Access Health CT

APCD Advisory Group Meeting

May 11, 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)

✓ APCD Development and Strategy Update (30 minutes)

✓ Data Intake Status Update and Quality Assessment (30 minutes)

✓ Next Steps (5 minutes)

✓ Future Meetings & Adjournment

Public Comments
(2 Minutes per Commenter)

Approval of Minutes

March 9, 2017 Advisory Group Meeting

APCD Updates & Project Status Overview

Recent National Developments

COLORADO

Colorado APCD claims data being used for the first time to help improve population health through SIM effort[1]

COLORADO

Colorado APCD Annual Report highlighting triple aim successes and change agents in CY2016[2]
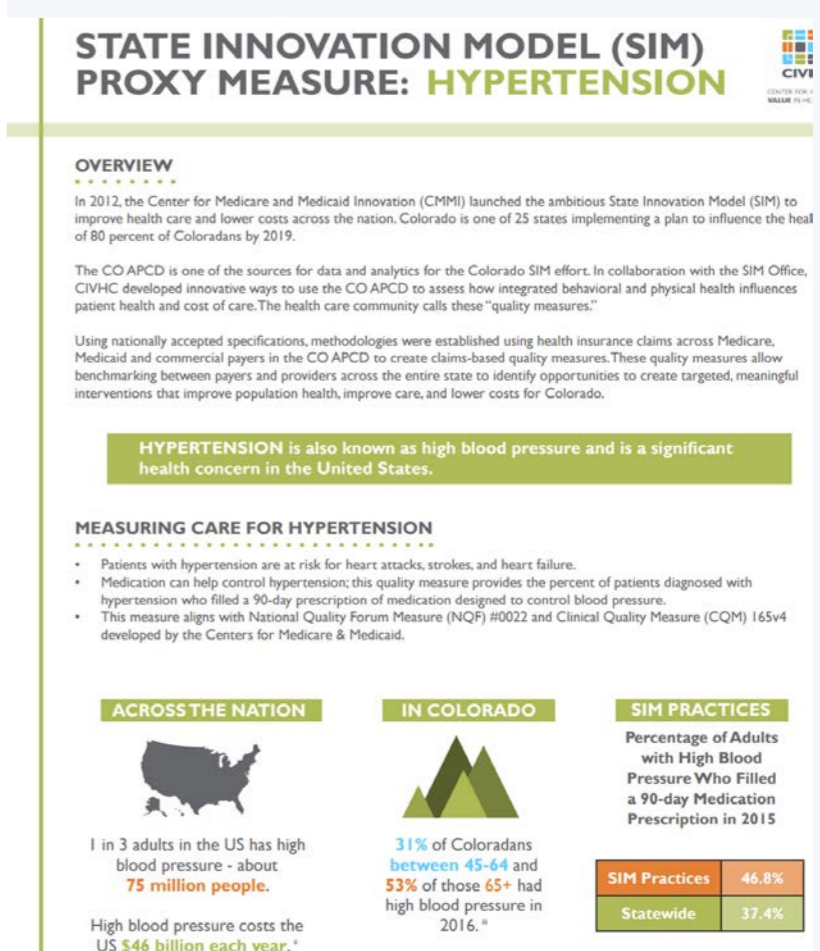
MASSACHUSETS

