

Re: Response to questions posed July 27 with regards to data collection in other states

- *Comparison of the “top data” state sets compared to what Connecticut collects, specifically (1) explain criteria used to determine that certain states were “top data” states in terms of collection and utilization for CON*

Data was not the primary criteria by which OHCA selected the states to review. It was, however, one small piece. As such, there were no set of criteria used to review “top data” states. However, both Maryland and Massachusetts collect extensive data but for differing purposes. Maryland collects very detailed data, but for the purpose of conducting rate-setting (which is separate but related to the CON program). Massachusetts conducts in depth analyses on insurance access, health care quality and patient safety, and the cost of care such as:

- Premiums analyses – trends in both total cost to health plan members and changes in the quality of the benefits over time
- Total Medical Expenses - measures the amount insurers pay to providers for health care services delivered to members, expressed on a per member per month basis; represents the full amount paid to providers, including both insurer payments and member cost-sharing payments; also includes all non-claims related payments to providers, such as provider performance payments.
- Price variation among providers & payment methods used by health plans – contracting trends between providers and health plans; Relative price is a calculated measure that compares different provider prices within a payer’s network for a standard mix of insurance products (e.g. HMO, PPO, and Indemnity) to the average of all providers’ prices in that network
- Hospital Profiles - individual hospital profiles and summary-level industry report provide descriptive and comparative information on Massachusetts acute and non-acute hospitals based on hospital characteristics, services, payer mix, utilization trends, cost trends, and financial performance trends
- Acute Hospital Financial Performance - financial performance on a quarterly and annual basis to monitor each acute hospital’s financial health. Hospital performance for profitability, liquidity, and solvency metrics

- Potentially Unnecessary Care - three specific areas of potentially unnecessary care within the hospital setting: maternity care, potentially preventable hospitalizations, and hospital readmissions; compares rates at highest performing hospitals to the lowest performing hospitals

Massachusetts has one, centralized health data collection agency (www.chiamass.gov), which prevents health care providers and payers from having to submit duplicative information to multiple agencies and streamlines the data collection process. Additionally, they make the non-confidential data easily accessible for the public. It is worth visiting Massachusetts's website to get an idea of how thorough its data collection is.

- *A side-by-side comparison of what other states collect and how the data are used in the CON process*

Below you can find what states collect primary groups of data used in analyzing CON applications. Due to the varied structure and nature of different states' CON programs (e.g., some are tied in to licensing and collect data through licensing) it is difficult to infer what each state uses each set of data for. Broadly, however, states tend to use data to:

- Verify statements made in CON applications
- Conduct proactive planning to determine what services exist and where additional facilities or services are needed (such as acute care hospital beds or substance abuse treatment facilities)
- Assess the potential quality of a project based on observed metrics of other existing facilities owned or operated by an applicant
- Determine whether the project is financially feasible for the applicant or the state as a whole

Access to the All Payer Claims Database will enable OHCA to carry out its statutory responsibilities such as:

- To develop a complete picture of health care utilization patterns, availability of and access to health care services, and costs to aid decision-making and to assess the impact of health care policies on access, cost and quality
- To study outpatient services utilization patterns, to gauge the core health care needs of CT residents, to develop an inventory and evaluate the distribution of services in the state in order to identify unmet need for and/or gaps in services as a component of the Statewide Health Care Facilities and Services Plan

- To more effectively evaluate availability of and access to services in Certificate of Need applications to expand, terminate or implement new services especially in the outpatient settings, such as imaging centers, ambulatory surgery centers and mental health facilities
 - To estimate the cost of care in all health care settings or an episode of care for specific conditions e.g. diabetes, asthma, pregnancies etc.
 - To carry out cost benefit analyses for forgoing or delaying care for both the uninsured and the insured
 - To identify areas of overutilization which do not improve the health status of CT residents
-
- *Contact the states interviewed by OHCA and ask how their rate setting staff are funded*

Maryland is currently the only state that conducts rate setting. Their staffing is funded through a fee assessed of all hospitals covered by the rate-setting provision.

