All Payer Claims Database Advisory Group

Meeting Minutes

Meeting Date	Meeting Time	Location
May 10, 2018	9:00 am – 11:00 am	Hearing Room 1D, Legislative Office Building 300 Capitol Avenue, Hartford, CT 06106

Council Members					
Allan Hackney, *Chair*	X	François de Brantes	X	Robert Tessier	X
Robert Blundo, AHCT		Josh Wojcik, OSC	X	Robert Scalettar, MD	X
Dr. Robert Aseltine	X	Thomas Woodruff, OSC		Jean Rexford	
Melissa Morton, OPM	X	Roderick Bremby, DSS		Victor Villagra	
Ted Doolittle, OHA	X	Matthew Katz		James Iacobellis	
Victoria Veltri, OHS	X	Bernie Inskeep	X	Easha Canada, DAS BEST	
Supporting Leadership					
Kelsey Lawlor, OHS	X				

Agenda			
	Topic	**Responsible Party**	**Time**
1.	**Welcome & Call to Order**	**Allan Hackney**	**9:00 AM**
	Allan Hackney welcomed the Advisory Group and opened the meeting.		
2.	**Public Comment**	**Attendees**	**9:05 AM**
	Laurence Truman provided public comment. He stated that he is a diabetic patient who is borderline high blood pressure. He has had health issues and was diagnosed as diabetic and prescribed meters and strips. He had vision issues and decided to visit the federal website where he learned his meter and strips were on recall for inappropriate high readings. He ultimately wound up in St. Francis for several days. He has since filed suit against St. Francis for putting him on diabetic medicine that has been recalled. His public comment is intended to raise awareness for the recalled medications and that being over insulated can be dangerous.		
3.	**Review and Approval of the February 8, 2018 Minutes**	**Council Members**	**9:10 AM**
	There was not a quorum present to vote on the February 8, 2018 Minutes, and they will be revisited at the upcoming August meeting.		
4.	**APCD Update**	**Allan Hackney / OnPoint**	**9:15 AM**
	Allan Hackney presented on the APCD activities on behalf of Robert Blundo who was unable to attend. Allan began by updating the Group on the Data Release Committee's activities. The Committee has been quite active, meeting monthly to evaluate data release applications. To date, there have been six applicants approved to receive data from the APCD, including: UConn Health, Altarum, Southern California University of Health Sciences, Yale, and My Medical Shopper. There is another application in the queue from Yale New Haven Health that is set to be reviewed at the next meeting. Allan also added that data user support is underway and data user documentation is in development – they are finding that many of the applicants are asking the same questions. The DRC is capturing all of the questions and will publish Community Q&As so that future applicants can benefit. Allan emphasized the amount of work that goes into these review processes and the hard work being put in by members of the Committee. Allan then provided an update on transparency reporting. The state has an obligation to provide a consumer website, and they have been working with Onpoint to provide a transparency report, and version 1 of the procedures and pricing information is currently underway. Onpoint has been able to utilize existing work products and established approaches from previous Onpoint projects and they are working towards a mechanism to get the report posted. Results will be delivered iteratively to promote discussion for future development and presentation opportunities.		

Kate McEvoy gave the Advisory Group a legislative update regarding the Memorandum of Agreement (MOA) between DSS and OHS to allow for the sharing of Medicaid data with the APCD. Kate explained that the most efficient way for DSS to share Medicaid data with the APCD is to use Transformed Medicaid Statistical Information System (T-MSIS) File, which is the same file format used to send data to CMS. The T-MSIS file has been expanded over time, and Connecticut is one of first states to use the expanded file. In the T-MSIS file, CHIP data is embedded in this data, which has been an issue due to distinct privacy restrictions. There was not statutory authorization to share this CHIP data, but the General Assembly has amended the legislation to specifically reference CHIP and allow it to be shared with the APCD, which can now accelerate the closure of the MOA on this basis.

Karl Finison, Director of Analytic Development at Onpoint Health Data, then began his presentation on OnPoint's administrative activities as they pertain to the CT APCD.

