions.
Express Scripts									
	-	-	N/A	N/A	-	-	N/A	N/A	Submitter supplied January 2012 test files on 8/7/2017.
First Health Life and Health Insurance Company									
	01/2012	06/2017	N/A	N/A	01/2012	06/2017	N/A	N/A	Submitter is current with file submissions to Onpoint.
Harvard Pilgrim									
	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
HealthyCT									
	01/2014	12/2014	01/2014	12/2014	01/2014	12/2014	01/2014	12/2014	Submitter no longer active with the CT APCD.
United Health Group									
eviCore (UHC - Oxford)	N/A	N/A	01/2015	04/2017	-	-	01/2012	04/2017	Submitter has not yet supplied May - June 2017 file submissions.
OptumHealth Care Solutions, Inc (Optum)	N/A	N/A	01/2012	06/2017	N/A	N/A	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
OrthoNet	N/A	N/A	01/2012	06/2017	N/A	N/A	N/A	N/A	Submitter is current with file submissions to Onpoint.
Oxford Health Plans	01/2012	06/2017	01/2012	05/2017	01/2012	06/2017	01/2012	06/2017	Submitter has not yet supplied June 2017 medical claims file.
UHC - Golden Rule	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
UnitedHealthcare Insurance - Medicare	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
UnitedHealthcare Insurance Company	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
WellCare Health Plans, Inc									
	01/2012	06/2017	01/2012	06/2017	01/2012	12/2015	01/2012	06/2017	Submitter is current with file submissions to Onpoint.
Medicaid									
	-	-	-	-	-	-	-	-	
Medicare									
	-	-	-	-	-	-	-	-	Data received 8/2017

Submission Not Scheduled or ≥ 3 Months Delayed	Submission Delay < 3 Months or Integration In Progress	Submission On Schedule

APCD Data Release

Update

Data Release (DR) Recap



Legislative Charge (PA 13-247):

The exchange shall: and (B) make data in the all-payer claims database available to any state agency, insurer, employer, health care provider, consumer of health care services or researcher for the purpose of allowing such person or entity to review such data as it relates to health care utilization, costs or quality of health care services.



Phase 1: Develop DR Process, Tools, and Capabilities

Develop and implement core requirements to achieve DR capabilities:

- Administration:** Data release application, dictionary, & support materials
- Software/Tools:** Extract creation and delivery tool
- Support:** Admin support and documentation



Phase 2: Promotion and Delivery

Engage potential requestors to ensure capabilities, opportunities, and services are recognized.

DR Process & Turn-Around Time

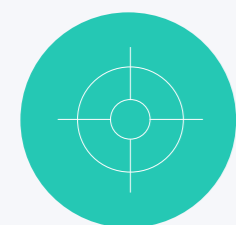


End to End application process can take between 17 to 40 days depending on time of month an application is submitted. All requests must follow the data release process outlined by Privacy Policy & Procedures.



Data Release Application

Requestor general information, project summary, research details, data selection, and security/integrity.



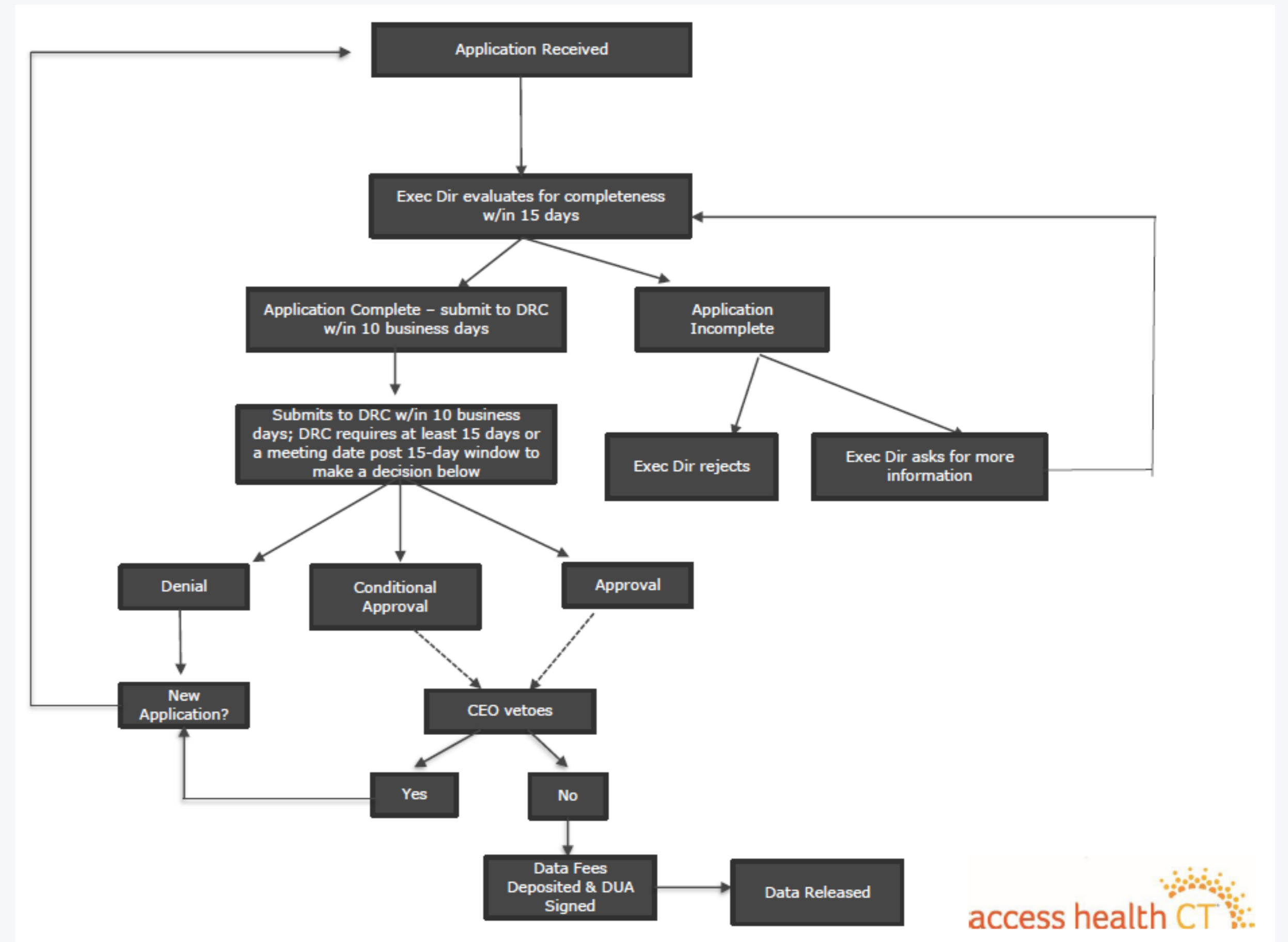
Data Release Committee

Review application alignment with objectives, re-identification risk, safeguard adequacy, and research design.



