

Access Health CT

APCD Advisory Group Meeting

November 9, 2017

APCD Advisory Group Meeting

Today's Agenda

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- ✓ Call To Order and Introductions (5 minutes)
- ✓ Public Comments (10 minutes)
- ✓ Approval of Minutes (10 minutes)
- ✓ Updates & Project Status Overview (15 minutes)
- ✓ Impact Analysis On Implementing Provisions of the Budget (30 minutes)
- ✓ Next Steps (5 minutes)
- ✓ Future Meetings & Adjournment (5 minutes)

Public Comments

(2 Minutes per Commenter)

Approval of Minutes

August 10, 2017 Advisory Group Meeting

APCD Updates & Project Status Overview

APCD Updates and Project Status

Recent National Developments



Wear The Cost¹

Maryland Health Care Commission releases website focused on price and quality variation amongst hospitals across state.



Vox Health Care Prices Project²

Crowdsourcing facility fees from readers/listeners to support a year long project focused on health care pricing.



Health Care Pricing Project³

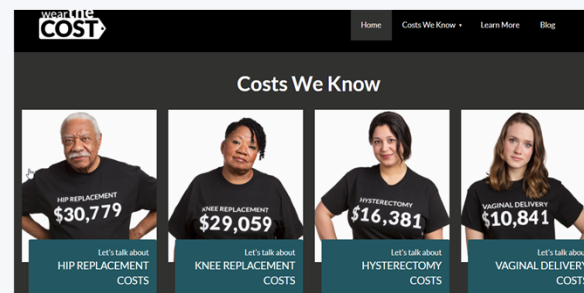
Examination of healthcare spending/prices and factors that influence price variations nationally.



Special Commission on Provider Price Variation⁴

Report identifying factors contributing to price variation, payer-provider contracting practices, and recommendations for Massachusetts.

- 1) <http://www.wearthecost.org/>
- 2) <https://erbills.vox.com>
- 3) <http://www.healthcarepricingproject.org/>
- 4) <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/ppv-report-final.pdf>



Hospitals keep ER fees secret. Share your bill to help change that.

Health Care Pricing Project

The Health Care Pricing Project uses insurance claims data from Aetna, Humana, and UnitedHealth to examine the variation and growth in health care spending on the privately insured.

HOME THE PROJECT PAPER RESEARCH TEAM MEDIA FAQ

Special Commission on

PROVIDER PRICE VARIATION REPORT

March 15, 2017

PAPER 1 **The Price Ain't Right? Hospital Prices and Health Spending on the Privately Insured**

Target Initiatives Since Last Meeting

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

Accomplishments Since Last Meeting



Data Collection Status

Over 95% of submitters current through 9/2017. CY2017 delays resolved with 3 submitters.



Data Release Tool Development Completed

Development, implementation, and testing completed.



Medicare Data Integration

Medicare data currently being integrated. Expected to be ready for end user use by end of year.



First Approval by Data Release Committee

Data Release Committee approved data request by UConn Health.



