



# All-Payer Claims Database Advisory Group Meeting

*May 10, 2018*

# Agenda

Welcome and Call to Order	9:00 am
Public Comment	9:05 am
Review and Approval of Minutes – February 8, 2018	9:15 am
APCD Update from OnPoint	9:20 am
eCQM Pilot Overview and Implications for APCD Claims Usage	9:45 am
Adjournment	10:55 am

# Public Comment

(2 minutes per commenter)

# Review and Approval of the February 8, 2018 Minutes

# APCD Update

# Data Release Status Update

## Data Release Highlights:

- Data Release Committee meeting at least monthly to review request applications.
- To date, 6 applicants approved to receive data from the APCD.
- 1 application in queue to be reviewed
- Data user support underway, and data user documentation in development (Eg. Community Q&As)

## Approved Data Users:



## Current Data Requesters:

YaleNewHavenHealth

# Data Release Status Update

## Recently Approved Data Uses:

1. Augment the publically available My Medical Shopper price transparency platform with CT data to enable CT medical consumers to make more optimal consumption decisions on the merits of cost, quality, and convenience.
2. Evaluation of differences in patient access to healthcare services by provider specialty.
3. Assessment of utilization of chiropractic services and associated use of prescription opioids.
4. Utilize APCD Data to assess the cost-benefit of Diabetes Self-Management Education in Connecticut.
5. Examine trends in annual prevalence of genital wart diagnoses in the Connecticut.
6. Estimate cervical screening rates for women in Connecticut to support measurement of impact of HPV vaccine on population health.

# Data Release Status Update

## Data User Reports and Results (Using CT Data) Currently Under Review:

- Connecticut specific episode cost results benchmarked with equivalent results from Maryland and Colorado.
- Specific costs, complication rates, and volume for over 60 chronic, procedural, acute and other episodes generated by Prometheus software using Connecticut APCD data.



# APCD Report Development

## Requirements from Biennial budget for FY 2018-19 (Sec. 114: Consumer Health Information Website)

- Health Information Technology Officer shall, to the extent the information is available, make available to the public a list of frequent procedures
- To the extent practicable, the Health Information Technology Officer shall issue a report, in a manner to be decided by the officer, that includes the 1) billed and allowed amounts paid to health care providers and 2) out-of-pocket costs for each such service and procedure.

## Current Activity

- APCD staff working with Onpoint to deliver version 1 of procedures and pricing information.
  - Utilizing existing work product and established approaches.
  - Deliver results iteratively to promote discussion of future development and presentation opportunities.

# Facility Service Price Reporting

## Background & Methodology

Karl Finison  
*Director of Analytic Development*

# Background & Research

- Researched several existing public reporting websites (e.g., Guroo, CompareMaine, NH Healthcare Compare)
- Evaluation suggested websites vary significantly in the volume and types of services reported, as well as in the data sources and methodologies employed
  - “[i]dentifying shoppable services is not a simple task. There are degrees of shoppability, and different customers will respond differently to issues of price and quality” (*Gandhi, Mikuckis. 2014. “Getting Ready for Price Transparency”*)
- Presented research findings to the CT APCD Advisory Committee (February 2016). The Committee provided AHCT and Onpoint with a classification framework for selecting reportable services

# Background & Research (cont.)

- AHCT and Onpoint selected services and methodologies closely aligned with the CompareMaine and NH HealthCost websites:
  - Commercial members under the age of 65 years
  - 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 service occurred
  - Episode of cost includes both facility and professional claims
  - Removal of influence of extreme outlier cases via median

# Data Source & Intended Audience

- Uses eligibility and medical claims data supplied to the CT APCD for members enrolled in a participating commercial health plan during the specified reporting period
- Incorporates both facility and professional costs for each service; assigns the cost to the facility where the service took place

# Service Price Methodology

## Cost Estimate Methodologies:

- **Inpatient Care** (e.g., total hip replacement, C-section) – The cost on all medical claims including and between the admission and discharge dates for the hospitalization are included.
- **Outpatient Facility Surgical and Other Procedures** (e.g., cataract lens implant, colonoscopy, knee arthroscopy) – The cost for all medical claims on the date of the procedure are included.
- **Outpatient Facility Diagnostic Tests** (e.g., MRI, X-ray of knee, ultrasound, mammogram) – The cost on all medical claims on that date of service with the specific CPT procedure code identifying the service are included.