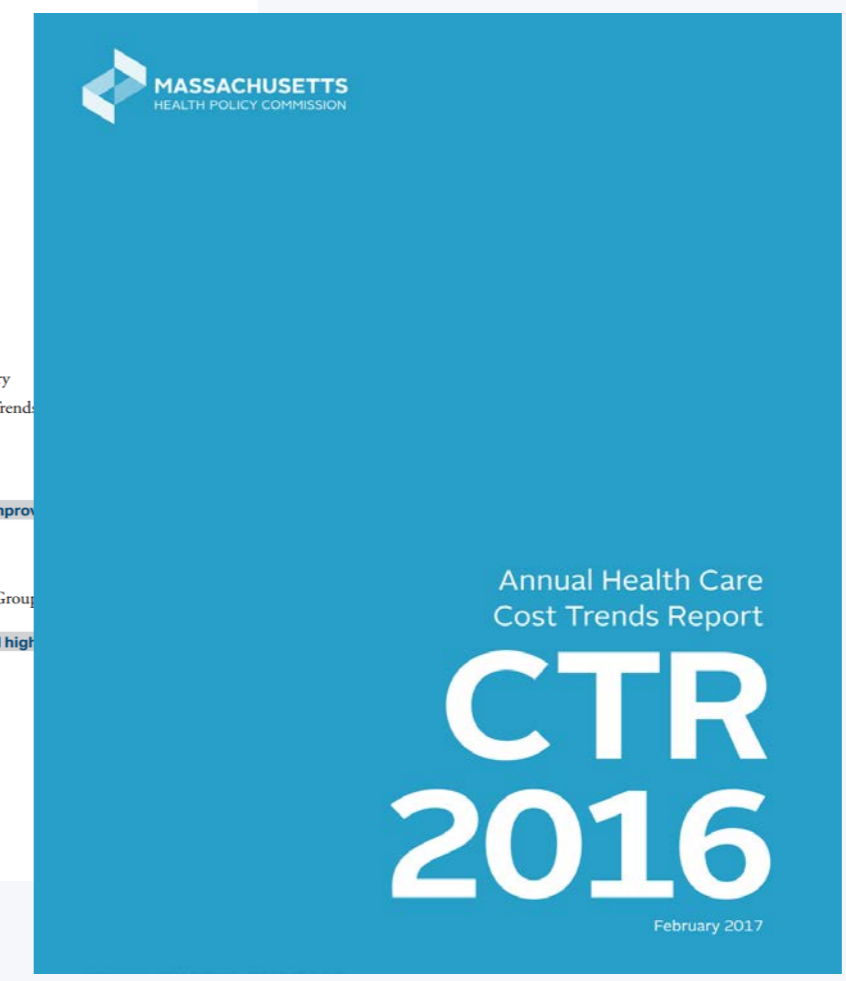Annual Health Care Cost Trends Report for 2016[3]

CALIFORNIA

California Healthcare Performance Information System (CHPI) release new caqualityratings.org website covering more than 10,000 physicians[4]

1) http://civhc.org/News-Events/News/Claims-Data-Being-Used-for-the-First-Time-to-Help-.aspx/?utm_content=bufferfff0d&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer
2) http://civhc.org/getmedia/80881590-f979-41b2-89dd-cb2bdaeb5424/FINAL-2016-CO-APCD-Annual-Report-with-Bookmarks.pdf.aspx/
3) http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/publications/2016-cost-trends-report.pdf
4) http://www.chpis.org/news/article.aspx?id=11

Recent National Developments

1 Consumer Reports Issue Brief:
Consumer-Facing Healthcare Cost and Quality Tools[1]

2 Health Care Incentives Improvement Institute (HCI3):
State Report Card on Transparency of Physician Quality Information[2]

3 APCD Council:
Announcements & APCD Showcase[3]

1) http://nyshealthfoundation.org/uploads/resources/consumer-facing-health-care-cost-quality-tools-consumer-reports-brief.pdf
2) http://www.hci3.org/wp-content/uploads/2016/11/QualityReportCard2016.pdf
3) https://www.apcdcouncil.org/

Policy Updates

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SB 795

Potential Impact to
APCD Ownership

PA. 15-146

Progress on
Compliance

SB 795 –
An Act Establishing The Office Of
Health Strategy And Improving The
Certificate Of Need Program

PA 15-146 –
An Act Concerning Hospitals, Insurers
And Healthcare Consumers

Accomplishments Since Last Meeting

Data Collection Status

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

Reporting & Analytics

1st self-service analytic reports pulled for state's Healthcare Cabinet by AHCT
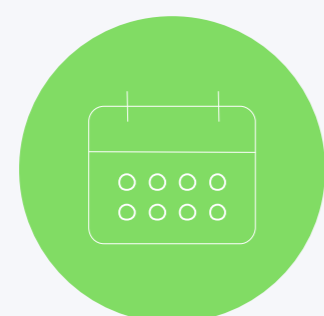
Data Release Development

Data release infrastructure development underway
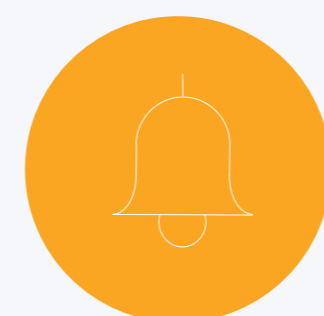
Consumer Tools