Annual Reporting Entity Registration

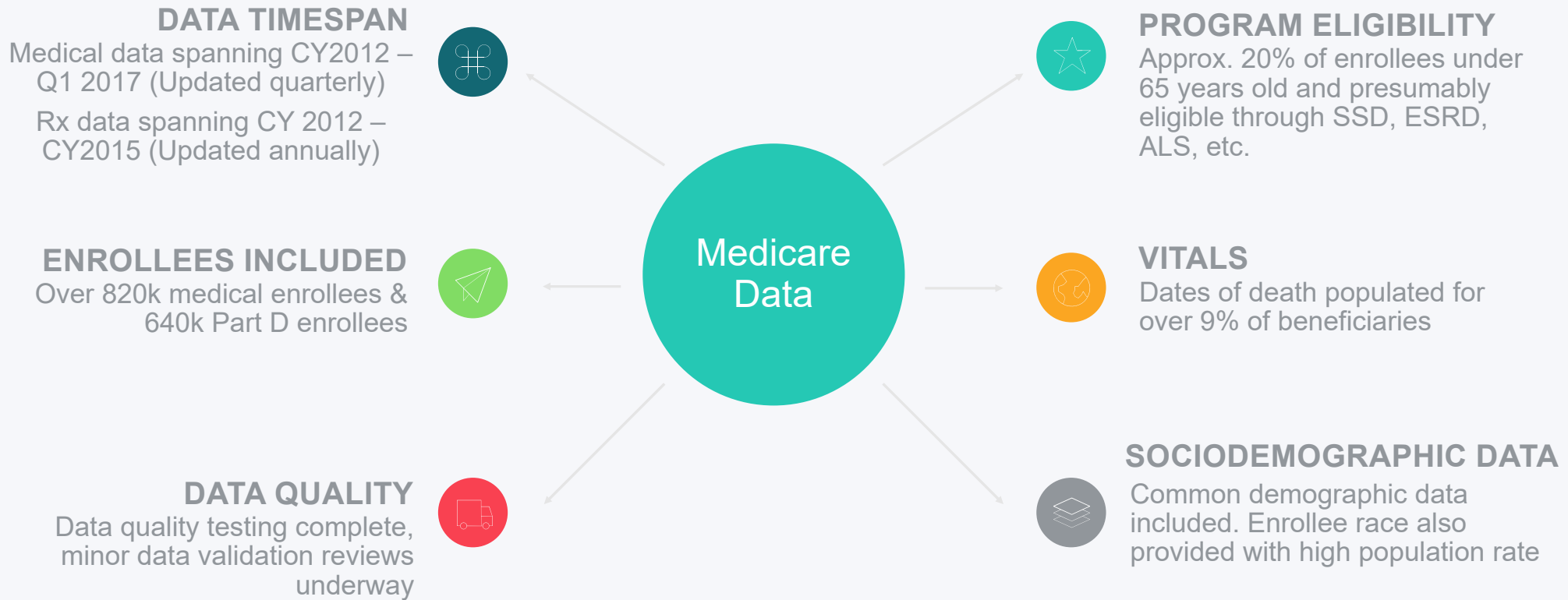
All active reporting entities re-registered. Evaluation of gaps in reporting underway.



APCD Requests and Uses

Averaging 2-3 requests for details on release per month. Ad hoc analytic requests materializing from working committees and state partners.

Medicare Data Integration




APCD Updates and Project Status

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	09/2017	Submitter no longer active with the CT APCD.
Aetna Health Insurance HMO on ACAS FI	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	N/A	N/A	Submitter is current with file submissions to Onpoint.
Aetna Life Insurance Company Aetna Student Health	01/2012	09/2017	01/2012	09/2017	N/A	N/A	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
Aetna Life Insurance Company HMO Medicare	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	N/A	N/A	Submitter is current with file submissions to Onpoint.
Aetna Life Insurance Company Traditional	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
Anthem									
	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Resumed data submissions with file submissions to Onpoint.
Caremark, LLC.									
	01/2012	09/2017	N/A	N/A	01/2012	09/2017	N/A	N/A	Submitter is current with file submissions to Onpoint.
Cigna									
Cigna Health and Life Insurance Company, Inc. - West	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
Cigna Health and Life Insurance Company, Inc. - East	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
ConnectiCare									
ConnectiCare	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
ConnectiCare, Inc - Medicare Advantage	01/2012	07/2017	01/2012	07/2017	01/2012	07/2017	01/2012	07/2017	Paused until historical files are corrected.
Express Scripts									
	-	-	N/A	N/A	-	-	N/A	N/A	Submitter whether submissions still required.
First Health Life and Health Insurance Company									
	01/2012	09/2017	N/A	N/A	01/2012	09/2017	N/A	N/A	Submitter is current with file submissions to Onpoint.
Harvard Pilgrim									
	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	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	08/2017	-	-	01/2012	08/2017	Working with submitter to help resolve issues (11/3/2017).
OptumHealth Care Solutions, Inc (Optum)	N/A	N/A	01/2012	09/2017	N/A	N/A	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
OrthoNet	N/A	N/A	01/2012	09/2017	N/A	N/A	N/A	N/A	Submitter is current with file submissions to Onpoint.
Oxford Health Plans	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
UHC - Golden Rule	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
UnitedHealthcare Insurance - Medicare	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
UnitedHealthcare Insurance Company	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
WellCare Health Plans, Inc									
	01/2012	09/2017	01/2012	09/2017	01/2012	12/2015	01/2012	09/2017	Submitter is current with file submissions to Onpoint.
Medicaid									
	-	-	-	-	-	-	-	-	
Medicare									
	01/2012	03/2017	01/2012	03/2017	01/2012	12/2015	N/A	N/A	Medical and pharmacy files are currently being processed.