# Service Price Methodology (cont.)

Measure Type	# of Measures	Examples
Inpatient Care	8	Cesarean Section, Total Hip Replacement, Total Knee Replacement
Outpatient Facility Surgical & Other Procedures	21	Knee Arthroscopy, Upper Endoscopy (EGD), Cataract Removal with Implant of Lens
Outpatient Facility Diagnostic Tests	22	CT-Scan of Head or Brain without Contrast, MRI of Lower Joints (Leg), X-ray of Knee

# Service Price Methodology (cont.)

## Determination of Cost:

- Cost is determined from the allowed amount, which includes plan payments and member out-of-pocket payments (e.g., coinsurance, deductible, copayments) from the commercial claims data.
- Any payments or financial settlements between providers and payers not reflected in claims data, like bonus incentives, are not included in the price information.



# Service Price Methodology (cont.)

Measures Reported per Service:

- **Count of Services:** The count of patients hospitalized or receiving the specific service during the reporting period.
- **Median Allowed Amount:** The midpoint of the service's allowed amount for that facility provider.
- **Lower 25<sup>th</sup>, Upper 75<sup>th</sup> Allowed Amounts:** The degree of variation in cost for patient for a specific service within a facility provider.

# Next Steps

- AHCT has requested a raw, tabular output of the facility service price results for review and analytic use
- Immediate next steps include finalizing service price methodology and facility/provider roster
- Iterative approach to feedback will be taken to supplement and enhance reporting in future releases



# Submitter Status Report Updates

Chad MacLeod  
*Client Account Manager*

# Submitter Status Report

- Q1 2018 data submissions due by April 30, 2018
  - Anthem received extension to submit by May 31, 2018
  - WellCare Health Plans onboarding new lead submitter contact; expecting March 2018 submissions ASAP
  - Medicare FFS enrollment and medical claims received through Q3 2017; pharmacy claims through Q4 2015
  - All other commercial data submitters are current with file submissions

# Medicare Fee-for-Service Integration

## Progress & Updates

# Medicare FFS Integration Updates

- Fully integrated CMS Medicare FFS data with commercial data sources
- Available to AHCT staff for review and analytic use
- Key highlights include:
  - **Available data**
    - » Enrollment dates 2012-01 through 2017-03
    - » Medical claims incurred dates 2012-01 through 2017-03
    - » Pharmacy claims incurred dates 2012-01 through 2015-12
  - **Average total membership:** 658,553 members (12.35% of total CT APCD membership)
  - **Total dollars submitted** (paid + copay + coinsurance + deductible)
    - » Medical claims: \$31,080,053,309
    - » Pharmacy claims: \$4,436,273,000

# Medicaid Fee-for-Service Integration

## Progress & Updates

# Medicaid FFS Integration Updates

- Working with the Department of Social Services to assess the data quality of the Transformed Medicaid Statistical Information System (T-MSIS) data set
  - Data element completeness and validity
- Medicaid-experience lessons learned:
  - Engage program-specific Medicaid submitter team
  - Implement suite of Medicaid-specific data quality checks
  - Carefully manage overlapping Medicaid FFS and Medicaid Managed Care enrollment data
- Approximately a 7-month turnaround time expected to integrate, transform, and extract the Medicaid FFS data along with the existing Commercial and Medicare FFS sources





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# eCQM Pilot Overview and Implications for APCD Claims Usage



# State of CT Employee Health Benefit Plan

*An Evolution in Plan Design*

## The Catalyst

- \$3.8B state budget deficit in 2011
- Unions proposed establishing a *Value Based Insurance Design* to improve the health of their members and dependents, while containing costs
- ACO contracting proposed as a means to improve patient care



# Data Driven Design

*Analysis of State of CT member claims data (measured against state and national benchmarks) revealed...*

- Underutilization of age-specific preventive screenings
  - Colorectal screening
  - Physicals
  - Cancer screenings
- Underutilization of Primary Care Providers (PCPs)
- Over utilization of specialists

# Health Enhancement Program (HEP)

*Value Based Insurance Design (VBID) Health Plan introduced to incentivize use of high value services.*

- Targets preventive and chronic diseases through:
  - Voluntary enrollment for participants
  - Required age-appropriate preventive screenings and care
  - Lower co-pays for medication/care associated with five chronic conditions
  - Chronic disease management education program
- Lowers cost for participating/compliant employees by:
  - Waiving co-pays for preventive care and chronic disease management
  - Reducing monthly premium share (\$100 per month)
  - Waiving annual deductible (\$350 individual, \$1,400 family)

# Finding Value in HEP

Observational Claim Study on quality (HEDIS Measures), Utilization and Cost with HEP revealed...