Market assessment of publicly available consumer facing tools and existing products underway
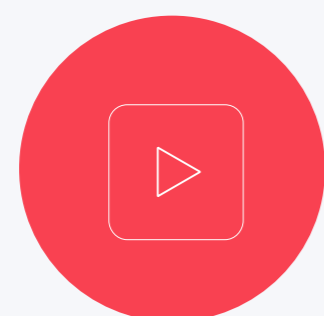
Coordination With CT SIM

Application for CMS Medicare data in final phases of approval
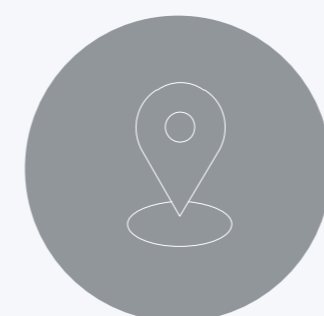
"Hands On" Data Quality Evaluations

User testing and feedback loop established in data enclave environment

AHCT Analytics Supports UConn Research

AHCT Analytics assists Health Disparities Institute's Report on Health Insurance Literacy in CT (April 2017)

APCD Updates and Project Status

Milestone Tracking Refresh

Milestones	Original Estimate	New Estimate
1. Completion of Historical Data Submission By All Commercial Carriers	2/15/17	Ongoing Initiative
2. Obtain Outstanding Data From Tardy Payers & Resolve Outstanding Reservations	3/31/17	
3. Procurement of Medicare Data	4/30/17	6/30/2017
4. Establish Infrastructure to Support Data Release Requests	1/31/17	7/6/2017
5. Procurement of Medicaid Data	Unknown	Unknown
6. Deployment of APCD Website	11/23/16	Ongoing Initiative
7. Consumer Decision Support Tool for Open Enrollment 5	10/4/16	TBD
8. APCD Web Reports Development – Various Population Health and Price Transparency Reports	Q3 2017	Temporary Hold

APCD Development & Strategy Update

APCD Charge & Primary Distribution Channels

Legislative Charge

Public Act 13-247 enabled the Exchange:

(i) to utilize healthcare information collected from Data Submitters to provide healthcare consumers in Connecticut with information concerning the cost and quality of healthcare services that allows such consumers to make more informed healthcare decisions; and

(ii) to disclose Data to state agencies, insurers, employers, healthcare providers, consumers, researchers and others for purposes of reviewing such Data as it relates to health care utilization, costs or quality of healthcare services.

Public Act 15-146 enabled the Exchange:

To, within available resources, establish and maintain a consumer health information Internet web site to assist consumers in making informed decisions concerning their health care and informed choices among health care providers.

Distribution Channels

Web   Data Extracts   Reports   Analytic Services

Intended Audience
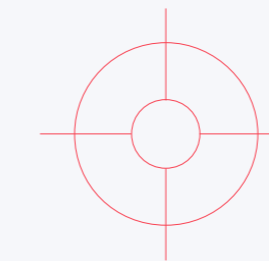
Consumers

State Agencies   Insurers   Employers
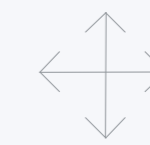
Providers   Other

Proposed Vision & Mission (*From 3/9/2017*)

Vision: Improve the health of Connecticut's residents through the collection and analysis of data and the promotion of research addressing safety, quality, transparency, access, and efficiency at all levels of health care delivery.

Mission: Enhance consumer choice through healthcare price and quality transparency, improve population health, enhance outcomes, reduce disparities, improve health equity, and reduce cost of care by developing, using, and sharing Connecticut's All Payer Claims Database. Facilitate data driven research for the development of comprehensive, actionable and accurate information to inform policy.

Core Strategies (From 3/9/2017)

Core Value

STRATEGY 01

Integrate data across all payers for a comprehensive longitudinal data warehouse for effective research on long-term treatment, quality, outcomes, costs, and utilization trends.

STRATEGY 03

Provide transparency for Connecticut's consumers and providers about the cost and quality of healthcare services, with an emphasis on consumer access to care and decision making.

STRATEGY 02

Support private sector, academic, and federal/state health reform and population health initiatives with available data, information, and analyses.

STRATEGY 04

Analyze and address disparities in healthcare based on race, ethnicity, income, geography, and other population characteristics and state demographics.

