Connecticut's Health Insurance Marketplace

All Payer Claims Database Advisory Group Meeting
Meeting Minutes

Date: November 14, 2013
Time: 9:00 a.m. EST
Location: Legislative Office Building, Hartford, CT, Room 1D

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Members Present
Kevin Counihan, Dean Myshrall, Jean Rexford, Vicki Veltri, Matt Katz, Mary Taylor, Bob Scalettar, Ben Barnes (left at 9:50 a.m.), Barbara Parks Wolf for Ben Barnes as of 9:50 a.m., Mary Ellen Breault, Kim Martone, Josh Wojcik for Kevin Lembo, Robert Aseltine, Michael Michaud for Pat Rehmer, Bob Tessier, Mary Alice Lee

Members Absent
Jewel Mullen, Tom Woodruff, Jim Iacobellis, Rod Bremby, Victor Villagra

Other Participants
Access Health CT: Tamim Ahmed, Matt Salner, Robert Blundo, Virginia Lamb

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I.   Call to Order and Introductions
Kevin Counihan called the meeting to order at 9:04 a.m. Mr. Counihan provided a brief Exchange update. Members introduced themselves.

II.   Public Comment
There was no public comment.

III.   Approval of June 25, 2013 and October 3, 2013 Meeting Minutes
Mr. Counihan requested a motion to approve the June and October minutes. Matt Katz made the motion. The motion was seconded. Mary Alice Lee and Bob Tessier indicated that they were not recorded as present for the October meeting. The October minutes will be amended to reflect their attendance. Mr. Counihan requested a motion to approve the June minutes. Mr. Katz made the motion. The motion was seconded and passed unanimously. Mr. Counihan asked that the October minutes be amended accordingly and motioned for approval at a later meeting.

I.   CEO Update
Mr. Counihan thanked the Advisory Group members for their work and initiated a discussion of the role of the Advisory Group and process around policy recommendations. Mr. Counihan indicated that the Advisory Group has a substantive role in proposing and recommending policies to the Access Health CT (AHCT) Board of Directors.   Mr. Counihan proposed that the Advisory Group be given the opportunity to opine, both informally and through formal votes, on issues related to the administration and policy of Access Health Analytics (AHA), specifically the APCD.

Mr. Counihan proposed a process in which staff would present policy recommendations to the Advisory Group. The Advisory Group would then review, vote to accept, reject, or amend the recommendation and send it to the AHCT Board. Mr. Counihan stated that in the instance where there is a disagreement between the staff and Advisory Group recommendations, both proposals would be brought to the Board.

Mr. Katz asked for clarification on the difference between AHA and the APCD, and the scope of the Advisory Group. Mr. Counihan stated that AHA is a division of AHCT. The APCD Advisory Group's scope is limited to issues concerning the APCD. AHA has responsibility for other analytical work which is unrelated to the APCD.

Mr. Katz made a motion to adopt the recommendation process outlined by Mr. Counihan. The motion was seconded and passed unanimously.

Mr. Counihan provided a brief update on APCD activity. Mr. Counihan announced that focus groups will be convened to develop use cases for the APCD. Mr. Counihan welcomed members to attend and indicated that the dates of the focus groups would be forthcoming.   Mr. Counihan stated that a focus group discussion guide will be drafted and shared with the Advisory Group for comments. Mr. Katz asked if consideration has been given to focus groups for small business owners, as their needs may be different than the average consumer, and Mr. Counihan replied that this will be considered. .

Mr. Counihan announced a change in course regarding the APCD operating model. Mr. Counihan announced that due to a matter of capacity, the insourced model is no longer an option, and therefore in order to keep with the timeline, AHA will proceed with outsourcing APCD data management. An RFP will be issued in order to seek a vendor whose solution will be flexible and open to a partnership with AHA.