Data Use Agreement, Fees, & Extract

User agrees to fee schedule, DUA requirements. Standard extract creation within 5 business days (after 1st release).

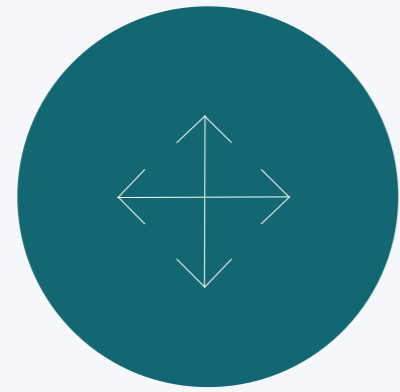


DR Table/Field Classification Matrix



Table Name	Field Classifications										
	Administrative	Enrollee Coverage Information	Enrollee Demographics	Claim Information	Diagnosis Information	Procedure Coding & Detail	Financial Information	Provider Information	Payer Information	Safe Harbor Variable	Grand Total
Eligibility	2	11	1				1	1	1	4	21
Eligibility Supplemental	2	13	9				4				28
Medical	2	3		13	2	7	8	4	1	6	46
Medical Claim Header	2				5						7
Medical Supplemental	4			6	3		11		1	6	31
Medical Claim Diagnosis	1			3		1					5
Medical Claim Icd Procedure	2			14		5	4	1			26
Pharmacy	3	3		11		2	9	2	1	3	34
Pharmacy Supplemental	2			8			4			1	15
Provider	3							2	1		6
Grand Total	23	30	10	55	10	15	41	10	5	20	219

What's Available Through DR?



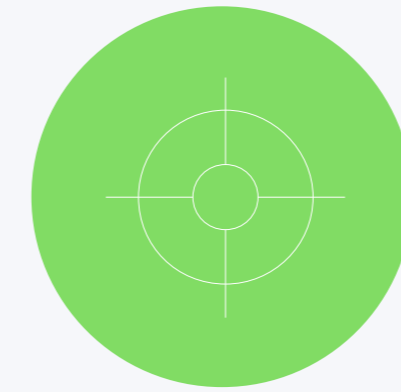
Enrollees

- ✓ CY 2012 – Present (n- 1 month)
- ✓ Data includes info on: *Administrative, Enrollee Coverage, Enrollee Demographics, Financials, Payers, Providers, Safe Harbor (2)*
- ✓ Fully insured/Non-ERISA plans (~900k Lives)



Medical Claims

- ✓ All claims/encounters paid by submitting carrier
- ✓ Data includes info on: *Administrative, Enrollee Coverage, Claim Detail, Diagnosis Codes, Procedure Codes, Financials, Payers, Providers, Safe Harbor (12)*
- ✓ 74.7M Claims, \$30.4B



Pharmacy Claims

- ✓ All claims/encounters paid by submitting carrier
- ✓ Data includes info on: *Administrative, Enrollee Coverage, Claim Detail, Diagnosis Codes, Procedure Codes, Financials, Payers, Providers, Safe Harbor (12)*
- ✓ 127.3M Claims, \$12.5B



Provider/Facility Directory

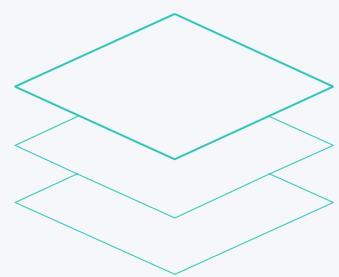
- ✓ Billing, rendering, prescribing, pharmacy, primary care provider IDs (varying completion rate)
- ✓ Data includes info on: Unblended and composite provider IDs and NPIs
- ✓ 512k Unique National Provider Identifiers

What's Not Available Through DR?



ERISA

Lives covered under self-insured ERISA plans



Part 2 SUD claims

SUD claims provided by Part 2 providers



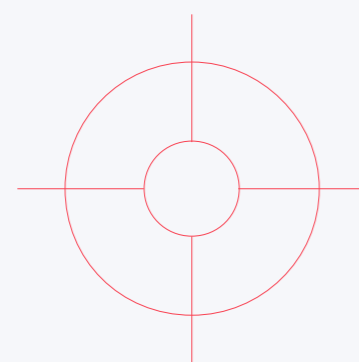
Denied Claims

Fully denied claims not collected



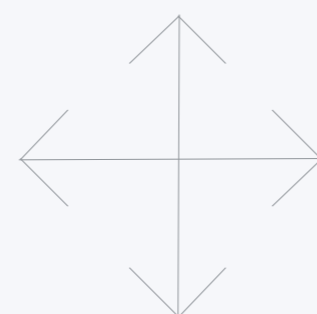
Test Result Values

Lab, imaging, biometrics, and physician derived data



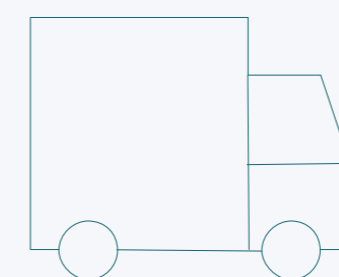
Third Party Data

Risk scoring, social determinants, knowledge base, etc.



HIPAA Safe Harbor Variables

18 HIPAA identifiers



Dental Claims

Dental claims not required for submission



Ancillary Financials

Plan premiums, capitation payments, performance payments, administrative fees

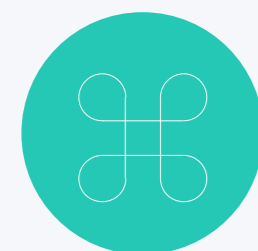
De-Identified Data Release



Identifiers removed, as set forth in 45 CFR 164.514



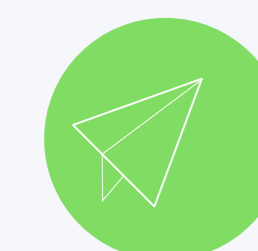
18 HIPAA identifiers removed from dataset



Age caps applied (over 89, less than 1) & geography reduced to 3 digit zip*



All dates related to service and payments masked



Supplementary safeguards imposed to reduce unique characteristics



** First three digits of zip codes only if the geographic area covered by all zip codes beginning with those three digits has a population greater than 20,000 or the zip codes for those areas are changed to 000 in the data set.*

Potential Future Improvements



Scalability

Identify areas of process improvement and automation



Third Party Data

Identify third party data that can supplement and enrich within release requirements



Extract v. Enclave

Establish enclave capability upon need/demand



Engagement

Identify areas of opportunity for ongoing / multiple use by institutions

APCD Data Release Update

Open Action Items



Data release activities within the next two months include:

AUGUST

16

DATA RELEASE COMMITTEE MEETING

Committee review and vote on first data request application from UConn

SEPTEMBER

7

DATA RELEASE COMMITTEE MEETING

To be canceled if no additional applications submitted

SEPTEMBER

15

EXTRACT AUDIT

Review and confirmation of de-identification methods and implementation

SEPTEMBER

22

DATA RELEASE

Extract delivered and support channel opened

Project Descriptions

- State Innovation Model:
 - Online dashboard of ~30 pace and performance measures
 - Used to monitor performance of SIM
 - 12 measures use APCD data
 - Includes yearly targets for overall Connecticut
 - Online Scorecard Online dashboard of FQHC and Advanced Network performance
 - First health care performance scorecard in CT
 - Provides transparency in provider performance
 - Utilizes claims based measures from common scorecard and CAHPS surveys
- Suicide Risk Identification
 - Improves identification of patients at risk of suicide
 - Utilizes APCD claims data, EHR data from 5 health care providers and mortality data
 - Creation of phenotypic algorithm

APCD Based Dashboard Measures

http://www.publichealth.uconn.edu/sim_dash.html?ohriNav=%7C

Health Care Delivery
Percent of adults with regular source of care
Children well-child visits for at-risk pop
Mammograms for women >50 last 2 years
Optimal diabetes care- 2+ annual A1c tests
ED use- asthma as primary dx (per 10k)
Percent of adults with HTN taking HTN meds
Follow-Up after Discharge from the Emergency Department for Mental Health or Alcohol or other Drug
Follow-Up after Hospitalization for Mental Illness
Antidepressant Medication Management
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Health Care Costs
Cost of inpatient care PMPY
Cost of outpatient care PMPY

Scorecard Measures

Provisional Core Measure Set

Care Coordination

Plan all-cause readmission

Annual monitoring for persistent medications (roll-up)

Prevention

Breast cancer screening

Cervical cancer screening

Chlamydia screening in women

Adolescent female immunizations HPV

Weight assessment and counseling for nutrition and physical activity for children/adolescents*

Well-child visits in the first 15 months of life

Adolescent well-care visits

Behavioral health screening (pediatric, Medicaid only, custom measure)

Acute & Chronic Care

Medication management for people w/ asthma

DM: HbA1c Testing

DM: Diabetes: medical attention for nephropathy

Use of imaging studies for low back pain

Avoidance of antibiotic treatment in adults with acute bronchitis

Appr. treatment for children with upper respiratory infection

Behavioral Health

Follow-up care for children prescribed ADHD medication

Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)

Reporting Only

Coordination of Care

30 day readmission

% PCPs that meet Meaningful Use*

Prevention

Non-recommended Cervical Cancer Screening in Adolescent Female

Well-child visits in the third, fourth, fifth and sixth years of life (Medicaid only)

Frequency of Ongoing Prenatal Care (FPC)*

Oral Evaluation, Dental Services (Medicaid only)

Acute and Chronic Care

Cardiac stress img: Testing in asymptomatic low risk patients

Behavioral Health

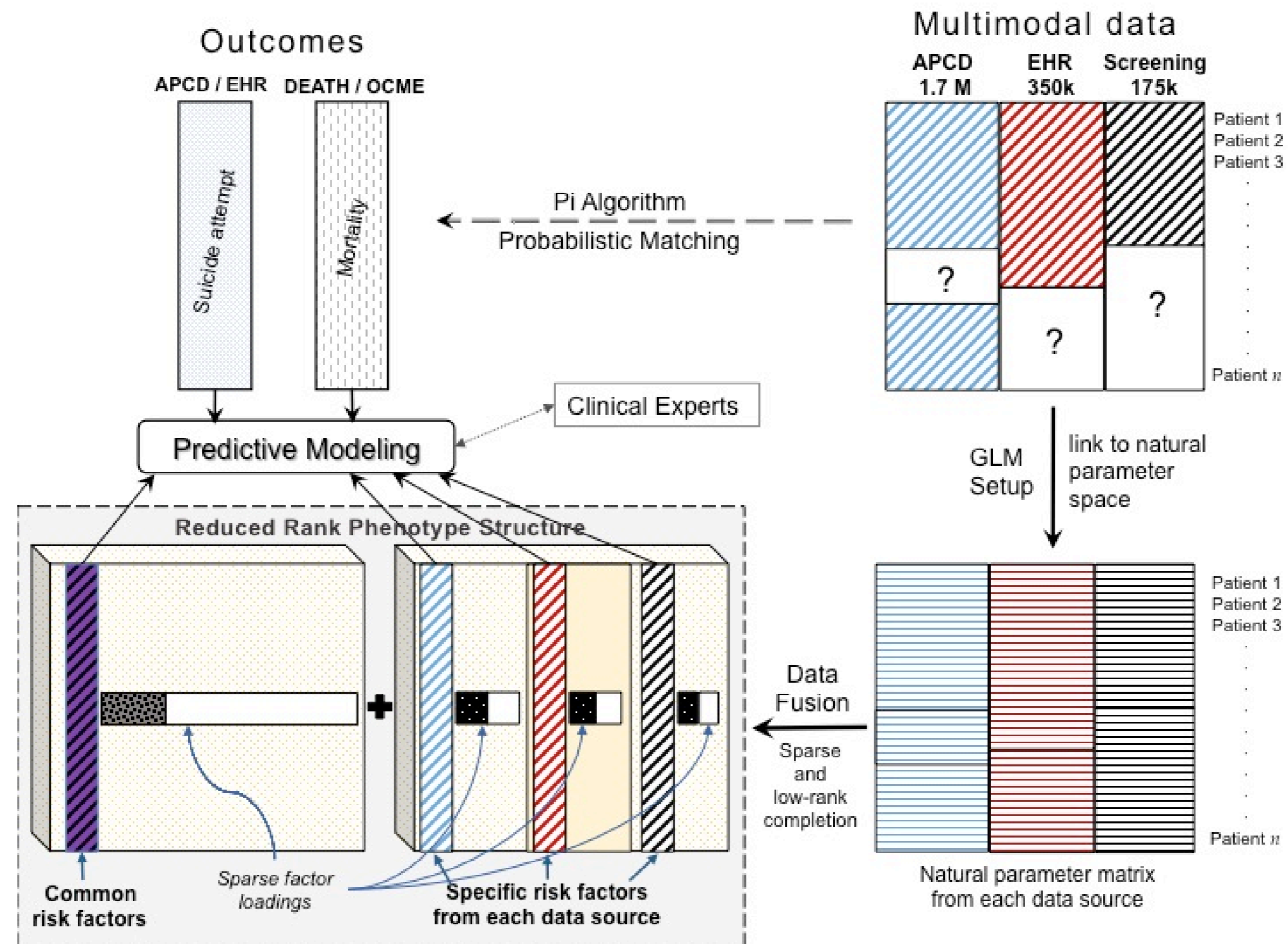
Adult major depressive disorder (MDD): Coordination of care of patients with specific co-morbid conditions*

Anti-Depressant Medication Management

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Follow up after hospitalization for mental illness, 7 & 30 days