Four core strategies to facilitate the mission and achieve vision

Establishing Strategic Priorities

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1 Acknowledge Remaining Resources, Schedule, and Scope

2 Recognize Critical Paths Across and Within Strategic Priorities

3 Prioritize "Must Haves", Take advantage of "Quick Wins" and "Low Hanging Fruit", and Steer Clear of "Money Pits"

4 Take Advantage Of Existing Resources and Partnerships With Common Missions

5 Clearly Communicate Goals and Objectives Within Each Strategic Priority

Priority Matrix

Impact High	Must Haves	Quick Wins
Low	Money Pits	Low Hanging Fruit
	Hard	Easy

Ease of Accomplishing

APCD – Strategic Goals & Objectives

Integrate data across all payers for a comprehensive longitudinal data warehouse for effective research on long-term treatment, quality, outcomes, costs, and utilization trends

Goals	Objectives
Build a comprehensive payer database to provide as complete a picture of the CT health data ecosystem as possible	• Ensure the largest three payers in CT are integrated along with the fully insured market
Certify a high data quality standard within the database	• Ensure data quality issues are identified, documented, communicated, and resolved • Promote data usage as a form of data QA
Promote use of ancillary data to improve insights and value of the repository	• Identify ancillary data and tools that can improve quality, utility, and accuracy • Incorporate a Drug Knowledgebase into the enclave
Improve efficiency of data integration for all stakeholders	• Examine alternative collection methods and opportunities

APCD – Strategic Goals & Objectives

Support private sector, academic, and federal/state health reform and population health initiatives with available data, information, and analyses

Goals	Objectives
Establish a scalable and secure data release infrastructure	• Complete development and audit of extraction tool • Ensure APCD staff can generate self-service extracts at little cost with minimal lead time
Support state research community, agencies, and requestors	• Market APCD data to ensure data is used to greatest extent possible to improve Triple Aim efforts • Partner with major in-state research institutions to identify opportunities
Facilitate/Promote data driven policy in State of CT	• Provide analytic services and reports to support identification and understanding of trends in cost, utilization, and quality in state
Innovate services and products to support Triple Aim efforts	• Engage with community to identify APCD solutions to support opportunities that promote triple aim in CT

APCD – Strategic Goals & Objectives

Provide transparency for Connecticut's consumers and providers about the cost and quality of healthcare services, with an emphasis on consumer access to care and decision making

Goals	Objectives
Promote & leverage existing best in-class consumer transparency tools	• Identify leading consumer information and price transparency solutions that align with Vision • Ensure resources are not expended duplicating efforts
Complete development of Analyze Health website	• Finalize strategy to ensure site accomplishes PA 13-247 and PA 15-146 • Ensure target audience is clearly delineated, finalize UI development, and ensure content match audience needs
Complete development of remaining reports to ensure highest level of meaningful impact to intended audience	• Determine achievable and sustainable reports with highest impact • Communicate methodologies with stakeholders • Communicate and execute an implementation plan

APCD – Strategic Goals & Objectives

Analyze and address disparities in healthcare based on race, ethnicity, income, geography, and other population characteristics and state demographics

Goals	Objectives
Supplement existing data with third-party sources to maximize utility in disparities research	• Partner with in-state Agencies such as DPH & AHCT to utilize ancillary data • Utilize software and third party data to enhance power of social determinant data
Support new and ongoing research initiatives	• Support state researchers and advocates in health equity research and initiatives through data release and analysis

APCD Development and Strategy Update

Tasks Until Next 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

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

02 Task

Preliminary Reporting
Promote data usage as a form of data QA

03 Task

04 Task

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

05 Task

Consumer Tool Evaluation
Identify leading consumer information and price transparency tools available