Mr. Katz initiated a discussion of the RFP regarding flexibility around accessing information. Mr. Ahmed stated that the way the RFP would be written would ensure that AHA staff would have full access to the data, to the application, and to developing new products along with the vendor. Mr. Katz asked whether potential vendors would need to have the ability to transition the data warehouse system as well as the analytics directly over to AHA. Mr. Ahmed said that this capacity would be a requirement in the RFP. Conversation ensued around the need for an adequate and flexible vendor/staff partnership.

Mary Taylor initiated a discussion of the timeline. Mr. Ahmed noted that the timeline may get compressed for the test data which should come in around May 2014, and he confirmed a vendor would need to be in place to receive the test data. The Board will be asked to approve the DSG, along with the Policies and Procedures, on December 5th.

Ben Barnes commented on the importance of having the right procurement arrangement from the start. Mr. Counihan invited committee members to participate on the vendor selection committee. Mr. Counihan stated that a special outreach communication for interested volunteers would be circulated by staff.

II.   Subcommittee on Data Privacy and Security

Mr. Counihan announced the formation of the Data Privacy and Security Subcommittee. The purpose of the committee is to develop specific recommendations for data privacy and security for the APCD. Dr. Robert Scalettar will serve as chair. Members include Robert Aseltine, James Iacobellis, Matthew Katz, Kevin Lembo, Kimberly Martone, Mary Taylor, Vicki Veltri, and Victor Villagra. Staff is working on getting information to the committee as

well as working with Dr. Scalettar to establish a meeting schedule. Dr. Scalettar requested that the contact information be sent to each member of the working group.

III. Approval of Policies and Procedures, Data Submission Guide

Mr. Ahmed provided a brief presentation overview of the process around the APCD Policies and Procedures, which were drafted in July of 2013 and approved by the AHCT Board on July 30 to be posted for public comment. The public comment period lasted from August 13 through September 12. Several comments were received. The Board is scheduled to vote on the approval of the Policies and Procedures during the December 5 Board meeting. Mr. Ahmed introduced Matt Salner to provide a summary of the public comments.

Mr. Salner provided an overview of the comments received and changes incorporated into the Policies and Procedures regarding the definition of *member, historic data,* and *collection of denied claims data.*

Mr. Salner introduced Rob Blundo to provide additional information regarding the collection of denied claims data. Mr. Blundo stated that staff reached out to industry experts as well as internal stakeholders to gain a better sense of data collection and usage. Mr. Blundo described the three primary ways in which denied claims data are collected:

- Aggregate Level Denial Data
- Transactional Denied Data (HIPAA 835 Standard)
- Transactional Denied Data (Carrier Standard)

A discussion of complexities around submission of the HIPAA 835 standard and the Utah APCD ensued. Mr. Katz recommended asking the vendor the best option. Ms. Taylor indicated that transactional denied data using the carrier standard is more straightforward. Ms. Taylor recommended beginning with what is familiar and then revisiting the process down the road. Ms. Taylor recommended a timeline to add data elements which included an annual redetermination of needs.

Members deliberated the issue of denied claims extensively. Mary Alice Lee asked a question about the monitoring of denial activity by the Connecticut Insurance Department (CID) or the Office of the Healthcare Advocate (OHA). Mr. Blundo stated that agencies may collect denied claims data at an explanation of benefits (EOB) level. Mary Ellen Breault indicated that the CID does report some level of denial data, but these reports are not very extensive and the raw data are unwieldy. Ms. Breault remarked that CID is focused on using these data for medical necessity, consumer, and administrative issues. Ms. Lee suggested developing an approach similar to that of Vermont, which requests aggregated denied claims data from carriers. Mr. Katz remarked that decisions cannot be made regarding data collection systems until a vendor has been selected. Mr. Katz expressed agreement with Ms. Taylor's recommendation that there should be a yearly process to consider changes to the DSG, in order to allow time for the carriers to submit the required data. Mr. Katz recommended beginning by considering all potential data elements suggested by the Advisory Group, but later determining what the vendor can provide. Ms. Breault suggested having a strong foundation, and collecting denied claims data in the future. Ms. Veltri recommended establishing a working group with broad stakeholder representation to address these issues. Mr. Katz agreed with Ms. Veltri's recommendation with one caveat, that the RFP include requirements for collection of a variety of data elements. Mr. Katz suggested that the vendor be asked to provide information as to how they would conceptualize this if selected.