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



Impact Analysis On
Implementing Provisions
of the Budget

Sec. 164: Office of Health Strategy Established



- **Signed on 10/31:** State Budget Ending June 30, 2019 and Implementing Provisions -
- **Effective January 1, 2018** (a) There is established an Office of Health Strategy.
- **On or Before July 1, 2018:** The Office of Health Strategy shall be responsible for the following:
 1. Developing and implementing a comprehensive and cohesive health care vision for the state, including, but not limited to, a coordinated state health care cost containment strategy;
 2. Directing and overseeing (A) the all-payers claims database program established pursuant to section 113 of this act, and (B) the State Innovation Model Initiative and related successor initiatives;
 3. Coordinating the state's health information technology initiatives;
 4. Directing and overseeing the Office of Health Care Access and all of its duties and responsibilities as set forth in chapter 368z of the general statutes; and
 5. Convening forums and meetings with state government and external stakeholders, including, but not limited to, the Connecticut Health Insurance Exchange, to discuss health care issues designed to develop effective health care cost and quality strategies.

Sec. 112: New Responsibilities for HITO

Effective on Passage:

- Requires the health information technology officer to:
 - seek funding & oversee the planning, implementation, and development of policies and procedures for administering the APCD
 - establish and maintain a consumer health information Internet web site as described in section 114
 - in consultation with the Health Information Technology Advisory Council, maintain written procedures for implementing and administering the APCD program
- Unless expressly specified, its APCD provisions, and the health information technology officer's actions under such provisions, do not supersede or otherwise affect the insurance commissioner's authority to regulate the insurance industry in the state

Sec. 127: APCD Advisory Group

Effective on Passage:

- The State Health Information Technology Advisory Council shall establish a working group to be known as the All-Payer Claims Database Advisory Group.
 - Working group composition requirements remain unchanged
 - The Health Information Technology Officer may appoint additional members to said group.
- The All-Payer Claims Database Advisory Group shall develop a plan to implement a state-wide multipayer data initiative to enhance the state's use of health care data from multiple sources to increase efficiency, enhance outcomes and improve the understanding of health care expenditures in the public and private sectors.

Sec. 113:APCD Operating Guidelines Administration

Effective on Passage:

- Transfer of responsibilities of administration, data collection, reporting requirements, data utilization, contracting from the “Exchange” to HITO
- Definition of "Medicaid data" updated to include reference to eligibility/recipient data
- Allows the HITO to enter into a contract or take necessary action to obtain Medicaid data and limits disclosure and analysis of data to purposes related to administration of State Medicaid Plan

Sec. 114: Consumer Health Information Website



Effective on Passage:

- Development and maintenance of consumer health information website designed to help consumers make informed decisions about health care and their choice of providers transferred from Exchange to HITO
- Insurance and DPH commissioners no longer required to annually report and make available on their departments' websites information on frequent health procedures (e.g., the 50 most frequent inpatient and outpatient procedures)

Sec. 114: Consumer Health Information Website



Effective January 1, 2018:

- HITO to make such lists available on the website
- 25 most frequently used pharmaceutical products and medical devices added to list
- List may be expanded to:
 - Based upon those services that are most commonly performed by volume or that represent the greatest percentage of related health care expenditures
 - Designed to include those services most likely to result in out-of-pocket costs to consumers or include bundled episodes of care
- Health carriers no longer required to annually report to Access Health CT on (1) the billed and allowed amounts for in-network providers for the procedures on such lists and (2) out-of-pocket costs for such procedures
 - HITO, to the extent practicable, to annually report such information

Sec. 114: Consumer Health Information Website



Not later than January 1, 2018:

(c) Health Information Technology Officer shall, to the extent the information is available, make available to the public on the consumer health information Internet web site a list of:

- (1) The fifty most frequently occurring inpatient services or procedures in the state;
- (2) the fifty most frequently provided outpatient services or procedures in the state;
- (3) the twenty-five most frequent surgical services or procedures in the state;
- (4) the twenty-five most frequent imaging services or procedures in the state; and
- (5) the twenty-five most frequently used pharmaceutical products and medical devices in the state.

Such lists may

- (A) be expanded to include additional admissions and procedures,
- (B) be based upon those services and procedures that are most commonly performed by volume or that represent the greatest percentage of related health care expenditures, or
- (C) be designed to include those services and procedures most likely to result in out-of-pocket costs to consumers or include bundled episodes of care.

Sec. 114: Consumer Health Information Website



Not later than January 1, 2018:

(d) To the extent practicable, the Health Information Technology Officer shall issue a report, in a manner to be decided by the officer, that includes the

- 1) billed and allowed amounts paid to health care providers in each health carrier's network for each service and procedure service included pursuant to subsection (c) of this section, and
- 2) out-of-pocket costs for each such service and procedure.

