Special Meeting of the All Payer Claims Database Advisory Group

Draft Meeting Minutes

Date: Thursday, April 10, 2014
Time: 9:08 a.m. – 11:00 a.m. EST
Location: The Hartford Hilton, Ballroom East,
315 Trumbull Street, Hartford, CT 06103

Members Present

Tamim Ahmed, Kevin Counihan (phone) Robert Tessier, Mary Ellen Breault for Thomas Leonardi, Olga Armah for Kimberly Martone, Jean Rexford, Matthew Katz, Dr. Robert Scalettar, James Iacobellis (phone), Dr. Mary Alice Lee, Mary Taylor, Michael Michaud for Patricia Rehmer, Josh Wojcik for Kevin Lembo

Members Absent

Robert Aseltine, Roderick Bremby, Victor Villagra, Anne Melissa Dowling, Jewel Mullen, Dean Myshrall, Damien Fontanella for Vicki Veltri, Thomas Woodruff, Barbara Parks Wolf for Ben Barnes

Other Participants

Joan Feldman, William Roberts, Robert Blundo, Christen Orticari, Matthew Salner

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I. Call to Order and Introductions

Tamim Ahmed called the meeting to order at 9:08 a.m. and members introduced themselves. Mr. Ahmed introduced Christen Orticari, the new Analyst at Access Health Analytics, as well as Attorney Joan Feldman and William Roberts from Shipman and Goodwin, who serve as the legal consultants for Access Health Analytics (AHA).

II. Public Comment

There was no public comment.

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III. Approval of January 9th, 2014 Meeting Minutes

Mr. Ahmed requested a motion to approve January 9, 2014 meeting minutes. Mary Ellen Breault asked that Thomas Leonardi not be marked absent for the meeting. Ms. Breault stated her attendance was on behalf of Mr. Leonardi. Ms. Breault motioned to accept the minutes. Robert Tessier seconded. The motion passed unanimously.

IV. CEO/ ED Updates

Kevin Counihan informed the group that he needed to conference into the meeting due to an extenuating circumstance.

V. RFP Process Status, TimeLine

Mr. Ahmed stated that the RFP process was complete. The name of the vendor could not be disclosed until the end of the contracting process.

Matthew Katz referred to a previous APCD Advisory Group discussion concerning a responsibility to support or recommend the vendor to the Access Health CT Board. Mr. Katz was concerned that the APCD Advisory Group was unaware of the vendor who was in contract negotiations with AHA and expressed that this indicated a tacit approval made without input from the APCD Advisory Group. Mr. Katz remarked that this approach would not allow the members to have any input until after the signing of a contract, which seemed to be inconsistent with previous discussions in the APCD Advisory Group. Mr. Ahmed thanked Mr. Katz for stating his concern and responded by indicating that the involvement and consent of the group was specifically requested by AHA during the creation of the vendor selection work group. Mr. Ahmed continued to explain that AHA did not limit the number of volunteers who could serve in this group, and only one AHCT Board member, who was also a member of the APCD Advisory Group, volunteered to assist with this process. Mr. Katz recalled that the APCD Advisory Group had a discussion about the creation of a subgroup for vendor selection who would report back to the APCD Advisory Group for a specific vote or recommendation as part of its charge to the Exchange Board, who would ultimately have the authority of making these decisions. Mr. Katz inquired regarding whether the AHCT Board voted to approve for AHA to engage in the contract process. Matthew Salner replied that the AHCT Health Board was not required to vote to approve, or not approve contracts, and indicated that the CEO makes the final approval.

Mr. Katz asked for more information on the voting and decision making process within the APCD Advisory Group. Mr. Ahmed stated that the comments by Mr. Katz would be taken into consideration. Robert Tessier reminded members that approximately two years ago, Access Health CT (AHCT) hired and authorized the CEO to run the organization making decisions about hiring vendors, as well as the hiring of the APCD legal consultants, which were not board decisions. Mr. Tessier remarked that the board had been kept up to date on the process, invited to be part of the process, and noted that he and Dean Myshrall, APCD Advisory Group members, responded to the request for participation to serve on the RFP committee, which was the group to that ultimately recommended the finalist to Mr. Counihan.

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Mr. Ahmed reviewed the project timeline and updated members on the status of vendor onboarding provided that AHA would provide updates regarding the anticipated date of contract finalization. Ms. Feldman responded briefly to two comments made by committee members. Ms. Feldman indicated in her experience it was rare for contracts to be approved at a board level. Ms. Feldman assured that the contract was on the fast-track to completion.