06 Task

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

Data Status Update for CTAHA APCD

1 Data Processing

2 Completeness, Validity, & Trending
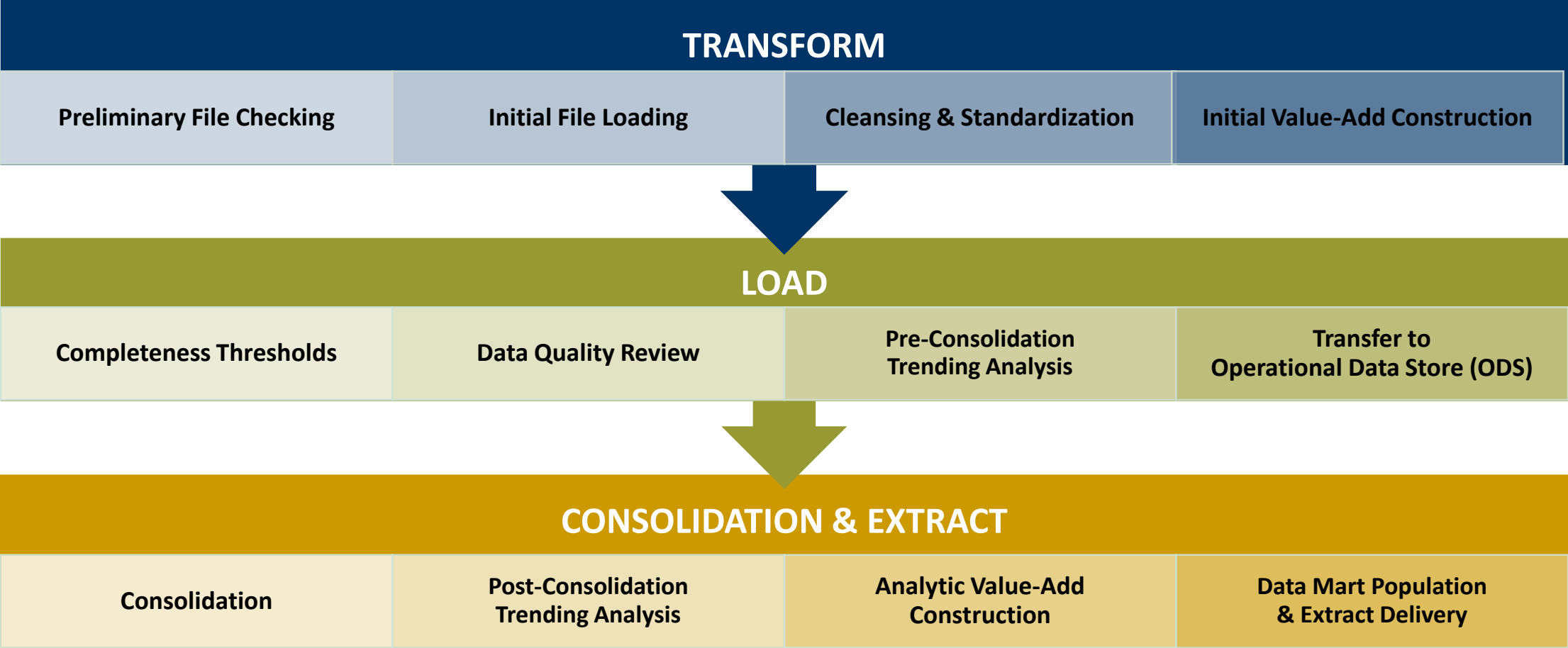
3 Value-Adds

4 CTAHA APCD by the Numbers

5 Example Data Products

6 Questions & Discussion

Onpoint CDM Data Flow & Quality Checks

TRANSFORM			
Preliminary File Checking	Initial File Loading	Cleansing & Standardization	Initial Value-Add Construction

LOAD			
Completeness Thresholds	Data Quality Review	Pre-Consolidation Trending Analysis	Transfer to Operational Data Store (ODS)

CONSOLIDATION & EXTRACT			
Consolidation	Post-Consolidation Trending Analysis	Analytic Value-Add Construction	Data Mart Population & Extract Delivery

3

Metrics for Assessing Quality – Completeness, Validity, & Trending

- Completeness
  - 518 fields have minimum population standards

- Validity
  - 222 data elements validated against reference tables
  - 415 separate standard validations to vet relationships across data elements

- Trending
  - 38 metrics
  - 6–48 months of data
    - ✓ Volumes
    - ✓ Claims supported by eligibility
    - ✓ Per member per month (PMPM)
    - ✓ Disease prevalence markers

Trending provides clarity
that is not possible with a single, static point in time.