Impact Analysis On Implementing Provisions of the Budget

Preliminary Results: 1) Most Frequent Inpatient Procedures*



Top 5 Gross Spend on Inpatient Procedures

RANK	INPATIENT PROCEDURE
1	DELIVERY PRODUCTS CONCEPTION EXTERNAL APPROACH
2	EXTRACTION PRODUCTS CONCEPTION LOW CERVICAL OPEN
3	RESECTION OF PREPUCE EXTERNAL APPROACH
4	INTRODUCTION SERUM TOXOID VACCINE MUSCLE PERQ
5	REPLACE RT KNEE JOINT SYNTH SUBST CEMENTED OPEN

Top 5 Most Utilized Inpatient Procedures

RANK	INPATIENT PROCEDURE
1	EXTRACTION PRODUCTS CONCEPTION LOW CERVICAL OPEN
2	DELIVERY PRODUCTS CONCEPTION EXTERNAL APPROACH
3	REPLACE LT KNEE JOINT SYNTH SUBST CEMENTED OPEN
4	REPLACE RT KNEE JOINT SYNTH SUBST CEMENTED OPEN
5	INSERTION INFUSION DEVC SUPERIOR VENA CAVA PERQ

* DRAFT RESULTS ONLY. Methodology to be finalized in future. Medical claims from CY2016.

Impact Analysis On Implementing Provisions of the Budget

Preliminary Results: 2) Most Frequent Outpatient Procedures (OP)*



Top 5 Gross Spend on OP - Facility

RANK	OUTPATIENT PROCEDURE
1	EMERGENCY DEPT VISIT
2	DIALYSIS PROCEDURE
3	COLONOSCOPY AND BIOPSY
4	INJECTION INFLIXIMAB 10 MG
5	INJECTION PEGFILGRASTIM 6 MG

Top 5 Most Utilized OP - Facility

RANK	OUTPATIENT PROCEDURE
1	ROUTINE VENIPUNCTURE
2	COMPLETE CBC W/AUTO DIFF WBC
3	COMPREHEN METABOLIC PANEL
4	EMERGENCY DEPT VISIT
5	LIPID PANEL

* DRAFT RESULTS ONLY. Methodology to be finalized in future. Medical claims from CY2016.

Preliminary Results: 3) Most Frequent Imaging Services*



Top 5 Gross Spend on Imaging Procedures

RANK	IMAGING PROCEDURE
1	CT ABD & PELV W/CONTRAST
2	MRI BRAIN W/O & W/DYE
3	ULTRASOUND BREAST COMPLETE
4	PET IMAGE W/CT SKULL-THIGH
5	MRI JNT OF LWR EXTRE W/O DYE

Top 5 Most Utilized Imaging Procedures

RANK	IMAGING PROCEDURE
1	CHEST X-RAY
2	ULTRASOUND BREAST COMPLETE
3	X-RAY EXAM OF FOOT
4	CT HEAD/BRAIN W/O DYE
5	EXTREMITY STUDY

* DRAFT RESULTS ONLY. Methodology to be finalized in future. Medical claims from CY2016.

Preliminary Results: 5) Most Frequent Pharmaceutical Products



Top 5 Gross Spend on Pharmaceutical Products

RANK	RX PRODUCT
1	HARVONI
2	CRESTOR
3	HUMIRA PEN
4	ADVAIR DISKUS
5	COPAXONE

Top 5 Most Utilized Pharmaceutical Products

RANK	RX PRODUCT
1	ATORVASTATIN CALCIUM
2	LEVOTHYROXINE SODIUM
3	LISINOPRIL
4	AMLODIPINE BESYLATE
5	METFORMIN HCL

* DRAFT RESULTS ONLY. Methodology to be finalized in future. Pharmacy claims from CY2015. Does not include DME.