Virginia Lamb recommended that the collection of denied claims data not be added to the Policies and Procedures at this time, because such a revision could be considered a substantive change, as it was not noticed for public

comment. Ms. Lamb recommended approving the Policies and Procedures as presented, and then making another motion to form the subcommittee.

Mr. Counihan requested a motion to approve the Policies and Procedures as outlined. Mr. Counihan requested a motion to create a special subcommittee to review other required or desired enhancements to the Policies and Procedures, which would include the collection of denied claims, and other issues identified by stakeholders.

Mr. Katz requested Mr. Salner continue with the public commentary overview. Mr. Salner concluded his overview. Comments were received and clarifications provided around the following:

- Reporting Requirements for Subcontractor Data
- Reporting Entities' Data Submission Schedule
- Annual Registration Date, Non-compliance and Penalties
- Data Utilization and Disclosure
- Privacy and Confidentiality

Mr. Katz raised the concern that the issue of collection of dental data and denied claims data was not treated consistently within the Policies and Procedures. Mr. Katz recommended handling such issues similarly and consistently. Mr. Salner clarified that the collection of dental claims data was included in the original draft of the Policies and Procedures, while the collection of denied claims data was not. The addition of denied claims data would have been a substantive change to the Policies and Procedures. Discussion ensued.

Ms. Lee requested clarification around whether behavioral services claims will be captured by the APCD. Ms. Taylor stated that the standard is that the behavioral health is included as medical health. Ms. Lee requested assurance that behavioral health data is defined as part of medical data. Mr. Counihan stated that behavioral health data is defined as medical data and this will be included in the APCD.

Ms. Lee requested clarification regarding the need for client identifying information to be submitted, as well as dates of services or dates in which prescriptions are filled. Ms. Lee stated that these are critical to specify in the DSG. Mr. Blundo indicated that these components are within the technical document. It was agreed that Mr. Blundo and Ms. Lee would meet to discuss.

Members discussed extensively the definition of claims data. Members raised concerns around the possible exclusion of information. It was agreed that this clarity around definition is needed. Mr. Counihan proposed establishing a committee to review and recommend. Members agreed.

Mr. Blundo reviewed the public commentary regarding the DSG. Comments were received and clarification was provided around the following:

- Data Submission
- Technical Specifications and Data Formats
- Data Quality Requirements.

Mr. Ahmed provided a timeline for data submissions:

December 5	Board asked to adopt Policies and Procedures, DSG
May 5, 2014	Submission Test Data (+150 Days)
July 5, 2014	Submission of 36 months of historic data (+60 days)

August 20, 2014	Submission of YTD Data (+45 days)
Future Elements	Closure of any gaps in data.

Mr. Katz requested clarification regarding provider SSN versus NPI, since other APCDs request NPI rather than SSN. Mr. Blundo explained the importance of having more data rather than less, when attempting to create a unique identifier. It was agreed that this topic would be discussed further with the privacy and security subcommittee.

Members discussed briefly the waiver and extension process and annual registration deadline.

Mr. Counihan requested a motion to approve the Policies and Procedures. Dr. Scalettar made the motion. The motion was seconded and passed unanimously.

IV.   Next Steps
Mr. Counihan indicated the subcommittees would begin their work, and staff will contact members with further information.

V.   Future Meetings
Mr. Counihan proposed to retain the bi-monthly meetings schedule. Members agreed. Staff will develop and circulate a schedule of dates through 2014.

VI.   Adjournment
The meeting was adjourned at 10:54 a.m.