



Special Meeting of the All Payer Claims Database Policy and Procedure Enhancement Subcommittee  
**Draft - Meeting Minutes**

**Date:** Thursday, July 17, 2014  
**Time:** 11:00 a.m. – 1:00 p.m. EST  
**Location:** Legislative Office Building, Room 1D

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**Members Present**

Matthew Katz (Chair), Olga Armah, Demian Fontanella, Jean Rexford, Mary Taylor

**Members Absent**

None.

**Other Participants**

**AHA:** Tamim Ahmed, Robert Blundo, Christen Orticari, Matthew Salner

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**I. Call to Order and Introductions**

Matthew Katz called the meeting to order at 11:00 a.m., welcomed attendees, and briefed members on topics for meeting discussion.

**II. Public Comment**

There was no public comment.

**III. Review and Approval of Minutes for May 8, 2014 Meeting**

Jean Rexford moved to discuss the May 8 meeting minutes. Mary Taylor seconded. Ms. Taylor opined that the last sentence in Section V . on Denied Claims Data Use Cases alluded to a decision made on the denied claims issue. She proposed that the sentence start with the following phrase: "In the event a decision is made to collect denied claims," **Ms. Taylor motioned to accept the minutes with the inclusion of the administrative changes. Olga Armah seconded. Motion passed unanimously without abstention.**

**IV. Process for Amending APCD Policies and Procedures**

Mr. Salner reviewed the processes for amending the APCD Policies and Procedures and Data Submission Guide (DSG). To initiate the process for amending the Policies and Procedures, the AHCT/AHA staff needed to first draft and present amendments to the Policies and Procedures Subcommittee. Following the approval by members, the APCD Advisory Group and AHCT Board of Directors (BOD) reviewed and voted to approve the draft. An approved draft amendment was to then be posted online for a 30 day public comment period. Feedback from the public and stakeholders was to be reported to the AHCT Board and APCD Advisory Group by AHCT/AHA staff. The amendment would become effective by way of Board vote passage. Alternatively, the DSG amendment approval process solely remained with APCD leadership and required a full 90 day window before enactment of an amendment approved by the APCD Advisory Group.

**V. Development Planning for APCD**

Tamim Ahmed explained the revised timeline planned for APCD development, and reviewed core components identified as indispensable to APCD build-out. The timeline was based on the dates and timespans cited in the APCD Advisory Group presentation on July 10. The actual start date would reflect the date of contract completion when decided with the preferred data management vendor. Dates and timespans allotted in the schedule were

further contingent on successful completion of each milestone and was estimated to be rolled out over a 1.5-year timespan. Core components were identified in the APCD Policies and Procedures document, contained in the legislation as objectives, or complimented the primary scope in a critical way. Mr. Katz reminded members that the DSG needed revision to enable the dental data submission process.

#### **VI. Dental Commentary Review and State Comparison**

A dental commentary review and cross state comparison was presented by Mr. Blundo. At the May 8 meeting, stakeholders from the dental industry participated in a round table discussion to address and deliberate barriers, challenges, and opportunities for the collection and integration of dental claims data into the APCD. The payer community was represented by Delta Dental and United Health, and the provider community was represented by the CT Oral Health Advocacy Initiative, and Connecticut State Dental Association. AHA received additional written input from the Connecticut Health Foundation. Based on their assessment of this information, AHA staff determined main differences between dental and medical data.

Mr. Blundo summarized strengths and weaknesses gained from a comparative analysis of the Connecticut DSG with those in other states. Results from these analyses were integral to the proposal of DSG threshold revisions agreeable to all stakeholders. Four out of eight of the states were reviewed in the comparative evaluation collected dental in their APCDs, and Maine was the most seasoned in their breadth of experience. Mr. Blundo explained key findings in the Maine, Massachusetts, and Connecticut APCDs DSG dental code and threshold comparative analysis, and how results were able to be leveraged by AHA staff to refine field population rates required for various dental fields in a revised DSG. Mr. Blundo presented two lists of primary core dental data components critical to Connecticut APCD function that were separated by their frequency and *inconsistency* of submission by providers. Elements listed submitted inconsistently by providers were retained in the list, due to future progress anticipated within the industry which would increase consistency of submission. A summary of systemic issues in the processing and coding of dental data for APCD submission was provided. **Mr. Blundo suggested next steps for dental to include the AHA staff to map out a plan for DSG modification with the preferred data management vendor, following contract enactment, in a manner would bring in all key stakeholders, for recommendations. A red-lined draft of DSG with proposed amendments would then be circulated to the Subcommittee. Mr. Salner added that the formal DSG amendment process would commence following member review. Ms. Taylor motioned to approve the recommendation for next steps. Jean Rexford seconded. Motion passed unanimously without abstention.**

#### **VII. Denied Claims Discussion**

Mr. Katz explained that the discussion was not to make a decision, but to better understand the carrier perspective in preparation for informed future deliberations. A decision was not made on the multi-faceted issue of denied claims due to its complexity, APCD planning priorities necessitated for APCD development, and the more immediate revisions of the proposed APCD implementation timeline.

Ms. Taylor represented the carrier perspective by presenting the Connecticut Association of Health Plans June 24 Industry Statement on the collection of fully denied claims. The letter urged the Connecticut APCD to adhere first to priorities in the Policies and Procedure document, which emphasized foundational implementation goals, including paid claims collection. Carriers had existing knowledge and experience from other state APCDs with paid claims and minimally with denied claims. Since analytics-ready datasets required actionable APCD data, reporting would not be possible until its successful collection. Consumer-facing reports with practical cost and quality information could be obtained without denied claims at the transaction. If pursued, significant monetary allocation would be needed to collect both denied claims and paid claims. The scope of reasons articulated by Ms. Taylor, in parallel with the letter, holistically supported the Industry's perspective on the issue, and emphasized their recommendation to resist denied claims collection by putting on hold deliberation of the denied claims issue until the accomplishment of implementation priorities.

Members deliberated the usability of denied claims information from the consumer, provider, carrier, researcher, and policy perspectives. Jean Rexford recommended that simpler strategy be developed for informing consumers about reasons for the denial of their claims, since the public, especially the newly insured seemed to lack access to

this information. Demian Fontanella opined that denied claims collection could support the identification of denial reasons to help educate consumers, and focus on health care system deficiencies that affect different stakeholders.

**VIII. Next Steps**

Members unanimously approved the recommendations for next steps recommended by Mr. Blundo to prepare for modifying the DSG for the collection of dental data.

Mr. Katz suggested that additional stakeholders should be identified for future denied claims discussion by reaching out to groups of interest, such as consumer groups, and request that they represent their perspective on the denied claims issue before continued Subcommittee deliberation. Ms. Rexford advised representation be drawn from consumer, racial/ethnic and health equity groups. She added that DPH may also appreciate an invitation to speak.

Additional focus groups were considered as an opportunity to learn what kinds information consumers would find useful in relation to their medical utilization in order to help them make evidence-based health care decisions.

**IX. Future Meetings**

Members discussed and agreed the next meeting would take place following the preferred vendor contract effective date and preparation of the redlined version of the DSG to include recommendations by AHA staff in conjunction with the vendor. Frequency of future meetings would be determined in accordance with the DSG planning timeline for dental. Mr. Katz asked that meetings be scheduled 4-6 weeks in advance. The next meeting would be scheduled once the vendor was on board and the DSG red-lined version of the DSG was available.

**X. Adjournment**

**Mr. Katz entertained a motion to adjourn the meeting. Ms. Rexford motioned. Mr. Fontanella seconded. Motion passed unanimously. The meeting was adjourned at 1:00 p.m.**