Potential Expansion For Additional Admissions and Procedures



Determination Criteria

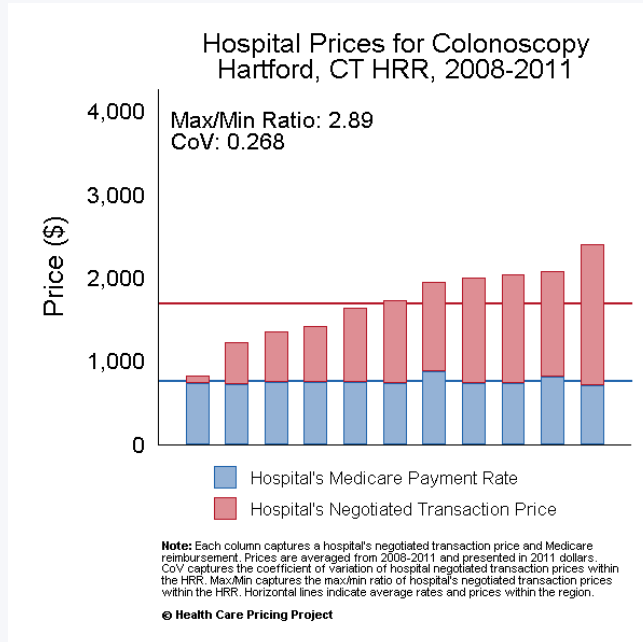
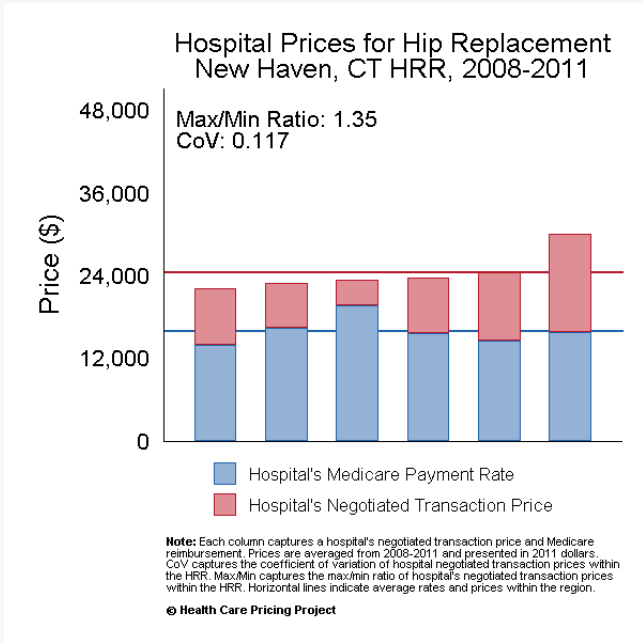
- Intended use case
- Intended audience
- Frequency and uniformity to support empirical analysis and comparison
- Anticipated utility and resources consumption

Impact Analysis On Implementing Provisions of the Budget

Recent Examples Using CT Data



The Price Ain't Right? Hospital Prices and Health Spending on the Privately Insured. Health Care Pricing Project:



- Procedures Analyzed:**
1. Hip Replacement
 2. Knee Replacement
 3. Cesarean Section
 4. Vaginal Delivery
 5. PTCA
 6. Colonoscopy
 7. MRI

Z. Cooper, S.V. Craig, M. Gaynor, and J. Van Reenen. The Price Ain't Right? Hospital Prices and Health Spending on the Privately Insured. Health Care Pricing Project, Within Market graphs. Available at: <http://www.healthcarepricingproject.org/papers/paper-1>.

Impact Analysis On Implementing Provisions of the Budget

Recent Examples Using CT Data

Altarum, Analysis of Commercial Insurance Claims Data, Sept 2017:

		Maryland	New Hampshire	Connecticut
Hip replacement	PAC rate	42.3%	30.0%	27.8%
	Episode price [IQR]	\$30,779 [\$24,960--\$36,674]	\$34,215 [\$26,793--\$41,377]	\$34,757 [\$30,241--\$39,917]
Knee replacement	PAC rate	40.1%	32.0%	29.3%
	Episode price [IQR]	\$29,059 [\$22,663--\$33,840]	\$32,366 [\$23,444--\$42,410]	\$37,475 [\$31,147--\$43,487]
Hysterectomy	PAC rate	54.3%	46.4%	43.4%
	Episode price [IQR]	\$16,381 [\$13,895--\$18,357]	\$19,038 [\$12,856--\$22,830]	\$17,700 [\$13,182--\$20,977]
Vaginal delivery	PAC rate	28.2%	27.1%	29.0%
	Episode price [IQR]	\$10,841 [\$9,156--\$12,174]	\$10,518 [\$8,132--\$12,511]	\$13,380 [\$11,465--\$14,948]

<http://www.healthaffairs.org/doi/10.1377/hblog20171023.671259/full/>

Next Steps

APCD Development and Strategy Update

Tasks Until Next Meeting (2/9/18)

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



Data Collection & Quality
Complete integration of Medicare payer data and maintain/improve existing data.

01
Task

02
Task

Transition to OHS
Coordinate and support transition activities & minimize impact to development.



DR Support and Promotion
Provide data use support to users and increase Data Release (DR) coordination efforts.

03
Task

04
Task

Strategy & Implementation Plan
Continue progress in achieving PA 13-247 and PA 15-146 intent



APCD Development and Strategy Update

Future Meetings



February

9

9:00–11:00 AM

All Payer Claims Database Advisory Group Meeting

Location: To Be Determined