- Increased utilization of age appropriate screenings and preventive visits
- Decreased utilization of Emergency Room visits
- Reduction medical cost

<i>PREVENTIVE SERVICE</i>	<i>PROGRAM IMPACT</i>
Colorectal Cancer Screenings	▲ 8.9%
Cervical Cancer Screenings	▲ 2.4%
Breast Cancer	▲ 8.3%
Cholesterol Screenings	▲ 10.4%
<i>HEALTH CARE UTILIZATION</i>	
ER Use	▼ 1.3%
Office Visits	▲ 1.7%
<i>OVERALL MEDICAL COSTS</i>	
	▼ 3.2%



# Measuring Health Outcomes

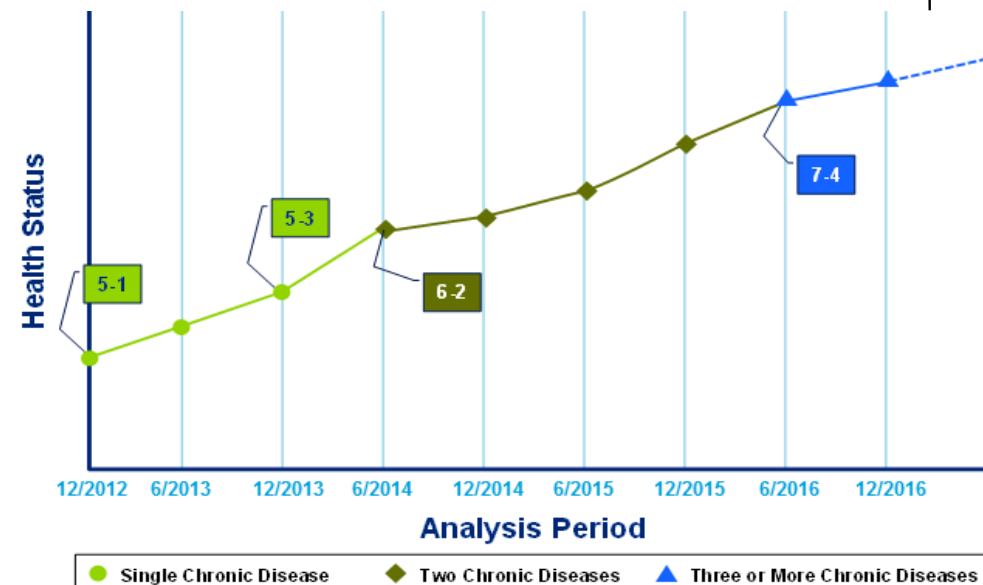
*The OSC will work with the Office of Health Strategy (HIT and SIM) and UCONN AIMS on a **electronic clinical quality measures (eCQM)** Pilot to...*

- Collect and incorporate clinical data into its analytics to enhance the value-based structure and further inform decision making
- Measure quality outcomes through the clinical stratification of members' data (claims and clinical) to understand the health status complexity
- Aggregate calculation of providers' eCQMs and other quality and utilization measures and risk adjust based on health status
- Enhance data analytics to enable the ability to measure person-centric (members) health outcomes and better gauge the overall effectiveness of HEP
- Leverage other data sets (such as APCD, Medicaid T-MSIS, Medicare) to develop broader sets of normative benchmarks/baselines for comparative trending analysis

# Stratification - Health Status and Progression

Clinical categorical model that categorizes each person into one of 1,080 mutually exclusive risk groups based on longitudinal claims/encounter, drug, and demographic factors

- Analyze People versus Diseases
- Disease comorbidities
- Clinical complexity severity adjustment
- Links the clinical, services, and financial aspects of care