Suicide Risk Identification



CT APCD Data -
Preliminary Analysis
Examples & Showcase*



ONPOINT
Health Data

Connecticut APCD

Preliminary Analysis Examples & Showcase

CT APCD Advisory Group Meeting
August 10, 2017

Presentation Overview

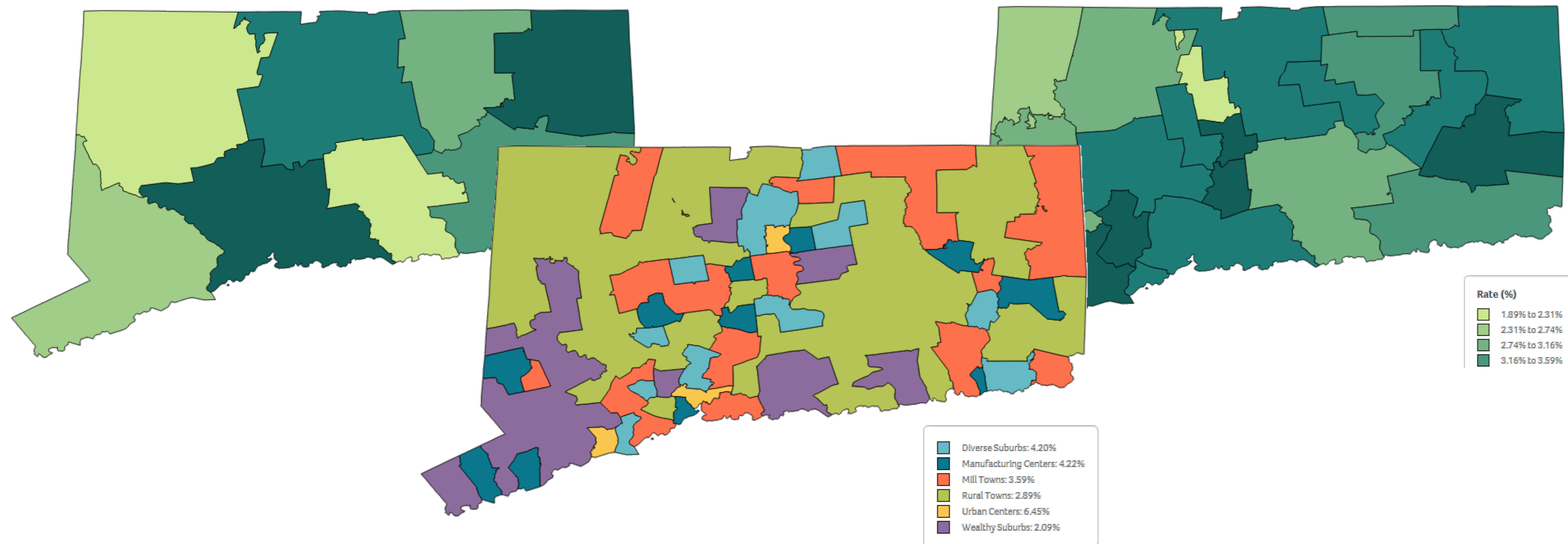
- **Data source:** CY2016 commercial data from the CT APCD
- **Focus:** commercial population-based reporting
- **Considerations:** risk adjustment for age, gender, and health status
- **Areas of exploration**
 - Multiple views of the CT APCD population: total members, health exchange members, members with diabetes
 - Expenditures, utilization, and effective and preventive care rates
 - Analysis by multiple geographic units: county, Hospital Service Area (HSA), and Health Reference Group (HRG)
- **Conclusion:** Recap and lessons learned

Key Terms

- **Member:** Any person covered in a submitter's eligibility data
- **Average Members:** Member months divided by 12 (months)
- **Expenditures:** Allowed amount
- **Capping:** Capped outliers in the data at the 99th percentile
- **Clinical Risk Groups:** Individuals' categorized health status
- **County:** Administrative focus areas
- **Hospital Service Area:** Local hospital markets
- **Health Reference Group:** Community types
- **Rates:** Expenditures by average members
- **Risk Adjustment:** Adjusting for differences between member populations by considering members' age, gender, and health status

Population-Based Reporting

- Reporting units: county, modified Hospital Service Area (HSA), and Health Reference Group (HRG)
- Risk adjustment: age, gender, and health status (3M CRGs)