Mr. Katz responded by conveying the importance of understanding and receiving clarification on the fiduciary responsibilities of the APCD Advisory Group, and requested that members receive a form of written document from the legal counsel outlining their fiduciary responsibilities from a perspective of the group's statutory requirements to make recommendations associated with the ongoing operation of the APCD. Mr. Ahmed replied that he appreciated and understood the concerns raised by Mr. Katz.

VI. Address Member Opt-Out from APCD Data Collection

Mr. Ahmed addressed the topic of member consent in regard to the APCD, as it was promulgated by the language included in public law for APCD development and implementation. Mr. Ahmed indicated that the question of whether the APCD could allow for member opt-out was raised during the last meeting of the Data Privacy and Security Subcommittee. Mr. Ahmed stated that the when the original APCD legislation was debated in 2012, a proposed amendment regarding allowing for opt out was overwhelmingly defeated.

VII. Legal Issues Concerning Various Aspects of APCD

Ms. Feldman provided an overview of issues related to privacy and security of data reported to the APCD. Ms. Feldman informed members that the FAQ document provided to members was included for the purpose of answering questions related to data privacy and security. Mr. Katz remarked that the quasi-governmental status of this agency imposed challenges with identifying data policies related to ownership, and requested clarification on the APCD policy for data maintenance and ownership, and requested confirmation that a reporting entity would not be able to extract or declare exclusive ownership of data already submitted to the APCD database. Ms. Feldman ensured that AHA would uphold the highest standards and policies to preserve data privacy, security and confidentiality, and informed members that the delineation of responsibility with the preferred vendor would be excruciating in terms of encryption, accessibility, auditing, monitoring, and ultimately will have standards that exceed federal standards. Mr. Tessier asked for and received confirmation from Ms. Feldman that there was no federal regulation tying APCD's use of federal dollars to HIPAA standards. Joshua Wojcik requested that members receive a breakdown of how the standards match up to HIPAA in terms of where they would be compliant, exceed, or fall short of HIPAA standards. Ms. Feldman responded to the request by Mr. Wojcik with agreement to provide this information as a future deliverable, and added that although the APCD was not held to HIPAA by state law, the enabling legislation, to an extent, self-imposed HIPAA on the APCD in terms of its policies and regulations

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regarding information disclosure. Dr. Dr. Robert Scalettar suggested that the Data Privacy and Security Subcommittee be incorporated into the process to help determine privacy and security standards, financial terms, among other related policies, by way of providing recommendations and receiving information regarding the inclusion of standards to resolve challenges associated with lack of communication. Dr. Scalettar noted that the preferred vendor likely provided a response for handling sections of the RFP related to data privacy and security, and that the subcommittee would likely benefit from information of these sections moving forward in collaboration. Mr. Katz expressed his agreement with the recommendation supported communications of the related subsections with the Data Privacy and Security Subcommittee for this purpose. Ms. Feldman closed her commentary on the FAQ document by reviewing applicable privacy laws that could, but are not required to be imposed within the APCD standards. Mary Taylor recommended that behavioral health laws be researched for their applicability to the APCD. Mr. Tessier requested that Ms. Feldman confirmed that the vendor would not be considered a business associate under HIPAA. Mr. Katz recommended that the Data Privacy and Security Subcommittee appraise and assess the standards and processes for data privacy and security through communication with the future vendor throughout the development and implementation of the initiative to enable members of the subcommittee to provide valuable policy and procedure recommendations. Mr. Ahmed concurred that policies and procedures needed to evolve over time, and encouraged the Data Privacy and Security Subcommittee are kept abreast of data security elements in the contract, pending legal approval. Dr. Scalettar encouraged that recommendations from Data Privacy and Security Subcommittee members be taken into account with regard to the importance of inclusion and transparency. **Mr. Katz recommended a motion for the Data Privacy and Security Subcommittee to be delegated the responsibility to raise questions, comments and concerns with regard to data privacy and security and vendor correspondence as it would not usurp the responsibilities of another APCD entity. Mr. Ahmed made the motion. Dr. Scalettar seconded. The motion passed unanimously**. Mr. Ahmed concluded the discussion by indicating that AHA would provide the subcommittee a proposed plan for how this data could be shared with its members, and commented that the vendor would be available for more communication upon onboarding.