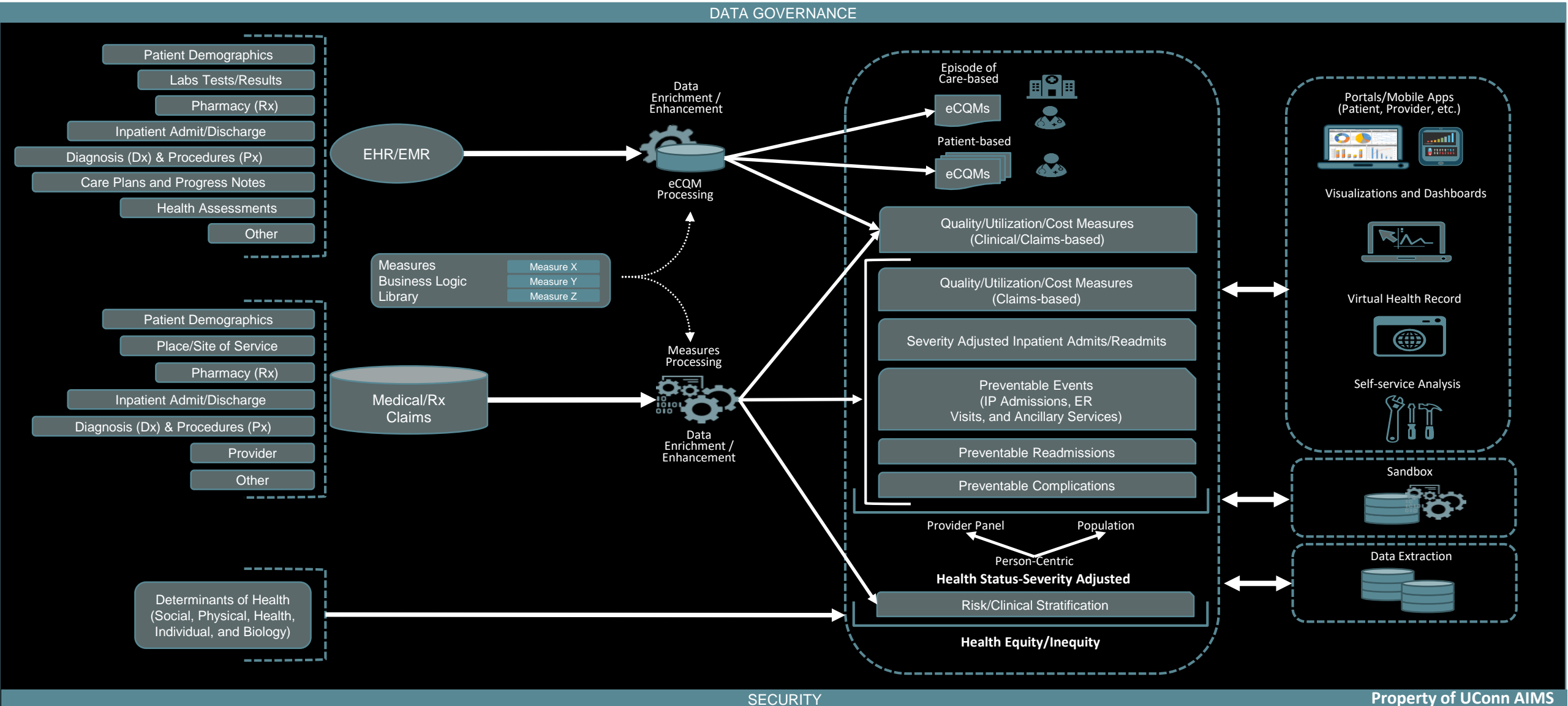
Population	Severity						Total
	1	2	3	4	5	6	
1- Healthy	150,936						150,936
2- Significant Acute	17,464						17,464
3- Single Minor Chronic	23,712	2,555					26,267
4- Multiple Minor Chronic	5,371	919	1,189	945			8,424
5- Single Significant Chronic	14,306	14,473	8,074	4,622	5,059	3,950	50,484
6- Two Significant Chronic	12,296	9,392	8,559	3,123	5,709	2,153	41,232
7- Multiple Significant Chronic	3,790	3,281	3,551	4,487	3,825	1,968	20,902
8- Complex Malignancies	2,443	2,287	1,567	1,317	1,263		8,877
9- Catastrophic	1,302	1,269	1,104	743	834	1,480	6,732

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# Building the Analytical Foundation