Data collected by other CON States compared to CT Data collection

	Inpatient Discharge Data	Outpatient Data	All Payer Claims Database	Other
CT	Yes	N (starting to collect outpatient surgical data)	Authorized by 19a-724	hospital financial data, health care facility OR equipment and services inventory
HI				Bed utilization Daily room rates Equipment and procedures utilization Radiation therapy utilization Services utilization MRI utilization
MA	Yes	Yes	Yes	ED data Payments and Expenditures Data from health care payers and providers (total medical expenses, total health care expenditures, alternative payment methods, provider payment methods, relative pricing, network average relative price dollar amount) www.chiamass.gov
MD	Yes	Yes	Yes (called the its Medical Care Data Base)	www.hsrc.state.md.us/hsp_Data1.cfm daily hospital services ambulatory and admission services ancillary services supplemental birth schedules day/beds over capacity ambulatory visits Gross Patient Revenue by rate center

				Unit Rate Compliance Schedules unaudited financial data
MI	Yes			
NJ	inpatient, same-day medical, same-day surgical and ED visits for all payers		No	Utilization data for hospitals; hospital services patient-level hospital discharge data on emergency department (ED), outpatient surgery, same-day surgery and inpatient encounters or episodes. (NJ State Health Assessment Data)
NC				Truven billing data for acute care beds
NY	Yes	Yes	Yes - implementing	
RI	Hospital discharge data		Yes	
VT	Yes	Yes	Yes	Medical and pharmacy claims and eligibility data from both private and public payers (VHCURES database)

States with an all-payer claims database

State Efforts

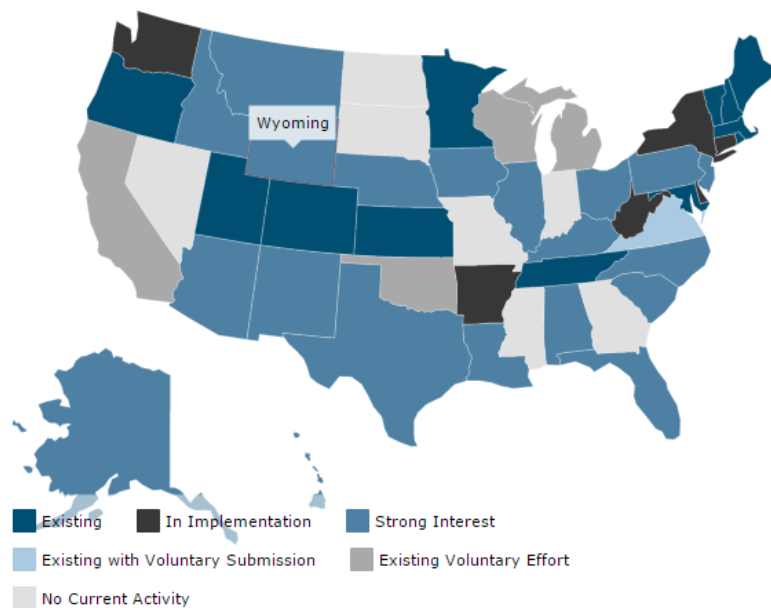
APCD Legislation by State

Claims Data Release Rules

Claims Data Collection Rules

Interactive State Report Map

©2009 - 2016 UNH, the APCD Council, and NAHDO. All rights reserved.



Source: <http://www.apcdouncil.org/state/map>

Health care-related data collected by CON and non-CON states

State	State Inpatient Databases	State Ambulatory Surgery Databases	State Emergency Department Databases	National (Nationwide) Inpatient Sample	Kids' Inpatient Database	Nationwide Emergency Department Sample	Nationwide Readmissions Database
	Central Distributor*	Central Distributor*	Central Distributor*	NIS	KID	NEDS	NRD
Alaska				2010-2012	12		
Arizona	1990-2014		2005-2014	1989-2001, 2003-2013	97, 00, 03, 06, 09, 12	2006-2013	
Arkansas	2004-2013			2004-2013	06, 09, 12		2013
California	2003-2011**	2005-2011	2005-2011	1988-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Colorado	1990-2014	1997-2014		1988-2013	97, 00, 03, 06, 09, 12		
Connecticut				1993-2013	97, 00, 03, 06, 09, 12	2006-2013	
District of Columbia				2013			