Single point in time
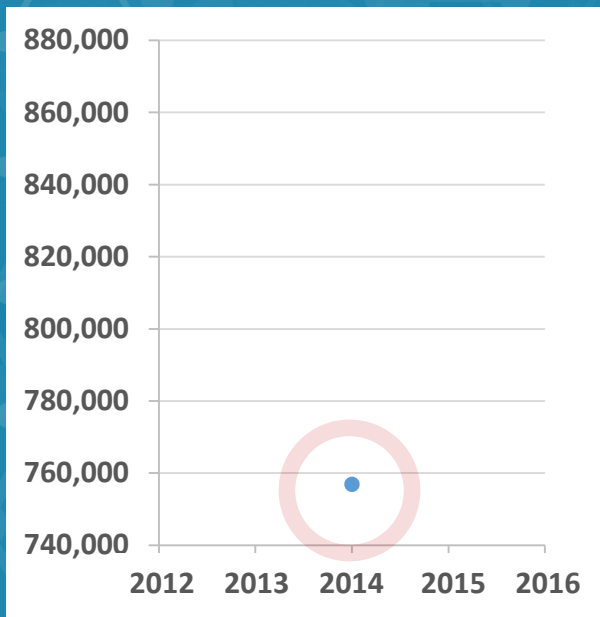
Trending of all data identifies an anomaly
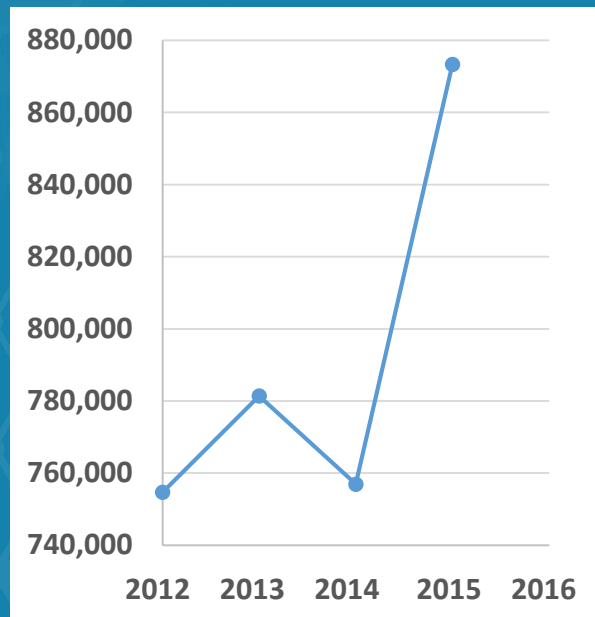
Submitter is consulted and resubmission is received
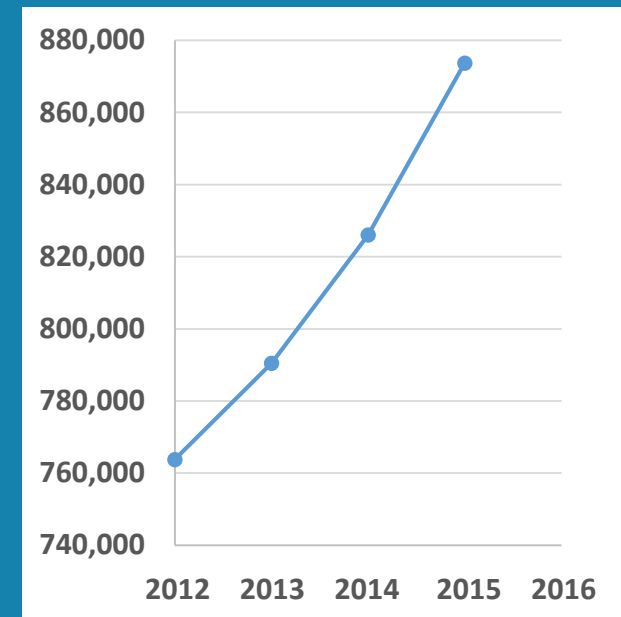
CTAHA APCD by the Numbers (2012–2016)

- Members:

2012	2013	2014	2015	2016
1,788,396	1,864,844	1,920,120	1,859,968	1,808,369

- Medical - Total records: 83,571,995
  - Total payments: $24,656,151,925

- Pharmacy - Total records: 124,793,454
  - Total payments: $5,327,899,380

Examples of Data That Can be Found in the CTAHA APCD

Metric	2015	2011–2016
Number of inpatient claims	151,429	745,682
Number of outpatient claims	1,629,159	8,076,217
Number of professional claims	14,530,827	74,525,033
Distinct CPT procedure codes	13,879	19,391
Distinct prescription drugs	16,094	42,985
Distinct diagnosis codes		
ICD-9 (prior to 10/1/2015)	16,092	19,855
ICD-10 (10/1/2015 and after)	27,067	40,734

Data is Standardized & Normalized Across 23 Submitters

Standardization of codes
- Gender code (1 → M, 2 → F)
- Claim status (1 → 01, P → 01)

Consolidation of adjustment claims
- Final disposition of the claim is required for use in cost metrics

What is the Final Disposition of the Claim?