VIII. Status Update on Date for Submission

Robert Blundo provided a status update of data collection efforts, bottlenecks and challenges with that process, and discussed the processes of onboarding the vendor while simultaneously communicating with submitters. Mr. Blundo continued to explain challenges associated with accommodating a variety of vendors into the submission process and informed members that AHA was attempting to answer questions to the degree possible without impacting the submitter in the future, and triaging questions to be answered within an FAQ document tabling those unable to be answered until vendor onboarding. Ms. Taylor commented that ongoing, regular communication, in monthly calls, has been critical beyond the initial APCD implementation in other states to troubleshoot and address anomalies in submissions. Mr. Blundo agreed by responding that AHA planned to maintain open lines of communication, and expected an increase in discussions during pre-submission preparations for the test data feed. Mr. Blundo highlighted that the policies and procedures set the first data test feed submission date for May 5, 2014, and clarified that AHA planned to communicate to submitters an accurate estimate for when

the vendor would ideally be on board since this would permit the timeline to resume and the rescheduling of the test submission date. Mr. Blundo suggested that AHA planned to release a revised proposed timeline with the start date contingent on the enactment of the vendor contract. Ms. Taylor requested that the FAQ document inclusive of the open questions be shared with carriers when available, and asked that information on threshold variances be provided to the carrier allowing for proactive measures to be taken to then avoid failed submissions. Mr. Blundo stated that AHA would take a common sense approach to discussing threshold challenges with the vendor as soon as possible. Mr. Blundo stated that RESDAC confirmed the Connecticut APCD could receive Medicare data, however they were not compliant with the data submission guide (DSG), and the vendor would need to transform the data into acceptable feeds. Mr. Blundo informed members that AHA was to meet with DSS in May for a discussion on Medicaid data collection. Mr. Blundo noted the active engagement process with commercial carriers was expected to be a six to 12 month process to prepare for data collection, making it a priority from a collection standpoint, whereas Medicare, for instance, was a shorter collection process, which consisted of an audit and certification. Jean Rexford reported on the importance of cost to Medicare members with regard to out-of-pocket costs, stated that the recent availability of Medicare data was groundbreaking since it would enable the identification of outliers in various health care service circumstances. Ms. Rexford also opined that Medicare data was integral to the APCD in order to ascertain cost and quality information for the general public in the state, and from a public health perspective to identify best practices. Mr. Ahmed and Mr. Tessier expressed agreement with the comments by Ms. Rexford. Mr. Tessier stated that the incorporation of Medicare data would enhance consumer empowerment through price transparent information, support consumer buy-in to this initiative, and be used for public health research. Dr. Scalettar noted that commercial and governmental information was valued most within the context of the discussion, and stated his agreement with the staged approach to move forward with intake in a timely manner. James Iacobellis remarked that Medicare data, as well as Medicaid, were invaluable and appeared to be important for the purpose of all reports, and highlighted the challenge of prioritizing data intake without knowing the focus of the initial reports AHA planned to produce. Mr. Iacobellis requested that Mr. Blundo provide more information about the conversations with DSS on the provision of Medicaid data. Mr. Katz asked whether Commissioner Bremby was able to attend meetings or if a representative would be present on his behalf, particularly to discuss the provision of Medicaid data to support the planning process for APCD intake and integration. Dr. Mary Alice Lee suggested that an overview of how APCDs in other states handle Medicaid data, and highlights from the May meeting planned with DSS be provided at the next meeting. Dr. Lee remarked that in order to portray the health of the public longitudinally, Medicaid data must be included to avoid large gaps in coverage information for services across the continuum of care and time. Brenda Shipley asked whether Medicare provided one year of data in one submission, and Mr. Ahmed replied that annual and quarterly options were available for the same price. Mr. Ahmed noted that AHA applied to receive Medicare data for the next three years and indicated that a revised approach in consideration was to receive the data for two years through to the most recent data available. Mr. Katz received confirmation from Mr. Blundo that the Medicare Part C and D data was to come in through the plans and not through Medicare.

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Mr. Tessier noted the second circuit court decision in the Vermont APCD with regard to its relevance to the data submission challenges. Mr. Tessier referred to a specific exemption in the Connecticut statute of these plans that required the full submission of their data, and indicated his interest in learning more as it may help the APCD anticipate potential future challenges. Ms. Feldman explained that AHA was reaching out for information from neighboring states in the second circuit with existing APCDs. Ms. Feldman commented on her communication with the Federal Government Department of Labor regarding their filing of an amicus brief in the Vermont statute, and informed members of AHA's efforts to work with other states for a unified approach to handle any resulting impact.