Florida	1990-2014	1997-2014	2005-2014	1988-2013	97, 00, 03,06, 09, 12	2006-2013	2013
Georgia	2010-2014†	2010-2014†	2010-2014†	1997-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Hawaii	1996-2014		2003-2014	1997-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Illinois				1988-2013	97, 03, 06, 09, 12	2009-2013	
Indiana				2003-2013	03, 06, 09, 12	2006-2013	
Iowa	1990-2014	2004-2014	2004-2014	1988-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Kansas				1993-2013	97, 00, 03, 06, 09, 12	2006-2013	
Kentucky	2000-2014	2000-2014	2008-2014	2000-2013	00, 03, 06, 09, 12	2008-2013	
Louisiana				2008-2013	09, 12		2013
Maine	1999-2003, 2006-2012	1999-2003, 2006-2012	1999-2003, 2006-2012	1999-2002, 2007-2011	00, 09	2006-2009, 2011-2012	

Maryland	1990-2013	1997-2013	1999-2013	1993-2013	97, 00, 03, 06, 09, 12	2006-2013	
Massachusetts	1990-2013		2002-2013	1988-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Michigan	1999-2014	2004-2013		2001-2013	03, 06, 09, 12		
State	State Inpatient Databases	State Ambulatory Surgery Databases	State Emergency Department Databases	Nationwide Inpatient Sample	Kids' Inpatient Database	Nationwide Emergency Department Sample	Nationwide Readmissions Database
	Central Distributor*	Central Distributor*	Central Distributor*	NIS	KID	NEDS	NRD
Minnesota				2001-2013	03, 06, 09, 12	2006-2013	
Mississippi	2010-2011			2010-2011			
Missouri				1995-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Montana				2009-2013	09, 12		
Nebraska	2001-2014	2001-2014	2001-2014	2001-2013	03, 06, 09, 12	2006-2013	2013

Nevada	2002-2013	2011-2013	2010-2013	2002-2013	03, 06, 09, 12	2010-2013	2013
New Hampshire				2003-2009	03, 06, 09	2006-2009	
New Jersey	1990-2014	1997-2014	2004-2014	1988-2013	97, 00, 03, 06, 09, 12	2006-2013	
New Mexico	2008-2014			2009-2013	09, 12		2013
New York	1990-2014	1997-2013	2006-2013	1993-2013	97, 00, 03, 06, 09, 12	2007-2013	2013
North Carolina	2000-2014	2000-2014	2007-2014	2000-2013	00, 03, 06, 09, 12	2007-2013	
North Dakota				2011-2013	12	2011-2013	
Ohio				2002-2013	03, 06, 09, 12	2006-2013	
Oklahoma				2005-2013	06, 09, 12		
Oregon	1993-2014	2010-2014		1993-2013	97, 00, 03, 06, 09, 12		
Pennsylvania				1989-2003, 2008-2013	97, 00, 09, 12		

Rhode Island	2002-2014		2007-2014	2001-2012	03, 06, 09, 12	2007-2013	
South Carolina	1995-2013	2000-2013	2000-2013	1993-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
South Dakota	2007-2014			2002-2013	03, 06, 09, 12	2006-2013	2013
Tennessee				1995-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Texas				2000-2013	00, 03, 06, 09, 12		
Utah	1997-2013	1997-2013	2000-2013	1997-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Vermont	2001-2014	2001-2014	2002-2014	2001-2013	03, 06, 09, 12	2006-2013	2013
Virginia				1999-2004, 2006-2013	00, 03, 06, 09, 12		2013
Washington	1990-2014			1988-2013	97, 00, 03, 06, 09, 12		2013
West Virginia	2000-2014			2000-2013	00, 03, 06, 09, 12		

Wisconsin	1990-2014	1998-2014	2004-2014	1989-2013	97, 00, 03, 06, 09, 12	2006-2013	2013
Wyoming				2007-2013	09, 12		
Participation	29	19	20	48	46	31	21

Source: https://www.hcup-us.ahrq.gov/db/availability_public.jsp