Onpoint began researching existing public reporting websites, such as Guroo or CompareMaine. They found significant differences in the websites, in terms of volume and types of services reported, as well as in the data sources and methodologies employed. The Advisory Group was briefed on these findings in February of 2016. AccessHealth CT and OnPoint then selected services and methodologies that closely aligned with the CompareMaine and NH HealthCost websites. These services/methodologies include:

- Commercial members under the age of 65 years (they will not be including Medicare Advantage data)
- Focus on services provided at facilities
- Cost metrics derived using the insurance paid and member out-of-pocket (e.g. allowed amount) amounts from the claims data
- Total costs assigned to the facility where the services occurred
- Episode of cost includes both facility and professional claims
- Removal of influence of extreme outlier cases via median (and other methods)

Karl explained that Onpoint uses eligibility and medical claims data supplied to the APCD for members enrolled in participating commercial health plans during the specified reporting period, and the current plan is to use 2016 and 2017 (calendar year) data combined to boost the sample size. Onpoint uses eligibility and medical claims data supplied to the APCD for members enrolled in participating commercial health plans during the specified reporting period. The current plan is to use 2016 and 2017 (calendar year) data combined to boost the sample size. They will incorporate both facility and professional costs for each service; assigned the cost to the facility where the service took place. Karl then went into more detail on their service price methodology and the difference case measures. Please look to the presentation for more detail.

Ted Doolittle, Healthcare Advocate, asked if OnPoint is also capturing facility fee data. Karl replied that, yes, he believes they are. This information is driven by the date of service, so any claims aligned with that date would be included.

Josh Wojick, OSC, stated that in regards to variation, the large number of payers combined into one database have rates that vary considerably. In the state employee health plan managed by OSC, for example, there are only two payers and their rates tend to be fairly similar, but can vary significantly depending on the service. Josh asked Karl how OnPoint determines this variation in the APCD data – is it based on complications, or more or less associated with provider contracting? He emphasized that this is important because the goal is to help consumers identify more affordable locations, and this data could be misleading. Karl responded that Josh raised two issues: one, the severity of care, and two, payer-specific issues. With severity of care, OnPoint is able to remove extremely complicated cases using diagnostic risk groups (DRGs). As for payer-specific variation, OnPoint is currently not planning on developing payer-specific results, but he'll have to discuss the issue with Rob Blundo.

Bob Tessier asked for an update on when this data will be actively displayed on a website for consumer use. Allan Hackney answered that they can provide an update and/or demonstration at the next meeting in August.

Chad MacLeod, Client Account Manager at Onpoint, took over the presentation and gave an update on the submitter status report. Q1 2018 data submissions were due by April 30, 2018 and everyone is up-to-date except Anthem who has a known extension (until May 31, 2018) and WellCare Health Plans, who is actively onboarding new lead submitter contact and is expecting to submit the March 2018 submissions very soon. Additionally, Medicare FFS enrollment and medical claims have been received through Q3 2017 and pharmacy claims through Q4 2015 have been received, and all other commercial data submitters are current with file submissions.

Chad then discussed Medicare and Medicaid Fee-for-Service Integration. CMS Medicare FFS data is fully integrated with commercial data sources and is available to AHCT staff for review and analytics, and OnPoint and AHCT are currently working with DSS to assess the data quality of the T-MSIS data set. Once DSS is able to provide the Medicaid data and they are able to assess the completeness and validity, there is approximately a 7-month turnaround time frame to integrate, transform, and extract the Medicaid FFS data along with the existing commercial and Medicare FFS services.

Dr. Rob Aseltine, UCHC, asked which dates OnPoint is tracking to – calendar year or fiscal year? Additionally, he asked what the reason is for the lag time in pharmacy claims from Medicare. Chad answered that they are using calendar year, and Janice from OnPoint (phone participant) answered that there is always a lag time for medicare part D data from the CCW warehouse. It is a known issue, and OnPoint already has Part D data from commercial payers who administer the benefits. In many cases, the data released directly from Medicare is duplicative. Dr. Aseltine then asked if data requesters will get the feed from insurers or if they will we need it to be corroborated with CMS submission data. Janice answered that Part D data from commercial submitters follows the normal schedule because the data is fully integrated and is tied in together using a unique OnPoint ID. Commercial Part D data can be used.

Kate McEvoy, DSS, commented that she agrees that there needs to be independent validation of data integrity, but stated that DSS is very confident in the data's integrity. DSS is confident that the issues OnPoint has seen in other states will not be an issue in Connecticut. The T-MSIS file has already met very rigorous tests in Connecticut and they feel very confident that this process will not yield unexpected results.

5.	**eCQM Pilot Overview and Implications for APCD Claims Usage**	**Sandra Czunas (OSC) and Alan Fontes (UConn AIMS)**	**9:35 AM**

Alan Fontes, Director of UConn AIMS, and Sandra Czunas, of OSC, discussed progress on their eCQM Pilot work.