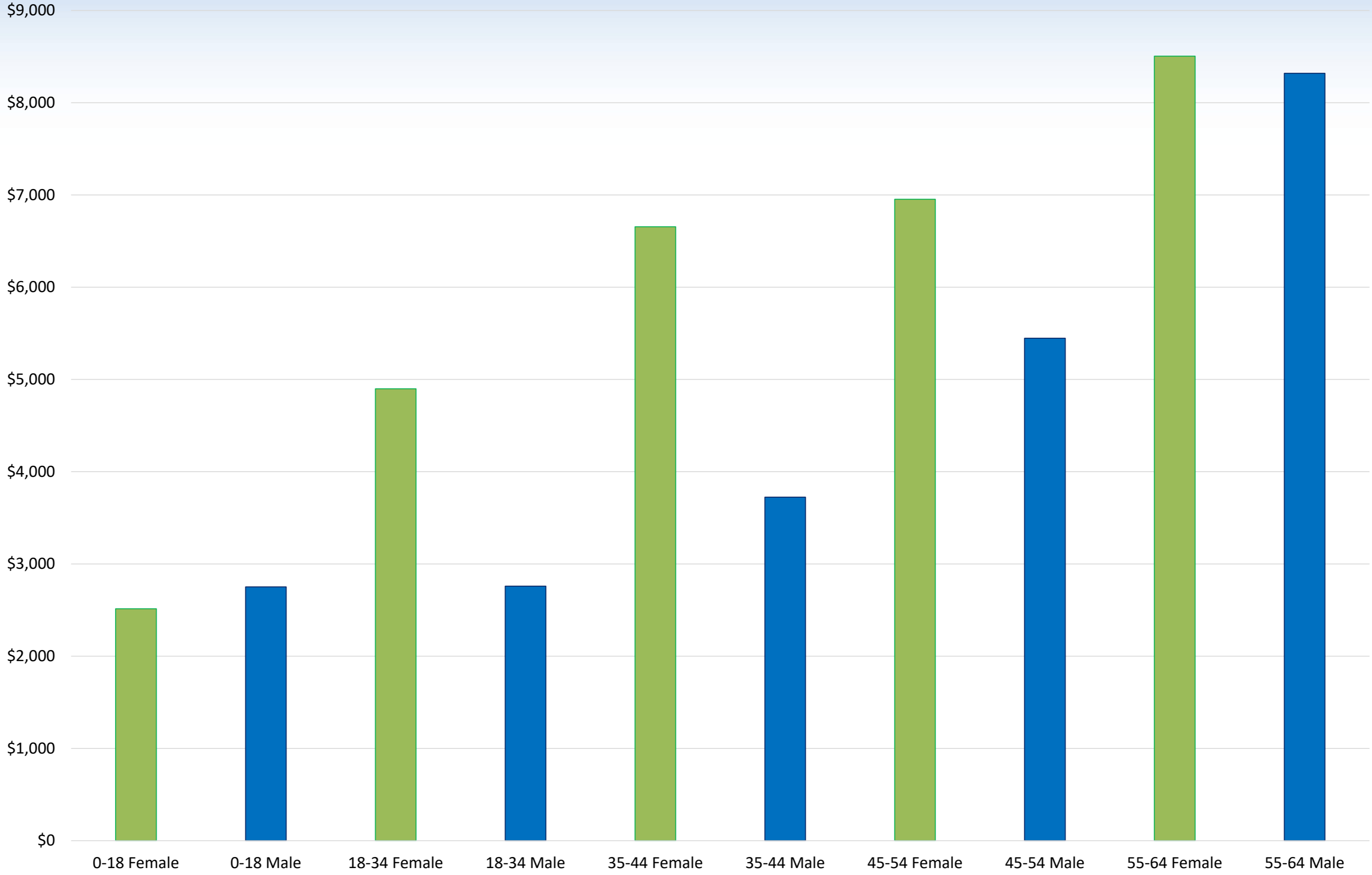


CT APCD Population Overview

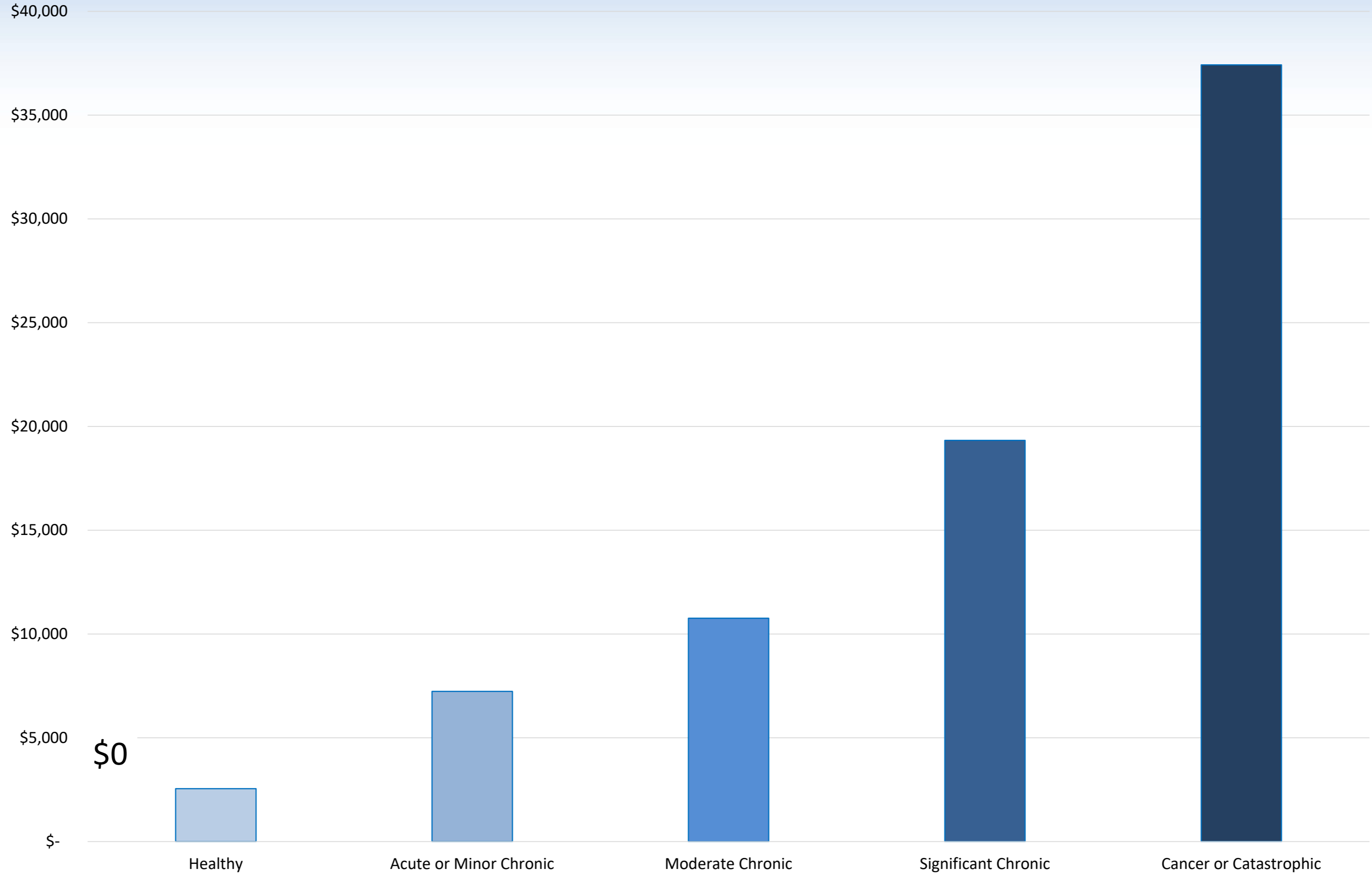
Measure	Count
Unique Members	875,129
Total Member Months	9,122,482
Average Members	760,207
Total Expenditures*	\$4.0 Billion
Total Expenditures Per Member Per Year (PMPY)	\$5,255
Total Expenditures Per Member Per Month (PMPM)	\$438

* Total expenditures are capped at the 99th percentile.

