



TO: Margo Lachowicz, Administrative Assistant, Access Health CT
CC: Tamim Ahmed, APCD Executive Director
Kevin Counihan, CEO, Access Health CT
FROM: Patricia Baker, President & CEO, Connecticut Health Foundation
Elizabeth Krause, VP of Policy and Communications, Connecticut Health Foundation
RE: Public Comment, APCD Draft *Policies and Procedures* and *Data Submission Guide*
DATE: September 3, 2013

It is the view of the Connecticut Health Foundation (CT Health) that Connecticut's new All Payer Claims Database (APCD) has the potential to help answer timely and relevant access, quality, and cost questions about coming health care reforms with transparency and, ultimately, the ability to support health care improvements that make a real difference to consumers.

CT Health is focused on expanding health equity, which we define as helping more people gain access to better care, especially people of color and underserved populations. Additionally, as an oral and mental health funder, the foundation supports systemically increasing access to care that more holistically integrates medical, dental, and mental health services and that delivers mental health parity. As a data-driven organization, we expect the APCD will be tremendously useful for our health equity and integrated care agenda, which overlaps with the agendas of a number of other high profile stakeholders including Access Health CT with its goal of reduced racial and ethnic health disparities, as well as the Governor's Health Care Cabinet and the State Innovation Model initiative, both of which have made health equity and integrated care top priorities.

CT Health offers public comments below, having reviewed the draft APCD *Policies and Procedures* and *Data Submission Guide (DSG)*. **Please note that CT Health has also signed on to the letter of public comment from the UConn Health Disparities Institute.**

Maximizing the APCD's Ability to Obtain Subscriber Race, Ethnicity, and Language Data

Given the economic burden and human toll of racial and ethnic health care inequities in Connecticut, as well as the opportunity that the Affordable Care Act provides to make health care access more equitable and patient-centered, **the foundation strongly supports the DSG's inclusion of race, ethnicity, preferred language, interpreter needed, and other socio-demographic fields in the eligibility file.** In this formative phase, it should be a top priority to ensure that the APCD is positioned to help health equity stakeholders understand and address access and utilization inequities. Including these fields is fundamental.

CT Health was in attendance at the April 29, 2013 APCD advisory board meetings where the importance of using the APCD for health equity was articulated by several advisory board members. The foundation was also a participant at the June 28, 2013 health equity data stakeholders meeting where Freedman Health Care discussed perceived challenges to obtaining this data from carriers with an expectation of extremely low fill rates.

The foundation understands that it will take time for carriers to better collect race, ethnicity, and socio-demographic information from subscribers and then report it at satisfactory rates to the APCD. While there are a number of technical reasons why getting complete race and ethnicity data will be challenging, it is the foundation's observation that it is equally an adaptive challenge. Maximizing the APCD's ability to obtain this critical subscriber information will therefore require both technical and adaptive solutions. For five years, America's Health Insurance Plans ran a health equity collaborative that included several carriers that serve Connecticut. The collaborative did much groundwork in understanding the barriers to and solutions for better collection of subscriber race and ethnicity data that can be a resource for Connecticut. Reports may be found [here](#).

CT Health will continue to educate and inform policy makers on the importance of federal and state support for the APCD's imperative to collect and publicly report claims information by race, ethnicity, and other factors related to disparities and equity.

The foundation encourages the APCD Administrator to use his or her waiver, improvement plan, and penalty authority per the draft *Policies and Procedures* in conjunction with each other to meet carriers where they are, while progressively moving them toward more robust subscriber race and ethnicity data collection and reporting. Waivers in isolation could reinforce the status quo and minimize the importance of race and ethnicity data, but requiring improvement plans and levying penalties, if necessary, could facilitate sustainable changes.

Adding Health Equity to Data Utilization and Disclosure

CT Health recommends adding to the *Policies and Procedures* "Data Utilization and Disclosure" section specific articulation that health equity will be a dimension for which the APCD will provide consumers and the state with aggregated reports. A clear statement of this intention would underscore the importance of obtaining relevant subscriber information from carriers.

Essential Community Providers as a Provider Category

CT Health recommends that a category to connote whether a provider is an Essential Community Provider (ECP) in accordance with the federal definitionⁱ be added as a field to the DSG provider data file. Capturing claims submitted by ECPs would enable the APCD to quantify the extent to which ECPs are contributing to access in the state.

Collection of Provider Race and Ethnicity Data

CT Health recommends that the APCD also collect provider race and ethnicity for individual clinicians by adding a field to the DSG provider data file. Having provider race and ethnicity information would help the state detect patterns across provider groups and answers questions about whether initiatives to diversify the health care workforce and to increase patient-provider racial, ethnic, and language concordance are making a dent in reducing inequities.

Integrated Medical and Dental Claims Data File

The current draft *Policies and Procedures* note that the APCD Administrator shall establish reporting specifications for dental files in the future. What is implied but not stated in this section, as well as in the draft DSG, is that the dental claims data file will be separate from the medical claims data file. This makes sense for standalone dental carriers, but it is not clear if one integrated or two separate files are required of carriers that provide both medical and dental coverage. **Clarification is requested.**

In considering perspectives from our partners who are dental data users, **it is the foundation's position that an integrated medical/dental claims file would be preferred from carriers that provide both forms of coverage.** Requiring an integrated file would mirror the broader health system goal of more integrated medical and dental care. Additionally, it would enhance the practical capacity for systematically linking medical services and outcomes to oral health – for example the extent to which diabetics receive periodontal care and outcomes of pregnant women who did and did not receive dental care as newly recommended by the American Congress of Obstetricians and Gynecologists.

Inclusion of Denied Claims

There has been lack of clarity about to extent to which denied claims will be part of the APCD. In the draft *Policies and Procedures*, medical, dental, and pharmacy claims are defined in terms of “paid” claims and encounters. The DSG does, however, includes “denied flags” and “denial reasons.” **Clarification is requested.**

CT Health holds that information about denied claims is important, especially for fully understanding access issues, utilization patterns, and industry practices. Because payers are required to notify patients and providers about denials of services, it would seem that this data could also be made available for the APCD.

Thank you for considering CT Health's public comments. Please do not hesitate to contact us at 860.724.1580 for more information or to let the foundation know how we can support the APCD's success.

ⁱ 45 CFR 156.235 - Essential Community Providers