## Core Data Analytics Solution (CDAS) architecture approach

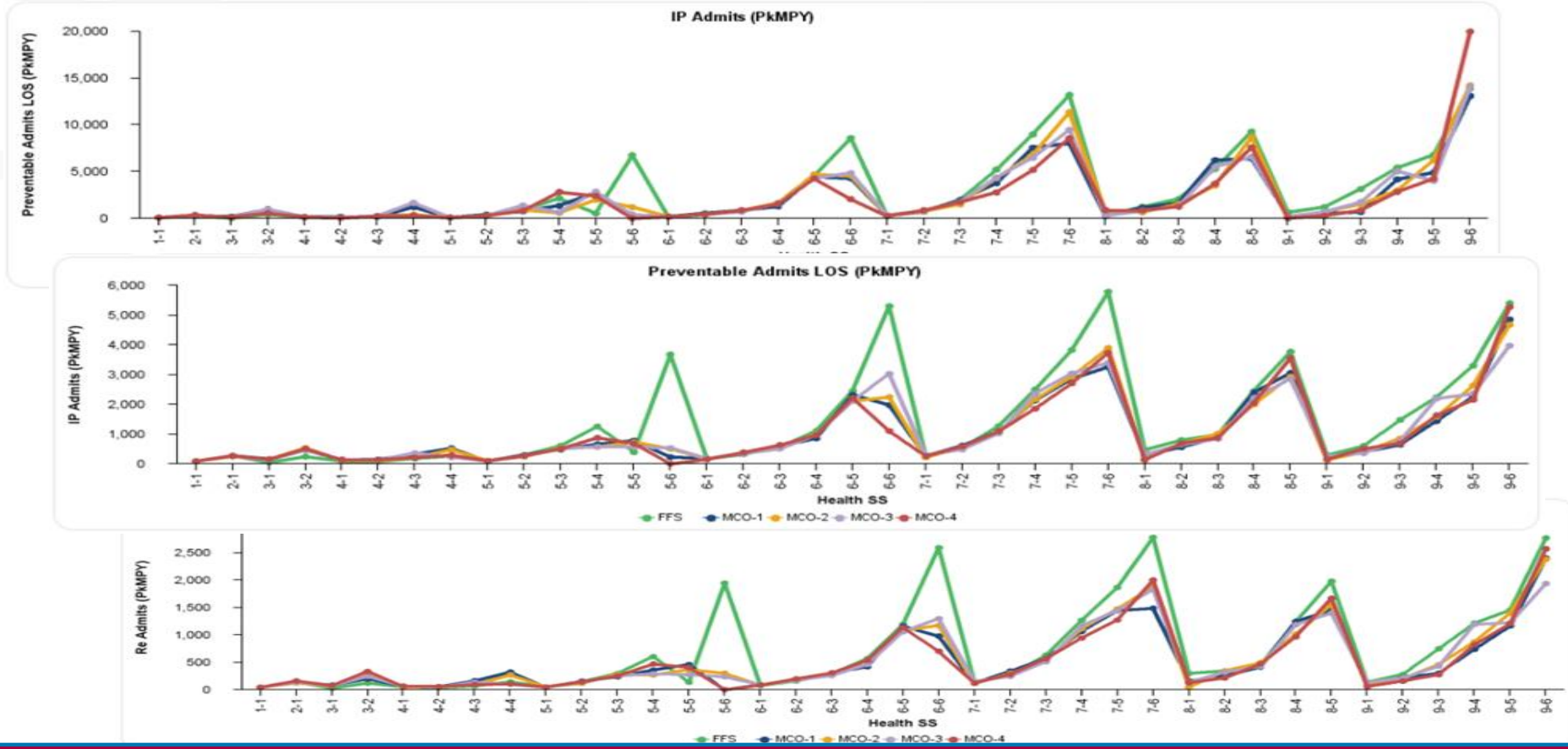


# Program Outcomes Analytics – The Art of the Possible

Risk adjusted analysis to conduct performance based comparative of programs.

## Program Summary

Program	Member Enrollment	Mem (%)	DB (Avg)	Disease Progression	IP Admits (PkMPY)	IP ReAdmits (PkMPY)	Preventable Admits (PkMPY)	GIC (PkMPY)	Cost (Cap) (PMPM)	Office Visits (PkMPY)	ER Visits (PkMPY)	Rx Script (PkMPY)	Brand Rx Scripts (PkMPY)
<a href="#">FFS</a>	114,990	35%	1.23	0.12	340	169	170	858	\$0	2,877	1,280	20,982	10,259
<a href="#">Prgm-1</a>	58,413	18%	1.13	0.11	266	134	133	861	\$585	1,965	1,067	16,904	8,203
<a href="#">Prgm-2</a>	68,747	21%	0.95	0.09									
<a href="#">Prgm-3</a>	60,397	18%	1.03	0.10									
<a href="#">Prgm-4</a>	28,017	8%	1.04	0.10									



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# Questions or Comments?