Expenditures PMPY by Age & Gender



Expenditures PMPY by CRGs



CT Health Exchange Population Overview

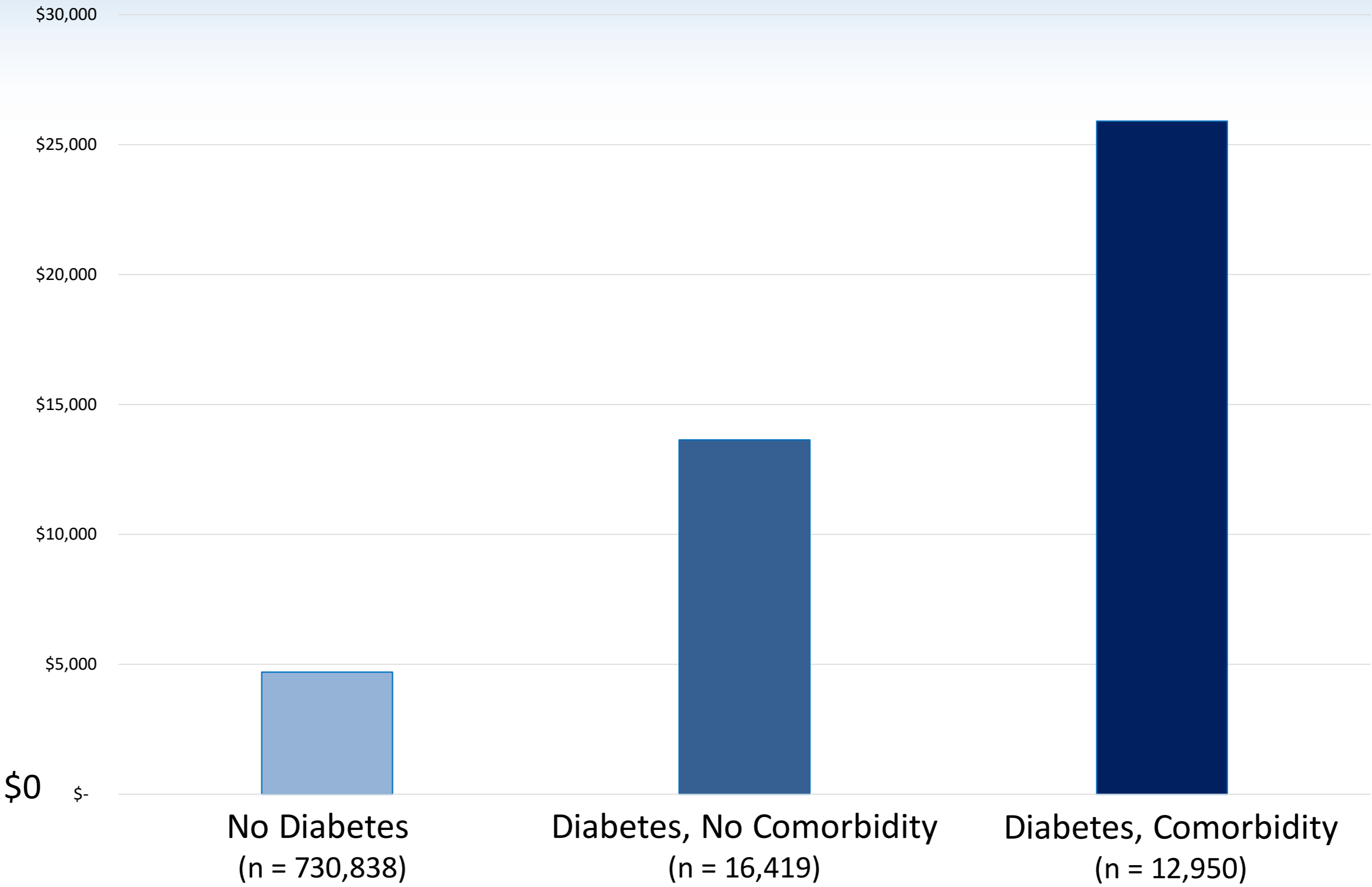
Measure	Exchange Members	Non-Exchange Members
Average Members	86,941	673,266
Percentage of Members 55-64 Years of Age	31%	20%
Percentage of Members with Chronic Condition(s)	23%	19%
Expenditures PMPY	\$5,378	\$5,239
Expenditures PMPY, Risk Adjusted	\$4,780	\$5,316
Expenditures PMPY for Members with Diabetes, Risk-Adjusted	\$17,561	\$19,291

CT Exchange vs. Non-Exchange Rates

Measure	Rate per 1,000		Rate per 1,000 (Risk Adj.)	
	Exchange Members	Non-Exchange Members	Exchange Members	Non-Exchange Members
Inpatient Acute Visits	39.0	32.8	33.9	33.5
Medical	21.0	14.4	18.1	14.7
Surgical	14.0	11.6	11.5	11.9
Maternity	4.1	6.9	4.1	6.9
Outpatient Emergency Visits	194.1	192.4	194.4	192.3
MRIs	92.0	80.3	81.0	81.7
CT Scans	110.8	82.4	93.8	84.4
Primary Care Office Visits	1,521.6	1,875.5	1,606.8	1,862.8
Psychiatric Visits	986.4	978.3	978.3	1,109.2
Chiropractic Visits	340.3	780.8	308.8	791.3

* Utilization measures are capped at the 99th percentile.

Expenditure PMPY: Diabetes Population



Vermont Blueprint for Health

Diabetes HbA1c Control & Outcomes

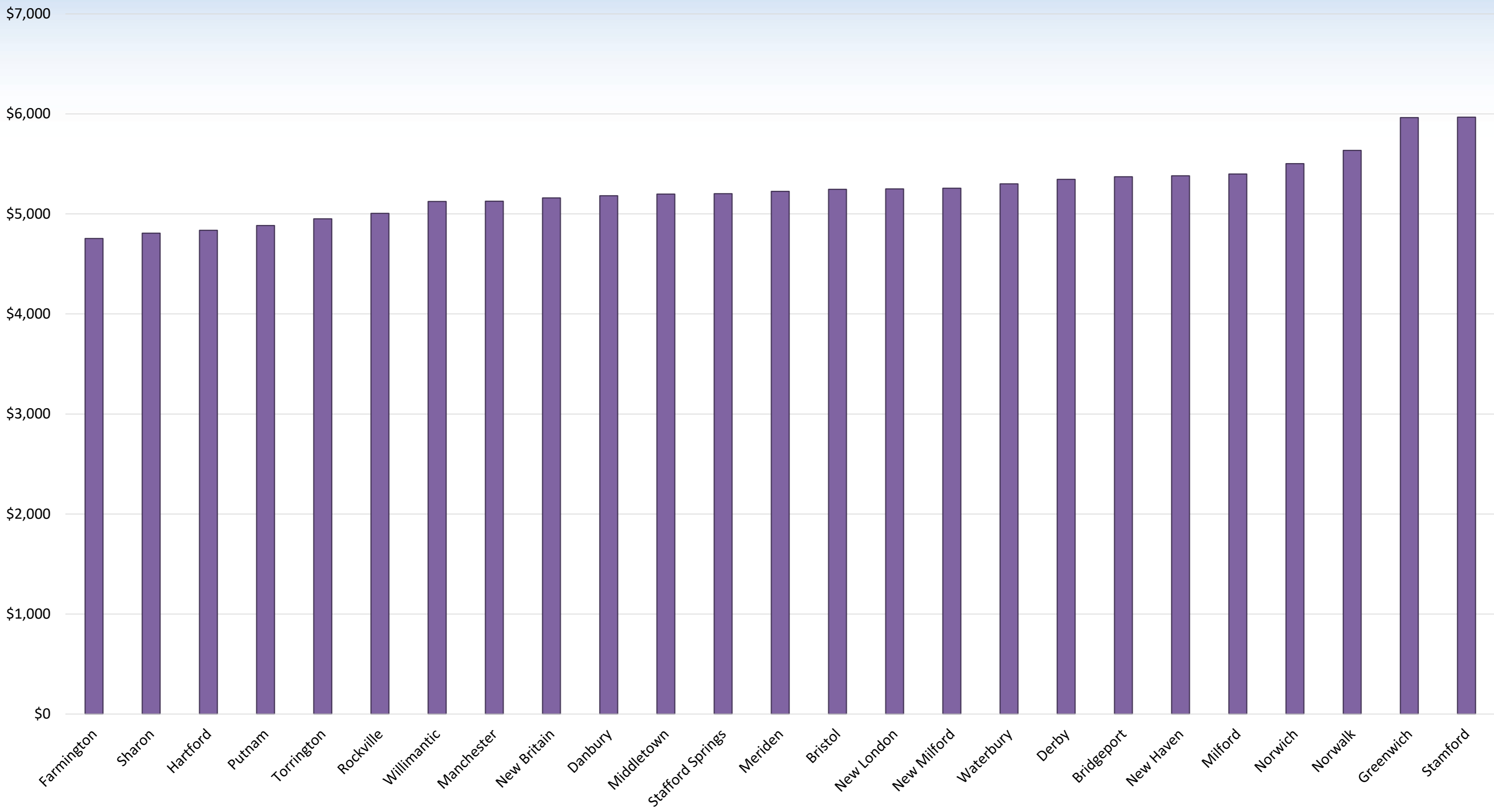
Measure	HbA1c in Control *	HbA1c Not in Control *
Members	5,619	786
Average annual expenditures per capita	\$15,726 (\$15,219, \$16,233)	\$17,328 (\$16,110, \$18,546)
Inpatient hospitalizations per 1,000 members	189.7 (178.2, 201.1)	253.1 (217.7, 288.6)
Inpatient days per 1,000 members	868.5 (844.0, 893.0)	1,156.1 (1,080.4, 1,231.8)
Outpatient ED visits per 1,000 members	627.5 (606.7, 648.3)	801.1 (738.1, 864.2)

