All Payer Claims Database Advisory Group
Special Meeting

October 3, 2013
Presentation Agenda

• Overview of APCD – CEO Update
• Insource vs. Outsource of Data Management for APCD
• Overview of Public Comments on Policy and Procedures
• Overview of Public Comments on Data Submission Guide
CEO Update

Last time we had announced some of the following:

- Executive Director will be hired for APCD ✓
- APCD will form Access Health Analytics unit ✓
- Separate offices at 280 Trumbull was created and currently functional ✓
- The unit has already hired a Manager for Data Management ✓
- Analytics has been actively engaged in working with various payers ✓
- We have cancelled our consulting contract with Freedman Healthcare ✓
- Data management strategy is changing, more leaning towards insourcing ✓
- Future steps will be dependent upon finalizing Policies and Procedures ✓
- The last point will have 100% influence on finalizing data submission guide ✓
- Future work will prioritize Data Governance, Use, Privacy, and Fees determination
- Complete MOAs between Access Health Analytics, DSS and BEST
- Similar agreements must take place with CMS
Presentation Overview - Insource vs. Outsource

• Objective
• Options
  – Outsourcing
  – Insourcing
• Budget
• Data Integration Details
• Data Architecture for APCD
• Data Architecture for HIX
• Data Governance
• Infrastructure Strength & Security
• Timeline
Objective

• Develop a strategy for establishing All Payers Claims Database ("APCD")
• The purpose of APCD is to create “… health care information relating to safety, quality, cost effectiveness, access and efficiency for all levels of health care in Connecticut”
• APCD will include data from commercial carriers, PBMs, CT State Employee Insurance, Medicaid and Medicare enrollees for the residents of CT
• The database will contain historical data (%3 years) and then monthly additions starting from August, 2014
• APCD primary database will be isolated and secured from the analytic/reporting database, differentiated by the process of deidentification
• Analytic and public use data will be derived from a secondary datamart
• Includes a high level overview of HIX information architecture
## Decision - Insourcing vs. Outsourcing

<table>
<thead>
<tr>
<th>Categories</th>
<th>Vendor</th>
<th>AHCT</th>
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<tbody>
<tr>
<td>Experience</td>
<td>High</td>
<td>Medium</td>
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<tr>
<td>Resources</td>
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<td>Medium</td>
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<tr>
<td>Secure Environment</td>
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<td>High</td>
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<tr>
<td>Technology</td>
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<td>High</td>
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<tr>
<td>Content Knowledge</td>
<td>Medium</td>
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<tr>
<td>Quality</td>
<td>Medium</td>
<td>High</td>
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<tr>
<td>Reporting Depth / Quality</td>
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<td>High</td>
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<tr>
<td>Flexibility</td>
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<td>High</td>
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<tr>
<td>Knowledge Curve</td>
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<tr>
<td>Research</td>
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<tr>
<td>Integration to Exchange</td>
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<td>High</td>
</tr>
<tr>
<td>Sustainability</td>
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<td>High</td>
</tr>
<tr>
<td>Budget</td>
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*Note: Favorability scale ranges from High to Low.*
Note: * Freedman contract total spend until August 16, 2013. It then ended so that there is a $210k+ residual value left over.
Depreciation is assumed at 20% per year for APCD storage and SAS server.
Reporting requirements would have been additional charge on top of vendor fees due to changes and add-ons.
Modest assumption of revenue collection is assumed based on ability to perform data and research services for various research organization and other entities.
Staffing expenses include a 30% load. It also includes selective salary increments for Year 2 and 3% for Year 3.
Medicare data is assumed to be derived once every quarter @$8,000 for all the files. Total expense includes historical files from 2010-2012.
25% additional is added to Insourcing for unanticipated costs.
Data Import & Validation Services, *Typical Workflow*

**Data Submitters**
- Carriers
- Medicaid
- Medicare
- Others

**BEST**
- Secured FTP (PGP)
- Feed Scheduler
- Data Mgmt Task Manager
- Reports & Metrics
- Feed Receipt
- Import Plan
- Original Data Archived
- SAS Data Mart