IX. Status of Various Subcommittees

Mr. Katz provided a status update for Policy and Procedure Enhancement Subcommittee, and noted that it was initially charged with providing policy and procedures recommendations regarding the incorporation of denied and dental claims. Mr. Katz explained that the subcommittee set forth goals, a timeline to accomplish these tasks, and sought review use cases tied to denied claims for the purpose of understanding the impact and practical implications of setting forth a policy for denied claims. Mr. Katz proceeded to explain that the subcommittee planned to make reasonable timeline recommendations for modifications to the dental claims aspects of the policy and procedures, and noted that members were reaching out to identify and invite dental claims stakeholders to meetings for their input. Mr. Katz announced that the subcommittee was planning the next meeting, and hoped to provide updates on denied claims use cases, a proposed timeline for dental claims incorporation and recommendations for appropriate modification of the dental content within the policies and procedures.

Dr. Scalettar provided a status update for the Data Privacy and Security Subcommittee with reference to slides 15 and 16. Dr. Scalettar indicated that at the first meeting, members received information of ongoing APCD practices and challenges in data privacy and security, and welcomed Ms. Feldman and Mr. Roberts, as the legal counsel for the APCD initiative, and for their legal expertise to clarify topics, including that the Connecticut APCD was not a HIPAA entity. Dr. Scalettar noted that the subcommittee was working with AHA staff and legal counsel on the acquisition side of data to support the determination of data privacy protocol for APCD data based on information shared regarding industry standards and best practices. Dr. Scalettar remarked that as the subcommittee moved forward, it intended to contribute to the development of the data review and release process and policies based on a foundational awareness of existing statutes in operation; and the creation of data use agreements as they continue to explore data use cases from various stakeholders. Dr. Lee recommended that the measures taken to avoid privacy breaches in working with the particularly aggregate data, under the purview of the subcommittee, be thoroughly considered in the development process of rules and regulations for data review and release. Mr. Ahmed echoed that these recommendations were being considered by the subcommittee and commented that the Data Privacy and Security Subcommittee should discuss measures to take for the protection of aggregate data in future meetings.

Ms. Taylor mentioned that other states focused initial reporting efforts by selecting one main focus for their initial out of the box reporting to help shape some of the discussions and work done. Ms. Taylor

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indicated centralizing reporting efforts by maintaining a consistent focus facilitated APCD implementation and improved the effectiveness of content in comparison to maintaining a broader, open approach. Mr. Katz stated his agreement with the suggestion by Ms. Taylor and opined that the vendor to be on-boarded could provide productive insight for best practices from previous APCD experience. Ms. Rexford made a recommendation for a report on the initial efforts of other states and whether they would have focused their efforts differently. Dr. Scalettar commented in response to the recommendation that the Connecticut APCD was intended to be consumer-focused and supported by cost and quality information, whereas other APCDs had been developed with more of a research or policy focus and have recently started to focus on the patient stakeholder in their reporting.

X. Next Steps

Mr. Ahmed asked for next steps by the APCD Advisory Group to include polling member responses with regard to rescheduling the next meeting for June since the proposed vendor would not be able to be in attendance due to ongoing contract negotiations. Mr. Katz requested also that the May eighth meeting of the Advisory Group be delayed to involve the vendor in meeting discussions to optimize meeting effectiveness, and suggested the APCD Advisory Group meet prior to the July meeting depending on the perspective held by AHA staff regarding timeline and deliverables. Mr. Katz remarked that a meeting to deliberate the issues raised during this meeting would not be efficient because they involve the vendor and require input on their part moving forward.

XI. Future Meetings

Mr. Ahmed recommended that the decision for the next meeting of the Advisory group be delayed to June eighth or a similar date to allow time to address the variability inherent to contract negotiations. Dr. Lee requested that a report of national Medicaid data use cases be provided to members, and asked AHA staff to address the status of their communication with DSS in lieu of discussing vendor-related issues. Mr. Ahmed conveyed that the deliberation with respect to the upcoming meeting pointed to the importance of holding the May eighth meeting or delaying it by one month to discuss various topics. Mr. Ahmed offered to hold special meetings upon completion of contract negotiations.

XII. Adjournment

Mr. Ahmed moved to adjourn the meeting. Mr. Katz seconded the motion. The motion was passed unanimously. The meeting was adjourned at 11:05 a.m.

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