* Risk-adjusted rates and 95% confidence intervals; 99th percentile outliers excluded; HbA1c not in control >9%

Expenditures PMPY by County

County	Average Members	Expenditures PMPY	Expenditures PMPY (Risk Adjusted)
Fairfield	223,295	\$5,182	\$5,539
New London	44,741	\$5,913	\$5,342
New Haven	161,763	\$5,494	\$5,335
Middlesex	38,531	\$5,359	\$5,184
Litchfield	43,224	\$5,136	\$5,118
Tolland	36,304	\$5,047	\$5,019
Hartford	191,415	\$4,998	\$4,958
Windham	20,934	\$5,539	\$4,950
Total	760,207	\$5,255	\$5,255

Expenditures PMPY by HSA, Risk Adjusted



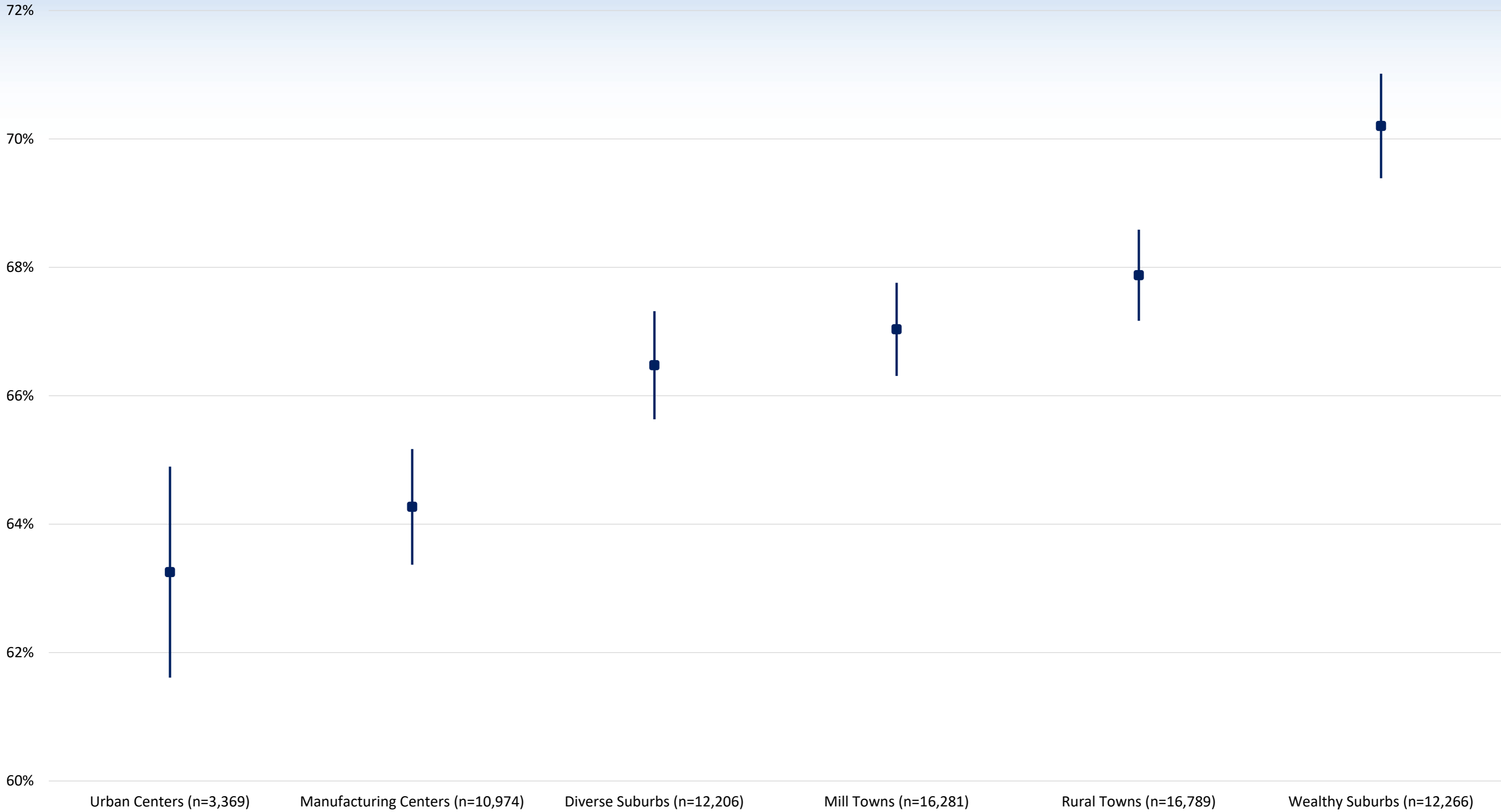
Effective/Preventive Care

HEDIS Measure**	CT APCD Commercial	NCQA National HMO*	NCQA National PPO*
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	26.8%	27.6%	25.8%
Anti-Depressant Medication Management	76.4%	66.4%	66.6%
Well-Child Visits	79.8%	76.2%	72.3%
Breast Cancer Screening	67.1%	73.2%	69.6%

* NCQA National HMO and NCQA National PPO benchmark metrics calculated for CY2015.