**AHCT**
- Data Validation
- Quality Check
- Data Transfer
- Validation Report
- Data Quality Report
- Import Summary & Trend Report
- Reports & Metrics

**Additional Services**
- Web Hosting
- State Research Data
- Contract Research Data
- HIX Integration Data

**Typical Feeds**
- Eligibility, Medical, Pharmacy & Dental Claims
Overview of HIX Infrastructure Integration Opportunity

ETL Process

HIX Data Warehouse

Datamarts

AHCT Operations

QuickBooks

NIPA/Broker Database

Marketing Database

ScanOptics Database

AHCT Deloitte Application

Bswift SHOP

Carriers

Data Warehouse with Views By Function

MAXIMUS Call Center

APCD Data

Consumer Reports (web)

Ad hoc / Research Reports

AHCT Operations, Fin / Mkt

ETL Process

Marketing Database

NIPA/Broker Database

QuickBooks

ScanOptics Database

AHCT Deloitte Application

Bswift SHOP

Carriers

Data Warehouse with Views By Function

MAXIMUS Call Center
Data Governance - Data Security Level

- Level 1 – data with full identifiable information on members
- Level 2 – data with good quality but limited personal information, masked on limited set of identifiable characteristics like name, SS#, address, email, telephone, etc., also called limited data sets
- Level 3 – data with lower level of identifiable than Level 2; include broader zip 3, target other identifiable variables like dates for admission, etc.
- Level 4 – de-identified with personal information and also other HIPAA sensitive data; can be shared with public
- Level 5 – aggregate data with very no personal information

<table>
<thead>
<tr>
<th>Level 5</th>
<th>Aggregate Data</th>
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<tbody>
<tr>
<td>Level 4</td>
<td>Managed Data</td>
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<tr>
<td></td>
<td>Identifiability below threshold</td>
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<tr>
<td></td>
<td>Identifiability above threshold</td>
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<tr>
<td>Level 3</td>
<td>Exposed Data</td>
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<tr>
<td>Level 2</td>
<td>Masked data</td>
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<tr>
<td></td>
<td>Irreversibly masked data</td>
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<tr>
<td></td>
<td>Reversibly masked data</td>
</tr>
<tr>
<td>Level 1</td>
<td>Readily identifiable data</td>
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Greater effort, cost, time and skill to re-identify
Greater risk of re-identification
Data Governance - Data De-identification Levels

HIX Data Warehouse

- Raw Data: Eligibility, Claims, Rx, Dental, Provider
- Member Records
- Identity Masking
- Member Key Stored

APCD ETL

- Linking Claims with Masked Identifier

Level of De-Identification (Multiple Data Sets)

Virtual Dataset
- Identifiable Data sets
- Limited Data sets
- De-identified Data
- Aggregate Data

0% Public Use / Release 100%
APCD Timeline for Insourced Development

Infrastructure Gap & Mitigation

We are here

Aug Sep Oct Nov Dec Jan ('14) Feb Mar Apr May Jun Aug

• Identify stakeholders
• Develop Project Plan
• Develop EDW concept
• Get Approval

• Hire resources
• Identify infrastructure
• Identify application(s)
• Data specs / mapping
• Develop / finalize operational reports

• Prepare to receive APCD test data
• Analyze test data
• Validate data gaps / quality

• Data in-take process complete
• SAS application in place
• SAS ETL in place
• SAS data warehouse structure complete
• Non-SAS EDW in progress

• Receive historical APCD data
• Receive YTD APCD data
• Complete data validation

• Prepare to receive monthly APCD data

• Complete APCD data specs
• Complete data mapping
• Identify / finalize data transmission protocols
• Develop ETL
• Develop data validation codes

We are here
Policies & Procedures (P&P) Data Submission Guide (DSG)

Finalizing P&P and DSG – Overview of Public Comments and Final Amendments
APCD Policies and Procedures: Process