- Uses 28 different methods
- Allows for method changes over time due to changes/updates in submitters' systems
- Generates custom methods for submitters as needed

	Claim #	Line	Service Date	Paid Date	Procedure	Charge	Paid	Copay
Adjusted claims reported to Onpoint	123	1	20120101	20131231	99213	250.00	75.00	0.00
	123	1	20120101	20140228	99213	-250.00	-75.00	0.00
	123	1	20120101	20140228	99213	250.00	75.00	10.00
Consolidated claim reported by Onpoint	123	1	20120101	20140228	99213	250.00	75.00	10.00

Submission Progress

	Medical		Pharmacy		Eligibility		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	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Current
Aetna Health Insurance HMO on ACAS FI	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	N/A	N/A	Current
Aetna Life Insurance Company Aetna Student Health	01/2012	03/2017	N/A	N/A	01/2012	03/2017	01/2012	03/2017	Current
Aetna Life Insurance Company HMO Medicare	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	N/A	N/A	Current
Aetna Life Inusrance Company Traditional	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Data variation was identified. Working with Aetna for potential resubmission or waiver request
Anthem									
	01/2012	01/2017	01/2012	01/2017	01/2012	01/2017	01/2012	01/2017	Last contact date: 5/5/2017. Submissions on hold.
Caremark, LLC.									
	N/A	N/A	01/2012	03/2017	01/2012	03/2017	N/A	N/A	Current
Cigna									
Cigna Health and Life Insurance Company, Inc. - West	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Current
Cigna Health and Life Insurance Company, Inc. - East	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Current
ConnectiCare									
ConnectiCare	01/2012	12/2016	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	In the midst of a systems transition, files delayed. Expecting new files soon.
ConnectiCare, Inc - Medicare Advantage	01/2012	12/2016	01/2012	01/2017	01/2012	03/2017	01/2012	03/2017	In the midst of a systems transition, files delayed. Expecting new files soon.
Express Scripts									
	N/A	N/A	-	-	-	-	N/A	N/A	Last contact date: 5/7/2017. Working through final technical issues.
First Health Life and Health Insurance Company									
	N/A	N/A	01/2012	03/2017	01/2012	03/2017	N/A	N/A	Current
Harvard Pilgrim									
	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Current
HealthyCT									
	01/2014	12/2014	01/2014	12/2014	01/2014	12/2014	01/2014	12/2014	Data variations identified.
United Health Group									
eviCore (UHC - Oxford)	-	-	-	-	N/A	N/A	01/2012	03/2013	Last contact date: 03/22/2017
OptumHealth Care Solutions, Inc (Optum)	01/2012	03/2017	N/A	N/A	N/A	N/A	01/2012	03/2017	Current
OrthoNet	01/2012	03/2017	N/A	N/A	N/A	N/A	N/A	N/A	Current
Oxford Health Plans	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Data variation was identified. Working with Oxford for potential resubmission or waiver request
UHC - Golden Rule	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Current
UnitedHealthcare Insurance - Medicare	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Data variation was identified. Working with UHC for potential resubmission or waiver request
UnitedHealthcare Insurance Company	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	01/2012	03/2017	Current
WellCare Health Plans, Inc									
	01/2012	03/2017	01/2012	12/2015	01/2012	03/2017	01/2012	03/2017	February provider file has not been submitted
Medicaid									
	-	-	-	-	-	-	-	-	
Medicare									
	-	-	-	-	-	-	-	-	

What is the Impact of Consolidating Claims?

Medical

- Total dollars as submitted: $28,256,688,556
- After consolidation: $24,656,151,925
- Percent adjustments: 14.6% (percent of dollars)

Pharmacy

- Total dollars as submitted: $5,630,773,039
- After consolidation: $5,327,899,380
- Percent adjustments: 5.7% (percent of dollars)

Value-Adds: Groupers & Categorizations

Delivered value-adds:

- Groupers: MS-DRGs, APR-DRGs, PFEs

- Risk scoring: CRGs

- Inpatient stay summary: All inpatient stays, type of stay identified (e.g., acute, SNF, ICF, etc.)