** Several other HEDIS measures can be run using the CT APCD data set and compared against the NCQA National HMO and PPO benchmarks. Examples include Comprehensive Diabetes Care – HbA1C Testing, Comprehensive Diabetes Care – Medical Attention for Nephrology, Comprehensive Diabetes Care – Eye Exam Performed, Adolescent Well-Care Visits, Appropriate Treatment for Children with Upper Respiratory Infection, etc.

Breast Cancer Screening



Vermont Blueprint's Hub & Spoke Model

- Vermont's "Health Home" program designed to treat Vermonters with chronic opioid addiction
- Hubs – designated providers
 - Provide coordinated care to patients through MAT services
 - Coordinate referral to ongoing care
- Spokes – teams of healthcare professionals
 - Blueprint Advanced Practice Medical Homes
 - Federally-Qualified Health Centers
 - Outpatient substance abuse and primary care providers

Medication Assisted Treatment

- Vermont Blueprint baseline study comparing medication-assisted treatment (MAT) population versus non-MAT population
- Study published in the *Journal of Substance Abuse Treatment* (August 2016)

Adjusted average annual expenditures and utilization rates[†].

	MAT group	Non-MAT	Difference [‡]	P-value
Expenditures				
Total expenditures	\$14,468	\$14,880	-\$412	0.07
Total expenditures without treatment	\$ 8794	\$11,203	-\$2409	<0.01
Buprenorphine expenditures	\$2708	-\$47	\$2755	<0.01
Total prescription expenditures	\$4461	\$2166	\$2295	<0.01
Inpatient expenditures	\$2132	\$3757	-\$1625	<0.01
Outpatient expenditures	\$345	\$604	-\$259	<0.01
Professional expenditures	\$674	\$981	-\$307	<0.01
SMS expenditures*	\$2872	\$4160	-\$1288	<0.01
Utilization (rate/person)				
Inpatient days	1.54	3.00	- 1.46	<0.01
Inpatient discharges	0.30	0.52	- 0.22	<0.01
ED visits	1.44	2.48	- 1.04	<0.01
Primary care physician visits	15.27	9.81	5.46	<0.01
Advanced imaging	0.29	0.54	- 0.25	<0.01
Standard imaging	0.76	1.43	- 0.67	<0.01
Colonoscopy	0.01	0.02	- 0.01	<0.01
Echography	0.46	0.53	- 0.07	0.002
Medical specialist visits	0.49	0.82	- 0.33	<0.01
Surgical specialist visits	3.04	1.89	1.15	<0.01

* SMS refers to special Medicaid services and include transportation, home and community-based services, case management, dental, residential treatment, day treatment, mental health facilities, and school-based services.

† Multivariable regression analysis, adjusted for gender, age, calendar year, clinical risk groups, Medicaid in the prior year, hepatitis C virus (HCV) status, and pre- and perinatal care.

Lessons Learned

- The CT APCD is a comparable resource to other statewide APCDs
 - A powerful tool that will only continue to grow with use
 - Encompasses a robust set of information, including expenditures, procedure codes, diagnosis coding, drug codes, and enhanced value-adds (e.g., claim type, master member/master provider IDs/NPIs, MS-DRGs, etc.)
- Future considerations to enhance the CT APCD
 - Add Medicare and Medicaid claims data
 - Continue to strengthen the completeness and validity of data elements of importance to downstream analytic use cases (e.g., member race and ethnicity codes) in data collection



Reliable data. Informed decisions. Strategic advantage.

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Next Steps

Tasks Until Next Meeting (11/9/17)



Distinguish Critical Paths Across and Within Strategic Priorities and Maintain Focus on “Must Haves” and “Quick Wins”



Data ETL

Continue building breadth of payer database & complete enclave load

01
Task

03
Task

Deliver First DR Extract

Ensure APCD staff can generate self-service extracts at little cost with minimal lead time



Data Quality

Ensure data quality issues are identified, documented, communicated, and resolved

02
Task

04
Task

Consumer Tool Evaluation

Identify leading consumer information and price transparency tools available

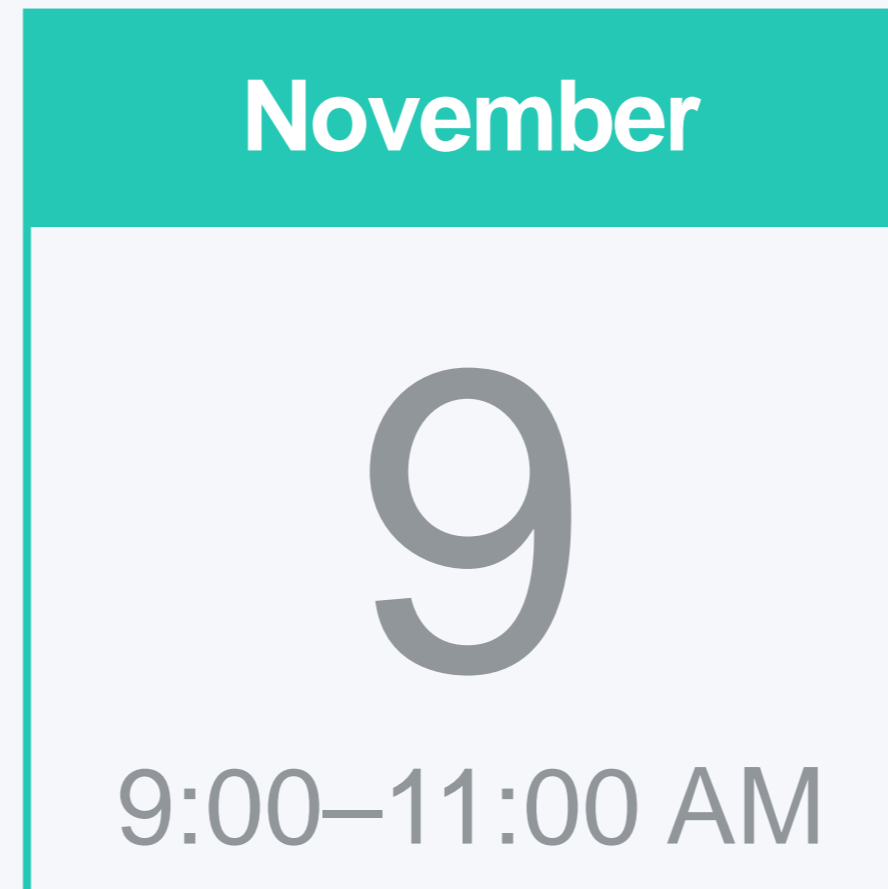


05
Task

Establish Strategy

Finalize strategy to ensure site accomplishes PA 13-247 and PA 15-146 intent

Future Meetings



All Payer Claims Database Advisory Group Meeting

Legislative Office
Building, Room 1D
300 Capitol Avenue
Hartford