# Wrap up and Next Steps

## Next APCD Advisory Group Meeting:

Thursday, August 9, 2018 | 9:00 am – 11:00 am  
Legislative Office Building, Hearing Room 1D

# Contact Information

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## Health IT Advisory Council Website:

<http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council>

# Appendix

## Facility Service Price Reporting Available Measures

# Available Measures

Measure Description	Type of Service
Cesarean Section	Inpatient
Coronary Bypass	Inpatient
Gastric Bypass	Inpatient
Spinal Fusion	Inpatient
Total Hip Replacement	Inpatient
Total Hysterectomy	Inpatient
Total Knee Replacement	Inpatient
Vaginal Delivery	Inpatient

## Available Measures (cont.)

Measure Description	Type of Service
Breast Biopsy Including Ultrasound Guidance	Outpatient Surgery
Carpal Tunnel Surgery	Outpatient Surgery
Cataract Removal with Implant of Lens	Outpatient Surgery
Colonoscopy and Biopsy	Outpatient Surgery
Colonoscopy with Lesion Removal	Outpatient Surgery
Coronary Angioplasty: Outpatient	Outpatient Surgery
Diagnostic Colonoscopy	Outpatient Surgery
Discectomy	Outpatient Surgery
Gall Bladder Surgery (Laparoscopic)	Outpatient Surgery
Knee Arthroscopy	Outpatient Surgery
Laminectomy	Outpatient Surgery



## Available Measures (cont.)

Measure Description	Type of Service
Mastectomy with Breast Reconstruction: Outpatient	Outpatient Surgery
Partial Mastectomy	Outpatient Surgery
Prostatectomy (TURP)	Outpatient Surgery
Repair Inguinal Hernia	Outpatient Surgery
Repair Inguinal Hernia (Laparoscopic)	Outpatient Surgery
Rotator Cuff Repair	Outpatient Surgery
Shoulder Arthroscopy	Outpatient Surgery
Simple Mastectomy: Outpatient	Outpatient Surgery
Total Hysterectomy: Laparoscopic	Outpatient Surgery
Upper Endoscopy of Esophagus, Stomach & Duodenum (EGD)	Outpatient Surgery

## Available Measures (cont.)

Measure Description	Type of Service
Bone Mineral Density Scan	Outpatient Diagnostic
CT-Scan of Abdomen & Pelvis with Contrast	Outpatient Diagnostic
CT-Scan of Abdomen & Pelvis without Contrast	Outpatient Diagnostic
CT-Scan of Chest with Contrast	Outpatient Diagnostic
CT-Scan of Head or Brain without Contrast	Outpatient Diagnostic
Diagnostic Digital Mammogram: Unilateral	Outpatient Diagnostic
MRI of Brain without Contrast	Outpatient Diagnostic
MRI of Brain without Contrast (Followed by Contrast & Additional Sequences)	Outpatient Diagnostic
MRI of Lower Joints (Leg)	Outpatient Diagnostic
MRI of the Spine	Outpatient Diagnostic
MRI of the Upper Spinal Canal without Contrast	Outpatient Diagnostic
MRI of Upper Joints (Arm)	Outpatient Diagnostic

# Available Measures (cont.)

Measure Description	Type of Service
MRI Scan of Both Breasts with Contrast	Outpatient Diagnostic
Obstetrical Ultrasound of Fetus	Outpatient Diagnostic
PET-Scan from Base of Skull to Mid-Thigh	Outpatient Diagnostic
Screening Digital Mammogram	Outpatient Diagnostic
Transvaginal Ultrasound: Non-obstetric	Outpatient Diagnostic
Ultrasound Abdominal (Complete)	Outpatient Diagnostic
Ultrasound Breast	Outpatient Diagnostic
X-ray of Chest: 2 views	Outpatient Diagnostic
X-ray of Hip: 2+ Views	Outpatient Diagnostic
X-ray of Knee: 3+ Views	Outpatient Diagnostic