- Other data enhancements: Provider type and specialty designation, chronic disease flagging, analytic use flags

Available value-adds

- Groupers: APCs, APGs, ETGs

- Drug therapeutic class: RedBook®

- Provider attribution: Use of proven algorithms to establish member-to-provider relationships

Benchmarking for Quality Assurance – E&M Payments

E&M Code	Description	2012	2013	2014	2015	2016	Commercial Benchmark*	CMS Benchmark†
99202	Office Outpatient New 20 Min	$79.36	$82.56	$84.05	$85.47	$86.60	$81.90	$75.19
99203	Office Outpatient New 30 Min	$110.79	$115.44	$115.59	$119.60	$122.18	$118.56	$108.85
99204	Office Outpatient New 45 Min	$161.92	$169.80	$170.77	$175.23	$176.04	$180.96	$166.13
99205	Office Outpatient New 60 Min	$200.87	$214.23	$215.49	$223.46	$224.02	$226.98	$208.38
99212	Office Outpatient Visit 10 Min	$48.42	$50.72	$53.58	$55.06	$54.10	$47.58	$43.68
99213	Office Outpatient Visit 15 Min	$74.21	$76.24	$77.49	$79.25	$80.24	$79.95	$73.40
99214	Office Outpatient Visit 25 Min	$109.41	$111.25	$112.75	$115.90	$117.08	$117.78	$108.13
99215	Office Outpatient Visit 40 Min	$147.61	$149.14	$151.69	$157.27	$163.85	$158.73	$145.72

* Commercial benchmarks from proprietary source
† CMS benchmark https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html

Frequency & Validity – Top Diagnosis Codes

Diagnosis Code	Top ICD-9 Diagnosis Description	2012	2013	2014	2015	Diagnosis Code	Top ICD-10 Diagnosis Description	2015	2016
V700	Routine medical exam	1,646,548	1,806,612	1,956,312	1,367,221	Z0000	Encounter general adult medical exam	552,038	1,761,150
V202	Routine child health exam	704,994	919,735	921,073	669,053	I10	Essential primary hypertension	260,741	865,930
25000	Diabetes uncomplicated type II	619,676	682,177	686,093	551,252	Z23	Encounter for immunization	471,916	721,268
V7231	Routine gynecological examination	528,240	619,380	630,287	454,107	Z00129	Encounter routine child health exam	184,121	701,320
4019	Hypertension NOS	456,617	526,640	542,773	437,616	E119	Type 2 diabetes mellitus without complications	188,253	601,975
2724	Hyperlipidemia NEC/NOS	453,595	527,887	499,966	358,083	Z1231	Encounter screening mammogram	166,570	532,845
V0481	Need prophylactic vaccination & inoculation flu	406,439	523,651	473,663	82,926	Z01419	Encounter gynecological exam	132,732	491,076
V7612	Other screening mammogram	379,369	454,917	462,845	422,182	M545	Low back pain	116,833	464,373

Frequency Checks – Prescription Drugs

Prescription Drug	2012	2013	2014	2015	2016
ATORVASTATIN CALCIUM	608,551	922,923	1,199,530	1,129,222	1,190,402
LEVOTHYROXINE SODIUM	581,270	742,452	946,484	887,205	840,456
LISINOPRIL	627,826	741,333	882,707	834,462	821,439
AMLODIPINE BESYLATE	536,361	666,463	838,881	792,727	815,899
SIMVASTATIN	620,568	616,599	630,004	540,879	458,573
METFORMIN HCL	402,067	483,034	632,909	628,103	652,793
FUROSEMIDE	364,812	506,222	660,025	613,271	538,474
METOPROLOL SUCCINATE	393,153	455,028	588,540	550,138	557,428
OMEPRAZOLE	351,130	454,571	547,861	512,616	477,796
HYDROCHLOROTHIAZIDE	364,355	409,028	478,871	433,359	412,061
METOPROLOL TARTRATE	322,220	395,789	476,843	423,997	399,793
ESCITALOPRAM	217,268	371,375	466,263	461,571	478,139
WARFARIN SODIUM	294,621	388,979	446,887	403,580	347,235
PREDNISONE	275,637	319,407	432,652	400,507	418,562

What Does Evolving Healthcare Data Mean for QA?

- Evaluating data quality is an ongoing process

- New reference tables, validations, and trending metrics are routinely added

- Enhancements to Onpoint's processing stack are applied to all clients

Questions?