• Policies and Procedures drafted in July
• Data Submission Guide (DSG) incorporated by reference
• AHCT Board approved publication of draft Policies and Procedures and DSG for public comment at July 30 Board meeting
• Public comment period began August 13 when notice was published in CT Law Journal, ended September 12
• Several public comments received
• AHCT Board scheduled to vote on approval of Policies and Procedures, DSG at October 17 Board meeting
Status Update on P&P and DSG

Data Submission Timeline

- Vote and Release of Policies and Procedures: Circa 10/17/2013
- Submission of Test Data (+150 days): Circa 3/15/2014
- Submission of 36 Months of Historic Data (+60 Days): Circa 5/15/2014
- Submission of YTD Data (+ 45 Days): Circa 7/01/2014
- Closure of any gaps in data. Begin Monthly Data Submissions (+30 Days)

Future Elements:
- Provision of Dental Data (TBD)
APCD Policies and Procedures: Public Comment

• Definitions: Member
  – Includes all insured/covered Connecticut residents
  – Also includes population necessary for risk adjustment

• Definitions: Collection of Denied Claims Data
  – Only paid claims data will be collected
  – Denied claims data are difficult to collect and use for APCD goals

• Reporting Requirements: Subcontractor Data
  – Carriers should submit data from carved-out benefits subcontractors

• Reporting Entities’ Data Submission Schedule
  – Test files – 150 days, historic files – 60 days
  – Dental data will not be collected in first year

• Annual Registration
  – Registration date for 2013 will change from 10/1 to 11/15
APCD Policies and Procedures: Public Comment

• Non-Compliance and Penalties
  – Administrator may audit reporting entities to monitor compliance
  – Administrator will work with reporting entities to address non-compliance and impose penalties if necessary

• Data Utilization and Disclosure
  – New set of Policies and Procedures on data utilization and disclosure are being drafted and will be released in 2014

• Privacy and Confidentiality
  – Privacy and confidentiality taken very seriously
  – APCD will be consistent with highest standards, including HIPAA and applicable federal and state laws
Data Submission Guide: Public Comment

• **Data Submission Guide General Requirements**
  
  – Documentation Requirements:
    
    • Definitions for home grown values
    
    • Identification and description of variations within health plan’s claims adjudication systems
    
    • Details of health plan’s enrollment and benefit system
    
    • Information about strategic variables falling outside of expected thresholds
  
  – Retroactive Eligibility Adjustments:
    
    • Eligibility information to be submitted using a rolling period methodology instead of a point in time approach.
Data Submission Guide: Public Comment

• Technical Specifications and Data Formats
  – Requirement for Separate Control Totals File
    • Header/Trailer records to be added to improve data quality checks and data submission efficiency for all parties involved.
  – Conformation to ASC X12 Standard
    • CT’s data standard will align with the majority of existing APCDs. ASC X12 PACDR standard will not meet CT requirements at this point in time.
Data Submission Guide: Public Comment

- Data Quality Requirements
  - Enforcement of Data Thresholds
    - The goal is to provide a benchmark for health plans based on other state experiences. Thresholds will be re-evaluated with CT specific data.
  - Coding Standards, References, and Descriptions
    - Reference tables and links added to the DSG. In addition, a FAQ based on carrier questions to be added.
# Milestones for Data Submission

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
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<tbody>
<tr>
<td>1) CT APCD to release updated DSG to health plans</td>
<td>Oct 04-15, 2013</td>
</tr>
<tr>
<td>2) P&amp;P to be finalized and released by AHCT</td>
<td>Oct 17, 2013</td>
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<tr>
<td>3) Completion of annual registration by health plans</td>
<td>Nov 15, 2013</td>
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<tr>
<td>4) Test Data Submission Deadline</td>
<td>Mar 3, 2014</td>
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<tr>
<td>5) Historical File Submission Deadline</td>
<td>May 15, 2014</td>
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<tr>
<td>6) YTD Files Submission Deadline</td>
<td>Jul 1, 2014</td>
</tr>
<tr>
<td>7) Monthly Files Submission Start Month</td>
<td>Jul 31, 2014</td>
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