Sandra explained that OSC manages the state employee benefit plan that migrated to Value Based Insurance Design (VBID) in 2011. This helps to improve the health of members and dependents, while also containing costs. Accountable Care Organizations (ACOs) have been utilized as a means to improve patient care in this VBID model. Before transitioning to VBID, OSC data showed an overutilization of specialists, and an underutilization of age-specific screenings, physicals, and primary care providers. This raised costs and did not promote good care management.

As a part of VBID, OSC established the Health Enhancement Program (HEP) which incentivizes the use of high-value services. When a member opts in to HEP, they receive a $100 credit on their insurance premiums and are required to stay in compliance with age-appropriate health screenings are care. It targets patients with chronic diseases with education programs and lower co-pays for medication and care associated with their conditions. The program also provides lower costs for participating/compliant employees by waiving co-pays for preventive care.

OSC has partnered with Anthem to analyze the effectiveness of HEP, and the data has shown that the population has demonstrated improved HEDIS measures and lowered ER utilization and medical costs. They have also seen an increase of appropriate screenings and preventative visits.

Sandra highlighted the value of utilizing claims data to drive program management, but that they are not yet able to measure outcomes. This is where the eCQM pilot comes in. OSC plans to leverage its relationship with 18 ACOs and the Office of Health Strategy to collect and incorporate clinical data into its analytics to enhance the value-based structure and further inform decision making. They plan to measure quality outcomes through the clinical stratification of members' data (claims and clinical) to better understand the health status complexity, and will aggregate calculations of providers' eCQMs and other quality and utilization measures and risk adjust based on health status. With this pilot, they hope to also leverage other data sets that exist, such as the APCD, Meidaid T-MSIS, and Medicare in order to develop a more broad set of normative benchmarks for comparative trending analysis.

Alan Fontes then discussed his role for the eCQM pilot. Alan and his team are designing the analytic solution that will be used to pull data from health systems and provide analytics. The system will be called the Core Data Analytic Solution (CDAS), and they are looking at leveraging different methodologies and data sets to do comparative analysis against OSC's target population. CDAS will use a number of analytic groupers – 3M software – to analyze a number of data sets and stratify from a clinical perspective. This will not be a statistical model.

Alan then showed an eye chart that demonstrates how to identify health individuals and track the progression of disease over time. This chart can be found on slide #32. The key point is that the eye chart does not look at disease independently or individually, but takes into account comorbidities.

Next, Alan discussed at a high-level the building and mechanics of the CDAS. This is pictured on slide #33.

Finally, slide #34 depicts the "Art of the Possible", or how Alan envisions how the CDAS will be able to create risk adjusted analysis to conduct performance based comparative analysis of programs. On this slide, programs are listed along the top, as well as the disease burden of members and their aggregated health status. Everything is placed into a cohort at the very beginning in order to look at the disease progression. We have used this psychoanalysis in previous programs and it has worked for activities such as rate setting. The three graphs listed on this slide show health status and severity on the X Axis for patient admits (top graph), preventable admits (middle graph), and readmits (bottom graph).

Josh Wojcik asked when Alan believes the CDAS will be built out and usable. Alan answered that they are currently finalizing some procurements and contracts, but envision June or July 2018 for rollout.

Krista Cattanach of Aetna asked where the CDAS will obtain social determinants of health (SDOH) data. Alan answered that OHS is currently finalizing a contract with a vendor to help obtain SDOH data. Allan Hackney added that his team received a grant to help effectively integrate this data from day one, and a big part of this work is to find data that is trustworthy. The award letter is set to be sent out this week.

Allan Hackney stated that he wanted the Advisory Group to see this presentation from OSC and UConn AIMS because of the linkages between the eCQM pilot and setting the ground work for how we will use claims to drive clinical quality measures and make changes across the state. It is important for folks to hear that we are using this data in an important way.

Paul Lombardo, DOI, asked if the data pulled from Medicare, Medicaid, and Commercial payers be a merger of all three, or if we will be able to parse out individual categories. Allan Hackney responded that the data is integrated in

	the same database and is accessible broadly, but it can be parsed out to individual data sets depending on the use of the data.		
6.	**Adjournment**	**Allan Hackney**	**9:55 AM**
	Allan Hackney asked for a motion to adjourn the meeting. Bob Tessier moved to adjourn, and Josh Wojcik seconded the motion. The motion passed unanimously and the meeting adjourned.		

Upcoming Meeting Schedule: 2018 Dates – August 9th, November 8th

Meeting information is located at: http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council/Health-IT-Advisory-Council---APCD-Advisory-Group